

SINGAPORE Health

THE FLAGSHIP PUBLICATION OF THE SINGHEALTH DUKE-NUS ACADEMIC MEDICAL CENTRE

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IN FOCUS



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Stopping antibiotic use early is safe for some

HEALTHWATCH



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Care beyond hospital walls

A new community-based nursing programme tackles problems of the elderly, empowering them to live safely and well in their own homes

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Counting down to 2021

The history of Singapore General Hospital (SGH) is the history of medicine in Singapore. The first general hospital for British troops was established in Singapore in 1819, but it was only in 1821 that it began serving the general populace — marking the true beginnings of SGH. As the countdown to SGH's bicentennial begins, *Singapore Health* will present snapshots showing changes in medicine and its various disciplines in the past 200 years.

Constantly advancing

Since its inception, SGH's O&G department has been constantly looking for ways to make care of women safer and better.

by Associate Professor Tan Lay Kok, Senior Consultant, Department of Obstetrics and Gynaecology



Photo: SGH

Singapore General Hospital's (SGH) Department of Obstetrics and Gynaecology (O&G) may only have been formed in 1986, around the time when the various high-rise blocks were erected to form the restructured SGH. But its role in caring for women and providing maternity services goes much further back.

Indeed, it was in 1865 that the first female patients were hospitalised at SGH — five years after the hospital had moved for the fifth time to the Kandang Kerbau district — for gynaecological complaints and childbirth. As demand for O&G services increased, special postgraduate courses in obstetrics were offered to medical officers for the first time in 1934. It was only in 1946 when the maternity wing was closed following World War II that O&G patients were seen at the Kandang Kerbau Hospital (renamed as KK Women's and Children's Hospital). This continued till 1986 when O&G returned to SGH.

Once it was set up, the department hit the ground running. As part of Singapore's flagship general hospital, the department under its first head, Professor Charles Ng, introduced state-of-the-art facilities and services, such

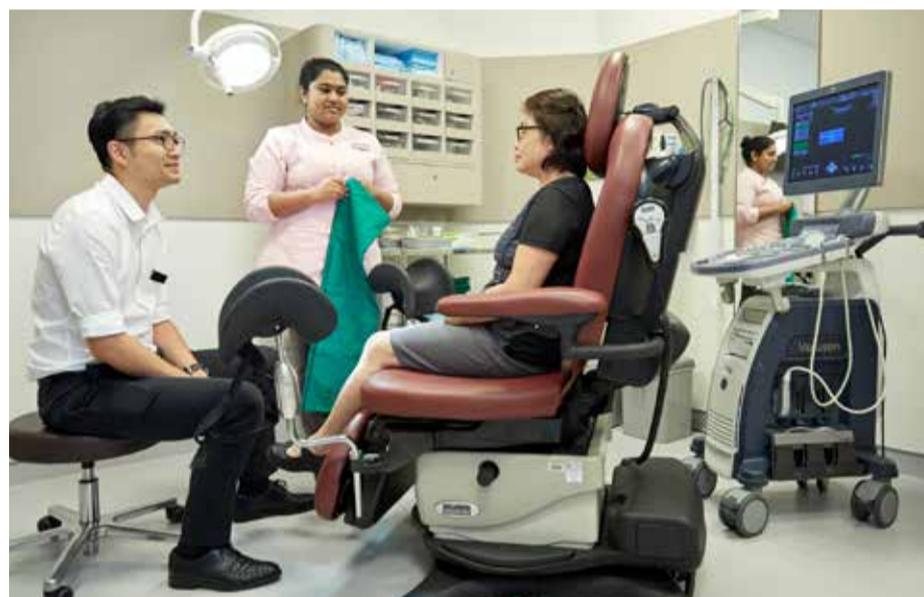


Photo: Vernon Wong

» Unlike early maternity clinics (left), consultation rooms of today boast the latest facilities. In the mock-up (above), the patient can be moved to different positions in the state-of-the-art examination chair to be scanned, checked, and then consulted with her doctor after.

as continuous foetal monitoring during labour, ultrasound scanning, and endoscopic or keyhole surgery. O&G was the first SGH department to perform keyhole surgeries, with those skills later taught to general surgeons.

Good antenatal care brought down the number of obstetrics-related emergencies at the time, and over the years, research and technological advances enabled pregnancies to become even safer. The department's latest initiative is its Centre for High-Risk Pregnancies (CHiRP) for women with existing complex conditions. They are looked after closely throughout their pregnancy by a team that includes not just their obstetrician, but also cardiologist, rheumatologist, endocrinologist, or haematologist, depending on the condition.

For instance, women with diabetes must be extra vigilant with their blood sugar control. Otherwise, they may suffer a miscarriage, premature delivery, or even stillbirth. Those with a heart condition may not even survive their pregnancies if not cared for carefully.

As the specialists are operating within SGH or SingHealth's national centres on SGH Campus, they see these high-risk patients jointly at the one-stop CHiRP. Patients avoid making several trips to see different specialists. More importantly, the specialists have a common

understanding of the patient's status as they are in constant communication, and can respond quickly to any critical changes.

Apart from CHiRP, the department also offers other multidisciplinary services. Jointly run by urogynaecologists, urologists, and colorectal surgeons, the SGH Pelvic Floor Disorder Service helps women with urinary incontinence and pelvic floor dysfunction, such as urogenital prolapse and post-hysterectomy vaginal vault prolapse.

Another is its Centre for Assisted Reproduction (CARE) for both men and women with fertility problems. The team of in-vitro fertilisation (IVF)-accredited specialists, nurses, embryologists, and sonographers work together to offer cutting-edge medicine for the patients' fertility and IVF journey. Fertility preservation methods, including storage services for semen, oocytes, embryos, and ovarian tissue, are available for patients about to undergo treatment that may affect their fertility, such as chemotherapy.

Research, not surprisingly, forms the cornerstone of the department's work. Studies include cervical cancer detection and treatment, the use of acupuncture in fertility treatment, ovarian transplant in women undergoing chemotherapy, and the increased risks of multiple Caesarean deliveries.

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Photos: Vernon Wong

»»» During home visits, Community Nurses Ms Jovin Ang (left) and Ms Yiong Li Lin check Mr Leong Hoong Tan's blood pressure, while his sister, Mdm Leong Yoke Hing, looks on.

»»» (Clockwise from left) Ms Julian Lee, Ms Ang and Ms Lim Yi Wen, are part of the GSH team, a community-based initiative targeting frail seniors.



The over-65s club

The Geriatric Services Hub is a new community initiative to help the frail elderly age safely.

by Eveline Gan

Despite having severe constipation and intense abdominal pain for almost a week, 78-year-old Mr Leong Hoong Tat was too afraid of hospitals to go to emergency services for treatment.

But his assigned community nurses were able to coax him to have his condition — faecal impaction — seen to, thanks to the strong bond and friendship that they had built up with him.

“His daughter tried asking him to go to the Emergency Department but he refused. After I explained to him the dangers of faecal impaction, I managed to convince him,” said Ms Jovin Ang, Senior Staff Nurse (Community Nurse), RHS – Community Nursing, Singapore General Hospital (SGH).

Ms Ang is also the Nurse Lead for Geriatric Services Hub (GSH), a new initiative under SGH's Population Health and Integrated Care Office's (PHICO) community-based nursing programme, and funded by the Ministry of Health's (MOH) Health Services Development Programme.

GSH places SGH nurses in neighbourhood Senior Activity Centres and Family Service Centres. They keep an eye on residents' health, and help them with issues such as medication and healthcare appointments.

Since 2018, the community nurses have become a popular fixture in the Bukit Merah, Telok Blangah, Chinatown, and Tiong Bahru neighbourhoods, caring for the health and well-being of residents as part of SingHealth's efforts to strengthen community care beyond hospital walls. The GSH initiative, which began in

2019, is more focused, actively identifying and enrolling people who are at least 65 years of age and are moderately frail.

A resident on GSH gets up to three funded consultations, including a comprehensive geriatric assessment to determine his physical and cognitive status. Then the team designs a care plan that considers his needs. This typically includes a home-based exercise programme to enhance balance and strength; advice on nutrition, home safety, and lifestyle; and referrals to health and social care services in the community.

“GSH fills an existing gap for frail seniors in the community. This group of elderly often have complex medical conditions or geriatric syndromes, and are at risk of falls, disability, and hospitalisation.”

Ms Julian Lee
Nurse Clinician, Speciality Nursing (Geriatric Medicine),
Singapore General Hospital



Ms Ang came up with an emergency phone number chart, which includes the contact numbers of family members and service providers, in large fonts. Mr Leong and Mdm Leong can easily call these people when they have to urgently reach them.

A referral may be made to day care, day rehabilitation services, or an appropriate specialist if needed.

"GSH fills an existing gap for frail seniors in the community. Frail seniors often have complex medical conditions or geriatric syndromes, and are at risk of falls, disability, and hospitalisation," said Ms Julian Lee, Nurse Clinician, Speciality Nursing (Geriatric Medicine), SGH. She is part of the GSH team that also includes six geriatric-trained community nurses, a family medicine doctor, a physiotherapist, and an occupational therapist.

"Identifying frail seniors early and providing prompt intervention can result in better functional status and health outcomes. The GSH ensures that seniors receive proper health and social care in the community so that they can continue to stay in place and age gracefully in the comfort of their neighbourhoods," Ms Lee added.

Community partners

Social and health issues faced by the elderly are closely linked, said Mr Alan Yong, Care Manager, NTUC Health. He is part of the care management team that serves about 300 seniors living in Bukit Merah.

