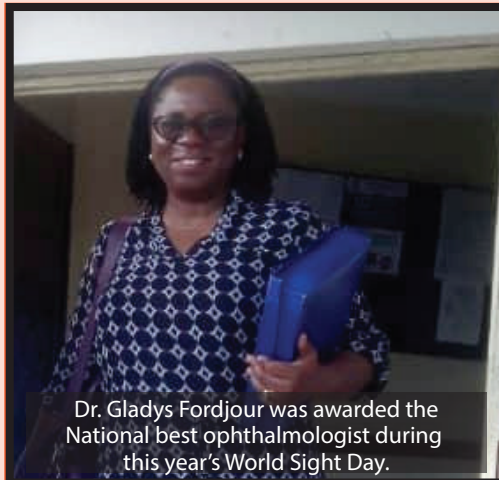


We are Proud of You!



PNO Constance Anim (Child Health) was featured in The Mirror newspaper in recognition of her hardwork.



Dr. Gladys Fordjour was awarded the National best ophthalmologist during this year's World Sight Day.



PNO Matron Esparanza Akutor Amenyah has been nursing patient's wounds to health at the Surgical Treatment room.

BOARD AND MANAGEMENT MEET JUNIOR STAFF

The Board Chair, Hon. Dr. Bernard Okoe-Boye, the chief Executive and some Directors of the Hospital marked Korle Bu's 95th Anniversary with some selected staff.

The meeting, which was highly attended by junior staff, enabled the Hospital Board and Management to interact with them.

The Board Chair, in his address, noted that the years chalked by Korle Bu had been possible because of its human resource.

He said it was the hard work, dedication and commitment to patient care by staff which had made the Hospital remain relevant for the past 95 years. "If Korle Bu will continue to be in existence and maintain its pride of place, it will be through the commitment of staff", he added.

He assured the staff that the Hospital Board will do its part to ensure staff welfare and overall growth of the Hospital.

The Chief Executive, Dr. Daniel Asare, in his address assured the staff present that he operates an open-door system.

He encouraged staff to feel free to pass by his office whenever the need arises.

He promised that he will create a friendly and an enabling environment for staff welfare and the general growth of the Hospital.

During the interactive session, staff raised various issues bordering on motivation understaffing, inadequate tools to work, staff medicare and general staff welfare.

The junior staff were grateful to the Board and Management for the invitation.

They were hopeful that their concerns will be resolved with the needed urgency.



Junior Staff joined the Hospital's Board and Management to celebrate Korle Bu's 95th Anniversary.

DR. DANIEL ASARE
CEO, KORLE BU





DR. FORDJOUR AWARDED NATIONAL BEST OPHTHALMOLOGIST

For over 30 years now, KBTH has been privileged to have the services of Dr. Mrs. Gladys Fordjour, she is currently a Consultant Ophthalmologist at the Eye Centre.

Ghana Health Service (GHS) and Eye Care Secretariat, with instruction and decision from International Agency Protect for Blindness (IAPB) awarded Dr. Mrs. Gladys Fordjour as the National Best Ophthalmologist in view of her hardwork and leadership role in ensuring eye care services for all citizens. She is also involved in teaching the medical students on cataract surgeries.

Dr Fordjour is the head of outreach at the National Cataract Project. She has been part of the project for five years now.

The National Cataract Project receives a lot of support from Humalian Cataract Project an NGO from the USA, in undertaking their outreach services.



In an interview with the *Korle Bu Bulletin*, Dr. Fordjour stated that every year, we celebrate the world sight day on the first of October and this year's celebration was on the theme "Eye Care Everywhere", meaning it does not matter where you are, everybody should be able to access eye care.

Dr. Mrs. Gladys Fordjour finished her in House job in 1998, worked at the Paediatric department for some time and from there moved to Eye Centre where she has been working till date.

On behalf of the Board, Management and staff of the hospital, we congratulate you and urge you to keep up the good work.

KUDOS TO PNO ESPARANZA AKUTOR AMENYAH

For the past 24 years, she has been putting herself on the line to make sure patients wounds are well treated. She reports at 7:00am and works until the last patient leaves.

Matron Esperanza Akutor Amenyah is the PNO In Charge at the Surgical Treatment Room. In an interview with the *Korle Bu Bulletin* she said, she has passion for the treatment of wounds and she is always on time to take care of her duties.

