



Tennis Elbow



Coeliac Disease



Warts



Stress incontinence in women

● INDEPENDENT MEDICAL PRACTITIONERS

- Dr Nerrelie Cann
- Dr Debra Chandler
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- Dr Justin Chipman
- Dr Stefan Delitzsch
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- Dr John Fisher
- Dr Margret Oetterli
- Dr Elisabeth Robin
- Dr Saminda Rubasinghe
- Dr Lizzi Shires
- Dr Diana Webster

Dr Darren Briggs

● GP REGISTRARS

- Dr Samuel Brandsema
- Dr Lewis Waight
- Dr Charlotte McKenzie

● PRACTICE STAFF

- Practice Manager: Sheree Snare
- Clinical Manager: Breanna Carroll
- Business Manager: Katrina Pugh
- Reception Staff: Vivienne, Janine, Rhia, Maree, Jacqui, Lynissa, Jackie, Kate, Shannon & Olivia
- Registered Nurses: Roselyn Hendriks, Ann Louise Jones, Sharon Turner, Julie Turner, Sarah Howard, Teagann Davies & Jessica Lambert

Enrolled Nurses: Kathryn French & Sheryllyn Capell

● SURGERY HOURS

Ulverstone Branch Hours:

Monday to Friday
8.30am – 5.30pm
Weekends & Public Hols – Urgent Clinic.....**9am – 12noon**
Shared with Victoria Street Clinic

Penguin Branch Hours:

Monday to Friday
9am – 5pm

● AFTER HOURS & EMERGENCY

Phone **6425 1611**. Listen to voice message and ring the number advised. Please do not try to leave a message. In an emergency, phone **000** for an ambulance.

● SPECIALISTS & ALLIED HEALTH AT PATRICK STREET CLINIC

- Physiotas Physiotherapy
- Launceston Orthotic/ Prosthetic Service Prem Anandam
- Mr Gary Kode - Launceston Plastic & Cosmetic Surgery

● FULL FAMILY MEDICINE SERVICES

- Minor Surgery
- Travel Medicine
- Lung Function Tests
- Aged Care
- Workplace Health Care
- Immunisations
- Blood Tests
- Trauma Care
- Antenatal Care
- Desensitisations
- Women's & Men's Health
- Skin Checks & Skin Cancer Treatments
- Diabetic & Asthma Clinics
- Family Planning/ Contraception
- Child Health & Baby Checks

● PRACTICE BILLING POLICY

The Patrick St Clinic will not let financial hardship prevent access to medical care where at all possible.

Over many years, both sides of government have not supported the real cost of providing healthcare. Therefore your Medicare rebate has not kept up with inflation. This means that some costs must now be passed on to patients.

Significant discounting down to Medicare's "bulk billing" rate however does occur according to the individual patient circumstances at the doctor's discretion.

The following policy is aimed at being able to maintain our services to the community:

- Patrick St Clinic fees are guided by the Australian Medical Association.
- The first consultation in the financial year for all patients will attract a private fee. The current out of pocket expense for this is \$35.
- Subsequent billing for the remainder of the year will be at the discretion of the doctor.

We hope these measures will help you stay healthy regardless of your financial position.

● BOOKING APPOINTMENTS

We try to make sure patients are seen in a timely manner according to the urgency of the problem. Please let the receptionist know at the time of booking if your problem is routine or urgent.

Please give at least 2 hours' notice if cancelling a booking to allow that space to be made available to another patient in need.

Failure to attend an appointment may attract a fee.

You can also book online via our website: www.patst.com.au or download the HotDoc App.

Booking a longer appointment: If you want an insurance medical, review of complex health problem, travel advice, counselling for emotional difficulties or a second opinion, please book a longer appointment.

YOUR NEXT APPOINTMENT:

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Please remember that decisions about medical care should be made in consultation with your health care provider so discuss with your doctor before acting on any of the information.

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▶ Please see the Rear Cover for more practice information.

Tennis Elbow

Lateral epicondylitis, inflammation of the tendons where they meet the bone at the elbow on the thumb side, is commonly called tennis elbow.

It is not unique to tennis and can come about from any ongoing or repeated use of the forearm and wrist. Bricklaying, painting, gardening, and other racquet sports can bring it about, as can using a computer mouse. It can affect anyone and is most common in those aged 35-55.

