trans health

transmed MEDICAL FUND

THIRD EDITION OF 2022

Welcome to the third edition of TransHealth for **2022**

IN THIS EDITION:

Principal Officer's note

Petrus Wassermann
Principal Officer

Welcome to the third edition of TransHealth for 2022. Time has flown and it is hard to believe we are already into the second half of 2022.

In this edition we cover a range of topics that I believe will be of value to you and your family.

September is Blood Cancer Awareness Month. In keeping with this theme, we have included an article on blood cancer.

Transmed hosted its annual general meeting in July. Thank you to all our members who made the effort to attend.

I would also like to congratulate our winners of the last competition. You will find another competition in this issue.

We hope that you will take the time to read this newsletter and that you find it informative and helpful.

We wish our members continued good health for the remainder of the year – and beyond.

Should you wish to give us feedback, please do not hesitate to do so by sending an email to suggestions@transmed.co.za.

Warm regards

Petrus Wassermann
Principal Officer

OBSTRUCTIVE AND RESTRICTIVE LUNG DISEASE

> Most commonly, people with obstructive or restrictive lung disease seek a doctor because they feel short of breath.'

What is obstructive lung disease?

People with obstructive lung disease have shortness of breath due to difficulty exhaling all the air from the lungs. Because of damage to the lungs or narrowing of the airways inside the lungs, exhaled air comes out more slowly than normal. At the end of a full exhalation, an abnormally high amount of air may still linger in the lungs.

The most common causes of obstructive lung disease are:

- chronic obstructive pulmonary disease (COPD), which includes emphysema and chronic bronchitis
- asthma
- bronchiectasis
- cystic fibrosis.

Obstructive lung disease makes it harder to breathe – especially during increased activity or exertion. As the rate of breathing increases, there is less time to breathe all the air out before the next inhalation.

What is restrictive lung disease?

People with restrictive lung disease cannot fully fill their lungs with air. Their lungs are restricted from fully expanding.

Restrictive lung disease most often results from a condition causing stiffness in the lungs themselves. In other cases, stiffness of the chest wall, weak muscles or damaged nerves may cause the restriction in lung expansion.

Some conditions causing restrictive lung disease are:

- interstitial lung disease, such as idiopathic pulmonary fibrosis
- sarcoidosis – an autoimmune disease
- obesity, including obesity hypoventilation syndrome
- scoliosis
- neuromuscular disease, such as muscular dystrophy or amyotrophic lateral sclerosis (ALS).

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OBSTRUCTIVE AND RESTRICTIVE LUNG DISEASE

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Diagnosis of obstructive and restrictive lung disease

Most commonly, people with obstructive or restrictive lung disease seek a doctor because they feel short of breath.

Obstructive and restrictive lung diseases are identified using pulmonary function tests. In pulmonary function testing, a person blows air forcefully through a mouthpiece. As the person performs various breathing manoeuvres, a machine records the volume and flow of air through the lungs. Pulmonary function testing can identify the presence of obstructive or restrictive lung disease, as well its severity.

A doctor's interview (including smoking history), physical exam and lab tests may provide additional clues to the cause of obstructive or restrictive lung disease.

Imaging tests are almost always part of the diagnosis of obstructive or restrictive lung disease. These may include:

- chest X-ray
- computed tomography (CT) scan of the chest.

In some people, a bronchoscopy may be recommended to diagnose the lung condition causing obstructive or restrictive lung disease. In a bronchoscopy, a doctor uses an endoscope (a flexible tube with a camera and tools on its tip) to look inside the airways and take samples of lung tissue (biopsies).

Symptoms of obstructive and restrictive lung disease

Obstructive and restrictive lung disease cause shortness of breath. In the early stages of obstructive or restrictive lung disease, shortness of breath occurs only with exertion, such as exercise. If the underlying lung condition progresses, breathlessness may occur with minimal activity or even at rest.

Coughing is a common symptom in obstructive and restrictive lung diseases. Usually, the cough is dry or produces white sputum. People with chronic bronchitis, a form of obstructive lung disease, may cough up larger amounts of coloured sputum.

Symptoms of depression and anxiety are also common among people with obstructive and restrictive lung disease. These symptoms occur more often when lung disease causes significant limitations in activity and lifestyle.

Source: https://www.webmd.com/lung/obstructive-and-restrictive-lung-disease#091e9c5e8062e64a-1-2

STOP SMOKING

Stopping smoking is one of the best things you will ever do for your health.

