

# Korle Bu: Experts in Kidney stones removal



**T**he Hospital's Genito-Urinary Unit has taken a lead in the treatment and removal of kidney stones through minimally-invasive surgeries called Percutaneous nephrolithotomy (PCNL).

PCNL is a minimally-invasive procedure to remove stones from the kidney by a small puncture wound through the skin. It is most suitable to remove stones of more than 2 cm in size and which are present in the renal pelvis. It is usually done under general anesthesia or spinal anesthesia

Within one week, the Hospital, in collaboration with Medi Tech Trust, UK, has performed seven surgeries using PCNL. With the new procedure, the stones are removed and the patient discharged within two days.

Speaking to the leader of Medi Tech Trust, Consultant Urologist, Mr Graham Watson, he said the objective is to get an organization together where they bring in specialists in Kidney stones removal across the globe to train other nations in the procedure



## APPOINTMENTS OF HEADS OF DEPARTMENTS

The Board and Management of Korle Bu Teaching Hospital have appointed new Heads of Departments in line with the requirement of the Ghana Health Services and Teaching Hospitals Act, Act 525 of 1996.

This is the first time the Board has made such appointments which were previously done by the Medical School.

The Board is confident that the new HODs will work assiduously to make Korle Bu the preferred health facility for both Ghanaians and other foreign nationals.

The new Heads are:

1. Dr. Patrick Adjei- Department of Medicine
2. Dr. James Edward Mensah - Department of Surgery
3. Dr. Klenam Dzefi-Tetty - Department of Radiology
4. Dr. Frederick Kwarteng - Department of Accident and Emergency
5. Dr. Christine Enweronu - Laryea- Department of Child Health
6. Dr. Isaac Koranteng- Department of Obstetrics & Gynaecology
7. Dr. Y.S. Adam –Eye Centre
8. Dr. Priscilla Vandycke-Sey – Polyclinic / Family Medicine Department
9. Mr. George Kpentey – Laboratory Manager

Two of the Sub-BMCs, Surgery and Radiology have two academic heads also appointed by the school of Medicine and Dentistry. For Surgery, the academic head is Prof. Mark Tetty and for Radiology, the academic head is Dr. Yaw B. Mensah.

While the Board and Management congratulate the new heads, they also commend all immediate past heads for their sterling performance and contributions. The Board and Management wish to urge all to support both the new and existing heads to discharge their duties well for the progress of the Hospital. Find below the profiles of the first four.

### PROFILE OF DR(MRS) KLENAM DZEFI-TETTEY

**D**r (Mrs) Klenam Dzefi-Tetty is the new head of the Radiology Sub-BMC. She is a Consultant Radiologist in the Hospital and a part time lecturer at the School of Medicine and Dentistry, University of Ghana. She is also a Part time Lecturer at the School of Peri Operative and Critical Care Nursing, KBTH.

She is a Fellow of the West African College of Surgeons, Faculty of Radiology and was the first Female Radiologist produced by the College in Ghana in October, 2005. She is also a Fellow of the Ghana College of Physicians.

During her training she had a one year attachment at the University of Pennsylvania Hospital and Children's Hospital of Philadelphia, all in Philadelphia; USA.

In January 2005, she had a certificate in Vascular Imaging and Doppler Ultrasound at the Thomas Jefferson Ultrasound Research and Education Institute (JUREI) at the Thomas Jefferson University Hospital, Philadelphia, USA and in March 2005 had another certificate in 2D & 3D Obstetrics and Gynaecology Ultrasound also at JUREI.

Dr. Dzefi-Tetty is a product of the School of Medical Sciences, KNUST, Kumasi where she obtained her Bsc in Human Biology and MB CHB in December, 1996. After 2 years of housemanship at the Komfo Anokye Teaching Hospital, she moved to Korle Bu in June 1999 and worked at the Hematology and Child Health Departments briefly before joining the Radiology Sub-BMC as a Resident trainee in October, 2001.

