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ENDOMETRIOSIS – MORE THAN PAINFUL PERIODS... **09**

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MELO babes is on O

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Journaling for mental health



Expressing yourself creatively, like when you write in a journal, is great for relieving stress and focusing on the things in life that aren't serving you. You can use a journal to develop or practice healthy habits, set and work toward goals, or manage your mental health and improve anxiety, stress, or depression. Even just a few minutes a day can make a world of difference to your mental wellbeing. Benefits of journaling can include:

- Reducing stress and anxiety
- · Identifying and tracking goals
- Achieving those goals
- · Tracking problems so you can recognise triggers
- Finding inspiration
- · Improving self-confidence
- Overcoming fears
- Identifying and addressing negative thoughts and behaviours
- · Starting a habit of using selftalk and creating mantras

Source: www.talkspace.com/blog





Get moving to manage stress

Exercise in almost any form can act as a stress reliever. Being active can boost your feel-good endorphins and distract you from daily worries.



MANAGING THE EMOTIONS **ASSOCIATED WITH** CHRONIC KIDNEY DISEASE

Life can be tough with or without kidney disease. But having kidney disease can make it even harder. The good news? Learning to cope with your feelings can help. It can make the extra challenge of living with kidney disease easier.

We often find it easy to talk about physical symptoms like dizziness, pain, tiredness etc., but when it comes to sharing our feelings, we tend to shy away.

NORMAL EMOTIONS WE EXPERIENCE WHEN DIAGNOSED WITH OR LEARNING TO LIVE WITH CHRONIC KIDNEY DISEASE



Fear and anxiety

We feel like our bodies betrayed us. We now need to rely on dialysis for our kidneys to do the job they were meant to do. You worry about how the disease will affect you and your ability to care for your loved ones.



Denial

Sometimes, when something bad happens, the trauma related to the experience may be severe and make us feel overwhelmed to the point where we deny anything has happened. We may refuse to accept that we are ill or require any recommended treatments.



Anger

We may feel angry that this happened to us. We may resent ourselves for allowing our health to deteriorate to this point. Anger and resentment can lead to a point where it strains the relationship between you, your healthcare team, and your family and friends.



Feeling down

We may feel mentally down. When we feel so sad that our bodies are no longer functioning as they should, and if our feelings develop into hopelessness, despondency, and worthlessness, which last for longer than two weeks, it may be a sign of depression, and you should inform vour doctor.



PRACTICAL TIPS ON HOW TO MANAGE YOUR EMOTIONS

Understanding your illness and its treatment plan can enable you to deal with your disease more effectively and help allay the fear and anxiety you may be experiencing.

Denial leads to non-compliance (disregarding your healthcare team's instructions regarding dialysis treatment, diet, and fluid intake). Skipping dialysis and being non-compliant with diet and fluid intake can lead to feeling distressed. Sometimes dialysis alone cannot reverse the effects of non-compliance, and hospitalisation is required. Do not let this be you. CKD is a severe illness. Listen carefully to your healthcare team. If you do not understand something, ask questions.

Expressing anger may help you feel better short term but may lead to more frustration because you do not understand the root of it. Talking about why you are angry can help you determine its cause and allow you to focus on resolving it.

Do not feel you must deal with what you are experiencing alone, and don't be afraid to tell others what you think and ask for help and support when needed. Find someone you can trust and talk to them. Most people benefit from discussing their feeling with their healthcare team, family, friends, and other CKD patients. Psychologists, social workers, and support groups are available as well. Help is out there! It would be best if you dared to make initial contact.

For some people, part of life is thinking that you are the only one with problems. Everyone you know has something that they are dealing with. Your something is kidney disease. Don't be afraid to share your feelings with one or two close friends. If you share your concerns, you will all feel better.

Don't be so hard on yourself. Sometimes, bad days or bad things happen. These things can create stress. Your emotions might already be scattered because of hormones and physical changes. Be prepared for the stress of living with kidney disease by finding ways to relax. Maybe keep a journal, call a friend, exercise, read, or listen to music.