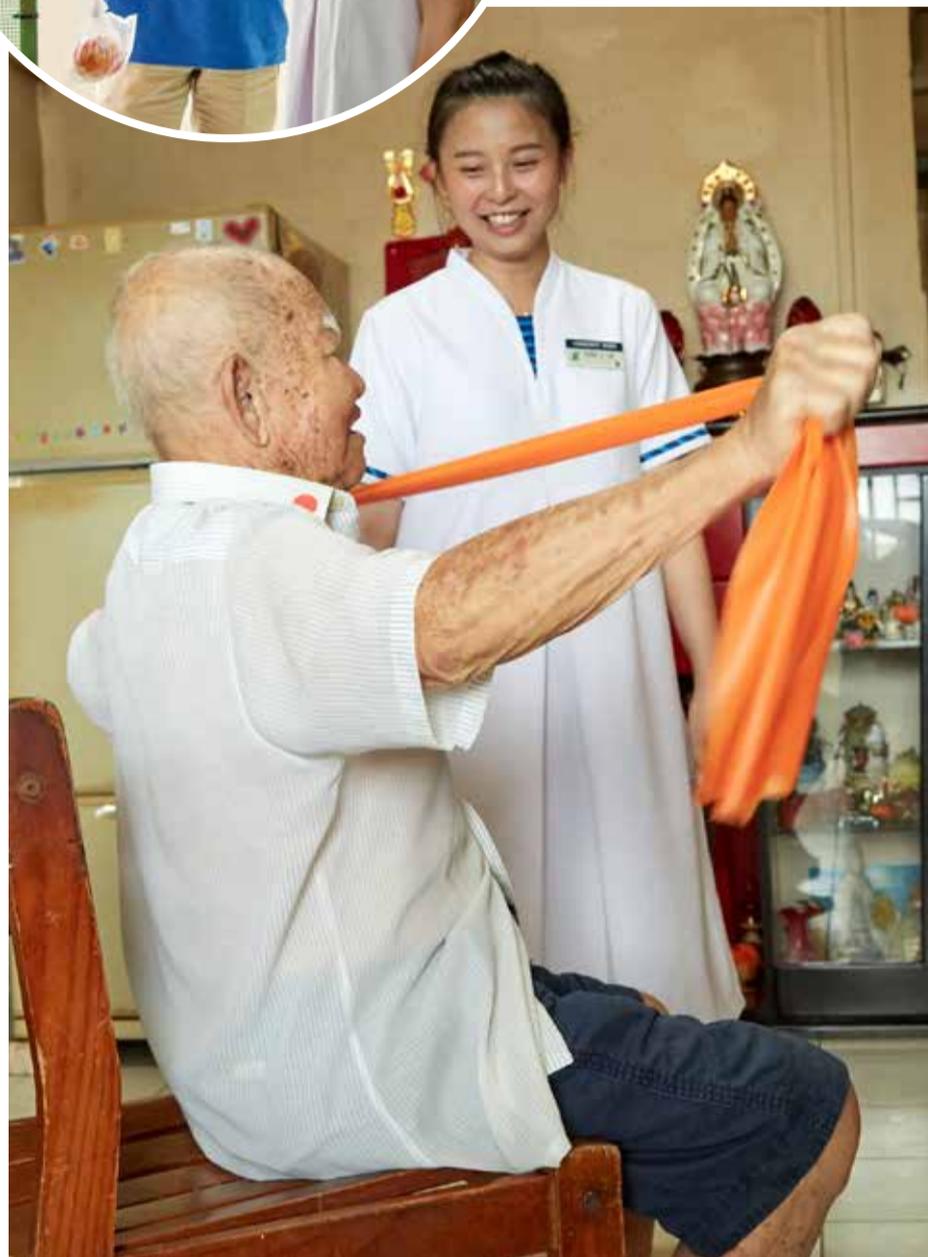
"Seniors are referred to us for help with daily living or medicine compliance. For instance, they can become socially isolated after a fall at home," said Mr Yong. To help them live independently, the team offers all-rounded care, including connecting them to financial assistance and welfare services. The team also shares information about the elderly with GSH to better care for them in the community.

Under the programme, Ms Ang checks in regularly on Mr Leong in his one-bedroom rental flat at Bukit Merah. It was on one of her regular visits that Ms Ang noticed his symptoms. X-rays confirmed a mass of hard, dry stools had become stuck in his colon. Left alone, complications, such as dehydration, agitation and delirium, can occur.

Mr Leong has children but lived alone until his sister, Mdm Leong Yoke Hing, moved in last year to provide support. In her late 60s, she also suffers from various ailments, including knee osteoarthritis. Like her brother, Mdm Leong has grown very fond of Ms Ang and the other community nurses.



The GSH partners Thye Hua Kwan Moral Society to provide elderly residents with nutritious meals through a food delivery service called Meals-on-Wheels.



Mr Kwan Ah San (above, with Ms Yiong) exercises safely at home.

"They don't treat us like patients, but like friends and loved ones. I feel that they have a lot of patience, love, and respect for the elderly," said Mdm Leong.

Mr Kwan Ah San, a Bukit Merah resident with diabetes and kidney ailment, is another GSH beneficiary. After a fall last year, the GSH team drew up an exercise plan to improve the 88-year-old's balance and strength. Since then, Mr Kwan has not had another fall.

Mr Kwan, who exercises at least five times a week, said: "The exercises have helped with my leg weakness and cramps. I feel stronger now."

An estimated 18 per cent of Singapore's population aged 65 years and above are living in the south-east region. Together with partners like NTUC, the GSH programme hopes to support up to 2,250 seniors in the region. It has enrolled more than 200 seniors.

Another community partner that the GSH team works with

is Thye Hua Kwan Moral Society (THK), which provides residents like the Leong siblings with nutritious meals through its Meals-on-Wheels service. The Leongs also use THK's weekly home cleaning service.

Not many residents or their families are aware of services like Meals-on-Wheels. Before the service was offered to a 78-year-old woman, her daughter had to deliver food to her every day. The elderly resident, who suffers from depression, anxiety and severe eczema, refuses to leave her home and has not seen a doctor for years.

The team also referred her to a home care medical service to manage her skin and mental health problems, and an occupational therapist to sort out her balance issues, said Ms Ang. "[The daughter] did not know of such services for seniors, but felt that her mother is now being better cared for under the GSH initiative," Ms Ang said.



GSH target group

- At least 65 years old
- Mildly frail: need help for daily activities, such as housework and taking medication
- Moderately frail: need help to bathe or get dressed, or when outside the home
- Severely frail: in stable medical condition but are completely dependent on others for most activities

- Live in Bukit Merah, Tiong Bahru, Telok Blangah, or Chinatown

For more information on the GSH programme, call 6377 8503 or email community.integration@sgh.com.sg.

Staying active with a baby bump

New guidelines allow mothers-to-be to experience a healthy pregnancy without giving up on exercise.

by Annie Tan



➤➤➤ According to Professor Tan Kok Hian, regular physical activity during pregnancy enhances physical and mental health, and prevents adverse outcomes for mum and baby.

Most pregnant Singaporean women do not exercise enough, despite far-reaching benefits, said the Exercise in Pregnancy Committee, which comprises key members from the Integrated Platform for Research in Advancing Metabolic Health Outcomes in Women and Children (IPRAMHO), led by KK Women's and Children's Hospital (KKH) and in partnership with SingHealth Polyclinics, National Healthcare Group Polyclinics, as well as various medical societies.

"Research shows that regular physical activity during pregnancy improves physical fitness, and is associated with greater health benefits and enhances mental health. Importantly, it limits

weight gain during pregnancy, and prevents adverse maternal and fetal outcomes," said Professor Tan Kok Hian, Head and Senior Consultant, Perinatal Audit and Epidemiology Unit, KKH, and Lead Principal Investigator of the IPRAMHO.

This is significant because almost one in four pregnant women were found to be overweight and about 11 per cent found to be obese in a KKH study of 724 patients. Obesity in pregnancy is associated with an increased risk of gestational diabetes, hypertensive disorders, caesarean deliveries, and delivery complications. It also increases the risk of babies being born excessively large for their gestation, stillborn, or with congenital malformations.

To promote a more active lifestyle, Dr Amy Khor, Senior Minister of State for Health, launched Singapore's first set of guidelines on physical activity and exercise during pregnancy in January this year.

Healthy women with uncomplicated pregnancies are encouraged to engage in at least 150 minutes of moderate-intensity physical activity. This includes brisk walking, swimming, stationary cycling, low-impact aerobics, jogging, modified yoga, and modified Pilates, as well as resistance training activities, such

as squats and push-ups, exercises with light dumb-bells or weights, and resistance band exercises.

"Many pregnant women are worried that exercising may affect the health of the pregnancy and that they may experience bleeding after exercise or that they may not gain sufficient weight," said Dr Serene Thain Pei Ting, Associate Consultant, Department of Maternal Fetal Medicine, KKH, and a member of the Exercise in Pregnancy Committee.

However, the Committee reassures that if proper precautions are undertaken, exercise is generally safe for women with uncomplicated pregnancies. Exercising does not increase the risk of miscarriage, stillbirth, fetal anomalies, preterm birth, or other complications.

Dos and don'ts

Good pacing is key. Pregnant women are advised to start slow, exercising three times a week for 15 minutes per session or less. They may gradually increase the intensity, frequency, or duration of each session to 20 to 30 minutes in the second trimester.

They should ensure that they are well-hydrated before and after the session, exercise in a cool environment, and wear loose-fitting clothing. When attempting high-intensity or prolonged physical activities lasting for more than 45 minutes, hydration and adequate food intake before exercising is even more important to avoid dehydration, overheating, and hypoglycaemia (low blood sugar).

Pregnant women should avoid contact sports (such as basketball or football), sports with a high risk of falls (such as gymnastics and non-stationary cycling), activities that involve rapid changes of direction and bouncing, as well as excessive abdominal exercises, skydiving, scuba diving, hot yoga, and hot Pilates.

