

Objectives



TO PROVIDE STATE-OF-THE-ART OPERATION FACILITIES TO THE UNDERPRIVILEGED



PROFESSIONALLY QUALIFIED HUMAN RESOURCE DEVELOPMENT



RESEARCH AND DEVELOPMENT ACTIVITY.



newsletter

Vol. 03-Issue 01-2011 | DOWITES'78 O.T. COMPLEX

Highlights



Medical ICU3



Surgical Audit4
Financial Audit9



Interview7

Dowites78 Operation Theatre Welfare Society-DOTS ©

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DOTS G. I. Care Centre Fluoroscopy Unit has started functioning

Situated on the third floor of the O.T. Complex, the DOTS G. I. Care Centre provides state-of-the-art services in the field of upper and lower GI Endoscopy/ERCP's and stenting of stenosed bile ducts. This is second such facility at Civil Hospital Karachi, which is providing costly endoscopic procedures totally Free of Cost to the poor patients referred to this centre from all over the city. The expertise and training imparted to the post graduates and members of the faculty is improving the quality of health care provided at Civil Hospital Karachi.

The Centre is fully equipped with regular endoscopes which include two scopes for OGD, two scopes for ERCP, one scope for colonoscopy and one double channel scope with other accessories. The latest addition in this range is a modern fluoroscopy machine.

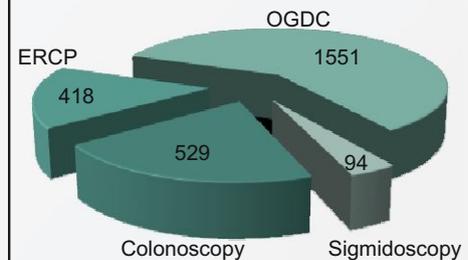
Fluoroscopy is an imaging technique commonly used to obtain real-time moving images of the internal structures of a patient through the use of a fluoroscope.

Continue on page 7



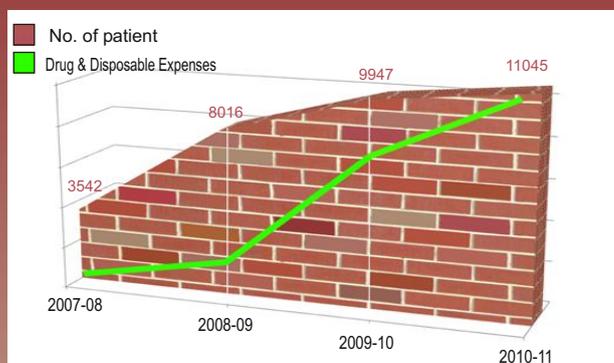
Staff working in G.I. Care Centre

Diagnostic data till Dec. 2011



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Dowites 78 O.T. Complex
Civil Hospital Karachi
021-99216114-15
0300-8235649
surgeryforfree.pk

UBL, Baba e Urdu Road
Zakat A/c : 010-2120-3
Title: Dowites 78 OT Complex
Donation A/c : 010-2282-6
Title: DOTS

Opinion

Alumni Projects and Civil Hospital; Time to address basic questions!!!

Prof. Shafiq Ur Rehman

Come December; the Old guys & gals and the DESI BOYZ are back to Dow Medical College to walk down the memory lane, and out of gratitude to the Alma Matar every year an Alumni Project is launched.

As the tradition gets cemented; and a project is successfully completed, some questions are beginning to arise which needs to be addressed. The Alumni have poured in and mobilized millions in cash and hard work in critical areas of the hospital which must be accorded official recognition; and a status assigned for its future functioning.

Today the EOT, the Gynae Emergency, the Operation Theatre Complex the upgraded Radiology and ultrasound department, the Central Medical ICU and the Dowites83 Central Lab are all successful Alumni Projects ever since the batch of 76 launched its EOT project back in their silver jubilee year 2001.

The batch of 84 is completing the Elective Gynae Operation Theatre project and the batch of 86 has launched the Neonatal medical ICU. The space for new projects is drying out and we yet hear the batch of 88 is planning a spinal injury centre. While it is heartening and inspiring that the tradition is going on and the Alumni are owning CHK and DMC, the leading stake holders, the DMC and the CHK administration are chilling out. To one, the Alumni interest is uncalled for; and to the other a little nagging. While the main beneficiary remains the poor patients the stake holders think otherwise. I felt a little hurt and surprised when a Alumni batch confided to me that while the CHK administration wants us to repair the broken pavements or fire the Incinerator, the Dow Medical College was diverting them too far away campus.

To the DUHS (which proxies for Dow Medical College) Civil Hospital Karachi is Sindh Government concern. The clinical work of its faculty members rests on their will and conscience. There is no clinical monitoring or audit of faculty members, no concept of ACR for junior faculty members. As a result, a good worker is the one who is only complaint and chauvinistic. The training ground of CHK is used for various paid university programs and the hospital and its patients remain at the giving end.

May be it is time; the university contributes

to the uplifting of CHK or at least takes care of the teachers and faculty members financially, so that their interest in the hospital working remains focused. Sarcasically residents in some wards are drawing more salary than some faculty members. The Sindh Govt. Health Department must also realize that the

services rendered by the faculty member to the patients of the CHK also have to be measured financially. The fine facilities developed by the Alumni can only be utilized if the faculty members are adequately compensated and rewarded. Even the finest army does not march on empty stomach.

Digital Radiology Project of Dowites 85

Dr. Humaira Muin

The successive graduating classes from the batch of 1976 of Dow Medical College have conceived, planned and implemented upgrading ventures for the hospital infrastructure.

