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Korle Bu Bulletin

A Newsletter of the Korle Bu Teaching Hospital

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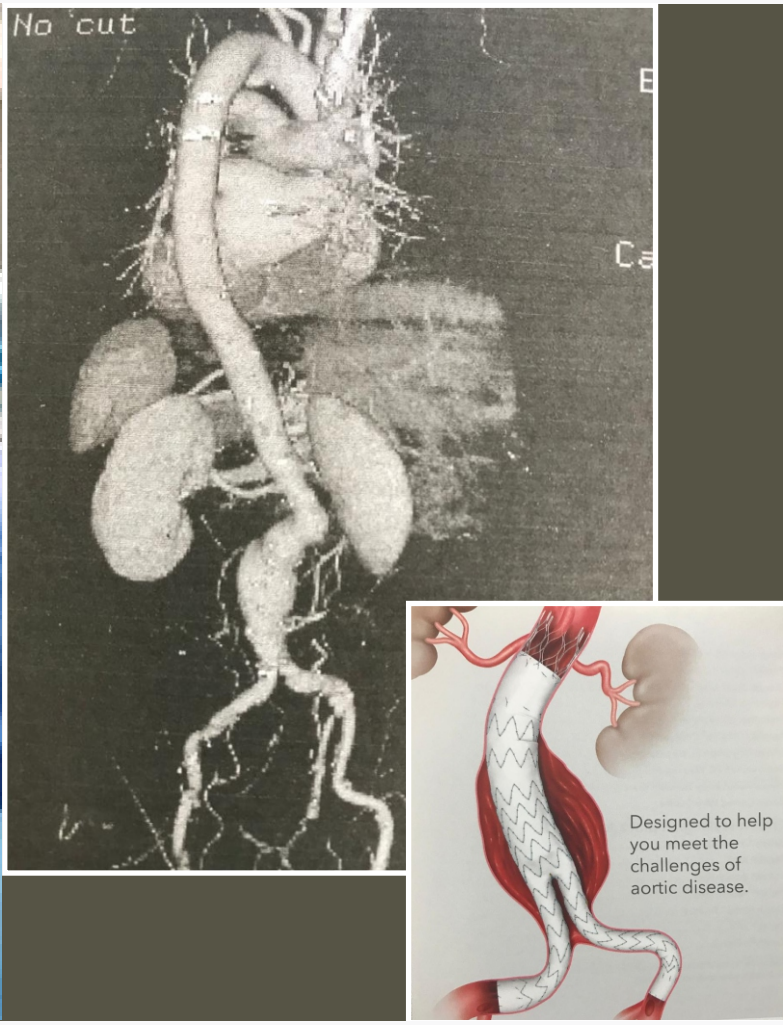
Korle Bu Doctors Perform the First EndoVascular Aortic Aneurysm Repair in Ghana



A few weeks ago, the first abdominal aortic aneurysm repair was carried out in the Korle Bu Teaching Hospital. It was done with the patient completely awake.

The patient did not need to go to the intensive care unit. The patient went home in 4 days. With a diagnosis that was deadly, he escaped a surgery that had a 50% mortality, and is now back home living a normal life. Problem solved.

The problem

An abdominal aorta aneurysm is a dilatation of the largest blood vessel in the body, more than 50% of its normal size.

This vessel distributes blood/nutrients to the whole body. It occupies pride of place in front of the vertebral bodies of the spine. When it enlarges, it can cause back pain, abdominal pain, and when it grows large enough, may be felt as a pulsatile abdominal mass.

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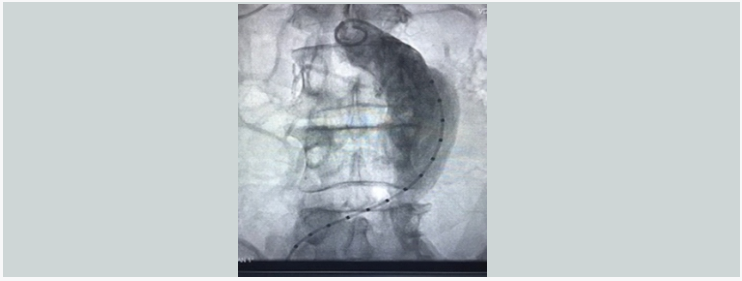
Korle Bu Doctors Perform the First EndoVascular Aortic Aneurysm Repair in Ghana

Not solving the problem, will lead to complications. The most feared, is rupture. The aorta is such a large vessel, that if its wall breaches, blood is lost rapidly. The body loses 5L in a minute. This is unsurvivable in most people, and only 15% of patients will reach the hospital. And of these, only 5% will make it unto the operating table. Of the 5%, half will die.

