United Hospital Quarterly Newsletter

reflection

Issue-6 | Quarter-2, 2014

Editors Note

Hospital is a place where we all are engaged to provide treatment to patients, comfort to their relatives and attendants and health related information to people. This job is done by all categories of staff comprising of doctors, nurses, technicians/ technologists and also non-clinical staff of different departments like customer relation officers, housekeeping etc.

We arrange workshops, seminars and continual medical education as well as orientation, training and other modes of professional skill development in our hospital. All health care givers require a combination of academic knowledge, interpersonal traits and psychological skills to play their role in improving the lives of the people.

This newsletter provides all of us the opportunity to share our skill, knowledge and experience with each other. Many of us achieve professional milestones, both nationally and internationally, and we would like all of you to use this platform to enlighten us with your success stories.

The month of fasting is knocking on the door and we hope that all of you will stay well and we wish our readers Ramadan Mubarak.

NINMAS National Training & Academic Program

The National Institute of Nuclear Medicine & Allied Sciences recently organized a National Training and Academic Program on PET/ CT as part of IAEC/ TC supported project on "Improving the Management of Oncological, Cardiovascular and Infectious Diseases, particularly Tuberculosis". Chaired by Prof Dr Shahana Afroz, Chairman, Bangladesh Atomic Energy Commission, the inaugural program was held in the NINMAS auditorium within BSMMU campus on 2 June 2014.The program was attended by Prof Dr Faridul Alam, Director, NINMAS, Dr Sarwar Alam, Chairman and Assoc Prof, Department of Oncology, BSMMU and Dr Asif Mujtaba Mahmud, Assoc Prof, IEDCR as special guests with a total of about 35 participants.

The function was also attended by Mr Faridur Rahman Khan, Managing Director of United Hospital. In addition to the above mentioned dignitaries Prof Dr Shamim Momtaz and Prof Dr Faisal Kabir also spoke on the occasion.

NINMAS/ BAEC graciously invited Mr Faridur Rahman Khan to say a few words regarding the role and contribution of United Hospital in the field of Nuclear Medicine.

The training program was conducted by a representative of International Atomic Energy Commission (IAEC) Mr S Somanesan who is a Senior Principal Radiation Physicist, Department of Nuclear Medicine and PET, Singapore General Hospital. Except for one day, the five training programs were held at NINMAS. On 3 June, a day long theoretical and practical sessions were held at United Hospital with on-site demonstration of Cyclotron including isotope production, quality control, handling of radio isotope and the procedures, acquisition and working of PET/ CT including standard protocols and quality control. Dr M A Wahab, Consultant and Head of Department of Nuclear Medicine, United Hospital was the co-lecturer along with Mr Somanesan.

Linde Bangladesh Visits United Hospital

On 7 May 2014, Mr. Bernd Fulitz, Regional Head S&E Asia and Mr. Srikumar Menon, Cluster Head, India, Bangladesh and Sri Lanka and Mr. Erphan S Matin, Country Managing Director of Linde Bangladesh Limited visited United Hospital as part of customer engagement. Linde has been supplying medical gases including gas cylinders to the hospital since its inception. They visited the Medical Gas Manifold and Liquid Oxygen Tank (Vacuum Isolated Evaporator) areas.

They also arranged a Refresher's Training for the staff of Mechanical and Biomedical Engineering Departments as well as the Nurses of critical areas. The emphasis was on the safety alarm system, VIE operation including 3-Way Valve Changeover, Emergency Cylinder Manifold for 24 hour back up, Pressure Control Unit Operations, Emergency Procedure, Integrated Medical Oxygen alarm system, Product Knowledge and Re-Ordering Procedure.

The visitors also met with Mr. Faridur Rahman Khan, Managing Director of United Hospital.

Food Rules for Better Gut Health

The secrets to balance gut microbiota and lose weight

1. Eat more magnesium-rich foods.

Magnesium deficiency is linked to obesity and inflammation. The diet advise emphasizes on spinach, brown rice, and pumpkin seeds, among other whole foods, to provide more of this vital mineral.

2. Eat fewer carb-dense foods.

Carb-dense foods can alter the balance of gut flora, triggering inflammation. Foods are considered carb-dense if they have a high ratio of carb grams relative to their weight. To minimize carb-dense foods, the diet cuts out sugar, refined carbs, and most grains (rice, wheat). Instead, it adds carb-light, natural foods like bananas, potatoes, and leafy green vegetables. Lean proteins (white meat & sea fish) and healthy fats (vegetable oil/fats) are also carb-light.

3. Eat fewer FODMAPs.

Clear your system of FODMAPs, the rapidly fermentable carbs or sugars that can play an ugly role in your digestive system, causing gas, bloating, diarrhea, and constipation. Everything from the fructose in agave nectar to the lactose in milk can be fast food for the bacteria in your gut, which is bad news for those of us with sensitive stomachs.

Drug Allergy: When to Suspect, What to Look For

Md Anisur Rahman

All medicines have benefits and risks. The risks of medicines are that something unwanted or unexpected could happen to you when you use them. Risks could be less serious things such as an upset stomach or more serious things such as liver damage. FDA approves a drug for marketing after determining that the drug's benefits outweigh its risks. Many drugs can cause adverse side effects and certain medicines can trigger allergic reactions. In an allergic reaction, the immune system mistakenly responds to a drug by creating an immune response against it because it recognizes the drug as a foreign substance and the body produces certain chemicals such as large amounts of histamine in an attempt to expel the drug from the body.This hyper immune response may result in the symptoms of allergies.

Drug allergic reactions are similar to allergic reactions resulting from food and other substances that we ingest. An individual's genetic make-up helps determine what they are allergic to and the severity of their allergies. Allergic reactions can be mild or deadly. Mild reactions include itching, rash, and hives. More serious reactions (anaphylaxis) involve swelling of lips, tongue and difficulty breathing that can lead to death. Allergic reactions are different from common side effects of many drugs such as headache or stomach upset. Any drug or a component in a drug can cause an allergic reaction. Penicillin and related drugs, sulfa drugs, insulin, barbiturates and iodine commonly cause allergic reactions. Sometimes it is a component or substances used for packaging or administering the drug that causes the allergy. Components of drugs that commonly cause allergies include dyes, egg proteins and peanuts. Latex in the packaging of drugs commonly causes allergic reactions.

