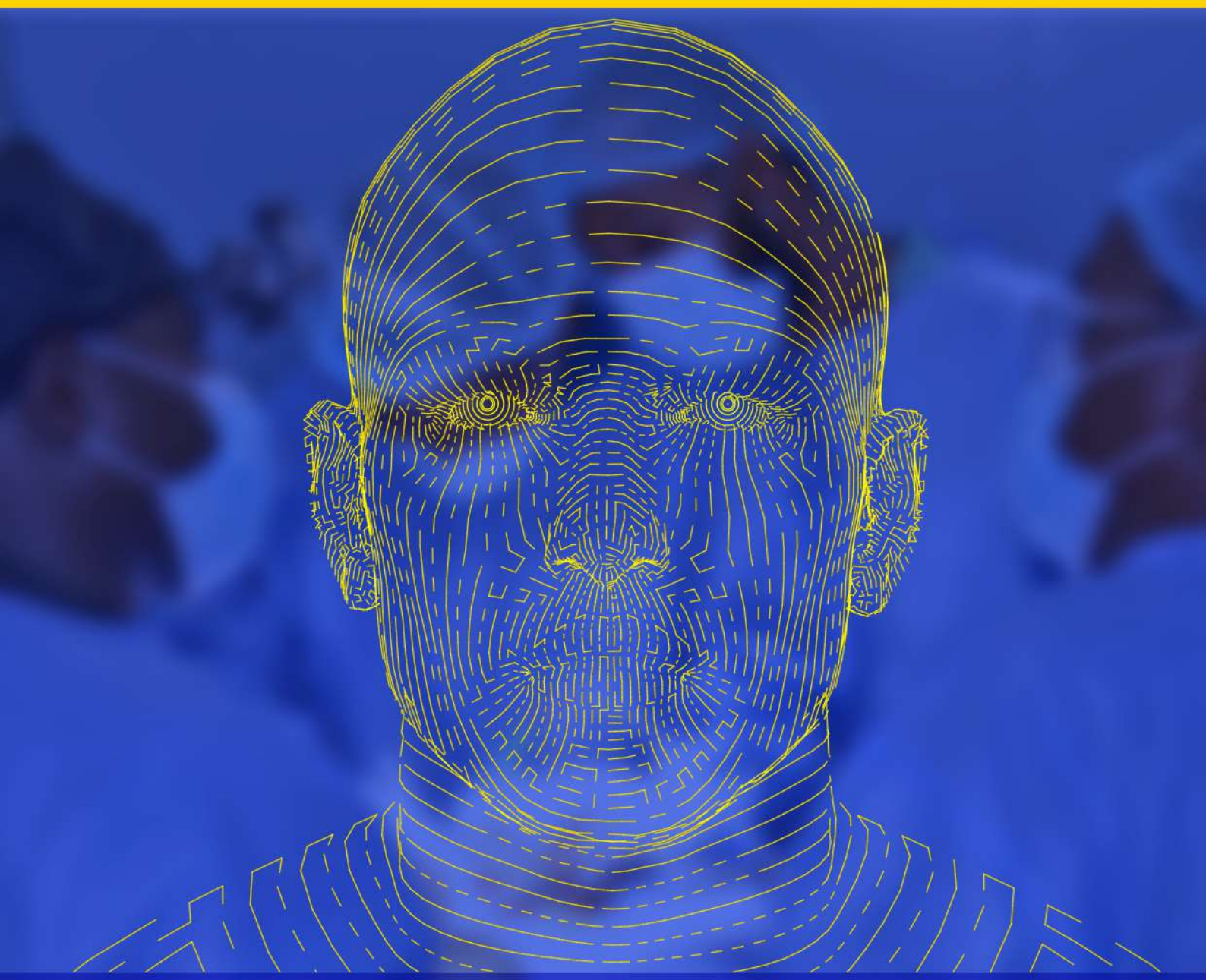
KENYATTA UNIVERSITY TEACHING, REFERRAL & RESEARCH HOSPITAL

THE CHECK UP

VOL. 3 ISSUE 7



SUCCESFUL SURGERY TO CORRECT CANCER OF THE FACE

INSIDE

KUTRRH'S COMPREHENSIVE BREAST CARE CENTRE.
Bridging the breast care gap in Africa

MY JOURNEY WITH BREAST CANCER
The testimony of Carol Akinyi - A breast cancer warrior.

