

my Alvernia

Inspiring Healthy Living

Issue 15 | Jan - Mar 2013



Untangled by a twist of fate

'Cancer' turns out to be operable colon condition
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He blows bubbles to make you feel better (Pg 8)

When toilet breaks are a painful affair (Pg 12)



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e started the year 2013 with even stronger demand for hospital services, both inpatient and outpatient. Our heartfelt thanks to our patients, their family members, and the many doctors on and off our Mount Alvernia campus.

The transformation of our front office area is complete and the area is now fully functional. Visitors are greeted by an open concept Admissions & Business Office in a refreshing ambience. Within this public lobby area is the new Retail Pharmacy, the Gift Shop, the new and larger Café 820 and a cluster of Food & Beverage eateries. There is now a wider variety of dining options, including Subway, Sushi Deli & Jollibean.

Right in front of the Pharmacy is the Alvernia Heritage Corner, our newest in-house 'attraction' offering a quick introduction to the Hospital's history and important milestones.

Our new Chapel was blessed by Archbishop Nicholas Chia in February, housing a beautiful wall-to-wall stained glass mural. The mainstay of our Roman Catholic roots, the Chapel provides a sanctuary for quiet prayer and contemplation. Every morning, except on Sundays, some of our patients, their family members, our staff and FMDM nuns congregate to celebrate the Holy Mass.

We will soon be opening the new purpose-built Health Screening Centre that will usher in a new level of private and personalised health screening service for our patients. Over the next few months we will open a new walk-in entrance facing Thomson Road, which will lead up to the new MRI facility with up-to-date equipment.

While we press on with efforts to modernise and upgrade the infrastructure, we are mindful that people remain the heart and soul of Alvernia. On this note, there are some leading lights amongst our staff whom I wish to acknowledge. First, we were one of two private hospitals invited to join the public hospitals under Singhealth to participate in the Singapore Health Quality Service Awards 2013. Heartiest congratulations to the 114 Mount Alvernia staff presented with awards in January.

More recently in April, Mount Alvernia Hospital joined the list of Finalists at the Singapore Service Excellence Medallion 2012 Awards. One of our own, Nursing Officer Agnes Maria Dass from Day Surgery, clinched the prestigious Singapore Service Excellence Medallion 2012 (Individual) Service Professional Award, beating competition from not only healthcare, but also other service industries in Singapore.

We continue to be committed to our mission, and focussed on our core values of compassion, attentiveness, respect and integrity. All members of the Alvernia family strive to give our best on a daily basis in whatever capacity we serve, to provide care and attention to our patients. Together, we will respond to the call of this noble profession and work towards living up to our Hospital's motto to *Serve all, with love* and make a difference to everyone we meet.

Mr George Thia
Chairman & Interim CEO, Mount Alvernia Hospital



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Thanks for listening and caring

Forex trader Tony See, 53, will always remember Christmas 2012. The father of two first felt a chest pain during a family holiday in Canada. He didn't seek medical attention as it went away after a while. However, on 22 Dec 2012, the day he returned to Singapore, he was struck with acute pain in the chest again. Fearing a heart attack, his wife drove him straight to Mount Alvernia Hospital.



At the 24-hour Walk-in Clinic & Emergency Services department, an electrocardiogram (ECG) ruled out a heart attack, but the doctors were concerned that one could be looming and transferred Tony to the Critical Care Unit. To his relief, tests confirmed that gallstones were causing all the pain, not a more serious heart problem.

Keyhole surgery was scheduled on Christmas Eve but during the procedure, doctors discovered that the problem was worse than expected – Tony had a perforated gall bladder which had doubled in size and was leaking into the surrounding organs. In the end they needed three and a half hours to complete the operation.

In the days after surgery, Tony recalled feeling “like a zombie” and was only well enough to be discharged after nine days of hospitalisation. Besides the medical team, Tony made a special mention of the hospital's Pastoral Care service, which he felt added a special dimension to helping with his recovery.

“ They lend a listening ear when patients are sick, anxious and need to vocalise issues which they may not be able to share with their family as it may worry them. They also offer bed-side counselling and pray not just for you, but with you. They really brought me a lot of comfort and peace, especially before the operation. ”

He also praised the nurses at the High Dependency Unit and St Clare Ward. “They were always cheerful and showed genuine concern. To me, that is also a form of pastoral care.”