What could have caused this problem? What could have led to such a scourge, with this high mortality rate? The male sex, smoking, age above 65years, the Caucasian race, hypertension are some factors associated with abdominal aorta aneurysm.



The treatment

If the enlargement is less than 50%, or less than 5cm, or the patient has no symptoms, medical treatment is all that is needed.

If it is more than 50% enlarged, or the annual rate of enlargement is greater than 1cm/year or the patient has symptoms, it should be treated surgically. This could be done open, or endovascularly (a minimally invasive approach or "pinhole surgery").

These two surgical modes of treatment are dependent on significant skill, finesse and dexterity, and have differing outcomes. **In this patient, for the first time in Ghana**, this problem was solved through the minimally invasive approach. This ensured there was no need for intubation, no need for general anaesthesia with its known complications, there was no need for blood transfusion and the hospital stay was significantly shortened with an overall procedure mortality rate of 3%. The open treatment has a mortality of 10%, with high morbidity which may include anything from bowel ischaemia, acute renal failure, erectile dysfunction, to cardiac failure and pneumonia.

The Client

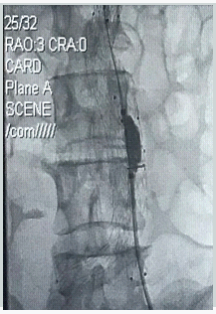
This 79-year old man had been a hypertensive patient for the previous 10 years, and was well controlled on medications. He had been having vague abdominal pain for some time. After many visits, to different hospitals, he finally had a CT of the abdomen, and there it was. Waiting to blow-out.

By local anaesthesia the repair procedure was achieved with minimal access. He had only two 4cm incisions in the groin. There was no blood transfusion, he ate a full diet the evening of the surgery and was up on his feet from the next morning.

He was discharged home just four days after an operation which otherwise would have been done under general anaesthesia with tubes emanating from every possible orifice of his body and a long surgical incision averagely 15cm from the xiphisternum to the symphysis pubis (overlook my inability to say this in a more simplified way). He would have had to be transfused several units of blood with its attendant risks. He would have had to be nursed in ICU after the operation for a minimum of 10-14 days during which he would not have been able to drink or eat. All these not withstanding, the risk of dying from this operation stood at 10% and the average length of hospital stay for those who survive it is estimated at 21 days.

Patient's commendation

After the successful surgery, the patient had this to say: "I was taking to the cardio theatre of the Korle Bu Teaching Hospital at 7am on the 18th October 2019. After committing myself to God, the Endovascular Repair (Evar) operation began. It was amazing viewing all the operation on a giant monitor and in the course of the (4) four hours operation I was allowed to speak to my wife on phone and even invited her into the theater. I wish to thank the team of Doctors and nurses led by Dr. Lily Pincho Wu for a successful surgery. I also wish to thank the medical staff on the 6th floor of the surgical ward who took very good care of me. God richly bless you."



This surgery was achieved with a surgical team comprising the following.

1. Dr. Lily Wu (Lead Surgeon)
2. Dr. Innocent Adzamli (Assistant Surgeon)
3. Dr. Nicholas Aperkor (surgeon trainee)
4. Dr. Maurice Dordunoo (surgeon trainee with a diploma in anaesthesia)
5. Bernard Botwe (Radiographer)
6. Nurse Rita Adjei
7. Nurse Evans McCarthy

SAFETY FIRST: Healthful Food Must First and Always Be Safe

From farm to folk, food safety is important for everyone. You must eat healthy food. It is however more important that food is first and always, safe to eat. A safe food is that which has been handled, prepared and stored in a way to limit contamination with germs and thus reduce one's risk of getting foodborne illnesses.

Food safety is particularly crucial for patients who suffer diabetes, HIV/AIDS, severe burns, malnutrition, cancer and especially those undergoing treatment for cancer. These patients have a compromised immune system. This often exposes them to foodborne illnesses with the least food contamination. It is therefore important that such patients keep to the best personal and food hygiene.

As we inch closer to the yuletide – when we mostly share foods and drinks – here are some basic food safety practices to keep to stay healthy before and during the season.

- Always wash your hands with soap under running water before and after preparing food, as well as before and after eating. There is the unfortunate habit in some African homes where hands are washed with just water before eating, but with soap and water after eating. It is a wrong practice that all must refrain from. Before you eat from your hand without washing, always wonder: 'where have the hands I shook been?'.

