

Annual Report '06



Holy Family Hospital Rawalpindi



Department of
Medicine



Rawalpindi Medical College
Rawalpindi - Pakistan

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Department of Medicine





Mission Statement

Our mission is 'Service' for ailing humanity by the well trained doctors using evidence based approach 'Education & Training' for undergraduate and postgraduate medical students, and 'Research' to enhance the medical knowledge and to document the pattern of disease in local perspective.



Preface

Department of Medicine was located in the old building of the Holy Family Hospital. Initially, it consisted of one unit but in 1977, it was split into two units, medical unit – I and medical unit – II to meet the teaching requirements of Pakistan Medical & Dental Council. Now each unit is complete department under the chair of two professors of medicine.

Now the department has been shifted to its present location in new complex in January 2005. In the new establishment medical unit – I is located on the third floor, medical unit – II, coronary care unit, intensive care unit, and diagnostic suite on the second floor, and Nephrology & outpatient department on the first floor of the new building. This has been accomplished with the help of Dr. Abrar Akber, Dr. Imran Saeed, Dr. Salman Ahmed, Dr. Muhammad Saeed and Dr. Muhammad Hussain Baloch.

Department of Medicine has gone far through many adaptive changes and by the grace of Allah, now, it is one of the famous institutes not only in the country but also in the renowned medical institutes in the world especially with reference of gastroenterology and hepatology.

Department of Medicine is not only the part of the academic cultivation for students of Rawalpindi medical College but also a hub of activities for provincial and federal health ministries to administer their health plans. Many of the workshops are being held in the aesthetically designed workshop hall of the Department of Medicine.

Department is also a centre for the research activities as a public sector institute in the field of gastroenterology and hepatology. Many of the research projects have been completed by the faculty members, postgraduate trainees, and even by medical students in the department. Many research papers have been published and presented in various national and international Conference.



This year annual report includes clinical audit, academic & research activities, international faculty lectures, postgraduate courses, therapeutic workshop and future research projects as well as training program.

Finally we must confess that establishment of the department was a team effort and would have not been possible without great contribution of other faculty members including associate professors, assistant professors, senior registrars and residents of the department. They all played a pivotal role including infrastructure including and academic program of the department. I also appreciate efforts of Dr. Zahid M. Minhas, Dr. Khushnood Ejaz, Dr. Amir Rizwan, Dr. Abdul Naeem, Dr. Atif Nazir, Dr. Uzair I. Paracha, and Dr. Zia-ur-Rehman, in collecting and compiling data of Year 2006.

Muhammad Umar
MBBS, MCPS, FRCP (Glasg), FRCP (London),
FACG (USA), FAGA (USA), FCPS (Pakistan)
Chair & Professor of Medicine
Rawalpindi Medical College Rawalpindi
Consultant Gastroenterologist / Hepatologist
Holy Family Hospital Rawalpindi

Prof. Hamama-Tul-Bushra
MBBS, FCPS
Professor of Medicine
Incharge Medical Unit II
Holy Family Hospital, Rawalpindi



Department Organization

Department of Medicine at Holy Family Hospital consists of two medical units, a Coronary Care Unit (CCU), an Intensive Care Unit (ICU), Accident & Emergency (A&E) Department and Outpatient Department. Department of Medicine has 132 beds in total; each medical unit has 54 beds, CCU unit has 12 beds, and ICU has 12 beds. There are also 26 shared beds in A & E department and 24 shared beds in private block.

Each unit is chaired by a professor, who is assisted by an associate professor, an assistant professor and three senior registrars. There are medical officers and postgraduate trainees to take care of patients during evening and nights.

The following staff members are on faculty of Department of Medicine

- | | |
|----------------------------|---------------------------------|
| • Prof. Muhammad Umar | Chairman, Professor of Medicine |
| • Prof. Hamama-Tul-Bushra | Professor of Medicine |
| • Dr. Muttiullah Mutti | Associate Professor |
| • Dr. Naveed Younas | Associate Professor |
| • Dr. Masood Ahmed | Assistant Professor |
| • Dr. Muhammad Khurram | Assistant Professor |
| • Dr. Naghman Bashir | Consultant |
| • Dr. Fazalur Rehman | Consultant |
| • Dr. Zahid Mahmood Minhas | Senior Registrar |
| • Dr. Abrar Akber | Senior Registrar |
| • Dr. Saima Usman | Senior Registrar |
| • Dr. Framarz Khan | Senior Registrar |
| • Dr. Muhammad Sulaiman | Senior Registrar |

The following members are included in the visiting faculty of the Department of Medicine

- | | |
|---------------------|--|
| • Dr. Tanweer Iqbal | Prime Minister's Program for Prevention & Control of Hepatitis |
| • Dr. Amir Rizwan | Research Coordinator |

Development since Year 2000

The following developments have been carried out in Department of Medicine since 2000.

- Establishment of medical units in new building
- Establishment of Diagnostic Suite; Endoscopy, (ERCP, Dilatation, Stenting)
- Echocardiography, ETT etc



- ✍ Establishment of Coronary Care Unit (CCU)
- ✍ Establishment of Intensive Therapy Centre
- ✍ Establishment of GI & Liver Clinic
- ✍ Establishment of Special Clinics like Pulmonology, Cardiac, Diabetic etc
- ✍ Establishment of GI & Liver Learning Resource Centre
- ✍ Establishment of Liver Research Clinic
- ✍ Establishment of Liver Transplant Advisory Clinic
- ✍ Establishment of Workshop Hall
- ✍ Establishment of Sentinel Centre for Prime Minister's Program for Prevention & Control of Hepatitis
- ✍ Establishment of latest IT infrastructure with 21 workstations connected through LAN
- ✍ Development of first Liver Database in Pakistan
- ✍ Centre for Hepatitis C treatment from Pakistan Baitulmal

Achievements since Year 2000

The following achievements have been attained since 2000

- ✍ More than 70 research articles and abstracts have been published in various national and international journals
- ✍ 'Best Paper Award' from Asia Pacific Association for the Study of the Liver for in India 2004
- ✍ 'Best Paper Award' from Asia Pacific Association for the Study of the Liver for in Philippine 2006
- ✍ 'Sarwar Jehan Zuberi Gold Medal Award' for Best Researcher in Hepatology in 2005
- ✍ Three 'Gold Medal Award' from Pakistan Society of Gastroenterology & GI Endoscopy have been won in International Congresses
- ✍ Three 'Gold Medal Award' from Pakistan Society of Hepatology
- ✍ Book 'Evidence Based Management of Hepatitis C' in 2000
- ✍ Hepatitis Practice Guidelines in 2003
- ✍ Chancellors' Crest for 'Best Researcher in Hepatology'
- ✍ 'Volumes & Outcomes; Eight Years Clinical Audit Report' of Department of Medicine in 2005
- ✍ 'National Hepatitis Practice Guidelines' in 2005
- ✍ Book 'Hepatitis C in Pakistan' in 2006
- ✍ Fellowship (FACG) from American College of Gastroenterology in 2003
- ✍ Fellowship (FRCP) from Royal College of Physicians London in 2006
- ✍ Fellowship (FRCP) from Royal College of Physicians Glasgow in 2006



Clinical Audits

Department of Medicine is affiliated with Rawalpindi Medical College, which caters patients not only from Rawalpindi city but also from Upper Punjab, Northern Areas and Azad Kashmir. It is recognized by Pakistan Medical and Dental Council and College of Physicians and Surgeons of Pakistan for the purpose of undergraduate and postgraduate training. Department of Medicine provides all kinds of basic treatment facilities and clinical services including outpatient, emergency and inpatient services. It also provides state of the art diagnostic and tertiary care level therapeutic facilities like GI endoscopies, echocardiographies, coronary care unit and intensive care unit run by trained doctors and para medical staff.

