

Experts call for setting-up of rare disease centres

This feature is written in conjunction with Rare Disease Day, observed annually on Feb 28

Balkiah Awang

KUALA LUMPUR: In recent years, the number of rare diseases recorded in Malaysia has been steadily rising, casting a spotlight on the nation's healthcare system and the many obstacles faced by patients and their families in securing appropriate treatment.

A shortage of specialists, the absence of dedicated referral centres and prohibitively high treatment costs are among the issues most frequently raised.

These challenges often leave patients and caregivers feeling isolated and alone as they navigate an already difficult journey.

Against this backdrop, experts say it is timely for the government to factor rare diseases into broader efforts to strengthen the public healthcare system, especially as Malaysia records a prevalence rate of one in every 4,000 individuals affected by such conditions.

Statistics from the Ministry of Health (MoH) show that about 12,000 Malaysians are currently living with rare diseases, encompassing 492 identified types.

Of this number, only about five per cent have access to specific treatments.

Delayed diagnosis

According to senior consultant neurologist at Hospital Canselor Tuanku Muhriz, Prof Datin Dr Nurlinah Mohamed Ibrahim, roughly 80 per cent of rare diseases are inherited genetic conditions, with delayed diagnosis remaining the most pressing challenge.

The deputy dean (postgraduate) of the Faculty



Prof Datin
Dr Nurlinah
Mohamed
Ibrahim



Nurhafizah
Ramli

of Medicine, Universiti Kebangsaan Malaysia (UKM) stated that because these diseases were uncommon, many doctors might be unfamiliar with their symptoms, which often overlap with those of more common illnesses.

"Delays occur when doctors are not familiar with a rare disease and therefore are unsure how to diagnose it, or when symptoms are mistaken for other, more common conditions," she told Bernama.

She added that many rare diseases would require advanced tests such as genetic screening, some of which are not yet available locally.

As a result, samples must be sent overseas, a process that could significantly increase costs.

"At present, genetic testing can cost between RM3,000 and RM5,000, which is undoubtedly a heavy burden, especially for patients and families from the B40 (low) income group," she said.

The lack of specialised treatment and local expertise for most rare diseases further compound the burden on patients.

Citing Spinocerebellar Ataxia (SCA), a rare neurological disease affecting adults in Malaysia, Dr Nurlinah said the condition

could cause progressively-worsening balance problems.

"A person diagnosed with SCA will eventually lose the ability to walk and become wheelchair-bound.

"Currently, there are about 500 to 600 individuals living with SCA, many of whom were previously healthy adults," she said.

SCA is a genetic disorder, and available treatments are limited to managing symptoms, such as medication to aid balance and reduce muscle stiffness.

Specialised treatment centres

Dr Nurlinah strongly advocated the establishment of specialised treatment centres for rare diseases, saying such facilities could address multiple issues at once, including timely access to treatment; thereby, improving patients' chances of recovery – or at the very least, better symptom control and quality of life.

"The existence of dedicated centres would give patients clarity on where to go for treatment and referrals.

"Many rare disease patients currently do not know where to seek help or advice, which contributes to delayed diagnosis and treatment," she said.

With specialised centres, for example, in neurology or

nephrology, patients would have a clear pathway for care, reducing the need for repeated visits to multiple healthcare facilities.

Such centres would also support general practitioners by providing a clear referral point when further evaluation is needed.

"Doctors who suspect a patient requires specialised assessment can directly refer them to these centres," said Dr Nurlinah, adding that this approach would also enable more structured allocation of government funding.

"We can develop our own local expertise, which in the long run helps the country save costs by reducing reliance on foreign specialists and technologies," she added.

Dr Nurlinah also said several hospitals and institutions, including teaching hospitals, could serve as potential hubs for rare disease treatment.

Ideally, she said, each region – north, east, south, Sabah and Sarawak – should have at least one specialised centre to reduce travel burdens on patients.

These centres could also facilitate multidisciplinary teams under one roof, offering comprehensive care and accelerating diagnosis, treatment and research; a win-win outcome for both the government and the people.

Social protection, insurance

Dr Nurlinah also stressed the need to expand social protection and insurance schemes to include rare genetic disease patients, who deserve the same level of protection as others.

Currently, there is no insurance scheme specifically tailored for rare genetic diseases.

