Aga Khan University (AKU) and Hospital (AKUH) are rooting for integration of 3D printing technology in healthcare provision. This was said during a symposium held in Nairobi, where speakers who included a team of international academic and local industry experts explored the current opportunities and challenges of incorporating 3D printing technology in education, research and clinical application.

Mr Shawn Bolouki, CEO Aga Khan University Hospital emphasised that AKUH is committed to the provision of world class healthcare in the region through the adoption of modern state of the art technology making Kenya a medical hub for healthcare services.

“I challenge policy and lawmakers to review the existing healthcare policies, procedures and laws to accommodate global advancements in the fast-paced healthcare technology field,” said Mr Bolouki.

Dr Deepak Kalaskar, Group Lead, Medical Devices and Implants, UCL Division of Surgery and Interventional Science, Royal National Orthopaedic Hospital, London, UK shared his experience in an engaging discussion on biomedical engineering and 3D fabrication technologies including the analysis and applications to solve real-life problems.

CONTINUED ON PAGE 3>>
The aim of the Association is to protect Karura Forest and make it safe and secure for visitors wishing to enjoy the outdoors visits.

There are walkways and nature trails through the forest which is surrounded by an electric fence and secured by G4S guards, Kenya Forest Service rangers and the Association’s security scouts who also serve as guides.

To celebrate the corporate membership, Aga Khan University Hospital, Nairobi held a tree planting and team building exercise at the Karura Forest. Dr Dilraj Singh Sokhi, a neurologist at the hospital, who has been spearheading the initiative mobilised staff to plant 300 trees.

“Apart from treating the sick, healthcare professionals have a duty to look after the environment they are part of and live in thereby improving the general well-being of the people. Most urban cities suffer from heavy pollution which results in chest problems. Cleaner air also helps the brain to think more clearly and reduces headaches.”

“As healthcare professionals, we are committed to cutting the carbon footprint in Nairobi. By joining hands with Friends of Karura, we can keep the forest green and secure and urban wellers can enjoy walking, running and cycling in a clean environment. I encourage other organisations and individuals outreach clinics in other parts of the country and help build green spaces around them,” says Dr Sokhi.

In less than ten years, the Friends of Karura in partnership with the Kenya Forest Service and Kenyan corporate and private donors have fenced, secured and transformed Karura from the initial dumping site for hijackers and murderers and illegal private developers into a popular local recreation and conservation site.

From zero visitors in 2009, the forest is now welcoming an average of 16,000 visitors a month, 70 per cent of whom are Kenyan citizens.
CONTINUED FROM PAGE 1

“We are using this technology to make bespoke devices and implants for patients, which has direct impact on improving their care and quality of life. Technology has potential to revolutionise healthcare in Education, Surgical planning and various clinical Applications. I believe Africa is full of opportunities to exploit this technology for low cost, innovative healthcare applications ”, said Dr Kalaskar, who is also the author of the textbook “3D Printing in Medicine”.

Dr Andrew Cook, a Senior Lecturer at UCL and Lead of the Cardiovascular Morphology and Education Unit at UCL’s Institute of Cardiovascular Science Great Ormond Street Hospital, London, UK, discussed the future of micro-imaging and 3D printing of structural heart defects to assist surgeons in cases of complex heart disease. “In Cardiovascular Medicine, there are many real-world applications of 3D printing in use. Establishing such a facility in East Africa would benefit the wider community in terms of Medical Education and Surgical intervention which will further enhance Research opportunities” said Dr Cook

Mr Chris Muraguri, Founder, Micrive Infinite emphasised the importance of public-private partnerships (PPPs) in and on the potential of 3D collaborations with research and healthcare institutions.

“3D Printing stands a chance in the realisation of the promises it has in medicine. However, PPP should be integral in this journey. Private companies should accept that they have a mandate to improve the value of nascent technologies through continuous research and improvement of products and services.

Through PPP, the beneficiaries of the products will partake in the continued and incremental improvement of the technology”, said Mr Muraguri.

Dr Dorothy Kamya, Director, Post Graduate Medical Education at AKU encouraged industry to partner with research and academic institutions to help incorporate the 3D healthcare printing in the medical training curriculum.

