melomag

Spring 2011 | Issue 06

FREE HEALTH GUIDE!

Children & coughing – know what to do

Breast cancer awareness

Kidney failure warning

ALL ABOUT World AIDS Day & HIV

GIVE-AWAY

Melomed is giving away a cellphone to one lucky reader! See page 15 for competition details!

MELOMED PRIVATE HOSPITALS

Health news and views |2|

Cuts, scrapes and stitches |6|

Handy medical directory inside |14|

Published in the interest of your health by MELOMED

www.pathcare.co.za
email: clients@pathcare.co.za
Tel.: 021 596 3400

Changing the PAP smear for the better

Liquid-based cytology (LBC) is a cleaner, standardised method replacing the old conventional pap smear. LBC differs from the conventional method in that the cervical sample is collected in a liquid and not smeared directly onto a glass slide. It is the only test that can reduce obscuring substances such as blood, inflammatory cells or mucus and offer readable results.

The LBC test is the most advanced technology for cervical cancer screening available in South Africa. Early detection is essential for effective treatment and studies have shown that the LBC test has increased detection of high grade lesions.

Other advantages of the LBC test include:

- The liquid specimen can be used for further testing such as screening for HPV by means of the polymerase chain reaction (PCR) technology.
- The LBC test is the only test that sends 100% of the sample to the laboratory making it more likely that the relevant cells can be viewed
- The method improves the quality of the sample. This reduces the need for repeat smears to be taken and an additional visit to your doctor, with an obvious cost-advantage
- The early detection of potential cancer of the cervix is enhanced. Numerous international studies have shown a significant increase in the detection of severe pre-cancerous abnormalities through this method.

So ask your doctor for the LBC test, the test that delivers fewer "iffy" results and will help prevent uncomfortable second trip to the doctor.

BD SurePath Pap Test "LBC" is distributed in South Africa by PathCare Laboratories.
PathCare has been innovative over the years, being the **first** to introduce many of the service related improvements currently in the industry, including the **first** liquid based cytology (LBC) accredited laboratory in South Africa.

"Pathology that **Adds Value**" "Patologie wat **Waarde Toevoeg**"

contents

2 Health news & views
4 Calendar: Oct – Dec 2011
6 First aid – cuts and stitches
8 Breast self-examination steps
9 Housecall
10 Children and coughing
12 Choosing the right medical aid
14 Medical directory
15 Cellphone give-away
16 Getting to zero
18 Kidney failure warning
20 Breast cancer facts
24 All about your eyes
27 Melomed events
28 Thai-style rice salad recipe

CORRECTION

Correction: We misprinted Dr Howard P Manyonga's Qualification in our previous issue of Melomag. His correct details are: MRCOG (Lond) FCOG (SA) EMBA (UCT). We apologise for any inconvenience caused by our error.

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SPRING: NATURE'S WAY OF REWARDING A JOB WELL DONE!

Our end-of-season edition of Melomag

As we enter into our most vivacious season, we reflect on our trials and tribulations, our achievements and our successes and, like the blooming flowers of spring, all that we have endured and survived.

It is therefore fitting that summer announces our end-of-season edition of Melomag and the beginning of a new prosperous year. Fortunately for the Melomed Group, its erstwhile year was blessed with several accomplishments and celebrations.

Our most recent of which aptly occurred in the first week of spring as Melomed Hospitals celebrated Secretary's Day. Melomed's secretaries and alike were treated to a delightful breakfast courtesy of the Melomed Gatesville Catering Team. The event consisted of an educational talk from our Melomed24 team, Herbalife, Sh'zen and Colour Me Image Consultants. Our secretaries were pampered with gifts and received a much-needed massage therapy. We thank all who made the day a great success, but most of all, Melomed's secretaries for all the hard work they do.

Also in support of Kidney Awareness month, Melomed Gatesville has teamed up with Melomed Renal Care and provided complimentary kidney screening, blood pressure and blood glucose testing.

The ethos of our Melomed employees to consistently strive to develop and succeed was once again echoed, this time by our Ebraheem Joseph who was recently promoted as the new Operations Manager for our Melomed 24 Ambulance Services.

Our growing Melomed family would also like to welcome Nickie Crookes, who was recently appointed as the new Hospital Manager of Melomed Mitchells Plain. We wish Nickie a long and prosperous career at Melomed Mitchells Plain.

Finally our pièce de résistance, as Melomed Hospital Holdings was proudly visited by a UK Trade Delegation led by the Honorable Lord Mayor of London, Alderman Michael Bear to our Melomed Bellville Hospital on 6 September 2011 as part of the annual visit to our beautiful African continent.

EBRAHIM BHORAT
CHAIRMAN
MELOMED GROUP

GET ACTIVE
WITH THE KIDS THIS SEASON

If you give your child a bicycle, skates or any other type of activity-related present during the holidays, be sure to give them your time, too.

Giving children presents that encourage them to be active can turn out to be lifelong gifts. Obese children can easily become obese adults. So providing them with the equipment and support to be physically active can change their lives.

When adults give themselves as part of the gift, it also encourages the child to participate in the activity. Here are some suggestions for gifts that encourage children to be active:

+ Bicycle, skates, roller blades. Be sure to provide necessary safety gear.
+ Money to pay for participation in organised sports or activities such as ballet.
+ Jump ropes, tumbling mats, balls or Hula-Hoops.
+ Active board games like Twister, or virtual reality games where children dance.
+ Favourite music for children to dance to.

OBESITY MAY STEAL UP TO 10 YEARS OF LIFE

Being too heavy can take 3 to 10 years off a person's life!

British researchers put together data from 57 studies which included a total of nearly 900 000 people. They focused on the people's body mass index (BMI). This calculation can be used by adults between the ages of 20 and 65 years. It is not a reliable test for children, women who are pregnant or breastfeeding, or serious professional/sports people.

A BMI of 25 to 29 is considered overweight. Above 30 is obese. Above 40 is morbidly (dangerously) obese. Researchers found that people with a BMI of 30 to 35 lived about three years less than average. Those with a BMI of 40 or higher lost 10 years of life. That's about the same as the years lost from being a smoker.

How to Calculate your BMI

The formula for calculating BMI is weight in kilograms (kg) divided by height in metres (m) squared.

Eat more healthily

First step: have a nutritious drink

One of the easiest ways to start eating healthily is to drink a smoothie every day. Smoothies are always being touted as "breakfast replacements" for people on the move, but drinking a daily smoothie is a sure fire way to ensure you're getting at least two of your five daily fruit and vegetable requirements at one sitting. Pulping rather than juicing a fruit means you're getting al that fibre and all those vitamins and minerals in one hit. What could be easier than whizzing up a banana, some berries with apple juice in the blender?

IF YOU STARE ALL DAY AT A COMPUTER, SPEND FIVE TO TEN MINUTES EVERY HOUR OR TWO MAKING PHONE CALLS OR DOING OTHER TASKS TO GIVE YOUR EYES A BREAK FROM THE SCREEN.

FESTIVE LEFTOVERS

When in doubt – throw it out!

It's that time of year when most people entertain more. Hours are spent planning menus, which involve lots of food and, of course, lots of leftovers! One of the biggest problems is what to do with the leftover food. All leftovers should be cooled rapidly, placed in sealed containers and refrigerated. The list below is how long you can keep various leftovers.

