

Guest Speaker on June 7

“Understanding Prostate Cancer” by Professor Farhat Abbas,(Urology), department of Surgery and Dean, Medical College, Aga Khan University

Prostate gland is one of the male sex glands located below the urinary bladder and above the rectum. It is about the size of a walnut and surrounds the first part of urethra, the tube that carries urine from the bladder.

The main disorders include (a) Benign Prostatic Hyperplasia (BPH) which is an aging process and represents non-cancerous enlargement of prostate gland, (b) Prostatitis, which is infection or inflammation of the gland, and (c) Prostate cancer - the most feared of all disorders.

Upto 40% of men over 60 years of age may have urinary problem due to BPH. It does not lead to cancer and is by far the most common prostatic disorder in middle aged and elderly males. It consists of a detailed History & examination, including the gloved finger examination of the prostate called, digital rectal examination (DRE); PSA blood test, and other relevant tests including ultrasound of kidneys/bladder & prostate. There could be many other reason for voiding difficulty; hence a proper diagnosis is essential. The treatment for BPH is dictated by the patient’s degree of botheration and the doctor eliciting any ill effects due to BPH – the mere presence of an enlarged prostate gland is not an indication in itself to start therapy. The options include observation, medical therapy, telescopic surgery (TURP) and open surgery. There are pros and cons of each approach and therefore the treatment has to be tailored to meet an individual patient’s needs. The other, frequently talked about, newer treatment options are less established and are not superior to established therapies. Prostatitis frequently affects young/middle aged males and usually produces painful urination, other urinary problems, as well as pain in the



PP Professor Chaudhary Muhammad Sharif presenting Rotary Pin and book to Guest Speaker Dr. Farhat Abbas.

lower back, thighs, etc. and painful ejaculation. The treatment is usually with antibiotics/pain medications and supportive therapy, while the condition may take a long time to settle down.

Prostate cancer is one of the most common forms of cancer among western men while the risk is much lower in men from Eastern hemisphere. It is rarely seen in men under 50 years of age and the risk increases with an increasing age. Prostate cancer is far less common than BPH. The risk is higher in immediate male relatives of a patient with prostate cancer.

The causes of prostate cancer are still unclear. Besides the genetic risk, scientists are studying the possible role of a high-fat diet in the development of this disease. Some studies show that workplace exposures to the metal cadmium during welding, electroplating and making batteries may increase the risk of getting prostate cancer. Workers in the rubber industry also appear to develop prostate cancer more often than expected. However, more research is needed to confirm these studies. Because of causes of this disease remain unknown, it is not yet possible to prevent prostate cancer. It is however recommended to avoid high intake of animal fat and red meat. Vitamin-E may have a protective role and so be the effect

of yellow colored fruits green leafy vegetables and tomato products. It is recommended that men over 50 years of age undergo annual DRE and PSA blood test to detect the disease at an early stage. In suspicious case a prostatic needle biopsy becomes essential for proper diagnosis.

If prostate cancer is diagnosed in an individual, doctors use a number of tests to determine if prostate cancer has spread to other parts of the body or not. These include PSA blood test, X-rays, CT scans and/or MRI scans. For cancer, which is found to be localized to the prostatic gland there is strong likelihood of complete cure with either surgery or radiation therapy.

For cancer, which has spread beyond the prostate gland, hormonal therapy is commonly used. This usually suppresses the disease but is unable to cure it. Therefore, the emphasis is on methods to diagnose this condition at an early stage, when potentially curative therapy can be employed. In some patients with very early cancer no immediate treatment is necessary, while in others a combination of surgery, radiation and hormonal therapy is used.

THE BURNS CENTRE “CENTRE OF EXCELLENCE”

Dr Col. Abdul Ghafar Shah of Burns Centre was the guest speaker at RCK meeting on May 17, 2010.

He said that no part of the world is free from burn hazards, because man has used artificial sources of heat since times. In more sophisticated societies one comes across burns caused by factors other than thermal as well e.g. electricity, chemicals, nuclear radiation and refrigerating agents but, by and large, excessive heat remains the major factor in burns.

There is no gainsaying the fact that total prevention of burns, if at all possible, would be much more desirable than their cure.



