Heart Health Program.

Australian Government
Department of Veterans' Affairs

The Department of Veterans' Affairs is bringing back their popular Heart Health program which is available for all veterans and peacekeepers who have not previously participated in the program. If you are eligible and you haven't participated previously, you should consider enrolling. You will be required to get a medical clearance from your GP prior to beginning the program.

The program aims to help you increase your physical health and well-being through practical exercise, nutrition and lifestyle management support. It is conducted over 52 weeks and includes physical activity sessions each week that are tailored to meet your needs and 12 health educational seminars over the year. The program Is offered In two formats - the Heart Health Group Program and the Individual Heart Health Program.

The program covers a range of topics including setting healthy goals, eating well, lowering alcohol consumption, sleep, stress management, diabetes, taking care of your body, managing your weight and maintaining a healthy heart. If you are eligible and would like more information or wish to register for a Heart Health Program, contact Corporate Health Management, who deliver the program on behalf of DVA, on 1300 246 262.

Why Should you register for the Heart Health Program?

Physical Health is vital to your mental health and your overall quality of life. There are a number of benefits to a daily routine of exercise and balanced nutrition. Exercise can help you to:

- prevent chronic diseases like heart disease, type diabetes and certain types of cancer,
- maintain a healthy weight,
- strengthen your heart and lungs,
- improve your sleeping patterns,
- improve your sex life, and
- have fun and socialise.

Most people want to improve their health but find it hard to get started. Registering for Heart Health gets you started and keeps you going on the path to new life long habits.

Changing our routine to improve our health can be challenging. The Heart Health Program gives you the skills to Improve and sustain your health and well-being by giving you practical information and access to specialist advice and training. The program is delivered in groups of approximately 10-20. The group meets at a designated gym for weekly activity sessions and educational seminars. Experienced exercise and health professionals provide the participants with a structured and supervised fitness training schedule.

If you're eligible and you live in a rural, remote and outer metropolitan area, you can access the Heart Health Program via the correspondence version of the program. It has similar support to the regular program that is provided by telephone or e-mail. It is delivered via correspondence over a 12-month period with participants having their own tailored physical activity program and health education modules. Remote participants are supported by their GP, a Program Coordinator and a Health Consultant, who guide participants through the program.

The Individual Heart Health Program provides the veteran community more flexible access to information and education to give them the tools they need to improve their physical health and ultimately, to enjoy a healthier and happier lifestyle.

There is more information HERE.

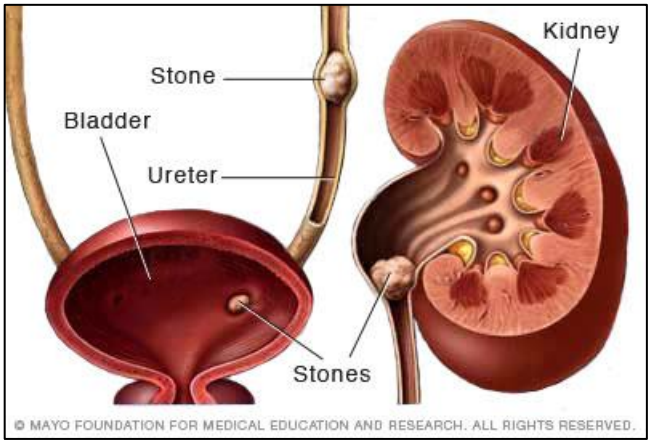
A handshake beats an autograph.

Kidney Stones.

MAYO CLINIC

Kidney stones (renal lithiasis, nephrolithiasis) are small, hard mineral deposits that form inside your kidneys. The stones are made of mineral and acid salts. They have many causes and can affect any part of your urinary tract — from your kidneys to your bladder. Often, stones form when the urine becomes concentrated, allowing minerals to crystallize and stick together.

Passing kidney stones can be quite painful, but the stones usually cause no permanent damage. Depending on your situation, you may need nothing more than to take pain medication and drink lots of water to pass a kidney stone. In other instances, for example, if stones become lodged in the urinary tract or cause complications, surgery may be needed.



