

Editor's Note

The highlight of this edition of 'reflection' is the unique cross-border participation and live presentation of our Cardiologists in the 3rd Sri Lanka Interventional Cardiology Workshop presentation via satellite transmission. We believe this will add to the acclaim of our Cardiologists among the fraternity at home and abroad.

Like in previous years, this year also we celebrated International Nurse's Day by daylong festive programmes. This annual celebration brings all of us in the hospital together to salute the selfless work of nurses which they put in for the welfare of the patients.

In a cricket tournament participated by oncology departments of various hospitals of Dhaka, our Oncology Department came out as the winner. It is indeed a pleasure to note the fitness and agility of our Oncology team as they are spearheading the cancer treatment of our hospital.

Wish all our readers a happy and joyful Eid, "Eid Mubarak".

30th Annual General Meeting of United Hospital Limited



United Hospital Limited held its 30th Annual General Meeting on Sunday 14 June 2015 at 4:00 pm in the Conference Room of the hospital. The meeting was chaired by Mr Hasan Mahmood Raja, Chairman, United Hospital Limited and was attended by Mr Faridur Rahman Khan, Managing Director, other Directors of the company and a large number of shareholders. In his welcome address the Chairman informed the

shareholders about the efforts made by the hospital management, both in terms of patient service as well as profitability. He acknowledged and thanked the doctors, nurses and other patient care givers for their dedicated and hard work which has contributed to the reputation of the hospital.

The Audited Report for the financial year which ended in December 2014 was presented, discussed and approved.

Live Satellite Transmission to 3rd Sri Lanka Interventional Meeting in Colombo



The 3rd Sri Lanka Interventional Meeting was held this year from June 12-13 at Cinnamon Lakeside, Colombo. This 2 day conference is usually patronized by

satellite transmissions from overseas.

One of the main sessions of the program was Live Satellite Transmission on Multi Vessel Coronary PCI with the support of

about 150 to 200 delegates from across the world. It includes lectures, panel discussions, symposiums, audio-visual presentation of cases, workshops, live case demonstrations transmitted from local Cath Labs as well as

IVUS and FFR from United Hospital Cath Lab to Sri Lanka Interventional Meeting (SIM), Cinnamon Lakeside, Colombo on 13 June 2015 at 8.30 am Bangladesh time. Dr N A M Momenuzzaman, Chief Consultant, Cardiology, United Hospital successfully performed the procedure with Specialist Dr Solaiman as an assistant. Associate Consultant Dr A M Shafique & other Specialists were also present. United Hospital's Dr Kaisar Nasrullah Khan, Consultant, Cardiology from Bangladesh and Dr Shigeru Nakamura, Director, Cardiovascular Centre, Kyoto Katsura Hospital from Japan were present at the Cinnamon Lakeside SIM program in Colombo as expert panelists.

A Little Time in the Sun

Mr Shuvro Chowdhury

Each day, Apollo's fiery chariot makes its way across the sky, bringing life-giving light to the planet. For the ancient Greeks and Romans, Apollo was the god of medicine and healing as well as of sun and light - butApollo could bring sickness as well as cure. Today's scientists have come to a similar dichotomous recognition that exposure to the ultraviolet radiation (UVR) in sunlight has deleterious effects on individuals while he/she is on certain medications.

Drug-induced sun sensitivity, also known as photo toxicity most often occurs when the sun's ultraviolet (UV) rays interact with a medication someone is taking and cause an almost immediate reaction on the skin. A sun allergy, often called a photo allergy develops more slowly but can also be dangerous. This type of sun sensitivity usually happens when UV rays convert a chemical, such as a fragrance on the skin into a substance that the

individual's immune system decides to attack. The result is an itchy, red rash that can take several days to go away.

The sun can irritate someone's skin if he/she is taking or using the following:

NSAIDs	ibuprofen, naproxen, ketoprofen, celecoxib, piroxicam
Antibiotics	tetracyclines, fluoroquinolones (ciprofloxacin, ofloxacin), sulfonamides
Statins	atorvastatin, fluvastatin, lovastatin, pravastatin, simvastatin
Hypoglycemics	sulfonylureas (glipizide, glyburide)
Diuretics	furosemide, hydrochlorothiazide
Sunscreens	para-aminobenzoic acid (PABA), cinnamates, benzophenones, salicylates
Fragrances	musk ambrette, 6-methylcoumarin, sandalwood

It's important to note that not every person who uses these drugs has a reaction. If it does happen, it can be a one-time occurrence or it can happen each time the drug is taken and sun exposure occurs. People with HIV are among

the most likely group to experience sun sensitivity to drugs.

To sum it up, a little time in the sun can make you feel very much at ease and also can send you spiraling to the emergency medical bed.

Vitamin D Deficiency - An Old Problem yet to be Solved

Prof Md Salim Shakur Phd

Abrar Ali (not a real name), a 12 year old boy, captain of his volleyball team in school who does regular exercise found that his arms and legs were aching constantly. Visit to the hospital revealed that his body lacked vitamin D. His Pediatrician prescribed him vitamin D and advised to exercise under sunlight which he did and that relieved his pain.

