Community Awareness Campaign Report [Semester 6]

- Group Number: C3,C4
- Contact Person (for follow-up): Reem Mohamed Ahmed (01508168025)
- **Title of Health Issue Covered:** Liver Donation: A Gift That Grows (Living Donor Liver Transplantation)
- Key Messages Delivered to the Public:
- 1. The liver has a unique ability to regenerate after donation
- 2. Conditions where liver transplantation may be the only treatment option
- 3. Life after liver transplantation for both donors and recipients
- 4. How donor safety is ensured throughout the process
- 5. The criteria for being a living liver donor

Campaign Locations:

Location & date	Why chosen?	Estimated number of people reached	Type of audience (e.g. children, elderly, general public)
8/4/25 – faculty of medicine campus	To raise awareness among future medical professionals	175	University students (various faculties)
10/4/25 - GWSC	To educate the general public (potential donors or patients)	250	General public
8/4/25 – Mansoura college schools	To educate younger generations early	150	High school students

Materials and Methods Used:

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 Educational Materials Used (e.g., brochures, posters, infographics): 	Poster (in Arabic) - summarizing the main points we wanted to convey through our campaign
miographics).	Banner (in Arabic) - showing the common symptoms of liver disease
	Brochures (in English and Arabic) - as a hand booklet for the audience to learn more about living liver donation, including some of the frequently asked questions
Interactive Tools	An anatomical liver model games and
• (e.g., models, videos, games,	
giveaways):	activities:
	 'liverdle' (wordle) a wordplay that allowed us to talk in depth with people by defining the words and how they relate to our campaign Myth or fact game Connecting lives puzzle Hepatic hunt a word search (also giving us an opportunity to explain information in a fun engaging way) Spot the liver Face painting, darts, bowling liver themed, coloring, pages and other games for the younger audiences at GWSC Stickers and giveaway gifts like sweets, balloons, sharpeners, pencils, etc.

	QR code for our IG page for people who could not stay for a full explanation
 Approach Used to Communicate 	Our approach was a one on one discussion with the
• (e.g., one-to-one discussion, group	attendees. We had a group of us engaging passers-by by
sessions):	handing out brochures and inviting them to our stand and
	other team members managing different sections:
	information, games, and stand activities
• Language/Style Adaptations Made	We use simplified medical language for non- medical students
for the Target Audience:	and the general public.
	We further simplified concepts and highlighted
	key points when addressing school-aged children to
	make it easier for them to understand and retain the
	important points.
	Overall, we tailored our tone and depth of explanation based
	on our audiences background.

Observations and Feedback

Public Reaction and Engagement:

We had a great public reaction and a highly positive engagement. The audience took the information seriously and they showed eagerness to learn more.

Any Questions Frequently Asked by the Audience:

There were a lot of questions, but the ones that were repeated the most were:

- How long does it take for the liver to regenerate?
- Will donors need lifelong medications after donating?
- How can I know if I'm eligible for transplantation?
- Why do recipients need lifelong immunosuppression and can they ever stop it?
- If the liver regenerates can a person donate more than once?

Feedback Received (if any):

Many expressed that they learned new and surprising information, especially about liver regeneration, and a lot were unaware of liver transplantation as a treatment option in the first place!

We had compliments about the clarity, the organization, the games and engaging material we had for our campaign.

Challenges Faced:

Any Logistical, Communication, or Public Engagement Challenges:

The main challenge in our campaign at the faculty of Medicine was the limited time due to the lecture schedules that required fast paced engagement with the audience.

At the GWSC campaign, there were large crowds at times making it difficult to interact deeply with every individual.

How the Group Managed or Adapted to These Challenges:

We conducted small group discussions with 2 to 3 people at a time when we were overcrowded. We divided responsibilities among team members for efficient crowd management, and we maintained strong teamwork and efficiency to maximize outreach.

Lessons Learned

What the Group Learned from the Campaign:

We learned a lot from the campaigns: it improved our skills and teamwork, time management and public communication. We learned how to adapt medical information to different audience levels. We balanced campaign activities with academic responsibilities in an efficient way, and we gained experience in organizing health campaigns and responding to public curiosity and questions.

Suggestions for Improvement in Future Campaigns:

- Choose timings for the on-ground campaign that do not interfere with our lectures.
- Create a quick easy to share QR code link for people who cannot stay for a full explanation.
- Include short interactive talks, for example, a micro-presentation to reach larger groups at a time when needed

Visual Documentation:

Attach 2–4 Photos from the Campaign (with captions):



One campaign, Three destinations

A glimpse of our group across all three campaign locations - from the faculty of medicine to GWSC and finally to Mansoura College schools.



