



DR. DANIEL ASARE New CEO of Korle Bu

Hospital, Sunyani and was later transferred to the Eastern Regional Hospital, Koforidua, where he ably transformed the Hospital.

When the Cape Coast Teaching Hospital was being transitioned from a regional to a teaching hospital, Dr. Asare was called upon to facilitate the process as the Chief Executive. He successfully carried out this mandate and the fifth batch of doctors are completing this year.

Postgraduate doctors are also being trained.

The new CEO is a trained Otorhinolaryngologist at the West African College of Surgeons. He also studied Health Systems at Leeds University in the United Kingdom.

Dr Asare has successfully digitized many of the operations at CCTH and hopes to bring this rich experience, with the support of staff and other key stakeholders, to bear on the fortunes of Korle Bu.

The Hospital Board has appointed Dr. Daniel Asare as the Chief Executive Officer of Korle Bu Teaching Hospital.

Before his appointment, Dr. Daniel Asare was the Chief Executive Officer of Cape Coast Teaching Hospital (CCTH). He has 27 years of experience in the health service with 17 of these years in Hospital Management.

He was the foundation head of the new Brong Ahafo Regional

CHIEF EXECUTIVE OFFICER TO SUPPORT SUB-SPECIALTY TRAINING OF STAFF

The Chief Executive Officer has reaffirmed his commitment to promote sub-specialty training for consultants and other senior cadre of doctors of the hospital.

This is to improve the level of care that Korle Bu provides to its patients and clients and to meet the growing complexity of healthcare services required by patients.

The Chief Executive, Dr. Daniel Asare, made this revelation when he met consultants and senior doctors of the Hospital recently.

The meeting was to formally introduce the new CEO to the Consultants' Forum and to also seek their ideas on how to improve the services that Korle Bu provides to its patients and clients.

One of the consultants, Dr. Nii Armah Adu-Aryee (Head, Surgical Sub-BMC), agreed with the Chief Executive's proposal, because, according to him, one of the core mandates of the Hospital is training.

Other consultants proposed that more autonomy be given to the Sub-BMCs while some mooted the idea of undertaking projects through Public-Private-Partnerships (PPP).

POEM : QUALITY AS KORLE BU TEACHING HOSPITAL

Ask them who is their mother, and they will mention
"Korle Bu Teaching Hospital".

They refer to me as the mother of all the hospitals.

My colleagues who are both private and public hospitals,
give me the due respect as the mother I am.

They refer patients to me because of my uniqueness,
capabilities and affordability.

They call me "God of health care".

I am, who I am today because of my capable children.

My children bring out the best in me, since they were
born ready.

Beneficiary to patients, students and individuals.

I carry my name in and out of Ghana because of my
authenticity.

I am modern in health care.

I update myself to give out the best of health care, that
is my way of reaching out to the masses.

The jinx of impossibility is not my handwork.

Competence is my other name.

No matter how critical your health is, I am always the
best solution for your health care.

I reach out to the hearts of many, especially my
patients.

Meeting all my patients' expectations is my priority
and pride.

See me as the best, and I will give you the best of my
services.

By: Grace Elorm Amevor

KORLE BU TO BEGIN TRAINING OF PROSECTORS FROM 2019



The Korle Bu Teaching Hospital will from 2019 begin the training of prosectors to augment prosector services in the country.

The training will also raise more prosectors to replace retiring colleagues in both public and private hospitals across the country.

This was disclosed by the CEO of KBTH, Dr. Daniel Asare, during a working visit to the Pathology Department of the Hospital.

At the meeting, the CEO was informed that a good number of mortuary staff would be retiring from active service in less than a decade. This means most hospitals would be short of staff to work in most morgues across the country. As a contingency plan Dr. Asare said "We need to train prosectors as soon as possible".

The training will run for a maximum period of six months and will entail both theoretical and practical components.

Prosectors are persons who dissect dead bodies for examination or anatomical demonstration and preserves bodies from decomposing before burial.

Bindu Travels Donates to Oncology Unit

Bindu Travel and Tours Limited have supported the Oncology Unit of the Child Health Department which lacks funding for children from less privilege homes.

The donation, which was in the form of cash, food items and toys, was made by the Managing Director of the Company, Madam Mukhi Bindu, her aunty, Malika, her niece Ekta and a few of the staff of the Company. The donation was one of four donations which had been made to the Unit by the travel agency.