Always wash your hands with soap under running water before and after handling food

- Always eat cooked food as warm as tolerable. Allowing cooked food to cool for long before eating could allow germs to contaminate it and pose harm to you.

- Wash vegetables and fruits thoroughly using clean water before peeling or cutting.

- Scrub vegetables and fruits that have firm surface such as potatoes, carrots, oranges and melons before using.

- Cut away any damaged or bruised areas on farm produce.• Wash the top lids of canned foods with soap and water before opening.

- Thaw food in the refrigerator, not in the open. You could also use the defrost setting of the microwave to safely defrost food.

- Put food in the refrigerator within two (2) hours after your finish serving. Do not allow cooked food to stay for too long before refrigerating.

- Do not put foods like milk and dairy products in the compartments in the fridge door. Regular opening of the door exposes them to temperature differences which could easily cause them to spoil. Rather, water and drinks are mostly meant to be kept in these fridge compartments.

The compartments in the fridge door best stores water, drinks, spices and other foods whose safety are not easily susceptible to the temperature changes.

- Foods containing eggs, cream or mayonnaise should be refrigerated after just one hour of cooking them.

- Always cook meats until well done, with no trace of blood in the centre. This is because

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Diabetes Awareness Month and World Diabetes Day 2019

Worldwide, the number of people living with diabetes is on the rise and Ghana is no exception. In 2018 there were over 600,000 cases of diabetes in Ghana, with over 90 % being type 2 diabetes. Such increases are largely fueled by sedentary lifestyles, increasing obesity and poor dietary habits such as the consumption of energy-dense foods.

The theme for this year's Diabetes awareness month and World Diabetes Day 2019 is "The Family and Diabetes". As we celebrate the World Diabetes Day (WDD) today 14th November 2019, the Diabetes Endocrine & Metabolic Society of Ghana (DEMSoG), in partnership with International Diabetes Federation (IDF) is raising awareness on the impact of diabetes.

This year, the limelight is on the family and support network of those affected, the role of the family in the management, care, prevention and education of diabetes. In Ghana, Family members are overburdened with the provision of material, financial, as well as emotional support.

According to IDF, many parents and family members are not aware of the signs and symptoms of diabetes and are also not able to recognise warning signs.

We therefore urge family members of persons suffering from diabetes to learn more about the signs of diabetes such as excessive urination, excessive drinking of water and weight loss to identify new onset or worsening symptoms.

As we celebrate the World Diabetes Day, we want to remind the general public that undiagnosed diabetes, untreated and or undertreated diabetes may lead to blindness, amputation, kidney failure, heart attack and stroke. Diabetes was responsible for four million deaths in 2017.

We urge people especially adults above 40 years to get their blood sugars checked at least once a year. Parents of children must also look out for the signs and symptoms of diabetes in their children. People living with diabetes must adhere to their treatments including lifestyle changes.

We strongly encourage all Ghanaians living with diabetes to keep their routine doctors' appointments and not wait until they have a complication to see their doctors. We urge the general public to eat healthily and exercise regularly.

The government must reduce the burden of diabetes on patients and their families by providing subsidised medications, access to glucose monitoring devices, affordable laboratory services and efficient eye care and podiatry services.

We urge all Ghanaians to "Go Blue for Diabetes" as we celebrate WDD every year.

By the Diabetes Endocrine & Metabolic Society of Ghana (DEMSoG)

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SAFETY FIRST: Healthful Food Must First and Always Be Safe

meats are rich in nutrients and so attract a lot of germs.

- Use a different spoon to taste and a different one to stir your food while you are cooking.
- Always check the expiry (EXP) or best before (BB) dates of prepackaged food products.

An expiry (EXP) date denotes the last possible date when a food is safe to eat. However, foods that bear best before (BB) dates may be consumable when stored under the apt conditions though such foods would not have the same freshness, texture, taste and nutritional qualities as before

- Do not put raw poultry, meat, seafood and eggs in the same fridge chamber as ready-to-eat foods like cake, fruits, salads and dairy products.
- Always buy only pasteurized or refrigerated milk. Once you use milk or any dairy product, immediately keep what is left in the fridge.
- Use separate cutting board for vegetables and meats/fish. If you have one cutting board, then wash it very well after using it for raw foods before
- using it for cooked or ready-to-eat foods to limit the transfer of microorganisms from the raw uncooked to the ready-to-eat foods.

When in doubt about how to safely keep or eat any food, ask your Registered Dietitian or call the Food and Drugs Authority. Always remember that, ***a healthy meal must first and always be safe.*** Food is your medicine; eat to live.