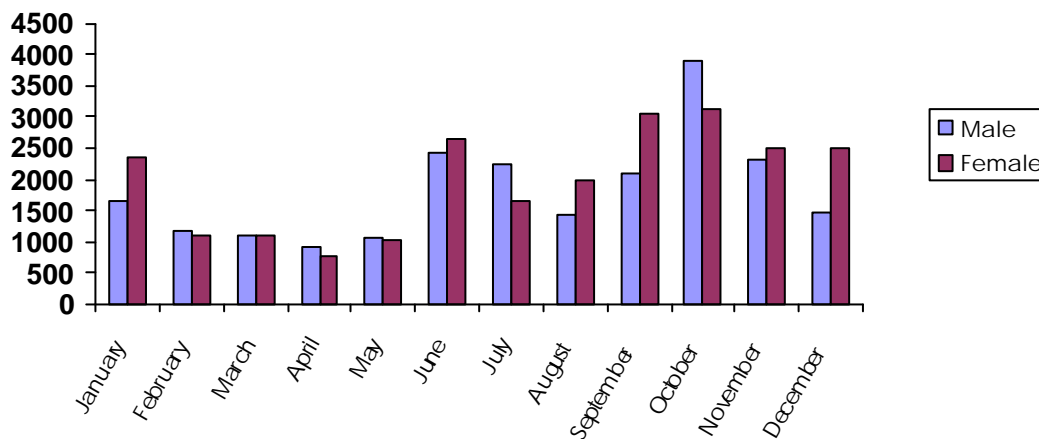
Aims & Objectives of Clinical Audits

- ✍ To document the pattern of presentation of diseases in the department
- ✍ To document the burden of diseases like CVS, CNS, GIT, Respiratory Systems
- ✍ To use this data for future health planning in regard to financial resources, specialty oriented patient care and medical education curriculum
- ✍ To study the mortality trends due to different diseases in our community
- ✍ To publish the data which is lacking in our institutions
- ✍ To create a research culture in medical institutions and to advocate evidence based medical practice



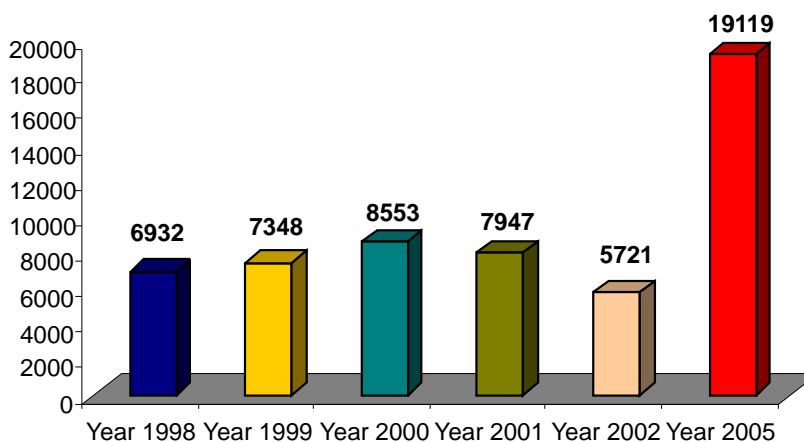
Out Patient Department Audit

Month	Male	Female	Total
January	1639	2351	3990
February	1180	1079	2259
March	1090	1111	2201
April	913	766	1679
May	1066	1038	2104
June	2427	2632	5059
July	2226	1641	3867
August	1428	2000	3428
September	2093	3071	5164
October	3897	3111	7008
November	2300	2500	4800
December	1466	2500	4026
Total	21725	23860	45585





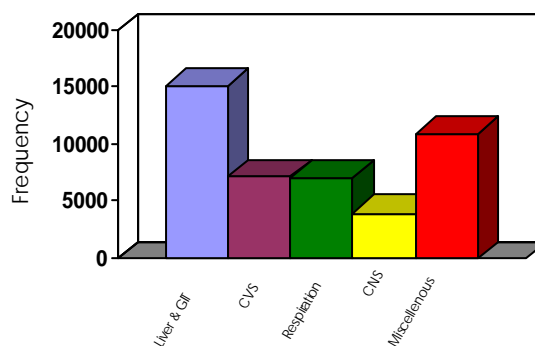
Emergency Department Audit Year 1998 – 2005



Year 2006

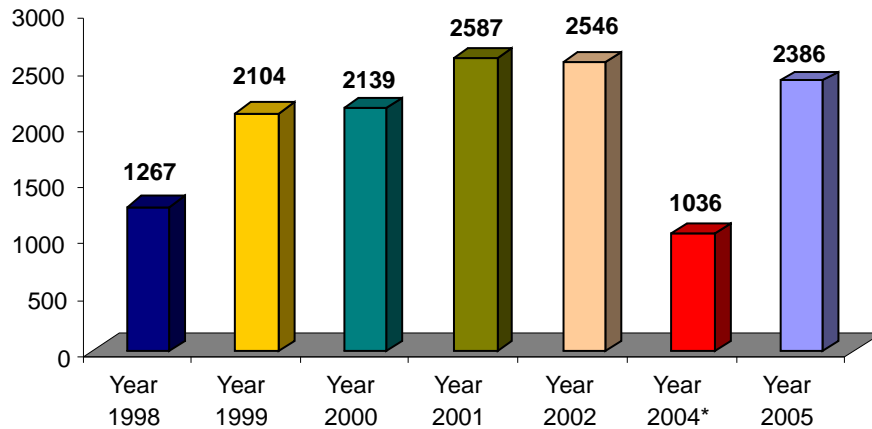
Gender	Frequency	Percentage
Male	21503	50.34
Female	21216	49.66
Total	42719	100

System	Frequency	Percent
Liver & GIT	15086	34.05
CVS	7166	16.17
Respiration	7053	15.92
CNS	4030	9.10
Miscellaneous	10971	24.76





Inpatient Department Audit Year 1998 – 2005

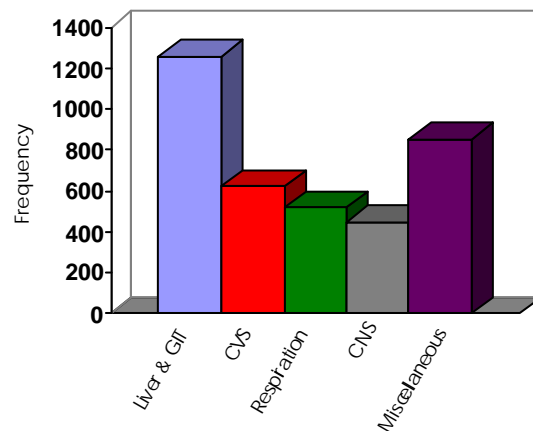


* Data of 2004 is of six months i.e., July - December

Year 2006

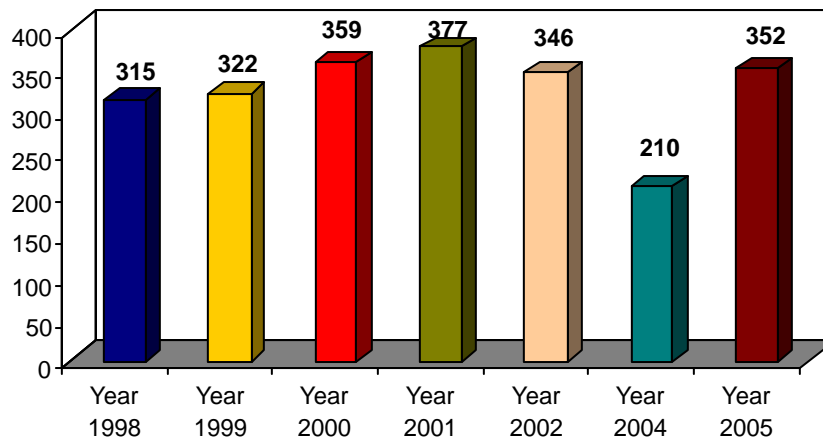
Gender	Frequency	Percentage
Male	1877	52.24
Female	1716	47.75
Total	3593	100

System	Frequency	Percent
Liver & GIT	1263	34.13
CVS	622	16.80
Respiration	517	13.97
CNS	446	12.05
Miscellaneous	853	23.05





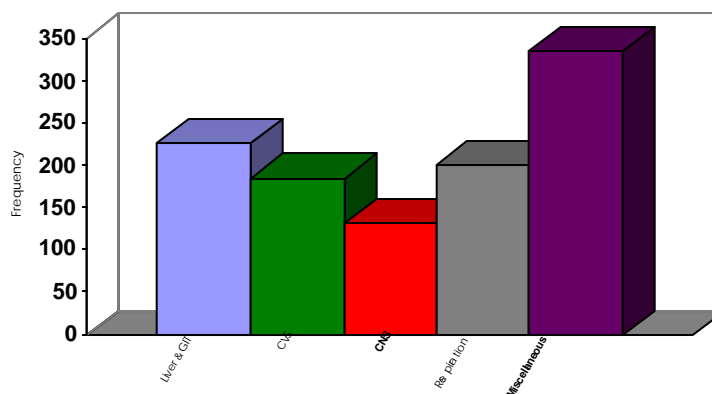
Mortality Audit Year 1998 – 2005



Year 2006

Gender	Frequency	Percentage
Male	397	48.8
Female	416	51.2
Total	813	100

	Frequency	Percentage
Liver & GIT	226	20.95
CVS	184	17.05
CNS	133	12.33
Respiratory System	201	18.63
Miscellaneous	335	31.04



