

melomag

Winter 2012 | Issue 09

FREE HEALTH GUIDE!

Handy medical directory
inside – see page 24

Colorectal
cancer – risk
factors & signs

Diabetes &
the pros of self-
monitoring

ALL ABOUT

Hepatitis:

CAUSES, SYMPTOMS
AND TREATMENT

GIVE-AWAY

*Melomed is giving away
a picnic table and chairs
to one lucky reader!
See page 21 for
competition details!*


M E L O M E D
PRIVATE HOSPITALS

Health news
and views | **2** |

First aid advice and
knowledge | **13** |

Heart-healthy soup
recipe inside | **20** |

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CONGRATULATIONS

Well done to **Zubeidah Jacobs**, the winner of *The Optimum Nutrition Cookbook* give-away featured in our previous *Melomag* issue 08. We trust that you will enjoy your prize. Look out for this issue's give-away on **page 21**.



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CHAIRMAN'S NOTE

Our mid-year edition of *Melomag* is here.

During this half of the year we are inundated with holidays and commemorations – such as Youth Day on the 16th of June, Nelson Mandela Day on the 18th of July, and Heritage Day on the 24th of September (also known as braai day) – which serve not only as a reprieve from our everyday working activities, but also gives us an opportunity to spend time with our loved ones, and provides time for reflection.

The concept of reflection has been a key element in this edition of *Melomag*, as we have reflected on our achievements this year. On the 8th of May 2012 our Melomed Bellville Catheterization Laboratory was officially commissioned by the Department of Health and has been fully functional and operational. We have to date had a number of successful interventions, and it has proven to be a much-needed asset to our patients. On the 28th of May 2012 our Melomed Bellville Hospital kept the momentum going by successfully exercising the very first “open-heart” surgery at the facility.

Our Melomed Gatesville Hospital also celebrated the official opening of its upgraded and new facilities by the Honourable Minister of Health Aaron Motsoaledi on the 30th of May 2012. Our Catering Department, which turned five years old this year, received many compliments by the attendees as they presented a fantastic buffet dinner which was served at the Samaj Centre.

In addition to our *Melomag* editions, Melomed has launched its very own staff newsletter known as *MeloNews*, in which the principal goal is to keep our staff members abreast of our Melomed achievements. On the 20th of June 2012, Dr David Marshall spoke to the Melohearts Support Group about ‘All you want and need to know about cardiology’, which exceeded the scheduled time due to the attendees participating and asking the doctor many questions pertaining to the topic and their personal health – the feedback received was a huge success.

We lastly wish to welcome our over 60 new staff members and trust that they will thrive within our ever-growing Melomed Family.

Ramadan Carriem from Melomed Hospital Holdings. We convey our best wishes to all those who will be fasting during the holy month of Ramadaan. We hope and pray this blessed experience will enrich you spiritually and will enhance your physical and mental well-being.



EBRAHIM BHORAT
CHAIRMAN
MELOMED GROUP

7 TIPS

for winter health

Learn how to keep your energy up, your immune system strong and your body healthy all winter long.

1 Drink healthy fluids
Sugary and caffeinated drinks can suppress your immune system. Drinking six to eight glasses a day of water or herbal tea can keep your digestive system healthy, your weight down and your energy up. Green and white teas are also wonderful antioxidant-rich choices to keep you healthy.

2 Get some z's
Sleeping is one of the most effective ways to refuel after a stressful day. Make sure to sleep in a dark room to ensure your body properly secretes melatonin, believed to help repair the immune system.

3 Avoid added sugars
Refined flours and sugars can suppress the immune system. Rather use naturally occurring sugars

found in fruit for some sweetness. If you crave chocolate, go for dark chocolate (minimum 70% cocoa), which contains plant phenols that have been shown to lower blood pressure.

4 Go for garlic
The sulfur-containing compounds in garlic help increase the strength of two important cells of the immune system, T-lymphocytes and macrophages, which in turn help battle colds. Eat garlic raw or cooked to boost your immune system.

5 Eat zinc-rich foods
Zinc helps prevent a weakened immune system. Get adequate amounts by eating oysters, liver, lean beef, pork, lamb, lentils, pumpkin and sesame seeds, garbanzo beans and yogurt.

6 Favour fruits and veggies
The majority of us eat fewer than five servings of fruit and vegetables a day. It is recommended that we eat five to 10 servings per day. One serving is equal to one medium-size fresh vegetable or fruit, ½ cup of fresh, frozen or canned vegetables or fruit, one cup of salad, or half a cup of fresh fruit or veg juice.

7 Move it
Don't get lazy this winter! Hit the yoga studio, run on the treadmill or suit up and head outdoors for a brisk walk. And don't forget to watch your stress levels over the winter. Meeting with friends and enjoying time to relax are great ways to keep yourself healthy and happy.

TOBACCO INDUSTRY'S 'DARK MARKETING' TACTICS

Despite legislation re-stricting the advertising of tobacco products, the tobacco industry continues to recruit smokers through aggressive 'dark marketing' tactics, the Cancer Association of South Africa (CANSA) said in a recent report.

We want to make everyone aware of the

tactics by tobacco brands that lure them into smoking. In the past tobacco smoking was made freely available and promoted at exclusive parties – we have evidence of specific brands promoting cigarettes in a supermarket, as well as at a restaurant as recently as November 2011. Beautiful women are used to promote and even distribute free cigarettes, giving

the impression that smoking is 'cool'.

Dangers of smoking

Tobacco use in any form is dangerous to your health. Even being around someone who smokes is harmful.

Tobacco smoking can cause lung cancer, heart disease and other illnesses.

A big concern is that of

hookah (hubbly-bubbly) smoking. Smoking one hookah pipe can give you as much nicotine as smoking 10 cigarettes.

Tobacco kills almost six million people a year, an average of one person every six seconds. Over 44 000 people die each year from tobacco related diseases in South Africa.



STUDY REVEALS

SA's six biggest nutrition mistakes

Chronic conditions like cardiovascular disease (CVD), cancer and diabetes, all linked to poor diet and lifestyle, are reaching epidemic proportions in South Africa. An in-depth study* has identified six of our most common misconceptions and bad eating habits:

1. Letting the kids rule the dinner table.

The majority of people who took part in the study said that their children have a major influence on the way they cook. Unhealthy eating habits are often established at a young age and can be hard to break when you're older.

posta, or large portions of rice and potatoes together.

4. Only changing the diet of the family member with a chronic disease.

Despite medical advice, many people with a chronic disease find it difficult to change their diet because they don't want to inconvenience their family.

2. Thinking that healthier eating is too expensive.

Many South Africans believe that a healthier diet is more expensive because you need to buy 'special' foods like olive oil or rye bread. This is not true. A healthier diet can consist of ordinary foods and be more budget-friendly because you are cutting down on fats, oils, red meat, sugar and processed foods.

