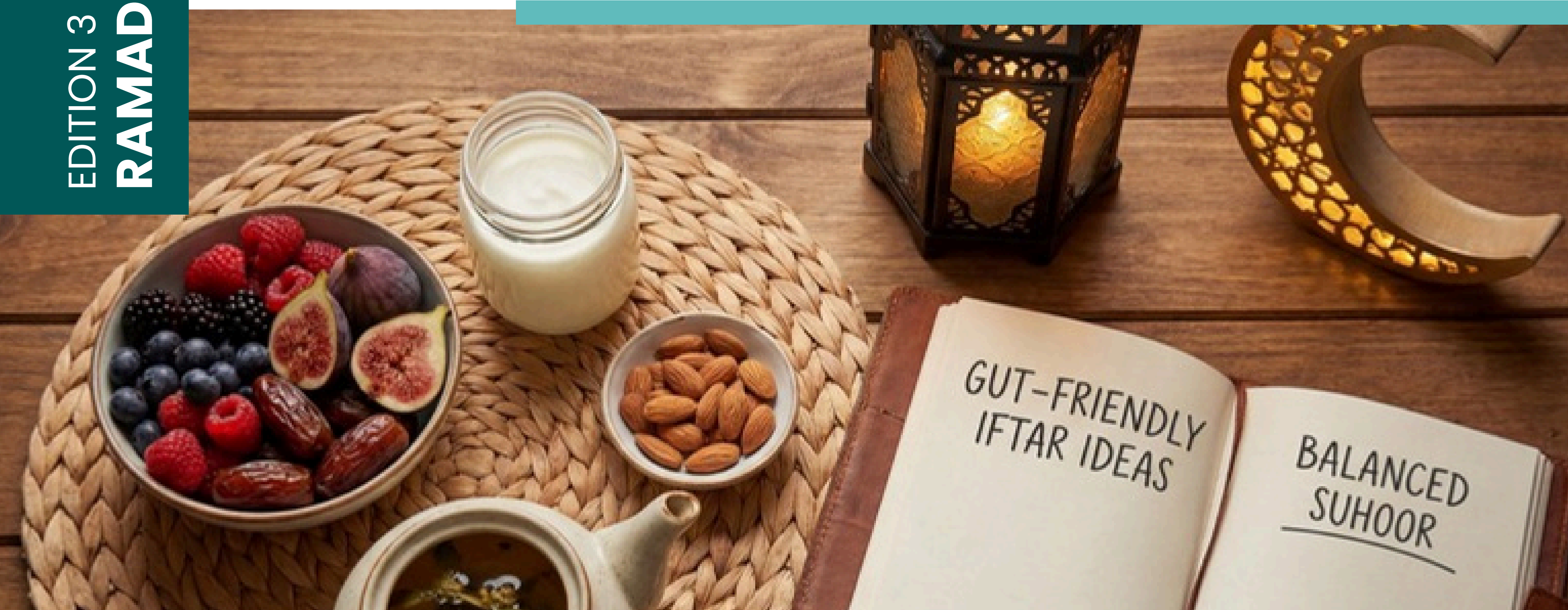


# Gut News You Can Use

We are delighted to welcome you to the third edition of Gut News You Can Use by My Gut Care.



## Edition 3: Supporting your patients observing Ramadan and presenting the My Gut Care Inaugural GP Gastroenterology and Hepatology Masterclass!

We are delighted to welcome you to the third edition of Gut News You Can Use by My Gut Care.

This newsletter has been thoughtfully curated to share timely, relevant updates in gastroenterology and hepatology, featuring reviews of key research, case studies, and insights from our team of specialist doctors, dietitians, and nurses. We hope you find this resource valuable in supporting your patients. If there are any specific topics you'd like our specialists to explore in upcoming editions, please don't hesitate to send your enquiry to [support@ggos.com.au](mailto:support@ggos.com.au)

### Supporting Patients Observing Ramadan

In this edition of Gut News You Can Use, we provide practical resources to help you support your patients observing Ramadan.

