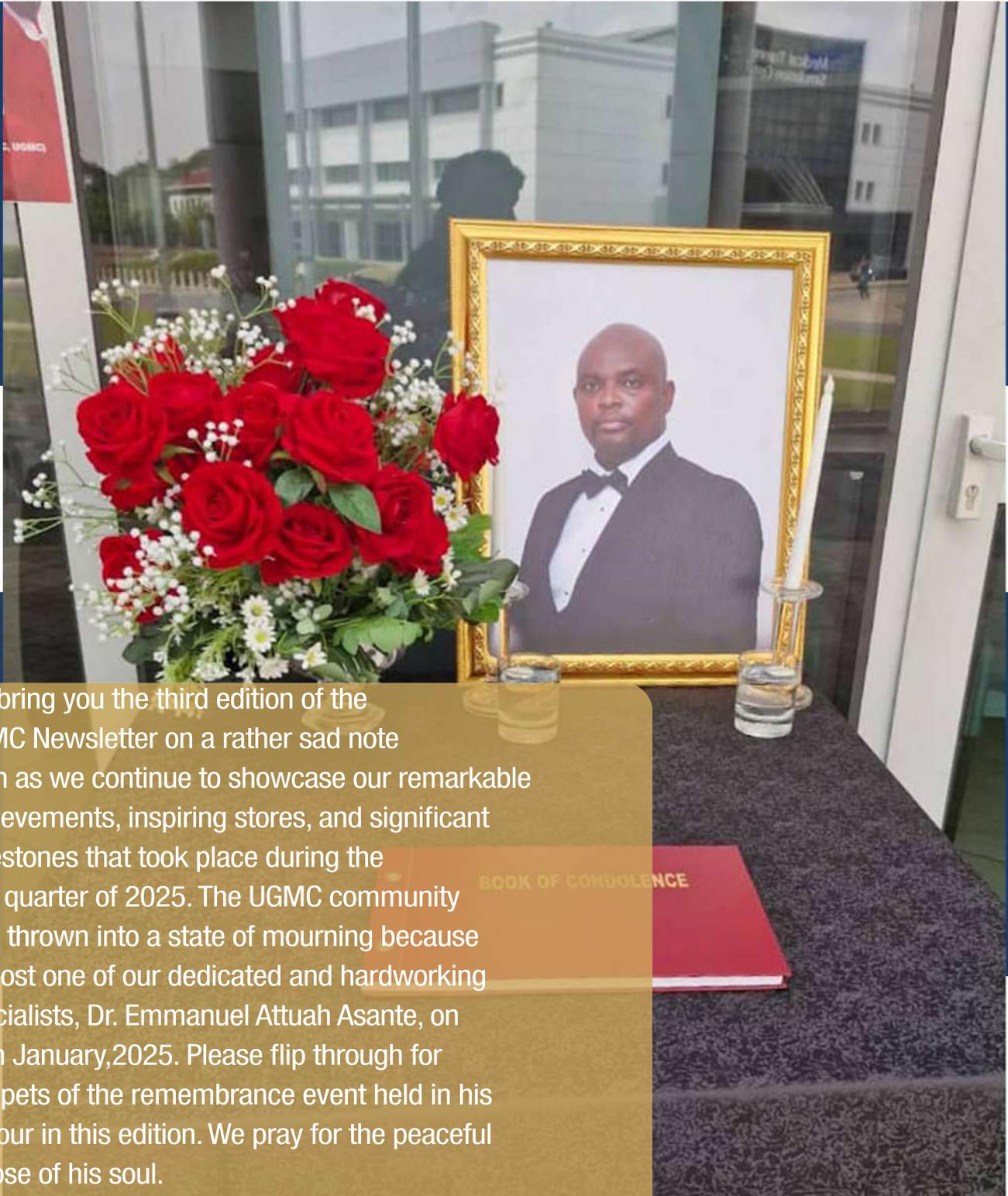




# NEWSLETTER 2025 QUARTER 1 EDITION



We bring you the third edition of the UGMC Newsletter on a rather sad note even as we continue to showcase our remarkable achievements, inspiring stories, and significant milestones that took place during the first quarter of 2025. The UGMC community was thrown into a state of mourning because we lost one of our dedicated and hardworking specialists, Dr. Emmanuel Attuah Asante, on 14th January, 2025. Please flip through for snippets of the remembrance event held in his honour in this edition. We pray for the peaceful repose of his soul.

We hope you find this edition both informative and uplifting as we celebrate our collective successes as we continue to work to fulfil the vision of the Centre.

