

Foot Forward with Diabetes



Diabetic Foot Disease

Diabetes affects millions of people every year. Diabetic foot disease is among the most serious complications that the diabetic patients face. It is a source of major suffering and financial costs for the patient, and also places a considerable burden on the patient's family, healthcare professionals and facilities and society in general.

What is Diabetic Foot Disease?

Diabetic foot patients have blood vessels of their whole body damaged due to diabetes including the blood vessels of the feet. Neuropathy, or nerve damage, can result from slower blood flow in the legs and feet. In diabetic patients neuropathy is very important to monitor, as diabetics are at risk for developing ulcers. A diabetic foot ulcer is an open sore or wound that occurs in approximately 15 percent of patients with diabetes and is commonly located on the bottom of the foot.

Strategies that include elements of prevention, patient and staff education, multi-disciplinary treatment, and close monitoring can reduce the burden of diabetic foot disease.

How to Effectively Care for Diabetic Feet?

Every diabetic patient should daily wash and thoroughly dry the feet and clean between the toes and

keep them dry. Diabetic foot care at home is possible if a patient is provided with instructions from their physician.

Diabetic feet must be inspected on a daily basis. Even if no pain is felt, the entire foot should be examined for redness and sores. Neuropathy can often mask the pain of sores and ulcers, and cause these conditions to be overlooked. We use a magnifying mirror to examine the underside of your feet if needed.

What if Not Properly Cared?

Charcot foot is a condition causing weakening of the bones in the foot that can occur in people who have significant nerve damage (neuropathy). The bones are weakened due to decreased density, enough to fracture, and with continued walking, the foot

eventually breaks and becomes deformed. As the disorder progresses, the joints collapse and the foot takes on an abnormal shape, such as a rocker-bottom appearance.

The Charcot foot can be treated non-surgically and surgically depending on the stage and progression of the disease. The non-surgical treatment consists of Immobilization, Custom shoes and bracing and activity restriction. In some cases, the Charcot deformity may become severe enough that surgery is necessary. The Podiatric surgeon determines the proper timing as well as the appropriate procedure for the individual case.

IQRAA Hospital offers an exclusive centre for diabetic foot that requires multidisciplinary care.

IQRAA Foot Care clinic is



aimed at early detection of diabetic foot ulcer and is the best preventive measure for limb amputation.

IQRAA Foot Care multi-speciality team includes Podiatrist, Surgeon, Physician, Interventional Radiologist, Dietitian, and Nurses with expertise in diabetic foot care.

Scope of Treatment

- Clinical Assessment
- Podiatry
- Diabetes Education
- Biochemistry, Microbiology and Pathology Labs
- Wound Management
- Vascular interventional Radiology

Our Doctors



Dr. ARUN RAJ
MBBS, DNB (General Surgery), MNAMS
Consultant General Surgeon



Dr. MUHAMMED THOYIB M. K.
MBBS, MD - General Medicine (MAMC)
Consultant Physician



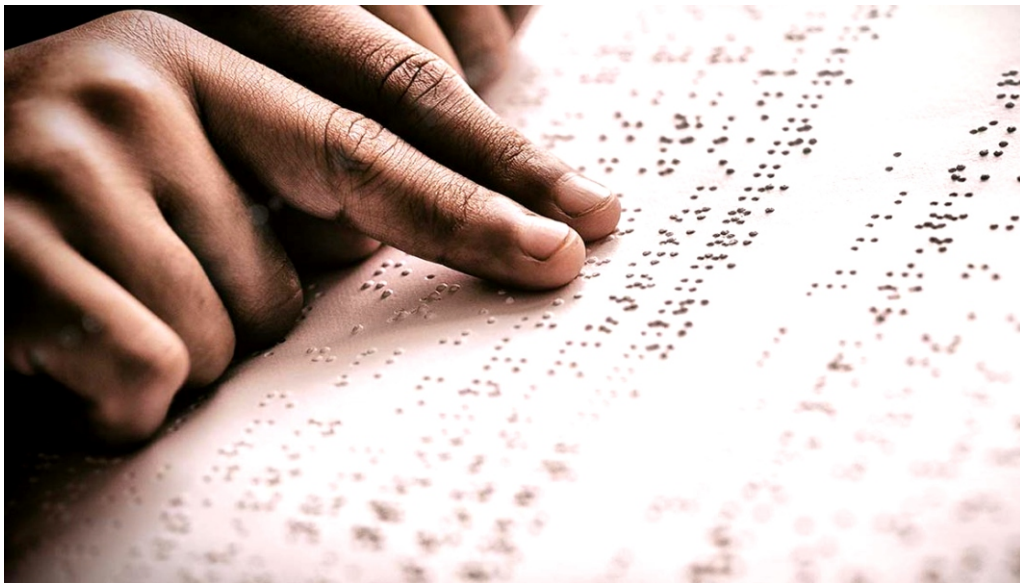
Dr. AJEER AHAMMAD V.
MBBS, MS - General Surgery
Fellowship in Diabetic Foot Surgery



FOOT FORWARD WITH DIABETES

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Let's Make Everyone See the World!