#### About Ramadan

Ramadan is the ninth month of the Islamic lunar calendar, observed by Muslims worldwide as a period of fasting, prayer, reflection, and community.

#### Dates for 2026

Estimated: Evening of Wednesday, 18 February 2026 – Friday, 20 March 2026.

### Featured Articles

Page 2 – General advice for primary care

Page 3 – RAMCOM and Ramadan fasting with existing conditions quick guide

Page 4 – Condition-specific advice for patients with gastrointestinal and hepatobiliary conditions

Page 6 – Welcome Dr Zaki to My Gut Care and Greenslopes Hospital

### MY GUT CARE GP Masterclass 2026 (IBD, IBS, FMT, Liver Disease & Endoscopy – A Practical Update)

We are delighted to announce we will be hosting our first gastroenterology master class, designed for the busy GP, with 6 of our gastroenterologists presenting covering all aspects of gastroenterology and hepatology. Further details can be found on page 5.

#### Sponsors



**Book Now:** <https://www.eventbrite.com/e/my-gut-care-gastroenterology-masterclass-2026-tickets-1919222037779>

### Earn CPD

GPs can claim CPD for reading research publications via their myCPD home account.  
**More information:** RACGP - Login to RACGP's online services [racgp.org.au/special-pages/login](http://racgp.org.au/special-pages/login)

# RAMADAN CARE FOR GPs

Ramadan fasting can usually be accommodated safely for patients with chronic gastrointestinal conditions when risk is assessed early and care is individualised. Structured, culturally sensitive consultations improve both adherence and patient safety, while also addressing potential metabolic benefits.

## Practical GP tips:

- Use tools such as [RAMCOM](#) (see below) to guide discussions with patients about fasting intentions and exemptions and find reference guidance from NEPHU, AIMA, and ICV
- Schedule a pre-Ramadan review
- Adjust medication timing to once- or twice-daily or sustained-release formulations
- Advise on hydration (1–2L in non-fasting hours;)
- Discuss religious exemptions (illness, pregnancy, menstruation, travel) and involve relevant community or religious authorities if helpful
- Highlight metabolic benefits for low-risk patients (improved lipids, insulin sensitivity, reduced inflammation)
- Reassure that short-term weight loss is often water-related and transient

## References:

1. Bhuiyan MN et al., Health Services Research & Managerial Epidemiology, 2024
2. Amin MEK, Abdelmageed A., PLOS ONE, 2020;15(2):e0228888
3. Rahman S., Open Access Macedonian Journal of Medical Sciences, 2022
4. Mahmood A et al., BMJ, 2022; 376:e063613



