Touching lives

Just days before 2008 ended, Gwen’s young life was cut short by a congenital disease. But a belief that the 16-year-old would have wanted to help others even as death faced her led her parents to donate her organs. To the eight people who received them, Gwen was the angel who touched their lives – and gave them the gift of hope as a new year was beginning.

By Hazel Yong

“MUST learn French.”
“Must study in Australia and Europe.”
“Must learn to ski in Korea.”
“Must go holiday in Antarctica and learn to build igloos and snowmen.”

“Theyenled down in Canada.”

The wonders of the world reached out to Gwen Tan. But the young girl, poised on the cusp of teenhood, would find herself as death faced her led her parents to donate her organs. To the eight people who received them, Gwen was the angel who touched their lives – and gave them the gift of hope as a new year was beginning.

The causes: Cerebral Arteriovenous Malformation (AVM), a congenital disorder that interrupts blood flow in the brain due to abnormal connections between arteries and veins. In Gwen’s case, the disorder sent a massive blood clot to her brain.

Yet the promise of a young life cut short would not end at death - but has led to a new beginning for many others.

Her parents decided to send her to the hospital.

A computer tomography (CT) scan showed a massive blood clot in the left lower back of her head. The doctors suspected AVM and transferred her to the intensive care unit at around 1am. She was hooked up to machines to induce coma, so as to minimise her brain activities.

The next morning, Gwen had a probe inserted into her forehead to monitor intracranial pressure. Doctors said her condition had stabilised.

But the respite did not last. Overnight, the pressure shot up. An emergency procedure was done to remove part of her skull to relieve pressure on her brain.

Farewell to a well-loved friend

The neurosurgeon told Mrs Tan that part of her left brain was damaged – the part that controls speech, vision and psychomotor skills.

That afternoon, a senior neurosurgeon showed them a scan of another abnormal artery vein at the top of her head. The bed of capillaries connecting the artery to the vein was not formed.

“According to him, she was like a walking time bomb. As the high-pressure blood acts on the vein, the thin wall of the vein is being stretched. It’s only a matter of time before it burst,” said Mrs Tan.

Another consultant told them that Gwen would “be gone” the moment she was taken off the life support machine.

On Dec 24, Mrs Tan informed Gwen’s classmates of her critical condition.

An outgoing and sporty student, Gwen was well-liked by friends. She played the clarinet for the school band and trained with the badminton as well as soccer teams at her secondary schools. She would sometimes stay up till 1am to complete her schoolwork, waking up for school at 6.30am the next day. To top it off, she occasionally volunteered to tutor under-privileged kids and for charity organisations.

“She was a lively, cheerful and thoughtful person, always remembering friends’ birthdays, taking care to buy and send them presents,” said Jane.
When nurses see patients

How a nurse-led chronic disease management system at SingHealth Polyclinics has led to shorter waiting times, better disease management and cheaper treatment for patients.

By Sheralyn Tay

RETired bank officer Wang Jer Hsiong waits as long as an hour at his polyclinic to see a doctor for his high blood pressure, a routine consultation that typically lasts a relatively short 10 minutes.

But on some visits, Mr Wang waits a shorter 20 minutes, receives more attention during a consultation that lasts a longer 15-20 minutes, and to top it off, he pays a smaller fee.

The happier situation is the result of a SingHealth Polyclinics’s Nurse Clinician Service (NCS), which became available in November 2007 to patients suffering from chronic diseases but whose conditions have become stable.

“My condition is under control and I’m just there to get my medication, so it’s good that I don’t have to wait so long. If I don’t feel well, I can still get to see the doctor,” the 63-year-old said.

Polyclinics doctors see around one patient every 10 minutes, meaning long queues for patients is hard to avoid. For patients enrolled under the NCS, the frustration associated with long waiting times is eased somewhat as they see a doctor only on alternate visits.

On other visits, the patient makes an appointment to see a senior nurse trained to manage patients’ stable chronic diseases. If during an NCS session, a patient’s medical test results and checks on their wellbeing. Nurse clinicians like Ms Tang are also empowered to counsel, structure disease management plans and set personal goals for patients. NC Tang said that the NCS elevates the scope of work and profile of nursing, adding to the prospects of a nursing career.

Nurse Clinician Service (NCS)

What conditions are covered:
Stable chronic conditions, such as asthma, diabetes, high blood pressure and high cholesterol
Average waiting time for NC: 20 minutes (by appointment)
Consultation fee for NC (that includes pre-appointment reminder, longer consultation time, shorter wait): $6
Average waiting time for doctor: 1 hour (on a first come-first served basis)
Consultation fee for doctor: $9

If you are interested to find out more, speak to your SingHealth Polyclinics’ doctor during your next appointment to find out if you are eligible.

Tang Siew Cheng (photo) of Bukit Merah Polyclinic, one of 39 trained SingHealth NCs.

The longer consultation time has allowed NCs to build stronger relationships with their patients, who in turn feel more comfortable sharing their health-related problems, she said. Patient compliance in chronic disease management tended to improve as a result.

According to a SingHealth Polyclinics survey, 90% of patients found the extended time spent with nurse clinicians helped them understand and manage their condition better. About 800 patients with chronic conditions such as asthma, diabetes, high blood pressure and high cholesterol have enrolled in the NCS.

“Patients that I see are not new to their diseases. They often just need regular blood tests and checkups as well as a repeat of their prescribed medications,” said NC Tang, who has worked over 30 years as a nurse.

“I see patients, assess their health parameters and enquire about whether they have been complying with their medication dosage and frequency as well as maintaining a healthy lifestyle or diets,” she added.

When she sees patients, NC Tang provides consultation, goes through their medical test results and checks on their wellbeing. Nurse clinicians like Ms Tang are also empowered to counsel, structure disease management plans and set personal goals for patients. NC Tang said that the NCS elevates the scope of work and profile of nursing, adding to the prospects of a nursing career.
Targeting cancer cells in treatments

By Nicole Lim

ONE in four deaths can be traced to some form of cancer, the top killer in Singapore.

In a race to bring down this statistic, new drugs and treatments are being developed every day. Before a drug is approved for widespread use, it goes through many stages of trials.

Many issues abound, and in cancer research, toxicity is often a problem. For doctors and researchers at the National Cancer Centre Singapore (NCCS), the challenge is to develop effective cancer therapies that are less toxic than current cures such as chemotherapy.

NASOPHARANGEAL CARCINOMA: Cell-based treatment for top Asian cancer

Dr Toh is leading a group of NCCS researchers in an early, second-phase trial of a cell-based treatment for nasopharyngeal carcinoma (NPC), a cancer of the nasopharynx - found behind the nose and above the back of the throat - and related to the Epstein-Barr virus (EBV), a form of the common herpes virus.

The treatment, administered together with standard therapies, may significantly extend survival rates of NPC patients, who are usually in the more advanced stages of the illness. Nasopharynx is not easy to examine and the symptoms of the cancer mimic those of other medical conditions, making detection likely only in the disease’s later stage. At that point, conventional therapies such as chemotherapy or radiation are usually not effective.

The trial targets T-cells which belong to a group of cells called lymphocytes whose task is to identify, attack and destroy infectious agents, and possibly cancer cells. “What we’re doing is extracting T-cells from the patient’s own blood, and then ‘educating’ these cells to recognise certain viral proteins produced by the cancer,” said Dr Toh.

“These T-cells are then multiplied into large numbers in a super-clean room lab before being returned to the patient’s blood to fight the cancer that expresses (produces) these same viral proteins.”

The study, involving 35 patients with advanced NPC, is likely to end late 2009. NPC affects many Asians, and is especially prevalent among people in southern China and Southeast Asia. Believed to be due to factors such as smoking and the high consumption of cured foods, NPC occurs in twice as many men as women. In Singapore, it is the sixth most common cancer affecting men.

HEAD AND NECK CANCER: NCCS leading global cancer trial

Head and neck cancer is among the top 10 cancers in Singapore, with 200 new cases diagnosed at NCCS each year alone.

Squamous cell cancer, named after the cell it affects, is an illness with a low survival rate. If left untreated, patients usually die within a year; those receiving standard treatment of surgery, chemotherapy and radiation, only half survive beyond five years.

To tackle this cancer, NCCS is leading a large global trial of a drug which seeks to prevent the growth of tumours by blocking signals - which prompt cells from multiplying - from reaching cancerous cells.

The study, in the advanced third phase, will involve some 700 patients, recruited from Singapore and as far as Japan and Cuba.

The drug, nimotuzumab, is expected to have fewer toxic effects as it affects normal tissues minimally. Patients also won’t likely suffer from hypomagnesaemia, a condition marked by a lack of magnesium in the blood and which is often a side effect in other similar drugs.

The trial, started in March, is expected to be completed in three to five years. NCCS expects to recruit patients who have undergone surgery for advanced head and neck cancer but whose cancer has yet to spread to other organs.

“Clinical trials offer an additional option to those who are eligible, when existing treatment methods have been exhausted, or where new treatments may build on the benefit of existing treatments,” said Dr Toh.

A researcher readyies samples to extract T-cells before they are returned to the patient.

“Cancer therapy has been historically based on the destruction of malignant cells by targeting proliferating cells, which will have a spill-over effect on normal proliferating cells also,” said Dr Toh Han Chong, senior consultant at NCCS’s Department of Medical Oncology.

“Until recently, we had to take a scatter-gun approach to treatment because of our limited understanding of the intricate workings of these cells.”

A clearer picture of how cancers develop, grow and spread has emerged as research into “what makes cancer tick and tick and tick” has increased, allowing researchers to develop therapies, usually less toxic, which attempt to hit the ‘Achilles’ heel of the cancer,” he said.

“Of course, the challenge in many cancers is that they may have many Achilles’ heels.”

Stages of a cancer clinical trial

Before a drug or treatment is approved for use or distribution commercially, it has to undergo a lengthy and rigorous process to ensure it is safe and effective.

PHASE I studies intend to establish how much and how often a drug can be given. How the drug is absorbed, metabolised and excreted are also studied.

PHASE II is to investigate the minimum and maximum effective doses. Both phase I and II are usually conducted in small numbers of patients.

PHASE III studies are designed to document the drug’s effects and adverse pattern in a wider patient pool that is more representative of the population and to ascertain its efficacy against existing standard treatments.

PHASE IV studies are carried out after a drug has been licensed and can include large studies designed to discover rare adverse reactions, called Post Marketing Surveillance Studies or long-term mortality studies.

Standard cancer treatments

Surgery

Tissue around the cancer, and nearby lymph nodes where the cancer may have spread, are removed.

Radiation Therapy

In radiotherapy, high-energy rays are used to kill cancer cells and stop them from growing and dividing. Like surgery, radiotherapy targets cancer cells in the treated area.

Chemotherapy

In chemotherapy, medicines to kill cancer cells are injected into a vein. The medicines travel through the bloodstream to nearly every part of the body, damaging cells - both normal and cancer - that are rapidly dividing and growing. The impact on cancer cells, often more immature and fragile than normal ones, is greater.

Want to know more about taking part in clinical trials?

Speak to your oncologist if you want to learn more about clinical trials at NCCS or other SingHealth institution, and to find out if you are eligible to participate in current or future studies.
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New breast scan is more accurate

SGH’s award-winning elastography ultrasound method shows the differences in stiffness in breast tissues, helping radiologists diagnose more accurately the nature of a breast lump.

IF A mammogram shows a lump in a woman’s breast, a breast ultrasound is usually ordered. If the ultrasound detects a suspicious lump, the next step is often a needle or surgical biopsy to determine if the lump is cancerous.

But a surgical biopsy – a small procedure performed under general anaesthesia in the operating theatre to remove the lump for examination – is traumatic for the patient, expensive and lengthy. A needle biopsy, on the other hand, is done in the outpatient setting, usually under imaging guidance.

“The hospital has made caring for the environment a priority, because the long-term benefits and savings help both the patient and the community,” said Mr Tan Ai Leng, CGH Deputy Director for Operations.

In tough economic times, people look for ways to stretch their dollar. It’s no different for organisations. Two SingHealth institutions, Changi General Hospital and KK Women’s and Children’s Hospital, found different ways to contain costs but their measures sprang from a common commitment to build eco-friendly environments at a time when the world’s resources are rapidly depleted.

Conventional Ultrasound Findings: Ultrasound detected a solid nodule measuring 14x11x15mm and cysts in the patient’s breast. According to the conventional ultrasound scan, the nodule displayed benign sonographic features, having slightly lobulated margins with no posterior acoustic shadowing or increased vascularity. The sonogram suggested a benign tumour such as a fibroadenoma. (Images 1 and 2).

