

FREQUENTLY ASKED QUESTIONS

## The advantage of laparoscopic surgery for women

DR ENAMUL HAQUE

### What is laparoscopic surgery?

It is a minimally invasive surgical technique developed by modern medical science. Here surgery is done without incising (cutting) the abdomen; specially developed long slender surgical instruments are introduced into the abdomen making very small holes and operation is performed with the aid of a special camera system. That is why sometimes it is called 'key-hole' surgery.

### What is the fate of those holes?

Holes are sutured (attaching the sides of an incision or wound with thread, so that healing can take place) in a way that they do not need bandage even; only little pieces of adhesive paper is put on them. There is no need to remove the stitches. After 3 months hardly anybody could find the sites of the holes, the left out scar is so minute.

### What are the operations done by laparoscopic surgery?

Most of the gynecological operations are now possible to be done by laparoscopic procedure. They include removal of uterus, uterine tumor, ovarian tumor, infertility, permanent sterilisation and so on. Cancers and tumors of enormous size are better avoided.

### How much time it takes?

Operative time is longer than traditional surgery. But it varies from surgeons to surgeon depending on their skills and experience. Usually a total laparoscopic hysterectomy (removal of whole of uterus) needs 1 to 1.5 hours.

### What anesthesia is given?

General anesthesia is given. When patient can take food?

In traditional surgery food is given one or two days later. But here soft food can be given even within 6 hours of operation.

### When patient is dis-

### charged?

It depends on the type of surgery. If it is a simple ovarian tumour, patients can go home even on the day of operation. Usually patient is discharged on the next day.

### When patient can join her job?

Laparoscopic surgical techniques are so improved that a woman can start kitchen works (light works) even on 3rd day! They can join at job within 7-14 days with qualitative physical fitness.

### Can a big tumor be operated?

Laparoscopic instruments need some free space to work inside the abdomen. So if the tumor is not enormously big (such as 1 kg or more) it can be operated.

### How operated tumors or organs are brought out of the abdominal cavity?

Gall bladder is brought out through a hole of laparoscopic instrument. Sometimes the hole is made larger if the specimen is big. But in case of gynecological surgery tumors or operated organs are brought out through vagina. Making larger abdominal wound (hole) is avoided in this way.

### Is this very expensive?

This treatment is very cost effective. It can be explained in this way – in traditional surgery one of the vital costs is daily hospital/clinic charge where patients have to stay at least 3-5 days or even more.

On the other hand, in laparoscopic surgery patients need to stay 1 day on an average. Though the operation charge is more in laparoscopic surgery, the overall treatment cost is not so much. Moreover if anybody considers the benefits of lap surgery which provides minimal duration of treatment, avoidance of incising the abdominal wall, less pain and physical disability and better quality of life, one may find it as a blessing.

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Your Doctor

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# Preventive measures against hepatitis C

DR NURUL AKHTAR HASAN (BIPUL)

There are at least six viruses known to cause liver disease: hepatitis A, B, C, D, E, and G, which vary in their severity and characteristics. Hepatitis C leads to serious and permanent liver damage and in many cases leads to fatality.

In our country, it is estimated that 90 percent of persons with chronic hepatitis C virus (HCV) infection were infected through transfusion of unscreened blood or blood products or via injectable drug use.

Hepatitis C usually produces no early symptoms. The disease can go unrecognised for decades. This is why HCV is termed a "silent killer". During the period, the virus can continue to destroy liver cells slowly.

