



M.P. SHAH HOSPITAL
A Legacy of Care

The **HEALTH TRACK**



**HOSPITAL NEWSLETTER,
ISSUE 2 2021**

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FROM THE Editor's Desk



Linet Mutheu

Brand Manager, Corporate Communications & PR.

2020 may have been the year that changed everything, but are we prepared for the new chapter of change we are now experiencing in 2021? What lessons can we borrow from last year and how could they possibly change the course of healthcare as we know it?

COVID-19 has stretched most healthcare facilities to their limits. This pandemic has opened up new ways of thinking, forcing leaders to adapt so as to meet an unprecedented need for patients care. We should already be changing to meet our patients' needs and leveraging new technology to improve patient experience.

At M.P. Shah Hospital, we have acknowledged this fact and are working hard to transform our services by incorporating new digital tools and services to improve our service delivery.

The healthcare field is changing and progressing at a rate like no other. Over the past year it has become more and more important to plan for the future in order to be better equipped for whatever may come along down the road.

The common belief is that we are all up to the task.

OUR Contributors

Eng. Millicent Aloo



Dr. Mariusz Marek



Dr. Saira Sokwalla



Terry Boke



Dr. Raj Dodia



Dr. Hussein Bagha



Dr. Tendwa Ongas



Dr. Wambui Wanyoike

Mum's Week

Teachers, friends, heroes.
Mums rule!



PINEAPPLE, Pizza & Pain

Dr. Raj Dodia

Consultant Obstetrician Gynecologist

They all shuffled into the office one after the other. The four of them. Quiet and apprehensive. I could tell they were here for the little girl. And she wasn't little from what I could see. She was 16 years of age and could look me in the eye without looking up. A tall, skinny figure. Arms crossed, and bespectacled eyes focussed on the floor. It was rather obvious that this was her first time at a gynaecologist's office. 'Good morning', I said. They all mumbled back their greetings.

It was true that they were here for the girl - I confirmed it using the appointment slip. I requested her father and her brother to excuse us, while I stayed with the mum and herself. All my rapport-building conversation had failed to make her look at me. Her mother expectantly stared at her while the silence from her corner persisted. Finally, her mother slowly shifted her gaze from her daughter to me and started telling me the story.

Bianca (name changed to protect privacy) had been unwell. She had not met her friends for almost 2 years and had lost at least 12 kg of weight in that time. All this because of the insufferable pain she was in during her menses.

She suffered constipation, with bouts of vomiting. This had made her stop eating regular food. The tricky bit was that she had not identified any food that would suit her. Well, that would explain her weight loss, I surmised. And what about the social behaviour, I asked the mum. She replied and said that Bianca would not go out in fear of the pain attacking at any moment.

Worse still, Bianca would get the heebie-jeebies just thinking about going out of the house and having a vomiting episode. Further history-taking did not bring to light anything significant.

There was still no eye contact from Bianca.

On the suggestion that I would need to examine her abdomen, Bianca broke her fixed stare on the imaginary dot on the floor and look towards her mum. With her eyes, the mum urged her on, reassuring her that everything would be ok. With her arms still crossed across her upper abdomen, Bianca got off her chair and scuffled on to the examination couch.

Still no eye contact.

The physical examination carried out in the presence of a chaperone did not reveal much. I had a rough idea of what may be causing this and I mentioned it to both of them. It was pertinent that I carry out a few tests before going to the more invasive diagnostic and potentially curative surgery that may be required. Her mother looked at me with a quiet desperate plea. Do anything, her eyes said - just give me back my daughter from 2 years ago.

By the next appointment, the father and son knew to stay outside of the appointment cubicle. There wasn't any space for all five of us inside there anyway. The results of the investigations were perused, and nothing abnormal had been found. They had gone through the online and printed information that I had given to them in the previous appointment.

They had concluded, as a family, that they would go ahead with the surgery. I went ahead and ensured that informed consent was gained from both Bianca and her mother.

Fast forward to the day of the operation. Bianca's slight figure made it easy to blindly enter the abdomen with the laparoscopic port's sharp obturator. The initial, systematic, scrutinizing survey revealed what I had been suspecting - thick adhesions enveloping her intestines and causing them to stick to each other and the side walls. I carefully cut through them to reveal what lay inside her pelvis. Bull's eye! Just behind her uterus was a spot of endometriosis.

Innocent-looking as they usually are, this lesion was a

small button-sized nodule that was growing into her pelvic sidewall. We managed to remove it adequately and sent the specimen to the laboratory for pathology to report on what they would see via huge microscopes. As we wound up the procedure, I secretly hoped that what we did would reduce her pain. The amount of endometriosis seen inside her did not directly correlate with how much pain her mother had complained of. I had even noticed a slouch in Bianca's posture when she would walk into the office - a slouch that was a consequence of chronically crossing her arms on her upper abdomen due to her soreness.

Scientifically, the quantity of endometriosis tissue may not correlate to the amount of pain that it would cause. Small amounts can cause debilitating, painful episodes while anatomically misconfiguring lesions may be found as incidental findings when patients are being operated on due to other reasons. Yet I hoped I had not missed any other obvious causes for her pain.

When I went to visit her the next day, there was a glimmer of a smile from her. A weak thank you escaped from her lips on her way out of the hospital.

The family of four came to visit us two weeks later. She had healed well. For the first time, she looked me in the eye and smiled. Her pain had reduced significantly, and she had managed to keep some of her favourite foods down in her stomach. After her

medical evaluation, I asked her to excuse her mother and me.

This is when I brought up the psychological effects of endometriosis. Her mother was counselled regarding how endometriosis can cause significant psychological sickness, and how best to deal with the situation.

Two months later, as I walked into the clinic, I saw the mother and daughter in the waiting area. I figured that Bianca's father and brother had started trusting me. As their turn to be seen came up, I called out Bianca's name. Lo and behold, in frolicked a happy 16-year-old girl.

By herself!

We had a good chat. She told me about how she had started making new friends in her neighbourhood after she started going out for short walks with her brother. She had a new favourite food - pineapple pizza! And she pinched her waistline to show me how she had put on some weight. After the consultation, I walked her out to the waiting area where her mum had been seated patiently. We exchanged pleasantries, and I handed her daughter back to her - how she was 2 years ago plus a few kilos!

Her mum beamed a grateful smile back. On my way back to the office, a small prayer of thankfulness escaped me - this was a battle won in the war against endometriosis. May I be always guided, oh Almighty. Thank you.





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1 in 10 women suffer from endometriosis globally.

