FVH Partners Program Newsletter

What's up, Doc?

No.10 - September/ 2021

MASTER, DOCTOR **VU DUY HIEN -**

NEW ADDITION TO GASTRO-ENTEROLOGY & HEPATOLOGY DEPARTMENT

Doctor Vu Duy Hien graduated from Pham Ngoc Thach Medical University in Ho Chi Minh City in 2016 and became a Master of Internal Medicine in 2019 at the same school. In addition, Dr Duy Hien was also a resident doctor of the Gastro-Enterology & Hepatology Department, 115 People's Hospital (2017-2020).

Dr Duy Hien has expertise in the treatment of digestive diseases such as: Helicobacter pylori infection, Pancreatitis, Irritable Bowel Syndrome, Gastro-oesophageal reflux disease (GERD) and Evidence-based medicine and science for treatment to help patients recover and improve their quality of life.

From May 2021, Dr Duy Hien joined the team of FV's Gastro-Enterology & Hepatology Department to help the department develop and gain trust from patients. With his ability and enthusiasm, Dr Duy Hien hopes to continue quality-focused, patient-centered treatment for FV patients, from listening to, sharing and accompanying them on their healthcare journey. Dr Duy Hien is also confident that he will remove the language barrier with foreign patients to convey the treatment message more accurately and effectively.

To make an appointment with Dr Vu Duy Hien, **please contact: (028) 5411 3333, ext: 1234**

MASTER, DOCTOR **LE THI HONG LAM**

JOINS IMAGING DEPARTMENT

Doctor Le Thi Hong Lam graduated in 1994 and received her Master in Medicine in 2007 from the University of Medicine, Hanoi. Dr Hong Lam has participated in many fellowship Imaging programmes both domestic and abroad such as at Imaging, University of Medicine, Hanoi, 2001; Imaging, University of The Mediterranean Aix-Marseille II, Marseille, France, 2003-2004; Neuroradiology, Bach Mai Hospital, 2013. In addition, Dr Hong Lam conducted research in "Value of color Doppler ultrasound in acute scrotal pain"

With more than 20 years of experience in the Imaging Department and Dr Hong Lam is proficient use of techniques related to X-ray, ultrasound, CT scan, Magnetic Resonance Imaging (MRI), among others. Dr Hong Lam is responsible for imaging diagnosis in the fields of Internal Medicine, Surgery, Obstetrics and Gynaecology, and especially in Peripheral vascular diseases. She has helped many patients have accurate diagnosis through imaging, supporting the number of patients receive successful treatment.

Previously, Dr Hong Lam worked in the Imaging Department at different hospitals, such as Saint-Paul Hospital, Hanoi (2000-2012); Head of Imaging Department, Bao Son Hospital, Hanoi (2012-2013); Deputy Head of Department, Imaging Cardiology Hospital, Hanoi (2013-2019), Vinmec Central Park Hospital, Ho Chi Minh City (2019-2021). In October 2021, Dr Hong Lam decided to join the Imaging Department of FV Hospital with the desire to provide high quality imaging to support our doctors in accurate diagnosis and effective treatment for patients.

To contact Dr Le Thi Hong Lam, Imaging Department: **(028) 5411 3333, ext: 2222**

FV Hospital makes efforts to reduce

THE FINANCIAL BURDEN OF CARE for patients with NATIONAL HEALTH INSURANCE

FV Hospital has just officially reached an important agreement with Ho Chi Minh City Social Security on expanding the scope of medical examination and treatment supported by Vietnam's national health insurance for high-tech treatment services at FV from November 2021.

Ho Chi Minh City Social Security will pay in accordance with the national health insurance policy for cardholding patients who visit FV for examination and treatment within the hospital's high-tech disciplines, including Intervention Cardiology, Orthopaedics, Oncology and Ophthalmology. This initiative by FV Hospital aims to reduce the burden of hospital fees for patients and their families and widen opportunities for more people to experience FV's international-standard medical care through their national health insurance.

