

# NEWSLETTER

JULY 2024/ Vol 3 / Issue 5

Sweet Talk | میٹھی بات | خوبہ خبرہ



## MESSAGE FROM CEO DR. ZIA UL HASAN

Over the past few months, we have focused on enhancing management and operations. The following critical steps have been taken to drive improvements:

- We have implemented an ERP system to streamline hospital processes. it includes an IT system for staff attendance.
- A new budget and financial process have been prepared for the next fiscal year to ensure controlled expenditure.

I am pleased to announce that with the help of generous donations from our supporters, our welfare department provided uninterrupted free care and medicines to 600 deserving patients in year 2023. This was an increase from 400 patients in year 2022. In year 2024, we aim to serve 700 patients, Insha-Allah.

We celebrate our partnerships with the Diabetes Association and Life for a Child (LFC). LFC provided insulin, which was distributed to 8,283 diabetic patients in eleven KP districts.

We welcome our new staff, who are working tirelessly to improve patient care. Lastly, a much deserved thanks to all supporters, donors & volunteers, who make it all possible. Jazak Allahu Khairan.

## FREE INSULIN PROGRAM



Thanks to our donors, free insulin was provided not only at Sugar Hospital but also to 11 districts of KP:

1. PESHAWAR,
2. CHARSEDDA
3. MARDAN
4. SWABI
5. SWAT
6. DIR
7. KOHAT
8. GHAZI (TARBELA)
9. KARAK
10. Dir
11. Malakand



| INSULIN   | Patients Reach |
|-----------|----------------|
| HUMILIN R | 4,526          |
| BASAGLAR  | 3,757          |



## Newly opened Autism Center at Sugar Hospital



The new Autism Center provides the following services:

1. **Applied Behavior Analysis (ABA):** Brings positive changes by improving behaviors through structured interventions.
2. **Speech Therapy:** Enhances language development and communication skills, aiding children in expressing themselves effectively.
3. **Behavioral Therapy:** Reduces unwanted behaviors while promoting appropriate ones, ensuring better social interactions.
4. **Occupational Therapy:** Helps children gain independence by mastering everyday tasks, boosting their confidence and self-sufficiency.

## X-Ray Installation



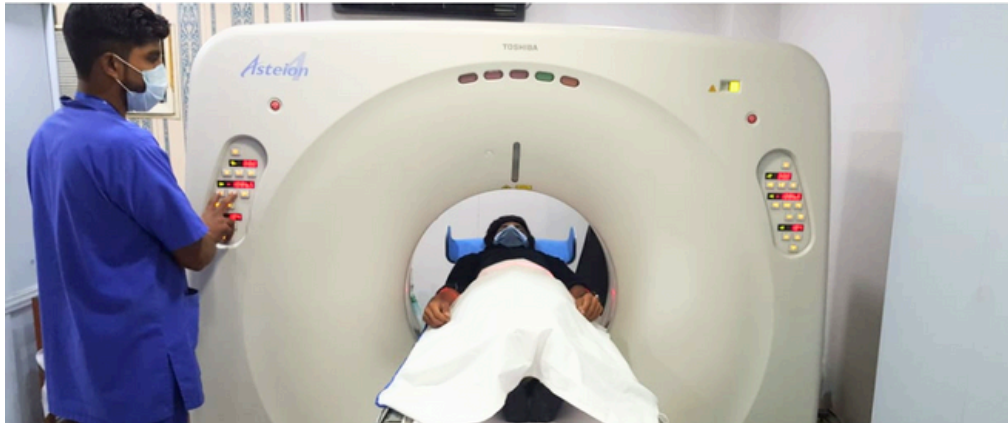
Radiology upgradation including X-Ray installation is one of the major fund raising goals of AIMS in the current. Thanks for your support, we are almost there. Here is the status:

Through a competitive selection process from 3 major vendors, Fujifilm has been selected. All requirement equipment has been purchased. The room is being finalized. X-Ray facility will be operational within 1-2 months.

