



MARDEN NEWS

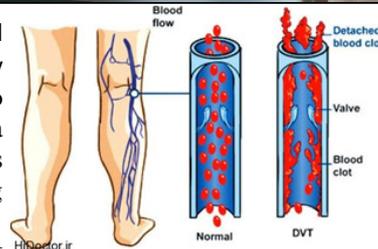
The monthly newsletter from Marden Medical Practice April 2018

Shiny new Reception Desk

Thank you to patients for working with the Practice whilst the New Reception Desk was being fitted. We hope that patients find the new design much more user-friendly - see attached photograph



DVT (Deep Vein Thrombosis) is a blood clot that develops within a deep vein in the body, usually in the leg. Blood clots that develop in a vein are also known as venous thrombosis. DVT usually occurs in a deep leg vein, a larger vein that runs through the muscles of the calf and the thigh and can cause pain and swelling in the leg and may lead to complications such as pulmonary embolism. This is a serious condition that occurs when a piece of blood clot breaks off into the bloodstream and blocks one of the blood vessels in the lungs. DVT and pulmonary embolism together are known as venous thromboembolism (VTE).



In some cases, there may be no symptoms of DVT but they can include: pain, swelling, tenderness in one of your legs (usually your calf); a heavy ache in the affected area; warm skin in the area of the clot; red skin, particularly at the back of your leg below the knee. DVT usually (although not always) affects one leg and the pain may be worse when you bend your foot upward towards your knee.

If left untreated, about 1 in 10 people with a DVT will develop a pulmonary embolism. A pulmonary embolism is a very serious condition that causes: breathlessness – which may come on gradually or suddenly; chest pain – which may become worse when you breathe in; sudden collapse. Both DVT and pulmonary embolism require urgent investigation and treatment. **Seek immediate medical attention if you have pain, swelling and tenderness in your leg, and you develop breathlessness and chest pain.**

Anyone can develop DVT, but it becomes more common over the age of 40. As well as age, there are also a number of other risk factors, including: a history of DVT or pulmonary embolism; a family history of blood clots; being inactive for long periods (after an operation or during a long journey); blood vessel damage; certain conditions or treatments that cause your blood to clot more easily than normal (chemotherapy & radiotherapy treatment); heart & lung disease, thrombophilia & Hughes syndrome; pregnancy; overweight/obese. See your GP as soon as possible if you think you may have DVT – for example, if you have pain, swelling and a heavy ache in your leg. They'll ask you about your symptoms and medical history but it can be difficult to diagnose DVT from symptoms alone, so your GP may advise that you have a specialised blood test called a D-dimer test. This test detects pieces of blood clot that have been broken down and are loose in your bloodstream; the larger the number of fragments found, the more likely it is that you have a blood clot in your vein.

Treatment for DVT usually involves taking anticoagulant medicines, which reduce the blood's ability to clot and stop existing clots getting bigger. There's no evidence to suggest that taking aspirin reduces your risk of developing DVT. See your GP before embarking on long-distance travel (six hours or more) if you're at risk of getting DVT, or if you've had DVT in the past & drink plenty of water, perform simple leg exercises, take regular, short walking breaks. The Department of Health has made the prevention of DVT a priority across the NHS. All patients admitted to hospital should be assessed for their risk of developing a blood clot. For more information, see NICE guidance about venous thromboembolism.



Useful Numbers

Health Visitors 452300
District Nurses 277709
RSH 261000
Family Planning 283382

Pharmacies

Rowland's On Site
369446
Asda 276810
Sainsbury's 244744
Taylor - Radbrook
249931
Williams Co-op
344277
Conway 352352
Lunt's - Hereford Rd
351918
Boots - Pride Hill
351311
Rhodes 343998
Boots - Copthorne
350747
Boots - Coleham
362496
Lloyds - Riverside
344523
Tesco
845449
Pharmacy Express
245715

IBS (Irritable Bowel Syndrome): IBS is a common condition that affects the digestive system & causes symptoms like stomach cramps, bloating, diarrhoea, constipation. These tend to come & go over time, can last for days, weeks or months at a time. It's usually a lifelong problem, can be very frustrating to live with & can have a big impact on everyday life. There's no cure, but diet changes and medicines can often help control the symptoms. The exact cause is unknown; it's been linked to things like food passing through your gut too quickly or too slowly, oversensitive nerves in your gut, stress, & a family history of IBS.



IBS can also cause: flatulence, passing mucus from your bottom, tiredness & lack of energy, nausea, backache, problems peeing – needing to pee often, sudden urges to pee, and feeling like you can't fully empty your bladder, not always being able to control when you poo (incontinence). See a GP if you think you might have IBS; they can check for IBS and do some tests to rule out other problems. Ask for an urgent appointment if you have: lost a lot of weight for no reason, bleeding from your bottom or bloody diarrhoea, a hard lump or swelling in your tummy, shortness of breath, noticeable heartbeats (palpitations) and pale skin.

Your GP will ask about your symptoms, such as: what symptoms you have; if they come and go; how often you get them; when you get them (for example, after eating certain foods); how long you've had them: before your appointment, it might help to write down details of your symptoms to help you remember them. Your GP may also feel your tummy to check for lumps or swelling.

There's no test for IBS, but you might need some tests to rule out other possible causes of your symptoms.



If your GP thinks you have IBS, they'll talk to you about what it is and what the treatment options are. You may find it difficult to take in everything they tell you. If you're unsure about something afterwards, write down any questions you have and make another appointment to go over them. The IBS Network also has online information you might find useful.

There's no single diet or medicine that works for everyone with IBS. But there are lots of things that can help if you've been diagnosed with it.

General tips to relieve IBS symptoms

Do cook homemade meals using fresh ingredients when you can and keep a diary of what you eat and any symptoms you get – try to avoid things that trigger your IBS; try to find ways to relax; get plenty of exercise; try probiotics for a month to see if they help.

Don't delay or skip meals; eat too quickly; eat lots of fatty, spicy or processed foods; eat more than 3 portions of fresh fruit a day (a portion is 80g); drink more than 3 cups of tea or coffee a day; drink lots of alcohol or fizzy drinks.

To ease bloating, cramps and farting: eat oats (such as porridge) regularly; eat up to 1 tablespoon of linseeds a day; avoid foods that are hard to digest (cabbage, broccoli, cauliflower, brussels sprouts, beans, onions, dried fruit); avoid products containing a sweetener called sorbitol; ask a pharmacist about medicines that can help. Reduce diarrhoea by cutting down on high-fibre foods (such as brown bread & brown rice), nuts and seeds. If you keep getting diarrhoea, make sure you drink plenty of water to avoid dehydration. To relieve constipation drink plenty of water to help make your poo softer; increase how much soluble fibre you eat – good foods include oats, pulses, carrots, peeled potatoes & linseeds; ask a pharmacist about medicines that can help (laxatives). The IBS Network has more about diet and IBS and IBS medicines.



See a GP if diet changes and pharmacy medicines aren't helping; you need to avoid lots of different foods to control your symptoms; they may refer you to a dietitian or specialist for advice and can also suggest other treatments.

If you've had IBS for a long time & other treatments aren't helping, your GP may refer you for therapy such as cognitive behavioural therapy (CBT). This can help if stress or anxiety is triggering your symptoms & can also help you cope with your condition better. If therapy isn't widely available on the NHS in your area or the waiting list is long, you could pay for private treatment.

The IBS Network is the national charity for people with IBS and provides information and advice about living with IBS, local IBS support groups, an online forum where you can chat to other people with IBS.



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