

SGH Alumni Newsletter

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SGH PGMI
Postgraduate
Medical Institute

NEW APPOINTMENTS

Key Leadership & Clinical Appointments

Singapore General Hospital



A/Prof Lim Boon Leng
Chairman, Clinical Ethics Committee
Singapore General Hospital



Dr Lionel Cheng Tim-Ee
Chief Data and Digital Officer,
Singapore General Hospital



A/Prof Tan Hiang Khoon
DCEO (Future Health System),
Singapore General Hospital



A/Prof Phua Ghee Chee
DCEO (Hospital Experience),
Singapore General Hospital
Group Director, Staff Wellness,
SingHealth



Prof Lim Kiat Hon Tony
Chairman, Division of Pathology
Singapore General Hospital
Academic Chair, SingHealth Duke-NUS
Pathology Academic Clinical Programme



A/Prof Ho Sun Sien Henry
Chairman, Division of Surgery & Surgical
Oncology,
Singapore General Hospital & National Cancer
Centre Singapore
Academic Chair, SingHealth Duke-NUS
Surgery Academic Clinical Programme



Dr Sachin Mathur
Head, General Surgery
Singapore General Hospital



A/Prof Yuen Shyi Peng John
Head, Urology
Singapore General Hospital



Dr Sewa Duu Wen
Head, Respiratory & Critical Care Medicine
Singapore General Hospital



Dr Lee Phong Ching
Director, Obesity Centre
Singapore General Hospital

SingHealth HQ & SingHealth Institutions



Dr Lai Siang Hui
Chairman, SingHealth Centralised
Institutional Review Board
SingHealth



Prof Lo Yew Long
Group Director, Research (Research
Integrity, Compliance & Ethics),
SingHealth



Dr Gan Wee Hoe
Deputy Chief Executive Officer,
SingHealth Community Hospitals



A/Prof Lee Kheng Hock
Deputy Chief Executive Officer
(Education and Community Partnerships)
SingHealth Community Hospitals