5. Thinking 'healthy' means boiled, bland and tasteless.

It's wrong to think you can only eat boiled, unsalted or unspiced food if you want to be healthy. Try steaming or grilling your food. Cut down on your salt and replace it with spices, herbs and flavouring like lemon juice.

3. Second helpings and large portions.

Very few South Africans limit their second helpings and many think nothing of eating white bread and white

6. Having no idea about how much salt, fat or sugar is in the food you buy.

Many people don't realise that common additives are high in salt. Check the salt content on the product's label.

*The study was done by the Chronic Diseases Initiative in Africa (CDIA) and the Chronic Diseases of Lifestyle Unit of the Medical Research Council (MRC), in partnership with the Heart and Stroke Foundation South Africa (HSF) and Pharma Dynamics.

HEALTH TIP!

WANT A HEALTHY DESSERT? GRILL FRUIT!

Instead of fat-laden ice-cream or cake, create a delicious low-fat, low-salt treat using your grill or braai. Grilling pineapple or any firm fruit works best. Because fruit usually cooks quickly, depending on the thickness of the slices, you'll need to keep a close eye on it to make sure it doesn't burn.



Check new food labels for 'hidden' food allergens

SA's recently passed food labelling laws will make consumers more informed about their food choices, particularly when it comes to allergens such as soya, dairy, nuts, eggs and shellfish. However, watch out for allergens that lurk in labels under different names.

Mariska Fouche, Public Affairs Manager for Pharma Dynamics, one of SA's leading providers of allergy medication, shares the following pointers to check on food labels:

- + If you're not sure of every ingredient that went into the item, don't eat it!
- + Pay special attention to items printed in bold, or that appear in brackets, as well as items listed below the complete list of ingredients.
- + For any food made from more than one ingredient, check the label for a warning that the food was made in a factory where allergens may have been used.
- + The food industry often uses different names for common allergens you might not be aware of. If the ingredient is higher up in the list on the label it means they form a bigger part of the food product.
- + Many processed foods contain preservatives, colourants, sweeteners, stabilisers, flavourants, emulsifiers, curing agents, nutrients and anti-oxidants. The new laws state that tartrazine (a colourant added to some green, yellow and orange foods) must be clearly labelled as such. Tartrazine is also known as E102 or yellow no. 5 on some imported foods. MSG (monosodium glutamate) must also carry its common name, which is soya.

JULY

Tough Living with Cancer and Men's Health Month
 Cancer Association of SA
 Tel: 021 689 5347

Sterilization Month

Mental Health Awareness Month
 The SA Depression and Anxiety Group
 Tel: 011 262 6396

4-8 July

Corporate Wellness Week

10 July Panic Awareness Day

11 July World Population Day

18 July Nelson Mandela International Day
 Nelson Mandela Foundation
 Tel: 011 547 5600

26 July

National Schizophrenia Day
 Cape Mental Health
 Tel: 021 447 9040

26 July Osteoarthritis Day
 The Arthritis Foundation of SA
 Tel: 021 425 4738

Ramadan Carriem from Melomed Hospital Holdings. We convey our best wishes to all those who will be fasting during the holy month of Ramadan. We hope and pray this blessed experience will enrich you spiritually and will enhance your physical and mental well-being.

9 Aug.
 Women's Day

AUGUST

National Organ Donor Month

Child Safety / Injury Prevention Month

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

Sterilization Month
 Association for Voluntary Sterilization Tel: 021 531 1665

1-5 August

Rheumatic Heart Disease Week
 Heart and Stroke Foundation SA
 Tel: 021 403 6450

1-7 August

Cancer Prevention Week
 Cancer Association of SA (CANSA)
 Tel: 021 689 5347

1-8 August

Breastfeeding Week

8-14 August

World Organ Donor Week

18 August

National Cancer Survivors Day
 GVI Oncology Tel: 021 949 4060

21-25 August

National Cerebral Palsy Week

23 August

Fibromyalgia Awareness Day

SEPTEMBER

Oral Health Month
 PGWC: Tel: 021 483 2685

Continenence Awareness Month / CASA
 Tel: 082 786 5017 / 082 454 7294

Deaf Awareness Month
 SA Association of Audiologists
 Tel: 012 667 4460

Muscular Dystrophy Awareness Month
 Muscular Dystrophy Foundation
 Tel: 021 592 7306

National Heart Awareness Month
 Heart & Stroke Foundation SA
 Tel: 021 403 6450

National Month of Deaf People
 Deaf Federation of SA
 Tel: 011 482 1610



1-7 September

Asthma Week UCT Lung Institute
 Tel: 021 406 6877

2-8 September

Pharmacy Week
 PGWC: Pharmacy Services
 Tel: 021 483 2644

9 September

International Fetal Alcohol Spectrum Disorders Day (FASD)
 SANCA - Tel: 021 945 4080/1
 FASIC - Tel: 082 5099 530

10 September

World Suicide Prevention Day
 The SA Depression and Anxiety Group Tel: 011 262 6396

10-16 September

National Physiotherapy Back Week
 SA Society of Physiotherapy
 Tel: 011 615 3170

21 September

World Alzheimer's Day
 Alzheimer's South Africa
 Tel: 021 979 2724/011 792 2511

24-30 September

Retina Week
 SA Council for the Blind
 Tel: 011 622 4904

29 September World Heart Day

24 Sept
 Heritage Day

livingwith



“Our ARV medicines matter to those living with HIV”

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

A HEALTHY HEART



There are many steps people can take to try to prevent heart disease. You can start by concentrating on key lifestyle areas such as eating, exercise, smoking, drinking and considering other factors like family history, diabetes and stress. Here are 8 tips for a healthy heart.

1 Get active. The heart is a muscle and it needs exercise to keep fit so that it can pump blood efficiently around your body.

2 Stop smoking. Quitting smoking is the single most important thing you can do if you want to live longer.

3 Watch your diet. Check your food labels for 'trans-fats' which can cause 'bad' cholesterol levels. Eat 100% whole grains and lots of fibre. Fish has omega-3 fatty acids that keep your heart healthy.

4 Manage your weight. If you are overweight, make



healthy changes to what you eat and try to become more active.

5 Check your blood pressure and cholesterol levels.

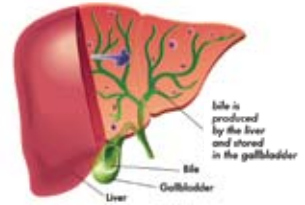
6 Manage your stress levels. If you let life get on top of you, you won't eat properly and will probably smoke and drink too much. This may increase your risk of a heart attack.

