

melomag

Free Health Guide!

Winter 2016 | Issue 23

CARING FOR
**ELDERLY
PARENTS**

ALL ABOUT
WARTS 'N' ALL

LATE
**PREGNANCY
BLEEDING**

**WHICH IS BEST?
RUNNING OR WALKING?**

**WATCH OUT FOR
KIDNEY DISEASE**

**LOVE
THE SKIN
YOU'RE IN
DIABETES
AND YOUR
SKIN**


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PRIVATE HOSPITALS

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M E L O M E D
PRIVATE HOSPITALS

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HEALTH

Health Bytes

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GIVE-AWAY!

Melomag is giving away a **SOUNDBOOSTER** to one lucky reader! See page 3 for details!

CHAIRMAN'S NOTE

Reading the 23rd issue of *Melomag*, you will notice several achievements and developments that are testaments to the philosophy of the Melomed Group. A true reflection of the hard work that the Melomed Group have done and will continue to do for its doctors, patients and staff. That being said, I am extremely proud to announce that the Melomed Group has turned 26 years old this April, which is a reflection of the success and sustainability of the business principles that the Melomed Group has ushered in and maintained throughout its existence.

The shining example of one of our achievements this year was the opening of Melomed Tokai, being our brand new, state-of-the-art flagship facility. Melomed Tokai was developed to meet the needs of the adjacent communities of False Bay, Tokai, Constantia, Bishopscourt, Wynberg, Plumstead, Steenberg, Grassy Park, Retreat and its surrounds. Melomed Tokai boasts a complement of 148 (one hundred and forty eight) beds, with a new state-of-the-art cardio catheterisation laboratory, endoscopy suite as well as an advanced oncology bunker to mention just a few.

Our new facility would mean absolutely nothing without the new staff members and medical practitioners that were handpicked for the facility – we welcome them to our Melomed Tokai. Additionally Melomed Bellville has also experienced a new addition to its leadership as Mr Phil Ryneveldt has taken over the reigns as Melomed Bellville's Hospital Manager. We wish them everything of the best.

Amongst other things, a few fun family-orientated activities took place during the first quarter of the year. Our "CANSAs relay for life" was a huge success and offered everyone in the community an opportunity to participate in the fight against cancer. Our staff members also attended the "Annual Birdathon", which took place at the False Bay Nature Reserve. Proudly we celebrated "Nurses Day", providing an opportunity to show our appreciation and raising awareness for one of the most important assets to Melomed and South Africa as a whole. Our nurses are the backbone of our success.

Happy reading!

EBRAHIM BHORAT
CHAIRMAN
MELOMED GROUP



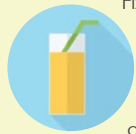
Are you ready for SUGAR TAX?



5 VERY SIMPLE WAYS TO CUT DOWN ON THE SWEET STUFF:

SUGAR HAS NEVER BEEN SO CONTROVERSIAL – HERE'S HOW TO EAT LESS.

1. DITCH SUGARY DRINKS



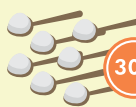
Fizzy drinks are real sugar bombs and, whilst fresh fruit juices contain vitamins and fibre, many commercial brands are laden with sugar. Try and stick to fresh juices with a high veggie content, and flavour water naturally with citrus wedges and sprigs of fresh mint. Beware also of flavoured coffees and hot drinks with added syrups.

2. KEEP THE KITCHEN "JUNK FOOD FREE"

Keep your kitchen stocked with delicious, healthy treats rather than sugary snacks. Munch on fresh veggie sticks with hummus or guacamole as well as fresh fruit, and nuts. A bit of dark chocolate always goes down well (at least 85% cocoa).



3. KNOW YOUR LABELS



Pasta and stir fry sauces, cereals and even bread all contain "hidden" sugars. Check the nutritional content when buying processed food. The WHO currently recommends adults stick to 6–7 tsp of sugar a day (30g maximum; 1 tsp of sugar = 4.25g of sugar).

4. TRAIN YOUR TASTE BUDS

People who give up sugar for a period of time are often amazed by how sweet things taste once they return to their normal foods. Adjust your palate by gradually making healthier switches to reduce and dilute your sugar intake. Mix your normal muesli with plain oats and nuts, go for chocolate with a higher cocoa content, try adding fresh fruit to natural yoghurt instead of buying high-sugar flavoured yoghurts, and switch to sugar-free nut butters. If you're used to having something sweet after meals then try a chunk of cheese instead, some herbal tea (peppermint and liquorice has a lovely natural sweetness to it, or warm milk flavoured with cinnamon and nutmeg.



5. GET COOKING



The best way to ensure your food contains no hidden nasties is to make it yourself. The current focus on reducing sugar and showcasing fresh ingredients means the bookstores are full of inspiring recipe books.

Source: Healthy Magazine (healthy-magazine.co.uk)



TAKE A NAP – RECHARGE!

These pointers will ensure that each time you take a quick snooze, you are left feeling refreshed and ready to take on the rest of your day.

- A nap doesn't have to be long to be effective. A **10-20 minute "power nap"** can help boost alertness and energy. Napping for longer than 30 minutes can up your chances of falling into a deep sleep, leaving you feeling a bit groggy and even more tired.

- The **position** you sleep in can also affect your rest quality. Research has shown that resting on our sides, rather than our back or our stomach, helps our brains to discard waste products.

- Napping is beneficial no matter when you do it, but research says **mid-afternoon** is not only the most natural time of day to nap, it also may come with some extra health benefits, like lower blood pressure. Some European cultures still take a "siesta" or a break from their hectic days and lay down for a bit of a snooze.

Source: medicaldaily.com



HEALTHY KIDS... all winter long

Aitishoo! Aitishoo!... We All Fall Down...

Keeping those germs away this winter season can be tough with children playing and staying indoors most of the time. Check out a few of our favourite ways to keep your kids healthy throughout these tough winter months.

EARLY TO BED... Something as simple as a bedtime routine will help them stay on track with sleep throughout the week.

PLAY TO STAY HEALTHY... Challenge your kids to an energising fun activity like a jump rope or hula-hoop contest.

FIVE A DAY KEEPS THE DOCTOR AWAY... Help your family keep their immune systems up by eating five servings of fruits and veggies every day.

CATCH A COUGH OR SNEEZE... Teach your kids to cough or sneeze into the crook of their elbow if they can't get a tissue in time.

KEEP THOSE GERMS AWAY!... Pack tissues and a small bottle of hand sanitiser in your child's backpack and teach them how to use it.

Source: Inspire Magazine



OUR GIVE-AWAY TO YOU

We're giving away a *Melomed soundbooster* to five lucky readers!



