



The Greype-Vine
Grey's Hospital
Pietermaritzburg

November 2005.



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Mrs. Y Thambiran. X-ray

Mr. V Mkhize

Ward C2

2005 is drawing to a close and what a busy year it has been. 2006 will be no quieter I am sure, especially with COHSASA visiting us so early in the year.

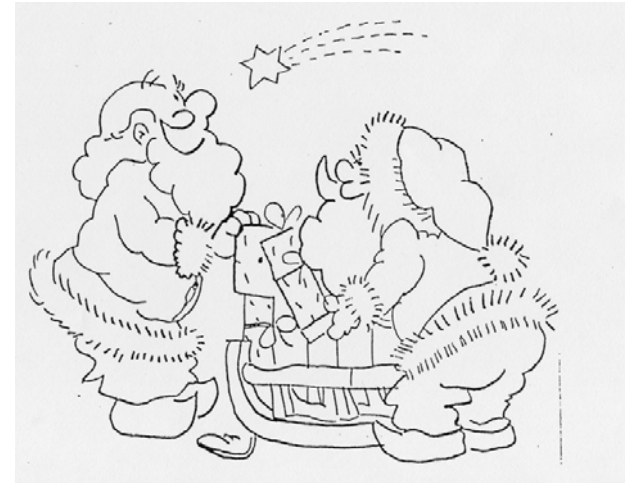
Sister Caroline Stillwell has returned from Edendale Hospital, having spent the past year studying Midwifery. She is keen to rejoin the committee and we welcome her back into the fold.

The sports day, Fete, Fun Run and Dinner Dance have all been a success.

Congratulations to all those who were involved with the organisation. Your hard work and the many hours involved was much appreciated.

We would like to welcome Mrs Du Preez to the Grey's family and wish her a long and pleasant stay with us. At the same time we would like to thank Mrs P Brown and Mrs KT Mckenzie for their hard work and dedication in running the hospital for the past few months. Mrs Brown continues in an acting post until the nursing manager's position is filled.

On behalf of the committee I would like to wish all the staff a restful and enjoyable Festive Season.



Farewell Dear Grey's.

Parting is never easy, least of all when one has only two weeks in which to hand over the reigns etc etc. However the saddest aspect of my parting was that I was unable to say a personal thank you and goodbye to so many friends and colleagues. To you all a special thank you for your support- it has meant so much. Thank you also for the very generous gift- the T.V. Cabinet takes pride of place in my home.

Heather Findlay.



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To All Staff, Medical and Non Medical -

This year, 2005, was a very challenging year due to the shortage of staff and the continuous transformation of our Hospital from District-Regional to Regional-Tertiary. In spite of all our challenges we stood firm and worked as one team with courage, inspiration and compassionate care. Grey's Hospital Management commends and thanks you all for the commitment you have shown in putting up a smile to our patients in this past year. We wish you and your families a Merry Christmas and Prosperous New Year.

Dr Bilenge.

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A BIG THANK YOU

Just a sincere word of thanks for all the hard work that went into the making of various items for the handicraft section of the fête. To all staff, friends and family members who made an effort to contribute towards making the fête and especially the handicraft section the success it was, a BIG THANK YOU I am not going to name people individually as I am sure to hurt somebody's feelings by not mentioning them but everyone knows who they are.

Marge Gray.

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Think big thoughts but enjoy small pleasures.

GREY'S HOSPITAL - DEPARTMENT OF ORTHOPAEDICS

I have now completed six (6) months at Grey's Hospital and I have enjoyed every moment of it. I took up the post purely as a challenge, as I wanted to get out of my comfort zone and I was also starting to suffer from a "Destination Syndrome" as I have been in Durban for 26 years now.

The Orthopaedic Department has able staff but we have huge transformational changes that confront us:

1. Transform the Department into a full Academic Department with Sub-Specialities (Spine, Hands, etc) for teaching and development of staff.
2. Position the Department as a centre of Orthopaedic Service excellence with its impact felt throughout our Districts and Regional Hospitals.

For this to succeed, it is imperative for the Department to have a shared mission and vision and for everybody to work towards the attainment of that vision and mission.

Our Teaching/Academic Programme is up and running and the good news is that Grey's Hospital (Pietermaritzburg Complex) has produced its first Orthopaedic Specialist - Dr Peoo, who has passed his Specialist Orthopaedics Exam and I am made to believe he is the first Doctor to pass the Specialist Exam based in Pietermaritzburg.

