

PORT MELBOURNE *Medical*



COVID-19
in 2023

Flu & Travel
Vaccinations

Welcome our
NEW NURSES

It is important to us that you understand these terms and conditions which relate to your use of this publication. By accessing and using this publication, you agree to be bound by these terms and conditions and any other terms and conditions, notices and disclaimers displayed elsewhere in this publication relating to your use of this publication.

Whilst appreciable care has been taken in the preparation of this publication, Black Sparrow Group, Black Sparrow Publishing, Vigour Media, Vigour Platform, Vigour Active, Vigour Health & Wellbeing Magazine, its officers, directors, employees, contractors, sponsors, suppliers, editors, authors, subscribing organisations, their servants and agents ("We") provide this for general information purposes only. It is not intended or implied to be a substitute for professional medical advice, diagnosis or treatment.

We cannot warrant the accuracy of this publication beyond the source documents although we do make every attempt to work from authoritative sources. Any representation implied or expressed concerning the efficacy, appropriateness or suitability of any treatment or product is expressly negated. The material may include the views or recommendations of third parties and does not necessarily reflect the views of Black Sparrow Group, Black Sparrow Publishing, Vigour Media, Vigour Platform, Vigour Health & Wellbeing Magazine, its officers, directors, employees, contractors, sponsors, suppliers, editors, authors, subscribing organisations, their servants and agents.

In view of the possibility of human error or advances in medical knowledge we cannot and do not warrant that the information contained in this publication is in every respect accurate or complete. Accordingly we are not and will not be held responsible or liable for any errors or omissions that may be found in any of the information in this publication.

You are encouraged to consult other sources in order to confirm the information contained in this publication and in the event that medical treatment is required, to take professional, expert advice from a legally qualified and appropriately experienced medical practitioner.

This publication contains links to other websites. We provide these to help you find more information. The linked websites do not necessarily reflect the views of Black Sparrow Group, Black Sparrow Publishing, Vigour Media, Vigour Platform, Vigour Active, Vigour Health & Wellbeing Magazine, its officers, directors, employees, contractors, sponsors, suppliers, editors, authors, subscribing organisations, their servants and agents or our commitment to a particular course of action.

We are careful in selecting the websites we link to, but we are not responsible for and do not necessarily endorse their information. You need to make your own decisions about the accuracy, currency, and reliability of information in linked websites.

[Access our full Terms & Conditions](#)

Port Melbourne Medical Magazine

Proudly published by

Vigour Media

For and on behalf of



Editor in Chief | Chris Rabba, Vigour.Media

Port Melbourne Medical

1 / 405 Bay Street, Port Melbourne, VIC 3207

T: 03 8686 0500

F: 03 8686 0501

Hours of Operation

Monday - Thursday 8:00am - 7:00pm

Friday 8:00am - 6:00pm

Saturday 8:30am - 1:30pm

Sunday 9:00am - 1:00pm

**public holiday fees apply*

Vigour.Media is part of the Black Sparrow Group
Copyright Black Sparrow Group 2022
This is a Vigour.Media Production
www.vigour.media

Our publication is accessibility friendly. Simply click **Accessibility** on the publication's navigation bar.

An **Accessibility Icon** will appear in the bottom left-hand corner. Click the icon to bring up the Accessibility Panel that will allow you to adjust the publication to meet your specific needs.

You can toggle between the Accessibility view & Standard view by clicking Accessibility on the publication's navigation bar.



Accessibility Interface by: *Vigour Media*

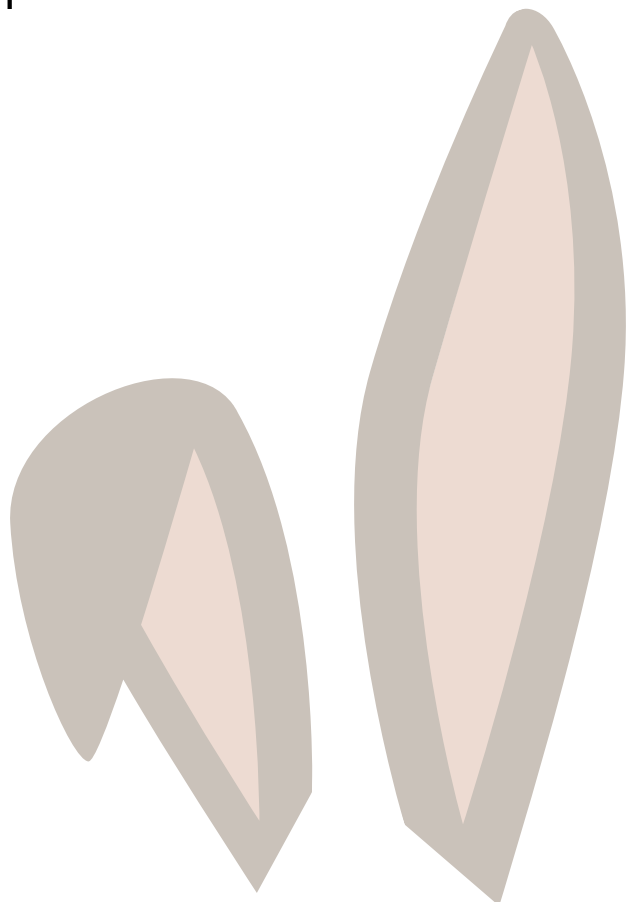
EASTER HOURS

Port Melbourne Medical

Fri 7th April: 9.00am -1.30pm
Sat 8th April: 8.30am -1.30pm
Sun 9th April: 9.00am -1.00pm
Mon 10th April: 8.00am -12.30pm

Melbourne Pathology

Fri 7th April: Closed
Sat 8th April: 8.30am -12.30pm
Sun 9th: Closed
Mon 10th April: Closed





World Health
Organization

75

HEALTH
FOR ALL

Health For All



VISIT WHO.INT



WELCOME

Dear Patients,

In this edition of our eMagazine, we are excited to share an article written by Dr Anne Saunders and Dr Ferghal Armstrong, about their soon-to-be-launched new specialised clinic for pain and addiction.

Dr Anne, who is known to many people in this area, has undertaken additional training in addiction as a Specialist General Practitioner, completing the advanced training offered by the RACGP, and has also completed her focused psychological strategies accreditation to supplement this. Dr Ferghal Armstrong is also a Specialist General Practitioner, as well as an Addiction Medicine Specialist, and is a fellow of the Australasian Society of Lifestyle Medicine. Dr Ferghal will commence consulting from our rooms in the coming weeks.

