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# Arise

## QUARTERLY NEWSLETTER

*June 2022 Edition*

### WHAT'S INSIDE?

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- UHS Emergency Department
- Operating Room Nurse : A Surgery Companion
- Nutrition in Dialysis Patients

For Appointments

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# HEART FAILURE TREATMENT IN CATH LAB

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# Heart Failure Treatment in Cath Lab

## HOW A CRT-D OR CRT-P SYSTEM IMPLANTED?

A small incision, approximately 2 inches, will be made in the upper chest.

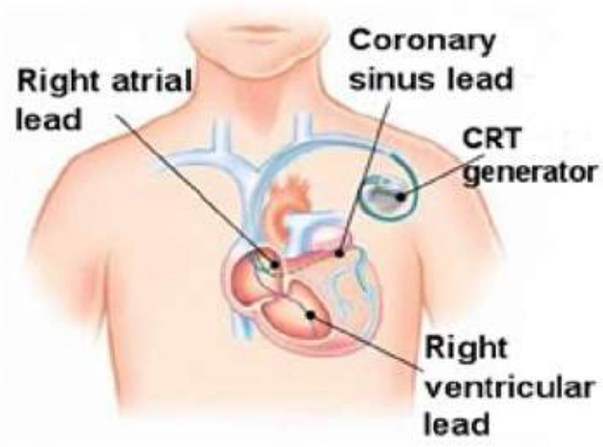
Three leads (thin insulated wires) will be guided through a vein and into the heart.

The doctor will connect the leads to the implanted heart device, test the device, and program the settings.

The device will be inserted beneath the skin and the chest incision will be closed.

## BENEFITS

Cardiac resynchronization therapy, in combination with a complete program of therapy, has proven to improve the quality of life for many patients by reducing symptoms of heart failure, increasing exercise capacity and allowing individuals to resume many daily activities. It is not a replacement for drug therapy, and it is recommended that cardiac resynchronization therapy patients also continue taking medication as determined by their physician




## RISKS

Risks associated with these implantable device systems include, but are not limited to, infection at the surgical site and/or sensitivity to the device material, failure to deliver therapy when it is needed, or receiving extra therapy when it is not needed.

After receiving a CRT device, you will have limitations with respect to magnetic and electromagnetic radiation, electric or gas-powered appliances, and tools with which you are allowed to be in contact.

# Heart Failure Treatment in Cath Lab

## CONCLUSION

Heart failure is a complex clinical syndrome with high morbidity and mortality. It requires a multifaceted treatment approach, including patient education, pharmacologic management, and surgical interventions to optimize clinical outcomes

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# UHS EMERGENCY DEPARTMENT

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# UHS Emergency Department

An emergency department is a medical treatment facility specializing in emergency medicine, the acute care of patients who present without prior appointment; either by their own means or by that of an ambulance.

Due to the unplanned nature of patient attendance, the department must provide initial treatment for a broad spectrum of illnesses and injuries, some of which may be life-threatening and require immediate attention. The emergency departments of most hospitals operate 24 hours a day, although staffing levels may be varied in an attempt to reflect patient volume. An ED requires different equipment and different approaches than most other hospital divisions. Patients frequently arrive with unstable conditions, and so must be treated quickly. They may be unconscious, and information such as their medical history, allergies, and blood type may be unavailable. ED staff are trained to work quickly and effectively even with minimal information.

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# OPERATING ROOM NURSE

## A SURGERY COMPANION

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# Operating Room Nurse: A Surgery Companion

Tomophobia is the fear of surgical procedures or medical intervention. A surgery is considered as one of the unpleasant experiences one can have in our lifetime. patients undergo a lot of stress thinking about the process they will undergo from the moment they signed the Surgical Consent up to the surgery day.

As an Operating Room Nurse, it is out outmost duty to assist the patient throughout the whole process. A pleasant perioperative experience of a patient lies on our ability to give them the care required. Preoperative anxiousness and fear can be alleviated by assuring them and addressing the questions they may ask. Being able to show them that we are confident and competent will give the assurance they need that they are in safe hands. Our ability to explain to the process in their level of understanding making them feel important.

As simple as holding their hand, especially women who will give birth, knowing that they are not alone during these times. The fear of being in a room; lying down on an operating room bed, where everyone is bustling over things, being with the patient side gives them much needed courage and simply making them feel they are not alone.

To a child which will taken in the room where everyone else is a stranger, an Operating Room Nurse is someone who can be their company and friend. It will assure them that they are in a safe place, which gives us the ease to settle them down.

# Operating Room Nurse: A Surgery Companion

To a man who will undergo procedures, an Operating Room Nurse is a friend who will accompany them and be with them until the surgery is over.

