**saundersstreetclinic**

**37 Jackson Street, Wynyard, TASMANIA. Phone 6442 1700**

**Newsletter May-June 2018**

**Opening hours**

Monday - Thursday 9am-1230 pm, 2pm-5 pm

Friday 9am-1230 pm, 2.30pm-5 pm

Saturday, Sunday, Public Holidays closed

Doctors: Jim Berryman, Chris Hughes, Yas Sanli, Ali Johnson, Sarvin Randhawa, Lou Sykes.

Nurses: Fi Munday, Belinda Townsend.

**After hours arrangements**

Please phone the surgery number, you will be given the number for Health Direct which is a phone triage service providing advice by the Federal Government. This service will contact the doctor on call at Saunders Street if necessary, following assessment by a registered nurse and in some cases by a doctor. If your concern is about **a medical emergency** call the ambulance service on **000**-there is no charge for ambulance call-outs in Tasmania.

 If the matter is urgent but not an emergency call **Health Direct 1800 022 222**. A registered nurse using triage protocols will take your call. If necessary the call will be transferred to a GP at GP Assist in Hobart and if that GP thinks a call out or house call is warranted a GP from this clinic will be contacted.

**Skin Cancer recognition**

# The ABCDE Rule: Spots That Are Possible Signs Of Skin Cancer

Melanoma

To detect skin cancer as early as possible, you may have heard that the ABCDE rule is essential to remember. And if you haven't, stay with us, we'll explain in a minute.

May is recognized as National Skin Cancer Awareness Month by the American Academy of Dermatologists (AAD), as they promote a focus on sharing information about symptoms and highlighting the importance of protection. In the United States, skin cancer is one of the most common forms, as well as one of the most preventable forms, of cancer.

Melanoma, while ranking third in terms of prevalence, is said to be the deadliest skin cancer. According to the Skin Cancer Foundation, the number of new melanoma cases diagnosed annually increased by 53% from 2008 to 2018. Early detection is the key to successful treatment as the survival rate is 99% if the melanoma has only infiltrated the top layer of the skin. The rate decreases to 63% when the disease reaches the lymph nodes and significantly falls to 20% when it metastasizes to distant organs.

Dermatologists developed an easy-to-remember system for spotting suspicious moles and spots on your skin, known as the ABCDE rule. While considered highly useful for detection, it is important to remember that there may exceptions to certain cases.

**A: Asymmetry**

If you drew a line down the centre of a mole, both sides would usually look the same. An asymmetrical lesion shaped irregularly is said to have a greater risk of being cancerous as moles that are noncancerous are usually symmetrical in appearance.

**B: Border**

Stay on the lookout for outlines of spots that appear ragged, notched, or blurred. The spread of pigment from the border of a spot into surrounding skin should also be noted and brought to the attention of a doctor.

**C: Color**

Unusual shades and combinations of colours can be observed in melanoma spots. While regular moles are often just shades of brown or grey, multiple colours in the spots that include black, white, grey, brown, red, pink, or blue could be a possible sign of concern.

**D: Diameter**

If the diameter of the spot is larger than the size of a pea or a pencil eraser i.e. measures more than 6 millimetres across, it may be worth getting it checked out. However, many cases of melanoma "can be smaller than a pencil eraser," said dermatologist Dr Clifford Perlis from the Fox Chase Cancer Center in Philadelphia, warning about exceptions.

**E: Evolution**

Research has shown that most melanomas do not arise from existing moles. Since people typically do not grow new moles after the age of 30, any such new growths should be pointed out to a doctor. In any case, change and irritation are red flags. "If a mole itches, burns, starts growing, or becomes a different colour, get it checked out immediately," said Dr Bruce Robinson, a dermatologist in New York City.

 **Falls and health impact**

For all the talk about preventable illness — how we can live longer simply by having the right diet, getting enough exercise and making responsible lifestyle choices — sometimes things just go wrong. Accidents happen and people get hurt. Sure, many injuries and untimely deaths may be prevented with proper foresight, but some accidents are more the consequence of difficult circumstances and harder to avoid. In any event, it is important to know how accidents occur, who is at risk and what the potential impact is; only then can we have the best chance of keeping people happy, healthy and independent for longer.

Falls account for 41 per cent of all injury cases that end up in hospital, followed by transport crashes with 12 per cent, according a report from the Australian Institute of Health and Welfare.

More Australians are being hospitalised for injuries overall, according to an analysis of data from 1999-2000 to 2014-15, released by the AIHW this week.

“The number of hospitalised injury cases rose from 327,000 in 1999-2000 to 480,000 in 2014-15,” the AIHW’s James Harrison says. “This equated to one person requiring hospitalisation in every 58 Australians in 1999-2000, rising to about one in 50 in 2014-15.”

Across the period there was an increase in hospitalisations for falls, “exposure to mechanical forces” and intentional self-harm, and a decrease in cases of accidental poisoning and assault.

Men and boys made up most injuries (55 per cent) in 2014-15, with those aged 20 to 24 at most risk. For women, the ages of 85 to 89 brought the most injuries, largely from falls. Almost a third of all hospitalised injuries were among people aged 65 and older.

In otherwise healthy and active people, eye injuries sometimes are the most obvious sign of an accident. These include, most commonly, an open wound around the eye or an underlying fracture.

The AIHW found almost 52,000 people required an admission to hospital for treatment of eye injury between 2010-11 and 2014-15. Falls were the most common cause (35 per cent of cases), again in older age groups, especially women, while the next most common cause was assault (23 per cent). About 3000 of the eye injury cases, or 6 per cent of the total, occurred while the person was at work; however, the numbers were likely higher as the AIHW was unable to determine the activity responsible in 69 per cent of all cases.

Nonetheless, 14 per cent of the known work-related eye injuries occurred in construction, followed by 9 per cent in the broader agriculture, forestry and fishing sector.

It is unclear how many eye injuries occurred during sport or leisure activities. Among those reported, the most common setting for males was football (37 per cent) and for females trail or horseback riding (12 per cent).

Sport and leisure activities are fun and good for your health, but they also come with a risk of injury. After the tragic death of cricketer Phillip Hughes in 2014, researchers looked at trauma-related deaths in the sport. Publishing their findings in the *Medical Journal of Australia*in March, the researchers identified 174 deaths across 152 years and found they were increasingly rare.

“The number of fatalities appears to have dropped dramatically in the past 30 years, probably reflecting the adoption of helmets by batsmen and close-in fielders,” they reported.

Outside of cricket, the AIHW report noted that 35 per cent of traumatic spinal cord injuries in 2014-15 were sustained during sports or leisure activities. In rugby codes, there are ongoing efforts to protect players.

With most things, you need to know the nature of the problem to be able to fix it. Last month, University of Newcastle researcher Suzi Edwards reported that the rate of groin injuries among basketball players could be 10 times higher than previously thought.

Both articles from The Australian