- A whole cooked chicken: 3 days
- Cut-up, cooked chicken: 2 days
- Cooked and sliced ham: 3–4 days
- Opened lunch meats: 3–5 days
- Casseroles: 3–4 days
- Cooked burger patties: 1–2 days
- Gravy: 1–2 days
- Cooked seafood: 2 days
- Soups and stews: 3–4 days
- Cooked fresh vegetables: 3–4 days
- Cooked pasta: 3–5 days
- Salads: 1–2 days

Sources: Healthday, Mayo Clinic, WebMD

Medication terms you need to know

We treat about 40% of our everyday health problems ourselves by taking over-the-counter (OTC) medicines. To use medicines safely, make sure you read, understand and follow the instructions carefully. Use this guide to help you choose and use medicines correctly.

Adverse reaction: Any unexpected bad reaction to a normal dose of a medicine; a side effect.

Analgesic: A medicine that relieves painful symptoms, especially headache, muscle soreness and stiffness. Most non-prescription analgesics also reduce fever. Some analgesics are applied to the skin to relieve muscle pain.

Anaphylaxis: Severe sensitivity or reaction to something you might be allergic to, such as a bee sting, foods, (including peas, peanuts or tree nuts), or a drug. Symptoms can include a rash, swelling, difficulty breathing and convulsions.

Antihistamine: A medicine that helps reduce allergy symptoms by blocking the action of histamine. Histamine is a substance in the body that can cause a runny nose, congestion, sneezing, red eyes and itching.

Contraindication: A symptom or condition that you have that doesn't mix well with a drug or treatment. For example, you shouldn't take decongestants if you have uncontrolled high blood pressure.

Hypoallergenic: The medicine contains the fewest allergens possible to lessen the risk of allergic reactions.

Inactive ingredient: Any part of the medicine that doesn't help with healing; for example, added colour or flavour in a medicine.

OCTOBER

Mental health awareness month

Cervical / Breast cancer & lymphoedema awareness month

1 Oct International day of older persons

8 Oct World hospice & palliative care day

9–15 Oct Nutrition week

10 Oct World mental health day

10–14 Oct Obesity week

10–14 Oct Occupational therapy week

12 Oct World arthritis day

13 Oct Annual infection prevention and control (IPC) day

15 Oct Global handwashing day

17 Oct International day for the eradication of poverty

20 Oct National Down's Syndrome awareness day

20 Oct World osteoporosis day

29 Oct World psoriasis day

29 October 2011

World stroke day

NOVEMBER

Men's health prostate and testicular cancers

Red ribbon month

7–11 Nov CPR week

7–11 Nov Diabetes awareness week

13–19 Nov National diabetes awareness week

14 Nov World diabetes day

16 Nov World chronic obstructive pulmonary disease (COPD) day

19 Nov World day for the prevention of child abuse and neglect

26 Nov Mini men's march (16 days of activism on violence against women)

DECEMBER

Sun Smart Campaign: Skin Cancer

1 Dec World AIDS day

2 Dec Mini men's soccer tournament (16 days of activism)

3 Dec National transplant day

3 Dec International day for persons with disabilities

MELOMED 24 0800 786 000

Melomed 24 Emergency Services

Melomed 24 Ambulance Services was launched in November 2003 to address the key issue of providing immediate and reliable emergency services for the Cape Flats and surrounding areas of the Cape Town Metropole:

- 24-hour access to the Melomed emergency call centre
- Dispatch of emergency response vehicles
- Medical transportation
- Inter-hospital transfers
- Medical repatriation
- First aid training
- Special events standby
- Emergency medical rescue service
- All medical aids accepted

EMERGENCY NUMBERS

Melomed 24 Ambulance:
0800 786 000

Melomed Gatesville Trauma Unit
021 637 8100

Melomed Bellville Trauma Unit
021 948 8131

Melomed Mitchells Plain Trauma Unit
021 392 3126

Antenatal classes

at Melomed Private Hospitals

contact

E-mail: melobabes@melomed.co.za
Tanya Botha: Tel: 021 948 8131
www.melomed.co.za

For a guided tour of the hospital and maternity unit, please contact the client services officer at one of the Melomed hospitals.

Melomed Gatesville 021 637 8100, Melomed Bellville 021 948 8131, Melomed Mitchells Plain 021 392 3126 or send us an e-mail: info@melomed.co.za

Complimentary for all Melomed Patients.

Cuts, scrapes & stitches

Minor cuts and scrapes usually don't require a trip to the emergency room. Yet proper care is essential to avoid infection or other complications. These guidelines can help you care for simple wounds:

1 Stop the bleeding

Bleeding helps clean out wounds. Most small cuts or scrapes will stop bleeding on their own in a short time. If they don't, apply gentle pressure with a clean cloth, tissue or piece of gauze. Hold the pressure continuously for 20 to 30 minutes and if possible elevate the wound.

2 Clean the wound

Rinse out the wound with clear water. Soap can irritate the wound, so try to keep it out of the actual wound. If dirt or debris remains in the wound after washing, use tweezers cleaned with alcohol to remove the particles.

3 Apply an antibiotic

After you clean the wound, apply a thin layer of an antibiotic cream or ointment to help keep the surface moist and discourage infection.

4 Cover the wound

Bandages can help keep the wound clean and keep harmful bacteria out. After the wound has healed enough to make infection unlikely, leave the wound uncovered as it helps it stay dry and will speed wound healing.

5 Change the dressing

Change the dressing at least daily or whenever it becomes wet or dirty.

6 Get stitches for deep wounds.

A wound that is more than 6mm deep or is gaping or jagged-edged and has fat or muscle protruding usually requires stitches.

7 Watch for signs of infection.

See your doctor if the wound isn't healing or you notice any redness, increasing pain, drainage, warmth or swelling.

8 Get a tetanus shot

Doctors recommend you get a tetanus shot every 10 years. If your wound is deep or dirty and your last shot was more than five years ago, your doctor may recommend a tetanus shot booster.

Call your doctor if:

- The wound is jagged
- The wound is on your face
- The edges of the cut gape open
- The cut has dirt in it that won't come out
- The cut becomes tender or inflamed
- The cut drains a thick, creamy, grayish fluid
- You start to run a temperature over 38°C
- The area around the wound feels numb
- You can't move comfortably
- Red streaks form near the wound
- It's a puncture wound or a deep cut and you haven't had a tetanus shot in the past five years
- The cut bleeds in spurts, blood soaks through the bandage or the bleeding doesn't stop after 20 min of firm, direct pressure

Source: www.familydoctor.com; www.mayoclinic.com

Wound healing isn't always straight forward.

It takes a good amount of team work to diagnose, treat infection when present, rebalance the wound micro-environment and optimize moist wound healing. Utilizing more than 75 years of heritage, and being 100% dedicated to wound care, we develop our products to help you test, protect, promote and comfort the wound towards healing.

LET'S HEAL®...together

Let's Test®

WOUNDCHEK™
PROTEASE STATUS
COMING SOON...

Let's Protect®

SILVERCEL®
NON-ADHERENT
ACTISORB®
INADINE®

Let's Promote®

PROMOGRAN®
PROMOGRAN **PRISMA®**

Let's Comfort®

TIELLE®
ADAPTIC TOUCH®
ADAPTIC®

We'd love to talk to you more about our specialist wound healing products. Please contact your local Systagenix representative on **0800 214 733** or **customercaresa@systagenix.com**

www.systagenix.co.za

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BREAST CANCER:

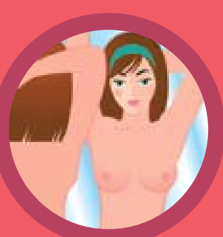
Early detection is the key to cure!

No one is immune to breast cancer. The key to controlling and overcoming this much-feared, potentially fatal disease is awareness and early diagnosis.