Find a routine. Managing life, daily activities, and medical visits can be challenging. Create a way just for you when things feel too difficult. Some ideas are watching your favourite TV show, playing your favourite game,

taking a walk, or reading a good magazine or book. Take charge. Living with kidney disease doesn't mean you should give up on your goals and dreams. You may need to change how you accomplish them. You can move toward goals one small step at a time.

As a dialysis patient, you must be actively involved in your day-to-day treatment regarding fluid intake and diet. It would be best if you had a clear mind to make sound decisions. Depression can cause vou to make unwise decisions that negatively impact you purposely. Talk to your doctor coping aids are available.

Please get in touch with any of our three-dialysis units for more information on the services Melomed Renal Care offers.





MELOMED RENAL CARE (MRC): For more information on the services offered by Melomed Renal Care, please contact any one of our three-dialysis units.

Melomed Gatesville:

Unit Leader: Cynthia Smith Call Phone: 060 993 3863 Skype Phone: 010 824 9262

Melomed Mitchells Plain:

Unit Leader: Michelle Jenniker Call Phone: 066 487 2764 Skype Phone: 010 824 9218

Melomed Tokai:

Unit Leader: Charmaine Pockbass Call Phone: 060 993 3885 Skype Phone: 010 824 9219



Staying HIV negative: Is PrEP the game changer?

By Dr Mogambery

While new HIV infections appear to be decreasing on the whole in South Africa, the rate of infections in young women are still on the rise. HIV testing and antiretroviral therapy, ART have become more accessible than ever but if we are to ever realize an HIV free society it is important that these new cases are reduced.

There are several effective ways to reduce transmission but pre-exposure prophylaxis (PrEP) is a strategy that has not yet been fully utilized.

What is PrEP?

Pre-exposure prophylaxis is medication that is taken to reduce the risk of HIV acquisition. It may be taken intermittently, when an individual believes that he or she is at high risk for HIV acquisition. It need not be lifelong, unlike ART in the HIV infected individual.

How does PrEP work?

PrEP drugs accumulate in the mucosa of the vagina or anus over time. If the individual is exposed to HIV, the virus is immediately confronted by the drugs thus halting replication of the virus.







How effective is PrEP?

PrEP when used as prescribed, reduces the risk of sexually transmitted HIV by >95%. HIV transmitted by other modes is also reduced with consistent use of PrEP. The key to its effectiveness is adherence.

What drugs are used and what are the side effects?

The most common drugs used are tenofovir and emtricitabine. PrEP is prescribed as a single tablet taken once a day. Tenofovir can cause injury to the kidney but precautionary steps are taken to identify any kidney compromise. The kidney injury is usually reversible on stopping the medication.

Who should consider using PrEP?

- Adolescent engaging in sexual intercourse.
 Weight >35kg is advised to limit side effects of drugs.
- Heterosexual women or men who are HIV negative and who are in sexual relationships where the HIV status or HIV viral load of the partner is unknown.
- Pregnant women at risk of HIV acquisition.
 Note: PrEP is safe in pregnancy.
- Men who have sex with men where the HIV status or viral load is unknown.
- Serodiscordant couples (where one partner is HIV negative and one is HIV positive) when the viral load of the HIV infected partner is unknown.
- Serodiscordant couples who would like to fall pregnant (and therefore will not be using barrier contraception i.e. condoms).
- Drug using individuals where needles are shared.
- Transgender people, especially transgender women, as they are at a higher risk of HIV acquisition.

Limitations of PrEP

PrEP does not protect against sexually transmitted infections like syphilis, gonorrhoea and chlamydia.

PrEP does not prevent pregnancy therefore contraception must be continued.

PrEP is only effective if taken consistently and as prescribed.

How to start and stop PrEP?

An individual may only initiate PrEP under the care of a doctor. PrEP is not over-the-counter medication.