### Expected Benefits

- Quick Diagnosis
- Non-Invasive examinations
- Better treatment for patients

## CT- SCAN Installation



Radiology upgradation including CT-Scan installation is one of the major fund raising goals 2023 and 2024. Thanks for your support for making it possible. Here is the status:

Through a competitive selection process from 4 major vendors, Philips has been selected. Equipment has been ordered for which an initial 60% payment has been made. CT-Scan service will be operational within 4-6 months.

### Expected Benefits

- Accurate diagnosis
- Less need for surgery
- Better treatment
- Effective emergency care
- Comprehensive imaging of the body



## Time and Attendance Automation

A new time and attendance system has been installed at Sugar Hopsital with the help of RaidelT. See below as to how it solves our problems.



### Problems

Your Manual attendance tracking is prone to errors.

Inefficient utilization of workforce time.

You have Lack of real-time visibility into employee attendance.



### Solutions

- ✓ Our automated attendance tracking minimizes errors and discrepancies.
- ✓ Efficient scheduling and tracking features optimize workforce productivity.
- ✓ Real-time data access empowers better attendance monitoring and management.



### Results

- ✓ Increased accuracy and reliability in attendance records.
- ✓ Enhanced productivity and effective time management.
- ✓ Improved operational transparency and decision making capabilities.

## MEET SUGAR HOSPITAL NEW STAFF!



### **DR. SHAIMA**

Consultant  
Gynaecologist and  
Infertility Specialist



### **DR. AHMAD ZUHAYAR MUFTI**

Consultant in  
Internal Medicine  
and Diabetology

## MEET SUGAR HOSPITAL NEW STAFF !



### **DR FASIH IQBAL**

Head of the Diabetes  
and Endocrine Unit.  
Specialization with  
double FCPS (FCPS  
Medicine and FCPS  
Diabetes and  
Endocrinology)



### **DR. AMINA ZEHRA**

Consultant  
Pediatrician



## Cryotherapy Service at Sugar Hospital by Dr. Shazia

Before Cryotherapy



After cryotherapy



Cryotherapy is very good treatment option for resistant fungal infections.

A middle aged male patient with 5 years of history of tinea pedis (fungal infection of foot), taking oral and topical treatment from almost every where. Infection was sometimes accompanied with cellulitis. He was treated with cryotherapy in Sugar General Hospital dermatology OPD. There was a tremendous response after only one session. The patient was very pleased with the results.

## Medical Camp at Medical Camp in Swabi

JUNE 27, 2024



A successful medical camp was held in Swabi, in which free diabetes and hypertension screenings, along with free insulin was provide. The following staff and supporters of AIMS attended:

- Dr. Fasih Iqbal (Endocrinologist, Sugar Hospital)
- Dr. Nasir Jamal (Medical Specialist)
- Dr. Muhammad Tufail (Senior Pediatrician & General Secretary, Diabetes Association KP)
- Mayor of Swabi, Attaullah Khan
- Liaqat Ali Khan (Director, Al Khidmat Hospital, Swabi)



## Medical Camp in Swabi

JUNE 27, 2024





## Medical Camp in Tehsil Ghazi

JUNE 10, 2024



A new medical camp has been started in Tehsil Ghazi. It provided 145 patients comprehensive healthcare services. From HBA1C and random sugar tests to eye checkups, BMI assessments, and personalized doctor consultations, we covered it all. Additionally needy patients received free insulin to manage their diabetes effectively.