Essentially, expectant mothers should seek their gynaecologist's opinion before embarking on or continuing their exercise regime. Those with medical conditions, such as heart disease, lung disease, anaemia, and type 1 diabetes, or obstetric complications like unexplained vaginal bleeding, may be advised to avoid or limit physical activity.

With these guidelines, the Exercise in Pregnancy Committee hopes to debunk misconceptions, and break cultural and psychological barriers that may inhibit pregnant women from engaging in a healthy fitness regime.

Red flags

Stop exercising and seek immediate medical attention if you notice these warning signs:

- Chest pain or headache
- Calf pain or swelling
- Shortness of breath before or after exertion, despite a period of rest
- Muscle weakness affecting balance
- Dizziness or temporary loss of consciousness
- Vaginal bleeding
- Regular and painful contractions
- Leaking of amniotic fluid





»» The Department of Psychosocial Oncology at NCCS is adopting video consultations to reach out and connect with patients.

You are not alone

Cancer patients continue to receive supportive care through the COVID-19 pandemic.

by Thava Rani

Being diagnosed with cancer often comes with little warning and can turn the world upside down not just for patients, but also their families. Having someone to talk through the multiple emotions one is feeling during this personal crisis can make a big difference.

The team from the Department of Psychosocial Oncology at National Cancer Centre Singapore (NCCS) does just that. Comprising medical social workers and clinical psychologists, the team provides patients and their loved ones with psychological, emotional, and social supportive care throughout the cancer journey.

However, the COVID-19 situation in Singapore presented a new challenge. Face-to-face consultations, which were the way counselling and therapy sessions were conducted, were no longer an option for most patients as a result of the "circuit breaker" measures.

"In these unprecedented times, we find creative ways to reach out and connect with our patients. For instance, we are using video consultations to counsel existing outpatients who meet the criteria and those who are psychologically stable," said Mrs Tan Yee Pin, who is the Head of Department.

Virtual consultations

Each patient copes in his or her own way and individuals require different types of support at various stages

of their cancer journey. Apart from face-to-face sessions, the team now offers patient assessment via video calls to understand the needs of the patients and their family members, and provide the appropriate counselling and therapy.

"We allow our patients to share their experiences and the range of emotions they feel. Normalising their psychological and emotional reactions as an understandable response in a highly stressful time reassures them, as cancer is essentially a journey without a map," said Mrs Tan, whose team also provides the same services to cancer patients warded at Singapore General Hospital.

Some patients may become more reflective and philosophical during their illness, while others may choose to be practical and carry on with their routines. Whichever the case, the team is trained to assess and journey alongside the patients.

"Video consultations are particularly suitable for immunocompromised patients who prefer to stay at home during this period to minimise any risk of infection. For those who are unable to engage in video consultations, we conduct the sessions over the phone," Mrs Tan added.

Relieving anxieties

Face-to-face sessions have not been ruled out altogether during this time, though. They are still held for certain groups of patients.

"Newly diagnosed patients often require more support. We see them to provide information, practical tips, and techniques to

manage the worries and anxieties they may have," said Mrs Tan.

Patients who pose a risk to their personal well-being or safety, or those who need more urgent attention are seen at the clinic. These include patients who may have more complex psychological and social issues, and whose condition may deteriorate without physical consultations.

Patients undergoing treatment already face many anxieties, such as the uncertainties about the outcome of treatment and side effects. During this challenging time, they may experience additional anxiety about their own health and safety.

"Many patients need to continue treatment but are fearful of possibly contracting COVID-19, especially since their immunity is low. We proactively find ways to keep in touch with these vulnerable patients through phone calls and video consultations to ensure their health and well-being is taken care of," said Mrs Tan.

Her team also reaches out to elderly patients who live alone, those who are physically or mentally dependent on others, as well as patients or their loved ones who have lost their jobs during this difficult period. In addition, the team intends to restart some of their patient support programmes through virtual platforms so that patients can continue getting the care and peer support they need.

Beyond patients, the team is also contributing their expertise to support fellow healthcare professionals during the COVID-19 pandemic.

Mrs Tan-Huang Shuo Mei, Senior Director of Special Projects, SingHealth Staff Care Centre, said that medical social workers, counsellors and psychologists volunteer their time to provide staff counselling and peer support services.

This is part of the SingHealth Staff Care Centre initiative that looks into the mental health and well-being of healthcare professionals, which is especially crucial during crisis periods, such as COVID-19.

Cancer patients who need support can make an appointment with a medical social worker or clinical psychologist via email (psychosocialoncology@nccs.com.sg or patientsupport@nccs.com.sg), or the NCCS appointment line (6436 8088).



»» Mrs Tan Yee Pin leads a team of medical social workers and clinical psychologists that provides emotional and social supportive care for patients and their families throughout the cancer journey.

Stopping antibiotics early cuts costs, hospital stay

A study finds that taking some patients off antibiotics after 24 hours, instead of the usual 72 hours, did not compromise their safety.

by Annie Tan

When patients are admitted to hospital for a suspected infection, they are often given antibiotics while undergoing tests to determine the cause of their fever.

Test results take about 72 hours, and a decision is then made to stop or continue with the antibiotics. Till then, the patients continue to take their antibiotics. But taking a course of antibiotics for a viral infection can do more harm than good. Antibiotics cannot treat a viral infection, and patients may suffer the effects of a strong drug upsetting the balance of the bacteria in the gut, such as diarrhoea, or worse, liver and renal problems.

More importantly, overusing antibiotics can lead to the development of antibiotic-

resistant bacteria. For those reasons, Singapore General Hospital (SGH) began reviewing the use of antibiotics within 24 hours of prescription, instead of the usual 72 hours.

"Bacterial resistance to antibiotics is associated with the length of antibiotics use. Overusing and misusing antibiotics allow the development of antibiotic-resistant bacteria," said Associate Professor Andrea Kwa, Assistant Director (Research), Pharmacy, SGH.

"When that happens, easily treatable illnesses such as urinary tract infection become difficult to treat, leading to longer hospital stays, larger medical bills, and higher risk of death. One way to avoid the problem is not giving antibiotics to patients who clearly do not need it."



Typically, patients would take antibiotics for around 72 hours, or three days, before their culture test results are out.

Ordering right tests

In 2016, an SGH team, comprising an infectious diseases specialist and infectious diseases clinical pharmacists, studied retrospective data of 12,000 cases between January 2010 and December 2014 to evaluate the clinical outcomes and safety of taking patients off antibiotics early. The patients in the study were 70 years old on average, and suffered from fever caused by cancer, a viral infection, or without an identifiable cause.

During that period, the team made nearly 800 recommendations for patients to stop taking antibiotics after 24 hours. Nearly 73 per cent of the recommendations were accepted and antibiotics taken off at the 24-hour mark. For those doctors who did not, their reasons included the need to assess the final culture results first, and that their patients were getting better on the treatment.

The group that accepted the recommendations successfully shortened the antibiotics treatment period by nearly three days, and reduced the length of hospital stay by more than a week. Their patients saved an average of S\$11,000 as a result.

Crucially, the study found that cutting short the course of antibiotics was safe, with no significant difference in the 14-day mortality and hospital readmission rates between the two groups of patients, said Prof Kwa, who led the team in the study.

According to Dr Jasmine Chung, Director, Antimicrobial Stewardship Unit, and Consultant, Department of Infectious Diseases, SGH, it is possible for a large percentage of patients to have their antibiotics treatment reviewed within 24 hours.

If it is clear that the cause is not a bacterial infection, then more tests can be ordered. "Sometimes, there are other clues. If their family members have a respiratory tract infection, it is likely that they caught the infection from them. That is when we do a respiratory viral test," said Dr Chung.

Infections and non-infectious conditions can look very similar when patients first present themselves at hospitals. Heart failure, which does not require antibiotics, can appear like pneumonia. Likewise, fever can be caused by a bacterial or viral infection. Antibiotics can only help bacterial infections.



Associate Professor Andrea Kwa (left) and Dr Jasmine Chung are part of the team involved in the study to evaluate the clinical outcomes and safety of taking patients off antibiotics early.

Staying nimble during crisis

SGH staff were quick to review and modify healthcare services in response to patients' needs, with some stepped up in line with demand.

The spirit of innovation burns bright, undimmed by the threat of COVID-19 and the changes it is bringing to the world. At Singapore General Hospital (SGH), it was an opportunity for staff to review and calibrate services in response to patients' needs.

Remote consultations

Patients on warfarin need a regular blood test to check how quickly their blood clots. The warfarin dose is adjusted if clotting falls outside the standard measurement band known as the international normalised ratio (INR). The pharmacist-run Anticoagulation Clinic, or ACC, has a virtual component, where patients can leave after their blood test and have their INR result reviewed over the phone with a pharmacist a few days later. Their warfarin is then sent to their home via SGH's Medication Delivery Service (MDS).

Just five to 10, mostly younger, patients used the virtual ACC each week before, said Senior Principal

Clinical Pharmacist Kong Ming Chai, who leads a pharmacy team seeing about 100 patients a week on the blood-thinning drug. Since the COVID-19 crisis, the number using the virtual ACC has gone up by 50 to 90 a week, he said.

The Rheumatology Monitoring Clinic, another pharmacist-led clinic, started offering teleconsultations during the circuit breaker period. Patients visit SGH or SingHealth Polyclinics for their blood tests and review the results via the phone a few days later, said Mr Lim Teong Guan, Senior Principal Clinical Pharmacist.

Besides patients from these clinics, those whose long-term conditions are stable and have their reviews postponed can opt for MDS. With fewer patients visiting the specialist outpatient clinics (SOCs) at Block 3, the pharmacy next to the row of SOCs was closed and converted to a logistics centre for medicine delivery.