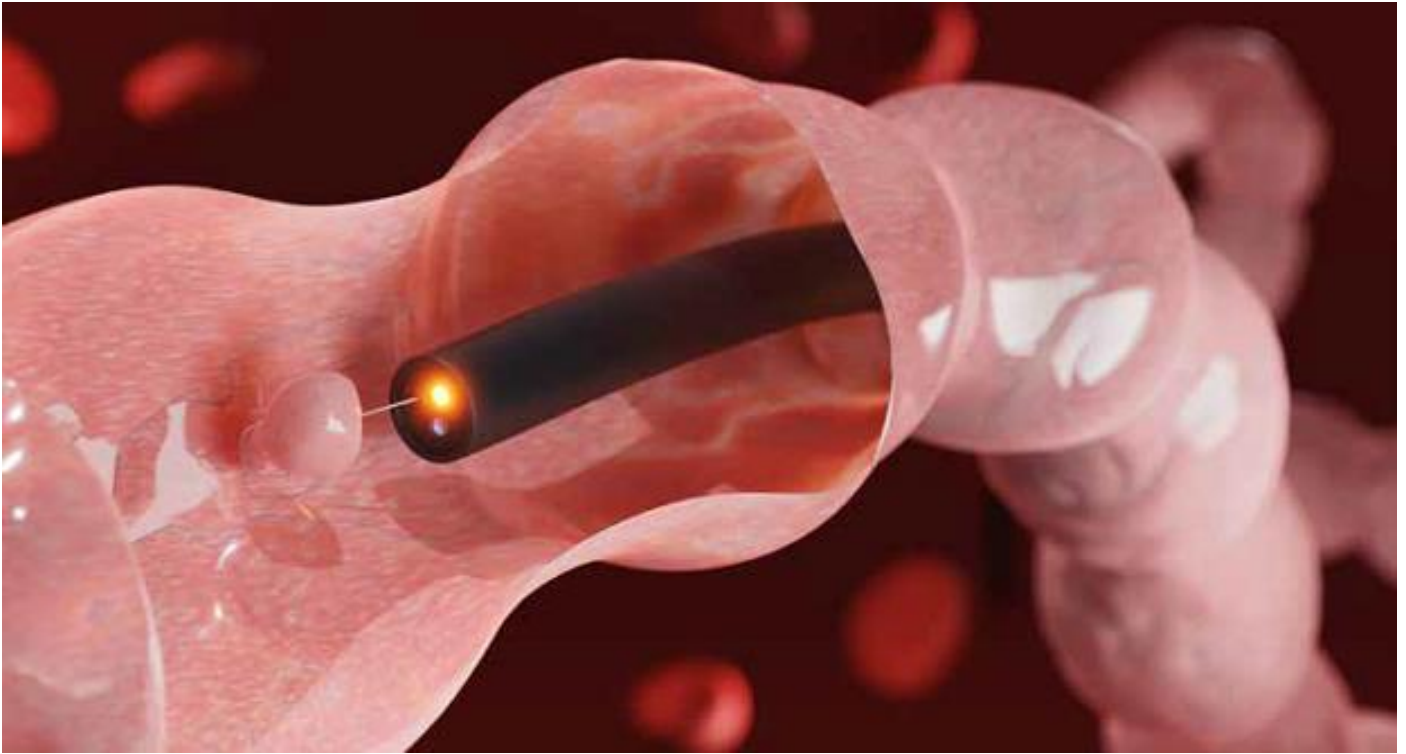


Dr Dinesh Shree Kumar
Head, SingHealth Duke-NUS Spine Centre



Clin A/Prof Tan Ee Shien
Head, SingHealth Duke-NUS Genomic
Medicine Centre

NEW DEVELOPMENTS

GET THEM OUT, CANCER OR NOT**Polyps in the colon can be detected and removed during regular colonoscopy.**

Colonic polyps are mostly harmless. Some, however, can turn malignant and develop into colorectal cancer over time.

“That is why it is necessary to get a colonoscopy done every five to 10 years. Any polyp detected is then removed, whether it is malignant or not,” said Associate Professor Emile Tan, Senior Consultant and Head, Department of Colorectal Surgery, Singapore General Hospital (SGH).

Polyps are abnormal growths that appear in the colon (large intestines) or rectum. Healthy new cells in the bowel replace old ones on a daily basis. In some people, the new cells grow excessively, resulting in polyps forming. These can occur anywhere on the inner lining of the colon and are usually less than 1cm in diameter.

Most individuals have one to two polyps. But due to genetic conditions, some patients may have a “carpet of polyps”, where the number of polyps may go into the hundreds.

There are different types of polyps. Some, known as hyperplastic polyps, are merely overgrowths of normal cells and do not turn into cancer. “The most common type is called adenoma. While each adenoma has only a 1 per cent risk of becoming cancerous, nearly all malignant polyps start off as an adenoma,” said Assoc Prof Tan.

It takes a while before a polyp becomes cancerous, if at all. Assoc Prof Tan estimates that an adenoma takes about two to three years to grow 2 to 3cm in diameter, and another three to five years to transform into cancer.

Read more at: <https://www.singhealth.com.sg/news/singapore-health/get-them-out-cancer-or-not>

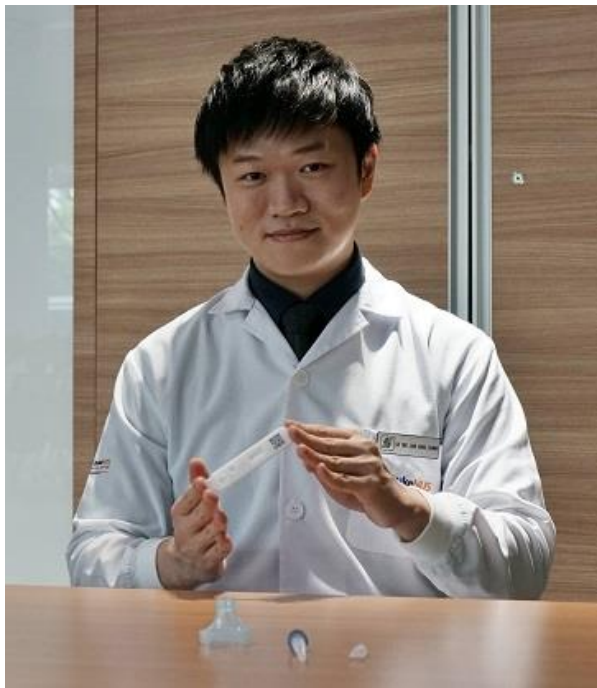
NEW DEVELOPMENTS

NO MORE UNCOMFORTABLE SELF-TESTING

This saliva antigen COVID-19 test will be an even more convenient option compared to nasal swabs.

