

EMERGENCY SURGICAL CARE

A neglected public health issue at primary level

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Many a time, surgery is the only option to save lives and prevent disabilities, especially in case of emergencies. Often surgery cannot be safely postponed to allow their transfer to a secondary or tertiary-level hospital. But the emergency surgical services is the commonly missing component of primary healthcare in Bangladesh. Most of the rural areas, patients have no access to even simpler procedure and trauma care at primary level (Upazilla health complex and union sub-centres).

Experts urged to step up basic surgical care facilities to handle a large number of emergency conditions like road traffic injuries, interpersonal violence, abdominal emergencies, pregnancy complications, congenital abnormalities, fractures, burns or the consequences of acute infections at primary level to prevent unnecessary deaths and disabilities.

World Health Organisation (WHO) estimates that 11 percent of the global disease burden is treatable by surgery. Improving surgical care at initial level can significantly reduce the huge death toll caused by various conditions corrected by simple but valuable surgery.

Expert identified lack of basic surgical training of healthcare professionals working at upazilla health complexes, shortage of manpower especially anaesthetist, inadequate supply of operating

instrument and medication needed for surgery are the central barriers that constrain people to access basic surgical services.

Moreover, people assume that surgery is an expensive tertiary care intervention that requires sophisticated equipment and expertise. However, a number of isolated, simple and inexpensive local initiatives have shown that even with only basic training and technologies, many lives could be saved or improved.

Experts from WHO suggest that surgery should be an integral part of primary health care and a cost-effective way of dealing with many health challenges specific to resource poor settings like Bangladesh. For instance, clubfoot (a congenital deformity of the foot, marked by a twisted position of the ankle, heel and toes) is a common cause of physical disability in children. In most of the cases, clubfoot can be successfully treated by using a minimally invasive technique called the Ponseti method. Proper implementation of the Ponseti method results in a dramatic decrease in the number of clubfoot cases that require surgery.

Like this, a traumatic dislocation can often be corrected by manual maneuver with adequate sedation by a trained physician. There are several simple techniques that can be readily performed by health professionals at primary level if they have been adequately trained.

Again, most of the surgeons serve in urban areas and adequate surgi-



cal services are found only in tertiary centres placed in urban areas. Although there is post for consul-

tant at Upazilla level, they most often concentrate to cities creating vacuum in proper service and care.

Even though, at secondary level, some district hospitals have no specialist surgical teams, anaesthetist and are staffed by medical, nursing and paramedical personnel only who perform a wide range of surgical procedures, often with inadequate training.

"As a medical officer at Upazilla health complex, we have to deal with various surgical conditions those mostly arise from road traffic accidents, trauma, acute infections, gynaecological and orthopaedic emergencies. But there is no initiatives to train us to perform basic surgery that is safe and effective. Many of us have been specially trained to handle TB, HIV/AIDS and emerging diseases, but emergency surgical training is totally overlooked. This training is particularly important to perform surgical interventions in emergency situations rather than medical care that focus on prescribing medicine", said Dr M Abdullah (name disguised to protect identity) working at a Upazilla health complex.

In many cases, a simple surgery can make a big difference. We need to shift the way we think about surgery as a neglected public health issue. We should step up our efforts to establish emergency and essential surgical services at primary level. It is the backbone of primary healthcare and a cost-effective way to save thousands of deaths and prevent disabilities.

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The naked truth about baldness

Baldness affects millions of man worldwide. People spend huge money to prevent or revive the damage of hair follicle from where hair grows. But like other living cells, hair follicles can be damaged.

Damaged follicles stop growing hair. If the problem is mild, the follicle recovers and resumes hair growth. For example, severe physical or emotional stress can damage hair follicles, halting hair growth. That is why people often lose hair two or three months after a major illness or traumatic life event. This type of hair loss is compensable and your hair is likely to grow back within a few months, even without treatment.

But severe damage may permanently stop hair growth. For example, medication can damage hair follicles; chemotherapy drugs are the leading examples. Less often, toxic chemicals, radiation or infection can cause hair loss. Skin diseases that leave scarring can also lead to hair loss that may be permanent.

These problems are all uncommon. Contrary to popular belief, common woes like seborrhea (a skin condition marked by an itchy red rash and white scales) and dandruff do not cause hair loss.

Male-patterned baldness is called androgenic alopecia, and it sounds like a disease. But by age 50, half of all healthy men have male pattern baldness. It may cause anguish, but it is just part of the human condition.

Doctors don't think of male pattern baldness as an illness. Some men turn to scalp surgery and hair transplants, others to wigs and toupees. Among several drugs approved, two medications remain standing; both can help, but neither is a miracle cure for baldness.

Minoxidil tablets are a prescription drug for hypertension. But for more than 10 years it has been available as a nonprescription lotion for hair loss. It works by prolonging the growth phase of hair follicles that are still active but its benefits last only while you use it regularly. It is more effective for bald spots than receding hairlines, but it is only partially effective at that.