She is currently Ghana's representative (Faculty Board member) for West African College of Surgeons; Faculty of Radiology and Faculty Board Member, Ghana College of Physicians and an Examiner at both Colleges. She has contributed significantly to the Residency training programme at the Radiology Department and the Department of Poly Clinic/Family Medicine.

Dr Klenam Dzefi-Tetty is the Chairperson of Radiology Sub-BMC, Disciplinary Committee, a member of the Hospital, House Committee and the Vice-President of Association of Radiologists in West Africa( ARAWA).She was a founding member of Ghana Association of Radiologists (GAR) and the immediate past treasurer of GAR.



**DR (MRS) KLENAM DZEFI-TETTEY**

Her special interest is in Neuroradiology. She is an Associate member of the American Society of Neuroradiology(ASNR), American Society of Head & Neck Radiology (ASHNR), American Society of Spine Radiology( ASSR) and Radiological Society of North America(RSNA).

Her hobbies are cooking, flower gardening, playing Tennis and listening to Christian music.

Dr. Dzefi-Tetty believes that with God's grace she would lead the Radiology Sub-BMC to provide high quality advanced imaging services, outstanding patient care and service and excellence in education of Residents, Allied health professionals, students, and research activities.



## PROFILE OF DR. JAMES EDWARD MENSAH

**D**r. James Edward Mensah is the new head of the Department of Surgery.

A product of the Adisadel College and the University of Ghana Medical School, Dr J. E. Mensah is currently a Consultant Urologist at the Korle Bu Teaching Hospital and a Senior Lecturer at the University of Ghana School of Medicine and Dentistry.

He holds a Bachelor of Medicine and Bachelor of Surgery, and is a Fellow of the West African College of Surgeons and the Ghana College of Physicians and Surgeons. He is also the Vice President of the Ghana Association of Urological Surgeons (GAUS).

Dr. J.E Mensah did his housemanship and residency at Korle Bu Teaching Hospital and attained the rank of a Consultant in Urology before joining the University of Ghana, School of Medicine and Dentistry in 2009. He performs and trains Urology residents in complex urological procedures such as Radical Retropubic Prostatectomy, Brachytherapy and Bladder reconstruction (Neo-Bladders).

Dr. J.E. Mensah has been instrumental in the acquisition of state-of-the-art urological equipment from benevolent individuals and organisations towards the improvement and access to complex urological surgeries such as treatment of kidney stones, treatment of enlarged prostates and ultrasound guided biopsies of prostates.

This has ensured that patients, who, otherwise, would have travelled outside to have these surgical operations done, now have the opportunity of having it done locally at a reduced cost. This has made these operations

accessible and affordable to the ordinary Ghanaian. It has also provided hands on learning opportunities for medical students and trainees in urology.

Dr J.E. Mensah has co-authored several books and publications. He has over 32 publications in peer reviewed journals; particularly in the areas of genito-urinary reconstruction and treatment of prostate cancer and has written four (4) book chapters.

In support of giving back to society, Dr Mensah has enrolled on several surgical outreach programmes to the Northern, Brong Ahafo, Eastern and Central regions of Ghana operating on patients and building the capacity of local doctors in knowledge and surgical skills in Urology.

He is well recognized locally and internationally for his contribution to the early detection and treatment of prostate cancers in Ghana. The highest recognition of his contribution to urological care in Ghana came in 2016 when he was nominated and conferred with a state honour of a "Membership of the Order of Volta" by the then President of Ghana. Dr J.E Mensah is married and has three children.



**DR. JAMES EDWARD MENSAH**

## PROFILE OF DR. FREDERICK KWARTENG



**DR. FREDERICK KWARTENG**

**D**r. Frederick Kwarteng is the head of department for Accident and Emergency/Trauma Orthopedics. He was the HOD of Trauma Orthopedics and the Acting HOD of Accident and Emergency.

Following the regularisation of appointment of departmental heads, the Board of Korle Bu appointed him the new substantive head for A&E Centre /Trauma Orthopedics.