Vitamin D helps to build up and maintain bone health. Our body finds it difficult to absorb calcium and phosphate from food and supplements leading to brittle bone disease which causes pain. Rickets causing bony deformity is a clinical expression of extreme vitamin D deficiency and represent only the tip of the iceberg of huge vitamin D deficiency in children and women, particularly in the developing world. Vitamin D deficiency affects bone health of children and adolescent girls in developing countries. They may not reach peak bone mass as mature adults and are at risk of osteoporotic fractures in later life. Vitamin D deficiency is also associated with other diseases like type 2 diabetes, cardiovascular diseases, SLE, rheumatoid arthritis as well as cancer of the breast and colon.

Sunlight is the major source of vitamin D while diet provides less than 10% of body

requirement. Children living in sunny countries like Bangladesh are vulnerable to vitamin D deficiency.

- Dark pigmented skin synthesize ten times less vitamin D from sunlight
- Adolescent girls of many Asian and African countries have inadequate sunlight exposure from wearing covered clothes for cultural and religious reasons
- Such women have low vitamin D status throughout their fertility life, pregnancy and lactating period
- Infants of such women receive less vitamin D from their mothers during fetal life and mother's milk
- Many urban children do not get enough time for sun exposure in schools with no playground or at home surrounded by high rise buildings in cities
- Heavy air pollution in cities cut off UV radiation leading to inadequate synthesis of vitamin D

How to prevent calcium and vitamin D deficiency?

- Education regarding availability of vitamin D
- Sunlight exposure of at least 10% exposed skin for 30 - 45 minutes



Children should be allowed to spend an hour in the sun to prevent deficiency of vitamin D

- Vitamin supplement for children breast fed exclusively & particularly of dark skinned mothers, children with inadequate exposure to sunlight and other vulnerable groups
- School children should be allowed to spend an hour in the sun
- Children, adolescents and women must have outdoor exposure of sunlight (in privacy if required)
- Fortification of milk and food grains
- Intake of calcium rich diet like milk and dairy products such as cheese, yogurt and crushed fish bone which children should be encouraged to consume
- Calcium supplement should be taken either on an empty stomach or hours before or after food rich in carbohydrate (wheat, flour, rice etc)

Health Talk on Healthy Life Style at Nokia



Session on Healthy Life Style” for employees of Nokia Solutions & Networks Limited on Sunday 12 April 2015 at their corporate office in Dhaka.

United Hospital was the speaker while Mr Farid Sikder, Chief Finance Officer of Nokia Solutions & Networks Limited delivered the welcoming speech.

Around 50 employees including their senior management officials were present. Dr Mahboob Rahman Khan, Family Physician, Health Screening Clinic & Family Medicine Department of



On the occasion of World Health Day 2015 & as part of Corporate Social Responsibility (CSR), United Hospital Limited organized an “Awareness

Pre-eclampsia at a Glance

Dr Naseem Mahmood, Dr Nighat Ara

Motherhood is an absolute blessing to womanhood. Ironic but the awesome outcome disguises certain horrendous consequences - out of many one such condition is known as Pre-eclampsia. The condition refers to new onset of HTN ($\geq 140/90 \leq 160/110$) with or without presence of proteinuria (dipstick: 1-3), end organ dysfunction after 20 weeks of pregnancy in a previously normotensive or non - proteinuric woman.

The worldwide prevalence of Pre-eclampsia and hypertensive (essential) disorders show 5% morbidity of total pregnancies and 60,000 maternal deaths annually. The prevalence in hospital practice shows (RCT) 5-15% [Primi- 10% and Multi 5%]. This is very alarming and a high risk issue. The condition has been categorized as:

Mild: BP: $\geq 140/90 \leq 160/110$
Proteinuria (- ve)

Severe: BP: $\geq 160/110$
Proteinuria (+ ve)
& Complications (Figure 1)

Treating such an iceberg often puts us in a dilemma. To reach a definite diagnosis and management, the key criteria to take into account are severity of the disease,

of proteinuria and absence of any signs of complications, the patient must be under close ante-natal monitoring at all times by a clinician with the support of anti-hypertensives e.g. Methyldopa, Labetalol, Nifedipine and Hydralazine. If required, anticonvulsants e.g. MGSO4 or inj. Nalepsin can be applied in a daycare facility.

2. Delivery by Caesarean section: Aim is to curtail long strenuous ordeal of normal vaginal delivery to avoid maternal and fetal distress. Throughout the whole Intrapartum and Post-partum period, the patient will require intensive monitoring along with antihypertensive and anticonvulsant support. Both mother and fetus should be treated for subsequent complications.

Pre-eclampsia Complications



Figure 1: Complications

gestational age and condition of the mother & fetus. Once the diagnosis is made, the management should either be:

1. Conservative: To achieve a stable BP of 140/90 to < 160/110, little or no trace

In recent years, outcome of successful antenatal programs and careful monitoring by physicians has helped tremendously. Early diagnosis helps us to save both mother & child and to serve humanity.

Cricket Match - Oncology vs Customer Relation

The Radiation Oncology team beat the Customer Relation team of United Hospital by 8 wickets. Prizes were awarded to Dr Md. Anwar Sadat (Parvez) for Man of the Match & highest boundaries, Mr Samiul Alim for Man of the Tournament and Dr Ashim Kumar Sen Gupta for best fielder. The Oncology Team received the Championship Trophy.