The development of a Sub-Speciality has been slow due to the unavailability of a trained full-time Senior Specialist but a good foundation has been laid - the first meeting for the Formation of a Hand Unit was held on 19th October 2005. This was a good meeting with representation from all Hospitals - both Doctors, Physiotherapists and Occupational Therapists. All aspects (Human Resource, Facility Clinic and Operative Theatre Time) and training were discussed and a follow-up meeting will follow soon. Since September our Outreach Programme has started in earnest, with the departure of Doctor Hernandez from Madadeni Hospital. We have to date performed well over 20 cases of major Orthopaedic Surgery, by travelling there on alternate weeks. This is proving very useful as Orthopaedics has 3 slates a week and

therefore, with the utilisation of the slates, very few patients are now transferred from Madadeni Hospital to Grey's Hospital.

I would like to congratulate my staff for their Team Spirit and for rising up to the challenge - they make a huge sacrifice by leaving as early as 5 o' clock on Wednesdays, sleeping overnight to return on Thursday afternoon and reach home at 21h00. This has brought smiles and relief to the faces of the Amajuba Community.

Well done Guys. Keep up the good work!!

I would like to wish my Department, Grey's Hospital in general and all our patients a Merry Christmas and a Prosperous New Year.

DR M E SENOGE
CHIEF SPECIALIST & METROPOLITAN HEAD
DEPT. OF ORTHOPAEDICS. GREYS HOSPITAL



The staff at **Bouwer and Partners**, Pietermaritzburg, recently donated a box of toys to The Grey's Hospital Occupational Therapy Department to give to the Cerebral Palsy Children at

their annual Christmas party. The toys had originally been for sale to raise funds for Hospice and were bought by the laboratory staff who then donated them to our Occupational Therapy Department. We would like to thank them for their generosity.

WITH THESE HANDS:

These hands are a precious gift from the one above
With these hands I have done the good and the bad
With these hands I have held my loved ones close to my heart
With these hands I have beaten and chased away those I hate
With these hands I have given love and care to my little daughter
With these hands I have punished her in times of being naughty

With these hands I have wiped tears off my face in times of sorrow
With these hands I have held up glasses in times of celebration
With these hands I have taken good care of those who are in need
With these hands I have said ashes to ashes, dust to dust to loved ones, family and friends
With these hands I have brought life into this world of ours

These hands are precious gifts from the one above
It is amazing what one can do with **these hands**.
‘We are not where we are supposed to be, but we are not anywhere close to where we are going, but we are very far away from where we were’!!

With these hands I could fly without wings,
With these hands.

Mr. VJ Mkhize (Clinical Orderly)
Ward C2

A mechanic was removing a cylinder head from the engine of a Mercedes Benz when he spotted a well-known heart surgeon in the shop.

He shouted across the floor. “Hey Doc, can I ask you a question?”

The surgeon, more than a little surprised, walked over to the mechanic who straightened up and wiping his hands said, “Doc, look at this engine. I open up it’s heart, take the valves out, fix them and put them back, and when I’m finished, it works just like new. So how come, if we are basically in the same line of work, I get such a small salary and you earn the Big Bucks?”

The surgeon paused, and smiling, leaned over and whispered to the mechanic.....

“Try doing it with the engine running!”



E. A. P. FEEDBACK

On the 8th June, 2005, EAP held a “Staff Wellness Day” in the Nurse’s Recreation hall. The aim of this event was to promote healthy living. Outside organizations, as well as various departments from within our institution, were invited to participate by setting up stands relevant to our theme. The response was very encouraging as 240 staff members attended the event. As a matter of interest, 152 people filled in our ‘stress test’ questionnaire with some of the results as follows:

- 70% of respondents exercise less than 3 times a week
- 58% admitted to being 5kg or more over their normal weight
- 57% consume more than 5 alcoholic drinks per week
- 54% smoke more than 5 cigarettes a day.

And on a more positive note:

- 81% claim to be in reasonably good health
- 80% are positive about the future
- 71% feel generally satisfied with their work

Prize winners in our lucky draw were:

K. Ally and S.Dlungwana (gym vouchers from Body Dynamics)
K. Deepnarain and R. Roberts (gift voucher from Poobie Naidoo Sports)
G. Marais and X. Mtunzi (aerobics class voucher from Body Dynamics)
H. Mngomezulu and T .Prince (back massage from Janelle Beauty College)
T. Mayisela and M. Ntshangase (squash voucher from Body Dynamics)
T. Mohal and C. Monley (spinning voucher from Body Dynamics)
P. Kunene and K. Moses (aquacise voucher from Body Dynamics)
H. Findlay (health product from Nu Health)
P. Rousseau (backpack from Cape Union Mart)

We would like to thank all the staff who put so much effort into preparing their stands, and to all those who attended to make the day a huge success!

NURSES ARE OVERWEIGHT **Sunday Times News Report, 6th Nov. 2005.**

A recent study done by UKZN on health and fitness of nurses revealed that 99% of the nurses who took part were either overweight or obese.