According to Ms Nah Szu Chin, Principal Pharmacist, demand for MDS doubled during the circuit breaker period from the usual 2,500 requests a month. Ms Nah,

who is in charge of the service, said more staff were stationed at the pharmacy, especially on Sundays, to help process orders.

UV to decontaminate

Two UV-C — a short-wavelength ultraviolet light that breaks apart germ DNA — cleaning machines have been used at SGH since end-2017. But with the pandemic and more wards used to isolate COVID-19 patients, four more machines were deployed.

Dr Ling Moi Lin, Director of Infection Prevention and Epidemiology, had learnt of the technology much earlier on, but was unable to find a distributor for the machines in Singapore for five years. Although regular hospital cleaning is sufficient, UV-C is adept at decontaminating and reducing transmission of superbugs.

"Our staff seem to think it's a super machine that kills all pathogens. While it is true that UV-C kills all surface microorganisms, we are mindful that there is no single process that can guarantee 100 per cent pathogen eradication," said Dr Ling, noting that the automated UV-C machines disinfect areas six times faster than manual cleaning.

In isolation

The sight of a Muslim migrant worker praying without his customary prayer mat moved Senior Nurse Manager Suriana Sanwasi so deeply that she rallied her family, friends, and colleagues for help. Digging into their pockets, they bought toiletries, towels, and snacks. Before long, their efforts grew multifold as contributions poured in. In one instance, 50 families sent clothes, prayer mats, toiletries, and towels for the migrant workers. After their nursing shifts, Ms Suriana and her colleagues sorted and packed the items.

Before transferring to community facilities, migrant workers need fresh clothes to reduce the risk of transmitting the virus, said Ms Suriana.

The heartwarming efforts of Ms Suriana and her friends came to the fore when Mr Amin Amrin, Senior Parliamentary Secretary for Health, posted their story on his Facebook page.



➤➤➤ Block 3 Pharmacy was converted to a logistics centre for SGH's Medication Delivery Service, which experienced increased demand due to COVID-19. Patients with non-urgent medical needs are urged to avoid visiting the hospital.



➤➤➤ UV-C light machines, seen above in an isolation room, can disinfect areas consistently and quickly.



➤➤➤ SNM Suriana Sanwasi spearheaded an initiative to donate prayer mats, toiletries, and other necessities to migrant workers.



»» Ms Chen Mee Kuan is a KKH dermatology pharmacist who has been trained to do video consultations with eczema patients.

Photos: Vernon Wong

A new kind of follow-up

Children with mild to moderate eczema can now consult medical professionals through video calls, instead of making a hospital visit.

by Thava Rani

Trips to see the doctor have never been this easy before for children with eczema.

If their condition is stable, they do not need to visit the clinic. In fact, they only need to see the pharmacist and even this is done through a video call.

Known as telemedicine, it is one of the services available at KK Women's and Children's Hospital (KKH).

Following an initial face-to-face appointment with a doctor, patients with mild to moderate eczema are subsequently counselled by a trained pharmacist at the hospital. After this, they are monitored by a trained dermatology pharmacist through video calls.

Associate Professor Mark Koh, Head and Senior Consultant, Dermatology Service, KKH, said that

the department sees about 200 paediatric eczema cases a week, of which about 32 cases each month are suitable for video consultations with a dermatology pharmacist.

"The pharmacy-led eczema counselling service and video conferencing review have helped many patients with mild to moderate eczema understand more about their disease

and treatment. It replaces a follow-up appointment with the doctor and saves an extra visit, especially if the eczema is well-controlled," he said.

Medication re-supplied

Eczema is a skin condition where parts of the skin become inflamed, cracked, and itchy. It is usually managed with creams or oral medication, or both, to reduce the itch and inflammation. Moisturisers are also prescribed to help the skin heal and prevent flare-ups.

During the video consultation, the dermatology pharmacist will first assess the condition of the patient's skin, and then advise caregivers on the next course of action.

For instance, medication may be adjusted if needed, or re-supplied if the condition is well-controlled. The medication can be couriered to the patient's home, saving the patient and caregivers a trip to the hospital.

If the condition of the eczema is stable, a discharge letter will be issued, and the patient will continue to be cared for by a primary care physician. But if it is not well-controlled or shows signs of worsening, an earlier face-to-face appointment with the dermatologist-in-charge will be scheduled.

Throughout, the dermatologist is kept updated on the patient's care plans, and advice is sought as and when needed.

The initiative not only allows for earlier intervention

in uncontrolled cases, but also empowers dermatology pharmacists to play a bigger role in managing paediatric eczema.

"Many patients have found the service very useful and many of their conditions have improved. They are able to better cope with the disease after counselling by our pharmacists," said Prof Koh.

Privacy assured

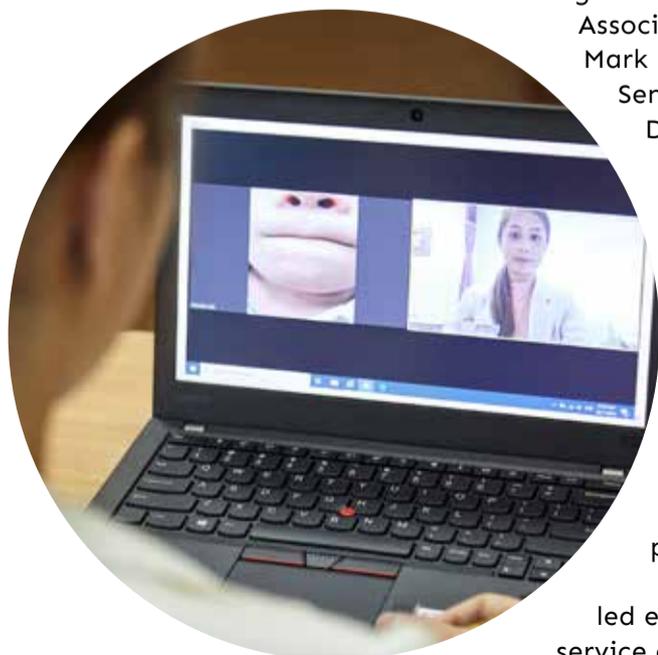
This service has other benefits, too.

"During the follow-up video conference, our pharmacists assess the patient's condition, and decide whether he or she needs to be seen in the clinic or can continue treatment in the primary care setting. This saves our patients time and cost, and gives our doctors more time to manage more complicated cases."

The addition of this service allows healthcare to be more patient-centric and accessible, bringing medical care to the doorstep of patients and their caregivers, said Dr Eileen Lew, Campus Director, Medical Innovation and Care Transformation, and Chairman, Division of Clinical Support Services, KKH.

With the advancement of technology and as it is harnessed for healthcare, concerns that may arise, such as privacy issues, have been addressed by the team at KKH.

"The security features of this new platform add assurance — for our patients and us as healthcare providers — that confidentiality of patient information and data is safeguarded," said Dr Lew.



»» Telemedicine is a service offered by KKH that improves efficiency and allows healthcare to be more accessible.



»»» With SG SAFE, the healthcare worker stands in the foldable booth and puts her hands into the gloves to perform a swab. She cleans and disinfects the gloves with alcohol disinfectant before each test.



»»» SG SHIELD is a handheld screen with slots for a tongue depressor and swab stick, which protects the user from respiratory droplets.

Ideas bloom amid COVID-19 pressure

SGH staff design practical alternatives to protect healthcare workers testing for the virus in the field.

To take a swab or x-ray for COVID-19 testing, doctors put on personal protective equipment (PPE) that includes a disposable gown, N95 mask, goggles, and gloves. After each procedure, he takes off his PPE, performs strict cleaning and disinfection procedures, and puts on new PPE for the next procedure.

As PPEs are cumbersome to use and uncomfortable to wear, some Singapore General Hospital (SGH) staff thought up some alternatives to protect their colleagues out in the field. Teams of SGH staff, both clinical and non-clinical, have been helping in the national effort to test thousands of migrant workers in their dormitories and community since March.

Development of prototypes took shape quickly. Safety was paramount, and the device they build had to be transportable, easy to set up, and cost-effective.

In March, as the number of COVID-19 infections started to rise alarmingly, testing was ramped up. According to the Ministry of Health on 27 April 2020, more than 8,000 tests were done a day in late April, up from an average of 2,900 in early April. Greater testing helps Singapore pick up far more cases than many other countries.

"As the demand for swab tests increased, we saw the need for a faster and more efficient way of testing without compromising the safety of healthcare workers. SG SAFE allows for efficient swabbing," said Dr Hairil Rizal Abdullah, Senior Consultant, Department of Anaesthesiology, SGH.

SG SAFE (Swab Assurance For Everyone) is a collapsible U-shaped screen with a roof that acts as a shield between the healthcare staff and patient during testing. The doctor stands behind the clear, high-performance polycarbonate plastic panels, and puts his hands inside the attached gloves to perform swabbing. The gloves, made of biosafety, chemical-resistant material to withstand repeated use, are cleaned with alcohol rub after each swab.

As the doctor only wears an N95 mask that does not have to be changed, testing takes around 2.5 minutes, compared to about 5 minutes with a PPE.

A team of anaesthetists, led by Dr Hairil and biomedical incubator The BioFactory, was behind the design and manufacture of the booths, which are used at SGH's Department of Emergency Medicine, as well as the dormitories.