Drug allergies are usually identified on the time proximity of the reaction to administration of the drug and patient history. If the drug is stopped and the symptoms also stop then the logical conclusion is that the drug caused the allergic reaction. Skin testing can also be used to verify that the drug is causing the allergy. If it is a drug that the patient needs and there are no other alternatives, careful skin testing can be done to determine if the person is truly allergic to the drug. For the treatment of drug allergy, the first step is to stop the suspect drug. For skin reactions such as rashes and itching, antihistamine creams or steroid creams are used. Oral antihistamines and steroids are used for more bothersome symptoms. Injections of antihistamines and/or steroids are given for serious allergic reactions. For life threatening anaphylactic reactions which involve difficulty breathing, epinephrine is given usually subcutaneously. In situations where a drug is needed and there are no alternatives an allergist can attempt to desensitize the individual by gradually giving very small amounts of the drug and increasing the amount over time. This technique decreases your body's sensitivity to particular allergy-causing agents.

There is generally no way to prevent a drug allergy. If you have a known drug allergy, avoiding the medication is the best way to prevent an allergic reaction. Once you know you have a drug allergy, you'll need to avoid that drug and related drugs. While anyone can have an allergic or non-allergic reaction to a drug, a few factors can increase your risk. These include: having a past allergic reaction to the same drug or another drug, taking a similar drug to one that caused a reaction in the past, having a weakened immune system, having a history of other allergies (such as hay fever), taking several drugs at the same time, taking frequent doses of the same medication. Those who have a greater risk of developing a more severe reaction to medications include people with: asthma, heart disease, high blood pressure. Contact your doctor if you develop a rash, itching, hives or any symptom related to drug allergy. If your lip or tongue swells or you have shortness of breath go to the emergency room immediately and do not drive yourself.

23rd Annual Scientific and Clinical Congress of AACE

Dr Nazmul Kabir Qureshi, Specialist, Medicine and Dr. Nazmul Islam, Consultant Diabetes & Endocrinology attended the 23rd Annual Scientific and Clinical Congress of American Association of Clinical Endocrinologists (AACE) held in Las Vegas, Nevada, USA from 14 -18 May 2014. Six scientific papers submitted by Dr. Qureshi were published in the Abstract Book of AACE 2014.

Multidisciplinary HealthCare: The Need of the Hour

Dr Rameez Shah

Multidisciplinary Health Care is an integrated team approach in which medical and other health care professionals collaborate together to make treatment recommendations to facilitate quality patient care.

Multidisciplinary Care provided by the Multidisciplinary Team (MDT) represents best practice in terms of treatment planning and care for patients. It encompasses: A focus on continuity of care, development of pathways and protocols for treatment and care, development of appropriate referral networks and the consumers / patients who consent to their case being discussed by the MDT.

MDT provides better care than an individual plan that has in the past just involved doctor and patient. With a diverse group of health care professionals such as physicians, nurses, pharmacists, dieticians, health educators, social services and mental health providers, there is more certainty that all the needs of the patient will be met.

United Hospital supports and encourages to treat each and every patient with MDT approach. Let's envisage an era in Bangladesh when everyone will realize the need and importance of the same.

Rare Malignant Ectopic Thyroid - A Case Report

Dr S S Ahmed, Dr Shuvamay Chowdhury

A 40 year lady was admitted in the Neuro Ward of United Hospital. She had history of gradual swelling in left occipito-temporal region for about a year. The left post-auricular scalp lesion was removed one year ago because it was reported as metastatic follicular carcinoma of thyroid. At that stage she went to India for further treatment and underwent total thyroidectomy in India in December 2012. The whole excised thyroid tissue was checked histopathologically and no malignancy was found. Unfortunately her perfectly normal thyroid was excised. Subsequently, she was advised for radioiodine uptake test and ablation therapy but she declined.

Post-auricular swelling re-appeared and gradually increased in size and she developed symptoms of raised intra-cranial pressure like headache, nausea, vertigo and dizziness. Haemo-dynamically she was stable. Pulse - 78 b / min, blood pressure - 130/90 mm of Hg, temp- 101°F, SPO2 - 99% in room air. On neurological examination GCS - 15/15 pupils-2.5 mm, equal and reacting to light, no motor deficits were found. Local examination revealed an old scar with a huge, hard, underlying mass. MRI of the brain with contrast showed huge enhancing mass in left occipito-temporal region, eroding bone and causing mass (pressure) effect on adjacent brain tissue.

After detailed counseling she underwent excision of the left occipito-temporal lesion and the underlying eroded bone which was followed by cranioplasty. The tumor was highly vascular and adherent to the underlying dura, inseparable in some places and the petrous bone was found invaded by the tumor. Attempting to remove this part of the tumor carries very high risk of damage to cranial nerves and for this reason some of the tumor tissue was left behind.

Post-operatively she had left sided CSF otorrhoea which was treated successfully with a lumbar sub-arachnoid drain. Her recovery was otherwise smooth and sutures were removed on the 6th post-op day. Oncology consultation was sought and according to their advice she was referred to the Nuclear Medicine Department of PG hospital for Radio-Active Iodine treatment.

Lesson learned from this case is a rare one. Malignant lesion occurs in ectopic thyroid around thyroglossal tract. In this case it happened in the scalp tissue away from thyroglossal tract which is very rare. If the initial lesion was excised totally and further treatment was carried out with Radioactive Iodine she would have been fully cured. Unfortunately her perfectly normal thyroid was excised without further pre-operative investigation. Her disability and suffering could have been prevented if enough attention was put in the process of diagnosis and treatment.

Impossible is not Always Impossible

Dr Mohammed Mahbub Alam

Mrs. Momtaz Begum, a 59 year old lady was admitted to the Oncology Unit of United Hospital with the complaints of deep jaundice. Earlier she had been diagnosed by Dr. Mahbub Alam, Gastroenterologist at United Hospital, as a case of Ca Head of the Pancreas with bipolar mood disorder and general weakness. She went abroad for better management and continued chemo and radiotherapy. During her treatment abroad, she developed progressive jaundice with markedly raised liver enzymes including S.Bilirubin, Alkaline Phosphatase and GGT. The jaundice was of the obstructive pattern. She required ERCP to release the obstruction to achieve normal S. Bilirubin which was necessary for the continuation of the oncology treatment.

The doctors at the hospital abroad attempted ERCP with all efforts but were unsuccessful and told the patient can return back to Dhaka because they could not reduce the level of S. Bilirubin and continue the chemotherapy. As a last resort, the patient returned back to the Oncology Department at the United Hospital in Dhaka. The patient was then referred to the hospital's GIHPD (Gastroenterology Department) to perform ERCP and insert a stent to relieve the obstruction and achieve a free flow of bile.

Her blood cancer marker CA 19.9 at that time was > 1000 U/L. Her other biochemical markers during this readmission were: S. Bilirubin - 16.21 mg/dL, AST - 67.0 U/L, Alk. Phos. 464.0 U/L, CEA - 14.51, CA 19.9 >1200 U/L, GGT - > 600 U/L with Hemoglobin 8 gm/dL.

Gastroenterology (GIHPD) Unit of United Hospital successfully performed the ERCP and inserted one stent with the establishment of free flow of bile. All parameters resumed to normal levels after the procedure. At present this patient is under the Oncology Unit at United Hospital and is receiving chemotherapy and radiotherapy on a regular basis.

