

The Elms Family Medical Centre

Quarterly Newsletter

Keeping you in touch with developments at our Medical Centre

www.theelms.com.au



Winter 2018

The growing awareness of influenza has meant that we have been kept very busy giving 'flu injections over the last few months. Through the combination of running 'flu clinics and opportunistically offering the injections at routine consultations, we are protecting record numbers. Anyone who has had influenza will know that it is a miserable experience and that it is nothing like having the common cold. This year for the first time, people over the age of 65 years will be offered an extra-strong version which is meant to provide additional protection. Another first this year is that all children aged between 6 months and under 5 years of age can have the 'flu injection for free as part of the Victorian Government program. Children (aged under 9 years) having the 'flu injection for the first time in their lives will need to have two injections one month apart.



There is currently a shortage of the 'flu vaccine. Further supplies are expected to arrive before the start of the influenza season.

Doctor news

Drs Davina Mareels and Fortunato Mazzei have settled in very well at The Elms as part of their general practice registrar-ship. They are both developing regular followings with their patients and this is a very important role of the family doctor. As our registrars gain exposure to a wide range of patients, they also contribute to the care that patients need. This makes for one fantastic win-win situation!

Receptionist news

We recently fare-welled Alana, one of our receptionists of several years. It was a sad occasion as Alana was very much part of the team and well-liked by all. We wished Alana the best for the future at a staff lunchtime get together. On a brighter note, we are pleased to welcome Bree Temby as the newest member of our reception team. Bree will undergo a period of training with our existing receptionists and so will have her 'L-plates' on whilst she learns everything from medical terminology and how the clinic works, to handling accounts and answering patient enquiries.

New visiting specialists

Dr Michael Wu, specialist vascular surgeon, commenced consulting at The Elms on a fortnightly basis in May. Vascular surgery deals with the arteries and veins of the body, and Dr Wu (not to be confused with our Dr Woody Wu!) treats conditions such as varicose veins, poor circulation, blocked blood vessels, aneurysms and other blood vessel diseases. He consults every second Tuesday afternoon and will also be performing the occasional minor surgery in our procedure room.

Dr Gopalan Poovalingam (or Dr G!), specialist laparoscopic gynaecological surgeon, also started as a visiting specialist at The Elms in May and he consults one Friday afternoon each month. Dr G specialises in pelvic keyhole (laparoscopic) surgery and treats conditions like pelvic prolapses, bladder stress incontinence, uterine fibroids, ovarian cysts and endometriosis.

If you would like to see Dr Wu or Dr G, please speak with your GP as a referral is required before an appointment can be arranged.

Other visiting specialists

The Elms also has a number of other regularly visiting specialists adding to the services we have in-house:

- Mr Binh Nguyen, general surgeon.
- Prof Lee Kennedy, endocrinologist and general physician.
- Dr John Zhu, cardiologist.

For more information about visiting specialists, please visit our website www.theelms.com.au or speak with any of our doctors or receptionists.

Diabetes is growing

A silent epidemic that is occurring in Australia is an increasing number of people identified as having diabetes. The most common form, called type 2 diabetes, tends to develop as a result of increasing weight, age and a sedentary lifestyle. There is also a very strong relationship with family history. Many people diagnosed with diabetes may have had symptoms for months or years but not realised why. Symptoms may include tiredness, frequent thirst, passing more urine, headaches, blurred vision and tingling fingers and toes.

Diagnosis is made by a simple blood test, and regular monitoring with your doctor is really important to help achieve control and reduce the chance of complications. Apart from occasional blood tests and urine tests, patients with diabetes are also recommended to have annual eye checks, regular foot care, and review of lifestyle, diet and medications. All these checks can get quite complicated to keep track of so your doctor can help coordinate these with reminders and also a GP Management Plan. A further bonus is that having a GP Management Plan may also give the patient access to up to five visits to a relevant allied health service per year, as part of a Team Care Arrangement funded through Medicare. Medicare also provides patients with a once a year diabetes review visit that can be performed by our nurse to help patients ensure that they have not missed any important aspects of their diabetes care.

DNA detection in medical diagnosis

Most people would be familiar with the idea of using DNA analysis as part of forensics (think CSI!) and proving (or disproving) paternity. However, many of these techniques have become a common method to aid diagnosis, especially for infectious diseases. In the past, confirming a particular infection required the ability to see the germ under a microscope, grow it in the laboratory, or measure some change that can be attributed to the organism. For some infections, these techniques may not be possible or practical, or may be too slow.

This is where being able to directly detect and identify DNA is such a breakthrough. Apart from being very sensitive (can detect very small traces), these techniques are also very specific (can distinguish something from other similar things). Currently, DNA detection is used in many varied applications, such as swabs to confirm the 'flu, stool samples to identify the cause for contagious diarrhoea, cervical screening test to find the cause for cervical cancer, and early pregnancy genetic screening of the unborn baby for chromosomal abnormalities.

However, this technology can also be used in less scientific ways. One example is commercial ancestry DNA testing promoted online and in the media. This involves sending a sample (usually a mouth swab or saliva) to a company and the customer is provided with a report that can include ethnic background and genetic migration history. The problem is that although the technology of DNA detection is legitimate, the interpretation of what these results mean is not always clear. Another is also the question of whether the test is being carried out properly. There have been a number of cases of people deliberately sending in samples from their pets and receiving a report about their 'human' ethnicity. Perhaps this is the proof we need that Rover and Kitty are part of the family!

“We are proud to be an Accredited General Practice”