FIRST SPINAL SURGERY AT KUTRRH
Successful surgery to remove tumor which eliminated the patient's pain and restored her ability to walk.



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Contributors: Wilkistar Ademo, Saida Duwane,

SUCCESFUL

SURGERY TO CORRECT CANCER OF THE FACE



On 21st August, after 11 hours of surgery, the multi-disciplinary team of Head and Neck surgeons at KUTRRH put their scalpels down and gave a sigh of relief. The team had addressed a case of aggressive cancer of the right side of the face and left scalp of a patient.

The team included Dr Getachew, the Head and Neck Surgeon at KUTRRH and Dr Macharia an ENT Surgeon both of whom handled the wide excision, radical parotidectomy and radical neck dissection. Dr Kezegule the Maxillofacial surgeon performed the zygomatic bone excision and plate reconstruction and Dr Ogallo, the Plastic Surgeon, swooped in to close the wound via a pectoralis major flap. The cutting time was exactly 8.30am and the teamwork from the nursing and anaesthesia team was no doubt commendable.

Many types of cancer are treated with surgery. Surgery works best for solid tumors that are contained in one area. It is a local treatment, meaning that it treats only the part has cancer. It is not used for leukemia (a type of blood cancer) or for cancers that have spread.

Depending on the type of cancer and how advanced it is, surgery can be used to:

- **Remove the entire tumor**
  Surgery removes cancer that is contained in one area.
- **Debulk a tumor**
  Surgery removes some, but not all, of an infected tumor. Debulking is used when removing an entire tumor that might damage an organ or the body. Removing part of a tumor can help other treatments work better.
- **Ease cancer symptoms**
  Surgery is used to remove tumors that are causing pain or pressure.

In many cases, surgery offers the best chance of getting rid of the disease, especially if it hasn't spread to other parts of the body. The KUTRRH team who conducted the surgery proved that success is a team sport.



THE COMPREHENSIVE BREAST CARE CENTER OF EXCELLENCE AT KUTRRH



KUTRRH is pleased to introduce a COMPREHENSIVE BREAST CARE CENTRE OF EXCELLENCE. Breast cancer is the leading cancer in Kenya with an annual incidence of 6,000 new cases and 2,500 deaths. One reason for the high mortality rate is the lack of early diagnosis and screening practices. The starting of the Comprehensive Breast Care Center at KUTRRH will help bridge the cancer care gap in Africa at large by providing readily available and timely curative services for breast related conditions. The center is dedicated to offering a holistic, quality patient-centered breast care, diagnosis and management of patients.

Our Breast Care Center is equipped with state-of-the-art equipment and a dedicated team of specialists ranging from surgeons, oncologists, radiologists, oncology nurses, nutritionists and counsellors who work together to provide excellent and quality patient-centered care.
The Breast Cancer center cares for patients, both male and female diagnosed with benign or malignant breast diseases. In addition family members benefit from health education, counselling and other ancillary services that will help in rehabilitation of the patient after undergoing treatment.

Walk-in services offered

(i) Screening

Breast cancer screening means checking the breasts for cancer before there are signs or symptoms of the disease. Although breast cancer screening cannot prevent breast cancer, it can help detect breast cancer early. While screening is open to men and women of all ages, it is recommended that women who are 50 to 74 years old and are at average risk for breast cancer get a mammogram every two years.

(ii) Mammography

Mammography is a type of screening used to detect breast cancer in people who have no warning signs or symptoms thus the most effective since it can detect cancer at an early stage when the survival chances are highest. It uses X-rays to create images of the breast called mammograms. Should the result raise "a flag" then a diagnostic mammogram is carried out to ascertain if the tissue is cancerous. A biopsy is then carried out, if in order to diagnose or rule out breast cancer.



(iii) Ultrasound Services

Breast ultrasound uses sound waves to make images of the breast known as sonograms. It is usually used as a follow up test after an abnormal finding on a mammogram, breast MRI or clinical breast exam. It is also used during a needle biopsy to help guide the procedure.

(iv) Consultations

A team of dedicated specialists readily offer all the necessary information that can help in providing an accurate diagnosis of a patient's condition by reviewing their medical history. The oncologist also explains the situation and answers any questions that may arise to ensure that the patient is enlightened about everything they ought to know.