When Tony was hospitalised again in mid-January due to a blockage in his bile duct, he was pleasantly surprised when the nurses recognised and greeted him. “It was like seeing old friends again, I didn't feel like I was just another patient!”

Although Christmas 2012 will always be remembered as a painful one, it was also eye-opening for Tony. “Staff at Mount Alvernia show love and compassion for all patients, including those from other faiths, without pushing a religious agenda. I'm glad the hospital truly practises its Catholic values by serving all equally and with love.” ^A



Untangled by a twist of fate

A cancer scare turned out to be a case of Megacolon for John Gable Lai, who is now enjoying a new lease of life after surgery to remove a distended colon ▶





For years, businessman John Gable Lai, 57, struggled with constipation and a bloated abdomen. His family doctor prescribed medicine but it didn't help much. To make matters worse, he noticed a growing chest pain, especially on flights.

Then one evening, John Gable felt severe pain in his chest and began perspiring heavily. "When I went to the A&E department of a restructured hospital the next day, we all thought it was a heart problem. But while taking an X-ray of my heart, the technician accidentally positioned the machine too low and captured my colon instead," he recalled, believing it was a stroke of divine intervention.

The X-ray showed a big, black 'tumour' blocking his colon and a colon specialist told him that it was 95% cancer, probably Stage 3 or 4.

Reeling from shock, John Gable fled the hospital and drove to church to pray. He sat in his car crying as he puffed through a whole packet of cigarettes while a nurse called him on his handphone, urging him to return to the hospital for further investigations.

That night, he returned with his wife, Jenny, but kept his doctor's grim diagnosis from her and their three children aged 20 to 25. He prayed throughout that sleepless night for the 5% chance that it wasn't cancer.

To his relief, a colonoscopy showed that the black 'tumour' was actually hardened faeces, not cancer.

Although he felt better after his stools were cleared, his doctor noted that his colon was longer than usual and asked John Gable to think about undergoing surgery to remove a few inches.

Enlarged and twisted colon

John Gable went back to his usual routine though he still had trouble clearing his stools fully, which often appeared thin and pencil-like.

Three months later, he was constipated for almost a week despite taking laxatives prescribed by his GP. Back at the A&E department, he was immediately admitted when his colon was found to be twisted.

A colonoscopic decompression unclogged it but this time, his doctor diagnosed it as Megacolon.

A functional disorder, Megacolon is not common in Singapore. In John Gable's case, tests and scans could not determine its exact cause although they ruled out Congenital Megacolon, also known as Hirschsprung's Disease. The doctor advised surgery to remove the whole colon and rectum, following which he would need to wear a stoma bag for the rest of his life. "I simply could not accept it!" exclaimed John Gable.

Surgical options for Megacolon

He sought a second opinion from two other doctors, a colon specialist and a general surgeon, Dr Wong Sen Chow from Mount Alvernia. Both assured him that they'd remove the entire colon and join his small intestine to the rectum so he could avoid wearing a stoma bag. The colon specialist gave John Gable another option: he could choose not to operate but would need to return to the hospital whenever the colon got twisted again.

However, Dr Wong, an experienced surgeon of 36 years, advised him to undergo surgery. "John Gable's large intestine was extremely long, loopy and distended on the left side. This had pushed his stomach to the right of his abdomen and pushed up his diaphragm, which explained his constant chest pain."

“Though Megacolon in itself is not life threatening, if his intestinal walls continued to thin out, they could become perforated and cause severe pain. Faecal material could spill into his abdomen leading to infection and septic shock.”

"In severe cases, the stools could become so hard and dry that they cause intestinal obstruction. This would require emergency surgery," warned Dr Wong. "Should the colon get twisted again while he is travelling and unable to get medical help, it could endanger his life."

Both John Gable and Jenny felt assured by Dr Wong's calm manner and professionalism. "He gave us his full focus and explained everything with simple words and a diagram about what he'd do during the surgery," recalled Jenny.

In Feb 2011, Dr Wong performed a total colectomy to remove the whole of John Gable's large intestine, followed by ileo-rectal anastomosis where he joined the small intestine to the proximal rectum.

The operation was successful and post-operative recovery was uneventful. Although the road to recovery was not without pain, John

Gable was comforted by the caring and friendly staff of Mount Alvernia Hospital.

"The doctors and nurses were all very caring. My priest Father Simon Tan, visited me frequently while staff from the Pastoral Care team prayed with me every morning. All this helped me pull through that difficult period," said John Gable, who added that Mount Alvernia's fees were also very reasonable compared to other private hospitals.

