

Issue-8 | Quarter-4, 2014

Editors Note

This issue of "reflection" marks the completion of two years of successful publication of the newsletter. We have tried to bring to you a mix of achievements, clinical & non-clinical, social, entertainment and other work related activities with which our staff are involved, to attain personal as well as professional gains. Our thanks to all contributors who gave effort and time to make it happen.

As you would note that this issue includes information about our close collaboration with national regulatory body like Bangladesh Atomic Energy Commission who are holding training programmes in our hospital under TA funding by IAEA. This is indeed very encouraging as it puts our name on the map. We hope the hospital can work in collaboration with other national bodies/institutions.

The winter season brings our Annual Badminton Tournament into forefront. We look forward to competitive games and look forward to shed information in the next issue of "reflection". Last but not least we bid farewell to 2014 and wish our readers a *Very Happy New Year*.

ISO 15189 Accreditation For Our Laboratory



The Pathology Laboratory of United Hospital has been awarded the ISO (International Organization for Standardization) accreditation certificate on 4 December, 2014. We are the only hospital laboratory to have received the ISO 15189:2012 in Bangladesh which is a matter of great honor and prestige for us.

ISO 15189:2012 is for use by medical laboratories in developing their quality management systems and assessing their own competence, and for use by accreditation bodies in confirming or recognizing the competence of medical laboratories.

The laboratory started the hard work of the preparation for ISO accreditation more than two years back with training and education

of laboratory staffs, development of laboratory test methodology, calibration of equipments, preparation of SOPs for various tests and equipments and preparation of quality manual and a lot of other documentation.

The laboratory applied for the accreditation on 27 April, 2014. An assessment team headed by a Norwegian expert critically assessed the activities of the Pathology Laboratory on 1-2 June 2014 and after a few minor improvements, finally recommended the laboratory for ISO accreditation.

Congratulations to all staffs of the Pathology Laboratory.



United Hospital Observed World Heart Day 2014



On 29 September 2014, like every year, United Hospital celebrated World Heart Day 2014 with various activities.

This year, the theme of the World Heart Day was "Creating Heart-Healthy Environment". The places where we live, work and play should not increase the risk of cardiovascular disease (CVD). Individuals cannot always make heart-healthy choices due to various reasons. It needs everybody's involvement and a combined effort to make a heart healthy environment.

The day started with a morning rally

from Gulshan circle-2 and culminated at the hospital. Dr. Jahangir Kabir, Chief Cardiac Surgeon and Director Cardiac Centre, Dr. N. A. M. Momenuzzaman Chief Consultant Cardiology, other doctors & nurses of Cardiac Centre and care givers from various departments took part in the rally.

A Health Awareness Booth was set up at the lobby of the hospital. Complimentary doctors consultation was provided along with free check-up of blood pressure & blood sugar. Mr. Najmul Hasan, Chief Executive Officer of United Hospital inaugurated the booth.

A discussion session on the occasion of World Heart Day was also organized. Dr. Jahangir Kabir and Dr. N.A.M. Momenuzzaman highlighted the success stories, achievements & milestones of the Cardiac Centre of United Hospital from 2006 to 2014.

A special cardiac screening package continued throughout the week.



United Hospital Observed Breast Cancer Awareness Month October-2014

Dr Dabir Uddin Ahmed

October is the Breast Cancer Awareness Month which is an annual campaign to increase awareness of the



disease. Breast cancer is the most common cancer and it is also the principle cause of death from cancer among women globally. One-third of these cancer deaths could be decreased if detected and treated early.

To observe Breast Cancer Awareness Month, United Hospital organized various programs in collaboration with different companies and institutions. Doctors, cancer survivors, corporate staff and journalists actively participated in those programs.

An "Awareness Session on Breast

Cancer" was organised on Thursday, 23 October 2014 at the Corporate Office of Unilever at Gulshan, Dhaka. A good number of female staff members of Unilever joined the session. Dr. Naseem Mahmud, Consultant, Obstetrics & Gynaecology & Dr. Lubna Mariam, Junior Consultant, Radiation Oncology of United Hospital were the speakers at the session. The program was very interactive with a Question and Answer session followed by a video documentary on 'Self Breast Examination'.



As a Health Partner with Metlife Alico, Bangladesh, United Hospital jointly organized a 'Wellness Day Program' at Hong Kong Shanghai Banking Corporation (HSBC) office on 28 & 29 October 2014. On the 1st day of this program, a special booth was set up where Basic

Health Screening Tests were done. On the 2nd day, "Awareness Session on Breast Cancer" was arranged for the female employees of the bank. Dr. Lubna Mariam, Junior Consultant, Radiation Oncology & Dr. Dabir Uddin Ahmed, Director Clinical Operations of United Hospital spoke in details about the prevention, early detection and management of breast cancer.

On Thursday, 30 October 2014, the third program of the month was held at the U.S. Embassy, Dhaka. A good number of staff members, local & expatriates of the U.S. Embassy participated in the session. Dr. Lubna Mariam, Junior Consultant, Radiation Oncology & Dr. Ruhina Alam, Specialist, General

Surgery of United Hospital made presentations. Dr. Chanda Christina McDaniel, Regional Medical Officer U.S. Embassy Dhaka gave the vote of thanks. A video documentary on 'Self Breast Examination' was shown and the program ended with a lively Question & Answer session.



Short-term Outcomes Associated with Bilateral Internal Thoracic Artery Grafting

Dr Sayedur R Khan

Bilateral Internal Thoracic Artery (BITA) grafting is associated with improved long-term survival and graft patency relative to Coronary Artery Bypass Grafting (CABG) with single ITA grafts and saphenous vein graft. However, BITA grafting may adversely affect early in-hospital mortality and morbidity, in particular deep sternal wound infection. Hence, we carried out this study to evaluate early outcomes of BITA grafting in different configuration in our hospital and to assess safety and applicability of BITA grafting as a routine procedure.