Your doctor may recommend preventive treatment to reduce your risk of recurrent kidney stones if you're at increased risk of developing them again.

A kidney stone may not cause symptoms until it moves around within your kidney or passes into your ureter, the tube connecting the kidney and bladder. At that point, you may experience these signs and symptoms:

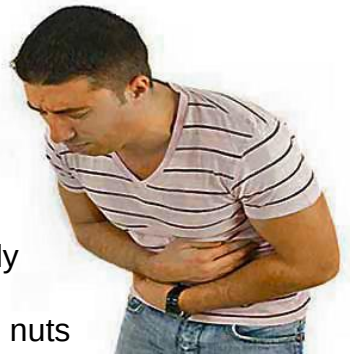
- Severe pain in the side and back, below the ribs
- Pain that spreads to the lower abdomen and groin
- Pain that comes in waves and fluctuates in intensity
- Pain on urination
- Pink, red or brown urine
- Cloudy or foul-smelling urine
- Nausea and vomiting
- Persistent need to urinate
- Urinating more often than usual
- Fever and chills if an infection is present
- Urinating small amounts of urine

Pain caused by a kidney stone may change, for instance, shifting to a different location or increasing in intensity, as the stone moves through your urinary tract.

Make an appointment with your doctor if you have any signs and symptoms that worry you. Seek immediate medical attention if you experience:

- Pain so severe that you can't sit still or find a comfortable position
- Pain accompanied by nausea and vomiting
- Pain accompanied by fever and chills
- Blood in your urine
- Difficulty passing urine

Kidney stones often have no definite, single cause, although several factors may increase your risk. They form when your urine contains more crystal-forming substances, such as calcium, oxalate and uric acid, than the fluid in your urine can dilute. At the same time, your urine may lack substances that prevent crystals from sticking together, creating an ideal environment for kidney stones to form.



Knowing the type of kidney stone helps determine the cause and may give clues on how to reduce your risk of getting more kidney stones. Types of kidney stones include:

- **Calcium stones.** Most kidney stones are calcium stones, usually in the form of calcium oxalate. Oxalate is a naturally occurring substance found in food. Some fruits and vegetables, as well as nuts and chocolate, have high oxalate levels. Your liver also produces oxalate. Dietary factors, high doses of vitamin D, intestinal bypass surgery and several metabolic disorders can increase the concentration of calcium or oxalate in urine. Calcium stones may also occur in the form of calcium phosphate.
- **Struvite stones.** Struvite stones form in response to an infection, such as a urinary tract infection. These stones can grow quickly and become quite large, sometimes with few symptoms or little warning.
- **Uric acid stones.** Uric acid stones can form in people who don't drink enough fluids or who lose too much fluid, those who eat a high-protein diet, and those who have gout. Certain genetic factors also may increase your risk of uric acid stones.
- **Cystine stones.** These stones form in people with a hereditary disorder that causes the kidneys to excrete too much of certain amino acids (cystinuria).
- **Other stones.** Other, rarer types of kidney stones also can occur.

Factors that increase your risk of developing kidney stones include:

- **Family or personal history.** If someone in your family has kidney stones, you're more likely to develop stones, too. And if you've already had one or more kidney stones, you're at increased risk of developing another.
- **Dehydration.** Not drinking enough water each day can increase your risk of kidney stones. People who live in warm climates and those who sweat a lot may be at higher risk than others.
- **Certain diets.** Eating a diet that's high in protein, sodium and sugar may increase your risk of some types of kidney stones. This is especially true with a high-sodium diet. Too

much sodium in your diet increases the amount of calcium your kidneys must filter and significantly increases your risk of kidney stones.

- **Being obese.** High body mass index (BMI), large waist size and weight gain have been linked to an increased risk of kidney stones.
- **Digestive diseases and surgery.** Gastric bypass surgery, inflammatory bowel disease or chronic diarrhea can cause changes in the digestive process that affect your absorption of calcium and water, increasing the levels of stone-forming substances in your urine.
- **Other medical conditions.** Diseases and conditions that may increase your risk of kidney stones include renal tubular acidosis, cystinuria, hyperparathyroidism, certain medications and some urinary tract infections.