Aside from pain at the elbow, it can extend into the forearm and is worse with shaking hands, lifting or turning taps or doorknobs. Diagnosis is generally based on the description of symptoms and examination. Typically, the bony point on the elbow's lateral (thumb) side is tender. The pain is often reproduced on the extension of the wrist against resistance. Sometimes imaging helps define the extent of the condition or if it is not responsive to treatment.

Initial treatment includes rest of the elbow, ice packs, and simple analgesia. A tennis elbow guard can help protect the area. Anti-inflammatory medication may be needed. Avoid activities that aggravate the situation. This can include changing technique, especially if sport or work-related. However, elbow exercises are important, and seeing a physiotherapist may be helpful.

Sometimes, a steroid injection and, in rare instances, surgery can be recommended. Your GP will advise you about treatment options.

Most people recover fully, and it is not in itself a recurrent condition nor a precursor to arthritis.



More info >>

Coeliac Disease

Coeliac Disease is a condition where there is a marked immune response to gluten which is found in wheat, rye and barley.

This can damage the small bowel and interfere with the absorption of nutrients. The symptoms vary from mild to severe, including tiredness, intermittent diarrhoea, abdominal pain, bloating, and flatulence. Children with coeliac disease may have slower growth, irritability and abdominal swelling.

It is a genetic condition. It affects about 1% of the population, although many with it are unaware they have it either because the symptoms are mild or they have put the symptoms down to other causes. The main risk factor is having a first-degree relative with it.

Accurate diagnosis is important as it is very controllable. Your GP can do screening blood tests. A positive test is not absolutely diagnostic but a strong pointer. Definitive diagnosis is by a small bowel biopsy, but not everyone wants or needs to do this test. A gluten challenge is another useful test.

There is no medication to take or "cure". However, symptoms can be easily controlled by avoiding gluten in the diet. Today there are many gluten-free options, and many who do not have coeliac are also choosing to eat these. Neither adults nor children need to feel they are "missing out" on foods they like.

There are many causes of the symptoms of coeliac disease, so it is important to talk to your doctor and not rely on self-diagnosis or "unorthodox" testing.





Warts

Warts are extremely common small eruptions on the skin caused by the Human papillomavirus (of which there are at least 70 types).

They are more common in children and, whilst they can appear anywhere, are most often found on the hands, knees and feet. They are almost always pain-free and do not itch. They may be single or in clusters, are usually raised and have a rough appearance whilst having (usually) the same colour as surrounding skin. The exception is plantar warts (also called verrucae) on the feet, which may be flat on the surface. The main problem caused is the cosmetic appearance, although on the soles of the feet, they can be painful due to the pressure from weight bearing on them. They can be spread by direct contact with other people or to other parts of your own body.

Left alone, most will disappear after months to years. However, many do not want to wait. Treatment is relatively simple and involves burning the wart. This can be done chemically (with ointments or paints), by freezing (with liquid nitrogen or dry ice) or via cauterly with a hot wire under local anaesthetic.

Freezing is the most popular method. It may need to be done a few times over some weeks. The wart may swell and change colour in response. Your doctor will advise care of the area between treatments.

There is no "right or wrong" approach with regards to treating or leaving warts nor with treatment methods. Chat with your GP about the options before deciding.



Psychedelic medicine

In a move taking most by surprise, the Therapeutic Goods Administration (TGA) has announced that "from 1 July this year, medicines containing the psychedelic substances psilocybin and MDMA (3,4-methylenedioxy-methamphetamine) can be prescribed by specifically authorised psychiatrists for the treatment of certain mental health conditions".

These substances were researched for medical use in the 1960s but became tied into the counterculture and subsequently banned through the war on drugs. Over the last decade, there has been renewed interest in the use of MDMA to treat Post Traumatic Stress Disorder (PTSD) and psilocybin for treatment-resistant depression. The TGA notes that these are the only conditions where sufficient evidence exists for potential benefits in certain patients.

The medications will not be able to be prescribed by any doctor and will be limited to psychiatrists. Furthermore, they must be approved under the Authorised Prescriber Scheme by the TGA following approval by a human research ethics committee.

Currently, no specific medication treats PTSD, even though medications are used for associated problems such as depression and anxiety. There remain a not insignificant number of people with depression who do not respond to the plethora of available medications.

