

ميجافارم

شركة معامل الشرق الأوسط لصناعة الأدوية ومستحضرات التجميل م.ع.م (ميجافارم)

هي إحدى شركات الأدوية الفلسطينية والوحيدة في قطاع غزة.

تقوم الشركة حالياً بإنتاج أكثر من حوالي ٦٠ صنفاً في مختلف الأشكال الصيدلانية

وتشمل العديد من المجموعات الدوائية مثل: المضادات الحيوية،

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الطبية



شركة معامل الشرق الأوسط
لصناعة الأدوية



شركة نوفارتس للأدوية

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Chairman foreword

Dear Colleagues

It is my great pleasure, as a chairman of the conference, to welcome all participants of the fourth conference of Faculty of Medicine – Islamic University – Gaza and Palestinian Surgeons Society.

This conference is very special because it is the first joint conference of faculty of medicine – I.U.G. and Palestinian Surgeons Society, also because it comes while construction of our university hospital has already started; it is my pleasure to invite all participants to visit the construction site in "Netzarim"

The scientific and organizing committee has developed an outstanding program including research papers, main lectures and case presentations.

The main themes of the conference is (Surgery in Palestine – Updates and prospects) the scientific content is focused on recent advances in surgical practice in Gaza; we are interested to present our own local work.

I am confident that this excellent scientific event will guarantee all colleagues and friends a beautiful and rewarding participation.

I hope you a successful conference and fruitful event.

Dr. Mofeed Mokhallalati
Conference Chairman
Dean of Faculty of Medicine – IUG
Chairman of Palestinian Surgeons Society

Conference committees

Conference Chairman
Dr. Mofeed Mokhallalati

Organizing Committee

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Dr. Spiro Altaweel

Dr. Sobhi Skeek

Opening Ceremony: Panel Lecture

أخلاقيات الممارسة الطبية في مجال الجراحة...

هل هناك مجال للتغيير؟

د. مفيد المخلاتي

عميد كلية الطب – الجامعة الإسلامية، غزة ، فلسطين

الطب الحديث الذي يمارس في شتى أنحاء العالم في الوقت الحالي هو في حقيقته طب غربي بأساليبه العلاجية والأخلاقيات التي تحكمه، يحدث ذلك رغم الإرث الإسلامي الهام في مجال الطب والجراحة.

للممارسة الطبية عامة والجراحية خاصة خصوصية في حياة الإنسان حينما يتعلق الأمر بكشف العورة والحفاظ على أسرار المريض وخصوصياته.

الممارسة الطبية الحالية والمستندة أساساً على الطب الغربي غالباً ما لا تراعي ضرورة ستر العورة وعدم كشفها إلا بالحد الأدنى الضروري للممارسة الطبية أو الجراحية وبأقصر فترة زمنية وبأقل عدد من الأشخاص.

نرى ضرورة إحداث تغيير إيجابي في الممارسة الطبية والجراحية الحالية بحيث تكون أكثر انسجاماً ومراعاة للحدود الشرعية ولأخلاق وعادات شعوبنا الإسلامية والعربية... ونعتقد جازمين أن هذا التغيير ليس مستحيلاً وتطبيقه ممكن إذا اقتنعنا بأهمية هذا التغيير وضرورته لمصلحة الأفراد والمجتمع.

Session1

Chairmen: Dr. Fadel Naim
Dr. Bassam Abu Warda

Iatrogenic Nerve Injuries

Professor: Christopher Oberlin

Diderot University, Paris, France

Injuries to the nerves due to the medical or surgical activities are unfortunately not exceptional. Injuries due to medical acts, as anesthesia blocks, or spinal accessory lesions after lymph node harvesting have been excluded from our study. From 2001 to 2011 we have treated such 68 cases. The age of the patients ranged from 18 to 71 years. The most frequent lesions were median nerve injuries, then radial, brachial plexus and fibular nerve paralysis. The main etiology was schwannoma mistaken diagnosis, and the lateral approach to the proximal radius.

In front of a tumor Doctors and Surgeons should evaluate the presence or absence of parasthesia when taping on it (Tinel sign). Tinel sign is almost pathognomonic of a nerve tumor. Most of them are benign schwannomas. These tumors are easy to remove by an adequate surgeon, without any sequel. For the treatment of the fractures of the proximal radius (or any surgery of the proximal radius), the posterior approach should be used in all cases.