The donation was received by the matron of the Oncology Unit, PMO, Leticia Amengor.



CHILDHOOD CANCER – Not a death sentence!

This year, about 1000 Ghanaian children would be affected by cancer before the age of 15 years! With Ghana presently having only two (2) centres which provide comprehensive paediatric cancer care, a majority of these children do not even make it to the appropriate health facilities. In fact, only a combined total of 300 of these children are seen yearly at the two centres – Korle Bu and Komfo Anokye Teaching Hospitals.

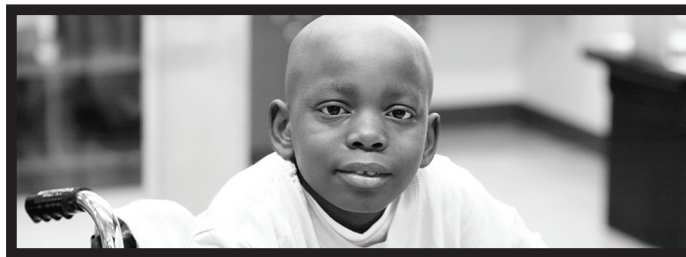
To paint a gloomier picture, only 20-30% of these children survive due to a vast array of challenges. This is in stark contrast to the developed world, where only 20% of the world's children with cancers live, but about 80% of them survive!

Childhood cancers can affect any part of the body. In Ghana, the commonest childhood cancers seen include Lymphomas (cancer of the lymph nodes), Leukaemia (cancer of the blood), Retinoblastoma (cancer of the eye) and Wilms tumour (cancer of the kidney).

The cause of childhood cancers is not clearly known in many cases, as most of the cancers occur in very young age groups. It is known that the causative factors must have been at play during formation of the foetus in the womb. A few of the cancers are due to genetic factors, such as some forms of eye cancer. Some are linked to viruses – such as HIV, Hepatitis B and Epstein-Barr virus; some to ionizing radiation, among others. In most cases, no cause is found.

Due to the fact that a cause is hardly found in cases of childhood cancers, the best way to ensure good outcomes is to ensure early diagnosis and adequate treatment.

Early warning signs of childhood cancers can easily be remembered with this mnemonic:



S – Seek help for persistent symptoms

I – eye signs: white spot, squint, bulging eye, blindness

L – lumps in the abdomen, head, neck, glands

U – unexplained fever, weight loss, bleeding, fatigue, pallor

N – neurological: change in balance, gait, headaches

Childhood cancer diagnosis in Ghana does not have to be a death sentence!

Tackling the challenges which at the moment hinder us from achieving the 70-80% survival rates being achieved elsewhere is key.

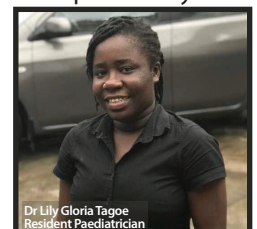
Lack of funds is one major impediment in the treatment of childhood cancers. The treatment cost ranges from Gh¢4000 to Gh¢8000 for about 60 % of cases to about Gh¢25000 for the treatment of leukaemias. The treatment duration spans from 3 months to about 3 years, depending on the type of cancer.

We owe it to the children of Ghana to continue to fight until no child has to die from cancer because of his/her parents' inability to pay for treatment. We will continue to advocate for the inclusion of childhood cancer treatment on the National Health Insurance Scheme. We will continue to promote childhood cancer awareness through education and we will continue to join in fundraising efforts of well-meaning groups such as the newly launched Lifeline for Childhood Cancer Ghana (LCCG).

Remember, a child cured of cancer has at least 50 potential years of contributing to nation growth!

The time to act is now!

Go gold for Childhood cancer awareness!