The Healing Powers of Pomegranates

They're delicious and healthy, lower cholesterol, treat prostate cancer, and improve cardiovascular problems. Pomegranates, with their tiny ruby seeds, have amazing healing properties.

Pomegranates lower cholesterol levels

A recent study suggests that drinking as little as one-quarter cup of pomegranate juice daily may improve cardiovascular health by significantly reducing oxidation of LDL cholesterol. This may be thanks to its antioxidant power; pomegranate juice has two to three times the antioxidant capacity of equal amounts of red wine or green tea. Another small study found that drinking one cup of the juice on daily basis helped reduce stress-induced myocardial ischemia or poor blood flow to the heart.

Pomegranates lower blood pressure

Research has found that the high antioxidant levels in pomegranate juice also play a role in reducing hypertension.

Pomegranates help treat prostate cancer

If patients previously treated for prostate cancer drink just eight ounces of pomegranate juice per day, it could significantly slow rising levels of prostate-specific antigen (PSA), an indicator that cancer is present.

Pomegranates fight disease-causing inflammation

One pomegranate provides about 40 percent of an adult's daily vitamin C requirement and researchers say this reduces "silent inflammation" at the root of diseases like cancer, heart disease or diabetes.

Visit By United International University Students

On 24 April 2014, faculty members and thirty students of the department of Bio-Medical Engineering of United International University visited different areas of United Hospital to see the equipments of Bio-Medical Engineering Department. Mr. Arifur Rahman, In-Charge, Biomedical, Engineering Department, United Hospital facilitated the visit.

A Young Female with Shortness of Breath

Dr A K M Kamruzzaman, Dr Mohammad Shafiqul Islam

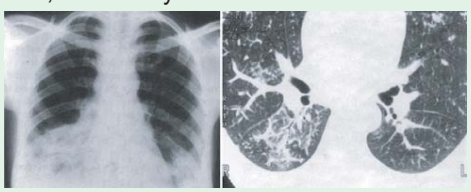
A 20 year old normotensive, non-diabetic lady from Comilla presented in the Accident & Emergency Department of United Hospital with SOB for a month. She was fine two years back then she developed localized swelling and itching that gradually involved her entire body. She consulted several physicians and was treated with anti-histamines and some other drugs (whose names she could not recall) but her symptoms did not resolve completely.

Over the last one month she developed multiple joint pain, low grade intermittent fever, whole body rash, oral ulcer and sudden hearing loss over the past three days. During this time, she had SOB which was initially mild but became severe on the last day and this was associated with dry cough and at times with productive mucoid sputum. Joint pains involved small and large joints of both upper and lower limbs which was inflammatory in nature. Her entire body and face broke out in rash which increased after exposure to sunlight.

On examination, patient was ill looking, severely dyspneic, non-communicative, cyanotic, anemic, had malar rash, alopecia , multiple hyper-pigmented lesion over the entire body, oral ulcers in hard palate, leg edema + Pulse-120bp/m, Bp -100/60 mm of hg, RR- 35 breath/min, Temp - 99°F, Pso_2 - 78%. Respiratory system examination revealed bilateral basal crackles. MSK- grade-3 tenderness for small and large joints of both upper and lower limbs was noted. Bed side urine test, ophthalmoscope exam and hearing test were not done. Other systemic exams were normal. There was no h/o convulsion, unconsciousness, Reynaud's blood transfusion, family h/o of such type of illness, contact with known TB patient.

Clinical diagnosis was SLE with acute lupus pneumonitis/ pulmonary embolism/ acute alveolar haemorrhage/ cryptogenic organizing pneumonia with respiratory failure, lupus nephritis (?), MSK, mucocutaneous and auditory involvement. The following Investigations CBC Hb-8gm/l, ESR-110, S. creatinine - 1.6mg/dl, CxR –bil lower zone haziness with minimal plural effusion & pericardial effusion, urine RME, UTP, ANA, Anti ds DNA, CRP, C3, C4, sputum for gm staining, c/s, blood c/s, BAL, HRCT chest were not done because the patient had financial constraints and was thus transferred to a government hospital.

Lupus emergencies are RPGN, acute myelopathy, severe acute confusional state, pneumonitis with respiratory failure, alveolar hemorrhage and optic neuritis. Severe lupus includes class IV LN, encephalitis, psychosis, coma, myelopathy, platelet <15,000, severe pneumonitis, pulmonary hemorrhage, cardiac tamponade, severe myocarditis.



Management: Hospitalization, Methylprednisolone 1 gm iv daily for three consecutive days, followed by oral prednisolone 0.5-1 mg/kg/d continued till lupus activity remains completely suppressed. Usual duration: 6 to 10 weeks, IV pulse cyclophosphamide 500 mg/m2 IV 4-wkly for 3 to 6 months or mycofenolate2-3 gm/d for induction. Alternative is to switch over to less toxic SSAs e.g. AZT or MMF. The treatment for lupus can be stopped after a 2 year flare-free interval. The patient can be discharged after being put on anti-malarials.

Subclinical Cushing's Syndrome with Adrenal Incidentaloma in a Diabetic Woman Presented with Pancreatitis.

Dr Nazmul Kabir Qureshi, Dr Md Shamim Chowdhury, Dr Md Mahbub Alam, Dr S M Ashrafuzzaman, Dr Nazmul Islam

With increasing use of various imaging techniques such as USG, CT and MRI, adrenal masses are being detected with increased frequency. Autopsy studies suggest an incidence of adrenal incidentaloma of 1 to 6% while imaging studies suggest incidence of 3.5%. A substantial proportion of these incidentalomas are hormone producing and most are cortisol producing resulting into Cushing's Syndrome or Subclinical Cushing's Syndrome (5%-20%).

A 67 year old normotensive Bangladeshi female with type 2 diabetes, having BMI 22.4kg/m, presented in Medicine Department of United Hospital with complaints of recent onset upper abdominal pain and vomiting. Initial laboratory investigations and ultrasonograpy of abdomen revealed features suggestive of acute pancreatitis. CT abdomen with oral contrast was done. Along with features of acute pancreatitis [figure 1], it revealed a homogenous nodular (21 mm X 20 mm) right adrenal mass [figure 2]. Contralateral adrenal gland was normal [figure 2]. After resolution of pancreatitis and relief of stress, evaluation of the adrenal incidentaloma was carried out that revealed UFC as 198mmol/24h (N<280mmol). After overnight 1mg dexamethasone suppression test Serum cortisol (9am) not suppressed 135.24nmol/L(<50nmol/L). Serum ACTH level was 6 ng/L and DHEA-S was within normal limit. Other investigations revealed Na:137mmol/L, K:3.64mmol/L, HbA1c:6.9%, serum total cholesterol:225mg/dl, HDL:16.5mg/dl, LDL:179mg/dl, triglyceride:416mg/dl, DEXA scan: osteopenia (T score -2.1). As the patient had no clinical features suggestive of overt Cushing's Syndrome, had a right adrenal incidentaloma and results of adrenal hormonal assessment revealed subtle hypercortisolism, the diagnosis was consistent with Subclinical Cushing's Syndrome.