Dr. Kwarteng is a Consultant Orthopaedic and Trauma Surgeon and a fellow of the West African College of Surgeons.

As the substantive head, Dr. Kwarteng intends to sustain the momentum of reorganising the A&E Centre as the preferred Centre of choice for emergency care. He also hopes to enhance orthopaedic services for it to become a Centre of Excellence.

## PROFILE OF DR PATRICK ADJEI

**D**r Patrick Adjei is the substantive Head of Department of Medicine and Therapeutics, a position he has held since August 2016 and his appointment has been regularised recently by the Korle Bu Board.

Dr Adjei attained a BSc in Medical Sciences in the year 1997 and an MB CHB in Bachelor of Medicine and Surgery in 2001 at the University of Ghana, School of Medicine and Dentistry. He later proceeded to the University College of London's Institute of Neurology to pursue an MSc in Clinical Neurology in 2007 and later, a PhD in Clinical Neuroscience in 2011 at the same Institute.

He also has a membership and fellowship in Internal Medicine from the West African Postgraduate Medical College, Lagos, Nigeria in 2006 and 2015 respectively.

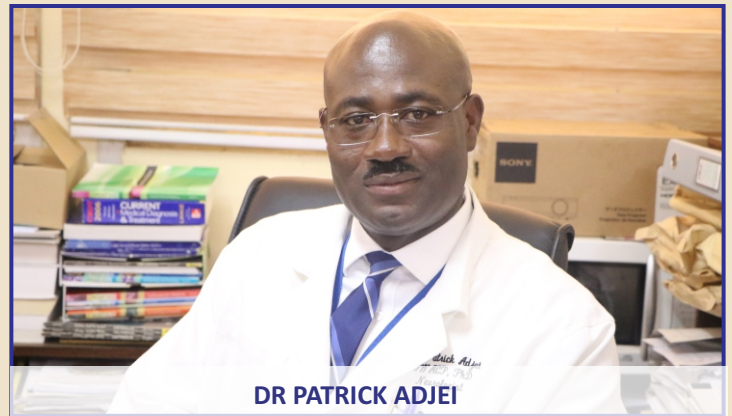
Dr Adjei is a lecturer at the Department of Medicine and Therapeutics, School of Medicine and Dentistry, College of Health Sciences, University of Ghana, and with his great leadership, has risen to the rank of senior lecturer.

He was the Head of Unit for Neurology and Endocrinology

unit department of Medicine and Therapeutics at the KBTH from 2012 to 2016.

Dr Adjei was a member of Korle Bu Scientific and Technical Committee, and also a member of the Protocol and Ethical Review Committee, University of Ghana School of Medicine and Dentistry, and is currently a member of the Technical Advisory Committee on Safety of Medicines, Food and Drugs Authority, Ghana, among many other positions and honours.

He continues to aspire as an academic clinician in Neurology and General Internal Medicine, applying clinical research outcomes in neurology and medicine to achieve optimum care for his patients. He is married with three Children.



DR PATRICK ADJEI

## Korle Bu to Perform Kidney Transplantation

**T**he Renal Dialysis Unit in collaboration with Queen Elizabeth Hospital, Birmingham, is preparing to perform kidney transplantation for four potential kidney failure patients with compatible donors.

The Hospital started kidney transplantation in 2008 and has since performed the procedure for at least 18 patients. The transplant procedure will recommence in October 2019 and is expected to restore a meaningful life to patients, improve their quality of life and prolong their survival.

The current transplant programme will be funded by First Sky Group, a construction firm which will pay for the accommodation, feeding and airfare of the transplant team from Queen Elizabeth Hospital in Birmingham, UK. This will reduce the cost of treatment for the patients.

First Sky Group has over the years been paying millions of cedis to the Renal Dialysis Unit of the Hospital to support the treatment of patients with kidney failure.



Since December 2016, First Sky Group has donated Four million, Six Hundred and Thirty-five Thousand Cedis (GHC 4,635,000) and a brand-new Toyota Hilux pickup to the Renal Dialysis Unit.

