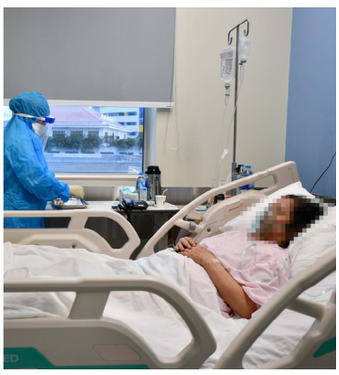
FVH Partners Program Newsletter

What's up, Doc?

No.6 - July/ 2021

FV ORGANISES "SPLIT HOSPITAL" MODEL TO RECEIVE AND TREAT COVID-19 PATIENTS.



FV organises "split hospital" model to receive and treat COVID-19 patients.

FV Hospital officially participates in the treatment of Covid-19 patients under a "split hospital" model to receive Covid-19 patients and patients with other diseases.

Currently, the hospital has a capacity of 63 beds for Covid-19 treatment and 10 beds for intensive care with HFNC high-flow oxygen ventilators. The hospital has mobilised all staff of the Infection Control Department to prepare the 4th floor inpatient wards creating treatment areas for seriously ill Covid-19 patients with underlying diseases and with the focus on the patients who have cancer. ICU Department is also divided into two areas; one an area for treating non-Covid-19 patients and an area for treating Covid-19 patients.

In the past week, the hospital has also installed additional compressed liquefied oxygen tanks to promptly treat patients. "There will be no shortage of oxygen, our worry is to build a better ventilator system," added Ms. Pham Thi Thanh Mai - Chief Operating Officer of FV Hospital.

Operating the "split hospital" model, FV Hospital will contribute to reducing the number of Covid-19 patients at field hospitals and help patients with common diseases have more places to receive reliable and safe medical examination and treatment during the epidemic.

FV Accident and Emergency Department:
(028) 5411 3500

TILT- TABLE TEST
DIAGNOSE SYNCOPE DUE TO CARDIOVASCULAR DISEASE

The tilt table test, conducted at FV Hospital's Cardiology Department, is indicated in cases of simple syncope (temporary loss of consciousness caused by a fall in blood pressure) of unknown cause with high risk, or recurrent syncope without structural heart disease.

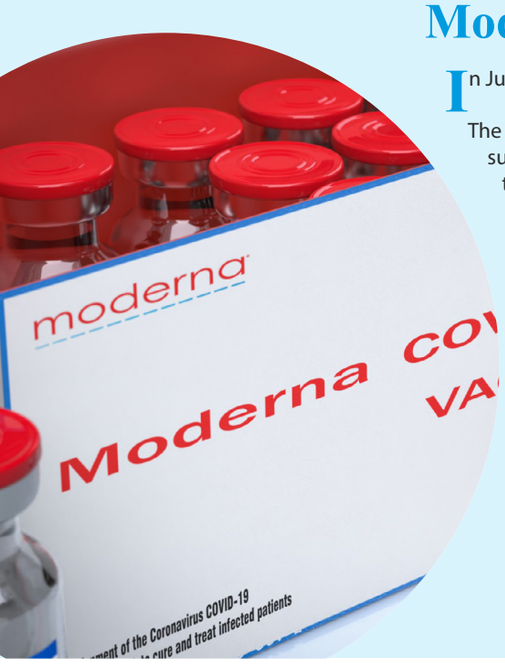
The tilt table test is simple, non-invasive and can be used as a diagnostic tool in patients experiencing syncope or near syncope (dizziness, lightheadedness, lightheadedness, unsteadiness, etc.) for unknown reasons. This method is particularly useful in identifying syncope due to autonomic nervous system disorders, including primary or secondary dysautonomia, orthostatic tachycardia syndrome (POTS), and syncope due to vagal reflex.

The test takes about 60 minutes and consists of three phases. The patient may be asked not to eat or drink for two hours or more before undergoing the tilt table test to avoid choking on food or water regurgitated when fainting. The patient is placed supine on a table that can be raised around 70 degrees and, upon syncope, is rapidly lowered to the horizontal position in 10 seconds. The patient is secured by belts at the knee, hip and shoulder level to prevent them slipping or falling. An intravenous line may be placed so that medication can be administered, if needed.

