



PRESIDENT AKUFO-ADDO CUTS SOD FOR NEW 400-BED MATERNITY BLOCK; 101-BED UROLOGY & NEPHROLOGY CENTRE AT KORLE BU

The President of the Republic, Nana Addo Dankwa Akufo-Addo, on Tuesday, 11th August 2020, cut the sod for the construction and equipping of a 12-storey 400 bed Maternity and Gynaecological Centre, and a 2-storey 101 bed Urology & Nephrology Centre at the Korle Bu Teaching Hospital.

It will be recalled that, on 6th December, 2018, during a visit to Korle Bu to commission the GNPC Intensive Care Unit (ICU) of the National Reconstructive Plastic Surgery and Burns Centre, the President was struck by the poor state of the Maternity Block.

“I promised to remedy the situation, as the current state

of the building is not fit for purpose. Today's ceremony is a fulfilment of the pledge I made,” he said.

President Akufo-Addo noted that the commencement of work on these two projects, in addition to the re-activation of construction works on the abandoned 750-bed Maternity and Children's Block at the Komfo Anokye Teaching Hospital in Kumasi, will significantly reduce maternal and neonatal mortality rates in the country.

This, he explained, was a testimony of Government's commitment to improve Ghana's healthcare infrastructure and move the country steadily towards the

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PRESIDENT CUTS SOD

goal of achieving universal healthcare coverage for all.

Once completed, the 400-bed Maternity Block, President Akufo-Addo said, “will contribute to addressing the persistent challenges of high maternal and child health morbidity and mortality in Ghana. It will also accelerate our progress towards the achievement of the SDGs through enhanced access to quality maternal and child health services.”



H.E Nana Addo Dankwa Akufo-Addo delivering his address

To this end, he said Government had secured one hundred and forty-five million, two hundred and twenty thousand euros (€145,220,000) from Standard Chartered Bank to cover the cost of the project, with an export credit guarantee from Swedish Export Credit towards the reconstruction of the maternity block.

Additionally, the Project has an insurance cover of some nineteen million euros (€18,973,024.85), and it is to be constructed through a joint venture entity known as HEDEBI JV. The partners of this group are Rizzani DE ECCHER, Bergam, and Hospital Engineering Ltd.

Once completed, the 12-storey maternity block will have a four hundred (400) bed capacity; twenty (20) labour delivery rooms; one hundred (100) seater waiting area; twenty-six (26) recovery wards; eighteen (18) treatment rooms; twenty-four (24) consulting rooms; seven (7) theatres; IVF services; ten (10) room accommodation for new mothers; thirty-two (32) seater restaurant, with a preparation area; and an emergency unit with its own triage and operating theatre.

Indeed, once completed, the Centre will be the first public facility to deliver IVF services in the Country.

Urology and Nephrology Centre

Cutting the sod for the construction of the €38 million Urology and Nephrology Centre of Excellence, also at the Korle Bu Teaching Hospital, President Akufo-Addo stated that the project is being funded by Raiffeisen Bank International AG Ltd of Austria, with OeKB Group, also from Austria, providing insurance cover of €4,666,950.

Once completed, it will offer advanced treatment for persons with genito-urinary conditions, chronic and acute kidney failures, as well as nephrology services such as kidney transplants.

“The two (2) storey Urology and Nephrology Centre will have a thirty-one (31) suite dialysis station for persons with kidney disorders, and seventy (70) beds for genito-urinary patients.

The Centre will also provide out-patient services, and serve as a resource base to conduct research into urology and nephrology cases,” he said.

The President was confident that the construction of the two facilities will put Korle Bu “in a strong position to give meaning to medical tourism services to neighbouring countries, thereby increasing its revenue base to expand services”.

The Minister for Health, Hon. Kwaku Agyeman-Manu indicated that the Urology and Nephrology Centre had been on the drawing board since 2005, but it took the bold decision of President Akufo-Addo to see to its commencement. He was therefore grateful to government for his efforts in maintaining a robust health system.

The Chief Executive Officer of the Hospital, Dr Daniel Asare, thanked the President and the Ministry of Health for the tremendous support the Hospital has received from government.



His Excellency with some dignitaries at the event

The World At War - The Virus versus Humanity

Edem, Nukunu (BS, M.D) & Kwame Sherrif Awiagah (BSc, MPhil)

Introduction

An Influenza pandemic in 1918 could be considered to be the most fatal event in human chronicle constituting about 50 million and more deaths, which could be equated to in magnitude of 200 million in the global population today.