80% did not participate in any form of exercise. Other health problems that came to light were hypertension, diabetes and lower back pain. These health problems result in a high absenteeism rate. The researchers attributed the nurses' weight profiles to job stress, shift work, sedentary lifestyles and poor eating habits. An executive member of DENOSA, Honey Allee, said that due to the shortage of nurses in this country, employers were not bothering to screen them. The study concluded that the lack of fitness amongst nurses could eventually compromise the well-being of patients.

Pietermaritzburg Department of Internal Medicine

Progress in the Grey's Department of Internal Medicine – 2005

Progress in the Grey's department of Internal medicine is inextricably linked to progress in the development and expansion of services in the whole of the Grey's Tertiary Drainage Area (Area 2). This report will cover aspects related to the whole of Area 2.

Development of the Registrar Program

Additional post numbers ("N" numbers) for Medicine (4) and Neurology (2) at Pietermaritzburg (PMB) Hospital Complex were obtained from Health Professions Council of SA (HPCSA). Posts have been allocated by Head Office and they have been advertised for January 2006 or sooner. Dr Bhanjan has already been employed as Grey's Hospital's first neurology registrar. The other vacancies have been advertised and interviews will take place at the end of November.

Support for a full 4-year Postgraduate Training Program in Pietermaritzburg needs to be obtained from the Medical School Department of Medicine. This has so far not been forthcoming. The Department continues to pursue the goal of greater co-operation and integration of the registrar training program with that of the Medical School in Durban.

Development of Tertiary Services

A post of Infectious Diseases Principal Specialist has been created and will be advertised in the near future. This will greatly enhance our capacity in dealing specifically with the HIV/AIDS pandemic, and more generally with infectious diseases such as tuberculosis, which also constitutes an epidemic in our province.

Haematology remains the one subspecialty of medicine where we do not have any service in the Pietermaritzburg Complex. A post for a laboratory based Haematology Specialist has been created by

Laboratory Services and we hope to have it filled within six months. Then we will have truly comprehensive Tertiary Services in Internal Medicine in our hospital.

Bureaucracy has held up our attempts to appoint a full time specialist in cardiology. We are hopeful that we will have a full time consultant in place within the next 6 months. The process for appointing a Control Cardiac Technologist is under way. This will expand the capacity of the hospital to perform cardiac catheterisation and echocardiography.

A new and additional dermatology consultant, Dr Jetham, started on 1 September 2005 working a half-day every weekday in outpatients. The team at Grey's will co-operate with Dr Singh who is doing a clinic at Edendale. This will greatly enhance Dermatology services.

Development of District Services

A review of our outreach program is under way. We will not have full clarity until the early part of 2006. The extent of cover will depend on the availability of consultants and registrars. Some of our consultants are training in subspecialties, which requires them to spend time in Durban each week. The current cover is at about 80% but we may not be able to sustain this in the short term. The outreach program is suffering temporarily at the expense of the rapid development of tertiary services.

We hope to finalise Policy & Procedure (P&P) for Viral Haemorrhagic Fevers for our District in the near future. Greys Hospital is having essential alterations made to the Ante-Natal Clinic so that it can double as an Isolation Unit for Highly Contagious Potentially Lethal Infectious Diseases for the District, and indeed for Area 2. We will promote our P&P to other Districts and assist them to develop their own if need be.

We were all disappointed when Dr Kocheleff had to retire in July this year. He is sorely missed and we know that he misses us too. The PMO post at Greys ARV Clinic has been filled and Dr Bizaare started in October as Head of the Unit. She has a mandate to co-ordinate transfer of Level 1 activities of the Grey's unit to Northdale Hospital in co-operation with the Management of

Northdale Hospital and her team. The Howick "Celimpilo Clinic", supported by Global Fund money, continues to play a vital role in the care of patients in our district with HIV/AIDS.

Promotion of Metropolitan Services

A Chief Podiatrist post was advertised at Grey's Hospital but there were no applicants. We are now enrolling Mrs Mc Kenzie to work in a part time capacity. The first step is to order equipment and set up a facility and we have received a quote from an equipment company. We have been told that funds to purchase the necessary equipment will not be available until the next financial year, so this project is temporarily on hold. It is envisaged that the Grey's Podiatry Department will form the nucleus for expansion of podiatry services into the District.

The Department of Internal Medicine is co-operating with the Department of Family Medicine to develop and maintain Level 1 (District Level) services at Northdale and Edendale Hospitals.

The above is a brief overview of some of the developments in the Department of Medicine during the past year. More is to come next year in 2006.

Watch this space!

Dr Jim Muller
Chief Physician

Grey's 150th Recipe Book.

