

HEART BEAT

A Quarterly Issue for the Faculty and Staff of Tabba Heart Institute

Issue No. 02, May 2008

Tabba Heart Institute's

Preventive Cardiology and Cardiac Rehabilitation Centre

Preventive Cardiology and Cardiac Rehabilitation is an important aspect of patient care for cardiovascular disease especially for those with the presence of risk of developing heart disease. Tabba Heart Institute (THI) maintains a proper Preventive Cardiology and Cardiac Rehabilitation facility on its premises and takes pride in offering all patients the facility of Cardiac Rehabilitation after Cardiac Surgery or Angioplasty. It is good for individuals with risk of developing heart disease like High Cholesterol, High Blood Pressure, Obesity, Diabetes etc. At THI we help all the patients to go through a carefully structured and monitored cardiac rehabilitation program at the gymnasium with state of the art equipments under the supervision of qualified and trained cardiac rehabilitation specialists and dietitians.

The center also offers clinics for the screening of Heart Disease and Diabetes.

Cardiac Rehabilitation, a professionally supervised program designed to help cardiac patients recover quickly with an improved overall physical, mental and social functioning after an event. The goal is to stabilize, retard or even reverse the progression of cardiovascular disease, thereby reducing the risk of another cardiac event or death. The exercise helps restore confidence in the patient and benefits both, the patient and his/her family. The program includes:

WEIGHT REDUCTION and HEALTHY HEART PLAN - For obese and high risk individuals

Components include:

- ✕ Consultation by Physician, Dietitian, Rehabilitation Specialist
- ✕ Sessions of supervised, monitored & appropriate exercises in gymnasium

MICRO-FIT EVALUATION and FITNESS PLAN - For healthy individuals.

Components include:

- ✕ Comprehensive screening to assess their fitness level and suggest precautionary health care measures for future.
- ✕ Relevant blood tests.
- ✕ Consultation by rehabilitation specialists and sessions of fully supervised and monitored exercises in Gymnasium

RISK FACTORS ASSESSMENT/Cardiac Screening Clinics - This is an early assessment to find out underlying possibilities of cardiac diseases and arterial blockages.

Components include:

- ✕ Consultation with Cardiologist, Dietitian and Rehabilitation Specialist
- ✕ Blood tests, Stool test, ECG, Chest X-ray and Exercise Tolerance Test-(ETT).



Editorial Board

Mohammad Yousuf
Neha Suleman
Farzana Amir Hashmi
Tadeeb Anwer
Dr. Moimuddin Khan

Dear Readers,

Here is the second issue of the Heart Beat; Marked with a few changes to make it more interesting for readers. My deep gratitude to the board members, especially Ms. Neha Suleman, for their untiring effort in collecting, compiling and shaping this issue. Your valuable comments and suggestions were contributory to its current presentation...

Mohammad Yousuf



A state-of-the-art Cardiac Hospital
Where you meet caring, friendly people

People who left and joined

We Welcome

Mohammad Misbahuddin
Senior Manager Human Resource
Anjum Zafar Khan
Senior Manager MIS
Dr. Chandar Parkash
Anesthetist
Dr. Shahid Majid
Consultant Gastroenterologist
Dr. Chandar Manglani
Consultant Cardiologist
Dr. Zia Yakoob
Consultant Cardiologist

Moved Ahead

Mr. Ghulam Qadir
as Asst. Manager (Finance & Accounts)
Mr. Asghar Alam
as H.R. Officer (Recruitment & Selection)
Ms. Pauline Benjamin
as Sr. Nursing Instructor
Ms. Zahida Parveen
as Asst. Manager CathLab

Obituary

We share their grief,

Mr. Anjum Zafar Khan
Sr. Manager MIS, lost his Father
Dr. Azam Shafqat
Consultant Electro Physiologist, lost his Father
Dr. Sumbal Mahmood
Nephrologist, lost her Father
Dr. Ayub Motan
Medical Officer, lost his mother
Dr. Zulfiqar Ali Khan
Associate Anesthetist, lost his Sister
Ms. Yasmeen Akhtar
Telephone Operator, lost her Father
Mr. Imran William
Junior Record Assistant, lost his Father
Mr. Raheel Sultan
HIMS Assistant, lost his Father
and pray to Almighty for a heavenly abode for the departed souls.

The Stork Visits

Our heartiest congratulations to Mr. & Mrs. Zahid Ahmed (Accounts Officer) on the birth of their daughter ZOBIA ZAHID on 29th February 2008.



