

1st ISSUE: January - March 2009



Together for Better Life

# Health

## matters

OFFICIAL MAGAZINE OF THE MINISTRY OF HEALTH - KINGDOM OF BAHRAIN

## HEALTHY EATING

Are you eating the right food?

### Scoliosis

New group exercises to make treatment easier

### Polycystic Ovary

Teaching you about this common syndrome

## Smoking

The untarnished truth about a killer habit



**Women!** Take the lead  
Leaders! Keep the promise: **Stop AIDS**

آن للمرأة أن تقود الركب  
أيها القياديون! أوفوا بالعهد وأوقفوا الإيدز





**KINGDOM OF BAHRAIN  
MINISTRY OF HEALTH**

Dear Readers,

Bahrain has witnessed a steady increase in the health sector this year, with the help of the government through its budget, which was set at BD 143 million. Providing medical services to citizens is a top priority of any country. Here in Bahrain we have presently 22 health centres in our five governorates and nine peripheral hospitals and private hospitals respectively. With changing times and an increasing population, Bahrain must provide over three million patients with medical services yearly, which means two new health centres will be operational by 2010.

Our focus will continue to create a pool of qualified citizens trained in the latest technology within the medical industry and promote healthy habits among people. Our secret and success is our community and citizen participation and cooperation has helped us increase life expectancy rates and decrease mortality rates. We have planned strategies to combat diseases like cancer and diabetes through a mass education programme in human resources, finance and other allied sectors. The latest equipment are regularly purchased and placed at the health centres and new medication policies, tailor-made to serve the requirements of patients, are often put in place.

Our plan is to have 33 health centres, which means one centre catering to 20,000 patients in all the five governorates. Reviewing medical policies and bills related to this, submitted by legislators, is another area in which we are keen to work - as in the end it is an investment in the medical field. Another key step is a five-stage plan to make private health insurance compulsory for all non-Bahrainis to reduce the strain on government health services. We have moved fast and plan to grow even faster with cooperation from the government and citizens to constantly improve health care, which I see as a fruitful investment for the Kingdom, where the return is directly for and felt by the people.

**Dr. Faisal bin Yacoub Al Hamar**  
Minister of Health



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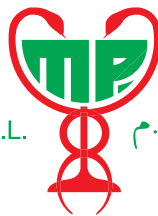
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صيدلية المسقطي ذ.م.م

# Hand Washing Solutions

At the core of any Health care institutions Infection Control program is the importance given to hand washing & hand antiseptics combined with an ongoing educational program for all staff. Intensive studies by major international health care authorities, including the Centre for Disease Control & Prevention, confirm that disposable hand soap cartridges & nozzle are the preferred dispensing system thus avoiding contamination build up in refillable bottles and nozzles. For non-invasive areas such as wards & outpatient areas, frequent hand disinfection with the use of suitable and easily accessible instant hand sanitizer is rapidly becoming the standard.

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# PAST TO PRESENT

## An overview of the health care system in Bahrain

The origins of organised health care in the Kingdom of Bahrain date back to the early twentieth century when the first hospital, Victoria Memorial, was established in 1900. This hospital had the capacity of 12 beds. Then followed American Mission Hospital in 1902 with 21 beds and one general practitioner appointed by the British Government of India.



In 1925, the Bahraini Government began to provide its services through a small clinic in order to treat injured pearl divers. In the same year, the Directorate of Prevention Care and the Directorate of Public Health were established. Since then, over the last eighty years, the health care services in Bahrain have been provided free of charge.



The infrastructure of the health care system has witnessed continuous growth, with a steady increase in its services, especially Preliminary Care. For example, there are 21 Preliminary Health Care centres and clinics now, compared to only one in 1977. The Salmaniya Medical Complex (SMC), which is considered to be the biggest public hospital in the country was built in 1978.

Since the establishment of the current health services, the issue of qualifying human resources has generated outstanding interest. The percentage of qualified medical staff for each thousand citizen is currently 27.2% doctors, 4.1% dentists, 52.9% male and female nurses, compared to 1975 which was 5.9% doctors and less than 36% nurses. The Ministry of Health (MOH) is now able to provide trained Bahraini staff. The rate of Bahrainisation in the MOH is 83.5% doctors, 63.5% nurses and 95% for other supportive and administrative positions.

Over the last thirty years the health system's statistics have developed. The rate of general spending on health care has reached 3.8% of the GDP. The expected life span has reached 74.8 years in 2005 compared with 71.9 years in 1995. Death rates have decreased for each 1000 people to 3.1 in 2005 compared to 3.3 in 1995. Deaths among children less than five years of age have reached 10.9 per 1000 children in 2005 compared to 12.1 in 1995. Furthermore, infant death rates have decreased to reach 8.9 out of 1000 infants compared to 20.3 in 1995.



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# ABOUT US



**Top Photo** Standing fourth from left is the First Health Minister

During this time, Bahrain has been able to create a firm preliminary care network comprising of 21 centres and clinics, distributed among the five governorates of the Kingdom, building on its philosophy of directing the service towards catering to the health of family and society. It covers a wide range of remedial and preventive services such as Mother Care, Child Care, Immunisation, Pre-marriage Check, Family Organising Services, School Health, Optometry and Dentistry, Vocational Health. This covers contagious and non-contagious diseases and are all run by highly trained medical and nursing staff in order to provide top quality care services.

The equipment and capacity of hospitals in the Kingdom of Bahrain is within international levels (per capita): 2.7 beds for each 1000 people against the international percentage of 3.5 beds. The SMC is the main provider of secondary and tertiary health services in Bahrain. It has a capacity of 910 beds and provides various services to outpatient clinic visitors, which cover Surgery, Orthopedics, Plastic Surgery & Burns, Pediatrics, Internal Diseases, Obstetrics & Gynecology, ENT, Ophthalmology, Oral Surgery and ICU as well as specialisations. Moreover, there is a psychiatric hospital with a capacity of 289 beds, a maternity hospital with 137 beds, and a geriatric hospital with 155 beds. King Hamad Hospital (under construction) will also be able to hold 312 beds as a support for these hospitals.





# ABOUT US



The Bahrain Defence Force (BDF) Hospital is the second largest hospital in the Kingdom of Bahrain. It works with a capacity of 363 beds, providing its services to the BDF, Ministry of Interior staff and their families as well as both citizens and expatriates residing in Bahrain.

The Private Sector's health service is also witnessing noticeable growth. There are currently 11 private hospitals (compared to only two in 1992) with a capacity of 352 beds collectively. It is worth mentioning that the private sector is endeavouring to establish other hospitals and more than one hundred public and private clinics.

Every Bahraini citizen has a legitimate right to receive comprehensive health care. The Government provides citizens with preliminary, secondary and tertiary services free of charge, while non-Bahraini residents enjoy subsidised health services paid partially by the private sector companies that sponsor them.



# HE Minister of Health Visits the Vascular Surgery & Interventional Radiology Centre

**HE Dr Faisal bin Yacoob Al Hammar, Minister of Health, visited the Vascular Surgery and Interventional Radiology Centre in Salmaniya Medical Complex on Tuesday 3 June 2008. The centre is now open.**

HE the Minister of Health expressed his admiration of the centre, which has cost BD1.5 million to build. The centre is the first of its kind in the Middle East. The idea for such an establishment was taken from the Guanda Centre in Mio Clinic, USA.

**The centre comprises of three units:**

## 1) Outpatients Unit

The Outpatients Unit consists of two consultancy clinics for circulatory and vascular diseases, and a diagnosing unit equipped with ultra sound equipment. The unit will also include a diabetic foot clinic, which will cater to the side effects of diabetes. Studies conducted worldwide have shown that countries with diabetic foot clinics have reduced the rate of amputation by more than 80%, and the rate of hospitalisation by about 65%.

