

Healthy Living For Mind & Body

My Alvernia

• Issue 3 •



Love Actually

*A young lady gets the surprise
of her life at Mount Alvernia*

WHAT'S UP DOC?
Personalised medicine,
the next frontier in
lung cancer

THE BIG INTERVIEW
Tuning in to the hearts
of children and their parents



As part of our constant efforts to stay in touch with the community, Mount Alvernia's website will have a new look come 2010.

Visitors to **www.mtalvernia-hospital.org** can expect a more dynamic and vibrant site that is user-friendly and packed with the latest information about the hospital's services, activities as well as health tips.

Change, in more ways than one, will also be seen on the hospital grounds in the New Year. With renovation works on the hospital's roundabout completed, visitors can now experience smoother traffic flow at the drop-off points. Additional carpark lots have also been created to help ease the tight parking situation, especially during visiting hours.

Work on our new inpatient rooms, parentcraft centre and F&B outlet is also progressing as scheduled and we expect them to be completed by early next year.

For those who have been inconvenienced in some ways by the upgrading works of the past year, I would like to extend my apologies as well as express my appreciation for the patience and understanding that you have shown us. I believe that once all the renovation works have been completed, we will be able to serve you even better.

I am also pleased to share with you some good news: In November, Mount Alvernia won the Singapore Prestige Brand Award 2009 - Heritage Brand.

The award - jointly organised by the Association of Small and Medium Enterprises and the Lianhe Zaobao newspaper - honours successful homegrown brands for their efforts in successfully developing and executing branding strategies.

My staff and I are both humbled and honoured by this award, which I believe reinforces Mount Alvernia's reputation as a hospital committed to delivering compassionate and high quality, value-for-money healthcare.

And in that same spirit, Mount Alvernia hopes to do our part in helping the public boost its immunity against the Influenza A/H1N1 virus by offering the newly-available H1N1 vaccine at the same rate charged by polyclinics - \$29 per person (before GST). The vaccine is available at our 24-hr Walk-in Clinic & Emergency Services.

As we put 2009 behind us, my staff and I look forward to continue serving you in 2010. There will, no doubt, be new challenges for us in the New Year. But no matter what they may be, this much I can assure you: Our patients' welfare will always be our No.1 priority.

May I take this opportunity to wish everyone a Happy New Year!

Khoo Chow Huat
CEO, Mount Alvernia Hospital

Editorial team

Publisher:
Mount Alvernia Hospital
820 Thomson Road, Singapore 574623
Tel: 6347 6688 Fax: 6347 6632

Editor:
Anthea Neo
Editorial Advisor:
Han May Ching

Writer:
Rosnah Ahmad
Editorial Co-ordinator:
Valerie Chan

Design
TOM Design & Communications
For feedback and inquiries, please email:
myalvernia@mtalvernia-hospital.org



Bouquets of thanks



Our Lady Ward

Please know that your tender, loving care has made a difference to the lives of the mothers & babies, families that you have touched. Thank you, nurses. You are appreciated. ~ *Sarah Sum Campbell*

Everyday, grateful patients leave little notes of thanks to our staff. Here are some of our favourites.



St Raphael Ward

To all wonderful staff of the Raphael Team. Thank you for your love, warmth & dedication. =). You've made a difference and gave me an assuring introduction to being a mom.
~ *With deep appreciation & thanks, Darryl*



Day Surgery

Admission is a "breeze", friendly with plenty of "smile". The nurses kept us well informed of the schedule/procedure and were very friendly, putting my mother at ease. We're very appreciative of your caring touch. ~ *Jeffery*



Critical Care Unit

Thank you for serving unflinchingly especially to Sharon, all these days. May God grant you Joy, Health & Peace always! ~ *Lims & Tehs, Wongs & Tehs.*



St Clare Ward

To all you wonderful nurses. Your gentle touch and loving care and wonderful smiles made my stay at 532 a very pleasant one and helped in my recovery. God bless.
~ *Phyllis Wong*



St Gabriel Ward

To the Nurses, Physios, Pantry staff and Cleaners of St Gabriel Ward, Thank You for your patience and care in looking after our son Michael during our stay. God bless you for your kindness!



St Elizabeth Ward

To all staff who have given us your attention and time during our stay:
Thank you for your warm service, hospitality and concern. It feels wonderful to be well-taken care of.
~ *Rachel, Stanley and new born Jeremiah*