CHRONIC MYELOID LEUKEMIA - A Bird's Eye View

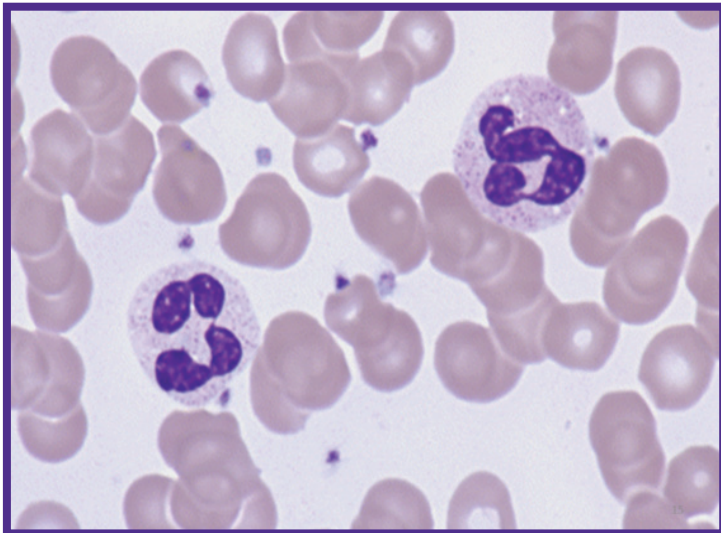
Introduction

Leukemia is a cancer of the white cells which are cellular components of blood. These abnormal white cells accumulate in bone marrow and also infiltrate other organs such as liver, spleen, lymph node, coverings of brain, skin or testes.

Leukemia can be classified as acute (aggressive) or chronic (indolent) and depending on the cell type involved can be myeloid or lymphoid.

Types of leukaemia is thus Acute Lymphoblastic Leukaemia, Chronic Lymphocytic Leukaemia, Acute Myeloid Leukaemia and Chronic Myeloid Leukaemia.

Chronic Myeloid Leukemia (CML) results from a translocation between chromosome 9 and 22, giving rise to the Philadelphia chromosome which accounts for the proliferation and accumulation of the leukemic cells. It affects all ages including children.

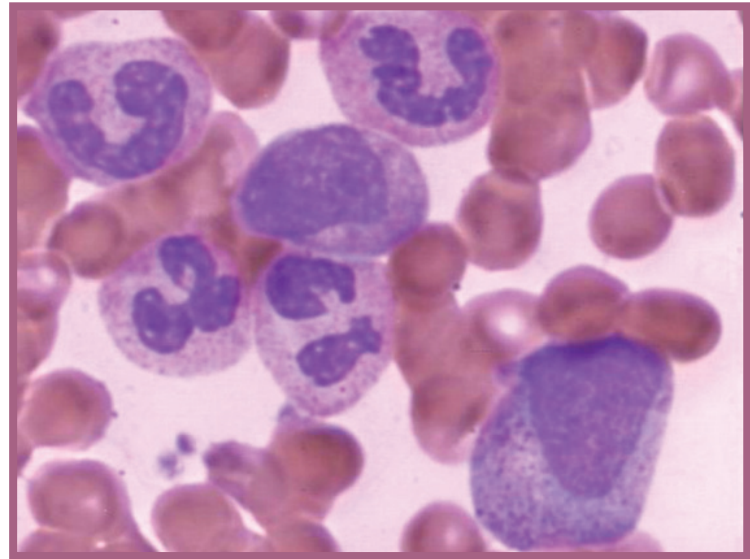


Aetiology

The cause is unknown however a predisposing factor such as; high dose ionizing radiation has been associated with the disease.

Clinical Manifestations of CML

Most clients present with an enlarged spleen (95%). Other manifestations include enlarged liver, anaemia,



weight loss, fatigue, night sweats, increased susceptibility to infections, hearing loss and priapism. Some clients are asymptomatic and are diagnosed only after a routine medical laboratory tests. **The white cells will be markedly increased.**

Laboratory Diagnosis:

- Full Blood Count (FBC)
- Peripheral Film Comment/Bone Marrow Aspirate
- Cytogenetics
- Molecular Studies (PCR)

Treatment

Options available in our setting include tyrosine kinase inhibitors such as Glivec and hydroxyurea. Early diagnosis and treatment is key to the management of CML. A FBC and a peripheral film comment can definitely make a difference to someone's life. Let's make a difference.

Amma Benneh – Akwasi Kuma
Department of Haematology

FUNDAMENTALS OF PHYSICAL FITNESS (PART 1)

Question: *How does fitness relate to overall wellness?*

The relationship to physical wellness is clear- Physical activity and physical wellness is critical to a long and healthy life.

In terms of emotional wellness, exercise elevates your mood, decreases your stress level, and enhances your sense of well-being.

Additionally, increased fitness can lead to greater self-esteem, which in turn boost interpersonal relationships and social wellness.

Fitness helps keep the mind sharp, boosts planning and critical thinking skills which helps the individual develop sound activity plan.