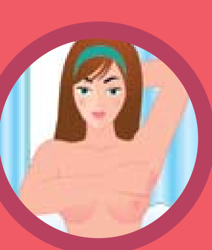
By Dr Shaheeda Sonday: Specialist General Surgeon with a special interest in Breast Oncology in private practice at the Melomed Gatesville Private Hospital

1-2-3 BREAST SELF-EXAMINATION (BSE)

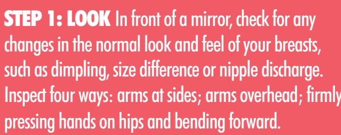
A BSE can help you detect breast problems early. It needs only be done once a month, preferably at the same time each month as breasts usually change with the menstrual cycle. The best time to do a BSE is a week after your period starts.

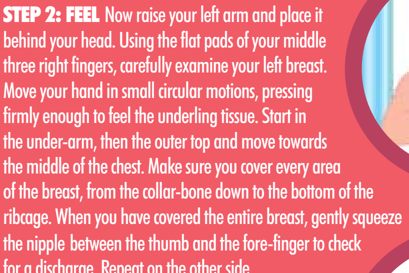


STEP 1: LOOK In front of a mirror, check for any changes in the normal look and feel of your breasts, such as dimpling, size difference or nipple discharge. Inspect four ways: arms at sides; arms overhead; firmly pressing hands on hips and bending forward.



STEP 2: FEEL Now raise your left arm and place it behind your head. Using the flat pads of your middle three right fingers, carefully examine your left breast. Move your hand in small circular motions, pressing firmly enough to feel the underling tissue. Start in the under-arm, then the outer top and move towards the middle of the chest. Make sure you cover every area of the breast, from the collar-bone down to the bottom of the ribcage. When you have covered the entire breast, gently squeeze the nipple between the thumb and the fore-finger to check for a discharge. Repeat on the other side.





STEP 3: LIE DOWN Now lie down flat on your back. Place a pillow under your left shoulder and put your left hand behind your head to flatten the breast. Examine your entire left breast in the same manner as step 2. Then repeat the procedure on the other side with your right hand behind your head. If you discover an abnormality, consult your doctor!

REMEMBER - Breast Cancer can be cured

FACTS

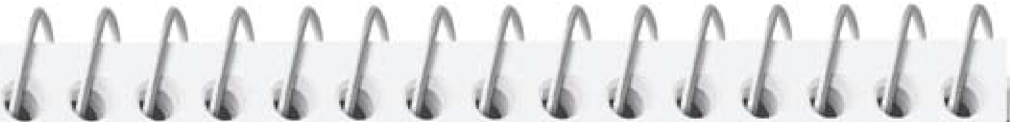
+ Breast cancer is the second most common cause of cancer in females in the developed and developing world countries.
+ By the age of 40 approximately one in every 100 women will have breast cancer!
+ By the age of 50 approximately one in every 50 women will have breast cancer!
+ By the age of 70 approximately one in every 15 women will have breast cancer!

SIGNS AND SYMPTOMS

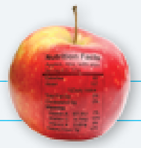
The most common presenting symptom is that of a painless lump.

+ Change in breast appearance such as size (swelling), shape and colour (redness)
+ Dimpling of the skin
+ Nipple retraction (pulling in)
+ Nipple discharge especially if spontaneous and/or bloody
+ Itchy, scaly, sore rash on nipple
+ New pain in one spot that persists

If you feel an unusual lump in your breast don't immediately panic. In women under the age of 25 the most common type of breast lumps are non-cancerous and related to the normal cycling of hormones. Up to 5% of patients have no symptoms and are found on screening mammogram!



HOUSE CALL



Meet one of our dedicated health care professionals, dietician Lindie Pretorius, from Melomed Bellville.

VITAL STATISTICS

I am a dietician in private practice with a passion for people and their wellbeing.

Where were you born? 2 Military Hospital, Wynberg, Cape Town

Who do you share your house with? My husband

What would people be surprised to know about you? That I have a sweet tooth!

If you weren't doing what you do, you would be... an events planner or co-ordinator

One of my life mottos is... treat others the way you would like to be treated.

I can't go a day without... knowing that loved ones are safe.

My friends and I like... to meet up at an interesting restaurant or coffee shop and enjoy good food and conversation.

What music are you listening to? It depends on the occasion and my mood. Everything from Afrikaans music to rock and pop. Favourite artists include U2, Coldplay, Snow Patrol, Theuns Jordaan and Chris Chameleon.

Perfect happiness is... being content with and knowing who you are.

Success to me means... experience internal happiness and going to bed at night feeling satisfied.

Everything in moderation BUT... it's ok to spoil yourself sometimes.

I'D LIKE TO BE REMEMBERED AS SOMEONE WHO ENJOYED LIFE.

LIKES

- Spending time with friends and family
- Seeing and exploring new destinations
- Baking

DISLIKES

- Traffic
- Unfair treatment
- People who don't have respect for others

MY BEST PLACES FOREVER! KIRSTENBOSCH + EDEN ON THE BAY + LONDON

Dr Delano Rhode, a Paediatric Pulmonologist, in Private Practice at Melomed Bellville, discusses some of the important causes of coughing.

What is causing my child's cough? Is there something I should do?

CHILDREN & COUGHING

By Dr Delano Rhode

Coughing is one of the most common symptoms that presents to general practitioners, paediatricians and paediatric pulmonologists. Although coughing is a normal reflex to maintain lung health, coughing is often disturbing to the child and the parents and should never just be dismissed as not serious.

CAUSES OF COUGHING

Acute* coughing

+ **Croup** is an infection of the respiratory tract that presents with a barky cough and stridor* when a child inhales. After a few days the cough becomes wet. Croup can be mild or severe and it is important to seek the help of your nearest health care facility.

+ **Whooping cough** or pertussis is a very contagious infection in the respiratory system. One of the childhood vaccines that kids receive in infancy is the pertussis vaccine which protects against whooping cough. Kids with pertussis have spells of back-to-back coughs with or without vomiting and these spells can last for months. At the end of the coughing, they'll take a deep breath in that makes a "whooping" sound.

+ **A foreign object in the respiratory passages** does not only lead to acute symptoms but can also lead to severe airway damage. Children may have coughing episodes with other respiratory noises such as wheeze or stridor. This may occur after an episode of choking, but sometimes the choking episode might not be noticed. If you suspect your child has inhaled a foreign object, consult an experienced paediatric respiratory specialist immediately.

Chronic* coughing

+ **Chronic pulmonary aspiration** is common in children with chronic lung diseases, neurological problems (cerebral palsy) and in children with certain syndromes such as Down's Syndrome.

+ **Gastro-oesophagal reflux disease*** is common in infants, obese children and children with neurological disease. These children's cough varies from a dry to wet cough and could be associated with wheeze that is not responding to bronchodilators.

+ **Congenital* airway disorders** are airway disorders that occur during the development process in the fetus. Tracheomalacia* is a congenital airway disorder that presents with a cough that is dry and barking in nature. The cough is usually more severe and prolonged with a respiratory tract infection.

+ **Coughing in asthmatics** can be worse during respiratory tract infections, during exercise and when the asthma is not well controlled.

+ **Chronic non-specific coughing** in childhood is common and is usually dry, intermittent and worse at night. This cough causes a lot of distress in families and leads to night-time waking. This cough usually last for about two weeks after a viral chest infection but it can last up to eight weeks.

+ **Suppurative lung disease** such as Bronchiectasis* is characterised by a chronic wet cough and should be managed by a paediatric respiratory specialist.

