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Dear Friends,

I begin by thanking God Almighty for His love, grace, and mercy no matter what we are going through in our lives.

When we look, no doubt, the COVID-19 pandemic put all our skills, infrastructure, and our operations into a severe test which has led us to reach deep, into our creative efforts to come up with unique homegrown solutions. I am thankful to all the staff for their dedicated efforts. Our Hospital’s COVID-19 vaccination drive is progressing well and we are now offering the Moderna COVID-19 vaccine in addition to Astra Zeneca. The vaccine protects you and others against severe illness and death from COVID-19 and we encourage you to get vaccinated.

Key achievements at the Hospital

During the COVID-19 pandemic, our needs for oxygen have risen to unprecedented levels. This demand has put considerable strains on the supply of oxygen and we, too, have suffered from shortages that needed many emergency measures to be put into place, driving added pressure on our fragile healthcare systems in Kenya. I am pleased to inform you that we installed our second oxygen plant and we are thankful to the Nairobi Metropolitan Services for their support.

Our Hospital was represented at the Hungary-Kenya health summit to share a common and very important goal which is to provide healthcare of the highest quality yet affordable, accessible, and sustainable. Such collaborative initiatives have the potential to open many mutually beneficial doors. Including the use of digital platforms that are transforming healthcare.

The COVID-19 pandemic has redefined burnout in the healthcare space. Our staff have suffered both personal and professional losses but have continued to serve the patients selflessly. The moral injury suffered during this period has necessitated various employee support programs as part of our business continuity plan. This has included dance competitions, art therapy, yoga sessions, debriefing, and de-grieving forums. I echo Glenn Close’s words: “What mental health needs are more sunshine, more candor, more unashamed conversation.” Hence our quest to move from burnout to balance for healthy homes and a healthy nation.

Updates on strategy

I am proud of the culture we are building at the hospital. We have launched our strategy for the next five years and one of the pillars is to build highly engaged patient-centric teams. Our staff knows they are now part of a special transformation, a hospital that is improving the health of our communities in so many ways. Here — they know they make a difference in people’s lives every day — and that is incredible.

This month the Chairs of the various strategic pillars conducted a workshop to discuss the progress of various strategic initiatives. The Hospital is now working towards the change management model as the AMUA workforce transitioning comes to an end in October. The World Health Organisation (WHO) defines a
Sustainable Healthcare System as a system that improves, maintains, or restores health, while minimizing negative impacts on the environment and leveraging opportunities to restore and improve it, to the benefit of the health and well-being of current and future generations. In light of this, the Hospital held a Sustainability Development workshop in partnership with Strathmore University and re-activated the go-green agenda. This will define our aspirational purpose in a way that is relevant and inspiring to stakeholders, allow purpose to become the foundation for its strategy, and ignite long-lasting positive change that may increase shareholder value over the long term.

Continuous improvement drives both the improvement of processes and products. Every day, it fosters evolution and innovation. The Hospital is now preparing for the JCIA mock survey which will be conducted towards the end of October 2021. The continuous improvement cycle and process of accreditation provide valuable opportunities to determine whether or not we are meeting our mission through self-evaluation.

**Conclusion**

Finally, I encourage you to have a positive attitude as this causes a chain reaction of positive thoughts, events and outcomes. It is a catalyst... a spark that creates extraordinary results. May the Almighty keep us all safe.

Warms Regards,
Dr. Toseef Din.
The M.P. Shah Hospital launched its new oxygen plant that is meant to boost its efforts in the fight against COVID-19. The commissioning that happened on 13th September 2021, was graced by Lieutenant General Mohammed Badi, the Nairobi Metropolitan Services Director General, Dr. Manoj Shah - the Chairman of the M.P. Shah Hospital board, among others.

The hospital is now able to manufacture its own medical oxygen using the 500-litre per minute Pressure Swing Absorption (PSA) and supply it to the patients at 99% when supplemented with liquid oxygen. The plant uses the natural air to manufacture the said oxygen.