By the book nursing interventions are easy to understand, but the empathy for our patients is something to be learned and will acquire throughout the years. Hence, being an Empathetic Operating Room Nurse plays a big part in the patient's pleasant surgical experience

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# NUTRITION IN DIALYSIS PATIENTS

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# Nutrition in Dialysis Patients

## NUTRITIONAL IMBALANCES IN INDIVIDUALS TREATED WITH DIALYSIS PROTEIN-ENERGY MALNUTRITION

Malnutrition is the most common, with over 40% experiencing some form of protein-energy malnutrition. Protein energy malnutrition is a type of malnutrition in which an individual consumes insufficient amounts of macronutrients (calories) in the form of proteins such as meat and legumes while consuming excessive amounts of carbs. It occurs in people eating less than the recommended amount of protein which is 1.2 g/kg body weight. It may occur even when a person's overall macronutrient (energy) intake is adequate, meaning they are consuming 35 kcal/kg body weight if they are <60 years or 30 kcal/kg body weight if they are >60 years

The causes of protein-energy malnutrition in people being treated with maintenance dialysis are varied including decrease in dietary protein and overall energy intake. Protein intake may be restricted because higher intake of protein requires higher doses of dialysis. Note lower intake of protein with sufficient energy intake requires lower doses of dialysis. People on dialysis may not be aware of the recommended intake and must take nutritional counselling from a health professional.

## MICRONUTRIENT DEFICIENCIES

Apart from protein-energy malnutrition, patients are also vulnerable to micronutrients deficiencies because dialysis can cause loss of water-soluble vitamins such as vitamins B and C.

## MICRONUTRIENT EXCESSES

Dialysis causes water soluble vitamins to be removed from the body more quickly and may lead to deficiencies in these vitamins. In renal failure, the body's inability to properly filter the blood of other micronutrients (which are not removed efficiently by dialysis). Micronutrient excesses are common in patients. The best way to correct these is by restricting intake of certain micronutrients in the diet.

# Nutrition in Dialysis Patients

## VITAMIN A

Vitamin A is a fat soluble vitamin which unlike water soluble vitamins (e.g. vitamin C) is not removed from the body through dialysis. The kidneys play a major role in removing vitamin A and its by-products (especially retinol) from the body. In people with kidney failure concentrations of Vitamin A in the blood stream typically increase. However, the vitamin A in the blood stream is less likely to be taken up by the body's tissues and cells, where it is used for repair and maintenance. Vitamin A supplements may lead to excessive concentrations in the blood stream and have toxic effects.

## POTASSIUM

Dialysis patients should limit the intake of foods rich in potassium. Potassium is an electrolyte that's essential for proper muscle and nerve function. Even minor increases or decreases in the amount of potassium in your blood can result in serious health problems. Foods that are high in potassium include bananas, melons, oranges, potatoes, tomatoes, milk, poultry, and fish.

## SODIUM

Sodium restricted diet is recommended for people on dialysis because Sodium increases thirst so patient will consume more fluid which results to fluid overload. In order to cut down on salt intake one may have to season his/her food with herbs and spices instead of common salt.

# Nutrition in Dialysis Patients

## THE CONSEQUENCE OF HIGH SODIUM MAY LEAD TO:

Swelling of the lower joints of the feet and hands; Weight gain due to accumulation of fluids Increase in blood pressure; Shortness of breath Increased workload of the heart.

Factors that can cause an increase in fluid consumption should be avoided.

Any food or beverage that remains liquid at room temperature, such as gravy, soups, ice cream, tea, coffee, juices, water, and carbonated beverages, is considered a fluid.

## NUTRIENT SUPPLEMENTATION

Kidney patients may have to supplement their diet with vitamins and minerals in order to improve their nutritional status. Potassium-restricted or protein-restricted diets may be recommended for some people on dialysis but such diets may result in thiamine (Vitamin B1) and riboflavin (Vitamin B2) deficiencies. Therefore, people on dialysis may be instructed to take vitamin B supplements to prevent deficiency. For vitamin B1 a supplemental dose of 1.0-1.5 mg/day is adequate; for vitamin B2 a supplemental of 1.0-2.0 mg/day is adequate. It is important for people on dialysis to take vitamin supplements as recommended by their doctor.

Nutritional status monitoring in dialysis

In our dialysis unit, nutritional monitoring is being done through the monthly blood investigation. Then based on the results, a referral to a doctor and a dietician are arranged.

Nutritional assessment is performed by examining nutritional indicators including:

Fat and muscle mass: The routine nutritional examination of protein energy deficiency in dialysis patients should include a clinical assessment of subcutaneous fat mass (FM) and muscle mass, as well as a history of weight loss. BMI stands for body mass index (BMI). Because most dialysis patients with malnutrition often have associated conditions, such as cardiovascular disease and inflammation, their examination is an important element of dialysis patients' nutritional evaluation.