A year after his surgery, John Gable now enjoys better quality of life. The abdominal bloating and terrible chest pains are gone. However, as he no longer has a colon, he needs to go to the toilet more often than the average person. This happens up to 10 times a day, including three times a night, to clear the bowels. He sees Dr Wong every quarter and, "so far, so good!"

No more smoking & drinking

He's also committed to improving his health. "When I was first diagnosed in 2010, I was a heavy smoker and drinker. I entertained clients often and I'd eat anything that had four legs other than the table, and anything that could fly other than the aeroplane!" joked John Gable.

Since then, he has quit smoking and drinking and is now on medication to control his high cholesterol levels. He sticks to a balanced diet, avoids spicy and oily food and takes brisk morning walks for exercise. "I also relax by playing with my birds and our dog, Snowball."

This ordeal has also made him appreciate his family more. He shared how after his operation, his kids rallied around him and Jenny cooked him *sang yu*, a fish believed to help wounds heal better, which she specially bought from Chinatown. "In the past, I usually travelled just for work but now I make time for family vacations too," he shared.

Following the experience, John Gable has some words of advice: "Besides going for annual check-ups, make sure you follow up on any symptoms. Even though I went for yearly checks, I didn't investigate my symptoms until they became serious. Also, trust your doctor. Some people delay surgery and seek all kinds of alternative treatment which can delay their chances of full recovery. My advice is, don't waste precious time!" **A**



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THE ALVERNIA JOURNEY... A MOSAIC OF FAITH, PERSEVERANCE AND LOVE

Journey of



From Surrey to Singapore

History of Mount Alvernia Hospital traces its roots to 1849 when three nuns arrived from the Catholic order of the Franciscan Missionaries of the Divine Motherhood (FMD) on a long and arduous journey from Surrey, England to reach this tropical island.



Caring and Competent

The Sisters were assisted by the two local medical and nursing staff who were serving the patients in the midst of an environment of chaos and a severe shortage of staff. They also cared for women in the "Lying-in Room" in Blakelock Street, which was a place where women who were in labour were taken to give birth. They were also responsible for the first maternity ward and succeeded in working with both tradition and innovation.



What's in a Name

The first Mount Alvernia Hospital was built in 1850 in the Surrey, England, and had a population of 100. The name "Mount Alvernia" was given to the hospital because of the mountain Alvernia in Italy, which was the home of the Virgin Mary. The name was chosen because of the mountain's height and the fact that it was a place of refuge for the people of the region. The name was also chosen because of the mountain's beauty and the fact that it was a place of refuge for the people of the region.



Working with Faith

Mount Alvernia Hospital has always been a place of faith and service. The Sisters have always been dedicated to the care of the sick and the poor, and have always been guided by the principles of the Catholic faith. They have always been a source of strength and inspiration for the people of the region, and have always been a part of the community.



Building on a Vision

In the early 1900s, the hospital was a small building with a few beds. It was a place where the sick and the poor were taken care of, and where the Sisters were dedicated to the service of the community. The hospital was a place of faith and service, and it was a place where the Sisters were always there for the people of the region.



Just Holy Love at Mount Alvernia

Mount Alvernia Hospital is a place of faith and service. The Sisters have always been dedicated to the care of the sick and the poor, and have always been guided by the principles of the Catholic faith. They have always been a source of strength and inspiration for the people of the region, and have always been a part of the community.



Faith, Perseverance & Love

Mount Alvernia has come a long way since it was founded by the Franciscan Missionaries of the Divine Motherhood (FMDM) Sisters in 1961. Our unique history has now been captured in a new Heritage Corner located at the hospital lobby. Here are some highlights:

Nun's Habit

One of the most eye-catching exhibits is a life-size mannequin displaying the Habit worn by the FMDM Sisters from 1947 to 1977. For the most part, the Sisters were dressed in all-white. However during chapel time, a blue veil was worn over the white Habit.

Stained Glass

Four beautiful pieces of stained glass were salvaged from the previous hospital chapel, which has moved at least four times over the last 52 years and remains a sacred place of solace for patients, visitors, doctors and staff.

Catholic Roots

Mount Alvernia is the only Catholic hospital in Singapore and has a culture steeped in Catholic traditions. One example is the administering of the Sacrament of Holy Communion. In the early days, one of the Sisters would accompany the priest as he made his rounds to visit patients. A silver hand bell such as the ones shown here was used to signal the arrival of the Holy Eucharist at the ward. As a sign of respect, staff and visitors would step aside and bow as the priest made his way through.



