

melomag

Free Health Guide!

Issue 31 | 2018



**YOUR
BODY:
ALL ABOUT
YOUR
BRAIN**

**ALL ABOUT
POLYCYSTIC
Ovarian Syndrome**

**KNOW YOUR OPTIONS
UTERINE FIBROIDS**

**OBSESSIVE
COMPULSIVE
DISORDER
TICS OF THE MIND**

**YOUR FIRST
CORONARY
ANGIOGRAM**

**WINTER BLUES
MAKING YOU SAD?**



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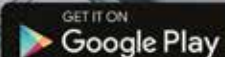
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WHAT'S
BUGGING
YOU?



FIND OUT MORE BY DOWNLOADING
OUR MOBILE APP. #ANTIBIOTICRESISTANCE



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GIVE-AWAY!

Melomag is giving away
a manicure voucher to one lucky
reader! See page 4 for details.

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Health Bytes

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THE TRUTH ABOUT SMOKING AND PROSTATE CANCER

The relationship between prostate cancer and smoking is controversial. Cigarette smoking has been linked to more aggressive disease at diagnosis, increased risk of biochemical recurrence with elevated levels of prostate specific antigen and higher risk of death from prostate cancer.

The Health Professionals Follow-Up Study found that current smokers had a 61% greater risk of death from prostate cancer and biochemical recurrence of prostate cancer as compared to those who had never smoked. Studies reveal that smokers tend to

have worse pathological features of prostate cancer, with more aggressive cancer. Smokers with prostate cancer also have a worse outcome when treated with radiotherapy, medical or surgical treatments. Smoking at the time of prostate cancer diagnosis has a negative impact on long-term survival, regardless of the stage of your prostate cancer.

If you are a smoker, there are benefits to stopping. Men who stopped smoking ten or more years prior to their diagnosis of prostate cancer had mortality and biochemical recurrence rates

similar to those who had never smoked. If you have a family history of prostate cancer or have been diagnosed with it yourself, you will know that this is not something you can change.

If you are a smoker, you can change. You have the opportunity to take on the challenge of quitting.

Your healthcare professional can provide you with great advice to help you successfully quit. Not only is this likely to improve your physical and psychological wellbeing, but also improve your longevity.

Source: Here4You.co.za

FIVE THINGS YOU DIDN'T KNOW ARE 'HEART RISKY'

There are some surprising lifestyle habits and little-known factors that can indicate increased risk of cardiovascular disease:

#1 WEAK HANDSHAKE

The firmness of your grip could tell you a lot about your risk of developing heart disease.

A report, published in 2015 in The Lancet, suggests that a grip-strength test may be as useful as a blood-pressure reading in predicting whether heart disease will kill you. It is not clear why grip strength may be linked to heart disease, but it is possible that it is a marker of other underlying illnesses that may put people at increased risk.

#2 NOT ENOUGH COFFEE

A study, published in 2015, revealed that coffee lovers who consume between three and five mugs a day are less likely to develop heart attack-inducing clogged arteries. The researchers found that those who drink a moderate amount of coffee have

the least risk of producing coronary artery calcium (CAC). CAC is an early indicator of coronary atherosclerosis, a tightening or hardening of the arteries that could lead to blood clotting and might trigger a heart attack or a stroke.

#3 AIR POLLUTION

The British Heart Foundation has funded substantial research which has shown that both long-term and short-term exposure to air pollution can make existing heart conditions worse, and can increase the risk of heart attack and stroke. **The association between air pollution and cardiovascular disease is strongest for exposure to atmospheric particulate matter and ultrafine particles from diesel vehicle exhausts.**

#4 GETTING DIVORCED

Research in 2017 from Aston University has shown that divorced patients who suffer a heart attack are much less likely than their married counterparts to pull through. In fact, married patients

were 16% more likely to survive a heart attack than divorcees and 7% more likely to survive than other singletons. Dr James Brown of the university says, **"Divorce not only breaks your heart, it seems it also increases the risk of dying from heart disease, too."**

#5 GUM DISEASE

New research from the Imperial College London confirms the connection between gum disease and cardiovascular disease as well as other life-threatening ailments. Their report suggests that those who tend to suffer from gum disease not only possess the bacteria that cause heart issues, but also have been found to have a chemical link that leads to inflammation mirroring itself in other parts of the body. **With severe gum disease, the inflammation can present itself in the bloodstream, which can slowly damage the blood vessels in the heart.**

Source: www.raconteur.net

EAT FAT TO AVOID FAT

If you're working on your beach body, don't cut out good, healthy fats like omega-3 fatty acids. Lack of these nutrients can negatively impact the speed (and how) you age. To keep feeling and looking younger, incorporate more oily fish, walnuts, and flax seeds into your diet, which also help the skin stay supple and wrinkle-free.

Omega-3s also help boost brain health and keep the heart in good shape.



MAKE TIME FOR FRIENDS

Spending time with friends is good for your health. Call a friend or better yet, schedule a get-together! Studies find that being face to face with friends boosts the positive effects on your wellbeing even more. **Not having close friends can be as detrimental as smoking 15 cigarettes a day.**



TEENAGE BRAIN IS REAL

Teens may think they are officially adults, but their brain development says otherwise. Until they reach their mid- to late 20s, the brain continues to develop, increasing in both processing speed and efficiency. Their ability to control emotions, thoughts and actions improves slowly but surely. This growth, along with synaptic pruning during which the body rids itself of excess connections in the brain, allows the brain to function more efficiently during adulthood. Brain development begins from the back to the front of the brain. The frontal lobes, which control planning and reasoning, are the last to strengthen and structure connections. These parts control the cognitive skills, such as abstract reasoning, problem solving, judgment and emotional expression.

AS YOUR TEEN'S BRAIN UNDERGOES THESE CHANGES, HERE ARE FOUR KEY THINGS YOU SHOULD KNOW.



YOUR TEEN MAY TAKE RISKS.

At the same time that your teen's frontal lobes are developing, the limbic system in his brain is still very active. This area is responsible for immediate reactions to threat, and controls anxiety, fear and aggression. These areas also are involved in assessing risks and rewards, which might make your teen more likely to engage in questionable, even dangerous, behaviour. The thoughtful frontal lobes are not yet fully developed, so your teen may experience sudden mood swings and impulsive behaviour, which can lead to accidents, fights and other dangerous activities.



YOUR TEEN MAY BE PRONE TO ANXIETY AND DEPRESSION.

Adolescents experience heightened stress-induced hormonal responses. Many areas of the brain are affected by these hormones. As a result, your teen is more likely to experience feelings of anxiety and

depression when stressed. Risk factors for anxiety and depression can include academic pressure, overscheduling, bullying and family conflict. Additionally, expectations for teens have skyrocketed. These pressures – including often-unrealistic academic, social and parental expectations – could further contribute to teen depression.



FOMO IS ALSO A REAL THING.

FOMO (fear of missing out) is a real thing. However, it's not about tropical vacations or fine dining – it's about social connection. In a study published by the American Association for the Advancement of Science, individuals who felt social exclusion showed increased activity in regions of the brain associated with pain. Teenagers place a high premium on social acceptance and are especially vulnerable to this type of pain.



TEENS ARE VULNERABLE TO ADDICTION.

With poorly developed coping skills, poor decision-making, poor inhibition and a desire for social acceptance, teens might turn to alcohol, prescription pills or drugs to cope. These substances can ignite "reward" chemicals in the brain, creating artificial signals of pleasure. This creates the instant gratification that they are seeking. Therefore, it's important to talk to your teen about the consequences of alcohol and drug use, and promote healthier outlets like exercise or journaling.

Your teen's behaviour may sometimes be a mystery to you, but it's comforting to know that their brains are doing what's normal for this stage of development. However, if something doesn't seem quite right or behaviours seem too extreme, talk to your child's paediatrician or psychologist.

Source: Northwestern Medical Group

MeloHearts support group

Melomed Tokai Hospital
Last Wednesday of Every Month
at 14h00 - 15h00
Boardroom (5th Floor)

For more information contact
Nastassia on 021 764 7500
or info@melomed.co.za

Melomed Gatesville Hospital
Last Thursday of Every Month
at 17h00 - 18h00
Boardroom (2nd Floor)

For more information contact
Ghowa on 021 637 8100
or info@melomed.co.za

Melomed Bellville Hospital
Last Friday of Every Month
at 10h00 - 12h00
Training Room (4th Floor)

For more information contact
Mathilda on 021 948 8131
or info@melomed.co.za

MELMED ONCOLOGY support group



MELOMED TOKAI HOSPITAL: LAST THURSDAY OF EVERY MONTH AT 14H00 IN THE BOARDROOM (5TH FLOOR)

For more information contact Nastassia on 021 764 7500 or info@melomed.co.za

MELOMED GATESVILLE HOSPITAL: FIRST WEDNESDAY OF EVERY MONTH AT 17H00 IN THE ONCOLOGY UNIT

For more information contact Ghowa on 021 637 8100 or info@melomed.co.za

Staff Appreciation

Melomed Bellville recognized staff members who went over and above their normal duties in that they treat patients like family members. Jennifer Jonck, Lindiwe Mtshotane, Mietjie Jacobs and Dorothy Papier were each named by patients for going the extra mile and for showing real commitment to patient care. Well done ladies!