If your doctor suspects you have a kidney stone, you may have diagnostic tests and procedures, such as:

- **Blood testing.** Blood tests may reveal too much calcium or uric acid in your blood. Blood test results help monitor the health of your kidneys and may lead your doctor to check for other medical conditions.
- **Urine testing.** The 24-hour urine collection test may show that you're excreting too many stone-forming minerals or too few stone-preventing substances. For this test, your doctor may request that you perform two urine collections over two consecutive days.
- **Imaging.** Imaging tests may show kidney stones in your urinary tract. Options range from simple abdominal X-rays, which can miss small kidney stones, to high-speed or dual energy computerized tomography (CT) that may reveal even tiny stones.
- **Other** imaging options include an ultrasound, a noninvasive test, and intravenous urography, which involves injecting dye into an arm vein and taking X-rays (intravenous pyelogram) or obtaining CT images (CT urogram) as the dye travels through your kidneys and bladder.
- **Analysis of passed stones.** You may be asked to urinate through a strainer to catch stones that you pass. Lab analysis will reveal the makeup of your kidney stones. Your doctor uses this information to determine what's causing your kidney stones and to form a plan to prevent more kidney stones.

Treatment for kidney stones varies, depending on the type of stone and the cause.

Most kidney stones won't require invasive treatment. You may be able to pass a small stone by:

- **Drinking water.** Drinking as much as 2 to 3 litres a day may help flush out your urinary system. Unless your doctor tells you otherwise, drink enough fluid, mostly water, to produce clear or nearly clear urine.
- **Pain relievers.** Passing a small stone can cause some discomfort. To relieve mild pain, your doctor may recommend a pain reliever.

- **Medical therapy.** Your doctor may give you a medication to help pass your kidney stone. This type of medication, known as an alpha blocker, relaxes the muscles in your ureter, helping you pass the kidney stone more quickly and with less pain.

Kidney stones that can't be treated with conservative measures, either because they're too large to pass on their own or because they cause bleeding, kidney damage or ongoing urinary tract infections, may require more extensive treatment. Procedures may include:

- Using sound waves to break up stones. For certain kidney stones, depending on size and location, your doctor may recommend a procedure called extracorporeal shock wave lithotripsy (ESWL). ESWL uses sound waves to create strong vibrations (shock waves) that break the stones into tiny pieces that can be passed in your urine. The procedure lasts about 45 to 60 minutes and can cause moderate pain, so you may be under sedation or light anesthesia to make you comfortable. ESWL can also cause blood in the urine, bruising on the back or abdomen, bleeding around the kidney and other adjacent organs, and discomfort as the stone fragments pass through the urinary tract. (Click HERE to see a video on how this procedure works).
- Surgery to remove very large stones in the kidney. A procedure called percutaneous nephrolithotomy involves surgically removing a kidney stone using small telescopes and instruments inserted through a small incision in your back. You will receive general anesthesia during the surgery and be in the hospital for one to two days while you recover. Your doctor may recommend this surgery if ESWL was unsuccessful.
- Using a scope to remove stones. To remove a smaller stone in your ureter or kidney, your doctor may pass a thin lighted tube (ureteroscope) equipped with a camera through your urethra and bladder to your ureter. Once the stone is located, special tools can snare the stone or break it into pieces that will pass in your urine. Your doctor may then place a small tube (stent) in the ureter to relieve swelling and promote healing. You may need general or local anesthesia during this procedure.
- Parathyroid gland surgery. Some calcium phosphate stones are caused by overactive parathyroid glands, which are located on the four corners of your thyroid gland, just below your Adam's apple. When these glands produce too much parathyroid hormone (hyperparathyroidism), your calcium levels can become too high and kidney stones may form as a result.
- Hyperparathyroidism sometimes occurs when a small, benign tumour forms in one of your parathyroid glands or you develop another condition that leads these glands to produce more parathyroid hormone. Removing the growth from the gland stops the formation of kidney stones. Or your doctor may recommend treatment of the condition that's causing your parathyroid gland to overproduce the hormone.

Prevention of kidney stones may include a combination of lifestyle changes and medications.