## RAMadan COMmunication (RAMCOM) tool

	Suggested script	
Partnership	I notice in your hospital records that your faith is recorded as 'Muslim' [or Islam]. It is Ramadan soon/at the moment. Do you celebrate Ramadan? [If yes, you can say 'Ramadan Mubarak' - roughly translates as 'Happy Ramadan']	
Partnership	Do you mind if I talk with you about how you manage your medicines during Ramadan? I understand that some patients choose to fast, and some patients choose not to fast. Are you thinking about fasting during Ramadan this year? <b>YES, I would like to fast.</b>	NO, I won't fast.
	The decision to fast or not will always be up to you. I will do my best to work with you to make sure you have all the information you need. Do you have any questions to start with?	
Gather patient information	<ul style="list-style-type: none"> <li>• To help me understand your situation, what is your experience with fasting? Did you fast last year?</li> <li>• Can we look at the medicines you are taking now? Do you feel that any of these break your fast if you take them between sunrise and sunset?</li> <li>• What is your usual routine during Ramadan with regards to medicines, meals, exercise and sleep?</li> </ul>	Proceed with usual care/procedure
Advice	I understand you wish to fast because... [e.g., connection to family/community, traditions etc.]. Considering your current health, I also need to let you know the possible risks of fasting include...	
Patient decision	You might choose to fast or try fasting and stop if problems occur or choose not to fast at all. What is your preference? <b>YES, I would like to fast.</b>	NO, I won't fast.
	<b>Document the patient's decision and your advice in the medical record.</b>	
Medical and medicine plan	<ul style="list-style-type: none"> <li>• Here is how we can adjust your medicine..... How does this sound? This... [provide chart or relevant resource]... can help you track things.</li> <li>• Here are some symptoms or warning signs you should look for when fasting.... This is what you should do if you experience these symptoms...</li> <li>• If these symptoms [e.g., signs of severe hypoglycaemia, etc.,] occur, you should break your fast and contact...</li> </ul>	
Teach back	[In outpatient clinic or at hospital discharge] <ul style="list-style-type: none"> <li>• Can you tell me how you will take your medicines?</li> <li>• What will you keep an eye on and what will you do in case of an emergency?</li> <li>• What do you plan to do regarding meals, exercise and sleep?</li> <li>• Who are you going to follow-up with and when? [e.g. GP or treating doctor]</li> </ul>	
	Thank you for your cooperation. Please let me or your healthcare team know if you have any questions or concerns in the future.	

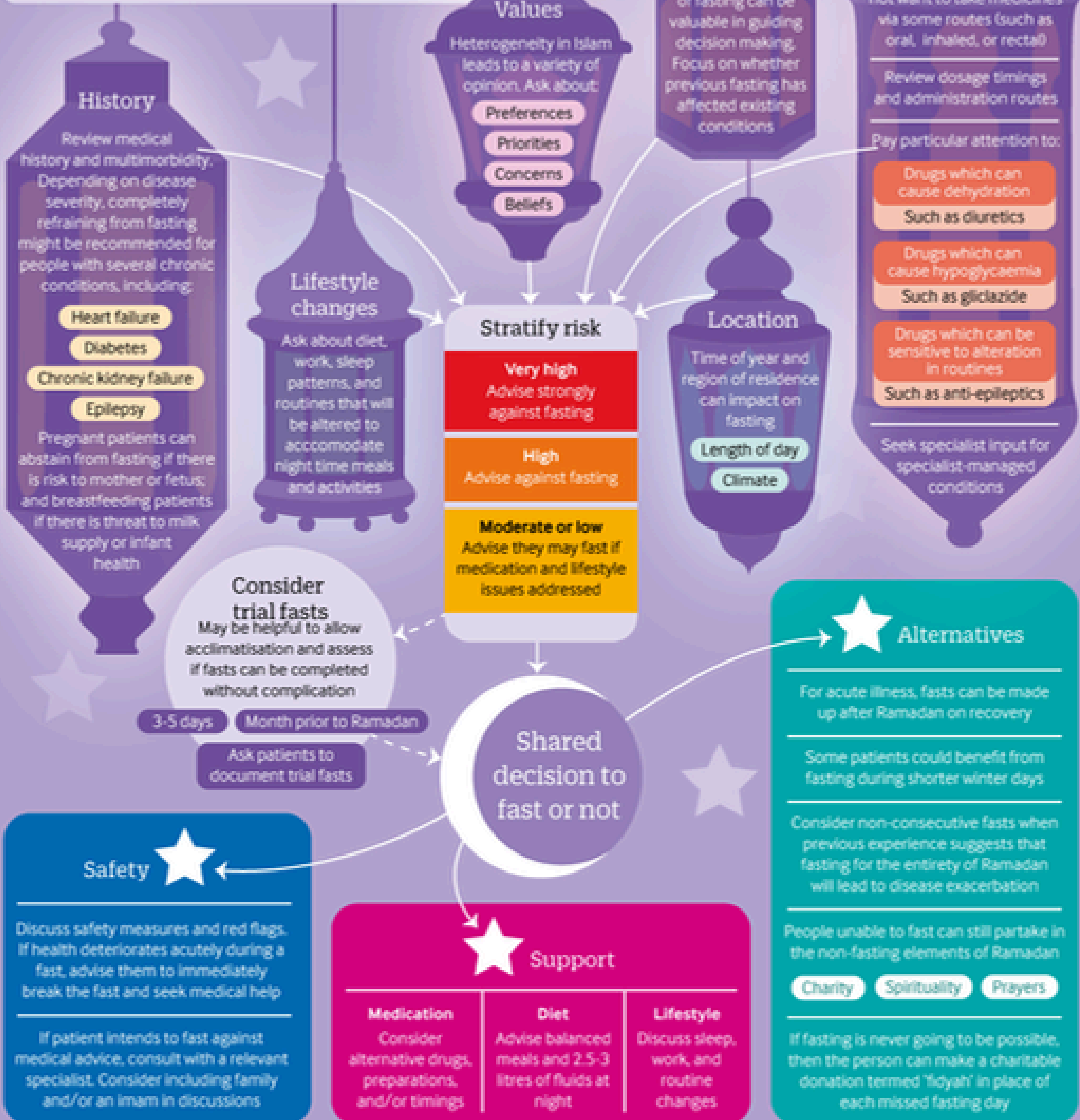
# Ramadan fasting with existing conditions