ENTER TODAY & WIN

Melomed is giving away a relaxing manicure to one lucky reader!



To stand a chance to qualify, **email** your name, contact number and answer to the question below to: melomag@melomed.co.za with **Melomag37** in the subject line. Competition closes 31 October 2018.

What is the abbreviation for Obsessive Compulsive Disorder? (See page 20.)

Prize sponsored by Melomed. 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 the winner on details supplied, an alternative winner 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 picture. Image is for visual purposes only.

Womens Day Sanitary Drive

Melomed Mitchells Plain staff celebrated Womens Day Sanitary Drive at Tafelsig High School. Melomed sponsored sanitary towels to the school to support the 'stay in school campaign'. In an effort to bring back confidence and dignity to many young female pupils who skip classes when menstruating due to not having sanitary towels.



Congratulations to our very own soccer stars at Melomed Gatesville.



Congratulations to Mr. Allie on his 30-year service and outstanding achievements made throughout his years at Melomed.

Madiba Day Celebration
'There can be no greater gift than that of giving one's time and energy to help others without expecting anything in return.' - Nelson Mandela.



Youth Day Celebrations

Melomed had the joy of celebrating Youth Day with the Injongo Primary School, raising funds to sponsor 12 boxes of stationary, cleaning chemicals and a three-month supply of toilet paper for the students.



ALL ABOUT YOUR BRAIN

THE HUMAN BRAIN IS THE COMMAND CENTRE FOR THE HUMAN NERVOUS SYSTEM. IT RECEIVES INPUT FROM THE SENSORY ORGANS AND SENDS OUTPUT TO THE MUSCLES. THE HUMAN BRAIN HAS THE SAME BASIC STRUCTURE AS OTHER MAMMAL BRAINS, BUT IS LARGER IN RELATION TO BODY SIZE THAN ANY OTHER BRAINS.

TIPS FOR A HEALTHY BRAIN

Follow these tips to keep your brain in good health and to reduce your risk of certain brain conditions:



USE IT OR LOSE IT

Improve your mental fitness by regularly reading, learning, or doing activities that make you think, such as crossword puzzles. All of these help stimulate your nerve cells, and may even lead to the development of new brain cells.



PROTECT YOUR HEAD

Always wear a helmet when playing contact sports. Be sure to buckle up when you get in the car. Both of these can go a long way when it comes to avoiding brain injuries.



EXERCISE

Doing regular cardio workouts stimulates blood flow throughout your body, including your brain.



QUIT SMOKING

While smoking is bad for your overall health, it can also lead to cognitive decline.



QUIT SUGAR

Excess sugar can have all sorts of negative impacts on our body, and the brain is no exception.

Studies show that too much sugar can damage your memory and learning skills.

Number skills, Maths / Scientific skills,
Written language, Spoken language,
Objectivity, Analytical, Logic, Reasoning



RIGHT
BRAIN



3D shapes, Music / Art awareness,
Intuition, Creativity, Imagination,
Subjectivity, Emotion, Face Recognition



Your brain is mostly fat.

Your brain is the fattiest organ in your body, consisting of a minimum of 60% fat. This is why a diet rich in healthy fats, such as omega-3s, is vital for brain and overall body health.



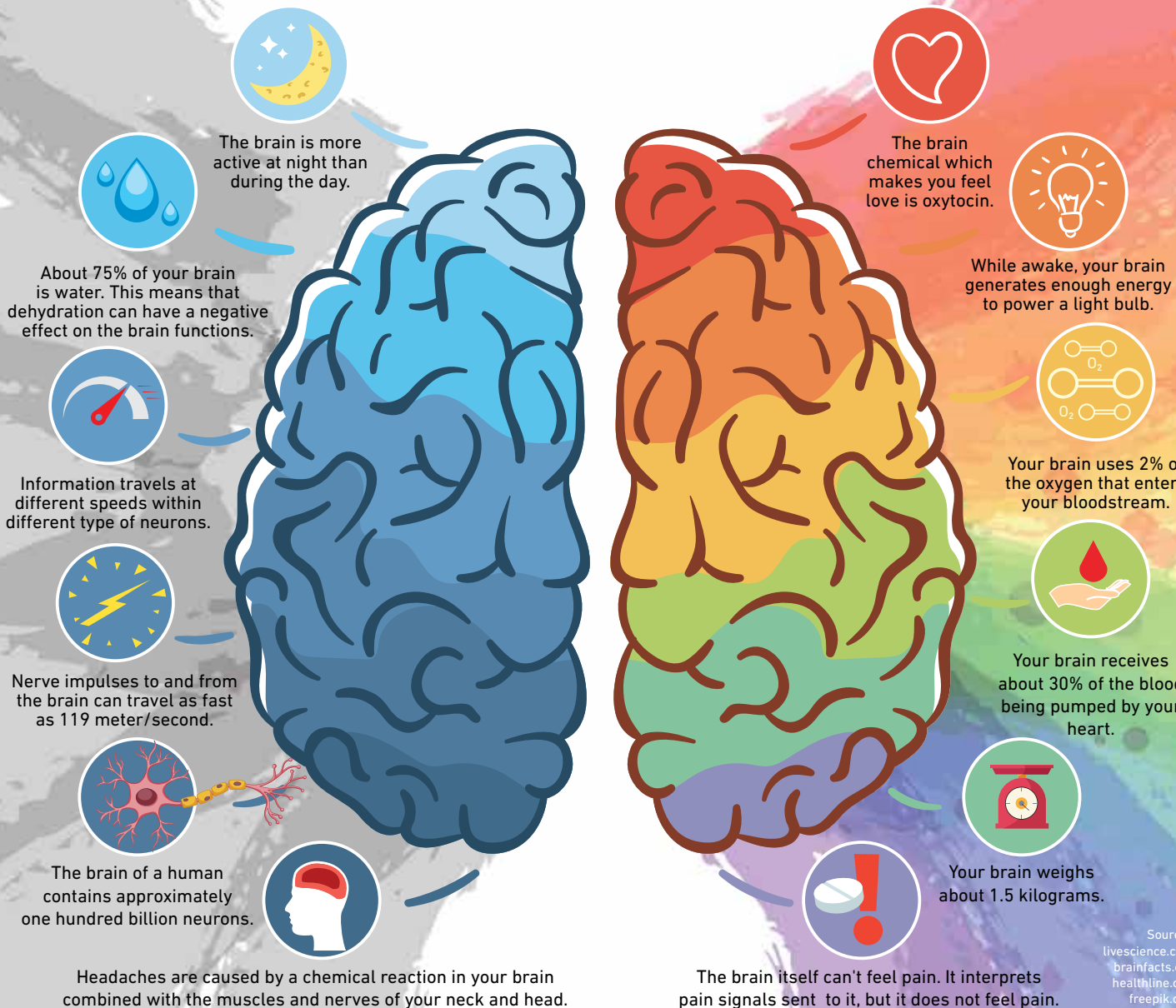
The human brain will grow three times its size in the first year of life. It continues to grow until you're about 18 years old but your brain isn't fully developed until the age of 25.



Dreams are believed to be a combination of imagination, psychological factors, and neurological factors. They prove that your brain is working even when you are sleeping.



Try to check in from time to time with your thoughts or feelings. Keeping a diary is a good way to get into this habit. Look for any thought patterns or emotions that seem to be impacting your day-to-day life. They could be a sign of an underlying, treatable psychological condition.



Sources:
livescience.com,
brainfacts.org,
healthline.com
freepik.com

WINTER BLUES MAKING YOU SAD?

DO YOU HATE THE LONG WINTER EVENINGS?
DO YOU WANT TO HIBERNATE AND OVERTREAT?
DO YOU FEEL EXHAUSTED, ANXIOUS AND
DEPRESSED? DO YOU CRAVE SUNLIGHT?

THE “WINTER BLUES” IS REAL AND YOU ARE
NOT ALONE... TAKE STEPS TO KEEP YOUR
MOOD AND MOTIVATION STEADY
THROUGHOUT THE YEAR.

WHAT IS SAD?

Seasonal affective disorder, also known by its appropriate acronym SAD, is a type of depression that's related to seasonal changes – especially the shortened daylight hours and lack of sunlight.

For about 2% of the population, SAD is a seriously disabling illness which prevents normal function without appropriate treatment. How do you know if your low mood is to do with winter? How do I know if I'm not just miserable anyway?

THE MOST COMMON SYMPTOMS OF SAD

In most cases, seasonal affective disorder symptoms appear during late autumn or early winter and go away during the sunnier days of spring and

summer. Diagnosis can usually be made after three or more consecutive “miserable” winters. Long periods of sunless skies may also trigger episodes for some people.