Finasteride is an oral prescription medication that blocks the conversion of testosterone which stimulates growth of hair follicle. Although the drug had positive results, they were hardly dramatic. It cannot revive hair follicles that are inactive, it will not help men who are already bald. Men who find the drug helpful will have to continue taking it indefinitely to maintain even modest improvements. The drug is generally safe, but 1 to 2 percent of men experience diminished sexual drive (libido) and potency, which rebound when they stop taking the drug.

From a medical point of view, there is no need to treat male pattern baldness. At best, the treatments are expensive and only partially effective. Although treatment is generally safe, some men may experience side effects. Take a look in the mirror and think it over. And before you decide, try to imagine how Hollywood celebrities Michael Jordan, Bruce Willis or Chris Daughtry.

Source: health.msn.com



New hope for migraine patients

A hand-held device that delivers a magnetic pulse to the head may offer relief for some migraine sufferers, researchers report.

The findings, which apply to migraine sufferers who experience aura (perceptual disturbance experienced by some migraine sufferers before a migraine headache) expand on previous research by using a device that could work at home instead of only at the doctor's office.

At stake are patients who suffer from migraine with aura, meaning they experience visual disruptions, tingling, numbness and weakness before a headache begins.

The device uses single-pulse transcranial magnetic stimulation, which is thought to prevent aura by disrupting the brain's electrical system.

In the new study, Richard B. Lipton, of the Albert Einstein College of Medicine in New York City, and colleagues randomly assigned 201 patients to take home a fake stimulation device or a real one. Those who used the real device had less pain and recurring headaches and were less likely to need medication. Of 164 patients who treated at least one attack with the real or fake stimulation devices, 39 percent of those who used the real device reported no pain after two hours compared to 22 percent of those who used the fake device.

Expert expressed that it could be a major step forward in the treatment of migraine with aura, particularly in patients in whom presently available drug treatment is ineffective, poorly tolerated, or contraindicated.

Source: The Lancet Neurology

Dandruff Crisis?
www.antidandruff-bd.com

Things to consider before you join a gym

MIMIAH

Upon moving to Dhaka City, nearly two years ago, the first intention I had on my list of agendas was to join a gym in order to continue the fitness regime which I had taken up the previous years. But my intention did not quite lead to adequate action, until I realised my favourite outfits had shrunk, well, actually, truth be told, I had somewhat expanded. Eventually I did join a gym. I want to share my things what I considered before choosing the gym which was right for me.

Fitness goals: This is possibly the most important factor before even stepping into a gym for the tour. What do you want to realistically achieve from your intended fitness regime? Do you want lose excess weight, do you want to put on lean mass, do you want to tone up or put on muscle, do you want to improve your fitness level or do you simply want to maintain a healthy lifestyle? This is an important question you need to ask yourself; otherwise you could find yourself in the wrong gym with the wrong crowd.

Facilities: Once you have decided what you want from your fitness regime, go and check out a few gyms — take the tour. Make sure the gym is adequately equipped for your needs. Are the facilities able to accommodate your goals and fitness level? You may try out the machines. If you are into cardio, make sure they have treadmills, exercise bikes, steppers, cross-trainers. If you are looking to tone up or build muscle then make sure they have adequate weights and machines for all the muscle groups you intend to workout.

Classes: As optional extras most gyms and health clubs offer speciality classes, such as step aerobics, spin classes, pilates, yoga and even from what I have heard salsa. Such classes maybe worth your while considering for various reasons.

The trainers: This is another very important factor to consider when choosing a gym, especially if you are

joining. Tell them about your fitness goals, tell them about any concerns you may have and ask them any questions you may also have.

Cost: Of course this is a factor that is upon all our minds. Fortunately, nowadays, it is very competitive market. Unless you want to be a trend follower, you can use this fact to your advantage. Play them against each other; try and get



a first time gym goer. A trainer will instruct you in correct form, posture and technique for performing exercises. This is the utmost important factor in order to gain the most from your time and efforts at the gym but also to perform the exercise in a safe way so to avoid injuries. Meet the trainers before you decided upon

the best deal possible.

Before joining a gym, make sure the gym suits you, your needs and your fitness goals. It is worth remembering that you should always consult a physician or expert before modifying your diet or attempting any sort of fitness regime if you have disease or particular condition.

Excessive soft drink consumption linked to PANCREATIC CANCER!

The regular consumption of sugar-laden soft drinks could boost a person's risk of developing pancreatic cancer. The results of a new study found that individuals who consumed 2 or more soft drinks per week had an 87 percent increased risk for pancreatic cancer, compared with those who did not.

Even after taking factors such as smoking, caloric intake, and type 2 diabetes mellitus into account, the authors found that consuming soft drinks might play an independent role in the development of pancreatic



cancer.

Both soft drinks and fruit juices have a high glycemic load relative to other foods and drinks, and it has been hypothesised that both are risk factors for pancreatic cancer. The high levels of sugar can increase levels of insulin in the body, and this can contribute to pancreatic cancer cell growth, the researchers explain. However, this study did not find an association between consumption of juice and an increased risk for pancreatic cancer.

