

melomag

Spring 2012 | Issue 10

FREE HEALTH GUIDE!

Is your
child a
picky eater?

8 tips to ensure
an optimal
mammogram

Sunflower
fund – help
save a life
today!

Reflux in
children –
know what
to do!

ALL ABOUT

Vascular care

GIVE-AWAY

Melomed is giving away
camping chairs to enjoy
this summer to three lucky
readers! See page 3 for
competition details!


MELOMED
PRIVATE HOSPITALS

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First aid kit for your
holiday travels | 7 |

Handy medical
directory inside | 22 |

Promise PE^{*}

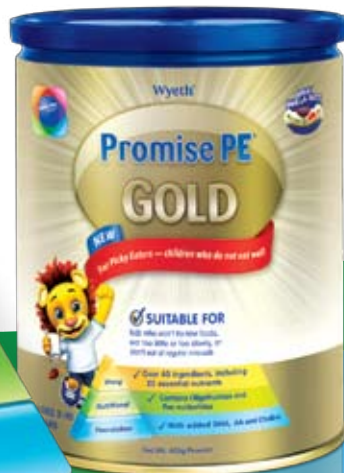
GOLD

NEW

For Picky Eaters — children who do not eat well

Promise PE Gold

With its great Vanilla flavour and unique Biofactors System, is specifically designed for children with picky eating behaviour from 2-10 years of age.



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CONGRATULATIONS

Well done to **Nancy Oliphant**, the winner of *the picnic table and chairs* give-away featured in our previous *Melomag* issue 09.

We trust that you will enjoy your prize.
Look out for this issue's give-away on **page 3**.



Health Bytes

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Green Point, 8051

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CHAIRMAN'S NOTE

Our end-of-season edition of *Melomag*.

With the welcoming of more pleasing weather, Melomed takes this opportunity to also welcome all its new Staff Members and Specialists joining the Melomed Group, we certainly wish them well and look forward to their valued contribution.

Over the past few months Melomed has been blessed with several accomplishments and awareness festivities. We wish to highlight particularly the Health Awareness Programmes that Melomed successfully participated in over the last few months. In support of Heart Awareness Month, Melohearts as a support group has been successfully educating the community on heart and health awareness, promoting not only healthy eating habits but also cholesterol monitoring, this being a particularly important exercise in today's stressful world.

Our Melomed24 Ambulance team, with the assistance of our resident Dentists Dr Bhorat, Dr Ziegler and their staff members, took on the challenge to educate school children within the surrounding areas of our Melomed Hospitals on healthy teeth and gums during Oral month.

Furthermore Melomed in association with Bonitas Medical Fund hosted the "Annual Employee Wellness Day" by offering complimentary healthcare screening and advice on having a healthy lifestyle to its staff members. The Melomed Healthy lifestyle theme was further conveyed by various other organisations within the Melomed Group such as our Melomed Renal Units who initiated health screening and educating the public on kidneys and functioning thereof in support of Kidney Awareness Week. Our Ophthalmic Surgeons within the Melomed Group contributed to the Eye Awareness Campaign and as a community initiative offered their time and skills in order to perform complimentary cataract surgery on a select few Melomed patients.

As a result of the overwhelming positive feedback we received from our patients and community, Melomed has been boosted with a new found fervour to continue and improve our awareness initiatives for the benefit of our patients and surrounding communities and would like to thank the community for its enthusiastic participation.

With the festive season rapidly approaching we at Melomed would like to take this opportunity in wishing each and every patient and staff member a Merry Christmas and a Prosperous new year.

Happy holidays everyone!



EBRAHIM BHORAT
CHAIRMAN
MELOMED GROUP

FEELING DOWN? IT COULD BE LOW-GRADE DEPRESSION

Your mood has many different colours, from the bright shades of happiness to the dark ones of depression. A mood in the darker range, but not yet major depression, is dysthymia (pronounced dis-THIGH-me-ah).



It refers to long-term, low-grade depression that can last for at least two years in adults, or one year in children and teenagers. While not as crippling as major depression, it can interfere with your work, school, family and social life. You might have dysthymia if you feel down most of the day. You can carry out your daily responsibilities, but without much enjoyment. This mood can linger for more than two months and is accompanied by at least two of these symptoms:

- + insomnia or sleeping too much
 - + tiredness or lack of energy
 - + low self-esteem
 - + trouble concentrating or making decisions
 - + feelings of hopelessness
- Dysthymia often begins during childhood, the teen years, or early adulthood. Being drawn into this low-grade depression tends to make major depression more likely. If you think you have low-grade depression, talk to your doctor.

+ overeating or loss of appetite

BIG TOBACCO LOSES PACKAGING BATTLE IN AUSTRALIA

From December this year, all cigarettes in Australia will be sold in plain dark brown packaging with no trademark brand logos.

Source: www.health-e.org.za

Companies will only be allowed to print their name and the cigarette brand in small, approved print on the boxes. The boxes will also carry harsh health warnings and pictures, covering 75% of the front of the box and 90% of the back.

This landmark ruling could potentially strengthen the move

to similar legislation in South Africa. The Department of Health here is currently implementing new regulations that will require graphic images to appear on tobacco packaging.

Dr Yussuf Saloojee of the National Council Against Smoking (NCAS) in South Africa explains that the reason for the legislation

is to prevent young people from starting to smoke by reducing the appeal of tobacco packaging.



Eat to beat... **DIABETES**



Type-2 diabetes can often be controlled by weight loss alone.

In studies, patients who followed a diet plan and reduced their BMI to between 20 and 25 virtually eradicated their symptoms. The best diet is one that's low in saturated fat and simple sugars. Eat little and often, and have plenty of low-to-medium GI foods, such as pulses and oats. New research also indicates that fruit and vegetables, vitamin E and fish oils are particularly beneficial for diabetics, and can help prevent insulin resistance.

FIT IN MORE FRUIT

HEALTH TIP

1. Blend it: In a blender, add two fresh or frozen bananas, ½ cup fresh or frozen blueberries and 1 cup of low-fat vanilla yogurt. Blend until smooth.

2. Grill it: Cut apples, pears or peaches into chunks, brush lightly with canola oil and sprinkle with cinnamon. Place on skewers or wrap in foil. Grill on low heat for three to five minutes.



GIVE-AWAY

We're giving away *Melomed camping chairs* to enjoy this summer to three lucky readers!

To stand a chance to qualify, **SMS your answer to the following question and your name to 34298** (R2 per SMS). Competition closes 7 December 2012. Prize sponsored by Melomed.

Where was Dr Veronique Kritzinger born? (See our Housecall article).

Give-away terms and conditions: The winner will be the first correct entry drawn after the closing date. In the event of the judges not being able to get hold of winners on details supplied, alternative winners will be selected. The judges' decision is final and no correspondence will be entered into. The winner must be prepared to be photographed for publicity purposes. The prize is not transferable and may not be converted into cash. Prize may differ from pictured. Image is for visual purposes only.

ENTER TODAY & WIN



UCT scientists make malaria breakthrough



A compound that has the potential to cure malaria in a single dose has been discovered by researchers from the University of Cape Town (UCT).

The compound is 100% successful curing malaria in animals, and may also be able to block transmission from mosquitoes to humans and eradicate malaria altogether.

Professor Kelly Chibale, director of the Drug Discovery and Development Centre (H3-D) at UCT, who made the discovery, said the team was hopeful that the compound would emerge from rigorous testing as an extremely effective medicine for malaria – a disease that accounts for 24% of child deaths in sub-Saharan Africa.

The next step in the research is to prepare the compound for human trials. The compound, from the aminopyridine class, has never been used in the treatment of malaria, so the parasite has not built any resistance to it. And because the infection can be cured with a single dose, the parasite will not be able to build resistance to it as it will not be exposed to it more than once.

