



**Ballarat  
Community  
HEALTH**

## LOCATION

Ballarat Community Health has four GP clinics located at:

12 Lilburne, Street, Lucas

Dr Jennifer CELESTINO

Dr Padma BHASKAR

Dr Fatin HANNA

1042 Howitt Street, Wendouree

Dr Dilhani WITHANAGE DONA

Dr Shaun MOHAMMADSAEEDI

Dr Lakmal DE SILVA

260 Vickers Street, Sebastopol

Dr Arezoo KESHAVARZ

Dr Sumudu WARNAKULASURIYA

Dr Harmanpreet BRAR

Dr Swapnil GARG

19 Heales Street, Smythesdale

Dr David ANDERSON

Dr Chandra MUNASINGHE

Telephone: 03 5338 4585

Facsimile: 03 5336 1613

Email: [gpclinic@bchc.org.au](mailto:gpclinic@bchc.org.au)

Web: [www.bchc.org.au](http://www.bchc.org.au)

## HOURS

Our reception hours are 8.30 am to 5.00 pm Monday to Friday.

Appointments are scheduled 9.00 am to 5.00 pm Monday to Friday.

## APPOINTMENTS

To make an appointment, you can call us on 5338 4585 or you can book online.

Go to our website at [www.bchc.org.au/service/doctors-clinic/](http://www.bchc.org.au/service/doctors-clinic/)

## SERVICES AVAILABLE

Ballarat Community Health provides high quality healthcare for everyone. GP clinic services include:

- General check-ups
- Women's and Men's Health Screening
- Chronic Disease Management
- Immunisations
- Wound management
- Blood collection
- Sexual Health and family planning

*Continued on back page...*

[www.bchc.org.au](http://www.bchc.org.au)

For health information and our practice details

# YOUR HEALTH™

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Summer 2020 Edition 96

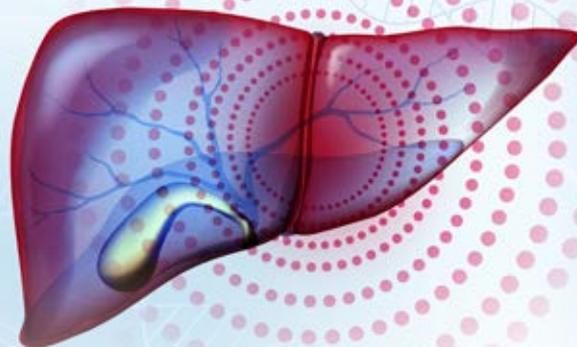
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## Fatty Liver Disease

*What it is — and why it matters*

**F**atty liver disease is the build-up of fat in the liver cells. While excess alcohol intake is a major cause, it is being seen increasingly in those who don't drink to excess and is referred to as non-alcoholic fatty liver disease, or NAFLD for short.



NAFLD describes the spectrum of fatty liver disease from a simple fatty liver through to severe liver damage.

- ▶ The first stage is a fatty liver, also called steatosis, where excess fat is stored in the liver but doesn't cause any significant damage
- ▶ The second stage is known as non-alcoholic steatohepatitis, or NASH, where the excess fat causes inflammation (known as hepatitis) and can start to damage the liver cells and cause scarring, preventing the liver from working at its best
- ▶ The final stage is cirrhosis which occurs when there is significant damage to the liver, and can lead to liver failure

The exact cause of NAFLD, and who will progress from having a fatty liver to more severe forms the disease is unclear. However, people who carry excess weight, particularly around the middle, those with type 2 diabetes and/or metabolic syndrome, and people with high triglycerides (blood fats) are at higher risk. Other causes of fatty liver include excess alcohol intake, certain medications, malnutrition and exposure to certain environmental toxins and chemicals.

A fatty liver doesn't usually cause any symptoms on its own, so most people aren't aware that they have it. It is usually diagnosed when blood tests show abnormal liver function tests or may be seen on an ultrasound. The only way to get a definite diagnosis is by having a liver biopsy but this isn't always necessary as other tests can give your doctor enough information to suggest that something

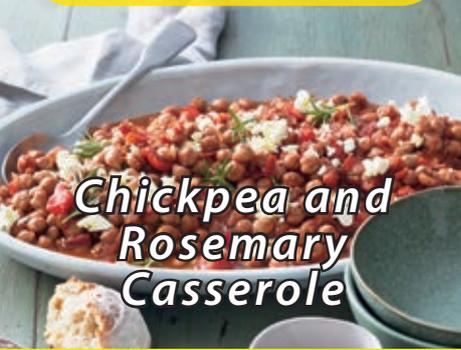
needs to be done. If left untreated it could progress to more serious liver damage. At this stage symptoms may include fatigue, abdominal pain and weight loss.