SAD SYMPTOMS CHECKLIST

- Lack of interest in normal activities
- Social withdrawal
- High Carb Cravings
- Fatigue
- Sleep problems
- Anxiety
- Loss of libido

WHAT CAUSES SAD?

Researchers have yet to uncover the specific cause for SAD. The reduction in sunlight in winter

can throw your biological clock out of whack and reduce levels of serotonin (a brain chemical that regulates your mood) and melatonin (a chemical which regulates sleep and mood).

WHEN TO SEE A DOCTOR

It's normal to have some days when you feel down, sluggish or unmotivated. **But if you feel down for days at a time and you can't get motivated to do activities you normally enjoy, see your doctor.** Seek immediate help if you think about suicide or turn to alcohol or any other substance abuse for comfort or relaxation.

IF YOU FEEL VERY DEPRESSED OR ARE HAVING THOUGHTS ABOUT HARMING YOURSELF SEEK HELP IMMEDIATELY.

WHAT TREATMENTS MIGHT WORK FOR ME?

With any mental health problem, there is no one-size-fits-all treatment. Here are a few options to explore with your doctor.

• Light Therapy

Bright light or phototherapy has been shown to be effective in up to 85% of diagnosed cases. It involves exposing oneself to artificial (full-spectrum) light via a special box or lamp. **This mimics the effects the sun has on the body; namely suppressing production of the sleep hormone melatonin and stimulating production of the mood-enhancing neurotransmitter serotonin (along with a number of others).** Most modern light boxes allow you to receive 10,000 lux and treatment will usually take at least 30 minutes to 1 hour a day at the appropriate distance.

• Antidepressants

The established non-sedative antidepressant drugs are all effective. They alleviate the depressive symptoms of SAD and combine well with light therapy.

• Vitamin D

(The Sunshine Vitamin)

The sun not only affects the physiology of our bodies (and our mood) by the action of bright light hitting the retina of the eye but also by triggering the production of vitamin D in the skin as its rays strike uncovered areas. "Vitamin D" is actually not a vitamin at all; its active form is actually a form of steroid hormone. As a result, it has powerful effects on the body beyond aiding in the absorption of calcium and prevention of osteoporosis for which it has traditionally been known. For SAD sufferers, it is important to know that vitamin D is required for the production and activation of the mood elevating neurotransmitters serotonin, dopamine and noradrenaline/norepinephrine.

When exposed to certain wavelengths of UVB rays from the sun the skin produces vitamin D3 (cholecalciferol). Vitamin D3 is also widely available in supplement form. The combination of getting as much sunlight as possible and taking high dose vitamin D3 can be highly effective at relieving SAD symptoms.

• Complementary Therapies

Psychotherapy, Cognitive Behavioural Therapy (CBT) and counselling may help the sufferer to manage SAD. Complementary therapies and meditation, which help with relaxation and acceptance of the illness, are also useful.

WHAT CAN I DO TODAY TO LIFT MY MOOD?

If you feel like pulling the covers over your head until the sun shines again, consider our tips to boost your emotional health:

- **Make your environment sunnier and brighter.** Open blinds, remove objects that block sunlight or add skylights to your home. Sit closer to bright windows while at home or in the office.
- **Go outside.** Take a walk, eat lunch at a nearby park, or simply sit on a bench and soak up the sun. Even on cold or cloudy days, outdoor light can help – especially if you spend some time outside within two hours of getting up in the morning.
- **Exercise regularly.** Exercise and other types of physical activity help relieve stress and anxiety, both of which can increase SAD symptoms. Include some relaxation exercises in your routine.
- **Get your ZZZZ's.** Try to keep a regular sleep pattern. Make sure you are getting enough sleep.
- **Eat right.** Eat a good, balanced diet, not junk food.
- **Laugh (a lot).** Watch a comedy or hang out with your friends who get you giggling. Laughter triggers the release of endorphins which make us “feel good”.

HERE'S TO BRIGHTER AND HAPPIER WINTERS! ■



Dr Ebrahim Kader
Morton & Partners Radiologists Partner
MBChB, MSc, FCRad

UTERINE FIBROIDS KNOW YOUR OPTIONS

It is important for patients with uterine fibroids to weigh their treatment options carefully and know that surgery is not their only option. This article aims to empower you to make an informed choice regarding the management of your uterine fibroids – a very treatable condition.

Uterine fibroids are benign tumours of muscle tissue that arise from the wall of the uterus. They are usually asymptomatic, but can cause pain, abnormal menstrual bleeding, urinary frequency, constipation, a feeling of abdominal bloating and pain during intercourse. Fibroids may also result in infertility.

Women who have uterine fibroids, that are negatively

impacting their quality of life, might consider seeking treatment. Traditionally this has been a hysterectomy, performed via an open surgical approach or keyhole surgery. Both surgical procedures carry recognised surgical complications.

Uterine Fibroid Embolisation (UFE) is a relatively non-invasive alternative performed by

a trained interventional radiologist.

Recognised international studies of the long-term effects of UFE reported that more than 80% of fibroid-related symptoms were still resolved or improved five to seven years after the initial UFE procedure, confirming the efficacy of the procedure and cementing UFE as a well-established, safer alternative to a surgical approach.

“ IT HAS BEEN REPORTED THAT ABOUT ONE-THIRD OF WOMEN BETWEEN AGES 25 AND 44 REPORTED HAVING SYMPTOMS RELATED TO UTERINE FIBROIDS. IT IS LIKELY THAT MILLIONS OF WOMEN WORLDWIDE HAVE FIBROIDS AT ANY ONE TIME. ”

HOW ARE FIBROIDS DIAGNOSED?

Fibroids may be diagnosed if a patient seeks medical consultation for any of the symptoms described above, but are often found incidentally during routine gynaecologic exam when your gynaecologist notices an enlarged uterus. The diagnosis may be confirmed using ultrasound or MRI.

HOW DOES UTERINE FIBROID EMBOLIZATION (UFE) WORK?

A thin catheter is introduced through the artery in the groin and guided into the arteries that feed the uterus. Tiny particles are injected into the arteries to stop blood flow to the fibroids. The fibroid(s), deprived of its blood supply, dies. Over time it will shrink as much as 70% allowing for improvement or complete resolution of symptoms. The procedure takes about an hour to perform and requires only an overnight hospital stay.

WHY CHOOSE UFE, INSTEAD OF A HYSTERECTOMY?

UFE is less invasive than surgery and the recovery time is much shorter than a hysterectomy, which can be as long as three months. Most women who opt for UFE can go back to work and resume normal activity levels such as driving and exercising within a few days (seven to ten) after the procedure.

IS GENERAL ANAESTHESIA REQUIRED?

No. UFE is performed under monitored conscious sedation. This means you will be sedated but conscious during the procedure. A local anaesthetic is used to numb the site where the radiologist inserts the catheter.

WHAT IS THE SUCCESS RATE OF UFE?

According to the combined results of major studies of UFE, the average success rate is approximately 90%. After five years, approximately 80% of patients are asymptomatic. In other words, in four out of five patients, it is not necessary to have a hysterectomy or other treatment for uterine fibroid disease.

IS THE PROCEDURE PAINFUL?

The procedure itself is not painful. Most women experience moderate to severe pain and cramping during the first eight to twelve hours after the procedure. The use of intravenous and/or oral pain medications makes any pain tolerable.

IS THERE A LIMIT TO THE NUMBER AND SIZE OF FIBROIDS THAT CAN BE TREATED?

There is no limit on the number of fibroids that can be treated. One of the advantages of UFE is that it treats all fibroids at once.

CAN MY GYNAECOLOGIST PERFORM THIS PROCEDURE?

Diagnosing and identifying the treatment options for uterine fibroids is a team effort between your gynaecologist and a specially trained interventional radiologist. The procedure will however be performed by the interventional radiologist, who will perform this delicate procedure with micro tools.

WHAT ARE THE RISKS OF DELAYING OR AVOIDING TREATMENT?

While many women experience minimal symptoms from their fibroids, these can enlarge over time, causing symptoms to worsen. Left untreated, fibroids may also cause infertility.

CAN I STILL BECOME PREGNANT AFTER UFE?

Yes. There are many women who have delivered healthy babies after embolization, many of whom were told that they would never be able to conceive. No problems, either during pregnancy or delivery, have been directly attributed to embolization.

CAN FIBROID REMOVAL CAUSE CANCER?

UFE treatment cannot cause cancer. The fibroid tissue simply shrinks as its blood supply is blocked by the UFE treatment. >

WILL I GET MY FLAT STOMACH BACK AFTER UFE?

The fibroid(s) will shrink up to 50-60% of the pre-treatment volume. Women reported feeling lighter and less pressure.

CAN FIBROIDS RE-GROW AFTER UFE?