The friendly inter-department cricket match between the two departments was held on 15 May 2015 at Dhaka Residential Model College.



Surgical Treatment For Cervical Compressive Myelopathy in Advanced Age

Dr Syed Sayed Ahmed, Dr Muhammad Mamunur Rashid Khan, Dr Shuvamay Chowdhury

A 77 year old lady was admitted in United Hospital with complaints of long standing neck pain which radiated to both the upper limbs. Fifteen days prior to admission, her symptoms gradually went from bad to worse - she was unable to use her hands, developed numbness in the upper limbs, urinary incontinence and constipation. Unable to walk she came to the hospital in a wheel chair. On admission, she was haemodynamically stable, conscious and oriented. In all the four limbs muscle power was 3-4/5 and deep tendon reflexes brisk. Both Hoffman's sign and Romberg's sign were positive. Neck movement was moderately restricted in all direction. Correlation of clinical and radiological findings helped us to diagnose her as a case of

C4/5 compressive myelopathy due to listhesis of C4 over C5. She underwent C2-C5 laminectomy and lateral mass screw fixation. During surgery C3/4 facet joint was found broken, C4 vertebra was displaced forward and the spinal cord was severely compressed at C2-C4 levels. After reduction and lateral mass screw fixation, the spinal cord was completely released and circulation re-established. Her post-operative period

was uneventful and treatment for osteoporosis commenced. The patient's condition improved and she was able to walk out of the hospital with minimal support. Urinary bladder function returned to normal and bowel habit became regular. After 6 weeks she came to our OPD for a follow up without any support. It's really worth helping this elderly group of patients.

Preoperative Scan:



Fig1: C-spine X-ray (Flexion view)

Fig2: MRI C-spine sagittal view

Postoperative Imaging:



Fig1: X-ray C-spine (lateral mass screws and rods fixation)

Fig2: MRI C-spine (sagittal views)



Fig-Postoperative picture of walking with minimal support

Emergency Medicine in Bangladesh

Dr Muhammed Shaokat Zaman

Throughout the world Emergency Medicine has been growing tremendously. In developed countries like UK, USA and Canada, Emergency Medicine has already been recognized as a separate specialty. Modern day emergency medicine is being practiced by following various evidence based guidelines including all life support scenarios. Emergency treatment is time sensitive and managing patients in emergency rooms require urgent attention and immediate management. For that, the Emergency Department needs proper setup, equipments and highly trained staff. Ideally all doctors and nurses should be trained in BLS, ACLS, ATLS and APLS courses so that proper decision and intervention can be instituted in the Emergency Department.

Healthcare in developing countries like Bangladesh is not traditionally focused

on emergency medical care despite the fact that injuries and acute illnesses are increasing due to the huge population. Although emergency healthcare facilities differ widely in terms of staffing and equipments throughout this country, most emergency departments in Bangladesh are currently functioning just to guide patients to get admitted into respective departments based on presenting complaints without actually providing any urgent treatment. Lack of Emergency Medical Services (EMS) also makes patient-transfer from one place to a healthcare facility very challenging.

In Bangladesh, the concept of trained paramedics who can deal with emergency treatment on the spot and during transfer is far from reality. The last and the most important part of emergency treatment is the ability of early recognition of serious symptoms and to know

when to transfer a patient to the nearest healthcare facility, as early as possible but is sadly lacking due to deficiency in basic healthcare training. So, to promote primary emergency care, community education and public awareness is essential to recognize life threatening symptoms. In some cases, CPR on the spot has significantly improved the outcome of patients and saved lives thus we must also focus on training the community and healthcare personnel.

Since the concept of Emergency Medicine in Bangladesh is in a fairly primary stage, the government needs to take initiatives to implement a system to promote emergency care in all levels of our healthcare system and recognize Emergency Medicine as a distinct specialty. However, private sector hospitals like United Hospital can standardize their emergency medical care which is accessible 24 hours and can take the lead in Emergency Medicine in Bangladesh.

Lab Visit by European Union Delegates

A joint evaluation team of European Union (EU), Denmark and Sweden comprising 5 members, headed by Peter Froslev Christensen, Chief Development Economist (centre) and UNIDO Bangladesh officials visited the Pathology Laboratory of United Hospital on 21 April 2015. They had an open discussion with Prof Brig Gen Zahid Mahmud (Retd) Head of Pathology Laboratory regarding various aspects of ISO 15189:2012 accreditation and future plans of the laboratory.



United Hospital Wins Oncology Cricket League



Recently an Oncology Cricket League was organised which was participated by the departments of Oncology of

different hospitals. The team of Oncology department of United Hospital won the championship beating the team from Apollo Hospital on 10 April 2015. On their way to the finals the United Hospital team beat Square Hospital in the quarter finals and the team from Dhaka Medical College Hospital (DMCH) in the semi-finals.

It was the all round performance of the team members which enabled them to grab several other awards including (i) Man of the Tournament, (ii) Highest Individual Score, (iii) Highest Wicket

taker etc. Dr Ashim Kumar Sengupta, captain of the United Hospital oncology department cricket team attributed the win to the on-field dedication and the team effort of all the members and the focus with which the bowlers, the batsmen and the fielders performed when it mattered most.