## 2) Inpatient Unit:

The second unit caters to in-patients with circulatory and vascular disease, and those that have been admitted to the ICU for vascular general and lung surgeries.

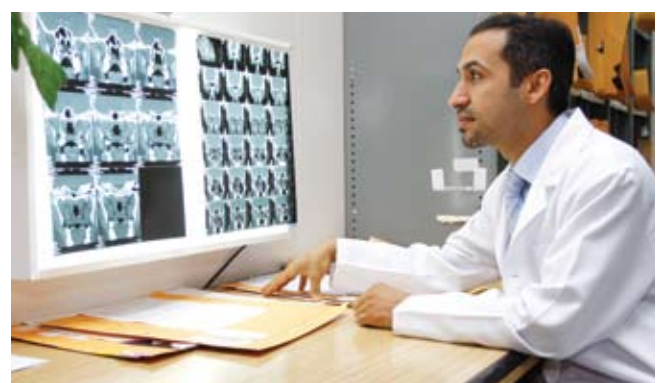
## 3) Diagnosing Unit:

The third is a diagnosing unit equipped with the latest catheterization equipment. It is the first of its kind in the region and is used for diagnosing vascular problems all over the body.

Seventeen consultants will be working in the centre alongside 67 male and female nurses. The consultants are specialised in vascular surgeries, vascular intervention radiography, brain intervention radiography, and cardiac and catheterization radiography. Among them will also be consultants in diabetes, bone diseases and cosmetics.



**The centre, which cost BD1.5 million to build is, the first of its kind in the Middle East.**



## Honouring the Medical Staff in the Pediatric Intensive Care Unit

**MP Mr. Haider Al Sitry and the Municipality Member Sadiq Rabeea as well as the patient's family, honoured the medical staff working in the Pediatric Intensive Care Unit (PICU) for their strenuous efforts to save the life of Fatima Hassan, a child who was admitted in a critical state after the troublesome events in Sitra at the end of last February.**

The child was transferred from Sitra Health Clinic on 29 February 2008 to the A&E Unit before doctors decided to move her to the PICU. She stayed in the PICU until 4 March, when she was then moved to Ward 32 in Salmaniya Medical Complex (SMC). Doctors who had been treating her had said she was dying when received by the A&E Unit. Her condition showed that even after treatment she would be left with brain damage.

Doctors in the PICU demonstrated astonishing insistency in following up with the child. They paid careful attention until

she recovered and began to perform naturally, allowing her to go back to her family and resume a normal life.

The Municipal Member Mr. Sadiq Rabeea said that: "The medical staff in Salmaniya Hospital and the staff of Sitra Health Clinic exerted strenuous efforts to save the child whose case was viewed by the public," adding that, "what the doctors did was not an easy job at all. By Allah's grace and the efforts of the doctors who treated her, the child retrieved her consciousness and gradually returned to her normal life."



## Study Nominated for Shaikh Mohammed Al Khalifa Prize

A study conducted by Dr Rihab Al Marzooq, a consultant in the Pediatric, Development and Growth Department, named 'The Ability of Children with Mobility Disability' was nominated to receive the Shaikh Mohammed Al Khalifa Prize for Scientific Research.



Dr. Rihab Al Marzooq

Dr Al Marzooq said that the objective of her study was to evaluate the future ability of these children to develop using specially designed tests, measuring their mental and nervous systems. As children develop, as does their ability to attain

learning and movement skills in a connected systematic manner. This type of development runs parallel with the growth of the nervous system, gradually enabling the child to control the muscles in the head and neck, and the ability to sit up and walk alone without help.

The study involved 67 subjects, 37 male children and 30 female children with an age range of 3-8 years. Sixty-one per cent were able to walk alone or with help during the first five years of their life. Most of the children able to walk had a normal mental development. Eighty-two per cent of those children walked alone in a manner that suited the movement development, with the ability to control conscious movements and with clear coordination.

“My objective was to evaluate the future ability of these children to develop using specially designed tests, measuring their mental and nervous systems.”

**Dr. Rihab Al Marzooq**



# Introduction of New Vaccine in Bahrain

**Bahrain has commenced the introduction of a six-phase integrated vaccine that protects children from six contagious childhood diseases namely tetanus, diphtheria, whooping cough, hepatitis, influenza and poliomyelitis.**

This initiative began in line with the cooperated work of the GCC states and agreement with the World Health Organisation. The GCC States were awarded a certificate for being free from poliomyelitis. The last case of poliomyelitis recorded in Bahrain was in 1993 and three years later Bahrain was announced free from this disease. Since then, no cases were reported due to the national vaccination campaigns that were carried out every year for five consecutive years during 1995 until 1999. These campaigns received much coverage.

The introduction of the six-phase vaccine in replace of the previous five-phase vaccine is the first step to eliminating poliomyelitis from the world. The occurrence rate of the disease reached its lowest levels ever and is expected to be totally eradicated in the coming years due to the international cooperation and coordinated efforts to do so.

The six-phase vaccination is safe and its side effects are only locale, disappearing within one or two days. The vaccination is provided in all health clinics during their morning working hours.



# New Surgical Scope in Salmaniya Medical Centre Eye Department

**The Eye Department of the Salmaniya Medical Complex (SMC) recently purchased a BD 80,000 surgical scope to be used in fine eye surgery such as cataract, retina and vitreous body surgery.**



Dr Noora Al Kebaisi, Head of the Eye Department, said that the device, which is considered to be the latest and best in the region, allows for high performance

operations. She said that the new equipment gives a 50% clearer picture than that of the former device. She added that, “The Eye Department underwent 700 operations to remove cataracts and plant lenses inside the eyes that were being operated on, 50% of which were performed by ultra sound radiology.

“ We performed about 100 operations to remove the vitreous body and the retina, let alone other operations related to glaucoma, eye cosmetics and the lifting of the cornea, as well as 50 operations that needed surgery intervention.”

Dr Al Kebaisi affirmed that purchasing this device comes as part of the Ministry’s plan to upgrade all technical and fine equipment, adding to the department’s ability and accuracy.

## American Study States Importance of Seat belts to Save Eyesight

A study published in the periodical of the American Academy for Ophthalmology demonstrated the importance of wearing a seat belt in order to reduce eye injuries that can occur in car accidents. Dr. Ghada Al Bayyat, ophthalmology consultant in the Salmaniya Medical Complex (SMC), said that the study, which has been published after three years of research, showed that 31% passengers who used their seat belt only acquired external eye injuries, 96% of whom retrieved their sight with 12/6 level and better.

Dr. Al Bayyat, who was talking at a lecture held in the Eye Section within the SMC, added that the study, published last March, showed that those passengers, who used their seat belts and incurred dangerous injuries, amounted to 9%. These wounds included orbital fractures, injuries in the back cavity of the eye such as the bleeding of the vitreous liquid and disconnection of the cornea. Al Bayyat pointed out that 76% retrieved their sight by 12/6 or better, while 14% of the patients' sight worsened by 60/6 or more.

Dr. Al Bayyat stated that the study clearly shows the importance of using seat belts for protecting sight. She emphasised the significance of abiding by doctors' instructions and paying attention to the results of such studies as they prove their validity.



## Media Campaign for the National Screening of Chronic Diseases

### Objective of the Campaign

Informing Bahraini society of the purpose of such a campaign and the procedures that shall be carried out by researchers to collect data, as well as ways of cooperating with the researchers in the allocated places and times. Citizens and residents should know that the programmes are there to support health and protection against chronic non-contagious diseases such as hypertension, cardiac and diabetic diseases, and cancer.