Dispensary Tools

Weighing scales and medicine bottles used in the hospital dispensary. Circa 1961.



Medical Tools

Sphygmomanometer used to measure blood pressure; Pinard horn, or fetoscope, used to monitor fetal heart rate. Circa 1961.



Hand-embroidered bedsheets

In the old days, the nuns not only took on nursing and clinical duties, but also housekeeping. During their 'free time' they embroidered bedsheets and pillow cases for use by patients. A selection of their handiwork is on display at the Heritage Corner and corridor leading up to St Francis' Ward.

For more insights, please visit our Heritage Corner located at Level One, opposite the Retail Pharmacy.



He blows bubbles to make you better

Distracting kids from their pain helps paediatrician & neonatologist Dr Ong Eng Keow treat his patients better. So does educating and assuring their worried parents. In an interview with *My Alvernia*, Dr Ong shares a few trade secrets.

Some adults are fearful when they have to interact with children. Not Dr Ong Eng Keow, a consultant paediatrician & neonatologist with 25 years of experience treating little ones.

"I've always liked children. I get down to their eye level to talk and play with them. My mother used to complain that whenever her friends visited, I would play with their kids so much that when they got home, they couldn't sleep!" recounted Dr Ong with a laugh.

No wonder then that he chose to specialise as a paediatrician at the National University of Singapore. After seven years at the paediatric departments of KK Women's and Children's Hospital, Singapore General Hospital and Tan Tock Seng Hospital, he started his private practice at Mount Alvernia Hospital in 1995.

A typical day for Dr Ong starts at 7am when he hits the wards to check on newborns, babies in the Neonatal Intensive Care Unit (NICU) and paediatric patients. Common ailments include diarrhoea, vomiting, gastroenteritis and bronchitis. Then it's time for his morning clinic where parents will bring in their babies for follow-up reviews, vaccination or developmental assessment. On average, he sees about 30 children a day.

If you search for Dr Ong on Google, chances are you will chance upon appreciative comments in parenting forums where he has been described as "very detailed, professional and pro-breastfeeding". To this, Dr Ong says a good paediatrician should think not just of the child but also the parents' needs.

Keep it Simple

"Sometimes, doctors use medical terms that can overwhelm parents, so I try to explain in simple, clear language and give good examples," shared Dr Ong.

For instance, when a mother frets that her newborn doesn't seem keen on breastfeeding in the first few days, Dr Ong will use relatable analogies to help her put a handle on it.

One such analogy is the battery. Dr Ong's version: "Nature has already planned it such that the baby is born with 'battery fully charged'. He may not be very interested in feeding initially but when the 'battery' is used up, the baby will want milk!"

"Mothers should remember that it takes time to get the hang of breastfeeding, and for milk to build up. Keep trying. Don't panic and reach for formula milk immediately."



"Breastfed babies start by feeding on the mother's colostrum while the milk slowly builds up, so the gut gets a chance to adjust. That's why they have fewer problems with spitting out milk, and allergies compared to formula-fed babies," he explained.

The father of three grown up children in their 20's also takes pains to educate parents. For instance, he explains why doctors don't prescribe medicine for babies under three months old who have the cough and cold.

"They're not effective for such young children and can cause sedation and other side effects that may be more dangerous than useful," he clarified.

Dr Ong also highlighted the importance of providing parents with clear explanations instead of brushing them off with comments like, "Oh, it's normal!"

What parents should look out for are baby's functions, not just the symptoms. "Don't be too bothered by snorting, phlegmy sounds that are due to a stuffed nose. Instead, check if the baby cannot sleep, has a fever and cannot feed, or keeps coughing till he pukes. Those are the more critical signs that indicate baby needs medical attention."

Parents, watch what you do

Dr Ong says parents should never underestimate the influence they have over their children. "If parents stay calm, the child automatically relaxes. When your baby is getting a vaccination, don't pat his chest and say, 'Don't be scared, it's not painful!' Some mothers even hide in a corner and say they can't bear to watch. The child will expect that something bad is going to happen!"

Similarly, if your child has a fall, don't beat the floor, scold the domestic helper and create a ruckus. "It'll make the child think that it's a very serious matter. Instead, distract and calm him down while you check for injuries. If there is swelling or bleeding, see a doctor immediately. Otherwise, observe for any persistent vomiting or loss of consciousness."

