



# SAINT GEORGE HOSPITAL

• UNIVERSITY MEDICAL CENTER •

# UPDATE

## Editorial

This issue of the "UpDate" newsletter is the first of a series of future quarterly publications aimed at disseminating information about Saint George Hospital.

Great responsibilities accompany the development of our hospital. Since 1999, priority has been granted to supporting the development of human resources and capacity building of employees and staff. A major undertaking by Team/Young & Rubicam encompassed an image study of Saint George Hospital, a market analysis, a patient satisfaction survey and a series of in-house training. Our commitment to catering to patients' needs in a highly competitive medical field has also driven us to adopt the Quality Systems in Health Care and incorporate this continuous quality care system in every aspect of our daily work.

Along with building the professional and customer care aspects of this institution, a new expansion of the hospital facility started with the ambitious goal to double the size of the existing structure. The American Foundation for Saint George Hospital has also been established in Washington D.C. to assist us in raising funds and promoting our hospital in the United States of America.

As we move along on the path of realigning our service delivery, we are inviting you to participate in forging this new partnership at all levels. Your daily input within the walls of your hospital and beyond will heighten public awareness. As such we encourage you to use this newsletter as a platform for sharing valuable information about your departments. The hospital's new website is also under construction and will be used for the same purpose.

Our growth is the trademark of 123 years of medical heritage and humanitarian assistance to all the Lebanese communities. It is with a mixture of pride and humility that I extend my heartfelt appreciation and gratitude to all who have contributed to this process.

A special recognition goes to the Board of Directors that has been instrumental in overseeing the effective implementation of this process, as we remain indebted to the continuous blessings, guidance and earnest support of the President of the Board, His Eminence Metropolitan Elias Audi.

Together, we shall ensure the resounding long-term success of the mission entrusted upon us.

Mr. Salam Rayes, CEO  
Saint George Hospital

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## Onlook



Dr. Imad El Hajj

At Saint George Hospital, we believe that ISO 9000 is an important step towards Total Quality Management (TQM). In 1998 the Chief Executive Officer (CEO) and his top management team decided to introduce the ISO 9000 process at Saint George Hospital.

A Steering Committee headed by Mr. Salam Rayes, CEO, was formed and the Management Representative, Dr. Imad El Hajj was elected. The Quality System for Health Care Department was established. It was responsible to train project team members to become ISO experts and trainers.

The long and winding road started with the implementation of the first element of the system, i.e. management responsibility, which entails senior managers to define and document the policy for quality including objectives and commitment for quality.

SGH termed this "The Vision Alignment Matrix" which included the hospital mission, vision, values, quality policy, main goals and sub-goals.

The second element was then established. This entailed the documentation of the quality system and its maintenance as a means for ensuring that results conform to requirements. This step was a major one in implementing the system tailored to SGH as a healthcare organization.

A quality manual, hospital procedure manual and departmental procedures were developed.

Before embarking on the work instructions and clinical protocols of each department, 850 employees and 200 doctors underwent an intensive 2 session training course on understanding and implementing ISO 9000 procedures.

The course was structured to meet all SGH employees' language and level of educational needs. It was given in three languages – English, French and Arabic. Expressive symbols were used to facilitate understanding and reduce explanations. A significant effort was deployed in developing a user's friendly terminology specific to health care organizations without changing the ISO requirements and standards.

The documentation phase is being finalized and intermittent auditing sessions are being conducted.

The next step planned for 2001 is a pre-registration audit in preparation for the final registration and, ultimately certification.

#### What does ISO mean?

ISO is recognized as the short name for the International Organization for Standardization, an international agency consisting of almost 100 member countries.

The ISO works to promote the development of standards, testing, and certification to encourage the trade of quality products and services.

#### What is ISO 9000?

The core of the ISO 9000 Quality Systems Standard is a series of five international standards that provide guidance in the development and implementation of an effective management system. Not specific to any particular product, these standards are applicable to manufacturing and service industries alike.

#### Why are we adopting ISO 9000?

We adopted ISO 9000 standards because:

- We believe it should be the first step towards T.Q.M
- It gives our institution the proper structure for a Q.M. system
- It helps improve quality of services
- It improves customer care

and patient satisfaction

Benefits of ISO 9000 as an International Standard

- Gives the hospital a touch of the "Quality" culture
- Provides a common language
- Complies with customers requiring ISO 9000
- Consistent for evaluation world wide
- Improves the hospital's image and credibility

Benefits of ISO 9000 for Saint George Hospital

We believe that our Quality Systems for Health Care Department was an essential step in enhancing the quality awareness among our staff and doctors. This will provide greater job satisfaction and excellent patient care and services. Senior Management at Saint George Hospital believes that good planning, hard work and the atmosphere of continuous quality improvement are essential pre-requisites for achieving excellence in patient service.