The Dowites85 have undertaken to digitalize the Radiology Department of CHK at the total cost of Rs. 30 million approx. out of which the batch has already invested around Rs. 10 million by installing DRD converters to three X-rays machines and two brand new X-ray machines in the same. Desired X-rays exposures are preserved and images taken out by printers. Annually 200,000 patients are expected to benefit from this facility.



View of the new equipment

Digital x-ray images are vastly superior resulting in early diagnoses and treatment of diseases such as cancer and TB, etc. which were previously missed by the physician due to the poor quality of X-Ray image.

Digitalized films have overruled any chances of pilferage or technical lose of conventional X-Ray films which will save million of rupees per annum. Instead of hit and miss technique, now real time desired images can be saved.

Recent contribution from a Dow85 has helped the batch in constructing a state-of-the-art Auditorium and expansion of new

office blocks at the Radiology department which will create more space for three more u/s rooms. This generosity has motivated few more donors towards the project.

Inshallah the x-ray images will be available on-line in real time throughout the hospital.



Under construction auditorium & office block

This will not only help saving precious time in emergency cases; the images saved in the archives and database will also be used for teaching students and will provide the basis for research.



Working on upgraded equipment in X-Ray department

It is hoped that a state of the art Radiology department; equipped with latest machines; operated by qualified radiologists and technicians with latest diagnostic techniques and technologies would provide free of charge quality service to the common person.

Medical Intensive Care Unit Civil Hospital Karachi

Dr. Hamid Manzoor

The Medical Intensive Care Unit, CHK is a project of Dow Medical College graduates of the year 1982 (DOWITES 82). This project has been developed by the alumni of Dow Medical College on the occasion of Silver Jubilee Anniversary of their graduation.



Life saving Medical ICU-The well needed unit

Civil Hospital Karachi is one of the largest teaching hospital of the country attached to Dow Medical College. The department of Medicine has five units and several allied departments such as Cardiology, Neurology, Psychiatry and Dermatology etc. This faculty has 450 beds altogether. Before the inauguration of Medical ICU, there was no centralized ICU where

focused intensive care, including ventilation could be given to the seriously ill medical patients. The cost of such service in private sector is around 20,000 rupees a day which is very much beyond the reach of even the most affluent. The provision of the service is essential requirement in any large public sector hospital.

This sixteen bedded facility has twelve ventilated beds and four beds for high dependency unit. There are two beds reserved for communicable diseases. All beds have central oxygen and suction and have central monitors.

The unit has been developed at the cost of Rs 50 million, ten million of which have been raised by Dowites82, both in Pakistan and in the USA and UK. The Government of Sindh has funded the remaining cost of equipments of around Rs. 40 million.

The unit has been designated teaching unit by Dow University of Health Sciences. The faculty positions including that of a Professor and two Assistant Professors have been approved by Dow University Syndicate. The unit is headed by Prof. Abu Talib, supplemented by Dr. Adil Faraz, Assistant Professor, Medical Critical Care.

The Medical ICU was inaugurated on 21st of February, 2011. Sindh Health Minister, Dr Sagheer Ahmed was the Chief Guest on this occasion. He appreciated the efforts of Dowites in establishing the Medical ICU and

assured his continuous support for the ICU. Vice Chancellor DUHS, Prof Masood Hameed Khan, Medical Superintendent CHK, Prof. M. Saeed Quraishy, Dean Faculty of Medicine, Prof Salahuddin Afsar and Head of Medical Department Prof. Khalid Mahmood also spoke on this occasion. Earlier Prof Junaid Ashraf, Principal Dow Medical College and a Dowite82 gave introduction of the project of Medical ICU and Dr Adil Faraz, spoke about the future plans for ICU.



A patient receiving ventilator care

Since its opening, about 1000 patients have been admitted in the Medical ICU, most of whom required Ventilator support as well. We hope this facility will develop into a teaching ward for undergraduates and post graduates training in critical care.



First Case of Surgical Fat Graft at CHK

Prof. Mohammad Ashraf Ganatra

19 years old girl presented to the department of Plastic Surgery on 17.05.11 with progressive loss of fat on both sides of her face. The disease process started at the age of 13 years and steadily involved the whole face. The progressive nature of the disease subjected the patient to psychological stress, impairment of performance in her education and social interaction. After required examinations, we planned to operate upon the patient.

Micro or structural fat grafting, involves harvesting of microscopic fat cells, process of harvested fat cells and finally their transfer to the recipient sites. The beauty of this surgical procedure is that the volume is replaced up to the desired level with no scars on the recipient sites - the face in this particular case. After counseling and consent, the patient was operated on

26.05.11 by my team and I, at OT Complex. Natural process of postoperative facial edema subsides in few weeks and the end result has more beautiful outcome than what is being shown here.



Skilled procedure

This surgical procedure has been performed for the first time in any public sector hospital in Sindh, the obvious



Changing the life of this girl

unavailability of required instruments and Load of other patients population having functional problems like post burn deformities, cleft lip and palate, Hypospadias, congenital hand problems and malignancy among others.

The department of Plastic Surgery looks forward to address such patients' problems in future as we think cosmetic problems need same attention as functional problems!