This donation has benefited over Two Thousand Three Hundred and Ninety-Two (2,392) patients who receive free dialysis every week.

Mr. Eric Seddy Kutorse, Chairman of First Sky Group, said his Company remains committed to supporting patients with kidney conditions.



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## KORLE BU: EXPERTS IN KIDNEY STONES REMOVAL

He said the plan is to make Korle Bu the centre of excellence in kidney stones surgeries in West Africa.

“We hope to make the team here (in Korle Bu) into Africa-wide renowned experts in stone surgeries” and thereafter, leave the training of Africa to Africans” he added.



The Hospital Team and officials from Medi Tech Trust who undertook the surgery. The lead members were Dr Evans Akpakli (in the middle with green cap) and Mr. Graham Watson.

Dr Evans Akpakli, a Senior Specialist in the Hospital expressed excitement at the new intervention and said it will reduce financial burdens on patients as they would not have to pay full cost, as well as reduce the morbidity associated with open surgery.

### PROCEDURE

A retrograde pyelogram is done to locate the stone in the kidney. With a small one centimeter incision in

the loin, the percutaneous nephrolithotomy (PCN) needle is passed into the pelvis of the kidney.

The position of the needle is confirmed by fluoroscopy. A guide wire is passed through the needle into the pelvis. The needle is then withdrawn with the guide wire still inside the pelvis. Over the guide wire the dilators are passed and a working sheath is introduced.

A nephroscope is then passed inside and the stones taken out.

In case the stone is big it may first have to be crushed using ultrasound lithotripter probes and then the stone fragments removed.



Stones removed from a patient's kidney

## UPDATE ON PAPERLESS SYSTEM: Training of Trainer Programmes Ends

Tremendous progress has been made in the implementation of the paperless system at the Korle Bu Polyclinic/Family Medicine Sub-BMC.

Currently, a Training of Trainers (TOT) session is being organized for various categories of staff. The last session of this training was being organized for staff of the National Health Insurance Unit of the Hospital led by Head of the NHIS Unit, Mr. Emmanuel Khavi.

The training, which commenced on Monday, 19 August 2019 ended on Wednesday, 28 August 2019.

The TOT programme seeks to equip participants with hands-on knowledge on how the eHealth software will operate when rolled out.

Participants are expected to train other users of the software in their various units for effective and efficient service delivery.

Trainees were drawn from all units of the Department of Polyclinic/Family Medicine, KBTH Main Administration and IT personnel who would manage the system on behalf of Korle Bu when the consultants hand over operation of the System.



Mr Khavi taking participants through the process



# MOTHERCRAFT GRADUATION CEREMONY

The first graduation ceremony was held for mothers who attend the Mothercraft classes in the course of their pregnancy. The class takes place every 2<sup>nd</sup> and 4<sup>th</sup> week of the month at the Maternity Outpatient Department. The ceremony saw the Medical Director, Dr. Ali Samba; Dr. Philip Amoo, Dr Oppong and other senior officers gracing the occasion. The participants received certificates and parcels for being part of the Mothercraft class



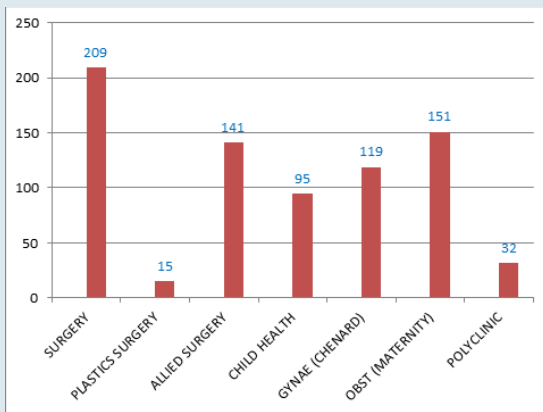


## SIGNIFICANCE OF SOCIAL WELFARE UNIT IN THE MANAGEMENT OF PATIENTS

### NEW CASES REFERRED

The total new cases handled during the period comprises of Ninety-five (95) from the Child Health Department, Two Hundred and Seventy (270) from Obstetrics and Gynaecology, Thirty-two (32) from Polyclinic and the remaining Three Hundred and Sixty-five (365) being Medical, Accident and Surgical related.