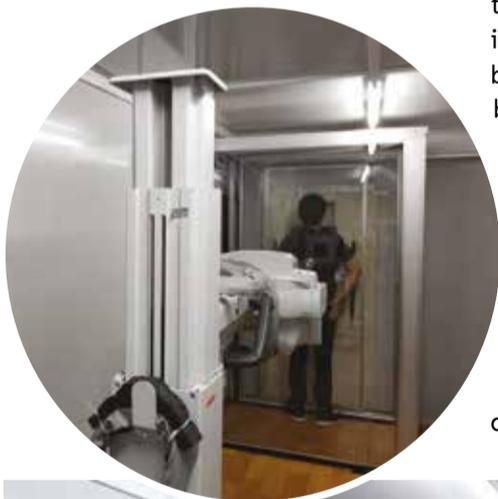
Where the booth cannot be used or is unavailable, such as at the patient's bedside, SG SHIELD can be used instead. A handheld, single-use sheet of polycarbonate plastic with slots for a tongue depressor and swab stick, it can block close to 95 per cent of respiratory droplets from the patient, said Dr Siti Radhziah Sudirman, Consultant, Department of Otorhinolaryngology – Head & Neck Surgery. Dr Siti led a team from her department, the Department of Urology, and SingHealth's Medical Technology Office, in designing SG SHIELD.

X-ray imaging of patients in the field is done inside a shipping container. Similar to SG SAFE, the SG SAFE.R is a booth with sides made of the same clear polycarbonate plastic and placed in front of the x-ray machine. The patient enters the container directly into the booth, and stands with his chest against the side facing the x-ray lead shield and detector. He is scanned without coming into contact with the radiographer, who is outside the plastic box.

Dr Lim Kheng Choon, Consultant, Department of Diagnostic Radiology, said the idea came from instant photo booths. While considering materials for the booth that had to be clear enough to not affect the quality of the scans, the news about SG SAFE broke, said Dr Lim. "We contacted Dr Hairil from the SG SAFE team to collaborate," he added.

With the booth, only one radiographer is needed versus two before, and safety is improved, too. Any hospital staff — not necessarily a radiographer — can clean and disinfect the booth after use. Compared to the x-ray machine, the flat panels are easier and faster to clean.

The team from SGH's Division of Radiological Sciences received approval from the National Environment Agency around early May for the booth to be used in mobile x-ray units. "The chest radiographs were clear with no problems," Dr Lim said.



»»» In the SG SAFE.R booth, the patient undergoes x-ray scanning without coming into contact with the radiographer.

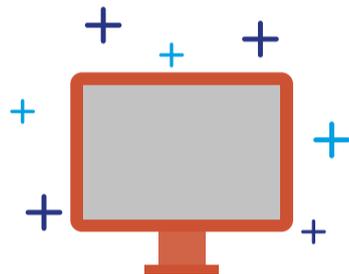
Keeping myopia at bay

Take care of your eyes and maintain good vision with these important tips.



Daily outdoor activities

Children should spend at least two hours outdoors every day (morning or early evening)



Screen usage

- Install an anti-glare screen or apply a screen filter
- Use a desktop humidifier or artificial tears to lubricate the eyes



UV protection

Wear sunglasses and hat when outdoors



Regular eye checks

Babies

(3 years old and below)
Screening during regular paediatric appointments

Children and teenagers

(3 to 20 years old)
Thorough eye examination every 1-2 years during routine health check-ups or when getting fitted for corrective eyewear

Young adults

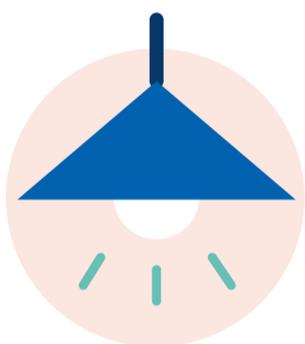
(21 to 39 years old)
Comprehensive eye examination if you have a family history of eye disease or if you are suffering from an eye injury

Adults and seniors

(40 years old and above)
Baseline eye disease screening at the age of 40

Anyone with risk factors

If you have diabetes or high blood pressure, or are taking prescription medication that may affect the eyes, you should go for screening more frequently. Seek the ophthalmologist's advice on the ideal interval between each eye check



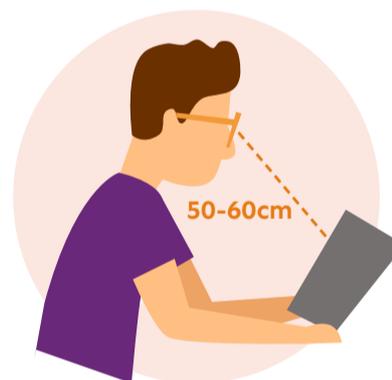
Adequate lighting

Avoid harsh interior lighting or excessive sunlight coming in through windows



Ergonomics

- Stay at arm's length from the computer monitor
- Adjust chair height so that knees are level with hips



Reading distance

Hold the book about 50-60cm from the eye



Protective eyewear

- Wear safety glasses when doing activities that could cause eye injury
 - Choose glasses that reduce exposure to blue light emitted by digital devices



Eye breaks

Follow the 20-20-20 rule — look away from digital devices every 20 minutes and gaze at a distant object (at least 20 feet away) for 20 seconds

A heart for the elderly

She always had an affinity with the old. Now, much of her job revolves around them, and she loves it.

by Annie Tan

She remembers being enthralled as a teenager whenever she saw doctors in crisp white coats caring for people and saving lives in TV dramas, and always thought that working in a hospital was cool.

A friend introduced her to occupational therapy. "I thought it would be a meaningful career that will give me the opportunity to make a difference to patients even though I'm not a doctor," said Ms Ooi Lee Mei, who, now after 10 years in the field, is a Senior Occupational Therapist at Outram Community Hospital (OCH).

The "occupation" in occupational therapy

In the newly opened community hospital, Ms Ooi helps patients who have been hospitalised for stroke, surgeries, falls, or illnesses get back on their feet — literally!

She meets about 16 patients with the help of a therapy assistant each day, to practise common daily activities with them, which would help them transit smoothly back to their normal lives after discharge.

A typical workday will see her helping patients move from bed to wheelchair, practise self-care tasks, such as showering, dressing, or other household activities like mopping the floor or cleaning the cupboard. She does this in a mock-up apartment in OCH, which comes complete with a kitchen, living room, bedroom, and other facilities.

"When I work with my patients, I am the bridge between them and the activities that they partly or totally cannot do anymore," she said. The "occupation" in

occupational therapy refers to just that — going back to the basic, routine activities of everyday life.

"We help them regain the ability to do the activities that are important to them. For some, it may be going back to their roles of a daughter, parent, or grandparent. For housewives, it could be performing their daily chores, such as marketing, cooking, and doing the laundry; or going back to their hobbies like dancing and doing crafts."

From time to time, Ms Ooi also advises patients on the safety of their home environment before they are discharged. For hip fracture patients, she would ask them to check if their chairs or beds are too low, and recommend additional equipment where necessary.

Affinity with the elderly

Most of her patients are 65 years old and above, a demographic she discovered she had affinity with during her secondary school days when she visited a nursing home.

While many of her peers saw the visit as an excursion, she saw it as contributing back to the community, and thoroughly enjoyed the stint.

"I speak a bit of dialect so I was able to converse with the elderly patients, and they could relate to me easily. During that time, I learned much from the experiences they recounted, and how it was like living their golden years," she said.

In her current role, she enjoys interacting with the elderly, listening to their stories and picking up nuggets of wisdom from them.

When asked what makes a good occupational therapist, Ms Ooi said, "You must have a heart for patients. They need to feel that you are listening to them and that you care about them."

She thinks that showing genuine concern makes a big difference to these patients, and she is often inspired by their fortitude. She recalls an elderly stroke patient from her previous workplace who was full of positivity, despite living in an institution and not having a family or very much else in life.



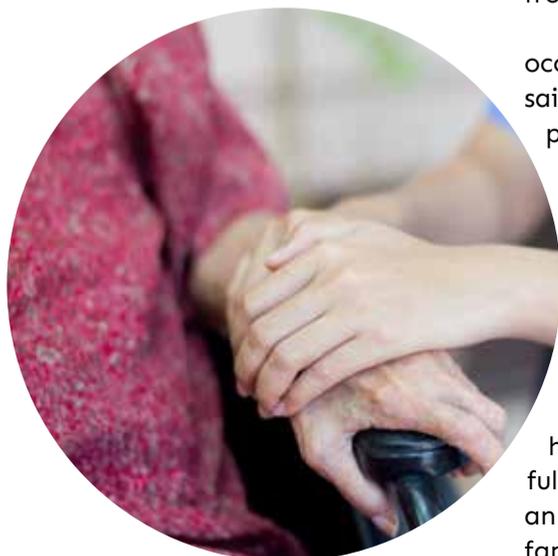
Photo: Vernon Wong

"His attitude to life was uncommon and refreshing given his circumstances. He wasn't bitter about his plight, always tried his best, and was grateful for every little thing," she said. After his discharge, she and her ex-colleague would visit him occasionally on their own accord.

Her takeaway message from

him was: "In life, we should be happy with whatever we have or strive for more without being resentful."

She carries this positivity with her at work, especially on days when she feels physically or emotionally tired. During these times, a smile or "thank you" from patients really keeps her going.



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Mum to 100 and more

Her empathetic nature is the driving force behind her care for staff, patients, and the less fortunate.

by Thava Rani

Photo: Mark Lee

Whether it is speaking in Cantonese or broken Hokkien to a neighbourhood aunty or in Queen's English to a retired judge, Dr Wong Wei Teen is in her element when treating patients at SingHealth Polyclinics (SHP) – Outram. She enjoys the deep connection she has with them.

"It's what drives me to work every day. What keeps me going is knowing I can nudge behaviour changes and make patients think a lot more about their health," she said.

As Clinic Director of the polyclinic, she now spends less time with patients, and this makes her value the encounters even more. She runs an occasional general clinic and the Family Physician Clinic for more complex cases once or twice a week.

"Patients in the Family Physician Clinic have multiple illnesses. Some have psychosocial or mental health issues. A few

patients may visit even though they don't have physical problems; they just need to talk to someone," said Dr Wong.