7 Check your family history. If anyone in your direct family suffers from heart disease, know that you could be at risk too.

8 Make sure you can recognise the early signs of coronary heart disease. Tightness or discomfort in the chest, neck, arm or stomach which happens when you exert yourself, but goes away when you rest, may be the first sign of angina which can lead to a heart attack if left untreated.

REMEMBER - Prevention is better than cure!

NUCLEAR IMAGING OF THE GALLBLADDER



Nuclear scanning of the hepatobiliary (gallbladder and bile duct) system plays an important role in helping doctors and surgeons to manage and develop treatment plans for patients with pain caused by gallstones, abdominal colic and gastritis.

A HIDA (Hepatobiliary Iminodiacetic Acid) scan will create pictures of your liver, gallbladder, bile ducts and small intestine and help track the production and flow of bile from your liver to your small intestine. **Bile is a fluid secreted by your liver and stored in the gallbladder. It helps your digestive system break down fats in the foods you eat.** After a meal, the stored bile is excreted from the gallbladder via the cystic duct into the common bile duct and into the small intestine.

Nuclear imaging of this process is done by injecting a radiopharmaceutical (a radioactive chemical attached to a pharmaceutical), which behaves like bile and allows the doctor to trace the function of bile using a gamma camera.

WHY IS IT DONE?

Your doctor may ask you

to have a HIDA scan to help identify:

- + Bile duct obstruction
- + Bile leakage
- + Gallbladder inflammation
- + Gallstones
- + Gastric reflux

HOW DO YOU PREPARE?

Your doctor may ask you to:

- + Not eat or drink anything for four to 12 hours before your scan.
- + Not to take certain medicines that may interfere with your scan.

WHAT CAN YOU EXPECT?

- + Your scan will take about 90 minutes.
- + You will lie on a scan table and will be injected with a radioactive tracer.
- + A gamma camera passes back and forth over your abdomen taking pictures of the tracer as it moves through your body. The HIDA scan is

stopped when the radioactive tracer enters your small intestine.

RESULTS OF THE SCAN

- + A normal scan will show that the radioactive tracer moved freely with the bile from your liver to your small intestine.
- + If the radioactive tracer moves slowly through your system it may mean there is a blockage or obstruction.
- + If no radioactive tracer can be seen in the gallbladder, this may mean there is inflammation (cholecystitis).
- + If the radioactive tracer is shown in other areas, it may mean there is a leak.

RISKS

The amount of radioactive tracer injected during a HIDA scan is very small. Most of the radioactivity passes out of your body in your urine or stool.

Colorectal CANCER



We explain the risk factors and signs to look out for. Compiled by Health Bytes Publishers

Colorectal cancer is the third most common form of cancer in the Western world. It occurs when abnormal cells that have mutated from normal tissue grow in an uncontrolled way in the intestine. They can spread throughout the body, preventing vital organs from functioning properly or damaging other important body systems.

RISK FACTORS

- + Age over 50
- + Colorectal polyps
- + Family history of colorectal cancer
- + Personal history of cancer
- + Ulcerative colitis or Crohn's disease
- + Diets high in animal fat and low in calcium, folate and fibre
- + Smoking

SYMPTOMS

A common symptom of colorectal cancer is a change in bowel habits:

- + Diarrhoea or constipation, especially if alternating
- + Feeling that your bowel does not empty completely
- + Blood in your stools
- + Stools are narrower than usual
- + Frequent gas pains or cramps, or feeling full or bloated
- + Unexplained weight loss
- + Feeling tired all the time
- + Nausea or vomiting

SCREENING

People in their 50s and older should be screened by colonoscopy*. If your family history puts you at risk, con-

sider screenings from age 40, or from 10 years younger than your family member was at first diagnosis.

DIAGNOSIS

If tests show abnormality, a biopsy may be performed to check for cancer. Often the abnormal polyp can be removed during colonoscopy or sigmoidoscopy*.

TREATMENT OPTIONS

+ **Surgery.** In the early stages, your gastroenterologist may be able to remove polyps without cutting into the abdomen, but by inserting a slender tube through the rectum. An early polypectomy* may prevent cancer. Once cancer is diagnosed,

surgery should be performed and a section of the colon is removed.

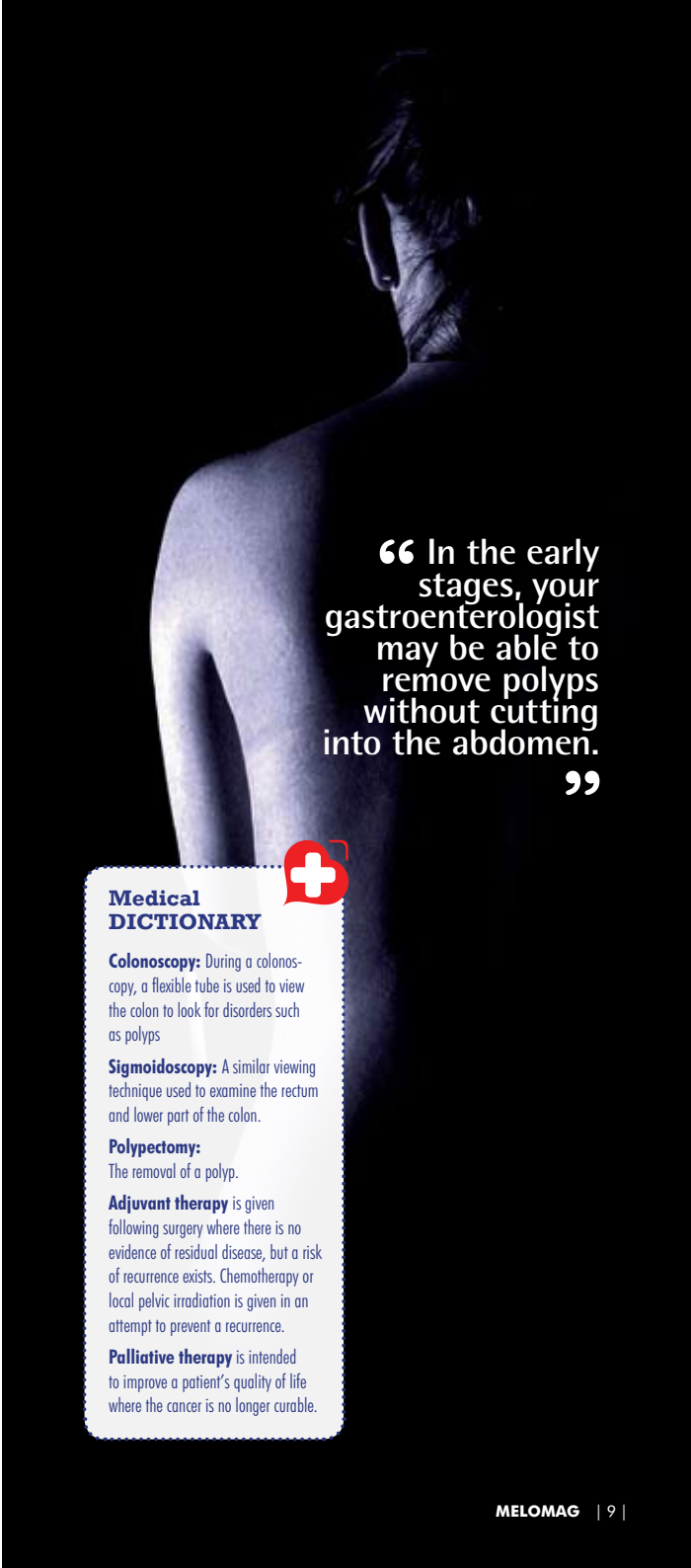
- + **Chemotherapy** is a form of 'systemic' therapy, given either in tablet form or intravenously through a drip to attack cancer cells no matter where they are. It is used as adjuvant therapy*, in an attempt to cure cancer which has spread, or as palliative therapy*.
- + **Radiation therapy** kills cancer cells by using high-energy rays pointed at the affected area. It prevents cancer cells from continuing to grow and divide.

