HUMOR IN UNIFORM

Heartfelt sympathy is extended to
Dr Hardat Persaud on the death of his Father and Doctor Nurse on the death of his Mother.

Welcome to our New Staff
Devon Bacchus, Pastry Chef/Cook.
Claudia Hilliman, Manager, Kitchen-Canteen.

Vacancies

6 Registered Nurses
2 Theatre Nurses
1Multi-purpose Technicians
1 Cook
1 Cashier
2 Receptionist

ALL APPLICANTS WILL BE EXPECTED TO WORK ALL SHIFTS

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We can now be perused on our Web Site
www.woodlandshospital.com
follow us on Facebook

Management and Staff wish to congratulate the following persons on their birth anniversary for May, 2019

Name of Staff	Birthday
Bibi Hanif	1st
Orean Roopchand	1s
Mahendra Umadat	3rd
Julie Persaud	5th
Sheeba Biju	7th
Shondell Lancaster	7th
Coretta Norton	11th
Sarala Cheruvalath	14th
Melena Mangru	16th
Anoop Bhaskar	17th
Leiselle Paul	17th
Oneisa Robertson	17th
Marisa Hetsberger	17th
Cindy Persaud	20th
Princy Thomas	25th
Roshanie Singh-Persaud	31st

TAKING A BREAK FROM WOODLANDS LIMITED

Staff	Leave
Alex Pierre	13th – 17th May
Angela Roopnarine	15th May- 11th June
Binsha Babu	5th May – 18th May
Dr. Vashti Lalljie	12th – 27th May
Maicaila Singh	5th – 18th May
Mitchell Smith	11th may – 1st June
Nikieta Mingo	19th May – 1st June
Orean Roopchan	16th May – 5th June
Vanessa Solomon	6th May – 19th May
Videsha Persaud	2nd May – 28th May

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May 2019

Inside this Issue

CONTINUING WITH THE EVER EVOLVING FACE OF WOODLANDS…..

HIMS status-

Radiology fully on stream, Woodlands Limited Laboratory –work still in progress.
Integration of Bond and training of personnel has begun.
Troubleshooting with all the areas that were already on stream with HIMS

Woodlands Limited Laboratory
TORCH panel (Toxoplasmosis IgM/IgG, Ruebella IgM/IgG,
Protein Electrophoresis --still not on stream
However they are now able to test for inhalation and food allergies. These are done on Wednesdays and Fridays from 14:00 hrs.

Allergens tested are:
Inhalational : Timothy grass, Cultivated rye, Birch, Mesquite, Mugwort, Cat, Dog, Horse, Dermatophagoides pter, Cladosporium Herbarum,
Foods: Egg White, Cow's milk, Guten, WEheat flour, Rice, Soybean, Peanut, Carrot, Potato, Corn, Apple, Mushrooms, Cooked Pork, Codfish, Shrimps/Prawns.

Radiology
The installation of the Aero DR (Portable Detector)
This mobile configurations combine digital X-ray detectors with portable x ray

Woodlands Pathology Laboratory can now test for antigens which also include the following:

- ☐ Chromogranin A
- ☐ Neuron Specific Enolase
- ☐ Human Chorionic Gonadotrophin (beta)
- ☐ Mammaglobin
- ☐ Prostatic Acid Phosphatase
- ☐ CD5
- ☐ CD10
- ☐ CD15
- ☐ CD20
- ☐ CD30
- ☐ CD34
- ☐ CD57
- ☐ CD68
- ☐ CD99
- ☐ CD117
- ☐ CD138
- ☐ S-100
- ☐ Desmin
- ☐ Muscle Specific Actin
- ☐ Synaptphysin
- ☐ Carcinoembronic
- ☐ Multi-Cytokeratin (AE1, AE 3)
- ☐ E-Cadherin
- ☐ Alpha Fetoprotein
- ☐ Epithelial Membrane Antigen
- ☐ Placental Alkaline Phosphatase
- ☐ CA 19 – 9
- ☐ CA 125
- ☐ P16Protein
- ☐ p53
- ☐ Myeloperoxidase
- ☐ Terminal Deoxynucleotidyl Transferase
- ☐ Bcl-2 Oncoprotein
- ☐ Bcl-6 Oncoprotein
- ☐ Cyclin D1
- ☐ Calretinin
- ☐ Villin
- ☐ CDX2
- ☐ Citokeratin 903
- ☐ Pax-5
- ☐ Glial Fibrillary Acidic Protein
- ☐ Prostate Specific Antigen
- ☐ Ki-67
- ☐ Epidermal Growth Factor Receptor (EGFR)
- ☐ Thyroid Transcription Factor (TTF1)
- ☐ Anaplastice Lymphoma Kinase (Alk)
- ☐ CD3

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CALENDAR OF EVENTS
JUNE 2019– JUNE 2020

LAUNCHING OF 50TH ANNIVERSARY CELEBRATION, UNVEILING OF DIRECTORS PLAQUE
-June 2, 2019 at 09:00 hrs., Woodlands Limited Foyer

DOCTORS' CONTINUING MEDICAL EDUCATION (CME)
June 16, 2019 at 08:30 hrs. Marriott Hotel

MEDICAL OUTREACHES
1. August 11 2019 06:00 hrs. Zeelugt Primary School.
2. November, 2019 06:00 hrs. Linden.
3. March, 2020 06:00 hrs. Berbice.