She urged financial institutions and insurance companies to review and enhance existing products so patients can contribute and gain access to covered treatments.

"At the very least, they should be able to make contributions and access certain treatments under available schemes," she said.

Dr Nurlinah also suggested government subsidies, the creation of a dedicated rare genetic disease fund and financial support for costly genetic testing.

Contributions from large corporations and government-linked companies (GLCs) to such a fund could help ease the government's financial burden.

In addition, she said zakat (tithe) institutions could consider extending assistance to rare genetic disease patients, many of whom are living with chronic conditions, disabilities and loss of income.

"Zakat aid could include essentials such as wheelchairs and respiratory support equipment," she said.

Emotional impact

Developmental psychologist Nurhafizah Ramli said rare disease patients would often experience emotional crises marked by helplessness, and in severe cases, a sense of hopelessness despite having emotional support around them.

Such perceptions, she added, could affect not only emotional stability, but also behaviour.

"Feeling incapable of living like others, patients may withdraw from family and social circles. This pattern of isolation is a warning sign of mental health issues," said the founder of Mind Scheme Psychological

Services.

She emphasised that physical illness could significantly affect mental health, making psychological support just as important as medical treatment.

Emotional wellbeing and behaviour, according to her, play a major role in recovery, motivation and a patient's will to continue daily life.

A new sense of hope

Nurhafizah fully supported the proposal to establish specialised centres, saying that these could have a profound, lifelong impact on patients' wellbeing and help reshape perceptions of rare diseases, offering renewed hope.

"The long journeys just to see a specialist are physically and emotionally exhausting. The risk of giving up is very high, especially when social support is lacking," she said.

From feelings of helplessness and hopelessness, patients might gradually withdraw from family and society, with long-term effects on self-confidence and self-worth, often driven by stigma surrounding rare or poorly understood diseases.

She recommended that psychosocial support be integrated into services at specialised centres.

Emotional strain, she added, was not limited to patients alone, but could also affect families and caregivers.

"Parents and family members are the backbone of a patient's recovery and treatment process.

"Caring for a patient while managing other roles can trigger developmental crises. Without proper support, caregivers themselves are at risk of stress and trauma," she said. — Bernama

Sleeping after sahur – Key things to know

KUALA LUMPUR: Many Muslims face a common dilemma after 'sahur', namely whether to stay awake or catch a brief nap to ease drowsiness.

According to health experts, feeling sleepy after sahur is not unusual because it is closely linked to disruptions in the body's biological clock caused by waking early for the pre-dawn meal, particularly in the first few days of Ramadan before the body gradually readjusts.

Lecturer and consultant respiratory physician at Hospital Al-Sultan Abdullah, Universiti Teknologi MARA (UiTM) Puncak Alam, Dr Aisya Natasya Musa, says there is no need to completely forgo sleep after sahur.

However, she points out that both sleeping posture and the duration of the nap are key factors to consider.

"The main issue is not sleep itself, but lying down and sleeping for a prolonged period immediately after eating, especially in a supine position.

"This can disrupt digestion and breathing, similar to lying down right after a heavy meal at any other time of the day," she tells Bernama.

She says sleeping too long after sahur may cause a person to enter deep sleep and rapid eye movement (REM) phases, making it more difficult to wake up.

One also ends up feeling more



Dr Aisya Natasya Musa

tired and experiencing physical discomfort.

From a physiological perspective, the digestive system becomes more active after a meal, with increased production of stomach acid to break down food.

"If a person lies down and sleeps immediately, the acid can flow back into the oesophagus more easily, disrupting sleep quality," says Dr Aisya Natasya.

She adds that the type of food consumed at sahur also influences post-meal drowsiness.

"Heavy and fatty foods divert more blood flow to the digestive system, which can trigger sleepiness.

"Foods high in simple sugars or refined carbohydrates, such as 'kuih' (traditional sweet treats) and sugary drinks, can cause a rapid spike in blood sugar followed by a sharp drop, further increasing feelings of drowsiness after sahur."

Dr Aisya Natasya says if one



If one feels genuinely sleepy, it is best to wait at least 30 minutes after eating before shut-eye, to keep the nap brief, and to lie on the left side or be in a semi-upright position with the head elevated to reduce the risk of acid reflux.