A saliva-based COVID-19 antigen rapid test (ART) technology co-developed by the SingHealth Duke-NUS Academic Medical Centre and the National University of Singapore (NUS) will offer a more pleasant alternative to nasal swabs.

Officially known as PASPORT (Parallel Amplified Saliva rapid POint-of-caRe Test), this easy-to-use and painless test is highly accurate. Compared to the gold standard Polymerase Chain Reaction (PCR) test, PASPORT's sensitivity in detecting the SARS-CoV-2 virus is 97 per cent, and its specificity (to detect a true negative result) is 90.6 per cent. These results are comparable to ART nasal swabs available in Singapore.



One of the major limitations of existing saliva tests is that they are accurate only after prolonged fasting, such as in the morning after waking up. “Should participants eat, drink or brush their teeth, the concentration of viral particles in the saliva drops too drastically for an accurate result. A comparison against two other existing test kits showed that sensitivity dropped to approximately 60 per cent and 20 per cent respectively after food,” said Dr Danny Tng (pictured), Medical Officer, Department of Infectious Diseases, Singapore General Hospital (SGH). He is also an adjunct Research Fellow at Duke-NUS’s Emerging Infectious Diseases (EID) Programme and one of the key inventors of PASPORT.

The other inventors include Associate Professor Melvin Chua from National Cancer Centre Singapore (NCCS) and Duke-NUS Medical School, Professor Jenny Low from SGH and Duke-NUS Medical School, Professor Ooi Eng Eong from Duke-NUS Medical School, Professor Soo Khee Chee from NCCS and Duke-NUS Medical School, and Professor Zhang Yong from NUS.

PASPORT can be used at any time of the day, even after meals. Like other ARTs, it uses nanoparticles to bind the virus. In addition, it adds a second type of nanoparticle that binds the first set of nanoparticles to amplify the signal, allowing it to be more sensitive than other lateral flow tests. Using its unique viral capture system with ACE2 proteins, it is also able to pick up COVID-19 variants, including Delta.

Read more at: <https://www.singhealth.com.sg/news/singapore-health/no-more-uncomfortable-self-testing>

NEW DEVELOPMENTS

DEALING WITH BACK PAIN

Back pain is one of the most prevalent conditions that has seen a spike during the COVID-19 pandemic.



COVID-19 may be taking the top spot as the main health concern of current times, but other ailments are not lagging far behind. With a majority of the population working from home since the start of the pandemic, long hours in front of the computer, poor ergonomics and a lack of physical activity have contributed to an increase in the number of people with lower back pain.

“Lower back pain is a common pain condition that most of us encounter at least once in our lives. Thankfully, studies have shown that 80 to 90 per cent of patients with back pain recover within six weeks,” said Dr Adeline Leong, Consultant, Department of Anaesthesiology and Pain Medicine, Sengkang General Hospital and Singapore General Hospital.

Due to the complex nature of back pain, it is important to exclude serious causes to determine the appropriate treatment. Medical attention must be sought when one experiences infection (fever, chills, rigor), trauma (pain that occurs after a fall or accident), unintended and significant weight loss, uninvestigated back pain that has lasted more than six weeks, progressive weakness and numbness of the lower limbs, and onset of bladder and bowel incontinence.

“These symptoms are seen more frequently in at-risk individuals, including elderly persons above 70 years old, immunocompromised patients, and patients with osteoporosis or cancer,” Dr Leong noted.

Once these red flags have been ascertained and/or the cause of the lower back pain has been diagnosed, the management of back pain can then be tailored accordingly.

Read more at: <https://www.singhealth.com.sg/news/singapore-health/dealing-with-back-pain>

NEW DEVELOPMENTS

SHIELDING DENTAL PROFESSIONALS AND PATIENTS

A device developed by the National Dental Research Institute Singapore provides protection from infection during treatment.