Dr. Imad El Hajj, Dean  
Saint George  
Faculty of Postgraduate  
Medical Education

Outlook

The American Foundation for Saint George Hospital

The American Foundation for Saint George Hospital



H.E. Ambassador Farid Abboud

was incorporated under the District of Columbia Non-Profit Corporation Act on January 6, 1999.

The Foundation was officially launched in Washington D.C. on October 19, 2000 and the reception was hosted by Ambassador and Mrs. Farid Abboud.

Many distinguished members from the Foundation's Honorary Board, Board of Directors and guests from governmental, media, corporate and diplomatic fields attended the reception.



Dr. Amin Barakat, President  
American Foundation for Saint George Hospital

Dr. Amin Barakat's Address on the Occasion of the Foundation's Inauguration Ceremony

Your Excellency Ambassador Farid Abboud  
Mrs. Reem Abboud  
Excellencies  
Friends  
Ladies and Gentlemen

"On behalf of the American Foundation for St. George Hospital, I would like to thank HE and Mrs Farid Abboud for hosting this event to launch the Foundation, and for opening their house for every good cause. I would also like to thank members of the Honorary Board and the Board of Directors for their support and dedication.

Our thanks to all of our friends especially those coming from afar, and the founding donors.

St. George Hospital was founded in 1878 by seven community leaders, who established a philanthropic society to care for the poor. Mr. Panayot Fakhoury donated two rooms in his house in Gemayze to be used as a clinic and inpatient facility. The first patient to be treated there had smallpox.

Today, the Hospital has 275

## Outlook

beds and 250 physicians, and treats over 12,000 inpatients and 107,000 outpatients per year, 15% of whom are treated free. A new facility is now under construction, which will increase the capacity of the Hospital to 450 beds, and establish a state of the art medical center.

The Hospital is the main clinical training facility for the Lebanese University School of Medicine and the center for the newly established Post Graduate Medical School at the University of Balamand.

As we all join hands in rebuilding Lebanon, we face serious challenges in the health care sector: a fragmented health care delivery system, inadequate primary and preventive care, lack of quality control, severe shortage of qualified nurses and health care professionals, and a high cost of health care with poor outcomes.

The American Foundation for St. George Hospital was conceived to try and address some of these issues. The Foundation, which is a non-profit, tax-exempt organization, is directed by American citizens who share a common interest in supporting St. George Hospital with the objective of providing the highest quality health care services to the communities of Beirut, Lebanon and the region, and making health care available for the needy.

While patient care is at the core of its mission, the Foundation also supports education, research and postgraduate training of physicians and health care professionals.

It is my distinct honor and pleasure tonight to introduce our Honorary Board member Mrs. Helen Thomas. We all know Helen, and have heard and seen her during eight consecutive administrations close the Presidential press conferences at the White House with "Thank you, Mr. President". In January 1961, she went to the White House with President John F. Kennedy as a member of the UPI team and she stayed there for forty years, retiring this year as Dean of the White House Press Corps. A recipient of 26 honorary doctorates, Helen has many "firsts". She was the first woman officer of the National Press Club, the first woman president of the White House Correspondents Association, and the first woman member and first woman President of the legendary Gridiron Club. She is the author of "Date Line White House" and the newly published "Front Row at the White House". Helen has recently accepted a position of Columnist for Hearst Newspapers.

Ladies and Gentlemen, Mrs. Helen Thomas.



Mrs. Helen Thomas  
"I often felt like saying: No, Thank You Mr. President!"

Hearst Newspaper Columnist and Former White House correspondent for UPI, Mrs. Helen Thomas, spoke eloquently of her heritage and applauded the efforts of the Foundation to support the Saint George's Hospital aim of providing the highest quality health care service to the people of Lebanon and the region.



Father Rahal, Tanya Rahall & Lina Moukheiber

## THE FOUNDATION

As a 501(c) (3) organization under the United States Internal Revenue Code, the American Foundation for Saint George Hospital is non-partisan. It does not discriminate on the basis of religion, nationality, race or gender, and seeks to unite people who are committed to supporting Saint George Hospital in Beirut, Lebanon.