**Don't suffer in silence.
Get diagnosed and
treated today.**



BREAST Clinic



Dr. Mariusz Marek

Consultant Oncoplastic Breast Surgeon

Pioneers in Breast Cancer Surgeries

M.P. Shah Hospital Pioneers the Use of The Sentimag® Guidance System In Breast Cancer Surgery, Providing the Most Modern & Innovative Solutions to Cancer Treatment in East Africa

Since October 2019, with the appointment of Consultant Oncoplastic Breast Surgeon Dr Marek Ostrowski, the Breast Unit at M.P. Shah Hospital has become a regional centre for breast cancer care. For the first time in East Africa, the hospital has been pioneering the use of the Sentimag® Guidance System for lymph node and cancer localisation during surgery.

Lymph Node Surgery for Breast Cancer

A lymph node is part of the lymphatic system. This is a network of thin tubes (vessels) and nodes that carry a clear fluid called lymph around the body. This is an important part of the immune system. It plays a role in fighting infection and destroying old or abnormal cells, including cancer. The nodes are bean-shaped structures that filter the lymph fluid and trap bacteria and viruses, and cancer cells.

If breast cancer spreads, it typically goes first to nearby lymph nodes under the arm. Therefore, assessment of the lymph nodes is essential in the treatment of breast cancer. To help find out if cancer has spread outside the breast, one or more of the lymph nodes under the arm (axillary lymph nodes) are removed and checked in the lab. Anyone with invasive breast cancer will have the lymph nodes under the arm assessed. The outcome of this will help the treatment team recommend which treatments are best.

Sentinel lymph node biopsy (SLNB) is the

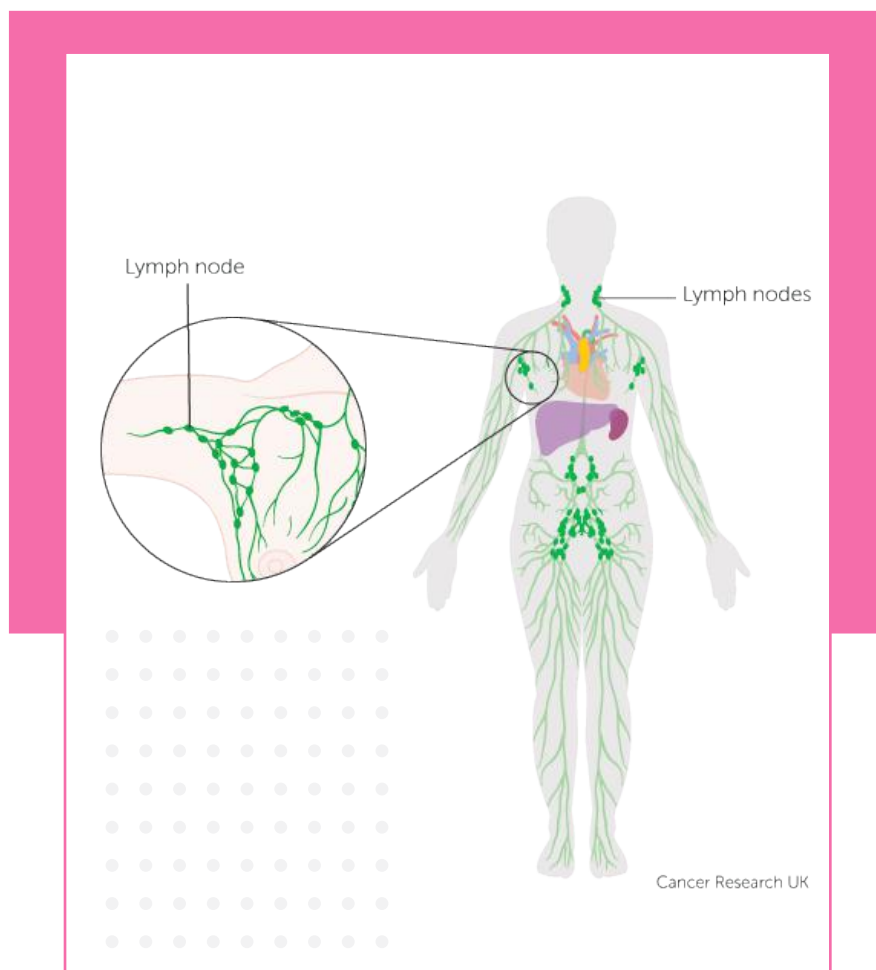
most common and least invasive way. Lymph node surgery is often done as part of the main surgery to remove breast cancer, but in some cases, it might be done as a separate operation.

What is sentinel node?

Historically, all of the axillary lymph nodes were removed (in an operation called axillary lymph node dissection, or ALND) in women diagnosed with breast cancer. This was done for two reasons: to help stage breast cancer and to help prevent a regional recurrence of the disease. However, because removing multiple lymph nodes at the same time increases the risk of harmful side effects, guidelines recommend the removal of the sentinel lymph nodes only.

Sentinel lymph node biopsy

In a sentinel lymph node biopsy (SLNB), the surgeon finds and removes the first lymph node(s) to which a tumour is likely to spread (called the sentinel nodes). To do this,



usually, the surgeon injects a radioactive and a blue dye into the area around the tumour. Lymphatic vessels will carry these substances along the same path that the cancer would take. The sentinel node will be the first lymph node(s) the substances travel to. Sentinel node biopsy reduces the possible long-term effect of lymph node surgery such as swelling in the arm or chest called lymphedema.

M.P. Shah is the first hospital in the region to use the Sentimag® guidance system and the innovative Magtrace® lymphatic tracer, a liquid that provides a flexible and accurate way to detect sentinel lymph nodes. It offers patients the highest standard of breast cancer staging without the need for radioactivity and blue dyes.

The Sentimag® Guidance System allows medical professionals to mark small breast cancers or cancerous lumps before neoadjuvant chemotherapy. The Magseed® marker is a tiny seed designed to accurately mark the site of cancer and help with its removal in surgery.

Detected by the Sentimag localisation system and indicated for long-term implantation in any soft tissue, it enables more flexible and precise tumour localisation during surgery. The Magseed® marker can be placed days, weeks or months ahead of surgery. The procedure is very simple and can often be completed in a matter of minutes.

M.P. Shah Hospital is at the forefront in delivering best in class breast cancer care in Kenya and the East Africa Region.



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ACUTE KIDNEY INJURY

In Critically Ill COVID-19 Patients

Dr. Hussein M. Bagha

Consultant physician and Nephrologist

Introduction

COVID-19 is an infectious disease caused by the novel coronavirus SARS-CoV-2. Coronaviruses are enveloped positive-stranded RNA viruses. The corona virus that causes COVID-19 is a beta corona virus in the same sub genus as the severe acute respiratory distress syndrome (SARS) virus.

