Don't delay repairing your hernia

A hernia occurs when an organ or fatty tissue squeezes through a weak spot in a surrounding muscle or connective tissue called fascia. The most common types of hernia are inguinal (inner groin), incisional (resulting from an incision), femoral (outer groin), umbilical (belly button), and hiatal (upper stomach).

Hernias don't go away by themselves. Surgery is the only way to repair a hernia. A hernia repair returns the organ or structure to its proper place and fixes the weakened area of muscle or tissue. Most of the time, having a surgery is a big decision. It can be tempting to put it off. Here are some points to consider and discuss with your surgeon who can help you make the right decision.

How is the hernia affecting you? The first thing to consider is if you are experiencing any symptom. Not everyone has

Asthma steroids could

Young children given asthma medication before the

age of two may not grow to their full height in later

The study of 12,000 Finnish infants found that,

on average, those who used inhaled corticosteroids

Previous research has suggested a link with growth

(ICS) long-term showed signs of stunted growth.

corticosteroids played a crucial in controlling

asthma symptoms and reducing trips to hospital

tions commonly found in inhalers, used to treat

asthma in adults and recurrent wheezing in

Inhaled corticosteroids (ICS) are strong medica-

However, Asthma UK said inhaled

stunt growth!

suppression.

for young infants.

some people.

life, a preliminary report suggests.

symptoms with a hernia, especially small ones. When symptoms occur, the most common one is pain. Others can include a feeling of heaviness or fullness in the belly or groin. A hernia can interfere with

your leisure activities and your work whether you have symptoms or not. So you also need to recognise if you are taking time off from work or interests due to your hernia. Delaying surgery may mean

you spend more time away from work and fun instead of returning to activities after recovery. If you have symptoms, especially pain, your surgeon is likely to recommend surgery. But what if you don't have

symptoms or they are minimal? In this case, you may be recommended for watchful waiting. Before you agree to watchful waiting, be sure your doctor knows the whole story. Be honest about any limitations your hernia puts on your time and activities. What are the risks of waiting? 1. Hernias can become

incarcerated. One potentially serious risk of not fixing a hernia is that it can become trapped outside the abdominal wall - or incarcerated. This can cut off the blood supply to the hernia and obstruct the bowel, resulting in a strangulated hernia. This requires urgent surgical repair.

Of course not all hernias progress to this point, but it is a risk nonetheless. Avoiding an emergency situation that you can't control is one reason to consider not delaying surgery.

2. Hernias grow. A more likely scenario is that your hernia will continue to grow and weaken with time. This is likely to increase your symptoms, including pain, and cause more changes to your lifestyle.

Surgeons know that smaller

hernias are easier to repair than larger hernias. Going ahead with surgery instead of delaying can prevent your symptoms from getting worse.

3. Hernias require surgery eventually. Even if you are not having symptoms, you may still want to consider having surgery sooner rather than later. Surgery for a hernia is somewhat inevitable in most cases. Keep in mind that delaying surgery until your hernia is larger and the muscles are weaker may make surgery and recovery more difficult.

4. Your overall health may change. Your age may determine whether waiting is a risk for you. Putting off surgery for years down the road may mean you are not in as good overall health or physical shape. This will also affect your surgery and recovery. So having surgery at a younger age can be beneficial.

However, if you are elderly

(older than about 75 years of age), not very active, and your hernia is not causing problems, it may be left as it is. The risks of surgery may outweigh the benefit of repair.

Making the decision Surgery is never convenient and life is always busy. Being in control of when you have surgery is a huge benefit of not delaying your hernia repair. You can schedule your surgery at your convenience.

If you are a candidate for laparoscopic hernia surgery, you will be back to your life and work quicker. Surgery should be easier on and recovery will likely be smoother at a younger age and with a smaller hernia.

