NEWSLETTER JAN – MAR 2016

KULSUM International Hospital

KULSUM

- Nailing the Diagnosis
- Shoulder Rehabilitation

Shielding You From Harm

Kulsum International Hospital provides access to renowned specialists of Pakistan with state-of-the-art medical, surgical and Intensive Care facilities.

Offering the highest standards in:

- Cardiology
- Cardiac Surgery
- Pulmonology
- Gastroenterology
- Orthopedic Surgery
- Nutrition
- Radiology
- Pathology
- Plastic Surgery
- Dermatology
- Laparoscopic Surgery
- Bariatric Surgery
- General Surgery
- E.N.T
- Internal Medicine
- Nephrology
- Neurology
- Neurosurgery
- Dental Surgery
- Neuroradiology / Neurosonology
- Endocrinology
- Anesthesia
- Urology
- Physiotherapy
- Oncoplastic Breast Reconstructive Surgery

KULSUM International Hospital

Making Lives SAFE!

2020, Kulsum Plaza, Blue Area, Islamabad **051-8446666** **www.kih.com.pk**

YEAR 2016

Happiness, Prosperity,
Peace & Joy

Health is Happiness

Nailing the Diagnosis

Take a long hard look at your nail as they may be saying something about health of your joints and bones. A recent study shows that a mineral deficiency in toe nails is linked to risk of Osteoarthritis and finger nails give doctors a clue about the condition that elevate the risk of Osteoarthritis.

Osteoarthritis (OA), sometimes called ''Degenerative Changes'' is the most common chronic condition of the joints. It may affect different parts of body including

- Knees
- Fingers
- Feet
- Hip
- Cervical Spine
- Lumbar Spine
- Riz arthritis of the thumb (Suffered by Manual Professionals)

In 2005, a research was presented in American College of Rheumatology (Atlanta) which shows that people with lower level of mineral "Selenium" are more prone to develop OA of knees. To prove the presence of Selenium in toe nails, clippings from 1000 people were

Nail – A window to bone and joint health

(Dr. Shafi Muhammad Chaudhry – Rheumatologist)

measured as toe nails grow slowly and they reflect selenium level in the body. From past several months up to a year ago, no one realized and investigated if Selenium might be related to OA. Studies suggest that deficiency of selenium is common in many parts of Asia as they are not rich in this mineral. People in these areas tend to develop Kashin Beck Disease known as Arthritis Big Joint Disease. Another study shows that abnormal formation of Disulfide bonds in cells cause problems in nails and bones. Disulfide bonds are needed for joining Protein Molecules such as Nail Protein Keratin and Bones Protein Collagen. Research of Dr. Mark Towler from University of Limerick (Ireland) depicts that weak nails among Osteoporosis delved in to nails and bone properties. Result of his work is a device called "Selectis Bone Quality Test". This test diagnoses Osteoporosis by analyzing the Disulfide Bonds in nail clippings. Device used in the test in as accurate as Dexa Scan which is currently being used to diagnose Osteoporosis and it is less expensive. On top of it, this test doesn't require the presence of patient as only patient's nail is needed.

Reducing Risks

To avoid the risk of Osteoarthritis, eat plenty of food which contains selenium.

- Nuts
- Meats
- Poultry
- Fish
- Whole grains

Do not increase the intake of any Vitamin or Mineral (including Selenium) without the consultation of physician. It might lead to Selenium Toxicity and increased harm to bones & joints.

References:

- Stanley Birge, "Should you Supplement Selenium?" 2006, Washington University, School of Medicine, St. Louis.
- Jordan., J.M., 2006. Selenium & OA Development, Thurston Arthritis Research Center, University of North Carolina, Chapel Hill.
- Towler., M . 2006. Weak Nails among Osteoporosis Patient, Arthritis Foundation, University of Limerick, Ireland.
- Osteoarthritis Foundation, 2015. Osteoarthritis. [Online] Available at http://www.arthritis.org/about-arthritis/types/osteoarthritis/ [Accessed 15 December 2015]

SHOULDER REHABILITATION

Riafat Mehmood (Physiotherapist)

Introduction:

Shoulder is one of the largest and most complex joints in the body. The shoulder joint is formed where the Humerus (upper arm bone) fits into the scapula (shoulder blade), like a ball and socket. Other important bones in the shoulder include:

- The acromion, a bony projection off the scapula.
- The clavicle (collarbone), meets the acromion in the acromioclavicular joint.
- The coracoid process, a hook-like bony projection from the scapula.