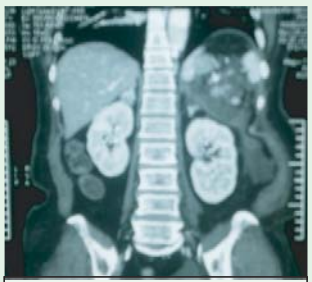


Figure-1: CT Abdomen showing features suggestive of acute pancreatitis.

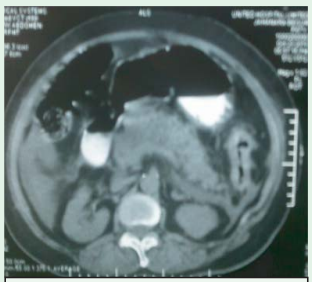


Figure-2: CT Abdomen showing a homogenous nodular (21 mm X 20 mm) right adrenal mass.

Estimated prevalence of Subclinical Cushing's Syndrome is 79 cases per 100,000 persons. The condition is characterized by clinically unapparent adrenal mass with subtle autonomous and dysregulated cortisol secretion not fully restrained by pituitary feedback. The condition is often associated with hypertension, glucose intolerance, dyslipidemia, obesity and osteopenia. Management includes surgical approach and non-surgical approach encompassing treating metabolic conditions if any and routine follow-up.

Patient with asymptomatic adrenal incidentaloma should be routinely screened for adrenal hormone overproduction especially for hypercortisolism.

This poster was presented in conference and published in Abstact Book of "AACE 23rd Annual Scientific & Clinical Congress. Las Vegas, Nevada, USA". Category: Adrenal Disorders (case studies); Poster No: 120

Point of Care Testing: Trans-cutaneous Bilirubinometry (TcB), a Painless Non-invasive Technique for Screening Neonatal Jaundice

Dr Nargis A B, Dr Khorshed A, Dr Anamika S, Dr Sahnaj P, Dr A Rahman, Dr M Rahman, Dr Runa L, Dr Rehana A, Dr Debaroti C, Dr S Zaman, Dr Arif, Dr Ajreen

Point of Care Testing refers to any test performed outside the laboratory by clinical personnel and close to the site of patient. TcB measurement is the best way to detect jaundice at the bedside.

Jaundice is a very common problem amongst the newborns. Most of the time it is not life threatening. But sometimes it reaches neurotoxic levels and may cause permanent brain damage. Clinical evaluation of jaundice involving visual estimation is subjective and inaccurate. To assess the severity of jaundice and the decision for prompt treatment, blood sampling is required. TcB offers a non-invasive tool to evaluate jaundice and estimate the bilirubin level of newborns.

A study was conducted in the Neonatology Department of United Hospital from Jan-Dec 2013 to evaluate the effectiveness of TcB as a valid screening tool to detect neonatal jaundice and to determine its relationship with conventional total serum bilirubin level (TsB). In our studies, newborn (n=108) TcB was done at bedside using jaundice meter JM-103 over the skin surface of baby (forehead and sternum) and at the same time serum bilirubin test was done in the laboratory. Statistical analysis was performed using Pearson's Correlation Coefficient, Paired T-Test and sensitivity and specificity of TcB and TsB.

Strong correlation was found (r=0.80) between TcB and TsB and the mean difference between the assays was 0.83 (95% confidence interval 0.6-1.06). So it was concluded that TcB is not alternative to TsB but it can be used as a valid screening tool to reduce frequent blood sampling in newborns as well as reducing parental anxiety.

This paper was presented in the 1st South Asia Pediatric Association and 18th Biennial Bangladesh Pediatric Association.

International Nurses Day 2014

The International Nurses Day is celebrated on 12 May every year, in honor of the Pioneer of Modern Nursing Florence Nightingale who was born on 12 May 1820.

This year's Theme: ***Nurses - A Force for Change, A Vital Resource for Health***.

The day started with a rally where Nurses and some members of the Management Team and staff of different departments participated. The rally started from Gulshan Circle 2 and ended at United Hospital. This was followed by a cake cutting ceremony conducted by CNO Dr. Monette B. Brombuela, Dr. Momenuzzaman, Consultant, Cardiology Department and DAS Dr. Salahuddin Ahmed. Flowers and cards were distributed to admitted patients as part of the celebration.

Category One for 5-7 years old: Painting Competition

Quiz Competition of 9 Groups

To emphasize on the Nursing Profession, CNO, DCNO and some selected nurses conducted a program for some students in the following schools: the Canadian International School for over 80 students, the Australian International School for around 50 students and Baridhara Scholars Institute for almost 100 students. The Nursing Profession was highlighted and teaching sessions were given on "Hand Hygiene Awareness". The program ended with distribution of gifts to children and hand hygiene flyers with hand washing guidelines from United Hospital.

An Art Competition for two categories was held during the nurse's week. Category One: 5-7 years old: Painting Competition. Category Two: 8-10 years old: Drawing Competition. This was followed by a Quiz Competition in which 45 participants in 9 groups competed. The winning team was CICU.

To end a week-long celebration, a cultural program was held at night on 12 May 2014. The Honorable Managing Director of United Hospital Mr. Faridur Rahman Khan graced the occasion with an inspiring speech. Amongst the distinguished guests were GCCN Principal Prof. Francies Crossan, GCCN faculty members and two representatives from Philippine Embassy Ms. Raquel P. Austria, Cultural Information Officer and Ms. Joany Margallo, Assistant to the National Case Officer.

Part 1 of the program started with candle lighting and renewal of vows. The symbol of Modern Nursing Florence Nightingale, The Lady with the Lamp walking the battle grounds of the Crimean War to help and tend to wounded soldiers was depicted by one of our very own nurses wearing a costume resembling that of a 19th century nurse and carrying a lamp to symbolize her rounds at night.

To make the nurse's attire more colorful, 500 nurses were presented with a special nurse's watch. The presentation was done in a celebratory Pinning Ceremony inaugurated on stage by the CNO attaching the nurse's watch on the DCNO with the Area In-Charges fixing the watches on each other. A marvellous display of camaraderie and fellow feeling was seen amongst the nurses - all the nurses present in the program were pinning the nurse's watches on each other simultaneously. The watches are manufactured in such a way that they are washable and free from micro-organisms.