Health Research in Palestine: Gaps and Challenges

Dr. Bassam Abu Hamad

School of Public Health, Al-Quds University, Gaza, Palestine

The societies that appear to be most successful are those that have historically placed a very high value on research and regard it as a lifelong learning process. Particularly in health sector, it is probably no exaggeration to say that when research and policy are not effectively linked, a nation is seriously at risk of health development failure, or at least of underutilized services.

Huge disparities exist in research capabilities between Arab World and the developed nations. Expenditure on research in Arab Countries represents only 0.2% of the Gross Domestic Product (GDP) while it reaches around 3% in developed countries and around 4.7% in the Zionist Entity "Israel". The global expenditure figure on research representing the entire globe combined is 1.4% of the GDP; seven times higher than the spending in Arab countries. The per capita spending on research is less than \$ 15 in Arab countries combined, while it is \$ 1272 in Israel. The number of scientists/ researchers per million population is less than 500 in Arab countries, while it is around 4000 in north America. The number of research papers per million population is also tragic as the entire Arab population produce equal number of papers similar to Israel although their number is 60 times more and their GDP is 11 times more. The number of quotations from the Arab publications is less than 30% in comparison to Israel ones; reflecting high quality papers in favour of the Israeli publications. Similar huge disparities are reported regarding the number of

registered inventories, use of information, universities ranks, Noble price winners and the use of internet.

The status of research in Palestine is not different from the that at Arab countries, as most research studies are descriptive, usually academic in nature, rarely reflecting the national needs and priorities and most importantly, the use of research in decision making is not institutionalized within the organizational culture. The infrastructure for research is weak and the brain drain phenomenon is common among the Palestinian researchers.

Urgent corrective strategies need to be taken to create a culture that values scientific research as an essential tool for development including supporting research infrastructure, allocating certain budget to research studies (2-5% of health budget), setting national research priorities, and developing human resources capacities in conducting and utilizing research studies. More importantly, institutionalizing the use of research in decision making is crucial including setting national policies, teaming up among researchers and policy makers, adopting evidence-base practice and promoting effective relationships among researchers and policy makers.

Peripheral Nerve Injury, Palestinian Experience (Clinical Study)

Dr. Mohammed Ali Rantisi

Department of Hand Surgery, Shifa Hospital, Gaza, Palestine

A Clinical study of 253 "P N I" patients scattered along Gaza strip, where consulted and managed surgically in Nasser & Shifa Hospitals. We report the outcome of the surgical management applied.

Peripheral Nerve Injury present as challenges to the hands surgeon. To handle these problems well, the surgeon must analyze the complexity of the problem, set the right priorities, choose the right timing for intervention, apply a multitude of techniques, and plan a head for rehabilitation.

Direct repair or nerve graft has their limitations; either too optimistic or too conservative would bring inferior results. The functional consideration is far more important than structural restoration.

The severity varies from partial to total nerve injury, often associated vascular injury and cut tendon and fracture of bones and involved all peripheral nerve (Brachial plexus, Radial nerve, Medial nerve, Ulnar nerve, Tibial nerve and Femoral nerve.

How to Minimize X-ray Use During Pedicle Screws Placement in Thoracic & Lumbar Spinal Fixation, (Two Case Presentations)

Dr. Nidal Abuhadrous

Neurosurgery Department, EGH, Gaza, Palestine

Background: Fluoroscopy is being used by the spine surgeons to assist in pedicle screws placement. The number of the images taken is different from surgeon to surgeon & so the radiation exposure.

Objectives: To find ways how to minimize radiation exposure both to the patient & operating room staff, while maintaining the accuracy, during pedicle screws placement.

Methods: Our last two cases (total fourteen screws) were performed without the use of intraoperative fluoroscopy. Anatomical landmarks & some other tricks were used to determine the entry point & the direction of the screw. Postoperative X-rays & CT were performed.

Results: Postoperative X-rays and CT scan showed satisfactory position of the screws.

Conclusion: Reinforcing the use of the anatomical landmarks & using some other tricks can significantly minimize the X-ray use & so the radiation exposure in pedicle screws placement.