Encouraged by the congratulatory messages from their hospital colleagues for their win, the team is now looking forward to improve upon their performance in the league next year.

Emergency Management of Burn Wounds

Dr Sobhana Iftekhar Tani, Dr Md Atiqur Rahman, Dr Fatema Tuz Zohra

Burn is a common problem that we face frequently. But due to lack of understanding of the seriousness of burns and the treatment being far from ideal, the optimal care is not always delivered. A burn may be life threatening especially in the very young and the very old as it is very painful.

More than half the burns can be prevented by using common sense and basic household safety. It is our duty to educate people about safety and ensure its implementation in and around homes as well as at work. Remember - prevention is always better than cure.

Before managing a burn patient we should also keep in mind that

- The treatment of a burn starts at the scene of the accident
- To stop the burning process and cool the burn wound
- Prevent hypothermia especially in small children
- Note the time of injury

The misconception that only cold water is needed to cool down burn wounds is actually incorrect. It's better to use cold water but if unavailable, normal tap water can be used. The first essential step in the management of a burn victim is to treat immediate life threatening problems by primary survey which is the ABCDEF protocol:

- Airway maintenance
- Breathing & ventilation
- Circulation and haemorrhage control
- Disability - neurological status
- Exposure with environmental control
- Fluid resuscitation

The next step is to determine the severity of the injury by secondary survey and to treat the patient accordingly. There is a lot of confusion regarding the diagnosis and management of burn wounds. To simplify the matter, a chart is given below to give an idea on how to diagnose and carry out the primary management of burns.

Burn has devastating effects on human beings in terms of mortality and disability. It affects the personal and economic aspects of both victim and family culminating in social stigma and restriction. Timely, appropriate management can save

significant numbers of lives from being a burden to their own family and to the nation.

Assessment of the Type of Burn and Extent of Wound

Color	Blister	Capillary Refill	Sensation	Diagnosis
Red	Absent	Present	Present	Epidermal
Management: Only Analgesia				
Pale Pink	Present	Present	Painful	Superficial Dermal
Management: 1. Analgesia 2. Use normal saline to clean wound and remove dirt 3. De-roof blisters especially large ones 4. Keep the wound wet & moist - using antiseptic cream, keep it open or cover with antiseptic soaked dressing 5. Keep the limb elevated for 48 hours 6. Antibiotic and Tetanus prophylaxis if needed 7. Usually heals in 2 weeks				
Blotchy red	May be present	Absent	Painless	Deep Dermal
Management: 1. Use normal saline to clean wound, remove dirt, loose tissue and debris 2. Analgesia 3. Cover wound with non-adhesive antiseptic dressing 4. Tetanus prophylaxis and antibiotics 5. Keep the limb elevated. 6. Re-assess the wound after 48 hours 7. Refer to plastic surgeon				
White	Absent	Absent	Painless	Full Thickness
Management: 1. Use copious normal saline to clean wound 2. Analgesia 3. Debridement 4. Tetanus and antibiotic prophylaxis 5. Delayed closure by skin graft or flap 6. Refer to plastic surgeon				

The Marketing Department of United Hospital

The Marketing Department of United Hospital Limited started its operation in September 2006. Since then this department has taken the responsibility for setting marketing strategy in line with hospital's mission and objectives. The department is part of the Communications and Business Development Unit within the hospital. The department also has offices and staff in Chittagong and Sylhet manning the hospital Information Centres.

The Marketing Department is engaged in planning, design and developing communication materials aligned with

to project a positive image of the hospital through its various activities.

To highlight hospital facilities and services and its achievement, the department through its facilities ensures printing of high quality promotional materials like booklets, brochures, images and web designs. The department is also responsible for advertisements in newspapers, journals and billboards. The yearly hospital calendar and all promotional materials are routinely prepared by the department throughout the year.

At United Hospital, corporate

multi-national organisations like JICA, IOM, KOICA, Sumitomo Corporation, Li & Fung, Shimizu Corporation, Malaysian Airlines, Saudi Airlines, World Health

Prime Bank, Bangladesh Bank etc; educational institutions like North South University, American International University of Bangladesh, Institute of Cost and Management Accountants of Bangladesh, International Turkish Hope School, Canadian International School etc; and a very large number of

Delta Life Insurance Company, Pragati Life Insurance, Reliance Insurance Company, Green Delta Insurance Company, Asian Medical Assistance (AMA), India, Allianz Global Assistance, Asian Travel & Medical Services Limited, Vanbreda International, USA, Cigna International, USA, GMC Mednet Services, France, BUPA, UK, Allianz World Wide Care, Ireland, CMN Inc., Canada, Quality Health Management (QHM), USA, QLM - Qatar, Aetna International - USA, Emergency Assistance, Japan (EAJ), Euro Centre (Thailand) etc.

Marketing Department of United Hospital routinely organizes Scientific Seminars within and outside the hospital. Our doctors also

United Hospital for their patients including follow-up management. Some patients with complications are advised to visit United Hospital in Dhaka for further evaluation and management. The information centres also help in arranging appointments in advance so as to provide premium service to the patients on arrival at United Hospital.