A BRIEF HISTORY OF BRAILLE

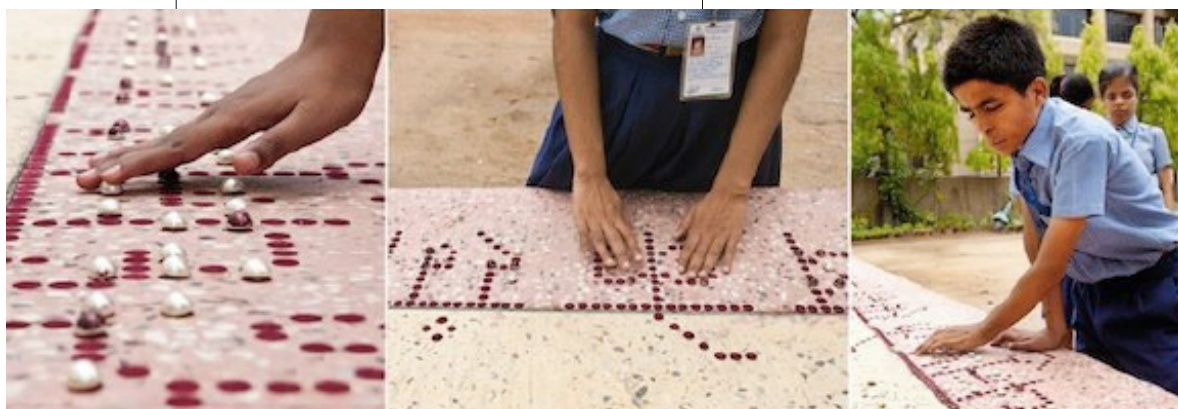
The history of braille itself goes back to the early 1800s. During this time, Charles Barbier de La Serre—a French soldier who served in Napoléon Bonaparte's army—created a system he called "night writing." With this system, soldiers would be able to communicate at night without having to use light. This would eliminate the risk of enemies discovering their position. Unfortunately, this military code was too complex. Since each letter or phonetic sound was represented by a raised 12-dot cell, it was impossible to touch (and therefore read) each one with a single fingertip. However, the code did provide a solid foundation on which Louis Braille could build the system we're more familiar with today.

By modifying the night-writing code, Louis Braille—a French boy who lost sight in one eye due to an accident and the other as a result of sympathetic ophthalmia—invented a universal system of reading and writing for those with visual impairments. He then went on to publish the first braille book, *Method of Writing Words, Music, and Plain Songs by Means of Dots, for Use by the Blind and Arranged for Them*, in 1829 when he was 20 years old. It's because of Charles Barbier de La Serre's initial efforts and Louis Braille's ingenuity that individuals who are blind or have reduced vision have the opportunity to read and write on paper.

Braille is a system of reading and writing used by those with visual impairments—specifically, people who are blind. And because it's a code, it can be transcribed into different languages. This system consists of a series of raised dots. Braille symbols are created within units of space known as braille cells. Six raised dots, arranged in two parallel rows with three dots each, comprise these cells. The number and position of the dots represent letters, numbers, words, and other elements such as punctuation marks. Like other texts, braille is read from left to right, and those who use this system follow along each line using both hands.

BRAILLE SIGNAGE

Signage is extremely important. Signage is more than pretty color schemes, attractive signage, or even logos, but the fact that a consistent strategy helps with many things, for instance, it helps navigate the audience, and it helps you office doors and other things among many others. But that's for people who have no visual disabilities. The question remains, what about the others? How does signage



reach those who can't visually read? How do we make something that's inclusive for all? Well, the answer to that is Braille signage.

Braille signage helps those who are blind or visually impaired to navigate on their own. Through the use of braille signs, you can make their lives easier and you get into their minds too. Besides, they don't need to look dull either. Simply speaking custom Braille signs are a manner of informing people that your business is involved in facilitating



visually challenged individuals. They can be found in ATMs, public phone boxes, landline phones, pedestrian shopping areas and crossings, and signage.

Usage:

Braille Signs can be a public facility for welcoming visually impaired people to your custom Braille signs. These would also help them to

travel here and there without asking for anyone's help. Thus these would give them more independence. Braille signs are used to communicate, direct and help blind people locate places. There is no limitation to its use, as long as you can see the need for it, then it becomes needed.