A retrospective cross sectional study was conducted in May 2014 with 129 patients using bilateral ITA for Coronary Artery Bypass (CABG) at United Hospital, Dhaka, Bangladesh from March 2009 to April 2014. We reviewed and evaluated patients' characteristics and major outcomes. The major outcome measures included in-hospital mortality and morbidities like preoperative MI, reopening for bleeding, stroke, acute renal failure, prolonged ventilation (>48 hours), sternal wound infection, arrhythmia and fever. Chi-square test was used to determine any association between

preoperative features and postoperative outcomes.

Out of 129 patients, 124 (96%) patients were male. The mean age was 48.7 ± 8.54 years with range 28 to 72 years. Hypertension and smoking were the most common cardiac risk factors. There was no mortality in either of the groups. Most common postoperative complications were fever (27%) and arrhythmia (7.8%). Only one female patient (0.8%) had sternal wound complication. Elderly, obese and patients with COPD were not observed to be associated with sternal wound complication.

Short-term outcome of BITA grafting for CABG is excellent with no significant difference between both BITA insitu and Y-graft groups.

Traumatic Cervical Myelopathy

Dr S S Ahmed, Dr Shuvamay Chowdhury

A 55 year old non-diabetic, non-hypertensive gentleman was admitted in the Neurosurgery Department with a history of fall from a 2nd storied building while working with electric lines about a month ago.

After the fall, he was unable to move his upper limbs and had difficulty walking. There was no bowel or bladder dysfunction. On admission, he was haemodynamically stable, conscious and oriented. On examination of upper limbs, there was gross flexion deformity of wrist and fingers, increased muscle tone



Pre operative MRI



Pre operative CT Scan

(muscle power grade 3/5), sensation was diminished below C5 level and reflexes exaggerated. X-ray and CT scan of the cervical spine demonstrated fracture dislocation and locking of unilateral facet joint resulting in retrolisthesis of body of C5. MRI cervical spine revealed cord compression and T2 signal change within the cord at C4, C5, C6 levels. Patient and relatives were explained regarding the pathology and surgical decompression of the cord as a possible way to prevent further neurological deterioration in

terms of limb function and bowel-bladder impairment. Accordingly he underwent C5 corpectomy, decompression of the cord and fusion with titanium cage. Post-operatively his neck was immobilized with a Philadelphia collar. His post-operative recovery was smooth and muscle tone started to reduce. He was put on physiotherapy regime and discharged with advice to follow up after 6 weeks. After a year, his muscle power and sensation returned to near normal. Now he can walk without support, has gone back to his regular job and is living a normal, healthy life.



Post operative X-Ray

Stereotactic Body Radiotherapy: Localization to Delivery Experiences in United Hospital

Karthick Raj Mani

Karthick Raj Mani, Consultant Medical Physicist attended as an invited speaker in the UPAROI Conference held at Bareily, Uttar Pradesh, India on 11-12th October 2014 and presented a paper titled "Stereotactic Body Radiotherapy: Localization to Delivery".

Stereotactic Body Radiation Therapy (SBRT) is becoming a popular mode of ablative radiotherapy for localized tumors. With the initial promising results of Phase I and Phase II trials of SBRT, it has become the standard approach of localized / metastatic lung and liver malignancies. The optimized workflow practiced in our center from

localization to delivery includes immobilization, 4D CT data acquisition and processing, dose prescription, treatment planning, treatment delivery with motion management strategies and image guidance protocol. SBRT is a complex treatment procedure and demands a team approach. Accurate and comfortable patient setup with

motion management strategies is the key to establish SBRT program. Setup errors and respiratory motion errors need to be monitored throughout the entire treatment course. Utmost care must be exercised during the whole SBRT treatment process to ensure confirmation to the target and safe delivery to the critical structures.



Head & Neck Cancer Conference 2014

"Dhaka Head & Neck Cancer Conference 2014" was held for the first time in Bangladesh from 28–29 November 2014 at Pan Pacific Sonargaon Hotel. From United Hospital Dr. M A Wahab, Consultant, Nuclear Medicine presented a paper on PET-CT in Head & Neck Oncology. Dr Wahab mentioned that in Bangladesh about 30% patients are suffering from head and neck cancer amongst which only 2.5% patients are referred for PET-CT. Awareness and advice from concerned personnel can increase the quality of life. Physicians, surgeons, physicists, residents, fellows, research scientists and specialists from all allied fields as well as nurses participated in the conference.



Workshop on Implementation of the International Code of Practice- IAEA TRS-398

A workshop on "Implementation of the International Code of Practice for External Radiotherapy Dosimetry Based on Standards of Absorbed Dose to Water, IAEA TRS-398" was held between 18-21 November 2014 in the Department of Radiation Oncology, United Hospital, Dhaka. Total of 30 participants, mainly Clinical Medical Physicists attended the workshop. The workshop was organized by the Bangladesh Atomic Energy

Commission (BAEC) with technical support of International Atomic Energy Agency (IAEA), local support of Oncol-



ogy Club and United Hospital. Dr. M. Saiful Huq, Director, Medical Physics, UPMC (University of Pittsburgh Medical Center) Cancer Centre, USA was the instructor for the workshop as an IAEA expert along with Dr. Md. Shakilur Rahman, PSO, SSDL of BAEC and Mr. Karthick Raj Mani Consultant Medical Physicist of United Hospital as a facilitator nominated by IAEA. At the end of the workshop, certificates were awarded to the participants.

Probiotics and its Benefits

Md Anisur Rahman

The word probiotic comes from the Greek word pro, meaning "promoting" and biotic, meaning "life." Probiotic is defined as "live microorganisms", which, when administered in adequate amounts, confer a health benefit to the host. In other words, Probiotics are microorganisms that provide health benefits when consumed.

Our digestive system normally has "good" bacteria (non-pathogenic) and "bad" bacteria (pathogenic). Maintaining the correct balance between the "good" bacteria and the "bad" bacteria is necessary for optimal health. Things like medications, diet, diseases and environment can upset that balance.

Within the gastrointestinal tract, there is intestinal microflora. The intestinal microflora aid in digestion, synthesize vitamins & nutrients, metabolize some medications, support the development/ functioning of the gut and enhance the immune system.

