



Tennis Elbow

Surgery Hours

Monday—Friday
8.30am—5.30pm

After Hours

We offer 24 hour after hours service. Simply Phone
02 6056 2447

Billing

We are a private billing clinic. A schedule of fees is available on our website. We bulk bill DVA and children under 16. All other appointments will be billed.

New Patients

Our books are open!
Dr Gabra, Dr Kelly and Dr Buttar are currently accepting new patient's. Please phone the clinic to book an appointment

Results

Please phone 6056 2447 between 3pm— 4pm to speak to a nurse regarding these

Scripts & Referrals:

Scripts and referrals require an appointment. The quick and script clinics are available for scripts and ongoing referrals. New referrals require a full appointment.

Patient Identification

To meet our accreditation standards we need to confirm your identity each time you contact or visit the clinic using your name, DOB and address.

Update of Details

It is important that your contact details, Medicare and concession cards are kept up to date on our records. We ask that once a year or if any of these details change you complete an update for either in clinic or on our website—www.wwmc.com.au

Face Masks & Hygiene

Hygiene stations are available throughout the clinic to help protect our patient's and hand washing instructions are located in all toilets. Masks are to be worn in the clinic.

Practice Doctors

Dr William Walton

Travel medicine & Family medicine

Dr Andrew Kelly

Family medicine

Dr Zhengdong Qu

Registrar/Family Medicine

Dr Douglas Colwell

Occupational & family medicine

Dr Sally Gabra

Family medicine

Dr Rajdeep Buttar

Registrar/Family Medicine

CORONAVIRUS - MOVING FORWARD

As we adjust to the "New Normal" where we are now living with COVID-19 in the community, Wodonga West Medical Clinic have made some adjustments as to how your healthcare is provided. We ask that if you have any of the following symptoms Please DO NOT come into the clinic :

- Runny nose
- Sore throat
- Fever
- Cough
- Any respiratory symptoms

If you require an appointment and have any of the above symptom's telephone, video and respiratory room consultations will be offered. For the protection of our staff and other patients, our staff are required to triage all patients when booking any appointment. To shield our patients and staff, many of the procedures introduced during the pandemic will be continuing, including:

- Revised seating in waiting areas;
- Hand sanitising stations;
- Masks in clinic;
- Respiratory clinic, located in the clinic with an external door

COVID-19 Vaccinations

The clinic is pleased to announce we are continuing to participate in the Covid-19 vaccination program. Moving forward we will be offering Moderna vaccines for all eligible patients. Appointments are available by calling our helpful reception staff on (02) 6056 2447.

Update on our Clinic Billing Policy as of 1st July 2023

As you may be aware from the recent news about Medicare, **the Federal Government has only increased the Medicare rebate on a standard consultation fee for General Practitioners by \$4 over the last 9 years.**

We have tried to minimise our clinic fees for as long as possible, as we feel high quality primary care should be accessible to all. However, the reality is that we are no longer able to sustain this model of primary care due to the ever-increasing overheads faced in general practice on a daily basis.

We would like to continue to provide quality primary care but in order to do this we must change our billing policy to private billing only. Private billing means that we will be charging an out of pocket fee for our services from 1st July 2023.

We will still continue to bulk bill the following services:

- All Children up to the end of secondary school
- DVA Gold Card Holders (consultations only)
- Chronic Disease Management Plans and reviews (Care plans)
- Mental Health Care Plans and Reviews
- Health Assessments—45-49 year old and 75+ Year old
- Nursing Home Visits
- Nurse Consultations



Coeliac Disease



Warts

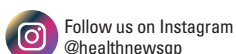


Stress incontinence in women

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 cautery 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.



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!**

WODONGA WEST MEDICAL CLINIC

Our Facebook Page!

Wodonga West Medical clinic is taking a leap into the social networking scene! Our Facebook page which has been largely dormant for the past few years is now going to be active. Keep up to date with the latest health and surgery news by liking us on Facebook. Tell all your friends and family too!



Like us on
Facebook



From the
Team at
Wodonga
West
Medical
Clinic