The shoulder has several other important structures:

- The rotator cuff is a collection of muscles and tendons that surround the shoulder, giving it support and allowing a wide range of motion.
- The bursa is a small sac of fluid that cushions and protects the tendons of the rotator cuff.
- A cuff of cartilage called the labrum forms a cup for the ball-like head of the humerus to fit into.
- The humerus fits relatively loosely into the shoulder joint. This gives the shoulder a wide range of motion, but also makes it vulnerable to injury.

Shoulder Conditions:

- **Frozen Shoulder:** Inflammation develops in the shoulder that causes pain and stiffness. As a frozen shoulder progresses, movement in the shoulder can be severely limited.
- **Osteoarthritis:** The common "wear-and-tear" Arthritis that occurs with aging. The shoulder is less often affected by Osteoarthritis than the knee.
- **Rheumatoid Arthritis:** A form of Arthritis in which the immune system attacks the joints, causing inflammation and pain. Rheumatoid Arthritis can affect any joint, including the shoulder.
- **Gout:** A form of Arthritis in which crystals form in the joints, causing inflammation and pain. The shoulder is, however, an uncommon location for gout.
- **Rotator Cuff Tear:** A tear in one of the muscles or tendons surrounding the top of the Humerus. A rotator cuff tear may be a sudden injury, or result from steady overuse.
- **Shoulder Impingement:** The Acromion (edge of the scapula) presses on the rotator cuff as the arm is lifted. If inflammation or an injury in the rotator cuff is present, this impingement causes pain.
- **Shoulder Dislocation:** The Humerus or one of the other bones in the shoulder slips out of position. Raising the arm causes pain and a "popping" sensation if the shoulder is dislocated.
- **Shoulder Tendonitis:** Inflammation of one of the tendons in the shoulder's rotator cuff.
- **Shoulder Bursitis:** Inflammation of the bursa; the small sac of fluid that rests over the rotator cuff tendons. Symptoms include pain with overhead activities or pressure on the upper, outer arm.
- **Labral Tear:** An accident or overuse can cause a tear in the labrum, the cuff of cartilage that overlies the head of the Humerus. Most labral tears heal without requiring surgery.

Shoulder Tests:

- **(MRI Scan):** This scanner uses a high-powered magnet and a computer to create high-resolution images of the shoulder and surrounding structures.

- **(CT Scan):** A CT scanner takes multiple X-rays, and a computer creates detailed images of the shoulder.
- **Shoulder X-ray:** A plain X-ray film of the shoulder may show dislocation, Osteoarthritis or a fracture of the Humerus. X-ray films cannot diagnose muscle or tendon injuries.

Shoulder Treatments:

- **Shoulder Surgery:** Surgery is generally performed to help make the shoulder joint more stable. Shoulder surgery may be Arthroscopic (several small incisions) or open (large incision). In an Arthroscopic surgery, the surgeon makes small incisions in the shoulder and performs surgery through an endoscope (a flexible tube with a camera and tools on its end). Arthroscopic surgery requires less recovery time than open surgery.
- **Physical Therapy:** An exercise program can strengthen shoulder muscles and improve flexibility in the shoulder. Physical therapy is an effective, nonsurgical treatment for many shoulder conditions.

Strength:

Strengthening the muscles that support your shoulder will help keep your shoulder joint stable. Keeping these muscles strong can relieve shoulder pain and prevent further injury.

Flexibility:

Stretching the muscles that you strengthen is important for restoring range of motion and preventing injury. Gently stretching after strengthening exercises can help reduce muscle soreness and keep your muscles long and flexible.

Target Muscles:

The muscle groups targeted in this conditioning program include:

- Deltoids (front, back and over the shoulder)
- Trapezius muscles (upper back)
- Rhomboid muscles (upper back)
- Teres muscles (supporting the shoulder joint)
- Supraspinatus (supporting the shoulder joint)
- Infraspinatus (supporting the shoulder
- Subscapular (front of shoulder)
- Biceps (front of upper arm)
- Triceps (back of upper arm)