MDMA and Psilocybin are not "miracle drugs" and are suitable only in certain situations. However, in North America, research and limited use have been encouraging. Given the issues with mental health in Australia, additional treatment options are to be welcomed.



Stress incontinence in women

Urinary incontinence is the inability to voluntarily stop the flow of urine. It is far more common in women than men affecting up to 50%, and whilst not age-specific, it is more frequent in later years.

The two forms are urge (where one can't hold on when feeling the need to pass urine) and stress (where coughing, sneezing, or movement can cause urine flow).

The exact cause is unknown, but damage to the pelvic floor muscles (e.g., pregnancy) is a factor. Chronic constipation, a prolapsed bladder and dementia are other risk factors.

Diagnosis is generally based on history and pelvic examination. You may be asked to maintain a "bladder diary" to document urine flow and the circumstances leading to it. Your doctor may refer you for urodynamic testing, which assesses the workings of the bladder.

In days gone by, women were often told, "don't worry about it, dear". Today we know better. There are many treatment options. Losing weight (if overweight) helps, as does quitting smoking (if a smoker). Physiotherapy and pelvic floor exercises are very beneficial. Some women may require medication, and, in some cases, surgery is recommended. This has been controversial in recent years. There are options aside from mesh surgery.

The key is discussing the problem with your doctor. Do not feel embarrassed or that you should "live with it". Proper diagnosis is the first step to treatment and improvement.

VACCINATION UPDATE:

2023 COVID-19 Booster

- ATAGI now recommends that all adults aged 18 and older consider a 2023 booster dose, which is irrespective of how many booster doses you have had in the past
- It is being strongly recommended for those aged 65 and older, and for those 18-64 with risk factors for severe disease
- If your last COVID-19 booster or confirmed infection was > 6 months ago, you are eligible
- To simplify things booster doses are no longer being numbered
- Those aged 5-17 with risk factors for more severe disease can also consider a 2023 booster, however those aged < 5 are not currently recommended to have a booster dose
- Here at Patrick Street we have the Pfizer bivalent BA.4-5 in stock 2023 Influenza vaccination program
- We have now opened bookings starting Wednesday April 19, and will be running clinics on Wednesdays and Fridays at the senior citizens club
- You can opt to have your 2023 COVID-19 booster at the same time as your influenza vaccination MPOX (previously referred to as Monkey Pox)

- We are now stocking this at Patrick Street, please discuss with your GP if you think you may be eligible - criteria detailed on health.tas.gov.au

Travel Vaccinations

- With the resumption of international travel remember the importance of a comprehensive dedicated travel medicine / vaccination advice consultation with your regular GP- please don't ask us to just tack it on to the end of your routine consult, there is a lot to talk about and plan to keep you healthy while travelling!
- Ideally book a travel consultation at least 2-3 months before you leave to ensure we have time to plan an appropriate vaccination schedule
- We have multiple GPs trained to administer Yellow Fever vaccination



CARROT CAKE

Ingredients

- ¾ Cup (100g) gluten-free plain flour
- ½ Cup (65g) gluten-free self raising flour
- ¼ cup (20g) gluten-free baby rice cereal
- 1 tsp mixed spice
- ½ cup chopped walnuts (optional)
- 2/3 Cup (150g) brown sugar
- 1 ½ cups grated carrot
- 2 Eggs
- ½ cup (125ml) vegetable oil
- 60g butter, softened
- 1 cup (160g) pure icing sugar
- 1tbsp lemon juice

Method

1. Preheat oven to 180°C. Grease an 18cm x 28cm slice pan and line the base and 2 long sides with baking paper, allowing the sides to overhang.
2. Place the combined flour, rice cereal, mixed spice and sugar in a large bowl. Stir to combine. Add the carrot, walnuts, egg and oil and stir until just combined.
3. Spoon the mixture into the prepared pan. Bake for 25-30 mins or until a skewer inserted in the centre comes out clean. Set aside in the pan to cool.
4. Place the butter and icing sugar in a small bowl. Stir to combine. Stir in enough lemon juice to make a spreadable paste.
5. Transfer the cake to a board. Spread the top of the cake with lemon icing and top with some chopped walnuts. Cut into pieces.



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FUN!**