

Scientific Tracks & Sessions
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Health & Cardiac Surgery 2018



International Conference on

Joint Event

Healthcare and Health Management
&
Cardiology and Cardiac Surgery

August 27-28, 2018 | London, UK

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Thermobalancing therapy as the first-line treatment enables effective and safe chronic disease management at home and can reduce Healthcare costs Internationally

Simon Allen

Fine Treatment, UK

Objective: Elderly people usually live with one or more chronic diseases. A person after 67 without a chronic illness has a chance to live 22 years longer than people with a chronic condition. Thermobalancing therapy (TT) with Dr Allen's therapeutic Devices (DATD) provide effective care for various chronic diseases, therefore, they are important tools to extend the healthy life of people.

Methods: The use of TT and DATD has been studied in adults with chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS), kidney stone disease and benign prostatic hyperplasia (BPH). The empirical evidence has been gathered for about 10 years in people with these chronic non-malignant conditions. Two clinical trials observed the dynamics of clinical characteristics and parameters, such as symptoms, quality of life (QoL) and ultrasound prostate volume (PV) before and after use of TT with DATD. These results were compared with men in the no-treatment control groups. 124 men with BPH and 45 men with CP/CPPS used DATD for 6-month period, as mono-therapy.

Results: Empirical data 4 people with kidney stone disease who were selected from the total number of observations for 10 years showed that after using DATD, the kidney stones were dissolved without side effects. The outcomes of clinical trials


confirmed TT with DATD has diminished PV in men with CP/CPPS from 45mL to 31mL and in men BPH from 31mL to 27mL; symptoms and QoL improved significantly in both treatment groups, while in the control groups there were no positive changes.

Conclusions: Kidney stone disease, CP/CPPS and BPH are common problems affecting 30% of population. Management of chronic non-malignant prostate and kidney diseases using TT with DATD creates an opportunity for people with such conditions to remain healthier with aging. TT enables effective and safe chronic disease management at home and can reduce healthcare costs internationally.

Speaker Biography

Simon Allen is a highly experienced medical professional, with over 45 years of work experience in clinical medicine. He obtained a PhD in Medicine in 1978. For over 14 years, he worked at and subsequently headed a hospital's cardio-vascular department, and treated patients with renal diseases. At the age of 33 he had authored more than 50 scientific articles on metabolic disorders, including those linked to obesity, kidneys, arthritis, cardio-vascular and gastroenterological diseases. He lectured medical doctors pursuing higher medical qualifications. He then devoted nearly two decades to further medical research into various chronic diseases. He is the author of The Origin of Diseases Theory and the inventor of the effective devices which enable the Thermobalancing therapy. He is a member of the ATA.

e: finetreatment@gmail.com

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Does the degree of improvement after deep brain stimulation surgery for Parkinson’s disease meet the patient’s expectations? What is the nurse specialist’s role in the DBS patient care?

Joseph Candelario-Mckeown

National Hospital for Neurology and Neurosurgery, UK

Deep brain stimulation (DBS) is an effective surgical treatment that improves patient quality of life in advanced Parkinson’s disease (PD). An essential part of patient care in DBS surgery is to identify and manage expectations. The DBS outcome is frequently influenced by patients’ expectations of improvement after DBS surgery. For the whole group, there was a significant reduction in total Levodopa Equivalent Daily Doses (mg/day) by 50.45% after DBS and motor symptom improvement on the UPDRS-III OFF ($p < 0.001$), mobility ($p < 0.0048$), ADL ($p < 0.008$); stigma ($p < 0.014$) after DBS. This objective symptomatic improvement was also mirrored in the patient expectations being generally met for the motor symptoms at least. Most patients reported that expectations of improvement after DBS were met: 64% for motor symptoms, 71% and 83% for QoL and reductions in medication daily dose (respectively). Only 25% of the expected levels of improvement were met for the non- motor symptoms and for the social domain. The expectations of DBS were satisfied 6 months to 2 years after the surgery: in the GPi-DBS group, 100% were satisfied for reduction of dyskinesias, 83.3% for motor symptoms and 66.70% for QoL. STN-DBS patients were satisfied

with the reduction in medication (84.20%), 78.90% for motor symptoms and 73.70% for QoL. DBS did meet the perceived expected level of improvement in motor symptoms, QoL and reduction in medication within 6 months to 2 years after DBS surgery for the majority of patients which corresponded to the objective clinical outcome. The pre-DBS expected improvement of non-motor symptoms and social domain was not met after surgery. Overall, both STN-DBS and GPi-DBS patients were satisfied that DBS had met their expectations of surgery.