The chart below shows the number of cases referred from the various Departments to the Unit. **Table 2: NEW CASES 2018**



### PAYMENT BY INSTALMENT, 2018

A greater percentage of the cases mainly involved those who could not pay their Hospital bills and were recommended for monthly installments. The Unit granted Five Hundred and Sixty-four (564) patients with part payment facility.

**Table 3: INSTALMENT FACILITY**

DEPARTMENT	NO. OF CASES	TOTAL BILL GHc	AMOUNT PAID GHc	BALANCE DUE GHc
SURGICAL	177	483,642.73	247,623.65	236,019.08
MATERNITY	191	248,969.67	156,950.91	92,018.76
PLASTICS SURGERY	4	31,283.73	17,652.20	13,631.53
ACCI (Pilot Area) ORTHOPEADICS	31	73,370.14	41,828.07	31,542.07
NEW ALLIED SURGERY	3	12,817.60	6,279.00	6,538.60
CHILD HEALTH	33	28,371.54	16,411.30	11,960.24
CHENARD	112	238,764.00	125,304.68	113,459.32
POLYCLINIC	-	-	-	-
MEDICAL	13	21,151.93	7,887.57	13,264.36
SME	-	-	-	-
<b>TOTAL</b>	<b>564</b>	<b>1,138,371.34</b>	<b>619,937.38</b>	<b>518,433.96</b>
		<b>100%</b>	<b>54.5%</b>	<b>45.5%</b>

### CASE WORK

The Unit provides counseling services to patients and their families, help determine appropriate health care needs of patients. Six Hundred and Ninety-eight (698) cases, representing 90% referred to the Unit were counseled in 2018. Relations who have abandoned their patients at the ward were invited and counseled to support them.

Denial of paternity cases and others which were beyond our jurisdiction were referred to DOVVSU and family tribunal for legal considerations.

### CONTACTING OF PATIENTS RELATIVES

The Unit was able to contact Seven Hundred and Thirteen (713) relations of cases referred, representing 92%, mostly on telephones and follow-ups to solicit financial support. Some contacts were fruitful while others were greeted with disappointment because some relatives vehemently denied their patients due to lack of commitment.

### EXTERNAL SUPPORT

The Unit received donations of GHc79,730.22 from eight (8) philanthropists to take care of the medical bills of Ninety-six (96) patients who were being managed at the Hospital. The Unit also, through support from GPRTU, provided free transport for patients and their families. We liaised with Embassies to repatriate their nationals who were stranded at the Hospital.

### CHILD WELFARE

The Unit intervened in child maltreatment by investigating cases of child abuse. The Unit aided children in alleviating their problems and improving their well being. The Unit also assisted abandoned babies and abused children by providing them with care and protection.

### ADVOCACY

The Social Welfare Unit also teamed up with community nurses in health promotion programs especially in the area of reproductive health. Social Workers also served as a vital link between patients and the Hospital by educating them on basic social issues. The Unit also advocated and encourage patients and their relations to register with the National Health Insurance Scheme.

### CONCLUSION

It is hoped that the Unit will continue to serve its purpose towards the disadvantaged in the Hospital and the society at large.

DAVID LAMPTEY  
HEAD, SOCIAL WELFARE UNIT

## **NEW EXECUTIVE ASSISTANT/EXTERNAL AID COORDINATOR**

**M**s. Bernice Ofosu is the new Executive Assistant to the Chief Executive and External Aid Coordinator for the Hospital.

In her role, she would be responsible for providing direction for the efficient management of plans and programmes of the CEO. In addition, she will coordinate Korle Bu's engagement with development partners in the interest of the Hospital.

Ms. Ofosu is a nurse by profession and has over 13 years of experience in the field of health.