Dental procedures, such as scaling and polishing, invariably generate aerosols — a mixture of water from dental equipment, the patient's blood and saliva. Aerosol exposure occurs most commonly on the dental professionals' faces and clothes, as well as the nasal area of the patient.

Dentists, especially, are at a high risk of getting infected with COVID-19 and other diseases through cross contamination because they work within close proximity to their patients' mouths.

Research has shown that aerosols can travel as far as 1m horizontally and 0.5m vertically from a patient's mouth. These aerosols can also remain in the air for up to 30

minutes after dental scaling, which can potentially expose the next patient to cross-infection.

When the aerosols settle on surfaces surrounding the treatment area, it can increase the risks of infection. The COVID-19 virus, for instance, has been known to stay on surfaces such as metal, glass or plastic for a few days.

To provide a safer setting for dentists and patients, a team from the National Dental Research Institute Singapore (NDRIS) developed Aeroshield, a device that uses air curtains as a barrier to prevent aerosols from splattering onto dental professionals. NDRIS was established in 2019 by the National Dental Centre Singapore (NDCS) as part of the SingHealth Duke-NUS Academic Medical Centre to meet oral health priorities in Singapore and globally.

“During the ‘circuit breaker’ period in 2020, patient attendances fell by 35 to 60 per cent, as dentists could only tend to emergency cases. Even with the gradual resumption of dental services later, many patients delayed their visits for fear of contracting COVID-19. These delays may result in deterioration of dental disease, and consequently, more complex and costly treatment,” said Clinical Associate Professor Goh Bee Tin (pictured), Principal Investigator of the Aeroshield project and Director of NDRIS.



“As Aeroshield significantly reduces the amount of aerosol contamination, it will also protect against other diseases that spread via droplets. Patients can access dental care with greater assurance, and dentists can continue to treat patients safely and effectively beyond the pandemic.”

Read more at: <https://www.singhealth.com.sg/news/singapore-health/shielding-dental-professionals-and-patients>

NEW DEVELOPMENTS

A CHANGE FOR THE BETTER

Singapore's National Pancreas Transplant Programme, the only one in Southeast Asia, is set to help more diabetes patients on insulin and dialysis.

Mr Md Halim Anuwar underwent a simultaneous kidney and pancreas transplant in June 2021, the first person to do so after the National Pancreas Transplant Programme (NPTP) was set up two months earlier.

With the double transplant, the Singapore General Hospital (SGH) patient recovered well and was discharged nine days after. The ambulance driver has returned to work.

“Mr Halim had immediate graft function following surgery, meaning that he did not require a single session of dialysis or insulin post-operatively,” said Dr Valerie Gan, Senior Consultant, Department of Urology, SGH.



Mr Halim had to inject himself with insulin every day for 20 years after he was diagnosed with type 1 diabetes at the age of 18. He later had to have regular dialysis when he developed end-stage kidney failure as a result of his diabetes.

Kidney damage occurs over time with diabetes. In type 1 diabetes, the pancreas does not make or makes very little insulin. In type 2 diabetes, patients become resistant to insulin.

The NPTP is an SGH-National University Hospital (NUH) collaboration following a pancreas transplant service pilot that began in 2012. During the pilot, five simultaneous pancreas-kidney transplants were performed on patients with type 1 or type 2 diabetes.

“Having been involved in the development and growth of the pancreas transplant service, I am glad to see it become a national programme. This is a timely addition to the range of transplant services that patients have access to. Patients in need of such a transplant will benefit greatly from the combined knowledge, skills and experience of the teams at NUH and SGH,” said Dr Gan, who is also Deputy Director of the NPTP.

Three types of pancreas transplants are available under the NPTP — pancreas alone, pancreas after a kidney transplant and simultaneous pancreas-kidney transplant. A simultaneous pancreas-kidney transplant is the only treatment to establish normal sugar levels in patients with diabetes, without the need for external insulin injections.

“It is now widely acknowledged that a simultaneous pancreas-kidney transplant improves quality of life and long-term survival, compared to current available medical treatment in patients with type 1 or certain type 2 diabetes and who are on dialysis,” said NUH’s Associate Professor Tiong Ho Yee, Director of the NPTP.