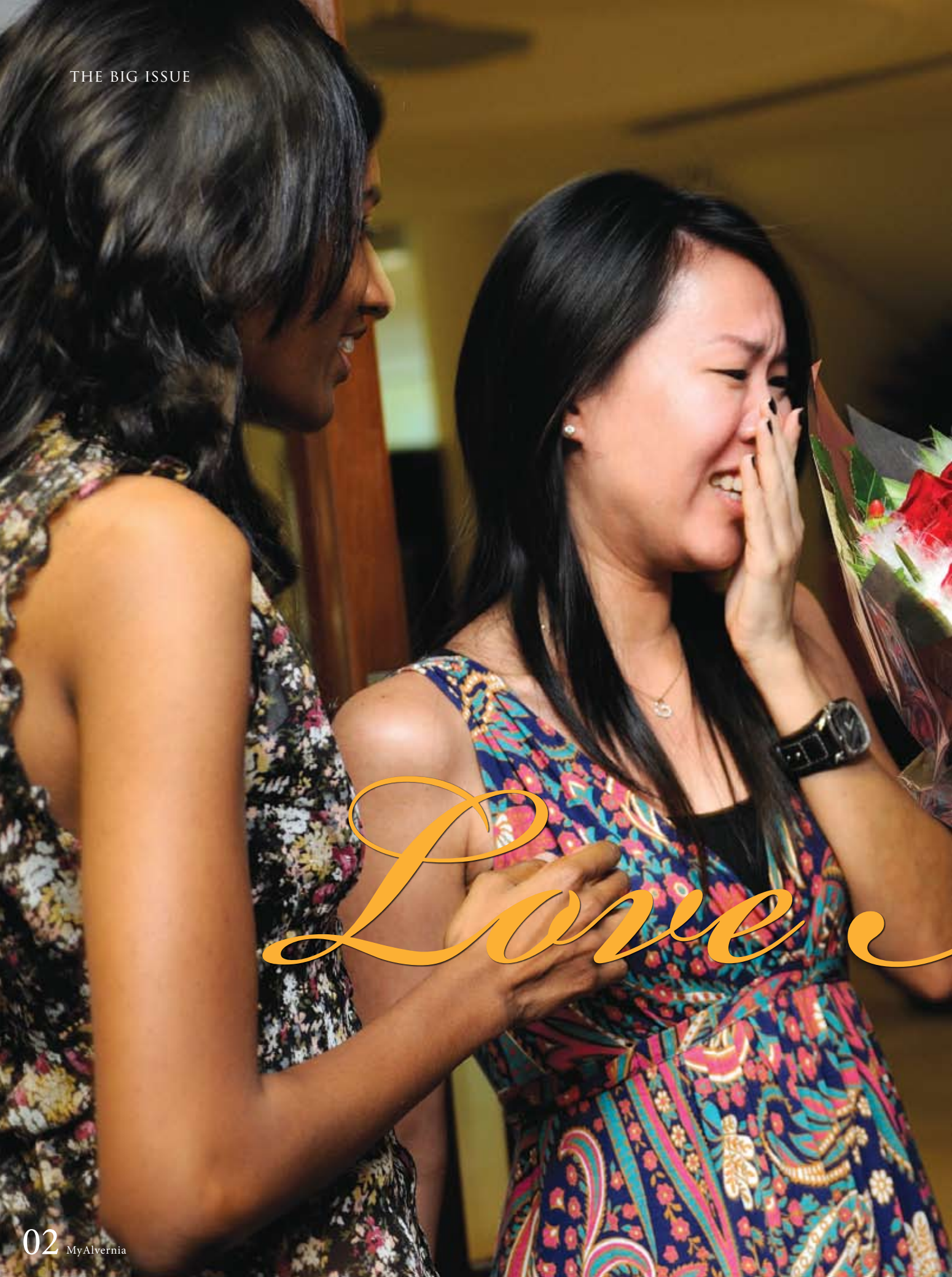
St Francis Ward

Thank you for your unconditional care for patients. You are great. ~ *CK Low*

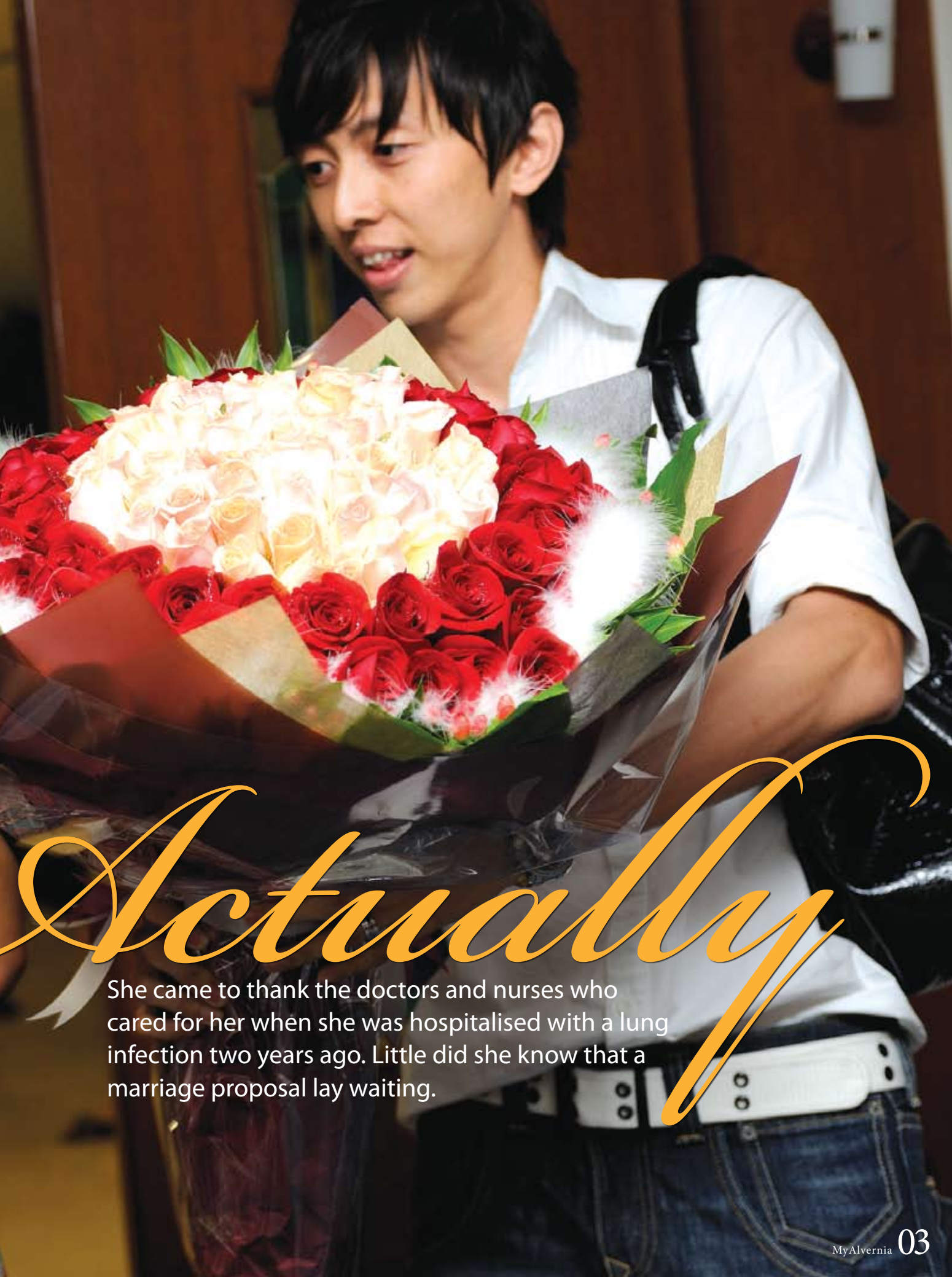


St Joseph Ward

Nursing is not an easy job. You have to be compassionate, cheerful and respect your patients and patients' relatives and also work with smiles all the time even when you are stressed. I salute you all for your care, compassion and loving attitude.



Love



Actually

She came to thank the doctors and nurses who cared for her when she was hospitalised with a lung infection two years ago. Little did she know that a marriage proposal lay waiting.



Hospital Chapel

serves as setting for romantic proposal

She thought they were going to Mount Alvernia's Critical Care Unit (CCU) to say hello to the staff who had taken good care of her when she was seriously ill two years ago. But he suggested that they visit the Chapel first.

And it was a visit that Ms May Lai would never forget for the rest of her life. For, when the doors to the Chapel were flung open, there were familiar faces waiting for her - and before she knew it, boyfriend Koh Jia Xiang was at the mike serenading Alex To's love ballad, "Marry Me".

With a diamond ring in hand, he then went down on his knees to propose to her - watched by his fellow co-conspirators, which included their close friends and hospital staff.

"I could not stop bawling. In fact, I was already crying when the doors were thrown open and I saw that he had planned a surprise with our friends. Only when I realised what song he was singing did it dawn on me that it was a proposal," Ms Lai, 26, told *My Alvernia* in an email interview.

Mr Koh, 27, who took some nine months to prepare the surprise proposal, said, "Everything went smoothly albeit with a bit of hiccups because I was taken aback by her reaction."

Of course, Ms Lai said "yes" and the couple - both national archers and incidentally, both Mount Alvernia babies - are now planning for the next big step: their wedding.

For the pair, that memorable day in the Chapel on July 24 marked a high point in a relationship that began in university and went through a big test two years ago when a sudden illness left Ms Lai in a medically induced coma - and Mr Koh uncertain whether he would ever get to see her hale and hearty again.

"I was diagnosed with mycoplasma pneumonia then. It was very sudden and unexpected. In fact, I was feeling perfectly fine and was still working out in the gym days before I fell sick," recalled Ms Lai.

Mycoplasma pneumonia is a common respiratory lung infection. Its symptoms include fever and cough, sore throat, tiredness and headache. (See box story)

"Jia Xiang had taken me to the clinic which, in turn, referred

me to Mount Alvernia for a check-up as my blood pressure had plummeted and I nearly fainted three times in five minutes. The very next morning in Mount Alvernia, I fell into fits and that was the last thing I could remember before I woke up nearly two weeks later," said Ms Lai, who was admitted to the hospital on Sept 27, 2007.

SLEEPLESS NIGHTS

"Mycoplasma pneumonia is not deadly in most cases," said Dr Jane Yap, who handled Ms Lai's case. "However, in May's situation, her illness took a turn for the worse because the infection triggered other problems, such as acute respiratory distress syndrome, septicemic shock and multiple organ failure," said Dr Yap, a respiratory and internal medicine physician, from Jane Yap Chest & Medical Clinic at Mount Alvernia.

"Ms Lai's condition was so serious that at one stage, she was estimated to have less than a 30-per-cent chance of recovery," added Dr Yap.

