

TYGERBERG NEWS

June/September 2017 | Volume 2 | No. 2

Magazine

**“We never know
the worth of water
till the well is dry.”**

– Thomas Fuller



Western Cape
Government

Health

BETTER TOGETHER.



GENERAL NEWS

Editors Note

By now we are all aware of the water crisis facing the Western Cape. Water is one of our most precious resources and essential for life and it is important that we protect our supply.

There's numerous opportunities to cut back on water usage at our homes and workplaces. Please see examples on pages 4-5.

Hope this spurs you on because water savings starts with you. It is in everyone's best interest to conserve water and educate those around us to do the same.

We want to congratulate the Wow Team with their leaders and Mr Koopman on their achievements.

Also please take note of the safety tips for the family and be vigilant of the dangers lurking in your house (poison control).

Please continue to let us know what's happening in your departments. Keep sending those success stories because that will motivate other departments to do the same. It's important for us to cultivate a culture of excellence.

We also want to appeal to staff to send us suggestions to alleviate service pressures around the hospital.

Till next time, take care and **BE WATER WISE!**

CONTENTS

IN THIS ISSUE

- 2 Editorial
- 3 Compliments

AWARENESS

- 5 Water Savings
- 11 First 1000 Days
- 13 Back Management
- 15 Osteo Arthritis
- 19 Safety Tips
- 21 Poison Control

EVENTS

- 12 Nurses Day
- 14 Women's Day

STAFF RECOGNITION

- 16 Clubfoot Clinic
- 18 WoW Club
- 18 Mr Koopman

INFRASTRUCTURE IMPROVEMENTS

- 7 Replacement of watermain
- 9 Commissioning of C1DW

TYGERBERG HOSPITAL MAGAZINE TEAM:

Telephone: 021 938 5454/5608
Fax: 086 601 5218

E-mail:
laticia.pienaar@westerncape.gov.za
rozaun.botes@westerncape.gov.za

All letters, suggestions and articles can be sent to the above email or fax number. Note that all photos must be high resolution (good quality) .



COMPLIMENTS

THANK YOU

THANK YOU WARD F-GROUND STAFF

Good day

Our mother, Matshidiso Maria Nwebani, was admitted at Obstetrics and Gynaecology (Ward F-Ground) for a major operation in the month of April.

Due to the nature and the complexity of the case, she stayed a little longer, had to be re-admitted a couple of times and obviously needed more than normal care.

As the family we appreciate the care, service, grace and kindness that were extended to our mother and us during her treatment period. We appreciate all the doctors and nursing staff who were there throughout this time.

My mom would like to mention Nurse R. Holtzhausen for the special moments and going the extra mile to assist her and even encouraged her when she was weak.

When things go wrong, everyone makes the greatest noise. More noise should be made when good things actually happens.

You played a big role in us realising the Way Out that was promised to us - 1 Corinthians 10:13: "No temptation has come upon you except what is common to humanity. But God is faithful; He will not allow you to be tempted beyond what you are able, but with the temptation He will also provide a way out so that you may be able to bear it."

We are thanking the Lord for providing us with such grace that we were connected with your hospital and your gracious staff. We see the Lord's grace all over and are forever grateful.

We will appreciate it if this message can filter through to the Obstetrics and Gynaecology doctors and nursing staff.

Regards

Ntombi Mzalisi (Grateful daughter)
On behalf of Nwebani family

Best
Letter

To Whom it may concern,

Today being Tuesday 2 May 2017 I was attended too at Tygerberg Hospital for Cardio tests.

I arrived at 06h45 and found the security lady at Entrance 4 friendly, then a lady (Dorianne Andrews) helped us at Nurses registration who was most helpful and informative. She was patient and helpful with all the patients and directed us to Patient registration.

Here another lady (Patricia Fransman) assisted us and registered my details and guided me to the 8th floor.

Staff at 8th floor registration were also friendly and patient. Mr Romano van Ross was most professional and answered all my questions.

Needless to state that the Doctor who did my (jelly) scan was kind and helpful and I was finally directed me to Dr HW Snyman who was patient and did a thorough check on my cardiac concern.

Overall **HIGH** marks for staff and security help at Tygerberg Hospital. I have already been spreading the positive word.

Sincere Thanks

Allan Korsman



WATER SAVINGS

BE WATER WISE

The Western Cape is experiencing a **WATER CRISIS**. PLEASE reduce your consumption. Remember, water is a shared resource. **Don't use more than your share** to avoid the taps running dry. **Please use as little water as possible** at home and at the office.

Saving water in the home

Water is a precious resource and we all have to learn how to use it carefully – every action you take to save water in your home makes a difference! Be especially conscious of your water usage during our hot and dry Cape Town summers.

Monitor your water consumption

Occupants of formal households use more water than any other group in Cape Town. To save water, it helps to know how much water you are using and how you could use it more efficiently.

Fast fact

Generally, 40% to 60% of household water is inefficiently used for outdoor purposes, like watering gardens and filling swimming pools.

Make sure you know where your property's water meter is located and how to read it.

Monitor your daily average water consumption. This is provided in your municipal invoice.

Alternatively, you can monitor your consumption online using e-Services.

Find out how to register in City Connect. Register for e-Services.

Most homes use well under 1 000 litres per day (30 kl per month). If you use more than this, you are a

high water consumer.

Water saving tips for throughout your home

- Ensure all taps are fully closed and replace tap washers regularly. A dripping tap can waste 30 litres a day – that is equivalent to 10 000 litres a year.
- Fit tap aerators to reduce and spread the flow. This saves water yet feels like you are using the same amount of water.

Water saving tips for your kitchen

- Ensure washing machines or dishwashers have a full load before running them.
- Rinse dishes and vegetables in a basin of water, rather than under a running tap, and reuse the water for pot plants or in the garden.
- Reuse rinse water for the next cycle of washing up.
- Thaw frozen foods in the fridge at room temperature, in a basin of water, or in a microwave rather than placing them under running water.
- Reuse rinse water for the next cycle of washing up.
- When using taps, don't let the water run down the drain while waiting for the hot water or for the water to cool. Rather collect the water in a bottle.