Dr Edward Chege, Senior Instructor and Consultant radiologist at AKU noted that AKUHN already has the advanced imaging technology that would be important to have in place for effective application of 3D printing.

Currently, the hospital is also in the process of installing the PET CT and Cyclotron, the most modern cancer diagnostic equipment a first in East and Central Africa.
AS A CANCER PATIENT, WHERE YOU LIVE IN THE WORLD, SHOULD NEVER BE THE DETERMINANT OF THE QUALITY OF CARE THAT YOU RECEIVE.
Foetal abnormalities can negatively affect the physical and/or mental development of the child. In some cases, death may occur either in the womb, immediately, after birth or later on in life. Interestingly, up to 90% of foetal anomalies can be detected - even early in pregnancy through use of ultrasound scans, blood tests and amniotic fluid screening where necessary.

Once pregnancy is confirmed, a woman should seek antenatal care within the first 2-3 months of pregnancy. Several prenatal tests are then carried out to determine the presence of infection, or other conditions that may be harmful to the fetus and/or the woman.

The first trimester scan offers the opportunity to determine if there is more than one baby and if this is the case, whether they share a placenta or not. Most abnormalities of the brain, spinal cord, abdomen and kidneys can be seen at this stage. In good hands a handful of heart problems could also be picked up.

The anomaly scan done at around 20 weeks thereafter identifies most of the major structural abnormalities. However, it must be remembered that even in the most experienced and good hands, not all anomalies can be seen and this may be picked up either at birth or on autopsy in the event of death. Genetic anomalies if not associated with obvious defects can only be diagnosed through foetal testing and not ultrasound. Birth defects are classified as structural and developmental.

Structural defects can affect any part of the body and can either be lethal or compatible with life. They include but not limited to, heart defect, cleft lip, or excessive fluid in the brain, clubfoot and spinal bifida which is the abnormal development of the spinal cord.

Advancements in medicine have made it possible to treat and correct these deformities through medications, surgeries and proper home care. Functional or developmental birth defects may not exhibit any obvious anomaly but the baby can as some may be genetic. Examples include; Down syndrome which causes delay in physical and mental development, sickle cell disease where the red blood cells become misshapen (crescent shaped) and cystic fibrosis, a condition that damages the lungs and digestive system. These often cause limited intelligence, or development of various body systems.

Some of the risk factors for having a baby with either genetic or structural anomalies include advanced maternal age usually over 40 years, genetic disorders within the family, excessive alcohol consumption, smoking or drug abuse during pregnancy.

Other factors include use of some medications prior to conception or during early pregnancy that are harmful to the developing baby, lack of folic acid supplementation prior to conception, exposure to chemicals, toxins and radiations, viral infections, pre-existing medical conditions such as diabetes or epilepsy among others.

Most abnormalities, especially those of the heart can benefit from immediate correction post delivery that could prevent death and result in normal healthy individuals. Some such as spina bifida and can be prevented with use of folic acid prior to conception. While others can be corrected either in the womb or after birth. It is therefore important that women should seek early prenatal screening and testing to detect these abnormalities if any and receive expert opinion on their pregnancies to avoid unnecessary unpleasant surprises at birth.
August 2018 marked the month of Human Resource Profession and Aga Khan University Hospital Human Resource Team led by their director Ms Agnes Kamau and Mr Shawn Bolouki, the hospital CEO, celebrations were in order.
**APPOINTMENTS**

- **MR SAMMY CHEPKWONY**
  Regional Director, Human Resources, East Africa.
  Mr Chepkwony is a skilled and experienced human resource professional with more than 20 years of management experience gained in various sectors, Sammy joins Aga Khan University Hospital starting September 1, from PeopleCentric, a human resource consulting company dedicated to providing innovative solutions to organisations. Prior to that, he has been Human Resources Director at Kenya Airways, Tata Chemical, Magadi Ltd and James Finlay Kenya. He has handled human resource roles at Coca Cola’s Nairobi Bottlers Ltd and PricewaterhouseCoopers. Sammy holds an MBA and BCom both from the University of Nairobi. He is a Fellow of the Institute of Human Resources Management of Kenya and a member of the Institute of Directors.