Written by:
Desmond Paa Kwesi Hackman (RO, RD, LD, MSc)
Regulatory Officer, Food and Drugs Authority
Dietician/Nutritionist Consultant, Sweden Ghana Medical Centre

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FUNDAMENTALS OF MAGNETIC RESONANCE IMAGING

Radiofrequency (RF) Coils

They are designed to fit the anatomical area being scanned. They produce, transmit and receive the Radio-frequency pulses and signals. Thus there are **head** coils, **body** coils, **knee, spine** coils etc.

Knee RF coil

Head RF coil

Gradient Coils: These coils which are built within the main gantry/magnet determine the locations and slice thickness on the human body that need to be scanned. There are horizontal, vertical, oblique gradient coils which can vary the position and slice thickness of the anatomical area being scanned

Principle

The human body consist of about 70% water (H_2 0). Each of these elements, hydrogen (H_2) and oxygen (O) behave like tiny bar magnets we know of, with north –south poles that rotate randomly when not under any influence and are called spins. The spinning rate called gyro magnetic ratio is peculiar to each element or proton. Hydrogen protons are the main spins we depend upon for MR imaging due to its lightness, high gyromagnetic ratio (4.2.6/MHz/T) and its abundance in the body. (The unit for frequency is Hertz **(H)** and **T** is **Tesla**, the unit for magnetic field)

Hydrogen protons wobble randomly under no external magnetic influence

When a person is placed in the magnet the hydrogen spins obey the alignment of the strong external magnetic field (B_0) either in parallel (low energy) or anti parallel (high energy).

In practice, a greater number of spins would align parallel (low energy) than anti-parallel (high energy).

Hydrogen spins align parallel and anti-parallel to external magnetic field (Bo)

The rates at which they spin depend on the Larmor (precessional) frequency. That is **$Wo = yB_0$**

Where **W_0** = Larmor frequency

y = gyro magnetic ratio which is peculiar to each spin or element (e.g. Hydrogen)

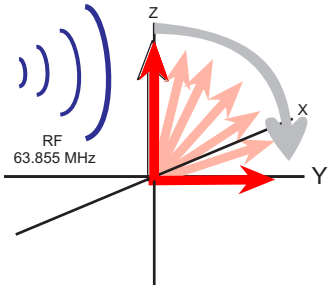
Bo = external magnetic field.

This means a magnet of 1.5T will cause a faster precession of a hydrogen spin (proton) than a 1.0T or 0.5T. That is why for quality MRI images, people go in for bigger or stronger magnets.

When the parallel and anti parallel spins are averaged the result is called Net magnetization which is always in direction with the longitudinal axis of the magnet.

At this stage **no MR signal** is produced.

Excitation: Our next stage is to excite this Net magnetization with a Radio frequency (RF) pulse which is equivalent to the Larmor frequency (Wo) of the spins. So for example in a 1.5T magnet W_0= 1.5 x 42.57 = 63.855MHz. A Radio frequency pulse of 63.855MHz is used to excite the spins within the magnet. This is where the word **resonance** comes in.



All protons, spinning at **different Lamor** frequencies other than 63.855MHz will not be affected by the RF pulse. The net magnetization is therefore flipped off the Z axis to the X-Y plane according to how long the RF pulse is maintained. This will happen because the spins received energy from the RF pulse and so fell onto a higher zone and also whipped into phase with one another.

Relaxation

When the RF pulse is **removed**, two things happen simultaneously to the spins. They go back into their lower energy position (Z) where they are comfortable (T1 or longitudinal relaxation) and secondly out of phase (fan out) with one another T2 or transverse relaxation]. Relaxation times of protons in different tissues differ from one another. For example, water has longer relaxation time than fat. In order to highlight water you need to wait longer to harvest the signal (long TE) and vice versa for fat (shorter TE). These differences in relaxation times of tissues form the basis of contrast (ability to discern between two closely related tissues) in MR imaging.

To be cont'd in next edition

Donation Corner

Top Oil Donates to KBTH

Top Oil Company Limited has donated Gh¢50, 000 to the Paediatric Oncology Unit of the Department of Child Health.

The Executive Chairman of the company, Mr. Ben Atsu-Agbomanyi who presented the cheque to the Hospital, said the donation was a "widow's mite" in response to the several news items widely carried out by the media on children living with cancer and the loss of lives as a result of lack of resource for the treatment.

Receiving the cheque on behalf of the Chief Executive of Korle Bu, Professor Christabel Enweronu- Laryea, Head of Child Health Department expressed gratitude to the team of Top Oil and promised that the Department will make good use of the money for the intended purpose.