The first case reports of a novel corona virus causing pneumonia was reported in December 2019, in Wuhan, a city in the Hubei province of China. It rapidly spread in China leading to an epidemic followed by a global pandemic. Worldwide, over 120 million cases of COVID-19 have been reported with more than 2.5 million deaths. The spectrum of symptomatic infections range from mild to critical, with majority of infections being mild. In a report from the Chinese Centre for disease Control and Prevention that included 44,500 confirmed cases of COVID-19 infection, 81% had mild disease and 5% had critical disease with respiratory failure, shock or multi-organ dysfunction¹.

COVID-19 mainly affects the respiratory tract but other organs may be involved especially the kidney. Initial reports indicated that the rates of acute kidney injury in patients with COVID-19 disease were minimal². However, growing evidence shows that the acute kidney injury is prevalent especially with COVID-19 disease³. The reported rates of AKI among COVID-19 patients range from 20% to

50%⁴. COVID-19 patients who develop acute kidney injury tend to have more adverse outcomes including prolonged length of stay as well as increased mortality.

The incidence of acute kidney injury in patients with COVID-19 is not well described in Sub-Saharan Africa. We

assessed the incidence and clinical characteristics of COVID-19 patients developing AKI in a critical care unit at a private hospital.

Methodology

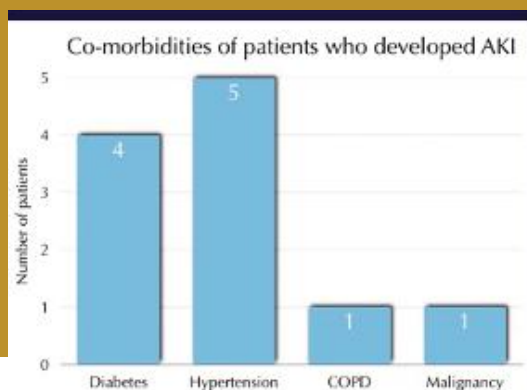
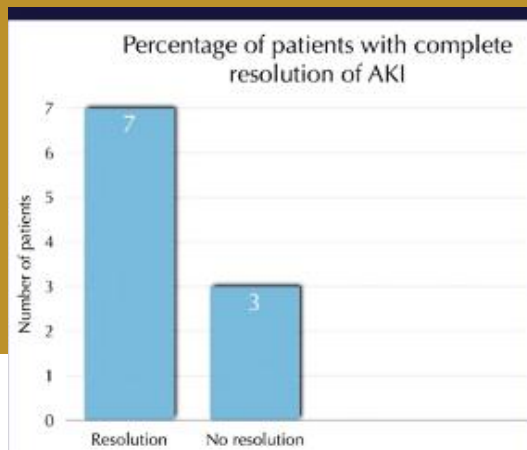
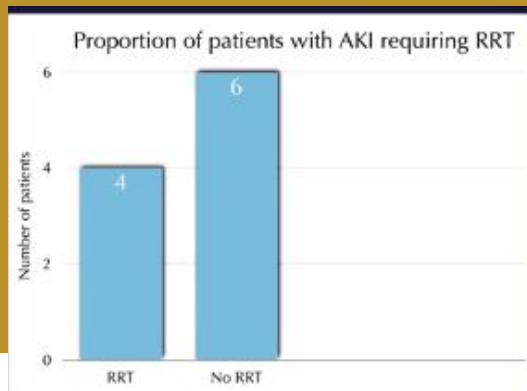
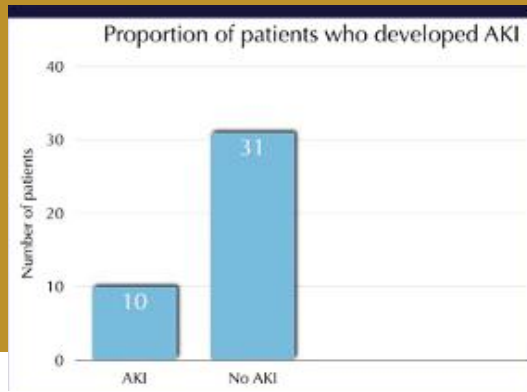
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Figures

Table of baseline characteristics of patients admitted to the ICU with COVID-19

		Number of patients	Percentage of patients
Gender	Male	28	68.3%
	Female	13	31.7%
Age	<20 years	0	-
	20-40 years	2	4.9%
	40-60 years	25	61.0%
	>60 years	14	34.1%
Co-morbidities	Diabetes	19	46.3%
	Hypertension	20	48.0%
	Asthma/COPD	4	9.7%
	HIV	2	4.9%
	Malignancy	1	2.4%



Results

At the end of the study period, 157 cases of COVID-19 were admitted at the hospital. A total of 41 patients were admitted to the critical care unit. 10 (24.4%) patients developed acute kidney injury. 8 (80%) of those were males and 2 (20%) were female.

The mean age of the patients who developed AKI was 57.7 years while the median age was 58.5 years. 6 (60%) of the patients who developed AKI were aged between 40 to 60 years while 4 (40%) of the patients were older than 60 years.

Majority of the patients (90%) had pre-existing diabetes mellitus and systemic arterial hypertension. 4 (40%) with AKI required renal replacement therapy. 7 (70%) patients had complete resolution of the acute kidney injury.

The mortality was 50% in patients who had AKI. 2 (20%) of the patients who had complete resolution of the acute kidney injury still died from COVID-19 disease.

Conclusion

The incidence of acute kidney injury is high in patients who develop critical COVID-19 disease. The mortality is also significantly higher in COVID-19 patients who develop AKI compared to those who did not develop acute kidney injury even after resolution of AKI.

A large proportion of patients developing AKI secondary to COVID-19 require renal replacement therapy. Patients with critical COVID-19 should be monitored closely for acute kidney injury.

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DIABETES and fasting

Dr. Saira Sokwalla
Consultant Endocrinologist

Ramadan fasting and diabetes: a challenge and an opportunity?

The Holy Quran says: "O you who believe! Fasting is prescribed to you as it was prescribed to those before you so that you may attain self-restraint..."(1) and "Whoever witnesses the month (of Ramadan) then he/she should fast. But, if any of you is ill or travelling – then he or she is exempted from fasting..."

Ramadan is the 9th month of the Islamic, lunar calendar and the daylight fasting associated with it is amongst the 5 pillars of Islam. Fasting in Ramadan is compulsory for all healthy adult people of sane mind and followers must restrain not only from food, but also sexual activity, smoking, other evils and oral medications. Spiritual rewards for good deeds are multiplied during Ramadan, thus the intense desire to fast, even among those who could seek exemption e.g. the elderly, children, the infirm, and pregnant women. As of 2015 (2), there are 1.8 billion Muslims in the world, Islam is the 2nd largest and the fastest-growing religion. Out of these, in studies done, it is estimated that up to 79% (142 million) may fast during the month of Ramadan.