Matron Esperanza has probably seen everything there is to see in KBTH. She has worked in various Departments such as OBS & Gynae, Cardiothoracic Centre and is presently at the surgical treatment room.

She continues to do her best for the overall advancement of Korle Bu and we are proud of her.

Staff and patients have noticed her hard work and dedication to her duties and the *Korle Bu Bulletin* wishes to express our profound gratitude to her for her sense of responsibility.



“As the Hospital inches towards its centenary, the Board and Management would intensify an introduction of some sub-specialty services. This is a New Dawn in Korle Bu and more services will be added in the coming years”

DR. DANIEL ASARE
CEO, KORLE BU

2018 BREAST CANCER AWARENESS MONTH LAUNCHED

October 1st in every year marks the beginning of the month dedicated to raising awareness about breast cancer worldwide. In Ghana, the event was coordinated by the Surgical Breast Unit and a multidisciplinary breast team of Korle Bu, together with other supporting hospitals across the length and breadth of Ghana.

At this year's press launch held at the Accra City Hotel, the Head of Breast Unit, Dr. Florence Dede, lamented that an estimate of over 4,600 new cases of breast cancer will be diagnosed in Ghana this year and that more than 1,800 women will lose their lives to this cancer.

She added that in Ghana most women come for late treatment which she said is very worrying.

Dr. Dede commended the effort of the stakeholders including the 16 partner hospita-

ls, HEDGE (an NGO) helping the hospital with the awareness creation and also urged the media to increase the sensitization process.

The Director General of the Ghana Health Service, Dr. Anthony Nsiah-Asare, in a speech read on his behalf by Dr. Badu Sarkodie, Director of Public Health Service stated that globally, breast cancer is responsible for about 627,000 deaths among the 2.1 million new cases of breast cancers are diagnosed worldwide representing 155 of all cancer deaths among women and 25% of all cancers in women.

This, he said, is an increase as compared to previous years and hence getting more alarming.

Dr. Nsiah-Asare reechoed the point that, in Ghana low awareness and unavailable mass screening programs, no accessibility of specialized treatment centers and socio-cultural

beliefs are some of the contributing factors of late presentation of breast cancer in Ghana.

He further stated that, in order to overcome these challenges, we must work to maintain a healthy weight, limit alcohol intake and exercise regularly.

He noted that, government is going to build more CHPS compound to help educate the grassroot and extend it to the district, regional and teaching levels.

On his part, the Chief Executive, Dr. Daniel Asare outlined some measures Korle Bu is putting in place in order to tackle issues of breast cancer.

He urged the media to intensify the campaign in order to fight the deadly disease killing women.

WHAT ONE NEEDS TO KNOW ABOUT BREAST CANCER

Breast cancer is the most common cancer in both developing and developed countries, it is responsible for over two million in an estimated 10 million tumors diagnosed in both sexes worldwide.

Recent reports indicate that breast cancer makes up 25 percent of all new cancer diagnoses in women globally; with about 2.1 million new cases diagnosed annually worldwide.

Globally, it is responsible for about 627,000 deaths among the 2.1 million breast cancer cases diagnosed worldwide (second most common cancer next to cervical cancer), representing about 15% of all cancer deaths among women and 25% of all cancers in women. This is an increase over previous years and hence getting more alarming.

Reasons for Increase in Breast Cancer

In Ghana, the increase in breast cancer cases is attributed to the following; low awareness and unavailable mass screening programs, no accessibility of specialized treatment centers and socio-cultural beliefs (even among the elite in the health profession)

The International Agency for Research on Cancer (GLOBOCAN) estimates that over 4,600 new cases of breast cancer will be diagnosed in Ghana this year and that more than 1,800 women will lose their lives to this cancer.

Breast Cancer can however be effectively treated if diagnosed early.