Probiotics help to maintain the natural balance of microorganisms in the intestinal microflora. The normal human digestive tract contains about 400 types of probiotic bacteria that reduce the growth

of harmful bacteria and promote a healthy digestive system. The largest group of probiotic bacteria in the intestine is lactic acid bacteria, of which Lactobacillus Acidophilus, found in yogurt with live cultures, is the best known. Yeast is also a probiotic substance. Probiotics are also available as dietary supplements.

Prebiotics are non-digestible food ingredients (fructo-oligosaccharide) which selectively stimulate the growth / activities, or both, of probiotics (lactobacilli or bifidobacterium) in the colon, thereby improving health. Prebiotics are used with probiotics. When probiotics and prebiotics are combined, they form a symbiotic.

Probiotics are used to prevent diarrhea, gas and cramping caused by antibiotics. Antibiotics kill "good" (beneficial) bacteria along with the bacteria that cause illness. A decrease in beneficial bacteria may lead to digestive problems. Taking probiotics may help to replace the lost beneficial bacteria. This can help to prevent diarrhea. A decrease in beneficial bacteria may also lead to other infections such as vaginal yeast & urinary tract infections and

symptoms such as diarrhea from intestinal illnesses. Probiotics can improve intestinal function and maintain the integrity of intestinal lining.

Probiotics are most effective for:

- Treating childhood diarrhea
- Treating ulcerative colitis
- Treating necrotizing enterocolitis which is an infection & inflammation of the intestines mostly in infants
- Preventing antibiotic associated diarrhea and infectious diarrhea
- Preventing pouchitis which is an inflammation of the intestines that can develop after intestinal surgery
- Treating and preventing eczema associated with cow milk allergy
- Helping the immune system
- Treating allergic condition
- Treating traveler's diarrhea

Probiotics are safe because most probiotics exist in a person's digestive system. Some probiotics have been used for a very long time throughout history - in fermented foods and cultured milk products. These don't appear to cause illness. If probiotics are taken, it should be administered at least 3 hours after the antibiotic dose. It's better to take before meal - once daily.

National Training Program for Radiotherapy Technologists

A five day training program from 6 to 10 December 2014 as a part of a National Training Program for Radiotherapy Technologists was organized by Bangladesh Atomic Energy Commission (BAEC) with technical support of International Atomic Energy Agency (IAEA), local support of Oncology Club and United Hospital. It was held at the Institute of Nuclear Medicine & Allied Sciences Dhaka Medical College Hospital, Dhaka, United Hospital Dhaka and National Institute of Cancer Research and Hospital, Dhaka respectively.

IAEA assigned three renowned faculty experts as trainers under the Technical Cooperation Program: From India Prof. Dr. Goura Kishor Rath & Mr. Gurvinder Singh Wadhawan and from Austria Mr. Andreas Osztavics. On 8 December 2014, a day long practical session was held at the department of Radiation Oncology, United Hospital. Live demonstrations of the fabrication of immobilization, treatment planning for breast cases, case discussions and Image Guided Treatment Delivery procedures were shown to the participants. A total of twenty Radiotherapy Technologists from various Radiotherapy centers across the country attended this training.



Magnesium Status in Advanced Stages of CKD in Adults with Diabetic Nephropathy and Association of HbA1C% with Magnesium Status

Dr Nazmul Kabir Qureshi, Dr Raina Rahman, Dr Imrul Hasan, Dr Naseem Mahmud

This paper was published and presented at AACE 23rd Annual Scientific & Clinical Congress, Las Vegas, Nevada, USA. Category: Diabetes/ Pre-diabetes (original research). **POSTER NO: 229**

In diabetes, insulin resistance or deficiency may promote Mg loss at the thick ascending limb which compensates for the reduced GFR and may resist development of hypermagnesemia or even result in hypomagnesaemia. The study was done to find out whether serum magnesium varies among adults with diabetic nephropathy and whether HbA1c% varies with magnesium status.

This cross-sectional observational study was conducted in the Department of Medicine of United Hospital Limited (July 2012-June 2013) among a selective sample of 106 Bangladeshi subjects (age>18 years) having diabetic nephropathy with CKD stage 3-5. Patients who were pregnant, or with

severe co-morbid conditions, or had recent history of gastroenteritis or recent use of medication that may alter Mg level were excluded. Serum electrolyte including Mg, HbA1c%, serum creatinine and eGFR were assessed.

Subjects had mean \pm SD (SE) for age (years) as 67.54 ± 11.10 (1.08), BMI (kg/m^2) as 23.29 ± 2.99 (0.29), SBP (mmHg) as 134.19 ± 16.02 (1.55), DBP (mmHg) as 79.62 ± 9.12 (0.88), HbA1c% as 7.62 ± 0.75 (0.07), S. creatinine (mg/dl) as 4.17 ± 2.90 (0.28), eGFR ($\text{ml}/\text{min}/1.73\text{m}^2$) as 21.40 ± 14.13 (1.37), S. Na (mmol/L) as 132.04 ± 7.04 (0.68), S. K (mmol/L) as 4.11 ± 0.95 (0.09) and S. Mg (mmol/L) as 0.76 ± 0.15 (0.01).

Among subjects 23, 42 and 41 had CKD

stage 3, 4 and 5 respectively. Different variables were studied (Table 1). S. Mg levels were not different among groups ($p = 0.26$). [Table II]. Among study subjects 33% had hypomagnesaemia and 8% had hypermagnesaemia. HbA1c% levels as mean \pm SD (SE) were as 7.70 ± 0.52 (0.08), 7.61 ± 0.85 (0.10) and 7.40 ± 0.83 (0.29) among subjects with hypomagnesaemia, normomagnesaemia and hypermagnesaemia respectively ($p = 0.58$).

About one third type 2 diabetic subjects may have hypomagnesemia. In this study a significant difference of Mg level & glycemic status in advanced CKD stages were not found.

Table I: Clinical variables of diabetic nephropathy subjects with advanced stages of CKD.

