SingHealth nurses get new look

By Hazel Yong
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New designs score high both in looks and functionality – making it easier for patients and the public to approach the right nurses for assistance.

IT’S a fashion update that patients would applaud. Come October, over 5,000 nurses from the SingHealth cluster will start donning spiffy off-white ensembles with trimmings on the sleeves or bodice.

The change is not about vanity. Mooted and designed by the nurses themselves, the corporate colours and trimming placement reflect their ranks and the institutions they hail from. This helps speed up both external and internal communication.

Cohesive corporate identity
SingHealth’s Nursing Director for Outram Campus Lim Swee Hia explained, “The aim of the change is to project a cohesive identity for the nine SingHealth institutions and make it easier for patients to identify nurses of different grades. Currently, patients don’t know why some ‘nurses’ are unable to answer their queries.” This is because patients sometimes mistake the patient care or health care assistants for nurses as they wear the same uniforms.

As the nation’s largest healthcare group, the uniform change will also improve the corporate identity and the vocation’s professional image among the public. SingHealth’s member institutions are Singapore General Hospital (SGH), Changi General Hospital (CGH), KK Women’s and Children’s Hospital (KKH), nine polyclinics, National Cancer Centre Singapore, National Dental Centre, National Heart Centre, National Neuroscience Institute and Singapore National Eye Centre.

KKH’s Director of Nursing Lee Heng Pheng noted, “A common identity is especially useful when our nurses go for clinical attachment at sister institutions. Patients will identify them as nurses from the SingHealth group and be more accepting of them, rather than be confused by the different uniforms worn by nurses from different institutions.”

Ground-up effort by nurses
The idea for the uniform change was mooted last December. In January, a survey was carried out among SingHealth nurses to seek their input on features for the new uniforms. Madam Lim said about 75 per cent of nurses responded and a panel of nursing directors worked with the vendor to produce the designs. Shortlisted prototypes were shown at communication sessions with nurses, put to a vote and submitted to the management for approval.

The result – user-friendly yet stylish designs across four major nursing grades: nursing director, nurse manager, staff nurse and enrolled nurse. Female nurses get slimming princess-cut dresses with back zippers while the men wear collared shirts with slits for easier access to their trouser pockets. Polyester-rayon fabric is used for its high thread count and the uniforms are treated with a stain resistant finish for easy cleaning.

Over at CGH, the excitement runs high even though the uniform switch is slated only for January next year – the last of SingHealth’s institutions to do so. According to Director of Nursing at CGH Lee Yen Yen, their efforts to change uniforms three years ago were aborted. “This change is timely as our nurses have worn the same uniform since 1990. They really look forward to this refreshing change.”

Echoing the same sentiment, SGH nurse clinician Seow Kah Hiang said, “I prefer the new uniform. It is more comfortable and easy to move around in, which is what we need at work. I think our new look makes us look professional and portrays a good image of our organisation.”
Know your nurses

You'll never have to wonder who's who again with the new uniforms. OutramNow shows you how to spot the difference.

Enrolled Nurse
Wears: Short-sleeved dress in off-white, with ribbon strip in institution's colours on the sleeves. Male staff wear short-sleeved collared shirts with the same design details, paired with off-white pants.

Staff Nurse
Wears: Short-sleeved dress in off-white, with ribbon strip in institution's corporate colours running down the front. Male staff wear short-sleeved collared shirts with the same design details, paired with off-white pants.

• Nurse Manager • Nurse Clinician • Nurse Educator
Wears: Short-sleeved dress with the institution's corporate colour as the base. The bodice trimming also reflects the institution's colour. Comes with a cream-coloured jacket. Male nurses wear short-sleeved, collared shirts in identical colour and off-white pants.

• Director of Nursing • Deputy Director of Nursing • Assistant Director of Nursing
Wears: Cream uniform with ribbon strip in SingHealth's corporate orange running down the bodice. Comes with a matching jacket.

Results of ‘Win a copy of Sensational Confessions’ contest in Outram Now July/August 2007 Issue 3.

The answer is TRUE. There are 36 recipes in ‘Sensational Confessions’.

The 5 winners of the recipe book worth $32.80 published by Changi General Hospital's ‘Confessions’ are:

- Laura Tay Hui Min, Hougang Avenue 3
- Elizabeth Oei, Stirling Road
- Felix Lim Wei Yiap, Ang Mo Kio Avenue 6
- Eugene Huang, Brighton View
- David Ang Hong Kheng, Jurong West Street 61

Dietetic and Catering Department are:

- The 5 winners of the recipe book worth $32.80 published by Changi General Hospital's ‘Confessions’.
- The answer is TRUE. There are 36 recipes in ‘Sensational Confessions’.

Outram Now July/August 2007 Issue 3.

Outram Now is the JC accredited hospital.
SingHealth sweeps President’s Award for Nurses

Morale boost for SingHealth with three top nursing honours.

SINGHEALTH staff cheered thrice as loud at this year’s Nurses’ Day celebration when three of their colleagues were named recipients of this year’s President’s Award for Nurses. The hat trick brought the number of awards won by SingHealth to 13 - more than half of 23 given out since its inauguration in 2000.

“This unprecedented win for our group is a solid endorsement of nursing excellence within SingHealth,” said Professor Tan Ser Kiat, Group Chief Executive Officer of SingHealth. “It is a reflection of the stellar leadership, teamwork and indomitable pursuit of excellence amongst nurses.”

As the nation’s highest accolade for nurses, the Awards recognise outstanding nurses for their contributions to the nursing profession and community.

This year’s recipients are Ms Gwee Pek Hoon, Ms Tracy Carol Ayre and Ms Elaine Ng Kim Choon. Each received a trophy, a certificate and $6,000 from President S R Nathan at the Istana on Nurses’ Day on 1st August.

Ms Tracy Carol Ayre, 40, Deputy Director of Nursing, Singapore General Hospital

‘Always treat patients like family and adopt a questioning mentality’

Such is Ms Ayre’s advice for rookie nurses at SGH, her workplace for 21 years. Besides overseeing ambulatory services and quality management for SGH nurses, she heads the nursing research programme. On average, nurses are involved in 15 to 20 nursing research studies and systematic reviews yearly. Ms Ayre has also published 10 papers and presented 20 at both local and international conferences.

Ms Ayre said, “I feel that nurses are no longer just doers. They have the potential to influence healthcare at a higher level and not just within their own scope of work.”

The feisty nurse contributes to the profession and community too. On her own time, she is a guest lecturer at the University of Singapore and pursuing her second Masters degree in Business Administration. “I hope to use the $6,000 cash prize on my MBA to help me become an all-rounder.”

Ms Elaine Ng Kim Choon, 42, Senior Nurse Clinician, Changi General Hospital

This down-to-earth nurse responds cheerfully to “Xiao Mei” (little girl in Mandarin) at her Accident and Emergency department. “I don’t mind. Some of my older colleagues saw me develop professionally,” said the affable Ms Ng.

A nurse with SingHealth for 25 years, she speaks to her patients in Malay, Teochew, Hokkien and Cantonese, language skills acquired on the job. “Patients feel bad when nobody understands what they are saying, especially the elderly who are fearful of hospitals.”

Ms Ng won CGH’s Best Suggestor Award in 2005. She presented an evidence-based paper on “Multi-disciplinary management of chronic heart failure patients” in a conference organised by SingHealth in 2004. She was also published in prestigious periodicals, such as mass casualty smoke inhalation in the European Journal of Emergency Medicine last year.

Ms Ng is equally devoted to community work. She went on a 12-day medical mission to the Philippines in December last year to help people affected by the Reming typhoon. Ms Ng is currently teaching nursing part-time at the National University of Singapore and pursuing her second Masters degree in Business Administration. “I hope to use the $6,000 cash prize on my MBA to help me become an all-rounder.”

Ms Gwee Pek Hoon, Director of Nursing, SingHealth Polyclinics

Forty years as a nurse is a “loooong time” but Ms Gwee loves every minute of it.

Often described as a people leader, she has a passionate interest in stoma care which is looking after patients with artificial abdomen openings for urinary or faecal diversion. She underwent stoma therapy training in Melbourne, Australia in 1984 and started the Stoma Advisory Clinic at Singapore General Hospital. In 1986, she snagged the MOH Nurses’ Merit Award and two years after, the National Day Efficiency Award.

“The wins including President’s Award for Nurses are not by my efforts alone. There are many unsung heroes.” Under her guidance, polyclinic nurses developed patient management support strategies such as better counselling techniques for diabetic patients. She also appointed nurse champions to oversee polyclinics’ Infection Control standards after the SARS scare.

In 2001, Ms Gwee started handling the Polyclinics’ community outreach programmes and charity fund-raisers the following year. Together, the staff at SingHealth Polyclinics raised about $35,000 for various organisations including The Straits Times School Pocket Money Fund.

Just a few years away from retirement, she hopes young nurses will rise up the ranks fast. “I hope to nurture as many as I can before I leave SingHealth Polyclinics.”
Food4Thought

Make sense of food reports

Confused by the plethora of news reports on health, food and nutrition which often sound contradictory? Not surprising because scientific enquiry is usually a lengthy and complicated process, and journalists tend to over-simplify for easy reading. Sound advice from the Asian Food Information Centre: Assess the reliability of reports before you make any dietary changes.

“Eating pizza cuts cancer risk!”
“Cancer risk found in French fries, bread, potato chips…”
“Forget fibre, cold leftovers will keep away cancer!”

DO these headlines sound familiar? Making sense of the “latest research” in food, nutrition and their link to health can be perplexing to say the least. To consumers, it often seems that contradictory studies about food and health appear in the media just about everyday, leaving many to wonder why researchers can’t get it right the first time!

The answer lies in the nature of scientific discovery as well as weaknesses in reporting them.

How research is conducted

Firstly, scientists see each study as a small contribution to our knowledge pool. Each researcher usually works on one part of the problem or phenomenon and adds a little to our common knowledge about the world around us. Perhaps all conclusions on recent scientific investigation should start with ‘based on what we know today’.

As different scientists may take different approaches to study a particular phenomenon, results may differ. Scientists often act like pathfinders through uncharted territories. They may take different routes, some of which result in dead ends and require long detours to get back on track.

Even after the facts are known, they usually only comprise one part of a larger story, requiring research in other areas to shed more light on the issue.

In other cases, scientists sometimes review old research with the aid of new information or technologies and may come to a different conclusion than that previously believed to be true.

In the process, scientists actively discuss and debate their own and others’ work. Hence research published in scientific journals - which enable them to review their peers’ work - should be viewed more as discussions among scientists than as gospel truth or written in stone.

While scientists have been studying the effect of food and nutrition on our health for centuries, there is still much that scientists do not know. As scientific research explores the unknown, uncertainty is an unavoidable part of current investigation.

No Eureka! moments

The bottom line is that dialogues characterised by cycles of revisions, conjectures, assertions and contradictions are frequently key to investigating a subject. As facts only become clear after many years of painstaking research repeated over and over again, the process of scientific discovery should be viewed as being more evolutionary than revolutionary.