Together, Dr Anne and Dr Ferghal have created this new clinic as they know that there are many people who struggle with managing their pain and/or addiction. Although it is not always obvious to people around them, these issues are a common problem and cause significant distress. Management can be complex, as the cause and impact are different for each individual.

Dr Anne and Dr Ferghal believe that a holistic personalised approach, along with the most up-to-date evidence for treatment, will allow individuals to achieve their best outcomes.

This clinic will commence operation in the coming weeks and will be a hugely valuable addition to the services offered in the local area. More information is provided later in this newsletter.

We will also discuss flu vaccines (both corporate and individual will be available), given the upcoming flu season, covid boosters, travel vaccines and introduce our new nurses.





pain & addiction.

(A Specialised Clinic Coming Soon)

Dr Anne Saunders and Dr Ferghal Armstrong have created this unique and specialised clinic to help the people in Port Melbourne and surrounds who need extra support in managing their pain or addiction.

Dr Anne and Dr Ferghal saw there was a gap in the services available and knew that their additional qualifications in the areas of pain, addiction and psychology place them in a position to be able to offer the most up to date and thorough approach to managing pain and addiction.

pain.

It is well known that living with chronic (long standing) pain is hard. People often become fatigued with the healthcare journey, and saddened or frustrated about the lack of progress, despite engagement with their healthcare team. The limitations on being able to live life to the fullest can be exhausting and demoralising.

Chronic pain is defined as a persistent pain, experienced on most days of the week, that has lasted beyond the expected time for the tissue to heal (usually 3 months). It is estimated by the Australian Institute of Health and Welfare to affect 1 in 5 Australians aged 45 and over. However, there are likely many people who are not captured in this data, including women with endometriosis.

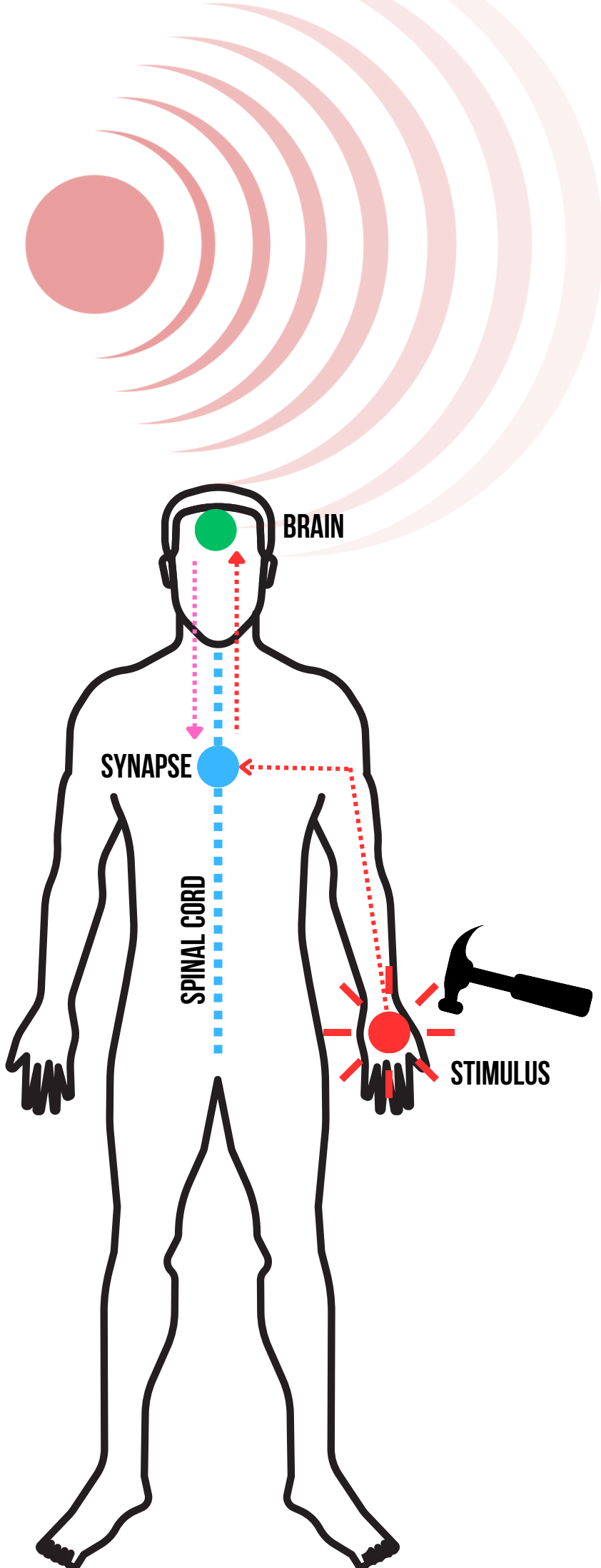


Chronic pain affects females and older people disproportionately, and can impact all areas of life (work, recreation, sleep, relationships, physical activity). Different people experience the impacts of pain differently, and may wish to focus on improving one area before another.

Unfortunately, pain is commonly poorly managed, for many reasons. This can be due to misunderstanding the cause or trigger, or that the pain has changed or evolved over time. Doctors see many patients for pain conditions, but we also know many others suffer in silence. When pain is appropriately managed, it leads to far better outcomes.

The functional impact of pain is one of the most important measurements in pain medicine. When attending this pain clinic, a baseline score will be taken, to assess the areas that pain impacts your life and to understand the restrictions caused by your pain. Across your treatment journey, your doctor will review this and see how things have changed with various interventions.

The good news is that with the right tools, things can be much better. This will be outlined below, but let's first understand why and how pain occurs.



STIMULUS

Injury occurs and the pain receptor detects this at the site of the trauma/stimulus (eg banging thumb with hammer).

SPINAL CORD

The nerve then transmits the message of pain from the site of the trauma, to a synapse (a junction between two nerve cells) in the spinal cord. This is where the first nerve meets the spinal cord nerve, which will transmit the pain message up to the brain.

BRAIN

From this synapse at the spinal cord, the message of pain is transmitted up to the brain. Within the brain, there are multiple different sites of processing and multiple different messengers to interpret the pain.

DESCENDING MODULATION

From the brain, down to the spinal cord synapse, there is another process that can allow pain to be downregulated. Descending modulation is an important regulator of pain. In pain conditions, lack of stimulus by this pathway can reinforce the pain experience.

When treating pain, there are different treatment options that can be selected based on where in the pain messaging process we wish to target.