Variables	Subjects with Diabetic Nephropathy			p value
	CKD 3 (n=23)	CKD 4 (n=42)	CKD 5 (n=41)	
	Mean \pm SD(SE)	mean \pm SD(SE)	mean \pm SD(SE)	
Age (years)	74.61 \pm 8.74 (1.82)	63.86 \pm 11.43 (1.76)	67.34 \pm 10.24 (1.60)	0.01
BMI (kg/m^2)	22.66 \pm 2.89 (0.60)	23.75 \pm 2.78 (0.42)	23.17 \pm 3.25 (0.51)	0.35
SBP (mmHg)	135.22 \pm 17.55 (3.65)	132.02 \pm 15.18 (2.34)	135.85 \pm 16.12 (2.51)	0.52
DBP (mmHg)	79.13 \pm 9.37 (1.95)	77.50 \pm 8.13 (1.25)	82.05 \pm 9.55 (1.49)	0.06
S. creatinine (mg/dl)	1.68 \pm 0.50 (0.11)	2.95 \pm 0.89 (0.13)	6.81 \pm 2.97 (0.45)	0.01
eGFR ml/min/1.73m ²	44.42 \pm 7.4 (1.54)	20.96 \pm 4.02 (0.62)	8.94 \pm 3.66 (0.57)	0.01
HbA1c%	7.42 \pm 0.64 (0.13)	7.66 \pm 0.67 (0.10)	7.70 \pm 0.87 (0.13)	0.31

p value reached with ANOVA test.

Table II: Serum Electrolyte of diabetic nephropathy subjects with advanced stages of CKD.

variables	Subjects with Diabetic Nephropathy			p value
	CKD 3 (n=23)	CKD 4 (n=42)	CKD 5 (n=41)	
	mean \pm SD(SE) (95% CI)	mean \pm SD(SE) (95% CI)	mean \pm SD(SE) (95% CI)	
S. Na (mmol/L)	130.91 \pm 6.94 (1.44) (127.90 - 133.92)	132.14 \pm 7.70 (1.18) (129.74 - 134.54)	132.04 \pm 7.04 (0.68) (130.54 - 134.62)	0.66
S. K (mmol/L)	4.09 \pm 0.85 (0.17) (3.72 - 4.46)	4.17 \pm 0.87 (0.13) (3.90 - 4.44)	4.08 \pm 1.09 (0.17) (3.73 - 4.42)	0.89
S. Mg (mmol/L)	0.73 \pm 0.14 (0.03) (0.67 - 0.79)	0.75 \pm 0.13 (0.02) (0.71 - 0.79)	0.79 \pm 0.17 (0.02) (0.73 - 0.84)	0.26

S. magnesium level was not significantly different among CKD stages.

p value reached with ANOVA test.

Nutritious Food.....Keeping Us Healthy

On United Hospital's opening day 24 August 2006, we had only one inpatient, a foreigner – a Kuwaiti national. We are very proud to say that we served our first meal to his liking.

Food service for patients works as a great healer to a patient's recovery from ailment. Food is the essence of life - as the saying goes "Food Glorious Food". We at United Hospital are proud to follow the International Standard of Food Service for our patients. The dieticians select the type of food to be served to patients in coordination with the treating doctors. This is a combination of efforts by the Dietetics and Nutrition Department, the Catering Department and the Food & Beverage Department.

Dietetics and Nutrition Department

At United Hospital, meeting the dietary

nutritional status after PTCA/CABG, cancer nutritional status assessment, management after chemotherapy/ radiation / surgery, nutritional care before and after dialysis, nutritional assessment of patients on enteral feeding (natural foods in liquid form prepared in-house) which are delivered both orally and in tubes, nutritional plan for Partial Parenteral Nutrition (PPN) & Total Parenteral Nutrition (TPN). Nutritional formulas contain salts, glucose, amino acids, lipids and added vitamins. They also draft special therapeutic diets for diabetics, hypertensives and others such as those affected by malnutrition as well as hepatic diet for liver jaundice, hepatic carcinoma patients, pediatric diet according to age and physiological condition for diseases in children and adolescents & diet for inborn metabolic disorders etc.

For pregnant and lactating condition &



requirement of the patients and ensuring appropriate food for them is the responsibility of the department of Dietetics and Nutrition. A diet containing sufficient energy and all essential nutrients adequate for growth, energy requirements, nitrogen equilibrium, repair and maintenance of normal health is called a balanced diet. All types of food in reasonable portions should be eaten to provide necessary nutrients e.g. carbohydrates, vitamins, proteins, minerals, fats etc for proper functioning of the human body. Healthy eating habits go a long way in ensuring a healthy life. The department comprises a team of dedicated and committed Dieticians who do the nutritional assessment, planning and prescription following counseling for different diseases and prepare simple and easy diet plans for a healthy life style, enhancing immunity.

The dieticians are intensely involved with the patients from dealing with cardiac

gestational diabetes a suitable diet plan is offered. Sodium restricted diet plan limits the intake of salt, sodium chloride. There is also a diet plan for PEG (Percutaneous Endoscopic Gastrostomy) tube feeding.

Being overweight or underweight significantly contributes to health problems. For the overweight patient we provide weight reduction diet and for the underweight patient we provide weight gaining diet. Thus the job of the dieticians is to ensure that all patients are given the type of food which is most appropriate and necessary for them and which also helps them to recover.

Food & Beverage Department

Our Food & Beverage Department comprises of two units: Catering and F&B. Our chefs are well trained with overseas experience. Starting with 40 staff members in 2006, the number has extended to nearly 110 today.





Creating Food

The hospital kitchen has been designed with state of the art equipments and accessories. Our well trained and experienced chefs, cooks and pastry cooks produce an impressive array of different varieties of food including traditional Bengali and other cuisines using fresh local market produce to make a wide variety of selections.

This state of the art kitchen maintains the highest level hygiene and a perfectly balanced nutrition for patients six times on a daily basis. Our expert hands also produce special dietary meals under proper supervision of the hospital dietician for patients such as dialysis patients, cardiac patients, cardiac surgery patients etc.

The kitchen also provides food for all the employees of United Hospital including doctors, nurses and all other clinical & non-clinical staff at Mess-1 and Mess-2 in



the basement of the hospital. The kitchen has a fully equipped, well managed bakery and pastry station which produces delicious, classy and freshly baked variety of breads, buns, pastries and cakes.