Diabetes affects about 463 million adults worldwide and is expected to increase to 700 million by 2045 (3). A significant proportion of people with diabetes are Muslims and 42.8% of Muslims with Type 1 diabetes, 78.7% of those with type 2 diabetes fast during Ramadan (4). Although there are spiritual benefits associated with Ramadan fasting, not all people are recommended to fast for the timing entailed. According to the holy Quran, there are exemptions for those who can either pay back the fast during

non-Ramadan days e.g pregnancy, menstruating females, travellers and sick. There are also exemptions for those who cannot fast at all including: elderly, chronically ill and mentally incapacitated adults, who have to pay compensation in form of food for the days of missed fasting during Ramadhan.

For people with diabetes, there could be serious risks associated with fasting, including frequent episodes of very low sugars (hypoglycemia), high sugars (hyperglycemia), dehydration and formation of blood clots. There are 3 risk categories for people with diabetes based on safety and dangers involved (table 1). Risk stratification is done based on various risk factors, which are included in a risk calculator provided by the International Diabetes Federation- Diabetes and Ramadan Guidelines (5).

Table 1: Elements For Risk Calculation And Suggested Risk Score For People With Diabetes Mellitus (DM) That Seek To Fast During Ramadan

Risk Element	Risk Score	Risk Element	Risk Score
1. Diabetes type and duration		7. Pregnancy	
Type 1 diabetes	1	Pregnant not within targets	4
Type 2 diabetes	0	Pregnant within targets	2
A duration of ≥ 10	1	Not pregnant	0
A duration of < 10	0	8. Frailty and Cognitive function	
2. Presence of hypoglycaemia		Impaired cognitive function	4
Hypoglycaemia unawareness	5	Frail	3
Recurrent/severe hypoglycaemia	4	> 70 years old with no home support	1
Daily mild hypoglycaemia	3	No frailty or loss in cognitive function	0
Hypoglycaemia 2-6 times per week	2	9. Physical Labour	
Hypoglycaemia less than 1 time per week	1	Intense physical labour	1
No hypoglycaemia	0	No physical labour	0
3. Characteristics of glycaemic control		10. Previous Ramadan Experience	
HbA1c levels ≥ 9% (11.7 mmol/L)	2	Overall negative experience	1
HbA1c levels 7.5-9% (9.4-11.7 mmol/L)	1	No negative or positive experience	0
HbA1c levels < 7.5% (9.4 mmol/L)	0	11. Fasting hours (location)	
4. Self-Monitoring of Blood Glucose (SMBG)		≥ 16 hours	1
Indicated but not conducted	2	< 16 hours	0
Indicated but conducted suboptimally	1	12. Diabetes treatment	
Conducted as indicated	0	Multiple daily mixed insulin injections	3
5. Acute complications		Basal/Basal/insulin pump	2.5
DKA/ HONC in the last 3 months	3	Once daily Mixed insulin	2
DKA/ HONC in the last 6 months	2	Basal/insulin	1.5
DKA/ HONC in the last 12 months	1	Glibenclamide	1
No DKA or HONC	0	Gliclazide/MII or Glimperide or Ipegargenide	0.5
6. Chronic Complications/Comorbidities		Other therapy not including SU or Insulin	0
Unstable angina/Heart failure/eGFR < 30 mL/min	6		
eGFR 30-45 mL/min	4		
Stable CVD/eGFR 45-60 mL/min	2		
No CVD and normal eGFR	0		



FIGURE 1
Risk score and risk categories

Based on the risk scoring, medical and religious recommendations for fasting in Ramadan are as follows (table 2):

Risk score/level	Medical Recommendations	Religious Recommendations
LOW RISK 0-3 points	Fasting is safe	1. Fasting is obligatory 2. Advise not to fast due to the physical burden of fasting or needing to take medication or food or drink during fasting hours
MODERATE RISK 3.5-4 points	1. Medical Evaluation 2. Medication adjustment 3. Strict monitoring	1. Fasting is preferred but patients may choose not to fast if concerned about their health after consulting the doctor and taking into account the full medical circumstances and patient own previous experience. 2. If patient fast, they must follow medical recommendations including regular blood glucose monitoring
HIGH RISK >4 points	Advise against fasting	Advise against fasting

If you have diabetes of any type, it is highly recommended that you see your doctor and multidisciplinary diabetes team at least 4-8 weeks before Ramadan to be advised on which risk category you fall under and if you do intend to fast, how you can be assisted. You will be educated on 6 crucial areas including:



1. Risk assessment: as above
2. Self glucose monitoring- how frequently and when to do it. In those under the high-risk category who intend to fast, glucose monitoring must be done up to 6 times a day, and whenever they feel unwell. For those who are in the moderate/low-risk category, 2-3 readings a day are usually sufficient. You need to be clear on your target glucose ranges during different times.
3. Nutrition- people feel intense hunger close to sunset and tend to eat heavy meals, usually with high carbohydrate and high-fat content. It is important to get appropriate advice from your doctor and nutritionist on how to adjust your diet during Ramadhan. Basic rules include:
 - a. Divide calories between dawn meal (suhour) and evening meal (iftar) with a small percentage of snacks in between
 - b. Ensure well-balanced meals: 45-50% carbohydrate, 20-30% protein, less than 35% fat
 - c. Include high fibre foods e.g granary bread, beans, rice.
 - d. Include plenty of vegetables and salads, with some fruits
 - e. Minimize high-fat foods e.g, ghee, samosa,

- f. 'pakoras', 'vitumbwa', packed potatoes, bhajias, etc
 - f. Avoid sugary desserts
 - g. Use a small amount of oil while cooking e.g olive, canola or rapeseed oil.
 - h. Keep hydrated with water and unsweetened beverages, avoid caffeinated and sweetened drinks
 - i. Eat no more than 1-2 dates per meal.
4. Exercise- individuals with diabetes are recommended a minimum of 150 minutes of physical activity per day. During Ramadan, the Taraweh prayer counts as part of exercise, thus depending on duration spent in prayer, additional exercise may or may not be necessary.
 5. Medication adjustment- you need to discuss how you should adjust your medicines with your diabetes team during Ramadan if you are intending to fast. Significant dose and timing adjustments need to be made especially for those on insulin injections.
 6. When to break your fast- if you have blood sugar below 3.9 mmol/l (<70mg/dl), above 16.6mmol/L (>300 mg/dl) or have symptoms of low or high sugars, dehydration or any illness occurring, you should immediately break your fast and seek help as necessary.

