

## Editor's Note

First edition of Newsletter in 2018 reflects some ground breaking endeavours like country's first online pharmacy inauguration and philanthropic activities like free medical camp on Shadhino-ta Dibosh. Articles published are varied comprising cases of both adult & child patients displaying a combination of acute and chronic conditions. Commemoration of several International Observance Days further added colours in the engaging activities in this quarter. Participation of hospital staff at different local & international events continued as before, showing their efforts to be at par with current trends & skills. Lastly the top-notch result of students of United College of Nursing portrayed our strengthened efforts in contributing to country's healthcare sector

## 5<sup>th</sup> Convocation of United International University held at UIU Permanent Campus



The 5<sup>th</sup> Convocation of United International University was held on 20 January, at UIU Permanent Campus at United City, Madani Avenue, Satarkul, Badda. A total of 962 students from different disciplines were conferred undergraduate and graduate degrees while four meritorious students received Gold Medals for their excellent results. Hon'ble Education Minister, Government of the People's Republic of Bangladesh, Mr Nurul Islam Nahid MP, presided over the ceremony while Prof. Abdul Mannan, Chairman, University Grants Commission was present as the Special Guest. Congratulating the

graduates, Hon'ble Education Minister, Mr Nurul Islam Nahid MP, urged upon them to work for the interest of the common people.

Convocation Speaker Dr Ahmad Kaikaus, Secretary, Power Division, Ministry of Power, Energy and Mineral Resources applauded the graduates and wished them every success in the new world they are entering. The ceremony was also addressed by Mr Hasan Mahmood Raja, Chairman, UIU Board of Trustees and Prof Dr Chowdhury Mofizur Rahman, UIU Vice-Chancellor (Designate). Mr Faridur Rahman Khan, Vice Chairman, UIU Board of Trustees gave vote of thanks to the audience at the end. All Deans, Heads of the departments, teachers and administrative staff of UIU were present along with journalists, educationists and Vice-Chancellors of different universities.

## Country's 1<sup>st</sup> online Digital Pharmacy inaugurated at United Hospital



United Hospital is playing a leadership role in country's private health sector for more than a decade. In the same spirit, country's first online digital pharmacy at United Hospital was officially inaugurated

on 18 February by Chief Guest of the programme Mr Mohammed Nasim MP, Honorable Minister, Ministry of Health and Family Welfare, Peoples Republic of Bangladesh. Major General Md Mustafizur Rahman, Director General of Directorate of Drug Administration and Mr Faridur Rahman, Managing Director of United Hospital were present as Special Guests. Mr Abdul Muktaadir, Chairman & Managing Director of Incepta Pharmaceuticals Ltd lauded this initiative on behalf of

BAPI. Officials from Ministry of Health & Family welfare, Directorate of Drug Administration, Bangladesh Association of Pharmaceutical Industries (BAPI) and Bangladesh Pharmacy Council also graced the event.



## Permanent Campus of United International University comes into Effect



On 17 February, the spring semester of UIU School of Business and School of Engineering started with the orientation

class of the new entrant students in presence of their guardians at its permanent campus at Satarkool area of the city. Chief Guest of the event, Mr Faridur Rahman Khan, Vice Chairman of Board of Trustees of UIU, in his speech gave valuable guidance to the students to be ever-ready to face the challenges of the future, abiding by the rules of the University. He emphasized on the need

for the guardians to be in regular contact with the University teachers to remain updated with the progress and overall welfare of the students.





## Unveiling of Mahmuda Khanam Memorial Academy (Kindergarten School), a United Trust Model Initiative for Grass-root Level Education

United Trust, a non-profit concern of United Group is engaged in funding & operations of various healthcare & educational initiatives at Munshiganj, Kishoreganj, Jamalpur & other areas. One such educational endeavour is Mahmuda Khanam Memorial Academy (Kindergarten School) which was inaugurated on 14 January at Shamurbari village at Goudia Union of Louhojong Upazila under the district of Munshiganj by Prof Shagufta Yasmin Emily, Honorable Member of the Parliament of Munshiganj 2 constituency. Brig Gen (Retd) A J M Fazlur Rahman, Executive Director of United Trust delivered the welcome speech; Ms Sayla Farjana, Deputy Commissioner (DC) of

Munshiganj District and Mr Panchanan Bala, District Primary Education Officer of Munshiganj also addressed the program. Mr Fahad Khan, Founder Member and Trustee of United Trust expressed the interest of United Group to spread effective & sustainable education from grass-root level with a view to build up skilled manpower for the nation. The school is supported by United Trust and directed by BD Education. Prof Mohammad Fazle Elahi & Major (Retd) Junaid Ahmed, respectively Education Advisor &



General Manager of United Trust along with Mr Jashodhan Saha & Engr Sharmin Yousuf, respectively Managing Director and Director of BD Education were also present among others.

## First Aid & Emergency Training for community Medical Officers



A basic training designed to address major medical & surgical emergencies that the community Medical Officers might encounter in their daily practice,

was imparted on January 28 to a group working in community health centers in the vicinity of United Hospital. This half-day training comprised of lectures,

hands-on demo and audiovisual presentations delivered by Dr Mohammad Shafiqul Islam, Senior Medical Officer, Emergency, Dr Mohammad Arshadullah, Specialist Orthopaedics, Dr Rahat Amin Chowdhury, Specialist Neuro Medicine & Dr Runa Laila, Specialist Paediatrics and Neonatology. Certificates were awarded among the participants, followed by hospital facility tour and lunch.

## February 2018 marked commemoration of World Cancer Day



The month of February began with programs to commemorate World Cancer Day. On 1 February a Scientific Seminar was organized for United Hospital doctors & nurses to brief on the recent updates of the centre. 4 February being World Cancer Day, a Press Meet was organized in the hospital, the day before on 3 February, with a focus to strengthen cancer awareness amongst all genres of the society through media awareness. Representatives from Media personalities, celebrities, activists from social welfare and gender equality forum attended the program and expressed solidarity with United Hospital to break the taboo against cancer by increasing

basic health assessment with dietary advice. Health awareness talk at different corporate houses were also conducted; special discounted rate of fifty thousand taka was declared for PET CT Scan which is essential for early cancer detection & treatment.