The donation was to mark the 15th Anniversary Celebration of the company.

Achimota Ladies Golf Club donates to Breast Unit

The Breast Cancer Unit of the Hospital has received medical equipment and consumables from the Achimota Ladies Golf Club to enhance cancer treatments at the Unit.

The items included Wheel Chairs (3), Separation Curtains (3), Finger Oxidaters (2), Syringes Pack (10x100), Toilet Paper (10x100) and bags of rice (1 big bag and 2 mini sized)

These items were received by Dr. Florence Dedey, Matron Felicia Ahiahonu and the Officers from the Public Relations Unit.

PMAD donates to Maternity

A Non-governmental Organization named Pennies Make a Dime Inc. (PMAD) has donated about 170 sets of dresses, which were distributed to newborn babies and expectant mothers at the first, second and third floors of the Maternity Block.

In addition, the organization paid the bill of Ms. Sarah Quaye, a new mother who was still in the facility three months after delivery due to her inability to settle her bill.

The Chief Nursing Officer, Mary Eshun thanked them for the gesture.

Nurses, mothers and staff of the Maternity Department expressed their appreciation to the group for the donation and asked them to come again.

Mrs. Patience Roberts-Bonsu and her Pennies Make a Dime Inc. team left for the Child Health Unit to give to them too.

Donation Corner

Dr Boakye marks birthday with a Donation to KBTH

Dr. Kwame Boakye of Kosmos Energy, together with his wife, Justice Doreen Boakye and their son donated some medical items worth ¢20,000 to the Accident and Emergency Centre.

The donation was to mark the 50th birthday of Dr Boakye.

The items were received by Dr. Ali Samba, Director of Medical Affairs; Dr. Frederick Kwarteng, Head of A&E Centre; Mr. Mustapha Salifu, Head of Public Relations, and some senior nurses.

Dr. Kwarteng was very grateful that a friend and schoolmate from Prempeh College could support the Hospital with this generous donation.

The items were 10 dressing trolleys, 10 oxymoron digital sphygmomanometers and 10 pulse oximeters.

Barclays Bank June Borns Donate to NICU

A group of workers from Barclays Bank (ABSA) has donated items and cash of GHC 5,000 to the Neonatal Intensive Care Unit (NICU).

The donation coincided with the World Prematurity Day (WPD).

The In-charge of NICU Mrs. Agnes Boateng explained that the day was themed: "Born too Early, providing the right care at the right place at the right time"

Presenting the items, Mrs. Antoinette Kwofie, leader of the delegation, said the gift and cash is from June Borns from Barclay Bank, Ghana. The cash is to assist mothers who are unable to pay their bills and be able to buy items needed by the Unit.

The group presented hampers to some mothers and a father at the unit.

DEALING WITH NO BED SYNDROME: HOW KORLE BU TEACHING HOSPITAL MANAGED TO CONTAIN IT

The incidence of NO BED SYNDROME gained prominence in the media when it was reported that a 70-year old man could not gain admission in several hospitals within the metropolis. This caused a great public outcry that necessitated a review of emergency services in the health sector, particularly in the Greater Accra region.

Expansion of Space and Facilities

Prior to the public outcry, the Board and Management of Korle Bu Teaching Hospital had initiated steps to address the no bed syndrome which had been lingering in the hospital for a long time. The old Emergency Centre which was referred to as the Surgical and Medical Emergency (SME) was just 36 beds but had to take emergency cases from all over Accra metropolis and the other regions.

It did not have the requisite architectural layout to lend itself to be appropriately equipped. All these limitations of the old Emergency Centre were taken into full consideration when the decision was taken to convert the old Central Outpatient Department into the new Accident and Emergency Centre (A&E) of the Hospital.

The new A&E Centre now has 70 beds and several trolleys to cater for any surge in patient numbers. These steps have been taken to ensure that no patient who is referred to the Centre is turned away for want of bed. The Centre is also equipped with patient monitors, pipped oxygen and several other gargets that are necessary for the care of emergency cases. The Centre equally boasts of an Intensive Care Unit (ICU) that is fully equipped to provide optimum service to our patients.

Human Resource

Having moved into the new A&E Centre, there was a need to increase the number of staff to serve the anticipated increased number of patients. At the moment, more than 50 doctors and 200 nurses and eight additional pharmacists are working at the emergency centre. Several new auxiliary staff have been posted there to support the delivery of emergency care.