Session 2

Chairmen: Dr. Abdelatif Alhaj
Dr. Mohammed Alron

Does the Performance of Surgical Team at EGH in Gall Bladder Surgery Fit the Standards?

Dr. Marwan Abusada, MD, JMCCS, PBCS
Surgery Department, EGH, Gaza, Palestine

Gall bladder surgery is one of the most common surgeries performed in the world. This is a retrospective study over the last three years starting 1.1.2008 at European Gaza Hospital (EGH) Gaza comparing the performance of surgical team with international standards. The objectives of this study are to determine the rate of complications among the operated cases also the study assesses the patterns and the performance of surgical team in performing gall bladder surgery.

In this study, 401 patients file were reviewed looking for different variables determining the indication for surgery and type of surgery performed ,length of stay, US findings, the rate of complications associated with surgery, the prophylactic use of antibiotics and many others. Inclusion criteria were all patients who underwent surgery for isolated gall bladder disease, including all admission.

Findings showed that that more females (74.6%) were operated for gall bladder than males (25.4%) and this matches with the international prevalence of gall bladder diseases. The hemoglobin level among 60% was below 12 gm/dL. Among all operated cases, 5% developed complication mainly; wound infection (1.5%). 60% of operations were performed by residents and the rest were performed by consultant surgeons. The average length of stay was 2.5 days. The vast majority of cases received antibiotics for

three days mainly cefazolin (1st generation cephalosporin). Laparoscopic cholecystectomy was performed to 85% of operated cases. The rate of complication was higher 22.9% among cases operated through open surgery with SS differences. The development of complication was higher among cases operated by the consultant than the residents but the variations did not reached statistical significance level.

In conclusion, the performance of gall bladder surgery at EGH is congruent with the international standards in terms of complication rates and also the performance of gall bladder surgery by residents is safe. Also, combating anemia is an important factor for the prevention of post-operative complication. It is also recommended to reduce the use of antibiotics and to shorten the length of stay.

Thoracoscopic Plication for Left Diaphragmatic Eventration (Case Presentation)

Dr. Nasser R. Abu-Shaban, FRCSI

Surgery Department, EGH, Gaza, Palestine

Source: Minimal invasive surgery unit- EGH, Gaza

Abstract: The first is a 31-year-old man and the second is a 48-year old woman both underwent plication with continuous and interrupted stitches by video assisted thoracoscopic surgery (VATS) for left diaphragmatic eventration and associated Bokhdalic hernia in the second case. Marked improvement in left lung expansion, normalization of the position of the left diaphragm on chest radiograph, with disappearance of dyspnea on exertion and the recurrent chest infection have been maintained for 18 months, and 11 months follow up respectively.

Eventration of the diaphragm is a rare condition where the muscle is permanently elevated, but retains its continuity and attachments to the costal margins. When symptomatic it requires treatment.

Conclusion: Treatment using VATS is safe and effective. Functional improvement persists at long-term follow-up. Plication for diaphragmatic eventration should be performed with minimally invasive surgery.

Gunshot Liver Injury (Study of 182 Patients)

Dr. Ahmed A. Kandil, MD, PhD

Surgery Department, Shifa Hospital, Gaza, Palestine

A prospective study of 182 patients with gunshot liver injury was carried out at Shifa Hospital in Palestine during the period from January 2001 to May 2005. The aim of the study is to record our experience in management of gunshot liver injuries. It focused on the age, gender, type and grade of liver injury, injury to other organs, and type of management carried out, post-operative complications and the outcome. For classification of the liver trauma we have used the liver injury scale that distinguishes six grade of injury (Moore EE, et al. 1995). The patients' age ranged between 9 and 71 years, with a mean of 23.8 years. There were 177 males (97.3%) and 5 females. Most of the patients belonged to grade II liver injury (33.5%) while grade III liver injury represented (26.9%). Associated injuries occurred in 161 patients in which the stomach injured in 27.0%, the colon in 19.8% and the diaphragm in 18.7% of the patients. Simple procedure like superficial suturing was enough in 40.0% of the patients. Postoperative complications presented in 142 patients, where re-bleeding occurred in 6.6%, abdominal sepsis in 23.0% and bile leaks in 8.2% of patients. Thirty one patients died giving a mortality rate of 17.0%, twelve patients belonged to grade IV and V died during operation, fifteen died in the first 72 hours and four died in the late postoperative period.