Ms Chayanika Chowdhury, eminent TV Drama director & writer urged all to be empathetic & compassionate for cancer sufferers. Ms Farzana Brownia, Social Activist & founder of Swarno Kishori

cancer awareness as a cumulative effort. On the day itself, on 4 February, a day long Health Booth in the hospital lobby offered free

foundation, expressed her strong desire to spread awareness among the adolescent girls across the schools of the country. Mrs Mahtabun Nesa, President of Dhaka Mohanagar Mohila Parishad, pledged to make the women at grass root level aware of cancer symptoms. Dr Shagufta Anwar, Chief of Communication & Business Development of United Hospital, highlighted the role of the hospital in providing training & education to more than 150 Medical Physicist students of Dhaka Medical College, Dhaka University, Savar Gano Bishwabidyalaya, CMH, Military Institute of Science & Technology.



## Free Medical Camp on Shadhinota Dibosh



Mr Faridur Rahman Khan, Managing Director of United Hospital Limited inaugurated a free medical camp at Yunus Khan - Mahmuda Khanam Memorial Health Complex at Louhojong of Munshiganj on 26 March to observe Shadhinota Dibosh (Independence Day) in a befitting manner. Doctors, nurses, paramedics and technicians of

United Hospital from Cardiology, Oncology, Nephrology, Neonatology, Medicine, Eye, ENT & Head Neck Surgery, Obstetrics & Gynaecology and Paediatrics department attended the camp; in addition to providing free medicines, free investigations like pathology tests, X-ray, Ultrasound, Echocardiography were also performed for more than thousand patients of Louhojong and adjacent areas who attended the camp.

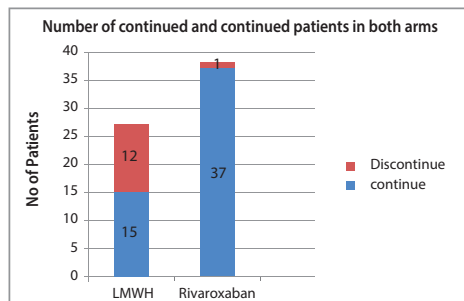


## Rivaroxaban compared to low molecular heparin for preventing malignancy associated venous thromboembolic event & its compliance

**Dr Sharif Ahmed, Dr Md Rasid Un Nabi & Dr Ashim Kumar Sengupta**

Venous thromboembolic events (VTE) are potential cause of cancer associated mortality that must be addressed from the time of diagnosis. Also, some chemotherapy regimen increases the risk of VTE though low molecular heparin is the endorsed guideline treatment of choice for prevention of cancer associated VTE, according to ESMO & ASCO guideline. But it was observed that any developing country like Bangladesh has less compliance on the use of subcutaneous LMWH. Rivaroxaban offers a convenient potential alternative to LMWH. For validating the use of Rivaroxaban, 10 months observational study was conducted from January to October 2016 in United Hospital Cancer Care Centre. A total of 65 hospitalized non- ambulatory cancer patients were analyzed to assess the risk of developing VTE according to the Khorana score. Patients were divided into two arms, one was getting LMWH & another one was getting Rivaroxaban. Patients were assessed from time to time to find out the signs & symptoms of VTE, side effects & compliance to medications.

Over this time, 38 cancer patients were treated with oral rivaroxaban 10 mg daily and 27 patients were treated with LMWH 40 Units S/C daily. Common cancers were GIT (21.5%), lung (32.3%), pancreas (9.2%), Gall Bladder (4.61%), Ovarian (18.4%) & others (13.99%). Target follow up period for the both group of patients



were 6 months; average follow up time for both group of patients was  $180 \pm 60$  days. No significant difference was observed in both arms. (Rivaroxaban: 3.07% versus LMWH: 1.53%,  $p > .001$ ). There was no history of major bleeding in both arms though 2 patients getting LMWH discontinued therapy as one developed severe thrombocytopenia & another developed mild haematuria.

But, great difference was observed regarding the compliance of medications. 11 patients of LMWH arm discontinued the treatment by themselves and 4 patients refused to continue subcutaneous LMWH. In contrast, there was only 1 discontinuation of Rivaroxaban during the follow up period due to

development of DVT. On questionnaire survey the cause for discontinuing LMWH came out to be cost-effectiveness & route of administration.

In conclusion, rivaroxaban offers more compliance to the patients than LMWH, though all the guidelines suggested use of LMWH in prophylaxis of VTE in non-ambulatory cancer patients. It is also observed that Rivaroxaban is safe and effective to the current standard, LMWH. In context of Bangladesh, cost effectiveness, patient knowledge, and route of administration play an important role to encourage the use of oral Rivaroxaban. In future, large prospective multi-centric studies are needed to validate this observational finding in non-ambulatory cancer patients for both management and prophylaxis of VTE.

Pros:	Cons:
<b>LMWH:</b>	
Well established guideline based treatment option	Route of administration (Sub cutaneous)
Very well tolerated	
Antidote is available (protamine)	
<b>Rivaroxaban:</b>	
Relatively economical	No antidote is available
Less close monitoring required	Long standing data is not available
Directly no effect on platelets	



## Atypical Kawasaki Disease: A Case Report

**Prof Md Salim Shakur, Dr Sharmin Afroze**

Kawasaki Disease (KD), also known as infantile polyarteritis nodosa, is an acute febrile illness of childhood. It usually occurs in children below 5 years, mostly between 2 to 3 years of age. It is a vasculitis of middle sized arteries with predilection to coronary arteries (20-25% of untreated cases). The cause of Kawasaki disease remains unknown, but there are certain genetic and epidemiologic factors which play an important role in pathogenesis of the disease. Classical presentations include high grade ( $\geq 38.3^{\circ}\text{C}$ ) unremitting fever nonresponsive to antibiotics, rash, enanthem, a non-purulent conjunctivitis and cervical lymphadenopathy alongwith anaemia, leukocytosis, thrombocytosis after one week with raised ESR which guide to KD though these can also be found in other collagen diseases. Cardiac evaluation is mandatory to identify complications and for early management. Sometimes rare manifestations may present which make the diagnosis difficult.

