

MAROOF

NEWSLETTER

November 2017



**World Diabetes Day
14th November 2017**



MAROOF
International Hospital

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Appreciating Your Team

Appreciating the efforts of employees is the best way of acknowledging their day in day out services to the organization. This not only boosts their morale but also strengthens their bonding with the organization. A person who feels appreciated will always do more than expected. For appreciating the House Keeping Team, Maroof International Hospital organized a certificate distribution ceremony where all the staff members were awarded for their performance and achievements at MIH. Housekeeping Manager Mr. Mazher and his entire team thanked the management for this acknowledgement.



Road Safety and Safe Driving Training by National Highways and Motorway Police Islamabad

National Highway and Motorway Police Islamabad arranged a lecture on Road Safety and safe driving rules at Maroof International Hospital. This was part of their awareness campaign for spreading knowledge among general public about basic driving and road safety rules. Unfortunately all over the world in general and Pakistan in particular have road accidents as one of the major cause of casualties. The most highlighted reason for this is the lack of knowledge of common people about basic driving rules. Spreading awareness about this is key responsibility of every individual and we shall try to play our role in this regard to the best of our ability.



World Spine Day October 16th 2017

Millions of people in all continents of the world suffer with spinal disorders. These can include low back pain, neck pain, scoliosis and disc disease, to name but a few. Spinal pain and disability can have a profound effect on a person's overall health, sometimes preventing them from working or even doing simple daily activities.

Research has demonstrated that poor posture and inactivity are major contributors to the development of back pain and other spinal disorders. According to the World Health Organization, one in four adults is not active enough and over 80% of adolescent population is not active enough.

This year, Maroof Medical and Diagnostic Center celebrated World Spine Day 2017. Our Mission was to highlight the importance of physical activity and improving posture as part of good spinal health and prevention of injury.





**SEMINAR HELD ON WORLD SPINE DAY (October 16th 2017)
(Honorable Guests Standing Left to Right)**

**Naeem Gohar (Supervisor MMDC), Muhammad Uzair (Marketing & Sales Manager MMDC), Ch Altaf Hussain (Director MMDC),
Abdullah Khan (Director Alba Pharma), Prof. Dr. Rooh ul Amin (Consultant Medical Specialist & Gastroenterologist),
Dr. Nadia (Youngest specialist in Endocrinology), Dr. Mobashir A. Bhatti (Nutritionist (Gold Medalist)),
Dr. Madiha Ahmed (Consultant Diabetologist & Endocrinology), Mr. Khalid Iqbal Malik (Former President Chamber of Commerce),
Naushaba Mannan (Clinical Psychologist), Muhammad Tahir Rashid (Pakistan's First Posture Alignment Specialist)**

Diabetic Retinopathy

Diabetic retinopathy is the most common complication of the Diabetes. It usually affects people who have uncontrolled diabetes for a significant number of years. Retinopathy can affect any person which becomes particularly dangerous, thereby, increasing the risk of blindness, if it is left untreated. The risk of developing diabetic retinopathy with high Blood Pressure is known to increase with the advancing age and is related to the duration and extent of diabetes control. All diabetics are advised to get their eye examined at least once every year to check the development of diabetic retinopathy.

What is diabetic retinopathy?

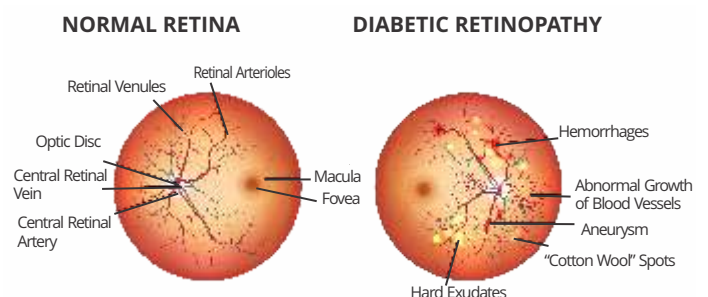


Diabetic retinopathy is a complication of diabetes, caused by high blood sugar levels damaging the internal layer of the eye (retina). It can cause blindness if left undiagnosed and untreated. It usually takes several years for diabetic retinopathy to reach a stage where it could threaten your sight. To minimize the risk of developing Retinopathy, Diabetics should ensure:

- That they control their blood sugar levels (normal from 100 to 130 while fasting and 140 to 180 after taking food).
- Blood pressure up to 130/80 at the most.
- Blood cholesterol less than 200 preferably up to 170 in diabetics.