Unfortunately the recipe book that Sr Coughlin had hoped to put together will not be printed, as she did not receive enough recipes.

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**REMEMBER, GROWING OLDER IS MANDATORY.
GROWING UP IS OPTIONAL.**

Evolution of a tertiary paediatric service.

In 2000 Grey's Hospital changed from a general to a referral hospital providing regional and tertiary services only. The changing nature of paediatric services over the period 1998 to 2004 is reflected in the following table:

	1998	2000	2002	2004
Admissions	1 612	958	927	1 240
Outpatients	14 236	3 259	5 349	6 236
ALOS (days)	6.11	7.47	9.2	6.37
Bed occupancy (%)	89.9	65.3	77.9	95.0
Mortality	159	100	40	72
%	9.86	10.44	4.31	5.81
Origin (% outside Pmb)	28	46	66	75
Gastroenteritis	40.9	15.9	8.7	6.8
ARI	35.9	23.0	17.4	12.7
Meningitis	2.2	4.6	3.0	4.8
Cardiac disease	1.7	4.9	8.7	6.3
Hepatic disease	0.5	1.4	2.3	2.9

Both in- and outpatient figures and bed occupancy rates dropped dramatically in 2000 as general services were discontinued and then rose gradually as referral mechanisms and tertiary services became established.

Surprisingly the average length of stay (ALOS) has remained unchanged.

The mortality rate dropped as the disease profile changed from acutely sick children to those with complex diagnostic and

therapeutic problems. This is well illustrated by the drop in admissions for gastroenteritis from 40.9% of admissions in 1998 to 6.8% in 2004 and for acute respiratory infections (ARI) from 35.9% to 12.7%.

The admission rates for more complex cardiac and hepatic diseases rose from 1.7% and 0.5% respectively to 6.3% and 2.9%.

Final evidence that we are meeting our obligations to all children in Area 2 is the shift in origin of our patients. In 1998 only 25% of admissions were referred from outside Pietermaritzburg compared with 75% in 2004.

Dr N McKerrow



Grey's Hospital 150th: Fun Run.

The day dawned cool and overcast (a blessing if you consider how hot it can get at this time of the year.) and 50 people got out of their beds to come and take part in our fun run/walk.

Promptly at 7am, Polly set them off on their way around Grey's and Townhill Hospitals. Some young (we had a baby of about 6 months in a pushchair) and some not so young. They started off at a brisk pace and 20 minutes later Jonathan Douglas finished the first lap, thus winning the 5km race, and soon after Jean Jordaan (11 years) and Brayden Scanell (7 years) crossed the finish line. The 10km race was won by Martin Ngwenya, who appeared to have enjoyed the route, despite all the hills. Dr Bilenge, Miss Findlay, Mrs Du Preez and Mrs Dlomo all completed the course in very respectable times and despite a few stiff muscles on Sunday it would appear that a good time was had by all. *Should this become a more regular occurrence?*

Gardening Getaway.



Shredded in minutes!. My garden, battered and tattered from a ferocious hailstorm that swept down our valley with a force that reminded me of recent storms in other parts of the world. It immediately put things in perspective as I thought, how dare we complain when we consider the devastation elsewhere. No matter

how bad things are there are always others who are worse off, so we need to staunch the self pity, pick up the pieces and get on with life.

In spite of the hail I was amazed by the number of plants my little garden managed to produce for the fête. Endless hours of subdividing plants, preparing and potting were rewarded tenfold when ardent gardeners bought up the reasonably priced plants with obvious delight at finding such bargains.

Further to this I had the support of several staff at Grey's and some friends who all gave so willingly of their time, effort and plants. The grand finale came when I was given carte blanche to arrange all the plants on the Rec hall stage. The result was a stunning display, which led to a virtual sellout of all plants. My sincere and grateful thanks to everyone who donated or helped- we had great fun, a special team fired up, inspired and united through the magic of gardening.

Gael Meter.

Tribute to Tracey Mills.

Dear Tracey,

What an absolute lady you were, always so well groomed and immaculate. You wore your uniform with such pride, what a wonderful example to the profession.

You were so special to so many in the Campus; I was privileged to share the same birthday with you, but unfortunately not the same age.

There are so many little mannerisms that we will miss:

When you arrived at work in the morning, you would leap out of your car, walk round to the back, then round to the front, it had to be parked "just right".

Out of the car would come a cooler bag with your numerous cans of coke and sprite, your flask with cold water, brief case and your handbag. So well turned out, not a hair out of place.

At teatimes and lunchtimes, Tracey would come in, sit down, gather her skirt around her knees so that each pleat was perfect, take out her crochet work and busy herself whilst waiting for the infernal urn to boil, for her well earned cup of tea.

