

SIGNS OF PROSTATE DISEASE

There are several aspects of the prostate that could suggest that testing is necessary:

1. Sudden need to urinate
2. Frequent urination, especially at night
3. Slow flow of urine and difficulty stopping
4. Problems in getting started with urination
5. Painful ejaculation
6. Pain when urinating (burning discomfort)
7. Inability to attain an erection
8. Decrease in libido
9. Blood in the urine
10. Frequent pain in the lower back, hips or thighs

Despite the recent media push for universal testing it is not recommended to test all men (Angry Anderson ad etc).

Of 1000 men who are aged 50 years now, 144 will be diagnosed with prostate cancer before the age of 80 years. Younger men have a smaller chance of a diagnosis than older men—but if a younger man is diagnosed with prostate cancer they are more likely to die early from it.

Your age relates to your estimated risk of getting diagnosed with prostate cancer.

40 yrs = 1 in 1000

50 yrs = 14 in 1000

60 yrs = 49 in 1000

70 yrs = 80 in 1000

80 yrs = 102 in 1000

Not every one has to get screened—but if you have any of the above symptoms a blood test by itself is a waste of time; it is recommended to do in conjunction with a rectal examination. Consider discussing the pro's and con's with your GP next time you have an appointment.

PHONE MANNERS

Over the last few weeks, a number of patients have felt the need to express their frustration at not getting an appointment on my receptionists. Rude language, in particular, swearing, will not be tolerated. If this happens, we will not be providing any health care at all. I have no obligation to be the nominated doctor, and in particular I would remind people all members of the ASFMC deserve courteous behaviour.

We try extremely hard to keep appointments available on the day for emergency type presentations. Unfortunately some people have a differing view of what an urgent appointment is!! I have asked my reception staff to at times question the urgency of routine appointments, because "another's disorganisation is not always my medical emergency". If certain people keep abusing this system we will be more stringent in keeping on the day appointments for the role they are meant to serve.

Saturday morning clinics are also meant to be for urgent, "cannot wait until tomorrow" matters, and routine scripts and pap smears etc are not what this clinic is targeted at. ASFMC After hours is Dr. Mitchell as the solo GP—please be mindful of that when ringing the after hours number. We are more than happy to provide after hours care—but this is not a free service, and calling "asking for a medical certificate extension" will not be received well.

Please value the service we are trying to provide — thankyou.

ALICE SPRINGS FAMILY MEDICAL CENTRE

17 Stuart Highway
PO Box 4246
Alice Springs NT 0871
Phone: 08 8952 7774
Fax: 08 8952 6774
E-mail: admin@alicefamilymedical.com.au
Website: www.alicefamilymedical.com.au



ALICE SPRINGS FAMILY MEDICAL CENTRE

NEWSLETTER 4/07

As we head towards the end of 2007 Alice Springs Family Medical Centre would like to wish all patients and their families a great X'mas, and relaxing break over the New Year Period (if you are lucky enough to be having one!!). Our hours of operation will only be slightly affected due to the X'mas break.

Monday 24th Dec — close at 1700hrs

Tuesday & Wed 25/26th Dec —closed (public holiday)

Thurs & Friday 27/28th Dec — close at 1700hrs

Sat 29th Dec — usual clinic from 0900—1300hrs

Monday 31st Dec— close at 1700hrs

Tuesday 1st Jan—closed (public holiday).

This newsletter is an opportunity for us to both inform and educate our patients about some upcoming changes to practice policy and topics of interest.



Please respect the no smoking policy on the entire grounds of the clinic.

Proud to be working with the community to improve Central Australian Health

**17 Stuart Highway
Entrance off Kekwick Ave
Parking at rear
Phone 08 8952 7774 ALL HOURS**

SKIN CANCER—THE FACTS

Skin cancer is the most common cancer diagnosed in Australia. Every year over 380, 000 Australians are treated for skin cancers. Of these about 8000 are new cases of melanomas.

Each year there are 1000 deaths from melanoma.

Australia has the highest rate of skin cancer in the world, with 1 in 2 Australians developing skin cancer in their lifetime.

The major cause of skin cancer is too much exposure to UV (ultraviolet) radiation from the sun. Skin can burn in as little as 10 minutes in Central Australia, so it is important to protect yourself from harmful UV radiation. Solariums can emit UV radiation 5 x stronger than the sun and the recent death of a woman in her 20s has highlighted their riskiness. Skin cancer is almost totally preventable by using a combination of SunSmart strategies.