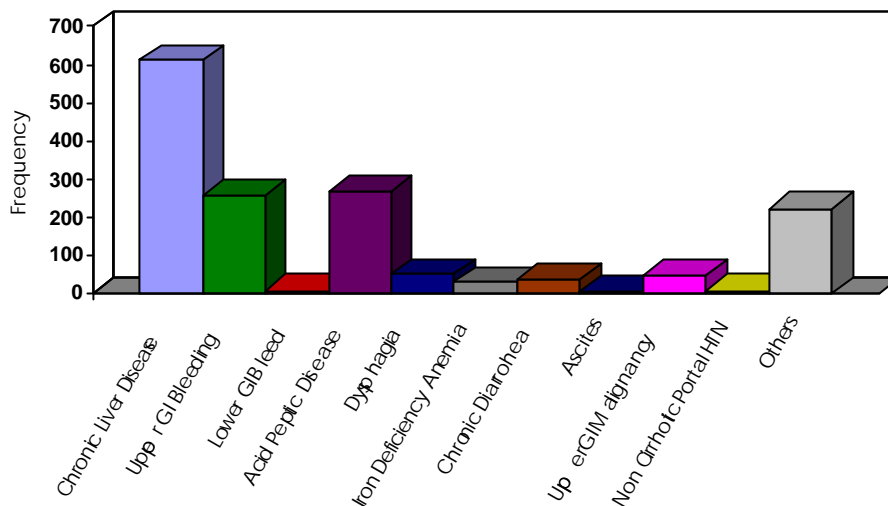


Endoscopy Department Audit

Procedure	Frequency	Elective /Emergency
Upper GI Endoscopy	1206	Both
Banding of Esophageal Varices	281	Both
Selera Therapy	20	Both
Esophageal Stenting	01	Elective
Esophageal Dilation	08	Elective
Colonoscopy	220	Elective
Polypectomy	09	Elective
ERCP	32	Elective

Clinical Diagnosis

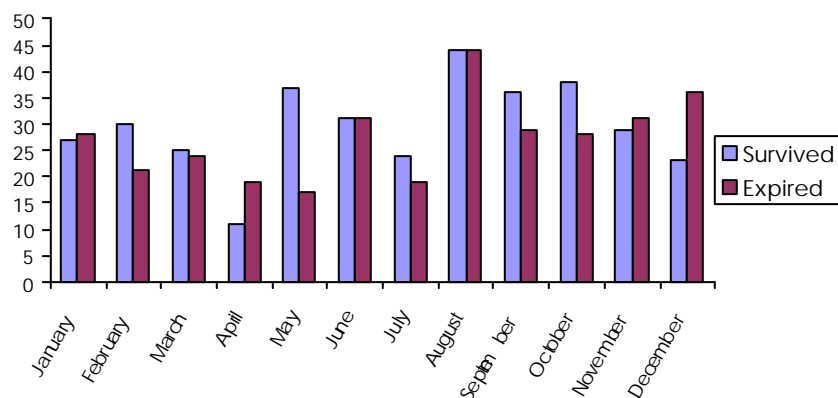
	Frequency	Percent
Chronic Liver Disease	610	39.5
Upper GI Bleed	256	16.6
Lower GI Bleed	8	0.5
Acid Peptic Disease	269	17.4
Dysphagia	50	3.2
Iron Deficiency Anemia	30	1.9
Chronic Diarrhea	38	2.5
Ascites	6	0.4
Upper GI Malignancy	47	3.0
Non-Cirrhotic Portal Hypertension	8	0.5
Others	224	14.5
Total	1546	100.0





Intensive Care Unit Audit

	Survived	Expired
January	27	28
February	30	21
March	25	24
April	11	19
May	37	17
June	31	31
July	24	19
August	44	44
September	36	29
October	38	28
November	29	31
December	23	36
Total	355	327



Mortality

	Survived	Expired	Total
Ventilatory support	51	170	221
Without Vent.	304	157	461
Total	355	327	682



Coronary Care Unit Audit

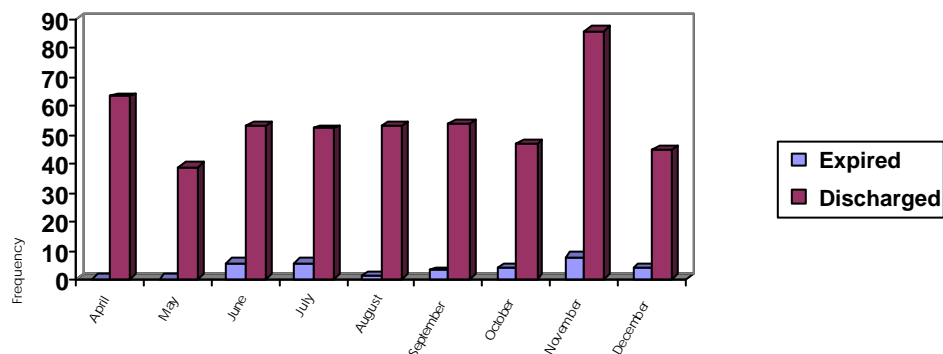
Gender	Frequency	Percentage
Male	327	62.40
Female	197	37.60
Total	524	100

Clinical Diagnosis

Diagnosis	Frequency	Percent
STEMI	204	37.57
NSTEMI	140	25.78
LVF / CCF	65	11.97
VHD	33	6.08
Dysrhythmias	42	7.74
Hypertension	59	10.86
Total	543	100.0

Outcome

Month	Expired	Discharged
April	0	63
May	0	39
June	6	53
July	6	52
August	1	53
September	3	54
October	4	47
November	8	86
December	4	45
Total	32	492





Training Program

The training program of the Department of Medicine consists of two stems: undergraduate training program and postgraduate training program.

Undergraduate Training Program

Department of Medicine is affiliated with Rawalpindi medical College, which is one of the most famous and prestigious medical institute in Pakistan. This department has played a vital role in revising the undergraduate medical curriculum at Rawalpindi Medical college and ultimately in Punjab through University of Health Sciences Lahore.

Undergraduate training program at Department of Medicine starts in third year, when a medical student comes to the medical floor for his clinical rotation. He spends about twelve weeks in Department of Medicine in third year followed by rotations in fourth year. The final year is the peak of the training program, where a medical student has to spend most of his time in hospitals. Department of medicine has twelve week internal medicine rotation and four weeks emergency room rotation.

During their rotations, the medical students are rotated through various services offered by the department. Their most of the time is spent in taking histories, learning clinical methods, formulating differential diagnosis, planning relevant investigations and reaching the final diagnosis. They present their cases in front of consultants each day and they guide them by correcting their techniques. They are also rotated in diagnostic suite and intensive care units where staff teaches them various procedures and techniques adopted there.

At the end of each rotation, the students are evaluated through proven scientific methods; multiple choice questions, short essay questions, TOACS, short cases and long cases etc. Students are also encouraged to give feedback evaluation of the program for betterment of the department.

One step higher is six month clinical rotation (house job) for freshly graduated doctors in compliance with requirements of Pakistan Medical & Dental Council to get permanent registration. During these six months, the interns are rotated in various clinical settings of the department and they are well exposed to all medical emergencies and routine management of patients. Looking after patients, taking histories, clinical examinations, critical monitoring, planning investigations, carrying out management plans and actively participating in the ward rounds are part of the daily training program. (Undergraduate training program had already been published)

Postgraduate Training Program

Department of Medicine has long been recognized by College of Physicians & Surgeons Pakistan (CPSP) for postgraduate training (MCPS, FCPS). Department has produced a large number of members and fellows of CPSP. Moreover, a large number of students have done postgraduation form Royal Colleges of Physicians, UK.