## Medical Camp in Tehsil Ghazi!

JUNE 10, 2024





## ABASEEN INSTITUTE OF MEDICAL SCIENCES

The following Academic Sessions took place in June and July.  
Purpose is to better educate staff so they can give excellent  
treatment to patients

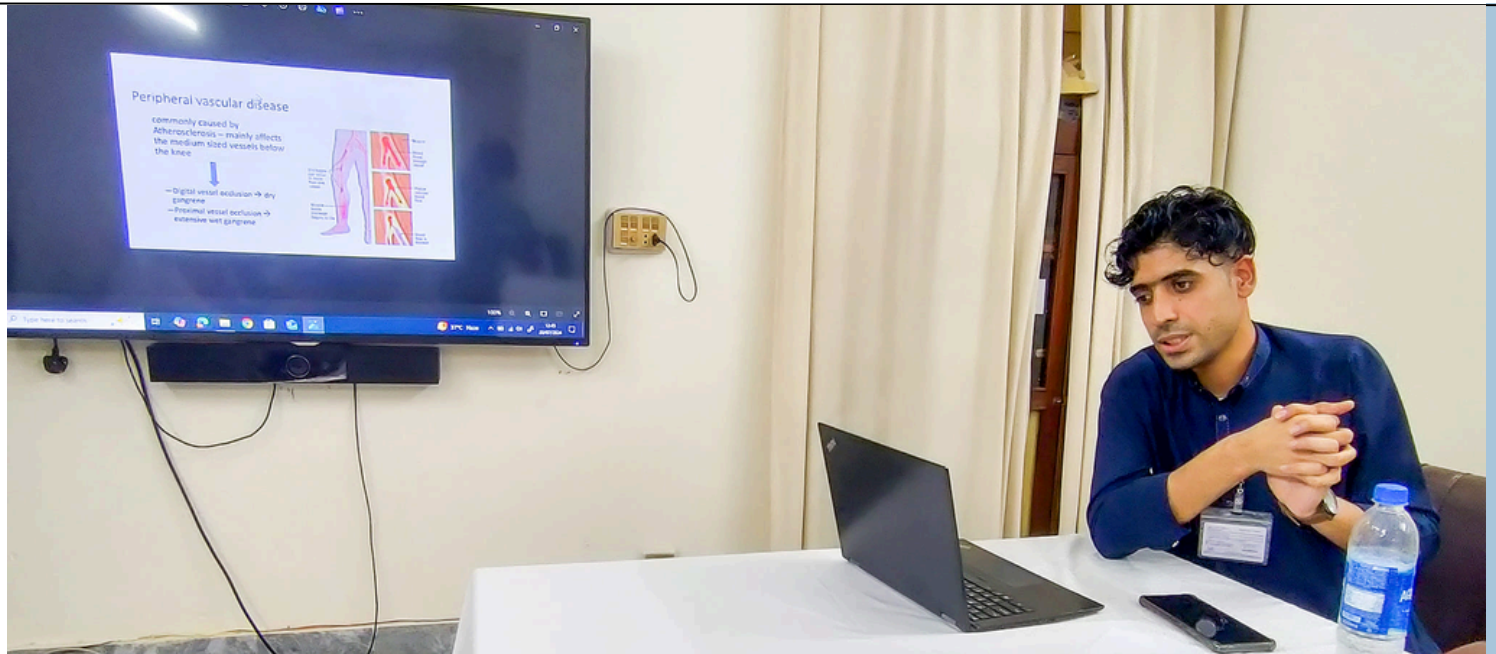
| Topic  | Presenter        | Date          |
|--|------------------|---------------|
| Diabetec Foot Care   | Podiatrist Habib | 20 July, 2024 |
| Insulin and Antidiabetics  | Dr. Fasih        | 06 July, 2024 |
| Thyroid Dysfunction  | Dr. Fasih        | 29 June, 2024 |
| Maternal and Fetal Risks of<br>diabetes in mothers and<br>children | Dr. Fasih        | 26 June, 2024 |
| Laboratory Service   | Dr Abdul Salam   | 17 June, 2024 |
| In vitro fertilisation   | Dr Shaima        | 09 June, 2024 |
| Facts about Diabetes   | Dietitian Laila  | 01 June, 2024 |





## Academic Session on Diabetic Foot Care Presented by Podiatrist Habib

JULY 20, 2024



Academic Success on Topic

Protocols for Diabetic Foot Care was presented by Dr. Habib. The informative Session was attended by Staff of the Hospital.