For more than a century, it has stood as a benchmark against which all other pandemics and disease emergences have been measured. As scientists across the globe remember the 1918 pandemic, there is another global pandemic and infectious-disease - novel coronavirus infectious disease (Covid-19) caused by the Severe Acute Respiratory Syndrome Coronavirus-2 (SARS-CoV-2) reported in December 2019 by Health Authorities in Wuhan, Hubei Province, China. This could be considered as the first modern pandemic even though speculations thought Ebola outbreak in West Africa could qualify as such.

This pandemic has summoned all of humanity against the virus. Its negative effect on humanity videlicet health, wealth, businesses and well-being is already enormous. This is synonymous to a world war except in this case it is not humanity against humanity but humanity on one side against an invisible virus.

In the early stages of Covid-19 infection, most patients presented with symptoms of fever, dry cough and shortness of breath that may rapidly result in severe respiratory distress syndrome, respiratory failure, multi-organ failure and death. Among cases reported in Iran and U.K, the www.dailymail.co.uk has reported that patients have newer symptoms such as fatigue, insomnia and loss of smell with a complete absence of fever though 70% of cases could present symptoms described by the World Health Organisation.

A research finding of COVID-19 among 408 homeless people in Boston shows a 36% positivity rate and 87.8% asymptomatic carriers. These results suggest that symptom screening may not adequately capture the extent of the disease transmission in high-risk settings.

The World Health Organization (WHO) Notified

WHO, an organization established 72years ago with the mandate to direct and coordinate issues of international health within the United Nations System was notified of a rapidly spreading pneumonia of unknown origin on January 7th, 2020 by the Chinese Health Authority.

The organization has since been working with all partners by advising member countries on measures to contain the virus and treat infected people among other things.

By the end of January, the virus had been exported to several countries in Europe and rapidly spreading, pressing on the World Health Organization (WHO) to

declare the outbreak as a Public Health Emergency of International Concern on 30 January 2020, guided by the International Health Regulations (2005).

The Virus: SARS-Cov-2

The novel coronavirus currently in circulation is a member of the family Coronaviridae. Until the discovery of this novel coronavirus, six coronaviruses are known to infect humans; the alpha coronaviruses 229E and NL63 and the beta coronaviruses OC43, HKU1, SARS-CoV, and MERS-CoV.

All known coronaviruses were isolated from animals and infect animals than humans with some infecting more than one different species of animals.

The new coronavirus SARS-Cov-2 like other members of the family is enveloped with unsegmented single-stranded positive-sense RNA with a pleomorphic (appearing in different forms) and circular structure measuring about 60-140 nm in diameter.

According to the Chinese scientists, the whole sequenced genome SARS-Cov-2 showed 96.2% similarity to SARS-related coronavirus and <80% similarity to SARS-CoV isolated from bats in China. Scientists from the University of Ghana have also sequenced the genome of SARS-Cov-2 circulating in Ghana as a way to strengthen their surveillance effort.

All 15 genomes as asserted by the University of Ghana in greater extents resembled (with > 92% similarity) the reference strain that was isolated in Wuhan, China. Signifying the viral strain has not significantly changed as the country is battling with the same pathogen which the rest of the world is battling against.

However, recent reports have indicated some mutations in the circulating virus in different regions. It is important to note that mutations are common by-products of viral replication and does not exactly confirm a change in function and biology of the virus.

Mutations that eventually result in new strains of viruses can produce a more virulent virus that is capable of out-witting drugs and vaccines being developed or may also result in a virus that is less virulent compared with the original strain. Research is currently ongoing to ascertain whether or not the mutations been reported has resulted in a change in function and/or the biology of the circulating SARS-Cov-2 and hence different strains.

Scientists at Senegal's Institute de Pasteur had also shown some sense of urgency by developing a simple test kit that is cost-effective to test for the infection. Other Pharmaceutical agencies in Ghana in partnership with the Kumasi Centre for Collaborative Research (KCCR) had also developed a rapid diagnostic test kit yet to be certified

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The World At War - The Virus versus Humanity

by the country's Food and Drug Authority (FDA).

The virus is believed to have jumped species from animals to humans and now been transmitted between humans through respiratory droplets from coughing, sneezing, spitting and aerosol-generating procedures by clinicians. Scientists, including public/Global health professionals, believe the virus might have had an intermediary host before jumping onto humans. With an incubation period of 7 to 14 days, asymptomatic carriers are reported to be the major source of transmission.