Whether you have fatty liver disease or want to avoid it, there are many things you can do to protect your liver:

- Lose weight, if you are carrying excess weight. But avoid rapid weight loss, which can sometimes contribute to fatty liver disease.
- Eat a healthy, balanced diet.
- Exercise regularly and try to be more active throughout your day.
- Avoid or limit alcohol, particularly in excess.
- If you have diabetes, try to keep your blood glucose levels in your target range.
- Lower triglyceride levels by eating a healthy diet, exercising regularly and taking medication as prescribed by your doctor.
- Check your medications — some medications, both prescription and over-the-counter (including vitamin, mineral and herbal supplements) can affect your liver, so always check with your doctor before taking any new medication and follow the directions.
- Protect your liver by avoiding alcohol, drugs, smoking and exposure to toxic chemicals, which can include some household chemicals

To find out more about fatty liver, visit [www.healthdirect.gov.au/fatty-liver](http://www.healthdirect.gov.au/fatty-liver) or download a free information sheet at [www.gesa.org.au/resources/patients/fatty-liver-disease/](http://www.gesa.org.au/resources/patients/fatty-liver-disease/)

## Recipe



### Chickpea and Rosemary Casserole

Preparation time: 15 minutes    Cooking time: 25 minutes    Serves: 4

### Ingredients

- Extra-virgin olive oil
- 1 red onion, finely diced
- 1 small red chilli, halved, deseeded and
- Finely chopped or pinch chilli flakes 2 garlic cloves, finely diced
- 1 red capsicum, deseeded and diced
- 3 x 400 g tins chickpeas, drained and rinsed
- 1/2 cup (125 ml) red wine
- 2–3 rosemary sprigs, leaves picked and chopped, plus extra to serve
- 1/2 teaspoon ground cinnamon
- 1 x 400 g tin crushed tomatoes
- 2 cups (500 ml) boiling water
- Sea salt and freshly ground black pepper
- 30 g feta, crumbled

### Instructions

1. Heat the olive oil in a large heavy-based saucepan over a medium heat and sauté the onion and chilli until the onion is softened and translucent.
2. Add the garlic, capsicum, chickpeas and red wine and simmer until the alcohol has mostly evaporated.
3. Add the rosemary and cinnamon to the pan and stir through.
4. Add the tomatoes and boiling water, then simmer for 10–15 minutes, or until the mixture thickens.
5. Season with salt and pepper to taste.
6. Serve, topped with the extra rosemary and crumbled feta.

Extracted from The Heart Health Guide by Dr Catherine Itsiopoulos, published by Pan Macmillan Australia, available now.

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# The Health Benefits of Laughter

**Y**ou probably recognise that you feel pretty satisfied after a good belly laugh. But did you know that laughing is good for your health?

While more research is needed, studies show that laughing can:

- Reduce levels of stress hormones
- Improve mood and reduce symptoms of anxiety and depression
- Increase the production of endorphins ('feel-good' hormones)
- Increase pain tolerance
- Lower blood pressure
- Boost your immune system by increasing the activity of natural killer cells
- Improve blood vessel function
- Reduce the rise in blood glucose levels after a meal in people with type 2 diabetes
- Reduce agitation in people with dementia

Importantly, laughter is also free, easily accessible and without any negative side effects!

While the optimal duration, frequency and intensity of laughter needed to provide health benefits is still unclear, current research suggests that benefits may be seen with 30–60 minutes, once per week. So, just like exercise, schedule

yourself some laughter therapy each week, whether it's watching a funny movie, spending time with people who make you laugh or joining a laughter club.

Here are a few ways to help you to laugh more:

- Practice smiling and laughing every day
- Work out what makes you laugh and make time to do these things
- Spend time with people who make you smile and laugh
- Share jokes with family and friends
- Watch a funny movie or television show, or attend a comedy show
- Spend time playing with young children
- Join a laughter club - run by trained leaders, they are designed to help you to gain the benefits of laughter for no reason,



helping you to practice laughing until it becomes more natural.