### Recommended mottos for the Campaign:

**'For Better Health'**

**'Better Life Without Diseases'**

**'Your Happiness is in a Life with no Disease'**

**'We Work Together to Yield Better Health'**

**'Cooperate With Us to Preserve Your Health'**

### Recommended programmes for the Campaign

- 1) Hold a press conference to inform society via the local newspapers about the commencement of the fieldwork to facilitate the researcher's mission and endeavor to preserve their health and protect them from diseases.
- 2) TV flash promotions for one minute during peak hours informing the public about the National Screening Program and its objective. These flashes shall also urge people to cooperate with the researchers to help them collect the needed data.
- 3) Use local newspapers to publish introductory and promotional articles and reports on the commencement of fieldwork.
- 4) Hosting a member of the Committee in the 'Good Morning Bahrain' programme on Bahrain Radio.
- 5) Hosting a member of the Committee in the 'Bab Al Bahrain' live programme on Bahrain TV.
- 6) Distribute posters all around the Kingdom with expressive pictures that show a happy life without disease and that calls for participation in the National Screening Campaign.
- 7) Distributing brochures and leaflets with the same information of the posters in all areas.
- 8) SMS to be sent to various people carrying the campaign slogans and mottos to help the programme succeed.
- 9) Executing interviews by newspapers and TV at the beginning and halfway through fieldwork.

# Free Health Care Bill on the Rise

The Health Ministry spent an average of BD121 per person to provide free treatment to patients at Salmaniya Medical Complex (SMC) last year.

The figure was up from BD90 per person in 1997, said the Ministry's training and planning assistant under-secretary Dr Fawzi Amin. "The ministry provided free health care with a total budget of BD144.5 million in 2007, approximately 7.8 per cent of the total government expenditure," he told a press conference at the Ministry in Juffair.

"The Ministry's recurrent expenditure was BD126.8m, with an increase of 15.6pc from the 2006 budget, whereas in 1997, the Ministry's budget was BD61.3m, representing 8.7pc of the total government expenditure." Dr Amin said the recurrent expenditure was BD55.8m, a rise of 13.8pc from the previous year.

More than half of the Ministry's budget was devoted to secondary health care while only 25.1pc was devoted to primary and preventive health care. The average cost per visit for primary health care clinics was BD5.500 last year, with an increase of 111.5pc since 1997, which was BD2.600. Similarly, the cost of the services per person in the secondary health outpatients' clinics increased by nearly 103.5pc, compared to 10 years ago.

It was also announced that there was a 19.8pc decrease in the average cost of the deliveries; it was BD599 in 1997 compared to BD480.8 last year.

Dr Amin said for the first time, the statistics had taken the 'actual' population figures of 1,039,297 in Bahrain, as



opposed to the projected figures, which had been taken in previous reports. "Until 2006, we took the projected reports to form the basis of the survey, but thanks to the Central Informatics Organisation, we have now taken the actual figures."

He said during the year, 55,046 patients were admitted to SMC, while 518,287 were treated in the outpatient department. "A total of 3,265,356 visits also took place at the various health centres and other primary care facilities."

Furthermore, he told the press conference that there were 19.7 beds per 10,000 population in Bahrain. There were also 42 nurses per every 10,000 patients and 21 physicians available for the same number."

On another note, Dr Amin reported that cardiovascular diseases continued to be the leading cause of death in Bahrain.



## Bahraini Work Team Publishes Valuable Research in Scientific Journal

**A Bahraini work team published valuable research in the form of an article called ‘Characteristics of Coloured Numbers, Synesthesia for Schizophrenic Patients’ in a scientific journal called (Schizophrenia Research), which is considered to be one of the best monthly scientific references in psychiatric medicine.**

The research was the work of Anwar Sarhan, a vocational therapeutic specialist and Dr. Haitham Juhumi, Head of the Vocational Therapeutic Section in the Psychiatric Hospital. It centres on a locally developed evaluation tool, which entails measuring synesthesia by computer as part of a laboratory experiment.

Synesthesia is a neurologically based phenomenon that occurs in 1% of human beings of any age and gender. The condition causes an involuntary reaction between the senses. When one sensory or cognitive pathway is stimulated, it will lead way to an automatic, involuntary experience in a second sensory or cognitive pathway. For instance, a common form of synesthesia, known as grapheme – colour synesthesia, letters and numbers will be perceived as coloured, while in ordinal linguistic personification, numbers, days of the week will take on personalities. The condition was the topic of intensive scientific investigation during the 19th and early 20th centuries but was abandoned in the mid-1900s, only recently has it been rediscovered by modern researchers.

The researchers conducted a study of this condition for almost 18 months using accurate scientific techniques. The important research was presented by Anwar Sarhan in the International Conference of the Society for Neuroscience, held in November 2007 in California and was attended by 30,000 participants from all over the world. The conference is considered one of the most significant events within this field.

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**Anwar Sarhan was the only speaker from the Arabian Gulf region, and was one of only four lecturers representing the Arab world.**

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## French Professor Performed Operations on Patients Suffering from Obesity

French Professor, Cardeer, a specialist in laparotomy and excess weight surgery, performed six operations on obese patients during a workshop on laparotomy and obesity, on 24-26 June 2008. The workshop was organised by Bahrain-Surgeons Association, headed by consultant Dr. Khalifa bin Daineh in cooperation with the Surgery Section of the Ministry of Health, led by Dr. Kadhum Zabar. Many surgeons from the Gulf region and the Middle East attended the workshop.

Introducing these advanced surgeries to the Salmaniya Medical Complex (SMC) is considered to be advantageous for the laparoscopy unit in particular, and surgery in general.

Bahraini-Surgeons Society expressed their thanks and gratitude to HE Dr. Faisal bin Yacoob Al Hamar, Minister of Health, for his continuous support and endeavour to provide advanced equipment for the treatment of patients.



These advanced surgeries to the SMC are considered to be advantageous for the laparoscopy unit in particular, and surgery in general.



## Salmaniya Medical Complex (SMC) Eye Clinic Removes Nail from Patient's Eye

The Salmaniya Medical Complex (SMC) Eye Clinic was able to restore the eyesight of an Asian worker who had lost his sight after an inch long nail had penetrated his left eye. The nail reached the cornea and the vitreous body, but fortunately did not injure the retina. Dr. Hajar Al Sawwad, the consultant in the Eye Clinic, performed the operation to remove the nail and seal the puncture.

Dr. Hajar doubts the patient's eyesight will be fully recovered due to the damage caused by the nail, but she assured that the medical staff in the clinic will do their best to achieve the best results.

# The National Anti-Obesity & Excess Weight Programme

Excess weight and obesity are health problems that have become significant in today's developed world. It is well known that obesity is connected with chronic non-contagious diseases such as cardiac illness, diabetes, high blood pressure and cancer.

The latest studies conducted by the Nutrition Unit showed an increase in the rate of obesity, reaching 61% among adults. These results are part of the National Research on Adults, 19 years and above, in 2002. The studies show the increase among men at 36.7% and 28.3% among women. Previously, the rate of obesity among men had been 23.3% compared to 34.1% among women. This increase is due to economic development and the change in lifestyle, which has incorporated the consumption of high calories and fatty foods, as well as a lack of physical activity.

Consequently, the increase in obesity resulted in the spread of chronic non-contagious diseases. High blood pressure reached 21.1% in male adults and 20.6% in female adults. The amount of diabetes cases was at 126.6/100,000 persons in 2005. The spread of disease between male and female adults within the age range of 50-59 is 29% and 36% respectively.

In 2006, chronic diseases were the main cause of death in Bahrain. Cardiac and circulatory system diseases reached 60.5 deaths, followed by endocrine glands with 46.3 deaths, and cancer with 34.1 deaths in each 100,000 people.