Laboratory and Other Investigations

One of the factors that contributed heavily to the no bed syndrome used to be the delay in getting laboratory and radiological investigations done. To address this problem, the Hospital partnered with a private laboratory services under Public Private Partnership arrangement to provide quick and accurate investigations for the treatment of patients. Management also provided a digital x-ray machine in the A&E to speed up request for x-ray examinations.

Currently, results of investigations done at A&E Lab are usually sent back for quick diagnosis between 30minutes to an hour whereas hitherto, patients could stay on the ward for these investigations for several days. As they occupy the bed while awaiting their laboratory and other results, new patients could not be admitted.

CT and MRI equipment were down leading to patients being sent outside from the A&E for CT scan or MRI. Now, both CT and MRI are working.

Payment

Patients used to struggle to make payment which was strictly on cash basis. Under the cash system, patients could wait at the emergency for their relatives to travel from outside Accra to come and effect payment before they leave the Hospital. Now patients can either with cash or through any of the electronic payment modalities including the ubiquitous mobile money. Patients no longer wait at the emergency because nobody has to travel to settle their bills.

Bed Bureau Management System

The Hospital also reintroduced a comprehensive bed management system. The bed bureau team monitors the availability of empty bed across the Hospital and they ensure that patients do not stay in the emergency for more than 48 hours without being transferred to the appropriate ward. This has contributed immensely to the reduction of no bed s**yndrome in KBTH.**

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BREASTFEEDING COULD HELP LOWER BREAST CANCER RISK

As a Dietician and Food Regulatory Officer, I am able to say that the female breast is one of the most important natural endowments to humanity. It provides the very first and most important nourishment for one's life – from the first milk called *colostrum* to the last drop a baby ingests at age 2 years or more.

The nutrients and energy milk from the breast provides are *irreplaceable, indispensable and very critical* to how a baby will turn out cognitively and physically in later life. More so, current extensive research has established a link between intake of breast-milk substitutes (infant formula and animal milk) and chronic conditions like obesity, diabetes, deranged cholesterols and even cancers.

Breastfeeding is a healthful practice for both mother and child and must be encouraged everywhere, and by everyone

It is not for nothing that Ghana has since 2000 adopted the United Nations International Code of Marketing of Breast-milk Substitutes into the Ghana Breastfeeding Promotion Regulations (L.I. 1667). The L.I. 1667 particularly recommends exclusive breastfeeding for the first 6 months from birth and sustained breastfeeding till a child is 2 years or more.

This legislation further outlaws the sale of infant foods, feeding bottles and pacifiers in healthcare facilities and the advertisement of same in any public space. It also provides guidelines for the labelling and registration of infant foods, and the content of breastfeeding information materials.

Today, while the breasts play a more aesthetic role, its original nutritional and healthful benefits cannot be overemphasized. For a mother, breastfeeding does not only give their baby a healthy start, it also can lower their breast cancer risk.

Women who breastfeed experience hormonal changes during lactation that delay their menstrual periods. This reduces a woman's lifetime exposure to hormones like estrogen, which have been found to help promote breast cancer cell growth.

In addition, during pregnancy and breastfeeding, women shed breast tissues. This shedding can help remove cells with potential DNA damage, thus helping to reduce your chances of developing breast cancer.

Today, breast cancer is the leading cause of cancer mortality among Ghanaian women. It is therefore critical that while we encourage early testing, every means including breastfeeding, to help reduce breast cancer risks is greatly promoted.

Desmond Paa Kwesi Hackman (RO, RD, LD, MSc)
Regulatory Officer, Food and Drugs Authority
Dietician/Nutritionist Consultant, Sweden Ghana Medical Centre

cont'd from pg 8

DEALING WITH NO BED SYNDROME: HOW KORLE BU TEACHING HOSPITAL MANAGED TO CONTAIN IT

The bed management system became feasible after the President of the Republic, H.E. Nana Addo Dankwa Akufo-Addo personally donated 200 beds to the Hospital. This helped the Hospital to replace broken beds that contributed to the no bed syndrome. We are grateful to the President of the Republic and the other philanthropists who also donated beds to the Hospital.

Conclusion

The forgoing are some of the measures that the Board and Management have taken to contain the no bed syndrome. The leadership of the Hospital and departmental heads are always exploring new ways of enhancing the services to ensure that no bed syndrome never raises its ugly head in Korle Bu again. Korle Bu is currently rolling out an e-health (paperless) system which will greatly enhance the containment or even the elimination of the canker referred to as the 'No bed Syndrome'.

Paperless system yields positive results at the Polyclinic/Family Medicine Department.