Breast Elastography Findings: However, under breast elastography, the patient’s elasticity imaging showed the nodule to be harder than conventional ultrasound. The black appearance of the nodule on the elastogram also indicated a ‘hard’ lesion, suggesting malignancy (right picture in Image 3). Subsequent ultrasound-guided needle biopsy was performed, and the biopsy result turned out to be invasive breast cancer.

“In addition, the better specificity of this new imaging tool potentially offers reduction of unnecessary breast biopsies.”

Because an elastography ultrasound scan is able to show the differences in stiffness in breast tissues, a cancerous lump will appear larger on elastography compared to that seen on conventional ultrasound. The malignant elastogram also tends to have a darker appearance as it is harder than the surrounding breast tissue.

It was only when breast elastography was used that a malignant lesion was detected in a 33-year-old patient. The patient, with a history of breast cysts, had regular examinations under conventional ultrasound during which the lump had shown up as a fairly benign-looking lesion.

“The patient underwent successful surgery and radiotherapy, and is currently well.”

She was one of 99 women examined using breast elastography between September 2007 and March 2008 in a study by Dr Sim, with Dr Lester Leong as Principal Investigator. The findings of the study were presented at the 94th Radiological Society of North America (RSNA) Scientific Assembly and Annual Meeting in Chicago late last year. The meeting, the largest international medical meeting worldwide, draws tens of thousands of healthcare professionals from around the world.

It was also at this meeting that an exhibit teaching radiologists about breast elastography put up by Dr Sim won an RSNA Merit Award.

By Sheralyn Tay
And she lives on...in the eight recipients

<table>
<thead>
<tr>
<th>Organs</th>
<th>Recipients</th>
<th>Do u know?</th>
<th>At the end of 2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart</td>
<td>49-year-old unemployed woman, married with a child. She had waited for slightly over a year.</td>
<td>• A heart recovered from a brain-dead or deceased donor ideally needs to be transplanted within four hours. Thus, the heart and lung are the first organs to be recovered for transplant. • On average, three to five heart transplants are done a year. • The first heart transplant done in Singapore was on Jul 6, 1990.</td>
<td>4 people were on the waiting list for a heart.</td>
</tr>
<tr>
<td>Lungs</td>
<td>47-year-old married male accountant with three children. He had waited about one and a half years.</td>
<td>• The first lung transplant was done in SGH in November 2000. • Like lungs, recovered from a donor have to be transplanted quickly, within four hours ideally. • Many patients can be helped by the transplantation of a single healthy lung, although some patients may require both lungs to be replaced.</td>
<td>2 people were on the waiting list for a lung.</td>
</tr>
<tr>
<td>Two kidneys</td>
<td>Two men, both single - a 53-year-old who was unemployed and a 49-year-old salesman. Each had waited about seven years.</td>
<td>• A recovered kidney has to be transplanted within 24 hours. • Last year, 46 kidney transplants from deceased donors were performed. • The first kidney transplant from a deceased donor was performed in SGH on Jul 8, 1970, marking the start of organ transplant in Singapore. The then-30-year-old Chinese housewife lived with excellent kidney function for another 21 years before dying of other causes. • The first living-related kidney transplant was performed on Jul 31, 1976. • In a living kidney donation, the remaining kidney grows bigger to compensate for the loss of the other kidney.</td>
<td>511 people were on the waiting list for a kidney.</td>
</tr>
<tr>
<td>Two liver lobes</td>
<td>Two patients - a 54-year-old housewife, married with a child and a three-year-old girl. The woman had waited about two years, while the child, born with a congenital disease, had waited about 18 months.</td>
<td>• Operations involving the splitting of the left and right lobes are rare and complicated, and this was the third such procedure done in Singapore - and the first involving two transplant centers. • A liver recovered from a donor - living or deceased - has to be transplanted within 12 hours. • The number of deceased donor liver transplants has been increasing. Last year, 13 to 15 liver transplants were done, compared to seven in 2007. • The first liver transplant from a deceased donor in Singapore was performed on Sep 29, 1990 and on Feb 15, 2006 in SGH. • The first liver transplant from a living donor in Singapore was performed on Jun 8, 1996 and on May 22, 2006 in SGH. • The large majority of liver transplants use the entire liver from a deceased donor for the transplant, particularly for adult recipients. • In living donor transplants, a portion of the healthy person's liver is removed for transplant. Liver transplantation for children involves the removal of about 20% of the liver. • When a part of a liver is taken from a donor for transplant, the donor's liver quickly grows back to its full volume.</td>
<td>13 people were on the waiting list for a liver.</td>
</tr>
<tr>
<td>Two corneas</td>
<td>Two men – 61 and 43 years old respectively – received her corneas.</td>
<td>• Corneas are hardy and can be stored for up to two years before they are used for transplant. • In August 1964, a road accident victim became Singapore’s first local eye donor, although the first corneal transplant performed here in December 1962 used a cornea from the Washington International Eye Bank.</td>
<td>27 people were on the waiting list for a cornea.</td>
</tr>
</tbody>
</table>
**Assessing the brain**

THE patient, little more than a child, had complained of dizziness and weakness a day before. A CT scan (computed tomography) of the 16-year-old’s head showed intercranial hemorrhage – or bleeding in the blood vessels of the brain, a serious and potentially fatal condition.

Indeed, the prognosis by her principal physician was ‘poor,’ suggesting little hope of recovery.

The next question: Could more be done to help the patient, in a coma in the hospital’s intensive care unit (ICU) for days, recover? Or is there nothing else to be done? The patient’s neurosurgeon and an ICU team comprising mostly anaesthetists sat down for a ‘medical huddle’ to assess the patient’s brain functions. Their conclusion: brain death might have occurred.

Another set of – independent - opinions must be taken before brain death can be certified. Two doctors not involved in the care of the patient were called in to administer various tests. Seven clinical tests were done and both doctors agreed brain death had occurred.

The very difficult conclusion now had to be conveyed to the patient’s family. Together with a medical social worker, the ICU team sat down with the family. During the discussion, the patient’s mother raised the issue of donating the patient’s organs.

Worker, the ICU team sat down with the family. Together with a medical social worker, the ICU team sat down with the family. During the discussion, the patient’s mother raised the issue of donating the patient’s organs.

The patient, 16, didn’t come under the ambit of the Human Organ Transplant Act (HOTA) which allows for the kidneys, liver, heart and corneas of Singaporeans and Permanent Residents aged between 21 and 60 to be recovered in the event of death. At 16, she would not have pledged her organs under the earlier Medical Therapy, Education and Research Act either. MTERA governs the donation of organs and tissues by people above 18.

The family’s generous decision to donate their child’s organs was quickly conveyed to hospitals across the country. Coordinators from the National Organ Transport Unit (NOTU) were alerted: one on the donor’s end had to coordinate a team of surgeons to perform the transplant procedures, while others working with potential recipients rushed through their lists to find suitable patients waiting for organs. They also had to get ready their respective surgical teams.

Because the family had decided to donate her heart, liver, kidneys, lungs and corneas, the surgical procedures had to be precisely coordinated. Speed is priority, and some organs also needed to be recovered first. Meanwhile, patients identified to receive the organs had to be ready and tested.

Once the tests were completed, the surgical teams were ready for the heavy tasks ahead. (Prepared with the help of NOTU coordinators.)

**Celebrating life at Singapore Transplant Games**

**THESE athletes are winners even before they have sprinted across the starting line of the 2.4km race.**

They are people who have received organs through transplantation, and their participation at the 6th biannual Singapore Transplant Games held on Apr 4 is proof that tissue and organ donation helps people lead healthier and better quality lives.

Together with their families, doctors, nurses and transplant coordinators, 120 transplant athletes (including heart, liver and kidney) competed in various sports, including badminton, table tennis, 2.4km-, 100- and 60m-races, and telematches.

Those who excelled will compete with 3,000 other transplant athletes from more than 70 countries at the 17th World Transplant Games from Aug 22-30, 2009 at Australia’s Gold Coast.

SGH-Renal Transplant Section has been the organising committee since the inception of the Singapore Transplant Games in 1998. Partners of the 6th Singapore Transplant Games were the Society of Transplantation (Singapore); Roche; Genzyme; Wyeth; Janssen-Cilag; Novartis; Khoo Foundation; and Lee Foundation.

**FrontLine**

**In the eye of the storm**

IT WAS a rough year but Chin Kwong Cheong (photo) was determined not to do what most of his Life Sciences graduate friends did and enter the teaching profession. Through one of his many odd jobs, he chanced upon the position of a Transplant Coordinator with the National Organ Transplant Unit (NOTU). Since then, the 27-year-old has been juggling his many interests – reading, games, art, photography - with a job that he describes as being “in the eye of the storm.”

1. **What’s a typical day for a Transplant Coordinator.**

It’s hectic: Everything happens at the same time, everyone wants everything at the same time, and we - the Recovery Transplant Coordinator – would be in the eye of the storm. Nine of us share the 24-hour on-call rosters a few days a month. When the phone rings to inform us of death and a potential donor, we respond.

I work specifically for the recovery aspect of organ donation. I speak with donor families, and coordinate the recovery of organs with doctors, nurses, police, senior management, transportation people, transplant team personnel, other coordinators.

That’s the exciting part of the job. A typical day, however, is more mundane, and deals with paperwork and admin detail. NOTU acts as the bridge between MOH policy and ground level functions, so all of us here work to make sure the processes are fine.

I am also involved with the publicity side of NOTU, so I get to go out and meet people at schools, junior colleges, hospital ICUs and wards, community centers, mosques, and police divisions. I speak decent Malay, so in a previous round of public consultation for the amendment of HOTA for the inclusion of Muslims, I had the opportunity to deliver presentations in Malay to the Muslim community in CCs and mosques.

2. **Does your job require specific qualifications?**

This job requires heart. As cliched as it may seem, it really is the raison d’être for healthcare workers, that we are here to help someone.

3. **What do you like and dislike about the job?**

It can get depressing. The patients I encounter are mostly brain dead. Their families have such sadness, faced with the sudden death of their loved ones, and their myriad ways of coping with the grief.

4. **Can you recall a particularly notable incident during the course of your work?**

There was a fantastic family, the husband loved his wife to bits. Both signed up to be organ pledgers not long after they married. Then the wife suffered a stroke. Her condition deteriorated rapidly and we had to go into the operating theatre (OT) quickly. The husband knew his wife would have wanted to donate her organs so he gave us the green light. It was a tearful farewell at the OT reception. When everything clicked, and the family rises above the grief to discover the gift of donation; that is absolute poetry. It renews your faith in the innate kindness of Man.
The health benefits of having a good chortle

Researchers weren’t kidding when they said laughter is the best medicine.

by Linda Heller

It has long been recognised that laughter and humour are good for you. Laughter makes us feel good - that’s why we pay comedians. Most people say they feel a lot more relaxed after a belly good laugh. A number of studies in recent years show specifically how laughter benefits our health. Although it shouldn’t be the be-all or end-all in your fitness regime, we’ve got some excellent reasons why you should make laughing for at least five minutes a day your priority:

**Endorphins**
Just the expectation of laughter alone boosts production of beta-endorphins - the body’s natural painkiller - by 27%.

**Cardiovascular**
Studies have shown that 20 seconds of a good laugh lead to an increase in heart rate that is equivalent to 10 minutes on a rowing machine or 15 minutes on an exercise bike. It also tones muscles.

**Breast milk**
Laughter improves the health effect of breast milk – breast-fed babies with eczema experienced milder symptoms if their mothers laughed hours before feeding them.

**It makes you smarter**
Laughter stimulates both sides of the brain to enhance learning. By easing muscle tension and psychological stress, laughing keeps the brain alert and allows people to retain more information.

**It turns you into a sex god/goddess**
It’s a well-known fact that men like women who laugh in their presence. Women, too, tend to gravitate towards someone funny whom they can share a laughter or two. Romantic relationships based on playfulness and humour tend to last longer.

**Blood vessels**
Laughter is linked to the healthy function of blood vessels. It causes the inner lining of blood vessels - the endothelium - to dilate or expand in order to increase blood flow.

**Blood**
Laughter lowers stress hormones such as cortisol, which is produced by the adrenal glands. It also strengthens your immune system by increasing its antibodies such as immunoglobulin A, to help fight upper respiratory disease.

In addition, a study found that people with heart disease were 40% less likely to laugh in a variety of situations compared to people of the same age without heart disease. Laughing, apparently, can help protect you against heart attacks!