## Protocols for Diabetic Footcare

Academic Session Presentation by Podiatrist Habib Ullah

JULY 20, 2024

Diabetic foot care is crucial for preventing complications and maintaining foot health in individuals with diabetes. Key practices include:

- 1. Daily Inspection:** Check feet daily for cuts, blisters, redness, swelling, or any changes in color or temperature.
- 2. Proper Footwear:** Wear well-fitting shoes and socks to protect feet from injuries and pressure points. Avoid open-toed shoes or sandals.
- 3. Hygiene:** Wash feet daily with lukewarm water and mild soap, and dry thoroughly, especially between the toes.
- 4. Moisturizing:** Apply a moisturizing lotion to keep skin soft and prevent cracks, but avoid the areas between the toes.
- 5. Nail Care:** Trim nails straight across and avoid cutting them too short to prevent ingrown nails.
- 6. Regular Check-ups:** Visit a healthcare provider regularly for foot exams and professional care.
- 7. Blood Sugar Control:** Maintain stable blood sugar levels to reduce the risk of complications.



## Academic Session Insulin and Antidiabetics! Presented by Dr Fasih Iqbal

JULY 06, 2024



Session on need for guidelines based practices while prescribing Insulin and Antidiabetics to patients was presided by Consultant Endocrinologist and Diabetologist Dr Fasih Iqbal. .



# Protocols for Prescribing Insulin and Antidiabetics!

## Presented by Dr Fasih Iqbal

JULY 06, 2024

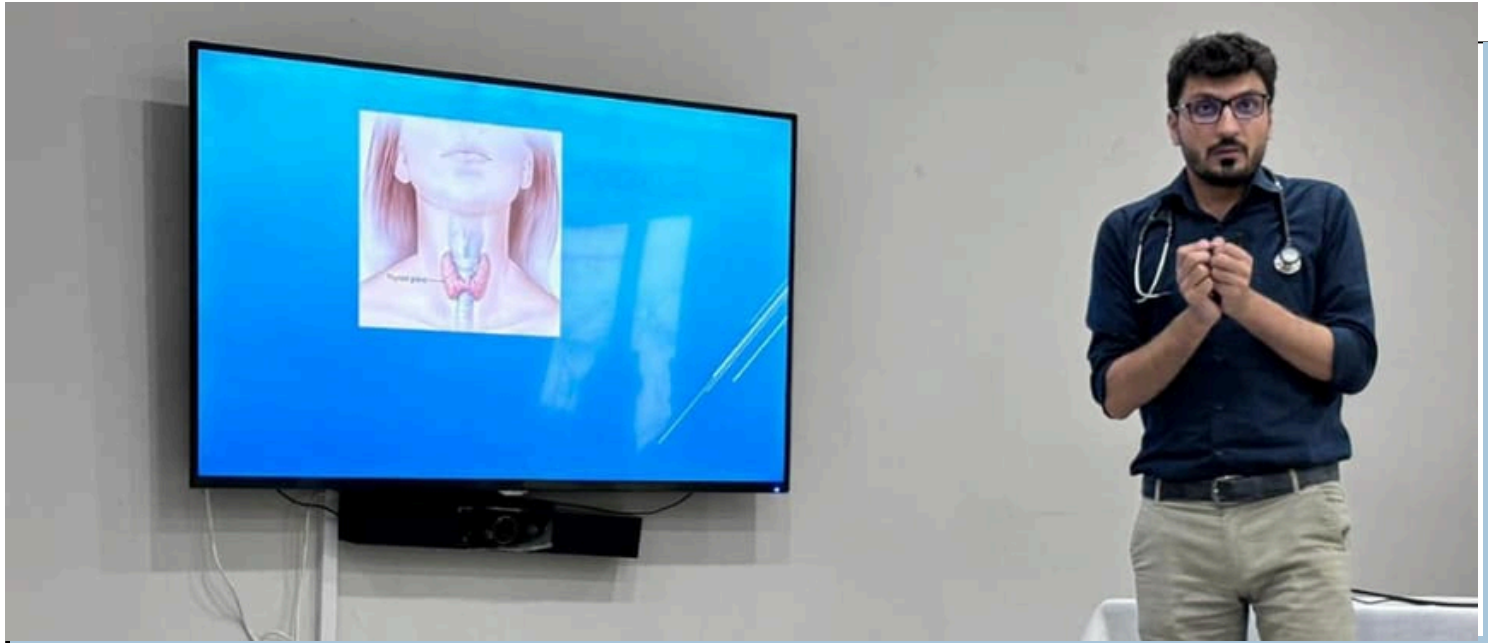
1. **Confirm Diagnosis:** Through clinical evaluation and laboratory tests (e.g., fasting blood glucose, HbA1c levels).
2. **Initial Assessment:** Assess the type of diabetes (Type 1, Type 2, or gestational diabetes). Evaluate patient's medical history, including comorbidities, medication & lifestyle factors.
3. **Treatment Plan:**
  - **For Type 2 Diabetes:**
    - Start with lifestyle modifications (diet, exercise).
    - Consider oral antidiabetic medications (e.g., metformin, sulfonylureas, DPP-4 inhibitors, SGLT2 inhibitors, GLP-1 agonists).
    - If HbA1c is not controlled, consider insulin therapy.
  - **For Type 1 Diabetes:**
    - Initiate insulin therapy, typically with a basal-bolus regimen (long-acting insulin plus rapid-acting insulin before meals).
4. **Insulin Therapy Protocol:**
  - **Basal Insulin:** Start with a long-acting insulin (e.g., glargine, detemir).
  - **Bolus Insulin:** Use rapid-acting insulin before meals based on carbohydrate intake and premeal blood glucose levels.
5. **Monitoring and Adjustments:**
  - Regularly monitor blood glucose levels (HbA1c every 3-6 months).
  - Adjust insulin or antidiabetic medications based on glucose & HbA1c
6. **Patient Education:**
  - Educate patient on insulin injection techniques, glucose monitoring, hypoglycemia management, and dietary recommendations.
7. **Follow-Up:**
  - Schedule regular follow-up visits to monitor glycemic control, medication adherence, and side effects.