Treatments can target the site of the stimulus, the spinal cord synapse, the brain or the descending modulation pathway. The right choice is important, and depends on the cause of the pain as well as each individual's situation.

Feeling pain is an important protective mechanism for our bodies. Feeling pain makes us withdraw from activities that could cause damage to our bodies. For example, if we did not feel pain, we would not pull our hands off the hot pan, and burn ourselves.

The nerves in our body carry messages in two directions – from the brain to their target area (eg muscles, telling them to move), or from the body to the brain. The nerves sending messages to our brain are called afferent nerve fibres. These afferent nerve fibres give our brain information about what we are feeling, and the brain interprets this message. This could be pain, temperature, touch/pressure and vibration.

In the event of a painful stimulus, once the message arrives in our brain, it is processed in various parts of the brain and then ultimately interpreted as pain.

In most situations, pain will last as long as the injury takes to heal. A good example of this is a fractured bone, where the pain reduces and ultimately goes away as the injury heals. Acute (short term) pain can progress to chronic pain when repeated or continuous nerve stimulation causes altered pain pathways and signaling in the brain. This pain reflects tissue damage, and it is not imagined. Knowing that the brain is responsible for interpreting these pain messages, and knowing that the signaling in the brain is causing pain to be felt provides another treatment approach – by targeting the altered pain response in the brain.

People with chronic pain may have been told that the pain is “in their head”. This commentary suggests that it is imaginary and that the person with pain is weak somehow. We know that the pain is not imaginary, and that the person experiencing chronic pain is not a failure. The knowledge of the altered physical brain signaling and chemical changes in chronic pain does open up other treatment options, which can be enormously successful.



treatment of chronic pain.

As with any medical conditions, treatments can have pros and cons. Each individual will have a different approach depending on their unique situation. In the pain clinic, your doctor will go through your history, as well as other aspects of your life that could be impacted by treatment. Your doctor will be able to discuss the various options, expected response and potential side effects. Together, you work as a team to find the best option for you.

Treatments can include physiotherapy to strengthen or relax certain muscles, medication (a large variety are available), injections such as steroid injections, nerve treatments such as blocking the afferent nerves transmitting pain, surgery and psychology.

At the specialised pain clinic, Dr Anne and Dr Ferghal take a whole person approach to the management of pain. They know that there is often overlap with different pain areas and triggers. When planning treatment, they will firstly consider the mechanics of the pain, as different injuries have different requirements and may need to be treated separately.

Some people may attend this clinic already on pain medication, which may feel like it is not helping, or they may be needing escalating doses to control the pain.



Some pain medication can actually change the pain receptors and increase the feeling of pain beyond what would normally be felt (hyperalgesia). Certain types of medication are known to have this potential, and changing to specific formulations to control pain without causing this hyperalgesia can be a circuit breaker to the downwards spiral some people experience.

There are many options that will be considered and discussed – and together you can work out what is best for YOU and your body, with the goal of getting back to being able to participate in life again.

PAIN RELIEF

addiction.

Another area of interest and expertise for Dr Anne and Dr Ferghal is Addiction Medicine. Like pain, this is also a common problem, although it is often concealed.

We have observed that one of the fallouts from the lockdowns is that people have leant on alcohol more. Wonderfully, restrictions have eased, however some people have found that the habits of lockdown have stuck with them.

People's use of substances (alcohol and drugs) affects their health. The shame about this often prevents them from talking to their doctor about it. In addition, Australia has a culture of heavy drinking and people feel a lot of pressure to drink socially. It can be very difficult to cut back when people around you are drinking, especially if they're encouraging you to do the same.

Definitions of addiction vary, but regardless of this, people need help when they have dependency on a particular substance and the resulting life disruption. Dependency can include the presence of withdrawal symptoms when the substance is discontinued, and also the "need" to consume a substance to cope with stress, pressure or to deal with a mental health issue.

Everyone's physical and mental make-up is different. We know that for people who use substances, they often have a family history of relatives doing the same thing (nature vs nurture?). We also know that traumatic life events, including the Covid-19 pandemics and lockdowns increases the likelihood of people using substances to cope.





Dependency and addiction to substances impacts social, physical and mental health. In addition, alcohol is known to directly lower mood.

Appropriate care for people with substance dependency issues involves the development of bespoke treatment plans that respect and acknowledge the unique nature of every individual's journey. Most importantly, treatment must be delivered in a non-judgmental and supportive manner. Dr Ferghal Armstrong is a qualified Addiction Medicine Specialist, and knows all too well the barriers that people face when they are seeking treatment for their addiction. Dr Anne Saunders has also completed additional training in the area of Addiction Medicine. Both doctors are familiar with the most up to date treatment options for various substance addictions, and provide care in a compassionate and safe manner.



There are different medical treatments available, which help to reduce cravings, or reduce the buzz that various substances give. If you don't get the hit, the urge to use the drug reduces. There is increasing evidence about some of the risks relating to stopping using substances. Recurrent stops and starts, or going cold turkey can also have detrimental health effects. This does not mean you should continue using your substance, but the best and most sustainable method should be properly assessed and planned with your doctor, rather than taking a DIY approach.



As mentioned above, for some people, the use of substances is a way to escape from other stresses or mental health issues such as anxiety and/or depression. Mental health concerns can be hard to talk about, but when the individual is ready, having someone to guide them through the process of this can be the start of the healing process.

If you feel that your relationship with substances is interfering with your life – your work, your relationship, your finances, your health – and you'd like to understand what your options are to work through this with the right supports, this clinic is likely to benefit you. It can be a challenging process but it is rewarding and can unshackle you from the control the substance has over you.



If someone close to you has an addiction, it can be very hard to watch, and very hard to live with. The first thing that family/carers of people who struggle with addiction can do is to seek professional advice themselves, and educate themselves about addiction. Whilst nobody can force someone to change, we do know that some behaviours from family are more likely to lead to change than others. In addition, there may be some practical and/or safety boundaries that need to be considered.