The use of the Braille sign has increased now, it is found in public places, staircases, museums, parks, places of worship, post offices, hotels, banks, hospitals, and on airplanes. It can also be used for bills, pharmaceutical packaging, Braille labels on books, electronics, phones, and many more.

INDIA AND BRAILLE

In 1943 in India, a government-appointed committee prepared a common Braille Code and circulated the same among various provincial Governments and institutions for the blind. When India got independence in 1947, 11 Braille codes for different regional languages were in use in various parts of the country. The recommendations of this conference led to the development of "Bharati Braille" for the official Indian languages - Hindi, Tamil, Marathi, Gujarati, Bengali, Kannada, Punjabi,

of how we communicate. So while English Braille remains popular in India, such as for books and employment opportunities, Bharati Braille offers a way for visually impaired people to read and write - and hence share their thoughts and ideas - in the vernacular languages they hear and talk. More needs to be done to bring braille education to ease the life of more than 20 million blind people in India. We need Braille compiled public places, hospitals, railway stations, bus stations etc. blind people in India. We need Braille



compiled public places, hospitals, railway stations, bus stations etc.

INCLUSIVE LIBRARY

In society, libraries perform a crucial function. They provide resources and services that foster learning opportunities, encourage literacy and education, and aid in the development of fresh viewpoints and ideas that are essential to the development of an inventive and creative society. For many people, libraries can mean different things. Informational support for those with impairments is one of this fundamental function's responsibilities.

Libraries should be at the forefront of breaking down the barriers preventing access to information because they are the sources of that information. The Union of the Physically Impaired Against Segregation (UPIAS) was established in the middle of the 1970s, and it was this organisation that laid the foundation for Oliver's (1990) social model of disability. The UK's Society of College, National, and University Libraries (SCONUL) Access Working Group has likewise accepted this model (Robertson).

In the current digital age, access to knowledge and information is more important than ever. People who don't have access to crucial information are prevented from actively taking part in social, political, and economic activities. The lack of accessible materials has kept the visually handicapped, particularly those in developing nations like India, on the margins for far too long. In order to fulfill their moral obligation to provide inclusive and equitable library and information services to the visually impaired, Indian libraries must act in concert with other stakeholders.

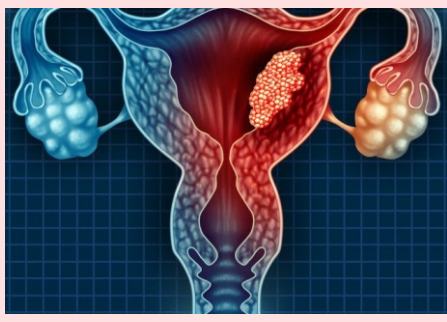
Let's make everyone see the world at their own will!

JINAN K.

Data Entry Operator, Research Iqraa International Hospital

BHARATI BRAILLE: LEARNING AND COMMUNICATION

The languages that we use in everyday life form an important part



Cervical Cancer

Key Facts

■ Cervical cancer is the fourth most common cancer among women globally, with an estimated 604000 new cases and 342000 deaths in 2020. About 90% of the new cases and deaths worldwide in 2020 occurred in low and middle-income countries.

■ Two human papillomavirus (HPV) types (16 and 18) are responsible for nearly 50% of high grade cervical pre-cancers.

■ Vaccination against HPV and screening and treatment of pre-cancer lesions is a cost-effective way to prevent cervical cancer.

■ Cervical cancer can be cured if diagnosed at an early stage and treated promptly.

■ Comprehensive cervical cancer control includes primary prevention (vaccination against HPV), secondary prevention (screening and treatment of pre-cancerous lesions), tertiary prevention (diagnosis and treatment of invasive cervical cancer) and palliative care.

Genetic Counselling; What and When?

Medical Genetics is a medical super speciality branch of medicine, which specializes in using genetic knowledge for clinical management of patients. It focuses on determining how a genetic variation can affect a person's health and disease. Medical geneticists are trained to:

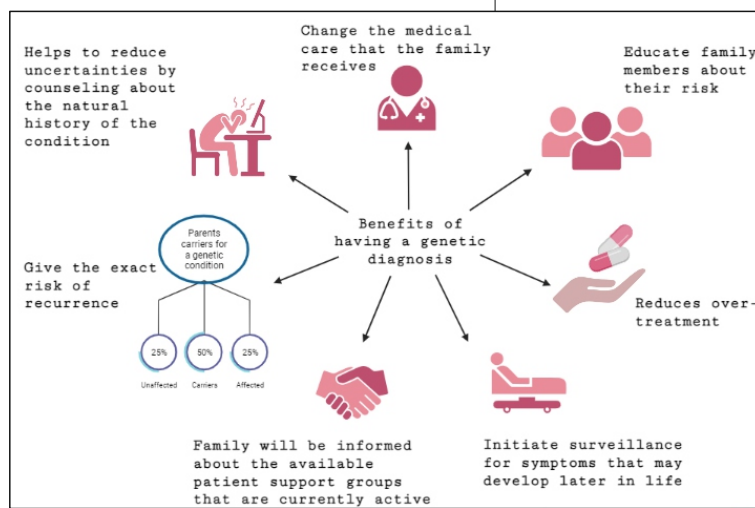
- Evaluate individuals with a suspected genetic condition
- Diagnose the condition by using appropriate genetic tests and
- Counsel the patient and family about disease management and prevention.

