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# بيانو - مركز كليمنصو الطبي العدد السادس

# PIANO-CMC Newsletter

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## بيانو - العدد السادس

### أعزائي القراء

إنه لمن دواعي الفخر والسرور أن نعلن عن نجاحنا للمرة الثانية وتتفوق بإعتماد الهيئة المشتركة الدولية لإعتماد المستشفيات (JCI re-accreditation). وأرد بهذه المناسبة أن أهني كل فريق مركز كليمنصو الطبي على اجتهادهم وتفانيهم في العمل من أجل التفوق الذي أتى إلى هذا النجاح.

وقالت السيدة أن جاكوبسون، المدير التنفيذي للهيئة في رسالتها إلينا: «يسعدني أن ألتكم بقرار منح الإعتماد لمركز كليمنصو الطبي، تفانينا لكم، ولجميع المسؤولين في مركز كليمنصو الطبي لتحقيق هذا النجاح، من خلال التزامهم المستمر لتوفير الجودة في الرعاية الطبية».

استضاف مركز كليمنصو الطبي (CMC) في ١٢ و ١٣ أكتوبر، ٢٠١١، فعاليات المنتدى السنوي الذي يقمه جونز هوبكنز ميديسين إنترناشيونال لشركاه حول العالم وكان عنوان المنتدى لهذا العام «أهمية الشبكة العالمية ضمن منظومة الرعاية الصحية اليوم»، وشارك فيه أكثر من مائة من الأطباء والقيادات الصحية وأخصائيو من جونز هوبكنز والمستشفيات والجامعات المتعاقدة معها.

عقد المنتدى في مركز كليمنصو الطبي، وجمع خلال هذين اليومين مختلف شركاء «جونز هوبكنز إنترناشيونال» من الولايات المتحدة الأمريكية والإمارات العربية المتحدة وتركيا وإثيوبيا وكولومبيا وبنما وكندا والمكسيك وهايتي وسنغافورة ولبنان إلى طائفة أمتا حيث بحثوا بشكل معمق الرؤى المشتركة والمتناضعة أحيانا التي يمكن من خلالها استخدام مقاييس النوعية لتعزيز نتائج الرعاية الصحية.

سوف تجدون في هذا العدد الكثير من المواضيع التقنية والمثيرة للاهتمام، استمتعوا بقراءتها.

د. مؤنس قلعوي، الرئيس التنفيذي



## Piano - Newsletter - 6th Issue

### Dear Readers

It is with pride and honor that we announce our JCI re-accreditation for the second time with distinction. I would like to congratulate all the CMC team on their hard work, devotion and dedication to excellence that resulted in this re-accreditation.

Ms. Ann Jacobson, Executive Director, International Accreditation, Joint commission International, said in the introduction letter of the report: "It is with great pleasure that I inform you of the decision to grant Accreditation to the Clemenceau Medical Center. Congratulations to you, and all the other leaders and staff of Clemenceau Medical Center in achieving this recognition of your commitment to provide quality care on an ongoing basis".

As an affiliate of Johns Hopkins, Clemenceau Medical Center (CMC) hosted on the 12<sup>th</sup> and 13<sup>th</sup> of October 2011 the Annual Johns Hopkins Partners Forum, this year's forum was entitled "The Power of a Global Network in Today's Healthcare Landscape", to share and explore the new strategies for excellence delivery of quality healthcare in the region". The forum took place at CMC and was attended by all of Johns Hopkins international affiliates along with international and regional speakers and journalists. This two days forum brought together all of Johns Hopkins international partners from the USA, UAE, Turkey, Chile, Colombia, Panama, Canada, Mexico, Malaysia, Singapore and Lebanon for in-depth discussions of the shared and sometimes competing visions through which health quality metrics can be used to advance health care outcomes. You will find in this issue many interesting and educational topics, enjoy reading.

Mounes Kalaawi, MD, MBA  
Chief Executive Officer



مركز كليمنصو الطبي

بمقره جونز هوبكنز سينبول



مركز كليمنصو الطبي

CLEMENCEAU MEDICAL CENTER

AFFILIATE WITH JOHNS HOPKINS HEALTHCARE INTERNATIONAL



## Minimally Invasive Gynecologic Surgery

### Interview with Dr. Karim Nawfal on Minimally Invasive Gynecologic Surgery What is Minimally Invasive gynecologic surgery?

The term Minimally Invasive gynecologic surgery includes hysteroscopic, laparoscopic and robotic assisted procedures.

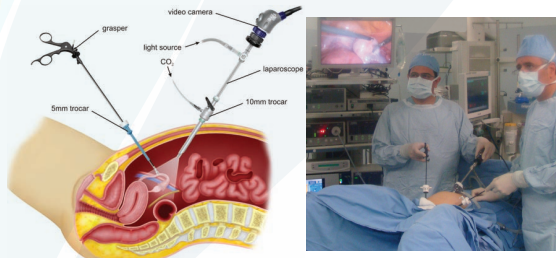
This approach is now the standard in women's health care and CMC is a pioneer in Lebanon and the region in providing these types of treatments. The advantages of such procedures are improved surgical outcomes and increased patient satisfaction.