It is concluded that most gunshot liver injuries are from grade II and III which can be managed by simple surgical techniques. However, severe bleeding from complex liver injuries and post-operative sepsis still make the mortality and morbidity rates relatively high.

Role of CT in the Evaluation of Patients with Traumatic Splenic Injuries, (Case Presentation)

Dr. Sadi S. Jaber, PhD

Radiology Department, EGH, Gaza, Palestine

CT is currently the imaging study of choice for the assessment of splenic injury in patients who are hemodynamically stable. CT scanning can identify injuries to all abdominal organ systems, the retroperitoneum, and bones in a patient in whom intra-abdominal injury is likely.

The spleen is the most commonly injured organ in blunt abdominal trauma, and unrecognized injury to intra-abdominal contents can lead to increased morbidity and mortality and longer hospital stays.

The spleen is the most commonly injured abdominal solid organ (25%).

Non-operative management of blunt injury to the spleen in adults has been applied with increasing frequency.

CT scanning provides the most ideal noninvasive means for evaluating the spleen. Helical or spiral scanners may provide even more information and may clarify the degree of injury. In the cases of CT scan–documented splenic injury, the decision for operative intervention is determined by the grade of the injury.

CT scanning with intravenous (IV) contrast enhancement can often demonstrate direct evidence of vascular injury as shown by

failure of expected parenchymal enhancement (infarct) or by focal extravascular contrast leakage.

The value of obtaining a follow-up CT scan after initial identification of splenic injury by CT is debatable.

In a recent article a new CT grading system is proposed, which is better than the AAST system.

We reported 70 years –old female patient who had been admitted as cases of poly-trauma, with splenic injury grade II and left lower ribs fracture, the patients were hemodynamically stable without requiring ongoing aggressive resuscitation. Diagnosed by ultrasound, but confirmed and graded by CT with IV contrast. The patients were managed non-operatively and didn't need a follow-up CT scan after initial identification of splenic injury.

The CT scan has been shown to be the most available and accurate test for abdominal trauma. MRI tests are accurate but costly and less available in some hospitals.

Sonography for splenic injury is 38% incidence of missed splenic injury and a 53% incidence of injury downgrading in pediatric patients based on sonography as compared with CT for initial diagnosis.

Role of Magnetic Resonance Imaging in Surgical Practice in Gaza

Dr. Samy Al-Agha, MBBCH, DMRD, FRCR, FFRRCSI

Medical School, Al Azhar University, Gaza, Palestine

Magnetic Resonance Imaging (MRI) is a new imaging modality which has many advantages yet it has limitations. The high tissue contrasts, lack of harmful radiations, and imaging in different planes have given MRI an important role in detection of abnormalities in central nervous system (CNS), Musculoskeletal and Pelvis.

New recent technical refinements on MRI machines as well as introducing new imaging sequences have expanded the capabilities of this modality to play role in imaging other body systems like cardiovascular, breast, hepatobiliary, urogenital and ENT. The new sequences are not routine and to get the best of MRI service, clear requests with clinical data is crucial for deciding the proper imaging sequence for each clinical scenario.

In this presentation new available MRI techniques in Gaza Strip like MRCP, MRA, MRU and breast MRI will be addressed.

Session 3

**Chairmen: Dr. Spiro Tawil
Dr. Anwar El-Sheikh Khalil**

Hydrostatic Reduction Ultrasound Guidance in the Management of Intussusception

Dr. Zoher Eljaro, Dr. I Nassar, Dr. M. Kuzaat

Pediatric Surgery Department, Shifa Hospital, Gaza, Palestine

Background: Retrospective study was conducted for 4.5 years from January 1, 2007 to July 20, 2011 to study the efficiency of U/S Guided hydrostatic reduction in the management of intussusception in children.

Methods: A total of 180 patients who underwent the procedure were evaluated. All the patients were diagnosed clinically confirmed by U/S. Epidemiological data includes age sex seasons and period of illness were reviewed. Hydrostatic reduction U/S guidance was done in all patients. 400-600 ml of normal saline was used in reduction. All children treated in the pediatric surgical department in Al Shifa hospital.

Results: 153 out of 180 (85.0%) intussusceptions were successfully reduced. Average time taken was 20 minutes. All patients were followed for 24 hrs. 8 patients showed recurrence within 24 hrs. No complication was observed.