Before her current appointment in July 2019, Bernice was responsible for providing Public Health perspective and orientation to clinical work at the Department of Obstetrics and Gynaecology.

Among her many achievements, she collaborated with the leadership of O&G in establishing the first ever on-site blood donation exercise that contributed to the lowest ever maternal mortality ratio in the Hospital.

Ms. Ofosu holds a Master of Public Health (MPH) degree and an Executive Master of Business Administration (EMBA) degree with a specialty in Project Management; both from the University of

Ghana. In addition, she holds certificates from the following fields: Implementing Enterprise-Wide Transformation from the Massachusetts Institute of Technology, Sloan School of Management; International Business from the Fox School of Business, Institute of Global Management, Temple University in Philadelphia, Pennsylvania; Executive Education in Leadership and Change Management from Yale School of Management, New-Haven Connecticut.

She was the only Ghanaian selected to participate in the maiden Oxford-Aspen seminar in 2018 on Responsible Leadership for 20 young business leaders across the globe in the Said Business School, University of Oxford, UK after a rigorous recruitment and selection process.

Ms. Bernice Ofosu has served on several committees in the Hospital and has been involved with global teams developing strategies for healthcare facilities including Medical Tourism.

Throughout her career, Bernice has been innovative and committed to making a difference which she hopes to bring to her new office; as she presses on with the agenda of being a global change agent.



Ms. Bernice Ofosu

## **Appointment of Anglican Representative**

**T**he Anglican Diocese of Accra has appointed Reverend Canon Emmanuel Quashie Quarcoo as the Anglican representative in the Hospital. His appointment took effect from May 1, 2019.

*The Korle Bu Bulletin* urges all staff to accord him the necessary courtesies and recognition to enable him discharge his duties.



Rev. Canon Emmanuel Quashie Quarcoo



## **SORE THROAT CAN LEAD TO “BROKEN HEART”; A REASON YOU SHOULD ADHERE TO YOUR ANTIBIOTIC PROTOCOL**

**S**ore throat, a condition medically referred to as Pharyngitis, is characterized by painful throat irritation, cough and fever. An exudate may also form at the tonsil and pharynx (an observation that can only be made by your health practitioner).

Sore throat has many etiological factors including bacterial infection, viral infection, allergy, trauma, toxins and neoplasm. Of most concern is the one caused by bacterial infection, an etiological factor that will require that your healthcare provider prescribes an antibiotic therapy for you.

The bacteria mostly implicated in the development of sore throat belong to a group of bacteria known as Group A Beta Hemolytic; Streptococcus Pyogenes. When your healthcare provider prescribes antibiotics for your sore throat it is because he is convinced that your sore throat is as a result of bacterial infections based on laboratory workout and/or history presented.

An untreated or improperly treated Streptococcal pyogene infection can lead to a sequelae known as Post Streptococcal Diseases including Rheumatic fever, Arthritis and Acute Glomerulonephritis (a disease of the kidney, if your streptococcal infection affected the skin).

Rheumatic fever is an autoimmune inflammatory disease that develops as a sequela of streptococcal

infection. An early exposure predisposes one to repeated episode of Acute Rheumatic Fever (ARF). It is estimated that the risk of developing ARF after an episodes of pharyngitis is 0.3%-3%.

ARF results from a cross reaction of the antigen of some strains of the bacteria with antigens on human heart cells resulting in the production of antibodies against it. The disease results in damage to the heart valves and eventually a heart failure. The good news is that prompt treatment with prescribed antibiotic can prevent post streptococcal diseases.

As simple as a sore throat may be, you need to see your healthcare provider and when an antibiotic therapy is prescribed be sure to complete the full course even if you think you are better because now you know sore throat can lead to “broken heart”.