A 3 months old female baby got admitted in the paediatric department of United Hospital with the complaints of high grade fever for 7 days and loose motion

for 2 days. There was no rash, lymphadenopathy or features of conjunctivitis. Initially it appeared to be a case of acute febrile illness of infectious origin. Antibiotics and other supportive care were given. But the child was not improving persistently and laboratory parameters showed high C-reactive protein, leukocy-



*Echocardiogram showing dilatation of the Left Anterior Descending (LAD) Coronary Artery*

tosis and progressively increasing blood platelet count (6 lac to 9 lac/cumm). Although clinically no abnormality was found by examination of precordium, an echocardiogram was done with clinical suspicion of coronary artery disease due

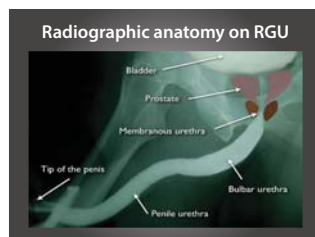
to KD, as other investigations did not reveal any clinical diagnosis and the baby was not improving as expected. The echo revealed mildly dilated coronary arteries and aneurysmal dilatation in the left anterior descending (LAD) coronary artery and it was consistent with KD. Intravenous Immunoglobulin (IVIG) 2 gm/kg was started and then fever subsided with marked improvement in general wellbeing, appetite and laboratory parameters. The child was kept on maintenance dose of aspirin. But repeat Echo showed similar findings with recurrence of raised CRP and ESR. So IVIG was followed by inj Methyl prednisolone, thereafter patient improved gradually and became asymptomatic. However, she is still in follow up. In such cases if not timely diagnosed then there is high probability of cardiac morbidity and mortality due to cardiogenic shock. Kawasaki Disease in 3 months old child is unusual and it is very difficult to diagnose at this stage particularly when its characteristic features are absent. Echocardiographic findings may clinch the diagnosis and should be done when high index of suspicion of KD arises.

## Optical Internal Urethrotomy in management of Long Segment anterior Urethral stricture

**Prof Dr Md Abdul Awal, Dr Md Sazzad Hossain**

A middle aged man presented at United Hospital emergency department with the complaints of inability to pass urine with lower abdominal distension & pain for 12 hours. He had no history of fever, chest pain, confusion, convulsion, coma or trauma but he showed an ugly scar in lower abdomen and gave a history of laparotomy for burst appendix. He also had a history of per urethral endoscopic operation in India. In the emergency department per urethral catheterization was tried but failed and the patient was admitted under urology department. After proper examination considering the patient's condition he was send to operation theatre on an emergency basis to relieve urinary retention as well as evaluation of the cause. At first Urethrocystoscopy was tried by 21 Fr Urethrocystoscope but it could not be negotiated due to narrowing of urethra, then 9.5 Fr Ureterorenoscope (URS) was introduced

per urethra and it revealed whole anterior urethral stricture with a membranous septum in proximal bulbar urethra which divided the proximal bulbar urethra into two channels. Accordingly Otis Urethrotomy in the distal anterior urethra and



*Normal Urethral Radiographic Image*



*Whole Urethral Stricture Radiographic image*

Optical Internal Urethrotomy (OIU) in the proximal anterior urethra were done followed by fulguration of urethral septum done and 14 Fr catheter was kept in situ.

His postoperative period was uneventful

and he was discharged on 3<sup>rd</sup> POD with advice to keep the catheter in situ for next three weeks. The next plan was removal of catheter followed by Clean Intermittent Self Catheterization (CISC) and accordingly the patient is carrying on the CISC procedure and he is passing urine normally.

Urethral stricture disease has always been a challenge for urologists. Different treatment modalities that are used for treatment of urethral stricture disease are dilatation, urethrotomy, stent placement and urethroplasty.

Internal urethrotomy is a safe first line treatment for urethral stricture with an overall primary success rate of 60-70 %. Endoscopic treatment is recommended before various forms of urethroplasty are contemplated.

## Kangaroo Mother Care: A Newer Approach to Prevent Hypothermia in Preterm Low Birth Weight Babies

*Dr Nargis Ara Begum, Dr Sharmin Afroze*

Preterm birth is one of the leading causes of neonatal deaths worldwide. As per WHO statistics fourteen percent of all births are preterm in Bangladesh and among them 45% contribute to neonatal death. Most of these cases of neonatal deaths are preventable like hypothermia. From this concern KMC (Kangaroo Mother Care) guideline and care was developed in Bangladesh on 2014. KMC is a standard protocol based care system for preterm and/or LBW newborn based on skin-to-skin contact between the newborn and the mother or the caregiver. When a preterm baby weighing <2000g become haemodynamically stable, then KMC is started. The baby is put in between mother's breasts and is supported through a binder. Thus it helps in proper maintenance of baby's

body temperature, ensures successful breast feeding, earlier growth spurt and baby gets multimodal stimulation. KMC can be continued at home until baby's weight exceeds 2500g.

In United Hospital NICU, KMC was initiated for an inborn baby who was born by LUCS and got admitted in the NICU due to prematurity (30 weeks), very low birth weight (1230g) and mild RDS (Respiratory Distress Syndrome). On day 26, KMC was started for the baby when she became stable. Soon after the mother became confident in handling & feeding her baby. The baby was discharged at



*Kangaroo mother care at United Hospital*

35 days of her life.

In some hospitals of Bangladesh KMC is being practiced and this needs to be continued for better outcome of premature babies.

## Autologous Blood Transfusion - A Case Report

*Dr Md Mizanur Rahman Chowdhury*

A 58 years old hypertensive and diabetic gentleman was admitted in United Hospital for planned CABG surgery. He had complaints of occasional chest pain and shortness of breath on exertion for previous one month. He had history of Non-ST elevation myocardial infarction (NSTEMI) and after 2 weeks CAG was done uneventfully which revealed Triple Vessel Disease. His blood group was 'O' positive.