The sound of her quick footsteps down the passages in the campus were unmistakable. Mrs Wirth commented that she had never heard anyone go down the fire escape stairs as quickly as Mrs Mills did.

Although she taught many groups in the college, her passion was for her first year students. She became the group mother in every sense of the word. She cared for them, nurtured them, counseled them, scolded them when necessary, and shared in their joy and tears.

Mrs Mills was conscientious, a perfectionist in every way. This was sometimes to the dismay of her colleagues. The standards she set for herself were high, because for Tracey it was all or nothing. She gave 100% of her time and life. She was utterly dedicated to her work and spent many hours preparing and marking when most had gone home.

She also had time for her friends and colleagues at the campus, never failing to ask about family members and the well being of others.

We are thinking so much of Sid and the family at this time and hold them in our thoughts and prayers.

Your untimely death has been a great blow to this Campus and an enormous loss. From all of us here, we thank you for your contributions and pray that you will find peace and rest in the Lord.

Flea Lowe.

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**Some people enter our lives for just a short while –
others pause and plant flowers in our hearts.**

The Epic of The Bedpan.

When I had my operation,
I displayed a lot of guts,
I could take it, smile and like it,
But the bedpan drove me nuts.

When nature called, I'd call the nurse;
And when I called she ran
And soon I'd have my carcass
Parked upon that gosh-darned pan.

I'd slide back on my shoulders
But the leverage wasn't there,
And instead of something doing,
I'd shoot a flock of air.

And when at last I'd get results
I'd feel around my seat
To see if I had missed the pan
And piled it on the sheet.

There was cold sweat on my forehead,
When I'd feel with cautious care,
And with sighs of satisfaction
Find not a thing was there.

But now a new contortion
Would leave me weak and pale
I'd have to work and twist and squirm

To wipe my poor sore tail.

I'd raise my sitter, high mid-air
This closed the gaping span:
My shaky hand would slip, and then
I'd grasp that gosh-darn pan.

The muscles of my neck would bulge
As I stood upon my head,
I'd make a few wild passes
And fall weakly back in bed.

And when I'd ring, the nurse came in
And carried off the pan
I'd wonder why, on such a job,
They didn't send a man.

Then finally I'd settle down,
That movement was a treat;
But, wait a minute! What's so warm,
And wet upon the sheet?

With a gasp of apprehension
I'd slowly raise my gown,
And there beneath my sitter
Would be a blotch of brown.

And so, as operations go,
I'm a hurly, big he man;
But gosh! It simply burns me up
When I miss that gosh-darned pan.

Senior Sister LK Scott.

In September 2005 CSSD obtained 100% in the Infection Control Environmental Audit. They are the first department to obtain 100%.

Well done!

150th Fun run/walk.

I participated in the 5km Fun Run/Walk and was very impressed with the scenic route chosen. The route was challenging, especially if you are unfit. I must admit that I found the event enjoyable especially as there were some ex-colleagues there with whom I could chat afterwards. On completion of the walk I was pleasantly surprised to see that I was ahead of some of the younger competitors, but that's where it ends. A day later I was so stiff I could hardly walk, let alone go up or down the stairs. The lactic acid build-up in my muscles was so painful. I end this article very proudly, however, as I received my first medal ever .

Sister Lotti Hutchinson.

Campus News.

The campus staff were all devastated by the sad passing of **Mrs T Mills**. She had taught in the Campus for more than 19 years and will be sadly missed.

Mrs Val Longbottom leaves at the end on November, to go to Umgeni Hospital, on promotion to Assistant Nursing Service Manager.

Mrs Flea Lowe will be retiring at the end of December, after nearly 26 years in the Campus. The midwifery department will miss her expertise.

As from January 2006 Northdale Hospital will no longer be attached to the Campus and all students on their establishment will be moved over to the Grey's establishment. Students will still work at Northdale and the campus will revert to it's original name of Grey's Campus.

Mother and Child – the greatest bond through time.



Throughout human history the bond between a mother and child has always been regarded as the greatest expression of unconditional caring. We later gave this bond names including the term love.

Perhaps this veneration of the mother and child bond stems from our primal need to ensure our species goes on.

As we reflect at the end of a year we, have to realize that the greatest threat to all we hold sacred and true including this very bond of mother and child is being challenged by a disease namely HIV .

A mother with HIV remains our hospitals and health services most important issue. Important because modern medicine knows how to prevent this mother from transmitting the HIV to her unborn baby. Yet knowing this we are not succeeding in doing this.

Much of this inability comes from ignorance among so many healthcare workers and staff at hospitals about transmission of HIV from mother to baby.