— Photo from [pexels.com](https://www.pexels.com)

feels genuinely sleepy, it is best to wait at least 30 minutes after eating before lying down, and to keep the nap brief.

She also recommends sleeping on the left side or in a semi-upright position with the head elevated to reduce the risk of acid reflux, adding that individuals who are obese, suffer from gastroesophageal reflux disease (GERD), or experience sleep-related breathing disorders should be particularly cautious.

"One of the most common

mistakes is lying down and sleeping for a long time immediately after sahur without giving the body time to digest the food and without paying attention to proper sleeping posture.

"My advice is that if you feel sleepy, rest wisely.

"Avoid lying down for an extended period right after eating; choose the correct sleeping position; and ensure you get sufficient sleep at night," she advises. — Bernama

Sunway Healthcare to step up expansion post-IPO

➤ On Sunway Bhd's takeover offer for IJM Corp, chairman says it is entirely voluntary and up to shareholders to decide

■ BY DEEPALAKSHMI MANICKAM
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KUALA LUMPUR: Sunway Healthcare Holdings Bhd plans to accelerate its expansion across Malaysia and potentially into regional markets using proceeds from its upcoming initial public offering (IPO), as the group strengthens its position in the sector.

The healthcare arm of Sunway Group intends to allocate 66.5% of IPO proceeds towards capital expenditure, primarily to expand existing hospitals and develop new facilities, according to group chief financial officer Chow Tee. In addition, 30% will be used to repay borrowings, with the remaining 3.6% covering listing expenses.

Chairman Tan Sri Dr Jeffrey Cheah said the group has a clear expansion pipeline, supported by land already secured for future developments.

Among planned projects are hospitals in Iskandar Puteri, Johor; Seberang Perai Central and Paya Terubong in Penang; and Kota Bharu, Kelantan. The group is also planning a healthcare facility near the Johor-Singapore Rapid Transit System corridor, which is expected to benefit from growing cross-border connectivity.

"We have all the land there already. So there's nothing to hold us back," Cheah said during the prospectus launch press conference yesterday.

He added that Sunway Healthcare is also exploring oppor-

tunities to expand beyond Malaysia, particularly within Asean, although no specific timeline has been set. "We are now also looking elsewhere outside Malaysia to establish hospitals and healthcare centres, most probably in the Asean region."

President Datuk Lau Beng Long said the group's priority remains strengthening its domestic presence, noting that several key states remain underserved. "Our dream is to ensure that we have hospitals in all major states in Malaysia. That is still our current focus, although we remain open to opportunities abroad."

Sunway Healthcare currently operates five hospitals built over the past 25 years through an organic growth model, which the group said enables better cost control and operational efficiency.

Lau noted that the cost of building new hospitals typically ranges from RM1.5 million to RM2 million per bed, significantly lower than acquisition costs of RM5 million to RM6 million per bed.

The group is benefiting from rising medical tourism, with foreign patient revenue recording a compound annual growth rate of about 30% in recent years. Indonesia remains its largest source of international patients, while Cambodia has emerged as a fast-growing market.

On a separate issue, Cheah clarified that Sunway Bhd's proposed takeover of IJM Corporation Bhd remains entirely voluntary, with shareholders free to accept or reject



From left: AmInvestment Bhd CEO Christopher Ng, Lau, Cheah and MaybankGroup CEO, global banking, John Chong at the prospectus launch. – BERNAMAPIC

the offer.

He stressed that the offer was made in compliance with regulatory requirements and there is no obligation for shareholders to participate. "If they sell to us, fine. If they don't sell, we walk away. There's no compulsion."

He added that the offer reflects Sunway's assessment of IJM as a strategically attractive company.

"We find that it's an attractive vehicle to have. So we made an offer according to the rules and regulations. It's a willing buyer, willing seller situation," he said.

Sunway in January announced the takeover offer for IJM at RM3.15 per share, primarily through a share-swap arrangement, in a deal valued at about RM11 billion.

IJM is a diversified infrastructure and property group with operations spanning construction, property development, infrastructure concessions and industrial manufacturing. Its assets include major highways such as the West Coast Expressway, New Pantai Expressway, Besraya and Lekas.