Ensure documentation of the treatment plan, patient education, and follow-up schedule in the patient's medical record.



## Thyroid Dysfunction Presented by Dr Fasih Iqbal

JUNE 29, 2024



Academic Session on Thyroid Dysfunction, its complications and management was presented by Dr Fasih Iqbal. The session was attended by Staff of the Hospital. "Our aim at AIMS is to slowly evolve from diabetes into complete endocrine spectrum, specially thyroid illnesses which is often mistreated- " Dr Fasih Iqbal "



## Academic Session on Thyroid Dysfunction

### Presented by Dr Fasih Iqbal

JUNE 29, 2024

Thyroid dysfunction refers to abnormalities in the thyroid gland function, causing overproduction or underproduction of thyroid hormones, crucial for metabolism, energy, and bodily functions. There are two primary types: hyperthyroidism and hypothyroidism.

#### 1. Hyperthyroidism

- Description: Overproduction of thyroid hormones.
- Common Causes: Graves' disease, thyroid nodules, thyroiditis.
- Symptoms: Weight loss despite normal/increased appetite, rapid heartbeat, nervousness, tremors, increased sweating, fatigue, muscle weakness, difficulty sleeping.
- Diagnosis: Blood tests show elevated thyroid hormones (T3, T4) and suppressed thyroid-stimulating hormone (TSH).
- Treatment: Medication to reduce hormone production, radioactive iodine therapy, or surgery to remove part/all of the thyroid gland.

#### 2. Hypothyroidism

- Description: Underproduction of thyroid hormones.
- Common Causes: Hashimoto's thyroiditis, iodine deficiency, thyroid surgery/radiation therapy, certain medications.
- Symptoms: Fatigue, weight gain despite normal appetite, cold intolerance, dry skin and hair, constipation, hoarseness, depression, memory problems, muscle aches, stiffness.
- Diagnosis: Blood tests show elevated TSH and low thyroid hormones (T3, T4).
- Treatment: Daily thyroid hormone replacement therapy (levothyroxine).