NUTRITION AND PHYSICAL ACTIVITY

Potential side-effects of therapy include nausea, vomiting, diarrhoea and mouth sores, but your doctor can suggest ways to deal with these problems.

It's important to eat well and stay active during and after cancer treatment.

Walking, yoga, swimming and other activities can keep you strong and increase your energy. Whatever physical activity you choose, be sure to talk to your doctor before you start or if it causes you pain.



“ In the early stages, your gastroenterologist may be able to remove polyps without cutting into the abdomen. ”



Medical DICTIONARY

Colonoscopy: During a colonoscopy, a flexible tube is used to view the colon to look for disorders such as polyps

Sigmoidoscopy: A similar viewing technique used to examine the rectum and lower part of the colon.

Polypectomy:
The removal of a polyp.

Adjuvant therapy is given following surgery where there is no evidence of residual disease, but a risk of recurrence exists. Chemotherapy or local pelvic irradiation is given in an attempt to prevent a recurrence.

Palliative therapy is intended to improve a patient's quality of life where the cancer is no longer curable.

HEPATITIS:

CAUSES, SYMPTOMS AND TREATMENT



About 500 million people globally are currently infected with hepatitis. By Specialist Physician, Dr S Rajpaul

Hepatitis means inflammation of the liver and has many different things causing it.

According to the World Hepatitis Alliance, about 500 million people are currently infected with chronic Hepatitis B or C and one in three people have been exposed to one or both viruses.

Hepatitis can heal by itself with no significant side effects, or it can progress to scarring of the liver. Acute hepatitis lasts under six months, while chronic hepatitis lasts longer.

Most liver damage is caused by the Hepatitis A and B viruses. However, hepatitis can also be caused by alcohol and some other toxins and infections, as well as from our own autoimmune process where the body attacks itself.

Not all forms of hepatitis are infectious. Alcohol,

medicines and chemicals can cause inflammation of the liver. A person may have a genetic problem, a metabolic disorder, or an immune-related injury. These are known as non-infectious because they cannot spread from person to person.

Hepatitis can be diagnosed by your medical practitioner by identifying the underlying cause, which could include hepatic virus infections, alcoholism, drug use, poisons and toxins, or an auto-immune disease.

World Hepatitis Day



World Hepatitis Day is held each year on 28 July to promote awareness of hepatitis. World Hepatitis Day is marked to increase

the awareness and understanding of viral hepatitis and the diseases that it causes. It provides an opportunity to focus on specific actions such as:

- + Strengthening prevention, screening and control of viral hepatitis and its related diseases;
- + Increasing Hepatitis

- B vaccine coverage and integration into national immunisation programmes; and
- + Co-ordinating a global response to hepatitis.

WHAT IS ACUTE HEPATITIS?

Individuals with acute (short term) hepatitis show varying combinations and degrees of jaundice (a yellow colour to the skin, mucus membranes, or eyes), dark urine, fatigue, weakness, anorexia and vomiting. However, some patients, especially children, may not have any symptoms other than minor flu-like complaints.

WHAT IS CHRONIC HEPATITIS?

Individuals suffering from chronic hepatitis (long term) may show no or non-specific symptoms like tiredness and generalised weakness. With progressive chronic hepatitis, scarring (cirrhosis) of the liver occurs and leads to loss of

muscle mass, swelling of the feet and stomach, and jaundice.

Occasionally acute and chronic hepatitis can lead to liver failure which results in impaired mental function ranging from mild intellectual impairment to coma, because the liver is not able to clear ammonia, as well as bleeding and fluid retention because the liver is not able to synthesize protein.

THE MOST COMMON VIRUSES TARGETING THE LIVER ARE HEPATITIS A AND B

Hepatitis A virus causes acute (short term) hepatitis with most people improving within weeks without specific treatment. However, some patients may have severe illness lasting

several months. Hepatitis A occurs when people eat food or drink liquids contaminated by microscopic amounts of infected stool (faeces) containing the Hepatitis A virus. This is usually caused because of poor hygiene and unsanitary conditions.

Food and drinks commonly contaminated with the Hepatitis A virus are salads, shellfish, fruit, ice and tap water. **If you're travelling in high risk countries it is best to avoid eating these foods or drinking tap water, even if it is ice!**

HOW IS HEPATITIS A TREATED?

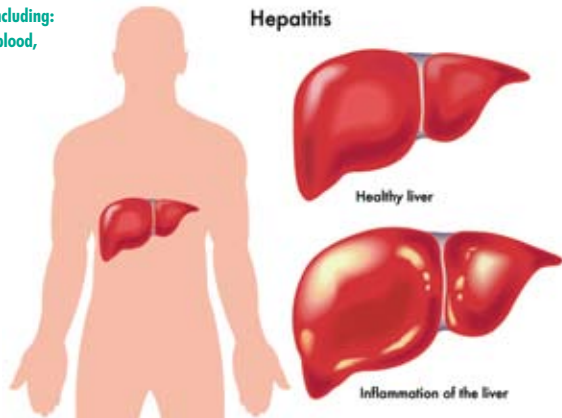
Immune globulin, made from pooled human plasma, contains antibodies that are given as an injection and provides short-

What is the liver?