There are years of data available on patients who were followed up after UFE. It is rare for completely treated fibroids to re-grow. However, since UFE preserves the uterus, your body may develop new fibroids. Less than 15% of women need repeat treatment for the same fibroids.

WILL MY HEAVY PERIODS IMPROVE AFTER UFE? / WILL I STILL GET A PERIOD AFTER THE PROCEDURE?

Most women notice a lighter flow at their next menstrual cycle and others may experience a lighter and shorter menstrual flow after three to four months. A small number of patients have reported early onset menopause after the procedure, but this is not a common occurrence.

“ **DELAYING OR AVOIDING TREATMENT AFTER BEING DIAGNOSED WITH FIBROIDS MAY RESULT IN INFERTILITY.** ”

HOW SOON AFTER UFE CAN I HAVE SEX?

Patients may generally resume sexual activities in about a week.

WHERE CAN I GET MORE INFORMATION?

Visit the Morton & Partners website for more information about what you can expect when going for UFE.

Your radiologist can provide an in-depth consultation to help you make the best choice to effectively treat your fibroids. Together with your gynaecologist, they are able to assist you in devising the best treatment solution. ■

www.morton.co.za

MENTAL HEALTH

is important to us all. It affects not only the individual but also their family and friends.

It is estimated that, at any one time, one in four people has a mental health problem – so you're not alone and there is no need to feel embarrassed about asking for help.



M E L O M E D
C L A R E M O N T
P R I V A T E C L I N I C



We're proud of the role we play in guiding people to proactively address mental health illness through our wide range of services:

- Treatment Programme
- Occupational Therapy Programme
- Accommodation
- Relaxation



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MY FIRST CORONARY ANGIOGRAM

You may be confronted at some point in your life with the need for a coronary angiogram. You may have entered the health facility for an unrelated problem, but during the work-up a concern about your cardiac status has arisen. At this point you are concerned about what is going to happen next. Allow me to try to address these worries.

WILL THERE BE A DOCTOR TO PUT ME TO SLEEP?

Remember that this is a procedure and not an operation. It would be unusual to use sharp instruments like blades and experience excessive bleeding during this procedure. You will receive light sedation (twilight medication to put you at ease) and, if required, intravenous analgesic medications (rarely). **The operating doctor will ensure that you do not feel any pain and that your experience is a pleasant as possible.**

ACCESS:

Access is usually gained through the right femoral artery or the right radial artery, or side is also available. Sufficient local anaesthesia is injected (little short-lived burning sensation – like at the dentist) to ensure that you do not experience any sharp pain. Remember that local anaesthesia does numb the pain, but not all the other senses (touch etc.).

So, as the patient, you will feel when the operator touch or apply pressure at the access area.

ACCESS TO YOUR HEART IS GAINED THROUGH CATHETERS. SO WHAT ARE CATHETERS?

Catheters are hollow tubing made of a plastic-like material and are less than 2 mm in diameter. **These are flexible and will be pushed through the arterial system without resistance.** The aim is to engage the coronary arteries at their origins. The origins of the coronary arteries are at the beginning of the aorta just above the aortic valve. There are no nerve endings for pain inside the blood vessels so the patient does not feel the

catheter is moving inside the blood vessels. **The catheters are specially curved to allow easy and reliable access to the origins of the coronary arteries.** Dye is injected through the lumen of the catheters, so that the coronary arteries become visible through the X-ray filming.

Above the aortic valve two coronary arteries originate. These blood vessels are only visible if we inject a dye and at the same time do X-ray film of this. With current technology, coronary arteries are visible up to 0.5 in diameter. It is important to know this, as sometimes angina can be caused by obstruction of these (invisible) vessels.

Injecting the coronary arteries with a dye and taking a film at the same time gives the cardiologist the important information.

Firstly, the coronary arteries are considered to be normal, if there is no change in caliber (no narrowings). If by the determination of the cardiologist a procedure needs to be done, then the options are surgery or a procedure in the catheter laboratory. The doctor will apply judgment as to which option would be best under the specific circumstances.

IF SURGERY NEEDS TO BE DONE:

The cardiologist will discuss the case with the cardiothoracic surgeon who will come to your bedside and discuss the options available and the risks of the operation to be done. **The doctors discuss with one another and with the patient, so that, as a team, there is full understanding of what needs to be done.**

If a procedure needs to be done inside the catheter laboratory, the doctor will first discuss with you what he is about to do. An interventional cardiologist is a uniquely skilled individual who can perform such a procedure safely and with a good result. Sometimes balloon inflation inside the blood vessel is enough, but at times placing a stent in the blood vessel is necessary. Stenting entails implanting a metallic scaffold inside the blood vessel for the lumen to remain open.

ABOUT THE ACCESS SITE AT THE END OF THE PROCEDURE:

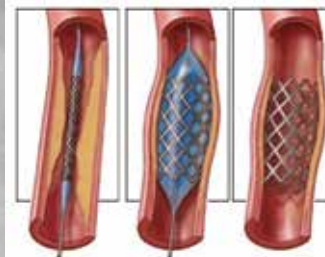
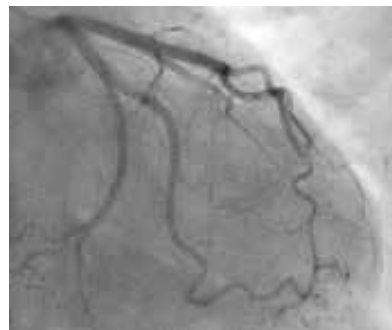
The puncture is gained with a large bore needle in an artery which is therefore at risk of bleeding afterwards. For radial sites a wristband is applied for the next four hours and slowly deflated to ensure no bleeding afterwards.

For femoral sites a closure device is applied and the patient is allowed to walk around four hours later.

If no procedure has been done, the patient is discharged the following day, if no further investigations are warranted. Where an intervention has been performed, and because anticoagulation medication has been used, the patient is discharged the following day after observation in a high-care unit (with a cardiac monitor). This is to ensure that there are no bleeding complications, no abnormal rhythms or other complications.

During your time in hospital, if you have any questions, the staff and specialists are available to answer and reply to all your questions.

I am not proclaiming that a coronary angiogram is risk free, but please be assured that your life is in good hands. Thousands of similar procedures are done all over the world without complications and with good outcome. If you still have reservations, please talk to a person who has had this experience to set your mind at ease. ■





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Do you often miss your periods? Are you struggling to lose weight despite exercising and eating well? Are you conscious of excessive hair growth and acne? You could have...

PCOS affects approximately 5-10% of women of reproductive age.

POLYCYSTIC OVARIAN SYNDROME

Polycystic ovary syndrome (PCOS) is a reproductive endocrine disorder that affects approximately 5-10% of women of reproductive age.

Despite years of research looking into the cause of this syndrome, it continues to remain an enigma. PCOS may have a multifactorial aetiology involving genetics, environmental factors as well as fetal and childhood exposures. Signs and symptoms of PCOS often develop around the time of the first menstrual period during puberty.

Sometimes PCOS develops later, for example, in response to substantial weight gain.

WHILE PCOS CAN HAVE A WIDE SPECTRUM OF MANIFESTATIONS AND SYMPTOMS, THE COMMON DENOMINATORS ARE:

1 Infrequent, irregular or prolonged menstrual cycles are the most common sign of PCOS. For example, you might have fewer than four periods a year, more than 35 days between periods and abnormally heavy periods.

2 Excess male hormone Elevated male hormone levels may result in physical signs, such as excess facial and body hair (hirsutism), and occasionally severe acne and male-pattern baldness.

3 Insulin resistance (which makes you pre-diabetic)

4 Polycystic ovaries Your ovaries might be enlarged and contain follicles that surround the eggs. As a result, the ovaries might fail to function regularly.

5 Weight gain (thin women can have PCOS as well)

PCOS can be associated with many long-term complications and concerns. **Thus, early diagnosis and management of your condition is essential.**

SOME OF THE CONCERNS INCLUDE:

- 1 Infertility**
- 2 Gestational diabetes** or pregnancy-induced high blood pressure
- 3 Miscarriage** or premature birth
- 4 Liver inflammation** caused by fat accumulation in the liver

5 Metabolic syndrome – a cluster of conditions including high blood pressure, high blood sugar, and abnormal cholesterol or triglyceride levels that significantly increase your risk of cardiovascular disease

6 Type 2 diabetes or prediabetes

7 Sleep disturbances

8 Depression, anxiety and eating disorders

9 Cancer of the uterine lining (endometrial cancer)

Obesity is associated with PCOS and can worsen complications of the disorder. **An accurate diagnosis of PCOS is essential.**

Based on the diagnosis, the treatment of polycystic ovaries takes place.