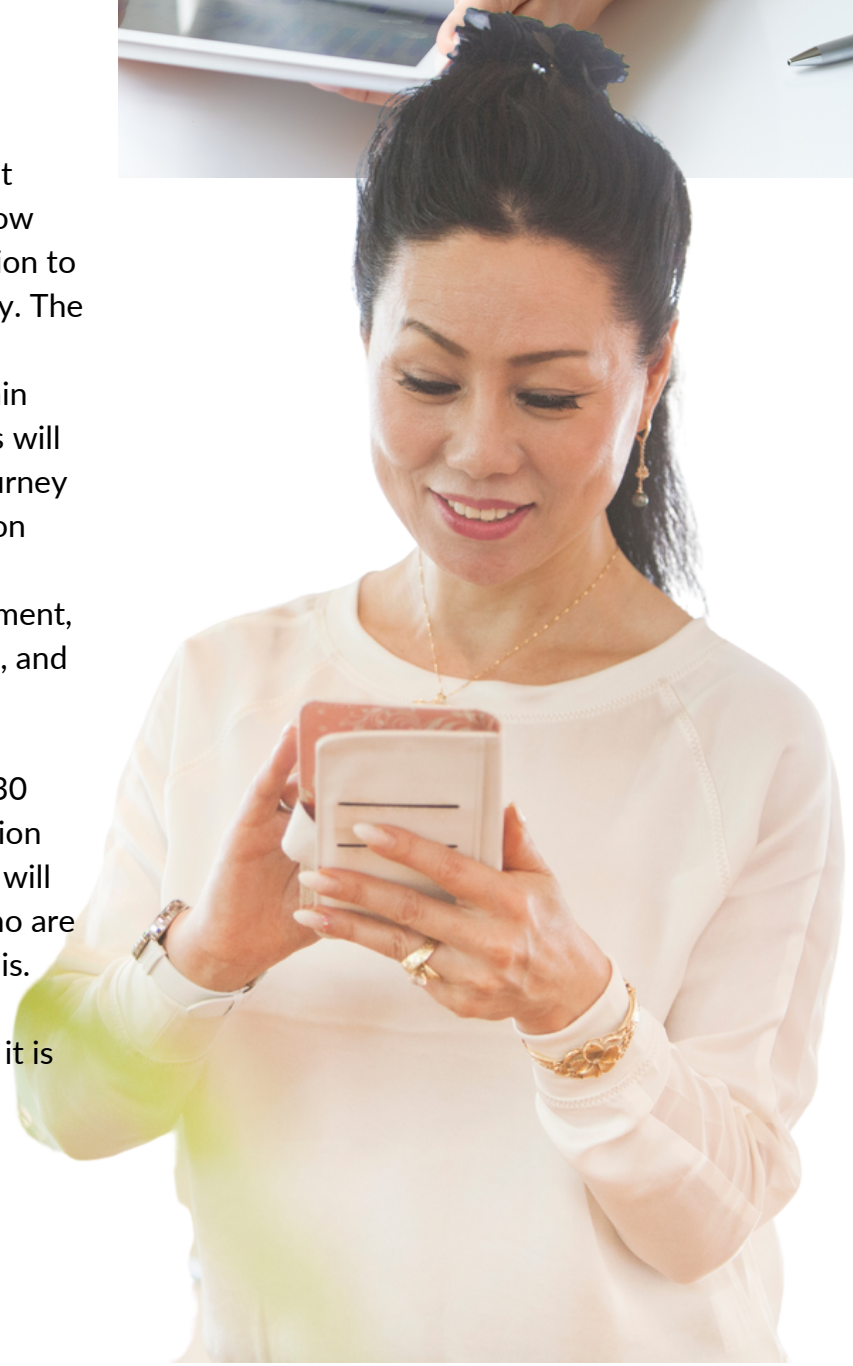
A woman with dark hair, wearing a grey short-sleeved top, is sitting at a white desk. She is smiling and looking at a tablet computer. Her hands are resting on the desk. The background is slightly blurred, showing what appears to be a clinical or office setting.

what does the clinic involve?

Firstly, there will be some pre-appointment paperwork to be completed, which will allow your doctor to have the required information to use your first appointment most effectively. The first appointment will be a 45 minute appointment, where your history of the pain and what has been tried will be taken. This will be a comprehensive history of the pain journey you've been on and the impact it has had on you. If the appointment at this clinic is for addiction, it will be a similar initial appointment, understanding the journey you've been on, and what has been tried before.

Follow up appointments will generally be 30 minutes, though there may be some variation depending on clinical requirements. There will be some weekend availability for those who are unable to take time away from work for this.

Given the sensitive nature of these issues, it is important to explicitly state that privacy is respected and confidentiality is strictly maintained.





more about Dr Ferghal Armstrong & Dr Anne Saunders.

Dr Ferghal Armstrong graduated from Queens University in Belfast. In 2003 he qualified as a Specialist General Practitioner. Dr Ferghal moved to Australia in 2014, and completed his Addiction Medicine training, and achieved his Fellowship of the Australasian Chapter of Addiction Medicine in 2020. Dr Ferghal takes a non-judgmental approach to his management, and treats substance use disorders as he would any other chronic disease. He knows that the biggest challenge for people looking for help is first acknowledging that there is a problem.

Dr Ferghal wants people to understand just how common pain and addiction really are, and to break down any associated stigma.

Dr Ferghal is also a Fellow of the Australian Society of Lifestyle Medicine. Dr Ferghal completed this additional qualification as he believes that many diseases and conditions can be prevented or reversed through lifestyle modifications. This discipline plays an important part in his approach to managing pain and addiction, as well as other conditions.

Dr Anne Saunders is a qualified Specialist General Practitioner, and has completed her extended skills training in addiction and dependence. She has also worked with the GP clinical advisory service for the implementation of Safe Script (online real time monitoring of prescribing and dispensing of drugs of addiction) and teaching other GPs the skills of opiate stewardship and identification of opiate dependence and addiction in the general practice population.

She is also the co-chair of the Alcohol and Other Drugs (AOD) sub-committee of the Victorian RACGP, which aims to continue education and skill acquisition in general practice in this area. She continues to be employed by the RACGP to teach these skills to other GPs. Dr Anne thinks that patients struggling with these issues are the same as a patient struggling with any other medical condition, like diabetes or asthma. She wants to make sure all patients have access to compassionate and non-stigmatised care.

FLU

VAX

This flu season, we are expecting to see an increased number of cases compared to previous years.

Typically, influenza cases in the Northern Hemisphere in their flu season help us predict what will occur in Australia. In Europe and the USA, cases of confirmed influenza spiked this flu season, with England seeing hospitalisations in December at 10 times the number for the same time the year prior. The NHS reported that in December 2021, there were 34 patients in hospital with the flu, two of whom were in critical care. In December 2022, there were 3746 patients a day in hospital, of which 267 were in critical care.

Whilst this does not guarantee that Australia will have the same surge, surveillance over previous years has shown a correlation with what has occurred in the Northern Hemisphere in their influenza season and what then occurs in Australia.