Recognition of the valuable contribution of nurses to the Nursing Department of United Hospital was given individually. A total of 40 certificates were awarded for Appreciation, Recognition, Art and Quiz Competitions. Certificate of Recognition for skill development and support to the nursing department was awarded to 24 nurses. Special incentive from the Managing Director of United Hospital with Certificate of Appreciation for team contribution and support to the nursing department was given to 9 nurses. For the Quiz Competition, 5 nurses were awarded the Winners certificates. For Champions Certificate of the Art Competition, 7 children of nurses of different age group participated and there were 2 winners, one from each age group.

Part 2 of the program involved a show - casing of talent amongst the nurses through cultural presentations such as singing, dancing, poetry recitation, theatrical performances and so on. Members of other departments also participated equally well.

Canadian International School

Australian International School

Baridhara Scholars Institute

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A Day in The Life of a Chief Nursing Officer

Dr Monette Barrento-Brombuela

Nursing is a profession that focuses not only on the physical aspect but on the total well being of the patient in general. Being the Chief Nursing Officer is one of the most fulfilling professional roles in the nursing field. The role provides opportunities to be creative, build a professional & friendly relationship and network with colleagues throughout the country and, often, the world and make a significant impact on the care that is delivered to patients. The position can be challenging but the benefit of participating in the creation of an environment in which nurses can do their best is very rewarding.

Throughout my entire career I have worked in nursing - in both academics and clinical fields. In a job like mine, looking after the quality of care in a large hospital, I have experienced that no two days are the same and the wide variety of work is a major challenge.

On daily basis, my day starts with reporting to the hospital 30 minutes before the official time. In the morning when I arrive in the hospital the first thing I do is check my hospital emails / messages and review my agenda book for the day. I generally get a feel of the organization by having a "handing over" of the Area In-Charges with DCNO on bed occupation, staffing of the day and any special incidents/ happenings in the night.

After the hand over, I usually make my rounds to almost all areas of the hospital in the OPDs & IPDs - wards, VIP cabins, Critical Care Units, Intensive Care Units and special areas like Hemodialysis, Emergency Room, Oncology Day Care, OT and the like, to personally check the areas and the ward staff nurses and see to it that all their actions were carried out according to our set standard of nursing care. I make it a point to ensure it is clean and tidy every where - a key step in our continued reduction of hospital associated infections.

A typical day will see me doing many things from talking to staff about their services, planning new initiatives, reviewing the standards of care and talking to patients & their relatives. Having little chats with them gives me an opportunity to listen to them and get insights about their experience regarding our nursing care in particular and other support staff of the hospital in general. This provides me a direct and hands on feedback mechanism of the overall standard of nursing care.

Doing regular rounds in different areas of the hospital allows me to meet clinicians and discuss/resolve issues that pertain to the smooth operation of the nursing department and other departments of the hospital. As a team, collaborative effort is essential in the achievement of common goals which is beneficial to the whole organization.

Our constant interactions with patients which ensure that their needs are being addressed have been our undertakings to make sure they are treated with dignity and get the appropriate privacy. What is important to me as CNO is the patient experience and how they feel about our nursing care and this enables us to shape and align our ongoing system.

Pinning Ceremony on Nurses Day

Recipient of the Certificates

To address the daily concerns of the department, I regularly meet up with unit supervisors, together with their staff and all Area In-Charges to see how we can further improve the care and identify best practices and give On-The-Spot Training if needed. We also hold weekly regular classroom education to update some of the current trends in nursing practices and at the same time review some issues and draw measures that will be beneficial in providing quality care.

I believe that little and simple things make the difference to our patients, so spending quality time with them and brainstorming with all my nursing leaders on the ground develops a patient-friendly environment which is significant and a vital component in building a friendly hospital as a whole.

A Novel Modification of LIMA–RIMA Y Graft

Dr. Asif Ahmed Bin Moin

Studies over the past four decades have shown that Coronary Artery Bypass Graft surgery (CABG) relieves angina pectoris and for some prolong lives. However, even after successful operation new obstructions may develop either in the patient's own coronary arteries or in bypass grafts, particularly in saphenous vein grafts. Within 5 years of surgery approximately 20% and by 10 years almost half of saphenous vein grafts were either totally obstructed or showed angiographic evidence of pathological changes. Although the use of aspirin and 'statin' group of drugs has improved the results with saphenous vein, the failure of vein grafts over the long term remains a significant problem effecting outcomes after CABG and it is the single major indication for repeat surgery for bypass grafting.

Fortunately, the use of internal thoracic/mammary artery (ITA/ IMA) as a conduit in CABG either as a pedicle (proximal end attached to sub-clavian artery) or free graft (proximal end detached from its origin) showed improved graft survival rate and resistance to graft failure. Most commonly the left IMA (LIMA) remains attached to its origin from the left sub-clavian artery and the distal end is dissected away from the chest wall, swung over, and its distal end grafted to the side of the left anterior descending (LAD) coronary artery.

Post CABG angiographic studies revealed that not only did the LIMA to LAD graft have a more than 90% chance of functioning well early after operation, but that these grafts continued to function well for many years and that even 20 years after operation the development of obstructions in these grafts is extremely uncommon. More extensive use of IMA grafts is accomplished by using the RIMA as an in situ (pedicle) graft (attached to the right subclavian artery), as a "free" graft from the aorta to the coronary artery, or attached to the LIMA as a composite graft (Y graft).

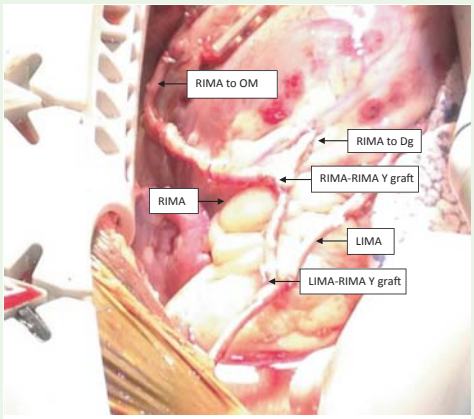


Figure: LIMA-RIMA Y graft, with RIMA-RIMA Y graft

Recent long-term follow-up studies from The Cleveland Clinic Foundation show that bilateral IMA grafts further decrease the long-term risks of death and re-operation when compared to patients receiving only one IMA graft. In United Hospital, we have used bilateral IMAs for CABG for over 200 cases. Most common strategies followed using bilateral IMAs are a) pedicle LIMA grafted to LAD and creating a LIMA-RIMA composite Y graft and grafting diagonal, ramus intermidius or OM branches either singly or multiple vessels in sequence with RIMA, or b) grafting RIMA to LAD or distal RCA (as pedicle graft) and using pedicle LIMA to graft other vessels. A modification of the conventional LIMA-RIMA Y graft technique was used in three of our patients.