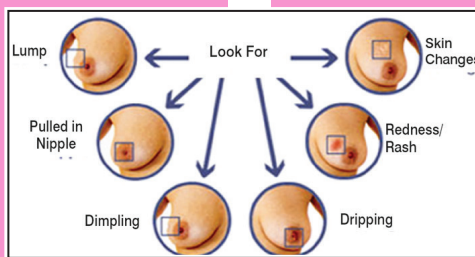
Risk Factors

Even though a lot is being done to ensure that breast cancer patients receive the best of care in Ghana, there is still some work that needs to be done. Prevention pays and primary prevention is the best of options. Certain lifestyle changes provide significant benefits to lower a woman's risk of getting breast cancer regardless of where she lives. These include:

- * Working towards maintaining a healthy weight.
- * Avoiding or limiting menopause hormone therapy.
- * Limiting alcohol consumption to one drink per day or less.
- * Regular exercises and avoiding sedentary.
- * There is a need for us in Ghana to increase our health systems i.e. the Community-Based Health Planning and Services (CHPS) to be extended at all levels of care in various health system including district, regional and teaching hospitals.

There are also other risk factors that affect breast cancer that cannot be controlled. They include;

- Old age (That is being 55years or older)
- Genetics and familial tendencies, having the BRACA1 or BRACA2 genes or certain gene mutations
- Having dense breast tissue
- Going through menopause later in life or starting menstruation at a younger age.



Prevention and Care of Eye Injuries in Children



— By Stella Gadzekpo

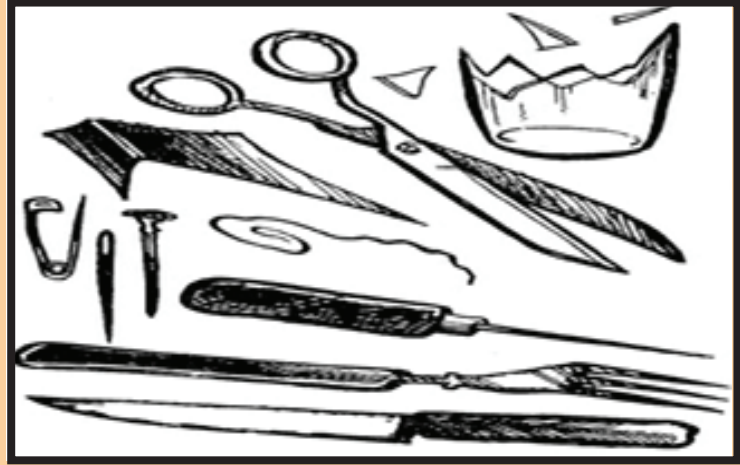
Each year an estimated 3.3 to 5.7 million paediatric eye injuries occur worldwide. It is widely reported that 90% of eye injuries are preventable (MacEwen et al.2016).

Internationally, 20% to 59% of all eye traumas occur in children (Harrison & Telander 2003) and these are from accidents at home, school, at play or in a car. Eye injuries in children can be prevented.

Prevention of Eye Injuries

- All chemicals and sprays must be kept out of reach of small children
- Buy age appropriate toys for your children.
- Avoid harmful toys like bows and arrows.
- Use safety gates at the top and bottom of stairs.
- Pad and cushion all sharp corners of sofas.
- Do not allow children to go near open fires.
- Secure babies well in carriers and put child safety seats within shoulder belts that fit well.
- If possible children should wear sports eye protectors.
- Parents and care givers must always attend to the needs of children and avoid neglect.
- We should always look out for children and teach them how to safely use sharp objects like pencils and scissors.

Sources of Eye Injuries in Children



First aid

Seek medical care as soon as your child has an eye injury for examination because delaying medical attention may lead to complete vision loss or blindness.

Before seeking help.

- Do not touch, rub or apply pressure to the eye.
- Do not try to remove any object stuck in the eye. For small debris, ask child to lift eye lid and ask child to blink rapidly to see if tears will flush out particle. If not, close eyes and seek treatment.
- Do not apply ointment or medication to the eye.
- A cut or puncture should be gently covered and reported immediately to the health facility.

We should all help in the promotion of eye safety for ourselves and our families.

Don't forget to wash your hands and teach children to wash their hands always.

”

I am committed to building a culture of accountability and excellence in tertiary health care delivery

DR. DANIEL ASARE
CEO, KORLE BU



“

LAUNCH OF 2018 WORLD HEART DAY



Smoking products like shisha have been identified as three times dangerous than the normal cigarette that causes damage to the heart.



recorded every year in various domestic hospitals across the country which he said was quite worrying.

Dignitaries who graced the occas-



The event which took place at the British Council had Mr. Emmanuel Kofi Nti, Commissioner-General of the Ghana Revenue Authority, bring made ambassador for this year's celebration.