**Enjoy reading!**

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# EVENT HIGHLIGHTS

## HONOURING THE IRREPLACEABLE DR. EMMANUEL K. A. ASANTE

### A LEGACY OF COMPASSION AND EXCELLENCE

The year began on a really sad note at UGMC with the passing of one of our beloved and committed clinicians, Dr. Emmanuel Kweku Attuah Asante, Consultant Urologist and Head of our Urology Department, on January 14, 2025.

On February 26th, ahead of his burial, the UGMC family, together with former colleagues, classmates, friends, and loved ones, gathered to celebrate the life of a man whose name had become synonymous with excellence in care, dedication, and life-changing impact at UGMC.



*CEO and Directors of UGMC read tribute*

Through the many tributes shared, one message rang clear, Dr. Asante was more than a doctor, he was a force of light. His legacy is forever etched in the lives he saved through pioneering kidney transplants, the patients he uplifted with hope, and the colleagues he mentored with so much humility and grace.



*UGMC Board Chair and CEO with some directors at the remembrance ceremony*

As the Urology team beautifully read in their tribute,

*" Dr. Asante's warmth, humility, and collegiality endeared him to all. His relationships with faculty, residents, nurses, and staff were marked by mutual respect and genuine camaraderie. He was not just a colleague but a friend and mentor, always ready to lend a -helping hand."*



*Dr. Mary Monney-Bortey, Consultant Urologist and the Urology team paying tribute*

Again, as our ICU team reiterated in their tribute, "Dr. Asante was full of life. His infectious smile and laughter could be felt from a mile away, lighting up even the darkest of days. He carried himself with confidence, needing no introduction. Always impeccably dressed, with a clean shave, he took pride in his appearance, and never, never, did we see him disheveled. If ever we saw him troubled, we knew it had to be about one thing: shoe covers".



Though his absence leaves a deep void, his presence will always be felt in the hallways he once walked, the operating rooms where he gave his best, and the hearts of all who had the privilege of working alongside him.

Dr. Asante's legacy lives on, in every life he touched, in every patient he healed, and in the spirit of excellence he embodied.



*A section of the family and colleagues of the Late Dr. Asante*



*A touching farewell to Dr. Asante*



## LIBERIAN PRESIDENT VISITS UGMC

Liberian President, His Excellency Joseph Nyumah Boakai, along with First Lady Katumu Boakai and other officials, visited the University of Ghana Medical Centre Ltd. on January 8th, 2025. The purpose of the visit was to strengthen ties between the Centre and Liberia, particularly in the area of patient care across the sub-region.



*His Excellency Joseph Nyumah Boakai, with First Lady Katumu Boakai and other officials*

During the visit, the delegation was welcomed by our CEO, Dr. Kwame Anim-Boamah, Medical Director Dr. Baffoe Gyan, and members of the Cardiology and Anaesthesia teams. According to Dr. Boamah, this collaboration is part of UGMC's efforts to provide world-class patient care, training, and research across the sub-region since the Centre became fully operational in 2021 and has made significant strides in providing specialized care, including complex cardiothoracic procedures.



*His Excellency Joseph Nyumah Boakai, with First Lady Katumu Boakai with a patient*

## **MTSC HOSTS DELEGATION FROM ABDUL-MOUMOUNI UNIVERSITY FROM NIGER**

UGMC was honoured to host a delegation of three representatives from the Health Sciences Faculty at Abdul-Moumouni University, Niger, the delegation was led by Prof. Aminath Kelani, Associate Professor and Academic Affairs Chief to visit.

During their stay, the delegation was introduced to UGMC's state-of-the-art Simulation Centre so they participated in a guided tour to learn about the facility's cutting-edge technology and training methods. The team also met with various Heads of Units of the Centre to discuss best practices and explore potential collaborations. Before concluding their 5-day visit the delegation indicated they would visit other Simulation Centres and Institutions in Africa to gain broader insight into simulation-based medical education as part of their planned project to establish a simulation centre in Niger.



*Dr. Christian Owoo welcomes guests and students at the start of the 5-day visit*

UGMC is proud to contribute to the advancement of medical training and education across Africa and looks forward to strengthening partnerships with Abdul-Moumouni University

## **PAEDIATRIC SOCIETY OF GHANA HOLDS 31ST ANNUAL GENERAL & SCIENTIFIC MEETING**



*Members of the Paediatric Society of Ghana in various sessions*

From February 6th to 8th, 2025, the Paediatric Society of Ghana (PSG) proudly hosted its 31st Annual General and Scientific Meetings at the University of Ghana Medical Centre (UGMC) and Kempinski Hotel.