Before PrEP is initiated an HIV test is ordered to confirm that the individual is HIV negative. A test is also done to check the kidney function. If all is in order PrEP is prescribed for 3 months. Studies have shown that adequate PrEP drug levels are detected in vaginal mucosa after about 7 days, and in anal mucosa after 24 hours. After 3 months the HIV test is repeated and PrEP may be re-prescribed.

If the individual would like to stop PrEP it is recommended that the medication is taken for a further 28 days after the last potential HIV exposure.

Can PrEP be restarted?

Yes! If the individual's risk for HIV acquisition declines e.g. the individual is not sexually active for a period of time, PrEP may be stopped.

In the same way, if the risk for HIV acquisition increases, PrEP may be restarted.
The appropriate tests will be needed before re-initiation.

How does one access PrEP?

Speak to an HIV clinician or nurse and you can begin the process. Most medical aids do cover PrEP for varying periods of time. PrEP is accessible at some primary health care clinics.



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The common female health challenge:

Herine Fibroids

Fibroids are growths that arise from the muscle of the uterus. They are common, affecting about 80% of women although not everyone will have problematic symptoms. The cause of fibroids is unknown however age, ethnicity and genetics have been found to play a role. The influence of the hormones estrogen and progesterone also contribute to their growth and development.

What symptoms are caused by fibroids?

The symptoms depend on the size, number and site of the fibroids on the womb. Some of the symptoms are:



Increased menstrual bleeding: the amount and the number of days of bleeding may be increased and prolonged. This can lead to loss of too much blood and anemia.



Constipation and increased urination if the fibroids are located close to the bladder or rectum.



Pelvic pressure and pain.



Fertility problems: fibroids may make it difficult to fall pregnant and may also increase the risk of miscarriages.

How are fibroids diagnosed?

Your symptoms may suggest that you have fibroids, and this will be confirmed by an ultrasound. The ultrasound can also indicate the location and size of the fibroids which will assist in choosing the right treatment plan.

Treatment for fibroids?

Treatment is usually indicated for women with bothersome symptoms. If the fibroids are not causing any problems and they were diagnosed incidentally, a more conservative approach with monitoring of their growth can be applied. The treatment options for fibroids depend on their size, number and site on the uterus. Also influencing the treatment will be whether future fertility is desired or not. The options can be either medications, surgery or interventional as discussed below.

MEDICATIONS

NON-HORMONAL MEDICATIONS

- Tranexamic acid to decrease the amount of bleeding
- NSAID to help with the cramps and to also reduce the amount of bleeding
- Iron and vitamin supplements to boost your blood levels

HORMONAL OPTIONS

- Birth control medications in the forms of pills, patch, Implant, injections, vaginal rings and intra-uterine devices can be used to treat the symptoms caused by fibroids.
- Hormonal medications that stop the production of estrogen and progesterone can be used for a short period to reduce the size of fibroids prior to surgery. These hormones are not recommended for prolonged periods as they induce menopause, and this can cause certain adverse effects.



SURGICAL AND INTERVENTIONAL OPTIONS

- Myomectomy- involves the removal of the fibroids only. This is ideal for women who still want to have children in future. There is a 10-20% risk that the fibroids will recur after myomectomy and the surgery carries a risk of bleeding which can necessitate a hysterectomy.
- Hysterectomy- removal of the entire uterus. Women will not be able to fall pregnant afterwards this surgery. The ovaries are often not removed if they are healthy, and the woman has not reached menopause yet.
- Uterine artery embolization- this blocks the blood supply to the uterus and thus causing the fibroids to shrink over several weeks to months. It may be difficult to fall pregnant after this procure with the risk of miscarriages hence this procedure is not recommended if future fertility is still desired.
- Magnetic resonance guided focused ultrasound - this option is not widely available and involves the use of ultrasound waves guided by an MRI to destroy the fibroids leading them to shrink within weeks to months after the procedure.
- Endometrial ablation- this procedure destroys the inside lining of the womb. It usually improves the amount of bleeding but has no effect on the size of the fibroids. This procedure is not recommended for women with future fertility desires.