Dr Wong joined SHP in 2011 and has spent the past 10 years serving patients from all walks of life. At 34, she is one of the youngest leaders in SHP.

Open door policy

With more than 100 staff to oversee, Dr Wong sees the importance of helping people understand each other's expectations, and maintaining workplace camaraderie and mutual respect.

"Directorship doesn't mean leading the processes but the people," she said. "All our staff know that they are not just followers but have important, pivotal roles in the clinic. If each area functions well, we can give the best to patients and to each other."

She is particularly proud of her "open door culture".

Dr Wong explained, "As a leader, you have to be approachable. Whether the problem is a conflict at work or struggles in life — even if the staff don't directly report to you — you may have to step in to resolve it, or at the very least understand the issue."

Her caring nature got her the "Mother of the Clinic" award during a prize presentation for staff at the polyclinic.

"Even the Nurse Manager, who is in her 50s, says the staff are all my children. So, I have 100 children here!" said Dr Wong, who is single, but believes she has had this maternal instinct since young.

"When I was in Primary 2, an older student vomited next to me. I quickly took her to the toilet and even helped wash her uniform. The teacher was surprised by my actions and commented that I was behaving like a mother," said Dr Wong with a laugh.

Serving beyond borders

That same empathy led her to volunteer for an overseas mission trip after her final year in medical school. But her interest was truly piqued when she went to far-flung villages in Mongolia in 2012.

"With no access to healthcare, people there learned to improvise. I saw how they modified a plastic chair

to become a wheelchair for moving a patient around. It's not always about good doctors or state-of-the-art equipment. After that trip, I made up my mind to go on mission trips at least three or four times a year," Dr Wong said.

With every trip, it dawned on her that medical missions cannot only be about dishing out pills, and that people needed much more. As a result, she started doing livelihood projects, which included donating pump boats for fishing, so that the locals could earn their own livelihood.

Every mission is self-funded and relies significantly on donations. Dr Wong also uses her annual leave for these trips.

Most of her mission trips are now to the Philippines. The remote villages there are usually rebel-infested and require a sampan ride in a river full of parasites to get to, which explains why the team is always accompanied by armed military personnel.

Despite safety concerns, Dr Wong is not about to throw in the towel.

"There are people out there who really need help. Why restrict my skills and services to a community that I can serve with ease? I strongly believe that we cannot look out for ourselves all the time, and forget that other people are just as human as we are," she said.

It's what drives me to work every day. What keeps me going is knowing I can nudge behaviour changes and make patients think a lot more about their health.

Dr Wong Wei Teen
Clinic Director, SingHealth Polyclinics – Outram

Staying safe and sound at home

Keeping physically and mentally resilient throughout these unprecedented times is essential in maintaining good health and overall well-being.

by Annie Tan

Gyms, sports complexes and yoga studios have shuttered, and many have had to work from home due to “circuit breaker” measures that were put in place to mitigate the spread of COVID-19. This has inadvertently led to people clocking fewer hours of exercise and physical activity each day.

“Even before the COVID-19 pandemic happened, a World Health Organization (WHO) study noted that nearly 40 per cent of Singaporean adults are not getting enough physical activity,” said Dr Bernice Liu, Principal Physiotherapist, Sengkang General Hospital (SKH).

Home workout

Exercise is important because it lowers the rates of mortality, coronary heart disease, high blood pressure, stroke, type 2 diabetes, colon and breast cancer, as well as depression. It also helps maintain a healthier body mass and composition, said Dr Liu.

In a world upended by COVID-19, “many people are also coping with fear, anxiety, stress, financial concerns, sadness, boredom, and isolation — all of which can have a negative effect on their diet, physical health, and mental well-being. Sedentarism may further worsen the situation, especially for those with depression or cognitive disorders”, said Dr Fadzil Hamzah, Senior Staff Registrar, Sport and Exercise Medicine, Changi General Hospital (CGH).

In fact, 150 minutes of moderate-intensity exercise or 75 minutes of high-intensity exercise is recommended per week. In addition to health



»»» Dr Bernice Liu, Principal Physiotherapist at Sengkang General Hospital, demonstrates basic workout moves, such as trunk rotation (above), that can be done at home.



»»» Simple exercises like shoulder shrugs (above) are recommended for the elderly.

benefits, regular exercise also helps reduce stress, releases endorphins for a mood-boosting effect, and promotes better sleep.

It is not difficult to incorporate physical activity into your daily routine at home. Any clutter-free space approximately two by two metres big can be transformed into an exercise station. Simple workout ideas include jogging on the spot or calisthenic exercises, such as push-ups, planking, and squats. For the elderly, Dr Liu recommends wall push-ups, shoulder shrugs, trunk rotation exercises, or sitting and standing from a sturdy chair of standard height in three sets of 10 to 15 repetitions.

Finding motivation

“Exercise need not necessarily be associated with workouts in gyms, exercise studios, or sports activities. There are also recreational activities that can help raise your heart rate sufficiently. If the word ‘exercise’ does not inspire you, try starting

with an activity you enjoy. It could be standing up while singing karaoke, dancing along to music, or even doing spring cleaning,” suggested Ms Chitra Chandran, Senior Physiotherapist, Sengkang Community Hospital (SKCH).

To keep young children engaged, activities like hopscotch and jumping on the trampoline can help. For those who are more adventurous, Dr Liu suggests improvising a balance beam by marking lines on the floor with masking tape, or creating an obstacle course with furniture. This way, an element of fun is added to the exercise regime.

Another way to reap more benefits from your workout is to practise mindfulness. “Let go of distractions and unrelated thoughts, and focus your attention on how your body feels, your breathing, and the movements of your body during the workout. This helps relieve stress and reduce the risks of training injuries,” said Dr Fadzil.



»»» Wall push-ups are a type of strength training that targets the arms, chest, back, and shoulders.

Embarking on a new workout regime may be the silver lining during this period, when more people seek to cultivate a positive habit of keeping active, even at home. Previously, the lack of time has always been one of the most common reasons people have been unable to incorporate physical activity into their busy lives.

“It takes consistent effort and repetition for a behaviour to become a habit, and in turn, this will lead to a lifestyle change. Hopefully, with more flexibility of time, more people can adopt regular exercise sessions and continue with this healthier and more active lifestyle,” Dr Liu said.

• Safety rules

A few basic precautions will enhance the safety of home-based workouts.

1 Listen to your body

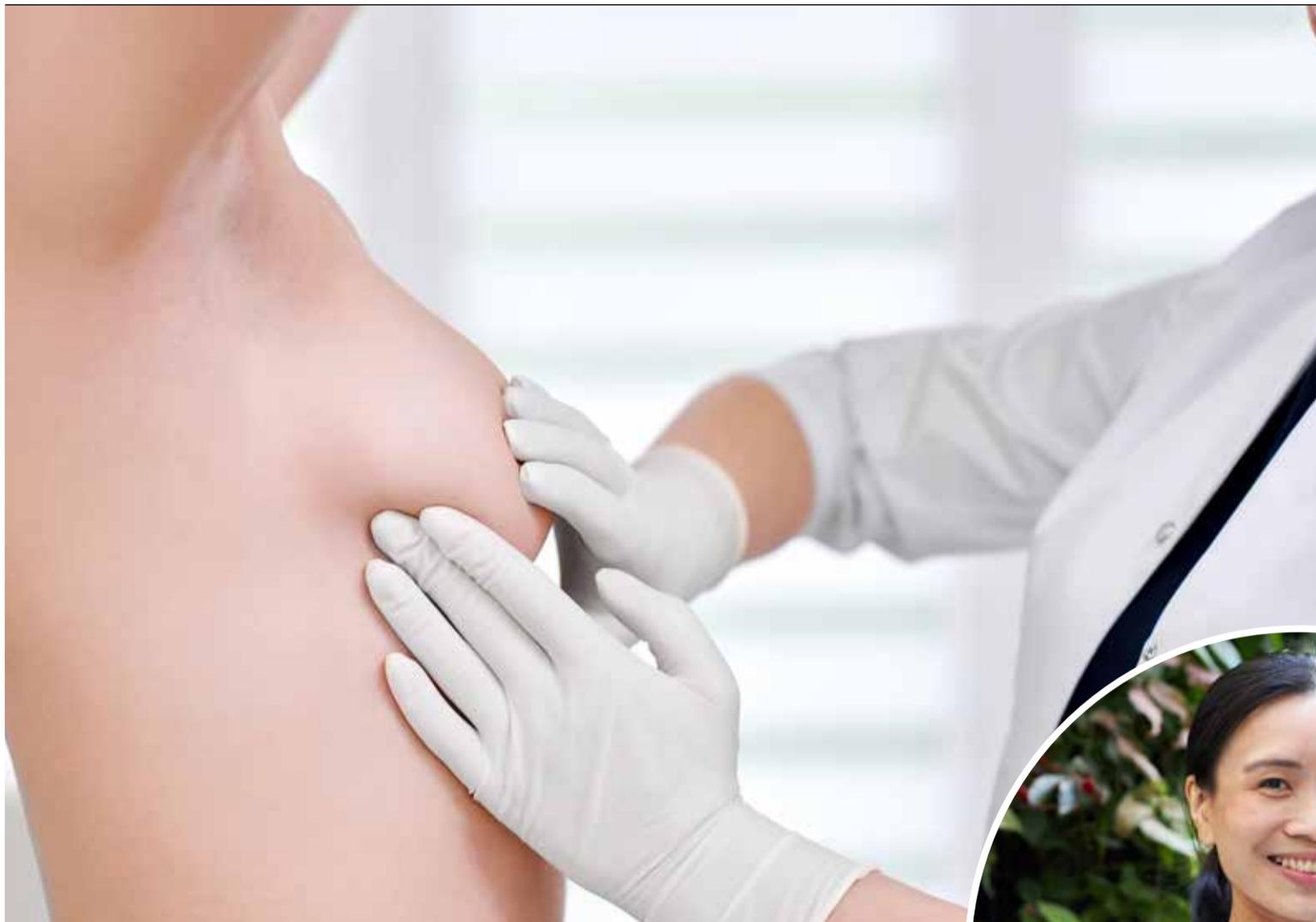
If you are new to exercise, start slow. Do not push yourself if you experience extreme shortness of breath and/or extreme fatigue, giddiness, or pain.