As part of Corporate Social Responsibility, United Hospital through its marketing department observes various global health related days covering both academic and social aspects. The observance includes display of mega banners, festoons & posters inside and around the hospital campus and also holding programmes outside the hospital.



the hospital's overall strategic plan. The department organizes educational campaigns throughout the year, in different hospitals and cities of the country, to inform doctors and healthcare givers about the facilities and services that the hospital has and the ways it serves the community.

The department has access to all information related to the hospital including hospital statistics, facilities, service delivery and charge of different services etc. The department regularly carries out market research to monitor products and services of similar healthcare facilities and plans strategies accordingly. To enhance business development and promotion, the team always takes steps

clients form a major chunk of its patient base. The Hospital has MOUs with different national and multinational companies to provide special healthcare facilities to the staff members & their dependants. A dedicated team of marketing, customer relation & corporate billing provides these premium services to Corporate Clients. At present United Hospital has about 350 corporate clients and works closely with most of the renowned national and international insurance companies.

The existing corporate clients include the mobile service providers like Grameen, Airtel, BanglaLink and Robi; Embassies and High Commissions;

Organisation, World Bank etc.; national and international banks and financial institutions like Mercantile Bank, NRB Global Bank, Bank Alfalah, BRAC Bank, IDLC Finance, United Commercial Bank, HSBC, Citi Bank NA, Habib Bank,

Bangladeshi companies and organisations, all aspiring to provide the best possible medical service to its staff.

In addition United Hospital also works very closely with national & international Insurance Companies like MetLife Alico,

give presentations on multiple topics of interest in different CME programmes and health awareness sessions organized in hospitals outside Dhaka. Besides these United Hospital jointly with other corporate institutions organizes Health Fairs and Health Workshops.

United Hospital has set up information centres in Chittagong & Sylhet and holds monthly campaigns in the two centres as well as in other cities. Our Consultants from various disciplines visit these centres every month. They hold round table discussions with the concerned local doctors to apprise them about current developments and also to inform them the facilities available at

This department also maintains relations with the media and journalists from both electronic & press media. Health related Talk Shows in electronic media, academic and awareness write-up in print media and round table conferences are routinely organized.

The management of the hospital has recently set up a Communications and Business Development Unit, which also includes marketing department. We are hopeful that our efforts to promote and popularise the services of the hospital within the community will further improve and we will be able to continue to serve those in need of our services.

Awareness Session on Hand Hygiene

On the occasion of International Nurses Day 2015 and as part of CSR activities, United Hospital organized an “Awareness Session on Hand Hygiene” in several schools in Dhaka city to raise awareness amongst students. As part of this activity, the Nursing Department of our hospital conducted



sessions in the International Turkish Hope School, Uttara & Drexell International School, Gulshan on Tuesday 12 May & Wednesday 13 May 2015 respectively.

International Nurses Day Celebration 2015

Dr Monette Barrento-Brombuela

Every year on 12 May, International Nurses Day is celebrated to pay tribute to Florence Nightingale for her dedication and compassion in patient care which will always be the guiding force in the continuous regulation of nursing profession.

This year's theme - Nurses: A Force for Change, Care Effective Cost Effective Improving Health and Well Being.

A week-long celebration of nurses day started on 5 May 2015 with a quiz competition amongst the nurses and the champion was the 5th floor nursing team.

As part of the celebrations, a case presentation was held on 7 May 2015 by nurses from CICU, CCU, ER together with Nurse Tutors on Mitral Stenosis with Mitral Regurgitation.

On 12 May, as part of International Nurses Day tradition, a rally was held by nurses along with students and staff of United College of Nursing. This was followed by a cake cutting ceremony and flowers were distributed to our admitted patients.

Nurses conducted an outreach program at Turkish Hope International

School and Drexell International School demonstrating proper hand washing

The final stage of the week-long celebration was a cultural programme. The programme started with a welcome speech by CNO, Dr Monette B Brombuela. Mr Najmul Hasan, Chief Executive Officer and His Excellency, Vicente Vivencio T Bandillo, the Ambassador of the Philippines who attended as special guest, also spoke on the occasion.

A re-enactment by nurses on the era of Florence Nightingale as the “Lady with a Lamp” during the Crimean War was the opening salvo of the first part of the program followed by a candle lighting ceremony and renewal of professional vow by the nurses. Certificates were awarded to nurses for their contribution.

Second part of the program was a cultural presentation which showcased talents such as singing, dancing and theatrical performances by nurses, staff from other departments of the hospital and United College of Nursing.



techniques as a measure of staying healthy.

Nutrition and Hand Hygiene Awareness Program at Jaago School

United Hospital jointly organized a Nutrition and Hand Hygiene Awareness Program at Jaago Banani School on 10 May 2015 along with Thrive and ICDDR,B.

Dieticians of United Hospital gave a presentation on healthy food to the children and their parents. Afterwards, Hand Hygiene method was demonstrated by a hospital nurse. The focus was on how to wash hands using soap water (at low cost) resulting in clean hands.

Around 150 children and their parents were present at the session.



Health Awareness Session at RAOWA



As a corporate social responsibility United Hospital organized a health awareness session on Diabetes and

Oncology on 21 May 2015 at Retired Armed Forces Officers' Welfare Association (RAOWA), Mohakhali, Dhaka.