The UGMC sessions featured insightful pre-conference workshops on:

- Malaria management strategies
- Bridging gaps through diaspora research & education collaboration
- The future of AI & telemedicine in paediatric care
- Launch of the PSG Adolescent Health Programme

The last night of the meeting set a lively tone with karaoke performances by society members, while the event wrapped up with the Society’s Annual General Meeting, reinforcing their commitment to paediatric excellence.

### **UGMC CHOIR SPREAD HEALING THROUGH MUSIC**

At UGMC, we are passionate about providing care that goes beyond medicine, we believe in care that is holistic, compassionate, and rooted in our mission to Inspire Hope and Promote Health. As part of this commitment, the UGMC Choir joined members of the Crossroads Community Church in Haatso, Accra, for a spirit-filled time of worship on the 2nd of February 2025.



The uplifting ministration not only fostered spiritual wellness but also served as a reminder that healing can be found in connection, community, and shared faith. Moments like these reflect the heart of UGMC, where science reaches out to the soul.

## **SPOTLIGHT ON DR. JOSEPHINE MENSAH: CELEBRATING INTERNATIONAL WOMEN AND GIRLS IN SCIENCE**

On International Women and Girls in Science Day celebrated on the February 11th, Ghana's Ministry of Gender, Children and Social Protection, our Director of Pharmacy, Dr. Josephine Mensah, was recognized as a trailblazer in pharmaceutical services in Ghana.

In a short interview conducted by staff of the ministry in her office, Dr. Mensah, who is also an infectious disease specialist pharmacist, researcher and part-time lecture, shared her journey, challenges, and triumphs as a woman in science. She also offered words of encouragement to the next generation of female scientists. Congratulation to Dr. Mensah for her dedication to advancing the sciences and her passion for mentoring young girls in science.



*Dr. Josephine Mensah in her office*

## **UGMC'S SOCIAL WORK UNIT RECEIVES GENEROUS DONATION FROM SERENE INSURANCE AHEAD OF WORLD SOCIAL WORK DAY CELEBRATIONS**

Serene Insurance, a subsidiary of the First Sky Group of companies, extended its support to the Centre by donating a cheque of GHC30,000 to the Social Work Unit. This contribution, which was presented on the 18th of February 2025 at UGMC, was in support of the 2025 vWorld Social Welfare Day celebration.

The donation was to significantly enhance the Unit's operations, which include but not limited to:

- Conducting psychosocial assessments to determine client needs.
- Assisting families in preparing their homes for discharged patients.
- Carrying out home visits to ensure continued patient well-being.
- Helping patients connect with community resources for ongoing support.

Beyond this donation, the team from Serene Insurance expressed their interest in exploring future partnerships with UGMC.

UGMC extends its gratitude to Serene Insurance and the First Sky Group for their generosity and commitment to support the delivery of quality healthcare in Ghana.



*Serene Insurance donates to UGMC Social Work Unit*

## **UGMC WELCOMES DELEGATION FROM AFRICAN NURSES AND MIDWIVES CONFEDERATION CONFERENCE**

As part of this year's African Nurses and Midwives Confederation Conference, UGMC had the honour of hosting a distinguished delegation of nurses and midwives from around all over the world. The president of the Ghana Registered Nurses and Midwives Association, Mrs. Perpetual Ofori-Ampofo, led the delegation to UGMC. The delegation included representatives from the Chinese Nursing Association and the Ugandan Nurses and Midwives Union, who visited UGMC to explore potential future collaborations.



The team was warmly received by Mrs. Judith Asiamah, Director of Nursing Services at UGMC. During their visit, they were given an insightful tour of the Medical Training and Simulation Centre by the Head of the Centre, Dr. Christian Owoo. The tour showcased UGMC's advanced simulation technologies and innovative training methodologies aimed at enhancing healthcare education and practice in Ghana and beyond.



*Mrs. Perpetual Ofori-Ampofo with some participants of this year's African Nurses and Midwives Confederation Conference*

We look forward to more of these meaningful partnerships that contribute to the growth and development of nursing and midwifery across Africa and beyond.

### **SPREADING LOVE & JOY AT UGMC ON WORLD CHOCOLATE DAY!**



As a client-centric facility, we always celebrate World Chocolate Day with our staff and clients in a special way and this year was no exception. Our clients and staff were treated to chocolates, chocolate drinks, and mouth-watering magnum ice cream that melted hearts!



*Clients receiving ice cream form management*

Our little ones and staff at our paediatric ward also received chocolate treats that were served with love and good cheer.