His girlfriend's sudden illness had a profound impact on Mr Koh, an engineer with the Defence, Science and Technology Agency (DSTA).

"It was really a traumatic experience for me to see her slowly withering away, even though she made a full recovery in the end. Even today, I will tear whenever I think about it," said the man who made the hospital his second home as Ms Lai laid in a coma. He would return home only to have a bath and a change of clothes.

During those two anxiety-filled weeks, Mr Koh spent "many sleepless nights" at the hospital - mainly in the CCU waiting area, sometimes at the Chapel.

"It was at the Chapel that I prayed for her to come back to me, for that second chance to spend more time with her and to build a family with her."

He also had "many engaging conversations" with the hospital staff. "They did help in strengthening my faith that May would recover and that we would be able to take the next step in our lives," said Mr Koh.



Ms Lai finally regained consciousness after two weeks and she was subsequently shifted to a general ward, where she was to stay for another three weeks before she could be discharged.

"I learnt from my family and Jia Xiang that there were several complications during the time I was unconscious - I went into septic shock and my kidneys and liver 'shut down' due to persistent low blood pressure" said Ms Lai, a senior associate in a trustee services firm.

"Due to the temporary renal failure, Ms Lai had to undergo haemodialysis to rid her body of its waste products. Antibiotics were used to reduce inflammation and she also had to be on respiratory support," said Dr Yap, who remembers Ms Lai as a "very cooperative patient".

The young couple, who were already contemplating marriage before the illness struck, learnt to value each other more after the ordeal.

LESSONS IN LOVE

For Mr Koh, it meant treasuring the relationship with all his loved ones, especially Ms Lai, even more.

"I never thought that I had taken her for granted. However, when I nearly lost her, I realised that I had spent so much time pursuing my dreams that I neglected the loved ones around me. Not many people in the world get this kind of second chance. Hence, I decided to just focus on my career and building a family with her," said Mr Koh, who gave up competitive archery to spend more time with Ms Lai and his family.

As for Ms Lai, she might not have been aware of her surroundings during those two weeks in a coma – but she found out later that Mr Koh had been spending every night sleeping on the armchair next to her bed.

"He went through a lot," she said of her boyfriend of five years.

She recalled that Mr Koh would try to put up a cheerful front whenever he popped into

her hospital room. "But I could tell behind the mask that he was worried sick since I had some complications or problems arising one after another. It made me all the more determined to recover as soon as I could so as to put my loved ones' hearts at ease," Ms Lai said.

Apart from the care she received from Mr Koh and her family, Ms Lai was also thankful for the support she received from the hospital staff, especially Dr Yap.

"She was extremely caring and I could feel her warmth as she asked me how I was feeling each time she visited. I couldn't sleep at night when I was in the CCU and used to look forward to her morning rounds. And I remember her pretty cheongsams - I was marvelling to myself that she had a different cheongsam everyday!" said Ms Lai, who has now been given a clean bill of health.

And while she may not be able to remember the names of all the CCU nurses, she certainly remembers their faces. In fact, she was the one who had suggested to Mr Koh that they should pay a visit to Mount Alvernia and drop by at the CCU unit - which gave him the perfect excuse to lure her to the hospital chapel on that fateful day without making her suspicious!

As the happy couple firm up their nuptial plans, Mr Koh hopes to feature the hospital as the backdrop for some of their wedding photos.

So, will they have their children at Mount Alvernia too?

"Yes! Definitely! Apart from the fact that both of us were born in Mount Alvernia, I just can't stress enough how wonderful the staff are in Mount Alvernia. I want my wife and babies to be in safe hands," said Mr Koh.

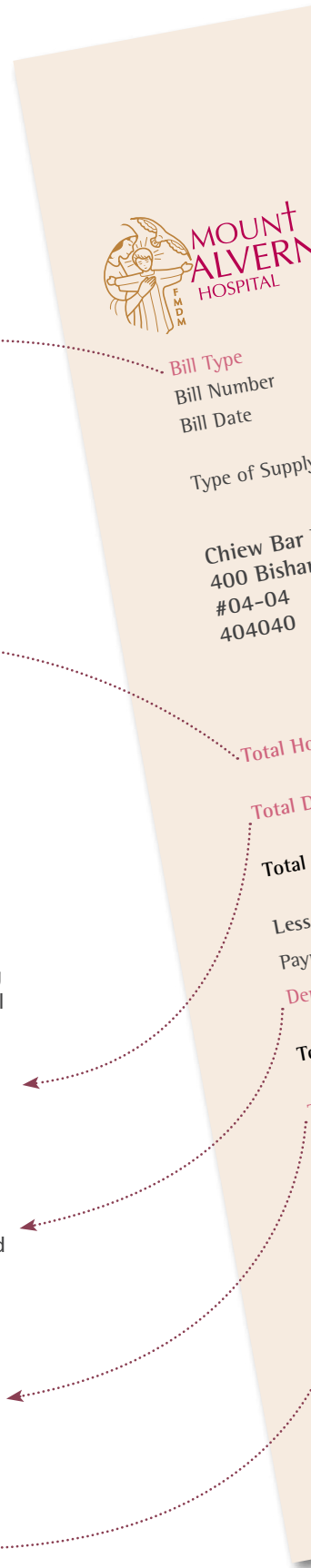
Dr Jane Yap is a Consultant Respiratory and Internal Medicine Physician at Jane Yap Chest and Medical Clinic at Mount Alvernia, Tel: 6356 9928.

PNEUMONIAFACTS

- Mycoplasma pneumonia – an atypical pneumonia – is a common lung infection caused by the bacteria, mycoplasma pneumoniae.
- It usually affects those below 40 and in most cases, is not deadly.
- A person can spread the mycoplasma germ through droplets from the nose and the throat, and through the sneeze of an infected person. People who work or live in crowded environments are most at risk.
- The incubation period is 2-3 weeks. Some of the typical symptoms are fever and cough, sore throat, tiredness, and frequent headaches. Some less frequent symptoms include ear and eye pain, lumps in the neck, rapid breathing and a skin rash.
- The main treatment for mycoplasma pneumonia is antibiotics. However, even with antibiotics, the organism takes several weeks to be shed from the respiratory tract after infection.

Understanding your bill

There is a lot of information recorded on each hospital bill. My Alvernia takes you through the different components and explains the details in this handy guide.



Bill Type:

An Interim Bill will be given at the point of discharge. The Final Bill will be mailed to you within 1-2 weeks after discharge.

Hospital Charges

Indicates fees for consumables and services provided by the hospital during your stay. It includes items like bed charges, nursing fee, medication, laboratory and diagnostic imaging services. Do note that certain hospital charges like companion meals and overseas calls are not Medisave claimable.

Doctor Charges

Indicates fees for services provided by your attending doctors during your stay. It includes their professional fee for any procedure done and/or attendance during their ward visits. During your stay, more than one doctor may have attended to you. For e.g. an anaesthetist or a paediatrician for maternity cases.

Deposit

Indicates the initial deposit made upon admission. If a Letter of Guarantee (LOG) from your employer / insurance company is provided, you will be exempted from paying a deposit on admission.

Total Shield Plan Payment

If you are in possession of a Private Integrated Shield Plan, the submission to your provider would be made automatically by the hospital.

Balance Payable

This reflects the amount that still needs to be paid after deducting the deposit paid and approved Medisave claim. Kindly settle the account immediately. Payment can be mailed in by cheque, or paid in person at our Business Office by cash and card payment. If excess payment has been made, a refund will be sent to you by cheque.