Dr. Khairy Moosa, Head of the Nutrition Unit, stated that it is imperative to take the necessary measures in order to solve the nutrition and health situation, especially the problem of obesity. Therefore, the Nutrition Unit of the Directorate of Public Health prepared a comprehensive national plan to combat obesity and excess weight within the Kingdom of Bahrain in 2005. The international strategy on nutrition and physical activity, which was approved by the International Health Association in 2004, was utilised by the national plan. The objective of this strategy is to create a supportive environment to enhance health and take maintained measures with both individuals and society, nationally and internationally. If applied collectively it would limit and decrease the disease rate and thus the death rate that

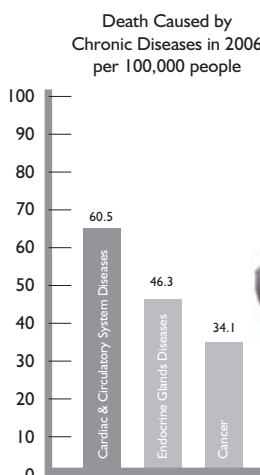
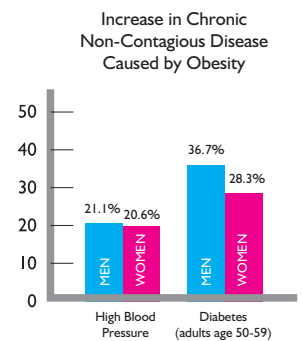
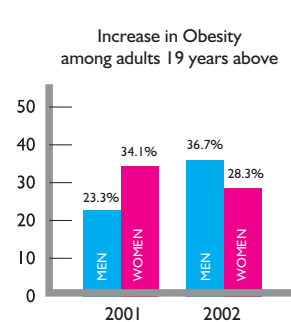
are related to unhealthy consumption of food and lack of exercise.

The National Anti-Obesity and Excess Weight Programme covers three main levels in conformity with World Health Organisation recommendations.



Dr. Abeer Al Ghawi

Dr. Abeer Al Ghawi, Consultant of Family and Nutrition in the Directorate of Public Health and Coordinator of the Nutrition Clinic, stated that this clinic is the first of its kind in preliminary care. It provides its services under the supervision of the Nutrition Unit of the Directorate of Public Health in coordination with Preliminary Health Care. In its first experimental practice, the clinic receives patients from Arad Health Centre in the mornings of Tuesday and Thursday.





Working staff will be at the service of patients. This team comprises of a doctor, a nurse and a nutritionist who joined an intensive training workshop on using the clinical guide in the treatment of obesity. During the workshop, health workers were trained and acquainted with the clinic and its equipment. This experiment shall be circulated to all health areas according to a scheduled five-year plan.

Dr. Al Ghawi mentioned that initial statistics showed great interest - attendance to the clinic reached 500 registered patients. The number of regular patients to the clinic has exceeded 250 over the last six months. These numbers are abnormally large considering that the clinic is only open for two days a week and the time allocated to each new patient is between 25-45 minutes and 15-30 minutes for frequently visiting patients, depending on their needs.

Most patients (87%) were able to lose some of their weight at different rates. About 51% were able to lose weight at the desired rate, as they were able to change their lifestyle and abide by the diet and physical activity regime. About two thirds of the patients were able to lose weight but at a slower rate as they did not fully dedicate themselves to the treatment programme. Other patients were satisfied with the proper diet yet could not fulfill their physical activity needs. Remaining patients were only able to keep their weight the same, which is considered an achievement in itself. Many experts hold that for some patients, especially those who suffer from obesity, keeping their weight steadily at one level is considered a partial success. They should be encouraged to continue and prepare to start following a balanced diet in order to shed weight.



**Nurse Shahrazad**

A nurse at the clinic, Shahrazad, stated that she has a central role in organising the clinic and its appointments as well as preparing new patients by conducting tests and blood analyses. She is also instrumental in evaluating, following up, encouraging and providing support for a patient's next visits. Nutritionist, Mariam Al Amer says that she assumes a vital role in helping

patients to create a practical treatment programme. The nutritionist provides the patient with a nutritious diet according to his weight and age as well as gender, exercise regime and health condition. Al Amer added that she provides patients with enlightenment information either directly or through the use of cultural / educational booklets and brochures.

The Family Doctor, Rana Al Musallam, explained that the doctor should ensure that the patient is free of any diseases or physiological problems that cause obesity. She added that she must also treat any health complications that occur as a result of obesity, especially chronic diseases and cardiac problems. The doctor prescribes the necessary medications or transfers the patient to a suitable specialist. She will then follow up and assess the patients in their next visits.



**Dr. Rana Al Musallam**

# The National Committee for Combating Smoking (NCCS)

Since June 2005, the National Committee for Combating Smoking (NCCS) has been working towards a smoke-free Bahrain. Comprising of the Follow-up Committee, Awareness Committee, Assisting Committee and the Research and Assessment Committee, the NCCS has organised a campaign within the Kingdom to raise awareness about the negative effects that smoking can have on your health.



Much has been accomplished by the NCCS throughout the past two years. With the use of billboards, brochures, leaflets, newspaper articles, TV and radio interviews, seminars, promotions etc. the NCCS has been reaching out to the public on a daily basis. New laws have been put into effect such as the prohibition of smoking in shopping complexes.

The Ministry of Education has also included the issue of smoking in the curricula of all student levels, even kindergarten. Furthermore, clinics have been better equipped to help patients quit smoking.

## Anti-Smoking Clinic

**The Anti-smoking Clinic has been working from the Hoora Health Centre since 2005 with specific efforts in accordance with the Ministry of Health's plan to combat the epidemic of tobacco smoking and assist smokers to quit.**

In a recent study, two researchers, Dr. Ibtihal Al Reefi and Dr. Kadhum Al Halwachi, Heads of Clinics and members of the National Anti-Smoking Committee, revealed that more than 31% of the clinic's visitors are under 25 years old. Twenty-seven per cent of patients have quit smoking completely for more than six months, which is considered to be good compared to the international percentage, which recently reached 25%. It is encouraging to know that more than 90% of those who are still smoking, have tried more than once to quit and could stay smoke free for more than one month.

More than 50% of those who quit have managed it with self-determination and with the advice and guidance of the clinic's staff, without even resorting to the available pills, gums and patches.

The Ministry of Health wishes to expand this programme and intends to establish clinics in all the Governorates.

More than **31%** of  
the clinic's visitors  
are under 25 years old.  
**27%** of patients have  
quit smoking completely  
for more than  
**six months**

# The Ministry of Health Executes Raids to Combat Tobacco Smoking

The Deputy Undersecretary of Primary Care and Public Health, Dr. Mariam Al Jalahema, in accordance with instructions from HE the Minister of Health and the Head of the National Anti-smoking Committee, declared in a statement that intensive raids were executed by the Ministry of Health (MOH) in public cafés, malls and other destinations recently, in an effort to stop violators of Law No 10 of the year 1994, which was issued to combat smoking.

The raids revealed that people were still in the habit of smoking in closed commercial areas. The raids also showed that some places still sell cigarettes to children under 18 despite continuous warnings they receive about the aforementioned law. In response to such a violation, the inspectors of the Food Control Section of the MOH conducted inspection raids in stores and cafés to compel them to correct their position and practice.

The raids resulted in giving out warnings to five cafés to stop serving tobacco to their customers. Notifications were also sent to 13 stores and small cold stores to stop the sale of cigarettes to children. A well-known cigarette agent was also called in and ordered to cease promotions that encourage smoking. Furthermore, a representative of a large supermarket brand was summoned and ordered not to allow tobacco companies to advertise in their supermarket.