If the compound is successful it is expected to be available by 2020.

Source: www.health-e.org.za

calendar

OCTOBER

Mental Health Awareness Month
Cape Mental Health
 Tel: 021 447 9040



Women's Health: Cervical/Breast & Lymphoedema Awareness Month
Cancer Association of SA
 Tel: 021 689 5347

Eye Care Awareness Month
SA National Council for the Blind
 Tel: 012 452 3811



12 October
 World Arthritis Day
 The Arthritis Foundation of SA
 Tel: 021 425 4738

15 October
 White Cane Safety Day
 SA Council for the Blind
 Tel: 012 452 3811

17-21 October
 National Down Syndrome Awareness Week
 Down Syndrome Association Western Cape
 Tel: 021 919 8533

20 October
 World Osteoporosis Day
 National Osteoporosis Foundation of SA
 Tel: 021 931 7894

29 October
 World Stroke Day

29 October
 World Psoriasis Day
 SA Psoriasis Association
 Tel: 021 404 5250/79 / 082 4069 725

8-12 October
 Occupational Therapy Week
 Occupational Therapy Association
 Tel: 012 362 5457

9-15 October
 Nutrition Week
 Heart and Stroke Foundation SA
 Tel: 021 403 6450

10 October
 World Mental Health Day
 The SA Depression and Anxiety Group
 Tel: 011 262 6396

10-14 October
 Obesity Week

11 October
 World Sight Day
 SA Council for the Blind
 Tel: 012 452 3811



NOVEMBER

Men's Health: Prostate and Testicular Awareness Month
Cancer Association of South Africa
 Tel: 021 689 5347

Disability Month
 Department of Social Development
 Tel: 021 483 4015

7-11 November: CPR Week

14 November
 World Diabetes Day
 Diabetes SA Tel: 021 425 4440

25 November-10 December
 16 Days of activism for no violence against women and children
 FAMSA Tel: 021 884 4444

26-30 November
 Kangaroo Mother Care Week
 PGWC: Mowbray Maternity Hospital Tel: 021 659 5594



DECEMBER

SunSmart: Skin Cancer Awareness Month
Cancer Association of SA (CANSA) Tel: 021 689 5347

1 December
 World AIDS Day

3 December
 National Transplant Day
 Organ Donor Foundation
 Tel: 0800 226611 (toll free)

16 December 2012
Day of Reconciliation



Taking care of our own

Medical cover is probably the most **important investment** you can make for your family today!

Medical costs are astronomical and can place huge strain on your budget if cover for the unforeseen treatments are not provided for.

Life policies and funeral cover are there for the day your family needs to cover the expense of laying a loved one to rest. **But** what about providing cover for your family before this time, to ensure they are **happy and healthy**?

Do you belong to a medical scheme that:

- ❑ Operates exclusively in the motor industry?
- ❑ Covers your family's healthcare needs by providing you with the benefits that you require and expect from a medical aid?
- ❑ Offers a range of benefit options that suites all pockets?
- ❑ Creates a vibrant healthcare family for the benefit of employers and their employees?
- ❑ Suites the needs of employees within the motor industry?
- ❑ Has more than the required legal reserves as legislated by the Medical Schemes Act?
- ❑ Provides members with benefit training at their places of work nationally?
- ❑ Has tailored wellness programs in place?
- ❑ Speaks to you directly when you need financial assistance for medical care?

From hospital care to dentistry, no medical scheme understands the healthcare needs of the motor industry employers and employees better than Moto Health Care.

Moto Health Care is a restricted medical scheme and is offered exclusively to the retail motor industry employers, employees and continuation members.

That's right, you are one of us, so we have gone to great lengths to offer you an exclusive medical scheme designed to give you the best possible healthcare you need.

Call 0861 000 300 to join the Moto Health Care family today!

ALLERGY TRIGGERS



Do you know what's causing your runny nose and watery eyes?

It's not only the pollen count! It could be any one of the following:

YOUR HOME

1 Animal dander: Proteins secreted by oil glands in an animal's skin and in their saliva can cause allergic reactions.

2 Dust mites: Dust mites are microscopic organisms that live in house dust. They thrive in high humidity and feed on the dead skin cells of humans and their pets, as well as on pollen, bacteria, and fungi.

3 Moulds: Moulds produce allergens, irritants, and in some cases, potentially toxic substances. Inhaling or touching mould or mould spores may cause allergic reactions in sensitive individuals.

4 Fragrance: Fragrances found in products, including perfumes, scented candles, laundry detergent and cosmetics can have mild to severe health consequences.

5 Cockroaches: Eew! Not only are cockroaches creepy, but a protein in their droppings can be a troublesome allergen.



OUTSIDE

6 Pollen: Exposure to pollen from trees, grasses and weeds can trigger hay fever or seasonal allergies.

7 Insect stings: Symptoms include extensive swelling and redness from the sting or bite that may last a week or more, nausea, fatigue and a low-grade fever.

DIET

8 Milk, shellfish, nuts and wheat are among the most common foods that cause allergies. An allergic reaction usually occurs within minutes of eating the offending food.

OTHER

9 Latex: Symptoms include a skin rash, eye irritation, runny nose, sneezing, wheezing and itching of the skin or nose.

10 Medication: Symptoms of allergies to medications can range from mild to life-threatening and can include hives, itchy eyes, congestion and swelling in the mouth and throat.

ARE YOU



Edries Adams, Pharmacy
 Manager at Melomed Bellville
 (B.Pharm (UWC), MBA (US))

EQUIPPED FOR AN EMERGENCY?

Each day we hope and believe that we will be well and safe going about our lives at home and at work, or while travelling. We all like to believe our home is a safe haven for our family and visitors. And everyone takes for granted the fact that the workplace is equipped to deal with any medical emergency. Or is it?

By Melomed Bellville's Pharmacy Manager, Edries Adams

Thinking about the possible hazards we may experience within our immediate environment, ask yourself this: Are you equipped to deal with an emergency at home, at work or while travelling in your car? Accidents happen. Children burn themselves, fall down and cut themselves. Adults do too. Ever had a painful splinter stuck deep in your finger and you can't find any tweezers?

FIRST AID KITS

Now that we know that medical emergencies can happen at any time to anyone, we need to get prepared. First aid kits are made up of medical supplies and equipment that allow you to help provide first aid.

Having a first aid kit on hand can help you to provide essential care immediately, before critical care becomes available.

Safety in our workplaces is also important, and South African labour legislation prescribes that

the employer take reasonable steps to ensure that employees receive prompt first aid treatment in case of injury or emergency.

The International Organisation for Standardisation (ISO) recommends that all first aid kits are green with a white cross so they are easily recognisable to anyone needing first aid.

Remember to keep your first aid kit somewhere easily accessible and check it regularly so you can improve on and replace any items that have been used.

USEFUL TIPS

- + If your first aid kit is going with you on a hike or any other outdoor activity, make sure it's waterproof.
- + Regularly check the container in which your first aid kit is kept to make sure it is not damaged.
- + Keep a list of the contents of your first aid kit on the inside of the container. This will serve as a quick and useful checklist to make sure that all the required items are always available.