The Statistics

As of August 8, 2020, 213 countries around the world and 2 international conveyances had been affected by the virus, with a cumulative reported confirmed cases of 18, 379,913 resulting in 11, 590,880 recoveries and 695, 311 deaths.

As a pandemic, Ghana is also affected with an estimated 37,312 cases, 34,313 recoveries and 191 deaths as of August 8, 2020. Death rates are highest among people aged 70 and above; and people with underlying diseases such as diabetes, hypertension and asthma.

The Frontline Health Worker

Research shows that frontline health workers have three (3) fold rise in the risk for covid-19 as a result of their proximity to confirmed, suspected or patient with covid-19 but has not met the criteria for suspected covid-19.

Reports from Wuhan, China where a large cluster of infections among health workers occurred is an example of how frontline health workers have increased risk of covid-19.

With over 1.4million health workers infected by SARS-Cov-2 globally in their line of duty, representing about 10% of the global cases, the supply of essential Personal Protective Equipment (PPE) remains a global challenge.

In Ghana, over 2,000 health workers have been infected with the virus resulting in more than 16 deaths by 9th of July, 2020. The various professional bodies within the health sector workforce have indicated time and again how their members lacked the essential PPE needed to protect them while taking care of Covid-19 and potentially Covid-19 patients. It appears there is more to be done by the government to overcome the challenges if the local war against covid-19 must be won.

The government of Ghana as a way of motivating frontline health workers who place their lives on the line for the good of the Ghanaian public introduced income tax waivers and other financial incentives, including insurance package for frontline health workers.

Africa and the Ghana Perspective

The African region experiences around 100 public health events annually, of which 80% are caused by infectious

diseases. Although only a portion of these public health events are caused by emerging and dangerous pathogens (EDP), recurring outbreaks of diseases such as Ebola Virus Disease (EVD) and Dengue Fever is a feature of the regional situation and in recent times the global outbreak of SARS-CoV-2 could not be ruled out. The health impact of COVID-19 probably differs in African settings as compared to countries in Europe or Asia. This may be due to demographic, epidemiological, environmental, socio-economic and behavioral differences. West African countries especially Guinea, DR Congo, Sierra Leon and Liberia having dealt with 2014/2015 deadly Ebola pandemic in the region have been faced again with the challenges of SARS-CoV-2.

Using the global parameters as a benchmark, cases in Africa is generally low, however, the continent continues to record cases daily causing a rise in daily cases especially in West African countries. This contradicted earlier claims that the coronavirus may not likely be able to survive in West Africa due to the tropical climate in the regions. Notwithstanding, fatality rate is at its low side compared to temperate regions like Europe.

As a continent which has been implicated in many research findings as least prepared to manage pandemic and other health emergencies, African Union member states under the guidance of the Africa Centers for Disease Control and Prevention (Africa CDC) have strengthened testing capacities in over 30 African countries including genome sequencing to understand the virus-specific strain in each country.

Most countries in West Africa, like many others in Europe and America, has deployed at the beginning of the pandemic preventive measures as a way of curbing the disease through social distancing. The measures which are mostly banning social gatherings of all forms, closure of schools, some markets excluding those in food supply chain and border closures.

By the beginning of May, the Africa CDC had reported that, on physical distancing measures, 43 Africa countries had implemented full border closure and among these some allows cargo, freight and emergency entry/exit while others allow residents/citizens, but borders are imperatively closed; seven countries issued international air traffic closures, two implemented travel restrictions to and from specific countries and three installed entry/exit restrictions.

In light of this, all 54 member states of the African Union instituted mandatory quarantine for all travelers and/ or travelers from high-risk countries and have instituted a ban on all public gatherings; 53 member states have closed down all its school, 19 has placed limits on prisons and hospital visitations, 15 engaged in mass screening and testing and has initiated and encouraged public use of face mask.

implemented night-time curfews. To be cont'd in the next Edition

PROTOCOL FOR UNRESPONSIVE PATIENTS BROUGHT TO THE ACCIDENT AND EMERGENCY CENTRE, KORLE BU TEACHING HOSPITAL

This protocol is the outcome of the many inconsistencies surrounding the unconscious patient who was brought to the Emergency Unit and declared dead on arrival.