- **DR ALPHONCE NABISWA**
  B.Sc Hons (Wits), MBChB (UoN), FC, Psych (SA), DMH (SA) Consultant Psychiatrist
  Dr Nabiswa is a Consultant Psychiatrist and full time faculty in the Department of Internal Medicine. He joined the department April 16th, 2018. Prior to joining, Dr Nabiswa served as a consultant psychiatrist at the Lismore Base Hospital, Australia and lecturer in pharmacology and psychiatry at Moi University, Kenya.

- **DR FELIX RIUNGA**
  MB.ChB (UoN), MMed Int Med (AKU) Fellowship Certificate, Infectious Diseases (AKU)
  Dr Riungu is a Consultant Infectious Diseases and full-time faculty in the Department of Internal Medicine. He joined the department June 1st, 2018. Prior to joining the department, he was an Infectious Diseases fellow at the Aga Khan University Hospital and alumni Internal Medicine resident. He previously worked as a Physician at the AIC Kijabe Mission Hospital.

- **DR JUMAA BWIKA**
  MBCHB (Nairobi), MRCP (UK), MRCP Respiratory (UK), Consultant Respiratory Physician
  Dr Bwika is a Consultant Pulmonologist and full time faculty in the Department of Internal Medicine. He joined the department April 1st, 2018. Prior to joining Aga Khan University Hospital, Dr Bwika was working as an acute & respiratory medicine consultant at the University Hospital of North Midlands, Stoke-on-Trent, UK.

- **DR MORDECAI ATING’A**
  BMedSc, MBChB (England), FRCS (Tr & Orth)
  Dr Mordicai is a consultant Orthopaedic Surgeon and a full-time faculty in the department of Surgery. Prior to joining Aga Khan University Hospital, Dr Ating’a has successfully completed his Fellowship training in Australia at the Perth Orthopaedic Sports Medicine Centre specialising in joint reconstruction and surgical treatment of sports injuries primarily of the knee and shoulder.

- **DR NJALALLE BARAZA**
  MBChB (England), MRCS (Edinburgh), FRCS (Tr & Orth), CCT (UK)
  Mr Baraza is a Consultant Orthopaedic Surgeon and a full-time faculty in the department of Surgery. Prior to joining Aga Khan University Hospital, Dr Baraza had successfully completed his arthroscopic (sports) fellowship programme at the University of British Columbia in Vancouver, Canada, directed by Dr Jordan Leith and Dr William Regan, specialising in minimally invasive surgery of the knee, shoulder, hip and elbow.

- **DR SUNIL BASAVARAJ**
  MBBS (Mysore University) MS General Surgery(Mysore University) Diplomate in National Board, New Delhi (Madras Medical Mission) DNB(CTVS) from Madras Medical Mission, Chennai.
  Dr Sunil Basavaraj is a Consultant Cardiac and Vascular Surgeon with over 25 years of experience and skills in the field of Cardiothoracic and Vascular Surgery.
  Prior to joining Aga Khan University Hospital, Dr Basavaraj was the Director, Cardiac Services at Sikdeer Cardiac Care and Research Centre in Bangladesh. He was also the Head of Department, Cardiothoracic and Vascular Surgery at Manipal Super-specialty Hospital, India.
DEMENTIA: EARLY DIAGNOSIS AND BETTER MANAGEMENT

Better health services and education have seen an increase in life expectancy in Kenya. Compared to half a century ago, a growing number of people are now living for over 60 years, or more. A World Health Organization (WHO) report of 2015 estimates life expectancy in Kenya at 63 years, up from 51 years at the start of the 21st century.

Even as we strive to work harder so that we can enjoy a relaxed, long retirement, it is difficult to visualise unexpected life where you are not capable of recognising your loved ones, are not aware of your surroundings and cannot do basic things like dress and feed yourself without assistance.

Dr Sylvia Mbugua, a Neurologist at Aga Khan University Hospital, Nairobi helps shed some light on Dementia, the degenerative brain disease that robs people of their sunset years.

Is Dementia a disease, or simply the process of ageing?
Dementia is a neurological disease characterised by deterioration in memory, thinking, behaviour and the ability to make decisions and perform everyday activities.

Although dementia mainly affects older people, it is not a normal part of ageing. “Early onset dementia” is rare but can occur.

Dementia is a chronic and degenerative condition, affecting the ability of a person to process thought. The impairment in cognitive function is commonly accompanied by deterioration in emotional control, social behaviour, or motivation.