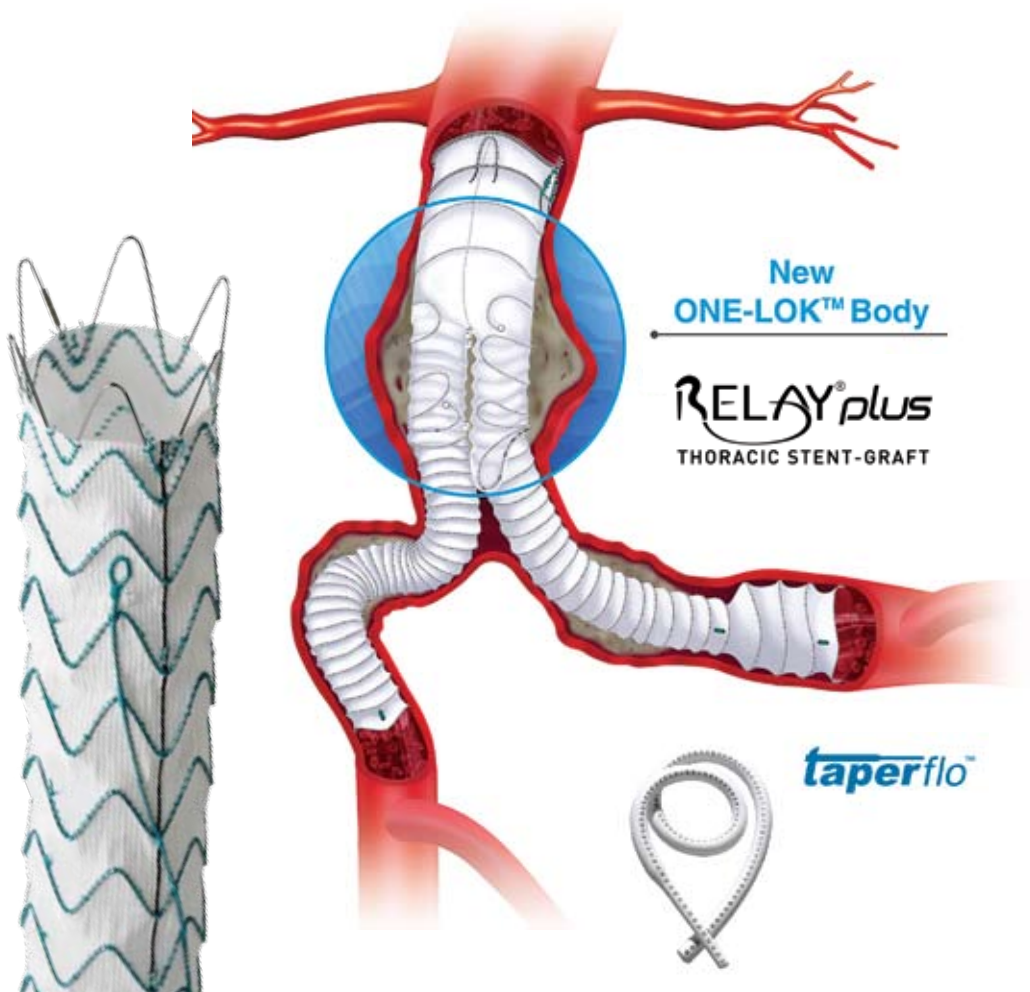
Basic medical supplies for a first aid kit

No. Supply

- 1 Wound cleaner, such as Savlon[®] antiseptic (100ml)
- 10 Swabs for cleaning wounds
- 2 Cotton wool roll (50g)
- 4 Packs of sterile gauze sized 100mm x 100mm
- 2 Packs of gauze sized 50mm x 50mm
- 1 Pair of tweezers to remove splinters
- 1 Pair of scissors (minimum size 100mm)
- 10 Safety pins
- 4 Triangular bandages
- 4 Roller bandages sized 75mm x 5m
- 4 Roller bandages sized 100mm x 5m
- 1 Roll of elastic adhesive sized 25mm x 3m
- 1 Non-allergenic adhesive strip sized 25mm x 3m, such as Micropore[®]
- 1 Packet of adhesive dressing strips, such as a box of 10 Elastoplast[®] plasters
- 4 First aid dressings sized 75mm x 100mm
- 4 First aid dressings sized 150mm x 200mm
- 2 Straight splints for fractured limbs
- 4 2 pairs large and 2 pairs medium examination disposable latex gloves (preferably latex-free to avoid allergic reactions to latex exposure)
- 2 CPR mouth pieces or similar devices
- + An adequate supply of absorbent material such as towel paper for the absorption of blood and other bodily fluids
- + Disinfectant to disinfect the area after cleaning up blood and other bodily fluids
- 4 2 pairs large and 2 pairs medium disposable rubber household gloves for high-risk situations
- 1 A suitable-sized impermeable bag for the safe disposal of bio-hazardous waste, such as blood
- + An adequate amount of Burnshield[®] to treat minor burns
- 5 20ml of normal saline for irrigation
- 5 20ml of sterile water for irrigation
- 1 Pack of 10 pain killers such as Panado[®] tablets, as well as Panado[®] syrup for children



Taking care of vascular





Dr Duncan Anderson
Specialist General and Vascular Surgeon. MBChB
(UCT), FCS (SA), Cer Vascular Surgery (SA).

Vascular surgery

WHAT, WHY AND WHEN?

Vascular surgery is currently one of the most exciting and innovative fields of modern medicine, with massive advancements being achieved with new and improved technology.

By Dr Duncan Anderson, Specialist General and Vascular Surgeon practicing at Melomed Private Hospitals

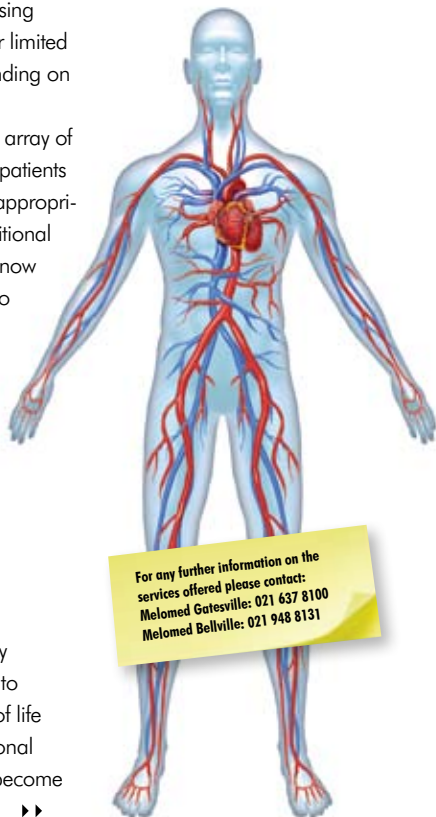
Classical vascular surgery was primarily limited to by-pass grafting with prosthetic (man-made) grafts. Although this has remained relatively unchanged, developments have been made in the man-made graft materials and greater understanding has been achieved about the use of by-pass grafting in the treatment of vascular patients.

ENDOVASCULAR TREATMENT PLAYS LARGER ROLE

Endovascular treatment (non-open surgical procedures) has now started to play a larger role in the treatment of multiple and complex vascular diseases. Endovascular treatment entails therapy from within the blood vessel which includes, but is not limited to angioplasty, stenting and stent graft insertion. These techniques can be performed

under local anaesthetic using percutaneous puncture or limited surgical cut-downs depending on the devices used.

This now offers a large array of therapeutic modalities to patients previously excluded or inappropriately treated with the traditional by-pass surgery. Patients, now too sick or frail to undergo bypass surgery, can have a relatively lower risk procedure performed with reduced morbidity (complication) and mortality (death) and shorter hospital stay with a rapid return home in a functional state. Endovascular treatment can be used appropriately in young healthy patients to maintain a good quality of life without precluding traditional bypass surgery should it become necessary in the future. ▶▶



For any further information on the services offered please contact:
Melomed Gatesville: 021 637 8100
Melomed Bellville: 021 948 8131



THERE IS NOW GOOD EVIDENCE THAT ALL MEN FROM THE AGE OF 60 YEARS SHOULD BE SCREENED FOR ABDOMINAL AORTIC ANEURYSMS BY MEANS OF A SIMPLE ABDOMINAL ULTRASOUND.