Surgical Audit Report from January 01, 2011 to December 31, 2011

SU-1		Prof. Naheed Sultan		679			
Foad Ali Moosa	59	Bashir Sheikh Jr.	102	Nasreen Khatri	01	Sohail	54
Sohail Ahmed Khan	04	Muhammad Sohail	03	Nasreen Memon	01	PG Trainee	50
Bashir Sheikh Sr.	140	Zahid Ali Memon	52	S A Sultan Ali	56	House Officer	21
Farha Idris	24	Ambreen Bhutto	01	Saeed Ahmed	46		
Saeed Shaikh	01	Arshad Arain	01	Shumaila	15		
SU-2		Prof. Qamar Baloch		570			
Noshad Baig	01	Umair ul Islam	95	Shoaib Ahmed Gangat	16	Nighat Afroz	01
A Sami	03	Abdul Khalique	05	Farhan Zaheer	01	Ramesh	04
Nisar Ahmed Siyal	01	Akram Chatta	01	Akram Rajput	34	PG Trainee	235
Sadiq Arain	09	Ghaffar	58	Anees Zaman	06	House Officer	33
SU-3		Prof. Khalid Ahsan Malik		620			
Khawar Saeed Jamali	01	Irfan Shafiq	01	Arshad Arain	38	Saeed Ahmed	07
Adnan Aziz	45	Shah Muhammad	04	Iqbal	26	Zubia Masood	27
M Sadiq Arain	01	Saeed Shaikh	40	Irfan Shaikh	17	PG Trainee	112
Munawar Iqbal	04	Farhan Zaheer	38	Irfan Sheikh	03	House Officer	39
Sadiq Arain	12	Anees Zaman	32	Muhammad Iqbal	13		
SU-4		Prof. M. Saeed Quraishy		593			
Asim Jaffary	01	Aftab Leghari	22	Erum Kazim	47	Shiraz	02
Farzana Memon	33	Farzana	04	Fahad Tariq	31	Siraj Haider	28
M Sadiq Arain	01	Shahryar Ghazanfar	31	Farha Karim	01	PG Trainee	83
Sadiq Arain	03	Muhammad Muneer	01	Jahanzeb Haidar	01	House Officer	04
Sajida Qureshi	71	Muhammad Zubair	49	Jawwad Azeem	15		
Shahida Perven	02	Dileep Kumar	29	Junaid Zaman	50		
SU-5		Prof. Amjad Siraj Memon		753			
Muddabir	27	Rauf	88	Ameer Ali	08	Nasreen Khatr	03
Pervaiz Iqbal	02	Abdul Rauf	01	Asad Awan	01	Nasreen Memon	23
A Sami	02	Ghaffar	01	Dileep Kumar	04	S A Sultan Ali	02
Javed Ahmed	62	Amir Ali	14	Dr. Bac	11	S M Raza	01
Jawed Ahmed	54	Amina Rehman	01	Jahanzeb Haidar	02	Samina Ali	01
Munawar Iqbal	11	Khurshed Samo	33	Munawar Mangi	15	PG Trainee	90
Naveed Ali Khan	113	Abdul Qaiyume Amini	21	Nasir Uddin Khan	01	House Officer	08
SU-6		Prof. Shams Nadeem Alam		535			
Khawar Saeed Jamali	07	Sheeraz Siddiqui	28	Asad Awan	01	PG Trainee	302
Muneer Quraishy	17	Aftab Leghari	03	Jahanzeb Haidar	27	House Officer	12
Pervaiz Iqbal	20	Muhammad Muneer	52	Khalil Rehman	02		
Shahida Perven	36	Tabassum Nakeer	01	Shiraz	17		
ENT-I		Prof. Saleem Marfani		949			
Salman Mati	05	Iqbal Khyani	01	Aqail Jilani	07	Saeed Ahmed	01
A Sami	03	Khalid	23	Altaf Awan	01	Salman Mansoor	01
Farha Idris	01	Salman	22	Ashok Raheja	108	PG Trainee	141
Javed Ahmed	01	Shuja Farrukh	09	Abrar Hussain	63	House Officer	16
Tehmeena Ali	03	Tariq Zia	38	Mehboob Afzal	01		
Yasir	16	Tehmina Junaid	16	Mehmood Khan	01		
Zeba Ahmed	65	M Khalid Siddique	07	Nadir	02		
Atif Hafeez	91	Tariq Zahid	65	S A Sultan Ali	01		
ENT2		Prof. Umar Farooq		798			
Iqbal Hussain	48	Zeba Ahmed	01	Yasir Magsood	15	Parveez Shaikh	06
A Sami	08	Atif Hafeez	02	Perwaiz	01	Toufiue A Shaikh	29
Murtaza Ahsan Ansari	46	Iqbal Khyani	107	Tahir Abbas	62	PG Trainee	176
Nisar Ahmed Siyal	01	Salman	02	Ashok Raheja	02	House Officer	122
Yasir	83	Shuja Farrukh	76	Nadir	03		
Eye1		Prof. Idrees Adhi		1732			
Muneer Quraishy	315	Shafiq Khan	38	M Anwar	06	House Officer	04
Anwar Ali	06	Akram Nizamani	54	Masood Quarishi	01		
Nisar Ahmed Siyal	576	Beenish Khan	69	Nasir Uddin Khan	01		
Iqbal Khyani	02	Farooq Pathan	89	PG Trainee	418		