This transmission can be stopped if the following simple steps are taken:

1. Every pregnant woman must know her status.
2. Once she knows her status and if positive she must do her CD4 count.
3. If her CD4 count is below 200 she must start on antiretrovirals asap.
4. If her CD4 count is above 200 she must take a stat dose of Nevirapine as soon as labour starts.
5. Her baby must get Nevirapine within 3 days of birth.
6. If she can afford formula milk and can make clean feeds she must formula feed.

There are many other options that can reduce transmission for the mother whose CD4 counts is above 200. We all hope that these better choices will become options for all our mothers. At present we have the stat nevirapine as our option.

The mother and child model is devoutly held up as the enduring symbol of all that is good and pure. This symbol must serve as call for all of us to see that despite the HIV epidemic ravaging our adult world we have a way to prevent a child from getting this terrible disease.

Many parts of the world have virtually eradicated children being born with HIV. It can be done at Grey's.

Much work needs to be done by midwives, doctors and counselors working with pregnant mothers but indeed by all who work in the hospital.

Inform family, friends and anyone who asks you that HIV can be prevented from getting to children.

At this time of Christmas, as much of the world venerates a Mother and Child, we use this beacon, as our hope that HIV in children will be beaten.

Kimesh Naidoo

**Consultant in charge of Children's ARV clinics at Grey's,
Northdale and Edendale Hospital.**



THE SCAPEL'S EDGE

The surgical department at Grey's hospital is constantly developing and evolving into one that delivers a comprehensive tertiary service. Despite several challenges during the past year we have grown as a department and our attitude is an embodiment of the head

Mr. Ghimenton. He always demonstrates that we must do all that we can for optimal efficient patient care and not remiss about what we lack.

Several outstanding events of surgical interest were held during 2005 and I will focus on the highlights. It was with great excitement and anticipation that all surgeons in Africa awaited the 41st World Congress of Surgery since it was being held in South Africa. The congress provided local surgeons a unique opportunity to attend, being held on our doorstep at the ICC in Durban. It was indeed a great success and was able to bridge the gap between general surgeons in developing countries and specialists in the developed world. The congress focused on basic principles but also specialists in particular fields explained the most recent advances and their relevance for the general surgeon. It is the first time such a prestigious event was held in South Africa and only the second time

in Africa. Mr Ghimenton, head and chief specialist of the department of surgery was part of the local organizing committee and contributed greatly to the success of this extraordinary event.

The second highlight of the year was our annual laparoscopic workshop. It is a joint initiative and a symbol of the co-operation between the private and public sector. Laparoscopic surgery was initiated with the advent of laparoscopic cholecystectomy and, over time, its use expanded to include more anatomic areas and treat more disease processes. Currently accepted minimally invasive general surgical procedures include laparoscopic cholecystectomy, antireflux surgery, adrenalectomy, splenectomy, and provisionally, inguinal hernia repair. Limited or early application of minimally invasive techniques has been applied to gastric bypass, colon resection, ventral hernia repair, common bile duct exploration and donor nephrectomy. It is anticipated that minimally invasive techniques would soon be used for transhiatal esophagectomy and liver and pancreatic resection.

Minimally invasive techniques are used for several reasons, including:

- Patients experience less pain and perioperative morbidity,
- Patients have a reduced acute phase response with these techniques, and

- Minimally invasive techniques are associated with decreased hospital length of stay

The goal of the workshop is to disseminate the most current, state-of-the-art laparoscopic surgical strategies for the management of common conditions to all surgeons in KZN. This year's event was especially special with visitors from Bloemfontein and an expert in laparoscopic surgery from Johannesburg.

VICTOR GOVINDASAMY

Best Decorated Ward Competition:

Once again **Chatters Coffee Shop** has sponsored a large Chocolate Cake for us to award to the Best Decorated Ward/Department. We



will be coming round the hospital on Monday 12th December 2006. The decorations will be judged on their originality and aesthetic appeal. Please do not spend large amounts of money buying decorations.

Msizeni Majozi.

Ngafika kulesisibhedlela sase Grey's Hospital ngo mhlaka 20 August 2005, ngemuva kokulimala engozini yemoto yilapho engathola khona usizo kodokotela kanye nabahlengikazi, engakubona kulesisibhedlela ukusebenzisana ngokuzimisela nokubekezelelana kubasebenzi abasebenza besiza labo abagulayo.

Okuhle ngalendawo ukuhlanzeka, izindlu ezihlala iziguli futhi aziminyene. Igumbi ngalinye lineziguli eziyisithupha kuphela, ngaleyondlela akulula iziguli zithelelane ngokufa, iziguli zinamalungelo azo asetshenziswayo futhi bayazikhethela

ukudla abakuthandayo futhi bayaluthola usizo labo abangakwazi ukusebenzisa izandla zabo ukuba bazidlele kubahlengikazi.