ADVANCES IN SCREENING FOR ABDOMINAL AORTIC ANEURYSMS

Significant advances have also been made in the field of abdominal aortic aneurysms to improve patient survival and outcome. Abdominal aortic aneurysm involves swelling of the largest blood vessel in the abdomen, and is a silent process until it ruptures. This has a devastating consequence which is almost invariably fatal. When these aneurysms are diagnosed early, treatment can be performed to prevent rupture and there is now good evidence that all men from the age of 60 years should be screened for this disease by means of a simple abdominal ultrasound. When this aneurysm reaches a certain size, they are treated with vascular surgery.

However, a safer alternative for the higher risk older patient is an endovascular aneurysm repair (EVAR). EVAR entails inserting a very large stent graft into the aorta (largest blood vessel into the abdomen) without cutting open the abdomen and is therefore associated with a reduced perioperative morbidity (complications) and mortality (death).

The role for these devices is being continuously expanded as designs are updated and upgraded.

TREAT VARICOSE VEINS WITHOUT SURGERY

Developments have also occurred in the treatment of varicose veins. Traditional surgical treatment of the varicose vein involved groin incisions. This was associated with prolonged post-operative pain and high rates of wound sepsis.

Previously performed under general anaesthetic, the varicose veins can now be treated as a day case under local anaesthetic without any surgical incision. Ultrasound is used to guide catheter ablation of the varicose veins with immediate postoperative mobility, minimal discomfort and better cosmetic results.

One of the failings of the modern endovascular era is the successful treatment of stroke patients. Carotid stenosis (narrowing of the main arteries which send blood to the brain) which has resulted in a recent stroke, should be operated on within two weeks and there is overwhelming evidence that the

Successful treatment of complex vascular patients

This is only achievable with the addition of best medical therapy. Therefore all vascular risk factors must be controlled and the patient should be taking antiplatelet and a lipid lowering agent. This realisation has moved the vascular surgeon away from the stance of the traditional surgeon and more towards that of a physician with a holistic approach to patient management. The patient now has the choice of a wider range of therapies, including open surgery and endovascular surgery, depending on the specific disease profile of the patient being treated.

best results are obtained with vascular surgery. Despite this evidence, carotid artery stenting is being performed with great enthusiasm, particularly by other specialities that cannot offer vascular surgery.



8 TIPS

TO ENSURE AN OPTIMAL MAMMOGRAM



Set aside the notion that mammograms are often regarded as an uncomfortable and unpleasant experience. They are an essential tool in detecting early breast cancer.

Consider the following when scheduling your annual mammogram:

By Professor Justus Apffelstaedt, Associate Professor: University of Stellenbosch and Head: Breast Clinic, Tygerberg Hospital

- 1** Use a facility that either specialises in mammography or performs many mammograms each day.
- 2** Ask your mammography centre whether they offer full field digital mammography.
- 3** Ask whether they are trained in mammography interpretation and how many mammograms they do each day.
- 4** If you are satisfied that the facility you use provides high quality mammography, continue to go there on a regular basis so your mammograms can be compared year to year.
- 5** If you change to a different facility, ask for your previous mammogram films to bring with you to the new facility so they may be compared to the new mammograms that will be taken.
- 6** If you have sensitive breasts, try having your mammogram performed at times of the month when your breasts will be less tender, like the week after a period.
- 7** Do not wear deodorant, talcum powder, lotions or cream under your arms or on your breasts on the day of your mammogram, because they may interfere with the quality of the mammogram image.
- 8** Bring as much data with you about your previous mammograms and breast health history, including dates and places of previous mammograms and other breast imaging, biopsies or treatments you may have had before.



- + An important consideration is the screening interval. The longer the screening interval, the less the benefit, as more and more cancers will be detected in the interval instead of at the screening visit.
- + Screening mammography has plenty of benefits for all women: it changes the treatment of breast cancer from a dreaded disease to a manageable condition.

Breast cancer

Breast cancer of malignant cells in...
Every woman is at risk...
early detection and med...
screening mammogram



Dr Priya Walabh is a General Paediatrician & Paediatric Gastroenterologist with a special interest in liver disorders and nutritional intervention in childhood diseases like food allergies.

REFLUX IN CHILDREN



Reflux is normal in healthy babies. Only 10% will need medical intervention.

By General Paediatrician and Paediatric Gastroenterologist, Dr Priya Walabh, practicing at Melomed Gatesville

Gastroesophageal reflux (GOR) happens when contents in the stomach travel up into the oesophagus (the part of the alimentary canal that connects the throat to the stomach). This can happen with or without regurgitation or vomiting. This is a normal function of the body and most episodes are short and limited to the lower parts of the oesophagus.

WHAT IS REGURGITATION IN BABIES (POSSETING)?

Regurgitation, or possetting, happens when children spit out the regurgitated stomach contents. It can also cause drooling. This is normal in healthy, thriving babies and doesn't need medical attention as long as the baby is feeding well and growing.

WHEN DOES REFLUX BECOME A PROBLEM?

When reflux happens more often and for longer periods, it can become a problem and is then called Gastroesophageal Reflux Disease (GORD). Acid from the stomach can cause oesophagitis (inflammation of the oesophagus). About 10% of children will need treatment for GORD.

Normal, healthy babies can have up to 21 episodes of reflux a day, but most of these are short and happen without any other symptoms. By six months, babies will be eating more solid food and spend more of their time upright, which helps them to outgrow reflux. However, children with heart problems, respiratory conditions like chronic lung disease, or neurological impairment like

cerebral palsy are more likely to need medical or surgical intervention.

SIGNS THAT MEDICAL TREATMENT IS NEEDED

- + Failure to thrive (poor weight gain)
- + Oesophagitis (poor feeding because of pain from an inflamed oesophagus)
- + Haematemesis (vomiting blood because the oesophagitis is severe)
- + Anaemia (a condition in which there is a deficiency of red cells or of haemoglobin in the blood, causing paleness and tiredness)
- + Pain when swallowing
- + Colic after feeding
- + Dystonic neck posturing (abnormal muscle tone resulting in muscular spasm and an abnormal posture)

- + Chronic coughing
- + Wheezing (an asthma-like attack in children less than two years of age)
- + Aspiration pneumonia
- + Apnoea (brief periods when the child stops breathing, especially during sleep)
- + Apparent life-threatening events

MEDICAL INVESTIGATIONS

If Gastroesophageal Reflux Disease (GORD) is suspected, your doctor may recommend:

- + A barium swallow – to check if anatomy is normal
- + A milk scan – a scan which reveals more about gastric emptying, aspiration and reflux
- + Acid (pH) studies – gold standard but technically difficult in infants



PAEDIATRICIAN/PAEDIATRIC GASTROENTEROLOGIST



Dr Priya Walabh

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E: pwalabh@gmail.com

New practice offering a 24-hour general paediatric, neonatal and ICU service. Special interest in food allergies, reflux disease, liver disorder and endoscopy and diagnostic liver biopsies.

Managing reflux in your baby

HOME MANAGEMENT

If your baby is suffering from reflux, these actions can help to relieve it:

- + Give your baby smaller feeds more often
- + Keep your baby upright for a while after feeding
- + Put your baby to sleep with its head slightly raised and lying on its side
- + Use milk thickeners; for example, milk thickened with carob bean.

MEDICAL MANAGEMENT

Your doctor may also recommend you use a proton pump inhibitor on your baby, e.g. omeprazole or esomeprazole, which decreases

acid production in the stomach. This is usually given to the baby 30 minutes before feeding on an empty stomach. It will take a few days before it begins to work and must be used for at least six months until symptoms improve and the baby is growing well.