Tips to help you quit smoking

- Decide on a date to quit smoking and do it.
- Throw away all reminders of smoking: cigarette packets, ashtrays and lighters.
- Drink lots of water – it will help flush the nicotine from your body.
- Become more active – do exercise, such as walking and jogging.
- Change your routine. Avoid smokers and things that make you want to smoke for the first couple of days.
- Tell your family and friends that you are trying to quit so that they can offer you support.
- You may experience some dizziness, headaches or coughing once you have stopped smoking. This is normal and should improve after a day or two and disappear within 14 days.
- The first two to three days are the most difficult, after which it gets easier. Your cravings will subside and eventually disappear.
- If you are worried about gaining weight, eat at regular times during the day. Snack on fruit between meals. Take time for exercise. Not all ex-smokers gain weight.
- Do not use a crisis or special occasion as an excuse for 'just one' cigarette. One cigarette leads to another and another.

Where can I get help to stop smoking?

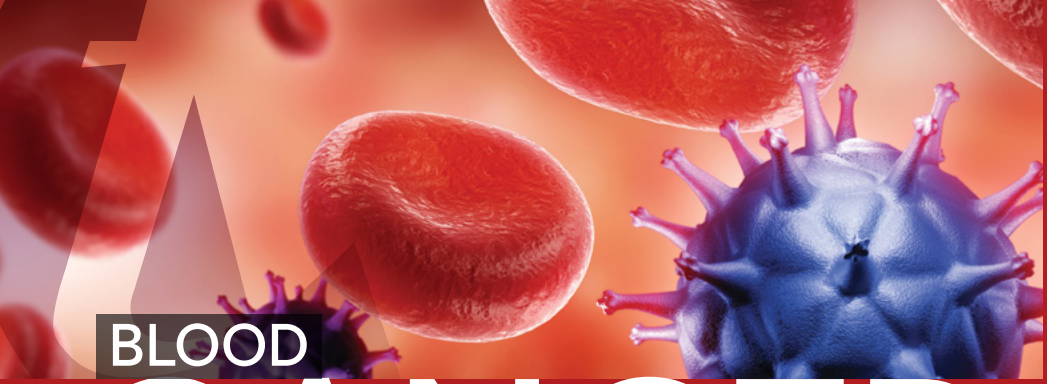
National Quit Line:
011 720 3145.

Website:
www.againstsmoking.co.za

Smokeenders: *021 788 9120 / 011 487 0231 / 061 190 8147*

Website: *smokenders.co.za*

Source: CANSA



BLOOD CANCER

What are bone marrow and blood cancers?

Most blood cancers – also called haematologic cancers – start in the bone marrow, which is where blood is produced. Blood cancers occur when abnormal blood cells start growing out of control, interrupting the function of normal blood cells, which fight off infection and produce new blood cells.

Types of blood cancer

The three main types of blood and bone marrow cancer are leukaemia, lymphoma and myeloma:

- **Leukaemia** is a blood cancer that originates in the blood and bone marrow. It occurs when the body creates too many abnormal white blood cells and interferes with the bone marrow's ability to make red blood cells and platelets.
- **Non-Hodgkin lymphoma** is a blood cancer that develops in the lymphatic system from cells called lymphocytes, a type of white blood cell that helps the body fight infections.
- **Hodgkin lymphoma** is a blood cancer that develops in the lymphatic system from cells called lymphocytes. Hodgkin lymphoma is characterised by the presence of an abnormal lymphocyte called the Reed-Sternberg cell.
- **Multiple myeloma** is a blood cancer that begins in the blood's plasma cells, which is a type of white blood cell made in the bone marrow.

There are also less common forms of blood and bone marrow cancers or associated disorders, including:

- **Myelodysplastic syndromes (MDS):** These are rare conditions that may result from damage to blood-forming cells in the bone marrow.
- **Myeloproliferative neoplasms (MPNs):** These rare blood cancers occur when the body overproduces white blood cells, red blood cells or platelets. The three main subcategories are essential thrombocythemia (ET), myelofibrosis (MF) and polycythaemia vera (PV).
- **Amyloidosis:** This rare disorder, characterised by the build-up of an abnormal protein called amyloid, is not a form of cancer. But it is closely associated with multiple myeloma.
- **Waldenström macroglobulinaemia:** This is a rare type of non-Hodgkin lymphoma that starts in B cells.
- **Aplastic anaemia:** This rare condition occurs when key stem cells are damaged and can only be treated with a bone marrow transplant.