To find your nearest laughter club, or participate online, visit [laughteryoga-australia.org/laughter-club/](http://laughteryoga-australia.org/laughter-club/)

# The Facts About Weight Loss Surgery

**T**he number of Australian's undergoing weight loss (bariatric) surgery is increasing each year.

There are three main types of weight loss surgery performed in Australia:

**Gastric banding** involves placing an adjustable silicon band around the top of the stomach by keyhole surgery. The band reduces the amount of food you need to feel full and prevents you from overeating. It requires major changes to your eating – you will need to eat much smaller amounts, eat slowly, chew food well and some foods may not be tolerated.

**Gastric sleeve surgery**, also called sleeve gastrectomy, involves permanent removal of a portion of stomach, reducing its capacity by about 80% and lowering levels of appetite hormones. Following this surgery, you need to change your eating habits to include small frequent meals across the day and be careful to stop eating as soon as you feel full.

**Gastric bypass surgery** also known as Roux-en-Y, involves creating a small stomach pouch (to reduce the volume of the stomach). The food you eat then bypasses most of your stomach and the

first section of your small intestine that normally absorb food. Gastric bypass surgery usually leads to more weight loss than other types of surgery. However, there is a high risk of developing nutritional deficiencies.

Weight loss surgery is generally only recommended in those who are carrying significant amounts of excess weight and who have been unable to lose weight despite lifestyle changes. It carries several risks including the risk of infection, slippage and erosion of the band (with gastric banding), nutritional deficiencies, worsening of reflux (with gastric sleeve surgery) and the possibility of developing a condition called 'dumping syndrome' (with gastric bypass) where undigested food moves too rapidly into the small intestine and causes symptoms such as abdominal pain, diarrhoea, nausea, flushing, palpitations, sweating and feeling faint after meals. You will also need to make permanent changes to the way you eat, including the quantity, frequency and types of foods you eat.

If you are considering weight loss surgery, speak with your GP, who can help you to determine whether this is the right option for you, and refer you to a specialist bariatric surgeon for more information.

# Women's Health: Caring For Your Pelvic Floor

Pelvic floor muscles are the group of muscles in your pelvis which stretch from the pubic bone (at the front) to the coccyx or tail-bone (at the back). In women, they support the bladder, bowel and uterus, helping to maintain bladder and bowel control and playing an important role in sexual sensation and function.

The health of your pelvic floor muscles can be affected by:

- Not keeping them active or overworking them
- Being pregnant and giving birth
- Having chronic constipation and straining to empty the bowels
- Carrying excess weight
- Heavy lifting
- Having a chronic cough or sneeze
- Injuries to the pelvic region
- Age

You may not be able to see them, but just like other muscles, your pelvic floor muscles will become stronger with regular exercise. All women should do regular pelvic floor exercises – ideally daily. Maintaining strong pelvic floor muscles can help to reduce the risk of incontinence and prolapse.

Pelvic floor muscle exercises (also known as 'kegels' or 'kegel exercises') can be done anywhere. However, some women find them hard to do, as it can be difficult to isolate these muscles. If you can't feel anything happening when you exercise your muscles, or doing the exercises yourself doesn't help with pelvic floor problems, consider getting help from a pelvic floor physiotherapist.

While the exercises can be done anywhere, it is best to start with sitting or lying down and then progress to doing the exercises while standing and then walking. Aim to exercise your pelvic floor muscles at least once per day but you might start with a few shorter sessions when first getting started.

For exercises to strengthen your pelvic floor, including videos and apps, visit [www.pelvicfloorfirst.org.au](http://www.pelvicfloorfirst.org.au). Or listen to this Jean Hailes podcast on Pelvic Floor exercises [soundcloud.com/jean-hailes/pelvic-floor-exercises-with-janetta-webb](https://www.soundcloud.com/jean-hailes/pelvic-floor-exercises-with-janetta-webb)

If you are experiencing problems with bladder or bowel control, speak to your GP or call the National Continence Helpline on 1800 33 00 66 or email [helpline@continence.org.au](mailto:helpline@continence.org.au)

# Men's Health: Male Infertility Explained

Around 15–20% of couples find it difficult to conceive. In about 30% of cases, this is due to fertility problems in the man, and in another 20% of cases, both partners have problems contributing to their difficulties falling pregnant.