The Cardiology Department at FV Hospital features the latest generation of synchronous equipment and is staffed by a team of highly qualified doctors, all of whom have trained intensively at prestigious medical universities in Vietnam and abroad. FV's cardiologists are experts in diagnosing and treating cardiovascular issues and diseases, such as high blood pressure, myocardial infarction, heart failure, arrhythmia, heart valve regurgitation, venous insufficiency, congenital heart defects, and coronary atherosclerosis.

FV Cardiology Department:
(028) 5411 3467 or (028) 5411 3333, Ext: 1216/1165

Information about
Moderna Covid- 19 Vaccine



In July 2021, FV Hospital began providing materials about the Moderna vaccine to the community.

The Moderna vaccine is a messenger RNA vaccine given to adults aged 18 years and older. The active substance in the vaccine is mRNA, encoding the Covid-19 virus spike protein. This is a protein on the surface of the virus which the virus needs to enter the body's cells. The mRNA is embedded in oily bubbles made of lipid nanoparticles to protect it.

After injection, the vaccine particles bump into cells and fuse to them, releasing mRNA. The cell's "factories" (ribosomes) read its sequence and build spike proteins . The mRNA does NOT interact with the cell's DNA and is eventually destroyed by the cell, leaving no permanent trace. The person's immune system will then recognise this protein as foreign and produce antibodies via "B cells" and activate specific white blood cells, called "T cells", to attack it.

If, later on, the person comes into contact with SARS-CoV-2 virus, their immune system will recognise it and be ready to defend the body.

As the Moderna Covid-19 vaccine does not contain the virus, it cannot give you Covid-19.

FOR MORE INFORMATION, PLEASE CLICK HERE:

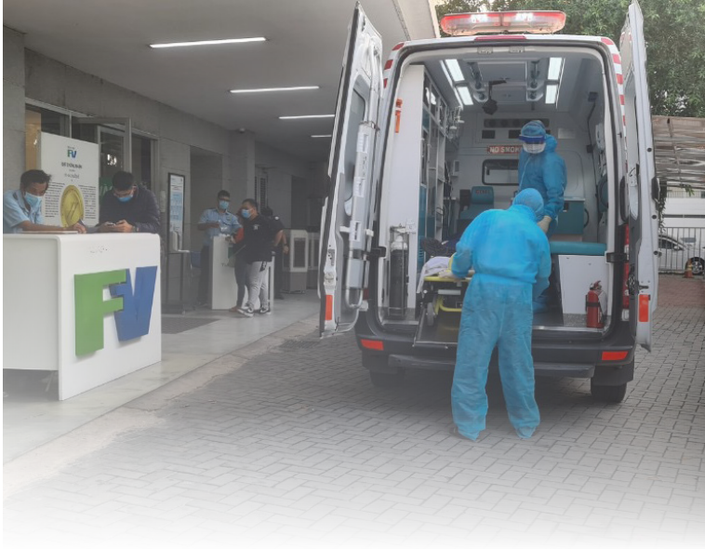
FV HOSPITAL

Joint Commission International Gold Seal of Approval®

FV HOSPITAL
6 Nguyen Luong Bang St., Phu My Hung, Dist.7, HCMC
Tel: (028) 54 11 33 33
Accident & Emergency: (028) 54 11 35 00

FV SAI GON CLINIC
3rd floor Bitexco Financial Tower, 2 Hai Trieu St., Ben Nghe Ward, Dist.1, HCMC
Tel: (028) 62 90 61 67 - Fax: (028) 62 90 61 68
Email: saigonclinic@fvhospital.com

TIMELY SAVES THE LIVE OF A JAPANESE PATIENT WITH A BRAIN INJURY WHILE HE CARRIES OUT COVID-19 ISOLATION



On 26th May, 2021, Dr Vu Truong Son (Head of FVH Infection Control Unit) received an emergency call from Ho Chi Minh City Centres for Disease Control (HCDC), requesting assistance for a foreign patient: a 42-year-old Japanese specialist who was isolating at a hotel in District 7. He had fallen, hit his head on the floor, lost a lot of blood and was unconscious.