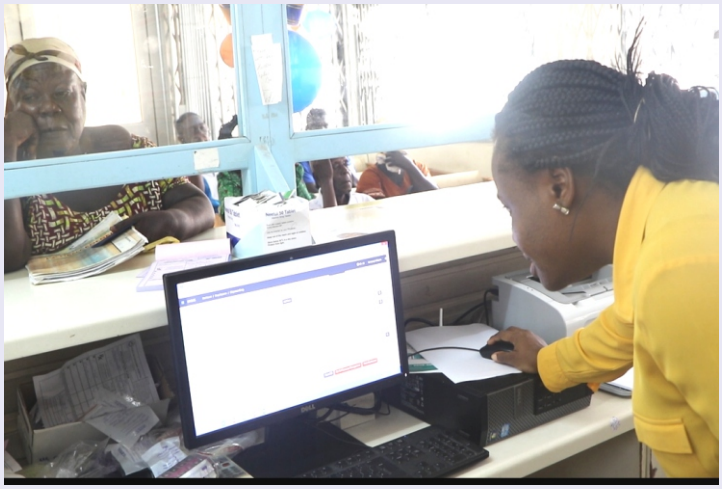
The introduction of the digitized medical records system (paperless) at the Polyclinic/Family Medicine Department has started yielding positive results. Preliminary results indicate that daily OPD attendance has shot up from 120 to 300 visits.

This has also resulted in revenues trebling over the pre digitization period. The Public Relations Unit spoke with some patients and they have expressed satisfaction with the system so far.

One patient told the PR Unit that "your new system called paperless is very good because we no longer have to make photocopies upon photocopies until our folders are flooded with papers".

Another patient's experience was that "this system is the best. From the nurses' station through to records, the consulting room, pharmacy and finally the laboratory was just amazing"

Presently, the Lightwave e-Health and our IT team have moved to Child Health Department, A & E Centre and Central Laboratory. The Departments have started the Joint Application Development (JAD) sections and will soon begin the paperless system.



US Doctor Visits Korle Bu Management

An Obstetrician and Gynaecologist from Maryland, USA, Dr. Javaka K. Moore has called on the Chief Executive Officer of Korle Bu Teaching Hospital, Dr. Daniel Asare and his Management team.

The essence of the visit is for Dr. Moore to explore how he could assist Korle Bu and other hospitals in the country with Cardiotocography (CTG) machines.

Cardiotocography is a technical means of recording the fetal heartbeat and the uterine contractions during pregnancy.

Dr. Moore said the availability of the machines will enable the Hospital carry out mandatory monitoring of all pregnant women to ensure the safety of the unborn and its mother.

He indicated that the supply of the CTG machines was a voluntary personal initiative that he has undertaken to ensure the safety of the unborn child and the mother.
He disclosed that through this initiative, Ethiopia and Eritrea had already received 200 and 150 CTG machines respectively.

Dr. Moore was hopeful that he will be able to extend the gesture to Korle Bu and other hospitals in Ghana.

The CEO Dr. Daniel Asare expressed excitement at the initiative and hoped that the machine would be delivered timely.

He said he was hopeful that the relationship being established between Korle Bu and Dr. Moore will endure for a long time for the benefit of our patients.

Dr. Moore was accompanied by Ghanaian songwriter and singer Rebecca Acheampong popularly known as Becca.

A ONE-ON-ONE CHAT WITH DR. NSIRAH GEPI-ATTEE, THE DOCTOR, ARTIST.

Dr. Nsirah Gepi-Attee, who doubles as an artist, donated an artwork, title **UTOPIA,** to the Breast Unit of the Hospital.

He designed the painting for the Chemotherapy suite to encourage women and remind them of who they are and what they are capable of despite their condition.

Amazed by his painting, the Korle Bulletin had an interview with him.

Who is Dr. Gepi Attee?
Dr. Isaac Nsirah Gepi Attee is my name, an old student of St Peter's Senior High School. I went to University of Ghana Medical School (LEGON) where I pursued my Doctorate Degree and completed in September 2019.