2 Watch your posture

Exercising with poor form, such as slouching, can lead to injuries and strains.

3 Put on proper footwear

Sport shoes can provide a good non-slip surface, adequate shock absorption, and ankle or foot support for high-impact activities, such as jogging or jumping. Be sure to don proper footwear that is suited for the intensity of your workout. It is also important to wash your shoes regularly, so that you do not bring germs and bacteria into your home.



»» Unlike cancerous tumours in the breast, granulomatous mastitis lumps often cause pain, said Dr Julie Liana Hamzah (below).



Photo: Mark Lee

Lump in the breast? It may not be cancer

A rare but treatable benign breast lump, granulomatous mastitis may be easily mistaken for cancer.

by Annie Tan

Not many women get it or have even heard of it. But when granulomatous mastitis suddenly occurs, it can cause panic and fear.

This is because the condition shows up as a firm lump in the breast — a symptom that is similar to breast cancer. However, unlike cancerous tumours in the breast, which are usually painless, granulomatous mastitis lumps often cause pain.

“Women who seek attention for breast lumps usually come with the concern that they may be cancerous,” said Dr Julie Liana Hamzah, Associate Consultant, Department of Breast Surgery, Singapore General Hospital (SGH).

Besides pain, other symptoms can include skin inflammation and redness, and fever. In more serious cases, there may be ulceration or even enlarged lymph nodes.

The condition is rare. According to Dr Julie, her department sees a handful of women with granulomatous mastitis a year. It is unclear what causes granulomatous mastitis, although some conditions such as

tuberculosis and sarcoidosis, an inflammatory disease, can lead to it. Most cases, however, are idiopathic, meaning no cause can be found to explain its occurrence, said Dr Julie.

Idiopathic granulomatous mastitis tends to show up in women of childbearing age between their late 20s and 40s, especially those who have had children. Nevertheless, the condition has also been known to occur in women in this age group who have not given birth before, Dr Julie added.

Pain management

Diagnosis is made by exclusion of other diseases. “Normally, we will perform a physical examination of the woman in the clinic and send her for breast imaging,” said Dr Julie. If the scan points to an infection, oral antibiotics will be prescribed as the first course of treatment.

A follow-up ultrasound will be ordered three months later. At this point, if this condition persists, doctors may recommend a core needle biopsy to sample and examine tissue from the lesion to rule out cancer or some other

disease. A biopsy is usually not done at the start.

In cases where the lump is accompanied by an abscess, the pus is surgically drained. At the same time, a tissue sample will be taken for diagnosis. Non-steroidal anti-inflammatory drugs will be prescribed for pain management. If the pain is not well-controlled, steroids may be prescribed.

Left untreated, idiopathic granulomatous mastitis resolves itself in nine to 12 months. However, treatment is recommended to speed up the recovery process, and reduce pain and discomfort.

Even after the condition resolves itself, it can recur. So the patient may find herself with another lump or infection in the breast sometime down the road.

“Having said that, there isn’t an increased risk of breast cancer or any other disease for these women. Idiopathic granulomatous mastitis isn’t a precursor to cancer, but it may be a protracted course and almost always presents with inflammatory or infective changes. So we tend to want to control the pain and treat the infection,” said Dr Julie.



Debunking myths about statins

Heart doctors separate truth from misconceptions about this cholesterol-lowering medication.

by Eveline Gan

If you have high cholesterol, you would have heard of a cholesterol-lowering prescription drug called statins.

Statins are used to reduce “bad” cholesterol (low-density lipoprotein, or LDL). Too much of this waxy, fat-like substance in the blood can lead to plaque build-up in the walls of the arteries.

This plaque build-up narrows arteries, reduces blood flow to the heart or brain, and increases the risk of strokes and heart attacks.

Studies, including a meta-analysis of data from 26 randomised trials published in the renowned medical journal *The Lancet* in 2010, have proven that statin therapy reduces the risk of major vascular events by 25 per cent for 1mmol/L reduction in LDL cholesterol.

While some side effects in relation to statin use have been reported, these are rare.

Common myths

The use of statins is often misunderstood. Unproven claims about its side effects could be why it is underutilised among those at increased risk of heart attacks and strokes.

One common myth is that statin use leads to a range of side effects, such as muscle

aches, liver and kidney damage, memory loss, and confusion.

But muscle aches are likely to be due to misattribution, resulting from a phenomenon known as the nocebo effect.

Researchers have found that patients on statins were more likely to think they were experiencing muscle-related side effects, while those who were unaware that they were on the medication reported no increase in such symptoms.

There is little evidence to prove that statins adversely affect the kidneys, memory, and cognition. On the contrary, results from randomised controlled trials suggest that statin therapy may slow down the progression of renal impairment. Studies have also found that statins may protect against dementia and cognitive changes, especially with long-term use.

While statin therapy may lead to a mild increase in liver enzymes, this can be managed by lowering the dose or changing to another brand.

Statins are associated with a small increase in risk of diabetes, mainly in those who are already at risk of diabetes. The benefits of reducing cardiovascular risk outweigh the slight increased risk of diabetes. Patients with

diabetes benefit greatly from statins, which reduces their risk of heart attack, stroke, and death.

Supplements vs statins

There is currently no reliable evidence to prove that health supplements can safely prevent heart disease.

Unlike prescription medication, supplements generally do not undergo stringent clinical trials. In Singapore, they are not subject to approval and licensing by the Health Sciences Authority for importation, manufacture, and sale.

Even if supplements are marketed as “natural”, it does not necessarily mean they are safe for everyone. Some may even cause harm, depending on a person’s health and whether they are taken with other medication.

Patients with elevated risk of cardiovascular events will benefit from a high-intensity statin regime, even if their LDL cholesterol levels are average or below average.

Studies have shown that patients who took statins lowered their LDL cholesterol and reduced their overall risk of getting heart attack and stroke, regardless of their pre-existing cholesterol levels.

If you have concerns about statins use, it is advisable to seek your doctor’s opinion.

Mee Siam (4 servings)

Ingredients

Gravy

- 25g onion
- 1/3 thumb-sized piece of ginger
- 1 clove garlic
- 50ml water
- 2 tbsp oil
- 5g chilli paste
- 1/2 tbsp *taucheo* (fermented soybean paste), mashed
- 1 tbsp peanuts, roasted and ground
- 1/2 tbsp dried prawns, ground finely
- 1 stalk lemongrass, bruised
- 15g tamarind pulp (mixed with 1.5 litres water and strained for juice)
- 1 1/2 tbsp sugar
- 3/4 tsp salt

Bee hoon

- 3 1/2 tsp oil
- 25g onion, sliced
- 15g chilli paste
- 40g bean sprouts
- 200g bee hoon, soaked in water
- 100ml water

Garnish

- 2 hard-boiled eggs, sliced into wedges
- small limes, halved
- cooked prawns, shelled (optional)
- 2g *kucai* (Chinese chives), 2cm long

Method

Gravy

1. Blend onion, ginger and garlic with 50ml water.
2. In a large pot, heat oil and add the blended onion mixture. Fry until golden brown.
3. Add chilli paste and fry over moderate heat till fragrant and oil comes through. Then add *taucheo* paste, peanuts and dried prawns.
4. Add lemongrass and fry for a few minutes.
5. Add tamarind juice, sugar and salt. Bring to a boil and remove from heat.

Bee hoon

6. Heat oil and fry sliced onion until light brown.
7. Add chilli paste and fry well.
8. Add bean sprouts and mix well.
9. Add bee hoon and water, and fry until dry.
10. Serve bee hoon with gravy, *kucai*, eggs and limes. Cooked prawns may be added if preferred.

Estimated nutrient content (per serving)

- Energy 371kcal
- Carbohydrate 48g
- Protein 11g
- Fat 15g
- Sodium 615mg
- Cholesterol 106mg



HEALTH TIP

The sodium in this dish comes not only from the salt, but also from the tamarind, dried prawns, and *taucheo*. Tamarind contributes approximately 16 per cent of the sodium content of the dish.

When a recipe calls for tamarind, reduce the salt in the recipe to cut down on sodium intake. You can substitute tamarind juice with lemon juice, and still retain the tangy flavour.

Adapted from *Where is the Fat? Cookbook*, a publication by Singapore General Hospital



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Heel pain



I'm suffering from heel pain and it's happening more often recently. I tried using ice pads in the evenings but the pain comes back the next day. I suspect it could be a torn and inflamed ligament. Is it due to my workouts? How can I treat it?

One of the most common conditions causing pain at the base of the heels is plantar fasciitis. It can be caused by inappropriate footwear, tight plantar fascia (a thick, weblike ligament that connects your heel to the front of your foot) and/or calves, prolonged standing, and more. Typically the pain is worst at the first step in the morning or after prolonged sitting, though some patients also experience pain after prolonged activity.

Apply ice to the arch of your foot, try massaging the area with an iced bottle or can, or a tennis ball to relieve the tightness of the plantar fascia. You can also stretch your plantar fascia before getting out of bed or standing up from a chair. Proper footwear is important, so make sure you wear well-cushioned shoes with adequate arch support. Wearing cushioned slippers at home also helps reduce the pain.



If these measures do not work, visit a sport and exercise physician for further evaluation, as your pain may be due to other conditions. You may also need further treatment, such as physiotherapy, podiatry therapy, or shockwave therapy.