Training Program

Mission Statement



SERVICE

To Server ailing humanity, by well trained doctors using latest knowledge and equipment.

EDUCATION

To educate the undergraduate and post graduate students.

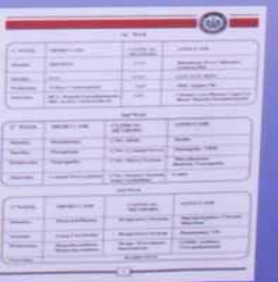
RESEARCH

To enhance the medical knowledge and to find the pattern of diseases in local Perspective.

Post Graduate Training Program



Under Graduate Training Program



Postgraduate & Undergraduate Training Program in Department of Medicine



The training program comprises of four years extensive training in internal medicine. Students have to clear two examinations before they have been awarded fellowship from CPSP. These examinations are midterm 'intermediate module' and final FCPS examination. The students, who wish to excel in super specialties, will then change their specialty after clearing intermediate module. During these four years, each student has to produce original research in the form of dissertation (research thesis). Each trainee has to attend three basic workshops during training period. These workshops are regularly conducted at regional centre of CPSP and these are computer skills & internet, research methodology & dissertation writing, and communication skills.

There are six approved supervisors and twenty regular slots for postgraduate trainees in the department. These trainees are then distributed among these supervisors. In addition to FCPS trainees, MRCP trainees also work in the department.

The academic training program consists of the following:

- Morning Ward Round
- Long Cases
- Short Cases
- Journal Club / Research Forum
- Topic Discussions
- Case Presentations
- Interactive Sessions / MCQs Session
- Mortality Audit Meeting

The academic activities for postgraduate trainees are assisted by the following means:

- Evaluation of Trainees
- Research Projects
- Participation in CME activities like workshops, symposia, and conferences
- Guest lecture
- Postgraduate Clinical Grand Rounds
- Audiovisual Facilities
- IT & Internet facilities

Liver Research Clinic

This unique research clinic is working for last seven years and produced the largest number of publications in any government sector gastroenterology institute.

Liver Transplant Advisory Clinic

In this clinic the pre-transplant and post-transplant liver patients are registered and followed up for their clinical evaluation and management.



Research Activities & Publications

1. Hepatology in Pakistan: Past, Present and Future Editorial JRM Vol. 5(2) July-Dec, 2001
2. Clinical spectrum of patients with esophageal, gastric and colonic carcinomas in Rawalpindi Islamabad region, JRM Vol. 5(2) July-Dec, 2001
3. Association of Child-Pugh class with patterns of mortality in hepatitis C virus related chronic liver disease, JRM Vol. 5(2) July-Dec, 2001.
4. Sero-prevalence of Liver Disease in Diabetes Mellitus, JRM Vol. 5(2) July-Dec, 2001.
5. Sero-prevalence of Hepatitis B and C viruses in Hepatocellular Carcinoma, JRM Vol. 5(2) July-Dec, 2001
6. Demographic features of Hepatocellular Carcinoma: A Study of 30 cases, JRM Vol. 5(2) July-Dec, 2001.
7. Non Alcoholic Steato-hepatitis (NASH), JRM Vol. 5(2) July-Dec, 2001
8. Transjuglar Intrahepatic Porto-systemic Shunt (TIPS) Vol. 5(2) 2001. An analysis of 8000 endoscopies in teaching hospital of RMC (accepted for publication in J PSP). July 2002
9. Association of duodenitis with duodenal ulcer-Digestion, World Congress UEGW Vienna Austria 1998.
10. Spectrum of CLD due to HCV infection. ACG USA Vol. 96 No. 9 September 2001.
11. Management of Chronic Hepatitis B: Combination Therapy-A Future Promise. Pakistan Journal of Gastroenterology-S Vol.17 No.1, March 2003
12. Pattern of esophageal varices and portal gastropathy in HCV related cirrhosis. Pakistan Journal of Gastroenterology-S Vol.17 No.1, March 2003
13. Evaluation of HCV anti-bodies among family contacts of HCV related Chronic Liver Disease patients. Pakistan Journal of Gastroenterology-S Vol.17 No.1, March 2003
14. Clinical spectrum of Non-Alcoholic Steatohepatitis (NASH) in non-Diabetic population. Pakistan Journal of Gastroenterology-S Vol.17 No.1, March 2003
15. Endoscopic and histopathological evaluation of 306 dyspeptic patients. Pakistan Journal of Gastroenterology-S Vol.17 No.1, March 2003
16. A 12-year Audit of upper gastrointestinal endoscopic procedures, JCPSP Vol.13 No. 6, June 2003.
17. National Practice Guidelines on Hepatitis A, B, C and E in Pakistan August 2003.
18. Pakistan Society of Gastroenterology (PSG) guidelines for treatment of Hepatitis B & C. Journal of Pakistan Medicine Association. April 2004.
19. NASH in non-diabetes Pakistani Population, AGA Supplement 68th Annual Scientific Meeting. Oct 13-15, 2004. Baltimore Maryland USA.
20. Unusual Complication (Paraplegia) after Ethanolamine Injection Sclerotherapy for varices. American Journal Gastroenterology Supplement Oct 2004.
21. Dealing with Hepatitis C. Diagnosis & Treatment Guide; 1998.
22. Urdu Book on "Hepatitis A, B, C for Patient Education and awareness", 1998.
23. Manual of "Training of Specialist/Staff of Autonomous Hospital of Punjab Health Ministry, Punjab; 1999.

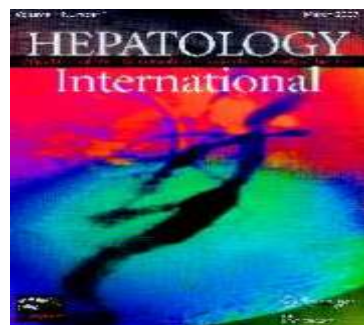


24. An evidence based approach Diagnosis and management of Hepatitis C, May, 2000.
25. Manual of "Burden of Liver Diseases in Teaching hospitals of Rawalpindi Medical College from 1998-2001 (Four Years) May 2002.
26. Guidelines for purification of water and common use medical equipments for doctors and public, Oct 2002.
27. Obesity related complications in 100 obese subjects and their age matched controls. J Pak Med Assoc 2006; 56(2): 50-3.
28. Association of platelet count to splenic index ratio with presence of esophageal varices in patients with HCV related compensated cirrhosis. Pak J Gastroenterology 2006; 20(1): 37-43.
29. Emergency department evaluation of patients with chest pain, J Rawal Med Coll 2005; 9(1):22-5.
30. Characteristic features of 50 NAFLD patients. Rawal Med J 2004; 29: 8-12.
31. Endoscopic evaluation of 2484 patients with upper GI hemorrhage. J Rawal Med Coll 2003; 7(2): 89-92.
32. Prevalence of anti-HCV antibodies among health care workers of Rawalpindi and Islamabad. Rawal Med J 2003; 28: 7-11.
33. Endoscopic retrograde cholangiopancreatographic evaluation of patients with obstructive jaundice. J Coll Physicians Surg Pak 2003; 13(6): 325-8.
34. A 12 years audit of upper gastrointestinal endoscopic procedures. J Coll Physicians Surg Pak 2003; 13(6): 321-4.
35. Upper GI endoscopic evaluation of 299 patients with clinically compensated cirrhosis. Pak J Gastroenterology 2003; 17(1): 12-6.
36. Acute myocardial infarction: experience at a teaching hospital. J Rawal Med Coll 2002; 6(2): 65-9.
37. Brochioalveolar carcinoma. J Coll Physicians Surg Pak 2002; 12(2): 125-7.
38. Evaluation of lymphocytic pleural effusion with pleural biopsy. J Coll Physicians Surg Pak 2002; 12(2): 74-7.
39. Evaluation of cardiac denervation in patients with long-standing diabetes. J Coll Physicians Surg Pak 2002; 12(1): 12-5.
40. An experience of cirrhotic hepatic encephalopathy at DHQ Teaching Hospital, Rawalpindi. J Rawal Med Coll 2001; 5(2): 60-4.
41. Treatment of chronic myeloid leukemia: recent advances. J Rawal Med Coll 2001; 5(1): 41-5.
42. Extracorporeal shock wave lithotripsy. J Coll Physicians Surg Pak 2005; 15(10):638-41.
43. Alveolar microlithiasis in a Kashmiri family. J Coll Physicians Surg Pak 2001; 11(2): 110-3.
44. Histopathological evaluation of esophageal columnarized mucosa in gastroesophageal reflux disease. Pak J Gastroenterology 2006; 20(1): 11-3.
45. Self-inflicted injuries: the standing medical board experience. J Coll Physicians Surg Pak 2002; 12(9): 518-21.