The liver is the largest gland in the human body. It weighs approximately 1.3 kg. It is reddish brown in colour and is divided into four lobes of different sizes and lengths. It is below the diaphragm on the right in the thoracic region of the abdomen. Blood reaches the liver through the hepatic artery and the portal vein. The portal vein carries blood containing digested food from the small intestine, while the hepatic artery carries oxygen-rich blood from the aorta.

The liver has a wide range of functions, including:

- + Filtering harmful substances from the blood, like alcohol.
- + Storing vitamins A, D, K and B12, and minerals.
- + Synthesising protein to make certain amino acids - the building blocks of proteins.
- + Producing biochemicals needed for digestion, such as bile.
- + Maintaining proper levels of glucose in the blood.
- + Producing 80% of the body's cholesterol.
- + Producing hormones.
- + Producing urea, the main substance in urine.



term protection, about three months, against Hepatitis A. Immune globulin can be given either before exposure to the Hepatitis A virus, for instance, before travel to a country where Hepatitis A is common, or to prevent infection after exposure to the Hepatitis A virus. It is important that immune globulin is given within two weeks after exposure to the Hepatitis A virus for the best protection.

The Hepatitis A vaccine is a safe and effective vaccine which has reduced the number of infected cases worldwide.

It is given twice, six months apart, and provides long-term protection against the Hepatitis A virus.

If you're travelling to high risk countries, you should have the vaccine at least two weeks before you depart.

Hepatitis B is a contagious liver disease, unlike Hepatitis A, caused by the Hepatitis B virus which may be acute or chronic and is transmitted through contact with infected body fluids like blood, semen or vaginal fluids. People at risk are health workers, sex workers, intravenous drug users, haemophiliacs and people who share toilet items such as razors and toothbrushes.

Hepatitis B can be contracted from contaminated medical

equipment, injection drug use, unprotected sex and other methods of transmission like tattooing and body piercing.

Infection with Hepatitis B in infancy is transmitted while giving birth and is usually asymptomatic (there are no symptoms), resulting in a chronic carrier state in 90% of patients. A carrier is a person who has the virus but shows no symptoms and therefore acts as a carrier or distributor of the infection.

Acute Hepatitis B infection in adults results in less than 10% chronic infection. It is estimated that, worldwide, 350 million people have a chronic carrier state. This can give rise to cirrhosis and liver cancer.

HOW IS HEPATITIS B TREATED?

The Hepatitis B vaccine is a safe and effective protection against Hepatitis B. It is given in three doses at birth, one and six months to unvaccinated, high-risk individuals, as well as people who ask for it.

No specific treatment is available for acute Hepatitis B; however, antiretroviral drugs can be used to treat chronic Hepatitis B.

Being educated about the risks of contracting the hepatitis virus is the first step to preventing contracting or transmitting it.



Quick facts about hepatitis:

- + Acute hepatitis lasts under six months.
- + Chronic hepatitis lasts longer than six months.
- + Hepatitis A virus causes acute (short term) hepatitis.
- + Hepatitis A occurs when an individual eats food or drinks liquids contaminated by microscopic amounts of infected stool (faeces) containing the Hepatitis A virus.
- + Hepatitis A vaccine is given twice, six months apart, and provides long-term protection against the Hepatitis A virus.
- + Hepatitis B is a contagious liver disease and is acquired through contact with infected body fluids like blood, semen or vaginal fluids.
- + A carrier is a person who has the virus but shows no symptoms and therefore acts as a carrier or distributor of the infection.
- + Hepatitis B can be contracted from contaminated medical equipment, intravenous drug use, unprotected sex and other methods of transmission like tattooing and body piercing.
- + The Hepatitis B vaccine is given in three doses at birth, one and six months to unvaccinated, high-risk individuals, as well as people who ask for it.



HOW TO TREAT ABDOMINAL PAIN

Abdominal pain may be a sign of serious illness and can sometimes be severe. *Melomag* takes a closer look and advises what to do in the case of abdominal pain. By Health Bytes Publishers

Abdominal (stomach) pain is often experienced in many different ways – from burning, cramps or spasms, throbbing and stabbing, to sharp pains below the ribs, above the pelvic bone and around the sides of the stomach area.

You may need to describe your pain to your doctor. An easy way to describe the pain you are feeling is to use the Wong-Baker pain rating scale where 0 is no pain and 10 is pain so bad you are crying and your face is twisted in a grimace.

WHAT CAUSES ABDOMINAL PAIN?

Abdominal pain is caused when an internal organ swells or stretches, or if the blood supply to an organ is stopped. But abdominal pain can also happen without any of these causes, for instance, if you suffer from irritable bowel syndrome (IBS).

SYMPTOMS

Tell your doctor how the pain feels. Is it sharp or dull? Do you

feel burning, pressure or jabbing? Does the pain pass quickly, is it like a cramp, or is it steady and unrelenting? Remember to tell your doctor if you've had a fever, chills, sweats, rectal bleeding, loss of appetite, diarrhoea, weight loss, constipation, nausea or loss of energy.

HOW TO TREAT THE SYMPTOMS OF ABDOMINAL PAIN

- + For heartburn, take an antacid.
- + For constipation, take a mild stool softener or laxative.
- + For pain, take an over-the-counter pain reliever but avoid aspirin or ibuprofen, as these can make some types of abdominal pain worse.

Call an ambulance or go to your closest emergency room if:

- + You have pain and tenderness in the lower right abdomen, as well as fever and vomiting. These may be signs of appendicitis.
- + You are pregnant and have abdominal pain or vaginal bleeding. This may be a sign of an ectopic pregnancy or miscarriage.



If a child suffers from abdominal pain

If a child is suffering from abdominal pain, remember to make a note of the following symptoms so you can describe them accurately to your doctor:

- + How long has the child been experiencing pain?
- + Where is the pain?
- + What does the child look like? For instance, does he or she have pale skin, sweating, or is sleepy and listless?
- + Has the child had any nausea and vomiting that has lasted longer than 24 hours?
- + Does the child have diarrhoea that has lasted longer than 72 hours, or is there any blood in the stool?
- + Does the child have a fever?
- + Is the pain in the groin area – this could mean that the blood supply to a testicle has been stopped because the testicle has twisted.
- + Is the child having problems urinating?
- + Does the child have a rash?

When to call a doctor

- You should call your doctor if you:
- + Have severe abdominal pain that has lasted for several days.
 - + Have nausea, fever, or have not been able to keep food down for several days.
 - + Have blood in your stools.
 - + Are vomiting blood.
 - + Have vaginal bleeding.
 - + Have difficulty breathing.
 - + Injured your abdomen before the pain started.



