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Welcome to the first edition of
TransCare for 2021



▲ Petrus
Wassermann
Principal Officer

Welcome to the first edition of TransCare for 2021. I would like to take this opportunity to wish you and your love ones all the best for 2021. May the year be filled with health, happiness and prosperity.

Principal Officer's note

As the COVID-19 pandemic isn't going away any time soon, we have included an article on how to wash, dry and store your face mask.

We encourage you to be vigilant and to protect yourself by avoiding touching your mouth and nose; cleaning your hands thoroughly with soap and water or with an alcohol-based hand wash on a regular basis, especially if you touch your mouth and nose or surfaces that are potentially contaminated; avoiding close contact with people who might be ill; keeping a distance of at least 1.5 metres from other people; improving airflow in your living and office spaces by opening windows; and practising good health habits, including getting adequate sleep, eating nutritious food and keeping active.

We have also included articles on gallstones, acute cholecystitis, sore throat and how to escape dehydration.

The Fund holds innovation in high regard. Members who regularly visit the Fund's website at www.transmed.co.za have noticed that it has been revamped and is easier to navigate.

Ensure that your contact details are updated with the Fund to ensure our correspondence reaches you timeously. Kindly contact our customer service department on 0800 110 268 to update your details.

I sincerely hope that you enjoy the newsletter and, should you wish to give us feedback, please do not hesitate to do so by sending an email to suggestions@transmed.co.za.

Happy reading!

Petrus Wassermann
Principal Officer



How to wash, dry and store your face mask

The COVID-19 pandemic isn't going away any time soon and masks have now become an essential accessory whenever we head out. Face masks help in reducing the spread of COVID-19, because they provide a barrier to catch the respiratory droplets that are released when people cough, sneeze or talk. These droplets are what carry the virus from person to person.

If a nearby person inhales the droplets or they land inside their mouth or nose, they may become infected with the virus.

If a person touches a contaminated mask and then their mouth or nose, they might also potentially become infected.

For these reasons, it's important to clean your mask every time after wearing it. This reduces the risk of spreading the coronavirus or other germs. If you have a disposable face mask, throw it away after wearing it once.

How to wash, dry and store your face mask

Continues >>



HOW TO CLEAN YOUR FACE MASK

Using a washing machine

- First wash your hands. Then remove the mask, being careful not to touch your eyes, nose or mouth.
- Toss the mask directly into the washing machine and wash your hands immediately afterwards.
- Use regular laundry detergent and the appropriate settings according to the fabric label.

Washing by hand

- First wash your hands. Then remove the mask, being careful not to touch your eyes, nose or mouth.
- Wash your mask with tap water and laundry detergent or soap.
- Rinse thoroughly with clean water to remove detergent or soap.

HOW TO DRY YOUR MASK

Dryer

Dry your mask completely in a warm or hot dryer.

Air dry

Hang your mask in direct sunlight to dry completely. If you cannot hang it in direct sunlight, hang or lay it flat and let it dry completely.

HOW TO STORE YOUR MASK

Store wet or dirty masks in a plastic bag

If your mask is wet or dirty from sweat, saliva, make-up or other liquids or substances, keep it in a sealed plastic bag until you can wash it. Wash wet or dirty masks as soon as possible to prevent them from becoming mouldy. Wet masks can be hard to breathe through and are less effective than dry masks.

Store masks that are not wet or dirty in a paper bag

You can store your mask temporarily to re-use later. Remove your mask and wash your hands after touching a used mask. Keep it in a dry, breathable bag (like a paper or mesh fabric bag) to keep it clean between uses. When re-using your mask, keep the same sides facing out.

If you are taking off your mask to eat or drink outside your home, you can place it somewhere safe to keep it clean, such as your pocket, purse or a paper bag. Make sure you wash or sanitise your hands after removing your mask. After eating, put the mask back on with the same side facing out. Be sure to wash or sanitise your hands again after putting your mask back on.