In his clinic, the jolly doctor keeps a ready supply of toys, animal-shaped biscuits and stickers. "For the babies, I blow bubbles to distract them after a jab. The older children get a packet of biscuits or stickers to reward them for their bravery."

Working with parents

"The best part of my job is when I meet parents who are motivated to work with me to help their children," said Dr Ong. "The tough part, however, is helping parents understand when and what to do. Some parents are overly worried. Others, even when the child's condition is serious, are clueless and only bring him in when a cough has escalated to pneumonia. Thus, the challenge is to educate parents," he reiterated.

He credits the nurses and staff at Mount Alvernia Hospital for partnering him in this mission. "The nurses are fantastic, especially the ones at NICU and St Gabriel's paediatric ward. Compassionate and vigilant, they're truly professional in the way they handle anxious parents and know how to comfort and explain to them in simple terms. In fact, parents develop such good relationships with them, I often spot them bringing food for the nurses!" **A**

Dr Ong Eng Keow is based at Mount Alvernia Medical Centre Block B #02-32, Tel: 6255-5239

Burning Questions about Fever

Answered by Dr Ong Eng Keow

Is my child having a fever?

It depends on how old he or she is and where you take the temperature. For kids under two years, it's a fever only when it measures above 37.5°C under the armpit or above 38°C in the ear. For kids above two, it's also 37.5°C under the armpit but 37.8°C in the ear.

Will high fever cause brain damage?

That's a prevalent myth. Fever does not lead to brain damage. This is caused by infection of the brain through meningitis or encephalitis. Instead, fever could be a symptom of an underlying infection, Hand Foot Mouth Disease, Dengue fever or a viral infection so doctors need to find the cause and treat accordingly. For kids between 6 months to 6 years, a sudden high fever could cause a seizure though these do not usually cause long term side effects.

Must we 'fight' the fever?

Fever in itself is not a bad thing. It indicates that the child is not well so we can monitor his condition. Some studies have shown that the body can fight infection better in the presence of fever so we don't necessarily need to lower the temperature. Look out for the child's general condition. If he's still active, playing and appears well, and is eating, though it may be less than usual, don't panic. Monitor the child for 48 hours. The temperature will fluctuate and is higher at night – that's normal. If the fever doesn't settle after 48 hours, seek medical attention.

Laughter The Best Medicine



A man goes to the eye doctor.

The receptionist asks him why he is there.

The man complains, "I keep seeing spots in front of my eyes."

The receptionist asks, "Have you ever seen a doctor?"

The man replies, "No, just spots."



Quiet Sanctuary

After a year of renovation, the hospital chapel reopened on 2 February 2013 with a Mass and Blessing by His Grace, Archbishop Nicholas Chia.

An integral feature of Mount Alvernia Hospital since its founding by the FMDM Sisters, the chapel is the go-to place for prayer and reflection. Patients, visitors, doctors and staff often drop by before work, or before an operation. Parents traditionally bring their newborns here for a Baby Blessing before they are discharged; and one young man even proposed to his girlfriend at the hospital chapel.

The new purpose-built chapel is big enough to accommodate 100 and is located next to the Patient Liaison Centre on the ground floor.

It houses a stunning stained glass mural featuring the Cross of San Damiano set against the Water of Life, which is the work of Singapore artist Koh Bee Liang. Besides beautifying the chapel, she revealed that the purpose of the mural was to introduce elements that would lead people to rest, reflection and self-awareness, and draw out their deepest feelings and desires.



Besides the unique stained glass depiction of the Cross of San Damiano, the Chapel also houses a shrine to Our Lady of Perpetual Succour.