To stand a chance to qualify, **email** your name, contact number and answer to the following question to: **melomag@melomed.co.za** with **Melomag 23** in the subject line. Competition closes 31 July 2016.

Where is Melomed's new Private Hospital? (See page 33)

Prize sponsored by Melomed. Give-away terms and conditions: The winners will be the first five correct entries 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 winners 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 picture. Image is for visual purposes only.

TOO MUCH HAPPINESS CAN ALSO CAUSE "HEART BREAK"

The emotional stress that causes chest pains and breathlessness can occur in moments of **joy as well as anger, grief and fear**. Seventy-five percent of cases of takotsubo cardiomyopathy, a change in the shape of the heart's left ventricle, which can be fatal, is caused by stress. A Swiss study suggests about one in 20 cases is caused by joy.

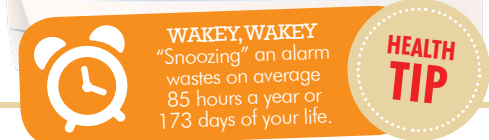
The condition is normally temporary and people are generally fine afterwards. In a study of 1,750 patients, researchers discovered heart problems caused by:

- a birthday party
- a son's wedding
- meeting a friend after 50 years
- becoming a grandmother
- a favourite rugby team winning a game
- winning a casino jackpot

The study also suggested most cases were in post-menopausal women. Dr Jelena Ghadri, one of the researchers, said: "A takotsubo syndrome patient is no longer the classic "broken-hearted" patient, and the disease can be preceded by positive emotions too."

She said it was likely **both sad and happy events** shared a common "emotional pathway" leading to the condition. "Much more research is needed to understand how such emotional events can trigger temporary heart damage in a few susceptible individuals."

Source: BBC News



HEALTH TIP

Melomed Tokai Key Handing Over Ceremony May 2016



MELOHIKE:

Our Melohikers enjoyed a fun-filled adventure with Mr Schuter.



Cricket Player
Wayne Parnell at
Melomed Bellville



CANSA RELAY



Ophthalmologist
Dr M D Saloojee and his
patient who is 102 years old!



TEKKIE TAX DAY



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International Nurses Day on 12th May 2016



Melomed Tokai proudly celebrated its first International Nurses Day on 12th May 2016 along with all other staff within our Melomed Group. We salute each and every one of them for their hard work and dedication!

MELOMED BELLVILLE



MELOMED GATESVILLE



MITCHELLS PLAIN





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LOVE THE SKIN YOU'RE IN

DIABETES AND SKIN-RELATED SKIN CONDITIONS

Diabetes Mellitus is a common endocrine condition and is characterised by high blood glucose levels as a result of either a deficiency or diminished effectiveness of the body's natural insulin.

About 3.5 million people suffer from diabetes in South Africa (+/- 6% of the population) and as many as one in three will have a skin condition at some point in the course of their disease. Some of these conditions can occur with anyone but

have a higher incidence in people with diabetes, while other complaints appear to be unique to diabetic sufferers. The good news is that most of these conditions are treatable as well as preventable if good blood glucose levels are maintained.

GENERAL SKIN CONDITIONS

A DRY, ITCHY SKIN

Dry skin can lead to many major concerns in diabetes. Cracking and peeling results in openings in the skin, allowing bacteria or fungi to enter the body. High levels of sugar in the body are great breeding grounds and reduce your body's ability to heal itself, increasing the chances an infection may spread. High glucose levels itself increases urination and bodily fluid loss, causing dry skin. Damage to the nerves (neuropathy) which control the sweat glands induces cracks and dryness as well. Excessive exposure to cold, dry climates and long hot showers can further aggravate an existing dehydrated skin. Itching can be caused by dry skin, cutaneous fungal or yeast infections, as well as poor circulation, especially in the legs and feet.

TO DO: Limit bathing time; use moisturising soap-replacement products if possible and apply emollient balm or moisturisers frequently, particularly after bathing.

BACTERIAL INFECTIONS

The most common skin complication observed in people with diabetes are skin infections and this is probably due to high blood glucose levels and defects in the immune system. Several kinds of infections are seen such as:

- **IMPETIGO** – a contagious skin infection with honey-coloured crusting on the skin.
- **ECTHYMA** – similar to impetigo but affects the deeper layers of the skin forming ulceration.

igito but affects the deeper layers of the skin forming ulceration.

- **FOLLICULITIS** – inflammation of the hair follicle appearing as a pustule.
- **FURUNCLES** – arise from hair follicles but are deep, red, tender nodules that can result in abscess formation.
- **CARBUNCLE** – arises from hair follicle but is a larger, deeper, more serious condition that presents as red, swollen area covered in pustules.
- **CELLULITIS** – red, hot, swollen, well-defined tender patch.

TO DO: Practising good skin care and prompt treatment of any cuts or minor wounds will reduce the chances of acquiring such infections.

FUNGAL INFECTIONS

The most common culprit in fungal infections for people with diabetes is *Candida albicans*, a yeast that occurs in folds of the skin such as the underarms, groin, under the breast and between the buttocks, appearing as itchy, red and moist patches. Other fungal infections commonly observed are athlete's foot (web spaces between toes); ring-worm (reddish-pink circular patches with distinct scaly border) and jock itch (reddish brown scaly areas that cover the groin and can include the rest of the pubic area and thighs).

TO DO: All these superficial infections can be treated with topical and/or systemic antifungal therapies.

SKIN CONDITIONS ASSOCIATED WITH DIABETES

ACANTHOSIS NIGRICANS

is characterised by brown, velvety thickening observed in the neck, armpits and groin. Weight loss may reduce insulin resistance and thereby improve the condition clinically.

TO DO: Topical treatments known as keratolytics can decrease the thickness of the condition.

“ As many as one third of people with diabetes will have a skin disorder caused or affected by diabetes at some time in their lives. ”



DIABETIC DERMOPATHY

is a harmless condition which appears as light brown oval or circular patches most often found on the anterior surfaces of the legs. Related to changes in underlying blood supply (vasculature). The patches are asymptomatic and require no treatment. Skin tags are soft, skin-coloured to brownish growths that hang off the skin, occurring commonly in the neck, underarms and eyelids. Studies have shown that up to 25% of patients with skin tags have diabetes.

TO DO: The lesions can be removed by your medical practitioner.



Time for a change

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| HEALTH ADVICE |

NECROBIOSIS LIPOIDI- CA DIABETICORUM

presents as red, raised, non-scaling plaque due to changes to the underlying vasculature. The condition is uncommon and very resistant to treatment. Very rarely do people with diabetes present with blisters (diabetic blisters) on the hands and feet that resemble burns. It is often seen in patients with peripheral neuropathy (nerve damage).

