



DID YOU KNOW?

When does excess smoking-related mortality subside after quitting?

After giving up smoking for three decades, individuals substantially lowered their chances of dying prematurely due to heart disease, cancer, or respiratory issues.

Quitting smoking significantly reduces the risk of early death compared to continuing the habit. Yet, there has been uncertainty about how long it takes to reap these benefits. To address this, researchers examined data from 440,000 adults (with an average age of 47) sourced from the U.S. National Health Interview Survey and National Death Index. They aimed to understand how the duration since quitting smoking related to mortality rates.

Over an average tracking period of 11 years, current smokers faced two times higher risks of cardiovascular-related deaths, three times higher risks of cancer-related deaths, and a staggering 13 times higher risk of respiratory-related deaths compared to individuals who had never smoked.

However, among former smokers who had quit within the past decade, they managed to mitigate roughly 50% to 60% of these elevated risks. The remarkable finding was that after a 30-year period of quitting smoking, the increased risk of dying prematurely was almost completely eliminated.

This study published in JAMA Internal Medicine underscores the profound benefits of quitting smoking, demonstrating that even after three decades, the hazards associated with cardiovascular diseases, cancer, and respiratory problems significantly diminish. It emphasises the importance of giving up smoking as early as possible to enhance overall health and longevity.

ADVANCING UROLOGICAL CARE

Insights from Dr Chin Chong Min

STAR HEALTH DESK

Few have made an impact in urological medicine, like Dr Chin Chong Min, a leading urologist from Singapore. Recently, he visited Bangladesh and had an interview with Star Health. Renowned for his pioneering work in robotic surgery, Dr Chin's insights revealed the dynamic nature of this field and its profound effect on patient care.

Based on his extensive experience and knowledge in these areas, he covered various topics like advancements in robotic surgery, management of bladder dysfunction and incontinence, innovations in female urology, urinary stone treatment, and public education on urological health, offering valuable information to a general audience.

Robotic surgery: A new era in urology

Dr Chin's enthusiasm for robotic surgery is palpable. He details how this technology has revolutionized prostate cancer treatment, offering unmatched precision and significantly reduced recovery times. This advancement is not just technical but marks a leap in patient experience and outcomes. Dr Chin, known for his expertise in robotic prostatectomies, discussed the transformative impact of robotic surgery in treating urological cancers. He emphasized the benefits over traditional methods, including precision and reduced recovery time.

Addressing female urological concerns

Dr Chin's work extends beyond cancer treatment. He underscored the importance of addressing female urological issues, often shrouded in stigma. His approach, involving minimally invasive techniques, has transformed the management of conditions like bladder dysfunction and incontinence, vastly



Dr Chin Chong Min, Senior Consultant Urologist, CCM Urology & Robotic Surgery Centre, Mount Elizabeth Novena Specialist Centre, Singapore

improving women's quality of life. Addressing bladder dysfunction and incontinence, Dr Chin tackles common misconceptions and urges individuals to seek early treatment. He highlighted the significant role of minimally invasive procedures, like tension-free vaginal tape surgery in female urology, enhancing patient quality of life.

Innovations in stone treatment

The treatment of urinary stones has also undergone a significant transformation. Dr Chin discussed the shift towards less invasive methods, such as percutaneous nephrolithotripsy and laser endoscopy. These techniques enhance recovery and minimise patient discomfort, representing a substantial improvement over traditional methods.

Public education: A cornerstone of urological health

Dr Chin places a strong emphasis on the role of public education in

urology. He advocates for increased awareness about urological health, emphasising that early intervention is key to effective treatment. His passion for educating the public is evident, as he believes that knowledge empowers patients to seek timely care.

Looking forward: The future of urology

As the conversation concludes, Dr Chin reflects on the future of urology. He envisions a field continually driven by innovation, where advancements in technology and treatment methods will further improve patient care. His optimism for the future is infectious, signalling a bright horizon for urological medicine.

Through this interview, Dr Chin Chong Min shares his profound expertise and vision for a future where urological health is prioritised and advanced through continued innovation and public awareness.

HAVE A NICE DAY

The power of priority - Part II

DR RUBAIUL MURSHED

Neglectful parenting behaviours may be traced back to individuals who experienced neglect in their own families. These individuals may not understand or know how to care for their family members.

Some individuals have grown up in an environment where they are accustomed to being uninvolved with their spouse and children, leading to a challenging situation. They were brought up in a household where the cultivation of strong familial bonds was lacking, and they may struggle to grasp the profound beauty inherent in the concept of family.

Demonstrating affection for one's spouse and children is important. Growing up with emotionally distant parents may result in unstable friendships, emotional dependence, a lack of self-regulation, and identity confusion.