There is an App available online (DaR SaFa App) for guiding people living with Diabetes on safe fasting in the month of Ramadan.

A very important message for all people with diabetes is that even after Ramadan, ensure you adhere to the advice provided by your diabetes team, particularly during the Eid-ul-Fitr celebrations. You must follow up with your team after Ramadan since your medication needs to change to pre- Ramadhan doses and frequencies. If you can fast during this Ramadan, it is not definite that you will be able to fast in subsequent years, therefore you should seek advice before each fasting period.

In conclusion, Ramadan provides Muslims with an excellent opportunity to achieve intense spiritual heights, and although the major association is with fasting, people with diabetes need to understand that they can have exemptions yet achieve the same spiritual satisfaction, (if not more) by engaging in other activities including prayers, charity, keeping off evils etc. It is crucial to seek medical advice before embarking on fasting in Ramadan to stay safe and be assisted if you do intend to fast.

Finally, the Lions Diabetes Care Centers at both M.P. Shah Hospital and Lions SightFirst Eye hospital, have been providing free diabetes education using Ramadan Education tools every day from 10.00 am to 12.00 noon, a month before and during Ramadan. You can come with your families and take advantage of this opportunity for a safe and blessed Ramadan. Please call 0204291365 for more details.

Ramadan Kareem!

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DAWA TEA

Origin and Benefits

Dr. Tendwa

Medical Officer

Dawa tea origin and benefits

Dawa means 'Medicine' in Kiswahili. If you're looking for a warm, relaxing drink with health benefits and a strong taste, Dawa tea may be for you. It's a favourite among herbal tea drinkers people have been drinking lemon ginger tea for hundreds if not thousands of years. Ginger is a member of the same plant family as cardamom and turmeric. It originated in China and

India, where it was used as a tonic that was believed to have healing abilities. In medieval times, the spice trade carried ginger to Europe, where it was even used in candies.

Since then, ginger has been used as a condiment in numerous forms, including fresh, dried, pickled, crystallized, powdered, or ground.

Lemons are well known around the world for their sharp, sour flavour and for being an excellent source of vitamin C and antioxidants. Lemons have been used both as a flavouring and as a main ingredient in many teas.

Together, the sour flavour of lemon and bitter tartness of ginger combine into a tea with a crisp, sharp flavour and with many health benefits such as;

Relief from Nausea

People have used ginger to treat gastrointestinal (stomach-related) complaints since ancient times, and it has been used to give relief for nausea, vomiting, and indigestion. Clinical studies have shown that ginger in its many forms — including lemon ginger tea — is an effective treatment for nausea and vomiting — even resulting from pregnancy and chemotherapy.

Improved Immunity

Lemon is a rich source of vitamin C and antioxidants, both of which have immunity-boosting properties. Ginger also has immunity-boosting properties and can guard against some bacteria.

Pain Relief

Lemon ginger tea can help reduce pain associated with inflammation, arthritis, and even headaches. Some people enjoy drinking a cup of lemon ginger tea to relieve muscle soreness after a good workout or for relief from menstrual pain.

Nutrition

Lemon and ginger are normally good sources of vitamin C, antioxidants, fibre, vitamin B-6, magnesium, and potassium. However, dehydrating and boiling the ingredients tends to remove these nutrients, leaving only small amounts in the final tea.

Possible Side Effects

Both lemon and ginger are recognized by the Food and Drug Administration as "generally safe." However, ginger can cause some blood thinning, so you should check with your doctor before taking it if you are using medication like warfarin or other blood thinners. Lemons increase the acidic content in your stomach worsening hyperacidity and gastritis.

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Gastroenterology Research Practices: "Ginger and Its Constituents: Role in Prevention and Treatment of Gastrointestinal Cancer."

Metabolism: "Ginger consumption enhances the thermic effect of food and promotes feelings of satiety without affecting metabolic and hormonal parameters in overweight men: A pilot study."

Mini-Reviews in Medical Chemistry: "Ascorbic acid: its role in immune system and chronic inflammation diseases."

Nutrition Journal: "A systematic review and meta-analysis of the effect and safety of ginger in the treatment of pregnancy-associated nausea and vomiting."

Nutrition Research: "Lemon detox diet reduced body fat, insulin resistance, and serum hs-CRP level without hematological changes in overweight Korean women."

Seminars in Oncology: "Cancer prevention with natural compounds."

Journal of Contemporary Dental Practice: "Antimicrobial Effect of Ginger, Garlic, Honey, and Lemon Extracts on Streptococcus mutans."



YOUR BABY'S Vaccination

Dr. Wambui Wanyoike
Consultant Paediatrician

Let's walk with you today as you vaccinate your child...

Anne is on her way to her baby's 6-week hospital review. She made sure to make a morning appointment 3 days ahead and scheduled it for 10 am. This is usually the only time baby Zac is in a good mood after his mid-morning nap. Despite getting to the well-baby centre well ahead of time, vaccination booklet in hand and insurance card within reach, she still feels quite anxious about the visit. Anne and I will be meeting for the 1st time since baby Zac's birth. He is due for his 6-week vaccines.

Soon after registration, I call Anne and baby Zac into the consultation room. While exchanging pleasantries, I help her settle into the room and she hands over Zac's vaccine booklet. She lets out a sigh and explains her anxiety about today's visit. She is afraid her baby will cry after receiving the vaccine and recalls her firstborn child, Mary, had a fever after one vaccine session. She doesn't recall giving any medication but Mary had been fussy for about a day. She is also feeling overwhelmed about the information she has been reading on social media about vaccines and would like to clarify a few things with a health care provider.

I am glad Anne has come in for a well-baby review and brought Zac in for vaccination despite her reservations. This visit is a great opportunity to address any concerns and demystify any myths and clear misinformation around vaccines.

We start from the very beginning...

Vaccines boost our immunity protecting us from vaccine-preventable illnesses. Examples of vaccine-preventable diseases include polio, tuberculosis, hepatitis B, rotavirus, pneumonia, measles, mumps, rubella, whooping cough, influenza, tetanus, chickenpox, meningitis, cholera, just to name a few.

Anne is clearly overwhelmed by all these illnesses.

"How can I protect Zac from all these illnesses in good time?" She wonders out loud.

So we open up Zac's vaccination booklet and we go through the routine vaccination schedule together. The Kenya vaccination schedule starts shortly after birth and runs through to 5 years of age. Some are given in repeated doses while others have booster doses as baby grows. During one visit, baby will usually get more than one vaccine. Something to remember is that

vaccine schedules will vary from one country to another based on the diseases they are exposed to.