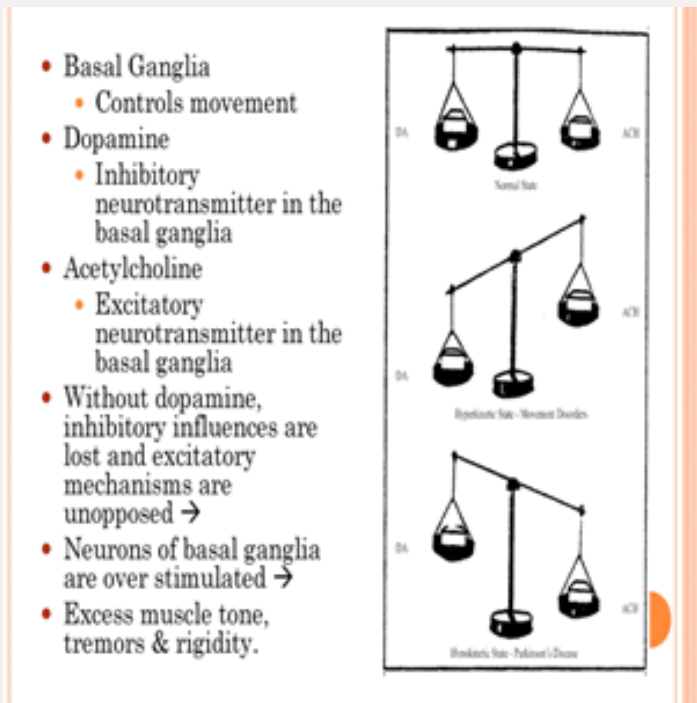
By : A w i a g a h S h e r r i f K w a m e  
(awiagahsherrif@yahoo.com)



## FALLS AND FALL PREVENTION IN PARKINSON'S DISEASE

**P**arkinson's Disease (PD) is a neurodegenerative disease characterised by motor and non-motor symptoms, both of which negatively impact patients' quality of life (Ma et al. 2016) and worsen with disease progression (Hely et al., 2005).

These symptoms degenerate into variable physical impairments with poor balance, reduced physical activity and severe walking impairments (Hwang et al., 2012) which eventually lead to increase falls, loss of independence and immobility (Morris et al., 2000). These impairments develop as a result of dysfunction of the Basal Ganglia (BG) due to reduction in dopamine levels in the brain.



The Basal Ganglia (BG) plays a major role in voluntary movement of the human body. It consists of four functional circuits including the thalamus and cortex which explains the diversity of movement disorders associated with basal ganglia dysfunction (DeLong, 2000). These are the skeletomotor, oculomotor, prefrontal and limbic circuits.

In normal movement, the BG, together with the supplementary motor areas trigger the performance of sequential movement components. Dopamine levels and Basal Ganglia Function in Parkinson's disease

- Low blood pressure – In orthostatic or postural hypotension due to rapid change in posture.
- Eyesight – In the form of blurred vision or difficulty in judging space
- Hazards in the home or the workplace - Littering

of objects and rags on the floor, spilled water.

- Poor nutrition
- Incontinence – Difficulty in controlling urine
- Cognition

Despite pharmacological interventions, gait deficits including start hesitation, shuffling and festinating gait, propulsion and Freezing of Gait (FOG) become evident with PD progression leading to frequent falls and decreased mobility and independence (Morris, 2000). However, participating in structured mobility rehabilitation programme that have proven to cause sustained changes in physical functioning should be explored to improve patients' level of activity and participation. The following strategies could be adopted to prevent falls in PD.

- Remember to take all PD medications appropriately to reduce symptoms like poor gait and freezing.
- Postural correction against the wall.
- Ball exercise (throwing and catching of ball).
- Gait training (over-ground or treadmill walking) with the use of cues: visual or auditory
- Gait training using obstacle course walking
- Balance training eg. Sit-to-stand exercise, treadmill walking
- Transfer training eg. Sit-to-stand, breakdown complex tasks into smaller bits and steps.
- Reaching and grasping exercise.
- Dance therapy.
- Stretches and flexibility exercise. eg. cycling
- Strength training eg. Squats, dumbbell exercise, pulley exercise with weights
- Use of appropriate walking aids
- Wear appropriate footwear.
- Clear walkways and the home or office environment of all obstacles like rugs or loose wires.
- Fit side rails along stairs, in the bath and toilets
- Practising safe-falling techniques

Falls are very dangerous and sometimes could be fatal. Try to avoid falls and follow these tips to walk well.