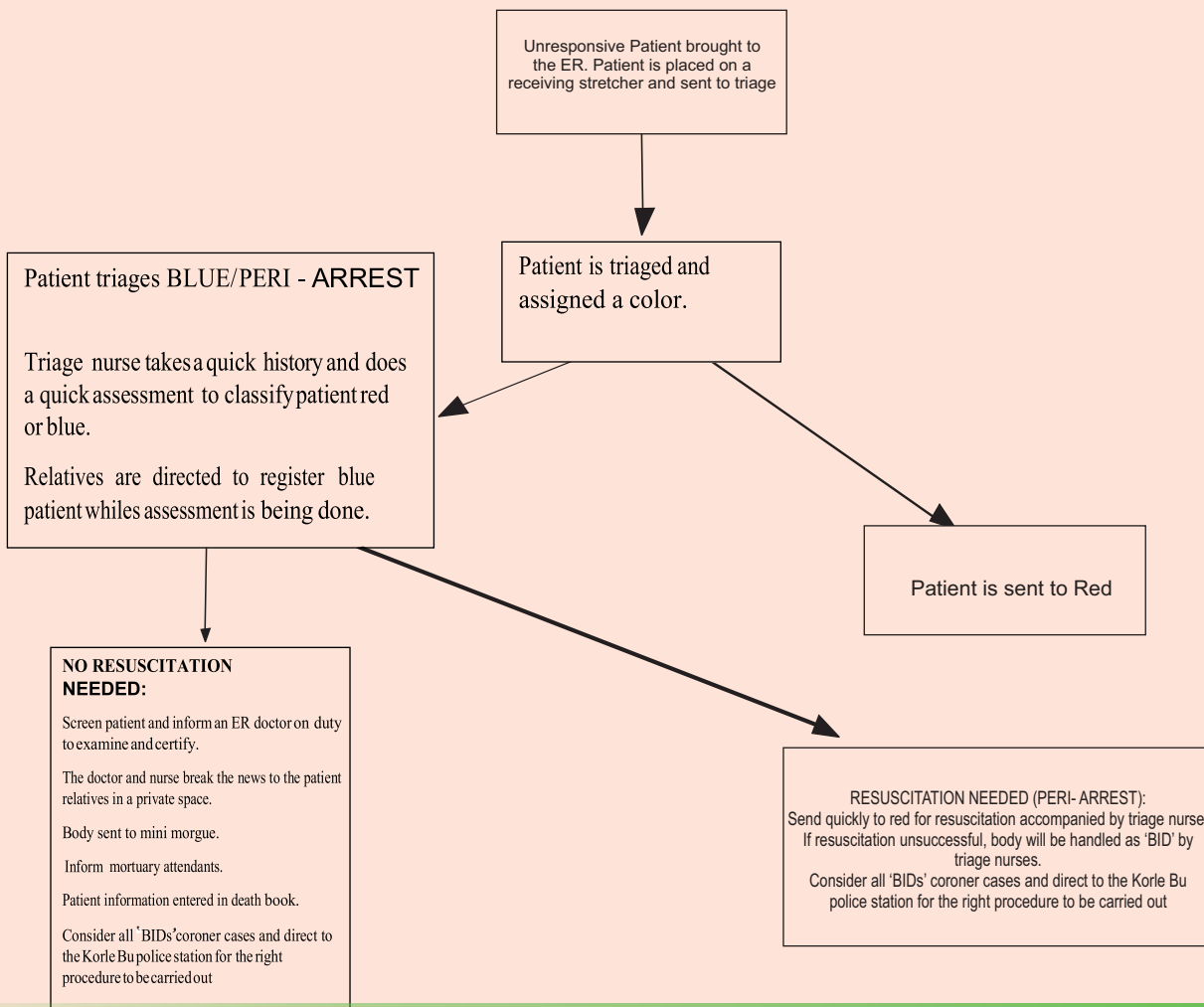
The management of the Accident & Emergency Centre, in its effective processes with respect to patients constituted this committee to come up with a protocol to address the issues of patients ‘brought in dead’. The committee was constituted on 8th June, 2020 and started work on 9th June, 2020.

As the lead teaching hospital in Ghana, it is imperative to operate within the scope of clear clinical policies and guidelines that will help to ensure the safety of our patients and our staff at large, as well as to minimize the excessive use of discretion in our practice.

Special thanks to the members of this committee for their time and ‘brought in dead’ (BID) cases.