Rtn Abdullah Feroz presenting Rotary Pin and Book to Guest Speaker Col. Dr. (Rtd) Abdul Ghaffar Shah.

Karachi is the biggest city of Pakistan. Its population according to the latest census (2006) is around 12 million. Previously the Burns Ward of the Civil

Hospital Karachi was the only burns unit in Sindh. It



PP Tasleem Batlay asking a question.

ANNOUNCEMENTS

Birthday Greetings

**Rtn. Chaudhury
Muhammad Jamil**

1st June

PDG Abdul Aziz Memon

3rd June



Wedding Greetings

**Rtn. Shabbir
Ahmed Burhani**

31st May

Rtn.M. Jafar

Ghulam Ali

6th June



used to provide treatment to patients from all over the Pakistan. Unfortunately with alarming rise in cases of burns, the Burns Ward had become insufficient to fulfill all the requirements and there was urgent need to upgrade the Burns Unit into a full-fledged Burns Care Centre and Centre of Excellence.

Burns centre is the largest hospital for burn victims in the region. The Burns Centre is a 60 bedded hospital dedicated for burn victims. It has 2 well equipped Intensive Care Units (ICU) for seriously and extensively burn victims, managed by well trained Intensevists and ICU trained staff. Consultants are available round the clock, and patients are managed on their advice. Centre has two shifts, about 15 procedures are well-

operates in morning and evening equipped Operation Theatres which being performed daily under the supervision of well qualified Plastic & Burn Surgeons. 24 hours Emergency treatment facilities are available. Clinical laboratory and all diagnostic and treatment facilities are provided completely free to those poor and needy burn patients who cannot afford the extremely high treatment costs. Burn Centre has Environment Excellence Award 2005 and Certified by ISO 9001-2000.

Burn Centre used to provide treatment to patients from all over the country. The centre manages around 2000 patients a year, with an average of about 900 in-patient with severe

Sunshine Box Collection

Hon. J.Sec.Salim Zamindar announced that the Sunshine Collection for the Day was Rs.1360 which brought the total to 1,04680/-



PDG Mohamed Akbar with guests of "Burns Center"

burns, annually.

The Burn Centre is the “Centre of Excellence” for training and teaching facilities for the undergraduate, Postgraduates, Paramedics, Physiotherapists and technicians. Research is one of the foremost priorities of this centre; data is being collected, studied, compiled and published.

Preventing accidental burns is possible only by making the susceptible people aware of the causes and methods of prevention through newspaper articles, radio programmes, leaflets, seminars and mother-child health facilities, etc.

Their vision is “HEALING WITH CARE”

The Management & Staff of Burns Centre is committed to Improve and Provide the Best Treatment according to International Standards.

Hole in One



Five RCK Members Have Achieved this Distinction.

Hole in one in golf is a rare feat. There are golfers who have been playing golf since last 50 years but have never achieved the distinction of scoring a hole in one in their entire golfing career. Some have done in a much shorter time. Indeed there are some who had several multiples of hole in one. An achievement of hole in one does not neces-



Rtn. Dr. Sabir Ali Sayed with guests.



PP Zahid Zaheer asking a question.

sarily depict the golfing ability of the individual. It may be due to high golfing consistency and good ability or it can also be an occasional good luck.

At the club level during high profile tournaments expensive cars like Corolla and Civic has been offered as prize for achieving this distinction. file tournaments.

In international golfing event, the prizes also involves top of the line Mercedes or BMW. Or a cash award as high as \$250000/.

The following members of our club had the distinction of achieving this feat in the year mentioned against their names.

1. Rtn Syed Ali Year 1986 and 1995

2. PP Shiraz Sachedina Year 2001, 2005 and 2009.

3. Rtn Akbarali Pesnani Year 2010

4. PP Wasim Mirza Year 2010.

5. VP Masood Shaikh Year 2010

Most of the above golfers have been playing golf since last 15 to 40 years. Unlike the professional golfers who walk away with prizes and awards, amateurs like the above, according to convention have to throw a big party for all their golfing buddies. Many follow this convention. This will also serve as a reminder to those who have achieved hole in one in 2010 to please honour this convention. One of them has already fulfilled this unwritten rule Cheers.