Fitness is also associated to the basic tenets of spiritual wellness viz: values and beliefs. The connection is as basic as the value the individual places on health, physical activity and on socializing activities. Spiritual beliefs may also influence your choice of activities.

Finally, the environmental factors are crucial: Depending on where the individual lives, their activity options may be many or few because of factors such as weather and available facilities. Environment can also be a wonderful source of motivation- whether you can exercise in a beautiful outdoor setting or in a secure and high-quality fitness facility.

PHYSICAL FITNESS, PHYSICAL ACTIVITY & EXERCISE

Question: *Does all activity count as exercise?*

Not exactly, no. Physical fitness, physical activity and exercise are closely related but distinct concepts.

Physical Fitness is a set of attributes that allows a person to carry out daily tasks with vigor and alertness, without undue fatigue and with ample energy to enjoy leisure-time pursuits and respond to emergencies.

People live longer if they are fit, and they can enjoy a higher level of wellness in all dimensions.

Some attributes or components of fitness relate to health and others are tied more to performance in sports or specific activities.

Physical activity is any movement of the body. Physical activity requires work by the body's muscles, which in turn requires energy. Physical activity includes all the movements required to get through the day at home, work, and school. It also includes any activity people engage in during their free (leisure) time.

Exercise is a subset of physical activity; it is repetitive body movements that have been planned, structured and conducted



specifically to develop components of physical fitness.

A difference to remember is that all physical activity involves movement and energy expenditure, but not all physical activity develops or increases physical fitness.

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Question: *Will I really lose years of my life if I'm unfit?*

Yes. Both physical activity and physical fitness are linked to a longer life and a healthier life. People who are active live on average several years longer than their sedentary counterparts and they have lower rates of many major diseases.

Quality of life is also improved with physical activity linked to better mood, better sleep and greater self-esteem.

Although many people think about activity in terms of reduced risk of chronic disease, the benefits range beyond the physical.

Question: *I'm never going to be super-fit--- there's just no way. Is there any point in exercising if I can't become fit?*

Yes. Absolutely. You may not become as fit as an Olympic athlete, or work out as hard as one, but you can increase physical activity and exercise and improve your health and fitness.

The biggest gains in health benefits come when someone who is sedentary becomes moderately active. And some physical activity is better than none.

People should not get discouraged by thinking they must do difficult or high intensity activities. Set realistic goals for improvement and gradually increase the amount of exercise you do.

By Hussein Botchway
Physiotherapist

Critical Incident and Critical Incident Stress (CIS) Management

Healthcare workers may face situations that may be similar to a critical incident for emergency medical services, police and fire fighters; large-scale disasters, tragedies, serious injuries or deaths.

In the healthcare setting, some of the most frequently occurring events that can result in a critical incident stress(CIS) reaction include:

- Deaths and/or tragic loss, which may involve patients or co-workers. This may include: unexpected emergencies resulting in death, prolonged unsuccessful resuscitation, death of a child, suicide and serious accident or injury that prevents return to work.
- Violence in the workplace, which may be verbal, physical or sexual.
- Incidents involving high media exposure
- Ethical/moral issues, or professional conflict over care
- A real or perceived error while providing care resulting in harm or death of patient, etc.

Our experiences of events vary as we all have unique life experiences and different coping skills and abilities. What may be significant and initiate a CIS in one individual may not be the same for others involved.

Even though a traumatic event is over, individuals or a group may experience strong physical and emotional reactions, or "emotional aftershocks," in response to the event. This reaction, which follows a critical incident, is called **Critical Incident Stress (CIS)**. The reaction may be immediate or appear a few hours or days later and may range from mild to intense. Most people start to feel better within a few weeks after the incident. Sometimes the event is so painful that it does not pass, and professional help may be needed. This does not mean the person is crazy or weak. It just means this event was too powerful for them to manage by themselves.

So, how do I know this time is different?

The CIS reaction may include cognitive, emotional, physical, behavioral and spiritual signs and symptoms, which include; chills, fatigue, fainting, vomiting, dizziness, weakness, headache, elevated blood pressure, rapid heart rate, shock, confusion, nightmares, uncertainty, hypervigilance, suspiciousness, social withdrawal, denial, anxiety, agitation and anger at God.

Basic Self Care

- Within the first 24-48 hours, alternating periods of appropriate exercise with periods of relaxation will help to alleviate some of the physical reactions.