#### Can you provide us with a brief description about these procedures?

A hysteroscopic surgery is a surgery to the uterine cavity that is performed as a same day procedure with the patient returning to normal activity on the next day with minimal to no discomfort. A laparoscopic surgery or "key hole" surgery is performed for almost all gynecological conditions, for example: removal of the uterus (laparoscopic hysterectomy), removal of uterine fibroids (laparoscopic myomectomy), removal of cysts on the ovaries (laparoscopic cystectomy), treatment of pregnancies outside the uterus, post surgical adhesions, and vaginal vault prolapse (laparoscopic sacrocolpopexy).

#### What are the main advantages of those minimally invasive surgeries?

Laparoscopic procedures have been established to have better surgical outcomes in the form of decreased hospital stay, less blood loss, decreased risk of infection and less pain. Patients return home after a major laparoscopic procedure either the same day or the next morning. They usually return to regular activity within 2 weeks. Another major advantage of minimally invasive surgery is cosmesis, instead of having one large vertical or horizontal scar of the traditional "open" surgery, the procedure is performed via three or four small incisions (less than 1 cm), thus the term "key hole" surgery allowing for less internal and external scarring.



Robotic assisted laparoscopic surgery is the newest and most advanced form of laparoscopic surgery. The surgeon performs this minimally invasive surgery with all the advantages of laparoscopy and the added 3-dimensional high definition view, enhanced wrist movements, and better ergonomics allowing the surgeon to perform a more precise surgery.

#### Karim Nawfal, Obstetrician Gynecologist that specializes in Minimally Invasive and Robotic Gynecological surgery.

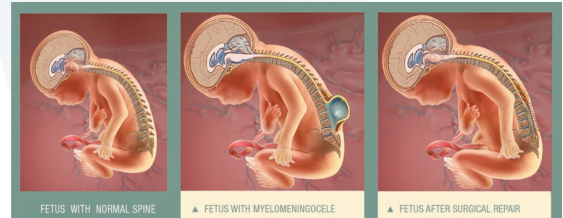
He did his training at Henry Ford Health System, one of the pioneers of Robotic surgery in the United States, has performed over 280 robotic surgeries and trained other surgeons on the robotic platform. Dr Nawfal has also published in prestigious medical journals on Robotic and laparoscopic surgeries and is a reviewer for the Journal of Minimally Invasive Gynecology (JMIG). He is the only gynecologist with an accredited fellowship-training in robotic surgery in Lebanon and the region, is a member of the American congress of obstetricians and gynecologists, the American Association of Gynecologic Laparoscopists (AAGL) and the Society of Laparoscopic surgeons (SLS) and has received multiple awards in the United States.

## Fetal Surgery

### What is fetal surgery and when should it be offered?

As a therapeutic innovation, fetoscopic surgery has recently replaced open fetal surgery with its high fetal and maternal morbidity. In certain conditions, this has been shown to be superior with respect to fetal outcome.

Fetal surgery should be offered when the natural history of the pathology is known, lethal without in-utero treatment, with severe morbidity in untreated cases or following post-natal treatment, when partial pathological correction is helpful and the therapy validated, in comparison to post-natal treatment.



### What are the conditions that can be treated with fetal surgery?

Laser coagulation of connecting vessels is the treatment of choice in cases of twin to twin transfusion syndrome, with survival approaching 50% of both twins and 80% of one twin. This was validated in 2004 by the Eurofetus study. Laser therapy can be offered in case of TRAP syndrome, hemangioma of the placenta, sacrococcygeal teratomas and for ablation of posterior urethral valves.

### What other approaches are used in utero treatment?

A new approach of in utero treatment is embolization of the main vessel of a placental hemangioma. In cases of monochorionic twins, cord occlusion, by bipolar forceps or by laser coagulation, is helpful in cases of TRAP syndrome, severe IUGR, or a malformation in one twin. In selected cases of isolated congenital diaphragmatic hernia, tracheal occlusion by fetoscopy gives a better survival (70% versus 30%).

Lower urinary tract obstruction and pleural effusion can be treated by in utero shunting. In severe aortic stenosis, which leads to hypoplastic left heart and severe pulmonary stenosis, the survival is 0%. The trial of in utero catheterization of the stenotic valve may increase the survival to 12%, nonetheless, this requires specialized skill and carries high fetal mortality. Fetal in utero transfusion has been shown to help in cases of parvovirus induced fetal anemia, following the fetal death of one of monochorionic twins and in Rhesus disease.

### Do you have any final recommendations?

In summary, fetal surgery provides an option in the most challenging cases and objective risk assessment must be employed together with proper counseling of the family in order to make an informed decision and to proceed with further care.

**Bernard Nasr, MD**  
Obstetrics & Gynecology  
Maternofetal Medicine- Fetal Surgery