It is of paramount importance for women who have any of the symptoms above to have a aynaecological assesment to rule out the presence of fibroids as earlier diagnosis can result in more favourable treatment outcomes.

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Obstructive Sleep Apnoea Syndrome in Children

Snoring is common in children: it occurs in up to 5-12% of healthy children. Most children who snore have primary snoring, a benign form of SDB (Sleep Disordered Breathing). At the other end of the spectrum of SDB is OSAS (Obstructive Sleep Apnoea Syndrome), this is the most severe form of SDB. Obstructive Sleep Apnoea is a syndrome of upper airway dysfunction during sleep, characterized by snoring and/ or increased respiratory effort secondary to increased upper airway resistance and pharyngeal collapsibility.

The risk of OSAS is high in children with a history of prematurity, among the black race and in obesity. Genetics has been shown to play a role, with increased incidence in siblings and in children whose parents have a history of OSAS.

Causes of OSAS are intrinsic upper airway narrowing due to ATH (Adenotonsillar hypertrophy), micrognathia, macroglossia, obesity and midface hypoplasia.

Upper airway collapsibility

due to decreased muscle tone, cerebral palsy and neuromuscular disorders are other causes. Finally, inflammatory conditions like allergic rhinitis and asthma have been found to be contributory.

Symptoms of OSAS include stopping breathing for a few seconds while sleeping, struggling to breath, snoring, restless sleep, mouth breathing, night-time sweating, bed wetting and daytime somnolence.

Thanks to cell phone technology, the parents are encouraged to bring footage of their child sleeping, making it easier to make a comprehensive assessment of the child. Examination must focus on any comorbities which are known to present with OSAS like T21. cerebral palsy, achondroplasia and neuromuscular disorders. Tonsils are assessed for size and graded; we use the Brodsky gradingsystem. A flexible nasopharyngolaryngoscope is used to examine and determine the airway obstruction caused by adenoids.



These children need to be investigated and treated promptly due to the complications of OSAS. These are

1. Central Nervous system complications

- Excessive daytime sleepiness
- Inattention and Hyperactivity
- Cognitive Defects: poor language and memory, executive function, processing speed
- Behavioural Effects: aggressive, inattention, poorer communication etc.

2. Cardiovascular Complications

- Activation of the sympathetic nervous system
- Increased oxidative stress
- Systemic inflammation
- Endothelial dysfunction
- Reduced nocturnal baroreflex gain
- Abnormalities in cardiac structure and function

3. Somatic Growth Delay

4. Nocturnal enuresis / bed wetting



Diagnosing OSAS based on the history alone can be difficult as care givers tend to overestimate the symptoms. Various symptom scores like those designed by Spruyt et al., the OSA-18 score, Sleep Related Breathing Disorder Score have been used to try to make an accurate diagnosis, but these have been found to be unreliable in predicting the severity of OSAS in children.

Polysomnography (PSG) is the gold standard for diagnosing OSAS. However, it is labour intensive, costly, and not widely available. SDB symptoms and an Apnoea-Hypopnoea Index (AHI) of at least 1 episode per hour of sleep is significant.

Overnight Oximetry has been validated against PSG. It is quick, easy to use, and can be done at home by the caregiver. Using overnight oximetry, patients are classified as McGill's score 4 (very severe OSAS); 3 (severe OSAS); 2 (moderate OSAS) and 1 (None/mild OSAS). It measures the number of clusters and depths of oxyhemoglobin desaturation events. At least 6 hours of recording is required to have valid results for analysis.

Treatment of OSAS is either medical or surgical, depending on the extent of the OSAS based on McGill's score. Overnight Oximetry is known to have a high specificity and a low sensitivity. A majority of



children classified as McGill score 1 (no/mild OSAS) may have OSAS. These children can be medically managed by giving them montelukast in combination with steroid nasal drops. On review after about 6 to 12 weeks, a decision is made whether to repeat overnight oximetry or go ahead with surgery if symptoms persist.