Conclusion: The study concludes that U/S guided hydrostatic reduction using normal saline is a safe, simple and effective method for treatment of intussusception in children.

Infantile Hypertrophic Pyloric Stenosis (Short Term Outcome in the Last 3 Years)

Dr. Alaa Kahloot , Dr. M. Dadah , Dr. W. Abu Ghanama, Dr. M. Kuzaat
Pediatric Surgery Department, Shifa Hospital, Gaza, Palestine

Background: Ramstedt's operation has long been the standard operation for the treatment of IHPS.

We reviewed the short term complication in 28 infants in the last 3 years' experience.

Methods: Retrospective analysis was performed on the medical records of a series of 28 infants treated by Ramstedt's pyloromyotomy by pediatric surgery team in Shifa hospital over the last 3 years.

Results: There was no perioperative mortality, oral feeding was achieved next day after surgery except one case with perforation. there was vomiting in 8 infants (30%) for one time while 2 infants had vomiting for 2 days and one 14 days, two superficial wound infection were encountered, no wound dehiscence occurred, inadvertent mucosal perforation occurred in one infants (3%) which was repaired at once with no apparent ill effects, one case got bowel evisceration at site of drain.

Conclusion: IHPS can be treated safely with Ramstedt's operation and care should be provided by trained surgical, anesthetic and pediatric staff.

Myotomy is safe, efficient accepted surgical treatment of IHPS.

The Role of Neck Dissection in Thyroid Cancer (2 Case Presentations)

Dr. Ehab Zayyan, MD, PhD

ENT Department, EGH, Gaza, Palestine

Regional lymph node metastases occur in all forms of thyroid cancer. The incidence for papillary and follicular carcinomas was estimated to be 35% and 13%, respectively. Because of the proven success of radioactive iodine, the role of surgical treatment of regional neck disease is controversial and not clearly defined. For the N0 neck, there is no substantiated role for neck dissection. For the N + neck, the advocated forms of neck dissection range from selective to radical. The most common current practice is to perform central neck dissection and lateral selective neck dissection of levels II to V for patients with thyroid cancer and N + necks.

We present two cases of neck dissection for thyroid cancer from our practice in European Gaza Hospital. The first case is a radical neck dissection for a papillary thyroid carcinoma and the second case is a selective neck dissection for a medullary thyroid carcinoma.

Clinical presentations, surgical approach and literature review will be discussed.

Surgical Procedures Affecting Ophthalmic Outcome

Dr. Mohammed Al Kashef

Ophthalmology Department, Ophthalmology Hospital, Gaza, Palestine

Many Surgical Procedures in different specialties affect ophthalmic outcome functionally & cosmetically.

The most surgical procedures involve:

- Neurosurgical Procedures for space occupying lesions, hydrocephalus
- Chest Surgery procedures like pancoest tumours and thymomas.
- General Surgery for thyroid diseases.
- Plastic Surgery for face burns, oculoplastics.

The paper includes a series of 15 cases in different surgical specialties; surgical interference affected the ophthalmic outcome.

The discussion will be detailed in the study.

Session 4

Chairman: Dr. Sobhi Skeik
Dr. Maher Ayad

Evidence Based Medicine, Surgery Focused

Dr. Khamis Essi

Medical School, IUG, Gaza, Palestine

Evidence-based medicine (EBM) is different from traditional medicine in that it entails the integration of best research evidence with clinical expertise and individual patient values. (Wang, 2008)

Since the inception of EBM movement, there have been regular attacks on surgeons for the perceived deficiencies of the evidence base in their specialty, and their apparent complacency in the face of this. (Horton, 1996).

Before implementing a new therapy or surgical procedure, we should ascertain the benefits and risks of such interventional modality and ensure its superiority and cost effectiveness.