Moments worth framing

Attendees engaging with our campaign's photo frame, capturing both smiles and awareness.



One-on-one interactions

Personalized conversations and action, our team members engaging directly with an attendee, simplifying medical information and planting seeds of awareness.



Awareness meets joy

From face painting to fun games, our interactions with children were the highlight of the day at GWSC.

Attach the soft copy of the brochures used in your campaigns.



أِحد أكثر الأسباب شيوعًا، ويحدث نتيجة أمراض مثل: التهاب الكبد الفيروسي В أو С و مرض الكبد الدهني غير الكحولي (NĀFLD)

• <u>أمراض الكبد الوراثية:</u> بعض الأشخاص يولدون بحالات تؤثر على وظائف الكبد مثل داء ويلسون (تراكم وظائف الكبد مثل داء ويلسون (تراكم النحاس في الكبد)و نقص إنزيم Alpha-1 Antitrypsin

عندما لا يمكن علاج سرطان الكبد (HCC) بطرق أخرى مثل الجراحة أو العلاج الكيميائي.

حالة خطيرة تحدث فجأة بسبب الالتهابات الفيروسية الشديدة أو التسمم الدوائي مثل الجرعات الزائدة من الباراسيتامول أو أمراض مناعية ذاتية تهاجم الكبد

• <u>أمراض الكبد عند الأطفال:</u> مثل رتق القنوات الصفراوية، وهو اضطراب نادر يؤدي إلى انسداد القنوات الصفراوية ويؤثر على الأطفال حديثي الولادة.

أعراض أمراض الكبد

• يمكن أن تتطور أمراض الكبد بشكل تدريجي أو مفاجئ، وتشمل الأعراض الشائعة:

<u>أعراض مبكرة</u>:

- الشعور بالتعب والإرهاق المستمر
- فقدان الشهية ونقص الوزن غير المبرر • الغثيان والقيء بلا سبب واضح
- ألم أو انتفاخ في البطن العلوي الأيمن



<u>اَعراض متقدمة:</u>

- اصفرار الجلد والعينين (اليرقان)
- تورم في البطن والساقين بسبب احتباس
 - حكة شديدة في الجلد
 - سهولة النزيف أو ظهور كدمات بدون
 - تغير لون البول إلى الداكن والبراز إلى

اضطرابات عقلية أو ارتباك بسبب تراكم السموم في الدم







الأسئلة الشائعة

ما هي المخاطر المحتملة للمتبرع؟

كأي عملية جراحية، هناك بعض المخاطر مثل الألم بعد الجراحة أو مضاعفات نادرة، ولكن بفضل الفحوصات الدقيقة والرعاية الطبية المتقدمة، تكون نسبة الأمان عالية جداً

هل يحتاج المتبرع إلى تغيير نمط حياته بعد الجراحة؟ لا يحتاج المتبرع إلى تغييرات كبيرة، لكنه يُنصح باتباع نمط حياة صحي، مثل تناول طعام متوازن، وممارسة النشاط البدني، والامتناع عن التدخين والكحول

هل يمكن للمتبرع التراجع عن قراره بعد الموافقة؟ نعم، التبرع بالكبد قرار تطوعي بالكامل، ويمكن للمتبرع التراجع عنه في أي وقت قبل الجراحة دون أي التزامات

هل يمكن أن يتبرع شخص سبق أن أجرى عملية

يعتمد ذلك على نوع الجراحة التي خضع لها المتبرع سابقًا، وسيتم تقييم حالته الصحية بشكل دقيق من قبل الأطباء لتحديد مدى أهليته للتبرع

هل التبرع بالكبد يؤثر على متوسط عمر المتبرع؟ لا، الدراسات الطبية أثبتت أن المتبرعين يعيشون حياة طبيعية وصحية، دون تأثير سلبي على متوسط العمر أو جودة الحياة

هل يحتاج المتبرع إلى تناول أدوية مدى الحياة؟ لا، المتبرع لا يحتاج إلى أي أدوية دائمة بعد الجراحة، باستثناء الأدوية الموصوفة لفترة التعافي فقط

كم نسبة نجاح زراعة الكبد من متبرع حي؟ سبة النجاح مرتفعة جدًا، خاصةً عند اختيار المتبرعين وفق المعايير الطبية الدقيقة