The MOH expresses their thanks and appreciation to those who cooperate with them by reporting violations. The MOH also urges malls and café owners who sell cigarettes and shisha along with individuals, to cooperate with the Ministry to aid the anti-smoking campaign in its success. In case



of any violations the MOH asks you to contact them using the following numbers: **During working hours: +973 17 273 683**  
**After working hours: +973 17 288 888**



# SMOKING

**Everybody knows that smoking is bad for your health, especially smokers. It is hard to escape this fact. Yet, even with all these warnings around us, do you really know how bad it is and why? Also, what is it that keeps people, who know they are damaging their health, from quitting?**

Caution after caution tells us that smoking causes lung cancer, lung diseases and heart and arteries diseases, but the truth is, smoking tobacco harms nearly every organ in your body. It is responsible for 87% of lung cancer deaths and most cancers of



“The single most important preventable risk to human health in developed countries and an important cause of premature death worldwide.”

- The United States Center for Disease Control and Prevention

the larynx, oral cavity and pharynx, esophagus and bladder. It can cause kidney, pancreatic, cervical and stomach cancers and has now been proven to cause myeloid leukemia. Women who smoke have a greater chance of certain pregnancy problems or having a baby die from Sudden Infant Death Syndrome (SIDS). And as we all know, smoking not only harms smokers; secondhand smoke is responsible for an estimated 3,000 lung cancer deaths among U.S. non-smokers annually.

Regular smokers, depending on how much they smoke, for how long and their genetic make up, are estimated to live 2.5 – 10 years less than non-smokers. About one-half of male smokers will die because of smoking. Tobacco related diseases kill approximately 438,000 U.S. citizens per year, about 1,205 people per day! The World Health Organization has stated that tobacco is set to kill one billion people this century. With all these health risks and disturbing statistics, one would think that



people would stay away from such a dangerous hobby, yet tobacco smoking is practiced by over one billion people, one third of the adult population, in the majority of all human societies.

The history of smoking can be dated back to as early as 5,000 BC, having been integrated into many different cultures across the globe. Tobacco has been cultivated and smoked in the Americas for at least 5,000 years having originated in the Peruvian and Ecuadorian Andes. It was relatively unheard of during those times, yet throughout the years smoking has become very popular. Art has depicted figures smoking in one form or another for centuries and has glamourised it. Smoking has been subject to various perceptions over the years and within different cultures. It was considered to be holy and sinful, sophisticated and common, beneficial and detrimental to ones health. Only recently, in Western society has smoking been decidedly scrutinised in a negative light.

## Why do people smoke?

To begin with, people start smoking for a variety of reasons. Perhaps one lives with a smoker. In fiction, smoking has often been associated with individuality and aloofness and in reality this stigma may serve to internally build one's personal identity.

Smoking can be a social activity, which serves as a reinforcement of social structures and is part of the cultural rituals of many, diverse social and ethnic groups. Many people begin smoking as some sort of initiation into society, or among a group of friends who are all smokers, or simply as a way to start conversation in a social atmosphere.

Adolescents who start smoking at an early age can often be 'acting out' and rebelling against authority. Again this is a way of constructing individuality. Especially recently with the rise of the modern anti-smoking movement, which was seen as an infringement upon personal liberties and serves to separate 'us and them', smokers and non-smokers.

## Why do people carry on smoking?

There are a number of psychological truths that must be considered when asking why people start smoking, but why do people carry on smoking?

### Emotional Factors

Smoking calms the nervous system and you will often find smokers having a cigarette, cigar or smoking a pipe when they are nervous or stressed.

### Nicotine is Addictive

It is a fact that cigarettes contain nicotine, which is a stimulant and addictive drug.

### Genetic Factor

According to three separate studies commissioned in the US and Europe, scientists have identified a genetic link that makes people more likely to become addicted to tobacco. This genetic variation causes people to smoke more cigarettes, inhibits their ability to stop smoking and increases their likelihood of developing lung cancer by up to 80%.

When smoking, it takes about 10 seconds for the substance to reach the brain, which causes a smoker to believe they are getting what they need and fast, making them think they cannot stop. People who do actually quit and last three months are better able to remain smoke-free for the rest of their lives. Yet, cessation is a difficult process and for some smokers it is this that stops them. Nowadays it is easier for a smoker to quit and there are a number of ways one can stop smoking; nicotine patches, chewing gum, hypnotherapy, even a recently developed pill. All a smoker has to do is decide to quit and the rest will follow.

Smoking is one of the biggest killers of our time. If only everyone could build up the courage to quit smoking, much suffering throughout the world would cease and we could turn our attentions to unavoidable disasters and unpreventable diseases to which we have not yet found the cure.







Smoking is one of the biggest killers of our time. If only everyone could build up the courage to quit smoking, much suffering throughout the world would cease and we could turn our attentions to unavoidable disasters and unpreventable diseases to which we have not yet found the cure.



*Family, Career,  
and Life at the SMC*

# Dr. Waleed Ali

*Bahrain's foremost Urologist*

Dr. Waleed Ali of the Salmaniya Medical Complex (SMC) is a top consultant of Urology. Besides being the first Arabian doctor to receive both Arabic Board and European Board certificates within the field of Urology, as well as being the first Bahraini to attain a diploma in laparoscopy from France, he enjoys married life, playing with his seven-year-old daughter Iman, and watching European football.

## Why did you decide to become a doctor?

I graduated from Shaikh A. Aziz Secondary School and in those days, high achieving students were expected to join the fields of Medicine or Engineering; I opted for the former. I went on to enroll at Alexandria University and pursued a BSc of General Medicine. I graduated in 1994 and joined SMC immediately, where I was a general practitioner until 2000. I then went to the UK and US to pursue further studies for another four years, in which I attained the highest marks in Urology.

## Tell us a bit about your experience in the Salmaniya Medical Centre

After receiving the BSc in Medicine I worked within general surgery in SMC. I then decided to specialise in Urology and the Urinary tract, as I like this field. I received much support from all urinary tract doctors in the surgery. I also received a lot of encouragement from all heads from the very first day I joined SMC; Dr. A. Rahman Fakhroo, Dr. Mohammed Al Awadhi, Dr. A. Nabi Al Aradi, Dr. Jassim Al Mihza and Dr. Kadhum Zabar.

first Bahraini  
to attain a diploma in  
laparoscopy from  
France

## What is Urology?

Urology is the branch of medicine that focuses on the urinary tracts of males and females, and on the reproductive system of males. The organs covered by urology include the kidney, ureters, urinary bladder, urethra and the male reproductive organs. Most urinary tract problems begin at the age of fifty and over. The Prostatic Hyperplasia is the most important problem that we receive at the Urology Surgery Unit.

## What is the prostate?

The prostate is a fibrous hormone gland that exists around the urinary tract at the bladder neck in males. It produces the semen. Many diseases can infect this gland; the most important ones are Prostatitis, chronic Prostatitis, Benign Prostatic Hyperplasia (BPH), and Prostatic Cancer.

## What causes BPH?

It can be hereditary, causes related to the male hormone, or unhealthy practices.

*first Arabian doctor  
to receive both Arabic Board  
and European Board  
certificates within the field  
of Urology*

*How many patients visit  
the Urinary tracts Clinic  
of the SMC?*

The Urinary tracts Clinic is the busiest clinic in SMC. More than ten clinics are operating every week and each of those clinics receives 15-20 patients. A big percentage of them suffer from BPH.

*What is the standing of  
Bahrain within the field  
of BPH treatment?*

Bahrain has reached advanced stages of BPH treatment. In the SMC we have performed more than 100 successful BPH laser operations with no recorded complications or problems. We have also presented three papers about the experiment of BPH laser treatment in the Kingdom of Bahrain at the International Conference in Lisbon in February 2008.

*What are the risks  
of having BPH?*

The main risks start with urinary problems, inflammations, kidney stone formation, inability to pass urine, and kidney failure.

*How is BPH treated in SMC?*

We begin treating the patient with medicine. In some cases we may need to undergo laser surgery. SMC possesses two of the most modern laser devices in the Gulf region for the treatment of such cases. These two devices were first introduced in Bahrain in 2006.