+ In our environment **chronic infections** such as Tuberculosis and HIV is common and may present as persistent, chronic or recurrent coughing.

Cough types

Cough type and possible underlying cause

+ **Barking or Brassy:** Croup, tracheomalacia, "Habit Cough"*
+ **Honking:** "Habit Cough" or Psychogenic cough*
+ **Back-to-back coughing spells:** Pertussis
+ **Productive phlegmy cough:** Asthma or Protracted bronchitis
+ **Chronic wet cough:** Suppurative* lung disease
+ **Wheezy cough:** Asthma

WHEN SHOULD I SEEK THE HELP OF A PAEDIATRIC PULMONOLOGIST?

If your child has…

+ an **acute** cough that influences the child's breathing (e.g. fast breathing), feeding (e.g. vomiting or just poor feeding) and sleeping pattern (e.g. lack of sleeping, sleepy)
+ any cough that is associated with respiratory noises like wheezing, **stridor*** or **stertor***
+ a **chronic** cough lasting more than two weeks
+ any **chronic** lung or heart disease that is worsened by a cough
+ a cough associated with other physical signs such as weight loss, failure to grow or develop, persistent vomiting or recurrent chest infections.

Medical DICTIONARY

Acute: Lasting two weeks or less.

Bronchiectasis: The destruction and widening of the large airways.

Chronic: Persistent, lasting more than four weeks.

Congenital: The condition is present at birth.

Gastro-oesophagal reflux disease (GORD): Stomach acid coming back up the gullet and spilling over into the windpipe.

"Habit Cough": This is a persistent cough that has no clear physical cause.

Psychogenic cough: A chronic dry, hacking cough – can sometimes be a habit.

Stridor: A noisy, harsh breathing often described as a coarse, musical sound.

Stertor: A heavy snoring sound, sometimes due to obstruction of the larynx or upper airways.

Suppurate: To form or discharge pus, as in suppurative lung disease.

Tracheomalacia: "Floppy airways" – an underlying structural abnormality of the main airway.

how to...

CHOOSE THE RIGHT MEDICAL AID COVER FOR YOU AND YOUR FAMILY.

Choosing medical aid cover is a very important decision that needs careful consideration.

This includes looking at how much you can afford and how much cover you and your loved ones need. The purpose of medical aid cover is to ensure that you are able to pay for treatment received at the hands of a doctor, specialist or while in hospital.

TYPES OF COVER CAN BE SPLIT INTO TWO MAIN CATEGORIES:

+ **Major Medical Expenses:** this constitutes major surgery, hospitalisation, and/or dental surgery. This covers all treatment received in hospital.
+ **Day-to-Day benefits:** this is cover for treatment received outside of a hospital. It is what you would typically pay for GP consultations, the ordinary dental check-up, and prescribed medication.

Most medical scheme plans offer a combination of Major Medical, day-to-day and extras such as chronic medication, access to medical rescue and value-added benefits.

SELECTING THE RIGHT PLAN

Selecting the right plan means looking at your specific requirements.

Do you or your family visit the doctor regularly (typical of a family with young children)? If the answer is "yes", then you will need average (to above average) day-to-day cover and for major medical expenses.

Are you a healthy, fit individual who seldom goes to the doctor but wants peace of mind that major medical expenses are covered in case you end up in hospital? You are looking for minimum day-to-day cover (if any) and a fair amount of major medical expense cover.

To help you select the right cover, try and ascertain the number of visits you have made to a doctor over the past 12 months or, if possible, over the past two years. This should serve as a guide to the type of plan required.

CHRONIC MEDICATION COVER

A chronic illness is a condition that requires ongoing medical treatment, for example: asthma, epilepsy, bipolar mood disorder, or diabetes. Check to see what type of chronic medication is covered by your plan of choice and what the annual limit is on the medication you will require.

COST

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

Check for exclusions, especially for certain types of chronic medication or HIV cover. Ensure that you understand the benefit options, what they cover and their applicable limits.

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

MESSAGE FROM SAMWUMED

SAMWUMED is founded on the belief that every human being has the right to access sound healthcare. This belief has not only shaped our business, it also extends to our long-standing relationship with the Melomed Group and invariably with you, the medical practitioners who treat our members.

> [It has been your commitment to the patient first philosophy that has allowed us to show South Africa a private healthcare model that can indeed be beneficial to all parties concerned – the Patient; the Doctor; the Hospital and the Funder.]

The SAMWUMED/Melomed arrangement spans many years. Over these years we have developed a symbiotic relationship quite unique to funder/provider inter-actions. We have understood the value of the patient first principle –this fundamental philosophical construct has allowed us to ensure that the most marginalised in our society enjoys the best that clinical care has to offer. Whilst many believed this was not possible – we have shown that our model works. This, however, would not have been possible without the co-operation, and indeed commitment of the Specialists who practice at the Melomed facilities.

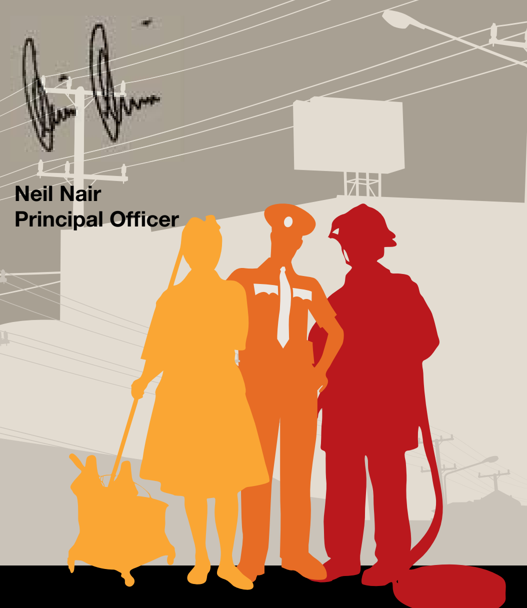
It has been your commitment to the patient first philosophy that has allowed us to show South Africa a private healthcare model that can indeed be beneficial to all parties concerned – the Patient; the Doctor; the Hospital and the Funder. Unfortunately to a few in our fraternity, this concept is lost and greed still perpetuates.

We have devised a product offering quite unique to private healthcare in South Africa – a model that speaks to the notion of universal access to healthcare, no payment at the point of service, no unnecessary state dumping of patients, etc. – fundamental pillars of the envisioned National Health Insurance.

We offer our humble appreciation to all of you – without whom this model would not have worked.

We offer special thanks to the visionary role and indeed social approach to healthcare taken by the Melomed Holdings Directors and indeed the leadership of SAMWUMED.

Forward to our continued commitment to our members – and may this relationship hold true the value proposition of healthcare as a human right.



Neil Nair
Principal Officer

SAMWU NATIONAL MEDICAL SCHEME

SAMWUMED

PHYSIOTHERAPY

Melissa Wentzel

B.SC (Physiotherapy) Practice no. 0238120

8 Koffie Peer Road, Eastridge 7785

T: 021 397 5544 | **F:** 021 948 1988
C: 082 367 3779
E: wentzelmelissa@yahoo.com

A dynamic team of physiotherapists that treat a wide variety of conditions (namely musculoskeletal, orthopaedic, neurological, chests and paediatrics) in both the in-hospital and out-patient setting.