Dr Nazmul Islam, Consultant Diabetes & Endocrinology and Dr Ferdous Shahriar Sayed, Consultant Medical Oncology were the speakers of the session. Dr Nazmul Islam briefly described about Diabetes and Dr Ferdous Shahriar Sayed gave his speech on cancer and treatment facilities available at United Hospital.

Dr Dabir Uddin Ahmed, Chief Clinical Operations of United Hospital gave the Welcome Speech while Lieutenant General Md Jahangir Alam Choudhury (Retd) gave Vote of Thanks on behalf of RAOWA Members. The program was conducted by Dr Rishad Choudhury, Clinical Coordinator of United Hospital.

Around 70 retired defense officers and their spouses were present at the session.

Basic Concept of HRCT Chest

Dr Khaleda Parvin Rekha

A 26 year old male, an army man presented with a 2 year history of cough, breathlessness on exertion and frequent episodes of hemoptysis.

There was no systemic inflammatory disease history of tuberculosis or any other chest infections such as whooping cough. A digital chest radiograph was apparently normal but on careful observation, bilateral lower lobe infiltration was observed then HRCT was advised. HRCT scan revealed early bronchiectatic changes in both lungs, mostly cystic and varicose type.

Discussion about HRCT

High-Resolution CT scan is carried out using narrow X-ray beam and advanced computer analysis to accentuate the contrast between tissues of widely differing densities e.g. - air and vessels (lungs), air and bone (temporal

bone and paranasal sinuses). The main objective of HRCT is to detect, characterize and determine the extent of diseases that involve the lung parenchyma and airways.

Absolute Indication

HRCT is used for diagnosis and assessment of diffuse lung diseases e.g. interstitial lung disease, pulmonary fibrosis, emphysema, bronchiectasis and evaluation of suspected small or large airway diseases such as emphysema or bronchiolitis obliterans.

Relative indication

Evaluation of the lungs in patients with clinically suspected pulmonary disorders using normal or equivocal chest radiographs. Other miscellaneous conditions where HRCT is useful are lymphangitis carcinomatosa, fungal or other atypical infections involving whole lung parenchyma, chronic pulmonary vascular disease, lymphangioleiomyomatosis and sarcoidosis.

HRCT Technique - HRCT is performed using a conventional CT scanner.

Parameters - Low kV (110 - 133 depending on the scanner), mAs - 150-350, scan time - 01 to 02 sec to minimize respiratory motion, slice thickness - 01 to 02 mm & interslice gap - usually between 10mm to 20mm which varies from one scan to another.

Radiation dose - HRCT scans at 20 mm intervals with low mAs scan (40 mAs) and skin dose almost same as compared to the dose administered with routine chest radiography.

Limitations

HRCT does not capture the image of the entire lungs (by using widely spaced thin sections) so it is unsuitable for the assessment of lung cancer or other localized lung diseases. Small lesions may be missed out due to interslice gap. Similarly, HRCT images have very high levels of noise (due to thin sections and high-resolution) which may make them non-diagnostic for the soft-tissues of the mediastinum.

Intravenous contrast agents are not used for HRCT as the lung inherently has very high contrast (soft tissue against air) and the technique itself is unsuitable for assessment of the soft tissues and blood vessels which are the major targets of contrast agents.



uate the contrast between tissues of widely differing densities e.g. - air and vessels (lungs), air and bone (temporal

disease, lymphangioleiomyomatosis and sarcoidosis.

Presentation by Prof Zillur Rahman at Shiraz University

Prof Dr Zillur Rahman, Consultant ENT and HNS was appointed as an international guest from 14-17 April 2015 to deliver a lecture on Fungal Sinusitis Treatment in Shiraz Rhinology Course organized by Fars Rhinologic Society with cooperation of Otorhinolaryngology Department of Shiraz University of Medical Sciences. The course was sponsored by the European Academy of Facial Plastic Surgery (EAFPS), Pan Asian Academy of Facial Plastic & Reconstructive Society (PAAFPRS), European Rhinologic Society (ERS) & Iranian Rhinologic Society (IRS).



Visits to United Hospital

- A delegation from Raffles Hospital Singapore led by Dr Ooi Wei Seong, Medical Oncologist along with senior executives came to United Hospital to see the cancer facilities on Saturday 18 April 2015.



- A delegation from AGA Khan Development Network (AKDN) led by Mr. Munir M. Merali, Resident Representative visited to discuss services and facilities available at United Hospital on Sunday 19 April 2015.



- A delegation from Metlife ALICO, Dhaka led by Mr Toby Wong, Director, Regional Marketing, Asia and Local Medical Network Manager came to United Hospital on Thursday 23 April 2015 to explore potential value added services available for their customers.
- A delegation from British High Commission Dhaka led by Dr Andrew Mostyn, Regional Medical Officer of Elizabeth House Medical Centre, British High Commission Dhaka came to United Hospital to see the Blood Bank and Mortuary of United Hospital on Wednesday 13 May 2015.
- Mr Yanagisawa Motohiko, Executive Director of WellBe International Loss Adjusters Ltd, a Japanese Corporation which also provides medical services to their clients in China, Hong Kong, Vietnam, India, Indonesia, Philippines, Cambodia & Myanmar came to United Hospital on Wednesday 10 June 2015 to discuss about the cashless facilities for their clients at United Hospital.