1. Limit Sun Exposure— avoid being outside between 10am and 3 pm when UV radiation is higher.
2. Seek full shade—also use other protection to avoid reflected UV radiation from nearby surfaces.
3. Slap on a broad brimmed hat—it will have better protection for your face, nose, neck and ears, than a cap or visor.
4. Slip on sun protective clothing—longer sleeves and higher necks. Remember darker colours will absorb more UV and reflect less onto your face.
5. Wear close fitting sunglasses— choose close-fitting, wrap-around sunglasses that meet the Australian Standard AS1067. Sunglasses are as important for children as they are for adults.
6. Slop on sunscreen—choose a broad-spectrum water-resistant SPF 30 +. Apply sunscreen liberally to clean, dry skin at least 20 minutes before going outside and reapply every 2 hours.

Check your skin regularly and see a doctor if you notice any unusual skin changes. If you have a lesion that does not heal, a mole that has suddenly appeared, changed it's size, thickness, shape, colour or started to bleed, ask your doctor for a full skin check. The sooner skin cancer is discovered, the more successful treatment will be.



Dr. Mitchell has recently done the "Certificate in Primary Care Skin Cancer Medicine" through the University of Queensland. She is trained in the use of dermoscopy which magnifies suspicious skin lesions to better diagnose skin cancers. We also have access to digital photography and loupe magnification to better enhance skin assessment and documentation.

Please consider the role of a standard appointment for a full skin check. This will involve being undressed and looked at under loupe magnification for any suspicious skin lesions. It includes the scalp, face, chest, back, arms and hands, legs, soles of feet and at times, eyes and mouth. Any lesions the doctor or yourself are concerned about can be further magnified with the dermatoscope to confirm if excision is required. No other issues would be able to be covered in that appointment due to time pressures on the doctor—if you felt it warranted we would advice booking a double appointment.

Excisions (cutting out tissue—or using punch biopsies) are usually done at the end of a consulting day on a Tuesday, Thursday or Friday. Depending on demand this may be changed to involve a designated afternoon as being the "skin clinic" for the week. Costs for removal of lesions will vary depending on what type of procedure is done and equipment used. This will only be booked after a full skin review.

ASFMC has liquid nitrogen which is used as a treatment option for various skin conditions. It is at -196C temp and will evaporate over a number of days when not used. We do not routinely have a supply on hand; if you feel that is what you would like done we recommend that our reception staff are given at least 4 days notice for that type of appointment so we can get our canister filled at BOC Gas.

Due to long waits for referrals to the general surgeons at the Alice Springs Hospital more patients are requesting excisions of lipomas and sebaceous cysts for cosmetic reasons from GPs. Due to our limited capacity as a solo GP at the moment our fee structure for those type of procedures will be changing. This will take into consideration both time spent and expertise in performing the procedure. Informed consent for both the procedure and possible complications, including the full cost will be obtained before any procedure will be booked. Different private health insurance companies may have policies that mean you can get some of the medicare gap money back. Please check with your own insurance company. Dr. Mitchell is not a surgeon and there will be limitations to what she can offer.

PROSTATE CANCER

The prostate gland is about the size of a walnut. It is located underneath the bladder and surrounds the top part of the urethra; the tube which urine passes through on its way from the bladder to the penis.

Prostate cancer is diagnosed mainly in **men > 50 years** of age. Excluding some forms of skin cancer, prostate cancer is the most common type of cancer in men in Australia. Prostate cancer cells can grow very slowly and not cause any symptoms, and may not become life threatening. However, in other cases the cancer cells can grow more rapidly and spread to other parts of the body.

The causes of prostate cancer are not known. There are certain risk factors that have been linked:

- Family history of prostate cancer, 1st degree relative, either brother or father
- > 50 years of age
- a diet high in animal fat and protein
- Afro-Caribbean men are more at risk than Asian men

How is it diagnosed ??

1. A digital rectal examination (DRE) - where the GP places a gloved finger inside the rectum to check for changes on the surface of the prostate
2. PSA test—a blood test to measure the levels of prostate specific antigens

If the PSA level is high and a rectal examination is abnormal, there is a 60 % chance of prostate cancer being found. A biopsy is required to confirm the diagnosis—this is done by a urologist (either privately or waiting for the visiting urologists that visit Alice Springs Hospital every 3—6 months).

www.andrologyaustralia.org

www.prostatecancer.org.au

www.prostate.org.au