Water saving tips for your bathroom

- Close the tap when brushing

your teeth.

- Plug the sink when shaving rather than rinsing your razor under running water.
- Shower rather than bath – a half-filled bath uses 113 litres of water, while a 5-minute shower uses about 56 litres.
- Install a water-saving showerhead, take shorter showers, don't run the water at full force, and turn off the shower when soaping.
- Reuse bath water in your garden.
- Install a new water-saving toilet.
- Check if your toilet is leaking.
- Install a water-saving showerhead, take shorter showers, don't run the water at full force, and turn off the shower when soaping.
- Reuse bath water in your garden.
- Install a new water-saving toilet.
- Check if your toilet is leaking.

Fix water leaks

Cape Town's water use is much higher than it could be. This is because of water leaks and wasted water from dripping taps and leaking toilets. By checking for water leaks, you save water and reduce your water bills.

What the City is doing to save water

Cape Town is a vibrant city, and its economy and population are constantly growing. This places a strain on the city's water supply.

The City of Cape Town has implemented a wide range of measures to save water, including:

- implementing innovative water pressure management systems to reduce water leakage;
- finding and repairing underground water leaks;
- replacing ageing water mains;
- improving response times for repairing pipe bursts;
- promoting the use of treated effluent (recycled water) or borehole water instead of drinking water for irrigation purposes;
- offering plumbing repairs for indigent households free of charge;
- introducing the stepped tariffs system of billing;
- monitoring water losses from our systems; and
- creating awareness for water saving, school visits and communication.

You only have 87 litres each day. It would be a good idea to measure your usage wherever you can.

- Fill a 2-litre bottle with tap water each day and reserve this for handwashing only. - **(85 litres left)**
- Fill a 500ml bottle with tap water each day and reserve this for brushing your teeth. - **(84.5 litres left)**
- A 2-minute shower would use on average 40-45 litres of water depending on your water pressure. The lower your pressure is, the better. Low-flow shower heads use even less water per minute. Make sure to place a bucket in the shower with you to catch run-off water. - **(44.5 litres left)**
- A toilet uses 9-10 litres of water per flush on average. This means that going to the toilet 3 times a day would use 30 litres of your 87 litre quota. A good trick is to

choose when to flush very wisely – if it's yellow, let it mellow. Alternatively, use the run-off water from your shower to flush your toilet and save some on your budget! - **(14.5 litres left)**

- Take note of the 1 litre mark on your kettle. Avoid filling your kettle and boil only what you need – the 1-litre mark can be used as a parameter. You can fill your kettle to the 1-litre mark 3 times a day. This uses 3 litres of your water quota. - **(11.5 litres left)**
- Fill a 2-litre bottle of water. This can be reserved for drinking water. Alternatively, buy bottled water for drinking. - **(9.5 litres left)**
- Wash dishes once a day. Scrape and wipe off leftover food before washing. This keeps the dishwasher cleaner for longer. Reserve 4 litres for this and stick to it. - **(5.5 litres left)**

Reserve water for feeding pets. Depending on how many you have, this could easily use up the bulk of your remaining water quota. If you're smart enough to use run-off water to flush your toilet, you'd have more to spare!

Think of how you'll save water on days when you'll be using the washing water, or cleaning your home. There are ways to adjust your water budget to suit your needs.

For more information, please visit www.h2hero.co.za

Sources: City of Cape Town & Corporate Communication

Every drop counts...

We receive useful advice from the media all the time – including the Corporate Communication and Health Communications Department – about how to save water and keep our individual consumption down to less than 87 litres per day. But how can we save water at work? Is it okay to let it mellow if it's yellow? Is this something we're even comfortable to discuss in the workplace?

There's a lot we can do through being mindful of our habits and making changes where we see water going down the drain. Taking the initiative to report dripping taps and running toilet cisterns is a big one. Two staff members from the Engineering Workshop who recently earned their badges as qualified plumbers (Mr Sam Lemmert, Mr Branwyn Van Schoor) are systematically checking the building for leaks. They are repairing faulty elbow action mixers, and replacing jumpers in all of the taps. Who would have thought that this thing in a tap has the same name as frogs and jerseys!

Please help them by reporting leaks.

Contact Mr Phila Sishuba 5199/5756

Thabang Tladi, Director: Project Office

INFRASTRUCTURE DEVELOPMENT

REPLACEMENT OF WATERMAIN AND FIREMAIN PIPELINES

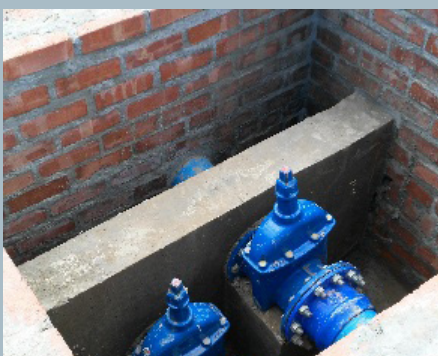
The existing ring mains are old and broken in various areas, and cause major disruptions to the services when an emergency intervention is required. Due to various interventions in the past in order to remedy water disruption, the current ring main is composed of a combination of various pipework types (e.g. steel, asbestos cement, uPVC and HDPE), and this poses a hazard because these are varying size diameters and some are as deep as 4 m below natural ground level, which makes it difficult to service. The greatest risk is posed by the asbestos cement pipework which constitutes the majority of the ring main. A majority of the valves on the ring main are corroded.

This bulk water reticulation project was implemented to resolve the above problems, and this was achieved by replacing the entire water supply ring main with an appropriate design and suitable durable material.