## *Does the SMC have any future plans or ambitions for development?*

We are full of hope that the Ministry of Health will support us by providing us with modern equipment for all medical practices. The benefits of advanced technology reflect on the performance of the health service within the Kingdom. We have a desire to introduce robotic devices in treatment, as compared with traditional methods of surgery, the results are much more favourable.

We also hope that the Ministry of Health will continue to cater to people who possess scientific and practical skills and who are highly trained to pursue studies and conduct research within various fields. These people need to be encouraged and financially supported in order to publicise the Kingdom of Bahrain and promote its competency in medicine.

We are looking forward to the Urology and Urinary tracts specialisation in SMC having its independence from the General Surgery Unit.

This will certainly lead to outstanding quality service and provide us with thorough knowledge, leading to the possibility of development of the services that we provide to our patients.



*favourite sport*

*enjoys married life,  
playing with his  
seven-year-old daughter  
Oman, and watching  
European football.*

# MEDICAL EQUIPMENT IN THE MINISTRY OF HEALTH



The Director of Medical Equipment in the Ministry of Health , **Mr. Ebrahim Jacob**, stated that the MOH endeavours to supply the most advanced medical equipment in accordance with developments in medical sciences, diagnostic, curative, laboratory and physiological functions control technologies, depending on the capabilities available to the MOH.

Mr. Jacob explained that these equipment meet many of the Salmaniya Medical Complex (SMC) requirements. The most important are the vascular screening system, and the cardiac sonar screening system, as well as equipment to replace traditional film developing by digital systems. Respiratory devices for the ICUs have also been purchased, as well as many other supportive devices of all types.

In the health centres, replacements have been made. These include, x-rays, film development equipment and dentistry x-ray equipment with a device that allows screening at the time of imaging the teeth.

The eye clinic has received equipment for screening: sonar screening and inside eye imaging. Physiotherapy has also acquired new equipment as well as the laboratory. Gynecology has received devices to monitor an embryo's pulse. Other equipments include a machine to observe the oxygen centre in the blood, electric shock devices for cardiac revival in emergencies, High Blood Pressure measurement apparatus, hearing observation tools and equipment to record cardiac activity.

Mr. Jacob said that due to the wise leadership of the Kingdom, the MOH shall continue to provide the most recent equipment in an effort to upgrade the medical and health services, putting the Kingdom of Bahrain in parallel with developed countries in the field of health care.



## Other qualitative devices in the MOH

### Deep Rays Cancer Treatment Device

This device is one of two in the Tumour Unit at the SMC. It uses high capacity x-rays and electrons to accurately eradicate cancer fibres without damaging healthy fibres. Equipment that complements the function of this device include a computer-based cross-sectional screening device, a laser guided device to pinpoint cancerous tumours, an ECG machine as well as a network of tumour related data. The price of this machine, along with its complementary equipment, is estimated at BD2.5 million.

### Intervention Radiology to Diagnose Vascular Vessels

This device uses x-rays and is the most advanced machine within the field. It can image vascular vessels at two different levels at the same time. It has the ability to sense radiography signals and is used to check and image vascular vessels and pinpoint obstructed parts in the areas that the blood is carried in vascular vessels. This equipment's estimated cost is at more than BD 800,000.

### Computer Cross-Sectional Radiography

This device is used to diagnose diseases by taking cross-sectional images of the organs to be x-rayed. It covers all of the body's organs without exclusion and gives very clear images. The 2D images can be transferred to 3D, through which, information can be obtained about the vascular vessels of the organ undergoing x-rays. The device and complementary equipment cost around BD 500,000.

### Magnetic Resonance Imaging Device

This device uses high frequency radio waves as well as a strong and firmly stable magnetic field. It is used to diagnose diseases by taking cross-sectional images. The price of this device is at BD 500,000.



# effective method for the treatment of scoliosis in the kingdom



Hani Mahdi



**Under the patronage of specialist Ashwaq Al Hassani, Head of the Physiotherapy Section in the Salmaniya Medical Complex (SMC), and under the supervision of Physiotherapist Hani Mahdi Hassan who specialises in treating spinal problems in the Physiotherapy Medical Section, a development plan has been created to upgrade the practice of Physiotherapy within the Kingdom to help it reach international levels.**

Physiotherapist Hani Mahdi Hassan developed an effective method for treating scoliosis, as there are no new ways to treat such cases within the Kingdom. He introduced a new method of group exercises.

## **The Modern System of Group Exercises for the Treatment of Scoliosis**

A detailed explanation of the types of exercises applied in the treatment programme for lower back pains:

### **Stretching and Relaxing Exercises**

These exercises help ease muscular strain in the lower back and lower spine and prepare the patient to perform spine muscle strengthening exercises.

### **Exercises to Strengthen the Lower Back**

These exercises strengthen the muscles of the lower spine and the abdominal area, which are responsible for stabilising the lower back area.

### **Modern Methods of Respiration**

These are modern exercises especially designed to strengthen the diaphragm's muscle and the deep muscles connected to the spine. One of the functions of these muscles is to stretch and enhance the stability of the spine.

### **Yoga Exercises**

To stretch and relax the spine.

### **Enlightenment Lectures**

About proper nutrition and back pains with precautionary prevention measures.





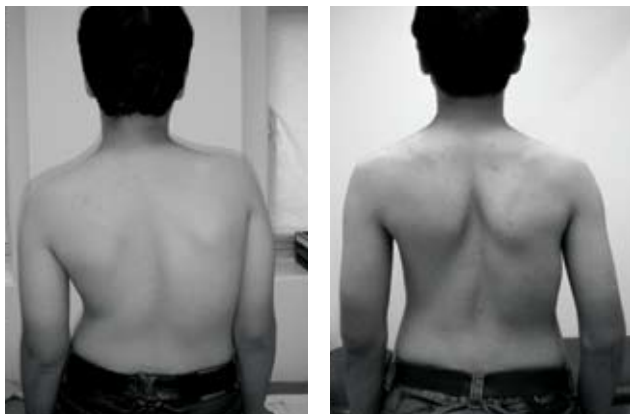
## Objectives of the Group Exercise Programmes:

Reducing the symptoms of and eliminating lower back pain.

Increasing stability and flexibility as well as enhancing spine and lower back strength.

Increasing self-dependency in dealing with the back pains.

Raising awareness in the prevention of injuries or lower back pain.



Before Treatment

After Treatment

## Who is this programme suitable for?

This programme is designed for patients who suffer from spinal problems due to the erosion or inflammation of spines or Lumbar disc herniation, as well as patients who need rehabilitation after lower back operations. The age range of such patients is between 25 and 55 years.

## Period of the programme

Three continuous months at one-hour once or twice a month intervals. Then it is followed up after six months for one year to ensure full recovery.

## Benefits of group exercises

Having a greater number of patients in one place creates a nicer atmosphere that is more suitable for patients to carry out the exercises, therefore enhancing the effectiveness of the treatment. Furthermore, patients learn from the experiences of each other when treating and attempting to prevent these particular cases. The most beneficial point is the psychological support and encouragement these group exercises will provide when patients realise there are others in similar situations to themselves.

## TECHNIQUES IN THE TREATMENT OF SCOLIOSIS

### The VOJTA Technique

This method was coined and developed by Dr. Vojta, a pediatric and nerve consultant in Germany. Over the fifty years since its birth, this method has been applied and developed for patients with spinal problems. Recently, it has been applied in the treatment of scoliosis, generating favourable results. This technique is used to stimulate the nerves muscular system to activate the deep muscles of the back, which are responsible for straightness and the stretching of the spine, by stimulating certain points in the human body. Using these points, muscles are stimulated so that the spine will be straightened. Studies and research show the benefits of this technique in increasing the elongation of the spine, decreasing scoliosis, improving respiration and regulating the balancing and coordination of the human body.