Serving Food

We serve food to patients six times a day. Patients' diet menu is prepared by the dietician. Fresh food is prepared and provided by our kitchen every day. Main meals are served three times: breakfast - 6.30am to 8am, lunch -12pm to 2.30pm and dinner - 6.30pm to 7.30pm. Morning snacks from 10am to 10.30am and evening snacks from 4pm to 5pm while milk is served to patients at 8pm.

Our supervisors stand by to ensure proper monitoring & supervision as per the diet advice card and that nothing is amiss in the food tray. Each and every meal is checked by the dietician, the manager and the chef. During meal service time, our floor supervisors ensure food is served by

the waiter in the right manner. Incase of complaints or enquiries from patients, our supervisors solve the issue right way. F&B floor supervisors visit each & every admitted patient - room to room.

Besides patient food, the F&B Department serves meals to our staff three times a day, where almost 800 staffs consume their breakfast, lunch and dinner every single day.

In the lobby, we have a Guest Café for patient attendants, visitors and other guests. It has a variety of snacks, food items as well as lunch & dinner.

Our pastry station is as rich as it sounds. With flour, milk, yeast, eggs & butter, our chefs turn out wonders from mouth-watering super-delicious apple / cinnamon / custard / guava Danish to whipping out magical meringues from egg whites 'n sugar to a rainbow of cakes chocolate / vanilla / strawberry/caramel galore to brownies, cupcakes, muffins, marble

cake, fairy cake, custard, caramel pudding, Arabian sweets etc. Oven fresh goodies decorate and line up the shelves of our pastry corner, inviting, tantalizing, just waiting to be eaten and savored.

A "west meets east" range of food from spring rolls, chicken rolls, cocktail pizzas, mini pizzas, nuggets, fish fingers, chicken hot dogs, beef burgers, sandwiches (club/subway/ chicken), fried chicken, chicken lollipop, chicken pies, noodles, soups, buns etc side by side with "desi" shingaras, daal puris, moglai paratas, chicken samosas, mini beef samosas, potato cutlets, jhaali kebabs, Chinese, Continental (grilled chicken / baked fish), beef & chicken tehari and regular Bangla meals are prepared & served on daily basis. We stock up on a good variety of popular ice creams, fruit juices and drinks.

Our F&B department also caters to other hospital activities like Continued Medical Education, Medical Boards, seminars etc.

Hands-on Training on Genitourinary and Gynecological Cancer Treatment Decision, Radiotherapy Planning and Brachytherapy

A weeklong training program from 2-6 November 2014 as a part of National Training Program (NTP) on "Hands-on Training on Genitourinary and Gynecological Cancer Treatment Decision, Radiotherapy Planning and Brachytherapy" was organized by Bangladesh Atomic Energy Commission (BAEC) with technical support of International Atomic Energy Agency (IAEA), local support of Oncology Club and United Hospital. IAEA assigned three renowned faculty experts as trainers under the Technical Cooperation Program: Dr. S. K. Shrivastava from TMH, Mumbai, India and Dr.

Shelley Huku, B L Kapoor Hospital, New Delhi, India of Radiation Oncology and Dr. Rajesh Ashok Kinikar from TMH, Mumbai as a Medical Physicist.

On 4 November 2014, a day long practical session was held at the department of Radiation Oncology, United Hospital. Live demonstrations of the intracavitary brachytherapy procedures were exhibited to the participants. Thirty



participants including the three faculty experts attended the workshop.



Conference on ENT

On 23 December 2014, Prof Zillur Rahman, Director & Consultant of ENT and Head Neck Surgery Department, United Hospital gave a lecture on "Endoscopy Assisted Neck Surgery" in the 5th International Conference of the Society of Otorhinolaryngologists (ENT and Head Neck Surgery) of Bangladesh at Cox's Bazar.

Ebola Virus Disease

Dr Kasekh Akhtar Jahan

Ebola Virus Disease (EVD) or Ebola haemorrhagic fever is a severe, often fatal illness in humans with a fatality rate of upto 90%.

In 1976, Ebola first appeared in 2 simultaneous outbreaks in Sudan and in Democratic Republic of Congo. The latter was in a village situated near the Ebola River, from which the disease takes its name.

The 2014 current Ebola outbreak in West Africa is the largest in history and has affected multiple countries which began in Guinea in December 2013. As of 3 December 2014, total number of ebola affected patients was 17,111 and the death toll was 6,055. Intense transmission still continues in Guinea, Liberia and Sierra Leone.

The virus is transmitted to people from wild animals and spreads in the human population through human-to-human transmission via direct contact with an EVD-infected patient's blood or body fluids. Even it can spread through direct contact with the corpse of a person who died of EVD. Ebola virus can persist in the semen of some survivors for up to seven weeks, which could give rise to infections and disease via sexual intercourse.

Patient presents with flu-like symptoms:

fever, myalgia, headache, fatigue, loss of appetite, vomiting, diarrhoea etc. There is no approved Ebola-specific prophylaxis or treatment. Prevention and control is the only way to stop spreading ebola. Standard infection control such as hand hygiene, use of personal protective equipment to avoid direct contact with blood and body fluids, prevention of needle stick and injuries from other sharp instruments etc. WHO advised the following outbreak control containment measures:

- ❖ Reducing the risk of wildlife to human transmission.
- ❖ Reducing the risk of human to human transmission: Appropriate PPE should be worn in taking care of affected patients.
- ❖ Prompt and safe burial of the dead, to identify and monitor the health of contacts for 21 days and separating the healthy from sick.

As a part of global approach to 'ebola preparedness', Bangladesh government:

- Opened a 20-bed Ebola ward in Kurmitola General Hospital, Dhaka.
- Formed a medical team in 27 Point of Entries (POE).
- Provided PPE to all medical teams.

People coming from infected countries are followed for 21 days on arrival to

Bangladesh-178 passengers arrived on 16/10/14, no suspected cases so far.