## Its Objectives

- Improving health care and promoting medical research
- Providing quality education in the field of health sciences
- Improving the Hospital's physical facilities and equipment
- Providing opportunities for physicians, nurses and health care professionals to improve their knowledge and skills through exchange programs and continuing education

## Honorary Board

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 Mr. Nijad I. Fares  
 Honorable Ray LaHood  
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To learn more about the American Foundation for Saint George Hospital and how you can help assist its important mission, please contact Lama Najjar, Manager or Tanya Rahall, Consulting Director at:

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## Profile

Tanya A. Rahall

Ms. Rahall specializes in public relations, lobbying, development/fundraising, and event planning for domestic and foreign business interests. From 1989-93, she served as the first Executive Director of the American Task Force for Lebanon. Prior to that, she rose to become Director of Government Affairs for the National Association of Arab Americans, where she was responsible for developing and implementing legislative policy and government initiatives. She has served as a special assistant to the U.S. House of Representatives Subcommittee on Select Education, where she directed oversight of education programs for handicapped and disabled. She also worked on the campaigns of Senator John D. Rockefeller and her brother, Representative Nick Rahall, both of West Virginia. She was listed in Who's Who Among International Women for 1999 and Who's Who Among American Women in 1997. She received a B.S. in Business Administration – Marketing, Economics and Journalism from West Virginia University.

## The Hospital's Development Office

### In Pursuit of Excellence

Today, Saint George Hospital is in the process of completing a new extension which will double its size. All the departments have been challenged to look into every possible service to be added or improved. A quality control department has been established to train personnel and monitor every aspect of hospital life.

Once launched (in 2003), the trauma care center promises to become a leader in the region. This spirit of innovation and renewal will embark the hospital into a new phase of human and resource development, reaffirming the hospital's 123 years old values and commitment to supporting lives.

Since March 2000, the hospital administration has introduced a new Development Office as part of its long-term strategy. The main task will be geared towards underwriting vital projects aimed at improving the hospital's service delivery. Fundraising activities will be guided in and outside Lebanon in the face of an increasingly competitive environment for private and corporate givings.

Plans are underway for an aggressive agenda in 2001. The Beirut Development Office will work in synergy with the American Foundation for Saint George Hospital in Washington D.C. to solicit the support of donors.

### RECOGNIZING OUR BENEFACTORS

"PARTNERS IN LIFE"

SAINT GEORGE HOSPITAL UNIVERSITY MEDICAL CENTER

A special word of recognition goes to His Eminence Metropolitan Philip Saliba whose most generous support of \$1,500,000 will always be remembered by many of us with the utmost gratitude and respect.

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Mr. Issa Audeh

## EMBASSIES, FOUNDATIONS, CORPORATIONS & ASSOCIATIONS

Greek Embassy	\$50,000
O'Connell and Glock, P.C	\$100
Shaker Family Foundation	\$100
Jabbour and Associates, P.C	\$1,000
International Travel and Trade, Inc	\$1,250
Interstate Resources, Inc./INDEVCO	\$3,000

### ENDOWMENT FUND

Metropolitan Philip Saliba Endowment fund for needy patients	\$212,000
Miss Marie Abi Chahla	\$600,000

### IN KIND DONATIONS

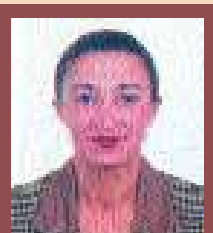
Mr. Fouad Zayat Medical Equipment	
Greek Embassy Medicines valued at	\$ 50,000
CrossLink International, Ltd. Medicines valued at	\$ 24,425

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Website: [www.stgeorgehospital.org](http://www.stgeorgehospital.org)

## Nurse of the month



Mirna Fares Daccache

**Name**  
Mirna Fares  
Daccache

**Education**  
TS in Nursing

from "L'Institut National des Soins Infirmiers, Dekouaneh" Lebanon

**Field**  
Emergency Room

**Years of Experience**  
During the war (1990) Mirna worked as a volunteer at Pasteur Hospital. Since 1991 to present date, she has been

working at Saint George Hospital as a staff nurse in the Emergency Room.

**Preferred Customers**  
Due to her very tender heart, Mirna prefers to care for adolescent and adult patients in general. She loves babies but feels heartbroken most of the time in front of their inability to communicate their needs to the attending medical team.

