



COPD : Chronic Obstructive Pulmonary Disease

It is an inflammatory disease leading to the long-term, partial obstruction of the lungs that doesn't go away.

This narrows the air tubes, hindering the passage of air in and out of the lungs.

Chronic Bronchitis: Involves inflammation of the airway lining, characterized by a daily cough and mucus (sputum) production.

Emphysema: Involves the destruction of the alveoli (at the end of the smallest air passages) due to cigarette smoke and other irritants.

Causes & Risk Factors :

- ✓ **Smoking:** Active smoking and passive smoking (second-hand smoke).
- ✓ **Environmental/Occupational Exposure:** Long-term exposure to burning fumes, dust, and smoke from coal mines, and irritants from industries like chemicals, textiles, cement, and jewellery electro-plating.
- ✓ **Other Factors:** Asthma and, rarely, a genetic predisposition.

Symptoms :

The most common symptoms include:

Lungs: Cough, shortness of breath, wheezing, and chest tightness.

Systemic: Tiredness and weight loss.

Ankles: Swelling (often due to secondary heart failure).

Symptoms are most common in people older than 40.

Bluish lips or fingers in severe cases

NOVEMBER IS
NATIONAL
COPD
AWARENESS MONTH



Diagnosis :

History: Detailed history of smoking or prolonged exposure to other irritants.

Physical Examination.

Lung (Pulmonary) Function Tests:

Spirometry, Maximum ventilation volume (MVV), slow vital capacity (SVC), and forced vital capacity (FVC).

Imaging: Chest X-ray and CT scan.

Blood Analysis: Arterial blood gas analysis.

Lab Tests: To detect genetic disorders.

Complications :

- **COPD** can lead to several serious complications:
- **Infections:** Respiratory infections such as colds, flu, and pneumonia.
- **Heart Problems:** Increased risk of heart disease, including heart attack.
- **Pulmonary Hypertension:** High blood pressure in the lung arteries.
- **Cancer:** Increased risk of lung cancer.
- **Mental Health:** Depression due to difficulty breathing and inability to perform daily activities.

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- **COPD** is chronic but manageable
 - Early diagnosis and regular treatment improve quality of life
 - Quitting smoking and following doctor's advice are most important

Treatment :

- While COPD cannot be cured, it is treatable, and many options are available to improve the quality of life:
- **Medication:** Bronchodilators and steroids (oral and inhaled) to widen airways and reduce swelling.
- **Lung Therapies:** Oxygen therapy and pulmonary rehabilitation programs, including breathing techniques like pursed-lip breathing and diaphragmatic breathing.
- **Surgery (for severe emphysema):** Lung volume reduction surgery, bullectomy, or lung transplant.
- **Lifestyle Changes:** Avoid smoking and lung irritants, exercise regularly, and eat a proper, healthy diet.
- **Vaccines:** Flu and pneumococcal vaccines may be needed yearly, as clearing bacteria and pollutants from the lungs is difficult for **COPD** patients.

Prevention :

- To prevent COPD, it is essential to:
- Never smoke and avoid smoke (passive smoking).
- Protect yourself from occupational exposure to lung irritants.
- Note on Smoking Cessation: Quitting smoking provides a double benefit, dramatically reducing the risk of a heart attack (MI) and increasing life expectancy. It's never too late to quit.



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