**It boosts emotional and physical health**

- Endorphins: Just the expectation of laughter alone boosts production of beta-endorphins - the body’s natural painkiller - by 27%.
- Cardiovascular: Studies have shown that 20 seconds of a good laugh lead to an increase in heart rate that is equivalent to 10 minutes on a rowing machine or 15 minutes on an exercise bike. It also tones muscles.
- Breast milk: Laughter improves the health effect of breast milk – breast-fed babies with eczema experienced milder symptoms if their mothers laughed hours before feeding them.
- It makes you smarter: Laughter stimulates both sides of the brain to enhance learning. By easing muscle tension and psychological stress, laughing keeps the brain alert and allows people to retain more information.
- It turns you into a sex god/goddess: It’s a well-known fact that men like women who laugh in their presence. Women, too, tend to gravitate towards someone funny whom they can share a laughter or two. Romantic relationships based on playfulness and humour tend to last longer.

**Six top tips to help you laugh more**

Hang out with more people. Chances of you chuckling during conversation are higher.

Increase interpersonal contact. The increase in face-to-face or eye-to-eye contact with fellow group members increases the chances of you laughing.

Create a casual atmosphere. Worry and anxiety kill laughter, so light a few candles, put on some music and settle down with some friends for a good giggle.

Be ready to laugh. You may not be able to produce a convincing chortle voluntarily, but you can lower your laughter threshold simply by expecting to laugh more.

Tickle. It’s the most ancient laugh stimulus but the pleasure from tickling also depends on who’s doing it. Best not to tickle strangers.

Seek professional help. Expose yourself to humorous entertainment such as TV shows or live comedy. Comedians make a living making you laugh.

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Discover the medical history of Singapore.
The SGH Museum - the one and only medical museum fully dedicated to the medical history of Singapore.

**Location**
SGH Bowyer Block. (Entrance is at the clock tower in Carpark C.)

**Opening hours**
10am to 6pm
Tuesday to Sunday
Closed on Mondays and Public Holidays

**Admission**
Free. Open to public. Booking required for groups of more than 20 pax.

**Contact**

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**Did you know...** The SGH Museum has a collection of 'stylish designer ware' currently on display?

Make a guess what they were used for.

1. a) Cocktail mixers, measuring tube and stirrer for the Scandinavian Sling  
   b) A DIY kit for making grandma Finlayson's famous clear chicken soup  
   c) Neither, they actually are __________

2. a) A fruit masher used for making avalanches and daiquiris  
   b) A mould for brown sugar cones  
   c) Neither, it really is __________

3. a) The ultimate boy's toy - a palm-size titanium spy camera by Q  
   b) Equine tranquiliser pillbox for equestrian emergencies - a perfect fit for jodhpur side pockets  
   c) Neither, it really is __________

4. a) Diamond-studded, platinum ice tongs for the bartender who has everything (you can choose the grade and colour of diamonds preferred)  
   b) The latest jeweller's tool: A combo diamond tweezer and ring sizer  
   c) Neither, it really is __________

5. a) *Lignum Vitae* hardwood flutes for liquor aperitifs  
   b) Ear plugs worn by stylish pygmies from the islands of Erops  
   c) Neither, it really is __________

6. a) A clear neoprene coaster that keeps glasses at Arctic temperatures of -50’  
   b) A crystal handbag mirror that can reveal subcutaneous lesions when used in red light  
   c) Neither, it really is __________

* For answers, please turn to page 27

To view the actual artefacts, visit the The SGH Museum.
Latex alert!

Allergies are commonplace but Madam Halimahton Abdul Kadir’s allergy was particularly distressing as it was life-threatening and triggered by something integral to her job.

By Yong Yung Shin

TWO YEARS ago, Mdm Halimahton Abdul Kadir, a senior staff nurse, started to experience flu-like symptoms – runny and blocked nose, blocked ears and dry eyes. Suspecting nothing amiss, she took the usual flu medicine and waited for the virus to run its course. Instead, her condition worsened over the next few months, as she further struggled with edema, shortness of breath and asthma attacks.

She underwent multiple tests, but no doctor could figure out what was wrong with her. Worse was to come as each medical visit seemed to bring on even more severe bouts of attacks.

Then in April 2007 she went for a skin prick test which pinned down the culprit – latex. Although not uncommon, with roughly 50% of healthcare workers suffering from latex allergy, Mdm Halimahton has Type I latex allergy, the most severe of its kind.

What had been her workplace for the last 28 years suddenly turned into a minefield, as the latex gloves Mdm Halimahton had to don everyday triggered an allergic reaction. As there is no cure for the condition, her only solution was to quit her job.

Grocery shopping becomes complicated

Because some proteins in latex are similar to food proteins, Mdm Halimahton also developed cross-reactivity to many types of fruit such as bananas, durians and rambutans, and other foods like peanuts, soya products, corn starch and seafood. The list goes on to include any food that contains sap, so even potatoes, tapioca and the innocuous cucumber will trigger the swelling of the lips and abdomen, blocked ears, diarrhoea, and in extreme cases, choking.

“I can eat all the unhealthy things like roti prata, mee lontong, eggs, meat, chicken and fish,” she said, only half-jokingly. She is slowly increasing her tolerance by ingesting small amounts of cashew nuts (one of the “off ending” foods) to help lower her IgE, a class of immunoglobulin that protects the human body from invading parasites, but is also responsible for causing allergies.

“Now, I very seldom eat outside my home. In fact, I decline most department lunches, and sometimes I don’t even join family for meals outside.” It does not help that many food handlers use latex gloves to handle food, from the hawker stalls to the chef behind the sushi counter. Even grocery shopping has become a more complicated task as she has to scrutinise the ingredients and brands carefully.

Her allergy is not only triggered by ingestion or inhalation, but through skin contact as well. That means avoiding any clothing with rubber or skincare products that contain aloe vera. “This is especially annoying as sometimes I want to look extra good but there are just no readily available alternatives. I have become a very high-maintenance person,” she said.

Injectors for life-threatening moments

Mdm Halimahton carries with her a survival kit of sorts – a medical tag around her neck to warn paramedics and doctors of her latex allergy, an inhaler for her asthma, Prednisolone tablets to reduce mild inflammatory reactions, and self-administered injector pens filled with epinephrine (adrenaline).

These pens, costing over $100 each, are used in the event that the allergic reaction is life-threatening and may require emergency treatment. "Fools the body into accepting the drug," said Dr Chong Yong Yeow (photo), Associate Consultant at Singapore General Hospital’s Dept of Rheumatology & Immunology. Similarly, the body learns to tolerate dust mites in the air in immunotherapy.

However, not everyone with an allergy will want to undergo the therapy. Desensitisation therapy involves taking increasing amounts of the allergen every day – either orally, or by injection under the skin – for at least six months.

Most studies advise immunotherapy or desensitisation therapy to last from three to five years. As reactions to certain forms of treatment, specifically by injection, could be serious, the therapy has to be administered at the Allergy Clinic under the supervision of a doctor. If therapy is administered orally, usually the first dose is in the doctor’s office, with subsequent doses taken daily at home. This treatment could be expensive, costing the patient at least $150 a month.

“Thus, if someone knows he is allergic to, say a seafood or a drug, he could avoid it,” said Dr Chong, who runs the hospital’s Allergy Clinic.

Teaching the body to handle allergies

IT IS tedious, expensive and takes time – lots of it. But yes, it’s possible to desensitise the body to an allergy.

The body is taught to handle the substance it is allergic to, known as an allergen, by being exposed to increasing amounts of an extract of the allergen over a period of time. After treatment, the body may have a less serious allergic response or may no longer react to the substance.

For instance, in the case of drug allergy, desensitisation therapy “fools the body into accepting the drug,” said Dr Chong. Most studies advise immunotherapy or desensitisation therapy to last from three to five years.

As reactions to certain forms of treatment, specifically by injection, could be serious, the therapy has to be administered at the Allergy Clinic under the supervision of a doctor. If therapy is administered orally, usually the first dose is in the doctor’s office, with subsequent doses taken daily at home. This treatment could be expensive, costing the patient at least $150 a month.

“Thus, if someone knows he is allergic to, say a seafood or a drug, he could avoid it,” said Dr Chong, who runs the hospital’s Allergy Clinic.

People with an allergy to their pets – or more specifically, a protein in their fur or saliva – will be advised to keep their animals away from beds and chairs, and wash them more often. Those with an allergy to dust mite droppings – one of the commonest allergic reactions
reaction becomes life-threatening – the tongue or throat swells, and the airway is quickly constricted, leading to respiratory failure. Epinephrine prevents a worsening of the airway constriction and stimulates the heart to continue beating, giving her time to get to an emergency room.

Recounting an incident where she lost her voice for half an hour during the onset of a reaction, Mdm Halimahton is especially concerned for those who might be suffering from Type I latex allergy. “With my background as a nurse, I felt fortunate that I knew how to keep my calm and respond. I’m not sure if somebody else without any basic first aid knowledge would have known what to do.”

At the moment, there are no latex allergy support organisations in Singapore unlike in the US, UK and Japan.

While she is grateful to the Health Promotion Board for her current position as a senior staff nurse at the National Registry of Diseases Office, one of her biggest regrets is that she cannot do more in the area of life-saving, due to the prevalent use of latex in the area of first aid and medical care. For example, she cannot renew her life-saving certificate because the course requires her to handle mannequins, which are made from latex.

Other restrictions abound in areas usually taken for granted. Hospital visitations have to be limited to an hour, as she tends to get coughing fits after prolonged stays in the wards. For dental services, she can only go to the National Dental Centre where there are non-latex facilities available. Even when, instead of medical check-ups, she has to be the first patient of the day, when the air is still free from latex pollutants.

She has managed to control her allergy somewhat by observing a strict diet and lifestyle. Fortunately, her four children, aged 15–23, are old enough that she doesn’t have to come into contact with latex by having to change diapers, handle pacifiers, hold balloons or touch toys – latex is after all an extremely common industrial material. They are also constantly reminding her of off-limit snacks, but one thing she would really like is to learn CPR, in case of an emergency.

To the outsider, life constantly seems like an uphill battle for Mdm Halimahton, but she is not one to throw in the towel. Instead, she takes joy in helping others, most recently through a humanitarian mission trip to Saudi Arabia (she was well-equipped with half a dozen nitrile-gloves). “Initially, I was very depressed, and suffered from very low self-esteem. Now, I am just glad to be alive,” she said.

in Singapore – should change their bedding at least once every two weeks, washing them in very hot water of at least 55 °Celsius.

Some studies also suggest that sensitivity to allergens could be dramatically reduced if patients avoid the allergens for as long a period as possible.

Others may take medications such as anti-histamines and steroids to alleviate the symptoms of an allergy – itchy, sneezing, running nose, congestion, and rash.

“Most people would live with their allergies,” Dr Chong said, adding that people would only seek desensitisation treatment if they have very persistent allergic reactions or whose lifestyles have been cramped as a result, or when their allergic reactions are life-threatening.

“Ordinarily, bee stings will cause swelling. But someone allergic to the venom could have more serious responses,” said Dr Chong.

Symptoms include extensive swelling and redness from the sting or bite that may last a week or more, nausea, fatigue, and low-grade fever. But at its most severe, insect stings can cause the patient’s face, throat, mouth to swell, the airways to constrict and blood pressure to drop quickly and dramatically – a life-threatening condition known as anaphylaxis.

Army personnel with this allergy and whose job takes them into constant contact with insects have sought allergy desensitisation treatment, said Dr Chong. This therapy is particularly effective for venom allergy, as well as for hypersensitivity to pollen, mites, and cats.

COMMON food allergies in very young children are usually detected before they are two, but most outgrow them.

Egg and milk allergies – the two most common allergy-causing foods in young children – are usually discovered when children are between 12 and 18 months old, and a peanut allergy – the third most common among children – is, on average, detected at about 18 months of age.

Allergies to egg and milk are often outgrown by the time a child reaches three to four years of age. The case for peanut allergy is less clear-cut, with research demonstrating that an allergy to peanuts may not stay with a person for life. In some patients, however, other nut allergies can develop with no evidence of consumption by the patients.

Children allergic to peanuts can be taught to overcome their allergy over a period of time, recent reports of research done in the UK suggest. By feeding these children tiny amounts of peanuts over a period of months, doctors were able to desensitise their immune systems, enabling some children to tolerate eating whole handfuls of peanuts.

“There appears to be a good proportion of children who become ‘tolerant’ of the specific food they are allergic to, and therefore they can consume the food in their daily diet,” said Dr Chiang Wen Chin, consultant at KK Women’s and Children’s Hospital, who specialises in allergy and immunology.