IEDCR/DGHS conducted training for the Rapid Response Team members at National, Districts and Upazilas with support of WHO. Three doctors from United Hospital Dr. Syeda Fahmida Hossain, Specialist, Internal medicine, Dr. Md. A.K Masud, EMO and Dr. Kasekh Akhtar Jahan, Infection Control Officer attended a two days workshop in IEDCR on 18 and 19 October, 2014.

United Hospital has started taking initial steps for ebola preparedness such as arranging hospital CME for awareness against ebola, awareness training among nurses, set up checklist for patients with history of travel abroad. Some more comprehensive measures are in process of being implemented.

Ebola 2014 is considered an extraordinary event of the decade by WHO. This is not just an outbreak, not just a public health crisis, it's a social crisis, a humanitarian crisis, an economic crisis, a threat to national security well beyond outbreak zones. None of us experienced in containing outbreaks has ever seen, in our lifetimes, an emergency on this scale, with this degree of suffering, and with this magnitude of cascading consequences. So, a coordinated global approach is extremely necessary for combating against the deadly virus, EBOLA.

HeLa Cells: Medical Apartheid or Medical Miracle

Dr Ruhina Alam

HeLa cells—the first continuous cancer cell line—have been a mainstay of cancer research ever since their isolation from the aggressive glandular cervical cancer of a young woman more than 60 years ago. At that time, there was intense competition among cancer-research scientists for their laboratory to be the first to develop ‘human cancer in a test tube’. The breakthrough came on 8 February 1951 at The Johns Hopkins Hospital in Baltimore, Maryland where the head of Tissue Culture Research, George Gey was given a small cancer sample that came from the cervix of a young black lady, Henrietta Lacks, which showed to be remarkably durable and prolific. They could be kept alive and grown.

George Gey was able to start a cell line - HeLa, after the initial letters of Henrietta Lacks' name, the first human cells grown in a lab that were "immortal" (they don't die after few cell divisions).

As reporter Michael Rogers stated accurately in his 1975 Rolling Stone article, HeLa's contribution to modern medicine began immediately. The day before Henrietta Lacks visited Johns Hopkins, 10,000 mothers marched against Polio in New York City. Four years later, thanks to HeLa cells, those mothers were off the street permanently as the world celebrated Dr. Jonas Salk for his discovery of vaccine against Poliomyelitis in 1955. This was just the beginning. Within years, HeLa cells were mass produced, cloned and since then have been used for research for cancer, AIDS, the effects of radiation & toxic substances, gene mapping and many other scientific pursuits. If we could pile up all HeLa cells ever grown onto a scale, they'd weigh more than 50 million metric tons—as much as a hundred Empire State Buildings. From the time of its origin over 60 years ago, these HeLa cells have been bought and sold by the

billions.

Yet Henrietta Lacks, the contributor of these “immortal cells” remains virtually unknown. And she would have remained unknown, except for an explosive paper by cytogeneticist Walter Nelson-Rees in the journal Science, exposing the problem of cross-contamination of cell lines, showing that many immortal cell lines, previously thought to be unique, were actually HeLa cell lines.

Henrietta's family did not learn of her “immortality” until scientists investigating HeLa began using her husband and children in research without informed consent. As some doctors began to call the Lacks family and started collecting their blood, they were devastated to know that Henrietta Lacks had been “immortalized” through a cluster of cells. They were consumed with questions. Had scientists cloned her? Did it hurt her when researchers infected her cells with viruses? And if her mother was so important to medicine, why couldn't they afford health insurance? And there was that inevitable question: did this happen to Henrietta Lacks because she was black??

When President Clinton apologized for the Tuskegee Syphilis Experiment to the eight remaining survivors on 16 May 1997, the question arose again: was Henrietta Lacks a victim of Medical Apartheid???

Consent to culture HeLa cells was neither asked nor given while Mrs. Lacks was alive nor later from her family. Despite the Nuremberg Code (1947), which established voluntary consent as “absolutely essential” for medical experiments. Readers will have to decide for themselves whether Johns Hopkins School of Medicine kept Henrietta Lacks' identity a secret for decades because of proper concern for patient

confidentiality or for not wanting to expose itself under an issue where the norms changed.

And to add insult to injury, in March 2013, German researchers published the DNA code or genome of a strain of HeLa cells without permission from the Lacks family, completely disregarding the GINA (Genetic Information Nondiscrimination Act of 2008). The Lacks were outraged – not only the Lacks were kept in the dark about Henrietta's cells being kept alive in petri dishes in scientists' labs or the development of HeLa cell line, which have generated billions of dollars, they were also not informed that her genome had been sequenced and made public for anyone to see.

In a country where much has been said about basic human rights and in a time where anything and everything revolves around personal right to choose or refuse, the Henrietta Lacks saga was really an eye opener. As Henrietta Lacks' cells were being used for the development of Polio vaccine or for two of the most talked about Nobel Prize winning research (linking HPV to cervical cancer and discovery of Telomerase), her family was not offered any explanation, not a cent nor an apology – and they still couldn't afford health insurance!

The science romantic may consider HeLa a medical miracle, but the realist knows – it looks like Medical Apartheid.

N.B. In August 2013, an agreement between the Lacks family and the National Institutes of Health was announced that gave the family some control over access to the cells' DNA code and a promise of acknowledgement in scientific papers.

A read of The Immortal Life of Henrietta Lacks by Rebecca Skloot is strongly recommended.



Blood Donation Campaign at US Embassy

United Hospital and the Embassy of the United States of America jointly organized a Blood Donation Campaign on 10 November 2014 at the U.S. Embassy where local staff, embassy officers and family members participated in the day-long program. H.E. Ambassador D. W. Mozena attended the program and donated blood. A team from the Blood Bank of United Hospital comprising of SHO and MLTs were part of the program to collect blood from donors. A total of 35 embassy members donated blood during this campaign. The collected blood bags were handed over to Sandhani.