Adenotonsillectomy is the gold standard for treating children with OSAS. The child is taken to theatre, put to sleep, and adenoids and tonsils are removed. The operation takes 15 to 30 minutes, it is safe in expert hands, and children are discharged either on the

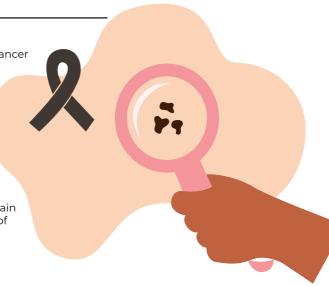
same day or the following day. This must be done as soon as possible for children with McGill oximetry scores of 2, 3 or 4.

Adenotonsillectomy can be combined with GPAP in complex disorders like Cerebral Palsy, Down Syndrome, Achondroplasia and neuromuscular disorders. It has been found to reduce OSAS symptoms and it improves secondary outcomes of behaviour, quality of life and polysomnographic findings.

15 to 30 minutes, it is safe in **DOES YOUR** CHILD SUFFER FROM EXCESSIVE DAYTIME SLEEPINESS? www.melomed.co.za | 17

Skin Cancer

Desember and January is skin cancer awareness month. We all love a day on the beach or a braai around the swimming pool, soaking up the wonderful warmth of the African sun. South Africa is one of the most popular travel destinations in the world due to the beautiful sunny beaches and warm summer weather, but increased sun exposure unfortunately is the main risk factor for the development of skin cancer if the necessary precautions are not taken.



WAYS TO PREVENT SKIN CANCER









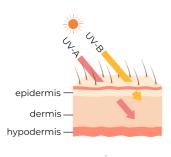
Avoid peak hours

Wear protective clothes

Wear sunscreen

Seek shade

Studies have shown applying sunscreen daily, will dramatically reduce a person's risk to develop skin cancer, including the most feared type of skin cancer, Melanoma.







Find Skin Cancer early with ABCDE

WHAT IS IT?

The ABCDE criteria has been introduced to assist in early recognition of skin cancer. Any skin lesion that exhibits any of these features may warrant further investigation

Assymetry

Borders

Colour

Diameter

Evolution

One half is unlike the other half.

Irregular or poorly defined border

Varies from one area to another

Lesion diameter of 6mm or larger

Change in size, shape or colour

RISK FACTORS

Genetics



Age



UV Radiation



Nevus



SIGNS AND SYMPTOMS

Change in appearance



Itching



Bleeding



Hair Loss





lekkeslaap

JACUZZI STAYS FOR THE HOLIDAYS

Many holiday trends have come and gone, but the good ol' Jacuzzi remains a crowd favourite. Look at LekkeSlaap's list of Jacuzzi stays where you can laze away your holiday.



20 THE GORDONIA

From R2 500 for 6 people

This 2-bedroom apartment is just across the road from the old harbour and close to all the best places in town. There is a braai and a Jacuzzi (at extra cost) on the rooftop deck for your enjoyment.



BEACH2ANCHOR

From R7 500 for 8 people

This apartment for 8 guests is right on Gordon's Bay's beachfront. You can lounge on the balcony, light the braai and use the Wi-Fi – even during loadshedding!



VILLA ON 1ST CRESCENT

From R5 940 for 8 people

Relax between the Twelve Apostles and the Atlantic Ocean in this luxury multistorey villa. The villa has a swimming pool, a small garden, braai facilities and, of course, a Jacuzzi.



STRAND BEACH LODGE

From R6 000 for 10 people

Come and relax on the golf course on False Bay's beachfront. This eclectic thatched house for 10 has its own braai, swimming pool and Jacuzzi.