This commissioning comes even after many hospitals in Kenya have experienced an acute shortage of oxygen due to the surging cases of COVID-19, hence putting the lives of patients with chronic health conditions and those in ICU in greater danger. This highlights the crucial importance of access to medical oxygen for treatment.

Guided by its vision of providing quality healthcare services, M.P. Shah Hospital launched the oxygen plant in addition to its existing hospital oxygen storage capacity. The oxygen plant will go a long way in the support and management of patients in critical care.
Having been a consultant Cardiologist since 2000, I have witnessed the drastic technological change in the health sector. With health technology now being recognised worldwide, the use of the internet and other Information and communication Technologies are being applied to provide innovative health services and deliver health information (commonly referred to as electronic or digital health). This has become the mainstream of mobile health (m-Health or e-Health) that has been employed by many individuals and institutions.

The World Health Organization defines mobile health as “The use of mobile and wireless technologies to support the achievement of a health objective”. This might include text messaging, Bluetooth technologies in medical equipment, and sophisticated hemodynamic monitoring machines. With the increasing incidences of self-isolation, curfews and reduction of travel, many people prefer being attended to at the comfort of their homes. This trend begun with simple medical procedures and conditions and is rapidly developing to cover more complex cases. For instance, we can now monitor a pacemaker through a phone line while the patient is at home. Sounds simple, right?

Diseases that affect the heart or blood vessels, also known as Cardiovascular diseases are still the leading cause of mortality and morbidity. The fear of going to hospital, which falsely and rapidly spread among people during the COVID-19 pandemic, has deprived many patients from getting medical emergency help, and caused a rapid rise in cardiovascular mortality. E-health has in this setting been a powerful tool for Cardiovascular Disease (CVD) secondary prevention. It has been used as a remote cardiac rehabilitation tool for patients after myocardial infarction or a heart attack.

eMedicine, otherwise known as Telemedicine, has also been used in educating and engaging older people of age 60 years and above because they are at the highest risk of CVD. At the moment, there are various apps available on mobile phones which give advice on management of CVD to both healthcare providers and patients. Routine blood sugar analysis, for example, can now be done in seconds on your mobile phone by scanning your pulp on the back camera. This not only empowers the person affected to detect their conditions early enough but also allow for easier and better intervention by the Cardiologist.

The management of patients with coronary heart disease can sometimes require difficult decision making. This is why it traditionally required discussions in multi-disciplinary team meetings (MDT meetings) between Cardiothoracic surgeons and Cardiologists to decide if the patient is going for Coronary Artery Bypass Operation (CABG op) or just a stent (Angioplasty).
result. There were signs of a large myocardial infarction. Blood tests thereafter confirmed the findings. Coronary angiogram (the golden diagnostic method) showed 2 occluded coronary arteries, one of them with multiple clots. He underwent successful angioplasties with 2 stents, and had no further chest pain after the procedure.

The echo pictures for both the traditional echo and the novel digital echo are shown below.

**Case reports: the Echo equipment**

A 22-year-old male had complained of chest pain for at least 2 years. He had been examined by 3 different doctors in 3 major hospitals in Nairobi, none of whom believed he had a serious heart disease. His initial examination included electrocardiogram (ECG) and regular conventional echo, which were both normal. He was then examined by digital echo with the new technology (2-D strain). This revealed a very abnormal
A healthy heart starts with the right cardiac care

Advanced Angioplasty available

Book your appointment today
Most women are told three things growing up: Get a degree. Get a job. Get Married. No, let's make it four: Get children. The inception begins very early, so much so that women focus on these goals as if they were life KPIs. Employed by 21. Wife before 26. Mother at 28. It’s an endless race to keep up with the ticking “biological clock.” Amidst all these, the slightest delay hurts. Anything beyond, seems like a crushing failure. It often takes a huge amount of unlearning to restore the inadequacy experienced. But, even that isn’t an option handed on a platter.