Dr. Khursheed Hassan

Dr. Khursheed Hassan is our first interventional cardiology trainee. He has gone through one year of rigorous angioplasty fellowship training as per international standards. He has performed over 500 supervised angioplasty procedures during the training period. Dr. Khursheed Hassan obtained his MBBS degree from Dow Medical College in 1993. He completed internal medicine residency and adult cardiovascular diseases fellowship at Aga Khan University. He has been associated with THI since the inception.

Research

1. Initial results of patient APT registry (1 month outcome of 50 patients)
Dr. Bashir Hanif, Prof. Mazhar M. Khan, Dr. Faisal Ahmed, Dr. Khalida Soomro
Presented at **GISSI, Genoa Italy – December 2006**
2. Short and medium term outcome of trapedil coated intrepide stent.
Dr. Bashir Hanif, Prof. Mazhar M. Khan, Dr. Faisal Ahmed, Dr. Khalida Soomro
Presented at **CRT, Washington USA – March 2007**
3. Medium term outcomes of patient APT study. - Dr. Bashir Hanif, Prof. Mazhar M. Khan, Dr. Faisal Ahmed, Dr. Khalida Soomro
Presented at **Irish Cardiac Society Meeting, Dublin Ireland – October 2007**
4. Medium term outcome in diabetic and non diabetic patients in patient APT study.
Dr. Bashir Hanif, Prof. Mazhar M. Khan, Dr. Faisal Ahmed, Dr. Khalida Soomro
Presented at **CRT, Washington USA – February 2008**
5. a) Non-STEMI caused by dual coronary emboli in a patient with atrial fibrillation
b) Severe native aortic valve endocarditis and aortic abscess in a patient after abortion.
Dr. Faisal Qadir, Dr. Khursheed Hassan, Dr. Bashir Hanif.
Presented at **Singapore Live 2008 Conference (17th Annual Live Interventions in Vascular Endotherapy)**
6. a) Chronic total occlusion left main coronary artery – A Care Report.
b) Chronic thrombo embolic pulmonary hypertension. - Dr. Ayaz Hussain, Dr. Bashir Hanif, Dr. Adnan Amin.
Presented at **Biennial Congress of Pakistan Cardiac Society -2007**
7. Aspiration of thrombus from infarct related artery without stening in acute myocardial infarction - Dr. Ayaz Hussain, Dr. Asad Pathan, Dr. Khursheed Hassan, Dr. Adnan Amin.
Presented at **Singapore Live 2008 Conference (17th Annual Live Interventions in Vascular Endotherapy)**
8. a) Do Outcomes Justify Emergence of New Cardiac Centers?
b) Valve Replacement Surgery: Outcomes in Patient with Severe Pulmonary Hypertension. - Dr. Umer Darr, Dr. Shakaib Chughtai, Dr. Tabish Khan.
Presented at **Sixteenth Annual Congress of the ASCTS Singapore 2008**

Infection Control Week

Infection control week was observed at THI. Dr. Fatima Noman conducted an educational session on the subject for all the nursing incharges and encouraged them to ensure strict compliance in their respective departments. Hand-outs and manuals were distributed amongst the staff.



Great Women of Islam

Rufaidah bint Sa'ad

Research by **Mohammad Altaf**

The History of Islam is full of great women. Who participated in different walks of life, even in battles as second line or first line troops, one example is Al-Rabi Bint Mo, awwaz who related "we took part in the combat mission of Prophet (PBUH). Our task was to carry water to the fighters and serve them, to retrieve the wounded and dead and send them to Madina".

Present society knows much about modern nursing from the era of Florence Nightingale that is 1935. Actually the Nursing started long back since the era of Islam. Rufaidah bint Sa'ad, is recognized as the first Muslim nurse. Her full name was Rufaidah bint Sa'ad of the Bani Aslam tribe of the Khazraj tribal confederation in Madinah. She was born in Yathrib before the migration of the Prophet Muhammad (PBUH). Rufaidah's father was a physician. She learned medical care by working as his assistant. Her history illustrates all the attributes expected of a good nurse.

She was kind and empathetic. She was a capable leader and organizer, able to mobilize and get others to produce good work. She had clinical skills that she shared with the other nurses whom she trained and worked with. She did not confine her nursing to the clinical situation. She went out to the community and tried to solve the social problems that lead to disease. She was both a public health nurse and a social worker.

Rufaidah devoted herself to nursing the Muslim sick. In peace time she set up a tent outside the Prophet's mosque in Madina where she nursed the sick. During war she led groups of volunteer nurses who went to the battlefield and treated the casualties. She participated in the battles of Badr, Uhud, Khandaq, Khaibar, and others. Rufaidah's field hospital tent became very famous during the battles and the Prophet used to direct that the casualties be carried to her. At the battle of the trench (ghazwat al khandaq), Rufaidah set up her hospital tent at the battlefield. The Prophet Muhammad (PBUH) instructed that Sa'ad bin Ma'adh who had been injured in battle be moved to the tent. Rufaidah nursed him, carefully removed the arrow from his forearm and achieved homeostasis. The prophet visited Sa'ad in the hospital tent several times a day. Sa'ad was to die later at the battle of Bani Quraidhat.