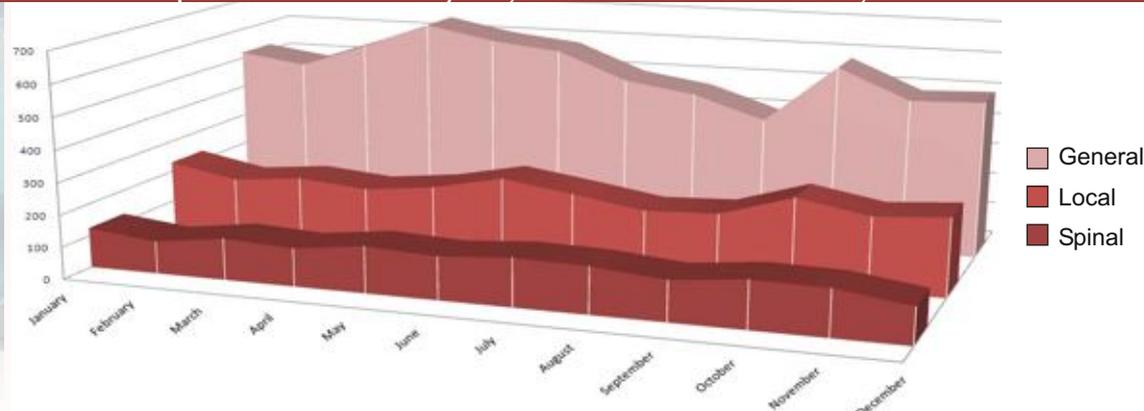
Note : The name of first operating surgeon is mentioned in the list due to brevity of space.
All suggestions from the surgical faculty regarding surgical audit is invited for the next issue.

Surgical Audit Report from January 01, 2011 to December 31, 2011

OMF, Maxillo Facial		Prof. Mirza Mohd Shakir		160	
Sohail Ahmed Khan	03	M Anwar	27	House Officer	05
Anwar Ali	60	PG Trainee	23		
Vascular Surgery		Sohail Ahmed Khan		401	
Ahmed Siddiqui	20	Fawad Iqtida Khan	22	Jawwad Azeem	01
Farooq Pathan	01	Iqbal	01	S A Sultan Ali	02
				PG Trainee	02
				House Officer	05
Paediatric Surgery		Prof. Muhammad Talat Mehmood		585	
M Sajjad Ashraf	219	S M Raees Taqvi	27	Shero Moti Rathore	21
Muhammad Shahab	81	Yaqoot Jahan	157	PG Trainee	18
Muhammad Raza	01	S.M Rathor	09	House Officer	05
Plastic Surgery		Prof. Ashraf Ganatra		983	
A.Sami	124	Asad Awan	258	Nasir Uddin Khan	16
Shafiq Khan	02	Ashfaq Ahmed	01	Shero Moti Rathore	01
Abdul Qaiyoume Amin	01	Azhar Narejo	04	Zaffar	93
				PG Trainee	337
				House Officer	60
Gynae-1		Prof. Nargis Soomro/ Prof. Subhana Tayyab		505	
Fauzia Perveen	04	Lubna Ali	14	Beenish Khan	03
Gulfishan Tariq	16	Amina Rehman	20	Benazir Taj	02
Nazli Hossain	12	Farha Hasnain	15	Fareeda Shaheen	03
Nusrat Shah	17	Nazia Ahmed	06	Farha Karim	23
Sadiq Arain	01	Rehana Shaikh	08	Farheen Baig	04
Shahida Perven	01	Sofia Butt	18	Farida Shaheen	02
Shakira Perveen	14	Tabassum Nakeer	14	Kanwal Memon	03
Shazia Jabar	36	Ambreen Bhutto	08	Munaza Hussaini	08
				Rakhshinda	07
				Rukshanda Shaheen	01
				Samia Aziz Siddique	11
				Sharmila	01
				Yasmeen Khorro	02
				PG Trainee	113
				House Officer	32
Gynae-2		Prof. Subhana Tayyab/ Prof. Ayesha Khan		490	
Asifa Ghazi	01	Tehmeena Ali	23	Rehana Shaikh	06
Fauzia Perveen	07	Lubna Ali	30	Sofia Butt	17
Gulfishan Tariq	01	Riffat Jalil	09	Beenish Khan	01
Nazli Hossain	28	Tehmina Junaid	03	Benazir Taj	03
Bashir Sheikh	02	Nazia Hakim	03	Fareeda Shaheen	03
Nusrat Shah	16	Amina Rehman	03	Farha Karim	24
Sadiq Arain	01	Farha Hasnain	12	Farheen Baig	01
Sajida Qureshi	02	Farhat Jahan	01	Farheen Rasheed	01
Shazia Jabar	02	Khursheed Samo	01	Rakhshinda	01
Syeda Rabia	07	Nazia Ahmed	01	Rozina Yasir	07
				Sadiqa Abdul Razzaq	03
				Saher Fatima	02
				Saima Aziz Siddique	13
				Shama	13
				Shanza Agha	01
				Shazia Sabir	02
				Sunita Lata	09
				Tahira Shah	02
				PG Trainee	165
				House Officer	14
Gynae-3		Prof. Ayesha Khan/ Prof. Nazli Hossain		540	
Asifa Ghazi	06	Shazia Jabar	11	Farha Karim	03
Fauzia Perveen	10	Syeda Rabia	12	Rakhshinda	04
Gulfishan Tariq	24	Tehmeena Ali	15	Rukshanda Shaheen	01
Jahan Ara	09	Lubna Ali	01	Sadiqa Abdul Razzaq	09
Nisar Ahmed Siyal	01	Riffat Jalil	22	Sarla Dodani	05
Sadiq Arain	02	Shahla Dareshani	01	Sunita Lata	28
Shahida Perven	08	Tehmina Junaid	12	Amina Rehman	35
Shakira Perveen	10	Nazia Hakim	04	Farha Hasnain	04
				Farha Jahan	16
				Nazia Ahmed	02
				Rehana Shaikh	13
				Tabassum Nakeer	12
				Saima Aziz Siddique	04
				PG Trainee	152
				House Officer	17
Emergency		EOT & Disaster Management		12	

Anaesthesia Audit Report from January 01, 2011 to December 31, 2011

Bier's Block	01
Brachial Plexus Block	02
Topical	19
Epidural	45
Local	2664
Spinal	1579
General	6343



Advanced Laparoscopic Colorectal Workshop

Prof. Amjad Siraj Memon

Civil Hospital Karachi being the largest tertiary care hospital of the province has a strong surgical department under the chairmanship of Prof. Saeed Quraishy.