CONSTRUCTION OF MANHOLES



PRESSURE TESTING



PRESSURE LINE TESTED



RELAYING OF PIPELINES



CONCRETE SLABS & HORIZONTAL DRILLING



BOREHOLE SAMPLING & WATER TESTING



COMMISSIONING OF C1D WEST

Dear Dr Erasmus,

The frustration of working in an environment that is not fit for purpose was a source of enormous frustration for all involved – staff, students but especially our patients judging by the litany of complaints that emanated from Ward F1. The commissioning of Ward C1DW was a welcome change and greatly appreciated by the staff and no doubt by our long-suffering patients.

I wish to take this opportunity to express the deepest gratitude of the Department of Medicine to you personally for your leadership in making this long overdue project a firm reality. The modern ward with its bright colours, airiness, state-of-the-art equipment and other excellent modern facilities has been a welcome change and boosted the morale of the staff working there. While we continue to face some old challenges and new ones will no doubt present themselves, we are very grateful to the hospital management for the support that they have given the Department and we trust that the strong working relationship we have developed over the years will continue to make this one of the best departments of Medicine in the country both in terms of service delivery as well as its academic mandate. We also wish to convey a very special word of thanks to the nursing staff in Ward F1 who have stood by us steadfastly over the years and often borne the brunt of the challenges there.

Once again, many thanks for your and your teams support not only for this project but for the Department over the past few years.

Kind regards,

Prof M R Moosa

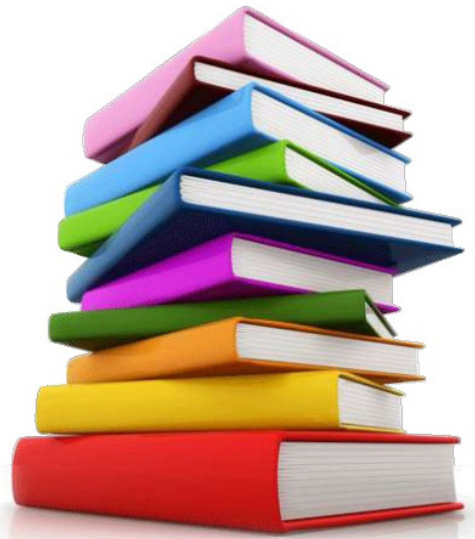
Executive Head: Medicine



The existing ward layouts cannot be easily refurbished to accommodate operational requirements due to the rigid grid structural design. However, interventions to improve these wards such as C1D West Medical Emergency Unit are assisting with improving the conditions at the hospital. This Emergency Department project has helped to improve the quality of patient care, as well as resolve the problem of overcrowding in the Medical Emergency Unit. It has been an indication of the role that infrastructure can fulfil in improving patient, visitors and staff experience.

LITERACY

WORLD BOOK DAY



Celebrated worldwide on the 23rd of April, World Book Day aims to promote a culture of reading, writing and publishing in all local languages and easy access to books for all.

Tygerberg Hospital, one of the biggest children's hospitals in the Western Cape, daily caters for more than 320 children and due to their length of stays, often miss out on school.

The objectives of World Book Day celebrations are:

- to raise awareness about the importance of reading
- to reach out and give people access to books
- to educate people to take care of their library facilities
- to celebrate books

Tygerberg Children's Hospital is working towards ensuring that each child has a book to read upon discharge from the facility. Parents are their children's first and most efficient teachers, and shared reading (reading by parents to their own children) has shown to be a very efficient way of improving vocabulary, school performance and even social interaction with peers in children. Reading is also fun, enjoyable and develops a child's imagination.

Dr Miemie du Preez, senior paediatric consultant at Tygerberg Hospital, said: "What makes this intervention so novel is that studies have shown that the most disadvantaged children show the biggest gain in cognitive development and vocabulary when exposed to reading. Regular shared reading can positively change the structure of the developing brain."

Linking literacy and health offers an amazing window of opportunity for early intervention and empowerment of parents. Creating a habit of shared reading has the potential to change our educational outcomes. Books are as important to a child's future as breast milk, immunisations and access to healthcare are. We cannot do without books!

"Apart from nurturing a love for books, reading also creates opportunities for parents and children to interact develop a connection and have fun. Hospital attendance and admission creates an opportunity to promote, and introduce shared reading to parents," said Du Preez.

Currently the following book sharing initiatives are in place at the hospital:

- 1) Reading to premature babies has shown to be beneficial. Currently every baby admitted into our neonatal wards receives a nursery rhyme book (in the mother's native language). The parents have a "Script to Read" and read to the babies daily. At premature follow-up at the clinic, they receive a picture book in their own language as a gift.
- 2) Tygerberg Hospital School has a beautiful well-stocked library and the school has opened its doors to the parents and children of the hospital. It has books in all the native languages. Currently medical students are taking the children and parents to the school library twice a week. We strongly emphasise the "Play with Books" aspect and tell them about libraries and the free availability of books in

their communities.

- 3) For the children that are too ill to go to the library, we have trolleys of books; currently we have volunteers that take the trolleys to the wards three days a week.
- 4) The book-sharing initiative is serving both OPD (Outpatients Department) waiting rooms. Outpatients is the ideal place to introduce shared reading. The volunteers take the book trolley around to the parents waiting in the waiting room. They give information on shared reading with an emphasis on "having fun with books" and demonstrate how to read to a child. Posters in Outpatients and wards advertise reading as fun.

- 5) Each consulting room in G-Ground is stocked with a book box. It consists of picture books in the three main languages of patients we service (Afrikaans English and isiXhosa). Each patient receives a gift (a book) that they can choose from the attending doctor and advise about the importance of shared reading.

We appeal to the staff and community to donate books. It can be second-hand, but in a good condition. Currently we do not have enough books to stock specialised clinics like cardiology or pulmonology. Xhosa books are much needed, as native language promotion is important, but the availability is limited. The Nalibali website offers beautiful Xhosa books that can be downloaded free from charge but the printing costs is high though.

FIRST 1000 days

Right Start. Bright Future.