Your gynaecologist will ask you about the pattern of your menstrual cycle and whether you are facing any of the symptoms like excessive vaginal bleeding, cramps in the lower abdomen, acne and hair fall or hair thinning. **Observe the changes in your body carefully and give accurate answers to all your queries. Your blood pressure, body mass index (BMI) and glucose levels will be assessed.** Your gynaecologist will also check the areas of abnormal hair growth, acne and darkening of the skin. >

A pelvic examination is usually performed to exclude any other gynaecological conditions and assess the size of your ovaries.

If you have never been sexually active, please inform your doctor at the beginning of the consultation to avoid this examination.

Confirmation of PCOS will be made with ultrasound imaging and blood tests. An ultrasound can determine the size of your uterus, thickness of the endometrial lining, size of your ovaries and the presence of ovarian cysts. PCOS is associated with approximately 20-25 cysts all arranged to look like a pearl necklace within the ovaries. **Blood tests will check the ovulation hormones, levels of androgen or male hormone, glucose and insulin levels.**

TREATMENT

Unfortunately, there is no cure for PCOS. PCOS treatment focuses on managing your individual concerns, such as infertility, hirsutism, acne or obesity. Specific treatment might involve lifestyle changes or medication. **As your needs change, your treatment will change.** Your gynaecologist may recommend weight loss through a low-calorie diet combined with moderate exercise activities.

Even a modest reduction in your weight might improve your condition. Losing weight may also increase the effectiveness of medications recommended for PCOS and can help with infertility.

TO REGULATE YOUR MENSTRUAL CYCLE YOUR DOCTOR MIGHT RECOMMEND ONE OF THE FOLLOWING:

- **Combination birth control pills.** Pills that contain oestrogen and progestin decrease androgen production and regulate estrogen. **Regulating your hormones can lower your risk of endometrial cancer and correct abnormal bleeding, excess hair growth and acne.** Instead of pills, you could also use a skin patch that contains a combination of oestrogen and progestin.
- **Progestin therapy.** Taking progestin for 10 to 14 days every one to two months can regulate your periods and protect against endometrial cancer. Progestin therapy doesn't improve hair growth or acne and won't prevent pregnancy. The progestin-only minipill or progestin-containing intrauterine device is a better choice if you also wish to avoid pregnancy.

- **Ovulation induction agents** like Clomiphene Citrate (Clomid) is often prescribed for women wanting to fall pregnant. This oral anti-oestrogen medication is taken during the first part of your menstrual cycle and induces ovulation. It is usually prescribed under supervision and must be monitored closely.
- **Metformin (Glucophage)** is an oral medication for type 2 diabetes. IN PCOS, it improves insulin resistance and lowers insulin levels. This has a knock-off effect to improve hormone levels and assist with ovulation. If you have prediabetes, metformin can also slow the progression to type 2 diabetes and help with weight loss.
- **Cosmetic options** for excessive hair growth will include depilatory creams, waxing and electrolysis.

PCOS affects so many women who feel hopeless and helpless, yet there are options to manage this condition.

Let's start talking about it! Let's start educating and empowering ourselves and other women.

Don't be ashamed of your story... it will inspire others. ■

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Dr Surayah Zardad MBChB, FC Psych (SA) 2008
Psychiatrist at Melomed Bellville
T: 021 948 8131 | E: zardads99@gmail.com

OBSESSIVE COMPULSIVE DISORDER ARE THESE TIC'S OF THE MIND?



Obsessive Compulsive Disorder (OCD) is one of the more prevalent psychiatric disorders that often goes unrecognised and hence untreated. It can be extremely disabling and interfere significantly with the individual's ability to function effectively.

IT HAS BEEN POPULARISED IN TELEVISION SERIES LIKE "MONK", SO IT TENDS TO CONJURE IMAGES OF CLEANLINESS AND EXCESSIVE HAND WASHING IN THE LAYPERSON'S MIND. BUT WHAT IT FAILS TO CAPTURE IS THE ALL TOO OFTEN DEBILITATING DISTRESS THAT ACCOMPANIES THIS CONDITION.

OCD is also much more than just excessive hand washing. And whilst we all from time to time have the urge to double-check that the stove has been switched off, the doors have been locked and windows closed, it does not mean that we all suffer from OCD. What about the housewife who insists that the house remain in pristine condition and that everybody else conforms to her exacting standards of cleanliness?

In other words, when do every day preoccupations become the disorder that we recognise as OCD?

IN ESSENCE OCD HAS TWO COMPONENTS:

1. Obsessions and
2. Compulsions

Obsessions are intrusive thoughts, images or urges that increase anxiety.

Compulsions are repetitive and ritualistic behaviours (which can be exclusively mental), which may decrease anxiety to some extent.

The individual with OCD may recognise that the obsessive thoughts and compulsive behaviours are excessive and irrational, but may still not be able to resist them.

The analogy of the stuck gramophone record is very apt, with the individual being stuck in some sort of mental loop, with the obsessions going over and over in their minds. **The person is unable to break free from the thoughts or resist the compulsions.** The thoughts or images intrude themselves into the individual's mind, even though he doesn't want them and they are highly anxiety-provoking.

Usually compulsions are performed in an attempt to make the obsessions disappear. In fact, OCD may be described as a form of magical thinking where words, thoughts and rituals are believed to have the power to influence your external reality.

In many instances the "cause and effect" between events are irrational and subject to an inner personalised logic, e.g. 'if my shoes don't face the door, my grandmother will die'. **Things need to be done in a very specific way to prevent a catastrophe from occurring.**

Persons with OCD often experience both obsessions and compulsions, although one may occur without the other. It typically starts in childhood or adolescence, but it may have a later onset. The illness tends to wax and wane, but a subset of patients can have a deteriorating and chronic course. It can also appear for the first time in the postpartum period. In the latter instance the mother may have images of infanticide, i.e. throwing the baby down the stairs. She may also fear that the baby may die suddenly. This may lead her to avoid holding the baby, or she may need to check up on the baby many times at night to make sure he is still breathing.

The specific content of the obsessions and compulsions vary widely from person to person. However, there are certain recognisable themes or categories of symptoms.

Some of the symptom categories may include:

1. Fears of contamination and resultant cleaning compulsions
2. Obsessions with symmetry and resultant counting, ordering, repeating compulsions
3. Forbidden or taboo thoughts such as aggressive, sexual and religious obsessions and related compulsions
4. Harm (e.g. thoughts or images of harm occurring to oneself or loved ones) and avoidance or checking compulsions

SOME COMMON OBSESSIONS INCLUDE THE FOLLOWING:

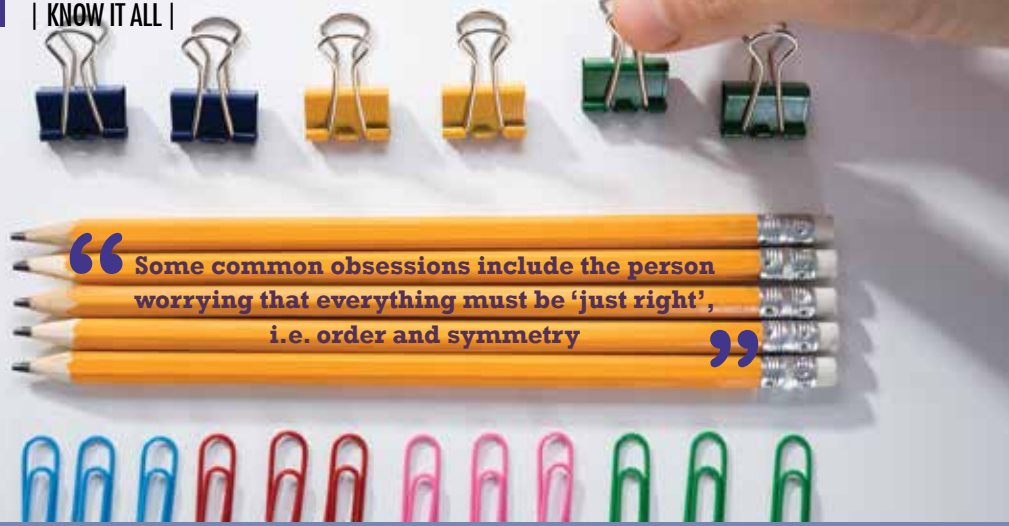
- Worry about contamination, i.e. dirt or germs affecting self or others often via relatively benign methods, e.g. touching a doorknob can cause you to contract HIV
- Sexually explicit or taboo thoughts or images, e.g. paedophilia or sexual assault
- Blasphemous thoughts or images usually in a religious person
- Worry about losing control or harming others
- Worry that everything must be 'just right', i.e. order and symmetry
- Worry about religious or moral correctness to the extent that it interferes with everyday functioning
- Worry about losing things or not having what you may need

SOME COMMON COMPULSIONS INCLUDE THE FOLLOWING:

- Excessive double-checking of things such as doors, locks or appliances. This would not just be once or twice, but the individual may need to check things 20 to 100 times
- Calling on loved ones to check that they are safe
- Spending an inordinate amount of time cleaning or disinfecting the surroundings
- Senseless rituals like counting or tapping to prevent a catastrophe from occurring ➤