TAX INVOICE

Passport/NRIC No : S1234567A
 Registration No : 0123456789
 Admission Date : 02/11/2009 20: 00
 Discharge Date : 11/11/2009 20: 00
 Policy / Claim No : 0123456789
 Page : 1 Of 1

Registration No:

Patient number allocated by the hospital to you upon admission.

Policy / Claim No:

Claiming of insurance – company or personal – should be made known to the hospital. A Letter of Guarantee would be helpful to facilitate the claim process.

: FINAL BILL
 : 0123456789
 : 31/11/2009

: Cash

Kar
 n St 40

Hospital Charges with GST

Doctor Charges

Charges

Payment

ment

posit

Total Payment to Hospital

Total Shield Plan Payment

Medisave Deduction Made to Hospital

Medisave Deduction Made to Doctor

Total Medisave Payment

Total Payment

Balance Payable

Refund Made In Cheque 123456 To Chiew Bar Kar

\$2,800.0

\$1,000.00

\$3,800.00

\$500.00

\$1,500.00

\$2,000.00

\$288.00

\$1,600.00

\$200.00

\$1,800.00

\$4,088.00

-\$288.00

\$288.00

Medisave Deduction

The amount of Medisave that can be used to pay for your hospital bill is governed by the Central Provident Fund (Medisave Account) regulations. The use of Medisave is subject to a withdrawal limit of \$450 per day for hospitalisation charges and \$300 for day surgery. For surgical procedures, the amount varies from \$250 to \$7,550, depending on the type and complexity of the operation.

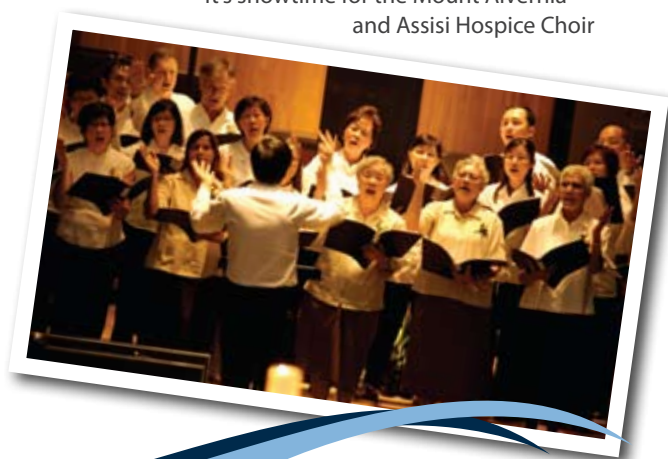


Celebrating Simplicity

It was an evening to remember at the Church of St Mary of the Angels on 11 September as Mount Alvernia's founding Sisters celebrated their 60 years of joyful giving in Singapore. The Sisters, doctors and staff of Mount Alvernia and Assisi Hospice banded together to present an evening of songs. Keeping the singers in harmony was Senior Consultant Neurosurgeon Dr Timothy Lee, who served as the conductor.



Sr Barbara Pereira receives a lighted candle



It's showtime for the Mount Alvernia and Assisi Hospice Choir

Away from the Wards

Mount Alvernia organised and played host to a two-day Midwifery and Paediatric Nursing Symposium on 22 – 23 August. From stem-cell transplants to nurses' role in legal and ethical decision-making, specialists from various disciplines were invited to share their knowledge on a wide range of engaging topics. Here is a glimpse of the event.



New Doctors at Mount Alvernia



Dr Chng Nai Wee

Ophthalmologist, commenced his practice at Mount Alvernia Hospital in July 2009 as a Partner of Eagle Eye Centre.

Dr Chng graduated with Honours in Medicine and Surgery from the Royal College of Surgeons in Ireland and the National University of Ireland in 1993. He is a Fellow of Hong Kong College of Surgeons, Royal College of Surgeons in Glasgow, Royal College of Surgeons in Edinburgh, and Academy of Medicine Singapore. He also holds a diploma in Aesthetic Medicine from the American Academy of Aesthetic Medicine. He is an accomplished Cataract and LASIK surgeon with a special interest in Eyelid surgery.

"Mount Alvernia Hospital has a soft comforting glow, and I always feel at home when I come here. The culture of care and compassion makes this place very special!"

Dr Chng can be found at Eagle Eye Centre, Tel: 6456 1000 / 6324 5393



Dr Ranjit Gabriel Magherra

ENT Consultant, commenced his practice at Mount Alvernia Hospital in August 2009. He sees both general Ear, Nose, Throat diseases and Head and Neck conditions.

Dr Magherra underwent Head & Neck Fellowship training at Greenlane Hospital (now Auckland City Hospital) which is one of the highest volume Head & Neck Cancer Centres in the world. He has a special interest in Thyroid / Salivary gland surgery, Endoscopic Sinus Surgery, Endoscopic Surgery for Nasopharyngeal Cancer, Snoring/ Obstructive Sleep Apnea and Office based ENT procedures.

"Mount Alvernia is a very warm and friendly hospital and it is a privilege to be able to serve here."

Dr Magherra can be found at Nobel ENT, Head, Neck & Thyroid Surgery Centre, Tel: 6251 6630.



Dr Wang Jenn Chyuan

Ophthalmologist, commenced his practice at Mount Alvernia Hospital in July 2009.

Dr Wang was formerly the Head of Corneal Services at National University Hospital. He has extensive experience as a Cornea, Refractive and Cataract Surgeon. He has special interests in Complex Corneal and Anterior Chamber Surgery, Diabetic Retinal disease, Cataract, Glaucoma, Presbyopia and Refractive Surgery. Currently, he runs a comprehensive service in Mount Alvernia, looking after patients with dry eyes, childhood myopia and other general eye diseases.

"I look forward to practicing at Mount Alvernia."

Dr Wang can be found at Nobel Eye & Vision Centre, Tel: 6352 7188.



Laughter The Best Medicine

A man goes to his doctor and says, "I don't think my wife's hearing is as good as it used to be. What should I do?"

The doctor replies, "Try this test to find out for sure. When your wife is in the kitchen doing dishes, stand 15 feet behind her and ask her a question. If she doesn't respond, keep moving closer, asking the question until she hears you."

The man goes home and sees his wife preparing dinner. He stands 15 feet behind her and says, "What's for dinner, honey?" He gets no response, so he moves to 10 feet behind her and asks again. Still no response, so he moves to 5 feet. Still no answer. Finally he stands directly behind her and says, "Honey, what's for dinner?"

She replies, "For the fourth time, I SAID CHICKEN!"

Tuning *in to the hearts* *of children and* *their parents*



“We need to speak the language of children in order to gain their confidence”



With patients whose birthday celebrations can be counted on one hand, it comes as no surprise that Dr Chan Kit Yee is familiar with cartoon characters like Ben 10, Dora or Teen Titan. She also relates stories which inspire the imagination of her young patients. “We need to speak the language of children in order to gain their confidence,” said Dr Chan, a paediatrician/paediatric cardiologist with over 25 years of medical experience, practicing at the Singapore Baby & Child Clinic at Mount Alvernia Medical Centre.

“Children are easily frightened, especially when they are unwell. In the unfamiliarity of the consultation setting, it is important to ease their apprehension and be non-threatening, so as to win them over,” she elaborated.

“A paediatrician’s job is not limited to just handling the young, but oftentimes it is just as critical to manage parents and caregivers. It is important to address the concerns of parents and be sensitive to their emotions,” said Dr Chan.

Having dealt with many parents, she fully empathises with parents who read news reports about certain health “trends” and start to worry about their children. For instance, Dr Chan added, “In recent times, cases of seemingly healthy young people collapsing suddenly while engaging in sports have received significant media attention even though they remain extremely rare events.”