In recent time, specialties and subspecialties have become established all over the world. In this regard, I have endeavored to take up colorectal surgery as I have a special interest in it. Keeping in view the advancements in laparoscopic management of diseases, a team of expert from Vietnam was invited to conduct a workshop on advanced laparoscopic colorectal surgery on April 29 & 30 2011.

The procedures performed by Dr. Nguyen Bac with our team members were lap Rt.



VC addressing the participants

APER, Lap LAR, lap splenectomy and esophagectomy. The program started with a formal inauguration by Prof. Junaid Ashraf



Hands on training

Principal - Dow Medical College. During the surgical procedures, live comments were

surgical procedures, live comments were taken by the surgeons from the audience in the auditorium of DOTS OT Complex.

The Workshop was attended by a large number of participants from all parts of Pakistan and was a huge success. The workshop was sponsored mainly by Johnson & Johnson Endo-surgery and suture division. Messer Boshe Pharma was also of great help in looking after the guests.

The program concluded with the address of the Vice Chancellor of Dow University of Health Sciences Prof. Masood Hameed Khan, who also distributed certificates and souvenirs among the guests and the organizers. The program ended with a vote of thanks by the coordinator.

The DOTS OT Complex staff proved their metal by arranging every detail of the level of perfection.



VC honoring Dr. Nguyen Bac



Surgical faculty

Condolence



Prof. Saleem Kharal, husband of Dr. Yasmeen Kharal AMS OT's CHK, was murdered while on the way to attend a wedding party on Friday 30.12.11.

The ex-director of JPMC and a Microbiologist by profession, Prof. Kharal was working as the Head of, Department of Pathology, JPMC. His sudden death has not only traumatized his survived wife and two sons; it has also shocked the whole fraternity on this national loss.

We all stand beside the grieved family at this grave tragedy and pray for their swift emotional recovery. May Allah rest the departed soul in peace.

Case Report

Dr. Aun Ali & Dr. Summaiya Saeed

45 year old Partab, resident of Kashmir, had Carcinoma of the Caecum. His diagnosis was delayed because every body focused on his anemia and did not look for the cause. In Civil Hospital, Karachi, department of Surgery, he was admitted and worked up for definitive diagnosis, which was a tumor in caecum that was diagnosed by the state of art Colonoscopy section of GI Unit run by DOTS. He was offered a state of the art surgical facility backed up with latest technology equipments like Surgical Staplers and



Tumor in caecum

Scalpel, which made this difficult surgery of an advanced disease, easy and with minimal blood loss, a Right Hemicolectomy was performed.

Patient recovered and is now leading a normal healthy life.

Equipments like Ligasure, Surgical Staplers and Harmonic Scalpel are not available in every theater; their presence in Dowites 78 OT complex has really made difficult surgical procedures possible with favorable outcome and conservation of time and blood loss.

Dowite OT complex provides free of cost surgeries to poor patients coming from far fetched areas of different parts of the country.

An Interview with Prof. Naheed Sultan



In an interview with the editorial board of the newsletter, Prof. Naheed Sultan shared her viewpoints and experiences on diverse issues concerning the surgical faculty and allied along with her judgments and suggestions for the improvement of the working and functioning of the OT Complex.

Q. How do you think the OT Complex is justifying its role in skill development of the faculty?

A. The OT Complex has brought a positive change in the quality of surgery and surgical outcome while compared with the recent past. I being the Dean of faculty am proud of this facility. The sterilization and ancillary



facilities including availability of water, all round power supply, air-conditioning has indeed made life easy for the surgeons in field. The management of data in customized software has made the desired report available on a click which is a ready tool for surgical audit. The latest machinery and technology availed through the Govt. of Sindh or DOTS helps our paramedical staff and OT technicians to enhance their surgical skills. Organizing international surgical workshops motivates our faculty and technicians to learn the latest skills and get excellence on techniques.

Fluoroscopy Unit...

Continued from page 1

In its simplest form, a fluoroscope consists of an X-ray source and fluorescent screen between which a patient is placed. Today, The modern fluoroscopes couple the Screen to an X-ray image intensifier and be recorded and played on a monitor.

I call the OT Complex a success story as an alumni project. The government should also continue to cooperate and the public should be made aware of the remarkable service provided to this public sector hospital.

Prof. Naheed Sultan, a Dow graduate of '79 is the first female FCPS surgeon in the field of General Surgery. She joined the health department in the year 1982 and became Professor of surgery in the year 1999. She is the HOD of SU I and Dean of the faculty of Surgery and Allied.

Today when female medical graduates are outnumbering their male counterparts, Prof. Naheed Sultan as a surgeon, serves as a role model for young lady doctors to take up the challenging fields of General Surgery.