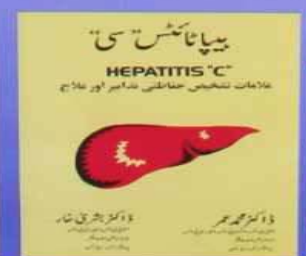
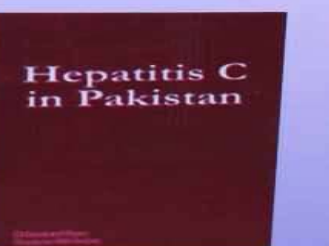
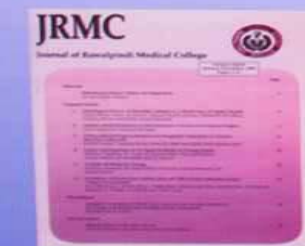
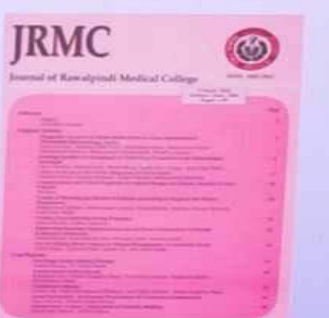
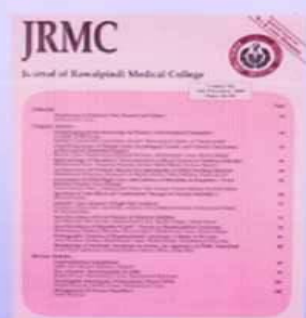
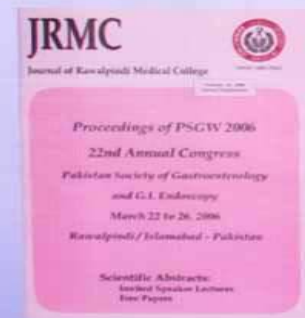
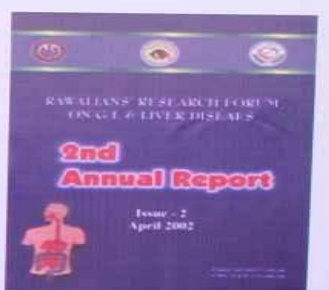
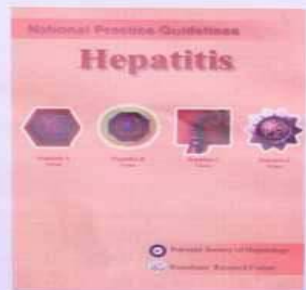
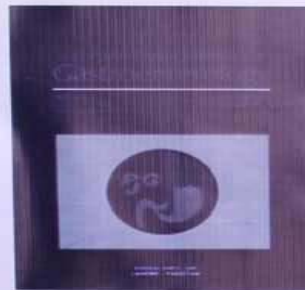
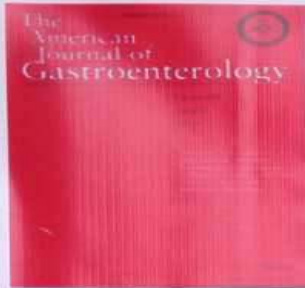
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47. Snake bite: a study of 50 cases. *J Rawal Med Coll* 1999; 3(1&2): 40-2.
48. Clinical spectrum of non-alcoholic steatohepatitis (NASH) in non diabetic population. *J Gastroenterology and Hepatology* 2004; 19(suppl): A833.
49. Anti-HCV antibody status of various sections of Pakistani population and patients. *J Gastroenterology and Hepatology* 2004; 19(suppl): A720.
50. Utility of Mantoux test in the diagnosis of tuberculosis. *JRMC* 2006; 10(1):12-9.
51. Helicobacter pylori genetic profile of dyspeptic patients: perspective from Rawalpindi, Pakistan. *Pak J Gastroenterology* 2006; 20(1): 6-10.
52. Acute hepatitis E: experience at Holy Family Hospital, Rawalpindi. *Pak J Gastroenterology* 2006; 20(1): 32-6.
53. Characteristics of Chronic Hepatitis C, 3a Patients who did not Respond to Therapy with Interferon and Ribavirin. *Pak J Gastroenterology* 2006; 20(1): 55-7.
54. Peg-Interferon, Ribavirin, Thymosin Alpha-1 and Amantadine (Quadruple Therapy) in Chronic Hepatitis C3a Patients who are Non-responders to Interferon-alpha plus Ribavirin. *Pak J Gastroenterology* 2006; 20(1): 18-24.
55. Knowledge of Hepatitis C Among Primary Care Doctors Working in Allied Hospitals of Rawalpindi Medical College, Rawalpindi. *Pak J Gastroenterology* 2006; 20(1): 63-71.
56. Chronic Hepatitis C: Symptoms and Their Response to Combination Therapy with Interferon and Ribavirin. *Pak J Gastroenterology* 2006; 20(1): 49-54.
57. Hematological Changes in Viral Hepatitis [Abstract]. *J Rawal Med Coll* 2006; 10 (Suppl): 58.
58. Frequency of Barrett's Esophagus in Dyspeptic Patients on Endoscopy: a prospective and retrospective survey carried out in Rawalpindi and Islamabad [Abstract]. *J Rawal Med Coll* 2006; 10 (Suppl): 58-9.
59. Liver Transplant: Post-transplant Complications and Follow-up: a Local Experience [Abstract]. *J Rawal Med Coll* 2006; 10 (Suppl): 60.
60. Poor Response of Pegylated Interferon in Patients of Chronic Hepatitis C after Treatment Failure with Conventional Interferon Therapy [Abstract]. *J Rawal Med Coll* 2006; 10 (Suppl): 61.
61. Response Pattern of Conventional Interferon Therapy in Chronic Active Hepatitis [Abstract]. *J Rawal Med Coll* 2006; 10 (Suppl): 61-2.
62. Comparison of CTP and MELD Score for Predicting the Short-Term Mortality in End Stage Liver Disease (ESLD) Hospitalized Patients in Rawalpindi / Islamabad [Abstract]. *J Rawal Med Coll* 2006; 10 (Suppl): 62-3.
63. Patterns of Abnormal LFTs in Viral Hepatitis [Abstract]. *J Rawal Med Coll* 2006; 10 (Suppl): 63.
64. A Study of Demographic Features of Patients with Chronic Liver Disease and Type 2 Diabetes Mellitus [Abstract]. *J Rawal Med Coll* 2006; 10 (Suppl): 64.
65. Sero-prevalence of Dual Hepatitis B and C Infection among 536 Tested Patients [Abstract]. *J Rawal Med Coll* 2006; 10 (Suppl): 64-5.
66. To Study the Frequency of Portal Gastropathy in Patients Presenting with Upper GI

- Bleed on Endoscopy [Abstract]. J Rawal Med Coll 2006; 10 (Suppl): 65-6.
67. In Chronic HBV Patients with Raised ALT Level, the Presence of HBeAg should be Considered a Surrogate Marker of HBV DNA [Abstract]. J Rawal Med Coll 2006; 10 (Suppl): 66.
 68. Trends of Use of Alternative Medicine in Chronic Hepatitis Patients Presenting to a Hospital in Rawalpindi [Abstract]. J Rawal Med Coll 2006; 10 (Suppl): 67.
 69. Evaluation of Patterns of Serological Markers in Asymptomatic Hepatitis B Patients [Abstract]. J Rawal Med Coll 2006; 10 (Suppl): 68.
 70. To evaluate Prevalence and Relevance of Hyponatremia with Encephalopathy in Cirrhotic Patients [Abstract]. J Rawal Med Coll 2006; 10 (Suppl): 68-9.
 71. Use of N-Acetylcysteine an Acute Liver Failure (Non Paracetamol Iduced): an ITC Experience [Abstract]. J Rawal Med Coll 2006; 10 (Suppl): 69.
 72. Knowledge, Attitude and Practices of Medical Students towards Hepatitis B and C [Abstract]. J Rawal Med Coll 2006; 10 (Suppl): 70.
 73. Association of Laboratory and Clinical Variable with Short-term Mortality in Patients with End Stage Liver Disease [Abstract]. J Rawal Med Coll 2006; 10 (Suppl): 71.
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 76. First Experience of Pakistani Liver Transplant Patients: Where Do We Stand? [Abstract O-0249]. Hep Intl 2007; 1(1): 45.
 77. Symptomatology of Chronic Hepatitis C [Abstract P-0397]. Hep Intl 2007; 1(1): 142.
 78. Chronic Hepatitis C Symptoms and Their Response to Combination Therapy [Abstract P-0442]. Hep Intl 2007; 1(1): 149.