1. Dr. Henry Kwesi Bulley – EM Physician Specialist
2. Dr. Felicia Birch Freeman – EM Physician Specialist
3. Dr. Nana Serwaa Agyeman Quao – EM Physician Specialist
4. Dr. Janet Opare - Medical Officer
5. Dr. David Kobina Adu Biney - Medical Officer
6. DDNS Peace Nyasor - DDNS of Triage, Rainbow and Casualty
7. Pearl Adade - Emergency Nurse
8. Mr. Desmond Osenda– Pharmacist
9. Yaa Adutwumwaa Owusu-Ansah - EM Nurse Specialist

ALGORITHM FOR UNRESPONSIVE PATIENTS AT THE ACCIDENT AND EMERGENCY KORLE BU TEACHING HOSPITAL



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| <u>STEPS FOR EXAMINING A SUSPECTED BLUE PATIENT</u> | |
|--|---|
| 1. | Elicit verbal response by talking to patient. |
| 2. | Check for breathing |
| 3. | Elicit painful stimuli |
| 4. | Check carotid pulse |
| 5. | Check brainstem reflex: <ul style="list-style-type: none"> • Pupillary reflex • Corneal reflex • Doll's eye reflex • Gag reflex |
| 6. | Get a brief verbal history of events at the same time including past medical history, drugs. Get down time. If less than 30minutes, assess for possible resuscitation. NOTE: Conditions like electric shock, submersion/immersion in water should be sent to Red quickly even if down time is more than 30minutes. |
| | |

ALGORITHM FOR UNRESPONSIVE PATIENTS AT THE ACCIDENT AND EMERGENCY KORLE BU TEACHING HOSPITAL

1. At the entrance of the ED, porters are to receive unresponsive patients and put them on an available or reserved stretcher and sent to triage. There should be a reserved stretcher always.
 2. Patient is triaged and sent to Red.
 3. Patient triages BLUE.
- Trained triage nurse takes a quick history and does a quick assessment to classify patient as red or blue.
 - Relatives are directed to register blue patient while assessment is being done.
 - Blue patient does NOT NEED RESUSCITATION: screen patient and inform an emergency medical doctor to examine and certify.
 - The doctor and nurse break the news to the patient relatives. Breaking of news must be done in private space.
 - Body is moved to mini morgue by porters and put on concrete slabs. Mortuary men are called to come for the body.
 - Triage is responsible for making sure the slabs are empty by calling mortuary men to come for the bodies.
 - Details of patient are entered into the death book.
 - Blue patient NEEDS RESUSCITATION (Peri-arrest): Send quickly to Red for resuscitation accompanied by triage nurse.
 - If resuscitation unsuccessful, body will be handled as 'BID' by triage nurses.
 - Consider all 'BIDs' coroner cases and direct to the Korle Bu police station for the right procedure to be carried out.

RECOMMENDATIONS

Following deliberations on the development of a 'BID' protocol, the undermentioned were proposed:

Recruitment of porters is key in the implementation of the protocol.

- The Chain of success involves*
- o Presence of porters and trolleys
 - o Triage nurses and doctors
 - o Mortuary staff
 - o Hospital Management

Hospital Management must inform, educate and monitor all the members concerning their duties and responsibilities and be ready to hold them accountable for the success or otherwise of the chain.

- All clinical staff would require training to improve their emergency preparedness and responsiveness.
- The construction of slabs at the mini-morgue area should be treated with urgency.
- Availability of a counseling room to provide an enabling environment to relay information to the relatives of the deceased.
- The mortuary manager should be engaged to ensure timely conveyance of dead bodies.

PROVISION OF POST EXPOSURE PROPHYLAXIS SERVICES AT THE HIV ADHERENCE COUNSELING CENTER OF THE PHARMACY DEPARTMENT

Post exposure prophylaxis (PEP) refers to the taking of Antiretroviral (ART) medicines after being exposed to HIV to prevent becoming infected. It is usually expected to start within 72 hours after exposure to HIV.

PEP Can be Assessed if:

1. Exposed to HIV through sex (Sexual Assault, Unprotected consensual sex, Condom tear)
2. Needle Stick Injury
3. Mucous membrane exposure (Blood spills into Eyes, Mouth, Abraded skin)

What to do (behaviour) when Accessing PEP

- Don't panic, calm down – you have 72hours to act
- Do not be overwhelmed by the incident rather be alert to follow the protocol to assess PEP
- Be honest and respect the service provider and yourself for utmost care and support
- Be willing to adhere to the medication for 28 days
- Report any suspected adverse reaction associated with the Antiretroviral medicines

What to do when you get Needle Stick Injury or Mucous Membrane Spill/Splash

- Wash the area with soap under running water
- Do not squeeze the area to force bleeding
- Apply methylated spirit to the area (if available)
- Report to the In-charge (For documentation purposes)
- Move to access PEP as soon as possible (***required* sources HIV status** if available)
- Report to the Fevers Unit, Pharmacy Department's Counselling Unit or Public Health Unit
- You will be required to test for your current HIV status

What to do when you get exposed due to Sexual Assault

- Get the evidence (report the incident of assault immediately, don't rash to wash blood, sperm etc)

- Make a report to the Police
- Move for PEP and Emergency Contraceptive Pill (ECP) to prevent unwanted pregnancy

PEP Services at the Pharmacy Counseling Center

Psychological Support Services

- The response to persons with Needle Stick Injury, Mucous Membrane Exposures and Rape Survivors are not primarily shaped only by concerns around possible HIV infection but a comprehensive HIV prevention care involving PEP counselling, behavior modifications and emotional psychological support.