Rufaidah had trained a group of women companions as nurses. When the Prophet's army was getting ready to go to the battle of Khaibar, Rufaidah and the group of volunteer nurses went to the Prophet Muhammad (PBUH). They asked him for permission "Oh messenger of Allah, we want to go out with you to the battle and treat the injured and help Muslims as much as we can". The Prophet gave them permission to go. The nurse volunteers did such a good job that the Prophet assigned a share of the booty to Rufaidah. Her share was equivalent to that of soldiers who had actually fought. This was in recognition of her medical and nursing work.

Rufaidah's contribution was not confined only to nursing the injured. She was involved in social work in the community. She came to the assistance of every Muslim in need: the poor, the orphans, or the handicapped. She looked after the orphans, nursed them, and taught them. Rufaidah had a kind and empathetic personality that soothed the patients in addition to the medical care that she provided. The human touch is a very important aspect of nursing that is unfortunately being forgotten as the balance between the human touch and technology in nursing is increasingly tilted in favor of technology. History has recorded names of women who worked with Rufaidah: Umm Ammara, Aminah, Umm Ayman, Safiyat, Umm Sulaim, and Hind. Other Muslim women who were famous as nurses were: Ku'ayibat, Aminah bint Abi Qays al Ghifariyat, Umm 'Atiyah al Ansariyat, and Nusaibat bint Ka'ab al Maziniyyat.

References

Prof. Dr. Omar Hasan Kasule, Sr., Al Fanjari, Ahmad Shawqi: Rufaidah, Awwal Mumaridhat fi al Islam. Dar al Qalam. Kuwait 1980CE.

Hamarneh, Sami Khalaf. Tarikh Turath al 'Uluum al Tibiyyat 'Inda al 'Arab wa al Muslimiin. Yarmouk University 1406 AH/1986 CE

'Asqalana, al Imaam al Hafidh Ahmad bin Ali bib Hajar. Al Isabat fi tamiyiz al Sahabat. Dar al Kitab al 'Ilmiyat. Beirut 1415AH/1995CE

Paper Presented at the 3rd International Nursing Conference "Empowerment and Health: An Agenda for Nurses in the 21st Century" held in Brunei Dar as Salam 1st-4th November 1998



What are the **warning signs** of **heart attack** and **stroke**?

Research by **Neha Suleman**

What is a Heart Attack?

A heart attack (also called "myocardial infarction") occurs when a blood vessel supplying blood to a part of the heart becomes blocked, resulting in permanent damage to the heart muscle due to the lack of blood flow. The blood vessel can become blocked from advancing atherosclerotic plaque lesions, a sudden formation of a blood clot, or from the spasmming of a coronary artery - an artery that supplies blood to the heart.

Warning Signs of Heart Attack...

Some heart attacks are sudden and intense, but most of them start slowly with mild pain or discomfort with one or more of these symptoms:

- Chest discomfort
- Discomfort in other areas of the upper body
- Shortness of breath with or without chest discomfort
- Other signs including breaking out in a cold sweat, nausea or lightheadedness

What is a Stroke?

Stroke is a type of cardiovascular disease. It affects the arteries leading to and within the brain. A stroke occurs when a blood vessel that carries oxygen and nutrients to the brain is either blocked by a clot or bursts. When that happens, part of the brain cannot get the blood (and oxygen) it needs, so it starts to die.

Warning Signs of Stroke...

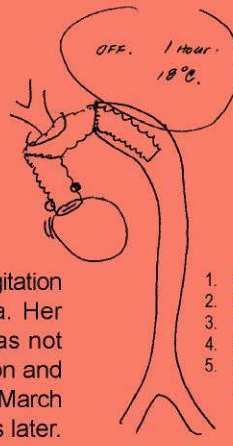
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden, severe headache with no known cause
- Sudden trouble seeing in one or both eyes
- Sudden weakness or numbness of the face, arm or leg, especially on one side of the body
- Sudden confusion, trouble speaking or understanding

Rare Cases

Patient: Rani Ahmed

Case Conducted and Narrated By: Dr. Umer Darr

A 22 years old mother of 2 children was diagnosed with aortic regurgitation and aneurysm of her ascending, arch and descending aorta. Her treatment required surgical correction. This kind of surgery has not been reported in Pakistan prior to this. We undertook this mission and successfully performed the operation as outlined in the picture on March 03, 2008. Rani did well and was discharged to her village 5 days later.