When this general rule is applied to surgical practice, it becomes evident that the concept of EBM in surgery involves some limitations related to the low quantity and quality of randomized controlled trials and meta-analyses in surgery compared to medicine, the difficulties when critically appraising the literature and applying the results of evidence to individual patients, and difficulties when bringing surgeons more willing to endorse the principles of learning, teaching and applying EBM. (Slim, 2005)

Other restrictions include that the volume of high quality clinical research in surgery and the uptake of the published research are hampered by the fact that many surgeons have not developed the

tools or the “know-how” to critically appraise and apply evidence. (Haines & Nicholas. 2003)

The objectives of teaching EBM in surgery are to inform and convince that EBM is a method of interrogation, reasoning, appraisal, and application of information to guide physicians in their decisions to best treat their patients. (Fingerhut, Borie and Dziri, 2005). Hence, the ideal method for EBM teaching & implementation is workplace instruction led by surgeons, who are well equipped with EBM basic concepts and steps; EBM training should occur early in the surgeons' careers; and EBM practice should be role modeled in the presence of trainees by surgeons who exhibit either a scientist and/or clinician style of surgical practice. (Kitto et al, 2011)

Assessment of Effectiveness and Performance of Blood Bank Services in Gaza During the Last War on Gaza

Khitam Abu Zanada

Medical Technologist, Master of Public Health, Gaza, Palestine

Globally, effectiveness of blood bank services plays a vital role in rescuing people's life. In particular, during the last war on Gaza, the performance of the blood banks was critical in meeting the emerged demands. This study aims at assessing the performance of blood bank services in Gaza governorates during the war on Gaza to appraise strengths and challenges encountered.

The design of this study is across sectional. All blood banks and hospitals involved in treating war casualties were included. Data collected through a questionnaire and observatory checklist. The population of study included 116 respondents who completed the questionnaire plus 13 observational checklists. Data collected by the researcher and all participants were positively responded.

This study shows that blood banks faced shortage in the required blood units, fresh frozen plasma, instruments, screening kits, alcohol 70% and disposables by ANOVA shortage reached (38.1). The shortage of blood units was more prominent in the north of Gaza with the south being the least affected with statistically significant differences. Around 90% of respondents perceived the total number of staff wasn't sufficient for working during crisis. Similarly, the great majority (87%), of respondents believed that the number of blood donation chairs wasn't sufficient. Respondents reported that blood donations were intensified during the war and the media was employed towards recruiting

blood donors. The main reported strength points in the blood banks performance were extending working hours (81%), obtaining large number of blood units (75%) and rapid responsiveness (43.8%). In contrary, the main reported weakness points were lack of instruments and equipment (81.3%), poor communication among the involved parties (56.3%), insufficiency of laboratory kits (43.8%) and lack of administrative support (37.5%). Resulting of the war (25%) of staff and (18.7%) of director didn't reach their work. Statistically significant variations were noticed across the blood banks in relation to governorates.

This study recommends that working environment should be improved by providing needed instruments, supplies and hiring human resources. Establishment of a central blood bank and the national level is necessarily.

Colorectal Cancer Risk Factors in Gaza

Haya Alrayes

Medical Technologist, Master of Public Health, Gaza, Palestine

Background: Colorectal cancer is one of the top five cancers in the Palestinian society. Risk or protection factors of the disease vary between genetics and environmental factors which involve nutritional and lifestyle behaviors.

Aim: The study was conducted to identify the most common risk factors that may be associated with colorectal cancer among the population Gaza Governorates.

Design and methods: A case control study involved 66 registered colorectal cancer patients from Al Shifa and Gaza European hospitals matched (for age, sex and locality) with two controls for each case. Controls were chosen from the primary health care centers. An interviewed questionnaire was used to compare between cases and controls in relation to the socioeconomic factors, family history, chronic diseases, dietary habits, lifestyles, supplementations, medications, health education and screening. To examine statistical significance OR with 95% confidence interval besides, Chi square test were calculated; P value <0.05 was considered as significant.

Results: Risk of colorectal has been increased with: lower income level OR=6.5(2.39-18.29), lower level of education OR=2.53(0.91-7.1), some types of professions OR=3.42(1.49-7.93), family history OR=4.2 (1.35-13.54), chronic bowel disturbances OR=42.8(15.5-124.7), eating fried fish OR=6.6(1.77-29.08), preferring to eat red meat OR=2.1(1.1-4.0) and poor health knowledge OR=2.38(1.17-

4.86). Protection from colorectal cancer was obtained with regular intake of fruits OR=0.3(0.09-.98), cereals OR=0.5(0.26-0.96), bran bread OR=0.44(0.21- 0.94), besides preferring to eat vegetables OR=0.51(0.24-1.0), calcium supplementation intake OR=0.36(0.13- 0.91), and attending of health educational lectures about healthy nutrition and life styles OR=0.51(0.25- 1.0). Colorectal cancer screening tests were only performed for the diagnosis of the disease rather than being used for the screening purpose. No evidence of relation was associated with other chronic diseases, other types of food, life styles and supplementations.