Scientific Seminars

- A Scientific Seminar on “Acute Kidney Injury and CRRT” was arranged in United Hospital on Thursday 9 April 2015. Prof. M. Mujibul Haque Mollah, Consultant, Nephrology was the speaker.

- A scientific seminar on “DORV (Double Outlet Right Ventricle) & Surgical Management” was arranged in United Hospital on Wednesday 29 April 2015. Padmashree Dr K M Cherian, Chairman & CEO, International Centre for Cardio Thoracic and Vascular Diseases, Chennai was the speaker. Prof S R Khan Former Head, Department of Cardiac Surgery was present as Chief Guest while Brig Gen (Dr) Nurun Nahar Fatema, Prof Dr Mohammed Sharifuzzaman, Dr Sk A Razzak, Dr Kazi Abul Hasan, Prof Mohammed Zahid Hussain and Dr Rezoana Rima were all present as panel of experts.



- A scientific seminar on “Acute Coronary Syndrome and High Sensitive Troponin – I, Diagnostic Utilities & Result Interpretation” was arranged on Thursday 28 May 2015 at United Hospital. Dr Jaganathan Sicken, Associate Medical Director of Medical & Scientific Affairs, Abbott Diagnostic Division, Singapore & Dr Kazi Mashfia Fard-
deen, Assistant Registrar, Cardiology Department of United Hospital were the speakers at the seminar.



- An “Orientation Programme on ROP Screening & Treatment Services” was arranged on Thursday 4 June 2015 at United Hospital. Dr Sanjoy Das, Consultant, Department of Retina, Ispahani Islamia Eye Institute and Hospital & Dr Lutful Hussain, Staff Ophthalmologist of ORBIS were the speakers of the program. Dr Munir Ahmed, Country Director, ORBIS & Dr Kazi Golam Rasul, Director, Planning & Development, Ispahani Islamia Eye Institute and Hospital also spoke on the occasion.
- A Scientific Seminar on “Insulin Therapy: Initiation and Optimization” was arranged on Thursday 11 June 2015 at United Hospital. Dr Nazmul Kabir Qureshi, Specialist, Internal Medicine was the speaker at the seminar.

Corporate Signing

Corporate Signing with Daily Kaler Kantho was held on Wednesday 1 April 2015.



Corporate Signing with Doreen Group was held on Thursday 2 April 2015.

Corporate Signing with KGS Sourcing was held on Sunday 7 April 2015.

National Bank Limited & United Hospital Limited signed a Medical Services agreement on Thursday 27 May 2015.

Agreement with Philip Morris Services India S.A. was signed on Wednesday 10 June 2015.

Visit by Students of Premier School Dhaka

Sixty students including teachers from Premier School Dhaka visited United Hospital on Tuesday 5 May 2015. The young students were very keen to see the different departments and investigation areas.

1st National Conference of PESB

Dr Nargis Ara Begum, Consultant, Neonatology was a guest speaker at the 1st National Conference of Paediatric Endocrine Society of Bangladesh (PESB) on 23 April 2015 in BSMMU. The topic was on “Updated Management of Neonatal Hypoglycemia”. Neonatal hypoglycemia (low blood sugar level in newborn babies) is a very important subject for Neonatologists and Paediatricians.



Workshops & Training Sessions



On 25 April 2015, Mr Karthick Raj Mani, Consultant Medical Physicist of Radiation Oncology Department, United Hospital gave a lecture on "Clinical Application of Imaging in High Precision Radiotherapy" in the National Conference on Physics Research and Education in Bangladesh. This was organized by Bangladesh Physical Society and held on 24-25 April 2015 at the Atomic Energy Centre, Dhaka.



"PRISM Bangladesh" conducted extensive training programs on medical waste management in United Hospital. The trainings were held for 2 days on 9 & 11 June 2015 and included every aspect of medical waste management starting from segregation to final treatment.



On Sunday 14 June 2015, a workshop on "Coordination Skills for Successful Management" was arranged for Dr Khandker Shamsul Arefin, Franchise Manager, Oncology, Novartis (Bangladesh) Limited with a total of 38 participants.



Mr Kh Anamul Haque, Medical Physicist, Radiation Oncology Department, United Hospital participated in the training course of International Center for Theoretical Physics (ICTP) titled "School of Medical Physics For Radiation Therapy". This was held from 13-24 April 2015 in Italy. Mr Kh Anamul Haque was awarded the best poster presentation award for his research work titled "Influence of Jaw Tracking in Intensity Modulated and Volumetric Modulated Arc Radiotherapy in Head and Neck Cancer - A Dosimetric Study". A total of 74 Medical Physicists attended the course.

FCPS Practicum at United Hospital



Five students of FCPS final part & MD on Neonatology from BSMMU were assigned in the Neonatology Unit of United Hospital for practicum on 8 & 9 June 2015. They participated in regular ward rounds, discussions, counseling sessions given to parents

and also observed resuscitations in delivery suites, procedures & practice of Neonatal Unit.