Administration of Medication

- Post Exposure Prophylaxis drugs are dispensed based on the assessment of the degree of exposure and the level of risk to HIV.
- Clients are linked/referred to the Gynae Department for the management of possible pregnancy (in the case of female rape survivors) and treatment for possible STI's (Syphilis, Gonorrhoea)
- Hepatitis B assessment is also done and appropriate care offered

Acknowledgment:

- 1) Dr. Daniel Ankrah (Director of Pharmacy)
- 2) Dr Raymond Ashalley Tetteh, (Consultant Pharmacist)
- 3) Pharm. Priscilla Ekpale (Dep. Dir, Pharmacy)



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ANAESTHETIC OVERVIEW FOR A LIVER RESECTION WITH LIMITED RESOURCES: A CASE STUDY OF HEPATOCELLULAR CARCINOMA FROM SCHISTOSOMA AND HEPATITIS B INFECTION

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ABSTRACT

This paper describes the anaesthetic technique used in a case of a 29-year-old African-male who underwent a Liver Resection (LR) for a solitary Hepatocellular Carcinoma Nodule secondary to Schistosoma and Chronic Hepatitis B infection within a resource-poor setting in sub-Saharan Africa. The client is known to have chronic Hepatitis B (HBV) infection but had no evidence of Schistosomiasis.

He presented with a three-week history of right upper quadrant abdominal pain, which was dull in nature and aggravated with meals. The imaging findings coupled with the high Alpha-fetoprotein (AFP) and the risk factor of chronic HBV infection led to a diagnosis of a solitary nodule hepatocellular carcinoma of the right lobe with a Child-Pugh Class of A. A decision was taken by the Multidisciplinary Team (MDT) for a possible LR.

Key anaesthetic techniques employed were as follows; keeping the client hypotensive intraoperatively using just Inhalational agents without any form of brain function monitoring till the tumour was resected to minimize bloodloss, cannulising the Radial artery using a 20G peripheral cannula, keeping the client normothermic using a Bair Hugger only and a thoracic epidural catheter for intra-op and post-op pain management, with no opioid given whatsoever.

Despite his deranged liver function (LFTs) pre-op, client was given IV Paracetamol, intraoperatively and in the first 24hrs post op. He was discharged post-op day three (3) and seen at the clinic two weeks after discharge with normal LFTs, downward trend alpha-fetoprotein, no complaints (not even of pain), no neurologic deficit and a pathology report confirming HCC with granulomatous Schistosoma.

INTRODUCTION

During the 1970s, perioperative mortality for hepatic resection (LR) was quoted around 20%, commonly because of uncontrollable bleeding (highly vascular organ) and postoperative liver failure(1). Improvements in the understanding of liver anatomy, patient selection (Child-Pugh Classification), and also surgical and anaesthetic techniques have contributed to a reduction in

this perioperative mortality to around 3%(1).

Thus, LR is a high risk procedure which must be managed by a skilled multi-disciplinary team in a well-resourced facility(2). Liver Resection is indicated in the management of benign and malignant primary hepatobiliary tumours with preserved liver function, donation for transplantation, and occasionally in hepatic trauma(3)(1). It is also indicated as part of management in liver metastases associated with Colorectal Ca(1).

Primary Liver Cancer, Hepatocellular Carcinoma (HCC), is the 5th most common cause of cancer with an increasing world incidence because of the dissemination of Hepatitis B and C virus infection(3). HCC rates are particularly high in Africa because of the persistently high Hepatitis B and C infection rate in the sub-region(4).

Chronic Hepatitis B or C infection is the main recognized risk factor for HCC. Chronic Schistosoma disease affects individuals with long-standing infection in poor rural areas. Immunologic reaction from chronic schistosomal disease is associated with hepatosplenic inflammation and liver fibrosis but not necessarily HCC(5). Fourteen (14) Liver Resections were done in 2018 at the Korle Bu Teaching Hospital, Accra (Hepatobiliary Statistics 2018, (unpublished data)). Only two (2) out of the fourteen (14) cases ended in mortalities despite the immense limitation in resources common in the sub-region (Hepatobiliary Statistics 2018, (unpublished data)).