(v) Counselling Services

Since KUTRRH prioritizes quality patient-centered care, our mental health professionals help patients and their families to cope with the challenges that come along with a cancer diagnosis. They help in understanding the feelings and reactions and provide a safe place to talk about the patient's worries.

(vi) Nutritional Counselling

The nutrition needs of people with cancer vary from person to person thus our nutritional team helps individual patients to identify their nutrition goals and plan ways to help them be achievable. Nutritional counselling is vital since eating well during cancer treatment makes the patient feel better, keep up the strength and energy, maintain weight and body's store of nutrients, lowers the risk of infection and aids in fast recovery.

(vii) Support Groups

KUTRRH enables oncology patients to find a support group as a way of interaction with other people who have similar, first-hand experiences with cancer. Being part of a support group often creates a sense of belonging that helps each person feel more understood, less lonely and helps to reduce stress since they share experiences. They also discuss what to expect during treatment, how to manage specific side effects, how to find support services, and how to communicate with health care providers and family members. This could provide a sense of control and reduce feelings of helplessness as one copes with cancer.

Referral services offered

(i) Imaging Guided Biopsy

An image guided breast biopsy removes a small sample of breast tissue or cell for examination under a microscope to see if cancer or other abnormalities are present. For imaging, mammogram, ultrasound, or MRI may be used depending on the location of the abnormality and how it has been seen.

(ii) Fine Needle Aspirant (FNA)

During Fine Needle Aspiration (FNA), a small amount of breast tissue or fluid is removed from a suspicious area with a thin, hollow needle and checked for cancer cells. FNA is more often used if the suspicious area is likely to be a fluid filled sac (a cyst). By removing the fluid, the FNA can often help relieve pain from the cyst. FNA can also be helpful if the doctor is unsure if an area seen on an imaging test is a small cyst or a solid mass.

(iii) Treatment Plans

Oncology experts prepare a cancer treatment plan for the patients which helps to lay out the expected path of treatment. The document is created and given to the patient and doctors that may need to know the planned course of care. The plan helps with communication because it keeps everyone informed.



Ultrasound Machine



PICTORIAL



KUTRRH's Board Chairperson, Prof. Olive Mugenda (centre) with the KUTRRH & KU Joint Implementation Committee on medical training for Kenyatta University at KUTRRH.



The CEO Mr. Ahmed Dagane led KUTRRH's Management team in hosting a team from KMPDC who re-inspected KUTRRH as a Medical Internship Centre. On accreditation the Hospital will enhance training of medical doctors through internships.



The Director, Clinical Services, Dr Victor Njom (2nd right) and Elizabeth Mwikali the head of physiotherapy cut a cake to commemorate the World Physiotherapy Day which was observed on September 8, 2022.



KUTRRH medical personnel prepare to conduct a surgical operation.



Participants from KUTRRH and other partners during the official launch of the NIHR Oesophageal Cancer Research.



KUTRRH Board Chairperson, Prof. Olive Mugenda confers with patients on a routine visit to various sections of the hospital.



PICTORIAL



A section of Students from the KUTRRH Institute for Specialized Nursing sitting their final exams.



KUTRRH's Senior HR officer, Mr. Joseph Letting addresses new staff at their induction session.



KUTRRH's Physiotherapists after a training on how to perform lung function tests which was conducted by the Respiratory Society of Kenya.



KUTRRH's CEO, Mr. Ahmed Dagane hosted Dean School of Medicine- JKUAT- Dr. Justus Simba for deliberations to partner in the training of Masters of Medicine at KUTRRH.



The Deputy Director- ICT and Innovation Dr. Mwirigi Kiula addresses ICT staff during a departmental meeting.



KUTRRH's Management led by the KUTRRH's CEO, Mr. Ahmed Dagane receive a briefing from the staff at the Central Sterile Supply Department of KUTRRH.

FIRST SPINAL SURGERY AT KUTRRH

On 15th August 2022, KUTRRH's doctors conducted the first spinal-surgery. The patient was a 20-year-old. Scans done on her had established that a tumor had developed on one of the lower spine nerves and had spread to the surrounding muscle and bone causing her pain and hindering her walking.