TREATMENT

for Chronic Kidney Disease

Recent studies have shown that most adults know very little about the functions, symptoms or treatment of their kidneys. Do you? Article compiled by National Renal Care

Pre-end-stage kidney disease (also known as chronic renal failure) is the time between the diagnosis of a kidney disease until the time you begin treatment with either dialysis or a transplant. Luckily this period often progresses slowly, over a period of years. This is good news because, if kidney failure is caught early, medications and lifestyle changes may help slow its progress and keep you feeling your best for as long as possible. With early diagnosis, it may be possible to slow; stop, or even reverse kidney disease, depending on the cause. In the table below, the "GFR level", or glomerular filtration rate,

is a measure of how well your kidneys are cleaning your blood. We can calculate your GFR, based on a formula.

The first or utmost aim of treatment for chronic kidney disease is to prevent or slow down the progression to end-stage kidney disease. Kidney failure can happen to anyone, any age, race, any walk of life. The two main causes of chronic kidney disease are diabetes and high blood pressure. These diseases should be controlled – or prevented – to prolong kidney function.

It is important to identify and manage the condition that is causing your kidney disease.

INITIAL TREATMENT

If you have diabetes or high blood pressure, you and your doctor will create a plan to aggressively treat and manage your condition to help slow additional damage to your kidneys.

Your doctor will also check you for other conditions or diseases that may cause kidney damage, including a blockage (obstruction) in the urinary tract or long-term use of medicines that can damage the kidneys, such as some antibiotics or pain relievers (such as Non-Steroidal Anti Inflammatory Drugs).

Stages of Chronic Kidney Disease

Stage	Description	GFR Level
Normal kidney function	Healthy kidneys	90 mL/min or more
Stage 1	Kidney damage with normal or high GFR	90 mL/min or more
Stage 2	Kidney damage and mild decrease in GFR	60 to 89 mL/min
Stage 3	Moderate decrease in GFR	30 to 59 mL/min
Stage 4	Severe decrease in GFR	15 to 29 mL/min
Stage 5	Kidney failure	Less than 15 mL/min or on dialysis

Steps you can take to keep your kidney healthy:

- + Eat right and lose excess weight. A dietitian can help you make an eating plan with the right amounts of sodium, fluids, and protein.
- + Learning about symptoms of kidney disease
- + Exercise regularly
- + Don't smoke. Smoking can lead to atherosclerosis, which reduces blood flow to the kidneys and increases blood pressure.
- + Avoid excess salt in your diet
- + Control high blood pressure
- + Control diabetes
- + Visit your doctor regularly
- + Follow your doctor's advice

TREATMENT FOR KIDNEY FAILURE

If you are not able to control chronic kidney disease, your kidney function will continue to

get worse. When both kidneys decrease their work or stop working for any reason, this is called "kidney failure". **Kidney failure has harmful effects throughout your body. It can cause serious heart, bone, and brain problems and make you feel very ill.**

After you have kidney failure, either you will need to have dialysis or you will need a new kidney. Both choices have risks and benefits. Talk with your doctor to decide which would be best for you.

Dialysis is a process that performs the work of healthy kidneys by clearing wastes and extra fluid from the body and restoring the proper balance of chemicals (electrolytes) in the blood. You may use dialysis for many years, or it may be a short-term measure while you are waiting for a kidney

transplant.

The two types of dialysis used to treat severe chronic kidney disease are hemodialysis and peritoneal dialysis.

For more information:
Contact National Renal Care on 012 421 6788 or visit our website on www.nrc.co.za



For any further information on the services offered by Melomed Renal Care Mitchells Plain please contact the unit at 021 392 3543 or Melomed Renal Care Gatesville unit at 021 637 1702 or visit our website at www.melomed.co.za

10 THINGS TO KNOW

YOU AND YOUR AGEING PARENTS

Make sure you know all you need in case of emergency. By Health Bytes Publishers

Make sure you know all the relevant medical details about your ageing parents' health, so that in an emergency, you can tell doctors what they need to know if your parent can't speak for him or herself. Here is a list of the most important info you need:

ALLERGIES

If your parent is allergic to any medications, for instance penicillin, this is vital information.

DOCTORS' NAMES & NUMBERS

Your parents' doctors will be able to fill in any missing medical history.

DATES OF BIRTH

Medical records are often filed by date of birth, and in an emergency, records need to be accessed swiftly.

LIVING WILLS

Though it's an uncomfortable topic to broach, you need to know what your parents' wishes are should they need life-support. Many people wish not to be resuscitated at this point.

CHRONIC CONDITIONS

This includes diabetes, high blood pressure or heart disease.

MEDICATION

Many medications can have adverse effects when given together. One of the first things the doctor will want to know is whether your parent takes blood thinners. Be aware that some natural remedies also have a blood-thinning effect, so take note of any supplements your parents take.

PREVIOUS MEDICAL PROCEDURES

Have your parents had any devices implanted? (Think pacemakers, stents.) Have they had joint replacements, or any other major surgery?

MEDICAL AID NUMBER & PROVIDER

Ask your parents where they keep their medical aid cards.

RELIGION

Inform doctors of religious beliefs. This is especially important where doctors might consider blood transfusions or organ donation.

LIFESTYLE INFORMATION

You'll need to be able to say whether your parents smoke or drink alcohol, and what diet they typically follow.

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LOWER BACK PAIN

A PHYSIOTHERAPY PERSPECTIVE

Up to 80% of the Western world suffers from lower back pain. By Physiotherapist Sharmila Dayar

Approximately 80% of people in Western countries have experienced lower back pain (LBP) at some point in their lives. Acute (short term) LBP occurs because of mechanical causes, like sport injuries and other trauma-related causes. Chronic (long-term) LBP is more degenerative in nature, often caused by 'wear and tear', and lasts for a longer period of time.

In this article Sharmila Dayar, a qualified Physiotherapist, takes a look at LBP, a common condition seen at physiotherapy practices, and discusses how physiotherapists are medically trained to assess, diagnose, treat and advise patients on how to manage their lower back pain.

WHAT IS THE SPINE?

To understand LBP one has to understand the normal anatomy

of the spine. The spine is made up of four regions: cervical (neck), thoracic (mid back), lumbar (lower back) and sacrum (base of the spine). LBP is usually found between the lumbar and sacral areas.

The spinal column is made up of vertebrae – bones stacked one on top of another. These vertebrae are separated from one another by discs. These discs act as shock absorbers, allowing the spine to be flexible and also preventing wear and tear of the vertebrae.

Attached to the spinal column are ligaments, muscles and tendons that provide stability and support, and control the movement of the spine. Another integral part of the spinal column is the nerves that provide the muscles and skin with sensation and can be found in openings in the vertebra called foramina.

Lower back pain is the body's warning that something in the spinal column is being strained or damaged.