Research Articles & Publications (1998 - 2006)



Research Articles and Other Publications by the Department of Medicine



Prime Ministers' Program for Prevention & Control of Hepatitis

Aims & Objective of Program

- ✍ To put effort to provide safe drinking water to public
- ✍ To establish an environment for safe blood transfusions and safe injections
- ✍ To vaccinate of high risk groups against hepatitis B
- ✍ To conduct research in field of hepatology
- ✍ To develop state of art diagnostic laboratory facility for hepatitis
- ✍ To develop a plan for proper disposal of hospital waste
- ✍ To educate and enable people about their health and behavior
- ✍ To develop national guidelines for diagnosis and treatment of hepatitis
- ✍ To provide free treatment to patients of hepatitis B & C all over the country

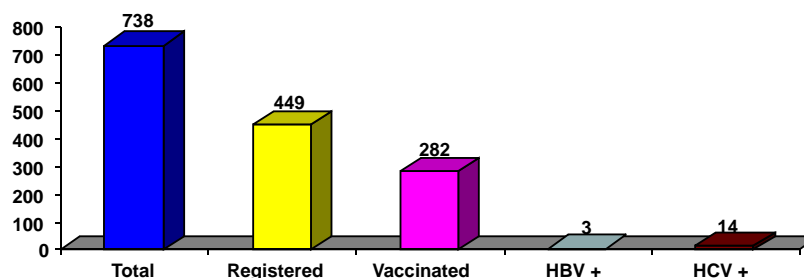
Baseline profiles of Healthcare Workers of Holy Family Hospital

Category	Total Employees
Doctors	199
Sanitary Workers	132
Charge Nurses	105
Helpers	24
Aya	42
Ward Boy	40
Laboratory Technicians	27
Dispenser	55
Chowkidar	15
Bearer	53
Clerks	31
Naib Qasid	15
Total	738

Vaccination Status of Healthcare Workers of Holy Family Hospital

Category	Number
Doctors	39
Nurses	125
Sanitary workers	64
Laboratory Staff	21
OT Staff	15
Others	18
Total	282

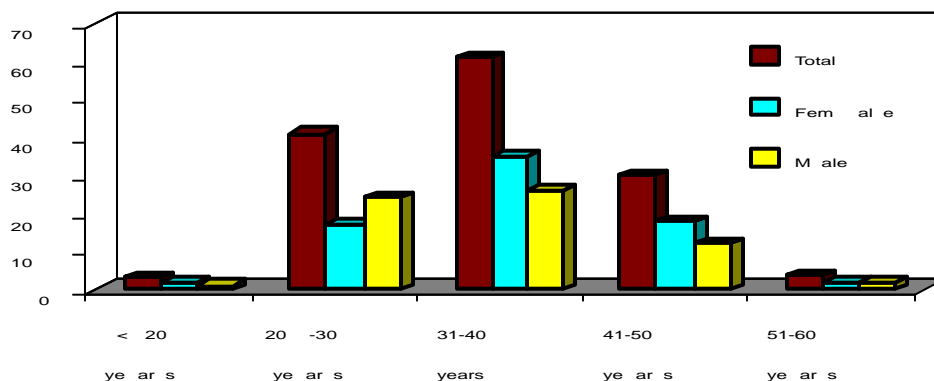
Hepatitis B & C Serology in Healthcare Workers of Holy Family Hospital





Baseline Profiles of Patients of Chronic Hepatitis C at HFH Sentinel Site (August –December 2006)

Total Patient: 139
 Male: 65
 Female: 74



AgeWise Distribution of Patients

Hematologic Side Effects of Combination Therapy in CHC

Parameters	Side Effects	%age
Hb <8gm/dl	0	0
Hb <10gm/dl	2	1.43
Hb <12gm/dl	0	0
Thrombocytopenia <100 X 10 ⁹ /L	2	1.43
Leucopenia <4 X 10 ⁹ /L	16	11.51

Systemic Side Effects of Combination Therapy in CHC

Side Effects	Patients	%age
Anxiety/Depression	2	1.43
Myalgia /Fatigue	27	19.42
Feverish Feeling	26	18.70
Itching	11	7.91
Dry Mouth	5	3.59
Miscellaneous	44	31.65

Social Welfare Programs

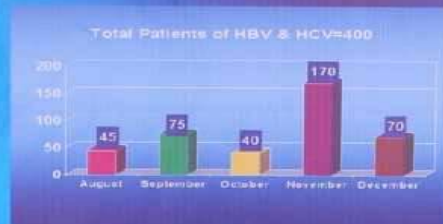
Prime Minister Program for Prevention of Hepatitis



Prime Minister Program For Prevention and Control of Hepatitis in Pakistan

Serial No: _____
Date: _____

Liver Diseases Centre
Holy Family Hospital
Rawalpindi



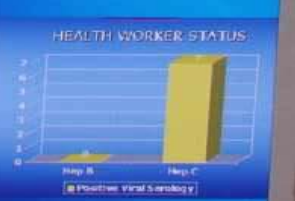
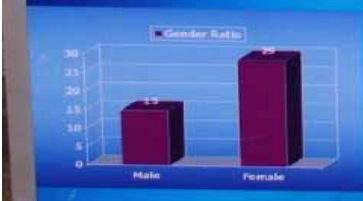
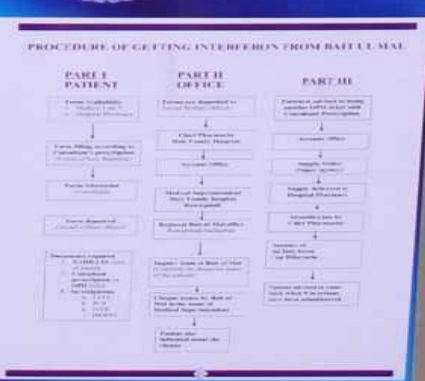
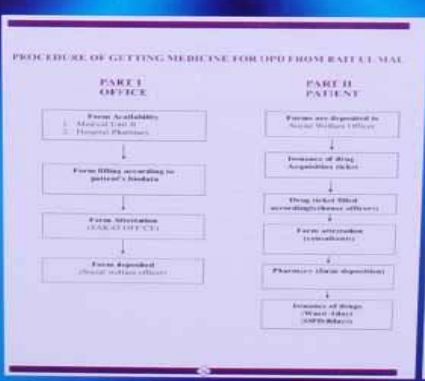
Bait-ul-Mal Social Programs



Serial No: _____
Date: _____

Liver Diseases Centre
Holy Family Hospital
Rawalpindi

Patient Name: _____



Different Social Welfare Programs organized by the Department of Medicine



Pakistan Baitul-Mall

Total Patients: 53
 Male Patients: 20
 Female Patients: 33

Age (Years)	Male	Female	Total
< 20	0	0	0
21 – 30	4	5	9
31 – 40	11	13	24
41 – 50	7	9	16
51 – 60	2	1	3
> 60	1	0	1

Hematologic Side Effects of Combination Therapy in CHC

Parameters	No. of Patients	%age
Hb <8gm/dl	2	3.77
Hb <10gm/dl	0	0
Hb <12gm/dl	0	0
Leucopenia <4 X10 ⁹ /L	6	11.32
Thrombocytopenia <100X10 ⁹ /L	2	3.77

Systemic Side Effects of Combination Therapy in CHC

Parameters	No. of Patients	%age
Anxiety/ Depression	0	0
Fatigue	5	9.43
Myalgia	8	15.09
Itching	3	5.66
Feverish Feeling	7	13.20
Hypothyroidism	1	1.88
Miscellaneous	14	26.41



Workshops & Conferences

Workshops

The following workshops were conducted at Department of Medicine Holy Family Hospital:

- 1st International Workshop on GI Endoscopy on December 14, 1998
- 1st International Liver and Cancer Clinic on December 14, 1998
- Postgraduate Course in Gastroenterology on December 14, 1998
- 2nd National Liver & GI Workshop on December 03, 1999
- Postgraduate Course in Gastroenterology on December 03, 1999
- 3rd International Endoscopy Workshop on March 24, 2001
- Postgraduate Course in GI & Liver Diseases on March 23, 2001
- International Therapeutic Endoscopy / Interventional Radiology Workshop on March 25, 2006
- Postgraduate Course in Gastroenterology & Hepatology on March 23, 2006

Seminars & Conferences

The following national and international symposia were held at Department of Medicine Holy Family Hospital:

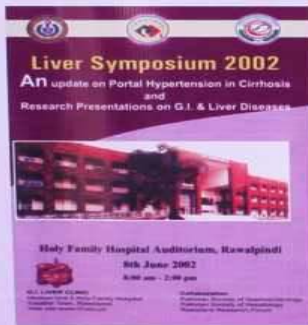
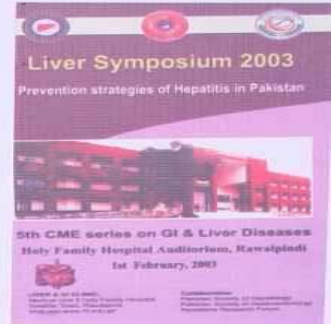
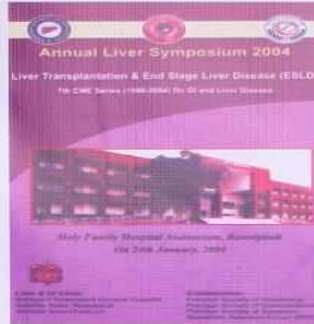
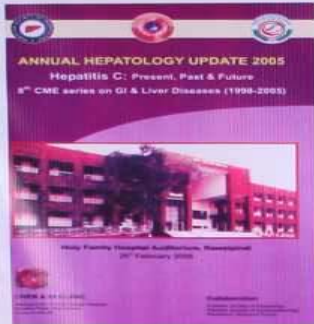
- National Annual Liver Conference on November 25, 2000
- 17th Joint Congress of PSG on March 22-25, 2001
- National Liver Symposium on June 08, 2002
- National Liver Symposium on February 01, 2003
- Annual Liver Symposium on January 24, 2004
- Annual Hepatology Update on February 25, 2005
- 22nd Annual International PSGW on March 22-26, 2006



CME Program (1998 - 2006)



National CME Series



International CME Series



Endoscopy Post Graduate Course - 2006



National & International CME Conferences and Workshops Organized by DoM

Collaborations

- **National Collaborations**

- Gastroenterology Section
Department of Internal Medicine
Aga Khan University Hospital
Karachi
- Department of Gastroenterology
Shaikh Zaid Postgraduate Medical Institute Lahore
- Pakistan Society of Gastroenterology & GI Endoscopy
- Pakistan Society of Hepatology
- Rawalians' Research Forum on GI & Liver Diseases

- **International Collaborations**

- Mayo Clinic Rochester, USA
- North West University, Chicago, USA
- University of Utah, Salt lake City, USA
- Princess Diana of Wales Hospital, Grimsby, UK
- Klinikum Saarbrucken, Germany
- Tanjin General Hospital, Tanjin, China
- Singapore General Hospital, Singapore
- Sir Ganga Ram Hospital, New Delhi, India

- **International Affiliations**

- American Association for study of Liver Diseases (AASLD)
- American College of Gastroenterology (ACG)
- American Gastroenterology Association (AGA)
- European Association for study of Liver (EASL)
- Asian Pacific Association for Study of Liver (APASL)



Guest Faculty Visited

Keith Hine Brighten University, UK March 2005	Consultant Gastroenterologist
Peter Schdiedermaier Klinikum Saarbrucken, Germany April 2005	Interventional Gastroenterologist
K.C. Tan Asian Centre for Liver Disease & Transplantation, Singapore June 2005	Chief Liver Transplant Surgeon
Nizam Hasan Afdahel Harvard Medical School, Boston, USA December 2005	Professor of Hepatology
David L. Carr Locke Brigham & Women's Hospital and Harvard Medical School, Boston, USA March 2006	Director of Endoscopy
Joseph C. Kolars Mayo Clinic College of Medicine, Rochester, USA March 2006	Residency Program Director and Associate Chair, Professor of Medicine
Peter B. Kelsy Massachusetts General Hospital & Harvard Medical School, Boston, USA March 2006	Assistant Professor of Medicine
Richard Edwards Gartnavel General Hospital, Glasgow, UK March 2006	Consultant Interventional Radiologist
Wan Zhou Tanjin General Hospital, Tanjin, China March 2006	Chief Liver Transplant Surgeon
James A. Disario University of Utah School of Medicine, Salt Lake City, USA March 2006	Professor of Medicine and Chief of Gastroenterology
David Bjorkman University of Utah School of Medicine, Salt Lake City, USA March 2006	Dean, Executive Medical Director
John O'Grady King's College Hospital, London, UK March 2006	Professor of Hepatology



James Neuberger Queen Elizabeth Hospital, London, UK March 2006	Professor of Hepatology
Jean Escourrou University Hospital Rangueil, Toulouse, France March 2006	Professor of Gastroenterology
Mobin Khan Bangabandhu Sheikh Mujib Medical University, Dhakka, Bangladesh March 2006	Professor of Hepatology
Arif Muslim New York, USA March 2006	Consultant Gastroenterologist
Asif A. Naqvi Princess Diana of Wales Hospital, Grimsby, UK (Very frequently)	Consultant Gastroenterologist
Fazal I. Khawaja King Fahd Hospital, Madina, Saudi Arabia March 2006	Consultant Gastroenterologist
Waqar Ahmed Gwynedd Hospital, UK (Very frequently)	Consultant Gastroenterologist
Andry Burrough Royal Free Hospital London, UK July 2006	Director
Mario Rizzetto University of Torino, Italy January 2007	Professor of Gastroenterology
Ian Gilmore Royal College of Physicians London, UK January 2007	President



International Faculty Feedback

November 10, 2006

Professor Muhammad Umar
Chief of Gastroenterology & Hepatology
Rawalpindi Medical College Islamabad, Pakistan



I was very impressed with Professor Umar's Gastroenterology Department and Endoscopy Unit which I had the opportunity to visit and was particularly impressed with how organized his documentation and data collection were, particularly with respect to quality issues such as, adverse events, including, mortality. He was able to demonstrate this to me very readily using an electronic projection system and it was clear that the standard of clinical practice and of teaching was exceptionally high due primarily to his dedication to his department. The University should be proud to have the caliber of Professor Umar on its faculty and he should receive the appropriate recognition for his services to the academic world of gastroenterology and endoscopy and the clinical practice that benefits his patients.

Sincerely

David L. Carr-Locke, MD, PRCP, FACC, FASCE
Director of the Endoscopy Institute
Gastroenterology Division

July 26, 2006

Professor Muhammad Umar



I have had the pleasure of interacting with Dr. Umar on multiple occasions and have visited his training that he has established in his program is outstanding. I have seen no other gastroenterology training program anywhere in the world that has the organization and curriculum that Dr. Umar has developed in Islamabad. He has made each patient encounter and opportunity to learn. He has used this extensive clinical training experience to expend education beyond his program to include all of Pakistan, having directed the annual meeting of the Pakistan Society of Gastroenterology and GI Endoscopy this year. Dr. Umar has authored a book on hepatitis in Pakistan, and developed the consensus document on hepatitis C for the Pakistan Society of Gastroenterology.

Sincerely

David J. Bjorkman, M.D., M.S.P.H.
Dean, School of Medicine
University of Utah

March 28, 2007

Dear Professor Umar

I look back very fondly to my visit to your impressive department, including the Grand Round and Ward Round. You have achieved a remarkable amount through dint of hard work and inspirational leadership. I wish you all success in the future.