Visits to United Hospital

- A delegation from "Chevron Bangladesh, Dhaka Office" led by Dr. Riyaad Karim, New Regional Medical Manager of Chevron Bangladesh along with New Medical Supervisor & Medical Specialist visited on Thursday, 2 October 2014.
- A delegation from "British High Commission Dhaka" comprising of 10 members (expats & their family) led by Mr. Mathula Lusinga, Liaison Officer of British High Commission, Dhaka visited the hospital to see the existing facilities on Thursday, 23 October 2014.
- A delegation from "Japan International Cooperation Agency (JICA) Bangladesh Office" led by Ms. Kozue Yamasaki, New Health Administrator of JICA Bangladesh Office visited the hospital on Monday, 27 October 2014.



- A delegation from the Embassy of Sweden, Dhaka led by Dr. Anna Ulgemo, Head of the Medical Centre for the Ministry of Foreign Affairs and Swedish International Development Agency (SIDA) and Ms. Sylvia Wellrot came to see the existing facilities on Sunday, 2 November 2014.



- A delegation from "ESCO Group of Companies" from Singapore with sales in over 100 countries led by Mr. Lim Lay Yew, Global Chairman of ESCO Group met with Mr. Faridur Rahman Khan, Managing Director of United Hospital on Sunday, 30 November 2014.

Medical Campaigns

- Dr. Md. Abul Kashem, Specialist, Cardiac Surgery Department of United Hospital went to Chittagong and Sylhet to see patients on Thursday, 23 October 2014 and Thursday, 18 December 2014 respectively.
- Dr. Syed Sayed Ahmed, Consultant, Neuro Surgery Department & Director Neuro Centre of United Hospital went to Sylhet to see patients on Thursday 30 & Friday 31 October 2014.
- Dr. Md. Rashid Un Nabi, Consultant, Radiation Oncology Department of United Hospital went to Sylhet to see patients on Thursday, 20 November 2014.
- Dr. Ashim Kumar Sen Gupta, Junior Consultant, Radiation Oncology Department of United Hospital went to Sylhet to see patients on Thursday, 18 December 2014.
- Dr. A.M. Shafique, Associate Consultant, Cardiology Department of United Hospital went to Khulna to see patients on Wednesday, 24 December 2014.



United Hospital participated as a Health Partner in the Family Health Day Program of Puls Trading Far East Limited on Saturday, 8 November 2014 at Fantasy Kingdom, Ashulia, Savar. A gathering of about 700 to 800 employees & family members of the company took part in the day long program. A Health Booth with Emergency Management Support and standby ambulance facilities were provided.

- A delegation from IC Net Limited, a Japanese Consulting Firm (working on behalf of Ministry of Foreign Affairs of Japan) led by Mr. Takaharu Ikeda, Consultant of IC Net Ltd. came to United Hospital to discuss & survey the need for assistance in health in Bangladesh on Monday, 1 December 2014.
- A delegation from "MediConsult Ltd. (Medical Associate of SingHealth)" led by Mr. Lim Heng Seng, Manager, Business Development of National Heart Centre, Singapore along with Mr. Mostafizur Rahman, Chief Executive Officer of MediConsult Ltd., Dhaka visited United Hospital to see the Cardiac Care Centre on Thursday, 4 December 2014.

Corporate Signing



Provati Insurance Company Limited and United Hospital Limited signed an agreement on Wednesday, 1 October 2014. Mr. Shakawat Hossain Mamun, Managing Director (C.C.) of Provati Insurance Company Limited and Dr. Dabir Uddin Ahmed, Director, Clinical Operations of United Hospital were the signatories.

Corporate Signing between KEPCO Plant Service & Engineering Company Limited and United Hospital Limited was held on Tuesday, 18 November 2014.

Shimizu Corporation and United Hospital Limited signed an agreement on Monday, 1 December 2014.

An agreement was signed with Asian Travel & Medical Services, India on Sunday, 7 December 2014.

Paramount Healthcare Management Pvt. Ltd., India and United Hospital Limited signed a corporate agreement on Sunday, 7 December 2014.

Corporate Signing between Siemens Bangladesh Limited and United Hospital Limited was held on Thursday, 11 December 2014.

Seminars, Workshops & Training Sessions

- A Demonstration Program on "Spinal Surgery Products" was arranged on Tuesday, 4 November 2014 at United Hospital. Mr. Manish Sachdeba, South Asian Regional Manager, Medtronic Inc. was the presenter of the program. Dr. Syed Sayed Ahmed, Consultant, Neuro Surgery & Director Neuro Centre of United Hospital

delivered the welcome speech.

- A Scientific Seminar on "Rational Use of Blood & Blood Products" was arranged on Thursday, 27 November 2014 at United Hospital. Dr. Shazzad Hossain, Senior House Officer, Laboratory Medicine Department of United Hospital and Mr. Shaiful Hasan, Business Development Manager of

Diamond were the speakers of the seminar. From the Laboratory Medicine Department of United Hospital, Consultant Haematology Brig. Gen. (Retd.) Prof. Zahid Mahmud and Consultant Brig. Gen. Dr. A.F.S.A Wasey delivered the welcome address and concluding remarks of the seminar, respectively.



A two days workshop on Leadership & Management in nursing was held on 26 & 27 October 2014 at GCCN. Nomita Gonsalves, Area In-Charge and Unit Supervisor Ruma from United Hospital attended the workshop.



GCCN 3rd year student nurses completed internship program in United Hospital from 26 October to 6 November 2014. Total of 49 GCCN student nurses were accompanied by 3 Clinical Instructors. An orientation program and unit assignments were arranged by the Nursing Department on the first day.



Dr. Monette Barrento-Brombuela, Chief Nursing Officer (CNO) United Hospital, Ms. Saleha Khatun, Instructor College of Nursing, Mohakhali Dhaka and Ms. Taslima Begum Ex-Director, Directorate of Nursing discussed "**Guidelines on Supportive Supervision for Nursing Supervisors**" on 11 November 2014.



On 22, 23 and 24 November 2014, a course on Basic Principles of Fracture Management was arranged by AOTrauma Asia Pacific at BIAM, Dhaka, Bangladesh. The workshop included practical training on operative techniques. Nearly 200 participants from home and abroad participated. From United Hospital, Dr Masum Billah, Specialist Orthopedics Department and operation theatre personnel (orthopedic nurses) Ms. Irin Akhter and Ms. Sharmin Akther also attended the workshop. Dr Aminul Hassan Consultant Orthopedics Department presented two papers on 22 and 24 November 2014.