With the NPTP, potential patients from all public hospitals can be identified and screened for pancreas transplant suitability. At the same time, the team will work on improving organ availability for transplant. Those on the wait list can expect to wait one to two years to receive a new pancreas, and only Singaporeans and permanent residents are eligible for subsidies under this programme.

Every year, some 19,000 people in Singapore are diagnosed with type 1 or type 2 diabetes. Diabetes is the number one cause of kidney dialysis in Singapore, accounting for about two-in-three new cases.

EVENTS OVERVIEW

27TH SGH LECTURE & FORMAL DINNER



We are deeply honoured to have PM Lee Hsien Loong as the Guest-of-Honour and Distinguished Lecturer at our 27th SGH Lecture and Formal Dinner.

PM Lee expressed his gratitude to healthcare workers and gave an inspiring speech on the lessons learned from the pandemic, emphasising the importance of continuing to build the reservoir of trust.

Our Chairman of Medical Board, Prof Ruban Poopalalingam, highlighted the valuable lessons to be gleaned from this journey, including the importance of health transformation, the need to be agile, adaptable and innovative, and how our people are our greatest asset.



Our book “Purpose with Passion: Our COVID-19 stories” was also launched by PM. The book pays tribute to our people at SGH, showcasing our camaraderie and shared purpose in the fight against COVID-19.

View the e-copy of the book here: <https://www.sgh.com.sg/about/news-room/our-covid19-stories>

SGH will continue to cherish our privileged role as the beacon of hope for our nation and forge relentlessly forward with Purpose, Passion, Courage and Grit.

FELLOWSHIPS & INTERNATIONAL COLLABORATIONS

Dr Rajesh Rampal from Malaysia shares his fellowship experience in SGH, Department of Orthopaedic Surgery, Adult Reconstruction

What was your impression of Singapore's healthcare industry?

I must say I was very impressed with the excellent and efficient healthcare system in place in Singapore. The standard of care and the expertise available for their patients is remarkable and at the same time health literacy amongst people in Singapore is applaudable.

Are there any differences compared to the healthcare industry in your country?

The healthcare system in my country is different from Singapore. We have both public and private healthcare facilities. Public healthcare is available to Malaysians at a nominal fee as the services are heavily subsidised through general taxation of income. The resources available at the government healthcare facilities are hence sometimes limited. In the face of the ongoing pandemic, our healthcare system has also been further strained and this has resulted in significant delays in elective operations.



Dr Rajesh Rampal (on the right) during his fellowship programme with Department Orthopaedic Surgery

Why did you choose to apply to Singapore/SGH for your attachment?

Singapore is well reputed globally as one of the worlds' most efficient health care systems. I was very impressed with the health care system as well as cutting edge technology being leveraged to ensure accurate diagnosis and the most advanced treatment to ensure the best possible outcome for the patients. I had been very keen on learning and experiencing the life as a fellow at SGH and I am indeed very grateful to have had this opportunity.

Did you face any difficulties (e.g. culture, language) during your attachment? What were they?

Coming from Malaysia, the culture and language was very similar and generally I believe that I assimilated very well and my colleagues and the staff at SGH and PGMI were all very warm and welcoming. As I am not well versed in Mandarin/Chinese I did face difficulties communicating with some of the patients but managed with the help of my wonderful colleagues and also managed to pick up some basic words as well in the process. The overall experience as a fellow during the ongoing Covid-19 pandemic I would say had been challenging as I was unable to see my family across the border due to the travel restrictions.



During your attachment, what was a 'typical' day like?

My day would typically start around 7am, and we will have online briefings before I head to the hospital for ward rounds. Depending on the schedule I would either be in clinic or in the operation theatre. To wind down my day I would occasionally go cycling to explore the beautiful Singapore.

(continued on next page)

FELLOWSHIPS & INTERNATIONAL COLLABORATIONS

(continued from previous page)

What were your learning experiences?

I was exposed to a wide spectrum of cases ranging from simple primary to complex and revision Arthroplasty. Exposure to computer navigated joint replacements and robotic technology as well as direct anterior hip replacements during my training was much appreciated and I was fortunate to be able to learn and perform surgeries under the expert guidance of my supervisor. Although the fundamental science of medicine remains common everywhere, the approach and the management varies and it is these new techniques that I have learnt that I am so excited to bring back and share with my colleagues here in Malaysia.