# Nutrition in Dialysis Patients

Serum creatinine: Creatinine is a waste product that emanates from normal metabolism of the body. It is removed from the body by the kidney. Therefore, creatinine levels may rise with increasing inability of the kidney to function. Low creatinine levels may reflect normal kidney function or diet patterns.

Serum albumin: Low levels may reflect inadequate intake of protein or calories. It is an important indicator to check the nutritional status of a patient.

## POINTS TO REMEMBER

Consume fresh or plain frozen vegetables which often contain no added salt.

Choose canned fruits which usually contain less potassium than fresh fruits.

Use non-dairy creamers that contain low phosphorus instead of milk.

Read labels on food packages to guide in choosing foods with only allowable ingredients.

Help reduce the salt content of your diet by using herbs and spices instead of common table salt.

Talk with Your Renal Dietitian, even though you are on hemodialysis, your kidneys may still remove some fluid. Or, your kidneys may not remove any fluid at all. Work with your renal dietitian to set a goal for how much liquid you can have each day. Keep track of the liquids you drink and other foods you eat

# Heart Failure Treatment in Cath Lab

Heart failure remains a highly prevalent disorder worldwide with a high morbidity and mortality rate. It has an estimated prevalence of 26 million people worldwide and contributes to increased healthcare costs worldwide. Multiple different diseases can cause heart failure. The etiology of heart failure varies the treatment plan to some degree; however, most of the treatment recommendations are based on the presence of heart failure alone, regardless of the cause.

An implantable cardioverter-defibrillator (ICD) is indicated for primary prevention of sudden cardiac death in patients with HF who have an LVEF of less than or equal to 35% and an NYHA functional class of II to III while on goal-directed medical therapy.

## CARDIAC RESYNCHRONISATION THERAPY WITH A DEFIBRILLATOR (CRT-D)

Cardiac resynchronisation therapy with a defibrillator – or CRT-D for short–is a particular type of treatment for certain people who have heart failure and who might also be at risk of a life-threatening heart rhythm. It involves implanting a single device which combines a biventricular pacemaker and an ICD. (A biventricular pacemaker is a particular type of pacemaker which is used to help people whose ventricles – the two pumping chambers of the heart–are beating out of time with each other.)

# UHS Emergency Department

At UHS our emergency consists of a total 40 Beds which is 14 cubicles,12 bays, one plaster room, one procedure room, one Gynecology procedure room, one isolation room, one consultation room, three resuscitation rooms, three Triage rooms and six beds in PCC.

There are different types of cases encountered in UHS emergency which are: - Medical (Acute Cases) Surgical (Acute Cases) Pediatric Cases, Neonatal screening Orthopedics OB-Gyne and USS Scanning ENT Cases Ophthalmic emergencies Urological cases, Minor Trauma, Vaccinations and all other Medical Presentations.

Our emergency vision is To be recognized as one of the best emergency room in the region by providing the highest and advanced quality of emergency care to our patient population

Our Mission To work collaboratively to treat Emergency patients, with dignity, fairness, compassion, and respect and to provide high quality patient care based on evidence based clinical guidelines

# Nutrition in Dialysis Patients

Nutrition is a very important part for the overall care of dialysis patients. For Those who are being treated with dialysis, the ability of the kidney to get rid of waste products and body fluids is compromised. Therefore, a balanced diet is required to help people on dialysis treatment for them to stay healthy. Monitoring diet and assessment of nutritional status by a trained dietician or doctor plays a vital and central role in the care for dialysis patients – the right amounts of energy, protein, fluids, vitamins and minerals need to be consumed each day.

## NUTRITIONAL MANAGEMENT

People on dialysis are unable to cope with excess fluid and other metabolic wastes, it is very important that the nutritional content of foods consumed by these people is carefully balanced. Individuals on dialysis often consume inadequate quantities of macronutrients (energy measures as calories or kilojoules), fluids and/or important micronutrients (vitamins, minerals and trace elements). Based on studies, the build-up of toxins that occur with renal failure patients can also suppress the appetite.

# Nutrition in Dialysis Patients

## REFERENCES


1. Acchiardo ML, Latour PA. Malnutrition as the main factor in morbidity and mortality of hemodialysis patients. Kidney Int. 1983;24 (16):199-203.
2. National Kidney Foundation. Nutrition and hemodialysis guide. New York: National Kidney Foundation 2006: 1-163
3. Nakao T, Niwa T, Kaysen GA, et al. Nutritional management of dialysis patients: balancing among nutrient intake, dialysis dose, and nutritional status. American Journal of Kidney Diseases 2003;41 (No. 3, Supplement 1): S133-S136.


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