

Laser surgery in ENT

Minimal pain, minimal bleeding, rapid healing

PROF DR MOHAMMAD ZILLUR RAHMAN

LASER is a special light beam. It stands for Light Amplification by Stimulated Emission of Radiation. The surgery in which this beam of light is used is called laser surgery.

Laser beams can be used in human body to do many targeted changes. Use of laser light beam in different surgeries avoid use of knife and minimises bleeding completely or mostly. Even no electro-cauterisation (burning by electricity) is required.

The main advantage of laser is—it cuts into affected tissues in a very thin line, simply vaporizing the targeted tissue; the cut area size and depth are completely prefixed by software. So it makes the procedure precise and meticulous.

It is least painful with rapid healing of the operated area; hence hospital stay and overall costs of the operation is less. Patients can also go back to their day to day works earlier. It is to mention that the Surgeon must be an expert one and well trained. Also the Anesthetic must be specially trained for laser anesthesia.

Laser is effectively used in curing diseases of ENT (ear

nose and throat). Amongst ENT diseases, laser is more successful in oral cavity, pharynx and laryngeal diseases, especially in different types of tumor surgeries.

Laser surgery is most successful in cases of vocal cord nodules, Polyps, Papillomas and other tumors causing hoarseness

blockage are also being treated with laser therapy.

Common oral cavity and throat operations like tonsillectomy, tumors of the oral cavity and tongue are also being treated with hassle free laser therapy. Laser therapy can also cure snoring problems of increasing age minimising various co-



of voice, especially in persons who are in voice dependent professions like teachers, singers, politicians, orators and announcers or TV-Radio news casters. These days in common ENT problems like in allergic conditions, polyps, tumor and hypertrophied turbinate causing nasal

morbid conditions affecting heart and blood vessel.

Laser surgery in ENT cases for the last few years has become very popular in Bangladesh because of its advantages and less hospital stay of patients.

The writer is the Coordinator and Senior Consultant, ENT of Apollo Hospitals Dhaka.

World now at the start of influenza pandemic

In late April, WHO announced the emergence of a novel influenza A virus. This particular H1N1 strain has not circulated previously in humans. The virus is entirely new. The virus is contagious, spreading easily from one person to another, and from one country to another. As of today, nearly 30,000 confirmed cases have been reported in 74 countries.

This is only part of the picture. With few exceptions, countries with large numbers of cases are those with good surveillance and testing procedures in place.

Spread in several countries can no longer be traced to clearly-defined chains of human-to-human transmission. Further spread is considered inevitable.

Statement of Dr Margaret Chan, Director-General of the WHO

Have conferred with leading influenza experts, virologists, and public health officials. In line with procedures set out in the International Health Regulations, I have sought guidance and advice from an Emergency Committee established for this purpose.

On the basis of available evidence, and these expert assessments of the evidence, the scientific criteria for an influenza pandemic have been met. I have therefore decided to raise the level of influenza pandemic alert from phase 5 to phase 6.

The world is now at the start of the 2009 influenza pandemic. We are in the earliest days of the pandemic. The virus is spreading under a close and careful watch.

Worldwide, the number of deaths is small. Each and every one of these deaths is tragic, and we have to brace ourselves to see more. However, we do not expect to see a sudden and dramatic jump in the number of severe or fatal infections.

We know that the novel H1N1 virus preferentially infects younger people. In nearly all areas with large and sustained outbreaks, the majority of cases have occurred in people under the age of 25 years.

In some of these countries, around 2% of cases have developed severe illness, often with very rapid progression to life-

threatening pneumonia. Most cases of severe and fatal infections have been in adults between the ages of 30 and 50 years. This pattern is significantly different from that seen during epidemics of seasonal influenza, when most deaths occur in frail elderly people.

Without question, pregnant women are at increased risk of complications. This heightened risk takes on added importance for a virus, like this one, that preferentially infects younger age groups.

Although the pandemic appears to have moderate severity in comparatively well-off countries, it is prudent to anticipate a bleaker picture as the virus spreads to areas with limited resources, poor health care, and a high prevalence of underlying medical problems.

A characteristic feature of pandemics is their rapid spread to all parts of the world. In the previous century, this spread has typically taken around 6 to 9 months, even during times when most international travel was by ship or rail.

Countries with widespread transmission should focus on the appropriate management of patients. The testing and investigation of patients should be limited, as such measures are resource intensive and can very quickly strain capacities.

WHO has been in close dialogue with influenza vaccine manufacturers. I understand that production of vaccines for seasonal influenza will be completed soon, and that full capacity will be available to ensure the largest possible supply of pandemic vaccine in the months to come.

Pending the availability of vaccines, several non-pharmaceutical interventions can confer some protection.

WHO continues to recommend no restrictions on travel and no border closures.

Influenza pandemics, whether moderate or severe, are remarkable events because of the almost universal susceptibility of the world's population to infection.

Source: WHO



WHO recommends rotavirus vaccine for all children

REUTERS, Geneva

The World Health Organisation (WHO) recommended that oral rotavirus vaccines be included in all national immunisation programmes to avert half a million diarrhoeal deaths and 2 million hospitalisations a year.

Children in Europe and the Americas have had access to the rotavirus vaccine for three years but it had previously not been tested in and approved for low-income settings where the dehydrating disease is most lethal.

The U.N. agency's new global guidance is expected to boost demand for Merck's RotaTeq, GlaxoSmith-Kline's Rotarix vaccines in Africa and Asia, and from health charities.

"This WHO recommendation clears the way for vaccines that will protect children in the developing world from one of the most deadly diseases they face," said Tachi Yamada of the Bill & Melinda Gates Foundation.