DIAGNOSTIC RADIOLOGISTS

Dr Sean S Conway - L.R.C.P & S.I; L.M.; DCH; D. Obstets.; F.F. Rad (D) SA
Dr Norman Smuts - MBChB; F.F. Rad (D) SA
Dr Marek Blaszczyk - FC Rad (D) SA

Practice no: 0366862

Suite 701, Melomed Mitchells Plain, Symphony Walk, Mitchells Plain

T: 021 392 7167 | **F:** 021 392 0938
C: 083 627 3800 | **E:** m.c.n@iafrica.com

General radiology and X-ray, multi-slice CT, ultrasound, mammography, bone densitometry and intervention.

PAEDIATRICS

Dr Rafiq Khan

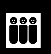
MBChB (Natal), B.SOC SC (HONS) (UCT), MCFP (SA), DCH (SA), M.Fam.Med (US), F.C.Paed (SA) Practice no. 0127884

Room 305, Melomed Gatesville, Clinic Road, Gatesville, 7764

T: 021 637 3811/7 or 086 037 5426 | **F:** 021 637 3815
C: 082 579 1074 | **E:** mhdrafiq@telkomsa.net

Well-established paediatric practice providing ambulant and emergency care on a 24/7 basis. Paediatrician available for all types of deliveries, neo-natal care, intensive care of very sick infants and children. Special interest in allergies, asthma and eczema.

PAEDIATRICIAN & PAEDIATRIC PULMONOLOGIST



Dr Delano Rhode

MBChB (Stell), FC Paed (SA), MMed Paed (Stell), Certificate Pulm Paed (SA) Practice no. 0396478

Suite 7, 1st Floor, Melomed Bellville, cnr AJ West and Voortrekker Road, Bellville 7535

T: 021 945 1898 | **F:** 021 945 3620
C: 082 775 7836 | **E:** Drhode@mweb.co.za

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

GENERAL SURGEON

Dr Austin Goliath

MBChB, DA (SA), MMED (SURG)
Practice no. 0329606

Room 710, 7th floor, Melomed Mitchells Plain, Symphony Walk, Town Centre

T: 021 392 3170 | **F:** 021 392 1336
C: 084 585 4241 | **E:** dragoliath@adept.co.za

Extensive surgical services in trauma, oncology, laparoscopic, breast, head and neck surgery in addition to gastroenterology and endoscopic services.

GENERAL SURGEON

Dr Craig Stanley

MBChB, M.Med, Chirg (Stell)

Suite 13, Melomed Bellville, cnr AJ West and Voortrekker Road, Bellville, 7530

T: 021 948 9709 | **F:** 021 948 9720
C: 082 614 6459
E: drcnstanley@mweb.co.za

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

OBSTETRICIAN & GYNAECOLOGIST

Dr Howard P Manyonga

MRCOG (Lond) FCOG (SA) EMBA (UCT)
Practice no. 0099848

Suite 24, Melomed Bellville, cnr AJ West & Voortrekker Road, Bellville 7535

T: 021 949 3290 / 021 950 8967
F: 086 560 8288
E: mobile.gyn@gmail.com

Community gynaecology also available in Khayelitsha 021 364 7992 and Gugulethu 021 637 2269.

CLINICAL PSYCHOLOGIST

Miriam Ameer Mia

BA. Hons Psychology, M.A. Clinical Psychology, (Stell)
Practice no. 0860000407739

Melomed Gatesville, 3rd Floor, Room 314A, Clinic Road Gatesville 7764

T: 021 637 8100 ext 2361 | **F:** 086 689 7517
C: 084 843 8086 | **E:** miriammia@mweb.co.za

Assessment and psychotherapy for adolescents and adults with anxiety, mood disorders, bereavement, trauma, relationship difficulties and somatoform conditions. Also personal development. Long- and short-term therapy with individuals and couples.

GENERAL SURGEON

Dr Shaheeda Sonday

MBChB (UCT), MRCS (Edin), FCS (SA)
Practice no. 0420000422045

Melomed Gatesville, 4th Floor, Suite 2, Clinic Road Gatesville 7764

T: 021 637 0586 | **F:** 021 637 0586
C: 083 504 0894
E: capesurgical@gmail.com

A female general surgeon with special interest in breast oncology, endoscopy, thyroid and gastric surgery.

ORTHOPAEDIC SURGEON

Dr JP Abner

MBChB; FC Orth (SA) Practice no. 0314331

Suite 8, 1st Floor Melomed Bellville, cnr AJ West and Voortrekker Road, Bellville 7535

T: 021 949 3453 | **F:** 021 949 3106/086 516 7989
C: 082 320 6159 | **E:** jpabner@adept.co.za

General orthopaedic surgeon with special interest in hand and upper limb/shoulder surgery. Also experienced with primary total hip and knee replacements and various arthroscopic procedures.

MELOMED GIVE-AWAY

We're giving away a cellphone to one lucky reader!

To stand a chance to qualify, SMS the answer to the following question and your name to 34298 (R2 per SMS). **Which month is Breast Cancer Awareness Month?** Competition closes 30 November 2011.

Give-away terms and conditions: The winners will be the first 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. Winners must be prepared to be photographed for publicity purposes. The prize is not transferable and may not be converted into cash.

Dr Emille Reid, a Specialist Physician (Infectious Diseases) practices at Melomed Bellville, shares his insights on the current status of HIV and AIDS.

GETTING TO ZERO

Celebrating World AIDS Day 2011

By Dr Emille Reid

WORLD AIDS DAY THIS YEAR IS ABOUT "GETTING TO ZERO."

Zero new HIV infections. Zero discrimination and zero AIDS-related deaths. Backed by the United Nations, the "Getting to Zero" campaign runs until 2015 and builds on last year's successful World AIDS Day "Light for Rights" initiative encompassing a range of vital issues identified by key affected populations.

On 1 December 2011 we commemorate World AIDS Day. Since 1988, and celebrated on an annual basis, the main aim and focus is to raise money, increase awareness, fight prejudice and educate.

Recent statistics on the global HIV epidemic illustrate that HIV incidence continues to increase. These updated estimates are stark reminders of the urgent need for new and more effective HIV prevention tools. Several HIV prevention trials have been conducted globally assessing a range of different approaches to decrease the risk of HIV infection. These include behavioral interventions in homosexual men, vaccination, treatment of sexually transmitted diseases (STD), circumcision, cervical diaphragms, as well as vaginal microbicides. Of these, male circumcision, prevention of mother-to-child transmission programmes, the recently reported vaccine combination, and tenofovir gel have been shown to reduce HIV acquisition.

The advent of antiretroviral treatment (in the late 1980s), and particularly, highly active antiretroviral treatment (HAART) (in the late 1990s), revolutionised the management of HIV. It had an enormous impact on the epidemic as well as in the lives of those people living with HIV and AIDS (PLWHA) through the suppression of viral replication to undetectable levels, therefore increasing survival and quality of life for up to 50 years according to certain mathematical models.

In the early years of HAART, many people in developing countries did not have access to treatment due to the high cost involved. Also, where available, antiretroviral therapy had

numerous side effects impacting negatively on the individual's quality of life and, in many cases, leading to poor adherence (and therefore viral resistance) and discontinuation of therapy.

"HIV/AIDS CAN HAPPEN TO ANYONE. KNOW YOUR STATUS. DO NOT BE JUDGMENTAL. DO NOT DISCRIMINATE. HELP THOSE IN NEED. LET US ALL WORK TOGETHER TO STOP THIS EPIDEMIC."

Since the production of generic antiretroviral agents in 2002, the introduction of free antiretroviral therapy rollout programmes by the governments in certain developing countries, together with the increasing awareness of the positive effects of these drugs, access to HAART has improved dramatically in the developing world. In South Africa, HAART is freely available through various public healthcare facilities (so-called ARV clinics), non-governmental organisations (NGOs) as well as the private health care sector.