*AppsNMobile sharing cheer with clients at the paediatric unit*

A huge thank you to management of UGMC, Promasidor Ghana Ltd, and AppsNMobile for partnering with us to make the day extra special.

# SPOTLIGHT

**DR. EMMANUEL NACHELLEH**

**CONSULTANT/ HEAD OF DEPARTMENT, GENERAL SURGERY(UGMC)**



**Q.1:** Can you share with us your journey into general surgery and what drew you to this specialty?

**A:** After medical school and housemanship, I worked as a medical officer for two years in a district hospital, where I saw patients dying from minor surgical conditions due to lack of access. This inspired me to specialize in General Surgery, a broad field that requires minimal sophisticated equipment, ideal for serving rural communities. Although I currently work in Accra, I still make time to visit hospitals in rural areas.

**Q.2:** Given UGMC's position as a leading quaternary care centre, what are some of the most advanced surgical techniques or innovations being implemented in your department right now?

**A:** Minimally invasive surgery is the future, with over 95% of cholecystectomies now performed laparoscopically. However, currently only about 20% of appendectomies are done this way, and we aim to increase this to at least 50% by the end of 2025. This year, we also plan to introduce laparoscopic hernia repairs. While robotic-assisted surgery remains our ultimate goal, its high cost makes hospital acquisition unlikely without support from the government or benevolent organizations. The demand for minimally invasive surgery continues to rise due to its benefits, including smaller scars, reduced pain, minimal blood loss, and faster recovery.

**Q.3:** What are the key factors in ensuring the best patient outcomes at a world-class centre like UGMC, where patients often present with rare or complicated conditions?

**A:** At UGMC we have advanced equipment that make it easier to get the right diagnosis in order to go ahead to provide the patient the best solution.

**Q.4:** What are your personal philosophies and hobbies?

**A:** People's impression and emotions about me doesn't change who I am. I don't listen to what people say. I stay focused and committed to my goals. Soccer is my favourite hobby. when I'm not playing, I'm watching. Thomas Partey is my favourite player and Arsenal is the team I love most.

**Q.5:** Any advice for the public?

**A:** The most important thing we often take for granted is our health. It's essential to save for medical care and invest in a good health insurance policy. Always seek a second opinion when in doubt and never be afraid to prioritize your well-being.

**Q.6:** Outside work what do you do.

**A:** I spend my leisure periods with family, or I teach. Teaching is Something I love to do.

**Q.7:** If you had the honour of having lunch with only one person in the world, who will that person be?

**A:** That would be my lovely Marylyn!

# TITBITS FROM THE DIRECTORATES

## MEDICAL AFFAIRS

### ADOM TV CHATS WITH DR. AMOAKO DUAH ON DYSPEPSIA AND HEPATITIS C

Celebrated journalist Afia Amankwah Tamakloe of Adom TV sat down on the 18th of February with, a Gastroenterologist and head of our Internal medicine department, Dr. Amoako Duah to discuss dyspepsia and Hepatitis C.

The conversation focused on functional dyspepsia which is often linked to anxiety and depression, and its symptoms which include indigestion, bloating, and stomach discomfort. Dr. Duah highlighted the dangers of self-medication and explained that ulcers can result from H. pylori bacteria and certain painkillers.

The discussion also covered Hepatitis C, its modes of transmission which include blood and blood products, sharing of needles, sex and transfer from mother to child during pregnancy, among others, Dr. Duah also emphasized on the importance of regular testing and education to prevent complications from the two diseases.



*Dr. Amoako Duah with Afia Amankwah Tamakloe of Adom TV*

### EDWARD LIFESCIENCES FOUNDATION MEETS BENEFICIARIES

Our Centre welcomed a team from the Edward Lifesciences Foundation to assess the impact of their three-year partnership aimed at improving cardiac care in Ghana. According to our Director of Medical Affairs, Dr. Baffoe Gyan, since 2022, UGMC has performed 132 life-saving heart surgeries, including Ghana's first off-pump beating heart coronary artery bypass surgery in November 2023. With international support, including expertise from Ghanaian consultant cardiac surgeon Professor Enoch Akowuah, the partnership has provided critical training, equipment, and technical assistance to make advanced cardiac procedures more accessible in Ghana.



*Edward Lifesciences Foundation delegates meeting some staff and patients*

During the visit, patients shared emotional testimonies about how these surgeries had transformed their lives, while UGMC staff reflected on the invaluable training they received through sponsorship programmes in the UK. Our staff who went to the UK stated that their study trip emphasised the importance of teamwork and communication in ensuring successful surgical outcomes. According to Dr. Baffoe Gyan, this partnership with Edward Lifesciences Foundation has not only enhanced post-operative care at UGMC but has also led to the use of new technologies, such as tissue artificial heart valves, which offer better performance than traditional metal valves.