The hospital staff have been actively taking up the provincial First 1 000 Days Initiative challenge in several ways over the past few months. Firstly, a multidisciplinary session was hosted by Dr Elmarie Malek as part of the University of Stellenbosch Faculty Healthcare Sciences, Department of Paediatrics Academic Programme at which Prof. Stefan Gebhardt (Obstetrics), Prof. Astrid Berg and Dr Anusha Lachman (Psychiatry), Dr Janet Giddy (Family Medicine) and Dr Elmarie Malek (Paediatrics) did presentations.

This went a long way to illustrate the multidisciplinary nature of the First 1 000 Days Initiative. A dedicated presentation to hospital managers followed and was further discussed at the hospital's Annual Operational Planning Day in March 2017, at which it was decided that a Tygerberg Hospital First 1 000 Days joint task team will be formed between Obstetric and Paediatric managers, nurses and clinicians, with other disciplines being co-opted.

After attending a First 1 000 Days Roadshow at the end of 2016, Tygerberg Hospital paediatric operational managers have been actively organising orientation sessions including a talk by Dr Malek on the Role of Midwives in the Critical First 1 000 Days for staff in Obstetrics and Paediatrics (hosted by Ms Jennifer Sapto).

More recently, nursing staff from Obstetrics and Paediatrics, as well as other units, attended the first mini First 1 000 Days Roadshow session (organised by Ms Alexander, Paediatric Nursing)

presented by Dr Thandi Wessels (District Paediatrician Metro East) and Dr Elmarie Malek, and more sessions are being planned. Those who attended can now champion further awareness by wearing the First 1 000 Days button badge.

The Hospital's partner organisation, HOPE, have offered to assist with future First 1 000 Days training. Other ongoing activities related to the First 1 000 Days initiative at the hospital include the book reading project and the moms and babies volunteer programme (led by Dr Miemie du Preez). There are also several research projects underway, such as the Kangaroo Mother Care (KMC) infant attachment project (Dr Anusha Lachman). The Mother Baby Friendly Initiative (MBFI) breastfeeding programme directed by Ms Warrington and her team are an integral part of the First 1 000 Days focus, as well as the sterling work done by all clinicians, nursing staff, support staff and managers in Obstetrics, Paediatrics, Psychiatry, Allied Health and Human Nutrition. Recognition is also given to the critical role played by the hospital's social workers in support of parents and caregivers of young children.

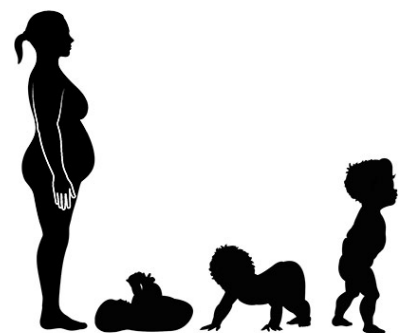
Many challenges need to still be addressed at the hospital in relation to First 1 000 Days services to address gaps in the following priority areas, including improving antenatal clinic parent education C3A, better staffing (and support) for labour ward, dedicated caregivers for babies awaiting adoption in ward J5, concerted efforts to NOT separate newborn babies from their mothers, more support for KMC mothers, more

comprehensive care for children (and mothers/caregivers) in the neonatal and paediatric units, psychosocial risk assessment and referral support for pregnant women and parents/caregivers, better support for parents of all children at Tygerberg Hospital (e.g. meals, chairs).

Tygerberg Hospital is uniquely positioned to develop a flagship multidisciplinary First 1 000 Days Programme in collaboration with its Academic and NGO partners, and we are proud to be playing a part in taking this provincial initiative forward towards TRANSFORMING our care in order for children to go beyond SURVIVE and to THRIVE and reach their full potential!

For more information on the Western Cape Province's First 1 000 Days Initiative, visit www.westerncape.gov.za/first-1000-days/ and/or contact Dr Elmarie Malek.

Dr Elmarie Malek
Head: General Paediatric Specialist Services



EVENTS

NURSES DAY

International Nurses Day is celebrated annually on 12 May. However, on 18 May the focus was on the Nurses at Tygerberg Hospital... the Florence Nightingales who work tirelessly despite the challenges that they face on a daily basis, the backbone of the healthcare system who goes beyond the call of duty, first on the shift and the last to leave. With the theme "Nurses, a Voice to Lead", Nurses were treated with a programme at the R4 Lecture Room, tributes were done and at the end of the programme they once again pledged themselves to the services of humanity and to practice their profession with dignity. Each nurse received a sponsored goody bag and a snack box sponsored by the Hospital Facility Board. Nurses, you are valued and appreciated!



Above: The Hospital's Nursing Choir was once again applauded for an excellent performance at the event



Above: Professional Nurse Van Schalkwyk was one of the lucky draw winners. Here Mr Adonis of Liberty hands over the prize



Above: Senior Nursing Manager Mrs Baartman (second from right) with some of the Planning Committee members



Above: Senior Nursing Manager Mrs Baartman shares Professional Nurse Andrea Jacobs' joy with her 41 years service certificate



Above: Nursing Staff enjoying the event

BACK PAIN

PREVENTION & MANAGEMENT

What causes back pain?

- There are various causes for back pain as muscles, soft connective tissue, ligaments, joint capsules, cartilage or blood vessels can be involved.
- These tissues may be pulled, strained, stretched or sprained.
- The good news is that even if the exact source of pain is not determined, acute back pain usually subsides spontaneously over time.
- Most episodes resolve within the first 2 weeks, but can take up to 6 weeks to completely resolve.
- Best advice for treatment of back pain is to continue to remain active as tolerated or as pain allows.

Exercise and your back pain:

Exercise is important for preventing future back pain. With exercise you can:

1. Improve your posture
2. Strengthen your back and improve flexibility
3. Lose weight
4. Avoid falls

Exercises to improve back pain:

- Aerobic exercises – conditions heart and muscles
- Strengthening exercises – focusing on your back, stomach and legs
- Stretching exercises – keeps your muscles and other supporting tissues flexible and less prone to injury

Avoid the Following if You Have Back Pain...