Blood cancer symptoms

Some common bone marrow and blood cancer symptoms include:

- fever and chills
- persistent fatigue and weakness
- loss of appetite and nausea
- unexplained weight loss
- night sweats
- bone/joint pain
- abdominal discomfort
- headaches
- shortness of breath
- frequent infections
- itchy skin or skin rash
- swollen lymph nodes in the neck, underarms or groin.

Causes of blood cancer

All blood cancers are caused by mutations in the genetic material – the DNA – of blood cells. Other risk factors vary based on the specific type of blood cancer.

Risk factors for developing acute myeloid leukaemia (AML) – the most common form of leukaemia in adults – include:

- advancing age
- gender: being male
- exposure to industrial chemicals, such as benzene
- smoking
- history of cancer treatment
- exposure to high doses of radiation
- history of other blood cancers.

Risk factors for developing Hodgkin lymphoma include:

- history of infection with Epstein-Barr virus (EBV), which causes infectious mononucleosis (mono)
- advancing age
- gender: being male
- family history of Hodgkin lymphoma
- compromised immune system.

Risk factors for developing non-Hodgkin lymphoma include:

- exposure to certain industrial chemicals, herbicides and insecticides
- history of chemotherapy
- radiation exposure
- compromised immune system
- history of autoimmune diseases, such as rheumatoid arthritis or lupus.

Risk factors for developing multiple myeloma include:

- advancing age
- gender: being male
- race: higher risk among certain races
- obesity or extra body weight.

How is blood cancer diagnosed?

Determining a diagnosis often starts with a physical examination to check your general health. Your doctor will review your health history, examine your body and lymph nodes and look for any signs of infection or bruising.

Different types of tests and procedures may be used to diagnose blood cancer. What you need will depend on the suspected type of blood cancer. Your care team may recommend testing and evaluate all the results along with you to make a diagnosis.

Biopsies

A biopsy is a test that collects samples of cells for examination by a pathologist in a laboratory. For some types of blood cancer, like lymphoma, you may need a lymph node biopsy that obtains a sample of lymph tissue or an entire lymph node.

Testing your bone marrow, where blood cells are formed, can help diagnose certain types of blood cancer. Doctors use a procedure called a bone marrow aspiration to remove a small sample of bone marrow, blood and bone from either a hip bone or breastbone. The sample is sent to a lab and checked for abnormal cells or changes in genetic material.

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BLOOD CANCER

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Imaging scans

Imaging scans are more helpful for some types of blood cancer than others. A scan may spot an enlarged lymph node, which is a common symptom of lymphoma, but it is not usually used to diagnose leukaemia, a blood cancer that does not cause visible tumours. Still, scans may help determine whether cancer has affected other parts of the body.

Scans include:

- computed tomography (CT) scan
- magnetic resonance imaging (MRI)
- positron-emission tomography (PET) scan
- X-ray
- ultrasound.

Certain types of scans are used during biopsies to help pinpoint the area to be sampled.

Blood tests

A complete blood count (CBC) shows the cell count of different components of blood, such as white blood cells, red blood cells and platelets.

Blood chemistry tests measure levels of key substances in your blood. Abnormal levels of certain proteins, for example, may offer information about your condition. If multiple myeloma is suspected, doctors may want to check your blood-calcium level. For possible lymphoma, an enzyme called lactate dehydrogenase (LDH) may be measured.

Blood cancer treatment and therapy options

Treatment for blood and bone marrow cancers depends on the type of cancer, your age, how fast the cancer is progressing, where the cancer has spread and other factors. Common blood cancer treatment for leukaemia, lymphoma and multiple myeloma include:

- **Stem cell transplantation:** A stem cell transplant infuses healthy blood-forming stem cells into the body. Stem cells may be collected from the bone marrow, circulating blood and umbilical cord blood.
- **Chemotherapy:** Chemotherapy uses anticancer drugs to interfere with and stop the growth of cancer cells in the body. Chemotherapy for blood cancer sometimes involves giving several drugs together in a set regimen. This treatment may also be given before a stem cell transplant.
- **Radiation therapy:** Radiation therapy may be used to destroy cancer cells or to relieve pain or discomfort. It may also be given before a stem cell transplant.