Looking ahead, Dr. Baffoe Gyan stated that the UGMC aims to establish fellowship programmes in cardiac surgery, anaesthesia, and nursing to build a sustainable pipeline of skilled professionals. Leaders from both UGMC and the Edward Lifesciences Foundation expressed their commitment to long-term solutions in making heart surgery more affordable and accessible in Ghana and West Africa. This partnership stands as a testament to the power of international collaboration in advancing healthcare and saving lives.



*A cross section of management, staff and some beneficiaries at the event*

## GRAND ROUNDS (JAN-MAR 2025)



### GLOBAL HEALTH DAYS CELEBRATED DURING THE QUARTER

- World Hearing Day – 3rd March 2025
- World Glaucoma Day – 12th March 2025
- Breastmilk Sensitization - 17th March 2025
- World Oral Health Day – 20th March 2025
- World Social Work Day – 25th March 2025

### TITBITS FROM THE DIRECTORATES HUMAN RESOURCE

The first quarter of 2025 was quite a productive period for our Human Resource Directorate.

Key achievements include:

Recruitment and deployment of transfers, postings and the management of fixed term contract staff (January - March 2025). These staff include Medical Doctors, Nurses, Client Service Staff, Billing staff and Administrative Managers.

#### a. Orientation sessions

Activity	Date
1. Orientation for new staff	23rd Dec 2024 - 8&9th January, 2025
2. Mini orientation for new staff	5th- 7th February, 2025
3. Mini orientation for new staff 1	8-19th March, 2025

#### b. Internal Seminars

Topic	Participants	Date
1. Training on new HR Processes	Heads of Department and Administrative Managers	13th March, 2025
2. Sensitization on Promotion, Upgrade, Conversion and Regrading	All Staff	3rd April, 2025

# TITBITS FROM THE DIRECTORATES

## MEDICAL TRAINING AND SIMULATION CENTRE (MTSC)

The first quarter of 2025 was marked by various activities at the Medical Training and Simulation Centre (MTSC) as the centre conducted a variety of high-impact training programs were conducted to strengthen healthcare delivery through hands-on learning, multidisciplinary collaboration, and international partnerships.

In January, the Centre began with Paediatric Emergency Residents Training, equipping 40 emergency residents from UGMC with life-saving skills in paediatric resuscitation and triage through realistic simulations. The month also saw the launch of a series of Basic Life Support (BLS) Trainings, which continued throughout the quarter.

The month of February featured rich academic and professional development activities. MTSC hosted the Ghana Integrative Approach to Cancer Research Program, organised to help promote culturally sensitive cancer research strategies. The MTSC Library also acquired access to the UpToDate database and is currently onboarding staff who require access to facilitate training, research, and healthcare delivery.

Additionally, MTSC welcomed four (4) delegates from Université Abdou Moumouni, Niger, for a week-long immersion experience. The delegates were trained on the management of simulation centres and the use of simulation as a tool for medical education. They also received BLS training and had the opportunity to visit the Christine Ntim-Amponsah Clinical Skills and Simulation Centre at the University of Ghana Medical School (UGMS) in Korle Bu, gaining exposure to Ghana's advanced medical simulation practices.



*Training and certificate presentation to participants at the MTSC*

A Ventilation Workshop was also held on February 28th by the UGMC-MTSC in partnership with the Ghana Anaesthetists Society, for 53 professionals on mechanical ventilation techniques.

In March, MTSC delivered the Basic Emergency Care (BEC) Course in two cohorts (March 3–7 and 10–13), training a total of 60 participants. Out of these, 30 participants were selected and trained as instructors from March 17–20, producing 30 new BEC provisional instructors. These WHO-standardized courses focused on emergency assessment, trauma response, and resuscitation. The MTSC intends to roll out the BEC course for all health professionals at UGMC in the next quarter.

A Neonatal Resuscitation Programme (NRP) was delivered in two batches, February 27–28 and March 24–26, training 10 and 19 participants respectively. The two programmes were organized in collaboration with Kybele and Neonatologists for Africa (Israelis) respectively. Participants in the latter session were selected from UGMC Women and Children Department, Ridge Hospital, and Mother and Child Hospitals in Accra. Both sessions emphasized newborn resuscitation techniques and teamwork in delivery room emergencies.

Throughout the quarter, BLS Trainings were conducted on six different occasions, training a total of 197 individuals, including medical officers, students, new staff, and external clients. These sessions were organised to ensure emergency readiness and resuscitation skills across diverse healthcare roles.