Gallstones

The gallbladder is a small, pear-shaped pouch about eight to 15 centimetres long. It is tucked just under the liver and is connected to the intestine and liver by small tubes called bile ducts. Bile ducts carry bile, a greenish-brown fluid that is made in the liver. Bile acts like a detergent, breaking up fat from the food we eat into small droplets. It also enables the body to absorb vitamins A, D, E and K. Bile is concentrated and stored in the gallbladder, ready for use, and is only released when we eat. Gallstones form when liquid stored in the gallbladder hardens into pieces of stone-like material.



CAUSE

The two types of gallstones are cholesterol stones and pigment stones.

- **Cholesterol stones:** Bile contains water, cholesterol, fat, bile salt and bilirubin. Bile salt breaks up fat and bilirubin gives bile and stools a brownish colour. If the liquid bile contains too much cholesterol, too much bilirubin or not enough bile salt, or when the gallbladder does not empty as it should for some other reason, it can promote the forming of cholesterol stones. Cholesterol stones are usually yellow-green and are made primarily of hardened cholesterol. They account for about 80% of gallstones.
- **Pigment stones:** The cause of pigment stones is uncertain. They tend to develop in people who have cirrhosis, biliary tract infections and hereditary blood disorders, such as sickle-cell anaemia. Pigment stones are small, dark stones made of bilirubin.

Gallstones can be as small as a grain of sand or as large as a golf ball. The gallbladder can develop just one large stone, hundreds of tiny stones or almost any combination of large or tiny stones.

The gallbladder and the ducts that carry bile and other digestive enzymes from the liver, gallbladder and pancreas to the small intestine are called the biliary system.

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Gallstones

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Gallstones can block the normal flow of bile if they lodge in any of the ducts that carry bile from the liver to the small intestine. That includes: the hepatic ducts, which carry bile out of the liver; the cystic duct, which takes bile to and from the gallbladder; and the common bile duct, which takes bile from the cystic and hepatic ducts to the small intestine. Bile trapped in these ducts can cause inflammation in the gallbladder, the ducts or, rarely, the liver. Other ducts open into the common bile duct, including the pancreatic duct, which carries digestive enzymes out of the pancreas. If a gallstone blocks the opening to that duct, digestive enzymes can become trapped in the pancreas and cause an extremely painful inflammation called pancreatitis.

If any of these ducts remain blocked for a significant period of time, severe, possibly fatal, damage can occur, affecting the gallbladder, liver or pancreas. Warning signs of a serious problem are fever, jaundice and persistent abdominal pain.

SYMPTOMS

Many people with gallstones have no symptoms and are unaware they have them until the stones show up in tests performed for other reasons. When symptoms develop, it is usually because the gallbladder wall becomes inflamed or because the stones have moved out of the gallbladder and blocked the tube connected to the intestine. A typical gallstone 'attack' may occur suddenly and often follows a fatty meal, frequently occurring during the night. The attack starts as a continuous upper abdomen pain that increases rapidly and lasts from 30 minutes to several hours.

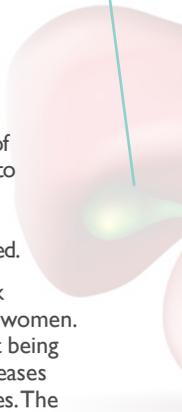
The following symptoms may also occur:

- pain in the back between the shoulder blades or pain under the right shoulder
- nausea or vomiting
- abdominal bloating
- recurring intolerance to fatty food
- colic
- indigestion.

PREVALENCE

It is believed that the mere presence of gallstones may cause more gallstones to develop. However, other factors that contribute to gallstones and especially cholesterol stones have been identified.

- **Obesity:** Obesity is a major risk factor for gallstones, especially in women. A large clinical study showed that being even moderately overweight increases one's risk for developing gallstones. The most likely reason is that obesity tends to reduce the amount of salt in bile, resulting in more cholesterol. Obesity also hinders the emptying of the gallbladder.
- **Oestrogen:** Excess oestrogen from pregnancy, hormone replacement therapy or birth control pills appears to increase cholesterol levels in bile and decrease gallbladder movement, both of which can lead to gallstones.
- **Gender:** Women between 20 and 60 years of age are twice as likely to develop gallstones as men.
- **Age:** People over the age of 60 are more likely to develop gallstones than younger people.