Reduced exposure to influenza due to lockdowns and a reduced number of returned overseas travellers over the last 3 years has meant that there is less natural immunity to influenza and therefore a higher chance of spread throughout the community. Like COVID-19, not all people are at risk of severe disease, but some healthy people can become quite unwell. Annual vaccination is the most important measure to prevent influenza and its complications. An influenza vaccination is recommended for all people six months of age and older.



The National Immunisation Program free* vaccines are provided to the following at risk groups when given through their GP:

- **Children aged 6 months to less than 5 years of age**
- **All Aboriginal and Torres Strait Islander people aged 6 months and over**
- **People aged 6 months and over with certain medical conditions that increase their chance of severe influenza and its complications**
- **Pregnant women (at any stage during pregnancy)**
- **People aged 65 years and over**

*Whilst the vaccine itself is provided free; a nurse fee will apply to cover the staffing costs to provide this vaccine.



It is recommended to have the vaccine from mid-April onwards (depending on supply and delivery), to provide cover throughout the influenza season.

For those aged 65 years and over, a special enhanced vaccine is recommended. This is specifically formulated to create a greater immune response, as those aged 65+ are known to have a weaker response to immunisations. As always, this vaccination will be available through PMM.

We have just received our flu vaccine stock and so online appointments will be open as of today. As the vaccine type varies depending on age or risk group, please be sure to select the correct option to ensure the correct vaccine is in stock for your appointment.

CORPORATE FLU SHOTS

Many people who see one of the Specialist General Practitioners consulting from PMM work or own a business in the local area. For many years now, our corporate arm has seen our nurses attending local businesses and delivering onsite flu vaccinations to their employees. It is well known to businesses how disruptive the flu season can be to business operations and they see the benefits of providing the flu vaccine to protect their staff.

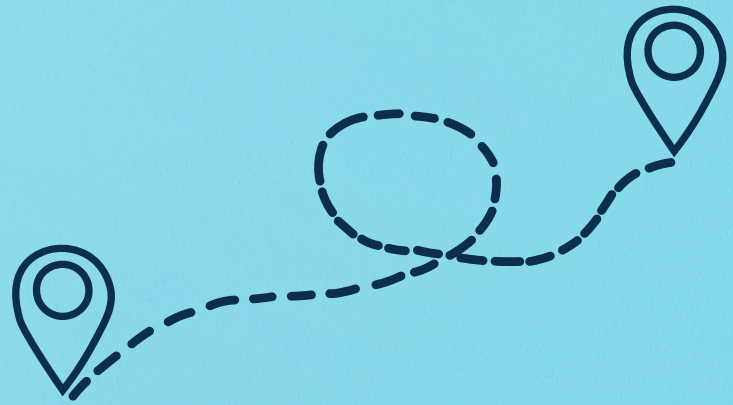
If you would like to enquire or book this service, you can

EMAIL US



TRAVEL

VAX

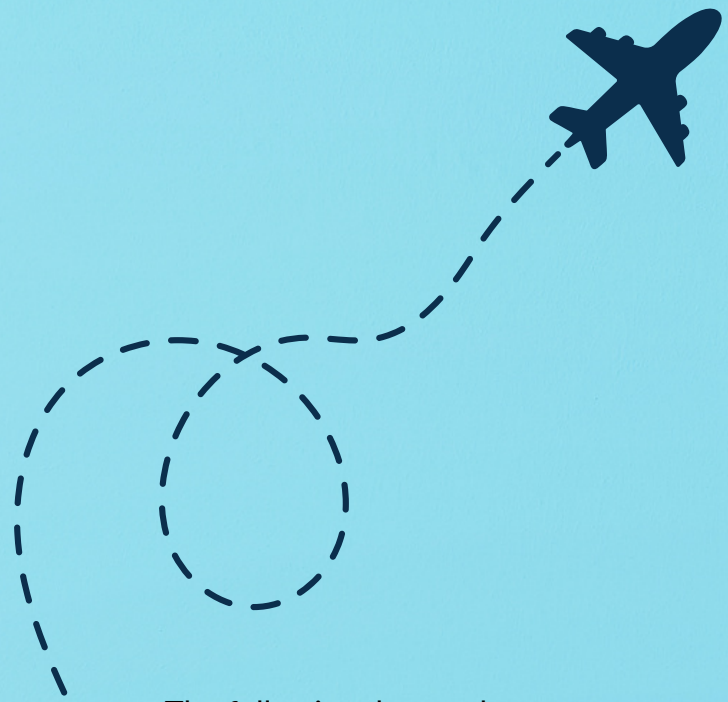


After a few quieter years on the travel front, we have seen a large increase in travel consultations, including some to rather exotic locations....and we are very jealous! With next to no travel over the last three years, it can be easy to forget to seek travel advice. Ideally, travel vaccines are administered at least one month prior to travel - this allows time for your body to reach optimum levels of protection. Whilst there are some immunisations that give life-long cover, others require regular boosters.



In addition, medical travel advice for your trip is often required. It is not just vaccines that are provided as part of a travel consultation. There are many other aspects of travel advice that can be discussed, including management of your current conditions (eg asthma, or heart disease to name just two) and a plan of what to do should you run into trouble overseas. There may be specific safety advice for an area (infectious diseases including mosquito borne disease, water or food safety concerns, altitude management) or for an individual who may be at specific risk. This is best done by your doctor, who knows you best.

Please bring your itinerary and travel dates when you attend your appointment. Simply select the Travel Consultation appointment type which allows a 30-minute appointment, or let reception know that it is a travel consult when booking over the phone. If you believe you need a Yellow Fever vaccine, you will need to ensure your doctor is accredited to give Yellow Fever vaccines.



The following doctors have current accreditation to authorise Yellow Fever vaccines:

- **Dr Van Vu**
- **Dr Amanda Fairweather**
- **Dr Nick Rhodes**
- **Dr Dasha Simmonds**
- **Dr Elise Clifford**



Commonly used vaccines are stocked at PMM for your convenience:

- Influenza vaccine (expected in April)
- Hepatitis A
- Typhoid
- Hepatitis B
- Tetanus/diphtheria/whooping cough
- Polio
- Measles, mumps, rubella
- Chicken pox
- Yellow Fever (must be with an accredited Yellow Fever doctor)
- Rabies
- Meningitis B & ACWY



There are combination options of vaccines which can be offered to specific age groups as appropriate.

All vaccines given by any nurses at PMM must be under the instruction of a doctor, who consults at PMM. The nurses cannot vaccinate you if the vaccines have been prescribed elsewhere.