Male fertility depends mainly on the quantity and quality of sperm. If the number of sperm produced is low or the sperm are of poor quality, this can make getting pregnant difficult, or in some cases not possible.

There can also be problems with how the sperm travel. Other, less common causes include certain hormonal problems and genetic causes.

If a couple has had regular, unprotected sex, for at least 12 months without conceiving and haven't managed to fall pregnant, it's worth visiting the doctor to have investigations for infertility.

For men, this may involve:

- Taking your medical history
- Having a physical examination
- Arranging a semen analysis to check the number, shape and movement of your sperm
- Having blood tests to measure hormone levels and/or for genetic testing
- Undergoing a testicular biopsy to check if the tubes within the testicles contain any sperm

- Having an ultrasound of the reproductive organs, such as the prostate gland

In many cases, the cause of the infertility can be treated and couples can conceive naturally. In other cases, assisted reproductive treatment, such as in vitro fertilisation (IVF) may be recommended.

For men considering pregnancy in the future, there are many things you can do to help improve your fertility. These include:

- Not smoking cigarettes
- Avoiding excess alcohol
- Protecting yourself against sexually transmitted diseases
- Wearing loose fitting underwear to avoid heat stress
- Not using anabolic steroids (often taken for body-building or sporting purposes)
- Wearing protective clothing and following all occupational health and safety guidelines if your work has the potential to affect your fertility
- Avoid exposure to harmful chemicals

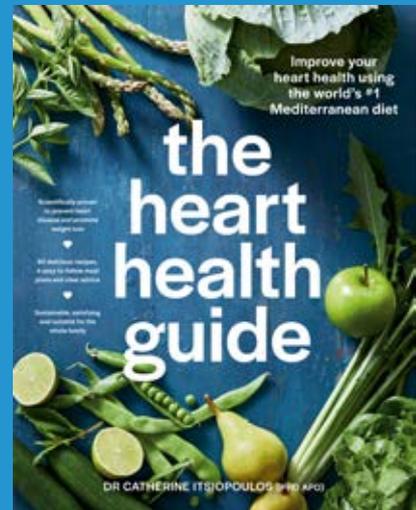
For more information on male infertility visit [www.healthymale.org.au/mens-health/male-infertility](http://www.healthymale.org.au/mens-health/male-infertility)

To find out more about the factors affecting fertility and what you can do to increase your chances of conceiving Visit the Your Fertility website [www.yourfertility.org.au](http://www.yourfertility.org.au)

Dr. LoL:)



## COMPETITION



Win a copy of *THE HEART HEALTH GUIDE* courtesy of Pan Macmillan.

The Mediterranean diet is the most researched, effective and accessible diet for dealing with a range of lifestyle diseases including cardiovascular disease (CVD).

In *The Heart Health Guide*, Catherine provides practical advice, based on up-to-the-minute research, that will help readers understand their condition and improve their health via diet, along with input from leading doctors.

Recipe and information extracted from *The Heart Health Guide* by Dr Catherine Itsiopoulos, published by Pan Macmillan Australia, available now.

To enter visit us online at [win.yourhealth.net.au](http://win.yourhealth.net.au)

Competition opens 1st December 2020. The winning entry will be selected on 1st March 2021 and notified by email.

## FEES

Patients with a current concession card and people under 16 will be bulk-billed.

Non-concession card holders are private patients and need to pay their accounts on the day of the appointment. Cash and EFTPOS payments are welcome.

Some procedures/services may attract a small additional fee. These fees will be discussed with you.

If you don't have a Medicare card you will need to pay the full fee before you see the Doctor or Nurse on the day.

## PRIVACY POLICY

Your medical record is a confidential document. It is the policy of this clinic to maintain security of personal health information at all times and to ensure that it is only available to authorised members of staff.

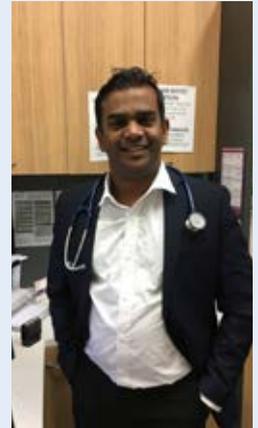
It is practice policy that all patients have access to their medical file. The doctor will provide them with an up-to-date and accurate summary on request - one week's notice required.

