

Online Appointment Bookings

You can now book appointments online 24/7. Go to our website: jpmedical.com.au and follow the links to book your appointment.



● PRACTICE DOCTORS

Dr Peter Beaton

Dr Rhona Marques

Dr Nnaemeka (Nemy) Ezeorakwe

Dr Yara Mohamed

We provide a comprehensive family medical service – quality care in a friendly, relaxed atmosphere.

● PRACTICE MANAGER

Toni

● PRACTICE NURSE

Michelle & Dorothy

● RECEPTION STAFF

Rhiannon, Claire, Sarah & Danielle

● SURGERY HOURS

Monday to Friday - 9am – 5pm

Saturday - Closed

● AFTER HOURS & EMERGENCY

For medical emergencies dial **000**.

For urgent after hours care go to the Narrogin Hospital or phone **9881 0333** where a Dr is on call.

● OTHER SERVICES OFFERED

- Cardiographs
- Vaccinations
- Spirometry
- Mental Health Care Plans
- GP Management Plans
- 45 to 49 Health Assessments
- 75+ Health Assessments
- Assessment and Management of Diabetes
- Registration for Closing the Gap
- Skin Checks
- Cervical Screen
- Asthma action plans

● SPECIAL PRACTICE NOTES

Facility Fees. Please speak to Reception or your Doctor before agreeing to a procedure at JPMC. The charge covers the cost of consumables used for the procedure at the practice.

It is important that you make sure you are aware of any out of pocket expenses before they are incurred.

Referrals. Doctors in our surgery are competent at handling all common health problems. When necessary, they are able to draw opinion from Specialists, and if need be, refer you for further investigation. Please note: all initial referrals will require a consultation with the doctor. **Any lost referrals or follow up referrals will incur a charge, please ask at reception for information.**

Test Results. If the Doctor needs to convey your results, you will be contacted to make a follow up appointment.

Repeat Prescriptions. To order a repeat prescription a charge is applicable, please speak to our reception for further information.

This Medical Centre is Telehealth enabled.

This practice has a no smoking policy.

● APPOINTMENTS

Consultation is by appointment.

Booking a long appointment. If you require an insurance, employment or driving medical, review of a complex health problem, counselling for emotional difficulties, or a second opinion, please book a longer appointment. This may involve a longer wait but your problem will get the attention it deserves. Please bring relevant letters and test results from other doctors.

Please notify us if you are unable to attend an appointment, well in advance.

● WAITING TIMES

There is currently a shortage of Doctors in WA. This means all Doctors that are available are stretched to the limit. There are times our Doctors' appointments will be running behind schedule. The Doctor may have been called out, or may have had some unexpectedly long consults. We acknowledge that this is annoying for patients waiting, however it is beyond the Doctor's or the Receptionists' control. Patients being rude, angry or aggressive regarding such delays will not be tolerated. Being angry at the staff won't expedite your appointment, it just causes them additional mental distress and slows the process further. Some tips to reduce the stress of waiting:

- Phone the Clinic in advance to see if your Doctor is running on time.
- Bring a phone, tablet, book, puzzle, podcast or similar to keep yourself occupied.

● BILLING ARRANGEMENTS

Accounts must be paid on the day. Those patients with Concession cards and children under the age of 16 are eligible to be bulk billed at the discretion of the Dr.

Payment can be made by cash, cheque, credit card, EFTPOS or direct debit. Direct debit details: **BSB: 086-852 Acct: 83 912 2652** and a notation saying that a remittance notice with the account holder name and invoice number is to be emailed to: practicemanager@jpmedical.com.au. Please put your invoice number in the Payee description when paying by online banking.

▶ Please see the Rear Cover for more practice information.



Tennis Elbow



Coeliac Disease



Warts



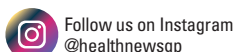
Stress incontinence in women

YOUR NEXT APPOINTMENT:

ENJOY THIS FREE NEWSLETTER

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.

www.healthnews.net.au



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.

● **SPECIAL PRACTICE NOTES**

Communication. SMS confirmations will be sent to patients with mobile phone numbers the day before their appointment. Please indicate with a Y or N whether you will be attending.

Follow Up. A computerised reminder system is available and used for follow up of many medical conditions. If you wish to participate in this, please inform your doctor. This surgery participates in State & National registers.

Interpreter. An interpreter service can be accessed for your consultation. Please discuss this with reception prior to your appointment to arrange an interpreter.

Cultural Background Details. Please advise reception staff or your doctor of any cultural background when you arrive for your appointment.

Emergency Contact Details need to be updated on your patient files. Please see reception staff or your doctor when you arrive for your appointment.

Patient Privacy. This practice protects your personal health information to ensure it is only available to authorised staff members for the intended purposes and to comply with the Privacy Act. To obtain a copy of our Privacy Statement or your medical records, please ask.

Patient Feedback. We welcome your comments or suggestions. Please feel free to talk to your GP or the Practice Manager regarding any issues. If you prefer, you can contact The Health and Disability Services Complaints Office (HaDSCO) Free Call: 1800 813 583, E: mail@hadsco.wa.gov.au

Email Policy. We encourage our patients to call the practice for any communication as our emails are not checked regularly and are not used for medical advice, sending or receiving results and making appointments etc.



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.



**EASTER
COLOUR
FUN!**