SURGICAL MANAGEMENT

When reflux doesn't respond to medical management and is severe, your doctor may recommend a surgical procedure called Nissen's fundoplication. This is where part of the stomach is wrapped around the lower oesophagus to prevent reflux upwards.

REMEMBER ...

- + Most babies have reflux, which is normal and doesn't need medical treatment if they are thriving and show no other symptoms
- + If your baby has reflux along with other symptoms, like pain when swallowing, then you should see a doctor
- + Milk thickeners can help with reflux, but not if the baby has oesophagitis (an inflamed oesophagus)
- + A proton pump inhibitor treats oesophagitis, but will not stop vomiting
- + Surgical management is more often needed in children with secondary reflux.

WHAT IS PULMONARY EMBOLISM?

Pulmonary embolism (PE) is a blood clot in the lung. The clot usually forms in the vessels of the leg, pelvis, arms (Deep Venous Thrombosis /DVT) or heart.

Article by Nuclear Physician, Dr Bhavin Ramjee, practicing at Melomed Gatesville

The pulmonary embolism occurs when part or all of the DVT breaks away and travels through the blood in the veins and lodges in the lungs. These blockages cause areas in the lung to be deprived of blood flow (Perfusion), but the airflow in these areas is maintained. (Ventilation). This leads to the typical ventilation/perfusion mismatches seen on a VQ scan.

DANGERS OF PE

If the pulmonary embolism is large, the patient cannot

get enough oxygen into the blood, which causes acute shortness of breath.

Blood flow can sometimes be blocked from entering the lungs. This can result in instantaneous death.

Pulmonary infarction (death of lung tissue) is a rare complication.

DIAGNOSIS

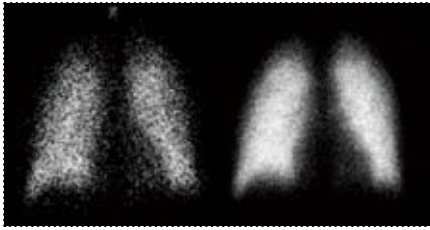
Diagnosis has been difficult for many clinicians over the years and the medical literature urged doctors to place this diagnosis high up in their

differential diagnosis due to the potential of a sudden death.

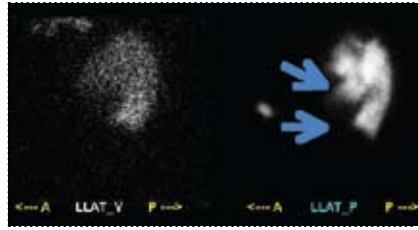
Unfortunately the clinical exam is notoriously inaccurate with regards to pulmonary embolism or DVT. Therefore, other tests need to be done, eg: Chest X-ray, Electrocardiogram, Complete blood count, D-dimer test and an Ultrasound of legs or arms.

If the patient's history and preliminary tests suggest pulmonary embolism, then it is likely that at least one or more tests will be done

WHAT ARE THE RISK FACTORS TO DEVELOP A BLOOD CLOT?	THE FOLLOWING SIGNS & SYMPTOMS MAY OCCUR	CONDITIONS THAT INCREASE CLOTTING OF THE BLOOD
<ul style="list-style-type: none"> + Immobilisation + Prolonged travelling + Recent surgery + Trauma or injury + Obesity + Heart disease (AF) + Burns + Previous DVTs or PE 	<ul style="list-style-type: none"> + Chest pain + Shortness of breath + Anxiety + Dry cough or blood in sputum + Sweating + Passing out 	<ul style="list-style-type: none"> + Pregnancy + Cancer + Estrogen therapy and oral contraceptives + Certain protein and enzyme deficiencies



Normal scan with no ventilation or perfusion mismatch



POSITIVE scan with multiple VQ mismatch defects

as follows:

- + Pulmonary angiography, which is seldom performed as it is invasive
- + VQ scans
- + Multi-slice CT (note there is a concern for high radiation exposure)

VQ scans remain the primary procedure in the following situations:

- + Contra-indication to CT, patients with renal failure, allergy to iodine
- + The pregnant patient with

suspected PE

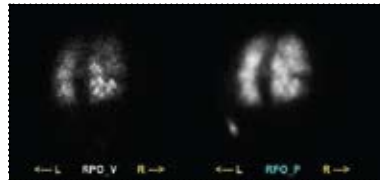
- + The need for baseline studies after a positive CTA for PE in order to monitor resolution of the embolism
- + Baseline VQ studies in patients with DVT

VQ SCAN (VENTILATION PERFUSION SCAN)

Here the use of radiolabeled pharmaceuticals can identify the location and functional presence of an embolism. If there is good air flow in the lungs but segments of the lung have poor or no blood flow, this suggests that a blood clot may be present.

The key issue related to this test is referred to as the pretest probability. This means the clinical situation (history, physical, and other supporting tests) may determine to some degree the likelihood of pulmonary embolism.

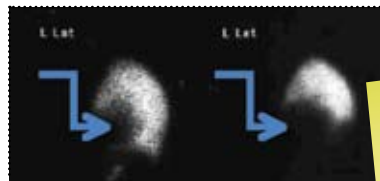
VQ SCANS CAN ALSO ALLUDE TO DIAGNOSIS OTHER THAN PE:



COPD Matched ventilation and perfusion



Ineffective changes
- Pleural effusions
(Matched ventilation and perfusion defect)



Cardiomyopathy

For any further information on the services offered please contact:
Nuclear Medicine
Melomed Gatesville Hospital
Tel: 021 637 4277
Dr B Ramjee: 082 872 2030



A GUIDE TO CHOOSING:

the best medical aid cover for you and loved ones

Medical aid cover is no longer just a luxury; it's an investment towards one's health.

The key is to obtain medical aid cover as soon as you can afford it and not wait until you

are injured or ill before seeking advice.

There are two main categories of medical cover; Major Medical Expenses and Day-to-Day Benefits. Major Medical Expenses refer to treatment received in hospital such as surgery, or hospitalisation. Day-to-Day Benefits cover treatment received outside a hospital like GP consultations, ordinary dental checkups or over-the-counter medication.

A majority of medical schemes offer a combination of these two plans and extra benefits such as chronic medication programmes, access to medical rescue and other value-added benefits.

Before selecting the type of cover that you think will best suit

you and your family, think back to how many visits you've made to the doctor in the last 12 months. This should serve as a guide to the type of plan required.

If your family visits the doctor regularly, you will need average to above-average day-to-day cover and you should consider provision for the major medical expenses cover.

If you are a healthy, fit individual who seldom goes to the doctor but wants peace of mind that major medical expenses will be covered, you should consider a plan that provides minimum day-to-day benefits with a fair amount of major medical expenses cover.

If you suffer from a chronic illness, that is a condition that requires ongoing medical treatment, it is important to find out what type of chronic care is provided by your preferred plan. Examples of chronic illnesses include asthma, epilepsy, bipolar mood disorder or diabetes.

Also check for things that will not be covered and be certain that you are prepared to pay for these exclusions out of your own pocket should it become necessary.

Opting for the cheapest plan may not always be the best choice. What is important is to make sure that the things you need are covered in line with the amounts that you are paying in contributions.



Article submitted by SAMWU National Medical Scheme, a medical scheme for local government employees. Visit the SAMWUMED website on www.samwumed.org or via telephone on 0860 104 117 for more information.

