

What's up, Doc?

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Doctor

BUI NHUAN QUY

APPOINTED HEAD OF FV GASTROENTEROLOGY & HEPATOLOGY DEPARTMENT

Since 11th October, 2021, Doctor with Specialisation Degree Level II, Bui Nhuan Quy has officially been promoted to Head of FV Gastroenterology & Hepatology Department.

Dr Quy graduated from Pham Ngoc Thach University of Medicine in 2004. He received his master degree in Internal Medicine at Ho Chi Minh University of Medicine in 2012 and became the doctor with specialisation degree level II, Internal Medicine Specialty of Pham Ngoc Thach University of Medicine in 2021. Moreover, Dr Bui Nhuan Quy has participated in many advanced training courses for his specialty including: Gastrointestinal Endoscopy, Colonoscopy, Endoscopic Retrograde Cholangio-Pancreatography (ERCP), Academic programme of Gastroenterology at the Nagoya University Graduate School of Medicine. Dr Quy is member of the Vietnam Association of Gastroenterology and Viet Nam Federation for Digestive Endoscopy.

Dr Quy has a 17-year experience at Gia Dinh People Hospital, working at the Endoscopy & Functional Exploration Department between 2005 and 2007, the Gastroenterology Department from 2007 to 2014, before returning to the Endoscopy & Functional Exploration Department as Deputy Head from 2015 to 2021.

A brilliant doctor, who is dynamic and passionate with a vast knowledge in his speciality, Dr Quy will give a new impetus for the development of FV Gastroenterology & Hepatology Department.



To make an appointment with Dr Bui Nhuan Quy, **please contact: (028) 5411 3333, ext: 1234**

80-Year-Old Patient With
Severe COVID-19 Symptoms

AVOIDED DEATHS DOOR

after **7** days
OF MECHANICAL
VENTILATION



Patient N.T.T., 80 years old female, was arrived at Accident & Emergency (A&E) Department of FV Hospital on August 14, 2021 with fatigue, cough with phlegm, dyspnoea, and 95% blood oxygen concentration (SpO2). According to the initial assessment of the doctors, this was a moderate case COVID-19 with underlying medical conditions such as high blood pressure and mild anaemia. The patient was immediately transferred to the COVID-19 Treatment Department - 4th Floor of FV Hospital for treatment.

Over the following days, the patient's condition became more complicated with increased difficulty breathing and became more tired, thus the need for oxygen increased. By 18th August, the patient's oxygen demand was very high and breathing through the mask (15 litres/min) was not enough, resulting in SpO2 falling below 85%. Doctors decided to switch the patient to High Flow Nasal Cannula (HFNC) but even this was not satisfactory as the SpO2 could only be maintained at 86-90%.

At 20:30 on 20th August, realizing that the patient's pneumonia caused by COVID-19 was critical, the ICU doctors decided to intubate and put the patient on a ventilator. In addition, the patient was also prescribed anti-inflammatory, antibiotics, anti-viral medication in addition with appropriate nutrition and strict physical therapy.

After four days, the patient's condition positively changed, and the doctors assessed that the patient could be weaned off the ventilator early and slowly; because when elderly patients are ventilated for a long time it can lead to many adverse complications, such as ventilator-induced lung injury, infection, long-term sedation dependence. Therefore, the ventilator should be removed as soon as possible to reduce pressure and restore breathing.

On 25th August, the patient was eventually extubated, but the SpO2 was still low, so she needed additional support with other non-invasive breathing techniques including nasal oxygen and HFNC alternately with gradual reduction. By 31st August, with the close monitoring of the team of doctors and nurses, the patient was able to be completely weaned from HFNC breathing, using only oxygen through the nose, and made a spectacular recovery. The symptoms of dyspnoea had disappeared, the patient could eat, drink, sit down and stand up normally and was discharged from the hospital on 8th September.