The patient had no history of previous blood transfusion or surgery. His date of CABG surgery was fixed after 10 days and accordingly requisition with blood sample was sent to Transfusion Medicine department for cross matching and screening of two units of whole blood. On the day before surgery four 'O' positive donors were found incompatible with the patient's blood and as such no blood could be arranged. Surgery was postponed due to lack of compatible blood.

The next day morning a total of 14 'O' positive blood samples were tested for cross matching with patient's fresh blood sample but all of 14 blood samples were found incompatible. The patient was investigated thoroughly as

his blood sample was tested for red cell auto-antibody which was negative. The patient's blood showed a strong reaction when tested for an allo-antibody. His Hb% was 12.9 g/dL and reticulocyte count was 1.2%. There was no spherocyte in Peripheral Blood Film.

It was concluded after investigation that the patient's serum contains an antibody which is either a naturally occurring antibody or an alloantibody against minor blood group antigen developed by unknown antigenic stimulus. The specificity of the antibody and the identification of corresponding antigen could not be ascertained.

A decision then was taken for an autologous transfusion; after discussion with the cardiac surgery department two units of patient's blood were drawn on consecutive two days. The patient was kept haemodynamically stable by intravenous fluid infusion.

The next day CABG was done successfully with two units of autologous whole blood.

Autologous blood transfusion means transfusing the patient with his own blood. Patient donates blood pre opera-

tively and receive his donated blood per or perioperatively.

An autologous blood transfusion is considered in following situations:

- Rare blood group
- Multiple allo-antibody
- Prevention of alloimmunization
- Remote community
- Prevention of transfusion transmissible diseases
- Previous history of transfusion reaction

Autologous transfusion has the following advantages:

- Patient's required blood is immediately available; no need to cross match
- No risk of transfusion reaction
- No risk of Transfusion transmissible infections (TTI)
- Accepted by all
- Stimulate erythropoiesis

However, the patient may have complications like anaemia, hypovolaemia or adverse donor reaction during donation process if adequate precautions are not taken.



## United Hospital Information Technology..... in pursuit to meet organizational demand

In today's world, all modern and even the smallest hospitals have some form of Information Technology (IT) department which interacts with almost every other part of the hospital starting from the top of the organization to the staff doing day-to-day work.

The primary purpose of the IT department is to maintain, improve and plan software and hardware back-up to help the hospital record all its activities

### Software, Hardware & Trouble shooting

IT department provides software support such as adding, updating, cancelling/deleting and creating doctors' appointment slots and offers instructions to users on how to input data by providing Integrated Hospital Information System (IHIS)) training. IT manages the database for the smooth running of IHIS and installs, configures

IT looks after maintenance of PCs, laptops, printers and other devices throughout the hospital. They assist and support all staff round-the-clock when help is required. Installing and configuring computer systems, diagnosing hardware and software faults and solving those technical problems either over the phone or in person are also done by IT. On a regular basis, the staff provide hardware



in electronic format. The software at United Hospital is named UniCare and comprises of over 35 modules, all of which run in an integrated way. These cover all facets of work starting from (i) patient appointments (ii) patient registration (iii) out-patient activities (iv) in-patient admissions & bed allocation (v) all work carried out on medical floors and wards, emergency, operating theatres, critical care units (ICU/CCU), cabins/wards (vi) investigations i.e. pathology, radiology & imaging (vii) medication and pharmacy system (viii) health records (ix) billing for both outpatients and inpatients (x) procurement and supply inventory system (xi) time keeping (xii) payroll systems (xiii) finance & accounts and a host of other activities.

and manages Linux Oracle Database server and backup server and also implants newly added modules in hospital management software. IT facilitates and does trouble shooting for end users even from remote locations 24/7 to solve software related issues and regularly communicates with software vendors for PACS, POS and integration of latest trends and fixes existing software bugs.

support to all the computers, monitors, printers, servers, scanners, kiosk machines etc. Day to day support from IT comprise of mundane tasks but each task is essential for uninterrupted hospital operations, to prevent problems and to improve system performance. IT also provides technical support to CCTV and sound monitoring system of the hospital. Ensuring technical support for PABX and







configuration of IP phone in addition to servicing and fixing equipment including networks, fall under IT purview. IT staff work on system maintenance at the least busy times of the night like 2:00 am and Friday mornings, to avoid interruption of regular works.

### Support to other departments

IT regularly upgrades and maintains software defined network across of the entire hospital. The networking must always be up-to-date with current, emerging technology and computing trends.

Modification of bills, lab reports, product creation/ modification and appointment slots for newly inducted doctors are IT department's responsibility. IT further maintains & offers support to the hospital appointment desk (Call Center).

The digital display panel in hospital lobby is maintained and updated by IT with information gathered from marketing department. It ensures that the OPD patient feedback kiosks and IHIS is operational all the time, for efficient customer service, consequent patient satisfaction and monitoring customer feedback system. IT configures and solves the hospital's email related issues; liaise with vendors; and maintains the staff

attendance system. IT assists the Biomedical Engineering department's computers & computer based machines and offers network support to biomedical equipment like radiology and imaging machines, MRI machines and other TPS (Treatment Planning System) related machines. IT provides support to Laboratory Information System (LIS) and networking system of Lab to ensure un-interrupted service.

As per advice from marketing department, IT modifies & updates hospital website ([www.uhlbd.com](http://www.uhlbd.com)). Hospital's online pharmacy ([www.uhlpharmacy.com](http://www.uhlpharmacy.com)) is also maintained by IT. For hospital seminars & conferences, all technical support and sound system is provided by IT including live demonstrations and multi-location conferencing facilities. IT assigns dedicated technical person to solve any issue and ensure smooth functioning of above services.