- Get plenty of rest to restore your energy.
- Eat well-balanced and regular meals, even if you don't feel like it.
- Be aware of numbing the pain with overuse of alcohol or drugs. These only provide temporary escape and slow down the healing process. You don't want to complicate this incident further with a substance abuse problem.

Regain Some Order in Your Life

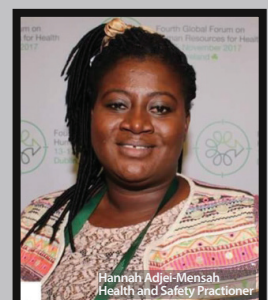
- Maintain as normal a schedule as possible. It helps to add some order to the chaos you are feeling right now.
- Structure your time; try to keep busy.
- Make as many decisions as possible that will give you a feeling of control over your life.(This is not the time to make major life changes. You may see the situation differently in the future).
- Do things that feel good for you. Put some positive energy back into your life.

Social Support

- Reach out, people do care.
- Continue to spend time with others. Isolating yourself from family, friends, co-workers may make you feel worse.
- Talk to someone you trust and who supports you.
- Help your co-workers as much as possible by sharing your feelings and checking out how they are doing.
- Realize that those around you may be under stress as well.

This is a Normal Reaction!

- Expect that the event may affect you. Educate yourself about CIS and how it may impact on you. Remember that you are normal and are having normal reactions.
- You don't have to label yourself as "crazy."
- Give yourself permission to feel rotten for a while and share your feelings with others.
- Realize that the recurring thoughts, dreams or flashbacks are normal and should begin to decrease and become less painful over time.
- Most reaction symptoms are expected to settle down within three to four weeks after an incident. Give yourself time to heal.
- Get help if necessary.** If the incident is staying with you longer than you think it should, contact the **Occupational Health and Safety Office.**



DIET AND EPILEPSY

Epilepsy is one of the world’s oldest non-communicable conditions. It is a chronic disorder of the brain characterized by recurrent seizures, which are brief episodes of involuntary movement that may involve a part of the body or the entire body. It may be accompanied by loss of consciousness and control of bowel or bladder function.

The seizures are a result of excessive electrical discharges in the brain cells. Seizures can vary from the briefest lapses of attention or muscle jerks to severe and prolonged convulsions. Seizures can be infrequent as one per year to several per day.

Epilepsy is defined as having two or more unprovoked seizures, thus, a once in a lifetime seizure will not be classified as epilepsy.

Epilepsy is more common in children and in adults older than 65 but may

occur at any age. In many parts of the world stigma surrounds the condition, making it difficult for sufferers to seek medical help.

Causes of epilepsy is classified into three:

1) Genetic defect.

Structural/metabolic changes in the brain caused by head trauma, stroke, brain tumours, and infection due to meningitis, AIDS or viral encephalitis.

2) Unknown – sometimes the cause of epilepsy is unknown.

3) Epilepsy can be managed but not cured and can be controlled with medication, or surgery. Some epileptic syndromes resolve in childhood. About 25% of people with epilepsy do not have seizure control even with the best available medications.

Managing Seizures with Diet

For centuries, we have known that fasting can help get seizures under control. Unfortunately, this was not very useful, as people could not starve for life. Now we know that a high fat, low carbohydrate diet can trick the body into thinking it is starving. When the diet is calculated just right, we could cause the body to think it is fasting, and indeed, seizures would stop.

The ketogenic diet is the most medically researched diet in the world, and one of the most common therapies for epilepsy worldwide.

The ketogenic diet has been shown to stop seizures in about 50%-90% of cases where even the best medications could not stop

seizures (medically refractory seizures). However not all individuals with medical refractory epilepsy can be considered for the Ketogenic Diet. These are patients who have metabolic/genetic diseases and are not able to utilize fat in the body system.

How does the ketogenic diet work?
With the absence of enough carbohydrate (the preferred energy source for the body), ketosis is stimulated by supplying fat as the major source of calories, while restricting carbohydrate and moderating protein consumption.



Ketosis is the mitochondrial β -oxidation of fatty acids in the liver that generates large quantities of ketone bodies; acetone, acetoacetate and β -hydroxybutyrate (BHB). In simple words, the fat is broken down in the liver to produce these three main ketones bodies when carbohydrate intake is restricted. The brain readily uses these ketone bodies for energy, and excess production of ketone bodies results in a state of ketosis.