- **Straight leg sit-ups**
- **Bent leg sit-ups or partial sit-ups when you have acute back pain**
- **Lifting heavy weights above the waist**
- **Toe touches while standing**

Taking care of your back at home:

- A common myth about back pain is that you need to rest and avoid activity for a long time, but in fact bed rest is NOT recommended!
- If you have no signs of serious injury to your back (e.g. weakness, loss of bowel or bladder control, weight loss, fever or extreme pain) you should stay as active as possible

Here are a few tips on how to handle back pain:

1. Stop normal physical activity only for a few days. This helps calm your symptoms and reduce any inflammation in the area of pain
2. Apply heat (bean bag or hot water bottle) or ice to the painful area for the first 2-3 days, and then use heat after that. Take pain relief
3. Sleep in a curled-up, foetal position with a pillow between your legs. If you usually sleep on your back roll a towel or place pillow under knees to relieve pressure



Ten back care tips:

1. Exercise your back regularly (e.g. swimming, walking or exercise bicycle)
2. Always bend your knees and hips, not your back
3. Never twist and bend at the same time
4. Always lift and carry objects close to your body
5. Try to carry larger loads in backpack/rucksack and avoid sling bags
6. Maintain a good posture at all times. Avoid slumping in your chair, hunching over a desk or walking with your shoulders hunched
7. Use a chair with a backrest. Sit with your feet flat on the floor or on a footrest. Change how you sit every few minutes.
8. Quit smoking. It is thought that smoking reduces the blood flow to the discs between the vertebrae (spine) and can lead to erosion of the discs.
9. Lose any excess weight as it can strain the back
10. Choose a mattress suited to your height, weight, age and sleeping position

Ms I. Fridle (Physiotherapist)

WOMENS DAY

Be Bold for Change was the echo in the R4 Lecture Room from almost 400 female staff who were honoured and celebrated on 2 August 2017; an annual event focussing on females who work tirelessly at Tygerberg Hospital. The humble Fatima Jakoet (SAA's first female pilot), keynote speaker at the event, emphasised that **"a successful woman is one who can build a firm foundation with the**

bricks others have thrown at her", and had the crowd glued to her lips when she shared an encouraging and motivating address. What a performance by Robin Pieters, who had the ladies on their feet with his singing and dance moves. As a token of appreciation, staff received on arrival a beautiful pink rose brooch sponsored by the Hospital Facility Board. They were also pampered

with hand massages, treated with muffins, sandwiches, doughnuts and cupcakes, as well as lucky draws from various stakeholders. Going back to work after such an amazing treat was very difficult, but being bold had to be exercised. A huge thank you to all the sponsors and role players who added to the overall success of such an auspicious event.



Above: Chairperson of the Hospital's Facility Board, Mrs Manette De Jager & Mr Siya Mjongili handed out the pink rose brooches



Above: The women of Tygerberg Hospital waiting to enter the beautifully decorated venue



Above: Programme Director, the fabulous Fatima Allie, listening to Fatima Jakoet as she humbly addressed the ladies with her #BeBold-forchange words of encouragement



Above: Cameras flashing from all angles in the hall for Robin Pieters' version of Bruno Mars' Uptown Funk

OSTEO ARTHRITIS

(OA)

What is Osteo arthritis (OA)?

Arthritis is a term meaning inflammation of a joint or joints. OA is a form of arthritis resulting from degeneration of the protective cartilage which lines the ends of the bones around the joint.

How common is Osteo arthritis (OA)?

It is the commonest form of arthritis. The onset is typically in the 5th decade and progressively affects increasing numbers so that by the age of 70 years most individuals will be affected by this disease. With increasing numbers of people living to an older age, OA is likely to be an important contributor to the burden disease affecting the musculoskeletal system.

Why should members of the public and organisations know about Osteo arthritis (OA) ?

OA comes in various guises and many persons have the condition without knowing about it.

Not only is OA the commonest form of arthritis but it is also an important contributor to the global burden disease. In a study done in Cape Town many years ago it was found that one of the forms of OA, mainly mechanical backache, was responsible for a very common cause for sick leave, thus having an adverse effect on the economy of the country.

Which joints are affected in Osteo arthritis (OA)?

The joints typically affected are the hands where the distal and proximal finger joints and base of thumb are affected. Other joint areas affected include the knees, hips, base of the big toe, lower cervical spine and lower lumbar spine.

What are the risk factors for developing Osteo arthritis (OA)?

The well-known predisposing factors for

OA are:

- Age – referred to above.
- Sex – females are more commonly affected than males.
- Genetic – the nodal form affecting mainly the hands (see below), tends to run in families compared to the weight bearing joints such as the knee and hip where the genetic component is not that strong.
- Obesity – this is thought to be the result of weight bearing and strain, especially of the knee joint.
- Previous joint damage, particularly of the cartilage. Typical examples of these include:
 - Trauma
 - The presence of joint diseases such as rheumatoid arthritis and gout
 - Abnormalities of the underlying cartilage caused by other illnesses such as Perthes disease.

How does one distinguish between Osteo arthritis and other forms of arthritis such as Rheumatoid Arthritis (RA) and gout?

The main distinguishing features are the distribution of the joints affected and the nature of the pain. In OA the pain is typically made worse by activity whereas in RA the pain is relieved by activity. In OA, the hands are involved but generally spares the wrist and elbows, whereas with RA the joint involvement is often more widespread and the associated morning stiffness is often more prolonged. In gout the onset is characteristically more acute and is not an uncommon cause of a single very painful and swollen joint. It is also not uncommon for OA to occur in a patient with gout and vice versa

What forms of therapy are available for Osteo arthritis?