Earth-shattering “Eureka!” moments rarely occur in food and nutrition research.

Snappy, but not completely accurate

Another factor in consumer confusion lies in everyone’s penchant for punchy headlines that catch the audience’s attention. Complicated studies that end with many caveats are often summarised to a few catchy sound-bites that may overly simplify the real significance of the studies. They may not appreciate the limitations of a study or may draw conclusions unintended by the researcher.

Take epidemiological studies, which form the mainstay of many food and health studies reported in the media. Basically epidemiological studies look at populations to investigate potential associations between aspects of health (such as cancer and heart disease) and diet, lifestyle, genetics or other factors within the population.

As epidemiological studies are often observational in nature, their outcomes need to be verified with other types of research such as intervention or clinical studies.

While epidemiological studies may show association or correlation, they do not establish cause and effect. For example, comparing per capita meat consumption between various countries may reveal an association between eating meat and certain types of cancer. However one could not correctly conclude that eating meat causes the cancers, because other unrelated factors in the diets of meat eaters (such as total fat, calories or the lower levels of vegetable consumption) may be the true cause, and meat consumption is simply a reflection of other dietary habits.

Don’t accept news wholesale

Wherever possible, do your own research before you make dietary changes.

• Check out the population that was studied. For instance, studies conducted on adult male Americans may not apply to Asian females. Similarly, findings and conclusions drawn from studies on laboratory animals should not be extrapolated to people. These caveats are usually stated at the end of the research paper but may not be reported in the media.

• Find out as much as possible about the experiment: how many people did the research involve, how long did it take, what type of study was it? Was the study published in a peer-reviewed journal (a publication where other scientists are asked to review the paper before it was published)? Studies that involve many subjects, are carried out over a long duration (years instead of days), use human subjects instead of animal and include a control group (a group who do not receive the intervention and are used as a comparison to the group receiving the intervention) are more powerful than studies on small numbers of subjects for a short period and do not include a control group. Also studies that make allowances for other risk factors such as smoking and age carry more weight than the ones that don’t.

• Finally, dietary changes should not be made on the basis of one finding especially if you are considering eliminating an entire food category. Wait for plenty of other confirming studies before making any changes, and do consult a qualified health professional.

The Asian Food Information Centre (www.afic.org) is a Singapore-registered, not-for-profit society whose mission is to provide science-based information on nutrition, health and food safety to consumers in Asia.
Physiotherapy he wrote

By Constance Nonis

ALL it took was a day visit to the Singapore General Hospital in 1986 for Wong Wai Pont to decide on physiotherapy as a career. Then 19, he saw how much human interaction physiotherapy offered and immediately knew that this was how he could contribute and help others.

Today, at 40, Dr Wong is Senior Principal Physiotherapist at the Singapore General Hospital, specialising in cardiopulmonary physiotherapy attending to patients with cardiac and respiratory conditions. He was the first Singaporean physiotherapist awarded a PhD degree in 2003.

First to pen two books on physiotherapy

To share his professional expertise, Dr Wong has authored two books due out this year. The first publication tracks the evolution of the profession through the decades while the second is a textbook for entry-level physiotherapists. The textbook is co-authored with three other colleagues Meredith Yeung, Cindy Ng and Dawn Tan. What is so significant about these books is that not only were they written by a Singaporean, the publications will also be the first and for now, the only books with a local perspective as they include Asian data, particularly Singapore’s.

In his 16 years with SGH, Dr Wong has witnessed how the profession evolved and gained local acceptance. “From just 18 physiotherapists when I first joined the hospital in 1991, the department now has 64. And from being one of only a handful of locals then, almost all of the physiotherapists today are either Singaporeans or Singapore permanent residents.”

With pride, Dr Wong added, “Soon they will be locally trained too when our universities offer degree courses in physiotherapy in a few years.” Presently, all practicing physiotherapists in Singapore can only obtain their degrees and post-graduate qualifications overseas. Dr Wong earned both his bachelor and doctorate degrees from Australia’s University of Queensland.

Physiotherapists play important clinical role

In the past, physiotherapy departments in hospitals had to struggle with severe manpower shortage. “Things are much better today!” said Dr Wong. “This changed around the mid-1990s when clinicians and hospital administrators began seeing the effects of physiotherapy especially in preventing post-operative complications and helping patients recover faster.”

Patients too have come to realise the importance of physiotherapy. “While in the past they were skeptical, today not only do they ask if physiotherapy can improve their condition, some even ask for more frequent sessions. It is this changing perception and growing acceptance of physiotherapy that prompted me to write the books,” shared Dr Wong.

As he devotes a fair bit of his time to research work and writing papers, Dr Wong cherishes sessions of direct interaction with patients. He is on the permanent night shift providing respiratory care to patients under intensive care as part of the Hospital’s 24-hour comprehensive physiotherapy coverage. It is an arrangement that suits him fine. The nights spent attending to patients, administering treatment to improve their respiratory status and monitoring their progress to recovery provide Dr Wong a sense of fulfillment and connection with his patients.

“Their perseverance, the resilience of the patients have made physiotherapy a highly rewarding profession,” he added.

In a brief address to the crowd, Dr Balakrishnan said, “Nurses are the human face and the human hands of our healthcare services. Even as you upgrade yourself and become more professional, do not neglect the personal ties, the relationships that bind and the personal touch for patients.”

HAPPINESS came in a cone for acting nurse clinician Jasmine Heng at the SingHealth Nurses’ Day Celebration on August 1. She was first in line to receive a cone of ice cream scooped by Minister for Community Development, Youth and Sports Dr Vivian Balakrishnan.

“Im too excited to figure out the flavours. Its the first ice-cream Ive gotten from any minister!” gushed Ms Heng of Geylang Polyclinic.

She was among over 2,000 SingHealth nurses who turned up for SingHealth’s annual celebratory bash for modern-day Florence Nightingales at the Outram Campus.

The party’s Guest-of-Honour Dr Balakrishnan, a former Chief Executive Officer of SGH, sportingly donned an apron and turned ice cream man for the special occasion held at the open carpark near SGH Block 7. Accompanying him were SingHealth Group CEO Professor Tan Ser Kiat and Deputy Group CEO Mrs Karen Koh.

Professor Tan drew chuckles from the nurses as he quipped, “I don’t have much hair left to let down but do let yours down today. Eat, drink and be happy!”

In a brieaddress to the crowd, Dr Balakrishnan said, “Nurses are the human face and the human hands of our healthcare services. Even as you upgrade yourself and become more professional, do not neglect the personal ties, the relationships that bind and the personal touch for patients.”
**Stress@Work**

Too much chatter
What do we abhor most in our work environment? It’s talkative colleagues according to a Robert Walters global survey on workplace distraction. Forty per cent of people around the world are most irritated by ceaseless chatter followed by Internet surfing (28 per cent). Guilty? Do remember to keep the gabbing to lunchtime and after-office hours. So, you think it’s okay because you’re talking about work? Not to the others who wish they don’t have to hear every move you make.

And too many emails
If you have been looking at your email every 15 minutes, you’re not alone. More than a third of workers, or 34% of about 200 workers surveyed for a study in Britain, admitted checking their email with such regularity. The study by a group of researchers led by Ms Karen Renaud, a computer scientist from Glasgow University, and psychologist Judith Ramsay, of Paisley University said email was a bothersome part of our working lives.

About 28% admitted that they were “driven” to check their mails so regularly because of the pressure to respond immediately. “Our survey indicates the astonishing extent to which email is embedded in our day-to-day lives,” the Daily Telegraph quoted the researchers, as stating. At present, there is no solution.

Bad posture
Some of the reasons for headaches, aching wrists and neck pain – common medical problems of today – relate to the way we sit at our computer stations. A little knowledge of ergonomics can go a long way in minimising such problems, say researchers at Cornell University.

They have put together practical tips and a guide on how to set up an ergonomically-sound work station. Details are at http://ergo.human.cornell.edu/ergoguide.html. One tip: “The monitor should be at a comfortable horizontal distance for viewing, which usually is around an arms length (sit back in your chair and raise your arm and your fingers should touch the screen.”

Strain on the eye
All of us who use computers at work already know it, but now it’s confirmed – staring at the computer screen for hours is very bad for the eyes. Some of the symptoms identified by optometrists as being vision problems related to regular and long hours of computer use are eyestrain, watery eyes, dry eyes and blurred or double vision.

Any of these can negatively impact our wellbeing and as a result affect productivity. At regular intervals it is good to rest the eye, says the Health Promotion Board. Computer vision syndrome or CVS as it is known can also be minimised with the use of anti-glare computer screens. Sunlight streaming through windows and reflected on the computer screen from various angles is also bad, so do move your monitor to a more eye-friendly position.
And baby makes three

It was double celebrations in the Lok family with their bundle of joy arriving on the eve of her mother’s birthday.

By Leong Wai Kit and Karen Teng
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HE is tiny, toothless and can be demanding. But the couple fussing over him is enjoying every moment of attending to his needs. After all, Jeffrey and Monica Lok finally had baby Ian after six years of trying and waiting.

The couple wanted to start a family two years into their marriage. When nature failed to take its course, the Loks sought help. Jeffrey said, “We tried everything including taking Chinese medicine and following a prescribed timetable. Monica also underwent intrauterine insemination twice. We went to three fertility clinics. Each expert said different things.” But the good news was nothing was wrong with husband or wife.

IVF was their final hope

Their last resort was In-Vitro Fertilisation (IVF). The Loks chose to undergo treatment at the SGH Centre for Assisted Reproduction (CARE) with its director Dr Yu Su Ling.

In May last year, Monica began the first phase of treatment which required her ovaries to be stimulated to produce more than one egg per cycle. This involves hormone injections every morning for two weeks, followed by day and night jabs over the next fortnight.

The 37-year-old financial controller recalled her determination to be a mother. “I had to overcome my fear of needles and give myself the injections. My hands were trembling and I had to keep looking away. Jeffrey asked if I wanted him to do it but I told him no.”

Unfortunately, the cycle of treatment had to be stopped when Monica’s body overproduced eggs, leaving her nauseated and bloated. She had to be warded in SGH.

Finally pregnant

A month later, Monica underwent a second cycle of treatment. Her eggs were successfully harvested and placed with Jeffrey’s sperm in a culture dish. The resulting embryos were transferred into her body. Monica spent the next two weeks taking it easy while patiently waiting to see if the embryos transferred successfully would attach to her womb.

Last October, her pregnancy was confirmed. Monica recalled, “I went to CARE in the morning for a pregnancy blood test, the result was to be out at noon. The next few hours, I kept busy by running errands. Then the nurse called - I was pregnant. I was quite surprised because I had cramps during the incubation period and thought my chances were gone. So it was unexpected news.”