Q. How can this surgical facility be best utilized coupled with the surgical faculty to its optimum?

A. In purview of the number of surgical admissions which could have been many times enhanced in the possibility of a number of increases in surgical capacity; I can speak out a solution that is in my mind for a long time. In public sector hospitals, the elective surgeries are performed in the morning with time constraint, therefore this surgical facility can not be used beyond 3:00 p.m. at times much less. A better coordination between the units operating in the theatre can accommodate each others surgical list instead of postponing the patients due to lack of time. The Administration of OT Complex can intervene and play a very positive role utilizing the allotted surgical hours to its optimum.

Monitoring the efficiency of faculty, frequent follow up of surgical outcome in terms of quality and quantity is essential. The system of ACR was better but now the proper use of surgical audit can also be an effective tool



for this purpose.

Q. As the Dean of Surgery are you satisfied with the teaching and training of junior surgeons?

A. The teaching and training can only improve if there is accountability. To raise the standard of the skill of junior consultants, they need to have more exposure and knowledge of their job to keep themselves abreast with the latest trends and techniques. This can only be done by taking out time for workshops and live surgical conferences which we organize time and again for their training. The junior surgeons too, should restrain private practice for the sake of professional expertise. However the role of supervisors has been made more responsible and improved immensely. Today, seniors monitor emergencies. I have plans to meet all the HOD's in this regard. To improve further, data collection is important



for evidence based accountability.

Q. How does it feel to be a female surgeon as the Dean of surgery and Allied?

A. Actually gender has never been an issue in medical science; however there is an acute shortage of female general surgeons. The ratio of female to male surgeons in this metropolitan city of Karachi is 4 : 30, what one can say about the rest of the country. I have been trying to motivate young female graduates to join general surgery, since the results are quick and delightful besides being rewarding when compared to the routine mundane of other medical fields.

Surgical and Medical faculty is providing its services to the centre and young doctors are also being trained and acquiring skills in this field of medical science.

We thank Civil Hospital Karachi for providing this fluoroscopy machine for the DOTS G. I. Care Centre and hope that the administration will continue to support this facility.

A series of workshop on "Skilled Birth Attendance for Healthy Mother and Newborn" was organized by MedInBytes on 20.01.2011 aiming at providing the basic essential training that is required to facilitate the standard intrapartum care with management



of PPH (the major cause of maternal death in Pakistan) along with the counseling on newborn care. 80, 2nd year nursing students and midwives from the School of Nursing, CHK were trained in the groups of four.



Trainers at work. A daily class of trainee technicians under Shaheed Benazir Bhutto Program and CHK training program for technicians is scheduled from 9 -10 a.m.

In continuation of "ICRC War Surgery Seminar October 2010", International Committee of the Red Cross (Based in Geneva, Switzerland) arranged a master training program for A&E and Trauma Surgery "ICRC Emergency Room Trauma Course" from 22.02.11 till 25.02.11. Senior ICRC Trauma Surgeons Dr. Alberto Nardini from La Spezia Hospital-Italy and Dr. Mauro Dalla Torre conducted this course. Twenty master trainers, chosen from different hospitals of Karachi attended this course.



The interactive lectures with live demonstration of emergency surgical maneuvers gave the participants chance to



practice newly learned skill under the able supervision of trainers. It is hoped that CHK administration will continue to conduct more of such courses in future.

Pakistan Islamic Medical association, Karachi organized a CME having the topic "Update on Surgical Oncology" on Wednesday 20.07.11. The session was chaired by Prof. M. Saeed Quraishy and co-chaired by Prof. Shams Nadeem Aalam. Renowned surgeons from major academic institution delivered lecture on the topic.



A seven-day clinical session & TOACS course in Obstetrics & Gynaecology for IMM, MCPS, DGO & FCPS candidates was organized by Department of Obs. & Gynae unit I from 15.12.11 till 21.12.11 at the Auditorium.



The "World Hypertension Day" was celebrated by Department of Cardiology-DUHS/CHK on 17.05.2011. A public awareness programme of hypertension, its consequences and management was organized on this occasion. A large number of patients were also examined in the medical camp set up outside the Auditorium of the Complex.



A Pre Congress workshop on Paediatric Ophthalmology was conducted by Prof. M. Idrees Adhi on Friday 11.02.2011. The workshop addressed the topic of Management of Retinoblastome, ROP burden & clinical assessment and Paediatric Angiography.



A hands on workshop for routine wiping, disinfection, cleansing of medical devices; like operation table, bed frames, theatre instruments, surfaces and floors in all functional areas of hospital was conducted by the trainer from Intra Health on 7th Jan. 2011. The workshop was attended by the staff members of O.T. Complex.



Financial Audit Report 2010-11

HYDER & COMPANY

Chartered Accountants

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"AUDITORS' REPORT TO THE GOVERNING BODY"

We have audited the annexed balance sheet of **DOWITES 78 OPERATION THEATRE WELFARE SOCIETY**, Karachi as at June 30, 2011 and the related receipt and expenditure account together with the notes forming part thereof for the year then ended.

These financial statements are the responsibility of the Governing Body. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with the auditing standards as applicable in Pakistan. These standards require that we plan and perform the audit to obtain reasonable assurance but whether the financial statements are free of material misstatement. An audit includes timing, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An Audit also includes assessing the accounting policies used and significant estimates made by the management, as well as evaluating the overall presentation of the financial statements. We believe that our audit provides a reasonable basis for our opinion.