DIAGNOSING LOWER BACK PAIN

To diagnose LBP, one or more of the following might be needed:

- + X-ray
- + Myelogram
- + Cat Scan
- + MRI
- + Discography
- + EMG
- + Bone Scan
- + Ultra-sound

The spine is a critical and delicate part of the human anatomy. In part 2 of this article we will explore some of the causes of LBP and its management and treatment.

Contact Sharmila at her practice on 021 699 1700



The spine is made up of four regions:

- + cervical (neck)
- + thoracic (mid back)
- + lumbar (lower back)
- + sacrum (base of the spine)

LBP is usually found between the lumbar and sacral areas.

Spicy butternut & orange soup



Number of servings: 4-6

HOT
WINTER
REMEDIES!

What you will need

60ml olive oil	2kg cubed butternut
2 leeks, sliced	3 litres vegetable stock
30ml medium curry powder	juice and grated skin of
10ml cumin powder	3 large oranges
15ml coriander powder	30ml honey
5ml fresh ginger	salt and freshly ground black
10ml turmeric	pepper to taste
1 large cinnamon stick	125ml cream

Method of preparation

Pre-heat the oven to 180°C.

1. Place the olive oil into a large roasting tin and place into the oven to heat.
2. Once hot, place the leeks, curry, cumin, coriander, ginger, turmeric and cinnamon stick in the oil and mix.
3. Add the butternut and mix through; making sure that the butternut is covered with the spice mixture.
4. Roast in the oven for 30 minutes.
5. Remove the butternut mixture from the oven and transfer to a large pot.
6. Add the stock, orange juice and peel and honey.
7. Season with salt and pepper, cook for 20 minutes and remove from the heat to cool down a bit.
8. Process in a food processor and return to the pot.
9. Add the cream, heat through and serve sprinkled with some chives or parsley and crusty bread.



Sprinkle
with chives
or parsley!

MELOMED GIVE-AWAY

We're giving away a picnic table and chairs to one lucky reader!

To stand a chance to qualify, **SMS your answer to the following question and your name to 34298** (R2 per SMS).

Competition closes 7 September 2012. Prize sponsored by Melomed.
What can't Dr Shabeer Ebrahim go a day without?
(See our Housecall article).

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



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MELOBABES

WHAT TO PACK

As you get closer to your due date there are lots of things to arrange. It makes sense to have a bag packed and ready to go. You'll probably want to pack two bags, one with things you want for the actual labour and one with everything you'll need afterwards – including something for your new baby to wear going home!

Free antenatal classes and birth registration now available.

BAG ONE (LABOUR)

- Mineral water spray or a plant spray with a fine nozzle. Put it in a fridge (if possible) to keep it cool.
- Two facecloths for cooling your face and skin
- Music player
- Unscented oil or a light body lotion for massage
- Thermal pack (the sort you can heat in a microwave for taking with you on cold outings – it stays warm for hours). It can be wrapped in a towel and used as a warm compress to relieve aches in the back or in the legs
- Old nightdress (front opening for easy breastfeeding) or old T-shirt, dressing-gown (robe) and sandals or slippers
- Hairbrush, and hair bands for long hair
- Lip balm
- Wash bag with toiletries
- Toothbrush and toothpaste
- Camera
- Drinks and snacks for you and your partner

BAG TWO (AFTER THE BIRTH)

- Two nightdresses (front opening for easy breastfeeding)
- Easy-to-wear day clothes (like a tracksuit – again with a front-opening top for easy breastfeeding)
- Underwear, including comfy full briefs (to hold maternity pads), and nursing bras – you may find disposable pants useful for the first few days
- Towels
- Maternity pads or night-time sanitary pads
- Breast pads
- Tissues
- Unscented toiletries and cosmetics
- Nappies for the baby
- Vests and sleep suits for the baby
- Cotton wool balls and nappy cream
- Fruit juice or mineral water
- Healthy snacks



For a guided tour of the hospital and maternity unit contact:

Melomed Gatesville:

Olivia Kannemeyer (Client Services Officer) 021 637 8100

Melomed Bellville:

Tanya Botha (Client Services Officer) 021 948 8131

Melomed Mitchells Plain:

Nuraan Cader (Client Services Officer) 021 392 3126

Pre-admission can be done online or at any Melomed admission desk:

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Melomed Bellville

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Melomed Mitchells Plain

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Pre-admission forms available from your Melomed Gynaecologist

PLUS: New mothers will receive a Melomed nappy bag containing nappies and a selection of baby toiletries to get them started in the first few days of motherhood, as well as slippers, shopper bag and a toiletry bag on admission.

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- Choice to have your baby's picture placed on the Melomed website for family and friends to view

Melomed Ambulance Service available for any emergency: 0800 786 000



HOUSE CALL

Meet one of our dedicated Specialist, **Dr Shabeer Ebrahim**, who is an Ear Nose and Throat Specialist at Melomed Gatesville and Mitchells Plain Hospitals.



VITAL STATISTICS



Where were you born?
Newcastle, KwaZulu-Natal.

Who do you share your house with? My wife and three daughters.

What would people be surprised to know about you? I am a gadget freak. My study looks like an electronics cemetery.

If you weren't doing what you do, you would be... a teacher. My dad was a teacher and from him I learnt that the greatest gift one can give another person is an education. I have the greatest respect for teachers.

One of my life's mottos is...
Work is love made visible and if you cannot work with love and only distaste and sit at the gate of a temple and take aims of those who work with joy – Khalil Gibran. I heard this at my graduation and strongly believe in it.

I can't go a day without... coffee.

My friends and I like... watching soccer or having a good meal and chatting.

What music are you listening to?
My music taste is wide and varied. I listen to music to relax, mostly while driving or late at night. What I listen to depends on my mood.

Perfect happiness is...
seeing my children happy.

Success to me means... learning from my mistakes and living a life without regrets.

Everything in moderation BUT...
Unfortunately I'm not a moderation sort of guy. One of the lessons in life I still have to learn.

I'd like to be remembered as...
a good and caring doctor.

LIKES

- Good food & good company ✓
- Manchester United
- The brutal honesty of children

DISLIKES

- The phrase "I've done my best" because it is often used by people who clearly haven't "done their best" ✗
- Pessimists

My best places: Mumbai, London and Dundee (KwaZulu-Natal)
Three favourite restaurants: Willoughby's, Nobu and Nandos



ONCOLOGY



Mohammed Imran Parker

MBChB (UCT), FC RAD ONC (SA)
Practice no. 0454575

Suite 6, 4th Floor, Block C, Melomed Gatesville,
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Dr Norman Smuts - MBChB; F.F. Rad (D) SA

Dr Marek Blaszczyk - FC Rad (D) SA
Practice no. 0366862

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Symphony Walk, Mitchells Plain

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C: 083 627 3800 | **E:** m.c.n@iafrica.com

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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

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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.