- **Cholesterol-lowering drugs:** Drugs that lower cholesterol levels in blood actually increase the amount of cholesterol secreted in bile. This in turn can increase the risk of gallstones.
- **Diabetes:** People with diabetes generally have high levels of fatty acids called triglycerides. These fatty acids increase the risk of gallstones.
- **Rapid weight loss:** As the body metabolises fat during rapid weight loss, it causes the liver to secrete extra cholesterol into bile, which can cause gallstones.
- **Fasting:** Fasting decreases gallbladder movement, causing the bile to become over-concentrated with cholesterol, which can lead to gallstones.

COURSE

The stone can block the ducts that carry bile to the intestines. This may result in jaundice, infection, or inflammation of the pancreas, liver or gallbladder. Death may occur from some of these complications. The stone may scar or erode the gallbladder, causing a general bowel infection and blockage.

It is not certain whether there is an increased risk of gallbladder cancer.

RISK FACTORS

- Women: Pregnant women, women on hormone therapy and women who use birth control pills
- People over the age of 60
- Overweight men and women
- People who fast or lose a lot of weight quickly

WHEN TO SEE A DOCTOR

Persons with the following symptoms should see a doctor as soon as possible:

- sweating
- chills
- low-grade fever
- yellowish colour of the skin or whites of the eyes
- clay-coloured stools.

Gallstones may simulate the symptoms of a heart attack, appendicitis, ulcers, irritable bowel

syndrome, hiatus hernia, pancreatitis and hepatitis. So, accurate diagnosis is important.

DIAGNOSIS

Many gallstones, especially silent stones, are discovered by chance during tests for other problems. When gallstones are suspected to be the cause of symptoms, the doctor is likely to do an ultrasound exam. Ultrasound uses sound waves to create images of organs. Sound waves are sent toward the gallbladder through a handheld device that a technician glides over the abdomen. The sound waves bounce off the gallbladder, liver and other organs and their echoes make electrical impulses that create a picture of the organ on a video monitor. If stones are present, the sound waves will bounce off them, too, showing their location.

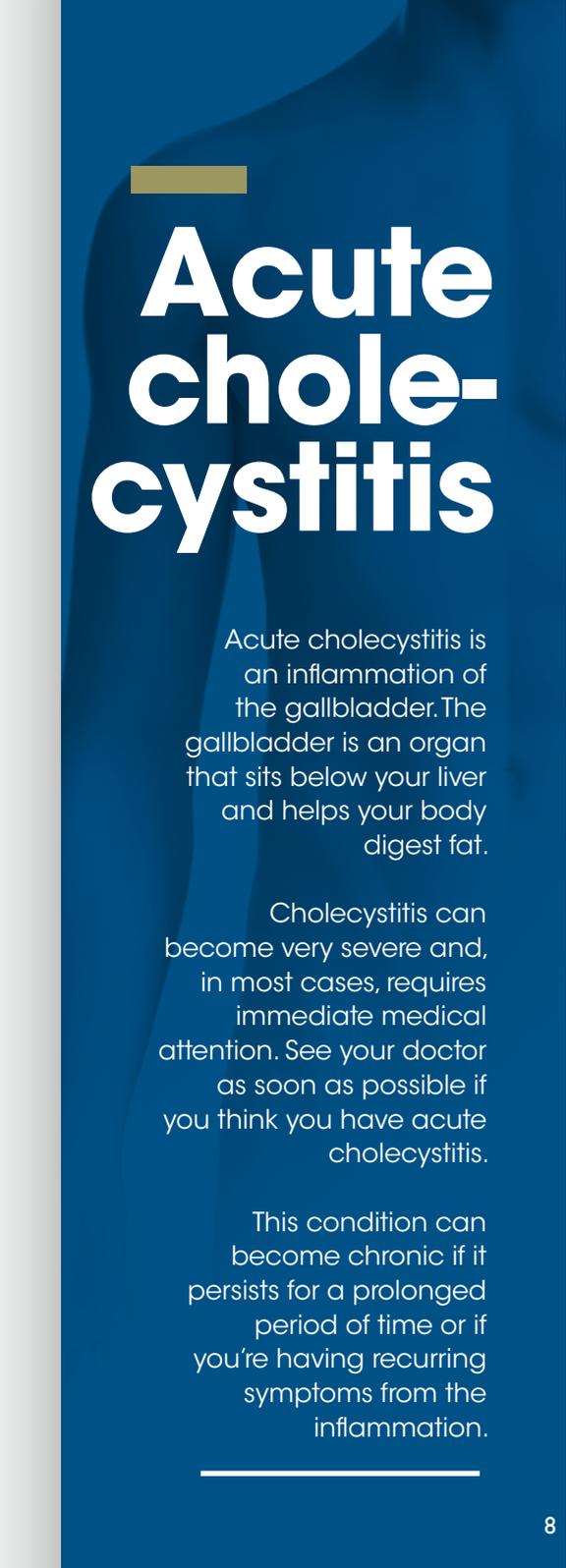
Other tests used in diagnosis include:

- **Cholecystogram or cholescintigraphy:** The patient is injected with a special iodine dye and X-rays are taken of the gallbladder over a period of time. (Some people swallow iodine pills the night before the X-ray.) The test shows the movement of the gallbladder and any obstruction of the cystic duct.
- **Endoscopic retrograde cholangiopancreatography (ERCP):** The patient swallows an endoscope, which is a long, flexible, lighted tube connected to a computer and TV monitor. The doctor guides the endoscope through the stomach and into the small intestine and then injects a special dye that temporarily stains the ducts in the biliary system. ERCP is used to locate stones in the ducts.
- **Blood tests:** Blood tests may be used to look for signs of infection, obstruction, pancreatitis or jaundice.

PREVENTION

Due to the diverse risk factors, gallstones are not totally preventable and may occur in persons who may be more likely to get them.

Source: <https://www.medicininfohub.co.za/gallstones/>



Acute cholecystitis

Acute cholecystitis is an inflammation of the gallbladder. The gallbladder is an organ that sits below your liver and helps your body digest fat.

Cholecystitis can become very severe and, in most cases, requires immediate medical attention. See your doctor as soon as possible if you think you have acute cholecystitis.

This condition can become chronic if it persists for a prolonged period of time or if you're having recurring symptoms from the inflammation.

WHAT ARE THE CAUSES AND RISK FACTORS OF CHOLECYSTITIS?

Gallstones are by far the most common cause of acute cholecystitis. Bile can build up in the gallbladder if gallstones obstruct the bile ducts. This leads to inflammation.

Acute cholecystitis can also be caused by a severe illness or a tumour. However, these causes are rare.

The condition is considered chronic when attacks of cholecystitis are repeated or prolonged.

Women get gallstones more often than men. They also have a higher risk of developing acute cholecystitis.

Risk increases with age in both men and women, although the reason for this is unclear.

WHAT ARE THE SYMPTOMS OF ACUTE CHOLECYSTITIS?

The most common sign that you have acute cholecystitis is abdominal pain that lasts for several hours. This pain is usually in the middle or right side of your upper abdomen. It may also spread to your right shoulder or back.

Pain from acute cholecystitis can feel like sharp pain or dull cramps. It's often described as excruciating.

Other symptoms include:

- clay-coloured stools
- vomiting
- nausea
- fever
- yellowing of your skin and the whites of your eyes
- pain, typically after a meal
- chills
- abdominal bloating.



HOW IS ACUTE CHOLECYSTITIS DIAGNOSED?

The symptoms of acute cholecystitis can resemble many other illnesses. Your doctor will want to know about your medical history, as well as your symptoms. They'll probably check your abdomen for swelling or tender areas.

They may order additional tests, such as the following:

- Abdominal ultrasounds use sound waves to create an image of your organs. This is the most commonly ordered imaging test that's used to diagnose cholecystitis.
- Hepatobiliary scintigraphy is a procedure that creates an image of the upper portion of your small intestine, liver, gallbladder and bile ducts.
- Cholangiography uses dye injected into your bile ducts to show the gallbladder and bile ducts on an X-ray.
- CT scans are computerised images used to create images of your internal organs.