My Alvernia asks Dr Chan to share more insights about her role as a paediatric cardiologist and one area of particular concern with many parents - chest pains in children.



Dr Chan Kit Yee,
Paediatrician/
Paediatric Cardiologist



CHEST PAIN IN CHILDREN IS A CONCERN FOR MANY PARENTS. CAN YOU ELABORATE ON THE TYPICAL SYMPTOMS?

It is that feeling of continuous and sometimes, sporadic discomfort that you get in the chest area, usually the front. The pain can be felt anywhere from the lower neck to the bottom of the rib cage.

The episodes can either be sudden and sharp or dull in nature, occurring over short periods or in some cases, every now and then, even stretching over a period of several years. It can occur at rest, be aggravated by movement or breathing, or brought on by exercise.

WHAT ARE THE POSSIBLE CAUSES OF CHEST PAIN IN CHILDREN?

Severe coughing or strenuous exercises using the upper body may cause muscle strain in the chest area – causing the child to feel pain or discomfort in that region. This constitutes pain of musculoskeletal origin.

Older children and adolescents also may suffer from the precordial catch syndrome, experiencing short episodes of sharp, stabbing chest pain below the left breast; or costochondritis, when the cartilage around the junction of the ribs to the breastbone becomes inflamed.

Breathing problems such as asthma or heartburn - a burning chest pain that gets worse when the child lies down after eating – are other possibilities.

Some children who are under too much stress or gripped by a sense of high anxiety – such as when exams are around the corner or even the birth of a new sibling - can also experience psychosomatic chest pain. Some may use the symptoms as an excuse to avoid certain activities like completing their homework or going to school.

Hence, as a paediatrician, I need to distinguish between the various causes, real and imagined.

WHY THEN IS THERE FEAR IN THE CHILDREN AND PARENTS WHENEVER CHEST PAINS COME ABOUT?

For many children – and most parents – the heart is the most identifiable organ in the chest, so they often use the phrase “my heart hurts” to denote chest pains of any kind. And once parents or caregivers hear this phrase, it can be difficult to allay their fears that the heart is usually not the culprit.

ARE THERE CASES WHERE PERSISTENT CHEST PAIN IS A SIGN OF A MORE SERIOUS AILMENT THAT’S RELATED TO THE HEART?

Fortunately, chest pain in children is rarely due to heart related problems. I have yet to encounter a case in which the chest pain is due to an underlying, life-threatening heart problem although I have come across a few young patients whose chest pains were due to Mitral Valve Prolapse (MVP). This occurs when the valve between the heart’s left upper chamber and the left lower chamber doesn’t close properly. In most cases, MVP is not life-threatening.

Other less common but more serious cases include pericarditis - an inflammation of the heart lining, hypertrophic cardiomyopathy – an extreme thickening of the left heart muscle; and congenital abnormalities of the coronary arteries or acquired diseases like Kawasaki’s Disease.

WHAT CAN BE DONE TO RULE OUT HEART-RELATED MEDICAL CONDITIONS?

For many of my young patients, a careful history and physical examination is all that is needed to identify the underlying cause of their chest pains.

Sometimes, laboratory tests may be needed, such as an Electrocardiogram (ECG) to determine the heart rhythm and detect abnormal heart muscle thickness, and a heart scan to check for any underlying structural cardiac disease. I may also recommend an exercise test for the child if his chest pain is associated with physical activities.

Performing these tests to exclude a cardiac cause may itself be therapeutic for those who are anxious and worried and to reassure parents if the child intends to participate actively in sports.



WILL A CHILD 'OUTGROW' HIS CHEST PAIN PROBLEMS?

Most of the non-cardiac causes of chest pain are self-limiting and will improve when the underlying cause is resolved.

For those with musculoskeletal pain, I would prescribe anti-inflammatory medicines and advise the child to have plenty of rest.

The precordial catch syndrome can result in pain stretching on for many years. There is no specific treatment but the frequency of the "attacks" usually declines through to adolescence. Daily stretching exercises can sometimes reduce these sudden sharp pains. It would also be psychologically beneficial for parents to show the child sympathy and offer him reassurance when his chest pain strikes.

If the chest pain is persistent and disabling, I would advise the parents to have the child undergo a thorough paediatric checkup.

YOU'VE BEEN A PAEDIATRICIAN FOR MORE THAN 20 YEARS. CAN YOU SHARE WITH US SOME OF THE KEY CHALLENGES THAT YOU FACE?

Handling a very sick child can be physically and emotionally trying. Dealing with parents with unrealistic expectations requires sensitivity. Some parents – especially the busy working ones - try to look for quick remedies rather than adopt a "wait-and-see" approach even when their children are suffering from minor illnesses. They may also ask for prescriptions or treatment that may not be necessary or even in the best interest of the child's health.

Nonetheless, I need to be mindful of their needs and emotions, to share as much information as I can on the various aspects of their child's condition in order to give the parents a sense of security as well as create that special bond in caring for their sick child.

Paediatricians also deal with children who have congenital defects, genetic variance and developmental problems. In these situations, helping parents to cope with the physical burden, and the emotional and psychological aspects of dealing with an abnormal child can be very challenging.

HOW DO YOU KEEP YOUR YOUNG PATIENTS AT EASE, GIVEN THAT A DOCTOR'S CLINIC IS NOT EXACTLY THEIR FAVOURITE PLACE?

To break the ice, I often talk to them about things that I know they are familiar or interested in, like their favourite cartoon characters, their school activities and interests. This often works to win their trust over and make them feel less threatened by the unfamiliar clinic setting or a forthcoming procedure.

For the very young ones, if I need to give them an injection, I will try to allay their fear of needles by engaging or distracting them. Sometimes, I will tell them that I am just cleaning their bottom or catching a worm or a mozzie. That usually does the trick!

Of course, there is the "traditional" biscuit or sweet treat as well. Taken together, it is very hard for a child not to be won over.

FINALLY, WHY DO YOU LIKE BEING IN PAEDIATRICS?

I have always loved working with babies and children. They are invigorating!

Managing this unique group, with their wide range of characteristics and problems and encountering various interesting family setups is both challenging and rewarding.

Many of my patients 'grew up' with me through the years, trusting me as their doctor and friend.

I once managed two women who had holes in their hearts. Later, both women had children of their own. I am now paediatrician to the second generation. It is cases like these and many others, which make me even more convinced that I am in the right profession.

Dr Chan Kit Yee is a Consultant Paediatrician/Paediatric Cardiologist at Singapore Baby & Child Clinic at Mount Alvernia, Tel: 6354 1922

Are you evergreen?

Sister Florence Wong



Speak to Sister Florence Wong about the different phases of life and she may reference you to a quote from renowned psychologist Carl Jung who said, "We cannot live the afternoon of life according to the programme of life's morning."

It is wisdom that the religious sister from the Franciscan Missionaries of the Divine Motherhood (FMDM) shares often in her role as a Mid Life Directions Consultant.

"Retirement doesn't mean doing nothing," she said. "It simply means moving to a different kind of existence which can be even more fulfilling."

One way to ensure that you can have a rewarding life in retirement is to start pursuing your passion - one small step at a time - long before you retire so that you will already have something to keep you going once you are no longer "needed" in the office.

The 40s would be a good time to start thinking about your future and doing something about it. Sr Florence herself began thinking about what she wanted to do in the next stage of her life when she was in her late 30s.

"As you carry on with your job, start giving your soul some nourishment – play the guitar, take up ballroom dancing ... do something that you have always wanted to do," Sr Florence said.

Indeed, indulging in creative activities – such as writing your memoirs (if only for your own grandchildren and great-grandchildren) – can help people to maintain a positive outlook towards life long after retirement, she added.