A spinal tumor is an abnormal mass of tissue within or surrounding the spinal cord and/or spinal column. These cells grow and multiply uncontrollably, seemingly unchecked by the mechanisms that control normal cells. Spinal tumors can be benign (non-cancerous) or malignant (cancerous). Primary tumors originate in the spine or spinal cord, and metastatic or secondary tumors result from cancer spreading from another site to the spine. Spinal tumors are referred to in two ways. By the region of the spine in which they occur. The basic areas are cervical, thoracic, lumbar and sacrum.

Spinal tumors or growths of any kind can lead to pain, neurological problems and sometimes paralysis. A spinal tumor can be life-threatening and cause permanent disability. Treatment for a spinal tumor may include surgery, radiation therapy, chemotherapy, or other medications.

An MRI scan is the preferred test to diagnose tumors of the spinal cord and surrounding tissues. A contrast agent that helps highlight certain tissues and structures may be injected into a vein in your hand or forearm during the test.

During the operation the doctors were able to remove the whole tumor which eliminated the patient's pain and restored her ability to walk. The team that conducted the operation included Dr. Peter K Njeru (Neurosurgeon) as lead surgeon, Dr. Benjamin K Mustiso (Neurosurgeon) , Dr. Antony Mulu as lead Anesthesiologist, Dr. Peter Waweru (Senior Surgical Resident) and Dr. Yusuf Onle (Junior Surgical Resident)



OUR ACCIDENT & EMERGENCY UNIT

WHERE CRITICAL PATIENT CARE IS PARAMOUNT

The entrance to the Accident and Emergency department is strategically located on the left wing of the main hospital building. It is easily accessible by ambulances and private vehicles. The accident and emergency department is functional 24 hours a day, 365 days a year. We treat all emergencies that present to the department using state-of-the-art diagnostic and therapeutic tools.

In accordance with Article 43 of the Constitution of Kenya, we provide emergency medical treatment to all patients. You do not require a referral to access emergency services. Our department receives an average of 40,000 patients annually. We receive referrals from the East African region as well as locally.

The A & E department at KUTRRH has 4 resuscitation beds, 8 observation beds, and 8 consultation rooms. Services at the department are supported by a 24-hr laboratory service, A&E Pharmacy, and an A&E X-ray Unit.

Our department houses a number of units:

- Adult Emergency Unit
- Pediatric Emergency Unit
- Adult Outpatient Department
- Pediatric Outpatient Department
- Emergency response - ACLS Ambulance services
- Helipad for evacuations

On arrival at the accident and emergency unit, a nurse will assess you as you are settled onto an examination couch. The triage nurse is uniquely trained to pick up signs that deem your condition more time-sensitive than others. This way you will be prioritized according to the severity of your illness. Our triage system ensures that all emergencies are attended to in a timely manner.

We strive to ensure all our emergency patients are attended to within 10 minutes of arrival to the department. In this way, we can provide the best possible medical care to our often severely injured patients. However, priority is given to the more acute life-threatening conditions. Our helipad guarantees the fastest possible evacuation for seriously injured patients who require super specialized services that are not available at our facility



CELEBRATING A CANCER WARRIOR

In 2016, Caroline Teisy Akinyi noticed a lump on her right breast but since it was not painful, she dismissed it as something that would disappear as silently as it had appeared. A year later the breast began to shrink and she visited a hospital where a doctor drew water from it with a syringe and the good news was that there was nothing really to worry about the situation. Caroline continued with life unperturbed.

However, with time the breast shrank further almost becoming disgorged. She visited a local clinic where she was advised to visit a larger health facility to be scrutinized by a surgeon. She did so in September 2019 and to her consternation after a couple of tests she was informed that she had stage three breast cancer. In 2020 Carol began her visits to a cancer specialist in Mombasa where she resides. The oncologists scheduled her for eight sessions of chemotherapy which she went through and in 2021 she went for mastectomy (removal of the breast). Doctors told her to wait for two months while the part healed then she returns for review. Thereafter, she was referred for radiotherapy at KUTRRH.
In January 2022 Carol made her way to KUTRRH from Mombasa and was scheduled for 20 sessions of radiotherapy which she went through. Subsequently she was asked to visit the hospital after three months for a review. She visited the hospital and was subjected to a CT scan which showed she was stable as the cancer was not spreading. The doctor prescribed an injection with a drug to suppress her oestrogen activity otherwise her cells would multiply be resulting in the spread of the disease

The doctors advised her that the injection every three months has to continue but it can be done in a facility near her without having to travel from Mombasa. However, Carol was adamant that every three months she would visit KUTRRH to relive the experience of the personalized and professional patient care she had experienced while visiting KUTRRH for radiotherapy sessions.