Travel vaccines are not provided by the Government as part of the national immunisation program. Some are covered for various at-risk groups, but in most instances a private fee applies. You may be eligible for a Private Health Insurance rebate if you have cover that includes pharmaceuticals.

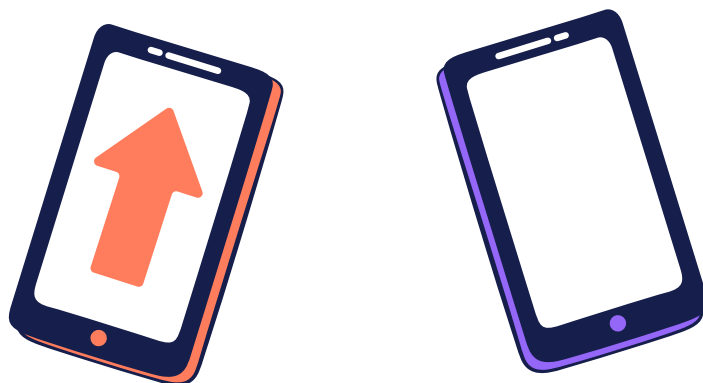


CONSULTATION PAYMENTS VIA HOTDOC

We use Hotdoc as the booking platform, and they facilitate payments via Pin Payments. If you have not paid your consult fee at the time of your consult, or if you had a telehealth consult, you will be sent a Hotdoc payment link via SMS (or within the app). We understand this can be concerning given the number of scams around at the moment.

Once payment has been received, our reception team will process your Medicare rebate online for you and Medicare will deposit your rebate into your assigned account, generally within 24-48 hours. If you don't have a Medicare card and would like the receipt for your private health insurance, please call us on 03 8686 0500 and our reception team can organise to send you the receipt.

If you have any concerns, you can set up payments within your Hotdoc app, or call (03) 8686 0500 and speak to reception to confirm we sent the message or pay over the phone.



NURSING TEAM NEWS

The nurse shortage hit the General Practice sector hard during the pandemic. Nurses were called upon to work in COVID-19 wards, swabbing and vaccination roles.

Whilst this was vital work, it left other areas of medicine, particularly General Practice, without enough nurses for the work required.

We have been grateful for the amazing nurses we have had throughout this time, and as things have settled, we have been working hard on adding additional nursing capacity to PMM.

We have recently hired two new wonderfully experienced nurses Ana & Fin, and are looking to hire another.

We have loved having Maria with us as a casual employee, and wish her all the best for her six month travel adventure and look forward to welcoming her back.





NEW NURSE

ANA

profile



EDUCATION

- Bachelor of Science in Nursing (2011)
- Certificate IV in Disability (2014)
- Diploma of Community Services (2019)
- Advance Diploma of Community Service Management (2020)
- Certificate IV in Mental Health (2022)

NURSING CAREER

I have completed a wide variety of nursing roles (rehab, aged care, community and General Practice) in the Philippines, Sydney and Melbourne. This has given me a broad experience of many areas of nursing.

SPECIAL INTERESTS

I enjoy all aspects of nursing in General Practice and have enjoyed being involved in the more complex procedures. General Practice nursing allows you to get to know individuals and families, and this enhances the care you can provide.

SPARE TIME

Baking/cake decorating and growing fruit and vegetables.



NEW NURSE

FIN

profile



EDUCATION

- Certificate of Nursing - Alfred Hospital, 1991
- Diploma of Nursing - Holmesglen Institute, 2021

NURSING CAREER

I previously worked in general nursing for 15 years in hospitals and the community. I then spent several years working at Smith & Nephew educating GPs and Practice Nurses in wound care. It was there that I discovered my passion for wounds and the modern methods of managing them. I retrained after an absence from nursing and am enjoying being back combining these two interests.

SPECIAL INTERESTS

Wound care and procedures.

SPARE TIME

Family, reading and my two Jack Russells.



World Health
Organization

75

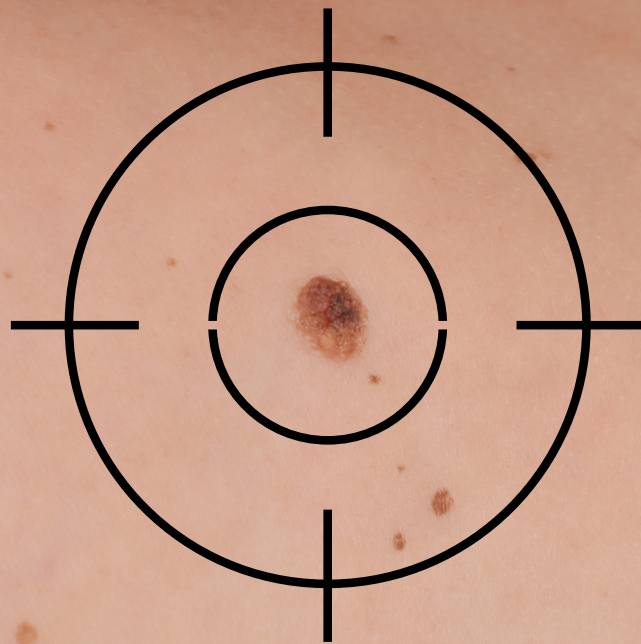
HEALTH
FOR ALL

Accelerate action together

A stylized illustration of five hands in different colors (orange, white, purple, yellow, and blue) reaching up to hold a white globe. The hands are positioned around the globe, with their fingers pointing towards it. The background is a dark blue gradient.

**SAVE LIVES
Clean Your
Hands**

#HandHygiene
#CleanYourHands
#InfectionPrevention



SKIN CANCER

Skin cancer continues to evolve and be diagnosed throughout the cooler weather and less sunny days. Being in the sun is a reminder to people to have their skin checks, but the cooler weather is also an important time. If you haven't had your skin checked for some time, now is a good time to have this appointment. Don't put it off!

Can you spot A rip at the beach? A great wave? A skin cancer?

Two in three Australians will develop skin cancer before the age of 70. The good news is that 95 per cent of skin cancers can be successfully treated if detected early.

If you have fair skin, blue or green eyes, fair or red hair or lots of moles or freckles you are at high risk of developing skin cancer.

Do you know what skin cancer looks like?

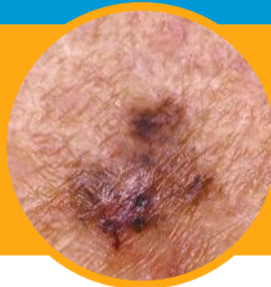
A simple check could save your life. We should all check our skin regularly. Get to know your skin and take immediate action if you notice any changes.