AFRICAN OCEANS MANOR ON THE BEACH

From R2 490 for 2 people

How about a five-star guest house on the beachfront in one of South Africa's most popular vacation towns? This B&B offers luxury units for 2 to 4 guests, each with its own patio or balcony.



FOREST VALLEY COTTAGES

From R2 490 for 2 people

Romance is in the air at Forest Vallev Cottages. They offer 6 units which sleep 2 or 4 guests and each cabin is perched above the Knysna Forest. The Earth Rose Cottage has a Jacuzzi as an added romantic feature!



KLEINKRANTZ BEACH HOUSE

From R3 000 for 6 people

Sit back in your private Jacuzzi on the deck or curl up in front of the fireplace - at this gorgeous holiday home, you can do both!



CLIFTON BEACHFRONT MAGIC APARTMENT

From R5 700 for 6 people

This modern 3-bedroom apartment is in the middle of one of Cape Town's most loved suburbs and boasts an ocean view, braai facilities and a Jacuzzi in the garden. keep the entire family as happy or as busy!



PEZULA WINE & SEA MT21

From R4 200 for 8 people

This self-catering villa for 8 is on the prestigious Pezula Golf Estate and offers a view of the thirteenth hole. If you love golf, self-catering holidays and the forest, this house is for you.



AKIMBELLA LODGE

From R2 648 for 2 people

Your pet is welcome too at this 3-bedroom house perched on a cliff near the Knysna Heads. There is space to relax on the deck by the Jacuzzi, a garden with a lawn for the kids and luxury facilities such as underfloor heating and a smart TV.

Chicken stiv-fry

Prep/Cook Time: 1 hour 20 minutes Servings: 6 people

Swap your Chinese takeaways for this delicious home version, which is less fatty and salty, and quick to make.

Ingredients

- 2 tbsp grape vinegar or lemon juice
- 1 tsp sugar
- 1 tbsp Worcestershire sauce
- 1/4 cup tomato sauce
- 4 chicken breast fillets, cut in strips
- 1 tbsp sunflower oil
- · 1 onion, sliced
- 1 green or red pepper, seeds removed and sliced
- 1 cm piece fresh ginger, grated
- 3 carrots, cut in thin strips
- 2-3 baby marrows, cut in thin strips
- 1 cup frozen whole kernel corn, rinsed
- 1 cup shredded cabbage
- 2 tbsp water
- black pepper to taste

Method

- Mix the first 4 ingredients and stir chicken into the mixture. Marinate for 20 minutes.
- Heat oil in a frying pan and stir-fry chicken pieces in batches and spoon out. Keep the marinade.
- Fry onion, green pepper and ginger for a few minutes.
- Add carrots and baby marrows. Fry until the veggies are almost cooked, but not too soft.
- Stir corn, cabbage and chicken with the marinade into the veggies. Add water and cover with a lid. Allow to simmer for a few minutes or until the cabbage is just cooked.
- Season with pepper.

Serve immediately with small portions of brown rice or spaghetti.

Source: www.mydynamics.co.za

Summer Holiday Food

Summer holiday is here!
When the weather is nice, head outdoors for some grilling on the braai, a picnic or just eating a meal in your backyard. Whatever your plans are for the holiday, make sure that it is filled with plenty of tasty food! We have a few festive

ideas...

Tips

- Pineapple or broccoli is also delicious in a stir-fry. Add unsalted peanuts for an extra crunch.
- Vegetarian stir-fry:
 Substitute chicken with a tin of beans of your choice and add the marinade to the fried veggies.
- Use leftover chicken and add in step 5 with the marinade. Also try it with lean strips of beef.





Watermelon Ice Pops

PrepTime: 45 minutes **Servings:** 12 people

Celebrate the colourful sweetness of summer with these adorably delicious fruit and yoghurt popsicles. Make magic with just four ingredients, a blender, and enough chill time for cold, creamy perfection.