According to Dr Nguyen Thi Lam Giang - Head of Department of Anaesthesiology and Resuscitation at FV and who has many years of experience in this field, said: "The survival rate of the elderly following intubation is very low, especially in elder patients with COVID-19. Recent reports show that the success rate of weaning is still quite low and the sequel severe, so doctors will often take careful consideration to come up with an optimal treatment plan." Despite her age and chronic diseases, with close cooperation and follow-up from a team of doctors, nurses, physiotherapists and appropriate nutrition, created the right treatment strategy at the right time, the appropriate use of oxygen therapy and especially the patient's unyielding spirit and will to live, all that helped Mrs N.T.T. overcome the SARS-CoV-2 virus and return safe from death's door.



FV COVID-19 Treatment Department
please contact: (028) 5411 3333

FV IMPLEMENTS COVID-19 ANTIBODY TESTING SERVICE (SEROLOGY)



The COVID-19 antibody test is intended to qualitatively or quantitatively identify a person who has developed antibodies against the SARS-CoV-2 virus. FV Hospital deploys a quantitative serology test that is highly accurate and provides detailed information, including antibody levels in a patient's sample.

This test is recommended for use in unvaccinated cases if:

- The patient has had COVID-19 symptoms before but did not get tested;
- A positive antibody test can help support a diagnosis when patients present with complications of COVID-19, such as multi-system inflammatory syndrome for children (MIS-C), or other post-acute sequelae of COVID-19.

Test results will be available within 3 hours (longer during outside normal working hours, weekends and public holidays). COVID-19 antibody test will either be positive or negative:

POSITIVE: this result suggests previous infection and/ or previous vaccination:

- Quantity of detected antibodies will also be reported for all positive results; This will be expressed in the World Health Organization (WHO) standard units of BAU/mL (Binding Antibody Units);
- Reported quantitative anti-SARS-CoV-2 antibody levels should not be used to infer an individual's immune status, vaccination status or infectivity.

NEGATIVE: this result suggests no previous infection and no previous vaccination, however:

- A proportion of individuals who are infected with SARS-CoV-2 might not develop detectable levels of antibodies and thus may give negative antibody results;
- In some vaccinated people, antibody test results may be negative without a history of previous infection if the vaccine received induces antibodies that are not detected by that particular testing kit;
- The rate and extent of antibody production after infection may vary amongst different individuals and depending on nature of infection.

FOR MORE INFORMATION,
PLEASE CLICK HERE



FV PERFORMED TIMELY INTERVENTION TO SAVE A PATIENT WITH CARDIAC

ARREST DUE TO MYOCARDIAL INFARCTION

Patient R.C., 53 years old male with a history of high blood pressure and lipid disorders, arrived at the FV's Accident & Emergency (A&E) Department on 20th August with severe chest pain. At the A&E, the patient was diagnosed with an acute ST-segment elevation myocardial infarction, a typical disease with very high risk of death. The alarm was activated immediately, the interventional cardiac catheterisation team and the anaesthesiology team made ready to proceed with the procedure.

The patient was urgently transferred to the Cardiac Catheterisation Lab, but suddenly had cardiac arrest at the door. The team immediately carried out active resuscitation, fortunately, after 30 minutes, the patient recovered spontaneously, but quickly fell into many malignant ventricular arrhythmias and had to receive several electric shocks right after.

In order not to miss the golden time for the intervention, Dr Ho Minh Tuan continued to resuscitate and simultaneously carried out the procedure of percutaneous coronary intervention. Dr Tuan approached the radial artery to thread the intervention guide through the coronary artery occlusion in the anterior interventricular artery branch and reopened the flow, then successfully placed a coronary stent to help the patient's heart rate return to normal state and stabilise the blood pressure.

One day after the procedure, the patient recovered consciousness, improved laboratory and clinical parameters, and mechanical ventilation and other resuscitative treatments were withdrawn. The patient was discharged a week later and his symptoms such as chest pain, shortness of breath completely disappeared and neurological function recovered so he could return to daily activities.

According to Dr Ho Minh Tuan, in the case of Mr R.C., if not treated and the intervention done in time, would be hazardous to the patient's life. The team must both resuscitate with a heart machine, massage the heart outside the chest combined with electric shock and place a stent through the skin to quickly ensure it can recirculate blood into the coronary artery, which is one of the optimal measures for the patient having coronary obstruction



To make an appointment with Dr Ho Minh Tuan,
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