- They attend diabetic eye screening appointments regularly. In severe cases, abnormal blood vessels will grow on the surface of the retina and may bleed repeatedly on slightest exertion, thereby, blurring or closing the vision instantly. Unless treated, diabetic retinopathy can gradually become more serious and progress from 'background retinopathy' to permanent damage to the vision.



How diabetes can affect the eyes

The retina is the light-sensitive layer at the back of the eye that converts light into electrical signals, which are conveyed to the brain and the brain interprets them into the images which we ultimately perceive. Now, the retina which is an integral part of the visual system, needs a constant supply of blood, which it receives through a network of tiny blood vessels. Over time, a persistently high blood sugar level can damage these blood vessels in three main stages:



- Tiny secular dilatations develop as a fragile blood vessels which may bleed slightly with or without noticeable blurring of your vision—this is known as background retinopathy
- More severe and significant changes affect the blood vessels, with repeated bleeding into the eye – this is known as pre-proliferative retinopathy
- Scar tissue and new blood vessels, which are weak and bleed easily, develop on the retina – this is known as proliferative retinopathy and it can result in definite loss of vision

However, if a problem with your eyes is picked up early, lifestyle changes and/or treatment can stop it getting worse.

What are the symptoms of diabetic retinopathy?

Like many conditions of this nature, the early stages of diabetic retinopathy may occur without symptoms and without pain. An actual influence on the vision will not occur until the disease is advanced. Macular, which is the most sensitive and central part of retina, responsible for central and acute vision (we normally use macula while threading a needle or aiming by a gun, or reading small prints of the book/newspaper) can result through edema by leaking vessels or accumulation of fluid underneath is known as maculopathy. Symptoms may only become noticeable once the disease advances, but the typical symptoms of retinopathy include:

- Sudden changes in vision / blurred vision
- Eye floaters and spots
- Double vision
- Eye pain or redness

Are you at risk of diabetic retinopathy?

If you feel thirsty, urinating 2-3 times at night, getting tired earlier by the end of day or sense of lassitude, feeling numbness in extremities, sleep disturbance, vulnerable age around 40, floaters/shadows in front of the eye, you must get checked up by your physician or at least blood/urine examined in a laboratory. Anyone with Type 1 diabetes or Type 2 diabetes is potentially at risk of developing diabetic retinopathy. You're at

a greater risk if you:

- Have had diabetes for a long time
- Have a persistently high blood sugar level
- Have high blood pressure
- Have high cholesterol
- You are pregnant
- Presence of albumen and sugar in urine.

By keeping your blood sugar, blood pressure and cholesterol levels under control, you can significantly reduce your chances of developing diabetic retinopathy and can live a normal healthy life.

How to reduce your risk of Diabetic Retinopathy or help preventing getting worse by:

- Controlling your blood sugar and blood pressure
- Cholesterol levels by avoiding diet rich in cholesterol i.e. red meat, brain masala, liver too much roasted foods and animal /saturated fat, using unsaturated oils.
- Taking your diabetes medication as prescribed
- Attending all your screening appointments regularly.
- Getting medical advice quickly if you notice any changes to your vision
- Maintaining a healthy weight, eating a healthy, balanced diet, exercising regularly and stopping smoking.

Treatments for Diabetic Retinopathy

Treatment for diabetic retinopathy is only necessary if screening detects significant problems of your vision. The treatment is in the form of tablets and insulin injection as advised by your physician. The main treatments for more advanced diabetic retinopathy are:

- Laser treatment
- Injections of medication into your eyes in order to stop further bleeding or damage to macula.
- An operation may be necessary to remove blood or scar tissue from your eyes

It has been observed that some patients are reluctant to get injections in the eyes or application of laser treatment. It is important to understand that injections stops further bleeding and exudates from the leaking vessels. Laser limits the or encircles the damaged vessels/areas. Both the procedures if carried out in time will ultimately save/improve the vision but after few weeks. But these procedures never endangers the vision rather it helps at least to get it worsens. This modern technology has developed to save the patients from further damage and also to improve the vision to certain extent.





Guidelines on Drawing Blood: Best Practices in Phlebotomy

Drawing blood from patients is never an easy task. It is the job that needs special care and attention keeping in mind the fear of most of people regarding blood and injections. One not only has to be technically skilled but the phlebotomist should also be caring and understanding.