The key challenges in managing HCC in the sub-region are; the lack of funds, the lack of specialized expertise, the lack of logistics and the lack of adequate education/awareness of the disease for early detection and intervention.

These challenges featured prominently in managing this case. The client, a self-taught gardener, earning less than \$80 a month, could not afford to pay for the logistics needed in his care. This was a major challenge in his management plan.

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Dr. Andrews Kwabena-Adade: New Head of Anaesthesia

Dr. Andrews Kwabena Adade has been appointed as the new head of Anaesthesia. His appointment took effect from 3rd August, 2020.

The new head is the second of six children and married with two children. He is also a full time Resident Pastor at Divine Healers Church (Korle Gonno Assembly). Dr. Adade joined a Christian Fellowship when he was a student of the University of Ghana Medical School. After medical school, he worked at a Mission Hospital that held a lot of Medical Outreach Programmes for two years.

He developed interest in anaesthesia when he realized there were just a few anaesthetists which encouraged him to join the Department of Anaesthesia in July 2003 where he completed his diploma and primaries, and passed both within a year. Dr. Mrs. Lamptey and Professor Amponsah, two of his teachers convinced him to stay in the Anaesthesia Department here in Korle Bu. In 2006, he passed his part 1 examination after a year and half rotation, and worked another year in anaesthesia at Korle Bu. In 2008, he moved to the United Kingdom to do his external rotation for two years. He passed the fellowship exam in 2012, finally graduated in

2013 and started working as a Specialist and Consultant.

He is hopeful for the expansion of Korle Bu and mentioned the need for more anaesthetists to sub-specialize in areas like cardiology and neurology.

He also wants the department to make the anaesthesia more visible everywhere to help everyone, accessible to afford anaesthesia, develop infrastructure, and employ more highly skilled and motivated staff.

Dr Adade used the opportunity to thank all anaesthetists for their dedication to service, especially during this covid



Dr. Andrews Kwabena-Adade

MR. EMMANUEL KOTEY: NEW HEAD OF BIOSTATISTICS

Mr. Emmanuel Kotey has been confirmed as the new head of the Hospital's Biostatistics Unit. His confirmation took effect from January 2020. Before then, he had been in acting position since February 2019.

Mr. Kotey has been in the Hospital for over two decades. He was employed in 1998 as an Accounts Clerk. With time, and after completing various courses, he was transferred to the then Medical Records Unit as a Biostatistics Officer in 2005. In 2006, he was confirmed as a Senior Biostatistician.

With his current confirmation as the head of the Biostatistics Unit, Mr. Kotey intends to use the Hospital's current digitization drive to enhance the work of his Unit and care delivery in general.

In an interview with *The Bulletin*, he noted that even though some of the clinical areas are yet to be rolled onto the digital platform, all medical record centres in the Hospital had gone

fully digital. This, he said, had enhanced their data analysis.

He also intends to train his staff to be abreast with latest trends in biostatistical analysis to drive policy.



EMMANUEL KOTEY

CALL FOR ARTICLES

Staff who have articles for publication in the KBTH Newsletter can submit them to the PR Secretariat or send a copy to the pr@kbth.gov.gh

BECCA & JAVAKA MOORE FOUNDATION DONATES TO K'BU

Ms Rebecca Acheampong popularly known as Becca and Dr. Javaka K. Moore, an Obstetrician & Gynaecologist in the US have donated 18 Digital Cardiotochographs to the Obstetrics and Gynaecology Dept. and 8 Pulse Oximeters to NICU.

The donation, which was jointly mobilised by Becca and the Javaka Moore Foundation, is to enhance maternal and neonatal care delivery in Ghana.

The cardiotochographs is equipped with two probes which enables twins to be monitored. Its digital nature ensures that care givers monitor mothers and babies in the cause of labour wherever caregivers are. This is because information can also be accessed and shared online.

Ms Acheampong said the presentation had been made to ensure that no woman loses her life or that of their baby in the course of labour. She was grateful to the CEO, Dr. Daniel Asare for assisting her and the Foundation to get the items delivered.

Dr Asare was also grateful to Ms Acheampong for assisting

the hospital. He called on other celebrities to emulate her gesture. The heads of Obst & Gynae, Dr. Isaac Koranteng and Prof. Christabel Enweronu-Laryea of Child Health, were also grateful for the donation.