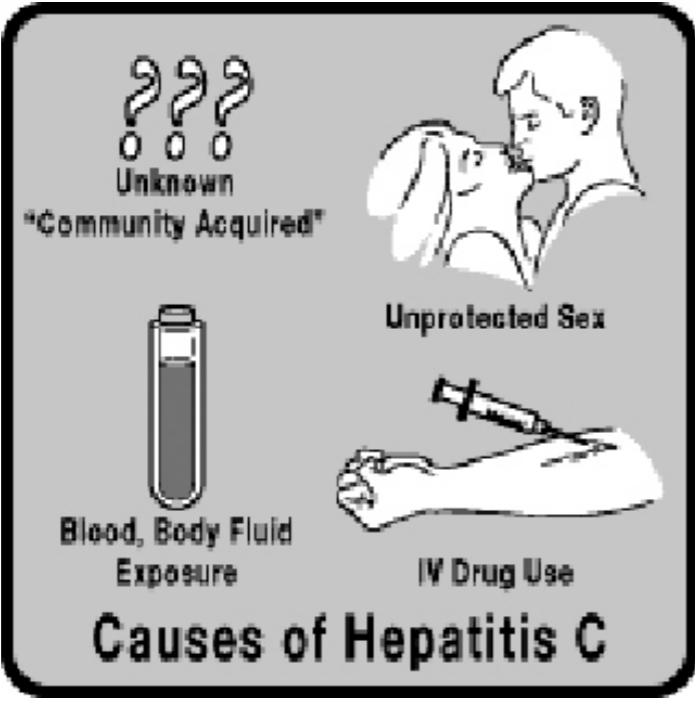
### How does it spread?

HCV spreads primarily by exposure to human blood. People may be affected by hepatitis C by:

- Sharing needles with injectable drug users
- Treatment with a blood or blood product for Thalassemia, Hemophilia or other blood disorders from an infected donor
- Receiving blood transfusion or organ transplant like kidney, liver, heart from an infected donor
- Being a healthcare professional and having frequent contact with blood in the work place, especially accidental needle pricks
- The infected mother to her child
- Sex with a person infected with HCV
- Sharing razors or toothbrushes that might have had blood on them

### How can it be prevented?

• Before receiving blood transfusion be sure that the blood is screened properly for HCV. It is



most important for persons with blood disorders (like thalassemia, hemophilia etc.) who need frequent transfusion of blood or blood products.

- Keep aside from drug abuse. If you can not stop, never reuse or share drugs, syringes.
- Do not share toothbrushes, razors, pierced earrings or other personal items.
- Be sure that your barbers are not reusing same blades or razors.
- Do not share chewing gum or pre-chew food for a baby.
- If you are a health worker, always follow routine barrier precautions and safely handle needles and other sharps. Use gloves when touching or cleaning up blood on personal items,

tissues, tampons or other items. Cleaning up spilled blood with a strong disinfectant, and keep skin injuries bandaged is strongly recommended.

- Consider the health risks if you are thinking about getting a tattoo or body piercing or any dental procedures. You can get infected if the used tools have someone's blood on them or the artist and dental surgeon do not follow good health practices, such as washing hands and using disposable gloves.
- Avoid multiple sex partners. You should consult with doctor about having your partner tested if one of you is already infected.
- If you feel that you or another family member is at risk for being infected with hepatitis C or any

other form of hepatitis, get tested. A simple blood test can put your mind at ease and protect the health of your family.

### Taking care of your liver

- Consult with doctor regularly.
- Do not drink alcohol.
- Tell the doctor about all medicine that you are taking, even over-the-counter and herbal medicine.

### What are the treatment options?

Drugs are available for the treatment of persons with chronic hepatitis C although there is not yet a proven cure for hepatitis C. Combination drug therapy, using pegylated interferon and ribavirin can work against the virus in up to 5 out of 10 persons with genotype 1 and 8 out of 10 persons with genotype 2 or 3. Liver transplantation is needed in patients with life-threatening cirrhosis or hepatocellular carcinoma (HCC)—a cancer of the liver.

### What if you are pregnant?

Transmission can occur at the time of delivery. Infants infected with HCV at birth seem to do well in the first few years of life. HCV RNA test can be performed between the ages of 2 and 6 months, with a repeat test done independent of the first test result. If a later diagnosis is preferred, an anti-HCV test can be performed after 15 months of age.

There is no evidence that breastfeeding spreads HCV infection. To be cautious, an infected mother can avoid breastfeeding if her nipples are cracked and bleeding.