thebmj Visual summary 

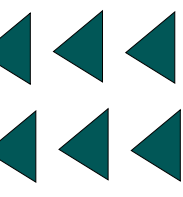
## Ramadan fasting with existing conditions

A quick guide to making shared decisions

Ramadan is a time of heightened spirituality and community cohesion which Muslim patients can be reluctant to miss. Fasting during Ramadan involves refraining from eating and drinking during daylight hours for up to 30 consecutive days. Exemptions can be made on medical grounds. This quick overview summarises what to cover during a pre-Ramadan consultation



# GASTROINTESTINAL CONDITIONS



## Two most common Gastroenterology symptoms during Ramadan

### Constipation – Practical GP Tips

Changes in meal timing and food choices during Ramadan can alter the gut microbiome and commonly lead to constipation. In 2026, fasting will be approximately 14 hours, which increases the risk of dehydration. Dehydration reduces gut motility and can further exacerbate constipation.

#### 1. Hydration

Encourage patients to aim for 6–8 glasses of water between Iftar and Suhoor:

- 2 glasses between Iftar and bedtime
- 2 glasses at Suhoor
- Remaining glasses spaced through the evening

Advise: Limit excess tea and coffee, as these can worsen dehydration.

#### 2. Fibre Intake

Natural fibre sources to include:

- Dates: 1–2 daily
- Cooked vegetables
- Fruits such as kiwis, pears, apples and berries

#### 3. Gentle Activity

Encourage a gentle walk after Iftar to stimulate gut motility and support bowel regularity.

### Gastro-oesophageal Reflux Disease (GORD) – Ramadan Quick Tips

Overall GORD symptoms may improve during Ramadan due to dietary changes and smoking cessation. However, overconsumption of fatty and fried foods at Iftar commonly worsens reflux.

#### Practical GP Tips

##### Diet

- Avoid coffee, chocolate, fatty, fried or spicy foods after Iftar
- Encourage smaller, lighter Iftar meals
- Avoid lying down for 2–3 hours after eating

##### Medications

- PPIs at Iftar for once-daily dosing
- If on regular PPI: take 30 minutes before Suhoor for daytime control
- Alginate-antacid combinations (e.g. Gaviscon®) for rapid relief
- Breakthrough Symptoms
- For symptoms after Iftar:
- Liquid or chewable antacids are more effective than PPIs
- PPIs are not suitable for on-demand relief

##### Reference

Tibi S et al. Cureus. 2023.