- Pay attention to every step.
- Avoid multitasking
- Consciously swing your arms to improve balance.
- Consciously lift your feet off the ground (ie. avoid dragging)
- Try to keep your feet and shoulder width apart.



## Abedru, The Pregnant Woman's Friend

**P**regnancy is the only period in life when a woman's eating habits directly affects another person. The decision to incorporate delicious vegetables, whole grains and legumes, lean protein and other food choices into your eating plan before and during pregnancy will give your baby a strong start in life. One nutrient that is critical in pregnancy is iron.

Because blood volume increases during pregnancy, there must be a corresponding increase in iron and other blood forming nutrients to ensure the well-being of both baby and mother. This is the reason why doctors prescribe iron supplements for pregnant women.

Interestingly, many women complain of side effects on taking the iron supplements. The most frequent complaints are nausea and constipation. Because of this, compliance is often very poor and as a result many pregnant women get anaemic, especially if they are not able to eat too well as a result of common pregnancy complaints like nausea, vomiting and heartburn.

For us dieticians, one important vegetable we frequently recommend as part of an iron-rich diet to combat anemia in pregnancy is Abeduru/Kwahunsunsua (Turkey berry). This vegetable is a superstar when it comes to providing iron because it is rich in both iron and Vitamin C. Iron absorption is greatly enhanced in the presence

of Vitamin C, then presto! You have a superstar in hand! Boil and blend with its own boiling water and add to soups and stews and watch your HB values rise.

Do not boil for too long as that may destroy some of its vitamin C content. Have other iron rich vegetables such as kontonmire, aleefu, cabbage, lettuce and gbooma everyday as soups and stews to further boost your blood profile.

Other iron sources are whole grain cereals and their products like bread, corn/maize (and their products) and oats. Very good sources of iron include meats, poultry and other animal product e.g. liver, but unlike abeduru and the other green leafy vegetables, these animal products can be quite high in calories because of their saturated fat content and must be eaten in moderation.

It's not a myth, I have seen many pregnant women's blood profiles improve with consistent intake of abeduru and other green leafy vegetables!

In addition to all the medication your doctor will prescribe, try this one also and remember to give me feedback.

Laurene Boateng  
Dietitian

(Article was culled from KBTH Mothercraft leaflet, May Edition)



**Abedru/Turkey Berries**



# PIX IN BITS



The CEO of Pharmatrust Limited, Pharm. Anthony Kwame Adjepong (right) donated packs of Antimalaria Lumetrust to the Hospital. Dr. Amah Nkansah, DDOP (left) receiving the items.



The newly inaugurated Audit Committee:  
The members are from L-R: Mr. Stephen Perdison (Co-opted member), Mr. Francis Nsiah-Afriyie (Member-ICAG), Adelaide Obeng-Kesse (Secretary), Mr. Samuel Danquah- Arkurst (Chairman-IAA),

Dr. Daniel Asare (member), Mr. Charles Hagem Dodoo (Member-IAA), Mr. Maxwell Doh (Co-opted member), Mr. Munir Alhassan (member) and Mr Jerry Ahmed Shaib (not in the picture)



The Hospital had its mid-year performance review to assess progress made so far. The meeting was to encourage all staff to put in the necessary effort to complete earmarked activities for a successful 2019.



The Executive Club, an NGO, repainted the Ward C of the Orthopaedic Department as part its Social responsibility drive.



The Public Relations Unit in collaboration with Management of Obst. & Gynae, organised a 2-day customer care training for nurses at the Maternity Department



Sickle Cell Awareness Initiative has renovated and handed over an expanded Outpatient Department to Ghana Institute Of Clinical Genetics. The Director of Medical Affairs, Dr. Ali Samba cutting the tape.

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