TO DO: Keeping blood glucose under control is the only treatment for this skin problem.

ERUPTIVE XANTHOMA-

TOSIS, firm, reddish-yellow deposits on the skin, is the result of poor blood glucose control.

The bumps have a red halo around them and may itch. They're usually found on the backs of hands, feet, arms, and buttocks. This skin problem usually strikes young men with type 1 diabetes who also have high cholesterol and very high triglycerides (fat in the blood).

TO DO: The condition improves when diabetic control is restored.

DIGITAL SCLEROSIS

is the formation of tight, thick, waxy skin on the back of the hands, causing joint stiffness and decreased mobility.

TO DO: The only treatment is better glucose control.

FOOT ULCERS are observed in about 15% of people with diabetes at some point and is a serious problem that can ultimately lead to amputation if left untreated. Ulcers often begin with minor skin trauma that is left unnoticed due to nerve damage (the pain that serves as a warning sign of problems may not be felt) and underlying poor circulation. The most common site is the weight-bearing areas of the foot such as the ball of the foot and heel.

Managing your blood glucose levels and practicing good skin care will not only help identify treatable skin conditions early but more importantly prevent serious complications from developing.

The best way to avoid skin problems of all kinds is to maintain tight control of your blood sugar. This lessens the dryness and the chances of an opening for bacteria to enter your body. Good control helps preserve immune function, so you can better fight off an infection before it spreads. Lower average blood sugars also lessen the nerve and vessel damage that leads to ulcers and skin breakdown. Control of diabetes has an effect on skin quality, quality of circulation, your perception of pain and other sensations and your ability to fight off infection. Having normal blood sugars is a key to long survival. ■

Sources: www.webmd.com/diabetes/guide/types-of-diabetes-mellitus | www.diabetes.org | www.diabetesselfmanagement.com

SKIN CARE TIPS



OBSERVE GOOD HYGIENE

- Wash hands often.
- Bath regularly.
- Avoid long, hot showers and use soap-replacement products that are moisturising.
- Apply emollient balms or moisturisers frequently.
- Keep areas susceptible to infections like web spaces of toes, groin, under breasts and underarms clean and dry.



TREAT MINOR WOUNDS PROMPTLY



TAKE GOOD CARE OF YOUR FEET

- Wear shoes that are broad and fit well.
- Make sure no foreign objects are present in shoes before putting them on.
- Inspect feet daily for any abrasions or cuts.
- Cut toenails straight across.
- Wash daily in warm water and dry carefully, especially the web spaces.
- Avoid walking barefoot.
- Have your feet examined at least once a year by your health practitioner.



MOST IMPORTANTLY manage your blood glucose levels well.

WARTS 'N' ALL

Many of us have had a wart somewhere on our bodies at some time. Other than being a nuisance, most warts are harmless and go away on their own.

More common in kids and teenagers than in adults, warts are skin infections caused by viruses of the human papillomavirus (HPV) family.

They can affect any area of the body, but tend to invade warm, moist places, like small cuts or scratches on the fingers, hands, elbows and bottom of the feet.

Warts are usually painless unless they're on the soles of the feet or another part of the body that gets bumped or touched all the time. There are several types of warts, including common warts, flat warts, and plantar warts.

SIGNS AND SYMPTOMS

OF A COMMON WART:

- located on back of hands, around nails, and in the mouth, or at the site of cuts and scratches
- small flesh-coloured bump
- rough surface that looks like cauliflower
- pink or white soft bumps in the mouth
- tiny black dots inside the wart

OF A FLAT WART:

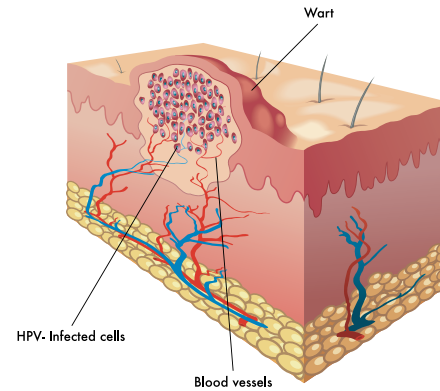
- located on the face, neck, arms, or legs
- size of a pinhead
- small smooth bumps with a flat top
- flesh-coloured or pink to light brown
- may occur in groups of 20 to 100

OF A PLANTAR WART:

- located on the sole of the foot
- pressed into the skin
- tiny black dots inside
- may be painful and uncomfortable – like walking on a small stone.

ARE WARTS CONTAGIOUS?

Warts can be seen as contagious however the risk of passing them on to other people is quite low as close skin-to-skin contact is needed. The infection however can be transmitted indirectly from contaminated objects or surfaces, such as a towel, bathmat or the area surrounding a swimming pool. After being in contact with the virus, it can take weeks or even months for a wart to appear. A tiny cut or scratch can make



any area of skin more vulnerable to warts. Also, picking at a wart can spread warts to other parts of the body.

THINK PREVENTION

Although there's no way to prevent warts, it's always a good idea to encourage kids to wash their hands and skin regularly and well. If your child has a cut or scratch, use soap and water to clean the area because open wounds are more susceptible to warts and other infections. It's also wise to have kids wear waterproof sandals or flip-flops in public showers, locker rooms, and around public pools (this can help protect against plantar warts and other infections, like athlete's foot).

TREATING WARTS

Warts don't generally cause any problems, so it's not always necessary to have them removed. Without treatment, it can take anywhere from six months to two years for a wart to go away. A doctor might decide to remove a wart if it's painful or interferes with activities because of the discomfort.

DOCTORS HAVE DIFFERENT WAYS OF REMOVING WARTS, INCLUDING:

- using over-the-counter or prescription medications to put on the wart – these topical applications containing salicylic acid is effective in getting rid of warts.

- burning the wart off using a light electrical current
- freezing the wart with liquid nitrogen (called cryosurgery)
- using laser treatment (with recalcitrant warts)

Within a few days after the doctor's treatment, the wart may fall off, but some stubborn warts may require additional treatments.

ALSO MAKE SURE THAT YOUR CHILD:

- keeps the area of the wart covered while the medicine works
- knows not to rub, scratch, or pick at it to avoid spreading the virus to another part of the body or causing the wart to become infected



LASER TREATMENT

WHEN TO VISIT YOUR DOCTOR

Talk with your doctor before using any over-the-counter wart medicine on the face, genitals or rectum. If you are diabetic please consult your doctor before using any treatments. Also call the doctor if a wart or surrounding skin is:

- painful, red or swollen
- bleeding
- changing in appearance
- oozing pus
- spreads ■

Source: kidshealth.org

RUNNING VS WALKING? WHICH IS BETTER?