Kunezindlu zangasese kanye nezokugeza ezicocekile/ezihlanzekile. Izimpahla zokugqoka nezokulala zihlanzekile kukhona konke okuyizidingo ezidingwa iziguli. Kunesitolo esihambayo esihamba yonke indawo yasesibhedlela zonke izinsuku ukuze nalabo abangakwazi ukuhamba amabanga amade bakwazi ukuthi bazithengele abakudingayo kulesisitolo.

Ukucwasana ngebala akukho kulendawo ngoba sixube zonke izinhlanga abampisholo, amakhaladi, amandiya kanye nabamhlophe wonke umuntu uphathwa ngendlela efanayo. Ukusebenza koDokotela kubukeka kusezingeni eliphezulu njengoba iziguli zifika zinezinkinga ezahlukahlukene ezinye zisesimeni esibucayi bayaluthola usizo koDokotela nabahlengikazi abasheshayo.

Okuhle ngalesisibhedlela indawo esakhelwe kuyo singaphandle nje kancane neDolobha nemigwaqo emikhulu enezimoto ezingaphazamisa ngomsindo wezimoto uma zilele emini noma ebusuku. Ukuphepha kubalilekile kulesisibhedlela njengoba sibiyelwe futhi kukhona onogada abahlala beqaphile ubusuku nemini.

Emasangweni baqinisekisile ukuthi ongenayo nophumayo uyahlolwa ukuthi akukho yini abaphuma nezinto ngokungemthetho futhi baqiniseka nokuphepha kweziguli nabasebenzi besibhedlela bebonke.

Ngathola usizo olukhulu kulesisibhedlela sase Grey's Hospital. (Pietermaritzburg.) Qhubekela phambili.

Christmas Hangers.

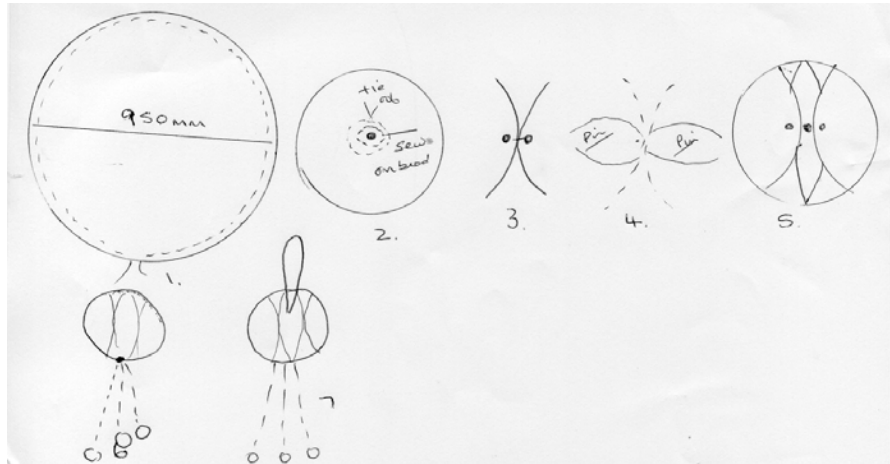
Materials:

Scraps of Christmas or other material.
Matching sewing cotton and needle.
Selection of beads.
Little bells.

Method:

Cut 4 circles 95mm in diameter
Run gathering thread around the edge and pull tightly to form a puff.
Sew a bead into the center of one puff, take thread through the center into the center of the second puff and complete with a bead in the center of the second puff. (two puffs back to back.)
Fold the edges over the bead and pin to form two wings.
Take a third puff, sew the bead through the center and take the cotton through between previous puffs, and sew other puff onto the other side. (a circle of puffs with beads in the center is now formed.)
Thread the needle with a long tread, double it over and make a knot to hold it in place. Catch the bottom of the circle where the puffs meet and thread about 11 beads onto the cotton. A small bell or bigger bead at the bottom will complete the row.
Thread the cotton back up through the beads and anchor the thread. Then do another two 'chains' of slightly differing lengths.
Open out the circle of puffs and anchor a thread, ribbon or cord into the circle to act as a hanger.
Catch the edges of the puffs at the top and the bottom to make sure it is a circle.
These can be made with any materials and look lovely made as hangers for keys. Use the colours of your choice and beads to match.
Enjoy and if you have a problem please feel free to contact me anytime and I will gladly help you.

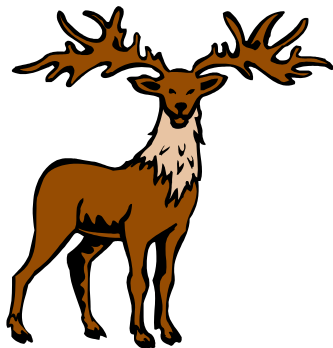
Marge Gray. Extension 3195.