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HERE'S WHY MORE THAN 46 000 OF OUR BENEFICIARIES HAVE BEEN WITH US FOR MORE THAN 5 YEARS:

- Our affordable contributions: with a contribution increase of 9%, members can expect a Rand increase from R22 and no more than R175 on both options.
- The hospital benefit was R300 000 in 2012 and in 2013, it will be **R1 million** on Option B. Option A has gone from a minimum benefit of R75 000 to **R300 000**.
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- We don't discriminate: you can register parents, parents-in-law, grandchildren and adult dependants.
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SAMWU NATIONAL MEDICAL SCHEME

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PART TWO



LOWER BACK PAIN

A PHYSIOTHERAPY PERSPECTIVE

Contact Sharmila at her practice on 021 699 1700.

It can be treated, ask for advice if you are in pain. By Physiotherapist Sharmila Dayar

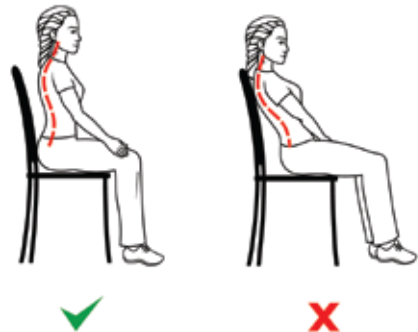
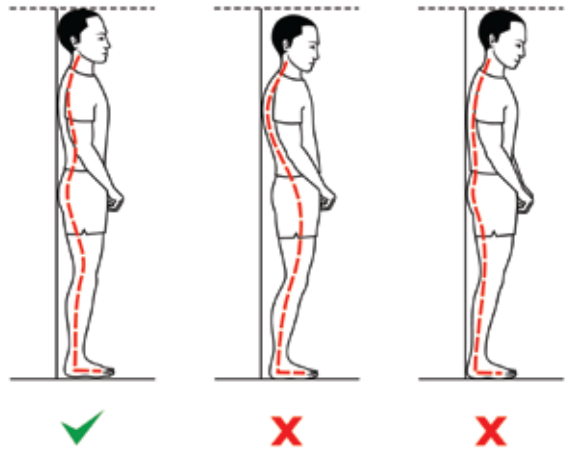
There are many causes of Lower Back Pain (LBP), however, in this article we will discuss the causes most commonly treated by physiotherapists.

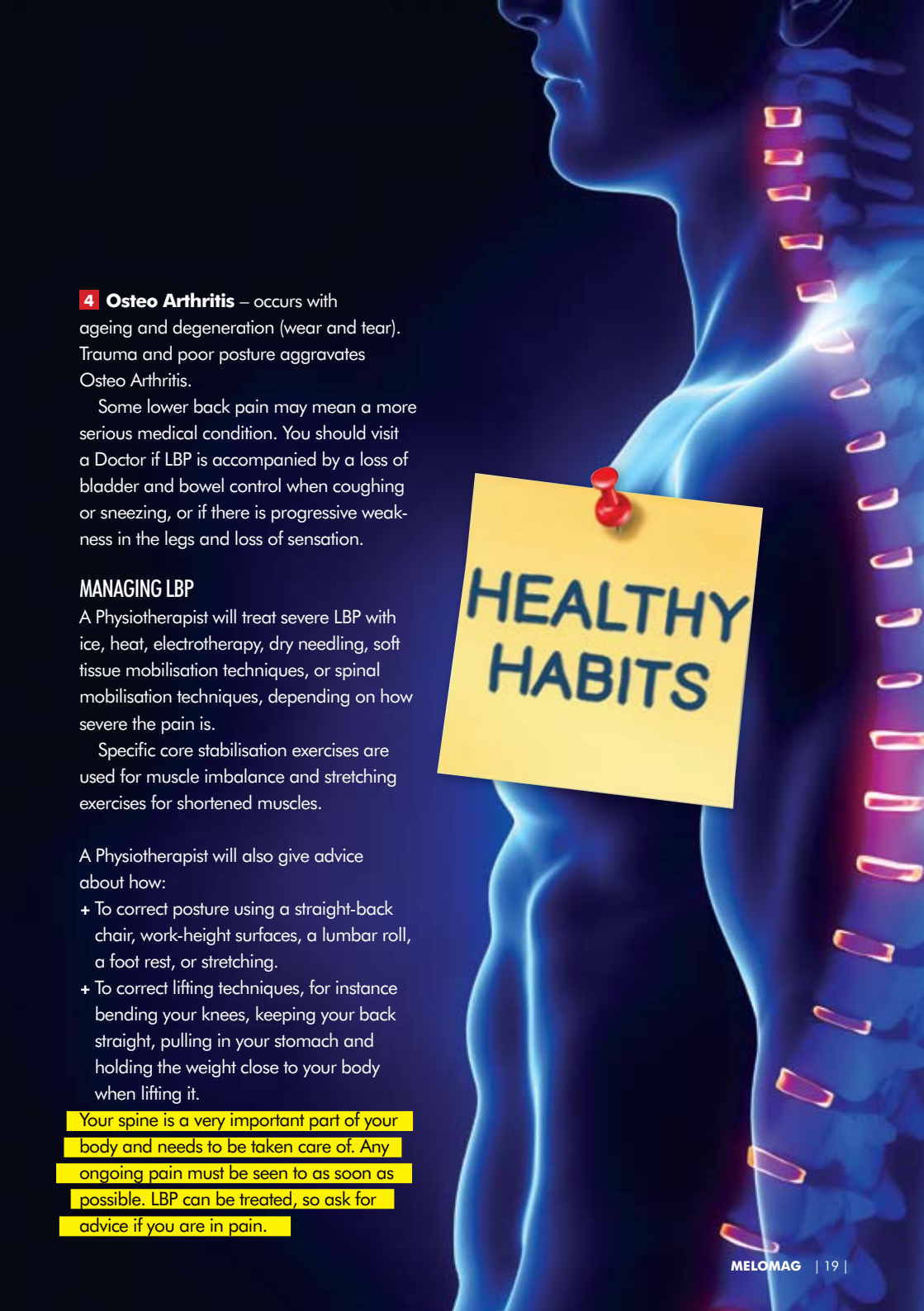
Pain in the lower back can result from:

1 Ligament strain – results in microscopic tears in the tissues from overstretching of ligaments and tendons in the lower back. This is often caused by heavy lifting, prolonged bending or injury during sport.

2 Sciatica – occurs when a disc in the spine ruptures and compresses a nerve. This results in pain, pins and needles and numbness down the back and legs.

3 Postural stressors – working long hours, or standing or sleeping in an awkward position can cause joints, discs and ligaments to overload, resulting in poor posture which can develop into a painful syndrome.





4 Osteo Arthritis – occurs with ageing and degeneration (wear and tear). Trauma and poor posture aggravates Osteo Arthritis.

Some lower back pain may mean a more serious medical condition. You should visit a Doctor if LBP is accompanied by a loss of bladder and bowel control when coughing or sneezing, or if there is progressive weakness in the legs and loss of sensation.

MANAGING LBP

A Physiotherapist will treat severe LBP with ice, heat, electrotherapy, dry needling, soft tissue mobilisation techniques, or spinal mobilisation techniques, depending on how severe the pain is.

Specific core stabilisation exercises are used for muscle imbalance and stretching exercises for shortened muscles.

A Physiotherapist will also give advice about how:

- + To correct posture using a straight-back chair, work-height surfaces, a lumbar roll, a foot rest, or stretching.
- + To correct lifting techniques, for instance bending your knees, keeping your back straight, pulling in your stomach and holding the weight close to your body when lifting it.

Your spine is a very important part of your body and needs to be taken care of. Any ongoing pain must be seen to as soon as possible. LBP can be treated, so ask for advice if you are in pain.

PART
ONE



FEEDING THE PICKY EATER



Do your children reject your *Master Chef* cuisine? Do you dread dinner time

because your children are picky eaters? By Karen van Zyl, MA (MW) Play Therapy

Is it overwhelming and frustrating when your picky eaters can't tolerate or eat "normal" foods? I understand, because I am a mom of one!