Speaker Biography

Joseph Candelario-Mckeown has completed his Master’s degree in Advance Nursing Practice at City University London, UK. His work experience includes working for the past 10 years as a clinical nurse specialist in Surgical Movement Disorders – deep brain stimulation (DBS). Also, he is currently the treasurer and committee member of the Deep Brain Stimulation Nurse Association (DBSNA). He is one of the main contributors in the objectives of DBSNA which aims to standardize competency assessments, standardize pre-DBS assessments and improve education amongst DBS nurse specialists in centres around UK. He has collaborated with other world renowned neurologist and neurosurgeons in research and publications.

e: josephcandelario@nhs.net

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The role of two-dimensional Ultrasonography in the diagnosis of Degenerative disease of cervical intervertebral discs in adolescents

Rizvan Abdullaev

Kharkiv National Medical University, Ukraine

Objective: To improve the efficiency of cervical intervertebral discs protrusion by determining the ultrasound biomarkers. **Materials and methods:** The study included 72 healthy adolescents with normal intervertebral discs, 96 person with the degenerative changes in nucleus pulpous and 69 person with the disc protrusions. In axial section was performed the sagittal intervertebral disc and spinal canal sizes, the anterior dural space size, the width of spinal nerve canals.

Results: The protrusion of the cervical discs in 11 (15,9±4,4%) cases was noted in children aged 13-14 years, in 21 (30,5±5,5%) - at 15-16 years and in 37 (53,6±6,0%) - at 17-18 years ($p < 0,01$ and $p < 0,001$ respectively). In 24 (34,8±5,7%) cases, the protrusion was localized at the level of (34,8±5,7%), in 16 (23,2±5,1%) - C4-C5, in 11 (15,9±4,4%) - at the level C6-C7, in 9 (13,0±4,0%) - at the level of C3-C4 respectively. In 26 (37,7±5,8%) cases the protrusion had paramedian, in 18 (26,1±5,3%) cases - median-paramedian, in 16 (23,2±5,1%) cases - median, in 6 (8,7±3,4) cases - circular, in 3 (4,3±2,4) cases - posterolateral localization. In healthy children without degenerative changes of the intervertebral discs, the average sagittal disc size is 15,4±0,98mm, in a group with a change of the nucleus pulpous -

16,1±1,07 mm, in a group with disc protrusion - 16,3±1,12mm, respectively. The parameters of average sagittal spinal size was 15,9±0,97mm, 15,2±1,04 mm, 14,1±0,87mm, respectively. The IVD/SC index was 0,97±0,05, 1,06±0,06, 1,16±0,07, respectively. The ADS was 3,7±0,45mm, 3,2±0,38mm, 2,1±0,26 mm, and ADS/SC - 0,23±0,026, 0,21±0,019, 0,15±0,017 respectively.

Conclusions: In adolescents in the cervical spine, median-paramedian and paramedian protrusions are most commonly found, which are most often localized at the level of both C5-C6 and C4-C5. The greatest narrowing and deformation of the anterior dural space is observed by median and median-paramedian protrusions, and the spinal nerve canal-by posterolateral and paramedian protrusions.

Speaker Biography

Rizvan Abdullaev is currently working in the Kharkiv National Medical University Ukraine. He has published numerous research papers and articles in reputed journals and has various other achievements in the related studies. He has extended his valuable service towards the scientific community with his extensive research work.

e: rizvanabdullaev@gmail.com



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Health Care & Women's Health in the complex 21st Century Environment

Christopher Olufunsho Boyejo

Chris Management Consultants, Nigeria


Every age has its evils, ethos and values; every age has its limitations and abolitionists in relative terms. In a war situation, my thoughts are always how the women cope with the perilous situation; how their welfare and health management will survive the ordeal; when girls are kidnapped, I think not only on their marginalization but how they will sustain such unique health issues associated with womanhood under their captors such as menstruation, child birth care, osteoporosis, etc, with its health care complexities. Women therefore need health care more and access to the health care system more than do men. This is partly due to their reproductive and sexual health needs; they also have more chronic non-reproductive health issues such as cardiovascular disease, cancer, mental illness, diabetes and osteoporosis. Women's health includes a wide range of specialties and focus areas, such as: Birth control, sexually transmitted infections (STIs), and gynecology. Breast cancer, ovarian cancer and other female cancers are not the only diseases common to women.. Mammography, menopause and hormone therapy, osteoporosis, pregnancy and childbirth issues are some of the others. It is obvious that women and men are not the same, particularly when it comes to their health risks. Mary Mitchel Slessor (2 December 1848-13 January 1915) was a Scottish missionary to Nigeria and she left her footprints in the sands of time in Nigeria. She advanced the cause of women; she was a nurse and was humble enough to learn the local dialects in order to fit to the environmental demands of the people of the Calabar region of Nigeria where she lived with. She spread Christianity while promoting women's rights and protected native children. She is most famous for abolishing the primitive practice of infanticide of twins among the Ibibio people, an ethnic group in southeastern Nigeria. Over 100 years ago, in a harsh and uncharitable environment, this woman