GRAND BALL
JUNE 6, 2020 19:00 hrs. Marriott Hotel

NEWS IN BRIEF

SOME STATISTICS FOR APRIL, *2018*

Emergency Room
Patients Seen–2560
Admissions— 122
Maternity
Total Deliveries– 48
Males— 24
Females–24
Caesarean— 22
Neonatal Death— 0
Twins— 1
Premature— 6
APH— 0
Still Births— 0
Male ward
Admission— 100
Deaths—0
Female ward
Admission – 147
Deaths—0
ICU
Admissions—33
Deaths– 0
Radiology
X-ray— 1422
CT— 113
Ultrasound—2121
CICU
Admissions—15
Death—0
Theatre
Surgeries— 143
Ophthalmology — 26
Pharmacy
Prescriptions–4221
Laboratory
Patients attended-2842
Pathology Lab
Cytology — 97
Histopathology— 137
Immuno-histochemistry– 1

DOCTORS MEETING:-

Was held on 24th, April, 2019 at 17:00 hrs. Chairperson—Dr. N.Gobin
Topic: – Complex Seizures and Psychogenic Non-Epileptic Seizure
by Dr. Davendranand Sharma (MBBS, DM

NURSES MEETING:- RM/RN/NA/LPN

Meeting was held on April, 2019
General Discussions: Plans for Nurses Day

SEIZURES– Complex Partial and Psychogenic Non Epileptic Seizures

A complex partial seizure is also known as a focal impaired awareness seizure or a focal onset impaired awareness seizure.
This type of seizure starts in a single area of the brain. This area is usually, but not always, the temporal lobe of the brain.
While it's most common in people with epilepsy, this type of seizure has been known to occur in people with cerebral palsy. It includes uncontrolled movement of limbs or other body parts. These seizures are usually very short, and the
person having the seizure will be unaware of their surroundings. They may also become unconscious for a brief period of time..

Symptoms of complex partial seizures

A complex partial seizure can have multiple possible symptoms.
. Complex partial seizures normally only last a few minutes. Seizures beginning in the frontal lobe area of the brain are usually shorter than those that start in the temporal lobe area.
Symptoms will often start abruptly, and the person experiencing the seizure may not know they have had one. The person may:

- stare blankly or look like they're daydreaming
- be unable to respond
- wake from sleep suddenly
- swallow, smack their lips, or otherwise move their mouth repetitively
- pick at things like the air, clothing, or
- furniture
- say words repetitively
- scream, laugh, or cry

perform actions that can cause potential danger to themselves, like walking in front of moving cars or removing all or portions of their clothing
perform movements like they are riding a bicycle
be unaware, either partially or totally, of their surroundings

- hallucinate
- try to hurt themselves
- experience confusion when the seizure ends
- be unable to remember the seizure when it's over

Causes of complex partial seizures

While epilepsy is one of the most common causes, there are other conditions that can cause a complex partial seizure. Some of these conditions are:

- psychological distress or trauma
- neurologic conditions
- extreme stress
- anxiety and depression
- autism
- other medical conditions related to the brain
- damage caused prior to birth
- neurofibromatosis

Common triggers

A complex partial seizure can happen anytime and usually without much warning. They can even occur when the person is in the middle of an activity. Sometimes the person will have an aura right before having a complex partial seizure.
An aura is also called a simple partial seizure. It can act as a warning signal that a bigger seizure is coming.
There are some additional factors that can trigger a seizure, including:

- flashing lights
- low blood sugar
- high fever

reactions to some medications

Diagnosing a complex partial seizure

Before deciding on treatment, a doctor will need to confirm that a person is having complex partial seizures. The doctor will need as many details as possible from the person having the seizures as well as from someone who has seen these epi-sodes on a number of occasions. The doctor will need to know what happens before, during, and after each episode.
If a doctor suspects a complex partial seizure, they will usually order a diagnostic test to confirm.
An electroencephalogram (EEG) may be done initially. However, the EEG will usually need to record a seizure to be accurate. Other tests that may be given to look for any potential cause of the seizures are a CT scan and an MRI. A blood test and neurological exam may be done as well.
These may help the doctor find a cause (if there is a recognizable cause) without seeing an actual seizure while testing.

How are they treated and managed?

There are various types of treatment for complex partial seizures once the condition has been diagnosed. The following are some of the possible treatment options:

- antiepileptic drugs (AEDs)
- tiagabine hydrochloride (Gabitril), a new AED that shows promise in clinical trials

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- stimulation of the vagus nerve
- responsive neurostimulation
- surgery
- dietary changes

The type of treatment used is determined by the cause of the seizures, other medical conditions, and other factors.