### Security

A very important responsibility of the IT department is to provide network security and infra-structure. This is a highly technical activity involving core systems, security and system maintenance. Some of the functions they perform are (i) system upgrades, large and small on just about every

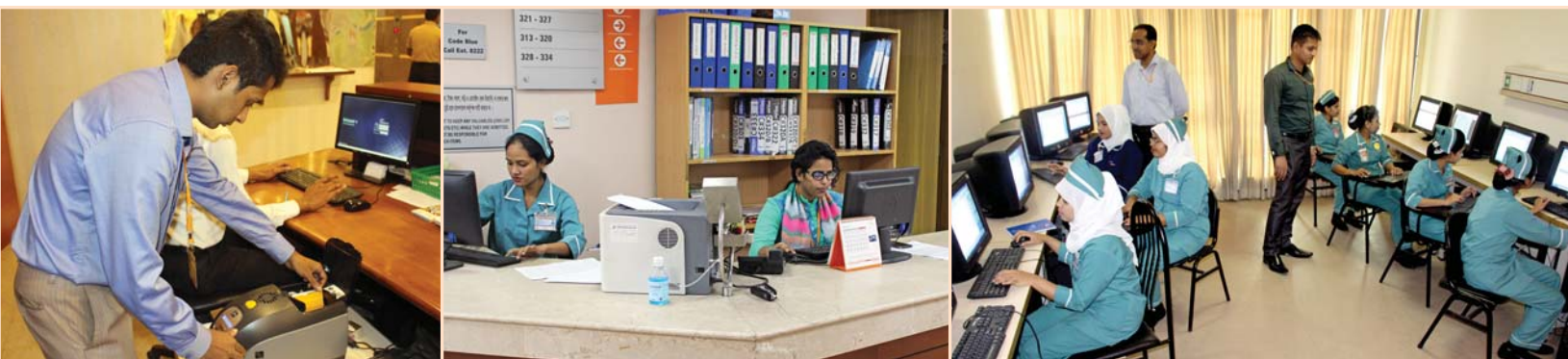
system (ii) network maintenance and upgrades (iii) firewalls (iv) security (v) interfaces (vi) operating system maintenance (vii) server maintenance (viii) software deployments (ix) website development and maintenance etc.

Installing, upgrading and monitoring software & hardware of all servers is done regularly along with maintaining data backup and recovery. Essentials such as operating systems, business applications, security tools, web-servers, email, security server and other servers, are continually monitored and maintained by IT.

IT preserves the hospital's network, keeps it safe & efficient providing support to local and wide area networking of the hospital. Work of the IT department also includes installing new IP based systems, accessing the control device, storage of CCTV footage and retrieving desired footage when necessary. Security initiatives are taken by IT for servers, databases & user computers simultaneously maintaining, updating, scanning and deleting viruses or threats from user computers.

### Training

For flawless functioning, IT provides basic IT training to newly joined staff in the hospital which includes fundamentals of computer hardware, MS office program and IHIS software. A digital computer lab with multimedia is used in the training to help them learn application software as per hospital requirement.



## Laparoscopy assisted vaginal hysterectomy (LAVH), a safe reasonable option for patients with large uterus

**Prof Dr Touhida Ahsan**

Hysterectomy remains the mainstay of gynecologic surgery for uterine pathologies. The route of hysterectomy depends on the technical and clinical factors e.g. surgeon experience, uterine weight, previous surgery and vaginal delivery. Although it is possible to perform hysterectomy in different ways, the benefits of laparoscopic surgery i.e. decreased post-operative pain & infection risk, less intra-operative tissue damage & blood loss, better cosmetic result with almost no risk of incisional hernia, shorter hospital stay and shorter period of convalescence, faster recovery with earlier return to normal activities have increased the popularity of this route.

Despite the fact that vaginal hysterectomy is not the procedure of choice for bulky uteruses, there is an ongoing debate as to whether Laparoscopy assisted vaginal hysterectomy (LAVH) can be an alternative route for removing large uterus. The maximum uterine size that can be removed laparoscopically varies with the experience & skill of the surgeon. History of previous abdominal surgery is no longer a contra indication for laparoscopy for an experienced surgeon, because adhesions can be managed laparoscopically in most of the cases. There is no proven cut-off value for the uterine size above which vaginal hysterectomy (VH) is discouraged; conventional wisdom dictates that the size of a gravid uterus more than 12 gestational weeks (>280 g) constitutes a relative contraindication to VH. In these patients LAVH may reduce the need for more invasive abdominal hysterectomy when the vaginal route alone is not feasible. Furthermore, LAVH can be safely performed in patients with history of previous surgery and adhesions and possibility of adnexal pathology, which

makes the VH a complex surgery. In contrast to abdominal or vaginal hysterectomy, LAVH needs extensive surgeon experience, longer operation time and increased cost. Possible risks of higher blood loss and operative time are acceptable for these patients when the other factors (short hospital stay, decreased wound infection and analgesic dosage) are taken into account.

A 39 years old lady came to United Hospital ObGyn out-patient department with the complaints of heavy menstrual blood loss, for which she got three units of blood transfusion. She was diagnosed as a case of large fibroid & adenomyosis with a uterus of about 18 weeks pregnancy size.



*Laparoscopic view of pelvis showing uterus with fibroid*



*USG of lower abdomen & pelvis showing big fibroid*

Patient was admitted in hospital one day before surgery. Under general anaesthe-

sia, an intra-uterine manipulator was introduced, through cervical opening. 10 mm port was placed about 8-10 cm above umbilicus for telescope. Two other 5 mm ports were placed. As the uterus was very large, all ports were placed higher than usual for ease of manipulation. There were omental adhesions with anterior abdominal wall, which were separated with monopolar hook. Also large gut was adhered with lower part of posterior wall of uterus which was separated very carefully to avoid gut injury. Round ligament of right side was first coagulated and resected, followed by infundibulo-pelvic ligament as right sided adnexa was unhealthy looking and removed. The left ovary was preserved; mostly Enseal was used.

Vaginal procedure was started by cutting peritoneum of vesicouterine pouch; vaginal mucosa was cut at the cervico-vaginal junction. Pouch of Douglas was opened; uterosacral & cardinal ligament and then uterine vessels were successively clamped, cut and ligated. Uterus was removed piece by piece by mechanical morcellation and thereafter the vault was sutured. Lastly telescope was reinserted to ensure proper hemostasis was done; a drain was left in Pouch of Douglas.