Over the next few months, the couple was eagerly waiting to know if the embryos had transferred successfully would attach to her womb. Monica’s role was to hold Jeffrey’s hand throughout the journey to be parents. Jeffrey shared, “My role so far was just a supporting one. All I could do was to hold Monica’s hand throughout. Bringing up Ian is Chapter Two.”

Staff really CAREd

To the Loks, the birth of their only child marked the end of an emotional opening chapter of their journey to be parents. Jeffrey shared, “My role so far was just a supporting one. All I could do was to hold Monica’s hand throughout. Bringing up Ian is Chapter Two.”

Monica was all praise for the staff at the CARE clinic for their professionalism and concern. “We were with another hospital’s fertility clinic for two years, but surprisingly, the staff there merely knew us by number. At CARE, they addressed us by name and the nurses were always cheery. It made a difference. On days when Jeffrey wasn’t able to accompany me to the clinic, I didn’t feel afraid to go alone because I felt taken care of.”

So will the Loks try for baby number two? Monica laughed, “We’ll consider this in a couple of years.” For now, little Ian has the undivided attention of his parents and both his grandmothers who take turns at babysitting.

About IVF

In-Vitro Fertilisation (IVF) is the process used to conceive a baby outside the body. Commonly known as making a ‘test-tube baby’, a cycle of treatment involves a series of steps over several weeks.

• Harvesting the eggs using a fine needle under the guidance of ultrasound images
• Stimulating the ovaries with hormone injections to produce more than one egg per cycle
• Harvesting the eggs using a fine needle under the guidance of ultrasound images
• Fertilisation of the egg and sperm in a culture dish and transferring the resulting embryo into the womb in the hope of a pregnancy.

The pregnancy rate at the SGH Centre for Assisted Reproduction (CARE) is an average of 45% based on the number of patients seen between 2005-06. To book an appointment with CARE’s fertility experts, call 6321 4377.

First-time proud parents Monica and Jeffrey Lok with their bundle of joy, Ian, who was conceived after successful In-Vitro Fertilisation treatment at SGH.

We’ve been trying for a baby but...

Sexually active teenagers often bemoan that it’s easy to get pregnant when they least expect it. But for some married women ready to embrace motherhood, pregnancy may not come easy.

Infertility is the failure to conceive after a year of unprotected sex. Senior consultant of SGH’s Obstetrics and Gynaecology Department Yong Tze Ten revealed some sobering facts. “About one in seven couples have difficulty conceiving. It appears to be more common because our society is more aware and ready to talk and deal with it. A woman’s biological clock is very real and fertility is reduced once a woman hits age 35 and especially when she’s 37. She remains potentially fertile as long as she’s menstruating although very few women conceive after 43 even with test tube babies.”

Twice weekly intercourse

A successful conception means allowing the egg to meet the sperm. Dr Yong advised couples trying to have a baby to have regular unprotected sex at least twice a week. If there are no results, it’s time to seek help. “If you are young, you can wait for another year or so, but if you are in your 30s, it’s prudent to have a check after a year of trying.”

A check-up involves taking the couple’s medical history and doing blood tests, sperm analysis and ultrasound scans to identify and treat problems.

Men, do your part

For the women, common problems are irregular ovulation, endometriosis, cysts, blocked or damaged fallopian tubes and unproductive ovaries. Men usually have problems affecting the quality of sperm or sperm ducts. Some of these problems can easily be corrected with hormone supplements or surgery. Ideally, couples should undergo check-ups together. As Dr Yong put it, “Men have an important contribution, hence it is advisable that they are assessed together with their wives.”

IVF can help

In-Vitro Fertilisation is the only treatment for women with two blocked or damaged fallopian tubes, endometriosis and ovulating problems. Also, if their husbands have low sperm count or need their sperm to be surgically retrieved. IVF can be considered by couples trying unsuccessfully for a baby for three years.

Dr Yong said, “But even technology cannot reverse the ravages of time. Success rate depends very much on the age of the female partner. For women under 35, the pregnancy rate can be as high as 50% but for those over 40, it is only 10%. This is because the quality of the eggs and resultant embryos are very much dependant on the woman’s age.”

So if you are ready to be a parent, do start early for higher chances of success.
Twice as nice

Blessed with exotic Pan-Asian looks thanks to their Chinese-Norwegian parentage, 26-year-old twins May and Choy attract double the attention wherever they go. But the gorgeous twosome are actually homebodies who prefer to spend their free time indoors - shopping online (they are ambassadors for eBay), gymming and hanging out with family and friends.

Your booties are envied by women and ogled by men. How do you maintain your curvy shape?

Haha, is that so? We have good genes but we visit the gym at least three times a week for weight training and cardiovascular exercises. Outdoor and water sports help a lot too. We don’t find exercise a chore because we feel more energetic and love how our muscles feel after a good workout.

We think most women will agree that the stomach is the hardest to work on. No matter how fit you are, there’s still a little belly. You can do all the stomach crunches in the world but if you are not on a healthy diet, it’s hard to get rid of the fat layer and sculpt those abs. It’s challenging but we are working hard on that now.

Now that you are famous, do clients still order you to lose weight before starting on new assignments?

Yes. For our first feature film 881, we were told to lose some weight since the camera adds five pounds to our figure. We were not very surprised at this as it is common that artistes have to gain or lose weight for their roles.

To be honest with you, we don’t know our exact weight right now. We don’t believe in weighing scales because weight is misleading – the pounds may be due to water, muscle and of course, fat. You may weigh more after working out for some time due to an increase in lean muscle. So we just go by the fit of our clothes nowadays. What matters is the way you feel about yourself inside and out.

What foods do you enjoy?

A healthy dinner for us would be grilled chicken breast, steamed vegetables and garlic brown rice. Our most sinful indulgence is chocolate; we have to eat it at least once every day. (May): Choy makes fantastic cupcakes that can give Magnolia Bakery in New York a run for their money; it’s that good! Me, I can whip up a mean shepherd’s pie.

I heard you two believe in quality bedding?

Our beddings cost a few hundred dollars a pop but they guarantee a good night’s sleep. We love Egyptian cotton sheets – they are soft and most comfortable. eBay is fantastic for such stuff as prices can be 40 per cent cheaper compared to retail shops. We order ours from a seller in the US.

We have three rules on maintaining a wonderful complexion: get lots of sleep, drink plenty of water and have a good beauty regime that includes slapping on lots of sunblock lotion!

As twins, is there a telepathic connection where one feels queasy when the other is ill?

If it happens, it’s because one caught the flu bug from the other. We drink a lot of water and sleep when we are sick. We try to let our body heal on its own as much as possible but will visit the doctor when things get worse.

You are ambassadors for the Lupus Association because your mom suffers from the condition. How does that influence your outlook on life?

Lupus is like lightning; it can strike when you least expect it. Therefore, we feel that it is important to help raise public awareness of the disease. After seeing how the disease has affected our mother, we live each day to the fullest and try not to take things for granted. Spending time with family and our close friends keeps us healthy and happy.

We attended the 8th World Lupus Congress in Shanghai in late May this year and learnt that most lupus cases are caused by factors other than genetics. With advances in research and medicine these days, it is easy for a patient to live with the disease for many years and lead a normal life.

By Hazel Yong hazelyong@ntucmedia.org.sg
Precision radiation beams target brain tumours

High-risk inoperable brain tumours can now be treated using precision radioactive beams with minimal downtime and better outcome for patients.

By Leong Wai Kit and Karen Teng
editor@sgh.com.sg

SINGAPORE General Hospital’s latest radiosurgery technology has changed the way brain tumours are being treated. Tumours can now be stopped from growing or shrunken using high doses of radiation beams in what neurosurgeons describe as a ‘bloodless surgery’. This reduces risks, gives better results for patients and improves their quality of lives.

Senior consultant and Head of the Neurosurgery Department at the National Neuroscience Institute Associate Professor Ivan Ng said, “The radiosurgery system shapes radioactive beams to map out the exact shape, size and position of a tumour. Higher-than-usual doses of radiation can thus be delivered from different angles to shrink or curb its growth. This translates to lower side effects, and can thus be delivered from different angles to shrink or curb its growth. This translates to lower side effects, and yet minimise radiation.”

Fewer side effects

Conventional brain surgery is risky and often results in serious side effects for patients including hearing loss, droopy facial nerves or even physical deformity. As such, some may balk from undergoing open surgery (see other story). Treatment using precision radioactive beams cut down such risks and side effects.

Associate Professor Ng said, “The new treatment reduces side effects from very high – 20 or 30 per cent – down to one or two per cent now. This is because when we shape our beams, we only shape them to deal with the tumour and not the surrounding healthy tissue. This translates to lower side effects, and compares favourably to conventional radiation treatment where we thunder blast a block of tissue.”

The new radiosurgery technology comes in the form of the Novatis Shaped Beam Surgery machine installed at SGH this May. Singapore is first in this region to offer this latest treatment option. In just two months, 39 patients have been treated.

A patient undergoes the new Novatis radiosurgery treatment on an outpatient basis. Depending on his condition, he may need a number of treatment sessions, each lasting several minutes. He wears a special thermoplastic mask on his face and is fully conscious throughout each session without the need for anesthetics.

Shorter treatment time

Previously, radiosurgery for brain tumours were available under the Gamma Knife treatment option. Only one patient was scheduled each day as treatment took about 10 hours. With the improved Novatis radiosurgery technique, an estimated 25 patients can be treated in a single day.

Associate Professor Ng said, “Gamma Knife radiosurgery and the Novatis are equally accurate. They share the same principles in tumour treatment except that with Novatis, lesions or tumours in other parts of the body such as the neck, spine, lung, liver and prostate can also be reached. Also, treatment time is just 15 minutes.”

He added that because of the significantly shorter treatment time, Novatis would also be a better option for uncooperative patients such as children.

No increase in costs

The latest Novatis radiosurgery option will not drive the costs of treatment up. Associate Professor Ng said, “It is easy to assume that because we have such a high-tech machine, the cost of using it will be very high. But I want to emphasise that despite this technology, the cost of treatment will remain the same as the Gamma Knife radiosurgery.”

The Novatis machine is the first installment under SingHealth’s plan to expand modern cancer treatment facilities in Singapore where different treatment options – surgery, radiation and chemotherapy – will be housed under one roof at a state-of-the-art neuroscience operating facility in SGH. It consists of five operating suites equipped with high-end imaging and diagnostic technologies.

The facility is named the Khoo Teck Puat-NNI Integrated Neuroscience Centre after the late hotelier whose estate contributed to the costs of setting it up.

About Novatis radiosurgery

- Non-invasive and painless
- Outpatient basis
- Each session takes 15 minutes
- Up to 30 treatment sessions
- Risks of side effects – 1 to 2 per cent
- Can be used for tumours in brain, neck, spine, liver and prostate

Tumour in ear canal

A Magnetic Resonance Imaging (MRI) scan showed that Yasir has acoustic neuroma, a condition where a tumour develops on the nerve that connects the ear to the brain. In his case, the tumour about the size of an eraser, was growing in his right ear canal stretching to the back of his brain.