1. Coronary Reimp
2. AVR
3. Rep of Arch
4. Rep Arch
5. Elephant Brunk Procedure

پائی ہے میں نے حیات ٹبّا سے
میری کائنات میں بہار آئی ٹبّا سے
دیا ہے میری سوچ کو نیا سورج
روشنی میرے تاروں نے پائی ٹبّا سے



میرا وجود میری پہچان بن گیا ہے وہ
میرا تعارف میرا نشاں ٹبّا سے
رگوں میں دوڑتے ہیں افکار اس کے
یہ زندگی ہے جاوداں ٹبّا سے

محمد نوید
مینجیو ڈائگنوسٹک سینٹر
ٹابا ہارٹ انسٹیٹیوٹ

Patient: Sarwat Waseem

Case Conducted and Narrated by: Dr. Ghufuranullah Khan

A 32 years old lady came to THI for the evaluation of increased shortness of breath and inability to lie flat. The echocardiogram disclosed tumor in the upper chamber of the heart. The cardiac tumor is a rare entity and when found are mostly limited to left upper chamber of the heart. The tumor occupying upper chambers are extremely rare and only a handful is reported in literature. The operation to remove the tumor was successful and she recovered uneventfully and is now backing to her normal life.

ISO Dinner

Tabba Heart Institute achieved ISO Certification in July 2007. To celebrate this accomplishment a dinner was hosted for the THI Employees.



Continuous Medical & Nursing Education Programs

- Nutritional Management for Patient on warfrain/dialysis
- Obesity and its Management
- Workshop on Diabetes and Hypertension Management
- Management of Defibrillator
- Medical Computing Skills



Annual Picnic

Annual Family Picnic for the THI employees was organized in April 2008.



PREVENTION AND CONTROL OF HEART DISEASE

by Tadeeb Anwar

Heart Disease is a general term that refers to any disease or condition of the heart, including coronary artery disease, heart failure and congenital heart disease, disorders of the heart valves, heart infections and heart arrhythmias.

As we have already discussed the Causes of Heart Disease in the previous issue, here we will discuss Prevention & Control of Heart Disease.

Prevention & Control of Heart Disease depends on the levels of following major factors:

Blood Pressure:

The level of blood pressure in a healthy individual should be <140/90mm Hg; ideally 120/80 mm Hg. If patient has diabetes or chronic kidney disease the level of blood pressure should be <130/80 mm Hg.

Blood Cholesterol:

The total cholesterol levels of a healthy person should be:

- Total cholesterol < 200 mg/dL
- LDL < 100 mg/dL
- HDL >40mg/dL
- Triglycerides <150 mg/dL

To maintain normal cholesterol level in our body we should start with dietary therapy. Reduce intake of saturated fats (< 7% of total calories) & cholesterol (< 200 mg/day) In addition; your daily diet should include regular amounts of fresh fruit, vegetables and dietary fiber (especially soluble fiber). Promote daily physical activity and weight management in consultation with your doctor.

Diabetes:

For diabetic patient HbA1c average blood glucose over a period of two to three months should be <7%. For achieving near normal Hb1c initiate an appropriate medical treatment and dietary modification in consultation with your physician.

Smoking:

Not smoking or complete cessation is one of the best things a person can do to lower his risk of heart disease. A person's risk of heart attack decreases soon after quitting.

Regular Physical Activity:

We should engage in moderate level physical activity like brisk walk, swimming or cycling for atleast 30 minutes on atleast 3 days a week.

Maintain a Healthy Weight:

Healthy weight status in adults is usually assessed by using weight and height to compute a number called the "body mass index" (BMI). BMI usually indicates the amount of body fat. An adult who has a BMI of 30 or higher is considered obese. Overweight is a BMI between 25 and 29.9. Normal weight is a BMI of 18 to 24.9. BMI can be calculated using this simple formula

Weight in KG

Height in m².

Along with healthy weight and regular physical activity, an overall healthy diet can help to lower blood pressure and cholesterol levels and prevent obesity, diabetes, heart disease and stroke.



ROLE OF VITAMIN - E IN HEART DISEASES

by Dr. Faiza Malik

Vitamin-E a fat soluble vitamin mostly found in Almonds, Sunflower oil, Corn oil, Mango, Peanuts and Apricot etc. Vitamin-E is antioxidant (removes toxic substances from body).