If you currently class yourself as a runner or a walker, you're likely to be pretty happy in your camp. But if you're thinking about picking up the pace or even slowing it down or you're new to the habitual exercise scene, read on to discover the good, the bad and the downright ugly...

WALKING

If your goal is exercising for overall health and to improve your longevity, then walking is ideal.

> THE GOOD

As a lower impact form of exercise, most people are capable of walking. Plus, a daily walk delivers many cardiovascular health benefits. A recent study published in the *Journal of the American College of Cardiology* suggest that moving at a gentler pace – a brisk walk or a slow jog for 1 to 2,5 hours per week – lowers your risk of death by 25%. In a new study published in *Arteriosclerosis, Thrombosis, and Vascular Biology*, regular walkers turned out to be healthier than their running counterparts. Risk for hypertension, high cholesterol, diabetes, and heart disease all dropped more significantly among walkers (more than 9%), compared with runners (about 4,5%).

> THE BAD

If your exercise goal is weight loss, you'll need to do a lot of walking. Walking is a slow way to burn kilojoules and won't challenge your cardiovascular fitness levels as much as running will. But, has been proven in the medical literature, a change in diet, not exercise, is the big driver of shedding the kilos.

> THE UGLY

Each year, thousands of regular walkers are hobbled due to a walking-induced pain or an old exercise injury that has been aggravated by walking.

RUNNING

> THE GOOD

As a higher intensity form of exercise, running has been proven to offer greater fitness, weight loss and overall health benefits. This, of course, also means you don't need to exercise for as long to stay fit. Running may regulate appetite hormones better than walking. In another (small) study, after running or walking, female participants were invited to a buffet, where walkers consumed about 200 kilojoules more than they had burned and runners ate almost 850 kilojoules fewer than they'd burned. Researchers think this may have to do with runners' increased levels of the hormone peptide YY, which may suppress appetite.

> THE BAD

Running is hard on your body and you'll need to have a certain level of strength and function to run well. It puts more pressure and stress on the body and increases the risk for injuries like runner's knee, hamstring strains, and shin splits (which plague even the most consistent runners). To avoid the consequences of the repetitive impact, regular runners need to develop management techniques like stretching, massage, functional strength exercises and other cross-training activities.

Intense training over the course of many years can also lead to permanent changes in your heart that can set the stage for serious cardiovascular problems.

> THE UGLY

Apart from the chafing (need we say more?), excessive endurance training may also dampen your immune system and increase your risk for illness.

Researchers at the University of Illinois, Urbana-Champaign found that prolonged intense activity increases levels of certain inflammatory proteins that can allow viruses – such as the common cold – to thrive. That means you might get sick more frequently, and feel worse during bouts of illness, if you're taxing your body with vigorous exercise on a regular basis.

WHICH ONE WILL SUIT ME?

As important as exercise is, it's important to get the right dose. More isn't necessarily better. Most of us are guilty of gravitating towards activities we do well and avoiding those we could improve upon. If you struggle to find motivation to run, and you've always assumed walking isn't hard-core enough to improve your health, set those fears aside; walking appears to bestow all the same health benefits as running – without the risks. It bears repeating that either walking or running is healthier than not doing either, whatever your health goals.

JUST STARTING OUT?

If you're new to the world of regular exercise, walking is definitely the best way to start. Most people don't realise they need to get their body fit to run – not the other way around. >

Begin by determining the level of exercise you can comfortably do – even if this is just a 20-minute walk around the shops. Then gradually build up to your workout goal by walking at least 5% further or faster each week.

WANT TO PICK UP THE PACE?

Listen to your body. Quite often less is more, so don't push

yourself through unusual pain or discomfort. However it is important to challenge yourself to the point where you feel some level of breathlessness or muscular fatigue – without this, your body can't grow fitter and stronger.

BEFORE YOU HIT THE ROAD OR THE TREADMILL...

If you have specific issues with

any part of your body, obtaining expert advice before hitting the walking or running track is important: a suitably qualified professional like a biokineticist can help to identify your body's weak areas and recommend the best form of exercise to suit your capabilities. And a decent pair of walking or running shoes is a must.

THE DIFFERENCES BETWEEN:

Running- and Walking Shoes

1 CUSHIONING RUNNERS NEED MORE:

Runners impact the ground with three times their body weight with each step, while walkers impact with only 1.5 times their body weight. Runners need more cushioning in the heel and forefoot than walkers, which is why you see all of the hype about air cushioning systems.

WALKERS NEED LESS: Walkers don't need extra forefoot cushioning and most can do with less heel cushioning. Extra cushioning adds extra weight, so it is a trade-off between a heavier shoe that lessens the trauma to your feet and legs, and a lighter shoe in which you may be able to run or walk faster.

2 HEEL HEIGHT

Runners strike the ground anywhere from the forward part of their heel through the midfoot to the ball of the foot, depending on the individual. Walkers should strike with their heel. Running

shoes are designed to provide stability for runners with a built-up heel. Runners who strike with their heel or midfoot should look for less built-up heels, while those who land on the ball of their foot need a more built-up heel. Walkers will be striking with their heel and rolling through the step. They have no need for a higher heel.

WHAT WALKERS SHOULD

LOOK FOR: Walkers should look for running shoes with the least difference in height from the heel through the toe. This is also called heel drop and often you can find it listed in millimetres (mm). Look for shoes with a heel drop of less than 8 mm, with 4 mm or less being preferred. The shoe outer sole can be deceptive, some may appear to have higher heels but the heel actually sits lower inside the shoe.

3 HEEL FLARE

Running shoes may have a flared heel to provide extra stability for runners who strike the ground at their midfoot or forefoot. A flared heel is also often seen on trail-running shoes.

WHAT WALKERS SHOULD

LOOK FOR: Fitness walking shoes should not have a flared heel. Walkers strike the ground with their heel, and a flared heel impedes rolling forward through the step. A true fitness walking shoe would have an undercut heel rather than a flared heel or built-up heel.

4 FLEXIBILITY

Both running shoes and walking shoes need to be flexible. Press down with the toe of the shoe and see where the shoe bends. Many running shoe designs flex most at the arch or midfoot. But some designs flex most at the forefoot. These suit the differing needs for runners who strike at midfoot or with the ball of their foot. A shoe that bends at the arch does not provide the platform they need. A shoe that doesn't bend at all is unacceptable. Unfortunately, many shoes marketed as walking shoes do not flex at all. They are unsuited for fitness walking. Fitness walking shoes should flex at the forefoot, as walkers should push off with their toes. ■

Sources: www.healthpartners.com.au | well.blogs.nytimes.com | www.greatist.com | www.walking.about.com

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LATE PREGNANCY BLEEDING

– when the placenta misbehaves

The most common cause of late pregnancy bleeding (antepartum haemorrhage) is a problem with the placenta. Some bleeding can also be due to an abnormal cervix or vagina. Antepartum haemorrhage (APH) is defined as bleeding from the genital tract from the 24th week of pregnancy until birth. Bleeding before 24 weeks of pregnancy is regarded as a threatened miscarriage.