The Head of Cardiothoracic Centre, Dr. Serebour highlighted other factors such as excessive alcohol intake and lack of exercising, which he said can also cause damage to the heart.

On a speech read on his behalf, Mr Kofi Nti stated that as a people, it is important to be health conscious especially with those having to do with the heart.

ion were Dr. Tanko of the Cardiothoracic Centre, representatives of the companies who sponsored the event and some principal nurses of the department.

Dr Serebour said this at the launch of this year's World Heart Day.

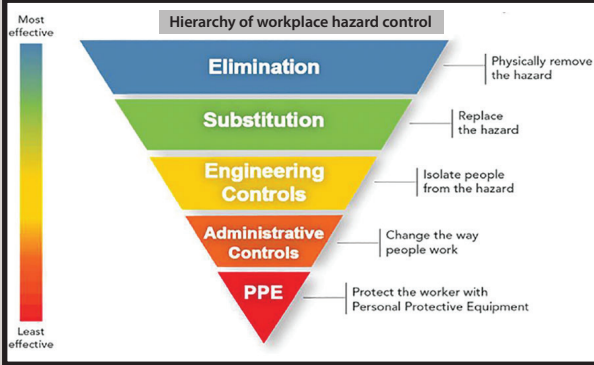
He revealed that statistically more than 167,000 cases of heart diseases are

The World Heart Day has activities such as walks, screening and diner to mark the celebration.

MITIGATING OCCUPATIONAL HAZARDS IN A CRITICAL CARE ENVIRONMENT

The best way of mitigating hazards at the workplace is to eliminate or substitute the hazard with a less hazardous option. Where this is not possible, engineering controls are applied to contain the hazards, so they don't become risks. Administrative practices e.g. standard operating procedures may be the next option where engineering controls fail. The use of personal protective equipment (PPE) is the last option.

To control the various hazards in a critical care setting, conscious effort is needed through risk assessment to design targeted interventions to manage these hazards and reduce accidents in the clinical setting.



- Keep records of all chemical agents which are being used in the ICU and prepare emergency action plans in acute and chronic exposure cases.

● Label all chemical substances used at the workplace, keep them in their original containers as much as possible.

- Control latex allergy
- Know the effects on male and female reproductive health, give additional protection to pregnant women



Physical Hazards

- Avoid temperature extremes at the work environment
- Improve ventilation and humidity
- Ensure adequate lighting
- Eliminate uneven floors and clear obstructed passageways
- Remove electrical hazards (do not overload plugs, eliminate trailing wires that could be tripped over and easily damaged, etc.)
- Reduce exposure to radiation (limit exposure time, avoid unnecessary exposure, use PPE; leaded aprons)
- Be prepared for emergencies (accidents and first aid, fire prevention)
- Disaster preparedness

Chemical hazards

- Eliminate hazardous substances or reduce their concentration if possible, reduce handling time, use appropriate PPE, improve ventilation, etc.

Biological hazards

- High standards of hygiene
- Ensure staff immunization against hepatitis B and influenza
- Safe management of sharps and ICU waste
- Contaminated spillage area should be cleaned immediately
- Use PPE
- Control airborne hazards

Ergonomic hazards

- Work in neutral postures where the body is aligned and balanced
- Keep everything within easy reach
- Work at proper heights
- Relieve pressure points
- Avoid lifting where possible-use mechanical devices, ensure that at least two nurses lift the patient



* Continued from page 6

Psychological hazards

- Promote a “no blame” culture
- Training
- Ensure well organized work environment
- Maintain mutual respect
- Provide appropriate motivation
- Reduce noise levels in the ICU
- Reduce workload

Staff Training

Training should include different time periods such as orientation programs when workers start working in the ICU (pre-employment training); periodical training; condition-based training

where ICU workers need information about an unexpected or unusual situation (e.g. when they were caring for patients with an epidemic disease); return to work programs for staff who have been absent after having a workplace accident or long-term leave from the ICU.

There must be an ICU emergency evacuation plan with staff training, fire safety training, etc. Protocols and procedures to follow after an incident must be clearly made known to all ICU workers.