**Work Related Expectations**  
The nurse in Lebanon ought to be more valued and supported at the following levels:

- In syndicates, orders, societies and associations
- Within medical institutions by getting in-service trainings, obtaining promotions and financial remunerations
- By strengthening the physician - nurse relationship
- By promoting public awareness about the role of nursing as a profession

**Hobbies & Activities**  
Mirna likes reading, music, going to the movies and to the theatre

## What's Up?

### Latest General Electric Signa MR/i 1.5 Tesla at Saint George Hospital

Saint George Hospital acquired the most recent, sophisticated, and fastest MRI available for clinical use. Fast acquisition gives better quality images by reducing the patient motion, and reduces the time the patient spends inside the magnet. This feature is essential for the comfort of patients who are anxious or claustrophobic by nature.

Due to the presence of a strong magnetic field which is continuously turned on, persons with the following conditions cannot undergo an MRI testing:

- Persons with pace makers
- Persons with hearing aids
- Persons with metallic implants

**WATCH OUT** Your telephone and credit cards may also be erased by the magnetic fields.

#### The Story of MRI

Magnetic resonance has been used as a laboratory tool since the forties. It was applied to imaging in the early seventies, and became known as Magnetic Resonance Imaging: MRI.

Unlike ionizing radiation of x-rays and CT scanners, it has



Left: Dr. Rami Chemali  
Right: Dr. Mitri Achram  
Chairman of the Radiology Department

no known undesirable side effects on the human body, and since the early days of its clinical use, none were documented.

For more information contact:  
01/585 700 or 581 700 Ext:  
3355

### New Hair Removal by DIODE LASER

#### at Saint George Hospital Dermatology Clinic

#### How Does a Diode Laser Work?

A laser produces a beam of concentrated light that is absorbed by the pigment found in hair follicles. It pulses for a fraction of a second and vaporizes the pigment, thus destroying the hair follicles.

#### The Hair Cycle

The hair cycle consists of three phases: the anagen phase which is the active growth phase where the hair contains an abundance of melanin, a second regression phase and a third resting phase. It is only during the active growth phase that the laser is effective on the hair follicles. Thus, more than one treatment may be required to disable hair follicles that

subsequently enter the growth phase.

The diode laser is now considered a state-of-the-art system designed to remove unwanted hair. If the right parameters are used and if performed by specialized doctors, it allows safe and effective treatment of hair for all skin colors. However, 5 to 10% of cases are difficult to treat with the best machines and most experienced doctors.

These include:

- Patients with elements predictive of a hyperandrogenic state: acne of late onset, and/or resistant to either conventional treatments or to roaccutane. Androgenic alopecia and



Left: Dr. Josianne Helou and patient

increase pilosity of hormone-dependent areas.

- Patients with gynecological problems: delayed puberty, irregular cycles, infertility, patients who underwent treatment for induction of ovulation, or treatment with first generation oral contraceptive pills (progestational pills), patients who received treatment with oral corticosteroids.

- Patients with family history of increased pilosity.

With the actual techniques, one cannot accurately predict the number of sessions needed, (it varies between 5 and 15 sessions). One session could last from 15 minutes to one hour and a half according to the area treated.

The procedure is performed by a specialized doctor. No anesthesia is needed. Most people can return to normal activity right away.

For appointments or more information call:  
01-585 700 or 581 700  
ext: 3894

## HEAR & SAY

### "Whose Decision?" Conference on Bioethics Friday June 1 & Saturday June 2, 2001 at Saint George Hospital – Batlouni Auditorium

The Middle East Council of Churches is holding a regional conference on Bioethics. The inauguration ceremony will take place on Friday, June 1, 2001 from 5:30 p.m. – 7 p.m. in the presence of H.E. Archbishop Kyrillos Bustros, Greek Orthodox Metropolitan of Baalbeck, H.E. Sheikh Mohamad Kenaan, Dr. Dominique Beaufile, Mrs. Mouna Haraoui, Professor Fouad Boustany, Dr. Atef Majdalani and Mr. Marwan Hemade. A

cocktail reception will follow. The second day (9 a.m. – 4 p.m.) will cover topics related to genetics and prenatal diagnosis, In-Vitro Fertilization, the ethical dimension of organ transplants and the ethical dimensions in bioethics. Live testimonies will take place during each round table.

For further information contact the Middle East Council of Churches at 01-353 938 or 01-344 896. All is welcome.