Source: https://www.cancercenter.com/blood-cancers

SHINGLES

Shingles is a viral infection that causes a painful rash. Although shingles can occur anywhere on your body, it most often appears as a single stripe of blisters that wraps around either the left or the right side of your torso.

Shingles is caused by the varicella-zoster virus – the same virus that causes chickenpox. After you have had chickenpox, the virus lies inactive in nerve tissue near your spinal cord and brain. Years later, the virus may reactivate as shingles.

Shingles is not a life-threatening condition, but it can be very painful. Vaccines can help reduce the risk of shingles. Early treatment can help shorten a shingles infection and lessen the chance of complications. The most common complication is postherpetic neuralgia, which causes shingles pain for a long time after your blisters have cleared.

Symptoms

The signs and symptoms of shingles usually affect only a small section of one side of your body. These signs and symptoms may include:

- pain, burning, numbness or tingling
- sensitivity to touch
- a red rash that begins a few days after the pain
- fluid-filled blisters that break open and crust over
- itching.

Some people also experience:

- fever
- headache
- sensitivity to light
- fatigue.

Pain is usually the first symptom of shingles. For some, it can be intense. Depending on the location of the pain, it can sometimes be mistaken for a symptom of problems affecting the heart, lungs or kidneys. Some people experience shingles pain without ever developing the rash.

Most commonly, the shingles rash develops as a stripe of blisters that wraps around either the left or right side of your torso. Sometimes the shingles rash occurs around one eye or on one side of the neck or face.

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What causes shingles?

Shingles is caused by the varicella-zoster virus – the same virus that causes chickenpox. Anyone who has had chickenpox may develop shingles. After you recover from chickenpox, the virus enters your nervous system and lies dormant for years.

Eventually, it may reactivate and travel along nerve pathways to your skin – producing shingles. But not everyone who has had chickenpox will develop shingles.

The reason for shingles is unclear. But it may be due to lowered immunity to infections as you grow older. Shingles is more common in older adults and in people who have weakened immune systems.

Varicella-zoster is part of a group of viruses called herpes viruses, which includes the viruses that cause cold sores and genital herpes. Because of this, shingles is also known as herpes zoster. But the virus that causes chickenpox and shingles is not the same virus responsible for cold sores or genital herpes, a sexually transmitted infection.

Is shingles contagious?

A person with shingles can pass the varicella-zoster virus to anyone who is not immune to chickenpox. This usually occurs through direct contact with the open sores of the shingles rash. Once infected, the person will develop chickenpox; however, not shingles.

Chickenpox can be dangerous for some people. Until your shingles blisters scab over, you are contagious and should avoid physical contact with anyone who has not yet had chickenpox or the chickenpox vaccine, especially people with weakened immune systems, pregnant women and newborns.

Risk factors

Anyone who has ever had chickenpox can develop shingles.

Factors that may increase your risk of developing shingles include:

- **Being older than 50.** Shingles is most common in people older than 50. The risk increases with age.
- **Having certain diseases.** Diseases that weaken your immune system, such as HIV/AIDS and cancer, can increase your risk of shingles.
- **Undergoing cancer treatment.** Radiation or chemotherapy can lower your resistance to diseases and may trigger shingles.
- **Taking certain medication.** Drugs designed to prevent rejection of transplanted organs can increase your risk of shingles — as can prolonged use of steroids, such as prednisone.

How is shingles diagnosed?

Shingles can be diagnosed by the way the rash is distributed on your body. The blisters of a shingles rash usually appear in a band on one side of your body. Shingles can also be diagnosed in a laboratory using scrapings or a swab of the fluid from the blisters.

How is shingles treated?

There is no cure for shingles, but there is treatment for managing the symptoms. Consult your healthcare provider.

Source: https://www.mayoclinic.org/diseases-conditions/shingles/symptoms-causes/syc-20353054

Third-party consent

If you are unable to contact us directly and need someone else to speak to us on your behalf, we will need you to complete a member consent form before we can accept instructions from, or share your information with, anyone else. This measure is in place to protect you against people who may try access your information without authorisation.

You can find the form on the Fund's website at www.transmed.co.za. Alternatively, contact the customer service department on **0800 450 010** to obtain the form. Complete it electronically or print it out.