Although it is a concern for parents, it is not unusual, especially in the toddler years,

for young children to be picky eaters.

However, picky eaters can be quite frustrating for parents who are concerned about their children's eating habits.

Unfortunately, in some cases this can develop nutrient

deficiencies resulting in weight issues.

Children grow rapidly during the first year of their lives (the average one-year-old has tripled their birth weight); thereafter they gain weight more slowly and ultimately

need less food, but due to their active lifestyle they need more, smaller meals during the day. They also prefer sweet over bitter tastes and are adverse to trying new foods. Minor illnesses or teething can reduce their appetite as well.

LEARN TO RELAX

Your job as a parent is simply to prepare the right food nutritiously (steamed rather than boiled, baked rather than fried), and serve it creatively.

The rest is up to the child. How much they eat, and if they eat, is mostly their responsibility. It is important to note that toddlers from the age of one to three years need between 1 000 and 1 300 calories per day.

+ Parents decide:

What, where and when a child eats.

+ Child decides:

If, and how much he will eat.

IS IT A PROBLEM? SHOULD I BE WORRIED?

These questions will help you find out if your child is a picky eater. If you answer “yes” to any of these questions, discuss

it with your health care provider to ensure that the problems are addressed professionally:

- + Does your child only eat certain types of food (e.g. fast foods, fried food, etc.)?
- + Does your child dislike trying new foods?
- + Does your child refuse to eat vegetables and/or items from other food groups?
- + Does your child have strong likes and dislikes for certain foods?
- + Does your child make meal times very long or make a fuss over eating?
- + Do you use an incentive to encourage your child to finish his/her meal?
- + In your opinion, does your child get a good balance of food in each meal?

It may be helpful for parents who are concerned about their toddler’s intake to plot the weight and height on the growth chart to make sure that their child’s growth is normal. If you suspect your child is failing to thrive, go seek professional help.

In the next issue we will discuss tips to help you deal with a picky eater.



Editorial sponsored by Pfizer Nutrition

This editorial is sponsored by Promise PE Gold, a Pfizer Nutrition product. Karen van Zyl is an Early Childhood Development Expert and Play Therapist and often consults with parents and children dealing with Picky Eating behaviour.

ENCOURAGE PICKY EATERS BY SERVING FOOD CREATIVELY – MAKE FACES OR PICTURES WITH THEIR FOOD!



References:

<http://giftedkids.about.com>. Understanding Picky Eaters – Getting Picky Eaters to Eat!; <http://www.askdrsears.com>. Feeding the Picky Eater: 17 tips; <http://www.sensory-processing-disorder.com>. Finally, There Is Help For Your Picky Eater!; <http://recipes.kaboose.com>. Helping Your Picky Eater – Tips for getting your child to try new foods; <http://www.pbs.org>. Tips to Help Pre-schoolers Overcome Picky Eating, The Picky Eaters Assessment. Pfizer Nutrition

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E: sham_darsof@mweb.co.za

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Practice no. 0195219

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F: 086 766 5303 | **C:** 072 811 1022

E: melomed@orthohealth.co.za

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General Surgeon with a special interest in breast surgery and endoscopic (diagnostic and interventional) surgery.

DIAGNOSTIC RADIOLOGISTS



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DCH; D. Obstets.; F.F. Rad (D) SA

Dr Norman Smuts - MBChB; F.F. Rad (D) SA

Dr Marek Blaszczyk - FC Rad (D) SA

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Paediatrician new to Melomed Bellville taking over an established practice that will be available for all emergency, ambulatory and neonatal needs. Specialising in maintaining and optimising child health and well-being.

GENERAL SURGEON



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A General Surgeon with special interest in gastroenterology, endoscopy (both diagnostic and interventional), oncology, laparoscopic surgery, as well as breast and thyroid surgery.



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NEPHROLOGIST / PHYSICIAN



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Physician/Nephrologist offers a 24hr medicine, renal care and dialysis service with multi-disciplinary team support. Special interests are hypertension, systemic lupus erythematosus, acute and chronic renal failure and electrolytic abnormalities.

PAEDIATRICIAN & PAEDIATRIC PULMONOLOGIST



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This new practice offers a 24-hour general paediatric and neonatal service with multi-disciplinary support. Special interests are paediatric lung disease, asthma, intensive care and both interventional and diagnostic bronchoscopy.

PHYSIOTHERAPY



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Dr Shabeer Ebrahim

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Special interest in paediatric ear, nose and throat disorders as well as allergies and sinus and nasal disorders. Associated with the CAPE SLEEP CLINIC, dealing specifically with snoring and sleep apnoea. Video laryngoscopic assessment and voice disorders.

CARDIOLOGIST



Dr David Marshall

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E: cardiommarshall@gmail.com

General Cardiologist with a special interest in coronary intervention. Trained at Groote Schuur Hospital Cardiac Clinic and completed interventional training in Cambridge, United Kingdom.

Diabetic fruit cake

This fruit cake is low in fat and has a low GI, making it perfect for diabetics.



What you will need

- 1 kg of dried mixed fruit
- 500 ml of pure orange juice
- 2 cups self raising flour
- 25–30 cm square cake tin, greased and lined

Number
of servings
10

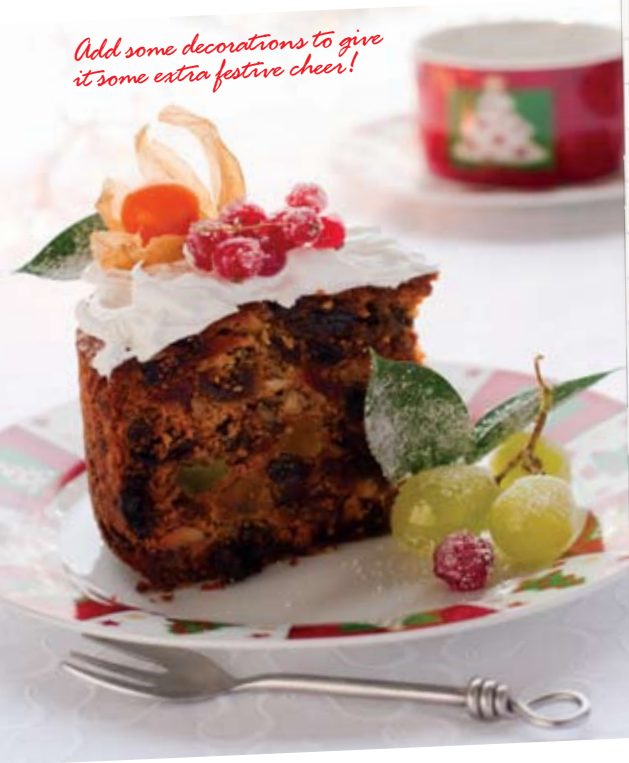
Method of preparation

1. Place the mixed dried fruit into a large bowl and pour over the orange juice.
2. Stir and leave to soak for at least 3 to 4 hours or overnight.
3. Tip the self raising flour into the dried fruit and orange juice then give it all a real good mix.
4. Scoop the mixture into the prepared cake tin and bake in centre of the oven at 140°C for about 2 hours. Check with a skewer and if it comes out clean, then the cake will be ready.
5. Allow to cool in the tin for at least 30 minutes then turn out and slice.

Hints and tips

- For extra flavour try adding mixed spice with the flour or substitute some of the orange juice with brandy.
- This gorgeous fruit cake recipe freezes really well once sliced.

Add some decorations to give it some extra festive cheer!



THE SUNFLOWER FUND

GET INVOLVED, SAVE A LIFE!

The Sunflower Fund aims to educate and recruit a viable source of well-informed potential bone marrow stem cell donors who are ethnically diverse, in an effort to save the lives of those needing a transplant when suffering from life-threatening blood disorders.