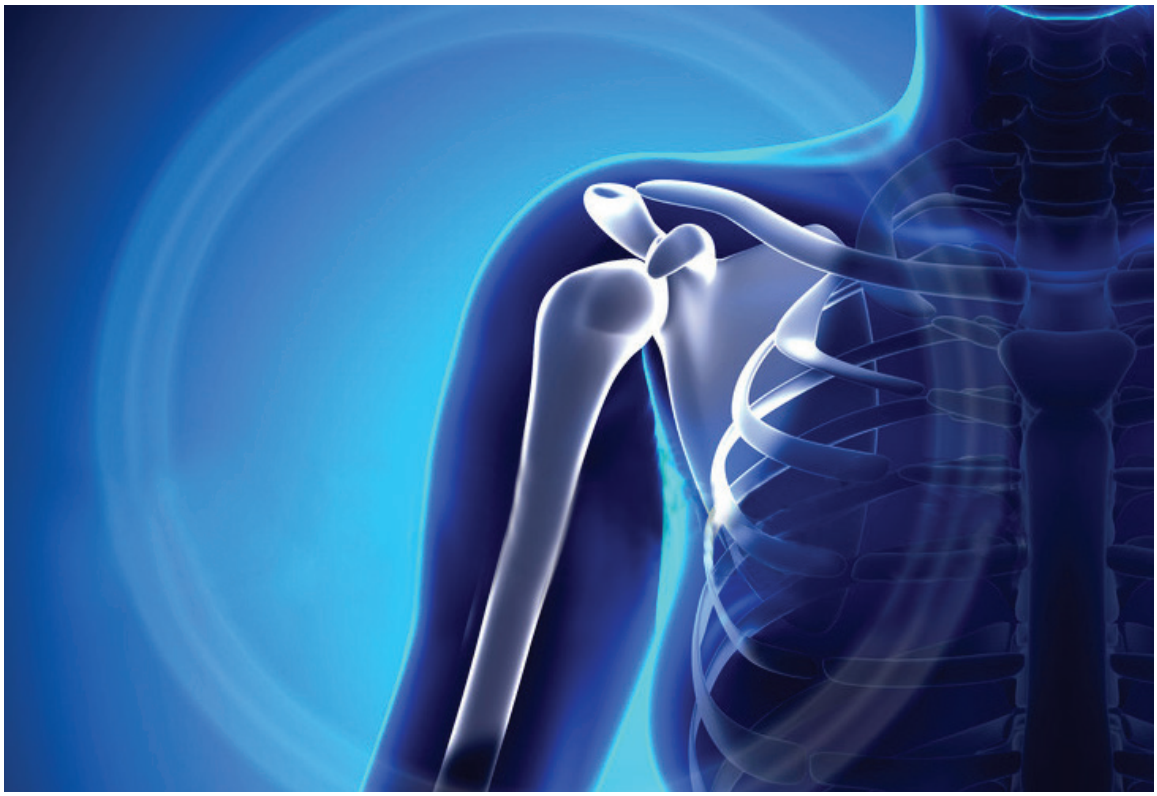
Pain Relievers:

- **RICE Therapy:** RICE stands for Rest, Ice, Compression (not usually necessary), and Elevation. RICE can improve pain and swelling of many shoulder injuries.
- **Corticosteroid (Cortisone) Injection:** A doctor injects cortisone into the shoulder, reducing the inflammation and pain caused by Bursitis or Arthritis. The effects of a cortisone injection can last several weeks.

Shoulder Replacement Indications:

Severe Osteo or Rheumatoid Arthritis where the predominant feature is pain.

	In Patient
Day 0	• Master sling with body belt or **Cold Compression sling** fitted in theatre • Finger, wrist and elbow movements • **Occupational Therapy**
Day 1 **Level 1 Exercises**	• Body belt removed • Axillary hygiene taught • Pendular exercises • Scapular setting • Passive flexion in the scapula plane as comfortable • External rotation to neutral • Discharge usually at day 1
	Out Patient
Day 5 - 3 weeks **Level 2 exercises**	• No resisted internal rotation or forced passive external rotation (reattached *subscapular is* muscle is vulnerable) • Begin passive abduction (maintain shoulder in IR) • Passive external rotation to neutral only • Active assisted flexion in supine and progress to sitting position as soon as the patient is able. • Progress to active when possible • Begin isometric strengthening of all muscle groups (except IR) • Remove sling as able • Functional reaching activities below 90 degrees
3 weeks + **Level 2 exercises**	• Encourage active movement into all ranges with some gentle self-stretching at the end of range. • Add isometric IR • Progress functional activities
6 Weeks + **Progress to Level 3 exercises**	• Progress strengthening through range • Regularly stretch the joint to the end of its available range • Soft tissue manipulation if required



Improvement continues for 18 months to 2 years and the patients should continue exercising until their maximum potential has been reached

Return to functional activities

- **Driving** — After 4 weeks
- **Swimming** — Breaststroke: 6 weeks
Free style: 12 weeks
- **Golf** — 3 Months
- **Lifting** — Light lifting can begin at 3 weeks.
Avoid lifting heavy items for 6 months.
- **Return to work** — Sedentary job: 6 weeks
Manual job: Guided by Surgeon

References

1. O'Sullivan. S. and Schmitz. T.,2011. Physical Rehabilitation. 5th Edition. F.A. Davis Company.
2. ShoulderDoc, 2015, Shoulder Replacement. [Online] Available at https://www.shoulderdoc.co.uk/article/16> [Accessed Dec 21, 2015]
3. Healthwise, 2014, Shoulder Replacement Surgery. [Online] Available http://www.webmd.com/arthritis/shoulder-replacement-surgery [Accessed Dec 21, 2015]
6. Porter. S., .2008, Tidy's Physiotherapy. 14th Edition. Elsevier Health Sciences.