Source: Cancer Epidemiology, Biomarkers & Prevention



Dr Margaret Chan, Director-General, WHO

Director-General of WHO due tomorrow

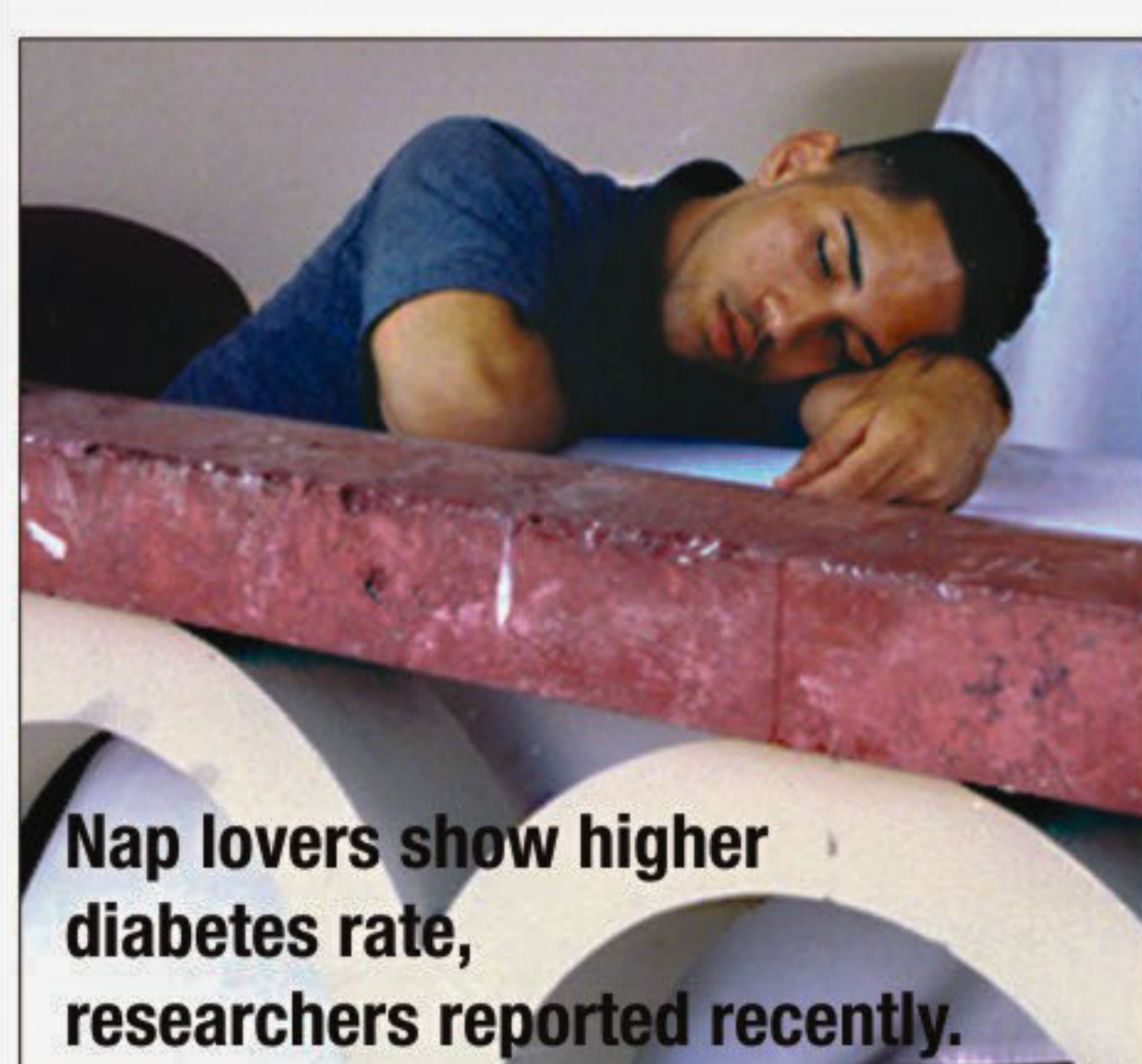
STAR HEALTH REPORT

Dr Margaret Chan, the Director-General of World Health Organisation (WHO) will arrive in Dhaka tomorrow on a short two-day visit. This visit is in response to an invitation from the Honorable Prime Minister of Bangladesh during her visit to Geneva.

The main focus of her visit includes WHO assistance in strengthening vaccine production capacity, operating of the community clinics, improving emergency medical services in disastrous situation, mitigation of adverse health impacts of climate change and health impact of community level micro credit scheme in Bangladesh.

Dr Chan will visit cyclone Aila affected Satkhira district and rural health activities at community level in Jessore district. She is also expected to visit micro credit programme of BRAC at Chougasa Upazilla of Jessore and diarrhoeal disease treatment and control activities led by ICDDR,B in Dhaka.

During the visit, she will be accompanied by Dr Daisy Mafubelu, Assistant Director-General for Family and Community Health, Dr Ian Smith, Adviser to the Director-General and Dr Subhash Salunke, Assistant Regional Director, WHO Regional Office for South-East Asia.



Nap lovers show higher diabetes rate, researchers reported recently.