Like other antioxidant vitamins it protects biological membranes and other cellular structures against damage from free radicals. Vitamin-E may also help prevent the formation of blood clots, which could lead to a heart attack. However clinical studies have not proven significant role of Vitamin-E in heart diseases.

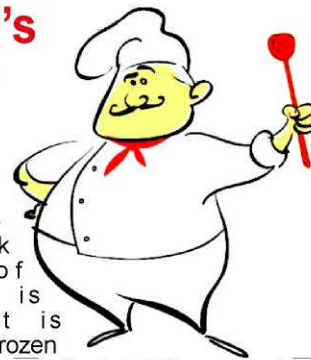
A daily recommended dose of Vitamin-E is 10 mg per day. Average balanced diet contains this amount .It is recommended to increase intake of fruits, vegetables, and other antioxidant-rich foods as part of a healthy diet.

Vitamin-E deficiency can lead to hemolytic anemia (blood deficiency), poor transmission of nerve impulses, muscle weakness, and degeneration of the retina that can cause blindness.

Vitamin-E over dose can cause fatigue, weakness, nausea, headache, blurred vision, diarrhea and it can also increase an anticoagulant effect.

Dietitian's Kitchen

- Mehreen Amir



Ladyfinger (Okra/ Bhindi) is available year-round. The peak season of availability is summers. It is available either frozen or fresh. When buying fresh ladyfinger, make sure that you select dry, firm ladyfinger. They should be medium to dark green in color and blemish-free. Fresh ladyfinger should be, used the same day that it was purchased or stored in paper bag in the least cool part of the refrigerator for 2-3 days. Severe cold temperature will speed up ladyfinger decay. Besides being low in calories, it is aplenty with vitamins of the category A, Thiamin, B6, C, folic acid, riboflavin, calcium, zinc and dietary fiber.

Preparation:

- Cut it in slimmer slices.
- Ladyfinger is a sensitive vegetable therefore it is ideal to cook it in an aluminum pan to save it from turning black.

Health benefits:

- The mucilage and fiber found in Ladyfinger helps adjust blood sugar by regulating its absorption in the small intestine.
- The fiber of Ladyfinger has many superior qualities in maintaining the health of the gastro-intestinal tract.
- It helps absorb excessive water from the body and traps surfeit cholesterol, metabolic toxins and surplus bile in its mucilage and slip it out through the stool.
- Ladyfinger is an excellent laxative, It treats irritable bowels, heals ulcers and soothes the gastrointestinal tract.

Ladyfinger Curry - 2 person serving

Calories: 21 Kcal; Proteins: 1gm; Dietary fiber: 3gms.

Ingredients:

Bhindi ½ kg
Onion 2 medium
Tomatoes 2 medium
Salt ½ tsp
Red chilly powder 1 tsp
Haldi ¼ tsp
Garlic paste ¼ tsp
Oil 2 tsp

Heat oil in pan then add onion saute, then add LadyFinger stir fry for 1-2 minutes then add tomatoes and rest of the ingredients and cook for 5-6 minutes. Serve it hot with Chapatti.

Food for thought

Fear is cage where you are locked up;
Faith is the key to freedom.
Aristotle

If you want to be truly happy, live for others.
Mother Teresa



Misconceptions about **Atkins Diet Plan**

by Mehreen Amir

Whether it's a wedding, medical reason or simply a holiday we all have been on a diet for different reasons. These days different diet plans are in fashion. People are adopting them as shortcuts to quick results. This article discusses some of the advantages and disadvantages of special diet and basic healthy eating.

With so many different kinds of diet plans available, it can be confusing to decide which one is appropriate or meets nutritional demand. In this issue we are discussing the Atkins diet plan also called high protein diet.

Atkins diet claims drastic weight loss, it is a high protein, low carb diet. It consists of four stages, induction, ongoing weight loss, pre-maintenance and maintenance.

Induction is the first 14 days of the plan in which carbohydrates are restricted to 20gms a day, the only carbohydrates you have are low carb vegetable like lettuce, broccoli and tomatoes. In next stage you can increase your carb intake by 5 Gms. During next stage (i.e. pre-maintenance), weight loss will be a little slow and you will be able to take certain food items to see if you can safely add them to your diet without any weight gain. Once you reach your goal weight, you enter maintenance and may introduce some quantity of carbohydrates in the diet by avoiding sugared, fried and bakery items, as they will result in the weight returning.

Disadvantages of Atkins diet:

- High protein can cause problems for the large segment of population specially for those who are already at risk of heart disease. High protein food is also high in fat and high levels of fat increase the level of bad cholesterol (LDL). The general fat allowance is 30% of a person's daily caloric intake; Atkins diet promotes eating as much fat as desired in shape of high protein.
- Atkins diet can also be taxing on kidneys; high protein consumption increases the renal load on the kidneys and can be detrimental to kidney functions in the long run.
- Not enough focus on exercise. Exercise must be included as a regular part of a healthy life style.
- By far the biggest disadvantage of Atkins diet is that although the pounds may be shedding quickly, the lost weight is regained over 6 months to one year.

