

Club Matters



Volume 1 Issue 22

From the treasurer:

Tickie Bottle collection on 6 December 2011

Collection : RM 28.00

Total : RM1042.00

Happy Fund : RM 40.00

Total : RM180.00

FROM THE ATTENDANCE CHAIRMAN
FRANCIS LIP :- AS AT 6 December 2011

Membership	57
Excused	5
Effective	52
Present	33
Percentage	63.46%

Witty Thoughts

I love deadlines....I love the
wooshing sound they make as
they fly by.....

Attendance On 6 December 2011:

Excused:

1. PP Dato Francis Ng
2. PP Dato Dr Singaraveloo
3. PP Chang Teck Mark
4. PP Dato Mokkam Singh
5. PP Dr K N Singh
6. PP Roland Choong
7. PP Lim Kay Hua

Absent:

1. PP Dr Roland Lim
2. PP Tan Beng Sooi
3. PP Ir Hj Mohd Noh Ibrahim
4. PP Dr Shan
5. PP Mok Tai Dwan
6. Rtn Tan Chee Seng
7. PP Cheong Nai Cheong
8. PP Chua Kean Num
9. Rtn Chin Kuie Too
10. Rtn Kelvin Chua
11. Rtn Dato Teo Shiock Fu
12. Rtn Dr Lee Kim Tiong
13. Rtn Gooi Chuen Howe
14. Rtn Dr Ho Loon Shin
15. Rtn Chua Tze Wei
16. Rtn Michael Nordgren
17. PP Leslie Struys
18. Rtn Alan Cheng

Attend weekly club meetings. Enjoy club fellowship. Enrich your professional and personal knowledge. Meet other business leaders in your community. Extend the invitation and grow in strength.....

Congratulations!!

1 - 13 December	Birthday:	Induction Date:	Wedding Anniversary:
PP Francis Lip	2		
Rtn Kelvin Chuah		7	
PP Boon Weng Siew (Hon)	11		

Secretary's Corner

PDG David Tong has kindly agreed to address RCJB members on the Future Vision Plan. There are concerns that smaller clubs may be disadvantaged, as Rotary International is now talking about projects which are the size of USD30,000.00 or more. RCJB has not handled a project of this size yet. Please be present on Tuesday 13 December for this important event.

(Rtn Lee Soo Tong, Secretary)

**Annual RCJB Trip to Cambodia
from 10-17 December 2011**

RCJB will visit its sponsored children at Shobana Foundation in Cambodia, RC Phnom Penh and RC Myanmar. PP Ooi informed that he has so far collected RM4000.00+ to purchase necessities for the children and he welcomed further donations. Please contact PP Ooi @ 019-7311738

Anaemia Management by Joyce Lim



The speaker for the evening, Joyce Lim was introduced by PP Ng Yew Mun, who first met at her at RCJB's Patients Day on 20 October 2011. Ms Joyce is from Jensen, which supplies RCJB's dialysis centre with Heprin. Every year, Jensen sponsors the dialysis centre with RM1000.00 towards Patients Day.

At the talk, Ms Joyce informed members present of the importance of anaemia management in dialysis patients.

Ms Joyce informed members of the function of the kidneys. They are bean shaped, about the size of a fist, located at the middle of the back, just below the rib cage, on each side of the spine. The kidneys are sophisticated reprocessing machines. Each day, a person's kidneys process about 200 litres of blood, to shift out about 2 litres of water and waste products and extra water.

The kidneys remove wastes and water from the blood to form urine. Urine flows from the kidneys to the bladder through the ureters. The kidneys also regulate the body's level of substances such as sodium, phosphorus and potassium. They release Rennin which regulates blood pressure. and Calcitriol, which is the active form of Vitamin D. The kidneys also help to maintain Calcium for the bones and for normal chemical balance in the body.

The kidneys release Erythropoietin or EPO, which stimulates the bone marrow to make red blood cells.

What causes Renal Anaemia? A damaged kidney will impair the production of Erythropoietin, which will reduce the number of red blood cells (RBC) and thereby result in anaemia. Erythropoietin is a protein hormone which is produced in the kidneys to stimulate the production of red blood cells. 95% of Erythropoietin is produced in the kidneys with another 5% in the liver. The main causes of anaemia are Erythropoietin deficiency, shorter life cycle and of RBC, iron deficiency, infections and inflammations, blood



loss or hemolysis, secondary hyperparathyroidism, B12 and Folate deficiency and Aluminium Toxicity.

The causes of iron deficiency may be blood loss during dialysis, GI bleeding and poor absorption of iron supplements or nutrients by the body.

Anaemia can be treated by blood transfusion; but if the donor was not examined and his blood is infectious, it carries the risks of transmission of contagious diseases such as Aids or Hepatitis. Blood transfusion can also lead to Immuno Sensitization; where the body's immune system becomes sensitive and produces antibodies, which in turn can reduce the success rate of a future transplant. It can also cause Acute Hemolysis, which is a transfusion reaction, caused when incompatible blood cells are transfused to a patient.

Anaemia can also be treated by Erythropoietin injections and iron injections (if the patient has iron deficiency). Eprex injections can be given to a patient during pre-dialysis, haemodialysis and CAPD and where there is failing transplant. Erythropoietin was first used by Dr Escbach on a human body in 1985.

Urinary EPO vs Epoetin Alfa		
	Human Urine EPO	EPREX
Source	↓ Anemic Patients	↓ DNA Biotechnology
Molecular Weight	↓ 30,400 Daltons	↓ 30,400 Daltons
Amino Acids	↓ 165	↓ 165

From the chart, you will notice that Erythropoietin is as effective as urinary EPO. Infact Eprex therapy removes the need for blood transfusions, relieves anaemic symptoms, improves job security and well being, increases exercise tolerance and prevents CVD. Eprex treatments have to be tailored to the individual's requirement, as it depends on the base line HB level, patient's response and body weight.

The speaker was magnanimously thanked by Rtn Dr Vishwadeep for her very informative and enlightening talk on Anaemia Management For Dialysis Patients.