#### Monitoring and Management

Regular monitoring through blood tests & consultation with your doctor



## Maternal and Fetal Risks of diabetes in mothers and children Presented by Dr Fasih Iqbal

JUNE 26, 2024



Academic session by Dr. Fasih Iqbal, Consultant Endocrinologist, Head Of Department Diabetes and Endocrine Unit. Topic was “What are the maternal and fetal risks and subsequent risk of diabetes in mothers and children . The informative session was attended by Staff of the Hospital



## Academic Session on Diabetes and Endocrine Unit Presented by Dr Fasih Iqbal

JUNE 26, 2024

Diabetes in Pregnancy has two forms. The Overt form which is already diagnosed prior to pregnancy or first recognized in pregnancy with glycemic levels raised above cut off defined for non pregnant population.

The other form is gestational diabetes mellitus (GDM), defined as the state of carbohydrate (glucose) intolerance that has its onset and first recognition during late pregnancy usually after 20th week.

Diagnosis of diabetes done via OGTT at 24 to 28 weeks of gestation or 16th week in high risk group is consistent with "gestational diabetes," while diagnosis at the first prenatal visit (in early pregnancy) is more consistent with "overt diabetes".

Risk factors such as a previous history of gestational diabetes, previous delivery of a baby > 9 pounds, obesity with BMI > 30 kg/m<sup>2</sup>, glycosuria at the first prenatal visit, and first degree relatives with diabetes will likely predispose these women to GDM.

Pregnant women with GDM have an increased incidence of preeclampsia, preterm labor, pyelonephritis, polyhydramnios, and cesarean delivery.

GDM increase the risk of subsequent maternal type 2 diabetes by upto 50 percent in next 10 years along with predisposition of newborn to childhood obesity and metabolic syndrome.



## ACADEMIC SESSION ON LABORATORY SERVICE

JUNE, 17 2024



| Sl. No. | Test Name                   | Test Frequency |
|---------|-----------------------------|----------------|
| 1       | Complete Blood Count        | 4000           |
| 2       | Urea Nitrogen               | 4000           |
| 3       | Glucose                     | 4000           |
| 4       | ALT (AST)                   | 4000           |
| 5       | Alkaline Phosphatase        | 4000           |
| 6       | Prothrombin Time            | 4000           |
| 7       | Partial Thromboplastin Time | 4000           |
| 8       | Fibrinogen                  | 4000           |
| 9       | D-Dimer                     | 4000           |
| 10      | Prothrombin Time            | 4000           |
| 11      | Partial Thromboplastin Time | 4000           |
| 12      | Fibrinogen                  | 4000           |
| 13      | D-Dimer                     | 4000           |
| 14      | Prothrombin Time            | 4000           |
| 15      | Partial Thromboplastin Time | 4000           |
| 16      | Fibrinogen                  | 4000           |
| 17      | D-Dimer                     | 4000           |
| 18      | Prothrombin Time            | 4000           |
| 19      | Partial Thromboplastin Time | 4000           |
| 20      | Fibrinogen                  | 4000           |
| 21      | D-Dimer                     | 4000           |
| 22      | Prothrombin Time            | 4000           |
| 23      | Partial Thromboplastin Time | 4000           |
| 24      | Fibrinogen                  | 4000           |
| 25      | D-Dimer                     | 4000           |
| 26      | Prothrombin Time            | 4000           |
| 27      | Partial Thromboplastin Time | 4000           |
| 28      | Fibrinogen                  | 4000           |
| 29      | D-Dimer                     | 4000           |
| 30      | Prothrombin Time            | 4000           |
| 31      | Partial Thromboplastin Time | 4000           |
| 32      | Fibrinogen                  | 4000           |
| 33      | D-Dimer                     | 4000           |
| 34      | Prothrombin Time            | 4000           |
| 35      | Partial Thromboplastin Time | 4000           |
| 36      | Fibrinogen                  | 4000           |
| 37      | D-Dimer                     | 4000           |
| 38      | Prothrombin Time            | 4000           |
| 39      | Partial Thromboplastin Time | 4000           |
| 40      | Fibrinogen                  | 4000           |
| 41      | D-Dimer                     | 4000           |
| 42      | Prothrombin Time            | 4000           |
| 43      | Partial Thromboplastin Time | 4000           |
| 44      | Fibrinogen                  | 4000           |
| 45      | D-Dimer                     | 4000           |
| 46      | Prothrombin Time            | 4000           |
| 47      | Partial Thromboplastin Time | 4000           |
| 48      | Fibrinogen                  | 4000           |
| 49      | D-Dimer                     | 4000           |
| 50      | Prothrombin Time            | 4000           |