Drain tube and urinary catheter were removed the next day and patient was discharged on her second post-operative day. Patient recovery was excellent as evidenced on her follow-up visit after 5 days.

LAVH is a safe and effective procedure to manage benign gynecological conditions and despite increased operative time, LAVH can be safely performed for enlarged uterus in conjunction with increased surgeon experience.

## World Kidney Day 2018 focus on Kidneys and Women's Health

This year's World Kidney Day was celebrated on 8 March in a befitting manner upholding its theme, Kidneys & Women's Health: Include, Value, Empower. Morning inauguration of health booth at hospital lobby was followed by a Scientific Seminar at hospital seminar hall. Prof M Mujibul Haque Mollah, Chief Nephrologist and Dr Tanveer Bin Latif, Consultant Nephrology spoke on the occasion. As a part of community engagement, health awareness talk at corporate houses and TV Talk show were also organized.



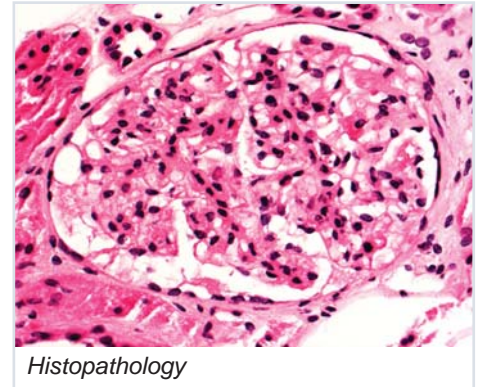


## A Case of IgA Nephropathy

Dr Tamjidul Haque, Dr Tanveer Bin Latif

A 30 year old pleasant gentleman from Dhaka, an airline pilot by profession who was normotensive, non-diabetic, non-smoker and non-alcoholic, got admitted in United Hospital with the sole complaint of frothy urine which he first noticed 4 months ago. He had no history of fever, skin rash, sore throat, abdominal pain, jaundice and diarrhoea. Patient had no significant past medical history or any other co-morbidities. During his routine occupational screening, he was found to have proteinuria (2+) and RBC (10-20 HPF) on urine R/M/E; S creatinine was 1.13 mg/dl. He had no significant family history and no exposure history at all. On general examination, he was conscious and oriented, pulse was 70/min and BP was 110/90 mmHg, temp was 98°F, SpO<sub>2</sub> was 95% on air, heart had no abnormalities, lungs were clear and there was no added sound. Systemic examination revealed no abnormality. After admission he was investigated thoroughly. His investigation revealed 24 hours urinary total protein to be 1.89 gms, creatinine clearance 79.03 ml/min, S albumin 39 mg/L, C3 31 (Normal), C4 129 (Normal), ACR 1365 mg/gm; ANA, anti-ds DNA,

cANCA, pANCA, HBsAg and anti-HCV all were negative. His USG findings revealed that there were no anatomical abnormalities (no stone, tumour etc) in his urinary tract that could help explain the haematuria. With all these clinical presentation and investigation report he was diagnosed as a case of glomerular disorder and hence underwent a renal biopsy under sonological guidance. The biopsy procedure was uneventful and no complications occurred during the subsequent 6 hours follow up. On microscopic examinations (H&E and PAS stains), section revealed single core of renal tissue measuring 10mm in length collected in formalin and contained 33 glomeruli. Three glomeruli were completely sclerosed and one glomerulus showed partial sclerosis. Most of the remaining glomeruli showed mild degree of global proliferation of mesangial cells with increase of mesangial matrix. Capillary basement membrane thickness appeared normal. Renal tubules and blood vessels were normal. There were foci of interstitial lymphocytic infiltration. Direct immunofluorescence study (stained for IgA, IgG, IgM & C3) showed



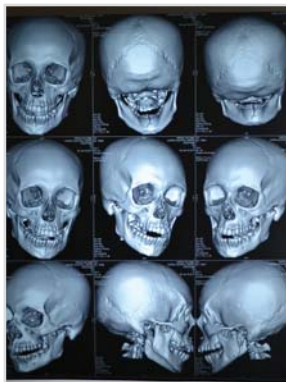
Histopathology

marked mesangial deposit of IgA and mild deposit of C3 and histologically a diagnosis of IgA nephropathy was made. According to 'KDIGO clinical practice guideline for glomerulonephritis' he was treated with renin-angiotensin-aldosterone (RAAS) blockade along with fish oil; immuno-suppressing agents were not indicated at this stage. On one month follow up there was remarkable improvement of patient's proteinuria. He had a second opinion in UK about his condition and treatment and they also agreed with the diagnosis and treatment given in United Hospital.

## Fracture Mandible and Fracture Femur - A Polytrauma Case Report

Dr Md Nazrul Islam

A female patient of 20 years was admitted in United Hospital with history of fall from roof with traumatic injury in head and mandible and a lacerated cut injury over chin and left lower limb.



CT 3D image of skull

Local examination revealed that she had fracture mandible with several missing and broken teeth and multiple fractures in femur with no neurological deficit.

CT scan confirmed that she had bilateral mandibular condyle fracture with parasymphyseal fracture of the mandible and fractured left femur.

After discussion with the orthopaedic

team, decision was taken for a combined approach on a single operating session to repair all the fractures under GA. She had bilateral condylar fracture, parasymphyseal fracture with through and through deep lip cut. During the surgery 2 bone plates were placed in the parasymphyseal region of the mandible, 1 plate was screwed at the alveolar crest level and another at the lower border of the mandible. Then intra maxillary fixation (IMF) was done for 6 weeks and elastic traction was applied for the fixation of the condyles. Meanwhile orthopaedic team managed the femur fracture by open reduction and fixation by bone plates.



Two bone plates are used for fixation



Panoramic x-ray shows good bone margin apposition

On follow up visit of the patient after 4 weeks, the IMF was released for 1 day for jaw movement and exercise; the IMF was re-established from the next day.