Cumulative UV exposure also contributes to your risk of developing skin cancer. So if you grew up in Australia, work outdoors or spend lots of time in the sun you should take care to protect and check your skin.

Use the ABCD of melanoma detection to check for the following:



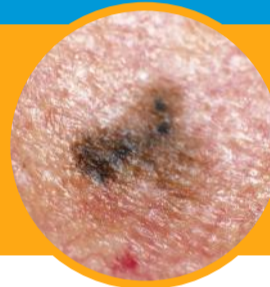
Asymmetry
If the spot or lesion is divided in half, the two halves are not a mirror image.



Border
A spot with a spreading or irregular edge.



Colour
A spot with a number of different colours through it.



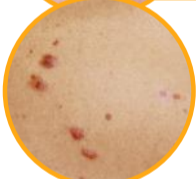
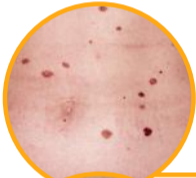
Diameter
A spot that is growing and changing in diameter or size.

Skin cancers

There are three main types of skin cancer: basal cell carcinoma, squamous cell carcinoma and melanoma.

Melanoma

- Accounts for 1–2% of skin cancers.
- Is the most dangerous and aggressive form of skin cancer.
- If left untreated can spread to other parts of the body and can be fatal.
- Grows quickly over weeks to months.
- Can appear as a new or existing spot, freckle or mole that changes in colour, size or shape.
- Can grow anywhere on the body, not just areas exposed to the sun.
- Occurs most frequently on the upper back in males and on the lower leg in females.



Basal Cell Carcinoma (BCC)

- Accounts for about 66% of skin cancers.
- Grows slowly over months or years.
- Look for small, round or flattened spots that are red, pale or pearly in colour. Some are scaly like a patch of eczema.
- May become ulcerated, bleed and fail to heal.
- Usually found on the upper body, head or neck.



Squamous Cell Carcinoma (SCC)

- Accounts for about 33% of skin cancers.
- Grows over months and may spread if not treated.
- Look for scaly red areas that may bleed easily, ulcers or non-healing sores that are often painful, especially when touched.
- Often found on lips, ears, scalp, backs of the hands and lower legs.



Warning signs

The following spots are not skin cancer but may predispose you to skin cancer or be a warning sign that skin damage has occurred.

Dysplastic naevi ('atypical moles')

- Are odd-shaped moles that may indicate a greater risk of developing melanoma.
- Usually 5–10mm wide with uneven colouring.
- If you have lots of odd-shaped moles get your skin checked regularly by your doctor.

Solar keratoses ('sunspots')

- Generally hard, red, scaly spots on sun-exposed areas of the skin.
- Most commonly found on the head, neck and on the back of the hands.
- Is a warning sign that the skin has been damaged by the sun and that skin cancers may develop.
- If you have solar keratoses, protect yourself from further sun damage and have your skin checked regularly by a doctor.



Harmless spots

Seborrhoeic keratoses ('senile warts')

- Common non-cancerous spots sometimes confused with melanomas.
- Raised warty-looking brown or black lesions with well-defined borders.
- Mostly found on the trunk but can occur anywhere on the body.



Eye damage

The sun can also damage your eyes. In the short term, sun exposure can cause burns to the eye similar to sunburn of the skin. Long-term exposure can lead to cataracts (clouding of the lens), pterygium (tissue covering the cornea) and cancer of the conjunctiva or cornea. It is important to protect your eyes by wearing sunglasses and a broad-brimmed or bucket hat.



1. Pterygium (tur-rig-i-um)
2. Squamous Cell Carcinoma of the conjunctiva
3. Cataract

Check your skin regularly

- Many skin cancers are detected by people themselves or by a family member.
- To check your skin, undress completely and stand in good light.
- Use a full-length or hand-held mirror to check your back, legs and scalp. If there are areas you can't see properly ask a family member or your GP for a skin check – don't ignore them.
- Make sure you check your entire body as skin cancers can sometimes occur on parts of the body not exposed to the sun, for example the soles of the feet. Go through the same checking sequence each time to get into a routine.

Check your:

- **Head, scalp, neck and ears**
Take an extra close look around the nose, lips, ears and scalp.
- **Torso**
Check the front, back and sides of the torso.
- **Arms, hands, fingers and nails**
Remember to look at the spaces between the fingers and the beds of your fingernails.
- **Buttocks, legs and feet**
Remember to check between toes, under toenails and on the soles of feet.

See a doctor straight away if you notice:

- A skin spot that is different from other spots around it.
- A mole or freckle that has changed in size, shape or colour.
- A new spot that has changed over weeks or months in size, shape or colour.
- An inflamed sore that has not healed within three weeks.

Be SunSmart.

Protect yourself in five ways from skin cancer. UV levels are highest during the middle of the day. Take care to be SunSmart when the UV Index is 3 or above. Check our UV Alert online or download our SunSmart app at www.cancer.org.au/UVAAlert

Slip on protective clothing

- Use clothing to cover as much skin as possible.

Slop on SPF 30 or higher sunscreen

- Make sure it's broad spectrum and water-resistant.

Slap on a hat

- Wear a broad-brimmed hat that covers your face, head, neck and ears.

Seek shade

- Make use of trees or built shade or bring your own.

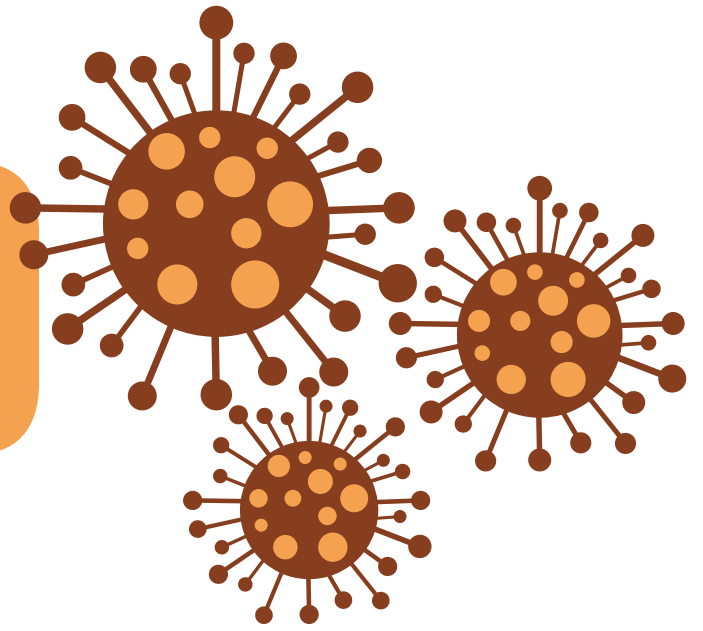
Slide on some sunglasses

- Close-fitting wrap-around styles offer the best protection.