For more information, visit: www.csmc.sg/common_sports_injuries/foot_plantar_fasciitis.html

DR IVY LIM

Consultant, Singapore Sport & Exercise Medicine Centre @ Changi General Hospital

How common is bile duct cancer?



This is my first time hearing about cancers of the gallbladder and bile duct. How common are they in Singapore? Is there a specific gender, race, or age group that is more susceptible to these cancers? Is the risk greater if there's a family history of these disease? What are first signs to watch out for?

Cancers of the gallbladder and bile duct (cholangiocarcinoma) are rare and account for approximately 5 per cent of all gastrointestinal cancers. However, they present late and are almost always incurable at diagnosis.

The incidence of these cancers increases with age. Bile duct cancer tends to be more common in men, while gallbladder cancer tends to affect more women. These are related to the underlying risk factors of the cancers.

Primary sclerosing cholangitis is a risk factor of bile duct cancer. This inflammatory disorder of the biliary ducts leads to fibrosis of the bile ducts. The condition affects males predominantly.

A history of gallstone disease is a strong risk factor for gallbladder cancer. Generally, most of these cancers are not hereditary, but you should consider screening if there is a significant family history of cancer.

Most patients with gallbladder cancer experience abdominal pain, loss of appetite, nausea, and vomiting. Patients with cholangiocarcinoma have symptoms related to biliary obstruction, such as jaundice, generalised itch, dark urine, and pale stools. Other common symptoms include abdominal pain, weight loss, and fatigue.



DR LIM CHIEW WOON

Associate Consultant, Division of Medical Oncology, National Cancer Centre Singapore



Ingrown toenails or not?



My grandmother's large toenail is causing her pain. The nail seems to have become thickened and more curved. Is it an ingrown toenail? How should it be cut?

Nails that have become thickened and curved are not considered ingrown toenails, unless they affect the nail fold and cause bleeding. Ingrown toenails, too, may not be curved even if they pinch into the flesh. However, both types of nails are common problems among the elderly, who may pay less attention to their toenails because of difficulties bending over, handling a nail clipper, or with their eyesight.

Poor nail-cutting technique can cause ingrown nails and bleeding. This occurs when a sharp nail edge is not cut off but left under the nail fold on the sides of the toe. How one stands or walks can also cause ingrown nails. People who walk with an inward rotation or a pronated foot have a higher chance of developing an ingrown nail on the inner side of the big toe.

Curved or involuted nails, however, may be hereditary, or due to chronic systemic disease, side effects of medications, or a previous injury. Thickened nails can also be caused by a fungal infection.

Involuted nails can curve so much that they dig into or pinch the flesh, causing pain and bleeding. If the problem cannot be managed by filing or cutting your nails differently, then seeing a podiatrist may be helpful. In extreme cases, the podiatrist may perform a small procedure to remove the nail and chemically treat the nail matrix so that the nail does not grow back and cause problems again.

MS MARABELLE HENG

Principal Podiatrist, Department of Podiatry, Singapore General Hospital

Hoarse voice



My voice gets hoarse and weak after speaking for a period, especially when I'm in an air-conditioned room. It is rather embarrassing as I am a trainer and speak in public often. Is this a cause for concern, and can I do anything about it?



You may be suffering from vocal overuse, a common condition among people who use their voice for an extended period every day.

If hoarseness persists for more than a week, you should see a ear, nose and throat (ENT) specialist, or otolaryngologist, who will perform a nasal endoscopy to rule out abnormalities. If it is purely a case of vocal overuse, the specialist will refer you to a speech therapist to learn good vocal hygiene or habits. You will be taught voice exercises, throat massage, and using the voice properly to avoid misuse and damage to the vocal cords.

Some good habits to adopt include:

- 15 minutes of voice rest after every two hours of speech
- Drink at least six to eight glasses of water daily
- Avoid oily, spicy, and acidic foods
- Refrain from lying down after a heavy meal to prevent acid reflux
- Use a microphone
- Warm up your voice in the morning
- Massage the muscles just under the chin and behind the jawbone lightly, using a rubbing action of the thumbs
- Stretch your neck or shrug your shoulders to relieve tightness.

Besides voice overuse, hoarseness can be caused by a sore throat or other infections, small cysts, polyps or nodules on the vocal cords, nerve injuries, and even larynx or throat cancer. If you are a smoker or have had hoarseness for a prolonged period, it is important to exclude serious conditions, such as cancer or pre-cancer.

With chronic voice overuse or misuse, you can develop vocal nodules or granulomas over time, which can affect voice quality and require a longer period of therapy to reverse.

DR SHALINI ARULANANDAM

Consultant, Department of Otolaryngology, SGH

DID YOU KNOW...

... **that** if you are a new patient at SingHealth Polyclinics (SHP) – Punggol, you can use your SingPass Mobile app to register for appointments without having to fill in forms or show your NRIC?

Since 29 November 2019, SHP – Punggol has been using SG-Verify, a digital tool that authorises the polyclinic to retrieve patients' information directly from the Government's database.

Now, new patients just need to launch the SingPass Mobile app to scan a unique QR code and log in to verify their details, and register. Existing patients can also use SG-Verify to update their personal data.

This technology speeds up the registration process, and improves patient experience. Not only is it more convenient for both patients and staff, it also helps reduce the chances of human error when keying in information.



Photo: Vernon Wong

... **that** smoking is not allowed in hospitals and on hospital grounds? Anyone found smoking within the hospital compound commits an offence under the National Environment Agency's (NEA) Smoking (Prohibition in Certain Places) Act.

The NEA has been progressively extending no-smoking areas to more public places to protect non-smokers from the harmful effects of second-hand tobacco smoke. It is illegal to smoke within the hospital as well as outdoor compounds, such as car parks and walkways.

Patients and visitors can approach the hospital's security or staff if they see anyone smoking at the prohibited areas on SGH Campus. The offender will be asked to stub out his cigarette; if he refuses, he will be asked to leave the area immediately.

You can also report to the NEA at 1800 2255 632, via its Online Feedback Form, or myENV mobile application.

Anyone convicted in court of smoking can be fined up to S\$1,000. Under the Act, anyone who hinders, obstructs, threatens, or assaults hospital staff carrying out their duties can be fined up to S\$1,000, jailed up to six months, or both.

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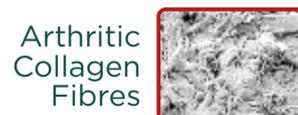
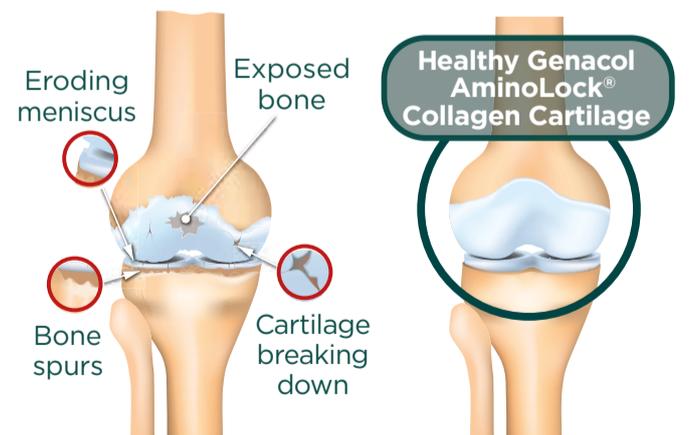
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GLUCOSAMINE: Not effective or not the right BRAND of glucosamine?

Before buying a glucosamine brand,
ask yourself these questions:

1. How many clinical studies have proven that the brand works for painful joint conditions?
2. How many clinical studies have shown that the brand does not work?
3. How many long term, large-scale studies were conducted using the brand to prove its safety for long-term use?

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2. No clinical studies have shown that Viartil-S does not work.
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What about the glucosamine brand that you are taking?

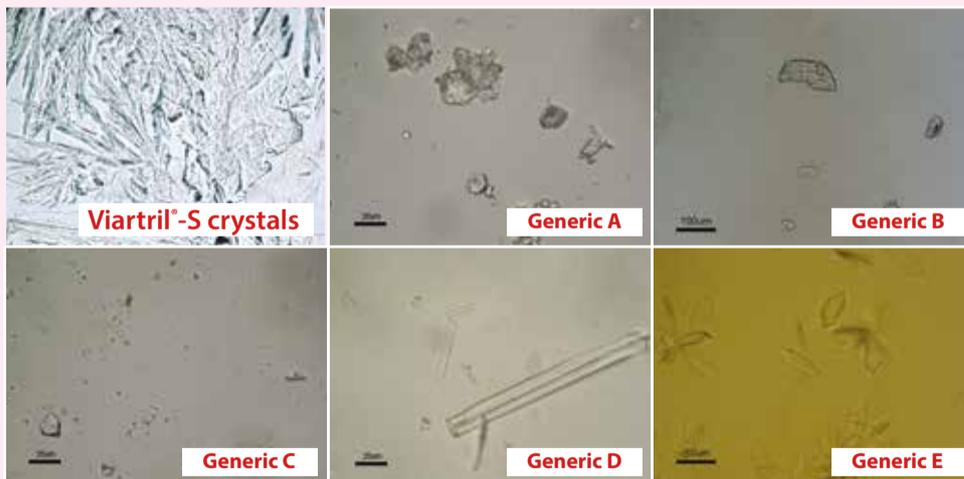
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The microscopic structure of Viartil-S is different from generic glucosamine:



1. Dario Gregori et al. JAMA. 2018;320(24):2564-2579 2. Olivier Bruyère et al. Seminars in Arthritis and Rheumatism 44(2014) 253-263 3. Bruyère O, Allman RD, Reginster JY. Semin Arthritis Rheum. 2016 Feb;45(4 Suppl):S12-7.



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