هل التبرع بالكبد آمن؟

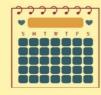
نعم! سلامة المتبرع هي الهدف الأساسي في عملية زرع الكبد. إليك كيف نضمن ذلك:

- فحوصات طبية دقيقة قبل التبرع
 تقنيات جراحية متقدمة لتقليل المخاطر
- مراقبة مستمرة ورعاية طبية بعد الجراحة



الجدول الزمني للتعاف

- إقامة في المستشفى: 5-7 أيام
 العودة إلى الأنشطة الخفيفة: 4-6 أسابيع
 - التعافي الكامل: 2-3 أشهر





ُما هي زراعة الكبد من متبرع حی؟

التبرع بالكبد من متبرع حي هو إجراء طبي متقدم يسمح لشخص سليم بالتبرع بجزء من كبده لمريض يحتاج إلى زراعة كبد

الكبد يتجدد طبيعيًا، مما يسمح للمتبرع بالحصول على كبد يعمل بشكل كامل خلال أشهر

من هو المؤهل

- - لديك كبد صحي بحجم مناسب
 مستعد للتبرع طوعًا





A Gift That Grows



Be the root of someone's new beginning



@liver_donation

Symptoms of liver disease

Liver disease can develop gradually or suddenly. Common symptoms include: **Early Symptoms:**

- Persistent fatigue and weakness
- · Loss of appetite and unintentional weight loss
- Nausea or vomiting without a clear
- · Pain or discomfort in the upper right abdomen



Advanced Symptoms:

- Yellowing of the skin and eyes (jaundice)
- · Abdominal swelling and leg/ankle swelling due to fluid buildup
- Intense itching
- · Easy bruising or unexplained bleeding
- Dark-colored urine and pale-colored
- Mental confusion or behavioral changes due to toxin buildup in the

Some symptoms may appear too late! Earl testing is important



Who Needs a Liver Transplant?

Liver transplant is needed when the liver fails to perform its vital functions. Main causes include:

• Liver Cirrhosis:

One of the most common causes, often due to chronic hepatitis B or C, or nonalcoholic fatty liver disease (NAFLD).

• Genetic Liver Diseases:

Conditions people are born with that affect liver function, such as Wilson's disease (copper buildup) or Alpha-1 Antitrypsin deficiency.

Liver Cancer (HCC):

When the cancer can't be treated with surgery or chemotherapy alone.

Acute Liver Failure:

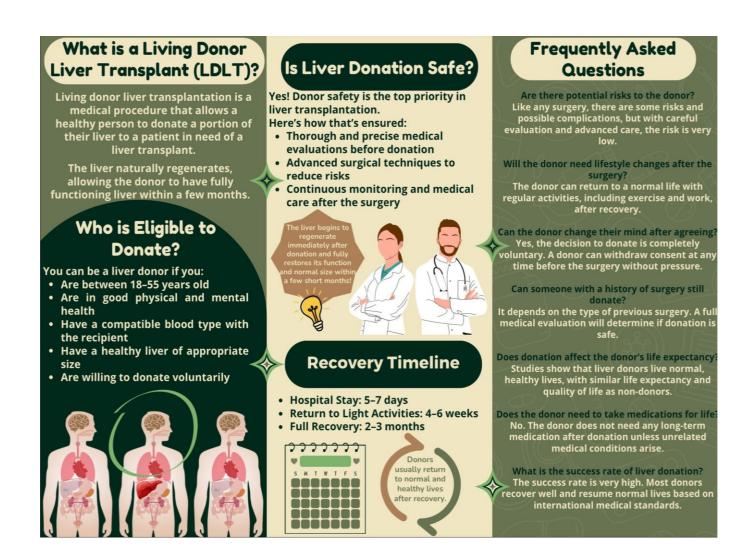
A sudden condition caused by viral hepatitis, drug overdose (e.g. paracetamol), or autoimmune liver disease.

Pediatric Liver Disorders:

Rare but serious, like biliary atresia (a blocked bile duct), which affects infants shortly after birth.







This Community Awareness Campaign was prepared & reported by a student team of the Class of 2027, under the supervision of Dr Hosam Hamed (Semester 6 Chief Tutor), Prof. Rafik Barakat (Phase 2 Director), and Prof. Ahmed Negm (MMPME Program Director).

Prof Rafik Barakat

Phase 2 Director

Prof Ahmed Negm

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