Your healthcare provider may need to run more tests if you've been diagnosed with acute cholecystitis. These tests may include a liver function test and a complete blood count (CBC).

HOW IS CHOLECYSTITIS TREATED?

Severe abdominal pain may need immediate treatment. You should always see your doctor if you begin to have severe, unexplained abdominal pain.

Your doctor may recommend hospitalisation so that you can be monitored. You may be asked to fast, because your gallbladder is part of your digestive system and fasting allows the

gallbladder to rest. You may get intravenous (IV) fluids to prevent dehydration. Your doctor will most likely prescribe pain medication and antibiotics to minimise your abdominal pain and fight infection.

Your doctor may recommend surgery to remove your gallbladder if the cholecystitis keeps recurring. This is called a cholecystectomy, which can be done laparoscopically or through open surgery.

You can still digest food normally without a gallbladder. Bile that normally flowed to your gallbladder will be redirected into your small intestine.

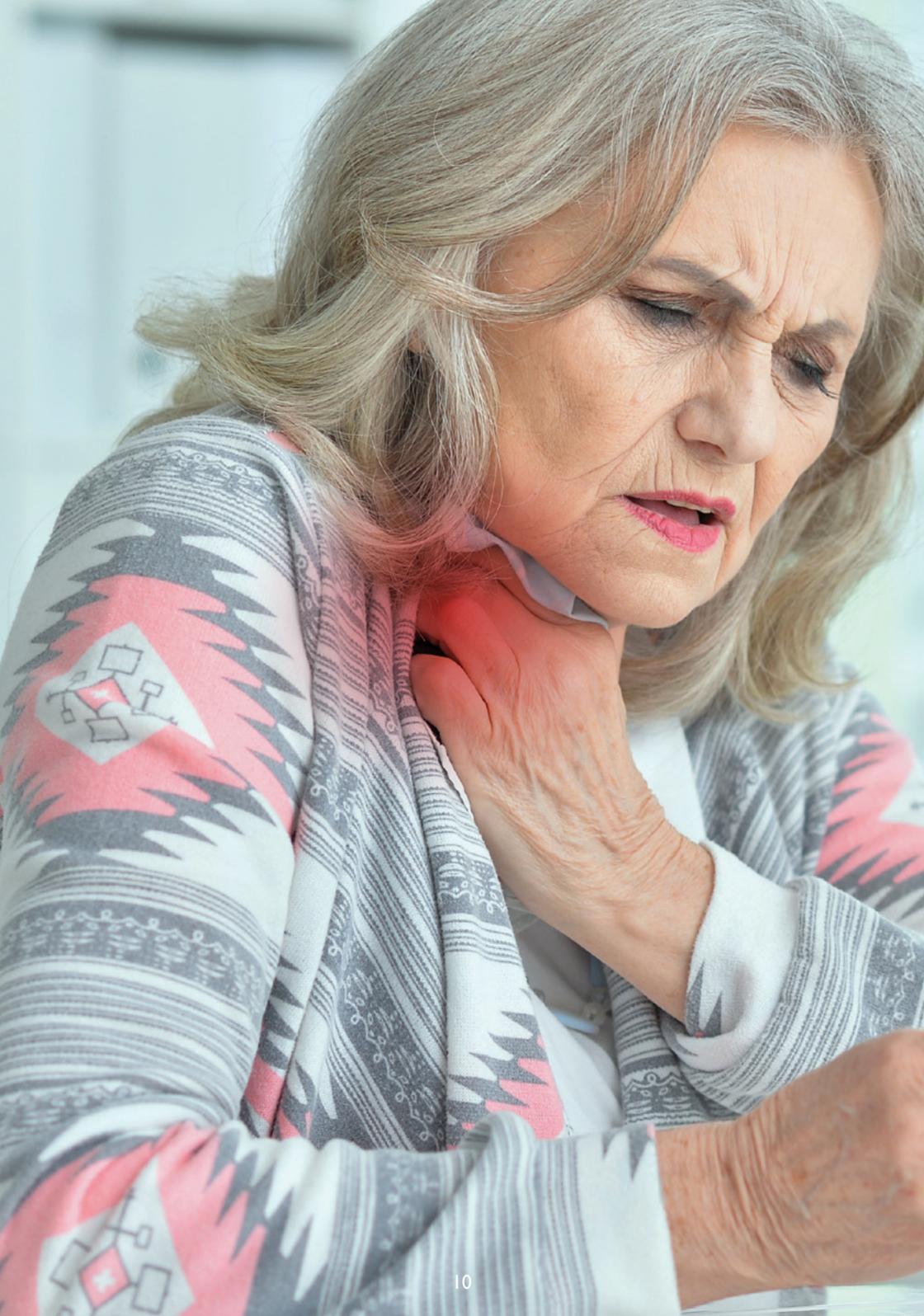
HOW CAN CHOLECYSTITIS BE PREVENTED?