The write-up is compiled by Prof Dr Anisur Rahman, Consultant General and Laparoscopic Surgery, United Hospital Limited, Dhaka, Bangladesh. Email: anisurgeneral@gmail.com

HAVE A NICE DAY

Seven greetings



1. Wake up early (whole house); morning has a very special flavour promise! You will not regret.

2. Food is meant to be the most delicious but unless you take care how you cook, it can turn into a nightmare. Washing the meat (although not good for privileged

class people's health!) before cooking can spread bacteria around your sink and over your work surfaces. 3. We all believe that there is no higher religion

than human services. Trying to work for our surrounding 'helping hands' is one of the greatest duties. Enjoy these holidays along with them. Time has come not to fuss about their work, at least during the holidays. Set your helping hands free on festive days.

4. At least these few days, don't use the mobile phones, tablets, notepads in front of the elders; talk

softly and less. 5. Sleep in with a sudden conflict for 48 hours then react or make a decision. Learn to be silent.

6. Stop complaining and let go of your moods. Heroes never complain. 'Become the hero of your life' as a famous author once said. 7. Find two-three (at least one) great friends

during holidays who can be your honest companions. Good friends are medicine as well.

E-mail: rubaiulmurshed@gmail.com



Dr Tawfiq-e-Elahi Chowdhury, Bir Bikram, Energy Advisor to the Prime Minister addressing as the Chief Guest at a talk on mental health at IUB.

Talk on World Mental Health held at IUB

Bangladesh (IUB) organised a public talk on World Mental Health recently at IUB campus in Dhaka. Dr Tawfiq-e-Elahi Chowdhury, Bir Bikram, Energy

The School of Public Health of Independent University,

Advisor to the Prime Minister attended the programme as the Chief Guest. Prof Vikram Patel, Professor, Public Health

Foundation of India, delivered the key-note speech. Dr Shamim Matin Chowdhury, Founder Chairperson

of Beautiful Bangladesh and Dr Atif Rahman, Professor of Child Psychiatry, University of Liverpool, UK, spoke as special guests. Prof M Omar Rahman, Vice Chancellor, IUB and a

renowned psychiatrist delivered the welcome speech.

Prof Patel mentioned that, stigma is the main problem regarding our efforts to improve the condition of mental health.

Dr Shamim mentioned that, 6.5-31% among adults in Bangladesh have psychiatric and psychogenic disorder.

Umbrella rally on Int. Day of Older People

Governments at 70th UNGA promised to make sustainable development of older people too with the newly adopted SDGs. They discussed in the Openended Working Group on Ageing, that a new convention is required.

On the eve of the UN International Day of Older People on October 1, HelpAge International and SERAC-Bangladesh jointly organised a rally on public places at Mymensingh district demanding the reform of the working group, says a press release.

The participants had a discussion and sharing meeting with the Mayor of Mymensing.



HEALT Hulletin

Improving blood safety worldwide

STAR HEALTH DESK

Transfusion medicine is a fastmoving and exciting field of research. But worldwide access to its life-saving interventions is limited to relatively few. In many regions of the developing world access to these treatments is simply not available. Unlike the developed world,

where much of the blood goes to the treatment of older patients, a substantial portion of blood in the developing world goes to treat younger patients: infants and children with anaemia due to malaria, for example; victims of trauma; and mothers with blood loss due to childbirth.

According to World Health Organisation (WHO), more than half a million women die every year during pregnancy. The most common cause of maternal mortality is haemorrhage during or shortly after delivery. In many cases, blood is not available because effective systems for collection do not exist.

To maintain an adequate blood supply, 1-3% of the population needs to be blood donors. But of 172 countries responding to a survey released by WHO, 80 have failed to achieve that mark with less than 1% of the population donating. 79 of these are in the developing world.

WHO recommends that, at a minimum, blood should be screened for HIV, hepatitis B, hepatitis C, and syphilis. Of 148 countries that provided WHO data for screening, 41 reported that they were not able or more of these infections. WHO estimates that the lack of effective new infections with hepatitis B, 5 C, and 160 000 cases of HIV

infection every year. Overall, 5% to 10% of HIV infections worldwide are the result of transfusions of contaminated blood or blood products.