Of course, "retirement blues" can be a real problem for many people, especially if they have been too caught up in the rat race to give much thought to the issue. These include depression, anxiety, fear, insecurity and a sense of loss - losing one's colleagues and one's professional status. "But it doesn't have to be that way," said Sr Florence.

For those who are in good health following retirement, taking on a part-time job or freelance work, based on something that is close to your heart can also help to keep retirement blues at bay.

If you were a teacher before, consider taking up a part-time job that will allow you to continue playing a nurturing role, such as counselling or social work.

Sister Florence also has the following advice on developing a positive outlook towards life after retirement.

Treasure the lovely memories of the past because the realities after retirement are different. Do not compare and long for things that are gone. Instead, recognise your interests and abilities of today and use them to the fullest, which will give you a zest for life.

Don't carry the "unfinished business of the past" into old age. Let go of the anger, bitterness and resentment you may have towards friends, colleagues or even members of your family due to unpleasant incidents in the past.

Also, learn to forgive yourself even as you acknowledge the mistakes that you have made.

Of course, this is easier said than done, admitted Sr Florence. And that is why there is a need to maintain a network of friends even at this stage in your life since they are the ones who can offer you not only a sympathetic ear but may also help you see things in a different light.



Just Do It

- Take up stimulating hobbies such as art and painting, flower arranging or handicraft
- Read an interesting book or watch a good movie
- Take leisure walks and appreciate nature
- Play a good game and laugh often
- Have regular get-togethers with friends over a meal or coffee





Roast Chicken

with rosemary
sauce



1. Season the chicken with salt, mixed herbs, crushed black pepper corn and paprika powder.
2. Leave the chicken to marinate overnight in the fridge.
3. When it's ready, defrost the chicken and heat up the oven to 180 °C.
4. Place the chicken in the centre of the roasting pan.
5. Rub some oil onto the chicken.
6. Pour the rest of the oil onto the pan.
7. Place the chicken in the oven.
8. 10 minutes later, lower the temperature to 160 °C and add in all the chopped vegetables.
9. Turn off the oven after another 15 minutes.
10. Leave the chicken in the oven for an additional 10 minutes before taking it out.
11. Transfer the chicken to another tray.
12. De-bone and slice the chicken for serving.

Sauce Preparation

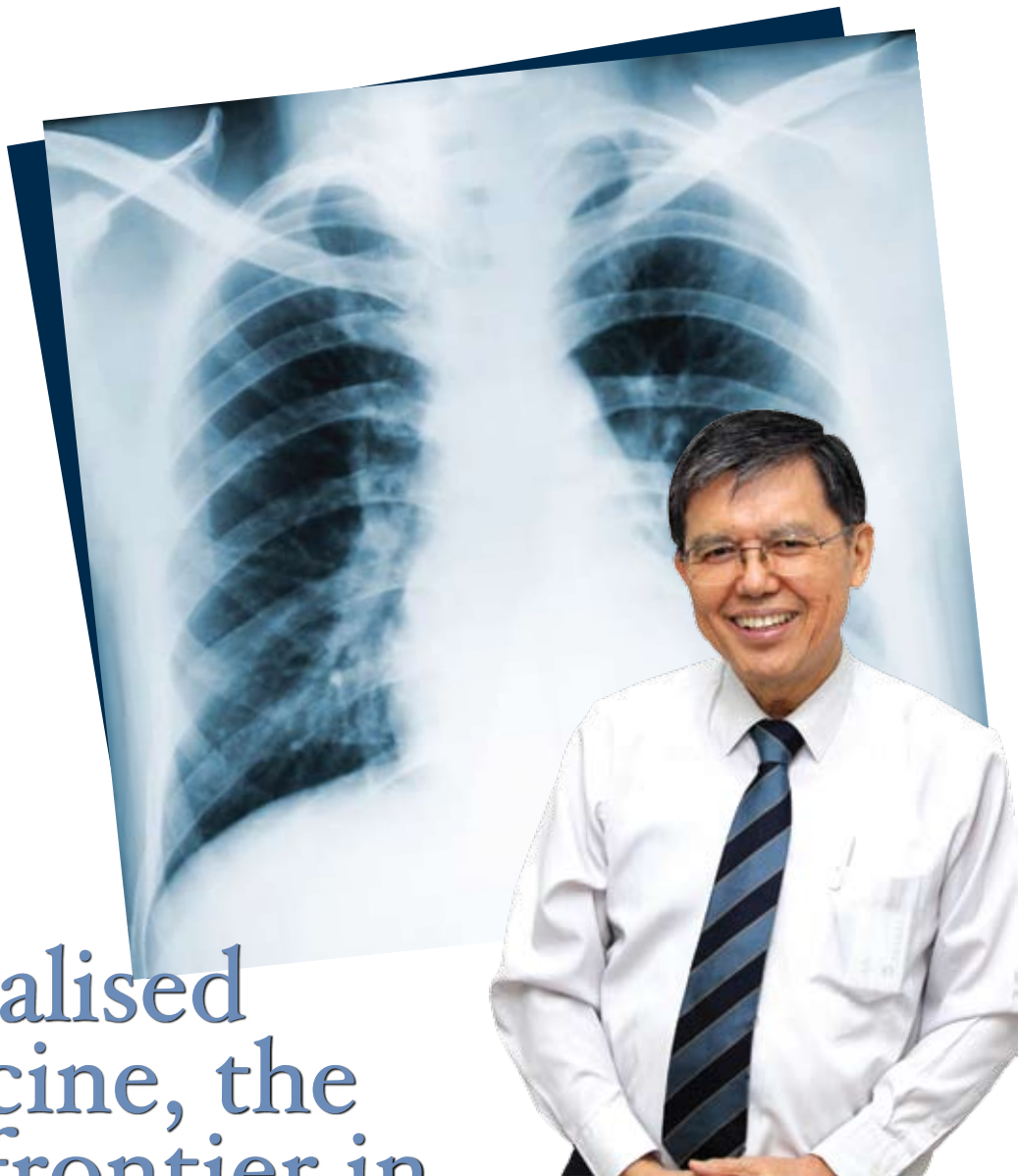
1. Pour chicken stock into the original roasting pan and bring it to a boil.
2. Transfer the stock into a pot and let it simmer under a low heat.
3. Add the chicken bones into the stock.
4. After 1½ hour, strain away the bones and vegetables.
5. Add in the rosemary and let it boil for 10 minutes.
6. Serve chicken with sauce.

Ingredients

Pullet (young hen)	1.8 kg
Mixed herbs	1 teaspoon
Salt	1 teaspoon
Carrot	200 gm
Australian celery	100 gm
Leek	80 gm
Onion	100 gm
Cooking oil	½ a cup
Crushed black pepper corn	½ teaspoon
Paprika powder	¼ teaspoon
Rosemary	30gm
Chicken stock	1 litre

Serves 6 - 8





P

ersonalised medicine, the next frontier in Lung Cancer

Dr Tan Yew Oo,
Medical Oncologist

The 65-year-old grandmother was diagnosed with Stage IV lung cancer. But she was not keen to undergo chemotherapy because she was worried about its side effects.

After examining the characteristics of her tumour, her medical oncologist, Dr Tan Yew Oo, recommended the use of an oral anti-cancer drug. Two months later, the woman was no longer coughing as much as she used to. Apart from acne rash on her face and diarrhoea at the start, she suffered minimal side effects.

Repeated chest X-Rays subsequently showed a dramatic improvement in her condition, with a reduction in size and number of cancer in both her lungs.

The woman joins a growing list of patients around the world who have benefited from a relatively new treatment strategy known as personalised medicine - whereby a patient is given a specific drugs based, among other things, on the genetic and molecular characteristics of the tumour.