## Healthnews at Saint George Hospital

### A Breakthrough in Lebanon

#### Closing of a large Ductus Arteriosus with an Amplatzer Duct Occluder Prosthesis

The Ductus Arteriosus is an essential anatomical structure for fetal blood circulation. It is a small fetal vessel connecting the left pulmonary artery with the descending aorta, thus securing an adequate blood circulation to the fetus.

In the first two months after birth, it normally changes into a fibrous cord called the ligamentum arteriosum. In some cases, this vessel remains open and causes a cardiac congenital malformation known as Patent Ductus Arteriosus. This condition represents 10% of all cardiac congenital malformations, which translates to a prevalence rate

of 0,1% in the general population. Girls are affected by this malformation twice as much as boys. This continuous flow of blood causes the unnecessary passage of oxygenated blood from the aorta directly into the pulmonary artery. This defect overloads the activity of the heart and creates cardiac insufficiency. Medically, it leads to fatigue and chronic respiratory problems. The diagnosis is done by the discovery of a heart murmur confirmed by echocardiography. In this case, the total suppression of the Ductus Arteriosus is the radical treatment recommended.

Since 1967, when the first percutaneous closing of the Ductus Arteriosus was conducted, this procedure became an alternative to surgery. Over the past few years, different systems were developed, each bringing with it advantages and also new disadvantages. Many procedures became popular in pediatric cardiology centers. It is worth mentioning that fairly large Ductus Arteriosus vessels do not easily close by the classical method indicating the usage of spiral coils by catheterization. As such, the new Amplatzer Duct Occluder was developed and has been used with a great deal of

success throughout the world.

In Lebanon, Drs. Charaf Louis Abou Charaf and Zakhia Saliba, Pediatric Cardiologists at Saint George Hospital in Beirut, conducted successfully the first intervention using this prosthesis.

### The Patient

Maya is a 15 years old girl. She showed symptoms of cardiac malformation since her childhood, notably chronic fatigue and continuous respiratory problems. She was diagnosed with Ductus Arteriosus at the age of 14 upon the discovery of a typical heart murmur. The echocardiography and Doppler readings confirmed the presence of a large Ductus Arteriosus with cardiac insufficiency without pulmonary arterial hypertension. The decision to close the duct by catheterization has been obtained after parental consent.

### The Amplatzer Duct Occluder

This mushroom like prosthesis made out of nitinol mesh threads is self-expansible. It looks like a cylinder that widens 2 mm towards the aortic side and ends with a 4 mm disc that expands over the widest part of the prosthesis. The distal ring (or collaret) ensures a firm positioning of the prosthesis. The formation of induced thrombosis caused by pieces of polyester material sewed inside the prosthesis renders the duct waterproof. The devise is equipped with a

micro screwing system aimed at fixing the prosthesis on a releasable cable. Those prostheses are available with different diameters with cylinders varying from 6 to 14 mm.

### Catheterization and Results

Catheterization was conducted under local anesthesia and light sedation. Arteriography allowed the measurement of the smallest diameter of the duct. Given its measured size of 7 mm, the medical team chose to use a 12 mm Amplatzer Duct Occluder. The devise was screwed on the cable and released intravenously all the way to the aorta. The prosthesis has been released after its positioning within the Ductus Arteriosus has been confirmed. The entire procedure did not exceed 40 minutes. The following day, a Doppler exam conducted before discharging the patient confirmed the total closing of the duct. Hospitalization lasted 48 hours only. Maya regained immediately her normal activities. She does not keep any bad memories of her experience nor a scar. A control echocardiography conducted 10 days after the procedure showed a normal cardiac functioning and a total closure of the Ductus Arteriosus.

The \$3000 relatively high cost of the Amplatzer prosthesis is by far more expensive than the coil, and might be a financial barrier to potential users. But the cost remains lower than that of thoracic surgery that would require about one week of hospitalization. This procedure

is covered at 85% by the Ministry of Public Health and the National Social Security Fund.

Due to rapid changes in technology, many advances in pediatric cardiology have been achieved. Along with this progress, specialized centers have also geared their services to cater to the needs of children with cardiac problems. In order to keep the cost of this and other similar interventions reduced, it is essential to maintain this specialized practice in a selected number of medical centers experienced in this field where proper diagnosis and treatment can be offered to patients and their families. This will require a clear national health policy in order to yield a better health and financial outcome at the personal, societal and governmental levels.

Donations will be greatly appreciated no matter how small and are tax-deductible.  
For your contributions, please contact:

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