Workshops on Acute Care Nursing Skill held on 11 & 12 November 2014 and Handling & Moving of Patients held on 17 & 18 November 2014 were arranged by Grameen Caledonian College of Nursing (GCCN) at Mirpur. Ms. Debbi Templeton & Mr. Ralph, faculty members and nursing expert of McGill University, Canada led both the workshops. Nurses Ms. Kamelia, CCU, Ms. Nupur Halder GICU attended the workshop on Acute Care Nursing Skills and Ms. Shamima, A&E, Ms. Kolpona, Neuro Ward and Ms. Taslima, Nurse Tutor attended the workshop on Handling & Moving of Patients.



On 11 November 2014, CNO Dr. Monette Barrento-Brombuela, DCNO Ms. Rina Gomes, HR Officer Ms. Tahera Sultana and In-Charge Training Ms. Hanufa Ahmed attended a job/intern offer session at Grameen Caledonian College of Nursing.

Head and Neck Cancer Workshop at UAE Cancer Congress 2014, Dubai

On 31 October & 1 November 2014, Prof. Dr. Santanu Chaudhuri, Consultant Clinical Oncology & Director Oncology Centre of United Hospital attended as a guest in a Head and Neck Cancer Workshop at UAE Cancer Congress 2014, Dubai. There were paper presentations and discussions from renowned Oncologists all over the world. United Hospital facilities were well discussed in the forum.

Congratulations & Best Wishes to the following Staff and their Spouses



New Baby

- Supervisor, Laundry Unit/Housekeeping Department Md. Redwan Hossain had a baby boy Md. Afnan Hossain on 17 June 2014.
- Staff Nurse Sonali Howlader of 5th FI had a baby girl Puja on 5 July 2014.
- Staff Nurse Zinnat Ara Khanam of Dialysis Unit had a baby girl Lailatul Zareen on 18 September 2014.
- Staff Nurse Sohagi Akter of 4th FI had a baby boy Md. Sadique Mahmud on 18 September 2014.
- Staff Nurse Mustarin Nahar of 4th FI B Cardiac Surgery had a baby girl Nusiba Tabbasum Kotha on 18 September 2014.
- Staff Nurse Asma Akter of Accident & Emergency Department had a baby girl Mamota Islam Jamila on 30 September 2014.
- Staff Nurse Sufia Begum of 4th FI B Cardiac Surgery had a baby girl Thohira Islam Sneha on 15 October 2014.
- Patient Care Attendant Kazi Harun-or Rashid of Nursing Department had a baby girl Nazia on 15 October 2014.
- Human Resource Officer Abdullah-Al-Momen Mollah had a baby boy Mollah Jibir Ibne Momen (Huzaifa) on 19 October 2014.
- Dr. Mohammad Shafiqul Islam, Departmental Coordinator of Accident & Emergency Unit had a baby boy Abdur Rahman on 29 October 2014.
- Staff Nurse Farzana Bhuiyan of Dialysis Unit had a baby boy Tashjidul Haque (Talha) on 30 October 2014.
- Customer Relations Officer Sharmin Islam had a baby boy Shahir Adiyan on 2 November 2014.
- Gastroenterology Consultant Dr. Fowaz Hossain Shuvo had a baby girl Mersiha Hussain Aungshi on 9 November 2014.
- Customer Relations Officer Kanchan Dey had a baby boy S. K. Joy Ram Dey on 9 November 2014.
- In-Charge Chowdhury Tasneem Hasin of the Nutrition & Dietary Department & Intensivist Dr. Mir Atiquur Rahman of General ICU had a baby girl Hasin Aaysha Mir on 16 December 2014.

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



- Customer Relations Officer Mujammel Hossain got married to Zohura Akther on 8 October 2014.
- Customer Relations Officer Md. Golam Robbani got married to Mst. Sultana Khatun on 10 October 2014.
- Housekeeping Department's Attendant Humayun Kabir got married to Sharmin Akther on 10 October 2014.
- Medical Technologist Md. Borhan Hossain Rony of Radiology & Imaging Department got married to Romanna Akter Riya on 19 October 2014.
- Dr. Raina Rahman SHO of Obs & Gynae Department got married to Mohammad Hoque on 24 October 2014.
- Staff Nurse Dipanwita Bhowmik of Accident & Emergency Unit got married to Uttam Halder on 27 November 2014.
- Staff Nurse Monju Ray of Dialysis Unit got married to Poritos Jydhara on 27 November 2014.
- Staff Nurse Roxy Akter of Dialysis Unit got married to Md. Zahirul Islam (Zahir) on 28 November 2014.



Inter Department Badminton Tournament commenced on 28 December 2014. Tournament details will be in next issue...

Death of a Colleague

F&B Department's Dish Washer Mr. Faruq Hossain passed away tragically at the age of 21. He battled with cancer and succumbed to his illness on 29 September 2014 - may his soul rest in eternal peace. We extend our deepest sympathy and heartfelt condolence to his family & friends. He will be in our thoughts & prayers.

Condolence & Prayers

- Dr. Nazmul Kabir Qureshi, Specialist Department of Medicine lost his father-in-law Prof. Lutfar Rahman Khan on 9 September 2014 and his mother-in-law Prof. Meher Un Nessa on 25 October 2014.
- HR Officer Abdullah-Al-Momen Mollah of Human Resource Dept lost his father Mr. Nur-Mohammad Mollah on 28 October 2014.
- Duty Manager Md. Matiar Rahman lost his mother Mrs. Rizia Begum on 8 November 2014.
- Staff Nurse Sohagi Akter of 4th FI lost her husband Mr. Md. Muktarul Islam on 11 November 2014.
- Customer Relations Supervisor Mohammad Ashiqur Rahman lost his father Mr. Mohammad Abdul Gafur on 22 November 2014.
- Consultant Dr. Mohammed Mahbub Alam of Gastroenterology & Hepatology Department lost his wife Mrs. Gool-E-Noor Alam on 8 December 2014.

*Seasons Greetings &
Happy New Year*



2015

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