However, she said this therapy may not be suitable for everyone, as there are children who cannot tolerate oral-specific immunotherapy and who will have significant adverse reactions related to the build-up phase of this therapy. She also highlighted that some children’s food allergen threshold was merely increased and not totally eliminated.

Allergies to food tend to occur on first exposure. Signs of an allergy may include hives and rashes. More severe reactions include wheezing, and anaphylaxis or a sudden, whole-body allergic reaction.

Although there is no one determining factor causing food allergies, children whose parents or siblings have allergies such as eczema, allergic rhinitis or asthma, are at a greater risk of developing allergies themselves.
Did you know?

- An allergy is an abnormal immune response to a common or innocuous substance, usually a protein or a glycoprotein (carbohydrate in combination with a protein). Almost anything can trigger an allergic reaction, which can range from mild and annoying to sudden and life-threatening.

- The surest way of testing for an allergy is to undergo a skin prick test. Various allergens – allergy-causing substances – are introduced to the skin and the body’s reaction observed. This can be in the form of a localised swelling (hives or wheal) with surrounding redness (flare). The results of the test are known within 15-20 minutes. This test is cheap, fast and accurate.

- An oral challenge is another test for allergy. The patient is given a food or medication to check for a response. The test may include a placebo to ensure the reaction is real.

- When an allergen enters the body and makes contact with a type of white blood cell called lymphocytes, an antibody called immunoglobulin E (IgE) is produced. IgE then attaches itself to mast cells, found in various organs and which are involved in wound healing. These mast cells become sensitised. The next time allergens enter the body and make contact with these mast cells (and their attached IgE antibodies), they will bond with the IgE antibodies, releasing a host of mediators or chemical messengers. These mediators then circulate throughout the body, triggering allergic symptoms.

- Hypersensitivity to substances may be inherited, as allergic individuals often have allergic parents.

- Allergens may enter the body through the nose, throat, lungs and eyes, mouth and digestive system, skin and tissues under the skin.

- Allergic reactions include asthma, sneezing, itchy and watery eyes, nasal congestion, coughing spells, itchy skins and nasal discharge. Dust can also make people with asthma suffer attacks like wheezing, coughing and shortness of breath.

- Insect venom is one of the more uncommon allergies and reactions can be severe or life-threatening.

- An allergic reaction to a food usually occurs within minutes but can be up to one to two hours of eating the offending food. Symptoms, which can include asthma, hives, vomiting, diarrhoea, and swelling around the mouth, can be severe.

- Symptoms of allergies to medications, such as penicillin or aspirin, can range from mild to life-threatening and can include hives, itchy eyes, congestion, and swelling in the mouth and throat.

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In children, 90% of allergies are caused by

- Milk
- Egg

In adults, allergies are commonly caused by

- Seafood
- Shellfish
- Peanuts
- Tree nuts
- Fish

An allergy is an abnormal immune response to a common or innocuous substance, usually a protein or a glycoprotein (carbohydrate in combination with a protein). Almost anything can trigger an allergic reaction, which can range from mild and annoying to sudden and life-threatening.

The following foods account for 90% of all food allergies

- Milk
- Egg
- Peanuts
- Tree nuts
- Wheat
- Soybeans
- Fish
- Shellfish

I would like to express my thanks to Senior Staff Nurse Angelly Ng and Department of Endocrinology Registrar Dr Daphne Gardner for going the extra mile for my mum, Madam Yong Guek Meng, a patient of the Diabetes Centre. SSN Ng vigilantly updated me daily on my mother’s blood sugar levels, even when she was on compassionate leave. I feel she need not have done this, and I deeply thank her for her efforts. I sincerely hope her professionalism will set an example for your other staff! Thank you, Nurse Angelly!

Another person I want to thank at the Diabetes Centre is Dr Gardner. She is a friendly and loving doctor who, despite her busy schedule, returned my call to advise me on my mum’s insulin dosage. I have encountered other doctors who would not return calls even after I left many messages. Thank you, Dr Gardner for calling back. I would not have known what to do with my mum when her hyperglycaemia count reached 32 which is very high!

- Mr Lionel Seow Wee Chye

A million thanks, Isabel!

I would like to compliment your medical social worker, Isabel Lim, for her kindness and sincerity in rendering a helping hand to me for the past few months. Ms Lim was assigned to me when I asked to downgrade my patient status after I left NS. She helped me selflessly and advised me how to pay my bills effectively, even writing to the Medifund Committee to ask them to subsidise payment of my medication. The drug, Interferon, which I am taking to eradicate the hepatitis B virus from my body is extremely costly. I am very impressed by her excellent working attitude, passion and enthusiasm - qualities of a strong role model for medical social workers. Again, I would like to extend my greatest gratitude and appreciation to her for helping me during a very difficult period of my life.

- Mr Kok

Angellic care

I would like to thank Mr K Kathiravan (Auxiliary Police PC38496), Dr BK Tan, Senior Consultant of the Department of Plastic Reconstruction & Aesthetic Surgery, and his nurse, Ms Sen Vijayakumari d/o Rathakrishna of Clinic P for going out of their way to help me. I am totally impressed by how SGH staff go the extra mile to render good service.

On Mar 2.1, I was on my way to SGH for my appointment with Dr Tan at 10.45am. Rain was pouring down, and traffic was heavy on the roads and within the Outram Campus. I entered a car park but found that it was full. Yet the electronic gate was still admitting cars, resulting in massive congestion. Cars couldn’t leave, and they couldn’t move once they were inside the car park.

I had arrived at about 10.40am and 10 frustrating minutes later, I was still inside the car park.

In desperation, I decided to call the SGH main line for help. I was directed to a security officer, Mr K Kathiravan (Auxiliary Police PC38496), who took down my car and contact numbers.

Shortly after, he arrived at the car park. He called me on his personal mobile phone to reassure me. “Madame, don’t worry. I am here to direct the traffic and you should be able to get out of the jam soon,” he said.

He stood in the rain to direct the traffic. Soon cars began to move, and I reached the exit at 11.15am. I was stuck in the car park for nearly 35 minutes. If Mr K Kathiravan wasn’t there to deal with the traffic, I don’t know how much longer I would have been sitting in my car.

When I finally reached Clinic P1, I was warmly welcomed by the staff even though I was very late for my appointment. Ms Sen Vijayakumari d/o Rathakrishna told me Dr Tan had arranged for her to take care of me as he was busy. She made me comfortable while I waited for Dr Tan to see me.

Thank you SGH for giving me a good impression of your staff and their services.

- Ms Joanne Yeo

Bouquets

Car park bottleneck

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- Ms Joanne Yeo
Novel test detects eye ailments in minutes, needs less tear fluids

SINGAPORE National Eye Centre (SNEC) researchers are testing a new technology, touted for its ability to accurately detect eye ailments more quickly than current methods.

If the results prove positive, leading to its use in clinics, patients suffering from conditions such as dry eyes or infections might be able to see a doctor quicker.

“We have established that the technology is effective and practical, we are testing it extensively to ensure it will work in a clinical setting,” said Professor Roger Beuerman, senior scientific director at the Singapore Eye Research Institute, the research arm of SNEC.

Professor Beuerman is leading a team to look into the technology called DropArray, which unlike tests being used now, is able to immediately diagnose a range of eye conditions by identifying the proteins in a mere two microlitres of tear liquid - much less than a single tear drop.

Tests currently used to diagnose conditions such as itchy, watery or dry eyes require larger amounts of tear fluid, which are then analysed in a laboratory, making it time consuming and expensive. Eyes which are constantly itchy or watery could be due to allergies, while dry eyes is a common condition which occurs when glands around the eyes produce too little tear liquid to maintain enough lubrication and protection.

According to Curiox Biosystems which developed the DropArray technology, lab tests using DropArray cut testing time by 60% and consummable costs by nearly 90%. Curiox is a company that was spun off from A*STAR (Agency for Science, Technology and Research) unit, the Institute of Bioengineering and Nanotechnology.

“Together with Curiox, we are embarking on the development of a new point-of-care platform that can be used in the doctor’s office, providing rapid assessment of a patient’s condition,” said Professor Beuerman.

“We are excited over the prospect of developing new clinical diagnostic tests and methods that have the potential to raise the bar in patient care.”

Anti-scarring agent in glaucoma surgery gives better vision in Asian eyes

ASIAN eyes were the focus of a recent landmark trial led by the Singapore National Eye Centre (SNEC). The study found that the use of anti-scarring agent 5-fluorouracil during glaucoma surgery significantly improved healing, meaning better vision for more people.

“Results are great news for Singaporeans as Asian eyes are more likely to develop post-operative scarring, which can significantly limit the success of surgery,” said Dr Tina Wong, consultant ophthalmologist at SNEC’s Glaucoma Service. She reported the findings of the study earlier this year in Ophthalmology, the widely-respected journal of the American Academy of Ophthalmology.

Patients undergoing this surgery at SNEC will now be able to benefit from the addition of this agent. If the build-up of post-operative scarring is not addressed, patients could suffer from a loss of vision as the pressure in the eye rises again.

Results from the decade-long study, investigating the long-term effects of the use of 5-fluorouracil, a well-established cancer drug, showed its use delays visual field loss. It is safe for use in surgery.

“This means that patients who undergo glaucoma surgery can now expect even better outcomes as the addition of this drug during surgery helps to minimise post-operative scarring,” said Dr Wong.

“More people will be able to benefit from their full visual field for longer.”

Glaucoma, a disease of the optic nerve, is characterised by raised eye pressure and gradual visual field loss. It is four to six times more common in Asians than Caucasians. Glaucoma can lead to permanent damage of the optic nerve. In fact, glaucoma is the leading cause of irreversible blindness worldwide.

SNEC collaborated with other health institutions in Singapore and the UK on this study involving 243 patients. In 1999, this was the largest study to receive funding from the National Medical Research Council of Singapore.

CelebInPerson

Gourd gracious!

Totally Gourdgeous from Australia is one fruity bunch who uses hollowed, dried gourds to serve delectable folk-funk-jazz-raggae acoustics.

By Hazel Yong

THEY wear the gourdiest of costumes, act gourdy and literally perform the most gourdaceous music one ever hears.

That’s Totally Gourdgeous for you, an Aussie foursome who makes groovy music on gourd instruments.

Self-described as “Joni Mitchell meets James Brown in Bob Marley’s pumpkin patch via The Muppets”, the 11-year-old band has three albums under its belt and performed in many countries including Denmark, Slovenia and New Zealand. The band also held a gig in March as part of the SGH Arts for Health lineup.

Gourds are vital to your music. Are they a big part of your diets too?

I must say we aren’t big gourd eaters, but we are certainly fond of related cucurbits (plants which belong to both gourd and cucumber families) like butter nut, pumpkin and squash. Don’t overcook them if you want to get the most nutrition.

Your band is based on using organic gourds for instrument-making. What is your take on the health benefits of organic food?

Gourd plants are very hardy and easy to grow organically. Applying chemicals would be a waste of time! Also, organic food lowers the intake of residual pesticides, herbicides, preservatives and the like. It raises nutritional value, flavour and maintains the health of the planet. We eat organic produce like vegetables, grains and meat (kangaroo is best in Australia) whenever possible.

How do you feel towards the potential healing power of music?

The immune system is closely linked to our emotional well-being. It’s all about sensing the needs of the individual so any music style can help, depending on the person’s taste - some people find classical music rather stressful! New Age watfy music certainly puts me on edge.

How do you keep yourselves in tip-top condition for performances?

Voice warm-ups are essential. We are aware that stress has an impact on our voices so we ensure we are stress-free when performing. We also provide our own music. We keep ourselves in tip-top condition through exercise regularly, play music with friends, do yoga or go windsurfing, walking, cycling and swimming.

Your songs are performed while seated. Any tips to tone that touché?

They look very cute and can be coaxed into growing in all manner of shapes and sizes,” explained bassist Mal Webb on the group’s fascination with gourds.

“Once properly dried out, gourds will last longer than us.”

Besides Webb, there’s Penelope Swales on Gourd Guitar, Andrew Clermont on Gourd Fiddles and Gavin Gray on Gourd Drums. Each instrument is carefully carved by Swales under the guidance of lutheri Jack Spira, taking any time between a day and a month. Their first instruments – a guitar and Irish Bazouki – came from two halves of a fancy gourd water bottle.

Different gourd textures and patterns are taken into consideration for aesthetics, structure and resonance, revealed Webb. Varieties with thinner or softer shells are unsuitable for instrument-making.