Feature photo: Ti'amo, Wilderness | All images found on TravelGround.com

LIVE ON THE WILD SIDE IN WILDERNESS



“Some common obsessions include the person worrying that everything must be ‘just right’, i.e. order and symmetry”

- Arranging things till they feel ‘right’
- Hoarding junk items such as old newspapers or empty tin cans in case they might be needed at a later time

So how do we differentiate ordinary preoccupations from OCD? The frequency, amount of time consumed by the obsessions and compulsions, i.e. more than an hour a day and the extent to which the symptoms cause distress or interfere with his life, are pointers that help make the distinction between OCD and occasional intrusive thoughts and repetitive behaviours common in the general population (e.g. double-checking that the refrigerator has been closed to prevent the cat accidentally being locked inside). **Individuals with OCD vary in the degree of insight they have regarding the accuracy of their symptoms.**

Many individuals have good or fair insight such as knowing that he/she probably will not contract HIV or lead poisoning from touching the doorknob. But insight paradoxically is not sufficient to prevent the symptoms from occurring. Others have poor insight such that he/she believes that he will probably contract HIV from touching the doorknob even though rationally he/she knows that this is not the route of transmission of the virus. **Less than 4% of OCD sufferers have absent insight.** Here the person believes that he/she definitely will contract HIV from touching the doorknob. When insight is absent it is important to distinguish this from a psychotic disorder. This form of OCD is also referred to as “delusional OCD”.

Given the bizarre nature of the symptoms, many patients think they must be morally defective

for having these thoughts. The person experiences a great deal of shame in relation to the symptoms and thus avoids seeking help. **Many people unnecessarily suffer in silence for many years, before consulting a health professional for treatment.**

It can be seen therefore that OCD is a cunning and wily opponent. Little wonder therefore, that it is often described as the dance with the devil. It has the uncanny ability to find an individual’s weakness with unerring ease and attack him from that angle. That is why religious people often have blasphemous thoughts, gentle people will have violent imagery, a concerned mother will worry that she might harm her baby etc. **And when the individual seems to overcome the first wave of OCD, it finds a way of reasserting itself, even in individuals with good insight and intelligence.** ■

Anyone who has had the privilege of visiting Wilderness on the gorgeous Garden Route will tell you that it's a magical place that will leave you in complete awe! This coastal resort town on the edge of the Outeniqua Mountains is famous for its tranquillity and unparalleled natural beauty. Add to this a myriad of adventure activities and you have the perfect getaway destination! TravelGround shows you some of the most exciting activities and where to stay in this coastal town.

Nestled between the Kaaimans River and the Goukamma Nature Reserve, Wilderness is renowned for its 18km coastline stretching from the mouth of the Touw River to the Swartvlei. It boasts spectacular sights like the Map of Africa, forests, lakes, mountains, and a white sandy beach. Whether you want to soar in the sky, abseil down a gorge, go kloofing in the meandering waterways, or explore the waters in a canoe, you will definitely find an adventurous activity to your liking. With so many activities to choose from, you may feel a bit overwhelmed – luckily we're here to help!

We've also rounded up some of the best places to stay after an unforgettable day in Wilderness: beautiful mountainside villas, farm cottages, luxurious beachfront houses and many more!





PARAGLIDING

What can be better than having a bird's-eye view of the stunning landscape? Wilderness is a paragliding paradise with various launching sites in the area. The one just opposite the Map of Africa is especially popular. Soar in the sky and enjoy unique views of the Kaaimans River Mouth, the beach and the ocean.



ACROBRANCH TREE TOP ADVENTURES

Acrobranch Garden Route is an adventure company in the majestic forests of the Garden Route National Park. You can get the adrenaline pumping by completing various obstacles in the tree-tops. It's a fun activity for the whole family with obstacle courses for children from as young as 4 years.



ABSEILING IN KAAIMANS GORGE

Abseiling the serene Kaaimans Gorge is a must for any thrill seeker, whether you are an experienced abseiler or a first timer! You can abseil down a 45 m gorge next to a magnificent waterfall and enjoy the beautiful waterways with a canoe waiting for you at the bottom.



KLOOFING

If you're an adrenaline junkie you should definitely go kyoofing or canyoning in the river gorges. You get the best view of nature while having the time of your life. This fun activity involves boulder hopping and swimming down narrow canyons with the most beautiful scenery around you. You can also jump off cliffs into the deep pools below! This is considered a more dangerous activity so do not attempt it on your own.



HIKING TRAILS

One of the best ways to explore the forest in Wilderness is on foot. There are 5 popular hiking trails in the Wilderness National Park: The Half Collared Kingfisher Trail, Giant Kingfisher Trail, Pied Kingfisher Trail, Brown Hooded Kingfisher Trail and the Cape Dune Molerat Trail. Whether you just want to stroll and take in the scenery or flex your hiking muscles a bit, there's a trail for you. The trails are also ideal for avid bird watchers with various bird hides on the trails, so don't forget your camera and binoculars! One of the main attractions in the forest is The Big Tree – an 850-year old Outeniqua yellowwood tree.



CANOEING

Canoeing is a very popular sport in Wilderness and there are many waterways to explore. The most popular rivers are the Touw and the Kaaimans. The Touw meanders through a forest with abundant bird life and spectacular scenery and the Kaaimans cascades down a ridge to form a lovely waterfall. You can use your own canoe or hire one and spend the day on the water. Pack a picnic basket and take a break on the banks of the river or go for a swim in the beautiful rock pools!



LIVINGSTONE VILLA

Where: 5-minute walk from the village and 10-minute walk from the beach. **Facilities:** Splash pool, fireplace and pets by arrangement. **From** R3800 per night for 6 people.



OAKHURST FARM COTTAGES

Where: Cosy cottages on a working farm. **Facilities:** Braai facilities and pets by arrangement. **From** R1700 per night for 4 people or R1900 per night for 6 people.



PORCUPINE PIE BOUTIQUE LODGE

Where: A romantic retreat on a private estate in Wilderness Heights. **Facilities:** Full breakfast, lapa with a bar and a swimming pool. **From** R1800 per night for 3 people.



OCEANS WILDERNESS

Where: Stunning views on Wilderness beach. **Facilities:** Continental breakfast buffet, private spa and massage services, swimming pool and braai facilities. **From** R860 per night for 2 people.



KAAIMANS KLOOF HUIS

Where: Perched on a hill in a private reserve just outside Wilderness. **Facilities:** Fireplace, braai facilities and an infinity pool. **From** R3500 per night for 4 people.



TI'AMO

Where: In the heart of the village on Wilderness beach. **Facilities:** Swimming pool and braai facilities. **From** R1500 per night for 2 people.



DUNE VILLA WILDERNESS

Where: A gorgeous guesthouse on the Wilderness beachfront. **Facilities:** Communal living area, fireplace, swimming pool and braai facilities. **From** R1400 per night for 2 people.



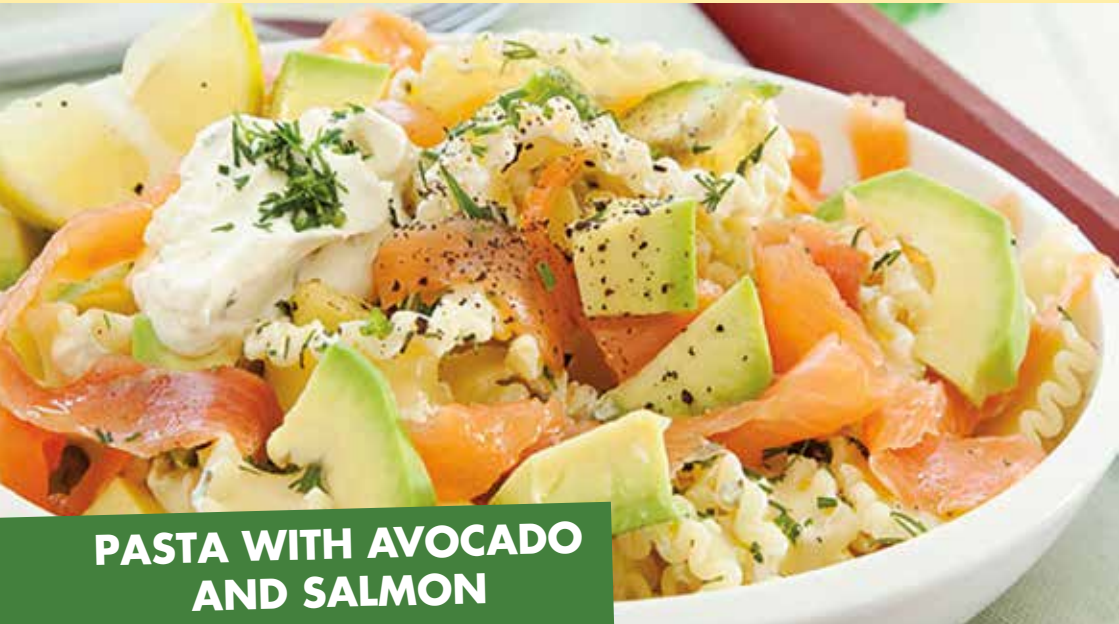
THE OCEAN VIEW GUEST HOUSE

Where: Enjoy your breakfast overlooking the famous Wilderness beach. **Facilities:** Breakfast, a swimming pool and direct access to the beach. **From** R1450 per night for 2 people. ■

EAT MORE AVOCADOS!