PAEDIATRIC SURGEON



Prof Daniel Sidler

MD (Switzerland) FCS (SA) MPHIL (Applied Ethics) (Stell)
Practice no. 4207890

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trekker Road, Bellville 7535

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C: 083 320 0512 | **E:** Paed.surg@xsinet.co.za

In addition to general paediatric surgery, Prof Sidler does
neonatal-, laparoscopic- and oncological surgery. He is
interested in ethical issues of paediatric surgery and
qualified in applied ethics.

GENERAL & PEADIATRIC SURGEON



Dr Willem Smith

MBChB (Stell), M.Med (Chir) (Stell) | Practice no. 0340367

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C: 079 1251 235
E: smith.willem@gmail.com

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

GENERAL SURGEON



Dr Craig Stanley

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Voortrekker Road, Bellville, 7530

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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.



DIETICIAN



Zulfah Essop

BSc Dietetics (UWC) | Practice no. 0434302

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C: 079 880 7710

E: z.essoptf@gmail.com

Therapeutic dietician with special interests in managing the critically ill patient and specialised feeding.

NEPHROLOGIST / PHYSICIAN



Dr Craig Grant Arendse

MBChB (UCT), FCP (SA), Cert NEPHROL (UCT)
Practice no. 018 002 0343226

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Temple Road, Gatesville 7764

T: 021 637 7276 | **F:** 021 637 9725

C: 083 234 5964 | **E:** drarendse@aol.com

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

PAEDIATRICIAN & PAEDIATRIC PULMONOLOGIST



Dr Delano Rhode

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

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

PHYSIOTHERAPY



Melissa Wentzel

BSc (Physiotherapy) | Practice no. 0238120

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EAR, NOSE & THROAT SPECIALIST



Dr Shabeer Ebrahim

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

CARDIOLOGIST



Dr David Marshall

MBChB, FCP (SA) | Practice no. 0455431

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DIABETES

WHY SMBG IS IMPORTANT

Diabetes is a progressive disease that often requires ongoing assessment and adjustment

of treatments therefore, self-monitoring of blood glucose (SMBG) is of utmost importance.



By Michéle Prenaar – MSc Dietetics (UFS) / Abbott Diabetes Care

Most people with diabetes are under the impression that once the doctor has adjusted the medication, the blood glucose levels remain unaltered for a few months. This, however, is not the case, as there are many factors that affect the blood glucose levels.

IMMEDIATE FEEDBACK

SMBG provides 'real-time' measure of glucose control that gives immediate feedback to patients about their medications and lifestyle changes.

Blood glucose readings should be done frequently enough to be meaningful and it is important to monitor at different times. These results will provide feedback to patients about the effect of food choices, physical activity and medication.

WHEN TO MONITOR

The frequency of monitoring required depends on the type of

diabetes and the type of treatment. SEMDSA guidelines¹ on SMBG are as follows:

- + SMBG should be carried out three or more times daily for patients using more than two daily injections of insulin.
- + SMBG should be carried out up to once daily for patients using a single daily injection of insulin either alone or in combination with oral agents.
- + There is a common misperception that regular SMBG is unnecessary in Type 2 Diabetes Mellitus. However, SMBG should be considered in patients using oral agents.

PERFORM SMBG MORE FREQUENTLY IN SETTINGS OF:

1. Acute illness
2. Periods of poor glycaemic control
3. Frequent hypoglycemic episodes
4. Pregnancy
5. Any adjustment to therapy

Unlike HbA1c², SMBG can distinguish between pre- and post-prandial levels, and thus it can be used to facilitate therapy modifications. Post-meal (after-meal) hyperglycemia is a very frequent phenomenon in people with type 1 and 2 diabetes and can occur even when overall metabolic control appears to be adequate as assessed by HbA1c. SMBG is currently the most practical method for monitoring post-meal glycaemia³.

More informed care funders and medical aids are reimbursing both meters and test strips used with them. SMBG can guide healthcare providers to identify and address specific blood glucose excursions (high and low) on a more frequent basis. SMBG results must be used for the purpose of attaining and maintaining glycaemic targets, by guiding self and practitioner adjustment of therapy and to provide evidence on hypoglycaemia.

¹The Society of Endocrinology, Metabolism and Diabetes in South Africa (SEMDSA, 2009). ²HbA1c is a longer-term average that is sent to a laboratory and usually conducted in hospital clinics. Blood glucose is a current reading taken either by a healthcare professional or at home by an individual with diabetes. ³International Diabetes Federation (IDF, 2007).

TRUST A HUG

Shaking hands is just plain suspect.

By Health Bytes Publishers



In the hustle and bustle of the 21st-century life we live, intimacy is seen as the bedroom board meeting. Our metrosexual men have long since learnt to use hair conditioner, moisturisers and even the art of a quick pluck here and there. But have they transcended the ability to shove out their hand to give the ever so appropriate handshake?

Now I ask with tears in my emerald green eyes, why would we want to swop sweat by rubbing our hands together? There is such assumption in a hand shake, such trust. Hmmm.

And the trust I speak of ... You have to trust that hand has been washed. Good grief, imagine what one hand can touch in an hour. To name but a few places of interest:

- + The foot, as one puts on one's socks
- + The bird cage, as one

changes seed and water

- + The head, as one brushes one's hair
- + The laptop, the telephone, the banister, the money, the pocket...

Oh and did I mention the loo? The flusher, the tap, the door and, well, shall I leave the rest of the ablutions to your imagination?

Yet we willingly put out our hand, take hold of that well-used and often abused other hand, and feel like we have made an intimate bond of note. While we in essence have merely swapped germs!

I'm a hugger, and no, I most certainly wouldn't hug just anyone, but equally so I won't just shake another's hand. To that end I'm a nodder. I'll nod my head in acknowledgement, smile with encouragement, but I simply am not swapping gob or sweat with a stranger.

Then we get to hugging. The hug is one of the most common human signs of love and affection, along with kissing. Unlike some other forms of physical intimacy, it's practised publicly and privately without stigma in many nations, religions and cultures, within families, and also across age and gender lines.

Hugging has been proven to have health benefits. One study has shown that hugs increase levels of oxytocin, and reduce blood pressure.

If we all hugged a few people a day, we'd have fewer germs transmitted, less blood pressure pills sold, and world-wide general health might just improve.

So now, the next time the dominee or the school principle arrives, give them the behaviour they least expect. Hug them!

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WHAT IS PATHOLOGY?

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

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

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

owned and run by private pathologists.

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

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

PATHCARE - PATHOLOGY THAT ADDS VALUE

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

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

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

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

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

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

“Pathology that Adds Value”

www.pathcare.co.za
 email: clients@pathcare.co.za

PathCare ...

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