All people opting for an HIV test should be fully counseled, after which consent should be given for blood to be drawn – thus, no consent, no test! According to current legislation, every person over the age of 12 years (or pregnant female regardless of age) are allowed to give consent for HIV testing.

It is important to note that HAART is considered to be lifelong treatment and should not be discontinued intercurrently as mutations and therefore resistance may develop.

Certain drugs should not be given to pregnant females due to concerns over the development of congenital abnormalities. Patients should be fully informed and educated regarding the potential side effects they might experience and also when to consult with their health care provider.

After commencing therapy, the involved patient should

Not every person found to be HIV-positive should be commenced on HAART. Current indications for the initiation of therapy includes:

- a CD4 count lower than 350 cells
- an AIDS-defining condition
- in the context of preventing mother-to-child transmission (PMTCT) in pregnant females.

be followed up regularly to monitor the immunological (CD4 cell) and virological response. The patient should also be examined for body habitus changes (including lypodystrophy) and changes in their metabolic status (i.e. cholesterol and sugar levels, kidney and liver function, etc.) as these might occur in the long term. Careful attention should be given to those with existing traditional risk factors like central obesity, smoking, diabetes, hypertension and hypercholesterolemia, as they have an increased risk for the development of heart attacks and strokes.

References available on request.

Dr Craig Grant Arendse is a Nephrologist / Physician at Melomed. Qualifications: MBChB (UCT), FCP (SA), Cert Nephrol (SA).

WARNING

Kidney failure

Many people have lived long and happy lives after the dreaded diagnosis of kidney failure. This thanks to the technology of dialysis treatments and the miracle of kidney transplantation. Many more who may have enjoyed many years of life have simply been told to return home to die! By Dr Craig Arendse

Every week doctors, social workers and dialysis staff in the various dialysis centres at the state hospitals across our country meet to deliberate among themselves as to the suitability of patients with kidney failure for dialysis and transplantation treatment. The ultimate reality is that all who need this special treatment cannot be accepted. If in these circumstances you are not an active member of a medical aid, you are in danger.

VERY BIG DANGER

If you are a diabetic and over 50 years old, your case will not be discussed and your name will be placed on record as an automatic exclusion from the renal replacement programme (dialysis and transplantation). The same applies if you are over 60 years of age with renal failure, even if you are otherwise completely well. If you are overweight even from an unfortunate familial tendency to be obese, you are in a danger zone. Any mention of poor compliance to your medication or poor knowledge of your medical condition puts you at major risk. If you've used illicit drugs, you've made yourself an easy target to be **rejected**.

The reality in our country is that the state hospitals (i.e. government) does not have the money to treat everyone who needs to be treated for all medical conditions. Kidney failure and dialysis treatment, which is a highly specialised medical intervention, unfortunately falls into this category as it is not high on the list of disease burden priorities which currently includes HIV and TB, drug abuse and related psychiatric services, road traffic, homicide and violence-related medical problems. So when you present with renal failure, you are one of a few people with this problem and your condition is treated depending on the availability of resources in a state hospital.

IF YOU ARE READING THIS YOU HAVE OFFICIALLY BEEN WARNED

This includes your loved ones as well as those who you can't imagine you could lose through death due to a medical condition that can easily be treated but that costs a fortune.

Imagine your mother, wife or friend of 51 years old gives you a call out of the blue:

" …hulle sê ek het renal failure en my niere is besig om heeltemal op te pak. Die dokter sê die government hospitaal kan nie vir my help nie omdat ek te oud is. Hy sê ek kan nog vir jare lewe as ek op dialysis kan kom, maar ons moet op 'n medical aid wees. Die medical aid gaan nie vir die eerste jaar betaal nie so ons sal moet betaal – R15 000 elke maand vir 'n volle jaar. Dan nog ook die medical aid wat R1 800 per maand kos. Waar gaan ek daai geld kry, wat gaan ons doen?"

Now here is where the deficiency of our current health care system becomes a reality to innocent individuals; whether you are rich or poor, white or black or whether you live in Gugs or Constantia. When there's no space for you, you then quite literally have to "fight for your life and pay for your life". Once a state sector hospital rejects you, they refuse you any form of life-prolonging therapy or treatment of any kind related to renal failure management. Sad as that sounds, it is probably the only way the public hospitals can stay in business for the millions of people it serves with more common conditions like HIV and TB. You may appeal this decision with the hospital managers, the provincial and national departments of health and the constitutional court; patients have been there and have done that with no success. The law allows state based hospital committees to use reasonable and justifiable criteria to preserve and restrict access to expensive and limited resources like dialysis.

The simple solution to this dilemma is to take responsibility for your own health and, if possible, the funding of your health care.

In so doing your medical aid or funders should support the establishment and development of privatised dialysis and renal care facilities that effectively partner the state sector in providing a wider service to all people who need dialysis for renal failure. This may be impossible for many people who earn very basic incomes and obviously impossible for those who are unemployed, but the promise of a National Health Insurance (NHI) in this country should breach this funding problem for the very poor and at least ensure greater coverage of this essential medical service.

I have had the privilege of working in the most respected state hospital in our country and during this time have had to share in many accolades but sadly also the horrors of being a part of a system that decides to an extent who should live or die. This situation cannot prevail in modern South Africa. Everyone deserves to live and thus, if it is available, everyone deserves the treatment to make it possible.

For any further information on the services offered by Melomed Renal Care Mitchells Plain please contact the unit at 021 392 3543 or visit our website at www.melomed.co.za

Dr TG Dicker is a radiologist in private practice. He is one of the partners with Morton and Partners, a private radiology practice, and has been in private practice for the past 15 years. He has an interest in breast disease and imaging.

Breast cancer

WHAT YOU NEED TO KNOW

Breast cancer is one of the most common cancers occurring in women but is rare in men. Women have a lifetime risk of breast cancer of approximately one in eight, which means that one woman in eight has a risk of developing breast cancer in her lifetime.

By Dr Tom Dicker

Breast cancer is extremely rare in women in their twenties, is uncommon in the thirties but is increasingly detected as women get older.

HOW IS BREAST CANCER DETECTED?

Breast cancer commonly presents as a palpable lump in the breast, which is either felt by the patient or by her doctor. There are a number of other ways in which breast cancer may present, including thickening of the breast tissue, a bloody discharge from the nipple and a lump felt in the armpit.

Many breast cancers are detected when women have a screening mammogram. A screening mammogram is usually performed on women over the age of 40 years, or at a younger age, if clinically indicated, who do not have any palpable lumps or other worrying symptoms.

Mammograms, ultrasound and MRI scans may detect breast cancer before it presents clinically. The earlier a breast cancer is detected, the better the long-term outcome in most patients.

Mammograms are particularly good at detecting micro-calcification associated with breast cancers, including ductal carcinoma in-situ (DCIS), which if detected and appropriately treated, is usually associated with a very good long-term prognosis.

Mammograms also detect non-palpable

Breast cancer risk factors

There are a number of risks that are thought to affect the development of breast cancer, however the main risk factors are age and family history. As women get older, so the risk of developing breast cancer increases. Hormone replacement therapy (HRT) is also thought to be associated with an increased risk.

If you have a family history of breast cancer, the risk doubles. A small percentage of women carry the BRCA1 AND BRCA2 genetic faults and the lifetime risk in these women increases to approximately 80%.

Women with a family history of breast and ovarian cancer are particularly at risk and should discuss the options of genetic screening and breast/ovarian cancer screening with their GP or gynaecologist.