### 5-Minute Ayran Recipe (Yoghurt Drink)

#### Ingredients (1 serving):

- 1 cup plain natural yoghurt
- 1 cup cold water
- ¼ teaspoon salt (optional)
- Optional: pinch of dried mint or fresh mint leaves

#### Method:

1. Add yoghurt and water to a jug or blender.
2. Whisk or blend until smooth and frothy.
3. Stir in salt (and mint if using).
4. Serve chilled.

#### Why Ayran?

- Hydrating
- Provides electrolytes
- Gentle on the gut
- Supports digestion
- Useful for constipation prevention during Ramadan



### GP Tip: When Is Ayran Helpful?

Ayran can be a useful hydration option during Ramadan, particularly for patients who struggle with dehydration, constipation, or reflux.

#### Why recommend Ayran?

- Helps maintain hydration during fasting hours
- Provides electrolytes (especially with a pinch of salt)
- Gentle on the stomach and reflux-friendly
- Supports gut motility and digestion
- May help reduce constipation risk when combined with fibre and fluids

#### Best times to drink:

- At Iftar to rehydrate gently
- Between Iftar and bedtime
- At Suhoor to support hydration through the fasting day

#### Caution:

- Advise moderation in patients with salt-sensitive hypertension (omit added salt).
- Choose plain, unsweetened yoghurt to avoid excess sugar.

## Inflammatory Bowel Disease (IBD)

Fasting is generally safe in stable Crohn's disease; elderly men with ulcerative colitis (UC) have a higher flare risk.

### Practical GP tips

- Allow fasting in stable Crohn's disease
- Counsel older UC patients to monitor symptoms closely

### Key Takeaway

Fasting can be considered on a case-by-case basis. Shared decision-making and clear safety-netting are essential.

### Reference

Tibi S et al. Cureus. 2023.



## Liver Disease & Advanced GI Care

### MASLD / NAFLD

Ramadan-type intermittent fasting improves liver enzymes, lipid profiles and steatosis in stable patients.

### Practical GP tips

- Encourage balanced Iftar meals (fruit, vegetables, lean protein)
- Avoid starting diuretics or SGLT-2 inhibitors immediately pre-Ramadan
- GLP1 Agonist are suggested to be held or not started during Ramadan

### Reference

- Narrative Review. Role of Intermittent Fasting in NAFLD.

### Cirrhosis

Patients with Child-Pugh A or B cirrhosis may fast with monitoring; Child-Pugh C should be advised against fasting.

### Practical GP tips

- Avoid initiating diuretics before Ramadan
- Arrange mid-Ramadan labs if fasting (bilirubin, INR)

### Reference

- Tibi S et al. Cureus. 2023.

### Hydration & Gut Considerations

Hydration planning is essential, to keep your gut moist and avoid constipation which is one of the most commonly reported issues during fasting.

### Practical GP tips

- Share hydration tips in your practice
- Advise patients to drink an additional 0.5 litres of water during Suhoor

### Reference

- NEPHU Ramadan Clinicians Factsheet. Australia, 2025.



## Bottom Line for GPs

Most patients can fast safely during Ramadan when risk is assessed early, medications are adjusted appropriately and hydration is prioritised.

## MY GUT CARE GP Masterclass 2026 (IBD, IBS, FMT, Liver Disease & Endoscopy – A Practical Update)

### Learning Objectives (RACGP-aligned)

By the end of this activity, participants will be able to:

- Identify red flags and diagnostic pathways in IBD, IBS, and liver disease relevant to general practice
- Apply evidence-based management strategies for IBS and stable IBD in the community
- Understand current indications, evidence, and referral pathways for faecal microbiota transplant (FMT)
- Recognise appropriate indications and timing for endoscopy and optimise referral quality
- Improve shared-care and referral decision-making between GPs and gastroenterologists
- A practical update on common liver and general gastrointestinal issues.

Registration Link: <https://www.eventbrite.com/e/my-gut-care-gastroenterology-masterclass-2026-tickets-1919222037779>



Please Join Us in Welcoming  
**DR. ZAKI HAMARNEH**

Now seeing patients for consults and procedures at Greenslopes hospital and consults only at QGOS suites.