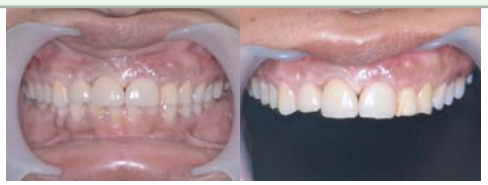
The first patient was a 55 year old non-diabetic male, angio-graphically requiring coronary artery graft to LAD, Diagonal and 1st OM branch. Patient had diffuse bilateral thrombosis of the great saphenous vein precluding their use as conduits and the plan to use radial artery was abandoned because Alan's test was positive. Pre-operatively, the course of LAD and the target Diagonal was such that a sequential graft with LIMA to these coronaries was not suitable because of the unacceptable lie of the conduit. A LIMA-RIMA Y graft was constructed. The distal end of the RIMA was then looped back and anastomosed to RIMA few centimeters distal to LIMA-RIMA Y graft. The looped RIMA was then divided creating a RIMA-RIMA Y graft and the resulting long arm was grafted to OM and the short arm to the diagonal branch. LIMA was grafted to LAD. The procedure was done on off pump beating heart technique. All of the patients did well post-operatively.

Such modification of LIMA-RIMA Y with RIMA-RIMA Y graft technique can be used in patients whose venous conduits are not available (varicose vein, venous thrombosis etc.), sequential graft with LIMA or RIMA in a LIMA-RIMA Y graft is not possible to position the target vessels or when the ascending aorta is so severely diseased that proximal graft cannot be constructed using venous conduits.

Implant – The Smile Saver !

Dr Md Nazrul Islam

It took her a while to realize what just happened! She tries to think… she woke up very late this morning and was rushing to the bathroom, then something happened and she is lying on the bathroom floor. She tries to get up but her hand slips again. Oh the floor was very slippery and she slipped!! That's what happened! Then she noticed blood on the floor and something white- what's that? Oh my God! It's a tooth. She pulls herself together and gets up to look in the mirror and sees one front tooth is missing!


Final teeth are in place Final implant restoration

Miss Sonia is chairman of a software company and a very self conscious lady. She can't think of herself loosing front teeth and meeting people looking like that! So she rushes to her dentist hoping for a solution.

In this kind of situation the best solution is to have an implant to replace the missing tooth. The implant is placed at the site of the missing tooth and a temporary replacement tooth is placed for aesthetic purpose. It takes four months for the implant to be fused (osteo-integrated) with the bone and then the permanent tooth gets attached to the implant. When the treatment is finished, the implant tooth looks, works and feels just like a normal tooth and can last a life time if properly maintained.

Today Miss Sonia is very happy as she has got back her missing tooth just the way it was before. Thanks to Dental Implant which has returned her missing tooth and smile.

Management of Common Renal Emergency: Acute Kidney Injury

Dr. Moushumi Marium Sultana

Acute kidney injury is a common clinical presentation, representing 5% of acute hospital admissions and 30% of admission to ICU. Acute kidney injury is clinically divided into pre-renal, renal and post renal and has to be distinguished from acute and chronic failure.

To monitor a patient effectively some key points should be noted when taking case history and acute kidney injury is no exception. History of any fluid loss, sepsis, joint pain, backache, skin rash, hemoptysis, drug history in case of any nephrotoxic drug or use of any contrast agent. Past history of high blood pressure, reno vascular disease, prostration and hematuria should also be noted.

Patient should be assessed for severity - by assessing volume status to check whether there is fluid overload or dehydration. Patient should be monitored for hypotension, anuria, hyperkalaemia or acidosis.

The following investigations should be done promptly - CBC, urine R&E, clotting, LFT, CPK, CRP, ESR, blood culture, hepatitis, serology. If the cause is still unclear, immunoglobins, electrophoresis, complement level and auto-antibodies should be done. Also urine for dipstick microscopy, culture, electrolytes, osmolality, Bence Jones protein, chest X-ray (for pulmonary edema), ECG (hyperkalaemia), renal ultrasound (size /obstruction) should be done.

Management key points:

1. Assess hydration and fluid balance. Give I/V fluid if volume depleted. Continue fluid until CVP 5-10 cm. Consider ionotropes if hypotension persists inspite of CVP >10 cm. Infuse I/V frusemide if volume overload is suspected.
2. Treatment of infection - remember to adjust dose of antibiotic in view of renal impairment.
3. Stop nephrotoxic drug.
4. Identify intrinsic renal disease and treat accordingly.
5. Relieve the obstruction if any.
6. Optimize nutritional support.
7. Identify and treat bleeding tendencies.
8. Treat complications like hyperkalaemia.
9. If required consider dialysis.

Food Habits in Summer

Chowdhury Tasneem Hasin

Maintaining a healthy diet is very important especially in the summer. This helps us stay fit/cool during this season and also helps us to stay away from stale food that ultimately leads to many diseases. In the summer, the air temperature and level of moisture are suitable for some notorious bacteria to grow in our body, skin and also in the food. Besides this we can get dehydrated easily due to excess sweat and perspiration. Nowadays, as the season's features are changing a lot in our country, we can see that we get both wet & dry summers. So apart from drinking lots of water, a special summer diet consisting of light and healthy food should be ensured.

At the time of excess sweating we feel like reaching out for something cold. This is where we go wrong because anything extremely low in temperature can constrict our blood vessels affecting the heat loss process from our body.

We have to increase our water intake in humid weather-to replace the water lost from profuse sweating. That is the reason we need to drink enough water at regular intervals even if we are not thirsty because in such circumstances, one can easily get dehydrated quickly. So we should try to limit or avoid beverages that are caffeinated, carbonated or high in sugar level as they produce heat at the time of digestion.

We need to eat lots of fresh fruits & salads. Fruits and veggies are easy to digest and high in water and mineral content which helps in hydration. We could easily try to start our day with green mango, green coconut water, watermelon, muskmelon, pineapple, cucumber etc.

Avoid fried and junk foods as they take time to digest and require a lot of water. Spicy foods can also increase body heat.

Drink naturally cooling beverages like coconut water, lemon juice, buttermilk, sugarcane juice etc. rather than aerated soft drinks/caffeinated beverages as they contain sugar and other preservatives which produce heat at the time of digestion and act as diuretics (increase the flow of urine) thus leading to loss of water from the body.

Curd is excellent for summers as it increases friendly bacteria in the gut and improves digestion and boosts immunity. Curd and other low fat dairy products are cooling and provide us with calcium and protein. It is a great and healthy alternative to ice-cream as they are packed with nutrients, vitamins and calcium which help to soothe ulcers, allergies and heat boils during this season.