Is Dementia and Alzheimer’s disease one and the same?
Alzheimer’s disease is the most common form of dementia in people who are over 65 years and contributes to about 60 to 70 per cent of dementia cases. Dementia can also result from a variety of conditions including chronic alcoholism, stroke, Wilson’s disease, herpes virus and HIV infections, thyroid disease and vitamin deficiency.

What are the risk factors?
Although age is the strongest known risk factor for dementia, some people will develop dementia, while others live to a ripe old age with their mind as sharp as a 20 year old. Several things affect your risk of developing dementia – age, genetic factors, certain health factors and your lifestyle. If you have a family history of dementia, you stand a higher risk of developing dementia with time. High blood pressure, obesity, high cholesterol and diabetes are also risk factors for dementia.

What can one do to reduce the risk?
There is nothing you can do about ageing, or your genes, but you can do something about your health. Keeping your weight within the appropriate bracket, managing blood pressure, cholesterol and blood sugar at healthy levels are important for your brain. Avoid head injury, smoking and depression. Regularly exercise as well as challenging your brain through cognitive mental and social activities is associated with a lower risk of dementia. A healthy diet, low in red meat and high in Omega 3 fatty acids, coconut and olive oil, lots of fruit and vegetables, nuts, whole grains, legumes and vitamin E is recommended.

How do you diagnose dementia?
Unfortunately, there is no one test to determine if someone has dementia. Doctors diagnose Alzheimer’s and other types of dementia based on a careful medical history, a physical examination, MRI scans and the characteristic changes in thinking, day-to-day function and behavior associated with each type. Laboratory tests and MRI imaging are also done to exclude other causes of dementia which could be treatable especially in younger patients.

What are the symptoms?
The early stage of dementia is often overlooked because the onset is gradual and can go on for several years. Although the early signs vary, common symptoms include progressive forgetfulness, losing track of time and inability to recognise familiar places. As dementia progresses to the middle stage, the signs and symptoms become clearer and more restricting. These include becoming forgetful of recent events and people’s names, getting lost at home, having increasing difficulty with communication,
needing help with personal care, experiencing behaviour changes, including wandering and repeated questioning.

The late stage of dementia is one of near total dependence and inactivity. Memory disturbances are serious and the physical signs and symptoms become more obvious.

Is the condition treatable?
In the case of most progressive dementias, including Alzheimer's disease, there is no cure and no treatment that stops its progression. But, there are drug treatments that may temporarily slow down its progression. Once the neurologist has made a diagnosis, he will advise on medication that can help the patient. Dementia resulting from infective, thyroid problems and vitamin deficiency can be reversed.

Caregivers and Society
Dementia is one of the major causes of disability and dependency among older people worldwide. It is overwhelming not only for the people who have it, but also for their caregivers and families.

The complete change in loved ones from people with strong personalities to dependents, unable to comprehend anything around them and attend to their activities of daily living, takes a big toll on caregivers and families.

There is often a lack of awareness and understanding of dementia in Kenya, resulting in stigmatisation and barriers to diagnosis and care. Often we hear communities branding old people as witches and ostracizing them from their homes because “they are behaving strangely”. People with dementia need care, love and understanding, the same care we accord children.

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TEN YEARS OF GITHONGORO MEDICAL CAMP

Access to quality healthcare for all irrespective of social economic status has been at the heart of Aga Khan University Hospital operations, providing free medical care to vulnerable groups in the society the hospital operates.

The hospital in partnership with Karura Community Chapel recently held a mega medical camp to celebrate the tenth anniversary of their annual Githongoro medical camp at Chaletta Primary School, offering life changing medical services to the over 1000 participants from Muchatha, Gachie, Mathare, Huruma and its environs.

“We live in a society with diverse affordability levels and our economic situation has not made it any easier. Families are unable to afford basic necessities and the little they get is used on food. Most of these people have been sick for over a year or more but don’t seek medical care due to financial constrains; to them healthcare is a luxury rather than a necessity,” says Ms Eunice Tole, Director, Quality at Aga Khan University Hospital and Lead Liaison, Githongoro Medical Camp.

Participants attending the medical camp benefitted from different clinical services including general consultation, obstetrics and gynaecology, dental, wellness checks, paediatrics, cervical cancer screening, Nutrition polio vaccination, voluntary counseling and testing (VCT) and medication.