Subfertility is the silent truth behind many young parents today. According to a 2018 report, 10 to 14 per cent of the Kenyan population suffers from infertility. This amounts to roughly one in every six couples in urban areas. And while society discriminates, the condition doesn’t. The rising cases mean that conversations around this need to begin, and soon.

What is subfertility? It is the inability of a couple to conceive after 12 months of regular intercourse without contraception in women less than 35 years of age and after six months of regular intercourse without contraception in women 35 years and older. The resumption of fertility ought to be immediate after stopping the use of contraceptives, except for the contraceptive injection that can cause a delay of resumption to the fertility of up to a year. Overall, the single most important factor regarding fertility is the woman’s age and research has demonstrated a steady decline in fertility potential from the age of 35.

Many matrimonial unions in Kenya and a large majority of African communities are regarded incomplete without children, which is absurd in my opinion. Worse, it is the women who are often blamed and branded infertile and unable to bring forth the children who ‘complete the union.’ The men, on the other hand, hurl accusations, nullify the unions and even look for other partners who can bear children for them. I spoke to a patient who described her experience of not being able to bear a child after stopping contraception. “By my fifth wedding anniversary, I was a depressed soul,” said Mary* during her consultation session.

Many couples assume that whenever they are ready, they can have a baby but this is not always the case. The years roll by and the constant questioning by family and the pressure from peers who’ve already had or are expecting babies, may force the woman to put an end to the snooze alarm on her self-regulated ‘biological clock.’ This is should not be the case.

Fertility investigations include hormonal tests to evaluate conditions that directly affect ovulation, like reduced ovarian capacity or function or indirectly like a thyroid condition. A pelvic scan should pick any fibroids, especially those in the cavity of the uterus or cysts in the ovary that could contribute to subfertility. Assessment of the fallopian tubes is often recommended either by a contrast X-ray (HSG) or through keyhole surgery (laparoscopy) when performed for other fertility affecting conditions like endometriosis. Occasionally a look into the cavity of the uterus (hysteroscopy) is performed. A semen analysis is often sufficient for the doctor to pick any changes in sperm parameters and subsequently

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*Mary is a pseudonym used to protect the patient’s identity.
perform hormonal tests based on the results. Treatment modalities are varied depending on the test results and range from medication to surgery to assisted reproduction— all ideally done with couple counselling.

In my opinion, the expectations of the modern-day woman to lead the pack in her career and be an excellent wife are incongruent with self or cultural expectations of being a doting mother. Perhaps there is a need to evaluate whether the delay in childbearing is warranted. The society should be sensitized and educated to invest in acquiring knowledge on the matter and ensure enough support for women with such conditions. Lastly, child adoption is another non-scientific solution that has often not been canvassed due to cultural barriers and perhaps should be offered to those interested in it.

“Many couples assume that whenever they are ready, they can have a baby but this is not always the case.”
A SPECIALTY CENTRE FOR EVERY STAGE OF A WOMAN’S LIFE

GYNAECOLOGY | ANTENATAL CARE | MATERNITY CARE | BREAST CARE | PELVIC HEALTH | PSYCHOSOCIAL SUPPORT AND MUCH MORE
It’s breast cancer awareness month and an opportunity to remember the importance of breast health. In Kenya, 1 in 10 women are likely to have breast cancer. Along with cervical cancer, breast cancer is one of the leading causes of mortality among women. Regular breast screening is one of the best ways to spot a cancer that is too small to feel or see. Early detection can make it more likely that treatment will be successful.