The payment made and/ or the expenditure incurred during the year was for the purpose of the approved objects of the Society;

Where funds are received for a specific stated purpose, there have been spent for that purpose only; and:

The financial statements give a true and fair view of the society's affairs as at June 30, 2011

DOWITES 78 OPERATION THEATRE WELFARE SOCIETY BALANCE SHEET AS AT JUNE 30, 2011

	NOTES	2011 RUPEES	2010 RUPEES
FUND AND LIABILITIES			
GENERAL FUND			
Surplus brought from Receipt and Expenditure		127,462,421	123,058,549
CURRENT LIABILITIES			
Accrued & other liabilities		850,603	794,176
		<u>128,313,024</u>	<u>123,852,725</u>
ASSETS			
NON-CURRENT ASSETS			
Property, plant and equipment	3.0	107,739,833	113,542,169
CURRENT ASSETS			
Advance tax		5,513	4,236
Advance, deposits & other receivable		29,000	64,989
Cash and bank	4.0	20,538,878	10,241,451
		<u>20,573,391</u>	<u>10,310,676</u>
		<u>128,313,024</u>	<u>123,852,725</u>

**DOWITES 78 OPERATION
THEATRE WELFARE SOCIETY
RECEIPT AND EXPENDITURE ACCOUNT
FOR THE YEAR ENDED JUNE 30, 2011**

	NOTES	2011 RUPEES	2010 RUPEES
Donation & Zakat		30,036,649	25,664,168
Less: Expenditure	5.0	25,632,777	24,247,164
Loss on Sale of Fixed Asset		-	199,989
		(25,632,777)	(24,447,133)
Net surplus for the year		4,403,872	1,217,033
Surplus brought forward		123,058,549	121,841,516
Surplus transfer to Balance Sheet		127,462,421	123,058,549

**DOWITES 78 OPERATION
THEATRE WELFARE SOCIETY
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED JUNE 30, 2011**

1.0 STATUS AND ACTIVITIES

Dowites 78 Operation Theatre Welfare Society is registered under the voluntary Social Welfare Agencies (Registration & control) Ordinance, 1961 (XLV) of 1961 and has been granted registration on under the said Ordinance. Dowites 78 has been formed with the primary aim to establish a modern Dowites 78 Operation Theatre Welfare Society Karachi as a non-profit organization for the welfare and rehabilitation of patients and to meet its recurring expenditure in the future. The operations of Dowites 78 are financed by donations, grants and endowments (in Cash or kind).

2.0 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

2.1 ACCOUNTING CONVENTION

These accounts have been prepared on the basis of historical cost convention.

2.2 OPERATING FIXED ASSETS:

Depreciation is charged applying the reducing balance method at the rates specified in the operating assets note.

3.0 PROPERTY, PLANT AND EQUIPMENT

Operating fixed assets

3.1

3.1 OPERATING ASSETS

PARTICULARS	W.D.V. 30-06-2010	ADDITION/ DELETION	TOTAL	RATE	DEPRECIATION FOR THE YEAR	W.D.V. 30-06-2011
OWNED						
Building	71,097,803		71,097,803	5%	3,554,890	67,542,913
General Medical Equipment	1,448,021	1,147,763	2,595,784	15%	390,473	2,205,311
Anesthesia Machine	80,162		80,162	15%	12,024	68,138
Autoclave Equipments	2,253,080		2,253,080	15%	337,962	1,915,118
OT Equipment	483,072	2,486,000	2,969,072	15%	445,361	2,523,711
OT Leds	5,278,648		5,278,648	15%	791,797	4,486,851
OT Table	1,598,974		1,598,974	15%	239,846	1,359,128
Standard Operation Table	153,537		153,537	15%	23,030	130,507
AC Split Unit	5,378,263	941,119	6,319,382	15%	947,903	5,371,479
C.C.T.V. Camera	1,371,280		1,371,280	15%	205,692	1,165,588
Computer & Software	270,354	20,500	290,854	30%	87,256	203,598
Monitor	3,523,588		3,523,588	15%	528,538	2,995,050
Printer & Copier	42,000		42,000	15%	6,300	35,700
Lighting & Fixtures	657,051	184,375	841,426	15%	126,214	715,212
Gas Pipe Line Installation	2,592,714	134,446	2,727,160	15%	409,074	2,318,086
Motor & Pumps	24,849	8,000	32,849	15%	4,927	27,922
OT S.S. Furniture & OT. Tables	2,756,213		2,756,213	15%	413,432	2,342,781
Office Equipment	272,123		272,123	15%	40,818	231,305
P.A.B.K. System	101,782		101,782	15%	15,267	86,515
Electrical Installation	1,402,692	295,910	1,698,602	15%	254,790	1,443,812
Wages & Engineering	167,345		167,345	15%	25,102	142,243
OWNED						
Generator	3,198,126		3,198,126	15%	479,719	2,718,407
OT Table	159,791		159,791	15%	23,969	135,822
Medical Equipment	11,882,108		11,882,108	15%	1,782,816	10,099,292
2011	143,843,136	4,898,277	148,741,413		10,708,815	138,032,598
2010	138,805,817	15,218,881	154,024,698		15,600,128	138,424,570

4.0 CASH AND BANK

Cash in Hand	796	36,400
Cash at Bank	20,926,142	10,252,051
	20,926,938	10,288,451

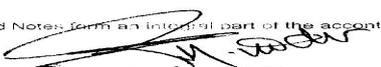
5.0 EXPENDITURES:

	2011 RUPEES	2010 RUPEES
AC Tools & Materials	321,991	183,581
Advertisement	431,116	242,422
April Fee	15,000	15,000
Bank Charges	1,300	2,508
Conveyance & Transportation	27,368	32,671
Entertainment Expenses	41,732	6,259
Interest Expenses	7,600	20,819
Lease & Professions	5,110	4,700
Medical Supplies & Repair	5,290,131	3,910,548
Office Maintenance	304,836	229,433
Photo/State Expenses	561	2,151
Postage	32,906	66,407
Printing, Stationery & Computer Supplies	291,115	299,369
Repair & Maintenance	463,086	570,191
Salary, Wages & Other Benefits	6,358,921	5,867,865
Security Services	249,000	287,000
Development Expend	10,700,814	11,300,329
Electrical Maintenance	100,361	301,457
Gas Filing	51,300	44,188
General	7,440	709
Generator Fuel	264,466	204,364
OT Linen/Dress Consumed	58,000	493,303
New Floor	-	73
Power	3,000	6,019
Printing & Exhibition	-	30,110
Service Contract	503,000	445,019
	25,832,777	24,247,104

6.0 GENERAL

Figures have been rounded off to the nearest rupee
Corresponding figures have re-arranged and regrouped wherever necessary for the purpose of comparison

The annexed Notes form an integral part of the accounts


PRESIDENT

DR. S. MINHAJUDDIN
President
DOWITES '78
Operation Theatre Welfare Society
Civil Hospital Karachi.


TREASURER

Dr. Saad Haidar
FICS, FCPs
Professor & Chairperson
Department of Anesthesiology,
Surgical ICU & Post Anesthesia
Care Unit, Dow Medical College,
Dow University of Health Sciences
Karachi.

Patients Advocate

Maria Shoaib- 4th year, DMC (DUHS)

DOTS, PWA, PPAS, KHADIM E INSANIYAT and the list goes on. All these good people and NGO's are trying to plug the resource gap and improve therapeutic care. A new student organizations 'SOCH' is trying to clean the hospital but none can intervene for patients sake or help the patient before the treatment starts. Plainly 'SPEAK FOR THE PATIENT'...

The other day we saw a patient in Gynae OPD with suppurative, painful, mastitis with high grade fever, she was referred to the Surgical OPD. Two hours later we saw the attendants near casualty(ER); reason, "low blood pressure" they tell us.. SEPTICAEMIA??.. it was 02:00 pm and the patient and her attendants were still in the ER till 4pm . I also recall an old man with gangrene foot supported by his hypertensive sweating wife shuttling from emergency department to orthopaedics and Medical OPD. We saw them the whole week..

HEAVENS!! whats happening?? It is always the CHICKEN or the EGG first story. Is'nt it time to standup and tell the administration to sort out this ' thaanaa' problem. May be the patients need Advocates.. How about Patient Advocate Group for Legal Assistance or may be the hospital administration appoint a senior doctor to be the "Patients' Advocate" ... Dowites are we ready?..

A case of Tertiary Care- at its best

Zainab Khalid Zaki Final year, DMC (DUHS).

34 year old, unmarried, Bilquis Bibi from Saeedabad, KPK developed pain in lower abdomen four months ago. Initially associating it with food intake she gradually lost appetite and then missed her period. The pain became continuous and intense; radiating to legs. She got temporary relieved through some analgesic injection by a local doctor but her amenorrhoea started to bother her until she was brought to CHK OBSGY Emergency Room on 23rd March, 2011 with pain in the abdomen.

She was admitted in Gynae Unit III; diagnosed to have a fibroid uterus with ovarian mass in left and a cyst in right ovary. She underwent a surgery on 28th March during which the chocolate cyst in right ovary ruptured. The cyst was removed and fluid was drained. The hard mass on the right ovary, with a size of tennis ball was also removed and sent for biopsy. Small metastatic deposits were also found on gut and omentum. Uterus was small in size and its left side was adherent to the bowel. Trans-abdominal hysterectomy was performed and uterus was removed.

The misery of pain and uncertainty had ended by that surgery. If Bilquis Bibi had not come to a tertiary hospital like CHK, her condition would have worsened. Early diagnosis has a profound effect on prognosis of patients like her. Earlier, the procedure and consequences were explained to her and she consented. She is happy with the progress. Soon, she would be discharged and would only have to visit OPD for next two years.



Mr. Anwar Maqsood; a volunteer auctioneer for "Art for Health 2009" is conducting the auction of a necklace by Mr. Amin Gulgee.

The event helped DOTS to raise Rs. 5.6 million approx., which shared the cost borne on around 44000 surgical and diagnostic procedures of poor and needy patients performed till the end of year 2011.



Dowites78 Operation Theatre Welfare Society is organizing Art for Health 2012 - an exhibition-cum-auction of more than 130 pieces of Art work donated to the society by renowned artists of the country. The event is scheduled for March 2012; however the paintings by late Sadeeqin, late Gulgee, Tasadduq Sohail, Ghalib Baqar, Abdul Hayee, Late Mansoor Aye, Tabinda Chinoy, Riaz Rafi, Mona Naqsh, Athar Jamal and many more are exhibited at the Auditorium of the Complex from February 2012.

Art for Health



The Society pays its heartiest thanks to all the artists who donated their priceless work for the promotion of our noble cause and requests the philanthropists and all its well wishers to support this event by bidding generously as the proceeds are utilized for supporting Free of Cost Surgeries of poor and needy patients of Civil Hospital Karachi.