Ideal way which should be adopted for weight reduction is the "combination therapy" that is "balanced diet plan", exercise, behaviour modification.

In next edition " **Misconceptions about Detox Diet**"



Tips for Maintaining a **Healthy Life Style...**

by Farzana Amir Hashmi

Better lifestyle habits can help reduce the risk of heart attack. To maintain a healthy life style, it is very important to follow a proper diet plan with a routine for exercises to burn extra calories. To help you begin, here is a small guide line of what you can do to maintain a healthy body.

- Weigh yourself at least once per week, preferably in similar clothing's, early in the morning.
- Make a proper low calorie diet chart (after consulting a dietitian) and try to burn extra calories in addition, through regular exercise.
- Consult your doctor before starting any weight reduction/ maintenance program.
- Try to select food items of low caloric value. Keep a calorie count (through proper diet chart) of your food intake. Don't bring drastic changes in your daily/weekly intake.
- Take smaller quantity of food that is rich in nutrition and low in calories in your meal
- Develop slow and regular eating habits, chew properly.
- Avoid too much sodium (salt) in your routine.
- Avoid taking fast foods.
- Drink plenty of water approximately 6-8 glasses in 24hours.
- Stay away from oily, sugared and preserved food items and choose from substitutes that are fresh, high in fiber and water, like fresh vegetables, fruits etc...
- Avoid taking snacks between meals like bakery products, corn soups, salads with dressing, sandwiches, biscuits etc.
- Add physical activity as much as possible, for example encourage out door activities that includes physical exertion.
- Develop the habit of exercising daily, minimum of 30 minutes or manage an activity which burns at least 100-200 calories, 5-7 days per week.

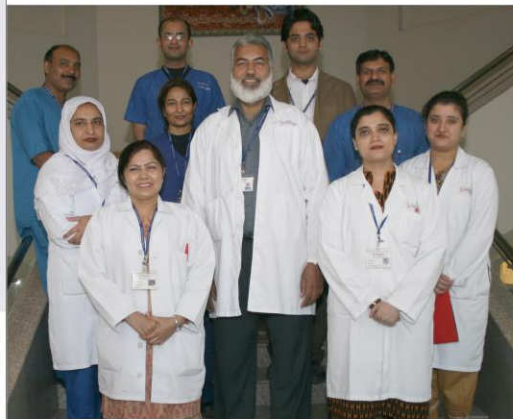
Reduce Salt in Your Food

Eating a lot of salt can contribute to high blood pressure, a risk factor for cardio vascular diseases. Reducing salt in your food is an important part of a heart healthy diet.



A few things that can help cut salt in the food:

- Reduce the amount of salt you add to food at the table or while cooking.
- Avoid snacks like chips, crackers, peanuts etc. that has additive salt in it.
- Use fresh ingredients in your food while cooking avoid using canned/ packed and preserved ingredients.
- Add fruits and vegetables in your diet.



The Department of Nursing

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Mr. Asifullah Khan	Inventory Officer
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Mr. Tahir Hussain Arain	Nuclear Technician
Ms. Rizwana Anees	ETT. Technician

Patient's Corner What they say...

Facts about Cholesterol

Dr. Tariq Aziz

Cholesterol is a type of lipid, just as fats are however, unlike fat, cholesterol can't be exercised off, sweated out or burned for energy.

Source:

It is found mostly in animal products, including meat, chicken, fish, eggs, organ meat, and high fat dairy products.

Good & Bad Cholesterol:

The body transports fat and cholesterol by coating them with water soluble "bubble" of protein. This protein-fat bubble is called **lipoprotein**.

There are different types of Cholesterols:

Low-density lipoprotein (LDLs) carries cholesterol to the tissue. This is "bad" cholesterol. High LDL levels are linked to increase risk for heart diseases.

➤ **High-density lipoprotein (HDLs)** carry excess cholesterol back to the liver, which processes and excretes the cholesterol. This is "good" cholesterol. The more HDL you have, the lower your risk for developing heart diseases

➤ **Triglycerides** also considered as 'Bad' cholesterol as it also increases risk of heart disease.

Test Your Cholesterol:

You should not only check total cholesterol but "fasting lipid profile" to, that checks all good and bad cholesterol. Your risk for heart disease can be assessed with a blood cholesterol test.