M.P. Shah Hospital runs a one stop clinic for breast issues. Here’s what you should expect when you attend your breast screening appointment:

1. **Breast Examination**

The breast examination is conducted by the specialist breast surgeon who will first ask you questions about your medical history, family history of breast problems, any medicines you are taking and any previous breast surgery. They will then check your breasts when you are sitting and/or when you are lying down. They will also check your lymph nodes under your arm and around your neck. If further investigation is required, the doctor will discuss the next steps with you which would involve a mammogram and/or ultrasound scan.

2. **Mammogram**

A mammogram is a breast X-ray and is conducted by a specialist called a mammographer who will be a female. They will ask you to undress to the waist and stand in front of the mammogram machine. The mammographer will place your breast onto the X-ray machine. It will be squeezed between 2 pieces of plastic to keep it still while the X-rays are taken. This takes a few seconds and you need to stay still. Your breast will be taken off the machine afterwards.

The X-ray machine will then be tilted to one side and the process will be repeated on the side of your breast which takes an image of the part of your breast that extends into your armpit. Your other breast will be X-rayed in the same way. This process only takes a few minutes. Some women may feel a little discomfort during the compression but it doesn’t harm the breasts.

Mammograms are generally not used in women under 40. Younger women’s breast tissue can be dense, which can make the x-ray image less clear and any problems harder to identify. However, for some women under 40, mammograms may still be needed to complete the assessment.

If you’re expectant or think you may be, it is important to notify the mammographer.

3. **Ultrasound Scan**

Younger women (under 40) will generally be given an ultrasound scan. This uses sound waves to produce an image of the breast tissue. It takes a few minutes and is painless.

You will be asked to undress to the waist and lie down...
with your arm above your head. To obtain a clear image of the breast, gel is applied over the area of the breast and a handheld scanning probe is moved over the breast to look at the underlying tissue.

The results of your tests (mammogram and/or ultrasound) will be discussed with the breast surgeon once they are ready, usually on the same day.

It is therefore in everyone’s best interests to get to a breast clinic and get screened. Know your breasts because early detection saves lives.

“1 in 10 women in Kenya is likely to be diagnosed with breast cancer.”
KEEP YOUR CUPS FULL
Know your breasts. Early detection saves lives.

OCTOBER OFFER

Breast Ultrasound & Pap Smear (Under 40 yrs) - **Kshs. 3,000/-**
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Pap Smear - **Kshs. 700/-**
Breast Ultrasound - **Kshs. 2,300/-**
Mammogram - **Kshs. 2,800/-**

FREE SPECIALIST BREAST SURGEON CONSULTATION & BREAST EXAM. BY APPOINTMENT ONLY.

To Book Call/WhatsApp: 0784 118 008 (8am – 5pm)/ 020 429 1000 (After 5pm)
Email: breastclinic@mpshahospital.org
M.P. SHAH HOSPITAL CELEBRATES THE WORLD PATIENT SAFETY DAY

World Patient Safety Day is marked on 17th September each year. This is a day set aside to enhance global understanding of patient safety, increase public engagement in the safety of health care and promote global actions to enhance patient safety and reduce patient harm. The theme this year put a particular focus on safe maternal and newborn care, urging all stakeholders to ‘Act now for safe and respectful childbirth!’

This year M.P. Shah Hospital created awareness through weekly Continuous Medical Education to the staff. Staff were also called upon to submit skits, poems that are in line with the theme for a chance to win a prize. The closing ceremony was held later that week at the Meghji Rupshi Hall. Among the invitees who graced the occasion was the Chief Guest Dr. Lydia Okutoyi, an Obstetrician & Quality manager at the Kenyatta National Hospital, our very own CEO Dr. Toseef Din and the M.P. Shah Hospital staff from various departments. Dr. Toseef Din appreciated the clinical teams for making the hospital a safe place.

“By capitalizing on the World Patient Safety Day 2021 as a starting point to raise awareness on the issues of maternal and new-born safety, particularly during childbirth, we have created a sustainable, long-term engagement among its stakeholders to improve quality of care in this area,” said Dr. Toseef Din, the CEO of M.P. Shah Hospital. “The event is serving as a blueprint for future action, putting best practice and avoidance of harm at the very centre of maternal and perinatal health care” she added.