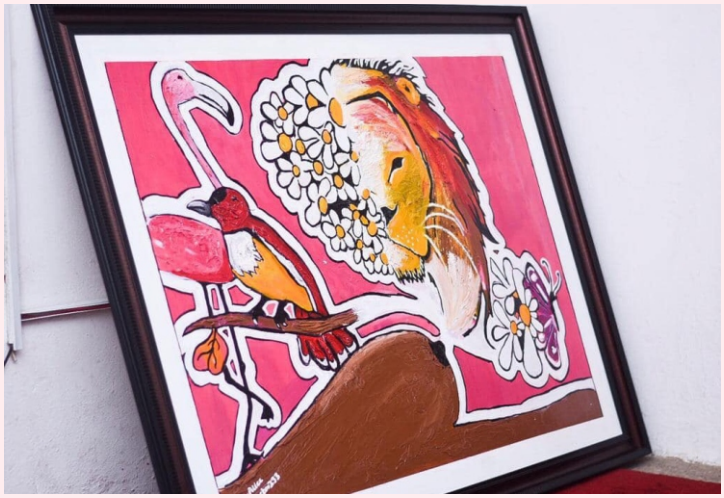
When did you start Developing Interest in Painting?
I have had interest in painting since childhood. My dad would often video me painting and he would play it for me to see. I can boldly say it has helped build my confidence level and my capabilities of creating anything I want to create. I mostly say this painting is just not about my passion but I usually get visions on them.

What is the idea behind the Artwork?
The idea behind this artwork is to encourage women who has breast cancer and remind them of their wealth.

To begin with the name of this great piece is **"UTOPIA"**. Which means an imagined place or state of things in which everything is perfect. I strongly believe that women are so perfect and cannot be lived without them. This painting actually comes with different animal creatures such as **LIONS, FLAMINGO, HUMMINGBIRD, BUTTERFLY AND FLOWERS,** and all these creatures have their meanings expressed by the breast.

The **FLAMINGO** represents elegance women portray in their daily lives.

The **LION** represents strength or boldness women have. The **BUTTERFLY AND FLOWERS** stand for the free spirit and peace women exhibits.



What Motivated you to do this Artwork?
First of all this idea popped in mind during one of our several breast screenings we held during the month of October **(PINKTOBER)**. We doctors mostly think about how to treat the patients but forget about the emotional impact they go through. So I said to myself why don't I create something to encourage these women going through Chemotherapy, and the only way I can, was through my paintings.

Is this the only Painting you have?
NO. I have donated a couple of paintings to some Units in Korle Bu and outside Korle Bu as well. I donated one to the Child Health Department to the pre- matured babies to encourage the mothers that their children can still live because I am a living testimony. Recently, I donated an artwork to the Cancer Unit. I have different arts I want to exhibit next year.

What is your final words to the Public?
My final words to the public especially to women who are undergoing chemotherapy treatment is that they should never give up and fully concentrate on their medications. Persons who come in contact with my artwork should remember their wealth and all the qualities they possess.

DR. NSIRAH GEPI-ATTEE

INFECTION PREVENTION AND CONTROL (IPC) (A PERFECT LENS TO WEAR IN A HEALTHCARE SETTING)

Infections have always been a significant source of morbidity and mortality in healthcare institutions.

Health care associated infections (HAIs) place a high burden of cost on health services by prolonging hospitalization, increasing the use of antimicrobial treatment and increasing the number of surgical and medical interventions per patient.

Infection prevention and control (IPC) refers to measures, practices, protocols and procedures aimed at preventing and controlling infections and transmission of infections in health care settings. Adherence to these standards minimize the cost of health, protects clients, visitors, health-workers and the community as a whole.

The health care facility is now being seen as a place for transmission of infections instead of a place for controlling infections. Reports indicates that most healthcare workers, have objectionable level of practice thereby exposing the patient to infection-related diseases.

There is a global call for action to reduce the risk of exposure to infections in our healthcare facilities. To achieve this, it requires a greater commitment by all stakeholders in health to improve practices by healthcare professionals with evidence through the use of guidelines and policies.

Some of the factors critical to the control and reduction of infections include effective hand hygiene practices, environmental cleanliness, effective methods for disinfection and sterilization, safe injection practices and the controlled use of antibiotics among others.

A visit to a number of wards on routine rounds in the hospital urged me to encourage professionals to wear the “perfect lens” of Infection Prevention and Control, to see the risk that patients and other workers are exposed to.

I kept thinking and asked, how many people have we nursed in situations where the gloves were not changed in-between patients, hands not washed, instruments poorly processed and the environment unkempt (especially washrooms/sluice rooms)?. Can the patient be bold to tell you the professional to wash hands or change gloves before attending to him/her? Food for thought.

Health care workers often times wing an eye to the control of infections when attention is drawn by a patient or another colleague to do the right thing.

All health professionals are encouraged to put on the “perfect lens” of infection prevention and control, which views wide beyond the scope of the immediate environs to enable us adopt practices to protect our patients, relatives, colleagues and give advice to protect ourselves beyond the hospital environment.

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