## DR LAKMAL DE SILVA, GENERAL PRACTITIONER

Dr De Silva had obtained his medical degree in 2007 and had been working in different fields of medicine with vast experience in General Practice, Emergency Medicine and Anaesthesia. He is currently working as a full time General Practitioner at our Wendouree clinic. He is credentialed to prescribe medicinal cannabis oil for patients with chronic pain. Medicinal Cannabis oil is a highly regulated medication that has proven benefit in chronic pain management for some clients.

Initial consultations involve:

- Detailed clinical assessment of the condition
- Eligibility assessment
- Ruling out contraindications
- Blood tests for renal and liver function and to exclude severe impairment
- Obtaining informed written consent
- Application for TGA approval, the client needs to hold a certificate (a random drug test while driving can be positive when they are on medication)
- Developing a management plan for the long term



For more information on consultations and fees, please contact us on 5338 4500.

## MEET OUR BCH DIABETES NURSE EDUCATORS



**Margaret Neale, Credentialed Diabetes Educator**

Margaret's interest in diabetes education began in 1981 while working as an RN on the endocrine unit at the Royal Adelaide Hospital and then at the Ballarat Base Hospital where she was fortunate to have the opportunity to pioneer the Diabetes Educator role in 1983.

Margaret joined Ballarat Community Health in 2007 and amongst her other roles co-facilitates the DAFNE (Dose Adjustment for Normal Eating) program for people with Type 1. She is available to provide holistic support to all people with diabetes.



**Christine Kennedy, Credentialed Diabetes Educator**

Christine is a registered nurse and midwife and Credentialed Diabetes Educator.

During her career, she has worked in general nursing, aged care and midwifery, community health nursing, health education and promotion, and diabetes and chronic disease education.

She has a strong commitment to the health

profession and the health and wellbeing of people, families and communities.

Since 2001, Christine has worked as a Credentialed Diabetes Educator. She has broad experience working with people of various ethnicity and cultural backgrounds and has worked in a variety of settings. This includes over 10 years' at Hepburn Health Services, 5 years rural and remote in Far North Queensland and 7 years with Ballarat Community Health. She has experience in Pre-Diabetes, Type 1 Diabetes, Type 2 Diabetes and Gestational Diabetes.

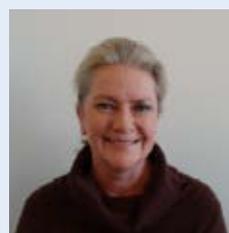
With a strong commitment to the team approach, quality care, safety, client centred care and ongoing education, Christine provides up to date and holistic diabetes education and support, working closely with GP's and specialists and allied health professionals to empower and support people living with diabetes.



**Carmen Goldsbrough, Dietitian/Diabetes Educator**

Carmen is a community health Dietitian working primarily within her area of expertise: Diabetes. In addition to Accredited Practising Dietitian (APD), Carmen completed a Graduate Certificate in Diabetes Education in 2011 and is a Credentialed Diabetes Educator.

Carmen is happy to support people living with diabetes to achieve their health goals. As a DAFNE (Dose Adjustment for Normal Eating) facilitator Carmen can support people living with Type 1 Diabetes with carbohydrate counting, managing exercise and insulin dose adjustment.



**Patricia Baker, Diabetes Nurse Educator**

Patricia is an experienced Registered Nurse having worked in the Public Health system in clinical areas and student education for 25years. She achieved post graduate qualifications in Renal/ Dialysis nursing and completed her Graduate Certificate in Diabetes Education and Management at Deakin University in 2014.

Patricias' working experience in diabetes has been 3 years in the public health setting, including all public clinics, and most recently 3yrs in primary care.

Patricia is committed to supporting and empowering people to meet their individualized health goals and works hard to ensure diabetes education is tailored to both medical needs and lifestyle



**Gail Schuler, Credentialed Diabetes Educator**

Gail has more than 30 years of experience in nursing, the last 15 years working in Primary Health Care.

As a Credentialed Diabetes Educator, Gail has provided support for people in General Practice, District Nursing and Acute care settings across Ballarat and Western Victoria. Her work in the community has focused on assisting people with

their care planning and she enjoys supporting people to create practical solutions for their long term health goals and lifestyle.