Anne seems to have a troubling thought in her mind which rolls off her tongue before she realizes it. "Zac's arms are so small, how will you give the vaccines?"

She exclaims. So I explain that some vaccines come

in an oral formulation that baby takes by mouth, while other vaccines are given as injections usually in a large muscle. For babies under the age of one, injections are given in the thigh and for children above the age of one, the injection can either be in the thigh or upper arm, usually depending on their build.

She raises a concern about pain and crying during the vaccine and if she should expect Zac to have a fever after the vaccine is given. She recalls her firstborn, Mary, had a bit of fever and fussiness after her first



vaccines. I reassure Anne that yes, baby will have some slight pain at the injection site and may cry a bit during vaccination but encourage her to carry him and may even breastfeed once the vaccine is done to help soothe him. I reassure her that the crying doesn't usually last too long. Fever and fussiness along with pain and reddening at the injection site are mild side effects of vaccines and usually resolve in a day or two. I encourage her to use simple techniques such as removing Zac's clothes if he develops a fever and to call a health care provider before administering any medication. She can give Zac his routine bath today with care not to rub, massage or apply topical medications or herbal ointments onto the injection site.

Once Anne is comfortable and ready for us to vaccinate, we then move to the hospital couch and proceed with examining Zac who has grown significantly since we last met in the maternity ward 6 weeks ago. After taking his weight and height measurements, we then proceed to vaccinate Zac. He lets out a brief cry before going back to sleep in mummy's arm like nothing happened. "Now that wasn't so bad, was it mum?" And Anne laughs.

As Anne dresses Zac up snugly into his onesie, she squeezes in a 'free consultation'. Mary just turned two and started attending playgroup. She seems to have recurrent flu and even missed a few days of playgroup. Anne has tried all sorts of home remedies but nothing seems to work. I reassure Anne that this is expected during the school term and she should continue boosting her immunity with nutritious foods. She should also consider the flu vaccine. I check my calendar and notice there is a scheduled rollout of the flu vaccination

in schools next week as children resume school after the pandemic. It aims to capture special groups of children with low immunity due to diseases such as cancer and sickle cell, at-risk children like asthmatic and those who missed vaccines during the pandemic. I offer her the option to get Mary vaccinated during the drive.

On further discussion, I realize Mary seems to have missed several vaccines including Hepatitis A, Cholera and her booster doses for polio, meningitis, measles and chickenpox amongst others. Anne explains she was too scared to step out of the house, especially with the children, during the COVID-19 pandemic. We then go ahead and map out an age-appropriate catch-up vaccine schedule for Mary which we can start during her next well-child visit.

Just as Anne is about to get up and leave, she inquires if she needs to vaccinate her children before their trip out of the country during the Easter break. Once we identify her destination, we discuss the appropriate travel vaccines required and book Mary in for a yellow fever vaccine. I explain that Zac is still too young to receive the vaccine and will require a letter of exemption for travel purposes.

I acknowledge Anne's reservations and applaud her for seeking out accurate information for the well-being of her children Mary and Zac. We schedule the next appointment date and Anne leaves the clinic. Do you still have questions or reservations about your child's vaccine schedule? Feel free to come in and talk to us as we continue to keep your child's safety and health our number one priority.





M.P. SHAH HOSPITAL
A Legacy of Care



WORLD IMMUNIZATION WEEK

THEME:

VACCINES BRING US CLOSER.

24TH – 30TH APRIL 2021.

#VACCINESWORK

DIABETES CARE CENTRE
VEGETARIAN
RECIPE CARD

SUKUMA WIKI
CASHEW SALAD



Nutrition Facts

Nutrition Value

Kcal 373	Total Carbs 27.47g	Protein 11.86g
Total Fat 24.33g		Fibre 5.3g

SOURCE: Phyllis Maleche (2011). *Delicious Kenya: Cookbook 1, Home sweet home books, Imagemate.*

SERVES 4-6

Ingredients

- 1 bunch Sukuma wiki (about 3 handfuls when finely chopped)
- ½ Cup cashew nuts
- A handful pitted black olives (with stones removed)
- 2 medium size carrots, grated
- 1 large onion cut into thin strips
- ½ Cup sun-dried tomatoes, chopped into bite size pieces (substitute with fresh tomatoes)
- 1 Cup tinned tomatoes
- 1 tablespoon oil
- Juice of one lemon
- Salt to taste
- Black pepper to taste



M.P. SHAH HOSPITAL
A Legacy of Care



Lions SightFirst Eye Hospital



SUKUMA WIKI CASHEW SALAD

Instructions



1. Wash the Sukuma wiki thoroughly, drain excess water and chop into thin small strips. Place in a large bowl and add the oil.
2. Cook the Sukuma wiki lightly for 2 minutes.
3. Add lemon juice, salt and pepper.
4. Mix well. (Use hands to toss the greens and squeeze them a little bit). This ensures that the salt really gets into them and makes them soften.
5. Add grated carrots, onions and dried tomatoes.
6. Add the olives (chop the olives if desired) and sprinkle in cashew nuts.
7. Finally pour in the canned tomatoes and mix thoroughly. Cover and leave in the fridge overnight.



M.P. SHAH HOSPITAL
A Legacy of Care



Lions SightFirst Eye Hospital



BLOOD Donation Drive

Terry Boke

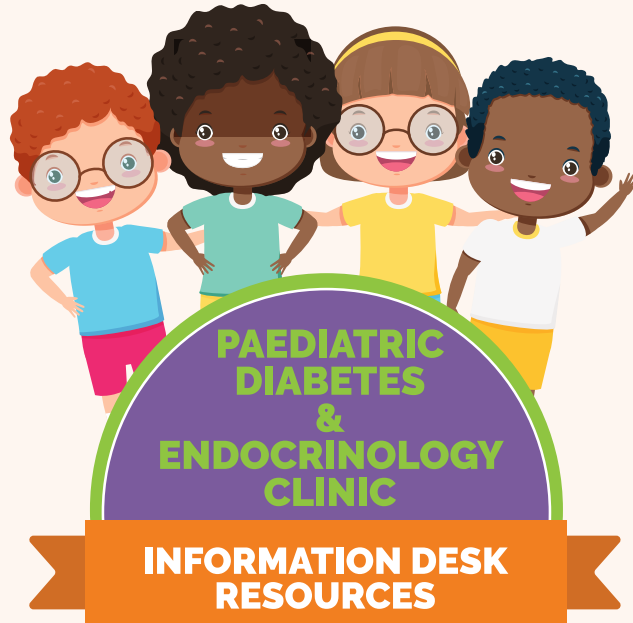
Sunday 25th April 2021 saw a huge gathering of selfless members of The Kenya Tour Driver Guides Association who turned up at M.P. Shah Hospital to donate blood. This initiative was in partnership with Team Pankaj, a group of humanitarians who have been in the forefront to mobilize resources towards the support of families and individuals who have been greatly affected by the COVID-19 pandemic in the country.