There is no cure for OA and therapy

consists mainly of drugs such as paracetamol and other medication such as ibuprofen or diclofenac which relieves pain and inflammation. In those patients with nodal OA of the hands, disease modifying therapy like chloroquine may result in relief of the severe pain and inflammation that some patients experience.

Topical applications such as methyl salicylate ointment have been shown to be of benefit. A more recently launched complementary topical gel called Flexiseq has shown some promise.

Evidence that over the counter therapies such as glucosamine and chondroitin works is lacking, but some patients report relief of symptoms. In cases where a single joint is involved, for example those with OA of the knee, physiotherapy and weight reduction may be of value. In very severe cases, surgery such as a knee or a hip replacement may be necessary.

Are there any new developments or novel ideas in the field of OA?

Despite extensive research internationally, the search for more options including the use of biologic agents for changing the course of the disease, has not yielded convincing results.

Of interest is that whereas OA has been thought to be a largely “ wear and tear” or degenerative disease, newer studies suggest that obesity which is a risk factor for OA may cause OA resulting from the release of substances released from fatty tissue which cause inflammation. Newer studies also suggest that although the primary target for joint damage is the cartilage lining the joints, other factors such as bony abnormalities and altered pain perception may also be involved in the aetiology of OA.

Dr Mou Manie

Rheumatology & General Medicine

SUCCESS STORIES

CLUBFOOT CLINIC

World Clubfoot Day is celebrated on 3 June every year, to raise awareness and support for children born with this common birth defect. Around 2 000 children are born every year with clubfoot. Many people do not know what clubfoot is, or that it can be effectively treated to prevent disability. The Ponseti method is best practice and has a success rate of almost 95% when done by a well-trained healthcare provider.

When Damian Kotze was born with clubfoot in 2015, his parents, Sheena and Ryan, were worried about his future. They didn't know much about the condition and treatment.

Damian was referred to the Hospital's Clubfoot Clinic where he had weekly plaster casts applied to his legs. After eight weeks of casts, he was ready for

his tenotomy, which is a non-invasive procedure that can be done in the clinic with local anaesthetic.

Damian is a very contented and friendly baby, and his parents are extremely proud of how well he has handled the treatment.

"Damian now sleeps in his boots and bar every night and his feet are looking fantastic," Sheena said. "I am so grateful for the wonderful treatment he had at the clinic, and the Steps parent adviser who helps out weekly was very supportive, answering any extra questions we had after seeing the doctor, and giving advice."

The Clubfoot Clinic has a family room that has been furnished with comfortable seating and baby friendly toys. Every week, the families meet

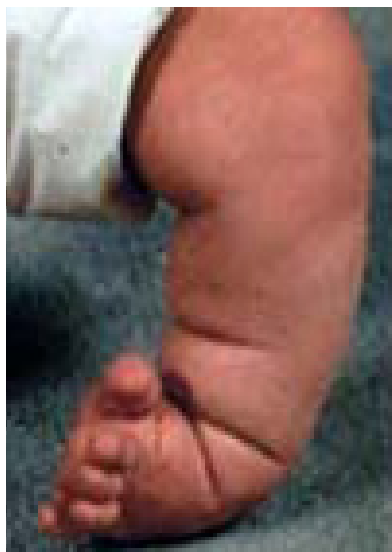
there, drink coffee and tea together, and chat about their experience. Having this space to share with other families and the caring of all the Tygerberg clinic staff, has made what was initially a frightening diagnosis for Sheena and Ryan much easier to handle.

Damian is now 20 months old and his parents are relieved that their son is walking and playing without any problem. He sleeps well in his boots and bar every night and has regular check-ups at the clinic. Thanks to the hospital clinic's excellent care and the support of Steps, Damian can look forward to a life of full mobility.

Karen Moss: Steps Founder



Above: 20month -old Damian Kotze



Above: Graphic Image



EARLY DETECTION HEARING LOSS

Above: A mother holds her newborn baby while the hearing screening is done



Permanent hearing loss affects 3 to 6 children per 1 000 worldwide. An estimated 17 babies are born with hearing loss daily in South Africa. Since hearing loss is invisible, it can go undetected for many years.

The early identification of hearing loss in babies and young children is essential and has dramatic benefits for speech, language and auditory development. The listening centres of the brain develop rapidly during the initial few months of life, while the first three years are a critical period for a child's speech and language development. A delay in the identification of hearing loss leads to irreversible delays in the development of a child's communication skills, which could further impact their social and emotional well-being and academic potential. This, in turn, may later affect a hearing impaired person's capacity to be self-supportive as an adult and to participate fully in society and in the country's economy. If a hearing loss can be identified early enough (by age 6 months) and appropriate intervention is provided, the hearing impaired child may have the potential to develop spoken language skills which are

comparable to normal hearing peers.

A baby's hearing may be screened as early as 24 hours after birth. Hearing screening is a simple and painless test which is done while a baby is sleeping or feeding. Results are available immediately. While hearing screening is implemented by law in many developed countries, this is not yet the case in South Africa. Hearing screening services are expanding in the Western Cape and are available at certain community clinics, birthing units and hospitals. Where screening is not available, it is vitally important for health workers to respond promptly to any concern a parent may have regarding their child's hearing and/or speech-language development. Delays in referral have far reaching consequences for a child's future well-being.

Premature babies and babies admitted to the NICU (Neonatal Intensive Care Unit) are 10 times more likely to have a permanent hearing loss. A Newborn Hearing Screening Programme was recently established in the neonatal wards (G1, G8 and J3) at Tygerberg

Hospital. Ms Irene Watt, the first lay person to be trained as a hearing screener in a tertiary hospital in the Western Cape, has single-handedly screened over 1 500 babies since the inception of the programme in October 2016. Mothers of high risk infants who pass the hearing screener are encouraged to stimulate and closely monitor their baby's listening and communication development. Infants who do not pass are retested and referred to the Audiology Department for further diagnostic testing if necessary. Should a hearing loss be confirmed, the child and family receive further assistance and support. Services available include hearing aid fitting, specialist medical assessment, counselling and guidance regarding further intervention options to ensure optimal outcomes for each child.