Academic Session on Sugar Hospital's Laboratory Service and plans for development was presented by Dr Abdul Salam.



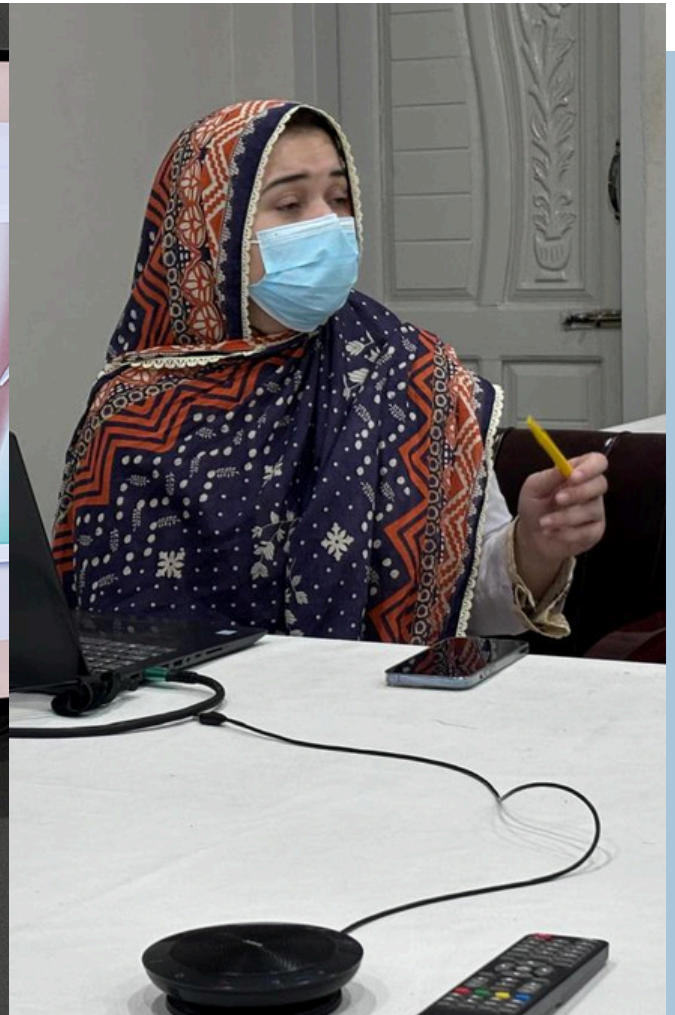


## Academic Session on In vitro fertilisation Presented by Dr shaima

JUNE 09, 2024

### What is IUI?

- IUI is a procedure for treating infertility
- Sperm that have been washed and concentrated are placed directly in uterus around the time when ovary releases one or more eggs to be fertilized





## Academic Session on In Vitro Fertilisation Presented by Dr shaima

JUNE 09 , 2024

In vitro fertilisation (IVF) is one of several techniques available to help people with fertility problems have a baby.

During IVF, an egg is removed from the woman's ovaries and fertilised with sperm in a laboratory.

The fertilised egg, called an embryo, is then returned to the woman's womb to grow and develop.