The students actively participated in the teaching schedule like discussion sessions of difficult neonatal cases, infection control protocols, practical session of hearing screening & logistics like high frequency oscillatory ventilator (HFOV) and peripherally inserted central catheter (PICC) which are available at the Neonatology Unit of United Hospital.

Workshop in IEDCR

On 12 & 13 April 2015, a two-day orientation workshop on "Influenza - A H1N1 & newly emerged Ebola Virus Disease, MERS-CoV and Infection Control & Prevention" was held in the IEDCR, Mohakhali, Dhaka. From United Hospital Dr Md Parvez Anwar, EMO, Accident & Emergency Department, Dr S M Saadi, SHO, Medicine and Dr Khurshed Alam, Specialist, Pediatrics & Neonatology attended the workshop. Special emphasis was given on Risk Communication, Hand Washing and Infection Control & Sequence of Donning (putting on) & Doffing (removing) of Personal Protective Equipment (PPE) along with the main topic.



Workshop on Gynecological Physiotherapy

A scientific workshop on "Gynecological Physiotherapy" was arranged by United Hospital's Department of Physiotherapy on 21 April 2015. The workshop was conducted by a specialized Physiotherapy Team from CRP in Mirpur. Ms Ferdousi Maheen, Clinical Physiotherapist & Mr Md Farukul Islam, In-Charge, Physiotherapy Department were the key presenters from CRP. Physiotherapist

Mr Jo Mostyn also accompanied them.

From United Hospital, all Physiotherapists, Consultants Dr Naseem Mahmood & Dr Nusrat Zaman, Specialist Dr Mahfuja and Senior House Officers from Gynecology



Department attended the workshop.

We Congratulate the Newly Weds on the Auspicious Occasion of Their Marriage

- HR Officer Tahera Sultana of Human Resource Department got married to Asif Anzum Adnan on 13 March 2015.
- Nursing Department's Patient Care Attendant Md Nur Islam of Accident & Emergency Unit got married to Sonia Islam on 30 March 2015.
- Physicist (Assistant) Rajibul Alam Chowdhury of Nuclear Medicine Department got married to Tayeba Sultana on 12 April 2015.
- Nursing Department's Unit Supervisor Runa Begum of Oncology Day Care Unit & Nuclear Medicine Department got married to Md Masidur Rahman (Tirtho) on 22 May 2015.
- Nursing Department's Staff Nurse Beauty Barai of 4th FI got married to Sanjoy Mistry on 12 June 2015.



Congratulations & Best Wishes to the Following Staff and Their Spouses

New Baby

- Nursing Department's Staff Nurse Helena Halder of OPD1 had a baby girl Martha Mohini Halder on 28 November 2014.
- Nursing Department's Unit Supervisor Kanika Halder of GHDU had a baby boy Pulok Halder on 22 January 2015.
- Customer Relation Supervisor Sujit Chakraborty had a baby girl Shayonti Tathoye Chakraborty on 21 February 2015.
- Nursing Department's Acting Unit Supervisor Doli Sayma of Oncology Ward 6th FI had a baby boy Abu Huraira Saad on 12 March 2015.
- Purchase & Procurement Department's Executive Mohd. Anamul Haque had a baby girl Asfia Haque on 22 March 2015.
- Purchase & Procurement Department's Procurement Officer Rowshan Ara Sultana had a baby boy Saif Afnan Samir on 22 April 2015.
- Clinical Coordinator Dr Rishad Choudhury Robin had a baby girl Ruwaizah Choudhury Siyana on 1 May 2015.
- Nursing Department's Unit Supervisor Kolpona Khatun of Neuro Ward 5th FI had a baby girl Saima Kaysar on 5 June 2015.
- Specialist Dr Md Rakib Hossain of ENT & Head Neck Surgery Department had a baby boy Rafan Marsad Hossain on 20 June 2015.



Condolence & Prayers

- Lab Attendant Md Faiz Ullah of Laboratory Medicine Department lost his father Mr Md Hossain Ahmed on 9 April 2015.
- Chief Clinical Development & Governance (CCDG) & General Surgery Department's Consultant Dr Abu Sayeed M M Rahman lost his mother Mrs. Syeda Zakia Khatun on 21 May 2015.
- Consultant Dr Md Iqbal Hossain of Internal Medicine Department lost his mother-in-law Mrs. Alam Ara Rashid on 10 June 2015.

New Consultants



Prof Dr Anisur Rahman

MBBS (DMC), MSc (Canada)
FCPS (Surgery), FRCS (Glasgow, UK)
Department of General Surgery



Prof Dr Badrul Haque

MBBS, Phd, Dip in Clinical Neurology
Department of Neuro Medicine



Brig Gen

Prof Dr H M Shafiqul Alam

MBBS, FCPS, FICS (USA)
Department of Neuro Surgery



Prof Dr Kaniz Moula

MBBS, FCPS (Medicine)
FRCP (Edin), FACP (USA)
Department of Internal Medicine



Brig Gen

Prof Dr Rezaul Karim

MBBS, MS (Orthopaedics)
Department of Orthopaedics



Dr Shabneen Rahman

MBBS, MS (Ophthalmology)
Department of Ophthalmology



Dr Shoeb Alam

MBBS, MS (Urology)
Department of Urology



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