Rotavirus is a leading cause of severe gastroenteritis, including

vomiting and diarrhea, in infants and young children. The contagious infection kills an estimated 1,600 children under the age of 5 every day, mostly in Africa and Asia.

Developing countries wanting help to distribute the rotavirus vaccine can seek assistance from the Global Alliance for Vaccines and Immunisation (GAVI), a Geneva-based international procurer and WHO partner.

GAVI, the WHO and the UN children's agency Unicef are now working to develop "a new accelerated and integrated approach" to tackle rotavirus diarrhoea and pneumonia together.

Those two vaccine-preventable diseases account for more than 35 percent of the world's child deaths each year, the vast majority in poor countries, the WHO said.

It also stressed that "there are many causes of diarrhoeal disease," meaning that efforts to improve water quality, sanitation standards and access to rehydration salts must continue despite the expansion of the vaccine.



DID YOU KNOW?

Taking vitamins before and during early pregnancy is associated with reduced risk for miscarriage, researchers have determined — news agency Reuters reports citing the reference of American Journal of Epidemiology.

Pre-conception diabetes control important

Women with type 1 diabetes should keep their blood glucose levels well controlled before they become pregnant, in order to minimise the risk of serious adverse pregnancy outcomes, results of a large Danish study indicate.

A blood measurement known as A1C is an indicator of how well glucose levels are kept in the normal range over the long term. The goal of the present study was to find a threshold pre-conception value for A1C below which the risk of having a baby with malformations or that dies soon after birth is no higher than in the general population.

Dr Dorte Jensen, at the University of Southern Denmark, Odense, and her asso-

ciates found that the risk of serious adverse outcomes was statistically no higher than for the background population when women with diabetes had A1C readings of less than 6.9% around the time of conception. The risk of serious adverse outcomes increased gradually with levels of A1C above 6.9% and doubled when it reached 10.3%; at A1C readings of 10.4% or greater, the risk quadrupled.

"In conclusion," the investigators write, "the results of this study support a recommendation of pre-conceptional A1C levels less than 7% in women with type 1 diabetes, emphasising the importance of pre-pregnancy counselling."

Source: Diabetes Care

How to manage children's nosebleeds

DR ZAKIR MRIDHA

The nose is a part of the body rich in blood vessels and is situated in a vulnerable position as it protrudes on the face. As a result, trauma to the face can cause nasal injury and bleeding. Nosebleeds can happen if a cold or allergy irritates the inner nose as well. Touching and poking the inner nose can cause nosebleeds. Hard nose blowing can cause nosebleeds. Nosebleeds can start after the nose is hit or bumped. Nosebleeds are common in the winter when the air is dry.

Who can get it?

Nosebleeds are common in children. Children who have veins close to the skin in their nose will likely get more nosebleeds than other children.

How are nosebleeds managed?

Stay calm and reassure your child. Sitting is best. Have the child lean forward with head down. If your child is hurt and needs to lie down, prop head up on pillows.

If your child has blood in mouth, s/he should spit it out. Apply pressure to the nose by squeezing the nostrils together. Hold for 10 minutes. Do not peek to see if the bleeding has stopped. If bleeding does not stop, press ice or a towel soaked in cold water on the ridge of the nose. Do not stick tissues, gauze or other things into the nose. Have your child avoid rough activities where the nose could be bumped. Release a sneeze through the mouth instead of the nose. Blow the nose gently if needed.

How long does it last and how it can be prevented?

Bleeding should stop within 10-15 minutes. Nosebleeds take time for the nose to heal. For a few days after a nosebleed, do as follows:

Use a cool mist vaporiser or humidifier or a wet towel near bed at night to

keep the air moist. Clean daily with water. Gently put a little petroleum jelly (such as Vaseline) inside the nose with your fingertip to keep it moist. Discourage the child from picking her nose. Use Saline Nose Drops to keep the nose moist. Drops will keep blood from crusting. Even when taking proper precautions, kids can still get a bloody nose occasionally. So the next time your child gets a nosebleed, try not to panic. They are usually harmless and are almost always easy to stop.

When should you visit a doctor?

Visit the doctor if—

- bleeding lasts for longer than 15

minutes after pinching the nose without peeking

- your child has many nosebleeds
- your child has blood in his/her stool, urine, tears, ears, throat or gums
- your child bruises easily or if blood from injuries is hard to stop
- your child has a flat, purplish-red rash on his/her skin
- your child looks sick or pale
- your child is unusually tired or weak
- there is a large amount of blood
- your child has an object stuck inside the nose.

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Mushroom as a food

MOKAZAD

Musroom is a one kind of edible fungus. It has dynamic action like as a food, medicine and tonic. But mind that some are very much toxic what we usually see growing naturally on the road side and fields.

The climate and weather are very favourable for the cultivation of musroom. It is a palatable and salubrious vegetable. It can be eaten as fresh or dry with other vegetables.

Powder musroom may be

taken with tea or coffee. Nutritional values of musroom are very high. It has high caloric values as well.

It has some medicinal values in preventing diabetes, obesity, jaundice, sexual inability, high blood pressure, heart disease, cancer, tumour, skin disease, allergy etc.

So for getting healthy and disease free life we can consider taking musroom as a daily food.

M O KAzad is a researcher at Andong National University, Andong city, South Korea.

HEALTH TIP

Feeling faint? What to do

If the blood supply to your brain is inadequate, even momentarily, you may feel faint. You may even lose consciousness for a short time. If you feel faint, lie down or sit down and place your head between your knees. Sometimes fainting has no medical significance. In other cases, fainting can be caused by a serious underlying condition. If you have recurrent fainting spells, discuss it with your doctor.

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