Ingredients

- 5 cups seedless watermelon pulp
- ½ cup sugar
- ½ cup frozen blueberries
- 2½ cups Greek yoghurt (gluten free if needed), mixed with 2 drops green food colouring

Method

- In a blender, puree watermelon and sugar in batches until smooth and strain into a medium bowl. Cover and freeze until the watermelon puree is slushy, but not solid, about 2 to 3 hours. Remove from freezer and stir well. Add blueberries and stir.
- Divide the pureed watermelon among twelve 150 disposable cups (or empty yoghurt cups), leaving about a 1.5 cm from the rim. Place the cups in freezer for 2 hours, or until puree is solid.
- Spoon approximately 4 tablespoons of the yoghurt into each watermelon cup, and smooth the top. Cover each cup with plastic wrap. Cut a small slit in the centre of each piece of plastic wrap and insert a popsicle stick into each pop so that it almost reaches the bottom of the cup. Freeze overnight, or until solid. The pops can be frozen for up to 2 days.
- When ready to serve, peel (or cut) the cup off the pop. Serve immediately.

Source: www.healthecooks.com



HE IS ONE OF OUR ENT SURGEONS AT MELOMED BELLVILLE HOSPITAL SUITE 22 | TEL: 021 110 5070





WHERE IS YOUR FAVOURITE PLACE TO EAT, AND WHY?

The Lawns at the Roundhouse: it's outdoors, great scenery, place for kids to play, great food and it's got the vibe!

WHY DID YOU CHOOSE YOUR PROFESSION?

I got carried away when I saw an inner cheek epithelial cell and an onion cell under a microscope at High School. Since then, I got fascinated by living creatures. So, studying the most complicated of all living creatures - the human body - was first prize for me.



WHAT'S YOUR WORST HABIT? Just counting things unnecessarily.

CAN YOU PLAY ANY INSTRUMENTS, OR WHAT WOULD YOU PLAY IF YOU COULD? I would love to play the Guitar.

WHAT TV SHOW CHARACTER FROM WHICH TV SHOW DO YOU LIKE THE MOST? Enzo Pacelli in "Home Sweet Home".



IF A GENIE GRANTED YOU 3 WISHES RIGHT NOW, WHAT WOULD YOU WISH FOR? To swim under the oceans and see plants and creatures down there; take me back to the beginning of time and experience it all; be able to hear animals talking to each other.



My first time in a private car when I was five, it took me home so fast in a distance we used to walk in like 30 minutes. I can still hear that engine up to now.



WHERE DO YOU MOST WANT TO TRAVEL, BUT HAVE NEVER BEEN? The Grand Canyon in North America.

WHAT CELEBRITY WOULD YOU LIKE TO BE FOR A DAY, AND WHY? Rafael Nadal. Not because he's my namesake, but I would love to hit that lefty heavy-handed top-spin forehand for just a day.





We are excited and proud to announce that our Melomed hospitals achieved "Better than expected" results on the Discovery Health Hospital Care rating when compared to other hospitals nationally.

A special congratulations to:

- ★ Melomed Bellville
- Melomed Gatesville
- Melomed Mitchells Plain

"On behalf of Discovery Health, I am delighted to inform you that 13 hospitals across the NHN Group have achieved "Better than expected" on the Discovery Health Hospital Care rating when compared to other hospitals nationally for the full year 2019/2020. While a big part of this initiative is to support ongoing improvement efforts in quality of care, it is also an important moment to recognise and celebrate those hospitals that have **ranked best** in the country". Dr Ryan Noach - Chief Executive Officer of Discovery Health

Our sincere appreciation and heartfelt thanks to our staff and doctors for their ongoing contribution and commitment in achieving these results.

Once again, Well done!





The Self-Registration Portal (SRP) is a new web application allowing patients and travellers to self-register before presenting at the branch for sample collection. In some cases, a payment option is available.

Welcome to the PathCare self-registration portal for patients

Once your registration is complete, you will receive a confirmatory SMS with a reference number. Please present the reference number when you arrive at the site for specimen collection.

Register now: https://registrations.pathcare.co.za