In 2017, the hospital conducted 263 medical camps attended by 103,791 participants. These medical camps are funded by the hospital’s patient welfare programme. A total of Ksh 161 million was used to treat 2,210 patients, some having been chosen to benefit from the medical camps.

Dr Rose Kamenwa, a consultant paediatric gastroenterologist at Aga Khan University Hospital examines a child during the medical camp attended by over 1000 participants.
The number of heart specialist doctors in Kenya and the region is set to increase and ultimately improve care for patients suffering from heart diseases thanks to a Cardiology Fellowship Programme started by Aga Khan University Hospital to train qualified physicians in the specialty. The University Hospital is currently the only one offering a structured curriculum-based programme in cardiology in the region.

To be admitted to this highly competitive and intense programme, candidates should possess a Master of Medicine degree or an equivalent Royal College of Physicians degree. The training entails multiple rotations in five core areas of practice including inpatient rotations, outpatient rotations, imaging rotations, cardiac catheterization laboratory and research protocol guarantee completion of the programme. “For the first time in Kenya, we are now able to train cardiologists to conduct complex procedures in heart medicine including implantation of heart devices and procedures related to haemodynamics (blood movement) monitoring in very sick patients. Physicians interested in pursuing a cardiology specialisation don’t have to leave the country as they have a capable and equivalent facility locally.”

“Training is hands-on with a dedicated team of consultant cardiologists who also happen to be widely involved in research activities to improve existing care models or devise new methods of delivering care. The programme also involves the fellows being trained on how to conduct and interpret different cardiology imaging modalities including echocardiography, cardiac MRI, cardiac CT scan and nuclear imaging studies to make diagnosis”, says Dr Mzee Ngunga, Director, Cardiology Fellowship Programme and Consultant Interventional Cardiologist at Aga Khan University Hospital. The three year training programme curriculum is tailored for Africa with a bit of borrowing from North America particularly on fellow evaluation and assessment. Currently three fellows are undergoing the programme with a fourth one expected to join in early 2018.

“This is the first recognised fellowship programme in cardiology in the region and its uniqueness stems from the fact that our fellows undergo a structured and curriculum-based programme that routes into non-invasive and interventional training”, says Dr Mohamed Jeilan, Director, Cardiology Services at the hospital.

According to Dr Ngunga, Currently with a population of 48 million, Kenya has only about 40 cardiology doctors, most of whom practice in Nairobi and the other few in Kisumu and Mombasa leaving out the other counties which experience similar heart disease problems. This means every cardiologist attends to 1.2 million Kenyas, a dire deficit the fellowship programme is aiming to address.

Kenya now joins other few African countries offering the programme like Egypt, South Africa and North Sudan.

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**TRAINING IS HANDS-ON WITH A DEDICATED TEAM OF CONSULTANT CARDIOLOGISTS WHO ALSO HAPPEN TO BE WIDELY INVOLVED IN RESEARCH ACTIVITIES TO IMPROVE EXISTING CARE MODELS OR DEVISE NEW METHODS OF DELIVERING CARE.**

**Above:** Dr Mzee Ngunga (centre), Cardiology Fellowship Programme Director and Dr Mohamed Jeilan (right), Director, Cardiology Services prepare to conduct a procedure with the three Fellows including Dr Hasham Varwani (left), Dr Etienne Amendezo (2nd left) and Dr Ahmed Hassan (2nd right) at Aga Khan University Hospital Cardiac Catheterisation Laboratory.
HYSTEROSCOPY: AN ADVANCED PROCEDURE TO DETECT AND TREAT CONDITIONS IN THE UTERUS

By Dr Patricia Muthaura, Section Head, Gynaecology and Consultant Obstetrician Gynaecologist at Aga Khan University Hospital, Nairobi

Abnormal bleeding or not bleeding at all is a major concern that most women suffer from be it in their reproductive ages or beyond. It is estimated that one in 5 every women, will at some point suffer from some sort of abnormal bleeding, affecting their quality of life, causing anaemia or even limiting their ability to conceive especially those in their reproductive ages.