To increase access to blood transfusions and to promote blood safety, WHO has for many years worked to help nations adopt an integrated approach for blood safety that has four key elements:

- establishment of a nationallycoordinated blood transfusion service,
- collection of blood from exclusively voluntary donors from low-risk populations,
- · testing of all blood for compatibility and transfusion-transmissible infections, and
- reduction of unnecessary transfusions.

In all these areas, progress is being made, albeit slowly. The safest blood comes from unpaid donors who donate for altruistic reasons. In this

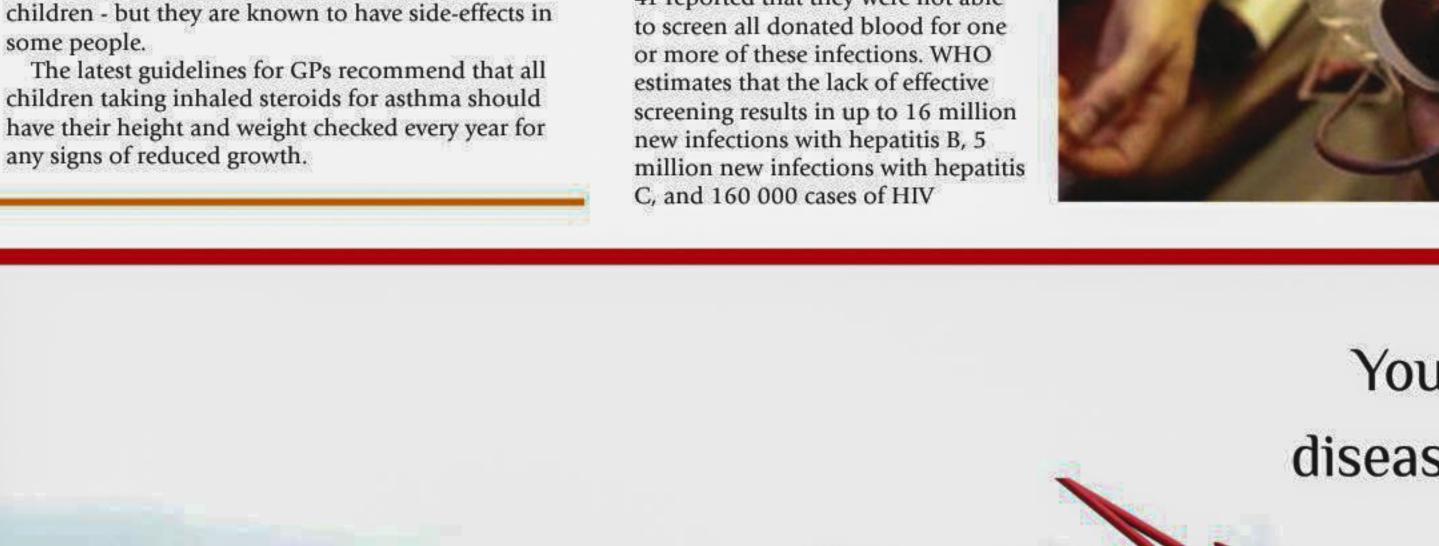
group, the prevalence of HIV, hepatitis infection, and other bloodborne pathogens is lowest. Infection rates are higher among donors who are family members or members of the community, who donate to replace blood used by a patient, a common practice in many regions, and infection rates among paid donors are higher still.

The progress seen in the WHO survey shows that countries that work to develop well-organised national blood transfusion systems can make great strides. With political and financial support, such systems, either government run or independent, can establish the policies, set the standards, and provide the technical assistance needed to bring these lifesaving treatments even to resource poor communities.

The commitment is substantial, but so are the potential benefits.

Source: World Health Organisation





You have a **GREATER RISK** of heart disease if you are a MAN over age 45 or a WOMAN over age 55



TO KEEP YOUR HEART HEALTHY

- Eating a healthy diet
- Maintaining a healthy weight
- Getting enough physical activity
- Not smoking or using other forms of tobacco
- Limiting alcohol use