You may be able to reduce your risk of developing acute or chronic cholecystitis by losing weight and eating a healthier diet. It's believed that cholesterol plays a part in the formation of gallstones. You should avoid food that is high in fat and cholesterol.

Being overweight increases the amount of cholesterol in your bile. This raises your chances of developing gallstones. If you choose to lose weight to reduce the risk of gallstones, it's best to do so gradually. Rapid weight loss may upset the delicate bile chemistry in your body. This can increase your chances of developing gallstones.

Talk to your doctor if you're concerned about your weight. They'll help you come up with an effective weight loss plan.

Source: <https://www.healthline.com/health/acute-cholecystitis>



Sore throat

A sore throat is pain, scratchiness or irritation of the throat that often worsens when you swallow. The most common cause of a sore throat (pharyngitis) is a viral infection, such as a cold or the flu. A sore throat caused by a virus heals on its own.

Strep throat (streptococcal infection), a less common type of sore throat caused by bacteria, requires treatment with antibiotics to prevent complications. Other less common causes of sore throat might require more complex treatment.

Symptoms of a sore throat can vary depending on the cause. Signs and symptoms might include:

- pain or a scratchy sensation in the throat
- pain that worsens with swallowing or talking
- difficulty swallowing
- sore, swollen glands in your neck or jaw
- swollen, red tonsils
- white patches or pus on your tonsils
- a hoarse or muffled voice.

Infections causing a sore throat might result in other signs and symptoms, including:

- fever
- cough
- runny nose
- sneezing
- body aches
- headache
- nausea or vomiting.

CAUSES

Viruses that cause the common cold and the flu also cause most sore throats. Less often, bacterial infections cause sore throats.

VIRAL INFECTIONS

Viral illnesses that cause a sore throat include:

- common cold
- flu (influenza)
- mono (mononucleosis)
- measles
- chickenpox
- coronavirus disease 2019 (COVID-19)
- croup – common childhood illness characterised by a harsh, barking cough.

Sore throat

Continues >>

BACTERIAL INFECTIONS

A number of bacterial infections can cause a sore throat. The most common is *Streptococcus pyogenes* (group A *Streptococcus*), which causes strep throat.

OTHER CAUSES

Other causes of a sore throat include:

- **Allergies:** Allergies to pet dander, mould, dust and pollen can cause a sore throat. The problem may be complicated by postnasal drip, which can irritate and inflame the throat.
- **Dryness:** Dry indoor air can make your throat feel rough and scratchy. Breathing through your mouth – often because of chronic nasal congestion – can also cause a dry, sore throat.
- **Irritants:** Outdoor air pollution and indoor pollution, such as tobacco smoke or chemicals, can cause a chronic sore throat. Chewing tobacco, drinking alcohol and eating spicy food can also irritate your throat.
- **Muscle strain:** You can strain muscles in your throat by yelling, talking loudly or talking for long periods without rest.