WHY IS IT IMPORTANT?

APH complicates 3–5% of all pregnancies and is a leading cause of perinatal and maternal mortality globally. Obstetric haemorrhage, which includes APH and postpartum haemorrhage, caused the second most maternal deaths in South Africa (684), according to the 2011 – 2013 Confidential Enquiry into Maternal Deaths in South Africa.

VAGINAL BLEEDING IS DEFINED AS A HAEMORRHAGE WHEN:

- + A pad is at least partially soaked
- + Blood runs down the legs
- + A clot of blood is passed

IS APH A SERIOUS CONDITION?

Yes, it is a serious condition because the fetus and mother's life is in danger if the bleeding is severe. Therefore, the pregnant woman must immediately report any episode of vaginal bleeding to her health care provider.

The most important causes of APH are Abruption Placentae (early separation of the placenta) and Placenta Praevia (low lying placenta).

CAUSES OF LATE PREGNANCY BLEEDING:

If you have any blood loss or

abdominal pain it is important to contact your midwife or obstetrician immediately. **Some causes of vaginal bleeding are more serious than others so it is important to find out the reason as soon as possible.** Forty percent of all APH's will be unexplained and will not have an identifiable cause. Late pregnancy bleeding may also be caused locally by infection, trauma or tumours of the vagina, vulva or cervix. Other causes are rare, like Vasa Praevia where bleeding from the fetal blood vessels pass into the membranes instead of the placenta and uterine rupture. This is a very dangerous condition for the mother and fetus. Rupture may occur prior to or during labour. The mucus plug which is released from the cervix at the onset of labour may also be blood-stained and is therefore called a "bloody show".

PROBLEMS WITH THE PLACENTA CAUSING LATE PREGNANCY BLEEDING ARE:

1. PLACENTAL ABRUPTION (0.5% – 2% of pregnancies)

A placental abruption (Abruptio Placentae) is where **the placenta pulls away from the uterine wall during pregnancy instead of after the birth.** Bleeding is the major sign of placental abruption. It can be with or without pain and should be reported immediately to your doctor.

+ WHY IS PLACENTAL ABRUPTION DANGEROUS?

Placental abruption is dangerous to both you and your baby. The abrupt separation of the placenta can cause severe maternal bleeding, and your baby may be denied oxygen. The condition puts you both at great risk and could lead to death for you or your baby.

+ WHAT CAUSES A PLACENTAL ABRUPTION?

Placental abruption occurs more often when there are

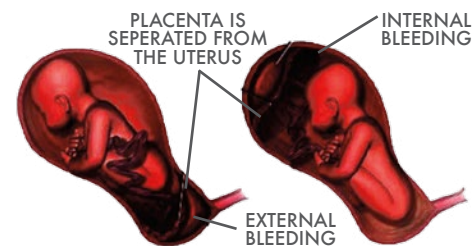
certain risk factors to the pregnancy. These risk factors include:

- + Previous Placental abruption
- + Pre-eclampsia (hypertensive disease in pregnancy)
- + Fetal growth restriction
- + Polyhydramnios (increased amniotic fluid)
- + Older than 35 years
- + Low Body Mass Index (BMI)
- + Premature rupture of membranes
- + Multiple previous pregnancies
- + Intrauterine infections
- + Abdominal trauma
- + Smoking
- + Drug abuse (tik, cocaine)
- + Assisted reproduction

+ SYMPTOMS INCLUDE:

- + Decreased or absent fetal movements
- + Severe, continuous abdominal pain
- + Passing dark red blood clots ▶

PLACENTAL ABRUPTION



2. PLACENTA PRAEVA

(0.25% – 0.5% of pregnancies)

A condition in which the placenta implants in the lower part of the uterus near to or covering the opening of the cervix.

This is dangerous because during labour, when the cervix dilates and the uterus expands, portions of the placenta may tear and bleed, causing the mother to haemorrhage.

WE CLASSIFY PLACENTA PRAEVA INTO FOUR GRADES:

+ GRADE I:

The placenta is low-lying but does not cover the cervix. You can usually expect to birth vaginally with this type.

+ GRADE II OR MARGINAL:

The placenta touches but does not cover the cervix.

+ GRADE III OR PARTIAL:

The placenta partially covers the cervix

+ GRADE IV OR COMPLETE:

The placenta completely covers the cervix.

Grade I and II is not as severe, while Grade III and IV are seen as major risks associated with heavy vaginal bleeding when the cervix dilates during labour, and therefore caesarean birth is usually recommended. If the 20-week ultrasound reveals a low-lying placenta, a repeat ultrasound is indicated between 32 and 36 weeks to confirm the placental position.

+ RISK FACTORS FOR PLACENTA PRAEVA INCLUDE:

- + Previous uterine surgery or caesarean section
- + Previous Placenta Praevia
- + Older than 35 years
- + Multiple pregnancy e.g. twins
- + Multiple previous pregnancies
- + Smoking
- + Previous termination of pregnancy
- + Fibroids (submucous)
- + Previous endometriosis
- + Previous curettage “womb scrape”
- + Assisted reproduction

+ SYMPTOMS INCLUDE:

- + Painless vaginal bleeding of bright red blood
- + Fetal movements are still present

- after going to the toilet
- + do not go swimming
- + do not have baths or use a spa – please shower
- + do not have sexual intercourse
- + do not use any vaginal medications/creams.

If you experience increase in vaginal bleeding, abdominal pain or contractions, it is important to notify the doctors as soon as it occurs. **If you have any bleeding in pregnancy there is an increased risk of your baby’s blood crossing into your blood stream.** If you have a rhesus negative blood group you will be offered an injection of Anti-D immunoglobulin.

THE MANAGEMENT PLAN ENCOMPASSES FOUR KEY STEPS:

- 1 Assess the **mother’s condition** and **stabilise** her if required
- 2 Assess the **fetal condition** with a cardiotocograph (CTG) if the pregnancy is 28 weeks or beyond
- 3 **Identify the cause**
- 4 **Definitive management**, depending on the cause of the APH

1. MATERNAL CONDITION

If the mother is **shocked** (lost a lot of blood), she requires **urgent resuscitation**. This would include intravenous lines for fluid resuscitation, blood transfusion, face-mask oxygen, bladder catheterisation to monitor urine output, blood

tests and regular monitoring. Severe APH and shock can lead to reduced blood and oxygen supply to the vital organs which can impair its functions. Complications include anaemia, clotting abnormalities, liver failure, kidney failure, heart attack or failure, stroke, multi-organ failure and death.