The safari guides were able to donate a total of 101 pints of blood to help with the patients who require the supply, as the country suffers low blood supplies.

This has been made worse by the COVID-19 pandemic. In attendance was Dr. Manoj Shah the hospital board chairman, Dr. Toseef Din the hospital CEO, Dr. Vishal Patel the Hospital Medical Director and Mr Nicholas Kiritu, the Chairman of The Kenya Tour Driver Guides Association (KTDGA). Mr Pankaj Shah gracefully coordinated this activity with his team.

The drivers and guides who took part in this drive were encouraged to get vaccinated to ensure compliance with the government directives, as they look forward to the re-opening of the industry.





Our Children's hospital Paediatric clinic offers comprehensive evaluation, treatment, education, management and care to children with Diabetes and endocrine disorders.

Our clinic provides expert diagnosis, treatment and management of Type 1 and Type 2 diabetes as well as endocrine conditions for children of all ages.

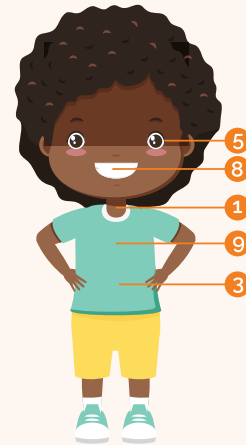
WHAT IS DIABETES?

Diabetes mellitus is a condition which affects your body's ability to produce or use insulin. Insulin is a hormone produced by the pancreas. It helps to control blood sugar by enabling the cells of the body to take in glucose from the blood.

There are many types of Diabetes. The most common types are type 1 and type 2 Diabetes.

Type 1 Diabetes is commonly diagnosed in children and teenagers.

In Type 1 Diabetes, the pancreas, does not produce insulin. This causes the amount of blood glucose/sugar to be high.



SIGNS AND SYMPTOMS OF DIABETES

- Increased thirst** (For breastfeeding babies, it may appear as if breast milk is not sufficient)
- Frequent urination** (For babies, they may require more than usual diaper changes. Bedwetting may also occur in previously toilet trained children)
- Extreme hunger**
- Fatigue**
- Blurred vision**
- Unexplained weight loss** (For babies, not gaining weight is a common occurrence)
- Irritability**
- Fruity breath from the mouth**
- In extreme cases, laboured breathing may occur**

SEE YOUR DOCTOR IF:



You are due for your appointment



You are feeling unwell



You have abdominal pain/vomiting



Your blood sugar level is persistently above 13.0mmol/L



You have Ketones in your blood



You are sick and can't keep any food or fluids down



Your blood glucose levels are persistently above 13.3 mmol/L



Children's@
M.P. SHAH HOSPITAL



Lions SightFirst Eye Hospital



PAEDIATRIC DIABETES CLINIC NOW OPEN



M.P. Shah Children's Hospital, 2nd floor



Every Friday



2:00 pm to 4:30 pm



clinics@mpshahhosp.org



Bookings at: 020 429 1000 / 722



LIST Of Services

LIST OF SERVICES AT M.P. SHAH HOSPITAL.

1. Pregnancy Care
2. Psychosocial Support
3. Ear, Nose & Throat Care
4. Physiotherapy
5. Dental Care
6. Counselling/Psychotherapy
7. Haematology Clinic
8. Cancer Care
9. Diabetes Care
10. Breast Clinic
11. Kidney/Renal Care
12. Orthopedic Care
13. Ophthalmology (Eye Clinic)
14. Cardiac Centre/Cath Lab
15. Children's Hospital
16. Waridi Women's Health & Wellness Centre
17. Inpatient (Admissions)
18. Casualty (Accident & Emergency (A&E))
19. Dermatology & Venereology
20. Gynaecology & Pelvic Health Clinic
21. Pharmacy
22. Laboratory
23. Surgery
24. Radiology, MRI, CT Scan, X-Ray, Ultrasound

NEW SERVICES

1. Comprehensive Infectious Diseases Clinic (CIDC)
2. Paediatric Diabetes & Endocrinology Clinic
3. Homebased Care

MEDICAL

Oxygen supply

Eng. Millicet

M.P. Shah Hospital has 24 hour/7 days a week supply of oxygen. To ensure that there is no failure of medical oxygen, the hospital has invested heavily in the utilities which are used in the below order of priority:

1. Oxygen plant
2. VIE (liquid oxygen tank)
3. Oxygen manifolds

1 . Oxygen Plant

The oxygen plant is the hospital's 1st source of oxygen supply. It is a system designed to generate oxygen by typically separating oxygen from other components of air using pressure swing absorption (PSA) or membrane separation techniques. This oxygen plant produces between 93- 95% purity of oxygen at a capacity of 500L/min.

2. VIE (Vacuum Insulated Evaporator)

The VIE tank is the hospital's 2nd source of oxygen supply.

VIE is commonly known as an Oxygen Liquid Tank is a special pressurized vessel for storing oxygen in liquid form with a purity of 99%. Oxygen is expended as needed, passed through a vaporizer and turned into a gas before it goes to individual wards.

M.P. Shah Hospital has one recently installed VIE tank of capacity 3000 litres but is expecting a 6000-litre size in the next couple of months to replace the former.

3. Oxygen Manifolds

Oxygen manifold is the hospital's 3rd source of supply. M.P. Shah Hospital has three manifolds that carry a total number of 28 cylinders (size

8.5 cubic meters) with 99% oxygen purity. An oxygen manifold is a group of gas cylinders used to supply oxygen to the wards via a controlled pipeline. Whereby cylinders are connected into duty (primary) and standby (secondary). Oxygen is first used up from the primary with gas being expended equally from all cylinders as they are connected in parallel through a common outlet. Once the levels in the cylinders are sufficiently low, a pressure transducer switches to the secondary manifold; allowing the primary manifold to be replenished.

The M.P. Shah connection is done in such a way that when demand exceeds the first manifold, the 2nd and 3rd manifold automatically picks consecutively depending on the required pressure. And so the hospital can be using only one manifold or two or even all the three depending on the hospital demand.

Preparedness for COVID-19

M.P. Shah Hospital has organised its oxygen supply in such a way that the plant is the primary source of supply. In the event of plant downtime, the VIE picks up, if VIE is depleted then we have the manifolds.

The current VIE can run the hospital for 3 days at full capacity. The hospital also stocks about 100 cylinders of oxygen for use in the manifold just in case.