Conclusion: Risk was found with: family history, chronic bowel disturbances, socioeconomic factors, some food, and poor health knowledge, while protection was associated with of some other food, calcium. Recommendations to improve the community health education provide suitable related screening programs; improve cancer patients' registry and the encouragement of further related studies.

Session 5

**Chairman: Dr. Elyas Arteen
Dr. Emad Al Hout**

Approach to Current Status of Breast Cancer in the Gaza Strip, Occupied Palestine and Neighboring Arab Countries

Medical Student. Samah Saleh

Medical School, Islamic University, Gaza, Palestine

Introduction: Breast cancer is the most common cancer among women in Gaza and the neighbouring countries. It accounts for approximately 30% of all cancers in Palestinian women in the Strip. While the 5-year survival rate among women in Occupied Palestine over 80%, among Palestinian women in the Gaza Strip it is assessed to be 40% at best.

Method: Comprehensive review of relevant literature.

Results: Breast cancer is the most prevalent type of cancer among Palestinian women in both the Gaza Strip and the West Bank (31.4%) and the first leading cause of cancer-related mortality among Palestinian women (21.1%). The breast cancer incidence rate was found to be 15.6 per 100,000 persons. Age standardized incidence rates (ASRs) per 100,000 females were highest among women in Occupied Palestine (93.1). These rates were markedly higher than those reported in Egyptian (49.6), Jordanian (38.0), and Gazan (33.1) females. Sixty percent of women with breast cancer in the Gaza Strip were diagnosed after the disease had already spread to other parts of the body: 42.2% of reported cases had regional lymph node involvement at the time of diagnosis and 17.8% had distant metastasis. Five year survival rate from breast cancer in the Gaza Strip is very low at 30-40% or even

lower. Country-specific 5-year survival rates are lacking for neighbouring Arab countries. In Occupied Palestine, only 5 to 7 % of the women with breast cancer are diagnosed after the cancer has spread to other organs and five year survival is 87%. Multiple factors have been implicated in the striking disparity in the five-year survival between the Gaza Strip and Occupied Palestine including genetic, social, economic and cultural factors in addition to lack of facilities in the Gaza Strip.

Conclusions: Health Sector in Occupied Palestine has been employing a nationwide, full-coverage mammography screening program in women over the age of 50 since 1996 which can partly explain the high breast cancer rates. The societies of the Gaza Strip, Jordan and Egypt are characterized by high fertility, breastfeeding rates and young age at first delivery which have been shown to be protective against breast cancer. The disparity of survival rates is caused by numerous factors. Consequently, combating breast cancer in the Gaza Strip requires a broad approach addressing these factors jointly: efforts and money must be spent to upgrade the entire medical infrastructure in the Gaza Strip - from prophylactic measures to medical care facilities. No less important, is designing a far-reaching screening program and social campaigns aiming at educating women concerning the disease and helping them to overcome cultural restraints.

Retrospective Study of Smoking Impacts on Surgical Patients in Gaza

Medical Student. Sulaiman Abu Haiba, Medical Student. Mohamad Alshanti
Medical School, Islamic University, Gaza, Palestine

Background: Smoking is a growing problem worldwide. 22.7% of Palestinian adults are smokers. It's well known that smoking affects health adversely but there is no answer of how exactly it affects the wellbeing of surgical patients.

Methods: A survey of 21 questions was conducted on 80 adults who underwent moderate risk surgeries before. A moderate risk surgery was defined as any surgery that carries the same complications' frequency and morbidity and mortality rates of an appendectomy or cholecystectomy. Wellbeing of the surgical patient was defined as post-operative hospital stay of < 3 days, having no surgical complications and being satisfied about the outcomes of performed surgery. Each determinant of surgical wellbeing was compared between smokers and nonsmokers separately.