Specifically, according to the newly signed additional content, the Social Security will pay for patients designated to perform treatment services at FV as follows:

Surveying techniques and interventional treatment in **FV's Cardiac Intervention Room (Cardiac Cathlab)** such as: imaging, angioplasty, stenting, and pacemaker implantation

Shoulder, knee and hip replacement services at the **Trauma and Orthopaedics Department**

Some surgeries, involving those on the lens and retina, in the **Ophthalmology Department**

Patients using their national health insurance at FV will enjoy the same excellent primary care services. All patients are able to apply parallel types of health insurance, including national health insurance, private health insurance or international health insurance.

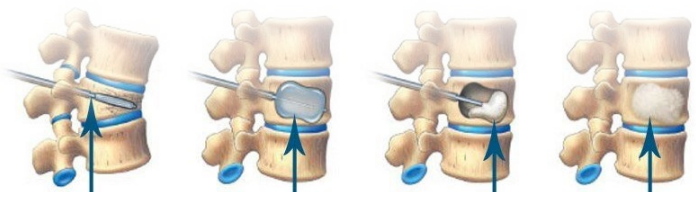
In 2015, Ho Chi Minh City Social Security signed a contract with FV, agreeing to pay for cancer patients treated with radiotherapy or chemotherapy at FV's Oncology Department (Hy Vong Cancer Care Centre), including the cost of treatment techniques and chemotherapy drugs. Thousands of patients have been supported up to 50 per cent of the total treatment cost through this cooperation programme. To date, the highest amount paid by Social Security for one patient exceeds VND 1 billion.

When visiting FV hospital for treatment, patients can provide their health insurance card at the medical secretariat counter to receive specific instructions tailored to their needs and coverage.

For further inquiries, please contact Patient Finance & Insurance Department: **(028) 5411 3333**

KYPHOPLASTY:
NEW TECHNOLOGY IN SPINE TREATMENT

A 37-years-old Patient Robert VR, living in Khanh Hoa, came to see Doctor Nguyen Manh Hung - Head of FV Hospital's Neurosurgery Department with symptoms of persistent back pain, angina and leg weakness affecting work efficiency and quality of life. A year ago, the patient suffered an injury from a fall and had been receiving medical treatment for a year, but the situation was not improving and was worsening.



After a thorough examination, Dr Nguyen Manh Hung ordered an MRI of the back and spine. The imaging results showed that the patient had a fracture of the D11, D12 and L4 vertebra. However, these injuries had not been diagnosed and treated, leading to more severe vertebrae damage, due to the damaged discs being compressed during walking and movement. To put an end to this long-lasting pain, Dr Manh Hung advised and persuaded the patient to have a surgery as soon as possible. Because of time and work commitments, this could not be arranged and the patient requested medication to alleviate his symptoms to return for surgery in three months.

In January 2021, the patient returned to FV and had general anaesthesia to perform the surgery. The doctor performed the Kyphoplasty technique using bio-cement injection to regenerate the spine, and to harden the D11, D12 vertebrae. This is a modern technique that helps treat spinal compression by using a very small catheter through the skin and reconstructing the collapsed vertebral body with a balloon that lifts the vertebral body back to its original location. The balloon is inserted through the needle lumen into the damaged vertebral body, then the balloon is inflated to bring the vertebral body back to required height. The doctor will deflate the balloon slowly and bring it out. The space in the vertebral body created by the balloon is then filled with bio-cement. Then, the doctor combined minimally invasive surgery to decompress the pinched nerve root, removed the damaged disc, and replaced it with an artificial disc with bone graft made of titanium to reconnect the vertebrae, then fitted a screw brace system to completely relieve pain and restore normal walking posture. The extensive surgery went smoothly and ended after five and a half hours and the patient was discharged seven days later. After a month of follow-up, the patient reports he has returned to normal activities and work; he no longer suffered from insomnia and was extremely satisfied with the treatment results.

According to Doctor Nguyen Manh Hung, in the past, when a patient suffered a vertebral depression, conservative treatment was usually prescribed medication, asking patients to rest for about 6-12 weeks, using a back brace and waiting for the vertebrae to heal. This caused them to endure prolonged pain and extended bed rest, leading to complications such as ulcers, pneumonia or urinary tract infections. Currently, medical science is rapidly growing, resulting in many advanced treatment techniques for vertebral settlement fractures such as the Kyphoplasty technique with the advantage of being less invasive, high efficient, and eventually to improve the quality of life for patients with vertebral compression fractures due to osteoporosis, or injury.