The proposed acquisition is expected to enhance Sunway's scale and strengthen its presence in infrastructure and construction, complementing its existing property and township development businesses.

The takeover offer is subject to shareholder acceptance, with a closing date set for April 6. An independent adviser's report assessing whether the offer is fair and reasonable is expected by March 16.

Major shareholders in IJM include the Employees Provident Fund, Amanah Saham Nasional Bhd and Kumpulan Wang Persewaan.

Cheah said Sunway will proceed based on shareholder response, emphasising that the group remains disciplined in its strategic investments.

The IPO of Sunway Healthcare marks a key milestone for the group as it expands its healthcare footprint while Sunway continues to pursue broader growth opportunities across its core businesses.

Awasi gejala hipoglisemia ketika puasa



Serangan secara tiba-tiba mampu beri kesan serius fungsi otak, mengancam nyawa

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Hipoglisemia berlaku apabila paras gula dalam darah adalah rendah, lazimnya kurang daripada 3.9 milimol per liter (mmol/L).

Keadaan paras gula dalam darah yang terlalu rendah ini boleh berlaku secara tiba-tiba dan memberi kesan serius pada fungsi otak serta tubuh jika tidak ditangani segera.

Hipoglisemia lazimnya, berlaku dalam kalangan pesakit diabetes dan lebih cenderung terjadi ketika berpuasa kerana pesakit tidak makan atau minum dalam tempoh yang agak lama.

Pakar Perunding Perubatan Keluarga, UiTM Private Specialist Centre (UPSC), Datin Dr Haizlene Abd Halim, berkata pesakit diabetes menjadi golongan paling berisiko hipoglisemia berikutan pengambilan insulin atau ubat-ubatan tertentu seperti kumpulan sulfonyleurea.

"Ubat berkenaan bertindak menurunkan paras gula dalam darah. Apabila digabungkan dengan tempoh berpuasa yang panjang tanpa penyesuaian dos atau waktu pengambilan, risiko hipoglisemia menjadi lebih tinggi.

"Bagi individu tanpa diabetes, hipoglisemia jarang berlaku namun, ia masih boleh terjadi sekiranya seseorang tidak bersahur, bersahur terlalu awal, berpuasa dalam tempoh panjang atau melakukan aktiviti fizikal berat sehingga simpanan tenaga dalam badan semakin berkurangan," katanya ketika ditemui BH, baru-baru ini.

Dr Haizlene berkata, hipoglisemia mempunyai tanda amaran awal yang jelas, antaranya rasa menggeletar, berpeluh, berdebar-debar, rasa lapar melampau, pening dan lemah.

Jelasnya, gejala berkenaan sebenarnya mekanisme pertahanan badan yang memberi isyarat bahawa paras gula menurun ke tahap berbahaya.

"Justeru, sekiranya tanda-tanda ini diabaikan dan individu terus berpuasa tanpa mengambil sebarang tindakan, keadaan boleh menjadi lebih serius sehingga menyebabkan pengsan, sawan atau tidak sedarkan diri.

"Bagi pesakit diabetes, risiko hipoglisemia kebiasaannya meningkat selepas berpuasa bagi tempoh panjang, khususnya menjelang waktu berbuka.

"Pada ketika itu, simpanan tenaga dalam badan semakin berkurangan manakala kesan ubat mungkin masih berfungsi menurunkan paras gula.

"Selain itu, pesakit diabetes yang mempunyai kawalan gula tidak stabil atau kerap mengalami episod hipoglisemia sebelum Ramadan lebih berisiko kerana lama-kelamaan mereka tidak lagi merasai tanda awal hipoglisemia (*hypoglycemia unawareness*) kerana badan sudah terbiasa dengan paras gula rendah ataupun disebabkan komplikasi masalah saraf.

"Selain pesakit diabetes, golongan berisiko lain termasuk warga emas serta wanita hamil yang mengalami diabetes gestasi dan memerlukan rawatan insulin," katanya.

Pengambilan diet seimbang

Mengulas lanjut, Dr Haizlene menegaskan, sahur penting dalam mengekalkan kestabilan paras gula dan menu disediakan perlu seimbang dengan mengandungi karbohidrat kompleks, protein serta serat.