# TITBITS FROM THE DIRECTORATES

## MEDICAL AND SCIENTIFIC RESEARCH CENTRE (MSRC)

Between January and March 2025, the Medical and Scientific Research Centre (MSRC) successfully secured the following competitive research grants, marking significant strides in advancing UGMC's research agenda.

The following MSRC grants were won between January and March 2025:

The MSRC is currently undertaking several impactful projects aimed at enhancing clinical training, improving healthcare delivery, and advancing simulation-based learning.

Principal Investigator(s)	Project Title	Funding Institution
Dr. Susan Siabi & Mr. Raymond Matey	Improving Breast Cancer Treatment	Pfizer
Dr. Gifty Ekua Merdiemah	AI for Sexual and reproductive Health	Google Academic Research Award
Dr. Monica Baaba Jones	Exploring ART Delivery Perspectives and Preferences to Inform Tailored Strategies for School-Going Adolescents Living with HIV in Ghana	NIH
Prof. George Boateng Kyei	Impact of Tuberculosis on the HIV reservoir	National Institute of Allergy and Infectious Diseases
Prof. Samuel Oppong	Digital health-assessment of Pregnancy and Postpartum Physiologic changes (Akuaba)	Google
Prof. George Boateng Kyei	HIV Basic Science and Cure Research Training (H-Cure-RT)	Fogarty International Center / NIH
Prof. George Boateng Kyei	Multicentric study for assessing safety and clinical performance of Nanox.ARC in providing additional information to conventional two-dimensional (2D) radiography when evaluating adult individuals with known or suspected radiographic abnormalities	NANOX Imaging Ltd.
Dr. Erica Koranteng	Developing an Ethical Framework for the use of Artificial Intelligence for Cancer Care in Sub-Saharan Africa.	Conquer Cancer Foundation, The American Society of Clinical Oncology Foundation
Dr. Nicholas E. Thomford	Pharmacokinetics and pharmacogenomics of Dolutegravir-based Antiretroviral Therapy in young people living with HIV in Ghana (PHARMA-YOUNG-HIV)	National Institute of Allergy and Infectious Diseases
Dr. Catherine Omosule	Validating Myo-Inositol as a Novel Renal Biomarker for Kidney Disease	Wellcome Trust

Principal Investigator(s)	Project Title	Funding Institution
Dr. Amoako Duah	A study of Ghana hepatopancreatobiliary cancers in Ghana: Risk factors, biorepository, and outcomes	Mayo Clinic

## Publications

Link to publications by the MSRC

- <https://www.ijfmr.com/papers/2025/2/39175.pdf>
- <https://www.ijfmr.com/papers/2025/2/39152.pdf>
- <https://www.ijfmr.com/papers/2025/2/38552.pdf>
- <https://www.ijfmr.com/papers/2025/2/38594.pdf>

## DONATIONS

Thanks to your generosity of the following organisations and individuals, UGMC continues to receive donations that help us provide quality healthcare, support families in need, and fund critical programmes.

Organisation	Date	Items Donated
Promasidor	14th February 2025	Twisco Chocolate Drinks
AppsNmobile Solutions	14th February 2025	Chocolate bars
Serene Insurance	18th February 2025	Cheque
KNUST	19th March 2025	Liquid soap

## Pulmonary Embolism in Ghana: Epidemiology, Risk Factors, Diagnosis, and Management

Festus Kunde, Guest Writer



Pulmonary Embolism (PE) is a life-threatening cardiovascular emergency caused by thrombus migration from deep veins into the pulmonary arteries. While its incidence is well-documented in Western countries, limited epidemiological data exists for sub-Saharan Africa, including Ghana. However, increasing reports from Ghanaian hospitals suggest a rising trend in PE cases, often linked to undiagnosed or untreated Deep Vein Thrombosis (DVT). This paper explores the epidemiology, risk factors, diagnostic challenges, and treatment limitations of PE in Ghana. Additionally, it highlights the urgent need for improved diagnostic infrastructure, national awareness campaigns, and policy interventions to enhance patient outcomes and reduce PE-related mortality.

### Introduction

Pulmonary Embolism (PE) is a major contributor to global cardiovascular morbidity and mortality (Goldhaber & Bounameaux, 2012). It results from thrombi, usually originating in the deep veins of the lower extremities (DVT), that dislodge and obstruct pulmonary arteries, leading to impaired oxygenation and potentially fatal outcomes (Konstantinides et al., 2020). In high-income countries, well-established diagnostic and management protocols have improved patient survival. However, in resource-limited settings such as Ghana, the condition remains underdiagnosed and undertreated.