**Areas of Special interest**

- ✓ General gastroenterology and hepatology
- ✓ Pancreatic and biliary disorders
- ✓ Gastroscopy and Colonoscopy
- ✓ Advanced colonic polypectomy (Endoscopic Mucosal Resection – EMR)
- ✓ Endoscopic ultrasound (EUS)
- ✓ Endoscopic retrograde cholangiopancreatography (ERCP)
- ✓ Capsule endoscopy
- ✓ Balloon enteroscopy



**Dr. Zaki Hamarneh**

MD, FRACP

Gastroenterologist and Hepatologist

**Supporting GPs**

- ✓ Prompt access for urgent and semi-urgent referrals
- ✓ Clear, concise and timely reports with actionable plans
- ✓ Shared-care approach with ongoing GP involvement
- ✓ Access to advanced endoscopic procedures within one service

**OUR SPECIALISTS**



**FOUNDER**

**Dr. Asif Shahzad**

MBBS, BSc, FRACP, AFRACMA  
Gastroenterologist and Hepatologist



**Dr. Chris Kia**

MBBS, FRACP  
Gastroenterologist and Interventional Endoscopist



**Dr. Akhilesh Swaminathan**

MBBS, FRACP  
Gastroenterologist and Hepatologist



**Dr. Samapriya (Pasan) Hewawasam**

MBBS, FRACP  
Gastroenterologist and Hepatologist



**Dr. Niwansa Adris**

MBBS, FRACP  
Gastroenterologist and Hepatologist



**Dr. Szymon Ostrowski**

MBBS, FRACP  
Gastroenterologist and Hepatologist



**Dr. Basil Almehdawy**

MBBS, FRACP  
Gastroenterologist and Hepatologist

**SEVEN LOCATIONS, ONE COMMITMENT TO CARE**

We are now offering procedures at seven South East Queensland locations, supporting GPs in referring patients for timely and specialised care.

**OUR SERVICES**

- ✓ Consults for Gastroenterology & Hepatology
- ✓ Gastroscopy
- ✓ Colonoscopy
- ✓ Haemorrhoidal Banding
- ✓ Flexible Sigmoidoscopy
- ✓ Variceal Banding
- ✓ Capsule Endoscopy
- ✓ 24 Hr PH Study
- ✓ Wireless Bravo Reflux Study
- ✓ High Resolution Manometry
- ✓ Interventional Endoscopy
- ✓ Removal of Large Polyps
- ✓ ERCP
- ✓ Endoscopic Ultrasound
- ✓ Percutaneous Endoscopic Gastrostomy (PEG)
- ✓ Fecal Microbiota Transplantation (FMT)

**CONTACT US**



07 3517 6222



07 3517 6221



admin@mygutcare.com.au



www.mygutcare.com.au



**OUR LOCATIONS**

**Consultations**

- 📍 Greenslopes Private Hospital
- 📍 QGOS, Suite 110, 1808 Logan Road, Upper Mount Gravatt.
- 📍 Suite 2, 18 Limestone Street, Ipswich.
- 📍 St Andrew's War Memorial Hospital, Specialist Suites.
- 📍 Mater Health Centre Redland

**Procedures**

- 📍 Mater Private Hospital Redland
- 📍 St Andrew's Ipswich Private Hospital
- 📍 Ipswich Day Hospital
- 📍 Sunnybank Private Hospital
- 📍 St Andrew's War Memorial Hospital Brisbane
- 📍 Canossa Private Hospital Oxley
- 📍 Greenslopes Private Hospital

My Gut Care is a group practice of Gastroenterologists. Please scan to see more details.

This newsletter is intended for General Practitioners and healthcare professionals only. It provides general information for professional education and is not intended for patients or the general public. It should not be used as a substitute for clinical judgement or personalised medical advice.