Because of the size, open surgery was needed to remove the tumour. But there was no guarantee that it would be completely removed. Also, Yasir would lose his hearing and one side of his face would be left sagging permanently.

“I was really unsure. I lost my balance and fell from doing a header. As I got up, I saw that the pitch was tilted and took a quick bite. My bosses are now looking to resuming his soccer games and taking part in half-marathons.

He was to undergo 28 treatment sessions each lasting five minutes every weekday afternoon. “I was told it was a painless procedure but I couldn’t help but feel nervous. My doctor said the number of sessions varies for different patients. Mine is by far, the most compared to the 20 patients who went through the treatment before me.”

On June 19, Yasir turned up for his first session with wife, Asrita by his side.

The couple has been married for eight years and knew each from secondary school. Madam Arista accompanied her husband for all his treatment sessions. The vivacious but soft-spoken bank employee said, “I arranged to take time off from work to accompany Yasir. So I’ll skip lunch and take a quick bite. My bosses are very supportive.”

Yasir has since completed his treatment and is awaiting the all clear from his doctors. The avid sportsman is looking forward to resuming his soccer games and taking part in half-marathons.
Ladies, exercise your right

Too old; no time; too heavy to move… So, which one’s your regular excuse for not starting on an exercise regime? The only thing separating the women who work out from the ones who don’t, is discipline.

By Leong Wai Kit

“Lack of time due to family commitment” is the number one excuse among women (Singapore Sports Council’s 2005 National Sports Participation Survey). The survey also found that only 42 per cent of women participate in sports at least once a week – lower that the national average of 48 per cent.

That means women – from ah girl right down to ah ma – need to put in extra effort to embark on a healthy and sporty lifestyle. Before you think up excuses, draw inspiration from sistas-in-motion.

The senior aunty

Soh for Soh fit: Soh Kum Buay has been running 2.4km five times a week for the past five years.

Who
Soh Kum Buay, 66.

Occupation
Shift worker in a printing company.

Mdm Soh’s activity
Jogs 2.4km in 30 minutes every weekday morning

Time management
Wakes at 5.30 am for morning jog, then goes to the neighbourhood wet market to help out for free at her friend’s vegetable stall. “That keeps me physically and socially active,” says the mother of two working daughters. Two hours later, she goes home, freshens up, eats lunch, and sets off for her 3 pm to 11 pm shift.

The start
Fifteen years ago, Mdm Soh had a cyst removed from her bladder. It led to a total revamp of her lifestyle – healthy eating; simple exercises like brisk walking. She started jogging in 2002.

What keeps her going
“I feel fitter, healthier and more energised. Jogging helps me sleep better at night.”

To fellow aunties:
“You don’t feel that I’m doing anything out of the ordinary. As we age, it’s only natural that we want to take care of ourselves and be fit and healthy. Anyone can do it as long as she is willing to.”

You go, girl …

Dr Tan says: “Try not to be conscious about how you look and think about your health and wellbeing. I buy swimsuits that flatter my body so that I feel more confident.” (Last year, Lynette completed a triathlon relay, where she rowed 1.5km in open water. She plans to complete an aquathlon next year).

Lynette’s activity
30 freestyle laps three times a week.

Time management
At least one hour of swimming after work. On days when she can’t, Lynette compensate over the weekend.

The start
“I’ve always been involved in my school’s track and field and cross country events. But I love swimming the most. After I graduated from the polytechnic, I decided to swim more intensively.

What keeps her going
Swimming makes me happy. I think about solutions to problems at work etc, as I do my laps.

To fellow big gals:
“Try not to be conscious about how you look and think about your health and wellbeing. I buy swimsuits that flatter my body so that I feel more confident.” (Last year, Lynette completed a triathlon relay, where she rowed 1.5km in open water. She plans to complete an aquathlon next year).

Soh Kum Buay has been running 2.4km five times a week for the past five years.

The working mum

Child’s play: Janice Tay shows that it’s not that difficult to balance work, kids and exercise. Whenever she can, she enjoys outdoor activities with daughters Amelia (4) and Elizabeth (2).

Who
Janice Tay, 36

Occupation
Clinical exercise physiologist

Janice’s activity
“I do all sorts of outdoor activities like canoeing, cycling, swimming, jogging and brisk walking. I don’t stick to a particular type of sports. Basically, anything that takes me outdoors is good.”

Time management
“I try to be out everyday, doing something with my kids. I take them cycling after school for about 1.5 hrs. Sometimes, we go to the playground. I try to jog around the playground while keeping an eye on them. Weekends are spent at our weekend home near Chua Chu Kang, where we cycle.

The start
It was after her A Levels, when mandatory PE was taken out of her life, that Janice decided to swim more intensively.

What keeps her going
“I’ve gained a lot of confidence. For instance, when I feel like climbing a mountain overseas, I won’t feel that I can’t do it.

To fellow busy working mums:
“Think of your health as a savings account – you don’t notice the benefits until later. Exercising for your health is like building ‘funds’ for old age. If your health is important to you, then you must invest in it. After all, everyone has the same 24 hours.”

Janice is an ambassador for the Sport a New You campaign, a Singapore Sports Council initiative to encourage women to exercise.

You go, girl …

Dr Tan says: “Make priority and find time. Decide on a day and time to exercise and stick to it. Work your busy schedule around to fit that in.”

The plus-size gal

Making big waves: Lynette may be plus sized, but her freestyle strokes are so fast it puts macho guys to shame. Her 30 laps of continuous freestyle record: 34 mins.

Who
Lynette Yeo, 28

Occupation
Marketing executive
Back to work – thanks to a 30cm tube

By Karen Teng
radkor@sgh.com.sg

FOR the past three months, Noorazean Bte Raman had been spending two hours every weekday morning at the Singapore General Hospital. But she did not consider it a hassle to travel frequently between her home in Serangoon Central to Outram Park. The 28-year-old suffered from a serious abscess at her small bowel loop following major abdominal surgery. She needed a prolonged period of intravenous antimicrobial treatment to clear the infection.

For patients like Noorazean, the hospital’s Outpatient Parenteral Antimicrobial Therapy (OPAT) is a boon. The scheme allows her to continue to live an almost normal life, save for the constant visits to SGH for the drugs to be administered by nurses at the OPAT clinic at Block 3.

Noorazean shared, “I would be very sad if this option was not available to me. Staying in hospital for a long time would be boring. This outpatient arrangement is convenient for me. After my treatment, I even had time for a short rest at home before starting work at 3pm. When I finished work, I went home to be with my family.”

Frees up hospital beds

Dr Kang Mei Ling of SGH’s Department of Internal Medicine said, “OPAT was introduced in June 2003 during peak of the SARS epidemic. Initially it was to free up hospital beds for isolation purposes. Since then, it has become an integral part of patient care, enabling patients who require intravenous antimicrobial treatment but who are otherwise stable, to be discharged and complete treatment in the comfort of their own homes or on an outpatient basis.”

A team of nurses, infectious diseases physicians like Dr Kang and pharmacists look after the OPAT patients. Dr Kang explained, “Once a patient is enrolled into the programme, he may need a peripherally inserted central catheter (PICC) through which the antibiotics are delivered. Some patients visit the OPAT clinic daily for injections. Others, depending on the type and dosage, will have antibiotics administered through infusion pumps. These small and portable pumps allow patients to continue their daily activities or return to work without much hindrance.”

Noorazean was instructed to keep the catheter site dry and avoid strenuous exercises or carrying heavy items. “Overall my life wasn’t affected much. I did my housework as usual, ate what I liked and continued with my family outings. No one knew I had this tubing unless I told them.”

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Frees up hospital beds

OPAT clinics Nurse Clinician Vi Kaur Gill changes the dressing covering the external tip of the catheter for Noorazean.

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Dr Kang said, “Medical studies have shown OPAT to be a safe and effective mode of delivering antibiotics. In many Western countries, it has also been shown to reduce healthcare costs, rates of hospital-acquired infections and improve the patient’s psychological well being. OPAT also allows us to use hospital beds efficiently for acutely ill patients. This is especially pertinent in SGH where our bed situation is often tight.”

Most patients under OPAT suffer from joint or bone infections. Dr Kang explained, “Such patients would usually require 4 to 6 weeks of antibiotics, and continuing treatment in the OPAT clinic mean they go home much earlier. We estimate that a patient’s hospital stay has been shortened by 17 days on average.”

Who is suitable for OPAT?

Patients must be:
• medically stable and fit for discharge
• on antibiotics that are OPAT-compatible
• fairly mobile and able to travel to the OPAT clinic regularly
• able to take care of catheter or use the portable infusion pumps
• committed to outpatient treatment

Inspected with 30cm catheter

In Noorazean’s case, she was able to continue her work cleaning the interior of aeroplanes at Changi Airport. She had a 30cm catheter inserted into her right forearm. The internal tip rested just above her heart. Two stitches anchored the catheter’s external tip to the side of her forearm. The catheter was inserted during a 15-minute procedure under the guidance of ultrasound images.

Two stitches anchor the catheter’s external tip to the Noorazean’s forearm.

Noorazean Bte Raman who had a 30-cm central catheter inserted into her right forearm.

“ ”

No one knew I had this tubing unless I told them.

OPAT clinic’s Nurse Clinician Vi Kaur Gill changes the dressing covering the external tip of the catheter for Noorazean.

Where Doctors Learn

For General Practitioners and Pharmacists
1st Allergy Partners in Care
6 Oct 2007
12.30 pm – 5 pm
College of Medicine Building Auditorium, Ministry of Health

For Doctors and Nurses
Fundamentals of Critical Care Support 17 – 18 Nov 2007
8am – 5pm
Life Support Training Centre, SGH

For General Practitioners
The following courses will be held at the SGH Postgraduate Medical Institute, Block 6 Level 1 from 1 pm – 4pm.

• HPV Vaccine & Cervical Pre-invasive Diseases
  20 Oct 2007

• Updates on the Diagnosis and Treatment of Arthritis
  27 Oct 2007

Pre-registration is required. Details at www.pgmi.com.sg

Infectious Diseases Update
3 Nov 2007

Pain Management
17 Nov 2007
DIABETES mellitus occurs as a result of defective insulin secretion and insulin resistance in the cells. This defect leads to poor glucose uptake by the cells leading to high glucose levels in the blood.

Many diabetics tend to be overweight or obese, with the condition further compounded by the increase in body weight. The good news is, diabetes and obesity can be treated and controlled. Studies have shown that besides medical treatment, exercise has a significant impact on the management of diabetes.

Benefits of regular exercise
A comprehensive treatment plan for diabetics includes regular exercise. It is an activity that you can customise by yourself to help manage your condition.