### Katharina Schroth Technique

This method was developed by the German therapist, Katharina Schroth and has been successfully used in Europe since 1921. The programme consists of correction of the scoliotic posture and breathing pattern with the help of proprioceptive (unconscious perception of movement) and exteroceptive (sense organ, that receives and responds to stimuli from outside the body) stimulation and mirror control. During the programme, patients are treated for six hours a day for four weeks.

Many of us nowadays do not eat healthily. In our ever-modernising, fast-paced cultures, we tend to eat on the go and grab what we do eat from many of the not-so-healthy places that adorn every street. Even when making an effort to eat properly, there is so much information at our disposal, we don't know where to start! So, here is your ultimate guide to eating hassle-free, healthy meals...



# HEALTHY

Eating healthily is important in many ways; it boosts our physical and mental health. By committing to eating better, you can reduce your risk of many chronic diseases including heart disease, diabetes, osteoporosis and certain cancers, while increasing your energy and stamina. Unhealthy eating can result in weight gain or loss, fatigue, low self-esteem and many other undesirable effects. This does not just include eating the wrong foods either, it also means overeating and under eating. The two keys to maintaining a healthy diet are eating the right amount of food for how active you are, and eating a range of foods to make sure you're getting that balanced diet.

**There are so many diets out there, not all of them beneficial. The best way to watch what you eat is to remember a few of the main rules that apply to picking the right ingredients and making the healthiest meals.**

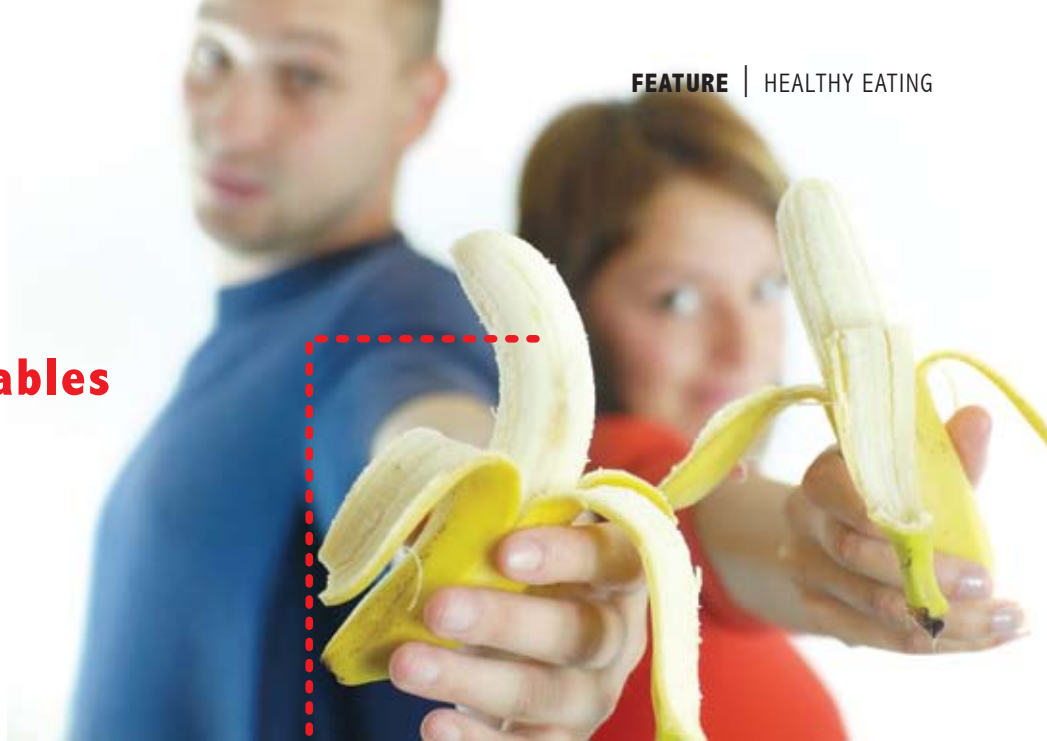


## Take Less Sugar

Most people nowadays are eating too much sugar. What with sweets, cakes, biscuits and sugary, fizzy drinks, we're on sugar overload! Yet, sometimes we don't expect there to be sugar - always look at the labels on what you are buying. Watch out for other words used to describe added sugars such as sucrose, glucose, fructose, maltose, hydrolysed starch and invert sugar, corn syrup and honey.

Avoid foods that are high in sugar, but don't eliminate it altogether!

# 5 servings of fruit & vegetables a day



## Embrace Starchy Foods

Many diets tell you carbohydrates are bad, but starchy foods such as bread, cereals, rice, pasta and potatoes are actually imperative to a healthy diet. These should make up about one third of the food we eat. Not only do these foods contain starch, they also include fibre, calcium, iron and B vitamins. They are a good source of energy and the main source for a number of the nutrients in our diet. Do try to choose whole grain varieties wherever possible though.

## Don't Forget Those Fruits & Veg!

We should all be having five servings of fruit and vegetables a day, but hardly any of us actually do that. Which is surprising when you can choose from fresh, frozen, tinned, dried or juiced, just get them included in your diet!

# EATING



## Cut Down On Saturated Fat

Notice I did not just say 'fat' however. Cutting out fats is yet another myth when it comes to dieting. In fact to stay healthy we need some fat in our diets. The important thing to remember is the kind of fat we are eating.

- **Having too much saturated fat can increase the amount of cholesterol in the blood, in turn elevating your risk of developing heart disease.**
- **Having unsaturated fat instead lowers blood cholesterol.**

Foods that are high in saturated fat include sausages, meat pies, hard cheese, butter and lard, pastries, cakes and biscuits, creams and coconut oil. Opt for foods that are rich in unsaturated fat such as vegetable oils, oily fish, avocados, nuts and seeds.

## Stay Active

As mentioned before, it is not good to be over or under weight. This can cause all sorts of health problems. For personal advice, consult your doctor when it comes to your weight however, the three main things to remember when maintaining a healthy weight are:

- **Only eat as much as you need to**
- **Make healthy choices!**
- **Stay active & exercise**



## TIPS for Making Meals Easier & Healthier



**1** Pick whole-grain versions of pasta and bread; swap whole-wheat flour for bleached white flour when you bake. **2** Avoid cooking with soy or Worcestershire sauce and products that contain monosodium glutamate (MSG). **3** Substitute garlic or onion powder for garlic or onion salt, and use unsalted or low-salt vegetable broths and products. **4** Buy reduced-fat cheese or use mozzarella which is naturally low in fat. **5** Drinking a small can of tomato juice, adding lettuce to a sandwich or putting tomato sauce on pasta can boost those veggie servings! **6** Blend low-fat yoghurt, fruit juice and canned or frozen fruit to make a smoothie for breakfast or a snack. **7** Use frozen vegetables to make a stir-fry with skinless chicken. Serve on top of a quick brown rice or whole wheat pasta. **8** Make a fast fruit salad with sliced bananas, apples, blueberries and a can of mandarin oranges.



## Eat Fish

Fish is an excellent source of protein and contains many vitamins and minerals. The truth is, we should all be eating more fish – about two portions of fish a week including one portion of oily fish (salmon, fresh tuna, sardines), which are rich in the omega 3 fatty acids that keep our hearts healthy! Just avoid canned and smoked fish, as they can be high in salts.