“Penelope also lines the gourds with some fiberglass to add to their strength,” he added. “Like any fine instrument, they need to be cared for and humidity can be a worry!”

Despite their preoccupation with gourds, “strangely, we don’t have any songs about gourds,” quipped Webb. “Most of them involve environmental and social issues.

“We’ve got one about avocados and we could pretend that’s about gourds!”
A breath of fresh air at new facility

Singapore General Hospital’s new Hyperbaric and Diving Medicine Centre saves patients from major amputations. It’s so easy too: all patients need to do is breathe.

By Leong Wai Kit

IT WAS supposed to be a typical day at work last August for Mauritian engineer Frederick Foo (photo).

But as the 32-year-old was supervising a machine transfer, one of its parts – weighing “several hundred kilos” – slipped from the forklift and crashed onto Mr Foo’s left foot.

Mr Foo was rushed to a hospital in Mauritius and given Hyperbaric Oxygen Therapy (HBOT), a treatment which boosts the blood system’s oxygen levels dramatically to speed wound recovery.

“But the HBOT chamber in Mauritius is small and is mainly used to treat divers for decompression illness,” Mr Foo said.

“It was also very uncomfortable for me to fit into the small chamber with my injured foot.”

Around that time, Singapore General Hospital (SGH)’s newest – and one of Southeast’s largest and most advanced – hyperbaric facility had just begun operating. At the Hyperbaric and Diving Medicine Centre’s 41-foot-long, 40-tonne hyperbaric chamber, patients like Mr Foo, prevented from sitting for long because of injuries, would be able to lie on a bed and receive treatment more comfortably.

To save Mr Foo’s foot, his doctors decided to fly him to Singapore for treatment. “I trust the healthcare system in Singapore, and felt assured that the hyperbaric equipment here is more advanced,” Mr Foo said.

Raised oxygen levels enhance healing

In Singapore, Mr Foo received surgical treatment and antibiotics, and went through 35 sessions of HBOT, for about two hours each time, over six weeks.

“My foot hurt the most during the first two weeks, and I had to be on painkillers. But after the first 20 sessions, I could already feel my foot healing.”

HBOT involves breathing pure oxygen at air pressure two-to-three times greater than normal, which forces more oxygen to be dissolved in the bloodstream. This heavy concentration of oxygen saturates every part of the body, stimulating blood vessel growth and enhancing the immune system’s ability to fight infection.

Initially, HBOT was developed to treat diving disorders involving bubbles of gas in the tissues, such as decompression sickness and gas embolism, a consequence of divers ascending to the water surface too quickly.

Studies later found HBOT could help other conditions such as carbon monoxide poisoning, severe blood loss, poor healing wounds, thermal burns and radiation damaged tissues.

The treatment helped save Mr Foo’s foot, although the tips of his toes had to be removed.

“My foot, which had turned black from the lack of circulation, could have been amputated. But now, I’m recovering in four months – about half the time thanks to HBOT,” Mr Foo said.

Regional centre; Navy collaboration

To date, over 30 patients suffering from diabetic wounds, injuries from...
patients who did not.” The Centre will also help SGH advance the standards of diving and hyperbaric medicine. According to Dr Soh, SGH and Navy doctors will “collaborate on education and training, and the development of research in the field of diving and hyperbaric medicine.”

Last October, the Navy and SGH signed a memorandum of understanding to collaborate in the provision of recompression treatment for diving medical emergencies, bringing together the Navy’s over-30 years of expertise in diving medicine and SGH’s capabilities in clinical hyperbaric medicine.

This year, a three-year study involving 80 thermal burns patients from SGH’s Burns Centre will receive hyperbaric treatment for their wounds. The Burns Centre is the only such facility in Singapore and it also serves patients with serious wounds from the region.

“I am confident that with the expertise and knowledge that we bring to this partnership, we will be able to enhance the level of care for our Singapore Armed Forces servicemen as well as other patients who require specialized treatment at the centre. This collaboration will provide the impetus and opportunity for the advancement of hyperbaric and diving medicine in Singapore,” Chief of Navy Rear-Admiral Chew Men Leong said.

More clinical patients benefit from hospital-based facility

Who: Ms Kamisah Osman, frontline clerk in her forties.

Condition: Diabetic wound on her right toe.

Although Ms Kamisah was diagnosed with diabetes six years ago, she did not experience diabetes-related conditions until early last year.

“I was in Batam when I accidentally kicked a stone. Because I was wearing sandals, a blister formed on my right toe.” But Ms Kamisah ignored the wound until pus formed a few days later.

“By the time she visited her family doctor, gangrene had set in.” said Ms Kamisah. “It had turned black and the wound appeared crushed. It looked like Frankenstein’s head.” Fortunately doctors put Ms Kamisah on HBOT. Thirty five sessions later, Ms Kamisah’s toe was saved.

Ms Kamisah said she initially felt uneasy and claustrophobic in the 40-tonne enclosed chamber, which raises air pressure to create an environment of pure oxygen.

“But I felt so refreshed from the oxygen after my first session that I began to look forward to the next one. I even brought along crossword puzzles as if I were on board a plane.”

Ms Kamisah, whose life is back to normal after her toe “healed very well”, said: “I am very grateful for HBOT because it saved my toe. I now wear socks and proper footwear, and am definitely more careful with any lower limb injuries.”

Who: Mr Lee Tee Kuang, retiree, 60.

Condition: Slow-healing wound on shin, after his heart bypass.

Complications arose after Mr Lee Tee Kuang underwent a heart bypass last July.

The wound on his lower limb – where Mr Lee’s veins were harvested for the bypass – did not heal well. Being diabetic, the recovery on his left leg was especially slow. “My chest wound healed well one month after my surgery but the wound on my leg worsened. It even developed pus,” Mr Lee said.

It was then that his doctors recommended 30 sessions of HBOT to the retired lorry driver. His wound has since healed completely. A beaming Mr Lee was full of praise for the therapy as well as the staff at the facility.

“I recovered so well not only because of the oxygen treatment but also because of the very helpful doctors and nurses. I am very thankful to them for saving my leg.”

The entire chamber, with three compartments, can hold up to 14 patients. The main compartment can accommodate 10 patients, with a smaller one for four patients – the diver’s lock – is reserved for emergency cases. A third middle compartment, the entry lock, allows doctors to enter the chamber in an emergency, without interrupting the session.

Nurses outside the chamber monitor patients inside the chamber via six CCTVs. For critically ill patients, their parameters – including pulse rate, temperature and blood pressure – will be monitored through this screen.

A technician controls the air in the chamber, increasing the air pressure to about two to three times that of atmospheric pressure at sea level. It takes about 10 minutes to reach the target pressure.

At the end of the therapy, the technician lowers the air pressure to bring it back to normal. This takes about 15 minutes.
Speech at risk
Your two-and-a-half year old says barely a handful of words. Yet all his little friends are starting to chatter away. Should you be concerned? Deirdre Tay, Speech Therapist at SGH’s Speech Therapy Department, answers some questions.

Is your child just slower than his peers to communicate, or does your child have a speech and/or language development problem?

Some children are indeed slower to pick up speech or language compared to their peers.

However, the difference between a delay and a disorder is the pattern in which the sounds or language is acquired: children who don’t seem to be using speech or language similar to their peers may be having a speech/language disorder. In instances of children whose communication skills are delayed, their speech and language skills are acquired in the expected sequence but at a much slower rate.

In disorders, you may notice abnormal speech and/or language patterns not seen in other developing children.

In stuttering, a form of speech disorder, the child’s speech is interrupted by uncontrollable repetitions, prolongations, and blocks on sounds, syllables, or words. In phonological disorders, the child may be able to produce a sound correctly, but uses it in the wrong position in a word, or in the wrong word. For example, the child is able to make both the ‘t’ and ‘k’ sounds but in saying the word ‘key,’ the child replaces the ‘k’ sound for ‘t’ sound, articulating ‘tea’ instead.

There are also different types of language disorders. In specific language impairment, a child without any intellectual, learning or hearing disability has difficulty understanding and using language. Some children who have autism disorder may also have difficulty using language for social interaction purposes.

Speech difficulties occur in up to 10% of children. The most common causes of speech and language difficulties include hearing loss, prematurity, slow development, and mental retardation. Out of every 200 children, it is estimated that eight will have articulation disorders, two will have language disorder, two will have stuttering, and one will have voice disorder.

What should you do if you suspect your child may have a speech or language development problem?

Consult your paediatrician for a developmental check up and obtain a referral to see a speech and language therapist. A speech therapist will do an assessment on development, language and speech, provide information counseling and recommend further help if necessary.

If a child does have possible difficulties, early intervention will better help the child achieve their potential.

Are there speech mile posts to check a child’s speech development against?

Alarm bells should be triggered if your child:

- Is not using gestures, such as pointing or waving bye-bye by 12 months
- Prefers gestures over vocalisations to communicate by 18 months
- Has trouble imitating sounds by 18 months
- Is over two years of age but:
  - can only imitate speech or actions and does not produce words or phrases spontaneously
  - can only make certain sounds or words repeatedly and cannot use oral language to communicate more than his or her immediate needs
  - cannot follow simple directions
  - cannot be understood more than 50% of the time.

What can you do to help your child develop language and communication skills?

- Make use of mealtime, bedtime, playtime or bath time as opportunities for language stimulation. Children learn most from play and daily routine.
- Make activities fun for child and enjoy together.
- Be animated when you talk to your child to make the activities even more interesting.
- Maintain eye contact with your child during play and interaction.
- Wait for your child to respond – do not interrupt.
- Imitate what your child says to show that you are paying attention and interested in what the child does and says.
- Talk to your child during daily routines using simple words and phrases. Use sentences appropriate for your child’s level of understanding or production of language. For example, to an 18-month-old child whose vocabulary consists of mainly one-word phrases, you may say “Drink milk” or “Want milk?” if the child points to a glass of milk. Short phrases are easier for a child to pick up compared to long complex sentences such as “Would you like to drink some milk?” or “Tell mummy that you want milk first…”
- Expand on your child’s responses: Repeat what your child says and then add one or two new words. Your child is not expected to repeat what you say but you are teaching your child more advanced language models. For instance, your child says “play ball.” You expand on this by saying “let’s play ball” or “Mummy/I play ball.”

How prevalent are speech and language delays/disorders? And who is at risk?

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Is it true that girls pick up language and communication skills faster than boys? Are there any scientific reasons? How much slower are boys than girls in acquiring language generally?

Generally there are age ranges in which certain skills are picked up. Even within gender, there will be slower and quicker learners. Girls tend to reach certain speech/language milestones earlier than boys, and this seems to be attributed to the way the brain develops, and the differences in the development between girls and boys.

It is not possible to say how much slower boys are, as there are huge variations. What we look out for during assessment of speech/language is whether a child has little or most of the skills expected of his/her age to assess the severity of the delay.

Is over two-and-a-half years and can only make certain sounds or words repeatedly and cannot produce oral language to communicate more than his immediate needs.

Alarm bells should be triggered if your child:

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- Prefers gestures over vocalisations to communicate by 18 months
- Has trouble imitating sounds by 18 months
- Is over two years of age but:
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When swallowing becomes a chore

HALF the plate of rice, left untouched, had turned cold.

“I don’t want to eat because it is so difficult!” the patient told Ms Melissa Chua, SGH’s Head of Speech Therapy Department.

“I have not eaten for the past week because it is just too difficult. It seems to be slowly getting worse,” the patient added. Mr L, 74 years old, had been admitted to the hospital after a fall at home and fractured his leg. During admission, he had complained of problems with eating, which got worse in the week before.

An examination was subsequently carried out. Fluids and solids of various consistencies, such as softened biscuit, were given to the patient to observe his ability to swallow foods. The patient took great effort in trying to swallow the foods and fluids, which he also regurgitated, suggesting the muscles used in swallowing had weakened.

A modified barium swallow was then arranged to further assess his ability to swallow. This procedure, called a videofluoroscopy, is carried out jointly by a speech therapist and a radiologist. Various fluids or foods coated in barium were given to a patient and his ‘swallow function’ observed under fluoroscopy, an x-ray instrument.

“Under fluoroscopy, we noted that food and fluid did get stuck in his throat and this was due to age-related changes in his bone structure called osteophytes along his spine. Osteophytes are bony projections along the joints and when they occur at the level of the voice box, it may impede the flow of fluid or foods depending on its severity,” said Ms Chua.