2. FETAL CONDITION

Urgent delivery by the quickest method possible is indicated if a **viable (older than 28 weeks)** fetus is in distress. If the fetus is not viable or not in distress, the attention can be directed to identification of the cause of the APH.

3. FINDING THE CAUSE

The main conditions to exclude after ensuring that the mother is stable, are placental abruption and Placenta Praevia. The history and clinical examination will provide clues to the possible diagnosis. Placental abruption is a clinical diagnosis, whereas Placenta Praevia is diagnosed on ultrasound. A speculum examination might be used to exclude local causes of bleeding such as infection, trauma, warts or tumours and to assess dilatation of the cervix (labour).

4. DEFINITIVE MANAGEMENT

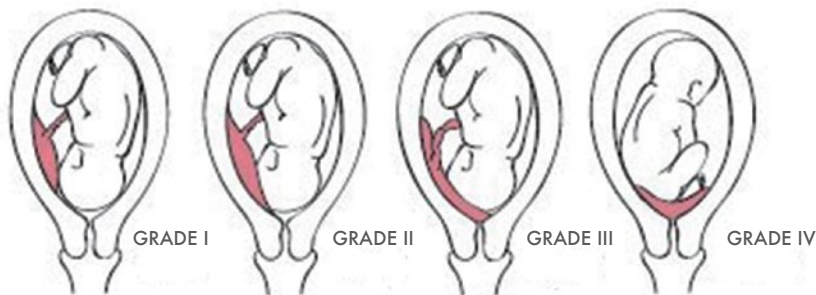
Your doctor will discuss the various scenarios, urgencies and risks associated with the different diagnoses made. The management thereof depends on the condition of the mother and fetus.

WHAT TO TELL YOUR HEALTH CARE PROVIDER

To find the cause of your vaginal bleeding, your health care provider may need to know:

- + If you have cramping, pain, or contractions
- + If you have had any other bleeding during this pregnancy
- + When the bleeding began and whether it comes and goes or is constant
- + How much bleeding is present, and whether it is spotting or a heavier flow
- + The colour of the blood (dark or bright red)
- + If there is an odour to the blood
- + If you have fainted, felt dizzy or nauseated, vomited, or had diarrhoea or a fever
- + If you have had recent injuries or falls
- + When you last had sex and if you bled afterward ■

PLACENTAL PRAEVA



MANAGEMENT OF APH

The mother always needs hospital admission for observation, assessment of the cause of the bleeding and appropriate management even if there is a small amount of bleeding. **You will have an ultrasound scan and your baby may have a cardiotocograph (CTG) which checks your baby’s**

heart beat. Depending on how much bleeding has occurred, you may need to have an intravenous (IV) drip inserted and may require IV fluids. In severe circumstances you may require a blood transfusion or your baby may need to be born early. Initially you will be encouraged to rest in bed.

AT THIS POINT IN TIME, WE RECOMMEND THAT YOU:

- + change sanitary pads at least every four hours while you have any blood loss (personal hygiene is very important to reduce the risk of infection)
- + do not use tampons
- + wipe from front to back





KIDNEY DISEASE CAN KILL

Take care of your kidneys and enjoy a long and healthy life

It is common for kidney disease to go undetected and untreated in a large number of people, but taking care of the kidneys can help prevent kidney disease. Quite often the things that we neglect to do can lead to kidney disease such as watching our diet and keeping fit. In SA however, the biggest cause of kidney problems is hypertension, closely followed by the international most common cause, namely diabetes.

HOW CAN I KEEP MY KIDNEYS HEALTHY?

SMOKING

If you don't smoke, don't start. If you do, quit! This is the simplest, most important lifestyle habit to change to reduce the risk of kidney disease. People who smoke are three times more likely to have reduced kidney function, and have a four to five times greater risk of heart attack and stroke.

LIMIT ALCOHOL

Excessive alcohol intake can lead to heart disease and high blood pressure, increasing the risk of kidney disease.

ENJOY LIFE

Good health and wellbeing means that we are healthy in all dimensions of our lives – physically, mentally, socially and spiritually. **Manage your stress load.** Do things you love, spend more time with people you enjoy

being with – those who challenge you to be more, not less.

NUTRITION

The food you eat plays a huge role in the health and wellbeing of your body. It can help to prevent some diseases, and help to manage others. As well as providing the body with a variety of nutrients, diet can also help in weight reduction and weight control. People who are overweight are at an increased



MELOMED RENAL CARE

risk of developing diabetes and high blood pressure, major risk factors in kidney disease.

In fact, losing as little as five kilos reduces blood pressure in most people who are 10% over their ideal weight.

People with kidney disease may need to make some dietary changes to help manage their condition. Not all people with kidney disease will need to follow the same diet. Dietary guidelines will need to be made on a personal basis, taking into account age, lifestyle, health status and body chemistry.

QUENCH YOUR THIRST

Make water your tipples of choice.

Water assists in transporting nutrients around the body, as well as helping to eliminate waste.

It contains no kilojoules, and in most areas of South Africa tap water is excellent with good mineral content.

Limit your intake of caffeine and cola. These can irritate the bladder and can act as a diuretic. Instant coffee has less caffeine than espresso or percolated coffee, while tea has less caffeine than coffee. Rooibos tea has no caffeine, and plenty of healthy antioxidants and minerals.

While it has long been thought that six to eight glasses of water

a day is beneficial to health, there is no evidence to suggest that drinking in excess of thirst has any extra benefits. Use your thirst as a guide.

EXERCISE

The benefits of regular exercise are wide-reaching. Not only can it help to maintain and reduce weight, it can also reduce the risk of developing heart disease and diabetes, risk factors for kidney disease.

You only need to exercise for 30 minutes on at least five days a week to reap the benefits.

And you don't have to sweat it out at the gym or pound the pavement – a brisk walk is sufficient. ■



MELOMED RENAL CARE

For more information on the services offered by Melomed Renal Care please contact any one of our three dialysis units:

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MRC TOKAI (NEWLY OPENED)

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CARING FOR ELDERLY PARENTS

Concerned about your ageing parents' health? Use this guide to gauge how your ageing parents are keeping up – and what to do if they need help.

Is dad forgetting routine activities? Is mom having trouble managing the budget? Have you noticed that your parents' driving skills have become dangerous to themselves and others? These are common signs that your loved ones may be having **cognitive changes and potential memory loss**. Now is the best time to talk with them about their health and wellbeing. Although these are hard conversations to have, start by bringing up your concerns to your loved one.

Suggest scheduling a doctor's appointment where the three of you can talk through your cares and concerns, while creating a long-term care plan.