To make an appointment with Dr Nguyen Manh Hung,
please contact: (028) 5411 3333, ext: 1519

Application of 3D ELECTROANATOMIC MAPPING TECHNOLOGY
to support radiofrequency catheter ablation to treat ventricular arrhythmias

The ventricular premature complex (VPC) from right ventricular outflow tracts (RVOT) are among the most common sites of origin for ventricular arrhythmias (VA), with clinical presentation including: VPC, non-sustained or sustained ventricular tachycardia, and triggered ventricular fibrillation. The procedure of Radiofrequency Catheter Ablation with the guidance of 3D Electroanatomic Mapping Technology.

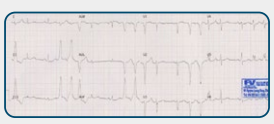
Compared with the previous 2D technique, 3D technology uses less X-rays, limiting exposure to radiation in treatment. In addition, the detection time for extrasystoles is also significantly shortened. The application of 3D mapping system in electrophysiological exploration at FV is still quite new, but has brought a lot of benefits to patients who have received the procedure.

As in the case of three female patients who range in age from 47 to over 60 years old, the common medical history were palpitations for many years, occurring continuously from a few minutes to many hours, electrocardiogram record sinus rhythm and ventricular extrasystoles in the form of bundle branch block (T), QRS axis downward. In which, one case of 2-phase QRS in DI and two cases of positive QRS in DI, appeared at the same time with symptoms. Doctor Hoang Quang Minh – FV Cardiology Department chose the treatment strategy using Radiofrequency Ablation (RFA).

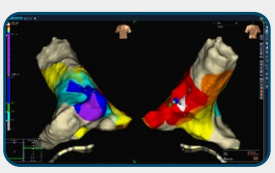
The patients underwent cardiac electrophysiological exploration to identify the exact location of ventricular extrasystoles under the guidance of the 3D electromechanical mapping system. On the 3D mapping system, the anatomical structure of the ventricular ejection chamber (P) gradually became apparent with the movement of the catheter and recorded the exact locations of the earliest electrical activation of the ventricular ectopic fovea in the wall of the ventricle. The catheter was then moved to the earliest electrically activated site, conducting cardiac stimulation with a period of 500 ms to compare the shape of the generated ectopic with the extrasystoles on the patient's electrocardiogram (pace map). The compatibility reached 98%, with the earliest activating factors and suitable anatomical position, performing ablation by high frequency wave energy. After the ectopic ablation disappeared completely, no recurrence was recognized after 30 minutes of waiting and thus, the procedure was ended safely.

Dr Hoang Quang Minh shares that ventricular extrasystoles are common and identified in up to 75% of healthy people when monitoring by Holter ECG. Many studies have proven that radiofrequency ablation is more effective than medical treatment using medication. The complication rate of ventricular ectopic ablation is reported to range from 3.1 to 5.2%. So far, our patients have had no complications after 6 months of treatment and no recurrence. However, the number of cases performed is still limited, so the conclusion needs to be followed up.

Cardiac exploratory therapy and ventricular ectopic ablation in the P ejection chamber have demonstrated benefit for the patient. Further application of the 3D electroanatomical mapping system will bring many benefits to reduce irradiation and increase the success rate of the procedure, and is to be applied to all arrhythmia treated at FV hospital.



ECG before the procedure of RFA, electrocardiogram record sinus rhythm and ventricular extrasystoles in the form of bundle branch block (T), QRS axis downward, 2-phase QRS in DI.



On the 3D mapping system, the anatomical structure of the ventricular ejection chamber (P) became apparent with the movement of the catheter and recorded the exact locations of the earliest electrical activation.

ECG after the procedure of RFA.

To make an appointment with Dr Hoang Quang Minh,
please contact: (028) 5411 3333, ext: 1165/ 1216