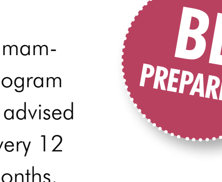
lumps and other changes associated with breast cancer. Ultrasound is not used routinely in screening for breast cancer but is very useful in assessing the breast tissue in patients who have very dense breasts, where the cancer may be hidden by the surrounding breast and where the mammogram shows an abnormality, such as a mass.

MRI of the breasts is being increasingly used to detect breast cancer, however the need for an MRI is usually decided on by the radiologist and referring specialist.

The sooner a breast cancer is detected (when the cancer is still small and has not spread), the better the overall prognosis in the majority of breast cancer patients.

WHO SHOULD HAVE A MAMMOGRAM?

It is generally accepted that women from the age of 40 years should have regular screening mammograms. There is debate as to how often a screening mammogram should be performed. The recommendations vary from every 12 months to every three years. Patients should speak to their doctor, however if you have a family history of breast cancer, are taking HRT or have an increased genetic risk, then a mammogram is advised every 12 months.



Women whose mothers have had breast cancer should start having regular screening mammograms about 10 years before the onset age in their mother (for example: at the age of 35 years, if the mother developed cancer at the age of 45 years, or from the age of 40 years, if at an age over 50 years).

Patients over the age of 30 years, presenting with a lump or other worrying symptom should have a mammogram and ultrasound.

HOW CAN BREAST CANCER BE DETECTED EARLY?

- Women over the age of 30 should consult their doctor at least once a year to have their breasts clinically examined.
- Women over the age of 40 years should have a regular screening mammogram and high risk patients may need mammograms or an MRI from a younger age.
- Consult your doctor if you are worried about a lump in the breast, or any other breast changes.
- Perform regular self-examination of your breasts.

Patients under the age of 30 years, who have a lump, would normally have an ultrasound first and the radiologist would then decide on the need for a mammogram.

Any patient who develops a lump in the breast should first be examined by their doctor, who will then refer them for further investigation.

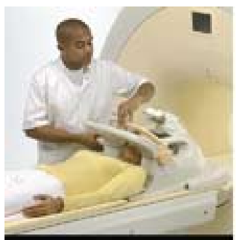
It is important to remember that the majority of lumps that patients and doctors feel are benign and are due to normal breast tissue, simple cysts and benign growths, such as fibro adenomas. This is particularly true in younger patients, under the age of 40 years.

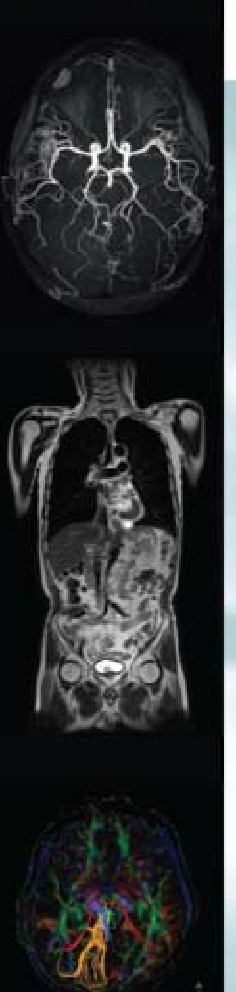
Please note that mammograms and ultrasound do not detect all breast cancers and that, depending on the clinical nature of the palpable lump, a needle biopsy may still be required to exclude breast cancer.

WHAT HAPPENS IF THE MAMMOGRAM IS ABNORMAL?

If the mammogram or ultrasound shows changes which are worrisome, a biopsy is usually required to determine the underlying cause. This can be performed by your doctor if the lesion is palpable or under mammographic or ultrasound guidance. If not palpable, it depends on which investigation shows the lesion best. The biopsy tissue is then reviewed by a pathologist. If the biopsy is positive for cancer, then the patient will need to be seen by a breast specialist/surgeon, who will then decide on further management.

Should you have any queries, please contact your doctor or contact us at Morton & Partners: Gatesville 021 637 8121 or Bellville 021 946 1020.





WORLD CLASS MRI SCANNERS AT MELOMED HOSPITALS

Morton & Partners is committed to maintaining high levels of imaging technology at all branches. Our aim is to provide excellent diagnostic images for viewing by radiologists and referring clinicians.

We are proud to announce that the Gatesville and Bellville branches have been equipped with state-of-the-art MRI units to extend our services with the best equipment available today.

MELOMED BELLVILLE HOSPITAL MRI

The GE Signa HDxt 1.5 is engineered with high-definition applications optimised for each anatomical area. We can deliver images with the enhanced contrast, clarity and accuracy our referring clinicians need. The MR applications include the latest software with specialised modules for Neurological, Body and MSK imaging.

MELOMED GATESVILLE HOSPITAL MRI

The Philips 1.5T Achieva MRI makes use of patented SENSE technology to limit imaging time and improve scan tolerance by patients, without compromising quality and resolution. As at our other sites, this unit boasts the latest innovative software packages for neurological, hepatobiliary and musculoskeletal imaging.

Dr JB Ball
Dr PSH Bell
Dr TG Dicker
Dr GEB Hacking
Dr D Meinert
Dr PCG Morton
Dr F Moolla
Dr P Mukheiber
Dr CW Sperryn
Dr G Thompson
Dr AH Rhodes
Dr G Cilliers
Dr B Joshi
Dr E Kader
Dr CJ Larsen
Dr B McIvor

ALL ABOUT YOUR EYES

By Health Bytes Publishers

Your eyes are made up of over one million parts, working – mostly – in perfect harmony. When things do go wrong, they rarely hurt, which may cause you to ignore the signs. Melomed alerts you to some of the most common eye conditions that merit attention.

MINOR EYE PROBLEMS

+ Dry eyes

You've probably experienced grittiness, a burning sensation, redness, light sensitivity, tearing, puffy eyes, blurred vision, eye ache or headache behind the eyes, but thought your eyes were merely "tired". Dryness is the most common eye condition and can be brought on by certain medication, age, hormonal changes and contact lens wear.

TREATMENT

+ *Use over-the-counter artificial tears.*
+ *Reduce caffeine and alcohol intake and drink lots of water.*
+ *Stop smoking.*
+ *Switch off the air conditioner or heater.*

+ Conjunctivitis

"Pink eye" is an inflammation of the thin, clear membrane over the sclera (or white part of the eye) and lining of the eyelids, caused by a virus, bacterium, allergic reaction or foreign body on the eye (typically a contact lens). Aside from the telltale redness, your eye may hurt or itch.

TREATMENT

Warm compresses and cleaning the eyelid will help soothe the symptoms. If the infection is severe, contact your GP for appropriate medication.

+ Stye

A stye develops when a gland on the eyelid margin becomes infected, causing pain, redness, tenderness and eventually a pimple-like swelling in the area. Styes are not harmful, can occur at any age and are caused by staphylococcal bacteria.

TREATMENT

Most styes heal within a few days but you can apply hot compresses.

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Our claims paying ability couldn't be clearer.

Focussing on what's really important regarding any medical scheme's performance, our claims paying ability is rated as A+ by Global Credit Rating Co.

A closer examination of our solvency ratio is also revealing. Ours currently sits at 36.5%. Far more than the 25% stipulated by the Medical Schemes Act. And way above the industry average for open schemes.

From our key indicators, it's obvious that the innovations we have introduced to manage both healthcare and non-healthcare costs have succeeded without eroding members' benefits.

But then, delivering quality healthcare at affordable prices always has been and always will be our vision.