Jelasnya, karbohidrat kompleks membekalkan tenaga secara perlahan dan berpanjangan. Protein pula membantu memberikan rasa kenyang lebih lama manakala serat memperlambatkan penyerapan gula dalam darah, sekali gus mengelakkan kenaikan dan penurunan gula yang mendadak.

"Elakkan makanan dan minuman tinggi gula ringkas seperti air manis, kuli serta gula-gula kerana ia menyebabkan paras gula naik secara mendadak dan turun dengan cepat, menjadikan keadaan lebih tidak stabil.

"Pengambilan air yang mencukupi ketika sahur dan berbuka juga penting bagi mengelakkan dehidrasi. Sahur pula digalakkan untuk dilewatkan supaya tenaga dapat bertahan lebih lama sepanjang hari," katanya.

Dalam pada itu, beliau berkata, bagi pesakit diabetes yang risau puasa terjejas akibat hipoglisemia disarankan untuk berjumpa dengan doktor untuk menilai tahap kawalan gula dan berbincang mengenai kemungkinan penyesuaian dos atau waktu pengambilan ubat.

Menurutnya, ada keadaan doktor mungkin menukar waktu pengambilan ubat kepada waktu berbuka atau mengurangkan dos tertentu bagi mengurangkan risiko hipoglisemia.

Tindakan awal

Katanya, sepanjang berpuasa, aktiviti fizikal berat terutama dalam cuaca panas perlu dikurangkan dan bagi mereka yang bekerja dalam persekitaran mencabar, pengambilan sahur mencukupi dan hidrasi yang baik menjadi faktor utama mengurangkan risiko.

"Sekiranya terdapat tanda awal hipoglisemia, paras gula boleh diperiksa menggunakan glukometer di rumah. Jika bacaan menunjukkan paras gula kurang daripada 3.9mmol individu berkenaan perlu segera berbuka dengan mengambil kira-kira 15 gram gula atau karbohidrat ringkas, contohnya satu sudu besar madu atau lebih kurang 150-200 mililiter minuman manis seperti jus buah.

"Tunggu kira-kira 15 minit sebelum memeriksa semula paras gula dan jika gejala masih berterusan atau bacaan masih rendah, pengambilan minuman manis boleh diulang dan rawatan perubatan perlu segera diperoleh jika tiada perubahan," katanya.

Dr Haizlene berkata, walaupun kes hipoglisemia sehingga membawa maut jarang berlaku, risiko tetap ada jika keadaan dibiarkan berlarutan tanpa rawatan. Justeru, aspek keselamatan tidak boleh dikompromi.

Katanya, ada pesakit yang enggan membuka puasa walaupun

Risiko hipoglisemia bagi pesakit diabetes meningkat selepas berpuasa bagi tempoh panjang. (Foto hiasan)

sudah ada tanda hipoglisemia kerana 'sayang' apabila sudah berpuasa seharian.

Menurutnya, keadaan berkenaan boleh memudaratkan pesakit sedangkan Islam memberi kelonggaran untuk membuka puasa jika kesihatan tidak mengizinkan.

"Puasa boleh diganti apabila kesihatan mengizinkan selepas Ramadan, apa yang penting, kenali tanda hipoglisemia dan jangan abaikan kerana ia boleh mengancam nyawa," katanya.

info

Golongan berisiko mengalami hipoglisemia

- Pesakit diabetes adalah golongan paling berisiko, khususnya yang mengambil insulin atau ubat kumpulan *sulfonyleurea*
- Warga emas
- Wanita hamil dengan diabetes gestasi
- Individu yang tidak bersahur atau melakukan aktiviti fizikal berat ketika berpuasa

Panduan pemakanan pesakit diabetes ketika berpuasa bagi mengelakkan hipoglisemia

- Ketika sahur pastikan makanan seimbang merangkumi semua kumpulan makanan dengan sukatan dan jumlah pertukaran karbohidrat yang dicadangkan.
- Jangan melambatkan berbuka puasa.
- Ambil snek ketika minum malam.
- Minum air kosong secukupnya.
- Elakkan makanan masin untuk mencegah dehidrasi.
- Elakkan makanan manis
- Hadkan makanan berminyak dan bergoreng kerana tinggi kandungan lemak.
- Ambil ubat-ubatan dan insulin seperti diarahkan oleh doktor.

