Global Update

News in Brief

Face transplant

The world's first face transplant was done on 27th November this year in France. This 38-year-old woman had her face mutilated by her own dog when she was unconscious. It had become difficult to speak, eat or breathe after the scar tissue contracted. Professor Dubernard in Lyon, who had done the first hand transplant in 1998 and the first double forearm transplant in 2000 was contacted by Dr Bernard Devauchelle's team at the Amiens University Hospital. It was clear that face transplant was a better option than reconstructive surgery which would require 4-5 surgeries. The nose, lips and chin, including muscles, cartilage, skin, arteries, veins, and nerves, of another brain dead woman who had agreed to be a multi-organ donor were transplanted by a team of 50 people. The recipient got stem cells from the donors bone marrow and is also on immunosuppresant therapy. She is now able to eat, drink and speak normally. Though face transplant has been technically possible for some time now, controversy rages. The key issues are whether immunosuppresant therapy is condonable for a surgery which may be to some extent for cosmetic reasons. Also, hotly debated issue is the effects of what a complete change of facial features may bring to the psyche of a person. The extent of sensation and motor control which will be recovered is also yet unknown (BMJ 2005; 331: 1359).

Sound bites

The top ranked hospital of the US, The Johns Hopkins Hospital was detected in a recent study to have unacceptable sound levels. And most feel that other hospitals would fare no better. In the study by Busch-Vishniac and her colleagues sound levels measured in 5 different locations were all 20 dB above WHO recommendations. WHO guidelines state noise levels should be below 35 dB in the day and 30 at night. In the study it was difficult to distinguish day from night and levels were so high that sometimes it would be difficult to communicate orally even after shouting. Some of the reasons for noisy hospitals are the lack of soft fabrics like curtains and rugs which increase infection risks, air conditioning and beeping alarms. High noise levels have been shown to delay wound healing, increase stress in hospital staff and increase episodes of psychosis in patients in ICU's besides increasing risks of oral miscommunications. Solutions will probably rest in intelligent acoustic engineering such as sound absorbing panels *etc.* (www.nature.com 10th December 2005).

New Guidelines for resuscitation

International Liaison Committee on Resuscitation, The European Resuscitation Council and the American Heart Association have all brought out the newest recommendations on resuscitation in December. Optimal performance of chest compressions has received maximum attention. Failure to concentrate on basics of resuscitation and too much hype of new developments is considered to have diluted any appreciable increase in survival rates over recent decades. For adults CPR should be with chest compression to ventilation ratio of 30:2. For children solo lay rescuers should give

CPR with compression to ventilation ratio of 30:2 while two rescuers (usually healthcare professionals) should use a ratio of 15:2. Neonates who will almost certainly be anoxic, still need a ratio of 3:1. The guidelines can be downloaded from www.erc.edu and www.resus.org.uk. (BMJ 2005; 331: 1281-1282).

Gouri Rao Passi,
Consultant, Department of Pediatrics,
Choithram Hospital & Research Center,
Indore, Madhya Pradesh, India.
E-mail: gouripassi@hotmail.com

Pedscapes

Child Friendly Healthcare Initiative - www.childfriendlyhealthcare.org

This is an international initiative aimed at making hospital/clinic visits more pleasant for children. The initiative recommends 12 standards that are required by every child friendly healthcare institution. It focuses on reducing the fear, decreasing the mortality and improving the child's overall experience of healthcare. Their publications, standards, objectives, assessment process and assessment tools are available from the website.

International Network of Pediatric Surveillance Units - www.inopsu.com

This is a collaborative organization that conducts surveillance on uncommon pediatric diseases. The network involves 14 countries and 8000 clinicians and has 180 diseases in its database. The website contains a list of their publications and the studies in progress.

C. Vidyashankar,
PO Box 3168, Post Code 112,
Muscat, Oman.
Email: vidyashankarc@hotmail.com