Not surprisingly, the patient was able to swallow fluids and foods of softer consistencies such as porridge, compared to hard foods like biscuit and rice. Eating such foods also reduced the likelihood of food getting stuck in the throat as compared to harder consistencies which tended to stick in the throat.

Ms Chua advised a soft diet, recommending the patient ate more oats and porridge. The way he ate his food had also to be changed; he was asked to repeatedly swallow every spoonful that he ate to clear some of the food that had remained stuck in his throat and also to use fluids to help flush food residues.

Unfortunately, this disorder could not be resolved as it was due to changes in his bony structure. Only swallowing strategies and an appropriate diet could be recommended: an appropriate diet could alleviate some of the discomfort face when eating.

Having the feeling that there is something stuck in the throat is a symptom of a swallowing disorder or dysphagia. Other symptoms may include coughing before, during or after meals, food coming out of the nose especially when drinking, frequent choking when eating or drinking, and complaints of difficulties in swallowing.

As the experience of that particular patient showed, dysphagia may be a symptom of age-related changes. However, it may also be an indication of something more serious such as growths in the throat that will need further examination by specialists.

Swallowing problems may result from abnormalities from birth, structural damage, and/or medical conditions. These can include medical conditions like head and neck cancer and neurological diseases like stroke, Parkinson’s disease, dementia, and multiple sclerosis.

Public Forums

Eating Disorders:
When Food Becomes the Enemy (In English)
Participants will learn about eating disorders, specifically Anorexia Nervosa and Bulimia Nervosa, and the SGH Eating Disorder Programme, nutritional rehabilitation as part of treatment, and tips on eating healthily.

<table>
<thead>
<tr>
<th>Date</th>
<th>Saturday, June 27, 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
<td>10am-noon</td>
</tr>
<tr>
<td>Venue</td>
<td>SGH Block 6, Level 9 Void Deck</td>
</tr>
<tr>
<td>Enquiry</td>
<td>Anne at 6321 4029 or <a href="mailto:ed.publicforum@sgh.com.sg">ed.publicforum@sgh.com.sg</a></td>
</tr>
<tr>
<td>Price</td>
<td>$10 per person (drinks provided); pre-registration required</td>
</tr>
<tr>
<td>Organiser</td>
<td>SGH Eating Disorder Programme, Department of Psychiatry</td>
</tr>
</tbody>
</table>

“Obesity & Cholesterol Problems:
Weighing Your Options” (In English)

<table>
<thead>
<tr>
<th>Date</th>
<th>Saturday, Aug 15, 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
<td>Forum starts at 1:30 pm (registration half an hour before at 1pm)</td>
</tr>
<tr>
<td>Venue</td>
<td>DBS Auditorium, Level 3, DBS Building Tower 1, 6 Shenton Way</td>
</tr>
<tr>
<td>Enquiry &amp; Pre-registration</td>
<td>Call 63265944 during office hours or email <a href="mailto:pgmi.pf@sgh.com.sg">pgmi.pf@sgh.com.sg</a>. Pre-registration required.</td>
</tr>
<tr>
<td>Price</td>
<td>$8 per person ($5 if registration, payment made by Aug 11)</td>
</tr>
<tr>
<td>Organiser</td>
<td>Obesity &amp; Metabolic Unit, Department of Endocrinology, SGH</td>
</tr>
</tbody>
</table>

Speech Therapy is a specialised discipline that is involved in the assessment, diagnosis and management of communication and swallowing disorders in both children and adults. Speech therapists work with people of all ages, who have difficulties in communicating. This could include patients who have difficulties producing clear speech and also patients who have difficulties understanding or using spoken or written modes to get their message across. Patients who are dysfluent or have a voice disorder also see the speech therapists for therapy to allow them to function optimally in the course of their work and social activities. In addition, speech therapists see patients who have difficulties swallowing as a result of a medical problem which may include, stroke, cancer of the head and neck region and head injury.

What is Speech Therapy

ah...ah...
ba...pa...
Practice makes perfect speech

By Gloria Chan

CHILDREN born with cleft lips and/or cleft palates start speech therapy even before they begin to learn to speak.

This is because speech therapy programmes for children born with the congenital defect – their lips or the roofs of their mouths don’t fuse properly, leading to gaps – don’t deal merely with articulation or language. They provide parents with support and advice on feeding and swallowing as children with oral clefts may have difficulty sucking with enough force from a nipple.

“Speech therapy is routinely offered from six months of age. At this stage, we advise parents and caregivers on speech and language development during the pre-verbal and babbling stages,” said Ms Selena Young, senior principal speech and language therapist at KK Women’s and Children’s Hospital’s Cleft and Craniofacial Centre.

In Singapore, the incidence of cleft lips and/or palates is 1.87 per 1,000 births, or about one in every 535 births. In children with the condition, almost half are born with clefts in both their lips and palate.

Surgery soon after birth often successfully corrects the defect. A cleft palate is usually carried out at the age of nine months, while the easier-to-repair cleft lip is usually done at three months.

Children with cleft palates are hard to understand as the sounds they create can be very nasal and indistinct. Those with cleft lips often have difficulty articulating the sounds of the letters ‘b’ and ‘p’.

In addition to surgery, work with a trained speech therapist is necessary to ensure proper development of the child’s speech and language.

“Where communication gaps exist, a therapy plan is drawn up and sessions are scheduled. Instrumental evaluations, such as speech x-rays, are also carried out by the specialist speech therapist to hypernasality of speech continue to exist past the age of four,” said Ms Young.

If the child has any communication problems, he or she will be offered specific therapy exercises. “Therapy for communication disorders can consist of articulation drills, language work, visual biofeedback, caregiver training, eliminating or reducing nasal airflow errors and oromotor exercises,” said Ms Young. Oromotor exercises are exercises to develop and strengthen the oral muscles, including the lips and tongue.

Parents and caregivers are encouraged to attend each session to monitor their child’s progress, as well as pick up techniques to help them practise the exercises with their child at home.

“Many children will be able to have normal speech by the time they start attending primary school,” said Ms Young.

Speech therapy will continue into adulthood, but for most children, sessions with their speech therapists will gradually become routine, much like annual dental check-ups.

Tips for parents

At home, parents can help their child with therapy:

- Make therapy fun. Read from books and the internet, or speak to your child’s therapist about interesting games and activities you can do with your child to develop his or her oral muscles.
- Make sure your child carries out his or her homework practices given by the speech therapist.
- Be patient and encouraging. Set realistic therapy goals and celebrate every little achievement.

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The Doctor’s In

Am I shooting blanks?

My wife and I have been trying unsuccessfully to have a baby for nearly a year now. We have a normal sex life. Could the problem lie with me, and if so, is infertility treatable?

About 15% of couples in Singapore do not get pregnant successfully within 12 months of trying to have a child. Infertility can be attributed to either the man or woman, or both. Tests for infertility should involve both from the beginning.

In nearly all cases of male infertility, the man will not experience any obvious signs and symptoms: sexual intercourse, erection and ejaculation usually occur without any difficulty; the quantity and the appearance of the semen will appear normal to the naked eye. Medical tests will be needed to tell whether there is a problem, and are recommended when the couple fails to conceive after regular, unprotected sexual intercourse for two years.

Semen analysis is the most essential part of diagnosing male infertility. It is a laboratory test of freshly ejaculated semen, of which the number, shape and movement are measured under a microscope. These tests should be done at specialised laboratories that use methods approved by the World Health Organisation.

In one in eight infertile men has a treatable condition, and after appropriate treatment, the couple can try to get pregnant naturally without any other assisted reproductive techniques.

Men with untreated sterility have what is known as azoospermia, a condition in which the sperm-producing cells in the testes either did not develop or have been irreversibly destroyed due to chromosomal or genetic disorders, inflammation of the testes or treatment with certain drugs. In such cases, couples may have to consider adoption or donor insemination.

Most men tested for infertility have ‘untreatable sub-fertility,’ a condition marked by either a low sperm count, reduced sperm motility (capable of movement), or a low number of sperms with normal form and shape. These men are not sterile, and pregnancies do occur but at a lower rate than normal.

In such cases, spontaneous pregnancy depends very much on the age and health of the female partner. Alternatively, such couples could turn to fertility treatment.

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Table 1: Causes of infertility

<table>
<thead>
<tr>
<th>Cause</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female problem (Tubal and ovulation disorders)</td>
<td>30%</td>
</tr>
<tr>
<td>Male problem</td>
<td>30%</td>
</tr>
<tr>
<td>Both male and female problems</td>
<td>25%</td>
</tr>
<tr>
<td>Other causes for infertility</td>
<td>15%</td>
</tr>
</tbody>
</table>

Table 2: Normal semen parameters

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Normal Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volume of semen</td>
<td>More than 2 ml</td>
</tr>
<tr>
<td>Sperm concentration (number)</td>
<td>More than 20 million sperms per ml</td>
</tr>
<tr>
<td>Sperm motility</td>
<td>More than 50%, forward progression</td>
</tr>
<tr>
<td>Sperm morphology (shape)</td>
<td>More than 15% has a normal shape (strict criteria)</td>
</tr>
<tr>
<td>White blood cells</td>
<td>Less than 1 million cells per ml</td>
</tr>
</tbody>
</table>

Table 3: Treatable male infertility conditions

Hormonal disorders: Deficiency of two hormones from the pituitary gland – luteinisng hormone (LH) and follicular stimulating hormone (FSH) – can occur either congenitally or as a side effect of treatment of other disorders. Treatment with synthetic LH and FSH kick-start the sperm-producing function of the testes and spontaneous pregnancies are common after treatment.

Blockages of sperm transport as a result of disorder of development of the genial tract, a previous bad infection or a previous vasectomy: This occurs in about 6% of men with infertility. A bypass surgery is sometimes possible depending on the level of obstruction. Otherwise, sperm can be readily obtained by surgery for use in in-vitro fertilisation (IVF) to achieve pregnancy.

Medical therapy such as anabolic steroids and cytotoxic therapy: Sperm production usually recovers with cessation of therapy or change of medication.

Sperm antibodies: The reason for the occurrence is usually not obvious. Sperm antibodies interfere with fertility by reducing sperm motility and severely affecting fertilisation. Pregnancy chances increase with therapy targeted at the sperm antibodies. However, in some cases IVF is necessary.

Disorder of sexual function: This includes failure of sexual intercourse because of inadequate penile erection, failure of ejaculation, low sexual frequency and poor timing of sexual intercourse. Frequently, these conditions respond to treatment including proper counselling.
Coming up: Centre for all heart matters

To open in 2013, the new National Heart Centre will have treatment, research and training housed under one roof.

A NEW 12-storey, 35,000-square-meter National Heart Centre (NHC) Singapore building is rising from the site of the old SGH nursing hostel, a stone’s throw from the NHC’s present premises.

When ready in early 2013, the new building will be more than just larger premises with a fuller range of facilities. It will be a hub of activity for heart-related illnesses as the NHC puts into motion its ambitions to be a comprehensive training and research centre.

For patients with heart-related illnesses - expected to number 320,000 by 2015 from 200,000 now, - the new NHC will offer advanced treatment methods using the most sophisticated equipment such as ultra-fast CT scanners and three-dimensional scanning. They will also face greater convenience with day surgery procedures available at the centre.

“In designing the new NHC building, we considered every facet of the heart patient’s care and hospital experience, to deliver the best care possible while balancing cost and functional effectiveness,” said Associate Professor Koh Tian Hai, NHC’s medical director.

Treatment, research and training – now scattered in different locations on Outram Campus - will co-exist, allowing for greater interaction between those at the forefront of treatment and those looking for medical breakthroughs.

More doctors, nurses and allied health professionals will be able to be trained at the new centre to treat cardiovascular diseases, and collaborations with the Duke-NUS Graduate Medical School will intensify. Research efforts will focus on discovering potential, new drug compounds and the early phase clinical testing of such drugs.

Heart disease is the number two killer in Singapore, accounting for one in four deaths.

What to look forward to at the new NHC:

- The number of clinics to increase three-fold (NHC doctors treat about half of Singapore’s 200,000 heart patients)
- Day surgery facilities within the centre to provide holistic and seamless care
- Electronic clinical orders for tests and prescriptions, to improve patient safety
- Self-registration kiosks to provide greater convenience and simplify registration
- One-stop payment system for shorter queues
- Health information library to provide educational resources on cardiovascular diseases for patients, families and caregivers
- Gardens

From The Heart

The Spirit lives on!

By Dr Julian Thumboo

A YOUNG doctor is on a medication for arthritis which puts her at higher risk of developing infections, especially tuberculosis. Yet, when faced with an emergency, her first concern was for the patient who had collapsed near her clinic.