Melanoma accounts for 10% of all cancers

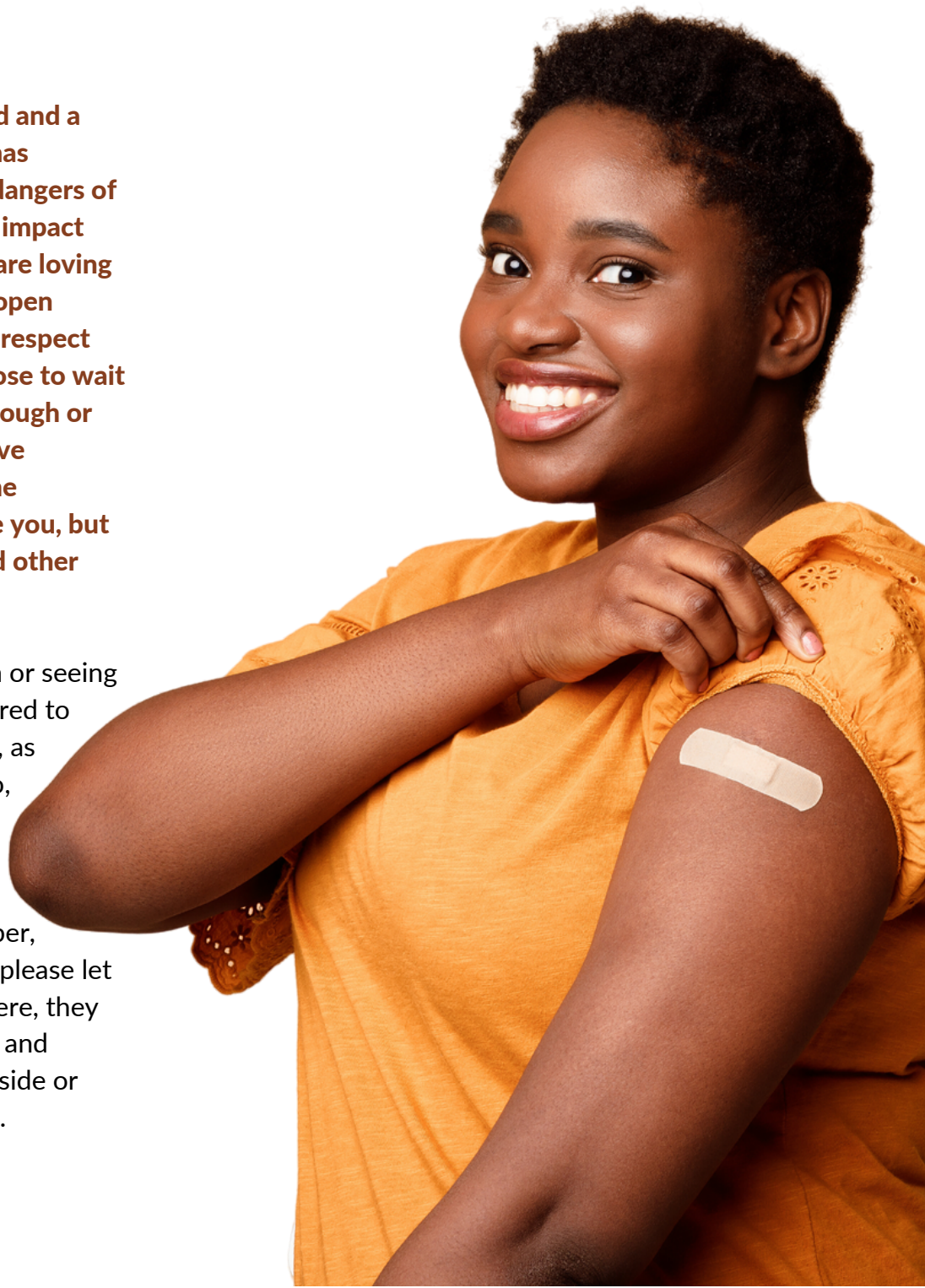


COVID IN 2023



Whilst things have calmed and a more traditional rhythm has returned to GP land, the dangers of COVID-19 still linger and impact the way we operate. We are loving having our waiting room open again, and appreciate the respect shown by those who choose to wait outside if they have any cough or cold symptoms. As we have maintained throughout the pandemic, we will still see you, but we want to keep staff and other patients safe.

When in our waiting room or seeing a doctor, you will be required to wear a mask. You are also, as many people choose to do, welcome to wait outside in the fresh air or in your car (keep your phone on). Please remember, when you arrive at PMM, please let reception know you are here, they will check your symptoms and details before you wait (inside or out) for your appointment.



IT HASN'T GONE AWAY:

COVID-19 is feeling a lot less scary now, and many people have experienced it first-hand. Those who are eligible are still encouraged to access antivirals early in their illness. Antivirals are to prevent severe disease, and should be taken early regardless of whether you have mild or severe symptoms with COVID-19. There are others who are not eligible for subsidised antivirals but may still benefit – you can discuss this with your doctor and see if it is suitable for you. Unfortunately, it is an expensive medication, costing over \$1000 when not subsidised by the PBS, and can only be subsidised for those who meet the Government set PBS set criteria.

If you have COVID-19, you will be eligible for a Medicare rebate for a COVID-19 telehealth appointment (if you have a valid Medicare card). Please do not attend the clinic for assessment without having a telehealth assessment first.

COVID-19 VACCINATION:

It is now recommended that any COVID-19 booster vaccination given is a bivalent (covering both the original strain and the Omicron strain) vaccine.

We have temporarily paused our COVID-19 Booster vaccinations as we expect to have the newer Moderna Bivalent vaccine (covering BA.4/5) in the next 2 weeks.

This is available for boosters in people 18+, who are eligible for a booster vaccination.

Booster doses can be given six months after your last booster dose or COVID-19 infection. On occasions there may be a reason to give this earlier than 6 months, but the general recommendation is to wait six months.

Combination flu & booster appointments can be booked for those who are eligible for this booster.