ENJOY THIS SUPERFOOD FOR BREAKFAST AND IN PASTA

Avocado is an incredibly nutritious food with a high-fat content, which is unusual for a fruit. Don't be alarmed, though; avocado is full of good fats, which are beneficial to your health because of the lower "bad" LDL cholesterol levels. The fruit's creamy green meat offers approximately 20 vitamins, minerals, and antioxidants, including vitamins K, C, E, B, potassium and lutein. Avocados have many health benefits due to the rich nutrient profile. Whichever ways you enjoy it, you'll be reaping the health benefits!



PASTA WITH AVOCADO AND SALMON

SERVES: 4 | PREPARATION TIME: 10 | COOKING TIME: 20 | DIFFICULTY: EASY

INGREDIENTS

- 350 g dried pasta
- Avocado oil
- 2 ripe avocados
- Lemon juice
- Fresh dill or basil, chopped
- 400 g smoked salmon ribbons
- 200 g crème fraiche or reduced fat cream

METHOD

1. Bring a large pan of salted water to the boil. Add the pasta and cook until al dente, about 7 minutes. Drain, toss with a few teaspoons of avo oil and set aside.
2. Cut avocados into small cubes and toss gently in a bowl with lemon juice and chopped herbs.
3. Cut the salmon into bite-sized cubes.
4. Gently stir the crème fraiche through the drained pasta, and carefully fold in the avocado mixture and the salmon.
5. Serve in warmed bowls and garnish with sprigs of fresh herbs.



CORN AND BUTTERMILK WAFFLES TOPPED WITH SHAVED AVOCADO AND AVO-CREAM

SERVES: 4 | PREPARATION TIME: 30 | COOKING TIME: 15 | DIFFICULTY: EASY

INGREDIENTS

FOR THE WAFFLES

- 1 cup self-raising flour
- 1 cup finely ground cornmeal/polenta
- ½ teaspoon salt
- ½ teaspoon freshly ground black pepper
- 1 ½ cups fresh or thawed frozen sweetcorn kernels
- 1 spring onion, diced
- 2 large eggs
- 1 cup buttermilk
- 2 tablespoons avocado oil (or olive oil) to brush the waffle iron

FOR THE AVO-CREAM

- 2 avocados, pitted
- 1 clove garlic, crushed
- 1 lime, juice and zest
- 5-10 splashes sriracha chilli sauce or Tabasco sauce, to taste

FOR THE TOPPING

- 1 avocado, pitted, peeled, and shaved using a veggie peeler
- 1 punnet grape tomatoes, quartered
- poached egg (optional)

METHOD

1. In a large bowl, whisk together the flour, cornmeal, salt and pepper.
2. Add the sweetcorn and spring onion to the dry ingredients and mix until combined.
3. In a small bowl or measuring cup, whisk together the 2 eggs and milk. Add the wet ingredients to the dry and mix with a spoon until just combined.
4. Heat the waffle machine as per the instructions.
5. Use a ⅓ cup measure and

- scoop the corn cake batter into the waffle iron, leaving about an inch between each waffle. Cook until the waffles are golden brown and crispy.
6. Remove the corn cakes with a spatula and place on a plate or baking sheet. Repeat with the remaining batter.
7. To make the avo-cream: Whisk all the ingredients to a smooth cream in a mini-food processor or with a stick blender, add a tablespoon of cold water, if necessary.
8. To assemble the corn cakes: Add the avocado shavings and tomatoes over the top. Top each with a poached egg, if desired.
9. Serve garnished with freshly ground black pepper and micro herbs. ■

Source: www.avocado.co.za



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YOUR GUIDE TO 
CARDIAC ARREST
VERSUS
HEART ATTACK

A heart attack is often confused with cardiac arrest. In fact, these are two distinctly different problems. We explain how sudden cardiac arrest differs from a heart attack.

Source: American Heart Association



WHAT IS CARDIAC ARREST?

Cardiac arrest is an “electrical” problem and occurs when the heart suddenly stops beating due to a malfunction in the heart’s electrical system.

Cardiac arrest occurs when the heart malfunctions and stops beating unexpectedly. Cardiac arrest is triggered by an electrical malfunction in the heart that causes an irregular, chaotic heartbeat (arrhythmia). With its pumping action disrupted, the heart cannot pump blood to the brain, lungs and other organs.



WHAT HAPPENS

Cardiac arrest can occur without warning, but may be preceded by palpitations, dizziness, chest pain or shortness of breath. Seconds later, a person collapses, becomes unresponsive (unconscious), is not breathing or is only gasping. **Death occurs within minutes unless emergency CPR is started, or if an AED (automated external defibrillator) is used on them.**

WHAT TO DO

A person whose heart stops beating can be revived, but only if treatment starts quickly enough to ensure they don’t suffer from brain damage.

A CARDIAC ARREST IS AN EXTREME EMERGENCY!

Immediate cardiopulmonary resuscitation (CPR) and defibrillation is needed to have any chance of survival.

You can increase the person’s chances of survival by calling for an ambulance and giving immediate CPR.

If a defibrillator (an automated external defibrillator – AED for short), which restarts the heart by giving an electric shock, is available, use it as soon as possible.

If two people are available to help, one should begin

CPR immediately while the other calls an ambulance and finds an AED.

CPR is invaluable in keeping a person’s heart beating long enough until paramedics arrive and take over treatment.

CARDIAC ARREST IS A LEADING CAUSE OF DEATH.

RISK FACTORS

- Prior heart disease is a major risk for cardiac arrest.
- A family history of cardiac arrest in a first-degree relative is associated with an approximate two-fold increase in risk of cardiac arrest.

WHAT IS A HEART ATTACK?

A heart attack is a “circulation” problem caused by a blockage in one or more of the heart’s arteries. A heart attack occurs when blood flow to the heart is blocked. A network of coronary arteries surrounds the heart muscle and supplies it with blood that is rich in oxygen. The heart needs this oxygen to function. These arteries can become clogged by a build-up of plaque (cholesterol and fatty deposits) on the inner walls of the arteries, a condition known as arteriosclerosis. This build-up of plaque can block the flow of oxygen-rich blood to the heart. When one or more of the coronary arteries are completely blocked, a heart attack may occur.



WHAT HAPPENS

Symptoms of a heart attack may be immediate and may include:

- **Chest pain or intense discomfort** in the centre of the chest; also described as a heaviness, tightness, pressure, aching, burning, numbness, fullness or squeezing feeling that lasts for more than a few minutes or goes away and comes back. It is sometimes mistakenly thought to be indigestion or heartburn.
- **Pain or discomfort in other areas** of the upper body including the arms, left shoulder, back, neck, jaw, or stomach.
- **Difficulty breathing or shortness of breath.**
- **Sweating or “cold sweat.”**
- **Fullness, indigestion or choking feeling** (may feel like “heartburn”).
- **Nausea or vomiting.**
- **Light-headedness, dizziness, extreme weakness or anxiety.**
- **Rapid or irregular heartbeats.**

More often symptoms start slowly and persists for hours, days or weeks before a heart attack.

Unlike with cardiac arrest, the heart does not stop beating during a heart attack. **But, the longer the person goes without treatment, the greater the damage.** Women may have shortness of breath, nausea, vomiting and they can have back, neck or jaw pain.

WHAT TO DO

CALL AN AMBULANCE AND SAY YOU THINK SOMEONE IS HAVING A HEART ATTACK.

EVEN IF YOU ARE NOT SURE IT IS A HEART ATTACK, CALL AN AMBULANCE. EVERY MINUTE MATTERS!

Emergency medical services staff (paramedics) can begin treatment when they arrive and to revive someone whose heart has stopped. If you think someone is having a heart attack:

LOOK FOR THE FOUR Ps:

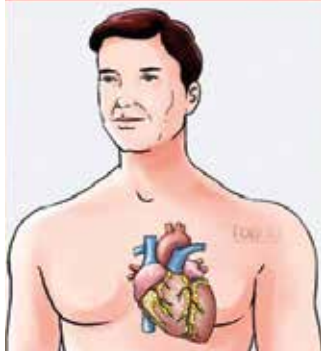
1. **Pain** – a continuous pain in the chest, which could spread to the jaw, neck or arms
2. **Pale skin**
3. **Pulse that is rapid or weak**
4. **Perspiration/sweating**

Help move them into the most comfortable position. The best position is on the floor leaning against a wall with knees bent and head and shoulders supported. This should ease the pressure on their heart and stop them hurting themselves if they collapse. Be aware that they may develop shock. Shock does not mean emotional shock, but is a life-threatening condition, which can be brought on by a heart attack.