While waiting for the ambulance to arrive, she had rushed to perform mouth-to-mouth resuscitation on this passerby. It was only later that her thoughts turned to her own health. This doctor, who is also my patient, called to tell me she was concerned she might have contracted tuberculosis as the passerby – who recovered fully - had tuberculosis previously.

Thankfully, she did not contract tuberculosis, and the passerby survived.

During my training, I have been motivated by stories about legends in Singapore medicine such as the late Professors Seah Cheng Siang, N. Balachandran, Wong Hock Boon and Chan Heng Leong. As academic clinicians, they set high standards for altruism and patient care, and trained and inspired generations of doctors. I have also been inspired by living legends in Singapore medicine such as Professors Feng Pao Hsii, Ng Han Seong, Foo Keong Tatt, Ong Yong Yau, and Woo Keng Thye, to name a few.

I have at times wondered to what extent these values have been passed on to the next generation of doctors. This recent episode has encouraged me, because it has shown me that the spirit of altruism and caring for patients continues to live on. This younger colleague had instinctively put the needs of this patient above her own: she had saved his life, possibly endangering her own in the process. She mentioned that performing CPR on this patient was her "single most significant contribution to helping mankind!"

Her positive attitude had me reflecting about the ways in which many younger colleagues are committed to their healthcare work. They have at times worked long past office hours and during weekends to take care of patients, working hard and going the extra mile - as this little anecdote illustrates. It has been very encouraging to see that the spirit of altruism and caring for patients is alive and well among many doctors, including our younger colleagues. I would like to take this opportunity to thank them and to encourage them - the Spirit lives on!

Associate Professor Julian Thumboo is Senior Consultant and Head of SGH’s Department of Rheumatology and Immunology.
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2 pairs of tickets to Kota Kinabalu
1 pair of tickets to Bintan Resorts
3 Lifestream mini hampers worth $150 each

June Prizes
2 pairs of tickets to Kota Kinabalu
1 pair of tickets to Bintan Resorts
1 box of Lifestream Agaricus Blaszei Murill Immuno Advance worth $68.90

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Kitchen capers

Take a behind-the-scenes look at SGH’s bustling kitchens where food and service is a passion.

IT’S only a little before 6am, and already, the kitchen is steaming up with the heat from the boilers and grills. As the orders flashing on the computer screens, the frenzy begins. Porridge is carefully topped with spring onion; French toast is plated and garnished with fresh fruit; omelettes are sprinkled with coloured peppers.

This bustling set-up is not the scene of a restaurant or hotel kitchen, but the culinary node of the Singapore General Hospital (SGH). It is responsible for the nutrition and well-being of about 1,300 patients daily. According to Mdm Koay Saw Lan (photo), head of dietetics and nutrition services at SGH, the kitchen prepares and serves some 4,000 meals a day. And lest you dismiss hospital food as a bland or boring affair, think again, there are as many as 200 types of dishes each day.

“We serve Chinese, Muslim, Vegetarian and Western style foods and for each meal, we also have regular and light (soft diet) meals. Apart from this, we have special diets to cater to different dietary restrictions,” Mdm Koay explained. Offerings include fried Hokkien noodles, mee siam, nasi lemak, roast chicken, chapatti, and many other favourites.

“Coordination of this menu can be quite challenging,” said Mdm Koay. “Patients may want a Chinese breakfast and lunch but a Western-style meal for dinner. We have to plan it such that there is variety and if the foods relate. If the patient has fish for lunch, we try to make sure they have chicken for dinner. There are also special diets to consider and cater for. And all this within a set budget!”

It’s a true feat of culinary coordination that Mdm Koay and her team of dietitians, chefs and kitchen hands take great pains in planning and executing the meals. Considering that the menu is different every day for two weeks and you have an idea of the scale of the undertaking.

Menu planning aside, there is the preparation of the meals – all from scratch – to ensure they are delivered at around the same time to patients and at the right temperature. Breakfast, said Mdm Koay, is the most hectic time, as meals must be ready by 6.45am so they can be delivered by 6.50am. Kitchen workers – which number about 30 – are expected to start work at 6am, but some come in as early as 5am in order to get an earlier start on preparations. “We have about 45 minutes and is not a very long time to prepare so much food for so many,” said Mdm Koay.

There’s also the challenge of ensuring that the meals are appealing and healthy. To do this, they employ some simple but effective tactics. Cooking vegetables for someone on a low fat diet may include blanching the greens first, instead of stir-frying, and adding sauce. The cholesterol in French toast can be lowered if fewer egg yolks are used. Often, Mdm Koay experiments with ideas at home before introducing them to the SGH meal rotation.

Holidays entail special menus. Most recently, a Chinese New Year meal of yusheng, Cheng ting, yam nest with chicken and water chestnuts was served to patients. During Christmas, there’s the traditional turkey, and for Easter, hot cross buns. “If patients eat well, they can regain their strength and recover faster. It’s also nice for them to have something to look forward to,” said Mdm Koay.

SGH’s Department of Dietetics and Nutrition Services is ISO 22000 & HACCP (Hazard Analysis and Critical Control Points) certified, an internationally recognised standard for food safety. The certification is an endorsement of the department’s commitment to provide quality meal service to patients.

The details matter when it comes to catering to a diversity of tastes and dietary preferences. Here are some quirks in the kitchen:

• Fishballs are always cut in half to minimise the risk of choking.
• Pears are not often served as it is hard to gauge how firm or soft the fruit will be.
• Pineapples and seafood like prawns are almost never served as these are not popular convalescence foods.
• Grapes must be seedless to make eating them easier.
• The staff work to coordinate variety down to the details. Leafy greens for lunch? Then it’s non-leafy (eg. long beans/carrots) for dinner.
• In a reflection of local tastes, a little saucer of cut chillies is served with popular convalescence foods.

EatWell

IGREDIENTS

INGREDIENTS
Clove (high-protein) flour 125g
Wholemeal flour 65g
Sugar 40g
Salt 2g
Butter 25g
Egg 1
Dry yeast 10g
Bread improver 2g
Banana essence 2 drops
Banana mashed 65g
Water 50ml
Banana sliced 2

METHOD

1. Combine all ingredients except the sliced bananas together and mix well to form a dough.
2. Flatten the dough, place the sliced bananas across, and fold the dough to form a roll.
3. Leave the dough to rise in a bread pan for about an hour, or when it has doubled in size.
4. Bake at 180°C for about half an hour.
5. Cut into slices and serve.

By Pastry Chef Wilson Lim
National Family Celebrations is Back Again!

Held annually, the nationwide National Family Celebrations rejoices and reinforces the importance of family. Organised by the National Family Council, this year’s celebrations will take place from 30 May to 28 June.

Every year, there will be a line-up of a wide range of exciting and interesting family events and activities for families to participate in. Families can look forward to more promotions and discounts with our participating partners this year!

30 May 2009 (Sat)
10am to 6pm

Family Day Out

Join us at this Carnival by the Singapore River (beside Asian Civilisations Museum) for fun-filled activities.
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Clean hands save lives

Why do you clean your hands?
• To get rid of dirt and germs. The most common way germs are spread is by people’s hands. Germs are often harmless but they can also cause illnesses such as colds, flu, and tummy bugs.
• For those who care for sick friends or relatives, proper handwashing is important as this helps to significantly reduce the risk of passing on an infection to someone who could be more susceptible to infection because of their existing condition.
• When visiting a friend or relative in hospital or other environment where healthcare is provided, it is important to ensure that you clean your hands to help prevent the spread of infection.

How do you clean your hands?
• Wash your hands with soap and water, scrubbing all surfaces for 20 seconds. (See Eight Steps to Hand Hygiene)
• Use alcohol-based hand wipes or sanitiser if your hands are not visibly soiled.

When should you clean your hands?
• When your hands are dirty
• Before and after meals
• After using the toilet
• After blowing your nose, coughing or sneezing
• After touching animals or animal waste
• After handling rubbish
• After changing a nappy
• Before and after treating a cut or wound
• Before and after touching a sick or injured person
• Before and after visiting a hospital ward

Eight Steps to Hand Hygiene

1st Step
2nd Step
3rd Step
4th Step
5th Step
6th Step
7th Step
8th Step

The cost of producing and erecting this 28x7m banner was largely sponsored by B Braun and Hibi Antiseptic. It will stay on display till the end of this year to increase awareness on importance of hand hygiene.

Places with the most bacteria

• Playground equipment
• Bus rails/armrest
• Shopping cart handles
• Vending machine buttons
• Escalator handrails
• Public bathroom surfaces
• Customer-shared pens
• Public telephones
• Lift buttons

* From the International Journal of Environmental Health Research 2005
CelebInPerson

Star strength

It takes more than just good looks to thrive in showbiz, especially when the industry involves crazy hours and requires artists to be physically fit at all times. Whether in Asia or Hollywood, it’s hard work being a star, discovers LEONG WAI KIT.

Theatre work is tougher than Officer Cadet School

Local thespian Lim Yu-Beng breezed through Officer Cadet School in NS – one of the toughest vocations in the Singapore Armed Forces – thanks to his theatre training.

It’s easy to understand why women find Lim Yu-Beng sexy. At 43, he still looks as fit and dashing, albeit balder than he was a couple of decades ago. “Of course I still look the same. I’ve been playing men in their forties since I was in my late twenties!” quipped the actor, who is still remembered as James Lye’s sidekick Sergeant Alex Leong in Triple Nine.

Lim, who wore a simple black t-shirt for this interview, said he had recently begun working out in the gym. Indeed, his t-shirt complemented his toned physique, and made his well-defined and veiny biceps stand out.

“I started going to the gym recently, but I’ve had those veins in my arms for a long time. I was born to look like a fisherman!” joked Lim, who acted last April in Members Only, a play directed by Tracie Pang.

Much of his fitness was gained through years of theatre work. In fact, it was Lim’s foundation in theatre that helped him breeze through Officer Cadet School (OCS) where he did his national service (NS).

In OCS, training is made especially tough as officer cadets are trained for the battlefield as well as for various military commander roles in the Singapore Armed Forces. Besides numerous endurance runs, officer cadets undergo the Advanced Obstacle Course, instead of the typical Standard Obstacle Course.

“Theatre work is physically and mentally demanding,” Lim explained. “There’s a lot of dancing involved in theatre. And because I fell in love with technical design, I also did a lot of set construction involving climbing and running around. Mentally, I got used to working overnight too.

“And because I was enlisted after I graduated (from California’s Pepperdine University), I thought OCS was not as tough as the physical demands of theatre work. In fact, I was sure – and determined – that I would pass my OCS training then.

“I especially enjoyed rappelling because even in my theatre days, I was already climbing around like a monkey doing lighting setups. I was thinking hey, I ought to have used such equipment then!”

How Mister Happy-Go-Lucky keeps on smiling

Singer Wakin Chau is remembered for two things: his tendency to forget lyrics while in concert, and his very cheery disposition. The most smiley star on Earth happily shares his secret to staying optimistic.

I stopped eating pasta, wheat and sugar for six weeks

For his recent lead role as Goku in Dragonball: Evolution, Justin Chatwin fought cravings for yoghurt, ice-cream, pasta and beer, and underwent six-weeks of grueling physical training.

You may have watched Justin Chatwin, who played lead character Goku, in the recent manga-turned-movie Dragonball: Evolution. His slick martial arts moves didn’t come easy. The 26-year-old actor said he put his heart into preparing for his role.

“I wanted to do justice to the part because they’re so many Dragonball fans out there,” Justin explained in a phone interview.

To look the part of a fighting-fit hero, Justin first had to adjust his diet: Six meals a day with no sugar, wheat, pasta or beer.

Next came the six-week martial arts training, where Justin practised kungfu, karate and capoeira for at least five hours every day.

“I was told not to have sugar in my diet because I had to build more muscle and develop veins on my arms. Also, a lot of sugar makes me tired,” he explained.

Justin also underwent intensive weight training, where he threw up several times. But now that filming is over, Justin laughingly admits that he did give in to his food cravings:

“I was very happy with the way my body turned out, but this perfect lifestyle was too extreme. So I don’t mind being fatter now.”

Yes, Wakin Chau did fumble with his lyrics – again – at his One Wakin Live in Singapore concert last February.

But who would have the heart to hold it against the endearing Taiwanese crooner, who makes it a point not to display sadness unnecessarily?

“I’m always happy and excited about life because it’s in my DNA,” he said with his trademark smile. “It helps too, that in recent years, I no longer feel the need to make a mark in my career, so I’m naturally happier.”