It is a red flag when one spouse does not find joy in cohabiting with the other in a comfortable and safe environment. The concept of a close-knit family may be disrupted, causing challenges for all members, especially the children who face an unhealthy future.

Ongoing parental conflict can jeopardise children's mental health, leading to social, academic, and behavioural challenges with lasting consequences for their overall well-being.

Somewhere, someone once said, "A man travels the world over in search of what he needs and returns home to find it." So, when everything is quiet and the hustle and bustle are over, what truly matters are faith, family, and friends—these are the enduring natural medicines.

E-mail: rubaiulmurshed@shomman.org



WHO announces the development of a guideline on the health of trans and gender diverse people

STAR HEALTH DESK

The World Health Organisation's (WHO) Departments of Gender, Rights, and Equity—Diversity, Equity, and Inclusion (GRE DEI), Global HIV, Hepatitis, and Sexually Transmitted Infections Programmes (HHIS), and Sexual and Reproductive Health and Research (SRH) are developing guidelines on the health of trans and gender diverse people.

This new guideline will provide evidence and implementation guidance on health sector interventions aimed at increasing access to and utilisation of quality and respectful health services by trans and gender-diverse people.

The guideline will focus on five areas: provision of gender-affirming care, including hormones; health workers education and training for the provision of gender-inclusive care; provision of health care for trans and gender diverse people who suffered interpersonal violence based on their needs; health policies that support gender-inclusive care; and legal recognition of self-determined gender identity.

The GDG will meet from February 19 to 21, 2024, at WHO's headquarters in Geneva, to:

- examine the grading of recommendation assessment, development, and evaluation (GRADE) evidence profiles or other assessments of the quality of the evidence used to inform the recommendations in the 5 above-mentioned areas;
- interpret the evidence with explicit consideration of the overall balance of benefits and harms;
- formulate recommendations, taking into account benefits, harms, values and preferences, feasibility, equity, acceptability, resource requirements, and other factors, as appropriate; and
- suggest implementation considerations and highlight research gaps for the guidelines.

In line with WHO policy on conflict of interest, members of the public and interested organisations can access the biographies of the GDG members for this guideline and inform WHO of their views about them. The World Health Organisation's guidance for guideline development is available online.

WHO officially recognises noma as a neglected tropical disease

STAR HEALTH REPORT

The World Health Organisation (WHO) has taken a significant step by adding noma, a severe disease affecting the mouth and face, to its official list of neglected tropical diseases (NTDs).

Targeting malnourished young children in impoverished areas, noma starts as gum inflammation and rapidly progresses, causing extensive facial tissue damage and often leading to death. While prevalent in sub-Saharan Africa, cases have also been reported elsewhere.

Caused by oral bacteria, noma's risk factors include poor oral hygiene, malnutrition, infections, and extreme poverty. Early detection is crucial for effective treatment, involving antibiotics, oral hygiene improvement, and nutritional supplements.

Severe cases may require surgery, leaving survivors with facial disfigurement, eating and



speaking difficulties, social stigma, and a need for reconstructive surgery.

Dr Tedros Adhanom Ghebreyesus, WHO Director-General, highlighted noma as a symbol of poverty and malnutrition's impact on vulnerable communities. Its classification as an NTD aims to raise global awareness, prompt research, secure funding, and tackle the disease through holistic approaches, contributing to universal health coverage.

Nigeria-led efforts to include Noma as an NTD were supported by 32 member states and various institutions providing evidence of Noma's burden. The formal process, initiated in 2016, resulted in noma's inclusion in WHO's NTD list, which now encompasses 21 diseases. Integrating noma within existing oral health and NTD programmes in affected regions seeks to strengthen management and control efforts. This recognition seeks to mobilise global action, directing attention and resources to combat this devastating disease.

By addressing Noma's underlying causes, this move aligns with broader health coverage goals, emphasising the need to reach marginalised populations.

United Hospital

Operation Accredited by Joint Commission International

PLUJ

MCDK

Vesicoureteric reflux

Exstrophy Bladder

PUV

Hydrocele

PAEDIATRIC UROLOGY

Paediatric Urology is a medical specialty that focuses on diagnosing and treating urological conditions in children, including the urinary tract system and the male and female genitalia. The urinary tract system includes the kidneys, ureters, bladder, and urethra, while the male genitalia includes the penis, testicles, scrotum, and the female genitalia is vagina.

Advanced Paediatric Urology Surgeries

- Pelviureteric Junction Obstruction
- Multicystic Dysplastic Kidney
- Vesicoureteric reflux
- Exstrophy Bladder
- Posterior Urethral Valve
- Undescended Testis
- Epispadias
- Hypospadias
- Phimosis
- Hernia & Hydrocele

Our Sister Concerns

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