Raw mango is a special fruit in the summer season and is extremely good in preventing sunstroke and weakness. Raw mango juice can help balance electrolytes in the body. We can also have raw mango in other forms like adding it in lentils (daal), salads or making a dish out of it. Unripe mangoes can be steamed, peeled and mixed with cumin seeds and salt to make an effective remedy for heat strokes and exhaustion in the hot summer.

Corn is a good source of pantothenic acid, which provides vitamin B to lower stress levels. Corn in any form whether roasted or boiled is a healthy snack as it lowers cholesterol levels especially in the summer and we know nowadays corn is very much available in our country.

The most important tips are to avoid all types of outside food during the summer and to maintain good hygiene at all times.

Visits to United Hospital

- A delegation of My Health Limited from Bangkok Hospital and their representatives from Information Office in Bangladesh led by Dr. Nilanjon Sen, Managing Director of My Health Limited came to United Hospital to discuss possible collaboration on Wednesday 16 April 2014.

- A delegation from Embassy of the Kingdom of Netherlands, Dhaka led by Ms. Ria Osterveen, Official of Ministry of Foreign Affairs of Netherlands along with Ms. Sabina Kabir, Front Office/ Consular Affairs came to see the various facilities of United Hospital and share their views on Wednesday 30 April 2014.

- A delegation from British High Commission, Dhaka led by Dr. Andrew Mostyn, New Regional Medical Officer along with Ms. Ariane Von Saint Paul, Nurse Manager, Elizabeth House Medical Centre, came to United Hospital to see the hospital's various facilities specially Emergency, Intensive Care, Pharmacy and cabins on Wednesday 7 May 2014 .

- A delegation from United Nation Development Programme (UNDP) led by Dr. Kristen Atonson, Senior Regional Medical Officer of UNHCR came to United Hospital to see the hospital facilities on Tuesday 17 June 2014.

- A delegation from International SOS Singapore led by Dr. Samuel Wartel, Medical Director along with Ms. Jasmin Tan, Global Assistance Network Manager visited United Hospital on Thursday 19 June 2014.

Field Visit of UCN Students

1st year Post Basic B.Sc. Nursing students of United College of Nursing (UCN) went for field training, as part of their curriculam requirement, from 7 to 13 June 2014 at Ad-Din Medical College Hospital, Bara Maghbazar, Dhaka. The objective of the visit is to assess the nutritional status of pregnant and lactating mothers and malnourished children. From the visit the students are expected to prepare diet menu/ planning of the aforesaid mothers, identify the needs of malnourished children and also prepare a diet menu for them. The training programme was conducted/ supervised by senior doctors of the Ad-Din Hospital.

Corporate Signing

Mr. Roger Rene Hubert, Country Manager, Puls Trading Far East Limited, Bangladesh Liaison Office visited United Hospital to sign a corporate agreement on Wednesday 30 April 2014.

Mr. Mohammad Masoom, Deputy Managing Director of Mercantile Bank Limited and Dr. Dabir Uddin Ahmed, Director, Clinical Operations of United Hospital signed a corporate agreement on Tuesday 20 May 2014.

An agreement was signed between PFI Securities Limited & United Hospital Limited on Tuesday 20 May 2014 by Mr. Kazi Fariduddin Ahmed, FCA, CEO & Managing Director of PFI Securities Limited and Dr. Dabir Uddin Ahmed, Director, Clinical Operations of United Hospital.

A medical service agreement was signed in presence of Maj (Retd.) Dr Rezaul Haque, Chairman, Social Islami Bank Limited and Mr. Faridur Rahman Khan, Managing Director, United Hospital and senior officials of the two organizations on Tuesday 27 May 2014.

Medical Campaigns

Prof. Dr. Md. Salim Shakur PhD, Consultant-Paediatrics & Dr. Ashim Kumar Sengupta, Junior Consultant -Oncology Department went to Chittagong & Sylhet respectively to see patients on Thursday 17 April 2014.

Dr. Paul T. Henry, Consultant-Neuro Surgery Department went to Chittagong to see patients on Fridays 25 April and 23 May 2014.

Dr. Syed Sayed Ahmed, Consultant -Neuro Surgery Department & Director-Neuro Centre went to Sylhet to see patients on Wednesday 7 May 2014.

Dr. A.M. Shafique, Associate Consultant-Cardiology Department went to Chittagong to see patients on Wednesday 7 May 2014

Prof. Dr. Md. Zillur Rahman, Consultant -ENT Department went to Chittagong to see patients on Thursday 15 May 2014.

Information Session & Scientific Seminar

- A Scientific Seminar on "Recent Advances in Nuclear Medicine & Oncology" was arranged on Monday 5 May 2014 at the Library Hall of Holy Family Red Crescent Medical College Hospital. Dr. Md. Rashid Un Nabi, Consultant-Radiation Oncology & Dr. M. A. Wahab, Consultant-Nuclear Medicine Department of United Hospital were the speakers of the seminar.
- A Continuing Medical Education (CME) on "Advanced Devices for Management of Colostomy & ICU Patients" was arranged on Sunday 11 May 2014 at the Lecture Gallery of United Hospital. Mr. Sangram Bohidar - Product & MarComm, Manager - Convatec, India was the key speaker.
- An information session titled "Launching Ceremony: All Capsules in Vegetable Shell" was held on Thursday 29 May 2014 at the Seminar Hall of United Hospital. Mr. Masud Billah – PMD Manager, Novo Healthcare did the presentation with Prof. Dr. M. Mujibul Haque Mollah, Consultant-Nephrology Department & Chairman, Hospital Education Committee and Dr. Nazmul Islam, Consultant-Diabetes & Endocrinology and Chairman, Hospital Drug Committee of United Hospital as panel of experts.
- A Scientific Seminar on "Recent Advances in Nuclear Medicine & Oncology" was arranged on Thursday 12 June 2014 at the auditorium of BIRDEM General Hospital. Prof. Dr. Santanu Chaudhuri, Consultant Clinical Oncology & Director, Oncology Centre & Dr. M. A. Wahab, Consultant-Nuclear Medicine Department of United Hospital were the speakers at the seminar.

Training & Workshop

On 8 May 2014, training on "Pharmaco-Vigilance Activities Especially Adverse Drug Reaction (ADR) Reporting" assisted by Dr. Josephine E. Aimiuwu, Consultant, Health/ Pharmaceutical Management, MSH/SIAPS was arranged at United Hospital. Nurses and other staff members of United Hospital attended the training.

On 12 May 2014, Ms. Kanika Halder, Unit Supervisor Nursing, GHDU and Ms. Jannatul Ferdous, Staff Nurse attended an invitation at IUBAT to celebrate International Nurses Day 2014 and share ideas & thoughts on this year's theme "***Nurses - A Force for Change, A Vital Resource for Health***.".