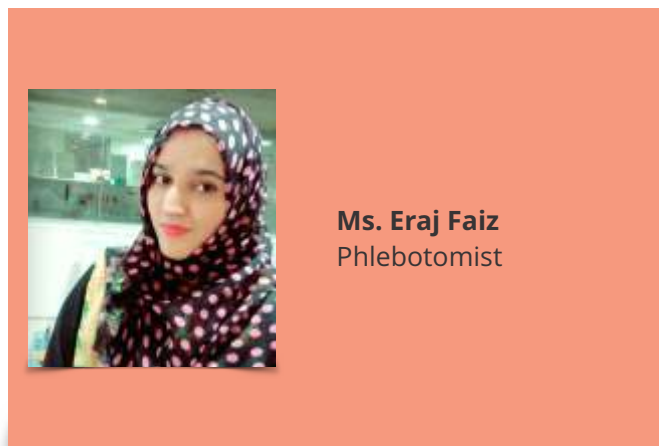
In order to collect the sample, certain standard rules have been defined and followed all over the world. The knowledge of these rules is equally mandatory for every person be that sample collector or sample giver.

Best practices in phlebotomy involve the following factors:

- Planning ahead;
- Using an appropriate location;
- Quality control;
- Standards for quality care for patients and health workers, including
 - Availability of appropriate supplies and protective equipment;
 - Availability of post-exposure prophylaxis (PEP);
 - Avoidance of contaminated phlebotomy equipment;
 - Appropriate training in phlebotomy;
 - Cooperation on the part of patients;
- Quality of laboratory sampling.

Procedure for drawing blood

At all times, follow the strategies for infection prevention and control listed in Infection prevention and control practices.



Ms. Eraj Faiz
Phlebotomist



Step 1: Assemble equipment

- Well-fitting, non-sterile gloves;
- An assortment of blood-sampling devices (safety-engineered devices or needles and syringes, see below), of different sizes;
- A tourniquet;
- Alcohol hand rub;
- 70% alcohol swabs for skin disinfection;
- Gauze or cotton-wool ball to be applied over puncture site;
- Laboratory specimen labels;
- Writing equipment;
- Laboratory forms;
- Leak-proof transportation bags and containers;
- A puncture-resistant sharps container.
- Ensure that the rack containing the sample tubes is close to you, the health worker, but away from the patient, to avoid it being accidentally tipped over.



Step 2: Identify and prepare the patient

- Where the patient is adult and conscious, follow the steps outlined below.
- Introduce yourself to the patient, and ask the patient to state their full name.
- Check that the laboratory form matches the patient's identity (i.e. match the patient's details with the laboratory form, to ensure accurate identification).
- Ask whether the patient has allergies, phobias or has ever fainted during previous injections or blood draws.
- If the patient is anxious or afraid, reassure the person and

ask what would make them more comfortable.

- Make the patient comfortable in a supine position (if possible).
- Place a clean paper or towel under the patient's arm.
- Discuss the test to be performed and obtain verbal consent. The patient has a right to refuse a test at any time before the blood sampling, so it is important to ensure that the patient has understood the procedure.



Step 3: Select the site

- Extend the patient's arm and inspect the antecubital fossa or forearm.
- Locate a vein of a good size that is visible, straight and clear. DO NOT insert the needle where veins are diverting, because this increases the chance of a haematoma.
- The vein should be visible without applying the tourniquet. Locating the vein will help in determining the correct size of needle.
- Apply the tourniquet about 4–5 finger widths above the venepuncture site and re-examine the vein.



Effective Communication Skills: A must for every front desk employee

Mr. Khurram Ayaz, Assistant Manager Patient Services Department conducted training for his department employees on effective communication skills. The focus of this training was on the communication skills required for dealing with different unusual cases and difficult patients.



Leadership Skills

Ms. Faiza Ameer from HR & D Department arranged training for employees on "Leadership skills". The aim of this training was to develop and introduce different leadership skills in employees. This training was attended by staff members from different management and administration departments.





OATMEAL RAISINS COOKIES

Procedure

1. Whisk together the oats, flour, baking powder, cinnamon, and salt in a medium bowl. In a separate bowl, whisk together the coconut oil, egg, and vanilla. Stir in the honey. Add in the flour mixture, stirring just until incorporated. Fold in the raisins. Chill the cookie dough for 30 minutes.
2. Preheat the oven to 325°F, and line a baking sheet with parchment paper.
3. Drop the cookie dough into 15 rounded scoops onto the prepared sheet, and flatten slightly. Bake at 325°F for 11-14 minutes. Cool on the pan for 10 minutes before transferring to a wire rack.