The progress was well showing temporomandibular joint working as normal with good mouth opening. The IMF was released after 6 weeks, a thorough scaling was done. Even with the loss of

two of her incisor teeth, she now has a very beautiful smile in her face.



Opened & closed mouth after 2 months

Final outcome with normal biting

## Corporate Agreement Signing and Facility Tour

United Hospital Limited signed Corporate Medical Services Agreement with the following companies in this quarter:



- North South University Alumni Association of School of Business & Economics (NAASBE)
- Incepta Pharmaceuticals Limited
- Asrotex Group
- Doreen Power
- United Lube Oil Limited
- eExpedise Healthcare Management Limited, India

The officials from following companies / organisations visited United Hospital in this quarter:

- US Bangla Group on 4 January
- International Organization for Migration on 16 January
- Sojitz Asia Limited, Singapore on 20 February
- eExpedise Healthcare Management Limited, India on 5 March

## Health Awareness Talk



Three awareness talks were organized on Cancer Symptoms & Early Prevention on Aukotex, Robi Axiata and Li & Fung (BD) on 3, 6 & 7 February where Dr Kazi Abdullah Arman, Specialist Medical Oncology and Dr Md Rashid Un Nabi Consultant Radiation Oncology delivered presentations. Further on 19 February, Mr Tanvir Alam, Clinical Physiotherapist spoke and gave demo on Relief of Work Related Muskulo-skeletal Disorder for the employees of Asian Paints (BD). On Kidney Disease & its management, Junior Consultant Nephrology Dr Tania Mahboob delivered presentation on 6 March at Linde Bangladesh Ltd.



## Community Engagement on International Women's Day



In observance of International Women's Day, Dr Tania Mahbub, Junior Consultant Nephrology spoke on Kidneys & Women's Health in a program organized by Gulshan Ladies Community Club on 7 March; she stressed on the precautionary measures that women should adopt to keep away from acute and chronic episodes of kidney ailments. Presided over by Advocate Salma Ali, Vice President of the Club, the enthusiastic participation of close to seventy members of the Club was demonstrated in the lively question answer sessions at the end. On a separate occasion, Dr Nighat Ara, Specialist ObGyn delivered presentation on Work- life balance for working women, on 18 March for the female employees of Grameen Phone Limited at their premises.

## Scientific Seminars



The year started with a seminar on Acute Diarrhoeal Illness held on 25 January, followed by 1 February seminar on Recent Advancement in Radiotherapy which was also part of World Cancer Day celebration. A focused group seminar was held on 4 March, on the Recent Controversies In Sepsis where Dr Tasbirul Islam, Clinical Associate Professor of Indiana University School of Medicine, delivered presentation. Seminar on 8 March was on Kidney Disease and Pregnancy to commemorate World Kidney Day; followed by a seminar on Dental Implants for a Healthy Life on 22 March to commemorate World Oral Health Day. Principal Prof Dr A K M Nurunnobi chaired the scientific seminar which was held in Rangpur Medical College & Hospital, on 30 January where Dr Fatema Begum, Consultant Cardiology and Dr Rashid un Nabi, Consultant Radiation Oncology, delivered their presentations. Another seminar on Nuclear Medicine & Oncology was organized at National Institute of Neurosciences and Hospital, on 22 February where Dr M A Wahab, Consultant Nuclear Medicine and Dr Rashid un Nabi, Consultant Radiation Oncology, delivered presentations.

## 17<sup>th</sup> Antenatal Class for Expectant Mothers

Almost every month, under the supervision of Obstetrics & Gynaecology department, a 1.5 hour long Antenatal Class is organized where pregnant mothers with a companion (husband or mother etc) are briefed on pregnancy related physical & psychological concerns, diet & exercise tips and also with guidelines for breastfeeding of the baby. The 17<sup>th</sup> Antenatal class was inaugurated by Dr Naseem Mahmud, ObGyn Consultant and the session was conducted by Junior Consultant ObGyn Dr Afsari Ahmed; Dietetics & Nutrition Department In-Charge Ms Chowdhury Tasneem Hasin, Clinical Physiotherapist Ms Umme Kulsum Lizu, and Senior Staff Nurse Ms Nasrin Akhter also spoke on relevant topics.





## Outbound Knowledge Sharing Seminars

Dr Tunaggina Afrin Khan, Specialist Cardiology, attended the prestigious Asia PCR-Sing Live 2018 in Suntec City, Singapore from 25 to 27 January, where elaborate discussions on various aspects of interventional cardiology were held.

Dr Molla Abdul Wahab, Consultant & Dr Shamrukh Khan, Specialist of Nuclear Medicine attended the 23<sup>rd</sup> National Conference of Nuclear Medicine Society of Bangladesh in Khulna from 15 to 18 February, where around 200 participants including foreign delegates from Singapore General Hospital participated.



Nephrology Junior Consultant Dr Tania Mahbub participated & presented a poster on Short Term Outcome of Acute Kidney Injury in Acute Coronary Syndrome: A Single Centre Experience in the International Society of Nephrology Frontiers Meeting on Kidney Disease and Cardiovascular Disease in Tokyo Japan, attended by around 2,500 global participants, from 21 to 25 February.

Mr Karthick Raj Mani, Consultant Medical Physicist delivered presentation on Dosimetric comparison of deep inspiration breath hold and free breathing technique in stereotactic body radiotherapy for localized lung tumor using Flattening Filter Free beam in the day long National Seminar cum Workshop on Standards and Application of Radiation in Medicine on 22 February organized by the Secondary Standard Dosimetry Laboratory of Bangladesh Atomic Energy Commission at their Savar training institute.



From Paediatrics & Neonatology department, Consultant Professor Md Salim Shakur, Consultant Dr Nargis Ara Begum, Junior Consultant Dr Shahnaz Parvin Siddiqua, Specialist Dr Runa Laila, Specialist Dr Sharmin Afroze, Nurse In-Charge Lovely and Staff Nurse Suraiya attended the 5<sup>th</sup> International

Conference of Bangladesh Neonatal Forum at Bangabandhu International Conference Centre from 3 to 4 March where Dr Nargis Ara Begum gave a presentation on Neonatal Jaundice, amongst 14 other local & international speakers.