In an interview with *My Alvernia*, Dr Tan explains what personalised medicine is all about and how it can help advanced lung cancer patients.

Q How serious is lung cancer as a health problem?

Lung cancer is the most common cause of cancer deaths around the world. About 1,500 people in Singapore were diagnosed with lung cancer in 2008. In that same year, more than 160,000 people were estimated to have died from the disease in the United States alone.

Q How do you define “advanced lung cancer”?

Lung cancer can be divided into Small Cell Lung Cancer (SCLC), which accounts for less than 15% of lung cancers, and Non-Small Cell Lung Cancer (NSCLC), which comprises more than 80% of lung cancers.

Patients who are diagnosed with advanced NSCLC have either Stage III or Stage IV of the disease and their chances of survival are very poor. Only about 8.4% of patients of Stage III patients and less than 1.6% of patients in Stage IV are expected to survive for more than five years.

Those with advanced SCLC are divided into limited and extensive stages. Less than 1% of those in the latter stage are expected to live beyond five years.

“ A personalised approach to cancer treatment means tailoring a patient’s treatment according to the biological make-up of the tumour as well as certain features of the patient. ”

Q What are the standard methods of treating advanced lung cancer?

Chemotherapy, combined with occasional radiation if the patient is physically fit, is the usual course of treatment for advanced lung cancer.

However, studies have shown that such standard anti-cancer drug treatment – or what we call cytotoxic chemotherapy – while useful in some ways, is still insufficient in helping to boost a patient’s chances of beating the odds. The five-year overall survival rate based on such a treatment remains dismal, hence the need for us to turn to new therapies that have proven to be more effective.

Q What does a personalised approach to cancer treatment mean?

This means tailoring a patient’s treatment according to the biological make-up of the tumour as well as certain features of the patient.

As such, several factors – his race, gender, smoking history, the type of lung cancer and whether there are mutations of the epidermal growth factor receptor (EGFR) gene in the cancer cells – will be taken into account before the oncologist decides what the best course of treatment for the patient is.

Studies have shown that personalised medicine have not only produced better results but also improved the patients’ quality of life.

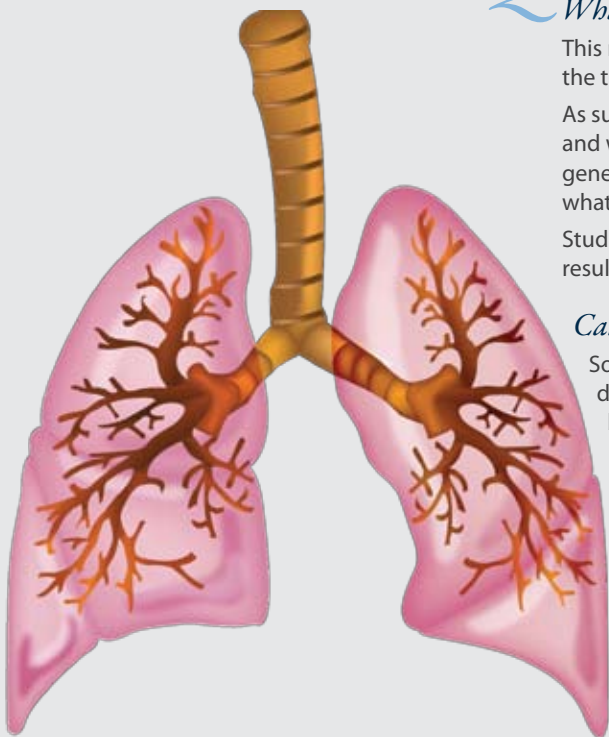
Can you share with us some examples of personalised medicine?

Some advanced lung cancer patients may respond better when anti-angiogenic drugs such as bevacizumab – which kills cancer cells by starving them of their blood supply – are added to the chemotherapy process.

Others, such as extensive stage SCLC patients, may be responsive to drugs such as cisplatin and etoposide, coupled with radiation therapy.

If there is EGFR gene mutation in the cancer cells, drugs such as gefitinib or erlotinib can be used to kill the cancer cells in the lungs.

Recently, it was found that Asian patients who were non-smokers or were light smokers could be treated with gefitinib without having to undergo chemotherapy.



Q *In what ways is the personalised approach to medicine different from the standard anti-cancer treatment?*

In the past, patients with advanced lung cancer were treated only with combination cytotoxic chemotherapy and they tended to have uniformly poor results and poor survival rates.

Nowadays, the oncologist will first seek detailed information about the patient as well as examine closely the nature of the tumour in order to prescribe a treatment that is tailor-made to the patient's condition.

Q *How long does this personalised approach to treating lung cancer last?*

The standard practice is to treat patients with advanced NSCLC with four to six courses of chemotherapy. If bevacizumab is deemed beneficial for the patient, this drug is given with chemotherapy and continued until the patient shows signs of improvement.

However, if there is EGFR gene mutation in the tumour, molecular targeted drugs - which target specific molecules involved in the tumour growth - can be used instead of chemotherapy for as long as the patient is responding well to the drug. It can also be used as maintenance after the initial chemotherapy.

Radiation is recommended for some patients with Stage IIIA or Stage IV, where there is pain due to the cancer spread to the bones, or there's obstruction of major blood vessels. The procedure varies according to the patient's needs - from 10 to 25 radiation treatments over two to five weeks.

Q *Are there any side effects in using personalised medicine?*

Personalised medicine has fewer side effects compared to past therapies. NSCLC patients who use the drug pemetrexed do not suffer from hair loss, extreme numbness or a significant drop in their white blood count - which are normal occurrences during the standard chemotherapy treatment.

Drugs such as gefitinib or erlotinib can cause diarrhoea and acne rash but do not cause hair loss or a drop in blood count. Bevacizumab may cause high blood pressure or bleeding.

Q *Does personalised therapy cost more than a standard cancer treatment?*

Yes, although it also depends on how the drugs are used and how long the treatment lasts. On average, these drugs cost about 50% to 70% more than the standard cytotoxic chemotherapy. They may be used either on their own, or in combination with standard chemotherapy.

Q *How long has personalised therapy been available in Singapore?*

Personalised cancer therapy is an evolving trend in Oncology. Some of these drugs have been available in Singapore for about six years, but it is only recently that they have been better understood as to when they could be tailored for certain unique situations and clinical settings.

Many oncologists here, including my colleagues and I at the Singapore Oncology Consultants, are practising personalised therapies for cancer patients by using the latest evidence-based technology and drugs.

Dr Tan Yew Oo is a Consultant Oncologist at Singapore Oncology Consultants at Mount Alvernia Medical Centre, Tel: 6252 2202.

LUNG CANCER FACTS

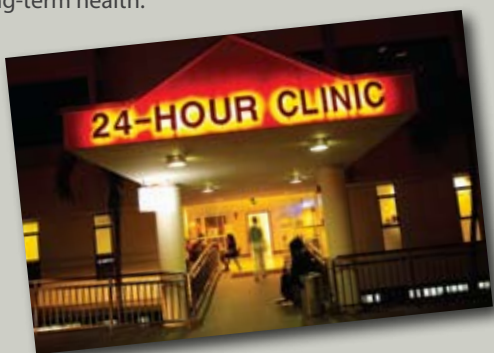
- Tobacco smoking has been linked to lung cancer since way back in the 1950s, with nicotine acknowledged as carcinogenic agent. Certain industrial chemicals, such as radon, vinyl chloride, nickel and chromium compounds and asbestos, may also have carcinogenic properties.
- In Singapore, men are more likely to get lung cancer than women since there are more male smokers.
- The most common reason for lung cancer causation is environmental factors. As it takes time to manifest, lung cancer is usually seen in those who are in their 50s and 60s.
- Unlike cervical cancer or breast cancer, there is no good, cost-effective screening test for early detection of lung cancer. Quite often, when a patient shows symptoms of the disease, he already has locally advanced or even widespread lung cancer. More than 75% of lung cancers are detected when they are in Stage III or IV.
- The most common symptoms of lung cancer are cough, breathlessness, weight loss and chest pain. The less common ones include chest pain, blood in the sputum, bone pain, fatigue, difficulty in swallowing, wheezing and noisy breathing.
- Eating more fresh vegetables and fruits may lower the risk of getting lung cancer. Certain foods containing provitamin A carotenoids, particularly β -carotene, may also be useful in keeping the disease at bay.