contributed to the emancipation of women's right and she used her wealth of experience, personal sacrifices, resources and religion to contributed to health care and women's health. She demonstrated that holistic understanding of the environmental factors, interacting and mutual respect for the local would aid the health care and women's health and she succeeded in this. This work will examine how her works contributed significantly to the health care and women's health in South-Eastern Nigeria; the number of children she saved, how her education impacted on the local citizenry and how ironically she died of malaria in 1915. In the final analysis, we will look, demonstrate and view a gamut of issues that affect health care and women's health in this challenging and dynamic millennium.

Speaker Biography

Christopher Olufunsho Boyejo is a consummate and proven leader offering nearly 35 years of rich experience in Operational Management, Team Leadership, Process Improvements, Human Resources Management, Group Dynamics, International Diplomacy, Financial Management, Marketing, Health Care and Health Management across Manufacturing, Construction and service industries. Incisive experience in analyzing requirements of clients, giving independent and objective advice and recommendations on essential business strategies, such as operational structure, financial planning and marketing Leveraged skills in assisting in optimization of clients operations and processes ass per their company strategy; helping clients define and outline a process led roadmap to achieve their vision. He has the merit of being awarded Certificate of Honour by the National Youth Service Corps (NYSC) for meritorious services to the Oyo State government of Nigeria during the service year of 1983/1984. He possess comprehensive knowledge of financial management with a sound understanding of how economic events impact on global markets; proficiency with compliance and regulatory requirements of all products and countries. A strategic leader, relationship builder and implementer with recognized proficiency in spearheading business globally to accomplish corporate plans and goals successfully. Here is a man that is versatile and with the knack of turning things around all over the world. He has moved into a new threshold as an eminent personality and authority also on health care and health management.

e: chrisboyejo@gmail.com

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Post Anesthetic Care Unit Issues for the Cardiovascular Patient Undergoing Non-Cardiovascular Surgery

Amballur David John

Johns Hopkins University School of Medicine, USA

The Post Anesthetic Care Unit (PACU) is a key element in ensuring a successful operative experience. Recovery from surgery is dependent on a transition for the intensive focus of the operating room to safe care in the hospital ward or home after surgery. The key area of transition is the Post Anesthetic Care Unit. It is in the PACU that the patient “awakens” from anesthesia. Respiratory function has to be maintained and stable vital signs have to be assured in addition, pain, issues as well as post-operatives nausea have to be addressed. In an effort to facilitate throughput, each type of surgery is establishing protocols to aid in rapid recovery, minimize pain, increase ambulation and decrease hospital stay. What are the keys to ensuring patient safety in the PACU? What are the special issues for the cardiac patient undergoing non-cardiac surgery?

Speaker Biography

Amballur David John is Assistant Professor of Anesthesia and Critical Care Medical at the Johns Hopkins University School of Medicine and Director of Student Education at Johns Hopkins Bayview Medical Center, Baltimore USA. He trained in Internal Medicine Residency at Metro West Medical Center, Framingham MA. Training continued with residency in Anesthesiology and Critical Care Medicine at Johns Hopkins Hospital in Baltimore Maryland with sub specialization fellowship in Cardiac Anesthesiology and Fellowship in Cardiac Anesthesiology at the Massachusetts General Hospital, Boston MA. He was formerly instructor at Harvard Medical School, Boston MA prior to his current appointment at Johns Hopkins. He is on several Editorial Boards and has published numerous articles and book chapters. His area of expertise include Cardiopulmonary Resuscitation, Airway Management, Neuroanesthesia, Geriatrics, and the Post Anesthetic Care Unit. Dr. John’s recent publications include the following books: Pocket Critical Care; Sancho Rodriguez Villar and Amballur David John, Marban 2018; and Anesthetic Essential Clinical Updates for Practitioners, A D John, Bentham (in press).

e: ajohn1@jhmi.edu



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