Types of Ketogenic Diet

....Continued from the September Edition

There are four main types of ketogenic diet and the differences are mainly due to the percentage of fat, carbohydrate and protein in the diet. These are:

The classic: This has up to 90% or more of daily energy intake as fat. Typically, a ratio of 4 (fat):1(carbohydrates and protein), 3 (fat):1(carbohydrates and protein). It is the most restrictive and is suitable for children on tube feeding and formula fed infant.

Medium-chain triglyceride (MCT) ketogenic diets: The MCT diet contains a lot of MCT – medium chain triglycerides. Medium Chain Fats (MCT) are more effectively absorbed than long chain fats and does not require carnitine to transport it into the cells. This increases the ketogenic potential of the MCT's. This means less overall total fat is needed when we add MCT's. This is suitable for children or teenagers who are oral eaters, who do not have chronic diarrheal/vomiting issues.

The MCT Keto diet is contraindicated with some medications. Children who are picky eaters or who have large appetites can benefit from this and those whose families have the finances to afford the cost of MCT oil.

Low glycaemic index treatment (LGIT): Children or patients are encouraged to eat foods that are of low Glycaemic index (<50) and do not spike the blood with glucose. About 40g-60g of carbohydrates per day is allowed. This is suitable for oral eaters whose families may not too able to afford the very structured nature of the other keto diets. It can be followed without weighing of the foods.

Modified Atkins diet (MAD): The modified Atkins diet is not as strict as the classical and MCT diets. Patients must eat lots of protein and fat, and just count their carbohydrate. This maybe preferred for older children/teenagers and families who are unable to weigh foods. It is suitable for teenagers and

children who are oral eaters that like large amounts of protein and fatty foods. There is a restriction of 10-15 gm of carbohydrate per day with no limits on protein, fat and calories.

The management of retractable epilepsies should take a multidisciplinary approach involving dietitians, neurologists, nurses, pharmacists and social workers. It is advisable to consult with a registered dietitian. The diet must be planned with specific diet calculations to ensure adequate nutrition and energy is provided to patients. It is not a life time diet. It must be calculated, initiated by a registered dietitian, maintained and wean off by the dietitian. The diet must be modified the diet to ensure maximum seizure control while ensure nutritional needs of the child is met. It should be done under the appropriate medical supervision.

By Mrs. Ernestina Gborgbor
Dietherapy Unit
e.eduful@kbth.gov.gh

PICTURES IN BITS



Workshop at Eye Centre to mark World Ocular Day.



Lysaro Donated 30 beds and 20 washing soaps to the Hospital



Ghana Gas donated a cheque of GHc60,000 to augment patient care at Pediatric Oncology



A stakeholder review meeting was organized by the Stroke Unit to create public awareness and also assess interventions undertaken to manage stroke cases



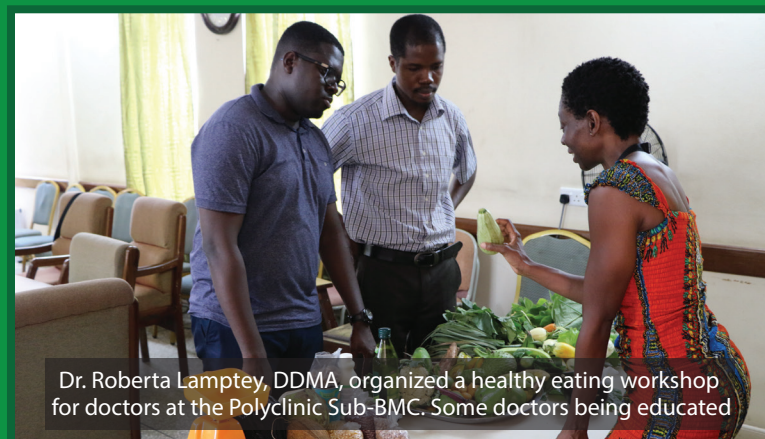
Legal Unit educated staff on the Do and Don'ts of internal disciplinary proceedings



Mrs. Willie Aboagye, a former patient renovated the sitting area of Medical ICU to express her appreciation to the staff of the department for their dedication and professionalism shown towards her when she was on admission. The waiting room is known as Willie Aboagye Lounge.



Transport Unit organized a send-off party for Mr. Abraham Okine



Dr. Roberta Lamptey, DDMA, organized a healthy eating workshop for doctors at the Polyclinic Sub-BMC. Some doctors being educated