### Who is prone to have aortic dissection?

Men have aortic dissection more often than women do. The peak

# Aortic Dissection: A life threatening medical condition

DR MD HABIBE MILLAT

An aortic dissection is a serious condition in which a tear develops in the inner layer of the aorta. The aorta is the major artery that carries blood from the heart to the rest of the body. Aortic dissection can involve any part of Aorta.

When the aortic wall splits, the pulses of blood get inside the artery wall and under the inner layer. This makes the aorta split further. This tear usually continues distally (away from the heart) down the descending aorta and into its major branches. Less often the tear may run proximally (back toward the heart).

Now a day, more patients are presenting with aortic dissection. That is because of life expectancy is increasing and new diagnostic equipments (CT scan, MRI scan, trans-oesophageal echocardiogram) are helping for precise diagnosis. It is a fatal disease. However, when an aortic dissection is detected early and treated promptly, your chance of survival greatly improves.

### What are the symptoms of aortic dissection?

Acute aortic dissection causes sudden chest pain. The symptoms of an aortic dissection may be similar to those of other heart problems, such as a heart attack. Typical signs and symptoms include sudden severe chest or upper back pain, often described as a tearing, ripping or shearing sensation, that radiates down the back, loss of consciousness (fainting), shortness of breath, weakness.

### Who is prone to have aortic dissection?

Men have aortic dissection more often than women do. The peak

age of occurrence of proximal dissection is between ages 50 and 55. Distal dissection occurs most often between ages 60 and 70. High blood pressure is the most common factor predisposing the aorta to dissection. It is implicated in 75 percent of cases.

The predisposing factors for an aortic dissection include atherosclerosis (hardening of the arteries), pre-existing aortic aneurysm (weakened and bulging artery), defective aortic valve, constriction of the aorta, Marfan syndrome.

### What can be done about it?

Acute aortic dissection is an emergency condition. Medical treatment should start as soon as possible. The patient is admitted in the intensive care unit and drugs to lower blood pressure and heart rate are given. In some cases emergency surgery is needed. Recently, alternative procedures, such as placing a stent inside the aorta, have been used for high-risk surgical patients. The prognosis for aortic dissection has greatly improved in recent years.

### Prevention

The most important way to help prevent an aortic dissection is to keep your blood pressure under control. Here are a few tips to reduce your risk: don't smoke, maintain an ideal weight, follow a low-salt diet and exercise regularly, keep your cholesterol levels within normal range. If you have a family history of aortic dissection, talk to your doctor.

Dr Md Habibe Millat, MBBS, FRCS is a Cardiothoracic Surgeon at Cork University Hospital, Republic of Ireland.

# Sleep tips for the insomniac

TAREQ SALAHUDDIN

Feeling crabby lately? It could be you are not getting enough sleep. Work, household responsibilities and child care can make sleep hard to come by. Factor in other unexpected challenges such as financial worries, layoffs, relationship issues or an illness, and quality sleep may be even more elusive.

You may not be able to control or eliminate all of the factors that interfere with your sleep, but you can create an environment and adopt habits that encourage a more restful night. Try these suggestions for a week or two if you have trouble falling asleep or staying asleep:

### Go to bed and get up at about the same time every day, even on the weekends

Sticking to a schedule helps reinforce your body's sleep-wake cycle and can help you fall asleep better at night.

### Don't eat or drink large amounts before bedtime

Eat a light dinner about two hours before sleeping. If you are prone to heartburn, avoid spicy or fatty foods, which can

make your heartburn flare and prevent a restful sleep. Also, limit how much you drink before bed. Too much liquid can cause you to wake up repeatedly during the night for trips to the bathroom.

### Avoid nicotine and caffeine

These are addictive stimulants that can keep you awake. Smokers often experience withdrawal symptoms at night, and smoking in bed is dangerous. Avoid caffeine for eight hours before your desired bedtime. Your body does not store caffeine, but it does take many hours for it to eliminate the stimulant and its effects.

### Exercise regularly

Regular physical activity, especially aerobic exercise, can help you fall asleep faster and make your sleep more restful. Don't exercise within two hours of your bedtime, however. Exercising right before bed may make getting to sleep more difficult.