If you are concerned about a baby or child's hearing, please do not hesitate to contact the Audiology Department at Tygerberg Hospital on 021 938 4825/4/17.

Ms Jeanette Birkenstock
Speech Therapist

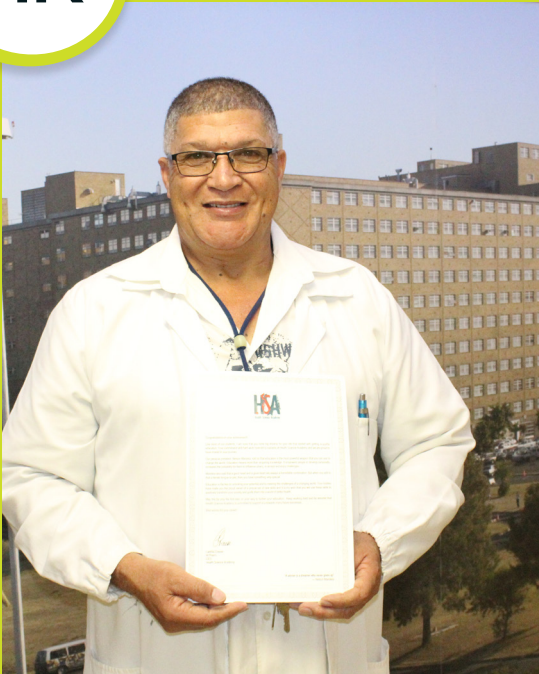
AWARDS

WOW AWARDS

Tygerberg Hospitals Western Cape on Wellness (WOW) club received a Bronze Certificate overall in the Western Cape. One of the two WOW facilitators at Tygerberg Hospital Ms Melanie Glenn (middle) received the certificate from Head of Health, Dr Beth Engelbrecht and Minister of Health, Dr Nomafrench Mbombo.



HR



Congratulations to Mr John Koopman (pictured far right) who under very difficult circumstances and challenges received his Diploma in Post Basic Pharmacy at the age of 59 years old. Wishing you all of the best for the future.

“Excellence is not being the best;

it is doing your best.”

SAFETY TIPS FAMILY



Protect your family from abduction

These simple rules could save your children's lives.

What YOU should do:

- Know your child's whereabouts at all times.
- At a very early age, teach your child their name, address and telephone number and your first and last name.
- Teach them how to call 10111 for help.
- Make sure children know how to make local and long distance telephone calls.
- Teach your children to scream as loudly as possible, and that it is okay to do so when afraid.
- Never leave children alone in a car, not even for a few seconds.
- Establish strict procedures for picking up children at school, after movies, at friends' homes, etc.
- Establish a family code word that only you, your child and a trusted relative or friend knows. Teach your child to ask for the code word when approached by someone offering them a ride.
- Remind your children to never accept a ride from someone you don't know, even if the child knows them.
- Talk to your children about child abduction in a simple, non-threatening way.
- Listen to your child when he or she discusses anyone they have met or spoken with when you weren't around.
- Have photographs taken of your children at least four times a year (especially for pre-schoolers). Make note of birthmarks or other distinguishing features.
- Have your child fingerprinted and store the prints in a safe, easily accessible place in your home.

Teach your children to:

- Never leave home without your permission. Very small children should play only in areas away from the street, such as a backyard, or in a play area supervised by a responsible adult.
- Never wander off, to avoid lonely places, and to avoid shortcuts through alleys or deserted areas. They are safer walking or playing with friends.
- Come straight home from school unless you have made other arrangements.
- Never enter anyone's home without your approval.
- If accosted by a stranger in a mall, scream 'This is not my Daddy!' and get behind the nearest shop counter.
- Scream, run away and tell you or a trusted adult if anyone attempts to touch or grab them, or if a stranger offers them a ride.
- Never give any information over the telephone including their name and address, or indicate they are alone.
- Keep doors locked and admit only authorized people into the house.

Adapted from <http://sheriff.org/safety/abduction.cfm>

SPONSORS

67 MINUTES...

The Out Patient Department staff decided to take their 67 minutes to visit the Nerina Home for the Elderly on Saturday 22 July. This was the third visit to the Home, and is aimed at making a positive difference in the lives of the 98 elderly residents (40 males and 58 females) of the Home. The staff contributed financially towards purchasing each resident a toiletry bag containing soap, face cloth, powder, roll on and a fruit parcel. Each resident was presented with a pair of bed socks, knitted by the staff.

What great fun it was listening to all the stories of the residents lives at the Home, and of course, their family histories. They indeed are looking forward to these visits as one staff member who also visited the residents last year were told by Mrs Heyns (89 years old) that she stayed away for a long time. The Nerina Home staff were very friendly, and also expressed their thanks. They stressed the value of such visits, as some of the residents do not regularly receive visitors.

For the staff of OPD the time spent at Nerina Home was very fulfilling. Just to see the facial expressions of the resident's when they received their gifts, the smiles and appreciative looks was indeed humbling.



Above: Are some of the Staff with all the goods before they handed it out to the residents

A9 ICU

COUNSELLING ROOM

The staff of Ward A9 ICU would like to acknowledge and thank the Rotary Club of Oostenberg for refurbishing our Parent and Counselling room. We would also like to extend a special thank you to Dr Beryl Leibrandt for initiating the project. The room will facilitate a more welcoming experience to the Intensive Care Unit.

Far right: At the official handover was Dr Granville Marinus, Prof Mariana Kruger with the sponsors and some of A9 Staff



POISON CONTROL

FAMILY

During 2016 the Poison Information Helpline of the Western Cape (0861 555 777) received 9 043 patient related enquiries (adults and children).

Of those

3551 (39%) involved pharmaceuticals.