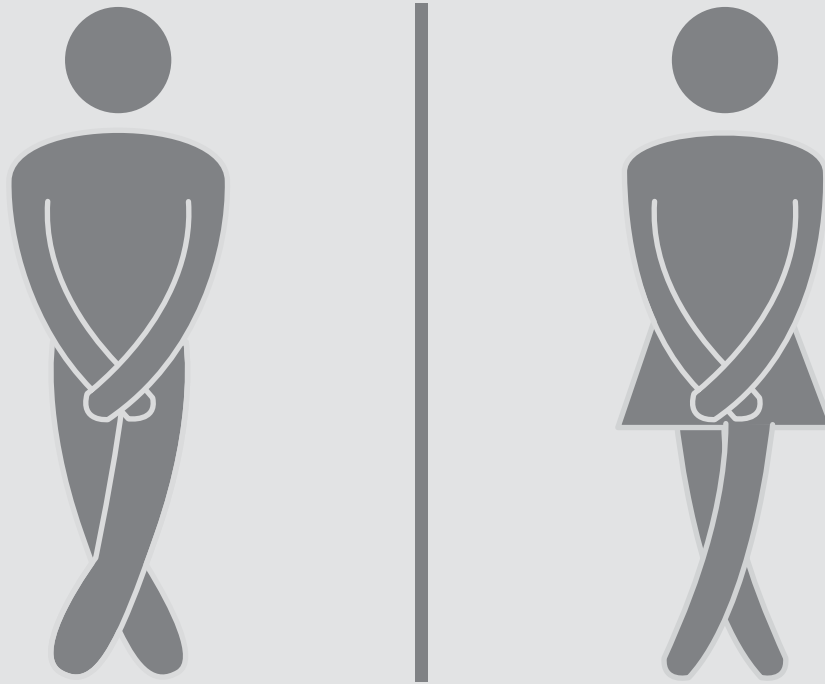
“ Stained glass is not static – it allows natural light that dims and brightens according to mood of the skies to permeate the chapel. This, together with a backdrop of flora and fauna viewed through the translucent mural, allows the viewer a fuller and more complete experience of prayer. ”

She added that she hoped people would appreciate God’s gift of nature when they looked at the mural, and find peace and answers as they contemplated before the Cross of San Damiano.

On the choice of this particular cross for the chapel, Rose Goh, who heads the hospital’s Clinical Pastoral Care team, explained, “The Cross of San Damiano reflects the Franciscan heritage of the hospital, which was started by the FMDM nuns.

“The original Cross of San Damiano hung in a dilapidated chapel where St Francis used to pray. When observed carefully and meditated on, the Cross has scenes and figures from Christ’s life and ministry in it. We hope that this Cross will inspire and speak to the people who use this chapel, just as it did for Francis. ”

The Chapel is open to patients, visitors, staff and doctors daily from 5.30am to 9pm. Mass time (Mon-Sat only) is at 7.45am. [A](#)



When toilet breaks are a painful affair

**Does passing urine cause you pain instead of relief?
Urologist Dr Pearllyn Quek explains possible reasons why.**

Most of us take it for granted but for some, every toilet break can be a long-drawn, painful affair. Others find themselves wetting their pants easily. These are scenarios urologist Dr Pearllyn Quek can empathise with. In her practice, she sees patients with all manner of urinary problems from urine leakage to urine frequency, urgency, painful bladder, difficulty in emptying the bladder and pelvic floor dysfunction.

Dr Quek attributes her decision to specialise in urology to “my interest in the bladder and pelvic floor and how it all works”.

She believes that knowledge empowers and maintains a website, www.bladdercontrol.com.sg, to provide patients with relevant articles about common urinary problems so that they can understand their condition and treatment better.

“My website attracts patients who like to know about their problems and ask questions. I like that, because I feel that patients should try to understand their conditions and the options they have. Also, in my subspecialty, it is imperative that patients understand what they have, as many problems can be chronic, recurrent or require some time to treat.”

How often should we clear our bladder?

The norm is 6 to 8 times a day with an average output of 150ml to 200ml per void with an average fluid intake of 1500ml to 2000ml a day, not accounting for excessive fluid loss from sports or weather extremes.

Is it better to pass urine say, hourly even if you're not feeling urgent, or go only when needed?

You should go when the urge is fairly strong, yet allows you to hold back up to 20 minutes comfortably. What you shouldn't do, is to hold your bladder for hours because you are 'too busy' to go. That could lead to a bladder that doesn't empty well and urinary tract infections.

If you find blood in the urine, what could it point to?

The causes range from urinary stones, infection, cancers, kidney dysfunction, to rare anomalies. Blood in the urine occurring together with symptoms like back and groin pain, or frequent and painful urination, are often due to kidney stones and infections. Cancer of the urinary tract and kidney disease are much less common.

What is the Chronic Pelvic Pain Syndrome?

Chronic pelvic pain can be caused by problems in the lower gastrointestinal tract, bladder, pelvic organs, pelvic nerves or pelvic floor. Examples are endometriosis, chronic or recurrent pelvic or bladder infections, irritable bowel or anorectal (pertaining to the anus and rectum) disorders. It can also be brought upon by surgery in the pelvis.