Associated health conditions

A complex partial seizure can happen to anyone. However, there are some medical conditions that are more prone to these types of seizures. These medical conditions include:
epilepsy (most common)
cerebral palsy
infection in the brain
brain injury
tumor in the brain
stroke
some heart conditions
Sometimes a complex partial seizure will happen to someone without any known medical conditions. There is not always a cause that can be determined in some cases of complex partial seizures.

Outlook

Once diagnosed, seizures — including complex partial seizures — can be managed through a variety of treatment options. In some cases, children will outgrow the seizures.
If you think that you or someone you know is having seizures, it's important to talk to a doctor for proper diagnosis and treatment.
You should contact a medical professional immediately if someone you know is having a seizure and any of the following is true:

- this is the person's first seizure
- the seizure lasts more than five minutes
- the person has a high fever
- the person does not become conscious after the seizure is over
- the person has diabetes
- the person is or might be pregnant

PSYCHOGENIC SEIZURES

are not due to epilepsy. Psychogenic seizures can occur at any age, but are more common in people under the age of 55. They occur three times more frequently in women than men. They may arise from various psychological factors, may be prompted by stress, and may occur in response to suggestion.
Some individuals with psychogenic non-epileptic seizures may have previously experienced trauma, such as sexual abuse.
Psychogenic seizures can be characterized by features common with epilepsy seizures. It may be difficult to differentiate between psychogenic non-epileptic seizures and epilepsy seizures. The gold-standard for diagnosis is to record the seizures during an admission to an epilepsy monitoring unit. A neurologist can anlayse the video and EEG recordings to determine if the seizures are due to epilepsy or PNES.
An accurate diagnosis is important in order to receive the appropriate treatment.
Psychogenic seizures are not caused by electrical discharges in the brain and thus the EEG abnormalities seen during an epilepsy seizure are absent, however PNES can be mistaken for epilepsy. It is also possible to have both psychogenic seizures and epilepsy.
Antiseizure medications are ineffective in the treatment of psychogenic disorders. Patients who are diagnosed with psychogenic seizures are usually referred to a psychiatrist or therapist, to learn to manage stress and become familiar with coping techniques. Behavioural modification therapy can be an effective treatment for PNES.

CLINICAL CASE:

MJ A 21 year old Medical Student

MJ a 21 year old Dominican, first semester medical student with a past history of abdominal surgery 2 years ago for an ovarian cyst was referred by the health center physician with a history of disturbed behavior of twelve days which consisted of episodes of agitation and aggression. The episodes consisted of several minutes of staring blankly, lip smacking followed by about an hour of aggressive behavior during which she would be agitated and aggressive to anyone who approached her. She would also growl in a deep male voice, unintelligible words. Initially her mother, a devout Catholic, believing that she was demon possessed called in the priest who performed various exhortations. However the episodes increased in frequency from initially two per day to up to five on the day when she was referred for specialist evaluation by the advice of the priest who became the target of aggression in one of her "spells". When the episode ended she had no recollection of what occurred and she returned to her studies. There were no report of arm or leg jerking. No incontinence of urine or feces. No biting of her tongue. She had no complaints of visual disturb-ance, headaches, nausea or vomiting. She expressed anxiety about her upcoming final examination. She said that she felt strange at times and that her surroundings were not real. De-scribed being fearful and smelling a foul smell. Also she had an unusual feeling at times of familiarity with an unfamiliar place.
Past medical: She had an ovarian cyst removed two years earlier which she described as a mass with teeth. (Dermoid cyst of the ovary) Follow up abdominal ultra sound were negative for other masses and recurrence.
Family History: Mother, healthy is an economist in the MOH and father was a former MOH died when she was 13 years old from cancer of the prostate. H/O Ovarian cancer on her mother's side: Maternal aunt in the UK in treatment.
Hypertension in her father and paternal uncle.
Diabetes Mellitus in her maternal grandmother. . No seizure disorder in the family.
Personal History: A quiet pleasant intelligent young lady was her mother's description of her. She was on a scholarship from the DA Govt. for her medical program and was scoring in the 80's in her exams. She had no current relationships though had a boyfriend when she was studying in Barbados but ended after she started medical school. Para 0 gravida 0 No allergies.
No history of head trauma.
Physical Examination
Neurological examination revealed no focal deficits. No papilledema.
Mini Mental State Exam: Folstein's score was 30
Mental Status Examination during an observed episode: Altered state of consciousness. Lip smacking. Restlessness. Agitated when restrained. Recovery was sudden. Post recovery mood euthymic. Anxious mood. Appropriate concern about strange feelings and smell. Worried that she was demon possessed. Mild depression.
Differential Diagnosis

- Complex Partial Seizures
- Psychogenic Non Epileptic Seizures
- Malingering

(Malingering was ruled out by absence of secondary gain. PNESD was ruled out by absence of clinical features of PNES)

by Dr. Davendranand Sharma (MBBS, DM)