Abnormal bleeding should always prompt one to visit a doctor for evaluation. In order for the doctor to establish the underlying cause, a pelvic exam and an ultrasound are usually the first line of evaluation. Sometimes, ultrasound scans may not give adequate results to enable doctors arrive at a conclusive diagnosis and a hysteroscopy may be recommended for such patients. Hysteroscopy is an advanced technology procedure that is done in women in or beyond their reproductive ages under anesthesia.

This practice is somehow similar to a pap-smear test and involves a hysteroscope - a thin, lighted tube fitted with a camera that is inserted into the birth canal to examine the cervix and inside of the uterus, or womb for the diagnosis, or treatment of several conditions that could be causing the abnormal bleeding.

The doctor first inserts gas, or a liquid-like saline through the hysteroscope into the uterus to expand it. This gives a clear view of its lining and the opening of the fallopian tubes through the hysteroscope. Hysteroscopy examines the interior (lining) of the uterus, and is not appropriate for examination, or diagnosis of problems, or conditions that occur within the muscular wall, or on the outside of the uterus.

The beauty of this procedure is that it has the capability to identify and treat serious conditions which that could be the cause of the abnormal bleeding. Such include fibroids, polyps or tumors inside the uterus. Causes for the absence, or significant reduction in bleeding such as scarring following previous surgical procedures or infections like tuberculosis may be identified as well as causes of some fertility problems. The procedure can also be carried out to visually confirm results of an ultrasound test. Any woman in menopause, who experiences vaginal bleeding should urgently seek medical attention. A hysteroscopy is critical for early diagnosis of endometrial cancer, a type of cancer that is usually curable if detected early. The greatest advantage of hysteroscopy is that the cause of abnormal bleeding may be treated at the same time of the procedure. Polyps or fibroids in the uterine cavity can be removed. If no cause of heavy bleeding is identified, an endometrial ablation can be done. Endometrial ablation removes the endometrium which is the lining of the uterus. In most cases, this stops you from having periods. If it doesn’t stop your periods, your flow should at least return to normal or be very light.

During hysteroscopy, causes of no bleeding or infertility can also be treated. Scar tissue from previous uterine surgeries can be removed, polyps blocking the fallopian tubes can also be removed. Some infertility patients may have an abnormal uterus, with a wall dividing the uterine cavity into 2. This wall can also be removed during a hysteroscopy procedure.

After the procedure, patients might experience some cramping or light bleeding but in most cases, a woman may resume normal activities between 2 to 3 days. However, if the patient experiences symptoms such as fever, heavy bleeding, or discharge and severe abdominal pain, she should notify the doctor immediately.

This procedure is highly specialised and requires the expertise of a fully trained and experienced gynecologist in a well-equipped theatre facility.

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PET CT SCAN AND CYCLOTRON SERVICES TO COMMENCE IN OCTOBER 2018

Aga Khan University Hospital Nairobi is home to one of the most sophisticated radiology facilities in East and Central Africa. Our Radiology Department provides a comprehensive range of imaging services, including both routine and specialised procedures.

In our commitment to the provision of world class healthcare services the Hospital has acquired an ultra-modern Positron Emission Tomography (PET) CT scanner and Cyclotron, a first in the region.

WHAT IS A PET-CT SCAN
A PET scan is an imaging test that uses a tiny dose of a radioactive chemical, called a radiotracer, to help doctors see how the organs and tissues are functioning. PET scans are used most often to detect cancer cells in the body.

PET scans usually identify the disease before it shows up on other imaging tests. These diseases include cancer, heart problems and brain disorders. The radiotracer is produced by the Cyclotron unit. A low dose CT scan is acquired at the same time to get complimentary information about the structure of the various organs and tissues.

ABOUT THE PROCEDURE
A radiotracer is injected in a vein and usually takes up to one hour to be absorbed into the organs or tissues that are being examined. The PET scan itself may take another 30 to 60 minutes. Heart and brain studies take less time for imaging.

PET/CT service will be offered as an outpatient procedure unless the patient is already admitted to the hospital. Please plan for at least two hours for the procedure. The doctor will give you detailed instructions on how to prepare for your scan.

After the procedure, you can continue with your day as usual, unless your doctor tells you otherwise. Drink plenty of fluids to help remove the tracer from your body. Specially trained radiologists will review and interpret the scan images and report the findings to your doctor.

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