How has the attachment made an impact on you?

The attachment has changed the way I look at adult reconstructive surgeries in a good way. It has opened my mind on the new techniques and skills and also inspired me to further my knowledge and continue to upgrade my skills to bring the best possible treatment for my patients and to continuously strive for better patient outcomes and satisfaction.

Do you have any interesting/memorable experience during your attachment that you would like to share?

My most memorable experience was the day that I performed a robotic assisted total knee replacement. It was a totally different experience performing the surgery with the new techniques that I learnt as well as the adrenaline rush to be using robotic technology. It was just amazing and unforgettable. My training was made even more memorable with the support and guidance from my supervisor and colleagues.



Dr Rajesh Rampal (centre) with his department colleagues in SGH MOT

What did you enjoy most during your attachment?

I enjoyed being present and involved in the department and of course definitely I enjoyed the state-of-the-art equipment that was available to perform the surgeries.

Would you recommend SGH to interested fellows? Why?

100% most definitely yes! SGH is an excellent training centre for fellows with world class trainers and an immaculately organised system in place which helped to ease the whole process. The hospitality and the warmth of the staff and support staff also helped to ease my transition.

How would you describe your fellowship experience in 3 words?

Awesome , inspiring and unforgettable.

Photo Credits: Dr Rajesh Rampal

For information on SGH Fellowship and clinical attachment programmes, please visit our website:

https://www.sgh.com.sg/pgmi/fellowship_attachments

UPCOMING EVENTS

July 2022

13TH

SGH Lunchtime Q+A with GPs

Presented by Dr Woo Yew Lok, Department of Orthopaedic Surgery, SGH
Dr Cynthia Lim, Department of Renal Medicine, SGH

27TH

SGH Lunchtime Q+A with GPs

Presented by Dr Lionel Chen, Department of Colorectal Surgery
Dr Yong Jin, Department of Urology, SGH

August 2022

10TH

SGH Lunchtime Q+A with GPs

Presented by Dr Robert Yap, Department of Hand & Reconstructive Microsurgery, SGH
A/Prof Warren Fong, Department of Rheumatology & Immunology, SGH

20TH

GPCME Webinar: Endocrinology Update 2022*

24TH

SGH Lunchtime Q+A with GPs

Presented by Dr Lester Lee Chee Hoe, Department of NeuroSurgery, SGH
A/Prof Leslie Lim Eng Choon, Department of Psychiatry, SGH

27TH

-

28TH

SGH Transplant Nephrology and Urology Review Course 2022*

September 2022

14TH

SGH Lunchtime Q+A with GPs

Presented by Dr Vanessa Tan & Dr Leong Zhouhao, Department of Otorhinolaryngology -
H&N Surgery, SGH
Dr Ravishankar Asokkumar, Department of Gastroenterology & Hepatology,
SGH

21ST

GPCME Webinar: Vascular & Interventional Radiology*

28TH

SGH Lunchtime Q+A with GPs

Presented by Dr Cheryl Hui, Department of PRAS, SGH
Dr Kenneth Chen, Department of Urology

*Please refer to our website <https://www.sgh.com.sg/pgmi> for events updates.

SGH LUNCHTIME Q+A WITH GPs

Have burning questions pertaining to medical care?

Join our clinicians at the SGH Lunchtime Q+A with GPs that takes place on Wednesday from 1pm to 2pm. Each session, we have our specialists from 1-2 disciplines online to take your questions live.

For more information on the upcoming sessions and to register and pre-submit your questions, please click on the below link (internet access required):

<https://ihis.zoom.us/meeting/register/tJErfu-trDMjHtQ7m2fzvFOdXdCS6u3hXtnn>



WELCOME!

We welcome our new Alumni Member:

Name	Specialty	Country
Dr Thong Jiun Fong	Otolaryngology	Singapore



**TELL US
WHAT YOU WANT!**

We are always looking for ways to improve and engage our alumni members. If you have any suggestions or ideas for newsletter contents or alumni events, know anyone who would like to contribute to the newsletter, please let us know! Email your suggestions and contributions to alumni@sgh.com.sg

SGH ALUMNI NEWSLETTER

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