The awards session marked the climax of the ceremony where the Maternity unit emerged winners for the Clinical Division & the Credit Control Department for the Non-Clinical Division.
Mr. Kamel Hegazy, the Chief of Foreign Commercial Chamber in Egypt was admitted at M.P. Shah Hospital for an angioplasty procedure. The procedure was successful and he was discharged the next day. A year later, the consistent chest pains he seemed to be experiencing prior to the angioplasty, are no longer there. He is able to discharge his duties normally.

This is what he had to say:

“Not a day goes by that I ask God to bless you and your wonderful skilled hands. Because of it, I am able to enjoy my time on this wonderful earth. Thank you and your entire Cardiology team at M.P. Shah Hospital for being there during my time of need. I will never forget you.”
1. What do you like to do when you aren’t working?

I like travelling across Kenya and taking photos of the beautiful scenery and wildlife. I am an avid fan of nature photography and wildlife photography. Whenever I am free, I visit the Nairobi National Park to have a nice, relaxed time watching the animals and taking photos.

2. What would you do (for a career) if you weren’t doing this?

I would still be a Surgeon. I have never had a second option for a career. I am doing what I have always loved from childhood. I also come from a family of medical practitioners. My parents were doctors and I have just followed in their footsteps.

3. What’s a fun fact about you many people don’t know?

I like watching comedy movies in my free time, especially ones with dry British humor.

4. Where’s your favourite place in the world?

Nairobi National Park. Every time I am free, you’ll find me there. I was lucky enough to witness the wildebeest migration at the Mara in September this year and hope to witness more. As a lover of wildlife and photography, this had to be the place.

5. If you could meet anyone in the world, dead or alive, who would it be and why?

I would like to meet William Stewart Halsted. He was a U.S. Surgeon who emphasised strict aseptic technique during surgical procedures, was an early champion of newly discovered anesthetics, and introduced several new operations, including the radical mastectomy for Breast Cancer. In as much as there has been a radical change in technology in surgery, some of Halsted’s techniques are still in use to date.

6. What tv show/movie are you ashamed to admit you love?

I like Sherlock Holmes. The movie describes Holmes as a very complex and moody character who is unequalled in his pursuit of criminals, relying on his singular powers of observation, his remarkable deductive skills, and the blunt force of his fists. But then, a threat unlike anything Holmes
has ever confronted threatens London and it’s just the challenge he’s looking for.

**7. How long have you worked as an Oncoplastic Breast Surgeon?**

I’ve been a consultant Oncoplastic Breast Surgeon since 2008. I joined the M.P. Shah Hospital on 1st October 2020 and have since been working on developing the clinic to become a one-stop shop for all breast-cancer related issues.

**8. What does your job entail?**

I am a General Surgeon who sub-specialized in surgical Oncology but more recently, in breast and skin problems. It is called Oncoplastic surgery because we remove the cancer but also make sure that the patient is happy with the outcome of the surgery many years after.

**9. What is unique about your practice?**

Oncoplastic breast surgery combines the techniques of traditional breast cancer surgery with the cosmetic advantages of plastic surgery. The goal is to remove cancer while minimizing the unwanted effects of surgery, helping patients heal both physically and emotionally. Oncoplastic breast surgery also helps patients avoid potential complications of exposing surgical wounds to radiation.

**10. Other than just the surgeries, what more do your patients get from you?**

The M.P. Shah Hospital breast clinic is a one-stop shop for breast-related issues. This means, you can get your breast examination done and if need be, mammograms and ultrasound scans are readily available at the same place if need be. The results of your tests (mammogram and/or ultrasound) will be discussed with the breast surgeon once they are ready, usually on the same day.