If you find that your parents become angry when you bring up your concerns, or that they ignore the concern by laughing it off, you can call their doctor to express your concerns in private.

Typically, a doctor will refer patients to occupational therapy to either test cognitive performance or screen them to see if they should still be driving and are able to perform routine tasks at home. Once the test results come back, together with the doctor, you and your loved one can look at next steps and resources to help them be the best they can be.

If you're thinking about transitioning to a retirement village

or nursing home, plan ahead and get on a waiting list.

Even if your loved one isn't ready to transition, in most cases, you can stay on the waiting list until a spot opens.

AS YOUR PARENTS GET OLDER, HOW CAN YOU BE SURE THEY'RE TAKING CARE OF THEMSELVES AND STAYING HEALTHY?

WHEN YOU VISIT YOUR PARENTS, CONSIDER THE FOLLOWING QUESTIONS:

TROUBLE MANAGING FINANCES

- Are there problems paying bills on time?
- Are you concerned about scams?

DRIVING

- Do passengers feel worried?
- Have there been any accidents or close calls?

MEMORY AND THINKING

- Have there been problems with wandering/getting lost?
- Have there been issues forgetting about the stove or other appliances/home equipment?
- Is there concern about poor safety awareness or poor judgment?
- Do they fail to take medication on time?
- Are there spoiled foods in the fridge?
- Is there a noticeable change in hygiene?
- Have there been troubles with problem-solving?
- Have they been calling more frequently with an increase in concerns and questions?

HEALTH

- Has your loved one had any falls?
- Have there been repeated trips to the emergency room (ER) or hospital?

MOOD AND BRAIN HEALTH

- Does your loved one have sudden or frequent sadness?
- Is there a loss of interest in activities they used to enjoy?
- Has there been a personality change?
- Is your loved one experiencing excessive or unusual worrying?
- Have you noticed a difficulty in their learning new things?
- Is organisation a problem?
- Are there new difficulties with mental tasks?
- Is there a lack of social or purposeful activities?
- Does your loved one suddenly seem or feel lonely?

TAKING ACTION

THERE ARE MANY STEPS YOU CAN TAKE TO ENSURE YOUR PARENTS' HEALTH AND WELLBEING, EVEN IF YOU DON'T LIVE NEARBY. FOR EXAMPLE:

- **Share your concerns with your parents:** Talk to your parents. Your concern might motivate your parents to see a doctor or make other changes.
- **Encourage regular medical checkups:** If you're worried about a parent's weight loss, depressed mood, memory loss or other signs and symptoms, encourage your parent to schedule a doctor's visit.
- **Address safety issues:** Point out any potential safety issues to your parents – then make a plan to address the problems. If your parents are no longer able to drive safely, suggest other transportation options.
- **Consider home care services:** If your parents are having trouble taking care of themselves, you could hire someone to clean the house and run errands. A home health care aide could help your parents with daily activities, such as bathing.
- **Contact the doctor for guidance:** If your parents dismiss your concerns, consider contacting the doctor directly. Your insights can help the doctor understand what to look for during upcoming visits.

“ Sometimes parents won't admit they need help, and others don't realise they need help. ”

That's where you come in.

Make sure your parents understand the problem and your proposed solution. **Remind your parents that you care about them** and that you want to help promote their health and wellbeing, both today and in the years to come.

Being human and understanding will take you a long way. Sometimes cognitive impairments are to blame and sometimes stubborn family members are the culprit. Whatever the problem, it will most likely be a challenge; but it's important to separate what you need from what your parent needs. **If you and your siblings or family members are all on the same page**, this is a huge help.

Always think of the serenity prayer when it comes to helping people with ageing: **“Please grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference.”** Unfortunately, that last part is often hard to sort out when it comes to seniors, but getting help from people with geriatrics training can help. And family members are key to helping their loved ones sort through the challenges of ageing. ■

Source: www.mayoclinic.com, www.healthpartnerslocalcare.org.



YOUR FIRST AID GUIDE



Compiled by Health Bytes

CONCUSSIONS ARE SERIOUS

KNOW WHAT TO DO

ATHLETES take on numerous risks each time they step on the field, hop in the pool, or climb on a bike. One of those risks is head injuries. Regardless of whether or not an athlete participates in contact sports, a sport-related concussion could happen to almost any athlete, at any time.

Participating in sports is thrilling and fun for all ages, but high-impact contact and slippery surfaces can lead

to serious injuries. Doctors may describe concussions as “mild” because they are usually not life-threatening, but the effects can be serious and you should seek medical attention.

WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury (TBI) caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move rapidly back and forth.

This sudden movement can cause the brain to bounce around or twist in the skull, stretching and damaging the brain cells and creating chemical changes in the brain.

SIGNS AND SYMPTOMS

Athletes who show or report one or more of the signs and symptoms listed below, or simply say they just “don’t feel right” after a bump, blow, or jolt to the head or body, may have a concussion or more serious brain injury.

CONCUSSION SIGNS OBSERVED

- Can’t recall events prior to or after a hit or fall.
- Appears dazed or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (even briefly).
- Shows mood, behaviour, or personality changes.

CONCUSSION SYMPTOMS REPORTED

- Headache or “pressure” in the head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not “feeling right”, or “feeling down”.

Signs and symptoms generally show up soon after the injury. However, you may not know how serious the injury is at first and some symptoms may not show up for hours or days.

You should continue to check

for signs of concussion right after the injury and a few days after the injury. If the concussion signs or symptoms get worse, you should take him or her to the emergency department right away.

“A concussion is a type of traumatic brain injury caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move rapidly back and forth.”

ACTION PLAN

Anybody with a possible concussion needs to be seen by a doctor.

1. REMOVE FROM PLAY

If the concussion happens while playing sports, you should also:

- 1 Remove the athlete from play. When in doubt, sit them out!
- 2 Keep the athlete out of play the day of the injury and until a doctor, experienced in evaluating for concussion, says he or she is symptom-free and it’s OK to return to play.

Children or teens who return to play too soon – while the brain is still healing – risk a greater

chance of having a repeat concussion. Repeat or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.

2. SEEK MEDICAL CARE

Most athletes are treated in the emergency department or in a doctor’s office after a concussion and get to go home. However, when the injury is more serious, they may need to stay in the hospital overnight.