You may reduce your risk of kidney stones if you:

- **Drink water throughout the day.** For people with a history of kidney stones, doctors usually recommend passing about 2.5 litres of urine a day. Your doctor may ask that you measure your urine output to make sure that you're drinking enough water. If you live in a hot, dry climate or you exercise frequently, you may need to drink even more water to produce enough urine. If your urine is light and clear, you're likely drinking enough water.
- **Eat fewer oxalate-rich foods.** If you tend to form calcium oxalate stones, your doctor may recommend restricting foods rich in oxalates. These include rhubarb, beets, okra, spinach, Swiss chard, sweet potatoes, nuts, tea, chocolate and soy products.
- **Choose a diet low in salt and animal protein.** Reduce the amount of salt you eat and choose non-animal protein sources, such as legumes. Consider using a salt substitute. Continue eating calcium-rich foods, but use caution with calcium supplements. Calcium in food doesn't have an effect on your risk of kidney stones. Continue eating calcium-rich foods unless your doctor advises otherwise. Ask your doctor before taking calcium supplements, as these have been linked to increased risk of kidney stones. You may reduce the risk by taking supplements with meals. Diets low in calcium can increase kidney stone formation in some people. Ask your doctor for a referral to a dietitian who can help you develop an eating plan that reduces your risk of kidney stones.

Medications can control the amount of minerals and acid in your urine and may be helpful in people who form certain kinds of stones. The type of medication your doctor prescribes will depend on the kind of kidney stones you have.

Be mindful of what comes between you and the Earth.
Always buy good shoes, tyres, and sheets.

Breast Lumps.

If you find a breast lump or other change in your breast, you might worry about breast cancer. That's understandable, but remember that breast lumps are common. Most often they're noncancerous (benign), particularly in younger women. Still, no matter how old you are, it's important to have any breast lump evaluated by a doctor, especially if it's new and feels different from surrounding breast tissue.

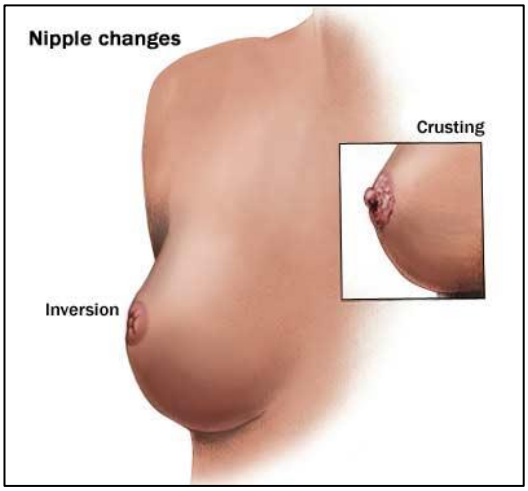
Breasts contain tissues of varying consistency. The glandular tissue in the upper, outer part of the breast usually feels slightly rope-like, bumpy or lumpy (nodular).The surrounding fat tissue, often felt in the inner and lower parts of the breast, is soft and less nodular or lumpy than the upper, outer breast. You might find that breast-related symptoms, such as tenderness or

lumpiness, change with your menstrual cycle. Breast tissue also changes as you age, typically becoming more fatty and less dense.

Being familiar with how your breasts normally feel makes it easier to detect when there's a change in your breasts.

Consult your doctor if:

- You find a new breast lump
- A new breast lump or breast pain doesn't go away after your next period
- An existing breast lump gets bigger or otherwise changes
- You notice skin changes on your breast, such as redness, crusting, dimpling or puckering
- You notice changes in your nipple — it turns inward (inversion) or appears flatter, for instance
- You notice spontaneous nipple discharge from one breast that's clear, yellow, brown or red



Evaluation of a breast lump typically begins with a clinical breast exam. During this exam, your doctor will likely:

- Ask about symptoms and your risk factors for breast cancer or benign breast conditions
- Examine your breasts, noting their shape and size, while you're standing and while you're lying down
- Examine the skin on your breasts
- Check for nipple problems, such as inversion or discharge
- Feel (palpate) the deeper tissue in your breasts and armpits to detect lumps or areas of thickening
- If your doctor confirms that you have a breast lump or other area of concern, you'll likely need testing.