We end the year on a positive note, when we host the children's cerebral palsy party on the 29th November. We close this clinic on an annual basis with a party to celebrate each child's life and commitment by the caregivers. Each year has its own success story to tell, and this year is no exception. With the fundraising efforts of staff and donations from private companies, we manage to provide each child with a wholesome meal, party pack, and a present. We would sincerely like to thank all staff members who contributed to the children's fund in cash or kind. We would also like to thank **Bouwer and Partners (Pietermaritzburg)** for their donation of toys and **Tolcon** for their contribution of R500.00. Again each child's spirit will be lifted due to the generous nature of the above people.

The Rehab departments would like to wish each staff member a wonderful and safe festive season.

REHAB NEWS



The rehab departments ie. Physio, OT, Speech and Dietetics have been abuzz for the last few months. Drastic structural changes have been made for the benefit of optimal treatment. We have been working in dust and dirt for a few months but the changes are worthwhile. We look forward to working in our new departments.

We would like to bid farewell to all our community service therapists that will leave us at the end of December. Jenna, Saskia and Lisa have been an integral part of our service and we will miss you all. Good luck with your future endeavours.

To all the new additions to our rehab family this year, Reena, Senzo, Wiseman, Zinhle, Lindel and Joanne, you have made us a better service. We wish you many more years with us.

For all the staff that have sustained the service over many years, we are grateful for your dedication and unyielding nature. You hold the pillars of the rehab departments.

Angela Chetty.



We can never know the totality or the potential of others, but who we are with them sometimes determines who they are with us.

HUMAN RESOURCE NEWS

CONGRATULATIONS

APPOINTMENTS

A WARM WELCOME TO OUR NEW FINANCE MANAGER MISS ZK BUTHELEZI , ACTING NURSING MANAGER MRS DU PREEZ AND ALSO THE FOLLOWING STAFF MEMBER

3 HUMAN RESOURCE OFFICERS ASSUMED DUTY NOVEMBER 2005

MRS D NAIDOO WHO IS NOW APPOINTED AS SKILLS DEVELOPMENT FACILITATOR FOR THE HOSPITAL

12 SENIOR PROFESSIONAL NURSES AND 4 CHIEF PROFESSIONAL NURSES EXPECTED TO ASSUME DUTIES ON 01/12/2005

PROMOTIONS

MS FINDLAY-HOSPITAL MANAGER: EDENDALE HOSPITAL

MRS SHANGE-NURSING MANAGER: EDENDALE HOSPITAL

MR KHAWULA-HOSPITAL MANAGER: PORT SHEPSTONE HOSPITAL

MRS E DURANDT-ASST MANAGER: ADDINGTON HOSPITAL

MS MAPHUMULO-HR PRACTITIONER-EMRS: UTHUNGULU

MS N MTHEMBU-HRO: POLELA CLINIC

MS MAFA: TREASURY DEPT

Congratulations to Busi Maphumulo on the birth of the baby girl Phumzile

Congratulations to Kershnie Govender on her new venture of married life, she is now Mrs Moodley

MANY THANKS TO MISS ALCOCK AND HER TEAM FOR MOVING OVER TO OLD MEDICAL LIBRARY WHICH NOW GIVES US ENOUGH SPACE BUT MISS YOU GUYS

Can you identify these well known people?.





Fete Tea Garden.

The tea garden was a smashing success due to all those who helped and contributed their time and effort, not to mention monetary donations, cakes, scones etc..

The colonnade was beautified mainly thanks to **Mc Donald's Garden Centre** (and the sexy staff of ICU and others suckers) who transformed the 2 garden beds into showpieces. (Support them if you can.)

It just goes to show that the ICU staff are a talented and hardworking unit, the best in the hospital (so they tell me.) And so if you want a successful tea garden just ask ICU, they are good for something, even if it is only pouring tea (which they normally do all day instead of working- so they have plenty of practice. The anaesthetists and doctors can confirm this as they duck into ICU all the time to cadge

tea and coffee from the unit.) Pity they have to listen to certain sisters who bend their ears as they drink the tea. (The tea must be good for them to put up with all the babble when drinking.) Maybe they should enlist the help of the ENT specialists who may be able to suggest some way of minimizing the flow of *>%#=().

Again thanks to all who helped, it was appreciated and we could not have done it without you.

For further information and photos log onto our website
WWW.SEXYBEASTS@ICU.COM

**As seen through the eyes of Lynn Wilson's Husband
Len.**



We are situated on the Ground Floor of The Admin block.

Business Hours:

Mon-Fri

07h00-17h00

Sat & Sun

08h00-16h00

Phone 3274