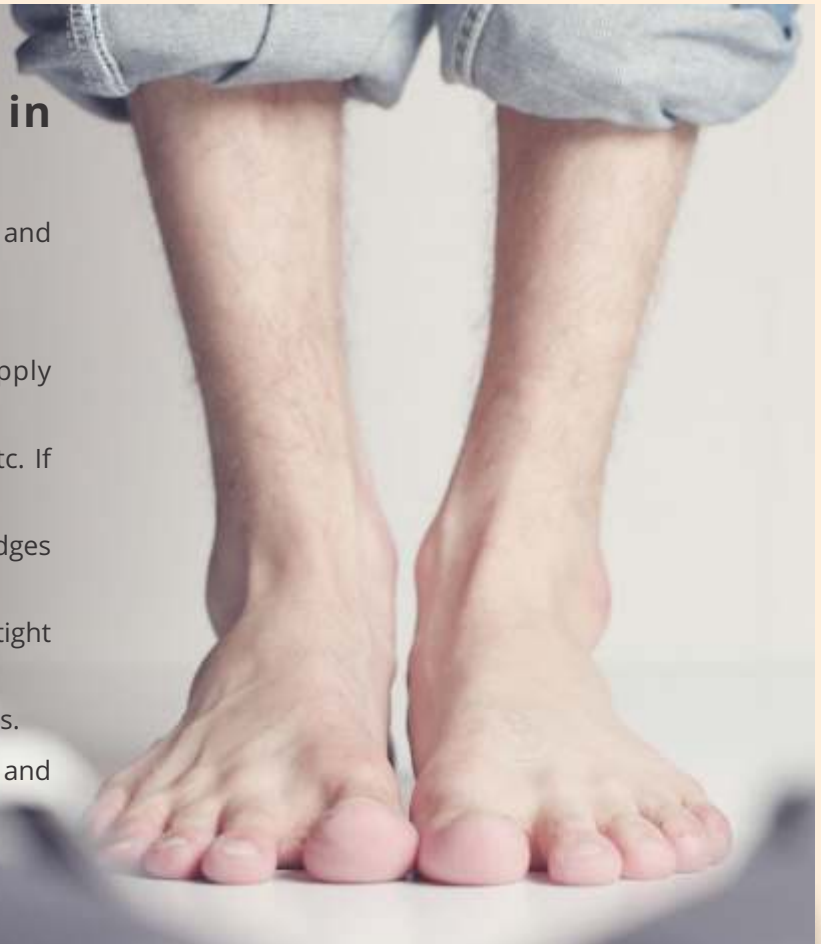
Ingredients

- 1 cup (100g) instant oats (measured correctly)
- $\frac{3}{4}$ cup (90g) whole wheat or gluten-free flour (measured correctly)
- 1 $\frac{1}{2}$ tsp baking powder
- 1 $\frac{1}{2}$ tsp ground cinnamon
- $\frac{1}{8}$ tsp salt
- 2 tbsp (28g) coconut oil or unsalted butter, melted and cooled slightly
- 1 large egg, room temperature
- 1 tsp vanilla extract
- $\frac{1}{2}$ cup (120mL) honey
- $\frac{1}{4}$ cup (40g) raisins

Health Tips

Taking care of your feet in diabetes

1. Wash your feet daily with lukewarm water and soap.
2. Dry your feet well specially between the toes.
3. Apply moisturizing lotion, but do not apply between the toes.
4. Check your feet for blisters, cuts, redness etc. If present, consult your doctors.
5. Trim your nails straight across and file the edges with the nail filer.
6. Change your socks daily. Avoid dirty and tight socks.
7. Never walk barefoot either indoors or outdoors.
8. Examine your shoes daily for cracks, stones and nails which may irritate the feet.
9. Keep your feet warm and dry.
10. Wear comfortable closed-toe shoes.



MAROOF LABORATORY SERVICES

To excel in the field of health, Maroof International Hospital has developed one of the best diagnostics Laboratory. We ensure our commitment to service, quality and accuracy because we realize the significance of accurate and prompt diagnosis.

Services Offered:

- Blood Bank
- Chemical
- Pathology
- Cytopathology
- Haematology
- Histopathology
- Hormone Assays
- Microbiology
- Serology
- Routine Chemistry
- Special Chemistry

We have now
"STAR" status.

- Surety ★
- Trustworthy ★
- Accuracy ★
- Reliability ★



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