Also, I do my best to continue the care beyond the Hospital for my patients to recover more quickly and bounce back to normal life. I also do my best to raise awareness on breast cancer so that those affected can detect early enough and get cure.

**11. What is your major contribution to breast cancer in Kenya?**

My specialty uses an approach that improves cosmetic outcomes for breast cancer patients. To do this, I combine breast cancer tumor removal (a lumpectomy or partial mastectomy) and special plastic surgery techniques (reconstructive surgery) at the same time breast conservation surgery. I have therefore contributed to breast cancer by using the Magseed-guided, wide local excision with targeted axillary node dissection providing the most modern & innovative solutions to cancer treatment in East Africa.

**12. What would you advise people concerning breast cancer?**

Know your breasts because early detection of any abnormality in your breast can save your life.
DEPARTMENTAL SPOTLIGHT:

Physiotherapy Department

The M.P. Shah Hospital Physiotherapy department is made up of a skilled and dynamic team that is able and qualified to assist you break away from your pain. Our skilled physiotherapists manage a broad range of conditions and circumstances that affect your circulatory, respiratory, musculoskeletal and nervous systems. The services offered in this department include:

- Hydrotherapy
- Physiotherapy
- Speech Therapy
- Occupational Therapy
- Specialised Neuro Rehabilitation
- Paediatrics (infants, children & adolescents)
- Home Based Care - full time Therapist for Home Care Services
- Sports Injury Assessment

It is located at the main Hospital, KPJ Tower, Ground Floor.
MEME ZONE

Sorry about leaving you waiting

Doctors are protesting and no one knows why.

When your boss asks for proof you’re in hospital

I have a good handwriting

Patients don’t believe I’m a real doctor
TRIBUTE TO SR. MILDRED MASAKI

“The sadness that fills the air around us is intense even as we come to terms with the void that our colleague created when she took her last breath. The reputation she held, the impact she created as she took care of the little bundles of joy, her enthusiasm and dedication at work will fondly be remembered.

It was not just a privilege to have Mildred with us but also a blessing, we shall miss her glowing presence, dedication, support and signature smile that she wore with so much pride.
Rest easy Mildred Masaki...In His arms”

Sr. Christine

Poem:

“The Broken Chain”
by Ron Tranmer

We little knew the day that
God was going to call your name.
In life we loved you dearly,
In death we do the same.

It broke our hearts to lose you
But you didn’t go alone.
For part of us went with you
The day God called you home.

You left us peaceful memories.
Your love is still our guide,
And though we cannot see you
You are always at our side.
Dr. Mohsen Gaballa poses for a photo at the Cath Lab.

Falguni Chudasama, head of Human Resources presents a cake to Dr. Raj Dodia, the Head of Maternity as Sr. Marren Chunga (Left) and Sr. Margaret Njeru (Right) look on.

Mr. Erick Oketch, Client Relations Manager (Left) presents a corporate pack to Mr. Arthur Oginga. UAP Old Mutual Group CEO alongside Mr. Japheth Ogallo, UAP Old Mutual General Manager, Health & Innovations receiving a corporate pack from Dr. Joan Osoro-Mbui, the Chief Operations Officer at M. P. Shah Hospital.

CEO Mr. Erick Oketch, Client Relations Manager (Left) presents a corporate pack to Mr. Arthur Oginga. UAP Old Mutual Group CEO alongside Mr. Japheth Ogallo, UAP Old Mutual General Manager, Health & Innovations receiving a corporate pack from Dr. Joan Osoro-Mbui, the Chief Operations Officer at M. P. Shah Hospital.

CEO Dr. Toseef Din with the head of Human Resources Falguni Chudasama.

CEO Dr. Toseef Din leads the maternity team in cake-cutting after their skit won in the Patient Safety competition.

CEO Dr. Toseef Din gives the Board of Governors Vice Chairman Dr. Manilal Dodia a piece of Cake during his birthday. Looking on is the Board Chairman Dr. Manoj Shah.