To further evaluate a breast lump, your doctor might recommend one or more of the following procedures:

- **Mammogram.** A diagnostic mammogram, a specialized breast X-ray, helps your doctor investigate breast lumps and other signs and symptoms, such as tissue thickening, skin dimpling or nipple inversion. A diagnostic mammogram focuses on one area of your breast, providing views from several angles at higher magnification than does a screening mammogram. This test helps your doctor pinpoint the location

and the size of the abnormality. A diagnostic mammogram is often done along with an ultrasound of the breast.

- **Ultrasound.** Sound waves create images of the inside of your breast on a monitor. Ultrasound imaging is helpful for determining whether a breast lump is solid or filled with fluid.
- **MRI.** A magnetic field and radio waves create detailed images of the inside of your breast. A breast MRI usually is reserved for when the diagnosis is in question. When an MRI is used to detect breast cancer, a special dye (contrast agent) must be injected into your veins before the procedure. The dye enhances the appearance of certain tissues in the MRI images, allowing a radiologist to tell which areas are likely to be cancerous. MRI scans can be challenging to interpret. This can lead to a false-positive result, when the test result is positive but there's no cancer, or the need for additional testing.

During a breast MRI, you lie on your stomach on a padded scanning table. Your breasts fit into a hollow depression in the table, which contains coils that detect magnetic signals. The table slides into the large opening of the MRI machine.

- **Ductogram.** Also called a galactogram, this test is sometimes used to find the cause of nipple discharge. A small amount of dye is injected into a duct in the nipple. The dye shows up on an X-ray and can reveal a tumour in the duct.

Sometimes removing a tissue sample to examine under a microscope (biopsy) is the only sure way to determine if a breast lump is cancer. The type of biopsy depends on the size and location of the suspicious area.

Breast biopsy options include:

- **Fine-needle aspiration biopsy**. With a special needle — thinner than the ones used for blood tests, your doctor withdraws (aspirates) a sample of tissue from the suspicious area.
- **Core needle biopsy.** Using a larger needle than is used for fine-needle aspiration, your doctor obtains a small, solid core of tissue from your breast. This type of biopsy can

remove more tissue than can fine-needle aspiration. Your doctor will likely give you an injection of medicine to numb your breast before starting the biopsy.

- **Stereotactic biopsy.** During a stereotactic biopsy, mammography produces images from several different angles (stereo images) of the area in question. Your doctor then removes a sample of breast tissue with a needle. This test is often used to biopsy tiny calcium deposits seen only on a mammogram.
- **Vacuum-assisted biopsy.** After giving you an injection of numbing medication, your doctor makes a small cut (incision) in your breast to insert a hollow probe into the breast tissue. The probe connects to a vacuum that's used to remove a tissue sample. This type of biopsy can remove tissue from more than one area through a single incision.
- **Surgical biopsy.** In this procedure, a surgeon cuts open your breast to remove part of the lump (incisional biopsy) or the entire breast lump plus a small amount of surrounding tissue (excisional biopsy). This type of biopsy usually is done using medication to numb your breast and possibly medication to make you sleepy or general anesthesia in an outpatient facility.

All biopsies can cause bruising, bleeding and swelling. A surgical biopsy will likely leave a scar, and depending on how much tissue is removed, may change the shape of your breast.
After a biopsy, the tissue sample is sent to a lab for analysis. Your doctor will let you know when to expect the test results and discuss the results with you when they're available.

If the breast lump isn't cancerous, your doctor might suggest short-term monitoring followed by another clinical breast exam or repeat breast imaging in a few months to reassess the area. Consult your doctor if you notice changes in the lump or develop new areas of concern. If the diagnosis is in question, the clinical breast exam and the mammogram show areas of suspicion, for example, but the pathology report from the biopsy reveals benign tissue, you'll be referred to a surgeon or other specialist for further consultation.

If the breast lump is cancerous, you'll work with your doctor to create a treatment plan. The stage and type of breast cancer will influence your treatment options. If you're unsure how to proceed, ask your doctor to help you make the best treatment decisions.

It’s never too late for an apology.