Once the embryo(s) has been transferred into womb, patient have to need to wait 2 weeks before taking a pregnancy test to see if the treatment has worked.

# Academic Session on Myths and Facts about Diabetes Presented by Dietitian Laila

JUNE 01, 2024





## Academic Session on Myths and Facts about Diabetes Presented by Dietitian Laila

JUNE 01, 2024

**Myth 1:** Diabetes is caused by eating too much sugar.

**Fact:** Excessive sugar can contribute to obesity, a risk factor for type 2 diabetes, but diabetes itself is caused by genetic and lifestyle factors. Type 1 diabetes is an autoimmune condition unrelated to sugar intake.

**Myth 2:** Only overweight or obese people get diabetes.

**Fact:** Being overweight increases type 2 diabetes risk, but it can occur in people of any weight. Genetics, age, and other factors play significant roles. Type 1 diabetes is not related to weight.

**Myth 3:** People with diabetes should avoid carbohydrates completely.

**Fact:** Carbohydrates are essential for a balanced diet. People with diabetes should manage their carb intake and choose complex carbs with a low glycemic index, not eliminate them entirely.

**Myth 4:** People with diabetes can't eat sweets or chocolate.

**Fact:** People with diabetes can eat sweets and chocolate in moderation as part of a balanced diet, with portion control and consideration of overall carbohydrate intake.

**Myth 5:** Diabetes is not a serious disease.

**Fact:** Diabetes is a serious, chronic condition that can lead to complications like heart disease, kidney failure, blindness, and amputations if not properly managed.

## Academic Session on Myths and Facts about Diabetes Presented by Dietitian Laila

JUNE 01, 2024

**Myth 6:** Insulin treatment means a person has failed to manage their diabetes.

**Fact:** Insulin is necessary from the start for some, especially type 1 diabetes. For others, it may become necessary over time, regardless of lifestyle changes.

**Myth 7:** You can "catch" diabetes from someone else.

**Fact:** Diabetes is not contagious. It cannot be spread person to person and is influenced by genetic and environmental factors.

**Myth 8:** Only older adults get type 2 diabetes.

**Fact:** Type 2 diabetes is more common in older adults but is increasingly diagnosed in younger adults, teens, and children due to rising obesity rates and sedentary lifestyles.

**Myth 9:** People with diabetes can't exercise.

**Fact:** Regular physical activity is crucial for managing diabetes. Exercise helps control blood sugar, improves cardiovascular health, and aids in weight management.

**Myth 10:** Diabetes can be cured.

**Fact:** There is no cure for diabetes. It can be managed with lifestyle changes, medication, and insulin therapy. Research is ongoing for better treatments and potential cures.

Understanding these facts can dispel misconceptions and promote better management and support for those with diabetes.

**FOLLOW  
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COMMENT**

## **Our Social Media**

**AIMS:**



**Sugar  
Hospital:**





# HOW TO DONATE



**Bank Transfer:  
Cheque or Cash**

## Donate in Pakistan



ACCOUNT TITLE: AIMS PAKISTAN DISTRICT COMMUNITY PROGRAM

ACCOUNT NUMBER: 1759003156265090

IBAN: PK90NBPA1759003156265090

BRANCH CODE: 1759

BRANCH: HAYATABAD TOWNSHIP

ADDRESS: NBP PHASE 5 BRANCH, PESHAWAR, KPK, PAKISTAN

## Mobile App

Easy Paisa

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# *Call for* **VOLUNTEERS**



**Volunteers play a big role with us. We are looking for volunteers who can give time on a regular basis.**

## **BENEFITS OF VOLUNTEERISM**

- Rewards in this world and the hereafter.
- Personal growth.
- Health and well-being.
- Career development
- Social impact
- Learning opportunities

***Sugar Hospital is a charitable organization that provides care to the poor and needy. While those who can afford it are charged some fees, all earnings are put back into the hospital to facilitate patient care. It is a non-profit organization which means none of the profits go to the management, board members or any other individuals. All profits are put back in patient care.***

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