Sumber KKM



Rawatan kecemasan, masa emas penentu hidup atau mati

Satu jam pertama selamatkan nyawa, stabilkan pesakit sebelum rawatan

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Setiap hari kita membaca berita kemalangan jalan raya, runtuh bangunan atau kejadian tragis yang meragut nyawa. Namun ramai tidak sedar, dalam dunia perubatan kecemasan, ada satu tempoh kritikal dipanggil *golden hour* iaitu satu jam pertama selepas kemalangan atau kecederaan serius.

Dalam tempoh inilah, tindakan pantas boleh membezakan antara hidup, kecacatan kekal atau kematian. Menurut Pakar Perubatan Kecemasan, Hospital Sultan Abdul Aziz Shah, Universiti Putra Malaysia, Dr Norhayati Mohamad Amin, rawatan kecemasan awal ialah rawatan perubatan yang diberikan secepat mungkin, sama ada di tempat kejadian, dalam ambulans atau sebaik pesakit tiba di Jabatan Kecemasan.

Beliau berkata, fokus utamanya bukan untuk merawat semua kecederaan kecil, tetapi menyelamatkan nyawa, mencegah keadaan menjadi lebih teruk dan menstabilkan pesakit sebelum rawatan lanjut seperti pembedahan atau rawatan rapi.

"Dalam perubatan kecemasan, doktor menggunakan pendekatan keutamaan yang digelar ABC iaitu *Airway, Breathing, Circulation*.

"Pertama, pastikan saluran pernafasan tidak tersumbat. Kedua, pastikan pesakit boleh bernafas dengan baik dan mendapat oksigen mencukupi manakala ketiga, pastikan peredaran darah stabil dan tiada pendarahan besar.

"Jika salah satu daripada perkara asas ini gagal, nyawa boleh hilang dalam beberapa minit sahaja. Selepas itu, tumpuan diberikan kepada menghentikan pendarahan dan mencegah kejutan atau *shock*," katanya.

Menurut Dr Norhayati, ramai tidak tahu bahawa seseorang boleh kelihatan sedar dan masih bercakap, tetapi sebenarnya sedang kehilangan darah di dalam badan.



“Ramai tidak tahu bahawa seseorang boleh kelihatan sedar dan masih bercakap, tetapi sebenarnya sedang kehilangan darah di dalam badan”

Dr Norhayati Mohamad Amin



Keputusan, tindakan segera

Beliau berkata, secara klinikal, kehilangan sekitar 30 hingga 40 peratus darah sudah cukup untuk menyebabkan jantung gagal mengepam darah ke otak dan organ penting, lalu membawa kepada kegagalan organ dan kematian.

"Dalam kemalangan berimpak tinggi, otak dan tulang belakang juga dianggap berisiko cedera. Sebab itu mangsa tidak boleh digerakkan sevenang-wenangnyanya.

"Di hospital, pesakit akan dipakaikan cervical collar dan diimobilisasi bagi mengelakkan kecederaan saraf menjadi lebih teruk serta menyebabkan lumpuh kekal.

"Selain itu, doktor akan berusaha mengenal pasti kecederaan dalaman yang mengancam nyawa seperti pendarahan di dada atau perut, paru-paru bocor, organ dalaman pecah atau kecederaan otak serius," katanya.

Beliau berkata, pemeriksaan pantas menggunakan imbasan X-ray, Ultrasonografi (*ultrasound*) kecemasan atau Imbasan Tomografi Komputer (CT scan) dilakukan bukan untuk diagnosis terperinci, tetapi untuk membuat keputusan segera, sama ada pesakit perlu dibawa ke bilik bedah, ke unit rawatan rapi (ICU) atau distabilkan terlebih dahulu.

Inilah sebab katanya, mengapa *golden hour* sangat penting. Dalam tempoh ini, masalah utama boleh dirawat sebelum berlaku kerosakan organ yang kekal.

"Jika rawatan lambat, keadaan pesakit boleh merosot dengan cepat walaupun kecederaan asal kelihatan tidak begitu teruk.

"Apabila pesakit tiba di zon kecema-

Tindakan rawatan kecemasan boleh menyelamatkan nyawa atau mengelakkan kecacatan kekal. (Foto hiasan)

san, tiga perkara utama akan diperiksa terlebih dahulu iaitu pernafasan, peredaran darah dan tahap kesedaran.