A national work shop on "Occupational Radiation Protection in Facilities and Activities" was organized by and held at the Atomic Energy Centre from 18 - 20 May 2014. United Hospital's Dr. Mohammad Mujibur Rahman, Specialist Cardiology and Dr. Shamrukh Khan, Specialist Nuclear Medicine attended the work shop.

Nursing Department's Ms. Shahida Parvin, Area In-Charge and Ms. Moushumi Ara Beauty, Unit Supervisor from United Hospital attended a work shop on Mentorship Program organized by GCCN on 21 & 22 May 2014. Mr. Desmond Cornes, Senior Lecturer in Nursing, Glasgow Caledonian University (GCU), UK, conducted the workshop.

Dr. Monette Barrento-Brombuela, Chief Nursing Officer United Hospital attended a roundtable seminar on "Needle Stick Injury: potential impact on healthcare professionals in Bangladesh - finding an escape route". The seminar was held at Baton Rouge Restaurant, Dhaka on 31 May 2014. Dr. Monette, a panelist of the discussion received a crest for her remarkable contribution towards the healthcare sector of Bangladesh.

Staff Undergo Fire Drill

On 9 & 10 June 2014 Fire Drill Training was held in the hospital premise near the emergency gate. Around 60 clinical and non-clinical staff from different departments attended the drill and learnt the use of different types of fire extinguishers for different purposes. Major (Retd) Md. Moinul Hossain, Manager Admin & Security and Capt. Md. Abul Hashem Bhuiyan, Admin Officer facilitated the training.

MPH Students of NIPSOM Visit United Hospital

On 7 May 2014, a total of 14 MPH students of NIPSOM along with their faculty members visited United Hospital. An orientation program was arranged for them by members of different departments of the hospital. This was followed by a question & answer session.

United Hospital Quarterly Newsletter
reflection
Issue-6 | Quarter-2, 2014

Congratulations & Best Wishes to the following Staff and their Spouses

New Baby

- Staff Nurse Moriam of 5th floor had a baby boy Mazidur Rahman Tasin on 3 January 2014.
- Customer Relations Supervisor Sajal Deb Nath had a baby girl Upama Deb Nath on 4 April 2014.
- Nursing Dept's Patient Care Attendant Md. Abu Taher of 4th floor had a baby girl Marium on 14 April 2014.
- Customer Relations Supervisor Kazi Mohidur Rahman had a baby girl Kazi Mahiya Rahman on 21 April 2014.
- Customer Relations Officer Sherajom Monira had a baby girl Tahiyya Binte Salekin on 14 May 2014.
- Nursing Unit Supervisor Tukli Rani Paul of Accident & Emergency department had a baby girl Aaradha Paul (Dhuti) on 15 May 2014.

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

- Junior Nurse Martha Malakar (now Sumaiya Akhter Sumi) of OPD4 got married to Md. Masud Rana of Transport Dept on 9 December 2013.
- Pharmacy Dispenser Md. Kamrul Hasan got married to Yasmin Akter (Sonda) on 28 March 2014.
- Staff Nurse Sharifa Akter of Dialysis Unit got married to Arifen Ahmed on 22 April 2014.
- Staff Nurse Basanti Rani Paik of 4th floor got married to Bikash Saha on 9 May 2014.
- Senior House Officer Dr. Shakil Ahmad of Neuro Surgery Dept got married to Mohosena Al Abida Sumaiya on 15 May 2014.
- Medical Records Assistant Mareyam got married to A. K. M. Enamul Haque on 16 May 2014.

Achievement:

Pediatric Surgeons Dr. Abdul Hanif Tablu and Dr. Kaniz Hasina Sheuli are two of the authors of "Surgery", a hand book for Surgical Trainees, First Edition.

New Consultant

Dr. Mohammed Sazzad Hossain joined United Hospital as an Oncology Consultant. He finished his graduation from Chittagong Medical College in 1998. Then he completed his MRCP (Medicine) from United Kingdom in 2007. He also did Saudi Fellowship in Adult Medical Oncology. Before joining United Hospital he worked as an Assistant Consultant at King Fahad Specialist Hospital in Saudi Arabia.

Do's & Don'ts in Ramadan

- Avoid deep fried and spicy food. These have adverse effects on our digestive system.
- Avoid excessive sweets. They raise our insulin level drastically and that is unhealthy.
- A balanced meal including proteins, fats, carbohydrates, vitamins and minerals should be planned. Make a healthy choice: curd, chickpeas, fruits, dates, egg, meat, fish, vegetables etc.
- Complex carbohydrates should be included at suhur and ifter so that the food lasts longer in our system and provides energy for a longer period.

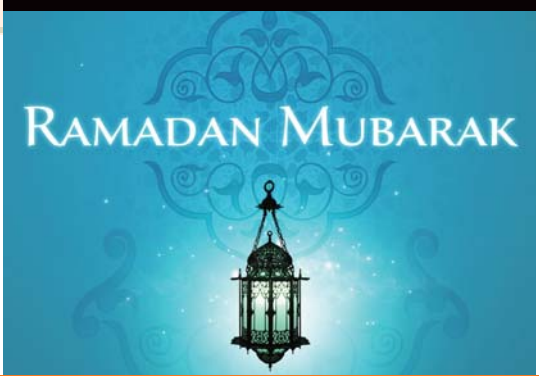
Death of a Colleague

Mrs. Rina Rani the Cook/Ayah of Nurse's Hostel 6th Floor passed away on 30 April 2014. We express our deep sympathy, condolence & prayers for her family and loved ones. She served our organization faithfully and loyally for many years. May she rest in eternal peace.

Condolence & Prayers

- Nursing Dept's Patient Care Attendant Farok Ahammed of CICU lost his mother Mrs. Amena Begum on 22 April 2014.
- Nursing Dept's Patient Care Attendant Delwar Hossain of Accident & Emergency Dept. lost his father Mr. Nurul Houq on 24 April 2014.
- Nursing Dept's Patient Care Attendant Abadullah of Accident & Emergency Dept. lost his father Mr. Hazi Kofil Uddin Bhuiyan on 17 May 2014.
- Ambulance Paramedic Abul Kalam Azad of Accident & Emergency Dept. lost his father Mr. Md. Muzaffar Uddin on 5 April 2014.
- Brother Kh. Md. Hashim Uddin of Accident & Emergency Dept. lost his father Mr. Kh. Moulobi Md. Abdul Hamid on 27 February 2014.
- Billing Officer Fauzia Quddus of Finance & Accounts Dept lost her mother-in-law Mrs. Nurjahan Begum Laily on 24 May 2014.
- Staff Nurse Kakali Begum (Koli) of GICU had a baby boy Mahtir Mahmud on 25 April 2014 but very, very sadly she lost her baby boy on 4 June 2014.

The Managing Director of United Hospital Mr. Faridur Rahman Khan lost his youngest brother Mr. Hafizur Rahman Khan on 17 June 2014



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