### Make your bedroom cool, dark, quiet and comfortable

Create a room that is ideal for sleeping. Adjust the lighting, temperature, humidity and noise level to your preferences. Use blackout curtains, eye covers, earplugs,



extra blankets, a fan, a humidifier or other devices to create an environment that suits your needs.

### Sleep primarily at night

Daytime naps may steal hours from nighttime slumber. Limit daytime sleep to

less than one hour and don't nap later than 3 p.m. If you work nights, keep your window coverings closed so that sunlight, which adjusts the body's internal clock, does not interrupt your sleep. If you have a day job and sleep at night, but still have trouble waking up, leave the window coverings open and let the sunlight wake you up.

### Choose a comfortable mattress and pillow

Features of a good bed are subjective and differ for each person. But make sure you have a bed that's comfortable. If you share your bed, make sure there is enough room for two. Children and pets are often disruptive, so you may need to set limits on how often they sleep in bed with you.

### Start a relaxing bedtime routine

Do the same things each night to tell your body it is time to wind down. This may include taking a warm bath or shower, reading a book, or listening to soothing music. Relaxing activities done with lowered lights can help ease the transition between wakefulness and sleepiness.

### Go to bed when you are tired and

## HEALTH TIPS

# Mom's vitamin E may affect child's asthma risk

Women who get enough vitamin E during pregnancy may help lower their child's future risk of asthma, a study suggests.

The findings add to evidence that vitamin E may aid in lung and immune system development.

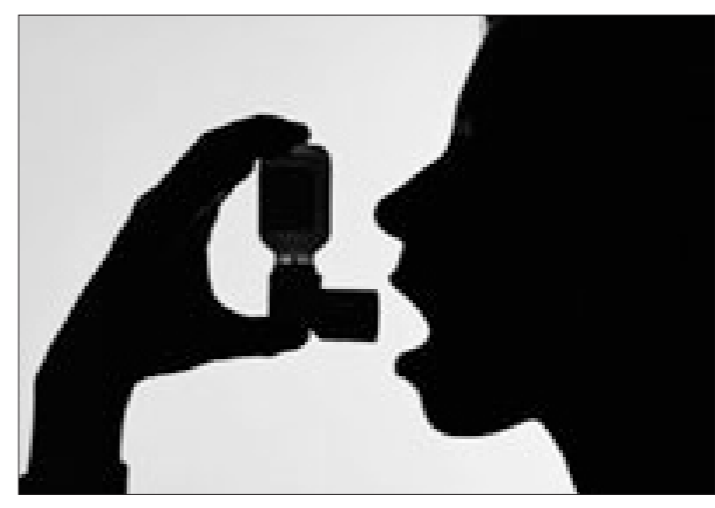
It is too soon, however, to advise pregnant women to take vitamin E supplements, the study's lead author told.

"It should be strongly emphasised that women should eat healthily during pregnancy and not take vitamin E supplements just because of this study," said Dr Graham Devereux of the University of Aberdeen in the UK.

A balanced diet, he noted, should include various sources of vitamin E, such as vegetable oils, nuts, fatty fish, leafy green vegetables and fortified cereals.

One of the problems with vitamin E supplements, Devereux explained, is that previous studies have found it to be no help in preventing various conditions for which it seemed promising – from cancer to the pregnancy complication pre-eclampsia.

Still, the new study builds on



previous work by Devereux and his colleagues suggesting that adequate vitamin E during pregnancy benefits children's lung health. In the earlier research, they'd found that 2-year-olds whose mothers got relatively little vitamin E during pregnancy had an elevated risk of wheezing.

These latest findings show that at age 5, these same children were more likely than their peers

to be diagnosed with asthma.

The study included 1,861 children whose mothers were recruited during pregnancy. The researchers surveyed the women on their diet habits during pregnancy and assessed children's diets and respiratory health at age 5.

They found that children whose mothers had the lowest vitamin E intake during pregnancy were still more likely to suffer wheezing at

age 5, and were about twice as likely to have doctor-diagnosed asthma.