IMPORTANT CONTACT DETAILS

Who you need to call to get in touch with the Fund

Service	Link plan	Select and Prime plans
Customer service department	Universal Healthcare 0861 686 278 transmed@universal.co.za	0800 450 010 enquiries@transmed.co.za
Membership and contributions	0800 450 010	0800 450 010
Hospital and major medical pre-authorisation	Universal Healthcare 0861 686 278	0800 225 151
Disease programmes	Universal Healthcare 0861 686 278	0800 225 151
Ambulance authorisation	0800 115 750	0800 115 750
HIV/AIDS	Universal Healthcare 0861 686 278	0860 109 793
Dental services	Universal Healthcare 0861 686 278	Select plan 0860 104 941 Prime plan 0800 450 010
Optical services	Universal Healthcare 0861 686 278	Select plan PPN 0861 103 529 Prime plan 0800 450 010
Fraud hotline	0800 000 436	0800 000 436
WhatsApp	0860 005 037	0860 005 037

IMPORTANT EMAIL ADDRESSES

Services	Email address
Enquiries	enquiries@transmed.co.za
Banking details and membership	membership@transmed.co.za
Compliments	compliments@transmed.co.za
Complaints	complaints@transmed.co.za
Appeals	appeals@transmed.co.za
Claims	claims@transmed.co.za
Ex gratia	exgratia@transmed.co.za
Suggestions	suggestions@transmed.co.za
External service provider for the Link plan Universal Healthcare	transmed@universal.co.za

It is with great pleasure that we announce the **winners** of the spot the difference competition from the second edition of **TransHealth for 2022**.

WINNERS:

First prize
Mr GAG Huysamen

Second prize
Mrs SC Borman

Third prize
Mrs SJ Clarke

Win with Transmed

Brainteaser competition

We are giving away prizes to the winners of our brainteaser competition. All you need to do is to complete the puzzle by circling the relevant words and finding the one that does not appear. The words may appear diagonally, vertically or horizontally. You will find the answers in this edition of the newsletter. The first correct entry will win R2 000. The second and third correct entries will each win R1 000.

Please note that terms and conditions apply.

You may use the following channels to forward your answers:

- Post: Brainteaser competition, PO Box 2269, Bellville 7535
- Email: enquiries@transmed.co.za
- Fax: 011 381 2041/42

Please write down the correct answer in the entry form along with your contact details. Your entry form must reach Transmed Medical Fund by no later than 30 September 2022.

Y	C	M	R	A	D	I	A	T	I	O	N	O	Z	S	U	U	Y
T	V	H	T	S	O	D	T	M	W	P	K	H	N	E	V	L	I
E	V	F	I	O	C	G	V	H	U	H	Y	T	R	N	S	Y	H
L	N	E	C	C	M	O	B	A	E	F	D	E	U	S	H	M	J
D	B	V	I	V	K	O	N	E	D	R	W	F	I	I	I	P	U
R	M	B	V	U	T	E	G	S	C	T	A	N	J	T	N	H	X
K	V	O	I	D	T	L	N	R	E	B	W	P	B	I	G	O	I
I	Q	F	N	O	S	E	A	P	A	N	H	H	Y	V	L	U	W
C	A	E	Z	C	P	B	Q	J	O	P	T	O	K	I	E	P	A
L	I	R	C	V	F	S	U	D	Y	X	H	K	Y	T	S	M	T
J	N	M	B	G	M	H	Y	V	B	U	N	Y	U	Y	D	C	M
J	X	Q	G	L	A	T	F	D	I	A	G	N	O	S	E	S	T

Puzzle words:

Lymph
Consent
Shingles
Diagnoses
Chickenpox
Sensitivity
Tomography
Radiation
Therapy
Biopsy
Cancer

FULL NAME: _____
PHYSICAL ADDRESS: _____
POSTAL ADDRESS: _____
EMAIL ADDRESS: _____
MEMBERSHIP NUMBER: _____
CELL PHONE NUMBER: _____
TEL (H): _____
TEL (W): _____
ANSWER: _____

ANSWERS FROM PREVIOUS ISSUE

Terms and conditions

• The competition is only open to Transmed Medical Fund members and their registered dependants. • Late entries will not be considered for the draw. • Please note that entries may be posted, emailed or faxed to Transmed. • Winners will be notified telephonically and their names will be published in the TransHealth magazine. Transmed may require the publication of the photographs of the winners. • The judges' decision is final and no correspondence will be entered into. • Entry into the competition signifies acceptance of all rules.