WHAT TO TELL THE DOCTOR

Be sure to tell the doctor if the athlete is taking any medications. When possible, also share the following information:

- Cause of the injury and force of the hit or blow to the head or body
- Any loss of consciousness (passed out/knocked out) and if so, for how long
- Any memory loss right after the injury
- Any seizures right after the injury
- Number of previous concussions (if any)

3. TESTS FOR CONCUSSION AND BRAIN INJURY

The doctor may do a scan of his or her brain (such as a CT scan) ▶



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“ Signs and symptoms generally show up soon after the injury. However, you may not know how serious the injury is at first and some symptoms may not show up for hours or days. ”

to look for signs of a more serious brain injury. Other tests such as “neuropsychological” or “neurocognitive” tests may also be performed. These tests help assess the athlete’s learning and memory skills, the ability to pay attention or concentrate, and how quickly he or she can think and solve problems.

4. GET CONCUSSION CARE INSTRUCTIONS

Ask for instructions from the athlete’s doctor on return to play. These instructions should include information about when they can return to play and what steps you should take to help them safely return

to play. Before returning to play an athlete should:

- Be back to doing their regular school activities.
- Not have any symptoms from the injury when doing normal activities.
- Have the green light from their health care provider to begin the return-to-play process.

5. RECOVERY FROM CONCUSSION

Rest is very important after a concussion because it helps the brain heal. The injured athlete may need to limit activities while he or she is recovering from a concussion. Physical activities or activities that

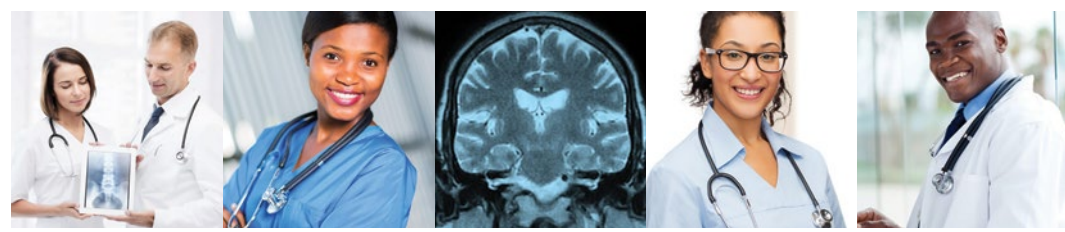
involve a lot of concentration, such as studying, working on the computer, or playing video games may cause concussion symptoms (such as headache or tiredness) to come back or get worse.

After a concussion, physical and cognitive activities – such as concentration and learning – should be carefully watched by a medical provider. As the days go by, the patient can expect to slowly feel better.

KEYS TO RECOVERY

- Rest.
- Take it slow.
- Talk to your health care provider. ■

Sources: www.cdc.gov; HEADS UP resource centre, www.brainline.org



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HOUSE CALL



MEET ONE OF
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Dr JP Abner
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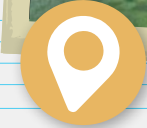
1. What is your definition of "happiness"?
Happiness is being able to give as much as
you have received yourself.

2. What is your most memorable
travel experience?
Annecy, France.

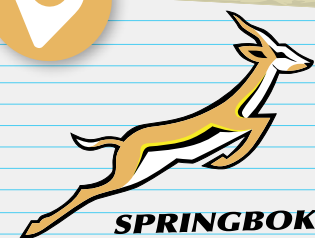
3. What is your happiest memory?
Our wedding day & the birth of our son.

4. Whose biggest fan are you?
Johnathan Mokuena: ex-Springboks 7s
player & current coach of Pukke.

5. What do you like to do in your spare time?
I try to spend as much time with my wife
and family as I can.



ANNECY, FRANCE



SPRINGBOK



6. What is your greatest hope?

That all South Africans can learn to
come together and work towards a
better future for us all.



| WINTER RECIPE |

ONE-POT FAMILY MEAL CHICKEN & BROCCOLI



pharma dynamics
EFFECTIVE AFFORDABLE HEALTHCARE



DIABETIC AND
HEART-FRIENDLY



BAKE

SERVES: 6

READY IN: 1 HOUR 30 MINS

WHAT YOU WILL NEED

- 2 tsp (10 ml) olive or canola oil
- 3 chicken breasts on the bone, skin and fat removed
- 100 ml strong Rooibos tea
- 1 bay leaf
- 2 strips of lemon rind, cut with a vegetable peeler
- 175 ml plain low-fat yoghurt
- 8 tsp (40 ml) cornflour, mixed with a little water to form a paste
- 550 ml low-fat milk
- 1 tbsp (15 ml) chopped fresh rosemary
- 400 g broccoli, cut into florets
- ½ cup (125 ml) frozen peas, rinsed
- 1 tsp (5 ml) salt
- Lemon juice and black pepper to taste
- ¼ cup (60 ml) grated cheddar cheese
- 3 tbsp (45 ml) sunflower seeds
- 3 tbsp (45 ml) chopped fresh parsley

Method of preparation

1. Heat oil in a large saucepan or pot and fry chicken until brown. Reduce the heat and add tea, bay leaf and lemon rind.
2. Cover with a lid and simmer for about 20 minutes or until cooked through, but not dry. Spoon out chicken and allow to cool slightly. Remove chicken from bones and shred meat. Preheat oven to 180 °C.
3. Meanwhile, mix yoghurt, cornflour and milk and add to the liquid in the pan. Stir over a low heat, until well combined. It may look like it has split, but don't worry, the cornflour will bring it back together – just keep stirring.
4. Stir until it thickens and add rosemary and broccoli. Cover with the lid for 1–2 minutes to gently steam the broccoli. Stir in peas, salt and chicken. Season with lemon juice and pepper.
5. Spoon chicken mixture into an oven dish. Mix cheese, seeds and parsley and sprinkle on top.
6. Bake for 20 minutes or until the cheese has melted. Serve with a salad of lettuce, tomato and cucumber and 2–3 grated carrots. Drizzle with lemon juice and a few drops of olive oil.

Recipe from recipe book *Cooking From The Heart 3* (www.cookingfromtheheart.co.za)



A small portion of carbs, like cooked butternut, could be enjoyed with this meal. Substitute half the broccoli with cauliflower, if preferred.

TIP



MELOMED TOKAI HOSPITAL NOW OPEN!



TUBERCULOSIS (TB)

Early diagnosis is the key to

— STOPPING TB —

Mycobacteria are shed by patients with TB when coughing and can remain viable in the environment for a long time.

PathCare offers the following screening tests

- **Molecular Diagnostics:** Detect the presence of genetic material or DNA from mycobacteria.
- **Microscopy:** Look for mycobacteria under the microscope
- **TB Culture:** Mycobacteria in positive cultures can often be detected after 2 - 3 weeks.
- **Mantoux Skin test:** Determines if a patient's immune system recognises mycobacteria.
- **Quantiferon Gold[®]:** Detecting the immune response to proteins from the TB bacterium.
- **Drug sensitivity testing**

For additional information on TB testing, please contact your physician