"Ringkasnya, doktor mahu memastikan pesakit masih boleh bernafas, darah masih mengalir dengan baik dan otak masih berfungsi," jelasnya.

Dr Norhayati berkata, jika orang awam tiba dahulu di tempat kejadian, perkara paling penting ialah memastikan keselamatan diri dan mangsa serta mencegah keadaan mangsa menjadi lebih teruk sementara menunggu bantuan.

Seterusnya, periksa sama ada mangsa sedar dan bernafas. Jika tidak bernafas dan individu itu terlatih, mulakan resusitasi kardiopulmonari (CPR).

"Jika bernafas, jangan gerakkan mangsa kecuali jika ada bahaya seperti kebakaran atau risiko dilanggar kenderaan lain.

"Jika terdapat pendarahan yang jelas kelihatan, tekan luka dengan kuat menggunakan kain bersih atau tangan jika perlu. Mengawal pendarahan awal boleh menyelamatkan nyawa sebelum ambulans tiba.

"Paling penting, hubungi talian 999 secepat mungkin dengan maklumat lokasi dan keadaan mangsa," katanya.

Perkara perlu dielakkan

Pada masa sama, ada beberapa perkara yang tidak patut dilakukan. Ia termasuk, jangan mengangkat atau menggerakkan mangsa sesuka hati. Jangan berikan makanan atau

minuman kepadanya.

Selain itu, jangan cuba meluruskan tulang yang kelihatan bengkok atau menyapu minyak, ubat tradisional atau bahan lain pada luka kerana ia boleh membawa kuman, merosakkan tisu dan menyukarkan rawatan doktor.

Tambahnya, minyak atau bahan likat boleh menutup pendarahan sebenar, kedalaman luka dan tisu yang rosak menyebabkan rawatan lewat atau tidak tepat.

Jelasnya, ada bahan yang bersifat panas, asid atau tidak sesuai untuk tisu manusia, lalu melambatkan penyembuhan atau menyebabkan parut teruk.

Dr Norhayati berkata, satu lagi perkara penting yang orang awam perlu faham ialah tidak semua kecederaan serius kelihatan di luar. Ramai mangsa kemalangan

nampak 'baik-baik sahaja', tetapi sebenarnya mengalami pendarahan dalaman atau kecederaan otak.

"Badan manusia boleh 'mengompensasi' buat sementara waktu, sebelum tiba-tiba keadaan merosot dengan mendadak. Antara tanda amaran yang perlu diperhatikan ialah perubahan kesedaran, sakit kepala teruk, muntah berulang, penglihatan kabur, kelemahan sebelah badan, kulit pucat dan sejuk, atau nadi yang laju.

"Jika ada tanda-tanda ini, anggap ia sebagai kecemasan perubatan. Di hospital, luka besar atau luka dalam akan dinilai sama ada perlu dijahit, dibedah atau diberi rawatan khas.

"Luka yang tidak dirawat dengan betul boleh menyebabkan pendarahan berterusan, jangkitan, kerosakan tisu dan kecacatan kekal," katanya.

Dalam kes tertentu, beliau berkata pesakit perlu diberi antibiotik dan suntikan tetanus bagi mencegah jangkitan yang boleh membawa maut seperti sepsis atau penyakit kancing gigi.

"Ilmu pertolongan cemas mungkin kelihatan asas, tetapi dalam beberapa minit pertama yang kritikal, tindakan mudah inilah yang boleh menyelamatkan nyawa dan mengelakkan kecacatan kekal.

"Sesiapa sahaja boleh menjadi orang pertama di tempat kejadian dan pada saat itu, ilmu yang ada di tangan anda yang boleh menjadi pemisah antara hidup dan mati," kata Dr Norhayati.

info

Kecelakaan yang menjadi fokus utama bagi memulakan rawatan

- Pendarahan dalaman di dada atau abdomen
- Paru-paru bocor
- Organ dalaman pecah
- Kecelakaan otak serius

Langkah penting jika berdepan situasi kemalangan serius

- 1 Pastikan mangsa boleh bernafas dan masih hidup
- 2 Hentikan pendarahan yang jelas kelihatan
- 3 Jangan gerakkan mangsa dan hubungi ambulans segera