What to do in an Emergency

A child breaks out into a cold sweat after eating a piece of cake that triggers a severe allergic action. A grandfather suddenly feels numb in his arm or leg on one side of the body, suggesting a possible stroke.

Medical emergencies such as these can strike anyone, anytime and anywhere – making it imperative for us to ensure that we are well-prepared to handle them.

A situation is defined as a medical emergency if the injury or illness poses an immediate risk to a person's life or long-term health.



According to Ms Kee Muar Choon, Senior Manager at Mount Alvernia's 24hr Walk-in Clinic & Emergency Services, a medical emergency that requires the ambulance to be summoned immediately includes cases where the person is unconscious or unresponsive, having breathing problems or chest pains; or when he is bleeding or choking.

"Make sure that whoever is calling for help knows the exact location where the ambulance is needed to pick the patient up. The caller must also try to describe what is happening, or has happened, and provide as much information as possible about the patient's condition. Don't forget to provide the patient's personal details as well as the caller's own name and contact number," said Ms Kee.

After calling for an ambulance, the next step is to perform checks on the ABC – Airway, Breathing and Circulation.

This means checking that the person's airway is open and free of any foreign bodies; if possible, have the patient lie on his side to prevent the tongue from falling backwards and obstructing the airway. Then, check for breathing by listening at the mouth and watching the rise and fall of the

chest. Check circulation by feeling for a pulse at the wrist, ankle or throat.

"Keep reassuring the patient even as you are performing the ABC or waiting for the ambulance to arrive," said Ms Kee, who handles about three to four medical emergency cases each day.

Only one person will be allowed to accompany the patient in the ambulance. The accompanying person should have with them the patient's identity card/passport or birth certificate. "It would be good if that person could bring along any medication that the patient is taking and alert the ambulance officers to any drugs that the patient may be allergic to," Ms Kee added.

Not all emergency cases that she sees each day are sent to by ambulance. Mount Alvernia also handles walk-in patients who may be in need of emergency treatment.

These patients can generally be classified under three categories: Emergent, urgent and non-urgent.

Emergent cases are those which require immediate attention from the doctor. They include patients with chest pains, breathing problems and crush injuries. In cases involving chest pains, immediate treatment given will include attaching the patient to a cardiac monitor to check for heart rhythm and sending blood samples for tests.

Urgent cases include patients with high fever and abdominal pains. These patients will be put in an observation room and have their vital signs checked on the hour. A doctor will attend to them as soon as possible.

Patients who are regarded as non-urgent cases do not have an emergency condition nor are they at risk of developing one. These patients – who have ailments such as mild sore throat, lumps and bumps - will be attended to based on their queue number.

Whatever the medical emergency, Ms Kee has this tip, "Try to stay calm. It is not easy. But if you panic, you can't think straight – and you won't be of much help."

Mount Alvernia 24-Hour Walk-In Clinic & Emergency Hotline:
6347 6210.

Heartware of the hospital



Back in the late 1990s, Mount Alvernia Hospital was on the threshold of a new era – and Mrs Lesley Wee knew she wanted to be part of it.

“I could see that the hospital had a lot of potential – that it could be much more than an acute secondary hospital,” said Mrs Wee, Mount Alvernia’s Chief Operating Officer and Director of Nursing.

Today, Mount Alvernia is a 303-bed general acute care hospital with tertiary medical capabilities and two multi-disciplinary medical specialist centres, offering patients a wide range of medical and surgical services in areas such as neurology, cardiovascular, orthopaedics and ophthalmology.

“A nurse is not a handmaiden. She is the patient’s advocate – the crucial link between the patient and the doctor.”

“To get to where we are today, the hospital invested significantly in the latest state of the art medical technology and we were also not afraid to try out new concepts to improve hospital design and processes,” Mrs Wee added.

Hardware aside, Mrs Wee knew that the transformation would not be complete without improving the “heartware” - the staff. Realising that, she embarked on a series of reforms to raise the competencies of nurses to handle the challenges of a tertiary hospital.

Hence, more sponsorship was provided to enable nurses to study for their advanced diploma full-time. Mrs Wee also made sure that all Patient Care Assistants, many of whom did not have proper certificates back then, were given proper health care training. Today, all Patient Care Assistants at Mount Alvernia have at least an ITE certificate in health care.

“There was a time when some doctors were not very confident of our nurses’ ability to handle CCU cases. Now, they have not the slightest doubt!” Mrs Wee proudly declared.

Mrs Wee also introduced a “bank nursing” system, where a pool of nurses could be activated on short notice at the autonomy of the nursing managers, to help manage any unexpected surge in patient numbers.

“Moving forward, we are working towards a seamless integration of the hospital operations so that patients can receive an even higher level of service and care,” said Mrs Wee.

Despite the sea of changes that have engulfed the nursing department, Mrs Wee is happy to note that the nurses have not abandoned the legacy bequeathed to them by the hospital’s founders, the Sisters from the Franciscan Missionaries of the Divine Motherhood.

“Their compassionate and caring nature remains unchanged,” said Mrs Wee.

She recalled a case when doctors had all but given up hope on a young male executive who had been in the Critical Care Unit for almost a year. Yet, the nurses refused to give up on him – and the patient survived in the end.

“Our nurses really feel for their patients. When patients who are ill make a full recovery under their care, the feeling of satisfaction that the nurses get is priceless,” she said.

Mrs Wee tells *My Alvernia* that many patients are aware of the hospital’s core values – compassion, respect, attentiveness and integrity. And judging from patients’ feedback, she believes her nurses have succeeded in upholding them.

“A patient once told me, “Your nurses are living testimonies of the hospital core values.”



Mrs Lesley Wee,
Chief Operating Officer
and Director of Nursing



24-hour walk-in clinic and emergency services



24-HOUR WALK-IN CLINIC ALWAYS HERE FOR YOU

It happens to the best of us – a fall, a fever, an upset tummy, a sudden rash. And it can strike at the most unexpected or inconvenient time of the day.


For times like these, it's useful to know where to find professional medical assistance. At Mount Alvernia, our 24-hour Walk-in Clinic and Emergency Services team are always ready to attend to you.

Manned by experienced doctors and hospital-trained nurses, our outpatient clinic is also supported by a network of medical specialists who can quickly follow up should more specialised medical care be required.

Know where to go in an emergency.

24-Hour Walk-in Clinic & Emergency Hotline: 6347 6210



A lush garden pond with a waterfall, mossy rocks, and several colorful koi fish swimming in the water. The scene is vibrant with green foliage and the bright colors of the koi fish.

“ I go to nature to be soothed and healed, and to have my senses put in order. ~ John Burroughs ”

SOOTHING SIGHT: Tucked away in a corner of the hospital lobby, this fish pond offers visitors a refreshing visual treat - and a glimpse of the lush greenery that surrounds Mount Alvernia Hospital.