

# What's up, Doc?

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## Doctor NGUYEN ANH HOANG

The New Element For  
The Cardiovascular Intervention Team -  
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Doctor Nguyen Anh Hoang graduated from Pham Ngoc Thach University of Medicine, Ho Chi Minh City, in 2016. In addition, Dr Anh Hoang has participated in fellowship programmes in Electrocardiogram (2018), Continuous Renal Replacement Therapy (2018-2019), Echocardiography and Cardiovascular Disease (2019).

 To make an appointment with Doctor Nguyen Anh Hoang, **please contact: (028) 5411 3467**

## EFFICIENT PAIN REDUCTION & CONTROL FOR CANCER PATIENTS at FV Pain Clinic

Cancer pain and discomfort can have many causes, including side effects of diagnostic and treatment methods (chemotherapy, radiation therapy, surgery), but is mainly due to the cancer itself. When tumours grow, they often compress nerves organs, put pressure on bones and release chemicals that irritate the surrounding area cause pain.

Each patient experiences pain differently; depending on the type of cancer, the stage of progression and the patient's pain tolerance. Patients with cancer pain need to be treated early to increase pain treatment effectiveness and avoid exhaustion.

Most pain caused by cancer can be controlled with different methods and medications.

At the FV Pain Clinic, patients may be prescribed over-the-counter pain medication, prescription medication, oral opiate (mild opioid; and strong opioid), fentanyl patch or Morphine injected subcutaneously or intravenously (depending on patients' pain severity).

An additional method available from the Pain Clinic is where automatic injection techniques (Elastomeric PUMP) are used to deliver Morphine under the skin so that patients can use it at home. The pump will help adjust the amount of medicine automatically according to the dose that has been prescribed by the doctor in accordance with the patient's pain condition; providing good pain relief and significantly improving the patient's quality of life.

Studies have shown that when pain becomes constant, taking Opioids in appropriate amounts and regularly will bring good results, helping patients to avoid excessive pain that will quickly lead to exhaustion. Doctors can also prescribe a variety of other drugs in combination with Opioids to ease pain, increase support for positive effects, reduce side effects and lower the dosage of Opioids.

FV also applies many combination therapies for pain treatment such as: nerve plexus blockade, epidural analgesia and transcranial magnetic stimulation (rTMS) to help patients control their pain effectively, and comfortably to bring them happiness living with cancer.



 To book an appointment at FV Pain Clinic, **please contact: (028) 5411 3333**

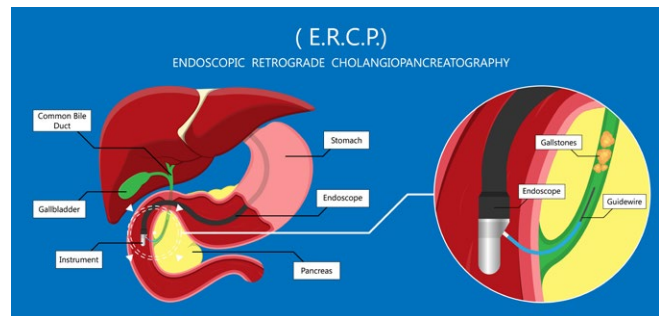
**BY ENDOSCOPIC REVERSE CHOLANGIOPANCREATOGRAPHY (ERCP)**

A 68-year-old patient named D.K.T, living in Ho Chi Minh City, successfully underwent stent replacement and bile duct stone removal by Dr Bui Nhuan Quy, Head of FV's Gastroenterology and Hepatology Department, via endoscopic retrograde cholangiopancreatography (ERCP).

Four years ago Mr T. received a liver transplant surgery abroad and had a biliary stent implanted which needed to be replaced periodically. The last time the patient received a stent replacement was around one year ago. Due to the epidemic, the patient did not visit the hospital for follow-up visits and did not have his stent replaced on time. The stent became ineffective and unable to drain bile, causing blockages and infection.


When he was admitted to FV Hospital, the patient had symptoms of biliary tract infection such as jaundice, itching all over the body and intermittent fever and chills. At this time, Dr Quy assigned the patient to have MRI scans to confirm the diagnosis and the results showed that there was a stent in the dilated bile duct but no stones were found in the biliary tract. The patient was assigned endoscopic retrograde cholangiopancreatography (ERCP) to accurately diagnose the cause and intervene to drain the trapped bile.