This study examines the increasing incidence of PE in Ghana, identifies risk factors, explores diagnostic and treatment challenges, and provides recommendations to mitigate its impact.

### Epidemiology of Pulmonary Embolism in Ghana

There is limited national data on PE prevalence in Ghana. However, studies from tertiary hospitals suggest an increasing number of cases (Amoah et al., 2021). Retrospective studies at Korle Bu Teaching Hospital and Komfo Anokye Teaching Hospital indicate that PE is often diagnosed post-mortem due to limited imaging and clinical suspicion (Osei-Yeboah et al., 2019).

A 10-year review at Ghana's leading cardiology centers suggests that PE-related mortality is underestimated due to misdiagnosis as pneumonia, heart failure, or tuberculosis (Mensah et al., 2020). The absence of a national venous thromboembolism (VTE) registry further complicates epidemiological tracking.

### Risk Factors for PE in Ghana

Several risk factors contribute to the growing incidence of PE in Ghana, many of which overlap with DVT:

#### Increasing Prevalence of DVT

Since PE is often secondary to DVT, the rising incidence of thrombotic events in Ghana significantly increases PE risk (Amoah et al., 2021).

#### Obesity and Lifestyle Changes

Urbanization has led to a rise in obesity, a known risk factor for VTE due to increased venous stasis and systemic inflammation (Agyemang et al., 2016).

#### Prolonged Immobility

Hospitalized patients, particularly those in post-surgical and intensive care units (ICUs), are at higher risk of PE due to prolonged immobilization and lack of routine thromboprophylaxis (Osei-Yeboah et al., 2019).

#### Air Travel and Long-Haul Journeys

The increase in international travel has contributed to a higher prevalence of travel-related thrombosis, often referred to as "economy class syndrome" (Schwarz et al., 2003).

#### Pregnancy and Postpartum Period

**Pregnancy-related hypercoagulability**, combined with limited antenatal screening for thrombophilia in Ghana, increases the risk of pregnancy-associated PE (Awuku et al., 2018).

#### Sickle Cell Disease and Other Hematologic Disorders

Ghana has one of the highest global burdens of sickle cell disease (SCD), a condition known to predispose individuals to hypercoagulability and PE (Akinyanju, 2010).

#### Diagnosis of Pulmonary Embolism in Ghana

Timely and accurate diagnosis of PE is essential for reducing mortality. However, several factors limit early detection in Ghana:

#### Low Clinical Suspicion

Due to overlapping symptoms with respiratory and cardiac diseases, PE is often misdiagnosed (Mensah et al., 2020). Patients frequently present with:

- Sudden-onset dyspnea
- Chest pain
- Hemoptysis
- Syncope

### Limited Access to Diagnostic Imaging

Computed Tomography Pulmonary Angiography (CTPA), the gold standard for PE diagnosis, is available only in a few tertiary hospitals in Ghana. The high cost and limited availability of imaging delay diagnosis and contribute to poor outcomes (Amoah et al., 2021).

### Lack of D-Dimer Testing in Many Facilities

While D-dimer assays are useful in ruling out PE in low-risk patients, many hospitals in Ghana lack access to reliable coagulation testing (Osei-Yeboah et al., 2019).

### Challenges in the Management of PE in Ghana

Several factors complicate the treatment of PE in Ghana:

#### High Cost of Anticoagulation Therapy

Anticoagulants such as warfarin, low-molecular-weight heparin (LMWH), and direct oral anticoagulants (DOACs) are expensive and often unavailable in many healthcare facilities (Mensah et al., 2020).

#### Inconsistent Treatment Protocols

Many hospitals lack standardized protocols for VTE risk assessment and prophylaxis, leading to preventable cases of PE (Awuku et al., 2018).

#### Limited Access to Thrombolytic Therapy

Tissue plasminogen activators (tPA) are lifesaving in acute PE cases but are rarely available in Ghanaian hospitals due to cost and limited expertise in administration (Osei-Yeboah et al., 2019).

### Public Health Interventions and Recommendations

To mitigate the rising burden of PE in Ghana, the following strategies should be implemented:

#### National VTE Awareness Campaigns

- #Increase public knowledge on PE symptoms and risk factors.
- #Educate healthcare professionals on the importance of early recognition and management.

#### Improve Diagnostic Infrastructure

- #Expand access to CTPA in regional hospitals.
- #Increase the availability of D-dimer testing and Doppler ultrasound for DVT screening.