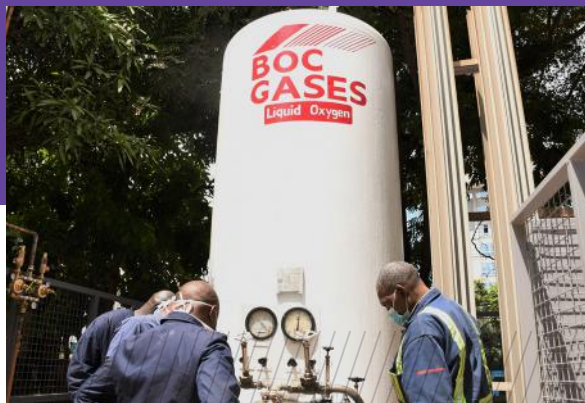
As for the oxygen for transportation, the hospital uses portable oxygen cylinders which are made readily available within the wards and the rest is stored in the oxygen storage area.



M.P Shah Hospital Chairman, Dr Manoj Shah alongside the senior management team, launch the oxygen Plant.

This will go a long way in the support and management of patients in critical care, 19th April 2021

Photos: Terry Boke



ICU WALL OF Hope Stories

ABIGAEL RITA MWAKINA

9th January 2021

29-year-old Abigael Mwakina gives birth to a bouncing baby girl. 4 days later she got discharged but after one week she developed eclampsia which was accompanied by severe migraines and high blood pressure.

20th January 2021

Rita gets admitted and is diagnosed with eclampsia which developed after pregnancy, increased blood pressures led to a Cranial Hemorrhage that paralyzed her left side and was accompanied by Deep Vein Thrombosis (DVT) that led to Pulmonary Embolism (PE), a blood clot of the lungs. She underwent successful 6-hour surgery to remove the brain clot.

She spent 21 days in the hospital; five of which she was in the ICU, 7 in the HDU and 9 more days in the general ward. Rita had a triumphant recovery from her paralytic state & is back home to her bundle of joy & family.

Her message to families with loved ones in ICU:

Relatives should have continuous engagements and conversations with their loved ones on admission, while in the ICU. The presence of family constitutes an important source of psychological stability for the patient, as well as a source of support for better recovery.



DORCAS LAGAT

July 2019

41-year-old Dorcas Jepchirchir Lagat from Nandi County was admitted to M.P. Shah Hospital on 6th July 2019 battling colon cancer and severe respiratory distress. She spent around 61 days in the hospital 12 of which were in the ICU.

September 2019

A jovial Dorcas reunites with her family and friends back at home.

Her message to families with loved ones in ICU:

There is hope and they should not despair. And the first person who should maintain the fighting spirit is the patient followed by their caregivers."



ERICK OBIERO

November 2018

23-year-old Erick Obiero was in a motorbike accident just a month before his graduation at the University of Nairobi. He spent 7 months in the hospital; 5 of which were in the ICU, 1 month in the HDU and 1 more month in the general ward.

December 2019

After missing his official graduation on 22nd December 2018, a strong, healthy and bubbly Erick gets another chance to graduate in December 2019. M.P. Shah family joins him in the celebration.

His message to families with loved ones in ICU

I encourage you to never despair or give up. God holds our lives and he lives. Being in the ICU is not a death sentence but if my support system would have given up on me, I don't think I would be here today to tell my story.



PAST Events




COVID-19 UPDATES AND VACCINES

 Date: 28th April 2021	 Zoom
 7.30am - 8.30am	 Covid-19 Updates

Presenter
Dr. Tendwa Ongas



Medical Officer at
M.P. Shah Hospital (MBCHB)



#COVID-19

Telephone: 0204291000






Topic
Endometriosis
Breaking the silence

Platform
Facebook Live

Thursday, April 29 2021
8.30 am - 9.30 am

- Elsie Wandera is founder of Endometriosis Foundation of Kenya and member of the World Endometriosis Organizations Steering Committee.
- Panelists: Dr. Raj Dodia Gynaecologist and Endometriosis specialist at the M.P. Shah Hospital.
- Dr. Charles Muteshi Fertility and Endometriosis specialist.

#endometriosisawareness

clinics@mpshahhosp.org | 020 4291000





COVID-19 UPDATES

DATE: 08TH AND 9TH APRIL 2021
TIME: 9.00 A.M - 10.00 A.M
PLATFORM: VIRTUALLY
SPEAKER: DR. VISHAL PATEL –
MEDICAL DIRECTOR, M.P. SHAH HOSPITAL



t: 020 4291000 | e: dcc@mpshahhosp.org





Ask a DoQ

Topic:
Diabetes and
Endocrinology in children

Send your questions to:
clinics@mpshahhosp.org
or Facebook Messenger
@ M.P. Shah Hospital and
tune in to our YouTube
and Facebook Channels

Dr. Joyce Mbogo
M.D FAAP –
Paediatric Endocrinologist

11 a.m Friday
30th April, 2021





COVID-19 UPDATES



 Date: 21st April 2021	 Virtual
 9am - 10am	 Covid-19 Updates
Presenter Dr. Tendwa Ongas	MBChB, Medical Officer M.P. Shah Hospital Casualty department




Telephone: 0204291000






VIRTUAL HEALTH TALK GOOD NUTRITION



 Date: 18th March 2021	 Zoom
 10.00 A.M	 Good Nutrition
Presenter Cynthia Alieno	Nutritionist at M.P. Shah Hospital







#GOODNUTRITION





www.mpsahhosp.org

ANDROPAUSE & MENOPAUSE

 Date: 21st April 2021	 Virtual
 12.30pm -1.30pm	 Andropause & Menopause
Presenter Dr. Raj Dodia	Consultant Obstetrician/ Gynaecologist (HOD)

www.mpsahhosp.org





M.P. SHAH HOSPITAL
A Legacy of Care

Love your smile again!



From Monday to Saturday 8:00 am - 4:00 pm
Sunday 10:00 am - 2:00 pm

For bookings dial **020 4291500 / 020 4291000**
or email **clinics@mpshahhosp.org**



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PROFESSIONAL COUNSELLING/ PSYCHOTHERAPY



OUR DEDICATED TEAM OF IN-HOUSE PSYCHOLOGISTS WILL WALK WITH YOU THROUGH:

Individual, couple and family therapy.

Child, adolescence and adult counselling.

Loss, grief and bereavement counselling.

Trauma and crisis counselling.

Stress management.

Palliative care.

Alcohol and drug abuse/addiction management.

Anxiety, depression and PTSD management.

Disaster preparedness and management.

Psychological debriefing for staff as unmet psychological needs contribute to poor work performance.



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A Legacy of Care

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