KEEP CHECKING THEIR BREATHING, PULSE AND LEVEL OF RESPONSE.

If they lose responsiveness at any point, open their airway, check their breathing, and prepare to treat someone who has become unresponsive. **You may need to do CPR. ■**

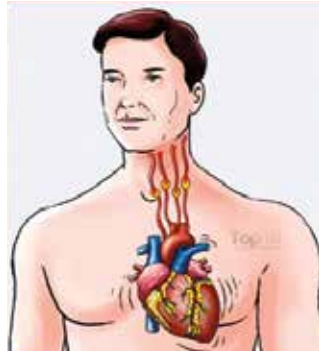
CARDIAC ARREST



WHAT IS THE LINK?

Cardiac arrest may occur as a result of a heart attack, but everyone who suffers a heart attack does not have a cardiac arrest or need CPR.

HEART ATTACK





HOUSE CALL

MEET ONE OF OUR DEDICATED SPECIALISTS:



DR JAYESHNEE MOODLEY

Specialist Obstetrician and Gynaecologist at Melomed Richards Bay Hospital

1. What's the most fun you've had this month / year?

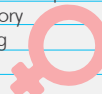
May 2018 was truly my most memorable month! My husband and I were married on one of the most beautiful days in Autumn. It was a culmination of a world-wind romance and was witnessed by our nearest and dearest. The wedding was an absolute celebration of love. Soon after, we set off on our exciting action-packed honeymoon to Thailand. Between stroking tigers, snorkeling on a few famous islands and wining and dining, I got to spend an incredible month with my soulmate and partner in crime, my husband.



2. What's your worst habit?

My husband answered this question – my stubbornness. I would like to think that this habit has some benefit – I would like to call it tenacity especially in the work environment but it often gets me into trouble at home.

3. Why did you choose your profession? From an early age, I was always curious and drawn towards people in need of help. My mum often tells a story of a young me watching a documentary and then proclaiming that I wanted to be a gynaecologist



(probably without fully understanding what that meant). The movement towards medicine was encouraged by my family and teachers and I soon found myself as a medical student and registrar at the University of Natal. During this time, I had the privilege of realizing my childhood dream – I was able to treat pregnant women and be part of the journey that culminates in bringing life into the world. *Making this journey a safe, enjoyable and memorable one is associated with untold satisfaction.*



Medicine is still a noble profession. Being an advocate for women, educating them and empowering them to take charge of their health is what gets me up every morning and gives me strength during those 18 hour days.

4. What's the coolest story about yourself?

In an attempt to quell my fear of heights, I bungee jumped off Bloukrans Bridge – highest bungee in the Southern Hemisphere. It was the most exhilarating and most scary thing I have ever done. I am still afraid of heights but I felt like the coolest kid that day.



5. What's your secret phobia?

I am incredibly afraid of all reptiles. If I was ever the subject of an interrogation, that would be my

downfall! The sight of even a gecko at home sends me into a tailspin and often ends up with my husband finding ways to coax those buggers out of our home



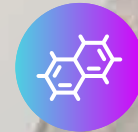
6. Who would you want with you if you were stranded on a deserted island?

That would always be my husband, Randal. He may not be able to make a life raft, probably not catch much food and he would most likely curse me for all the potential mosquito bites, but every deserted moment will be filled with adventure and laughter. He understands my moods and knows just how to turn a bad situation into a positive experience. I would always choose him as "my person".

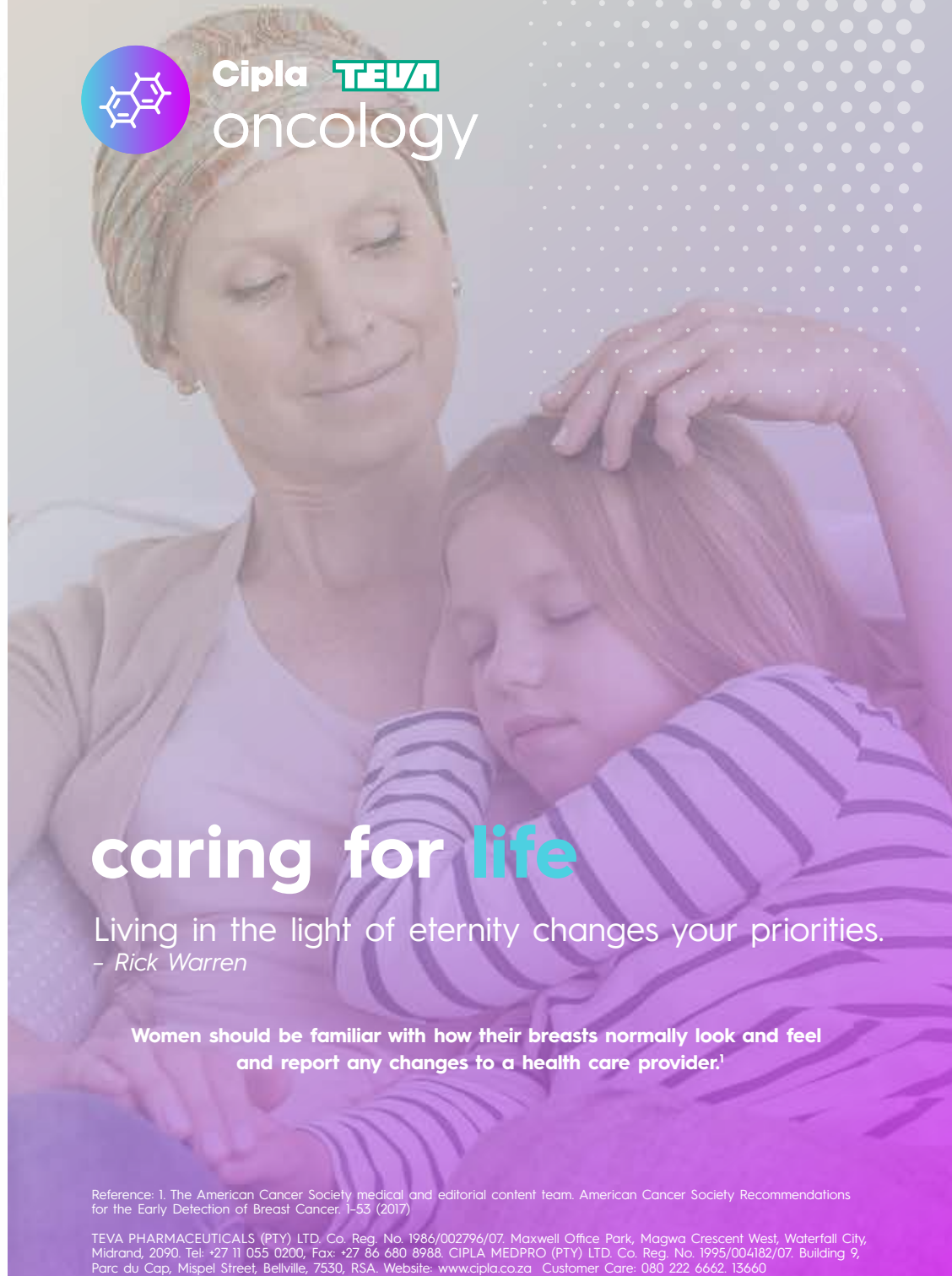


7. Where do you most want to travel, but have never been?

I have a secret love affair with New York. I guess I have watched too many American movies growing up. I would love to be part of that cosmopolitan bustle of the city, catch a cab, try their famous deep dish pizza, visit Time Square, see the Alice in Wonderland stature in Central Park, etc. Everything about the city intrigues and excites me. I cannot wait to make this destination a reality. Hint to my husband!



Cipla **TEVA** oncology



caring for life

Living in the light of eternity changes your priorities.

- Rick Warren

Women should be familiar with how their breasts normally look and feel and report any changes to a health care provider!

Reference: 1. The American Cancer Society medical and editorial content team. American Cancer Society Recommendations for the Early Detection of Breast Cancer. 1-53 (2017)

BREAST CANCER



ONE IN 10 WOMEN WILL DEVELOP BREAST CANCER IN THEIR LIFETIME. THE MAJORITY OF BREAST CANCERS ARE SPORADIC AND NOT OWING TO A GENETIC PREDISPOSITION.

Symptoms include:

- Changes in the appearance of your breast, i.e. size, shape, symmetry or skin changes
- Lump or mass in your breast
- Enlarged underarm lymph nodes
- Changes in the appearance of your nipple, i.e. discharge, shape, retraction or direction changes
- Puckering, dimpling or skin indentation (like orange peel)
- Pain, swelling or tenderness
- Skin changes, rash or redness

Having any of these symptoms does not necessarily mean that you have cancer, but a visit to your doctor to determine the cause is recommended.