She observes that from the entrance to the radiotherapy Centre, she was attended to with care. Whenever she suffered low spirits, the oncologists would cheer her up and she would float to happiness.
Carol is now a bubbly person who has a network of friends at KUTRRH. She was recently the poster girl for the oncology team which used her cheerfulness to cheer up other patients when she came for her injection. Without her telling her story she does not look one part sick.

When she narrates her journey with cancer, she is full of praise for the medical team at KUTRRH for stabilizing her. She recommends the cancer Centre at KUTRRH to cancer patients in her network, she is looking forward to a PET/CT scan at KUTRRH whenever the doctor recommends ascertaining her treatment progress.

For her, it is a story of valour. Being diagnosed with cancer is not a death sentence as long as there are clinicians and facilities like those at KUTRRH. Caroline continues with her teaching job in a Mombasa school emboldened by the counselling she got from KUTRRH oncologists. She holds the belief that a positive mind, dedicated doctors and God are key to positive patient outcomes.



ENDOSCOPY UNIT NOW AVAILABLE

KUTRRH is pleased to announce operationalization of a dedicated endoscopy unit. The unit is vital for emergent, urgent or routine screening depending on the patient's diagnosis and need: following indications which are several, diverse and span several disciplines, besides general surgery.

Endoscopy is a procedure which entails the use of a long flexible fiber tube with a camera and light known as an endoscope, to examine different parts of the body in order to visualize body tissues and structures in detail, diagnose and offer interventions for some conditions.

Endoscopy is not a one fit all therefore KUTRRH uses a guide and protocol as follows:

STEP ONE

The patient, whether a walk in or referral to our facility, has to be seen by a clinical practitioner to assess clinical status and validate need for the procedure.

STEP TWO

After validation, the patients are then filtered and added to our booking list based on need from emergency (scoped immediately) to routine (scoped on the next available slot based on the list and when one got to the list). Inpatients are prioritized.

STEP THREE

Based on booking, the patient is contacted by the hospital 2 days or at least a day prior to the procedure's schedule to confirm and guide for preparation.

If the patient is inpatient, we follow through.

STEP FOUR

Outpatients report on the procedure day by 7am at the Accident & Emergency section. They are then taken to the theatre and get the procedure done. If the patient is stable after the procedure, they're discharged and scheduled for a clinic.
If the findings need an immediate intervention, a plan is put in place immediately.

Endoscopy services provided at KUTRRH include:

- **Oesophago-Gastro-Duodenoscopy (OGD) / gastroscopy**- the endoscope is passed through the mouth to check the oesophagus (food pipe), stomach and part of the small intestine.
- **Colonoscopy**- the endoscope is inserted through the rectum to check the bowel.
- **Bronchoscopy**- the endoscope is inserted through the nose or mouth to check the airways and lungs.
- **Arthroscopy**- the endoscope is inserted through a small incision to check the inside of a joint.
- **Laryngoscopy**- the endoscope is inserted to check the larynx also known as the voice box
- **Laparoscopy**- inserted through a small incision in the skin to examine the inside of the abdomen or pelvis.



Celebrating the life of Mr. Dan Mesis, a Board Member





2019 In the Inaugural Board



2020 KUTRRH Official Launch



2021 IMIC Opening



2022 Inspecting a Hospital project



2022 Board Induction Workshop

Fare-thee-well

KENYATTA UNIVERSITY, TEACHING, REFERRAL & RESEARCH HOSPITAL (KUTRRH)

SPECT-CT

NUCLEAR MEDICINE SCANS

NOW AVAILABLE



- Bone scans
- MAG3 kidney scans
- DTPA kidney scans
- HMPAO brain scans
- Multigated acquisition scan (MUGA)
- Myocardial perfusion imaging
- Thyroid "scans" and other procedures

For bookings & Enquiry:
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