- **Gastroesophageal reflux disease (GERD):** GERD is a digestive system disorder in which stomach acid backs up in the food pipe (oesophagus).
- **Other signs or symptoms:** These may include heartburn, hoarseness, regurgitation of stomach contents and the sensation of a lump in your throat.
- **HIV infection:** A sore throat and other flu-like symptoms sometimes appear early after someone is infected with HIV. Also, someone who is HIV-positive might have a chronic or recurring sore throat due to a fungal infection called oral thrush or due to a viral infection called cytomegalovirus (CMV), which can be serious in people with compromised immune systems.
- **Tumours:** Cancerous tumours of the throat, tongue or voice box (larynx) can cause a sore throat. Other signs or symptoms may include hoarseness, difficulty swallowing, noisy breathing, a lump in the neck and blood in saliva or phlegm.

Rarely, an infected area of tissue (abscess) in the throat or swelling of the small cartilage 'lid' that covers the windpipe (epiglottitis) can cause a sore throat. Both can block the airway, creating a medical emergency.



RISK FACTORS

Although anyone can get a sore throat, some factors make you more susceptible, including:

- **Age:** Children and teens are most likely to develop sore throats. Children aged three to 15 are also more likely to have strep throat, the most common bacterial infection associated with a sore throat.
- **Exposure to tobacco smoke:** Smoking and second-hand smoke can irritate the throat. The use of tobacco products also increases the risk of cancers of the mouth, throat and voice box.
- **Allergies:** Seasonal allergies or on-going allergic reactions to dust, mould or pet dander make developing a sore throat more likely.
- **Exposure to chemical irritants:** Particles in the air from burning fossil fuels and common household chemicals can cause throat irritation.
- **Chronic or frequent sinus infections:** Drainage from your nose can irritate your throat or spread infection.
- **Close quarters;** Viral and bacterial infections spread easily anywhere people gather.
- **Weakened immunity;** You're more susceptible to infections in general if your resistance is low. Common causes of lowered immunity include HIV, diabetes, treatment with steroids or chemotherapy drugs, stress, fatigue and poor diet.

PREVENTION

The best way to prevent a sore throat is to avoid the germs that cause them and practise good hygiene. The following tips can be followed:

- Wash your hands thoroughly and frequently, especially after using the toilet, before eating and after sneezing or coughing.
- Avoid sharing food, drinking glasses or utensils.
- Cough or sneeze into a tissue and throw it away. When necessary, sneeze into your elbow.
- Use alcohol-based hand sanitisers as an alternative to washing hands when soap and water aren't available.
- Avoid touching public phones or drinking fountains with your mouth.
- Regularly clean telephones, TV remotes and computer keyboards with sanitising cleanser. When you travel, clean phones and remotes in your hotel room.
- Avoid close contact with people who are sick.

Source: <https://www.mayoclinic.org/diseases-conditions/sore-throat/symptoms-causes/syc->



**Did you
know** that
water makes
up around

60%
of the human
body?

Every cell, tissue, joint and organ in your body needs water to work. Your body loses water when you sweat, breathe and go to the bathroom. To make sure your body has all the water it needs to function properly, it is important to drink enough water every day to replace the water you lose.

Escape dehydration

How do you know that you are dehydrated?

SIGNS OF MILD TO MODERATE DEHYDRATION

- Thirst
- Dry mouth
- Fatigue
- Headache
- Infrequent urination and/or dark urine
- Dry skin or skin that's lost its elasticity

SIGNS OF MODERATE TO EXTREME DEHYDRATION

- Rapid breathing
- Rapid heartbeat
- Severe dizziness or light-headedness
- Unconsciousness or delirium
- Not urinating or having very dark-coloured urine
- Extremely dry or shrivelled skin that lacks elasticity

TIPS ON HOW TO PREVENT DEHYDRATION

- Keep a journal to track your water intake.
- Drink some fluids with every meal.
- Eat water-rich fruits and vegetables.
- Drink water frequently throughout the day.
- Avoid sugary drinks and alcohol.

IMPORTANT CONTACT DETAILS



Services

Contact numbers

Customer service department (general queries)	0800 110 268
Chronic medication application	0800 122 263
Hospital and major medical pre-authorisation	0800 225 151
Optical services (PPN)	0860 304 060 / 0861 103 529
Dental services (DENIS)	0860 104 941
HIV/AIDS	0860 109 793
Ambulance authorisation	0800 115 750
Fraud hotline	0800 000 436
WhatsApp	0860 005 037

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