But there are times when Mister Happy is sad. Wakin revealed that he was depressed in 2000, because of the various unfortunate events during that period.

“The music industry was badly hit by piracy, and there were world disasters like the Hong Kong typhoon in 1999, the shocking 911 incident, followed shortly by the Taiwan flood later that year.”

“And then there was the SARS outbreak. It was all too much for me to bear. I was deeply affected by these events partly also because as a father, I was worried for my children.”

In times like this, Wakin looks to his three favourite things for strength. “Family, music, and appreciative fans never fail to cheer me up.”

Besides spreading joy to those around him, what would make Wakin really happy?

He said: “That would definitely be to stay healthy. Age is catching up because years ago, whenever I met my pal Jackie Chan, we’d talk about the trendiest places to visit, but recently, our topics revolve around doctor visits and ageing ailments like arthritis!”
Art with a conscience

By Hazel Yong

At Homespun, local designs are incorporated into the making of handicraft by cottage industries. Read about what the social enterprise has to offer at Singapore General Hospital’s Arts & Soul Bazaar.

LUXURY was the name of the game when Ms Catherine Chong marketed Italian furnishings at $30,000 a piece for a swanky furniture company.

Her office at Simei Care Centre is like a garage gone wild, stuffed with recyclable lamps using soda bottles and taxi signs, sacks of jute strings and cloth bags. Stacks of banners discarded by shopping malls lay everywhere, ready for transformation into picnic bags, tissue holders or even umbrella stands.

Her present situation is a far cry from her high-flying days but to Ms Chong, it makes “perfect sense.”

“How it (Homespun) manifests itself is wonderful. This seems like a ‘downgraded’ phase but I totally love the simplicity of life now,” said the gregarious 41-year-old, who forsook her power suits for shirts from second-hand shops.

“Consumerism is a part of daily life. It is cheaper to order from factories as well as corporate gifts for organisations including SingHealth and ST Engineering.”

With a new focus on helping the less privileged in Singapore, the groups she works with include residents at SILRA, women from lower-income families seeking help at Henderson Community Centre, the elderly from Tiong Bahru Befrienders and single mothers from Mother And Child.

Besides providing members of these groups with a source of income, the handicraft-making also serves as occupational therapy, said Ms Chong.

“It is not difficult getting the groups to supply the handicraft but sometimes, operational issues occur when the old folks get sick or when people leave the groups. It’s part of my job to go to each place and understand their capability, then see how they match with the clients’ requirements.”

Support the needy in Singapore with handicraft work

The former Baharuddin Art College graduate was selling high-end furniture before a Girl’s Brigade stint at a Cambodian village showed her how cottage industries can support the villagers’ livelihood.

Two years later in 2004, she quit her full-time job and ploughed $50,000 to set up Homespun at The Arts House.

The store gained popularity for its quirky offerings like the reversible Samsui women’s jackets, seedlings for Bamboo towels. Stacks of jute strings and cloth bags. Stacks of banners discarded by shopping malls lay everywhere, ready for transformation into picnic bags, tissue holders or even umbrella stands.

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Joining SGH’s arts bazaar

While business has been affected by the economic downturn, Ms Chong remains selective on the avenues to showcase her products to a bigger audience.

“Those fashionable bazaars are not applicable,” said Ms Chong when asked about joining popular events like the Zouk Flea and Easy Market.

“We do encourage sympathy buys. We want people to buy because they like the designs. Otherwise, the purchases are one-off and will seem like donations.”

However, it didn’t take Ms Chong long to agree to set up stall at the Singapore General Hospital’s three-day Arts & Soul Bazaar.

She will be selling a wide range of cottage industry products, from Good Morning Towel oven mitts to luggage tags made from recycled rubber tyres and locally-designed T-shirts. Prices start from $2 for a keychain to $79 for a tote bag with PGS Pipaago logos.

“The bazaar’s theme of art, the environment and the people is very much in line with what Homespun is about,” she explained.

The three-day Arts & Soul Bazaar will be at SGH Block 4 and 5, Level 1, from June 10 to 12. Operating hours from 11am to 6pm.

Eco-fashion rosette

DIY your own fashion statement with discarded cloth or ribbon strips! Ms Catherine Chong of Homespun shows OutramNow how.

1. Select your materials - different textures lend a different feel. Cut them into irregular 10x3cm strips, depending on how big you want your rosette to be.

2. Fold them into halves and cut a ‘waist’.

3. Alternate and stack the strips neatly. Use a thick thread or wire to bundle them tightly at their ‘waists’.

4. Turn it over and fasten the safety pin. Ruffl e and style the rosette by fraying each petal to your desired positions.

5. Apply rosette to tees, belts, shoes, hairclips or bags.

ArtsForHealth

Art attack!

It’s Singapore Arts Festival time, and SGH is set to join in the fun with a week-long Arts Fest of its own.

THIS year’s Arts Fest@Outram Campus from June 8 to 13 will be triple the fun with Arts & Soul Bazaar, Arts Concerts and fringe lineups such as balloon sculpting, face painting and magic shows.

An annual event since 2005, the event is part of the SGH Arts for Health programme to provide a holistic, caring environment through the arts.

Held across the Outram Campus at different times, its highlight is a two-day concert by local and international acts at the SGH Block 6 Level 1.

Those who prefer to engage in a spot of retail therapy should not miss the Arts & Soul Bazaar at SGH Blocks 4 and 5. With the theme revolving around art, the environment and the people, shoppers can browse through 20 stalls classified under the three clusters of Singapore Designers And Labels, Social Enterprises and Eco-friendly lifestyle.

Be there or be square!

Puppets! Puppets! Puppets! Finger Players

Finger Players
June 12, 7.15pm – 7.45pm
SGH Block 6 Level 1
Be entertained by puppets - both contemporary and traditional – in four comic sketches.

Oriental Arts Troupe from China

June 13, 7.15pm – 7.45pm
SGH Block 6 Level 1
Be amazed by an assortment of contortionists, tumblers and jugglers showing off their agility and skills. Look out for the bicycle pagoda!

Apart from the main show, patients and visitors can bring a piece of art home when they participate in the festival fringe activities like magic show, balloon sculpting, sketching by caricatureist, face-painting, beads and Chinese knots making, arts & craft and origami activities and many more!

Arts for Health aims to provide a quality caring environment and promote good health in SGH through the arts. Patients, visitors, staff and the community can participate in creative arts programmes such as concerts, workshops and exhibitions that bring healing to the body, mind and soul.

SGH is the first hospital to receive the National Arts Council Supporter Awards 2005 in recognition of our promotional artistic activities.

To get into the spirit of things, Ms Chong also engaged various cottage industries to help recycle the Wall Flowers visual art installation at ArtsExpressions (SGH Block 2 Level 1) into pretty bags and other creations. That art piece by Singapore-born artist Laura Soon was displayed at SGH from Dec 1 last year to Jan 31.

“My next step will be to try getting Thai craftsmen to come over and train the people here. That will be the start of producing Asian inter-culture products.”
Preparation for exercise

IT’S important to warm up before exercise to enhance the flexibility of both muscles and joints. Here’s a series of stretching exercises typically used during warm-ups and cool-downs for vigorous cardiovascular fitness training.

**Stretchhhhhhh**
Hold a stretch position for a count of about 10.
Do not bounce or jerk in the position of the stretch.
Change sides.
Repeat several times.

**Triceps stretch**
Bring your left elbow over your head.
Use your right hand to stretch your left elbow downwards.

**Calf muscle stretch**
Face a sturdy support (eg. chair, wall).
Place one knee before the other.
The front knee bends, the back knee remains straight.
Both feet should remain flat on the floor.
Move your hips forward to stretch the calf muscles of the back leg.

**Arching backwards**
Place your feet about 20cm apart.
Use your hands to support your back.
Bend your knees slightly.
Arch backwards.

**Biceps stretch**
Pull both arms behind your back.
Keep your elbows straight.

**Turning the trunk**
Place your feet about 20cm apart.
Turn your trunk from right side to the left.

**Bending trunk sideways**
Place your feet about 20cm apart.
Bend your trunk sideways by running your fingers down the leg.

**Hamstrings muscle stretch**
Place your leg outstretched in front of you.
Attempt to reach the toes of this outstretched leg.

**STOP!**
Exercise relaxes, energises and keeps you mobile. Any exercise that leaves you feeling a little breathless and the muscles slightly tired is good for you. But if you feel pain, discomfort, become severely breathless or dizzy, STOP exercising and consult your physiotherapist.

**Exercise checklist**
- Avoid tight clothing and shoes as they restrict circulation and dissipation of heat during exercise. Most people will just put on T-shirts and shorts as well as jogging shoes.
- If exercising indoors, make sure the room is well-ventilated. Turn on the fan or the air-conditioner. Keep the temperatures below 30°C.
- Drink plenty of water at least half an hour before beginning, and if thirsty during exercise.
- Take light meals two hours before the exercise, but do not exercise straight after food.

Adapted from SGH Health-4-U Health Glossary
Contest

We want to give away five copies of Where is the Fat? Cookbook

Answer two simple questions and be one of five readers to win a copy of our popular Where is the Fat? Cookbook.

1. Singapore General Hospital’s Hyperbaric and Diving Medicent is Singapore’s newest and one of Southeast’s largest and most advanced hyperbaric facility. True/False

2. Which story in this issue (OutramNow May/Jun 2009 Issue 14) did you enjoy reading the most?

Email your reply, name, address and contact number to editor@sgh.com.sg. We also welcome your comments and suggestions. You may also send your entry to The Editor, OutramNow, Communications, Singapore General Hospital, 31 Third Hospital Avenue, Bowyer Block C Level 2, Singapore 168753.

Closing date: June 10, 2009

* Duplicate entries will be disqualified.
* All correct entries will be entered into a lucky draw to be conducted at the SGH Communications Office.
* Few winners will be picked and notified by email on the collection of their prizes.
* Their names will be published in the next issue of OutramNow.
* Each winner will get two souvenirs at the Editor’s discretion.

Contest Results


The answer is TRUE. Among his many contributions, Singapore’s ‘Father of Radiology’ researched the history of radiology in this country in the years from 1896 to 1975.

The following winners will be notified by email:

Elise Low Jast Eng • Ong Low Yew • Heng Ngak Kim • Shirley Chow • William Chong Min Foong

Prizes must be claimed by June 15, 2009

Missed past issues of OutramNow?
Now you can read them online at www.sgh.com.sg or any library

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• Damage to hearing may be permanent
• Unresected prolonged pain may become a disease
• Evisceration for patients
• Cord blood gives hope to adults

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Answers to page 9 BELIEVE OR NOT:

(1) Urine Test Kit. Glass containers to collect urine for analysis (2) A Proctoscope is a short straight, rigid hollow metal tube which is still today, is still used for rectal examination. (3) Stainless Steel Container. A container for methylated spirit used to clean instruments and swab umbilical cords, and is kept in a midwife’s bag during house calls in the 1930s. (4) Dissecting Forceps are useful for blunt dissection. (5) A Wooden Monaural Stethoscope used for obstetrical and pediatric auscultation (6) Magnifying Glass for eye examination, used in the 1930s.

SGH wishes to thank our concert partner, NAFA, and sponsors - Gold Sponsors Tote Board Singapore Turf Club, The Royal Bank of Scotland, Yamaha Music (Asia) Pte Ltd., and Advanced Bionics; Silver Sponsors Mr Ong Chee Keong, Cochlear Limited (Singapore Branch), Mr David Khoo Swee Peng, Mr Arthur Chan Chiang Chye, Modern Montessori International Group, Widex Singapore Pte Ltd, Mr Jonathan Quek, and ZA Architects; and all who contributed in one way or another.

Mrs S R Nathan was the special guest at SGH’s Charity Concert which was jointly organised by Nanyang Academy of Fine Arts (NAFA) on Apr 7. The concert raised almost $40,000 for needy children with hearing impairment to undergo music therapy at SGH.

Hearing impaired children and their parents performing before the Charity Concert.
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和谐与平衡的哲学理念同样体现在我们的医师和患者之间。我们中医药中心的医师来自上海各大著名中医院的各个专科，对心血管病、呼吸系统病、消化系统病、糖尿病的糖化血症、骨关节疾病、皮肤病、妇幼疾病和儿科疾病有丰富的诊疗经验。精心诊断、周密处方，并运用地道中药材，针灸和推拿多种治疗方法解除疾病痛苦。中医是您的健康服务，您可放心于新加坡医院一贯享有可信赖声誉。

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