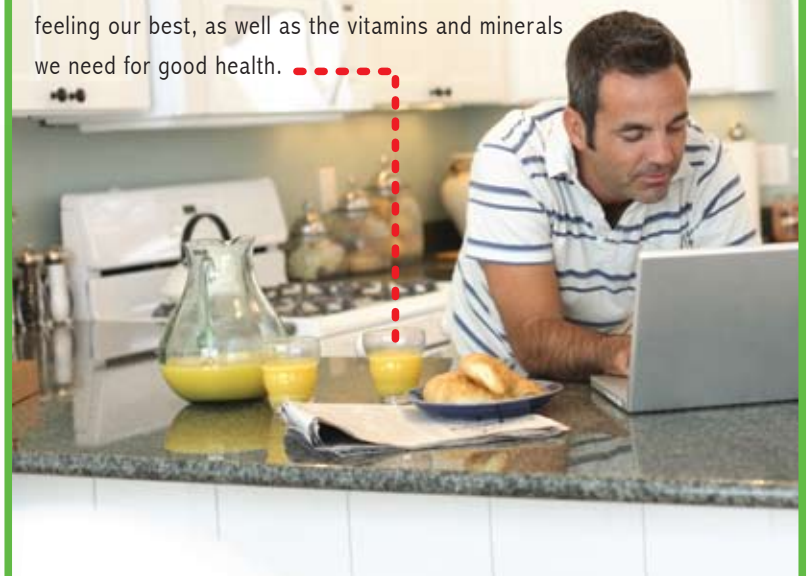
## No More Than 6g of Salt a Day

Just as with sugar, most of us do not always realise we are actually eating as much salt as we do. Salt is often already in the food we buy; breakfast cereals, soups, sauces and ready meals. Eating too much salt can raise our blood pressure. Always check the packets of what you buy to avoid foods that are high in salt.



## Do Not Miss Breakfast

Studies have proven that skipping breakfast can be detrimental to your diet. It does not help you lose weight and makes us miss out on necessary nutrients. Breakfast can give us the energy we need to tackle the day feeling our best, as well as the vitamins and minerals we need for good health.



# What is Polycystic Ovary Syndrome ?

**65%** of the  
women with  
this disease  
also suffer  
from **infertility.**



# Polycystic Ovary Syndrome

(PCOS) is a syndrome that causes a malfunction of a hormone, in turn affecting the hormonal balance, vital for producing ovum. This forces irregularity of the monthly period or even its cessation. Common symptoms include excessive and increased body hair, thinning hair on top of the head, acne, obesity and depression.

Statistics from the Gynecology Clinic in Salmaniya Medical Complex (SMC) show that 65% of the women with this disease also suffer from infertility. It occurs amongst all races and nationalities and is the most common hormonal disorder among women of a reproductive age

The treating doctor elicits the history and background of the patient. Then laboratory analysis is carried out to check the level of hormones responsible for producing ovum and spermatozoon. An ultra sound test of the ovaries is also carried out which can show the existence of cysts.

## Treatment

Studies carried out by the Gynecology Clinic in SMC show that 79 of the women with PCOS are overweight. Therefore, it is necessary to reduce weight and follow a nutritional diet, as well as regulate the monthly period via the use of hormone medicines (such as contraceptive pills). Sometimes the insulin hormone is high in such cases, thus necessitating the prescription of medicines that reduce sugar to regulate the insulin that in turn indirectly affects the ovum-producing hormones.

Patients suffering from infertility can be treated by ovum-creating medication such as Clomid. If this treatment fails after six courses, injections are used. Patients are sometimes treated by artificial insemination. If this fails the doctor must resort to in vitro fertilisation.



## Names and Contacts of Health Centres in Bahrain

### Muhurraq Governorate

	S. Board	Appointments	Fax
North Muhurraq Health Centre	17 460888	17 460999	17 324548
NBB Health Centre – Arad	17 463888	17 463999	17 678517
NBB Health Centre - Dair	17 478888	17 478999	17 335204
Sh. Salman Health Centre	17 348888	17 348666	17 430351

### Capital Governorate

Al-Naim Health Centre	17 285888	17 285999	17 256784
Ibn Sinna Health Centre	17 516888	17 516999	17 531205
Al-Hooraa Health Centre	17 318888	17 318999	17 310436
Sabah-el- Salem Health Centre	17 821888	17 821999	17 741267
Bilad Al-Kadem Health Centre	17 408888	17 408999	17 402450
Al-Razi Health Centre	17 265888		17 245638

### Northern Governorate

Mohamed Jasim Kanoo Health Centre	17 436888	17 436999	17 430390
Jidhafs Health Centre	17 558777	17 558999	17 554678
Budaiya Health Centre	17 698888	17 698999	17 795242
Kuwait Heath Centere	17 608888	17 608999	17600875
Hamad Town Health Centre	17 418888	17 418999	17 412647

### Central Governorate (Al Wusta)

Isa Town Health Centre	17 480888	17 480999	17624573
A'ali Health Centre	17 648888	17 648999	17643282
Sitra Health Centre	17 459888	17 459777	17 737483
Hamad Kanoo Health Centre	17 768555	17 768666	17 760511

### Southern Governorate

East Riffa Health Centre	17 768888	17 768999	17 760536
Jaw and Asker Health Centre	17 830667		
Zallaq Health Centre	17 637888	17 637999	17 630485

## Telephone extensions that are used on a daily basis at Salmaniya Medical Complex (SMC)

## توصيلات الهواتف التي تستخدم بمركز السلمانية الطبي والادارة وقسم الموارد الكيميائية

Section	Extension	التحويل	القسم
Operator	17288888	١٧٢٥٨٨٨٨٨	البدالة
Emergency Information Desk	4095	٤٠٩٥	استعلامات الطوارئ
Patients Information Desk	4777	٤٧٧٧	مكتب مراجعة المرضى
Patients Relations	5084	٥٠٨٤	مكتب شكاوي المرضى
Laboratory Information Desk	5010	٥٠١٠	نتائج المختبر
Admission Bureau	4155	٤١٥٥	مكتب إدخال المرضى
Maternity Admission Bureau	4152	٤١٥٢	إدخال مرضى الولادة
Ante-natal Appointments	5728	٥٧٢٨	مواعيد الحوامل
Ante-natal Exercises	4787	٤٧٨٧	أشعة الحوامل
Morning Appointments	5549	٥٥٤٩	المواعيد الصباحية
ENT Appointments	5724	٥٧٢٤	مواعيد طب العصب و التخدير
Dental Clinic Appointments	5740	٥٧٤٠	مواعيد الاسنان عيادة الاسنان
LPP Appointments	5124	٥١٢٤	مواعيد الطب الخاص
Main Pharmacy	7776	٧٧٧٦	الصيدلية الرئيسية
Blood Bank	4454	٤٤٥٤	بنك الدم
Radiology	4000	٤٠٠٠	الاشعة
Physiotherapy	4442	٤٤٤٢	العلاج الطبيعي
Day-Case Unit	5544	٥٥٤٤	وحدة الاقامة القصيرة
Pediatric Day-Case Unit	7735	٧٧٣٥	وحدة نقل الدم للاطفال
Operations	7700	٧٧٠٠	العمليات
ECG	7783	٧٧٨٣	وحدة فحص القلب
Scoping Unit	4675	٤٦٧٥	غرفة اجتماع المستشارين
Social Counsellor	5564	٥٥٦٤	الباحثة الاجتماعية
Medical Equipment Dept.	5575	٥٥٧٥	دائرة المعدات الطبية
Patients Records Dept.	5128	٥١٢٨	قسم سجلات المرضى
Transportation Dept.	5782	٥٧٨٢	قسم الخدمات (المواصلات)
Maintenance Dept.	5553	٥٥٥٣	الصيانة
Domestic Services Dept.	5551	٥٥٥١	قسم التنظيفات
Post Services Dept.	5139	٥١٣٩	قسم خدمات البريد
Security Section	5555	٥٥٥٥	قسم الامن
Artificial Limbs	7727	٧٧٢٧	الاطراف الاصطناعية
Laundry	5568	٥٥٦٨	المغسلة
The Kitchen	5258	٥٢٥٨	المطبخ