Ideal cholesterol levels for patients with no heart diseases and less than 2 risk factors are:

Total Cholesterol should remain less than **200 mg/dl**
LDL should be lower than **130 mg/dl**
HDL should be **40 mg/dl** or higher
The patients with known heart diseases levels should be much lower (consult your doctor for further details).

Patient: Syed Hamid Ali
Age: 85

Doctor: Dr. Ghufanullah Khan
Procedure: CABG



Mr. Hamid Ali was shifted from another cardiac hospital to THI for urgent angiography that revealed severe blockages in all blood vessels of the heart requiring urgent bypass surgery. Dr. Ghufanullah Khan performed the surgery on 23rd February 2008

Mr. Hamid Comments: *I am enjoying good health and currently under going post operative cardiac rehabilitation exercises in THI's Rehabilitation Department. I am very happy with the services and thankful to Tabba Heart Institute's Faculty and Staff for their care and support.*

Patient: Moinuddin Farooqui
Age: 57

Doctor: Dr. Bashir Hanif
Procedure: Angioplasty



On 24th January 2008 Mr. Moinuddin Farooqui was shifted from another cardiac hospital to THI and underwent very high risk emergency angioplasty. He has recovered and is currently going through Cardiac Rehabilitation at THI.

Mr. Moinuddin Farooqui's Comment: *I like THI for its excellent services, very cooperative, caring and well behaved staff. They have excellent care for their patients.*

Patient: Jamal Qazi
Age: 39

Doctor: Dr. Irfan E. Chandna
Program: Weight Loss



Before

Mr. Jamal Qazi was a chain smoker and patient of high blood pressure. His brother was admitted to THI for angioplasty. Keeping in mind his own condition he came to the Preventive Cardiology and Cardiac Rehabilitation Department of THI for a checkup. He was found to have very high body mass index (BMI), increased waist circumference, and high blood pressure. In view of multiple risk factors, Dr. Irfan Chandna suggested precautionary preventive measures.

Mr. Jamal Qazi joined THI's Department of Preventive Cardiology and Cardiac Rehabilitation for weight loss and cardiac risk management plan. He joined THI 10 months back. He has quit smoking and, lost 16 Kg's weight. His BP has improved and he feels very good about his new figure.

Mr. Jamal Qazi's Comments: *THI is an excellent institution which has helped me in my fight against the odds. I am completely satisfied and thankful to the staff and faculty for this outstanding performance.*



After

تمباکو نوشی اور امراض قلب تحقیق: نبیاسلیمان

امراض قلب کی بنیادی وجوہات میں سے ایک اہم وجہ سگریٹ نوشی ہے۔ تمباکو نوشی سے دل کے امراض ہونے کے امکانات دو گئے ہو جاتے ہیں

کیا آپ کو معلوم ہے، کہ ایک سگریٹ انسان کی عمر ساڑھے پانچ تا آٹھ منٹ تک کم کر دیتی ہے ایک تحقیق کے مطابق سگریٹ نوشی سے ایک سال میں 50 لاکھ اموات ہوتی ہیں اور ورلڈ ہارٹ ایسوسی ایشن کے مطابق ہر ساڑھے چھ سیکنڈ میں ایک تمباکو نوش کی موت واقع ہوتی ہے۔

ایک سگریٹ میں تقریباً چار ہزار سے زائد موذی اجزا موجود ہوتے ہیں۔ جو جسم میں داخل ہو کر منہ، غذا کی نالی، پھیپڑے اور مثانے کے کینسر کا باعث بن سکتے ہیں ٹوٹین، نار اور کاربن مونو آکسائیڈ کا شمار سگریٹ میں شامل سب سے نقصان دہ عناصر میں ہوتا ہے۔ یہ مضر جزا دل کی شریانوں کی اندرونی دیواروں کو موٹا اور سخت کر دیتے ہیں۔ تحقیق سے ثابت ہوا ہے کہ سگریٹ نوشی کے نتیجے میں دل کی شریانوں اور خون کے بہاؤ میں رکاوٹ پیدا ہوتی ہے جو کہ عارضہ قلب کا باعث بنتی ہے۔ دل کا درد (انجائنا) اور دل کے دورے جیسی مہلک اور جان لیوا امراض واقع ہو سکتے ہیں۔ اس کے علاوہ ہائی بلڈ پریشر کی اہم وجوہات میں بھی سگریٹ نوشی کا شمار ہوتا ہے، تمباکو نوشی کرنے والے افراد کے لئے دل کے دورے کا خطرہ دو گنا بڑھ جاتا ہے نسبت ان لوگوں کے جو سگریٹ نہیں پیتے۔