They promised that the items will be used judiciously for patient care.

Other hospital such as Ridge, Komfo Anokye, among others also received some of the donated items.



Becca (Middle) with the CEO, Dr. Asare and some recipients of the donation

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ANAESTHETIC OVERVIEW FOR A LIVER RESECTION WITH LIMITED RESOURCES

Notable amongst the logistical challenges was the fact that the Intensive Care Unit (ICU)/ High Dependency Unit (HDU) is a 6-bed facility serving a 229-bed Surgical Sub-BMC of the Hospital. More often than not, it is full to capacity and severely handicapped with regards to staffing needed for optimum care. This poses a particularly difficult challenge when the patient needs extensive post-op monitoring.

Based on these limitations, the anaesthesia technique for this LR for HCC was modified from the standard 'textbook' practice with client's survival at the forefront of all other considerations.

The client underwent a hepatectomy under General Anaesthesia (GA), maintained with an Isoflurane/air-oxygen mixture. He was put on the Ventilator in Pressure Controlled Ventilation (PCV) mode with muscle paralysis attained using Vecuronium 10mg (stat dose).

In addition to the basic parameters usually monitored, namely 3-lead ECG, SPO2 and temperature, invasive blood pressure (IBP) and central venous pressure (CVP) were also monitored intraoperatively, maintaining a Mean Arterial Pressure (MAP) between 50-60 mmHg (Hypotensive Anaesthesia) and CVP between 5-8 cm of H₂O.

For both intraoperative and postoperative analgesia, 0.2% Plain Marcaine plus 4mcg/ml fentanyl was perfused through a thoracic epidural catheter sited at T7 – T8 interspace in addition to intravenous Paracetamol 1g given 6 hourly for the first 24hrs. Anaesthesia lasted 4 hours and 20 minutes whilst surgery lasted 3hours.

A tumour measuring about 6cm in its longest diameter was excised and sent for histopathological confirmation. Estimated blood loss was 550mls and did not require any blood or blood products.

Postoperatively, client was extubated and monitored at the Recovery Ward (RW) for 24hrs. He had a Numeric Pain Rating Scale (NRS) score of <5 from the immediate post-op period till he was discharged home. He was discharged home Post-Op day 3 with no complaints.

At his first review, he had no major complaints, his LFTs were normal and Alpha-fetoproteins 20.1IU/ml a significant drop from a pre-op value of 99.21IU/ml. Pathology report confirmed HCC with dysplastic Hepatic nodules, Granulomatous Schistosoma lesions and inflammatory features in keeping with Chronic Hepatitis infection.



NEW KORLE BU WELFARE EXECUTIVES



Mr. Collins Addae
Chairman - (Pharmacist's Rep 1)
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Mr. Kenneth O. Lamptey
Vice Chairman - (Administrator's Rep)
Administration.
Contact - 0244069141



Mr. Emmanuel Kotey
Organizing Secretary - (Biostatist Rep)
Biostatistics Unit.
Contact - 0542392111



Mrs. Margaret Gyemfa Acheampong
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Ms Martha Abassah
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Financial Secretary - (Finance Rep 1)
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DATABANK GROUP DONATES PPEs TO KORLE BU

The Databank Group donated personal protective equipment (PPEs) worth GH¢75,000 to the Korle Bu Teaching Hospital.

The items included 2000 pieces of face masks, 650 pieces of N95, 5000 pieces of gloves, 4000 pieces of goggles, 15 thermometer guns and 420 pieces of disposable gowns.

Dr. Daniel Asare, the Chief Executive Officer of the hospital thanked the Group for the donation. he promised that “the items will help protect us in our bid to provide seamless services to our clients and help fight covid-19 pandemic”.



PIX IN BITS



Ms. Mary Jane, a model with CoolKids donated gift items to three (3) mothers at the Maternity Department



A group called "February 2016 Friends" paid the medical bills of two (2) patients at the Department of Polyclinic/Family Medicine. The Group also bought drugs for another patient.



Mrs. Monique Nana Ama Gyenfi donated gift packs and sachet water to 15 expectant and new mothers



Mr. Felix Kwakye presented drinks and hand sanitizers to the Children's Department on the occasion of his Birthday



GNS Foundation and Sales Support Africa donated 11 Wheelchairs and Ppe's worth GHc35,000 to the Sickle Cell Unit



KBTH Corporate E-mails

Staff who do not have their KBTH e-mail yet should contact their Departmental IT personnel for activation. Thank you.