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Serious about what you need

MAJOR EYE PROBLEMS

+ Glaucoma

Glaucoma is a leading cause of blindness the world over. There are often no warning signs, but glaucoma will result in loss of vision if left untreated. In a normal eye, a watery liquid maintains pressure within the eyeball that remains constant as long as the fluid drains as quickly as it is produced. When there is a build-up of pressure due to clogged drainage canals, the optic nerve will eventually stretch and suffer damage. The disease is a slow, long-term condition that causes gradual loss of peripheral vision, followed by loss of central vision and blindness if left untreated.

TREATMENT

Early eye tests focus on pressure readings and vision fields. Glaucoma requires constant, lifelong care under specialist medical supervision. The goal is to control eye pressure with eye drops and even laser treatments or microsurgery.

+ Retinal disorders

The retina is the thin inner lining of the eyeball that acts like the film in a camera. It works hard and has a dedicated system of blood vessels. When a small retinal artery is blocked, severe damage occurs, resulting in sudden loss of vision. In addition, the light-sensitive cells are constantly breaking down and rebuilding. When things go wrong with this system, retinal degeneration occurs (see AMD below). In the case of retinal detachment, the retina has come loose from the back of the eye as the result of a tear or hole that allows fluid from inside the eye to seep under the retina. You may notice flashes of light or a shower of dots, later followed by a "curtain" or shadow.

TREATMENT

See an eye specialist as soon as possible as you will need surgery.

+ Age-related Macular Degeneration (AMD)

The macula provides the sharp, central vision needed for reading, driving and seeing fine detail. It is a small area in the back of the eye and its degeneration can cause slow but severe loss of sight in the middle of your visual field. AMD is a leading cause of vision loss in people 65 years or older.

TREATMENT

Get regular eye exams. While AMD cannot be reversed, its impact can be reduced. Antioxidant vitamins and zinc may help to improve the symptoms or slow down the progression. In some cases laser treatment can help.

+ Diabetes

Diabetes is the leading cause of new blindness among adults. In the diabetic eye the retinal blood vessels can develop leaks, which cause fluid or blood to seep into the retina and affect its functioning. Blood vessels may also close and cause parts of the retina to die or force the growth of abnormal blood vessels. These can result in haemorrhage, retinal detachment and even blindness.

TREATMENT

Go for an annual eye test. Further treatment includes laser surgery.

+ Corneal disorders

The cornea is the transparent front layer of the eye through which light enters. Should the cornea for any reason become cloudy, your vision will be reduced. Childhood infections or trauma to the eye, as well as abnormalities present at birth, may lead to corneal disorders. Excessive exposure to harsh sunlight may also cause degenerative diseases.

TREATMENT

Most corneal disorders are first treated with medicated drops, or laser surgery. In a few very specific instances such as corneal opacities (scarring), a cornea transplant will restore your vision. At 90%, the success rate of such grafts is more than for all other forms of organ transplantation.

MELOMED EVENTS

Events at Melomed Hospitals over the past few months.

Melomed would like to take this opportunity to thank all the secretaries for their hard work and dedication. Secretaries were treated to a delicious breakfast and were pampered with gifts as well as beauty and jewellery displays.

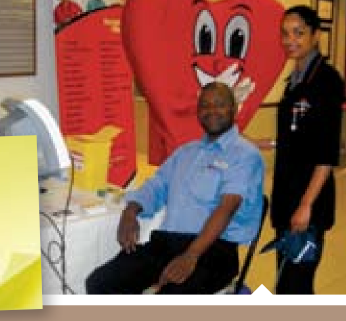
Breast feeding awareness talk on Radio Tygerberg by our Melomed Bellville Professionals

Dr Delano Rhode Melomed Bellville Paediatric Pulmonologist and Sister Brenda Pretorius were guest speakers on Radio Tygerberg's medical talk during Breastfeeding Awareness month.

The winner of the book, "*500 Health Tips*" is Lee-Ann Wicomb. Well done, we hope you enjoy your prize.

On 6 September 2011, the Lord Mayor of London Sir Alderman Michael Bear visited Melomed Bellville. We were honoured to receive and host him for a breakfast prepared and served by our very own kitchen staff. The morning was a great success and was enjoyed by all.

In our efforts to raise much-needed funds for those with disabilities, the Melomed Gatesville Hospital staff supported this initiative by buying their casual day stickers. All those with a sticker were entitled to wear casual clothes to work and to no surprise did the Hospitality Department steal the show. The Hospitality Manager Ms Olive Wessels and her team (among others) performed a Michael Jackson song which had all the patients and staff in laughter. May thanks those who dressed up and made this day memorable in honour of those with disabilities.



Melomed Gatesville Hospital celebrated National Heart Awareness Month by doing complimentary testing and giving out educational brochures on how to love your heart and live a healthy lifestyle. *Hearty* also made an appearance at the hospital and was loved by young and old… we thank *Hearty* for bringing a smile to many!

Dr Reid's practice turns one at Melomed Bellville

We as Melomed hospital management, along with all his patients, wish Dr Reid everything of the best for the future. Above is Mr Johan Nienaber, Hospital Manager at Melomed Bellville, with Hanli and Amelia, the secretaries to Dr Reid.

Melissa Havenga started at Melomed Mitchells Plain in January 2008 as a 18.2 learner. She did the Enrolled Nursing Auxiliary Course and completed the Enrolled Nurses in 2010. Melissa is currently doing the Bridging Course to become a Professional Nurse at the Melomed Mitchells Plain Hospital.

Fragrant Thai-style rice salad

What you will need

4 cups uncooked jasmine rice
10 ml unsalted butter
10 ml grated fresh ginger
2 cans coconut milk
500 ml water
2.5 ml salt
15 ml peanut oil
2 cloves garlic, chopped
1 shallot, chopped
1 Thai chilli pepper, seeded and chopped
5 ml grated fresh ginger
5 ml lemongrass, chopped
250 g peeled and deveined medium prawns
½ red bell pepper, sliced
15 ml chopped fresh basil
15 ml fish sauce
5 ml soy sauce
½ lime, juiced
375 ml diced pineapple
10 ml white sugar, or to taste
60 ml chopped fresh coriander

Number of servings 8

Method of preparation

1. Bring the rice, butter, ginger, coconut milk, water, and salt to a boil in a saucepan over high heat. Reduce heat to medium-low, cover, and simmer until the rice is tender, and the liquid has been absorbed, about 20 minutes. Remove from the heat, fluff with a fork, and refrigerate until cold.
2. Heat the peanut oil in a large skillet over medium-high heat. Stir in the garlic, shallot, minced chilli pepper, ginger, and lemongrass; cook for one minute until the shallot begins to go limp. Add the prawns; cook and stir until the prawns have turned pink, then stir in the red bell pepper slices. Continue cooking until the prawns are no longer opaque in the centre. Season with basil, fish sauce, soy sauce, and lime juice.
3. Stir the prawn mixture into the chilled rice along with the pineapple and sugar. Sprinkle with coriander to serve.

Did you know?[1]

- HIV is not a death sentence anymore?
- An HIV Positive mother on *HAART can give birth to an HIV Negative baby...
- An HIV Positive person on *HAART can have a normal life expectancy...

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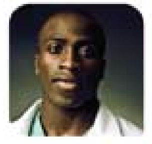

DEDICATION

At **Fresenius Kabi**, we are dedicated to the concept of Caring For Life. This means that we continuously strive to develop our specialist skills in the fields of nutrition and infusion therapy and in so doing, provide innovative solutions to meet the highest standards of patient care.

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