Results: Smokers had a 4-time increase in risk of staying for more than 2 days post-operatively. Smokers were 3 times more vulnerable to postoperative complications compared to nonsmokers. Even the psychological wellbeing of the surgical patient was affected adversely in the case of being a smoker. It was clear that 80% of water-pipe smokers didn't consider themselves smokers however their risk figures were worse than cigarette smokers. It was clear that the risk comes close to the

other group of non-smokers in case of stop smoking before 5 days before the scheduled surgery.

Conclusion: It's important to address smoking and educate the surgical patient about its consequences on his/her health before, during and after surgery. It's possible to lower the associated increased risks with smoking by preoperative abstinence from smoking at least for 5 days. Additionally, the preoperative assessment should focus more on smoking issues and patients should be asked about water-pipe smoking separately.

Safe and Effective ERCP in Gaza (Research Study)

Dr. Marwan Abusada, MD, JMCCS, PBCS
Surgery Department, EGH, Gaza, Palestine

ERCP is a new endoscopic procedure that has been introduced recently in Gaza. It is considered an invasive technique and should always perform for appropriate indication.

Objectives: In this retrospective study is to determine the indications for ERCP ,rate of successful canulation, extraction of biliary stones ,and placement of stents and to determine the rate of complications associated with procedure .In this retrospective study 384 patients file were reviewed looking for different variables like age ,gender ,indication ,post ERCP diagnosis ,rate of ampullary canulation ,type of procedure performed ,and associated complication in comparison to international standards.

Results: The successful of canulation among the cases was over 92%,and among the cases due to biliary stones was over 98%,the rate of successful stone extraction was over 95%,and rate of successful stent placement when it's necessary achieved in more than 85%. The overall rate of complications was about 5%.

Conclusion: The work of ERCP performed In Gaza by the same team is congruent with international standard, in other words it's safe and effective.

The Endovascular Management of the Aortoiliac Segment Total Occlusion

Dr. Ayman Aser

Surgery Department, EGH, Gaza, Palestine

Until the 90s of the last decade, Aortobifemoral bypass had dominated the scene, attaining the rank of the prototypical vascular procedure, with operative mortality of 1%, 5 year primary patency rate between 85-90%, 10 year patency rate between 75-85%, still ABF may be associated with a myriad of potentially lethal albeit rare local and general complications, in keeping with the good reputation inherent to AI segment, endovascular treatment has been introduced to rival and override ABF.

Cardiac Surgery in Gaza in the 2nd Year

Dr. Marwan Sadek, PhD

Cardiac Surgery Department, Shifa Hospital, Gaza, Palestine

The Cardiac Surgery Unit in Gaza is an old new one. The Department of Cardiac Surgery was created in 1999 and was managed from local and foreign delegates. As a result of global Gaza situation, the project was almost completely stopped. The operation program has been activated by the beginning of the last year to have continuous programs of cardiac surgery and a nucleus of cardiac surgery at the level of Gaza Strip.

Method: In this study, evaluation of the results of cardiac surgery that were made in Shifa Hospital in the period from 17.01.2010 to 05.09.2011 was done. We did in this period of time 510 cases of cardiac surgery. After evaluation of the local results, comparison was done between the results in Gaza and those from cardiac centers in Germany. We compare the result of the 2nd year with those from the 1st Year.

Results: The total number of males 74%, females 24%, children 2%, the average age of adult patients was 53.3 years old, diabetics 42%, 39% hypertensive patients, cases of ischemic heart disease 71%, mitral valve disease 6%, 3% aortic valve disease, Pericardial effusion 13%, congenital 4%, aortic Aneurysm and dissection 1,5%, Heart Injury 1.5%. In the first year of the Program, the mortality rate was 5.3%. In the 2nd year we were able to reduce the morality rate to 4.2%. The percentage of 4.2% was the rate of overall cases died for elective and emergency cases together. The overall case number in the 1st year was 295 cases. From the

beginning of this year we operated on 225 cases. A comparison with the results of cardiac surgery centers in Germany (Bonn, Lahr, Frankfurt) which make 1000 cases per year and more shows that the rate of death, ranging from 3.5 - 6%. Regard to morbidities, we improve our result according to superficial wound infections from 8.8% to 6.2%.

Conclusion: We observe improvement in our mortality rate of cardiac surgery patients in the 2nd year. The main cause of this improvement was our ability to build a competent team for such purpose.

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