Benefits of exercise:
• Improves the body’s ability to use the glucose in the blood
• Increases the number of insulin receptors and decreases the resistance to insulin
• Decreases or do away with the need for medication through exercise and diet control
• Decreases the risk of accelerated atherosclerosis that can lead to heart disease, high blood pressure and stroke
• Builds self-confidence and fitness levels that will lead to a better quality of life

Your checklist
Before you start to work out, consult your doctor first especially if you have been sedentary for a long time. If you are exercising on your own, remember to

• Use proper footwear
• Check your feet daily and each time after exercise
• Monitor your blood glucose level before and immediately after exercise

Blood glucose level (mmol L⁻¹)
5.5 - 12.5
> 13.5

What you need to do
Have a pre-exercise snack
Proceed to exercise
Delay exercise until good metabolic control is re-established

Suggestions for pre-exercise snack:
• 15g of carbohydrate if your next meal is not within the next 30 minutes to 1 hour. Examples: a small serving of fresh fruit or two small cookies.
• 15g of carbohydrate and 7g of protein if your next meal is more than 1 hour later

The recommended exercise programme:

<table>
<thead>
<tr>
<th>Frequency</th>
<th>At least 3 times a week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intensity</td>
<td>Maintain your pulse rate within the target zone based on your age category</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>Recommended pulse rate* (beats per minute)</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-29</td>
<td>140-180</td>
</tr>
<tr>
<td>30-39</td>
<td>130-150</td>
</tr>
<tr>
<td>40-49</td>
<td>120-150</td>
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<tr>
<td>50-59</td>
<td>110-130</td>
</tr>
<tr>
<td>60-70</td>
<td>100-120</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Duration</th>
<th>At least 20 minutes of total aerobic exercise</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mode</td>
<td>Large muscle group activities such as:</td>
</tr>
<tr>
<td></td>
<td>• Cycling</td>
</tr>
<tr>
<td></td>
<td>• Walking</td>
</tr>
</tbody>
</table>

* How to check your pulse rate
1. Stop your exercise
2. Place your finger on your neck to feel the carotid pulse
3. Take your pulse by counting the number of beats for 15 seconds and multiply by 4

Watch out for hypoglycaemia
A potential risk for diabetics who exercise is the possibility of hypoglycaemia or low blood glucose. This usually occurs during or immediately after a workout. However, it may also happen more than 12 hours after the session depending on the duration and mode of the activity.

Symptoms of hypoglycaemia:
• Nervousness, shaking and trembling
• Perspiration
• Weakness and nausea
• Excessive hunger or hunger pangs
• Headache
• Blurred vision
• Dizziness leading to unconsciousness

Other people around you may notice:
• Irritability
• Inappropriate response and confusion
• Pallor and drowsiness

If you experience any of these symptoms, do not ignore them. Stop exercising immediately and take a fast reacting carbohydrate to quickly increase your blood sugar. You may follow the recommended pre-exercise snack guidelines.

When exercising, remember to bring along:
• A source of simple carbohydrate or sugar with you
• Money to buy snacks
• Identification that provides your name, medical condition and medication

Only for diabetics
If you are keen to start exercising under the supervision of a physiotherapist, join the Diabetes Exercise Programme offered by the SGH Physiotherapy Department. A physiotherapist will plan and guide you through a 6-week individualised exercise programme that you can continue on your own after the course. For more information, call the Physiotherapy Department at 6321 4132.
SGH patients received $7m in Medifund claims

NEEDY Singaporeans who are not able to pay for their medical expenses can seek financial help from Medifund, an endowment fund set up by the Government in April 1993. Medifund acts as a safety net for those who cannot afford the subsidised bill charges, despite MediSave and MediShield coverage.

Last year, the total amount of Medifund claims approved for SGH patients was highest at over $7m. More than 48,500 applications were received, the highest since the scheme was introduced. Ninety percent of applications came from outpatients. Less than 5 percent of applicants were rejected.

Who manages Medifund?

Medifund is managed by restructured hospitals or medical institutions approved to receive government grants to help needy Singaporeans pay for their medical expenses.

At SGH, there is a Hospital Medifund Committee to consider and approve applications. The Committee oversees the disbursement of the fund according to the guidelines set out by the Ministry of Health.

Do I qualify for Medifund?

To qualify for Medifund assistance, you must

- be a Singapore citizen
- have received or will be receiving medical treatment as a Class B2 or C inpatient
- be subsidised outpatient
- be unable to pay for the charges incurred

A patient on the public assistance scheme (PA) automatically qualifies for Medifund.

Who is not eligible?

Patients in Class A, B1 and B2+ wards are not eligible for Medifund.

How much Medifund can I get?

Medifund is not an entitlement. The individual will have to apply for help and fulfill means testing criteria before his application can be approved. The amount of financial assistance from Medifund depends on the patient’s circumstances and financial background.

What medical treatment is not covered under Medifund?

Notwithstanding patient’s eligibility, Medifund cannot be used for

- non-basic or cosmetic treatment
- all delivery cases and abortions
- treatment for impotence including Viagra prescriptions
- treatment that require prescriptions of anti-retroviral drugs
- patients admitted for respite care

How do I apply for Medifund?

If you are a Class B2 / C or subsidised patient and have difficulty paying the medical charges, you can apply for Medifund assistance through the SGH Medical Social Services office at Block 3 Level 1 or call 6321 4355.

You can also make your request to our staff at any of these service points:

- Admissions Office
- Business Office
- Ward
- Specialist Outpatient Clinic (SOC)

Our staff will help you contact a Medical Social Worker (MSW).

Two who benefitted

His medical bills emptied parents’ MediSave accounts

Tan Kok Meng** suffers from end stage kidney failure and pays $330 a month for haemodialysis at a Kidney Dialysis Centre. The 59-year-old had his lower limb amputated two years ago and spends up to $400 in taxi fares each month. He is frequently admitted to hospital due to heart ailments and for his last admission, ended up with a bill of nearly $14,000.

Because of his medical condition, Mr Tan is unable to find a job. He is separated from his wife and lives with their three children. The family survives on the income from Mr Tan’s two oldest children.

His son, 23, earns $1,200 as a cook. He works at night so that he can accompany his father for dialysis sessions during the day. His daughter, 20, gave up her polytechnic studies and is now working as a billing officer taking home $960. To ease the burden on his siblings, younger son, 17, looks after their father after school. He is in Secondary Five.

The family’s three-room flat is fully paid but they have outstanding utility bills of $500. Mr Tan received 100% Medifund assistance with his latest hospital bill. Medifund also covered his previous bills of over $25,000.

Family can’t even pay for utilities

Kevin Chan** couldn’t pay for his medical treatment. At 19 after completing his ‘A’ levels, he was diagnosed with lymphoma or cancer affecting the lymph nodes. A bone marrow transplant saved his life but the treatment was terminated.

The family’s three-room flat is fully paid but they have outstanding utility bills of $500. Mr Tan received 100% Medifund assistance with his latest hospital bill. Medifund also covered his previous bills of over $25,000.

Medical Social Worker Cecilia Loo assesses a patient’s claims for Medifund assistance.

*Means testing is a method to determine how much healthcare subsidy an individual gets.

This article is based on information from Peter Lee, Senior Principal Medical Social Worker, Medical Social Services Department, SGH and the Ministry of Health website.

**not their real names
Har? I can't hear you

You hate it when people don’t talk to you face to face because it’s rude and they sound muffled. But manners aside, you might be suffering from hearing loss.

By Hazel Yong
hazelyong@ntucmedia.org.sg

SEE if you experience any of the following scenarios - your folks complain that the TV volume is too loud. You blast your MP3 player to hear the lyrics clearly. You ask people to repeat themselves. You give the wrong answers because you misunderstand the questions. You renounced your clubbing ways because you can’t hear what your friends yell above the din. There’s ringing in your ears.

If you say ‘yes’ to any of the above, chances are that your ears are giving up on you.

Hearing loss is the total or partial inability to hear sound in one or both ears. It usually develops gradually over the years and being a painless process, you may not realise it until you hate it when people don’t talk to you face to face because it’s rude and they sound muffled. But manners the damage is done. The severity is measured in decibels (dB) and a person with normal hearing can hear sounds under 20dB. However, if the best he can do is, say, hear a whisper in a quiet library (about 30 dB), he can be considered as having a mild hearing loss. Here’s the minimum range for what one can hear at each level of impairment:

<table>
<thead>
<tr>
<th>Impairment</th>
<th>Decibels</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild</td>
<td>25 – 39</td>
<td>Whisper (30 dB)</td>
</tr>
<tr>
<td>Moderate</td>
<td>40 – 69</td>
<td>Refrigerator humming (40 dB), moderate rainfall (50 dB)</td>
</tr>
<tr>
<td>Severe</td>
<td>70 – 94</td>
<td>Vacuum cleaner (70 dB), alarm clock (80 dB)</td>
</tr>
<tr>
<td>Profound</td>
<td>From 95</td>
<td>Chainsaw (100 dB), rock concert (115 dB), jet engine (140dB)</td>
</tr>
</tbody>
</table>

How sounds reach you

A flurry of activities occurs in the ears and brain the moment a sound is produced. The curved outer ears catch sound waves and direct them towards the eardrums at the end of the ear canals. Scientifically known as the tympanic membrane, the rigid thin eardrums vibrate to transmit sound waves to the ossicles in the middle ear. Ossicles are the group of three smallest bones in the body which amplify the vibrations to the cochlea in the inner ear. The fluid in the cochlea conducts sound to tiny hair cells, which then generate electrical signals to the brain via the auditory nerve. Finally, the brain picks up the signals and makes sense of what we are hearing.

What causes hearing loss

Causes are generally divided into two categories called conductive and sensori-neural hearing loss.

Conductive hearing loss occurs when there is an obstruction of sound travel from the outer to the inner ear. It causes a lowering of volume and may arise from a simple case of clogged earwax to a buildup of fluid in the middle ear or pierced eardrum from head injuries.

Sensori-neural hearing loss happens when tiny hair cells or the auditory nerve in the inner ear are damaged. It can be due to aging (presbycusis), acoustic neuroma (benign tumour affecting the auditory nerve), genetics or prolonged exposure to loud noise.

A combination of both conducive and sensori-neural factors is termed as mixed hearing loss.

Protect your ears

Hearing is linked to speech development and hence communication. How well you hear will affect many areas of your life, such as self-esteem, social circle, academic results and even the choice of jobs. Prevention is better than cure so start taking care of your ears as soon as possible.

• Wear ear plugs if you have to be in a noisy environment such as a club or when you are operating equipment like lawn mowers.
• Limit the time that you are exposed to loud sounds and take frequent breaks to rest your ears.
• Lower the volume of the TV, car stereo and MP3 player. Be especially mindful if you are using headphones.
• Check if your children's toys emit loud sounds like sirens or music, as they may hold these close to their ears.
• Consult your health officer or superior at work if you find the noise levels at your workplace unacceptable.
• Do not use cotton buds, fingers or picks to clear earwax as it may push the dirt deeper in or abrade the skin. Ears already have a self-cleaning system where skin from the ear canal migrates outwards and takes the earwax along with it.