The patient was admitted to the hospital for endoscopic retrograde cholangiopancreatography (ERCP), which combines X-ray and endoscopy to diagnose and treat problems in the liver, gallbladder, bile ducts, and pancreas. The scope was inserted into Mr T.'s mouth, through the oesophagus, stomach, and then to the duodenal papilla, the place where the bile duct joins the duodenum. A thin plastic catheter was



inserted into the bronchoscope to go to the tip of the tube and then inserted into the duodenal papilla and bile duct, so doctors could remove the old stent, found and took out six stones measuring 0.5 cm to 1 cm in size. Although the stone was removed, Mr T.'s bile duct was still not clear, so Dr Quy placed a new stent to drain the bile. However, there were signs of oedema around the mouth of the bile duct, so Dr Quy decided to perform a biopsy and results showed that Mr T. had chronic papillomatosis which needed to be monitored and re-examined every three to six months. The procedure ended after one hour and Mr T. was discharged after two days. After one week of follow-up examination, Mr T. was experiencing less itching and jaundice. These symptoms also disappeared after two weeks.

ERCP is a modern technique which provides a high degree of accuracy in performing diagnoses and high success rate of intervention, and enables a minimally invasive stone removal procedure with few complications. This method has gradually replaced open surgery and has many advantages, including a shorter hospital stay and recovery time.

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

**FV DOCTORS SAVE THE LIFE OF A NINE-YEAR-OLD BOY WHO SWALLOWED A METALLIC BLOCK AND MAGNET WHICH CAUSED INTESTINAL OBSTRUCTION, PERFORATION OF THE COLON-DUODENUM**

A nine-year-old patient named C.H.P, living in Ho Chi Minh City, who was successfully operated by Dr Le Duc Tuan at FV's General Surgery Department. Little P had accidentally swallowed small screws and a magnet and the objects became tightly packed together to form a block of metal, causing intestinal obstruction.

According to his family, before being admitted to the hospital, the child had abdominal pain and vomiting, leading to dehydration. The family immediately sent the child to the Paediatric Department at FV Hospital for examination and hospitalisation for water transfusion. The doctor gave P an ultrasound, but the image still did not show the issue clearly, so he was assigned additional MRI scans so the problem could be better observed. The results showed that there was a foreign block causing intestinal obstruction, but the specific diagnosis was not yet known.

P underwent laparoscopy and the results of abdominal observation showed that the small intestine was obstructed, the peritoneal fluid was clear yellow and the small intestine-colon-duodenum were adhered to a mass. Dr Le Duc Tuan decided to perform open surgery with general anaesthesia. During the operation, Dr Tuan discovered that many small screws were stuck together by a magnet, causing the small intestine to become twisted and blocked in three positions. P's duodenum and colon were perforated due to the passage of foreign bodies. The doctor removed the foreign objects, stitched the perforated bowel, cleaned the abdomen, then placed a drain and a feeding tube through P's stomach and brought out the perforated colon to make a temporary artificial anus. The surgery took more than six hours and was a great success. After surgery, P's health condition was stable and the artificial anus was removed after one month.

Dr Le Duc Tuan said that the process of diagnosis, treatment and surgery for the patient had many obstacles. Because the patient was young, his stamina was lower than that of an adult. He was also allergic to antibiotics and the perforation of key organs such as duodenum, colon and stomach, if not handled promptly, was life-threatening. Thanks to the harmonious multidisciplinary coordination between the Department of Internal Medicine, the Department of General Surgery, the Department of Paediatrics and the Department of Imaging, the child's life was saved.

According to Dr Le Duc Tuan, the case of children swallowing metal toys with a magnet as above is very dangerous. Magnets attract other metals and so when children swallow metal and magnets together, they often stick together along the digestive tract, especially in different segments of the intestine. This obstruction causes pressure on the intestinal wall and ischemia, leading to perforation of the intestine and necrosis which can cause septic shock and even death.

 To make an appointment with Doctor Le Duc Tuan, please contact: (028) 5411 3333, ext: 1250



Foreign bodies are magnetically pulled together to form a mass in the patient's intestines