#### Enhanced Thromboprophylaxis in Hospitals

- #Implement routine risk assessments in hospitalized and post-surgical patients.
- #Provide prophylactic anticoagulation where necessary.
- Subsidization of Anticoagulant Therapy
- #Inclusion of anticoagulants in the National Health Insurance Scheme (NHIS) to improve accessibility.

### Establishment of a National PE Registry

#Develop a centralized database to track PE incidence and mortality trends in Ghana.

### Conclusion

Pulmonary Embolism is an emerging but under recognized public health challenge in Ghana. The increasing incidence, compounded by limited diagnostic and treatment options, contributes to high mortality rates. Addressing this issue requires a multidisciplinary approach involving improved diagnostic capacity, enhanced clinical awareness, and policy interventions to ensure effective prevention and management. In summary, further research and national data collection are essential to better understand and combat this life-threatening condition in Ghana.

### TOURS/VISITS (1ST QUARTER)

Over the past few months, we had the privilege of welcoming several organizations and individuals at our facility. Their visits provided opportunities to explore, learn, and engage in meaningful discussions about future collaborations.

We are excited to recognize the following organizations that joined us in the first quarter of 2025:

- Johns Hopkins School of Nursing, USA - 6th January 2025
- Liberian president to Cardio Patient – 8th January 2025
- University of Education/ University of Massachusetts –USA - 9th January 2025
- The Bank Hospital - 10th January 2025
- Healthcare management executives from the Medical Services wing of the Nigerian
- National Petroleum Corporation - 22nd January 2025
- International Association on the Study of Lung Cancer – 30th January, 2025
- Duker Academy - 7th February, 2025
- African Nurses and Midwives' confederation - 20th February 2025
- Faculty members of the Universite Abdou Moumouni, Niger – 21st February 2025
- Dison International School - 21st February 2025
- Officials from University of Ghana - 28th February 2025
- Antimicrobial Team's visit and tour.
- Libal Trinity Academy - 7th March 2025
- Sky community school - 7th March 2025
- CeCom Royals school - 7th March 2025
- Team from GCB with their CMO - 10th March 2025
- African Development Bank – 12th March 2025
- Institute of Statistical, Social & Economic Research (ISSER) - 27th March 2025

## LAUGHTER IS THE BEST MEDICINE

1. Doctor: "Nurse, how's that patient who swallowed those coins?"

Nurse: "No change yet."

2. Doctor: "I have bad news and worse news."

Patient: "Oh no, what's the bad news?"

Doctor: "You have only 24 hours to live."

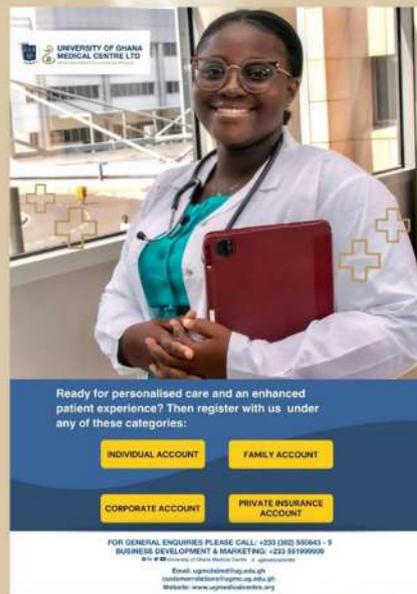
Patient: "What?! What could be worse than that?!"

Doctor: "I forgot to tell you yesterday."

3. Nurse: "Doctor, the patient is refusing to eat!"

Doctor: "Have you tried putting the food in a pill bottle and calling it medicine?"

## ANNOUNCEMENTS AND ADS

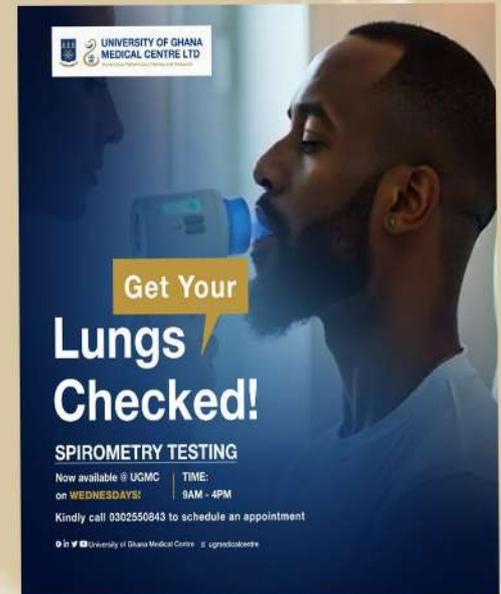


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