623 (17.5%) involved analgesics/ anaesthetics and antipyretics

354 (10%) involved anti-infectives

338 (9.5%) involved cold and flu remedies, antihistamines

The most common poisoning that occurs in children due to the accidental ingestion of a pharmaceutical is with analgesics (e.g. paracetamol, Ibuprofen), followed by antihistamines and antimicrobials. These pharmaceuticals are often prescribed during winter months for the treatment of colds and flu.

Winter poisoning hazards:

- Cough and Cold Preparations
- Carbon Monoxide from poorly vented heaters
- Petroleum Products
- Essential oils
- Mushrooms

Cough and Cold preparations

Winter in the Western Cape often requires parents to stock up on coughing, cold and flu medication. A wide range of colourful medications tempts young children who spend most of their winter days and nights indoors. It is important for parents to implement the following precautions during this time:

- Store all medication in original containers, lock medicine away and keep out of the reach of children, even between uses.
- Make sure that you read the labels correctly before using medicine and tablets.

- Always use a child and medicine spoon when administering medicine.
- For fever use a digital thermometer, because glass mercury thermometers may break in a child's mouth. Spilled mercury requires special clean up to avoid contaminating your home.

Carbon Monoxide (CO)

Winter increases the dangers of carbon monoxide poisoning. Carbon monoxide is a clear, odourless and potentially fatal gas produced by heating systems, hot water heaters, faulty chimneys, paraffin room heaters, gas stoves, fireplaces, charcoal grills and a car's exhaust. Signs of CO poisoning are similar to the signs of flu: Headaches, nausea, vomiting, dizziness, and confusion.

- Never burn charcoal inside a house or garage.
- Never use a gas oven to heat a house or apartment or use unvented fuel-burning devices indoors.
- Never run a car in a closed garage.
- Clean and inspect fuel-burning appliances.
- Check for proper ventilation! Don't keep your house completely closed, even in winter!

Petroleum products

Lamp/lantern oil is used more frequently in the colder months of the year.

- To prevent poisoning lamp/lantern oil should be locked up and kept out of the reach of children.
- Keep lamp/lantern oil products in the original containers, never store in everyday containers such as water bottles or drinking glasses.
- When accidentally ingested, do not make the person vomit. Do not give them anything to drink or eat and contact the Poison Information Helpline.

Essential oils

Many people think that essential oils are harmless because they are natural and have been used for many years. These oils can be very dangerous for example: Eucalyptus oil, if swallowed can cause seizures; oil of wintergreen can be deadly if more than a tiny amount is swallowed. Nutmeg when misused can cause hallucinations and coma. Even a small amount of camphor is dangerous if swallowed. Seizures can begin within only a few minutes.

- If you have bottles of essential oils at home, consider discarding them (safely). Otherwise, they must be locked up, out of sight and reach of children!

Mushrooms

Only experts can tell poisonous mushrooms from safe mushrooms. Eating even a few bites of certain mushrooms can cause liver damage that can kill you. Poisonous mushrooms, called "death caps," often grow in yards and parks. A child's natural curiosity coupled with a lack of knowledge may cause children to place mushrooms and other plants in their mouths.

- Keep a watchful eye on children when playing outside.
- Contact the Poisons Information Helpline in case of ingestion

Who to Contact:

The Poisons Information Helpline of the Western Cape provides a 24/7 emergency service to the whole of South Africa.

Contact the Western Cape Poison Centre on **0861 555 777** immediately if you suspect poisoning.

Carine Marks, Director: Tygerberg Poison Information Center

BREAST CANCER



From left to right: Ms Madelein Muller (Clerk), Ms Maureen Joseph (Unit Manager & Chief Radiographer), Ms Veronica Canterbury (70 year old Cancer survivor for more than 5 years and volunteer at CANSAs), Ms Adonia Fortuin (51 year old cancer survivor, ex Radiographer), and 42 year old Ms Shantel Attwood (staff member at Tygerberg Hospital and breast survivor more than 1 year).

TEKKIE DAY



Some of the staff supported Radio Tygerberg 104fm with the Tekkie day fundraising campaign in aid of animals, disabled, children and education.

From left to right:

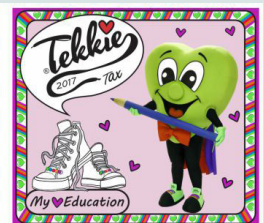
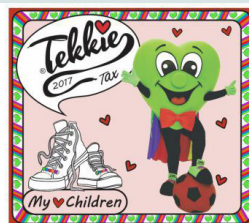
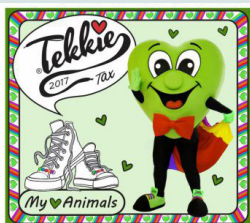
Mr Welhman Boesak,

Mrs Janine Samuels,

Mr Lester Gamba, Mrs Rozaun Botes,

Mr Lesley Manuel, Ms Nonkosi Sithole,

Mr Anzville Koopman, Mr Dale Rensburg



HR MATTERS



Above: Tygerberg Hospital bid farewell to Mr Kevin Koopman who was employed at the Stores as a Senior Administration Clerk and had 30 years of service. We wish him well with his future endeavours.



Above: Congratulations and farewell to Ms Laverne Johnson who was promoted to Assistant Director Information Management w.e.f. 1 June 2017 at the Department of Human Settlement. All of the best with your future endeavours.



Far Left: Assistant Manager Nursing Mrs Rosie Walsh, retired after 44 years of dedicated service. We wish her well and thank her for her hard work, integrity and dedication.



**Western Cape
Government**

Health

THE VALUES:



Caring

To care for those we serve and work with.



Integrity

To be honest and do the right thing.



Accountability

We take responsibility.



Responsiveness

To serve the needs of our citizens and employees.



Competence

The ability and capacity to do the job we were employed to do.



Respect

To be respectful to those we serve and work with.



Innovation

To be open to new ideas and develop creative solutions to challenges in a resourceful way



Better Together

The Western Cape Government has a duty to provide opportunities.
Citizens have the responsibility to make use of them.