These mothers got anywhere from 2 to 6 milligrams (mg) of vitamin E per day – well short of the 15 mg that US health authorities recommend for women, pregnant or not.

Devereux and his colleagues also measured women's blood levels of vitamin E during pregnancy. They found that 5-year-olds whose mothers had higher vitamin E levels tended to have better scores on lung function tests.

It is possible, Devereux said, that supplements containing modest doses of vitamin E – like the recommended 15 mg – would be beneficial during pregnancy. But studies need to investigate that possibility before any recommendations are made, he stressed.

Source: American Journal of Respiratory and Critical Care Medicine

## MEDICAL UPDATE

# Bronchial thermoplasty reduces asthma attacks

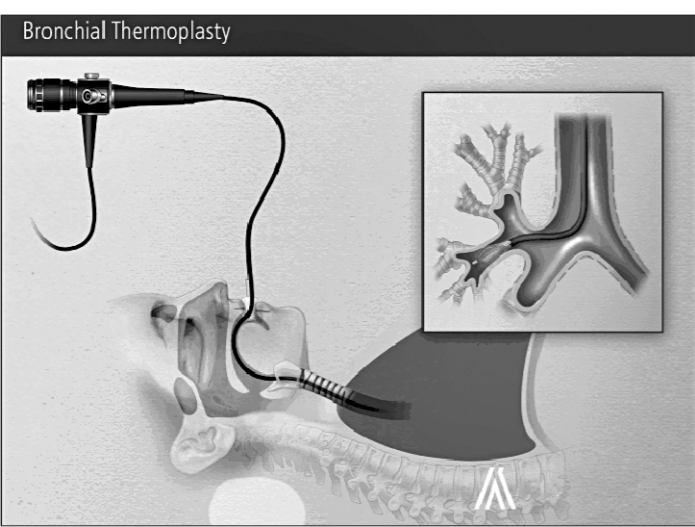
REUTERS HEALTH, Salt Lake City

The removal of muscle tissue in the hyperactive airways of asthma patients by exposing the tissue to heat reduces disease exacerbations and significantly improves the patients' quality of life, Canadian investigators announced during CHEST 2006, the annual meeting of the American College of Chest Physicians.

The Asthma Intervention Research trial involved 108 patients, who were an average of 39.4 years old, with poorly controlled moderate-to-severe asthma. The subjects' asthma persisted despite optimal drug therapy with corticosteroids and long-acting beta-agonists.

At study entry, the patients had FEV<sub>1</sub> levels between 60 and 80 percent of normal. FEV<sub>1</sub> (forced expiration volume in 1 second) is a test commonly used to assess lung function.

Dr Michel Lavolette of Laval University in Sainte-Foy, Quebec, and colleagues across Canada randomly assigned the patients to



continue drug treatment (the control group) or to undergo bronchial thermoplasty, in which a catheter with a thermal energy tip is used to reduce smooth muscle mass in all accessible airways. Thermoplasty was performed in three 30-minute sessions, with approximately 45 activations delivered during each session. Patients were evaluated 3, 6,

and 12 months after thermoplasty. FEV<sub>1</sub> was measured at each evaluation. Patients also refrained from using long-acting beta-agonists for two weeks before each assessment to destabilise disease "and capture true disease activity and get a better assessment of the efficacy of thermoplasty," Lavolette explained.

There was a 50-percent reduction in exacerbation rates in the thermoplasty group compared with the controls, Lavolette announced. The need for asthma medication was also significantly reduced and quality of life scores were significantly higher in thermoplasty patients.

"There was a significant change in disease exacerbation in thermoplasty patients. There was no change or a worsening of exacerbations in controls," he said. "The change in quality of life was really clinically significant."

Adverse effects with thermoplasty typically include a worsening of asthma symptoms within a day after the procedure, but clearing within a few weeks.

"There was almost no smooth muscle left after thermoplasty," Lavolette reported while showing tissue slides of airways before and after the thermoplasty.

He said that animal studies of thermoplasty show that the positive changes in airways have persisted for at least three years so far.