Treatment
Most of the conditions behind conductive hearing loss can be corrected easily enough. Earwax can be cleared, infections can be addressed with antibiotics and perforated eardrums repaired via surgery. However, hearing impairment due to aging or damaged ear nerves is permanent so hearing aids or cochlear implants will have to be used.

A hearing aid is an electronic microphone device which is fitted onto the ear to amplify sound vibrations entering the ear. They get picked up by the inner hair cells which in turn send electrical signals to the auditory nerve and the brain. However, hearing aids become ineffective if the hair cells are too damaged to process the vibrations in the first place. That’s when one should consider a cochlear implant as it bypasses the hair cells to stimulate the remaining auditory nerve fibres directly. Cochlear implants are suitable for both children and adults.

It’ll be wise to complement treatment with habits to minimise hearing difficulties. For starters, try facing the person you are talking to and move closer so that the sound is louder. Explain to your colleagues about your situation so they will be more understanding of your needs during meetings and slow down or repeat if necessary. Pay attention to others' facial expressions and body language to help you figure out what they are saying and don’t be ashamed of yourself.

Call SGH at 6222 3322 for more information on hearing impairment treatments.

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email: info@thsc.com.sg
www.thsc.com.sg

Snack without getting fat

Keropok, potato crisps, chocolate … you can't live without munchies. If what's going through your lips is showing on your hips, substitute with healthier alternatives.

By Leong Wai Kit

Frozen delights
Dump a bagful of grapes in the freezer when you must munch while watching TV – but only if you don't have sensitive teeth.

Yum:
Frozen grapes = brain freeze = ice cream high. Crunchy too, and hey, fructose is better than sucrose.

Tip:
Experiment with other fruits – frozen cut watermelon; strawberries; cherry tomatoes.

Calories:
About 60 calories per 90 g of grapes

An apple a day
Thinly slice an apple and bake till crisp. Hold the salt and sugar. If you need the powdery feel on fingertips, sprinkle cinnamon powder into the bagful of apple chips and shake.

Yum:
The next best thing to potato chips. Plus it's healthy – who can stop you from eating apples, huh?

Tip:
Bake your chips slow and easy – watch the heat and don’t turn them into lifeless soggy flaps. If apple's not your thing, try mangoes or pears.

Calories:
About 80 calories per apple

Good mues-li
This one requires more preparation but it makes a good healthy brekkie alternative – for two. Add a handful of sunflower seeds to chopped dried apricot, raisin, and sesame seeds. For the chunky; sticky feel, leave mixture in fridge (minimum two hours).

Yum:
Don't add milk to this yummy delight. Eat it plain or sprinkle on bread.

Tip:
If you like your muesli bar sticky, add a drop of honey.

Calories:
About 355 calories per serving
Welcome to the Digital Ward

Imagine, a hospital stay in a digital ward – with X-rays and electronic medical records immediately available at your bedside at the touch of a button. And all without wires to trip over.

The hospital-of-the-future will be here sooner than you think as the Digital Ward becomes a reality. At the Singapore General Hospital, a Digital Ward project is taking place. Computers on Wheels – wireless notebooks on mobile trolleys, will revolutionise the way healthcare professionals capture and access clinical information.

Going digital
With Mobile Electronic X-Ray Computing, a wireless triple LCD X-ray light box, you can rest in bed while your doctor retrieves your medical records and radiology images simultaneously across different screens. Then, there's the VEGA system that allows remote monitoring of patient's temperature and location tracking. Coming next will be automated monitoring of other vital signs like blood pressure, pulse rate, electrocardiogram (ECG) etc.

Speedy information retrieval and automated capturing and storage of patients’ vital signs will result in lower potential for human error. Clinicians will have more time to attend to patients with a cutting edge technology taking over such manual daily tasks.

To ensure a smooth transition into this digital age, the Digital Ward project team has been working closely with hospital staff, conducting data verification checks and running patient surveys on the wireless system to ensure everything will function properly. Hospital staff are also being trained and periodically updated on the progress, benefits and usefulness of the new technologies to prepare for seamless transition in the near future.

Into the future
What computer savvy patients can look forward to is the Patient Bedside Terminal being piloted at SGH. This integrated information system allows both clinicians and patients to access medical information and Internet services at the bedside. Patients can speak to nurses on duty via their terminals, and also access TV and video-on-demand making a hospital stay much more pleasant and less lonely. Just don’t be tempted to work while you are warded.

The Patient Bedside Terminal will cut down documentation in the wards and allow our nursing team to concentrate on patient care. The Terminal’s eMenu feature for example, allows nurses to put through each patient's food order at his bedside. Not having to record the order on paper before placing the order at a central computer will save us time which we can use to care for our patients.

- Nurse Clinician Annie Pereira, Ward 76

Hand surgeon Associate Professor Agnes Tan accesses a patient’s digital images through the Mobile Electronic X-Ray Computing.

A patient using the Patient Bedside Terminal piloted at Ward 76 to speak to Nurse Clinician Annie Pereira.

Mayo Clinic expert on ‘True Professionals’

“YOU need to have individuals in the organisation who are ‘True Professionals’. They are not people who learn the body of knowledge doing apprenticeship and then practise medicine. That’s what my plumber does, that’s what the electrician does, that’s what an artist does. To become a true professional, you need to go the additional step to practise what you know but you need to be engaged in passing on the body of knowledge, teaching or mentoring somehow. Just try to teach somebody something, you’ll realise you can’t fool students. You’ve got to work harder to stay on the cutting edge to be knowledgeable, and you have to be involved in contributing to the body of knowledge.”

- Dr Doni Cortese, CEO Mayo Clinic, Distinguished Visitor for SingHealth Leadership Series 2007 at a Keynote Lecture on 11 July 2007, attended by senior clinical and administrative leaders in the healthcare industry.

Triple win for SGH

SINGAPORE General Hospital has garnered a string of national accolades for its support for work-life practices, homeland security and promotion of sports.

• Sporting Singapore Inspiration Awards 2007 – Gold Award in the Sports Advocates category
• Total Defence Awards/ Home Team NS Awards for Employers 2007 – Home Team NS Awards for Employers (Special Award category)
• The Singapore HR Awards 2007 – Quality Work-Life Award

Well done, Lai Ling!

Senior Nurse Manager Cheng Lai Ling of Ward 72 received the PS21 Distinguished Star Service Award for exemplifying service excellence and dedication to her profession.

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A proud moment: SGH CEO Professor Tan Ser Kiat (left) receiving the Quality Work-Life Award from Mt Jonas Ng, Senior Human Resource Director for Kelly Services - Asia Pacific.
Morning spike in BP
A sharp increase in blood pressure in the morning raises the risk of stroke among the elderly, according to a study cited in the American Heart Association journal, Circulation. Called Morning Hypertension, it has been shown to significantly increase the risk of stroke by as much as three times.

If you suspect that you may be hypertensive, schedule yourself for a doctor’s check-up preferably in the morning. When measuring blood pressure, the doctor will tighten the band around your arm to a point where arterial blood flow is stopped to register a reading. A little uncomfortable, but harmless. So, go ahead and make that appointment. Ask if there's any difference between your morning and regular blood pressure.

Move, desk worker, move
Desk-bound work can cause retardation of blood circulation because of inactivity, says Ms Margareta Nordin of the New York University in a report published in USA Today. "Anyone who is in a job that forces them to sit continuously without changing posture sooner or later will experience some form of discomfort, which is a precursor to developing pain," she said in a study. Ms Nordin says the modern desk worker should therefore consciously try to get off their chair and walk around. Just don't annoy colleagues by chatting loudly.

Heeler - highs and lows
Working women who love the sexy taut calves and power feel of sky-high heels had better watch their step. Heels more than two inches high forces the foot to slide forward causing unnatural pressure points, warned The Mayo Clinic in an article posted on its website www.mayoclinic.com. The problem may be even more severe for older women who tend to lose their natural padding at the heel and the forefoot as part of the aging process. The suggestion: To always wear sensible shoes that will cushion feet. Save those killer heels for special occasions.

Every step you take
One of the best ways to maintain good health is to exercise at least three times a week for about 30 mins each time. And, walking qualifies as a good exercise routine provided you clock about 10,000 steps a day consistently.

If you cannot do this consciously, get a pedometer to help you. This little device can be strapped on to your body to measure every step you take. Results from a three-month study of 44 patients by Omron Healthcare and DiabetesInControl.com concluded that people with diabetes who wear a pedometer and walk 10,000 steps regularly saw an improvement in blood pressure, weight loss, blood glucose and total cholesterol, among others. For details, go to www.diabetesincontrol.com/studies/steps.shtml

Programmed to eat
Mothers who eat junk food during pregnancy may be influencing their children's choice of food later, reports BBC Health, quoting a study by the Royal Veterinary College on pregnant rats. Researchers said they found that when pregnant rats were fed a diet of biscuits, crisps and sweets, their babies preferred the same unhealthy food. The study suggests that how we eat and crave for junk food may be a behaviour “programmed” in the womb.
The Doctor's In

Do I need Viagra?

Q I am in my late 30s. I was married five years ago and have sex regularly with my wife. Two months ago, I suddenly experienced some difficulties in maintaining an erection. For the first time in my entire sex life, penetration was impossible. It was rather humiliating and frustrating as we used to enjoy a healthy sexual relationship. These days we hardly have sex. My wife said this could be due to my stress at work. Is Viagra my only option? Is this a sign of impotence? Also, will this affect my chances of becoming a father in the future?

A Erectile dysfunction (ED) can occur to any man from the age of 40. It could be a predictor to underlying undiscovered cardiovascular problems. Hence, the main objective is for you to seek help from a physician who can check your blood pressure, blood sugar and cholesterol levels and begin treatment as soon as possible. About 40 percent of ED cases are stress-related and the condition should improve once the stressor is removed. Even those cases due to organic causes (such as diabetes, heart disease etc) can have an element of stress related or psychological ED. Once a perfectly well person failed to rise to the occasion, there would be additional stress the next time he want to because of prior failure. A few doses of Viagra could help break the cycle and let him regain his confidence. Sufficient to say, ED should not preclude you from fathering a child. As long as you can penetrate your partner and deposit sperm in her, nature will take its course. Occasionally we do see men who are not able to consummate their marriage and hence, require some assistance. They usually do well with medications.

Dr Lim Kok Bin, Consultant, Department of Urology, SGH

Email your health-related question to editor@sgh.com.sg. The reply provided is for your general information only. You should consult a doctor or seek treatment if you feel you need to.

Frontline

The Final Service

They are familiar faces at SGH for patients and visitors. Patient care assistant Bahkia Bin Hashim, 54, has worked over three decades in the hospital providing a ‘mortuary service’. You have a special duty that many may not know about.