## Knowledge Exchange for Clinical Excellence

A day long workshop on Brachytherapy comprising of lectures and live image guided brachytherapy was jointly organized by Oncology Club and United Hospital on 24 March at the Department of Radiation Oncology where a total of 30 radiation oncologists and medical physicists from all over Bangladesh attended; Radiation Oncologists Prof. Shingo Kato & Dr Makishima Hirokazu and Medical Physicist Mr Kabuki Shigeto from Japan were the teaching faculties.



The 4<sup>th</sup> Advanced Echocardiography Course arranged by International Society of Cardiovascular Ultrasound, Bangladesh Chapter & JROP Institute of Echo, Ultrasound & Vascular Doppler (Delhi) at United Hospital from 1 to 4 March was coordinated by Dr Moham-

mad Ullah Firoze, Associate Professor, NICVD and Junior Cardiology Consultant Dr Reazur Rahman, where around 30 cardiologists from all over the country participated. The international faculties were Dr S K Parashar, father of Indian Echocardiography, Dr Sameer Shrivastava, Director, Non-Invasive Cardiology, Fortis Escorts Heart Institute and Dr Rakesh Gupta, Director, JROP Institute of Echocardiography, India.

## Staff Training & Workshop

Ms Tahera Sultana, In-Charge, HR attended a training on Human Resource Development arranged by Dhaka Chamber of Commerce & Industry (DCCI) on 12-13 January. On 7 February Clinical Coordinator Dr Masud Raihan, attended a workshop on Promoting Digital Health Service in Rural Areas in Information and Communication Technology (ICT) Division of Directorate of ICT, which was headed by Ms Maliha Nargis, Additional Secretary and Director General (In-Charge) of Directorate of ICT. This project initiated by ICT Division is planned to be launched on July 2018 to end on June 2021 to provide digital health services to low income group of rural areas upon receiving technical and financial support from the project.



## UCN News

Recently in the merit list of Post Basic BSc Nursing Exam results, published by Dhaka University, six students from United College of Nursing (UCN) were placed amongst the top 10 positions.

UCN celebrated Independence Day with students and faculty members at their premises, where a discussion on Independent Bangladesh was arranged for seniors who were present during the liberation war and witnessed the dawn of Bangladesh. A cultural program was further arranged by UCN students.



## New Consultants



**Prof. Dr. Taimor Nawaz**  
MBBS (Dhaka), MRCP (UK), American Board  
Certified in Internal Medicine and Infectious Disease  
**Department of Internal Medicine**



**Prof. Dr. Shameem Anwarul Hoque**  
MBBS, FCPS (Otolaryngology)  
**Department of ENT & Head Neck Surgery**

## Congratulations to the Newly Weds on their Marriage

- HVAC Technician Aminur Islam got married to Ambia Khatun Halima on 25 January
- Staff Nurse Shamsunnahar Akter Salina of GICU got married to Md. Ariful Islam on 16 February
- Staff Nurse Mosa Sultana Akter of General & Gynae OT got married to Md Shahenoor Alam Ripon on 22 February
- Pharmacy Dispenser Rafiqul Islam got married to Mst Hawa Akter on 28 February
- Staff Nurse Suborna Sarker of GW/SCU got married to Sumon Bairagi on 5 March



## Congratulations & Best Wishes to the following Staff and their Spouses

- Nursing Unit Supervisor Md Shihab Uddin of Neuro Ward was blessed with a boy Md Seyam Uddin on 1 January
- Md Rayhan Uddin Biswas of Physiotherapy Department was blessed with a girl Aanaya Rayhan on 18 February
- Business Office Supervisor Nayemul Alam Emon of Finance & Accounts was blessed with a boy Aayan Habib on 3 March



## Condolence & Prayers

- Staff Nurse Suma Rani Bhowmik of CICU & SD lost her mother Mrs Mukti Rani Bhowmik on 28 January
- Staff Nurse Shahana Akter of Cardiac Surgery ward lost her father Mr Nasu Mian on 11 February
- Admin Executive Chitta Ranjan Das lost his mother Mrs Joti Bala Das on 28 February



## Inter-Company & Inter-Departmental Badminton Tournament



Annual Inter-departmental Badminton Tournament of United Hospital 2017 inaugurated by Mr Najmul Hasan, Chief Executive Officer on 27 December 2017 started with the participation of 71 players in 49 teams under three groups. On January 15, Chief Guest Mr Najmul Hasan, Chief Executive Officer of the hospital watched the final games and distributed trophy and medals. Awardees are:

Group Ka (under 40) : Champions: Sajal Debnath & Sohel Mridha; Runners Up - Md Abdul Aziz & Musfikul

Group Kha (40 and 50): Champions - Syed Shah Wahidullah & Md Abdul Aziz; Runners Up - AKM Alomgir & Md Babor Ali

Female Group: Champions - Happy C Gonj & Kakoli Areng; Runners Up - Fauzia Quddus & Farhana Choudhury Sarna



The first Inter-Company Badminton Tournament 2018 of United Group was held at United Hospital premises which was inaugurated by Mr Nizamuddin Hasan Rashid, Managing Director of United Tea Company and Director United Hospital on January 18. It started with 32 Teams (Doubles) and 24 Teams (Singles). On February 5, Chief Guest Mr Moinuddin Hasan Rashid, Managing Director, United Group watched the final games and distributed trophy and medals. Awardees are:

Doubles: Champions - Rasel Hossain & Hasibur Rahman, United Enterprise Commercial Limited (UECL), HR; Runners Up - Mohammad Faisaluzzaman & Md Abdul Aziz, United Hospital Limited (UHL)

Singles: Champion - Mr Rasel Hossain, UECL, HR; Runners Up - Mr Mohammad Faisaluzzaman, UHL.

In addition to the crests given to the winners and runners-up, medals were also given to referees & commentators, token of appreciation was given to the lines-men and other support staff for making the event smooth. All the games were played with huge enthusiasm, cheered by the supporters of each team.