Several mechanisms of action have been proposed on how these ketones stop seizures. For our discussion the most important point to note is that somehow when these ketones get to the brain, the seizures stop, or frequency reduces.

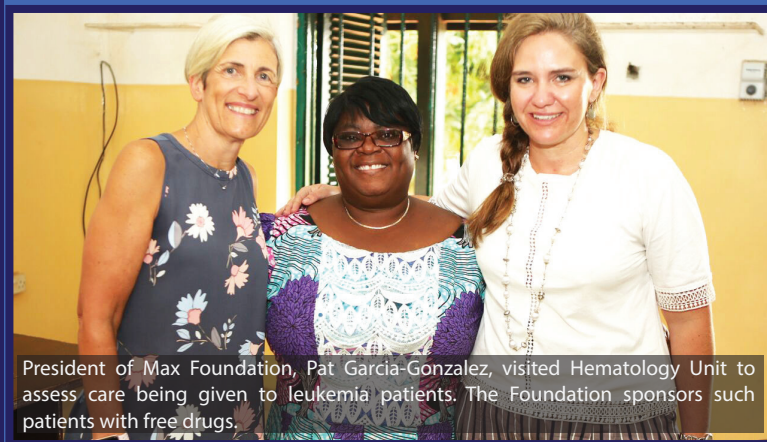
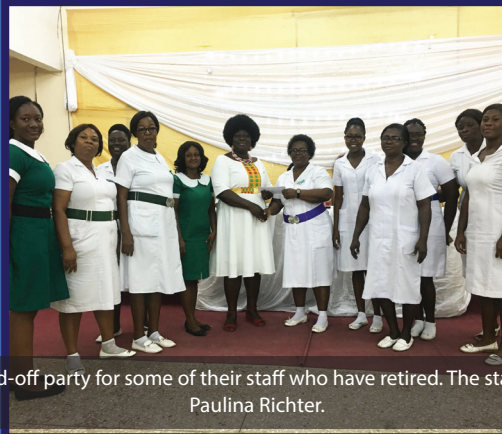
.....to be continued in next edition.

By *Mrs. Ernestina Gborgbor*
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PICTURES IN BITS



The Obst & Gynae Sub-BMC organized send-off party for some of their staff who have retired. The staff are Joyce Abrokwa, Margaret Yawson and Paulina Richter.



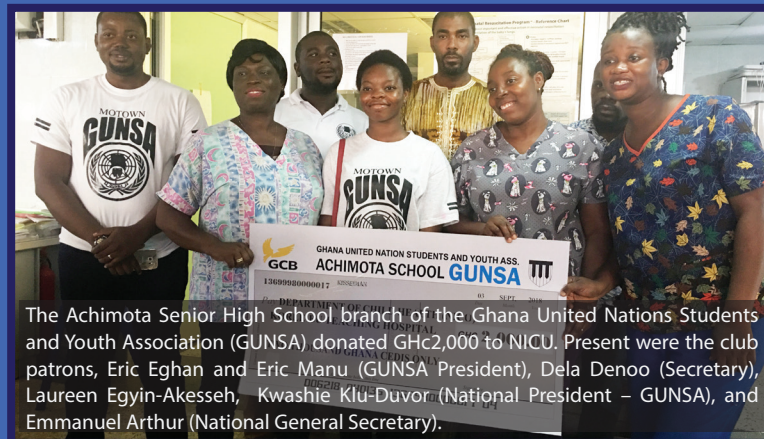
President of Max Foundation, Pat Garcia-Gonzalez, visited Hematology Unit to assess care being given to leukemia patients. The Foundation sponsors such patients with free drugs.



The WHO collaborated with management of NICU to educate staff there on the use of alcohol hand rub to sanitise themselves before attending to patients.



The Eye Centre organized their annual research day to encourage their staff to undertake research in the course of their normal duties.



The Achimota Senior High School branch of the Ghana United Nations Students and Youth Association (GUNSA) donated GHc2,000 to NICU. Present were the club patrons, Eric Eghan and Eric Manu (GUNSA President), Dela Denoo (Secretary), Lauren Egyin-Akeseh, Kwashié Klu-Duvor (National President – GUNSA), and Emmanuel Arthur (National General Secretary).



The National Symphony Orchestra entertained staff and patients with soothing music. The Group stationed at various areas in the Hospital to entertain their audience.



The Rotary Club presented surgical instruments and other consumables to the Genito-Urinary Unit of the Hospital.