I have been with the mortuary service team for 33 years. We work in pairs to transport bodies of deceased patients from either the Accident & Emergency Department or the wards to the mortuary office at Block 9 using an underground tunnel. We also collect body parts like amputated legs from the operating theatre. I am based at the A&E and my main role has been expanded to assist nurses in delivering care to patients.

How did you feel when you first started?

My first patient was an elderly man who passed away in 1974. Initially I was quite scared, not because he was dead. I was actually more worried that I would break his bones as he was a very frail old man. I silently said a prayer before my partner and I moved him from the hospital bed to our mortuary cart.

How do you cope with the challenges of handling the dead?

After so long, I have accepted that this is part of my job here. I wear a mask and gloves so there is no direct contact. But dead or not, they are still our patients and deserve to be treated with respect. That’s why we always draw the curtains to protect their privacy. I also say a silent prayer to bless the patient on his final journey.

How do you deal with grieving relatives?

I need to be very sensitive to their feelings. First, I would apologise for intruding during this difficult period and explain my task. If they need a few minutes to be with the deceased and say some prayers, I would oblige. I usually advise relatives to inform their loved one that we are there to help him go home. Even in death, the patient has to be kept informed about what is being done.

The Final Service

Treat heart disease without invasive surgery

KNOW your heart condition, detect symptoms early and many heart diseases can be effectively treated without resorting to Coronary Artery Bypas graft (CABG) surgery. When the problem is not severe, all the patient might need are lifestyle changes, medication or a minimally invasive procedure to unblock a narrowed heart artery.

Heart disease or as doctors call it, coronary heart disease (CHD), happens when atherosclerosis sets in. This gradual buildup of cholesterol and fat in the wall of the heart artery causes it to become more narrow, thus allowing less blood to flow through.

Know your options

CABG uses a vein from the leg or an artery from the wrist or chest wall to create a detour or ‘bypass’ around the blocked part of a coronary artery to restore blood supply to the heart muscle. These days, many patients with CHD can be treated effectively without going through a bypass.

1. Self-discipline

The most basic treatment is lifestyle change. Stop smoking, watch your diet, exercise in a moderate manner – pick up brisk walking, swimming, cycling or work out on a treadmill at a pace of 6-7 km per hour.

Cut back on fat-rich food, especially saturated fat from animal sources which leads to high cholesterol levels. Eat more oily fish, whole grains, fruits and vegetables, drink more water instead of sweet beverages and shed excess weight.

Obesity leads to a higher incidence of hypertension, diabetes mellitus and high lipid levels, all of which can damage the heart arteries.

Need your doctor’s advice and take medication to control cholesterol if necessary because this can help to stabilise the progress of atherosclerosis.

2. Medication

If you are diagnosed with heart disease, your doctor is likely to prescribe the following medicines:

Aspirin/Clopidogrel/Ticlopodine to thin the blood and reduce the likelihood of a blood clot.

Beta-blockers (e.g. Atenolol/ Bisoprolol/Cardvedilol) to reduce the heart rate and blood pressure, and so reduce the symptoms of angina (chest pain) as well as protect the heart.

Nitrates (e.g. Isosorbide Dinitrate) to open the heart arteries, improve blood flow to the heart muscle and reduce chest pain. If you suffer chest pain, for immediate relief, you will usually be given Glycerol Trinitrate in tablet form or as a spray under the tongue.

Angiotein Converting Enzyme Inhibitors (e.g. Enalapril/ Perindopril) or Angiotensin Receptor Blockers (e.g Loxartan/ Valsartan) to allow the blood to flow from the heart more easily and also lower blood pressure.

Lipid-lowering medications (e.g. Fenofibrate/ Simvastatin/ Atorvastatin/ Rosuvastatin) to lower ‘bad’ (LDL) cholesterol levels.

3. Minimally invasive surgery

Percutaneous Coronary Intervention (PCI) is a minimally invasive method of ‘unblocking’ a narrowed heart artery. Through a plastic sheath placed in an artery in either the groin or wrist, a balloon is delivered to the narrowed heart artery. The balloon is inflated and a small wire tube called a stent inserted to keep the artery open. The stents can be plain or coated with medication.

So, listen to your heart. Don’t hesitate to get a thorough screening. Prevention and early detection or intervention can make all the difference.

Article based on information from Dr Victor Lim, Consultant, Department of Cardiology, National Heart Centre.
New&News

Make light

When reading or doing homework at night, do consider the lighting. Don’t strain under dim light, or bear with glare. Look for lighting designed for close work like the 3M Future Seed Lamp ($179 from major electrical stores) using Polarisising Light technology. The special filter reduces both reflective and direct glare on work surfaces by 50-80 per cent resulting in less eye strain. The light turns on immediately with no irritating flickering, and the 23W energy-efficient light tube is eco-friendly. Use it for bedtime reading, and then leave the LED night light on for a comforting glow.

The flex of life

Listen out for the new health buzz word – Collagen. Ever since a scientific breakthrough made collagen into a form that the body can assimilate, collagen supplements have been available. The Japanese add collagen to beverages, sausages, coffee creamers, cake and even chewing gum. This is because collagen is the fibrous structural protein in skin, tendons, cartilage and other connective tissues. Over 30 per cent of the body comprises collagen with 75 per cent of skin made of it. Unfortunately, after age 25, collagen production slows down, very drastically by middle age and that’s when joints stiffen, skin gets saggy and lined, and we start feeling like creaky old folks. In Singapore, you can find collagen supplements in health stores and pharmacies in powder form and capsules, and now in Vitagen Collagen. Besides probiotics, it contains 500 mg marine collagen peptides. $3.60 for a five-pack in three flavors – Rose, Lavender and LB Original. Our fave – Rose flavour which reminds us of bandung.

Kiwifruit for bowel trouble

Most people reach for a banana when constipated but research shows you’d be better off with two kiwifruits. While every 100 g of banana holds 1.6 g of dietary fibre, you get 3.4 g in the same amount of kiwifruit, and only half the calories. Research prompted by Zespri Kiwifruit at the Taipei Medical University Hospital and the University’s School of Nutrition and Health Sciences showed that the kiwifruit has stabilising effects on the digestive process, and is a natural remedy for irritable bowel syndrome–constipation. Good news for the 10 per cent of Singaporean IBS sufferers. And for older folk with sluggish bowels, a scientific study published by the Auckland University of Technology suggests that kiwifruit can promote laxation and alleviate constipation problems.

Multivitamins with probiotics

The quest for a tablet that could deliver multivitamins, minerals and probiotics without needing refrigeration resulted in a unique three-layered tablet with a gastro-protective coating. Researchers at German pharmaceutical company Merck did extensive testing to ensure that probiotics sandwiched in the centre of the tablet were not destroyed in the high-acid environment of the stomach and even monitored how many reached the gut alive. Called Bion3, this three-in-one combi of three probiotics containing 10 million friendly bacteria, 12 essential vitamins and 12 essential minerals is all you need – very useful for those who can only swallow one supplement a day. $28.90 from pharmacies for a month’s supply.

Let us spray

Airline stewardesses and models are familiar with the Evian Facial Spray. When skin feels dehydrated and it’s difficult to re-apply moisturiser, it’s Evian Facial Spray to the rescue. The fine mist of Evian water, pure from at least 15 years of natural filtration through the heart of the French Alps, contains minerals and is perfect for facial hydration. It’s the kind of gift a hospitalised woman would appreciate. From cosmetic outlets.

Advertising Feature

Stylish and sensible

Thankfully, comfortable footwear is looking a whole lot prettier. New styles from Kumfs are made with the usual care the company is known for but with an eye for fashion. While there are limits – no towering skinny heels or pointy toes – you can step out confident you’re not looking aunty. Kumfs was created 50 years ago by podiatrists who couldn’t find suitable shoes for their clients. Made with painstaking attention to detail with special cushioning that bounces back with every step, light flexible insoles, non-slip soles, leather uppers that mould to the wearer’s feet, steel shank to maintain shape, and a heel stiffener for heel support, Kumfs passes the podiatrist’s test at every count. Many shoe styles come with removable insoles which can be replaced with customised orthotics. Kumfs is available at Heel & Toe at Palais Renaissance, #03-05 (6737 1475) and Tanglin Mall, #03-06 (6238 7353). Pop in to look at the latest Spring/Summer designs (Spring/Summer Yes, because Kumfs is a New Zealand company).

Skin food

How do Naomi Campbell, Tyra Banks and Beyoncé keep their skin so velvety smooth? Apparently, their secret is Coca Butter. Naomi says, “My mother had me smoothing Palmer’s Cocoa Butter from a very early age. Twice a day I moisturise from top to toe. It’s the simple secret of sexy skin.” In conjunction with Breast Cancer Awareness month in October, look out for limited edition pink bottles in support of breast cancer awareness and education. For every bottle sold, 30 cents will be donated to the Breast Cancer Foundation. Besides the classic Palmer’s Cocoa Butter Formula, also look out for the new Olive Butter Formula ($20.30 - 250 ml bottle, $25.90 - 400 ml bottle, from pharmacies).

Pacific Healthcare Nursing Home

A place for nursing care, recuperation and comfort...

Pacific Healthcare Nursing Home aims to help our residents live and recuperate in a comfortable and tranquil environment.

The purpose-built home is conveniently located off Jalan Bukit Merah, and is near restructured hospitals (Singapore General Hospital, National University Hospital and Alexandra Hospital) and other amenities such as supermarkets, parks and community clubs.

We offer short or long-term care, and we have a team of dedicated and trained staff to attend to our residents 24 hours a day.

Facilities include:

- 2-bedded Rooms
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- Open Ward
- Counselling Room
- Therapy Room
- TV in all rooms
- Internet Connection
- Nurse Call Facility
- Pitfalls Areas for Social Gatherings

Type of Care / Rehabilitation at Pacific Healthcare Nursing Home:

- Nursing Home care
- Long / short term stay
- Respite
- Geriatric
- Dementia
- Palliative
- Post-operative / Convalescent
- Wound
- Perineal Dysty

Nursing Home care

- Occupational Therapy
- Speech Therapy

Rehabilitation

- Stroke Rehabilitation
- Physiotherapy

Tel: 6272 3133

www.pachalthrnursing.com

Pacific Healthcare Nursing Home
6 Lengkok Bahu Singapore 159051
Safer medicine is as easy as 1-2-3

THE next time you collect medicine from pharmacies at the Singapore General Hospital, take a closer look at the carrier bag, which has a printed checklist on how you can prevent medication problems. To make the best of your treatment, just remember three easy steps to safer medicine.

1. Inform your doctor or pharmacist
   - if you have any allergy to any medicine
     • Medicine can belong to a “family” and share similar chemical structures. So if you are allergic to a medicine, you may also react to another medicine from the same family.
     • Do volunteer information on any allergies to your doctor and pharmacist especially when you are being prescribed a new medicine.
   - the types of medicine that you are currently taking
     • Medicines and health products like herbs, traditional medicine and vitamins can have profound effects on the body when taken together. Undesirable results include stronger side effects or a decrease in the medicine’s effectiveness.
     • For example, oral contraceptives may be rendered ineffective by phenytoin while ginkgo biloba extract can increase the blood thinning effects of warfarin.