At FV A&E Department, the patient was placed in a negative pressure isolation room according to COVID-19 prevention procedures. At this time, the patient had fallen into a coma so emergency doctors immediately took CT images as well as called the team of doctors at NeuroSurgery Department, Anaesthesiology Department and Infection Control Unit together for an urgent, multi-specialty consultation.

The patient was found to have an epidural haematoma. Immediately, Dr Nguyen Manh Hung (Head of FV Neurosurgery Department) decided to bring the patient to the operating room for emergency surgery. The patient was transferred to the operating room, where a specially designed ventilation system protects patients from COVID-19 infection, as well as prevents other air-borne risks to ensure no surgical site infection.

In Dr Manh Hung's experience, in such cases, if surgery is performed quickly, the patients' rate of survival is high.

FV's surgical team opened the patient's skull, drained the haematoma and reduced the patient's cranial pressure. When opening the skull, the patient lost about two litres of blood, the condition of his brain was poor and the patient's heart was barely beating, but after two hours of surgery, his brain was showing signs of recovery. A accurate initial assessment of the patient's condition and expedited surgery meant that FV's doctors were successful and saved the life of this patient. The next day, he was transferred to ICU for further monitoring.

At the ICU, the patient was sedated and put on a machine to help him breathe, ensuring he remained in an active coma to avoid brain damage. Every day, doctors continued to evaluate his condition and gradually resuscitate the patient's nerves. After more than 20 days, the Japanese patient was awake and he was able to recognise his surroundings.

FV Neurosurgery and Endovascular Neurosurgery: (028) 5411 3333, Ext: 1519

SUCCESSFULLY INTERVENTION SAVES THE LIVE OF
A PATIENT IN CARDIAC ARREST WHO SUFFERS A HEART ATTACK

Mr L.C.S., 67-year-old Singaporean man, was taken to FV Hospital's Accident and Emergency (A&E) Department by his family members because he had experienced difficulty breathing, chest tightness and dizziness before he eventually collapsed. On admission at 2 p.m., 10th June, 2021, the patient's blood pressure dropped to 88/57mmHg and his heart rate was only 40-50 beats per minute. His electrocardiogram (ECG) showed that Mr L.C.S. had signs of acute myocardial infarction. Immediately, the cardiovascular emergency procedure was implemented, and Mr L.C.S. was quickly transferred to FV's Cathlab Cardiology Intervention Centre.

At 2:20 p.m. the same day, just as doctors were about to perform an interventional cardiac catheterisation procedure, Mr L.C.S. had a cardiac arrest. Doctors had to conduct cardiac compressions, electrical defibrillation and an endotracheal intubation and deliver intravenous drugs for about 10 minutes before performing an angioplasty. With the help of the new generation Philips DSA FD20 digital subtraction angiography machine, doctors inserted a very small catheter via Mr L.C.S.'s wrist, moving through the blood vessel towards his coronary artery. Then, a stent (small metal mesh tube) was placed at the blockage to immobilise it while facilitating blood flow. After 18 minutes, the patient's vital signs began to stabilise and he was no longer in critical condition. Mr L.C.S. was then transferred to the Intensive Care Unit (ICU), extubated, and regained consciousness the next day before being transferred to the ward for further monitoring.

The total time from Mr. L.C.S. being admitted to saving his life via cardiovascular intervention was about 54 minutes, strictly following the "70-minute golden policy" in emergency cardiology, as set out by FV Hospital.

Dr Ho Minh Tuan, FV's Head of Cardiology who performed the procedure, said: *"Fortunately, the patient arrived at the hospital early and was treated promptly. This is the decisive factor in saving lives, or minimising complications for people with heart attacks."*

FV Cardiology Department: (028) 5411 3467 or (028) 5411 3333, Ext: 1216/1165.