Kulsum International Hospital does not only treat the illness but also encourages the wellness. KIH celebrated health week with the theme "Health is Happiness" in collaboration with Safa Gold Mall Islamabad from 5th to 8th November, 2015. A stall was placed in the mall to educate the community about different diseases and their remedies. Free blood sugar and blood pressure check of hundreds of visitors was done on the kiosk. Education material was also distributed for the education and future use of the visitors.

world diabetes day

According to World Health Organization (WHO), 80% of diabetes deaths are now occurring in low and middle income countries. This is an alarming figure for third world. To make people aware of this serious disease, KIH participated in an event organized by Center of Diabetes & Liver Diseases (CDLD) headed by Dr. Saleem Qureshi (HOD, KRL Hospital) in F-9 Park Islamabad on 14th November, 2015. A seminar was arranged where medical experts shared their knowledge and experiences with huge gathering of people from all walks of life. Ambassador of the campaign was Mr. Imran Abbas (Pakistani Actor). Honored Guests included Mr. Shoaib Suddle (Socialist) and Ms. Zeba Bakhtiar (Pakistani Actress).

Patient & Customer Services

One of the hallmarks of KIH is exceptional experience of its patients and customers. A training session was organized for development of customer care teams by KIH HR Department. Mr. Malik Nasir Nawaz, a well known trainer from healthcare sector, trained customer services teams. Key aims were effective communication and situation tackling in context to healthcare customer services.

New Consultants

Dr. Nadeem Rehman

Dr. Nadeem Rehman is a consultant Gastroenterologist and Hepatologist who has been trained in UK (London). He is an Interventional Gastroenterologist belonging to the elite group of UK endoscopists who have specialist accreditation to perform bowel cancer screening. He has wide range of experience of treating complex Hepatitis including Liver Transplant assessment and treatment of inflammatory bowel disease with conventional and biologic treatments. He is also establishing multidisciplinary services to treat inflammatory bowel disease and bariatric conditions to make KIH a centre of excellence.

Dr. Mamoon Qadir

Dr. Mamoon Qadir is a Cardiologist with 14 years of experience. He is FCPS, IMM (MCPS equivalent) & Gold Medalist in MBBS. He completed his membership in MRCP (UK) in 2009 and MRCPS (Glasgow) in 2009. He has passed British Heart Rhythm Society (BHRS) Accreditation Exam in Pacemakers and Devices in March 2015 and has recently submitted his log book to BHRS.

Dr. Dur-e-Shehwar Sikandar

Dr. Dur-e-Shehwar Sikandar is a consultant Dermatologist and Cosmetologist. She is MCPS and did her MD from PIMS (Pakistan Institute of Medical Sciences). She has also done training of Aesthetics from American Academy of Aesthetic Medicine (USA). In addition to the treatment of diseases of skin, hair and nail; she does her aesthetic practice in Botox, filters, lasers, chemical peels, Platelet Rich Plasma (PRP) for hair loss, whitening therapies and anti-aging therapies.

Dr. Yasmin Naqvi

Dr. Yasmin Naqvi is a certified Speech Language Pathologist and Therapist. She has an experience of 13 years in handling children with learning disabilities including Dyslexia, Autism, ADHD, Stammering, Stuttering and Impaired Speech. With an MS in Speech Language Pathology, she provides competent consultancy to Children with learning disabilities, hearing impairment, adults with speech language disorders, stroke patients with swallowing difficulties and compromised speech as well.

Accurate Diagnosis

Hallmarks

- ISO 2012 :15189, Accredited by Pakistan National Accreditation Council (PNAC), Ministry of Science & Technology, Government of Pakistan.
- Affiliation with CAP (College of American Pathologists) for proficiency testing.
- Domiciliary (Home Collection) Services.
- Third Party Evaluations for Quality Control.
- Renowned Faculty of Islamabad.
- Latest and automated analyzers.
- Blood Bank Accredited by Islamabad Blood Transfusion Authority, Ministry of Health.

LAB 011
15189

PNAC
Pakistan National Accreditation Council

COLLEGE of AMERICAN PATHOLOGISTS

IBTA

KULSUM LAB

KULSUM International Hospital

051-8446666
www.kih.com.pk
Kulsum Plaza, 2020 Blue Area
Jinnah Avenue, Islamabad, Pakistan