The role of genetic counselling in medical genetics is extremely relevant. A clinical diagnosis should be followed by pre-test counselling, which is provided by a medical geneticist or a

process of providing patients and their family members with information about their genetic contribution to a disease. A genetic counseling session aims to:

- Explain the risks/benefits of possible testing
- Improve the family's understanding of the genetic condition by discussing the natural history of the condition and available options regarding disease management.
- Educate the family about inheritance pattern and risk of recurrence as well as risk to other family members.
- Reduce family's fear and uncertainties by providing them the right guidance at each visit.

Genetic counselling before and after genetic testing is essential because it



genetic counselor. Pre-test counseling aims to increase the family's knowledge and understanding of the risks and benefits of genetic testing. It is essential to provide counseling to families following a genetic test in order to increase their awareness and understanding of the condition and its management.

Genetic counseling

Genetic counseling is the

helps ensure that the family is well-informed about the potential risks and benefits of genetic testing, and that they understand the implications of the test results.

Pre-test Counseling:

Families seek the pre-test counseling of a medical geneticist

either after being referred by clinicians from other departments or when they themselves suspect a genetic condition in their child or a family member. A medical genetics team consists of a medical geneticist and a genetic counselor will guide them during this process. They will obtain the individual's medical and family history to assess the chance of disease occurrence or recurrence. After reviewing the patient's family and

medical history, and after ruling out all non-genetic causes, they will advise the patient about various testing options, benefits and drawbacks of each test, potential outcomes, and test-related complications.

In prenatal cases, where a fetal condition has been detected by an ultrasound scan, they may be able to assist the family in making the right decision about having a test by outlining the benefits and drawbacks of the test.

Post-test counseling:

After disclosure of test results, it can be interpreted by this team, who can also assist the patient and family in comprehending the outcome. The goal is to make patients and families aware of the implications of the report in order to help them find ways to cope with it. The available treatment and/or therapy options that may have a positive impact on the individual's health will be discussed. Additionally, they can assess the risk for the patient's family, including his or her relatives, developing the same condition. The family will then be informed of this risk and preventive measures (if available). In order to promote adaptation to risk or condition, follow-up visits or consultations will also be provided.

In cases where the test result is positive and the diagnosis is confirmed by a genetic test, prenatal diagnostic testing is offered to the family in-order to determine if the same genetic change is present in the next baby as well. The test can be performed only after appropriate genetic counseling.

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Why Patient Identification is Important?

Safe patient care starts with accurately identifying patients, to deliver proper care. Failing to correctly identify an intended clinical evaluation or intervention, or for administrative function, can compromise patient safety. Throughout the health-care industry, the failure to identify the patient correctly will result in medication error, transfusion error, testing error, wrong procedure and wrong person procedures etc.

Incident 1: Two patients with the same name were admitted in the same ward. Both of the patients were admitted under different doctors and they were planned to discharge on the same day. A staff came for dispatching discharge medication. The patient was called by name, without checking the care of name and bill number. Later the staff came to explain the medication, and found that the medication had been delivered by mistake.

Incident 2: Staff called the nurses' station to inform them of the abnormal blood value, but the staff who called and took the phone addressed only by using the patient name. Actually the staff who called



opened the details of another patient and informed the report of another patient. Both of them had not checked the identification details.

Joint Commission International and the WHO jointly promoted six International Patient Safety Goals (IPSG) for increasing awareness about these goals to ensure safe delivery of care. To identify patients correctly is the first goal among IPSG.

Using two Patient Identifiers to prevent patient identification error. That is;

Patient Name

Call patient by their **Full Name** instead of calling them only by their first name
Mr. Mxxxxxxx Hxxxxxxx
 Or
Ms. Txxxxxxx Kxxxxxxx

Unique Hospital ID (UHID) Number

WORLD HEALTH AWARENESS DAYS IN THE MONTH OF JANUARY

JANUARY 04
World Braille Day

JANUARY 30
World Leprosy Day

JANUARY 01 - 31
Cervical Health Awareness Month