2. Ask questions about the medicine you are taking…
   - what is the prescribed dosage?
     • Dosage is the most important information that you need to remember and follow closely.
   - Do check if you should take the medicine before or after food. Examples: the antibiotic tetracycline is better absorbed by the body when taken before food while aspirin can cause a stomach upset and is best taken after food.

3. Clarify any doubts
   - If you are not sure, ask for more information
     • Clarify any doubt you have with your doctor or pharmacist.
     • If you would like to know about the medicine you are taking, you can request for information leaflets about the various types of medicine at any of the SGH pharmacies.

Statin group, you should stop taking it and see your doctor as soon as possible.

Do check if you should take the medicine before or after meals. Examples: the antibiotic tetracycline is better absorbed by the body when taken before food while aspirin can cause a stomach upset and is best taken after food.

purpose of medicine
   - Know why you are taking the medicine, especially if it has to be taken long-term.
   - If it is a short-term medicine to control your symptoms, can you stop when symptoms are gone?

side effects to look out for
   - Know what are common side effects of the medicine. Examples: constipation due to certain types of painkillers or the darkening of stools when taking iron supplements.
   - Ask your pharmacist on the serious side effects to look out for so that you know when to stop taking the medicine and seek help. For example, if you have muscle pain or weakness when taking any cholesterol-lowering medicine belonging to the statin group, you should stop taking it and see your doctor as soon as possible.

must you avoid any food, drink or activities?
   • Medicines that cause drowsiness or hand tremors are unsuitable for those who drive vehicles or work with machinery. Examples include antihistamines or medicine to treat insomnia. Ask your pharmacist to recommend alternatives.
EatWell

CHICKEN CURRY

INGREDIENTS
- 800 g chicken (remove skin, cut into pieces)
- 300 g potatoes, quartered
- 60 g onion
- 11 cloves garlic
- 2 thumbsize pieces of ginger
- 30 g chilli paste
- 1 stalk lemon grass (5 cm length)
- 4 tsp oil
- 1 cinnamon stick, about 5 cm long
- 3 cardamoms
- 3 cloves
- 1 stalk curry leaves
- 1 tbsp meat curry powder
- 350 ml water
- 1 tbsp low fat yoghurt
- 1 tsp salt

COURSE
1. Blend the paste ingredients.
3. Add paste and mix well with spices. Stir-fry for 5 minutes.
4. Add meat curry powder and continue frying until fragrant.
5. Add chicken pieces and simmer over low heat for 10 minutes.
6. Add potatoes and water to the chicken.

METHOD
- 7. Boil curry until chicken is cooked and potatoes are soft.
- 8. Add yoghurt and season with salt.
- 9. Bring to a boil, then remove from heat and serve hot.

10. This recipe is from the “Where is the Fat” cookbook, a compilation of healthier dishes created by SGH Dietetics & Nutrition Services. The cookbook is sold at the SGH Block 4 Pharmacy for $26.40.

From The Heart

Inspired by two gutsy women

By Dr Asok Kurup

"WHEN the going gets tough, I sometimes draw inspiration from my patients. Two of them are women who succeeded against all odds."

The first is in her late sixties, a brilliant Chinese calligraphy artist who enjoyed travelling. After a trip, she was struck down by an acute and debilitating infection which affected her spinal cord. She was told that her condition was inoperable and recovery of her lower limbs deemed unlikely. However, she retained her positive outlook and upon her discharge from hospital, came in a wheelchair for regular follow-ups. It took some months before she regained enough power in her limbs to walk with the aid of a walking frame. Today, she can waltz into my consultation room without any aid whatsoever. I never expected that.

Both of these admirable women could have easily called it quits when faced with extreme adversity but they chose to face their lives’ challenges head-on. When I am faced with life’s tribulations, these two women come to my mind. I then tell myself, ‘push on, arise, awake, for we have it within our power to achieve even the seemingly impossible.’

Dr Asok Kurup is a consultant in the Infectious Diseases Unit, Department of Internal Medicine.
We Hear You

The loan of wheelchairs is only available during specific hours. Can this service be made available 24/7 to help those who arrive at SGH after the information counter staff goes off duty at 8pm?

Derek Ho

Responding to feedback for extended hours, all visitors and patients to SGH may now borrow a wheelchair at any time. After 8 pm, the public can call our duty security officer if they need to use a wheelchair. The telephone number can be found on signages placed prominently on all the information counters at the lobbies.

Sandra Koh, Assistant Manager, Operations, SGH.

Editor’s note: We would like to thank Mr Ho with a $50 SGH Pharmacy voucher for his suggestion which helped improve our services.

If you have a question about hospital processes, email editor@sgh.com.sg. The best letter featured in each issue receives a $50 voucher redeemable at the SGH Block 4 Pharmacy for non-prescription items only.

Bouquets

The entire team at Ward 74 was very professional and carried out their duties with Swiss clock efficiency. Combined with pride and passion, the staff provided service which I found to be excellent and first class. A hospital stay is generally monotonous and depressing. But the excellent service made my stay pleasant and bearable.

Soo Swee Lim

We understand that relates of critically ill patients often wait outside the ICU or CCU for updates on their loved ones. Our staff’s priority is to see to the medical care of patients who are very ill. They will try to provide regular updates whenever possible. While we understand the anxiety of patients’ relatives, we do not encourage them to stay overnight outside the ICU or CCU as there is no proper resting area. For relatives who opt to keep vigil overnight, they can rest in a designated waiting room near the ICU and CCU. Sofa chairs are available for their added comfort. There is also a vending machine if they need hot and cold drinks.

Ho Ai Lian, Assistant Director of Nursing, Patient Care Services, SGH

Did You Know

Nearly 74,000 patients are admitted to SGH each year

Over 1,460 inpatient beds

More than 644,000 attendances at the Specialist Outpatient Clinics (SOC) last year

First appointment at SOC is at 0800 hours

2,800 apples are given out as snacks to outpatients every week

716 toilet cubicles

350 wheelchairs

Wheelchairs are loaned out over 47,000 times a year

810 inter-ward transfers of patients

SCDF ambulances made 10,700 visits to SGH Emergency Department last year

CoaguChek® Xs
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Choose Your Own Way

Anticoagulation Therapy – Part of Your Life?

Choose Coagulation Self-Monitoring with the CoaguChek XS system:

Go for more safety – due to more frequent testing
Go for more independence – testing anywhere, anytime
Go for more confidence – high quality results on the spot

Ask your healthcare professional for more information
Preening for a good cause

As part of this year’s Nurses’ Day celebrations, Singapore General Hospital held a hair and beauty grooming event to raise funds for charity. Some 500 people came forward to be groomed from head to toe, first with a haircut, followed by eyebrow threading, a manicure and finally, a relaxing foot massage for a minimum donation of $8 for each service. The day-long event on July 26 raised about $7,000 which will fund the Nurse Volunteers’ community outreach projects to benefit the elderly and children with special needs.

ArtsForHealth

HAPPENINGS

Youth Fusion

Feel the pulsating rhythm of a percussion band and bop along to a multi-dance showcase performed by the young talents of National Junior College.

Date: 7 September 2007 (Friday)
Time: 7 pm – 7.45 pm
Venue: SGH Fountain Garden (Block 7 Level 1)
Admission: Free

Celebrate the Festival of Lights

Let children from Vithya Kindergarten enthral you with their colourful costumes and graceful moves in a Bollywood-themed musical as part of this year’s Deepavali celebrations.

Date: 16 November 2007 (Friday)
Time: 7 pm – 7.45 pm
Venue: SGH Fountain Garden (Block 7 Level 1)
Admission: Free

Sound of Music

Enjoy a soothing midday break as young violinists from “Little Heart Strings” entertain you with classical and contemporary tunes during special lunchtime performances.

Date: 5 September & 31 October 2007 (Wednesday)
Time: 1 pm – 2 pm
Venue: Specialist Outpatient Clinics (Block 3 Level 1)
Admission: Free

Gift Of Life

To donate or not?

Is there a fee involved when I undergo a blood transfusion in hospital?

NO, blood is free. Blood donors give blood voluntarily, out of concern for people in need. No donor is paid for his or her donation. Therefore patients receiving the blood will not be charged for the blood. A processing fee determined by the Ministry of Health, is charged on each unit of blood or blood component for the processing, testing and storage services provided. The charge will vary depending on the ward/class of the patient.

Reply from the Singapore Red Cross

The next SGH blood donation drive will be held on 15 November 2007
Celeb In Person

Fit for the stage

The Four Asian Divas – Frances Yip, Maria Cordero, Elisa Chan of Hong Kong and our own Anita Sarawak will be in Singapore for their September 9 concert. They might be showbiz veterans but they’re also fighting fit, discovers LEONG WAI KIT.

Of course, we don’t expect the elegant ladies to do anything so undignified as squabble. The famous four get along famously, but after all, the Macau-born entertainer is not called Fei Ma (or Fat Mama) for nothing.

Maria Cordero
Possible weapon: Her weight

Maria’s easily the heavyweight champ, you might think. After all, the Macau-born entertainer is not called Fei Ma (or Fat Mama) for nothing.

Fit factor:
But recent photos reveal a svelter Maria. “I lost 80 pounds (about 35 kg) in 4.5 months from exercise and healthy eating,” she says. “I’m also on a ‘seafood’ diet. I see the food, I eat it,” she laughs. In the past, Maria, who used to weigh about 100 kg, would only eat two meals a day – late lunch and late supper. “But now, I’ve learnt that when I get up, I must eat a heavy breakfast, a big lunch, a little snack in between and a light dinner.” It helps too, that Maria counts her calories before eating.

Frances Yip
Possible weapon: Golf club

She’s fit and she looks fab. Frances Yip, 59, is an obsessive golfer. “I do it because I need the stamina for my performance,” she says.

Fit factor:
But she never used to be so health conscious. It was only after Frances recovered from breast cancer some 10 years ago, that she stopped working crazy hours and made family and health her top priorities. In her free time, Frances either golfs or does charity gigs.

Anita Sarawak
Possible weapon: Acid humour

Armed with pillow lips, an hourglass figure, trendy haircure and quick wit, local diva Anita looks like she can stun any opponent. Actually, the divine Ms Sarawak loves to cook and is quite the good girl next door.

Fit factor:
“Positive thinking is very important to me,” she says. “I’m born with the Singapore quality. I’m orderly and law-abiding. I stay healthy by being positive and disciplined. For instance, I tell myself not to be blunt about everything; I try to understand those around me by putting myself in their shoes.” And, she adds, she never goes to sleep without first solving issues that are bothering her.

So who would win the fight? “Hmmmm… don’t look down on Elisa,” says Maria confidently of her petite co-star. “She may be small in size, but she will win. I think Frances and Anita will lose,” amid background laughter.