Kind regards

Ian Gilmore
Professor Ian Gilmore MD PRCP
President
Royal College of Physicians, London





Guest Lectures / Clinical Grand Rounds

- **Cutaneous Manifestations in CHC**
Misbah H. Jehan New Jersey, USA SEP 2006
- **ALERT System in UK**
Shamama-tul-Amber London, UK DEC 2006
- **Occult Liver Transplant**
Jawad Ahmed Pittsberg, USA DEC 2006
- **K.C. Tan**
He is liver transplant surgeon at Singapore, and has wide experience of living related liver transplant. He delivered state of art lecture at our department and conducted postgraduate grand round.
- **Nizam Afdahel**
He is professor of gastroenterology in US, he conducted clinical hepatology grand round at the department.
- **James Neuberger**
He is professor of gastroenterology in UK, he conducted clinical grand round in the department as well as discussion on future of gastroenterology field for Pakistani doctors in UK.
- **Asif A. Naqvi**
He is regular visitor of our department, conducts clinical grand rounds, orientation seminars, education and training of doctors especially ERCP.
- **James A. Disserio**
He is professor of gastroenterology from US, conducted clinical grand round with postgraduate trainees as well as scope of foreign medical graduates in US.
- **Wan Zhou**
He is chief liver transplant surgeon at Tangen General Hospital China, had wide experience of cadaveric liver transplant, conducted pre-transplant and post-transplant liver advisor clinic for three days at the department.
- **Mario Rizzetto**
He is professor of gastroenterology in Italy, conducted clinical grand round in the department.
- **Ian Gilmore**
He is professor of hepatology and president of Royal College of Physicians London. He conducted clinical grand round, participated in department CME, and looked in detail into the training program of the department.



Future Vision

Induction & Training of Staff

- ✍ The department of medicine requires the following doctors to be inducted / increased at various levels;



Staff Required	SR	MO	HO
CCU	02	02	04
ICU	02	02	04
Nephrology	02	04	04
Private Block	02	04	04
Medical Unit I	02	04	06
Medical Unit II	02	04	06

- ✍ The other staff like nurses and support staff have also to be inducted at various sections of department. There is need of 18 – 24 charge nurses, 24 ward boys, 12 aids, and 24 cleaners to be inducted / increased at department of medicine.
- ✍ The newly inducted staff and the existing staff have to be trained in the department.

Bed Strength

- ✍ The emergency, inpatient and outpatient departments are overburdened so there is need for about 50% increase in bed strength in emergency and inpatient departments.

Elderly & Destitute Health

- ✍ There is need for establishment of different bays / areas for elder and destitute people. Moreover, there is need for areas for special people so that a strong support system can be introduced for their health.

Support Systems

- ✍ There is need for establishment of house keeping so that nursing function can be properly and effectively administered.
- ✍ A central sterile stores department (CSSD) of hospital can assure reduction in nosocomial infection rates in the department and better outcomes of critical patients.
- ✍ Effective and efficient security and attendants control system to be incorporated in the department.
- ✍ A well equipped electro-medical department is needed at hospital level and routine visits with *repair cards* to be introduced in the department.



Specialty Oriented Patient Care

- ✍ There is need for establishing specialty oriented patient care in the present era. Patients can be effectively managed by this type system especially establishment of interventional cardiology laboratory.

Diagnostic Suit Up-gradation

- ✍ New equipment has to be purchased for up gradation of the endoscopic suite.
- ✍ Diagnostic suit will be layered with seamless material *linoleum* for proper control of humidity in the suit and infection control.

Pathology Laboratory Services

- ✍ There is need for establishing different laboratory services for department of medicine.

Pharmacy Services

- ✍ Separate sub-pharmacies have to be established at various levels of department of medicine.

Equipment

- ✍ The following equipment have to be purchased in future
 - Upper GI Endoscopes 02
 - Colonoscopes 02
 - Endoscopic ultrasound 01
 - PCR Machine 01
 - Chemistry analyzer 01
 - ABG machine 01
 - ECG Machines 12
 - Defibrillators 12
 - Ventilators 06
 - Pulse oximeters 12

GI & Liver Diseases Institute

- ✍ We have vision 2015 to establish a state of the art GI & Liver Diseases institute in the department.



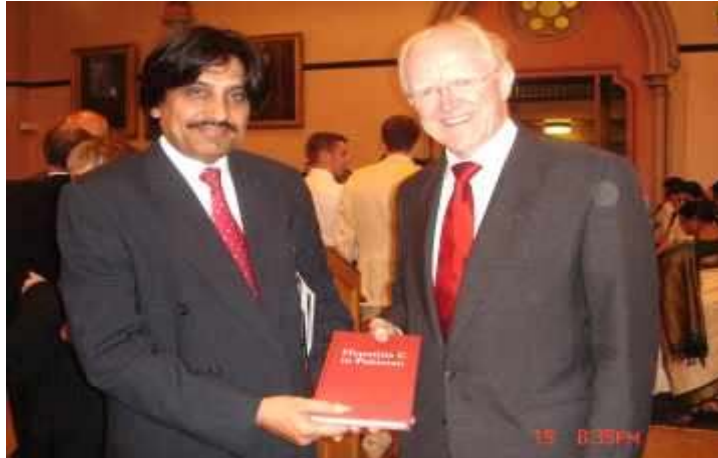
Khalif Bile Mahmud (WHO Country Representative) and DG Health in National Liver Symposium 2004



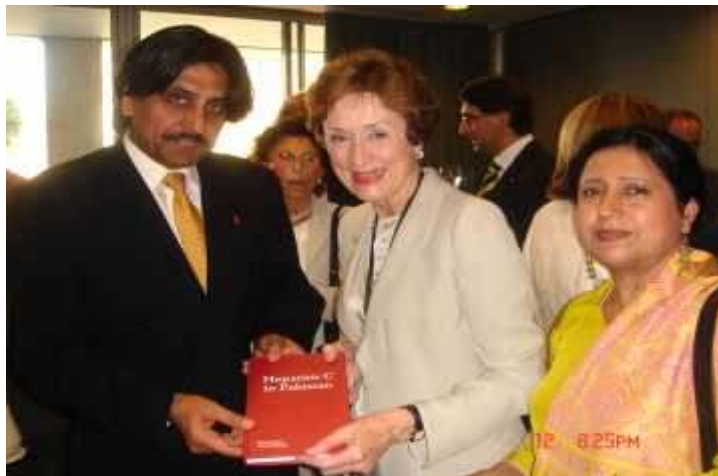
Royan C. Crocker US Ambassador to Pakistan visiting the stall of Department of Medicine on the occasion of APPNA 2006 Winter Meeting 20 Dec, 2006



DG Health, President Pakistan Society of Hepatology and Principal Rawalpindi Medical College



President Royal College of Glasgow 19 July, 2006



Lara Loc Bloch Ex. President Royal College of Physicians London 12 July, 2006



Nizam Afdahel, Professor of Hepatology, USA during Hepatology Grand Round



Mario Rizetto, Professor of Gastroenterology, University of Torino Italy during clinical grand round at department of medicine 15 July, 2007



Mario Rizetto, Professor of Gastroenterology, University of Torino Italy with staff of department of medicine 15 July, 2007



Andy Brough, Professor of Hepatology, Royal Free Hospital, London, UK during a visit of department of medicine Nov, 2005



David L. Carr-Locke, David Bjorkman & Peter Kelsy visiting the department 25 March, 2006



Moment of Honour with Foreign faculty in Academic Area at HFH, 25 March, 2006



Joseph Kolars & Richards Edward were briefed the weekly academic program.....



Khalif Bile Mahmud (WHO Country Representative) visiting Liver & GI Learning Resource Centre 2006



Prof. Muhammad Umar delivering awareness lecture during hepatitis health assembly 23 July, 2006



Prof. Hamama-tul-Bushra delivering awareness lecture during hepatitis health assembly 23 July, 2006



Liver Research Clinic in progress.....



Liver post-transplant patient admitted in the department for management.....



Wan Zhou, Chief Liver Transplant Surgeon Tangen General Hospital China conduction pre-transplant evaluation and post-transplant follow-up clinic at the Department of Medicine.....



Group photo of staff members of Dom with Ian Gilmore, President Royal College of Physicians London 29 Jan, 2007



Ian Gilmore during a presentation on training program with Medical Faculty 19 Jan, 2007



Postgraduate resident presenting a case in clinical grand round with Ian Gilmore, President Royal College of Physicians London 19 Jan, 2007



A glimpse of the GI & Liver Resource Centre established at the Department.....



Endoscopy Department of the Department of Medicine.....



Group photo of prize winners with Rashid Paracha, President APPNA, DG Medicine (Army) and other faculty members during APPNA Winter Meeting 2006.....