عورتوں میں سگریٹ نوشی کا بڑھتا ہوا رجحان اس بات کی نشان دہی کرتا ہے کہ وہ اس کے نقصانات سے لاعلم ہیں۔ حاملہ خواتین میں سگریٹ نوشی کے نتیجے میں حمل کے ضائع ہونے کے علاوہ، وقت سے پہلے زچگی واقع ہونے کا امکان بڑھ جاتا ہے یا پھر ذہنی اور جسمانی طور پر کمزور بننے پیدا ہونے کی علامات بڑھ جاتی ہیں۔

تمباکو نوشی نہ صرف مردوں اور عورتوں میں عام ہوتی جا رہی ہے بلکہ نوجوانوں میں اس کی بڑھتی ہوئی شرح ان کی ذہنی و جسمانی کارکردگی پر بھی منفی اثرات مرتب کرتی ہے جس کے باعث وہ کسی بھی قسم کے مشاغل میں نمایاں کارکردگی نہ دکھانے کے باعث پیچھے رہ جاتے ہیں۔ کم عمری میں تمباکو نوشی سے پھیپڑوں کے سرطان کا خطرہ بڑھ جاتا ہے۔ یہی وجہ ہے کہ کم عمر تمباکو نوشوں کو سانس لینے میں زیادہ دشواری کا سامنا کرنا پڑتا ہے۔ ایک تحقیق کے مطابق بچوں میں کان اور سانس کے بڑھتے ہوئے امراض کا سبب بھی سگریٹ کا دھواں ہے۔

تمباکو نوشی کے مضر اثرات صرف تمباکو نوش تک ہی محدود نہیں رہتے بلکہ اطراف میں موجود افراد بھی اس سے اتنا ہی متاثر ہوتے ہیں۔ امریکن میڈیکل ایسوسی ایشن کے مطابق تمباکو نوشوں کے چھوڑے ہوئے دھوئیں میں محض آدھا گھنٹہ سانس لینے سے تمباکو نہ پینے والوں کے قلب میں خون کی فراہمی میں کمی آ جاتی ہے۔ تمباکو نوشی صرف تمباکو نوش کے لیے ہی نہیں بلکہ تمباکو نوش سے منسلک لوگوں کے لئے بھی خطرناک ہے۔

زندگی اللہ تعالیٰ کی امانت ہے اور صحت مند زندگی کو تباہ کرنا امانت میں خیانت کے مترادف ہے اس لئے ہمیں ان تمام مضر صحت چیزوں، بالخصوص سگریٹ نوشی سے پرہیز کرنا چاہیے۔

اگلی اشاعت میں پڑھیے ”سگریٹ نوشی سے چھکارا پانے کے طریقے“

کیا آپ کو معلوم ہے؟

- سگریٹ نوشی سے بلڈ پریشر بڑھ جاتا ہے، جو دل کے امراض کی ایک اہم وجہ ہے۔
- سگریٹ نوشی سے دل کے دورے کے خطرات دو گئے ہو جاتے ہیں۔
- سگریٹ نوشی کرنے والے شادی شدہ جوڑوں میں Infertility کے زیادہ امکانات ہوتے ہیں۔
- سگریٹ نوشی سے دمے کی بیماری بڑھ جاتی ہے، اور دمے کی ادویات بھی اثر انداز نہیں ہو پاتیں۔
- کثیر سگریٹ نوشی سے آنکھ کی بینائی بھی جاتی رہتی ہے۔
- سگریٹ نوشوں میں آنکھ کا موتیا ہونے کے امکانات زیادہ ہو جاتے ہیں۔
- سگریٹ نوشی کرنے والے حضرات ایک عام ورکر کے مقابلے میں سال میں ۲۵ دن زیادہ چھٹیاں کرتے ہیں۔
- سگریٹ نوشی سے دانتوں اور مسوڑھوں کا رنگ خراب ہو جاتا ہے اور ان میں نشانات پڑ جاتے ہیں۔
- سگریٹ نوشوں میں منہ کی بیماریاں مثلاً دانتوں میں سرن، منہ سے بد بو اور دانتوں کا جھڑنا وغیرہ عام ہو جاتی ہیں۔
- سگریٹ نوشی سے منہ میں ایک تیزابیت سی رہتی ہے جس کی وجہ سے منہ میں Ulcers ہو جاتے ہیں۔
- سگریٹ نوشی سے چہرے پر جھریاں، رنگت میں خرابی، اور تل آ جاتے ہیں کیونکہ سگریٹ نوشی سے خون کے بہاؤ میں واضح کمی آ جانے کے باعث چہرے پر Vitamin-A کی کمی ہو جاتی ہے۔