It strives to maintain the associated donor records of the South African Bone Marrow Registry (SABMR).

The odds are even more against South African sufferers due to the fact that our rainbow nation has more unique combinations of tissue types. Ethnic origin is important when matching donors and patients. The “markers” that are tested when searching for a match are genetically inherited and often unique to a particular race. It is therefore very important that South Africa has its own bone marrow registry and the larger that registry, the greater and faster the chance of finding a perfect match.

HOW TO BECOME A DONOR

You need to call The Sunflower Fund Toll Free Number – **0800 12 10 82 (weekdays 08:30am – 13:00pm and 14:00pm – 16:30pm)** so that they can make sure that you meet the

criteria, process your Sunflower / SABMR registration form and reference number and direct you to the closest donor recruitment clinic.

There you will give them the completed form and they will take a small blood sample – about two teaspoons.

Your blood sample is then analysed (called “tissue typing”) and put on the national database. The tissue typing test is very costly. Funds are limited and they are asking those who can afford to, to make a donation towards this cost.

Donors will in due course be sent a donor card by the SABMR. Donors will only be called back to donate stem cells if they are a perfect match for a patient. **The odds of being a match are about 1:100 000 which is why they need as many donors as possible. The donation procedure is minor, with little discomfort.**

Please visit www.sunflowerfund.org.za for more information or call 0800 12 10 82.



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*“34 million people were **living with HIV** at the end of 2010, up 17 % from 2001.⁽¹⁾”*

HOUSE CALL



Meet one of our dedicated Specialist,
Dr Veronique Kritzinger, who is a Nuclear Medicine
Physician at Melomed Gatesville.



I am 51 years old and have recently (just over two years ago) moved to Stellenbosch. I qualified as a Nuclear Medicine Physician in Pretoria in 1994. I have been in private practice since then. I have recently started living my dream on our farm outside of Stellenbosch, where I spend a lot of time outside. Generally my life has changed to a much slower pace, which I love.

VITAL STATISTICS & QUESTIONS

QA

Where were you born? Pretoria.

Who do you share your house with?

My husband and our two dogs. My son and daughter also pop by for a regular visit on the farm.

What would people be surprised to know about you? I am very confident and bubbly but I have an extreme fear of public speaking.

If you weren't doing what you do, you would be a ... very well-kept housewife or an unkept studfarmer.

One of my life mottos is: Life is about choices – you can look up and see the stars or look down at your feet and see the mud you're standing in. Obviously I always look up at the stars.

I can't go a day without ... just being content with what life has to offer.

My friends and I like ... exploring the most beautiful and extraordinary places the world has on show and we love eating at extraordinary places for an exceptional culinary taste.

What music are you listening to? I am a big fan of pop and anything that gets my mood up. I love music that makes me feel 21 again.

Perfect happiness is ... being at home in front of a large fire with my family, dogs and sometimes also friends around me.

Success to me means ... to be able to say that you achieved your own goals in life and you did it to the best of your ability.

Everything in moderation but not ... when it comes to good food, great company and sunny weather.

I'd like to be remembered as ... someone that could inspire others to be positive about life no matter what the circumstances surrounding you.

LIKES

- 'n Lekker boere braai
- Animals, especially horses and dogs
- Peace and quiet after a long day's work



DISLIKES

- Incompetence
- Loud, rude, insincere people
- People who are negative



Favourite things:

Places: Okavango Delta, and the African bush in general, the Seychelles and, best of all, Stellenbosch.

Shops: Reiss in London, Woolworths Food Store, any shoe and lingerie shop.

Restaurants: Pascallis in Pretoria, Manousche in Stellenbosch, Casa Valdez in Somerset West.

LIFE'S

a game of numbers

How many numbers are programmed into your brain?

By Health Bytes Publishers



Think about waking up in the morning. Numbers everywhere. There's the alarm clock, the measuring cup for breakfast muffins, the alarm code you have to set on your way out, the PIN when you draw cash at the ATM, you dial your friend's phone number ...

Next you go into the bank. You fill out your FICA forms (need I say more). Then you hit the shops, where you need to face the numbers of your dress size, bra size, shoe size.

I recently became exposed to another number. A number that in my wildest dreams I would never have believed would have such a profound effect on my life, my family's life and our future. Like any good science equation, this number is the product of a calculation.

BMI = weight (kg) / (height in m x height in m)

Yes, it's the dreaded BMI (bloody miserable index, otherwise known as body mass index). **It doesn't matter what you weigh on the scale, but rather what percentage of fat your body holds, and that's what BMI is all about.**

One soon realises that being tall has its definite advantages. If I were 20 cm taller I would not have been given a BMI death sentence and called morbidly obese! We all try to lose weight, but the real trick is to grow taller – then there'll never be any issues with your BMI.

Now here's a scary piece of trivia, for any of you thinking of emigrating. New Zealand immigration will decline a work permit if you have a BMI higher

than 35. It's true! Families have been split up while a spouse remains behind to lose weight. Immigration assumes that, given that you're obese based on the BMI definition, you might come down with an obesity-linked illness.

Now, I'm not for one minute saying that we shouldn't be healthier. But unless you understand that numbers can and will run your life, you, too, will be introduced to a-not-so-friendly lotto ticket to certain angst.

So come on, let us embrace our BMIs! This is one number that you do carry. It's on your hips, moulded to thighs, cuddled comfortably to the waist. I have come to accept that I'm not me without my code. And now that I know it, I can work at bringing it down, just a bit.

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WHAT IS PATHOLOGY?

The word pathology strictly refers to the scientific study of the causes and progression of diseases.

Nowadays the term also refers to the practice of diagnostic pathology which concerns itself with laboratory tests on tissues and body fluids mainly requested by doctors to enable them to diagnose and classify diseases accurately and to monitor their progression and the results of treatment.

Diagnostic pathology tests are performed in pathology laboratories which are located either in or outside of hospitals. Private laboratories are generally

owned and run by private pathologists.

The practice of diagnostic pathology has become very specialised and the instrumentation and techniques in the laboratories highly sophisticated. Specially trained medical technologists in general conduct the tests in the laboratory while the pathologists interpret the results and act as consultants to the clients, i.e. doctors and patients.

Both pathologists and technologists are responsible for maintaining high standards of quality assurance to ensure the accuracy of tests results thereby protecting the consumer.

PATHCARE - PATHOLOGY THAT ADDS VALUE

You may have been referred to us by your doctor for pathology investigations that will assist with the diagnosis and treatment of your illness. Your doctor or our sister will take a sample of blood, urine, sputum etc from you, for us to perform the laboratory tests.

PathCare comprises of approximately 60 pathology laboratories and 110 specimen-collecting depots, with its head office at NI City, near Cape Town. The laboratories and depots are spread over South Africa and Namibia.

In all the laboratories the specimens are processed by the most technologically advanced and fully automated laboratory equipment. Specimens from hospitalised patients requiring urgent analysis can be dealt with in PathCare laboratories situated within

many major private hospitals throughout the country. Currently PathCare has more than 70 pathologists in South Africa and Namibia. These are all experienced specialists in their respective fields.

PathCare was the first pathology practice in South Africa to be fully SANAS (South African National Accreditation System) accredited (ISO Guide I 51 89). This is an international accreditation system which ensures that the quality of the results produced by PathCare meets international standards. The accreditation is maintained via annual inspections by the SANAS Accreditation Committee.

The logo of PathCare represents the care that we provide to our patients.

“Pathology that Adds Value”

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PathCare ...

The first syllable **“Path”** symbolises our core business “pathology” whereas the second syllable **“Care”** symbolises our value system, i.e. patient care is our priority.