If the pain is perceived to be from the bladder, or if there are accompanying bladder symptoms like urinary frequency or urgency, it can be classified as Urological Chronic Pelvic Pain Syndrome.

What are the symptoms of chronic pelvic pain in urology?

Women usually complain of pain, pressure, bloating or discomfort in the pelvic or bladder region. There may be discomfort, burning or itch in the inner thighs, vagina, vulva, perineum, mons pubis or soles of feet.

The patient may face urinary frequency, urgency, difficulty in urination, a sense of incomplete bladder emptying, painful intercourse, urinary urge during intercourse, constant feeling of the need to pass urine/stools or other vague systemic symptoms.

Men may have pain or an uncomfortable sensation in the testis, penis, inguinal, scrotal or suprapubic area or perineum. These may occur in relation to urination or ejaculation.

What is Painful Bladder Syndrome? How is it treated?

It is a progressive disorder characterized by intermittent or persistent bladder or pelvic or perineal (referring to the area between the pubic arch and the anus) pain, with or without urinary frequency, urgency, or nocturia (a condition in which you wake up in the night because you have to urinate).

The cause is not known although many patients have a history of irritable bowel disease, autoimmune disease, recurrent urinary tract infection or anxiety. Patients usually have a long history of years being treated for urine infections and overactive bladder without much relief.



Dr Pearllyn Quek

A holistic approach is usually required. This includes medication and physiotherapy to relax the pelvic floor muscles. This is because many patients develop very tense and painful pelvic floor muscles that worsen their symptoms. In some cases, medication can be administered directly into the bladder through a catheter to alleviate the symptoms.

What is Pelvic Floor Dysfunction?

Pelvic Floor Dysfunction is just a term that implies there is a problem with the pelvic floor. Commonly, everyone expects the pelvic floor to be 'loose' resulting in pelvic organ prolapse and stress incontinence. But in cases where there has been persistent irritation to the pelvic organs due to infection, inflammation or injury, the patient may experience symptoms such as pelvic pain, pain with urination, difficulty urinating, constipation, pain with intercourse, or frequent/urgent urination.

Pelvic Floor Dysfunction often co-exists with Painful Bladder Syndrome and Chronic Prostatitis. For such patients, physical therapy to relax the pelvic floor muscles can relieve tightness and alleviate symptoms. **A**

OUR HIDDEN TALENTS

Besides caring for patients, many of our staff engage in creative pursuits in their free time. Meet some of our hospital's 'hidden talents' in this new series. First up: retired housekeeper Cecilia Lek, who makes beautiful candles.

Cecilia Lek, 77, retired three years ago after serving more than four decades at Mount Alvernia Hospital, but she still comes in regularly.

"I like it here, it feels like my second home," she shared. Today, the shy but ever smiling former housekeeper still drops by almost every day, to attend morning Mass and help out at the chapel.

What is lesser known is that besides keeping the place clean and tidy, Cecilia has also had a hand in making the candles used at the chapel.

"We used to throw out the candle stumps when they burnt down to the last two or three inches. I thought it was a waste so I decided to collect and recycle the wax," explained Cecilia on how it all started.

Working from the kitchen of the two-room flat she shares with her elderly mother, Cecilia experimented and perfected her method of making candles over time. Besides white candles, she also does red ones for Christmas and purple ones for Advent.

Cecilia shares her method here:



1 Assemble your equipment. Collect old wax stumps and cut them into smaller pieces. For thick candles, you will also need a small, thin candle as the core. Other tools: old milk tin to melt the wax in; wooden stick for stirring; string; and moulds (suggestions: discarded bottles of hair spray or air freshener).



2 Cut half the wax off the small candle, taking care not to slice through the wick.

Next, melt the candle wax in the tin.



3 Tie the small candle's wick to a string and dangle it down the middle of the mould. Carefully pour the hot wax in. Leave overnight to solidify.



4 Coat the insides of the spray cans with cooking oil. Make sure every bit is oiled as it will be easier to slide the candle out after the wax hardens.



5 Gently push the candle out of the mould and wipe off the excess oil with tissue paper. Your candles are ready!

Tip from Cecilia: Stick scotch tape around the rim before using the candle. Interestingly, this simple trick prevents unsightly streaks down the sides. Try it!





Medical Advisory Board for the year 2013

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Dr Jacob Cheng
(Ophthalmologist)

Credentials

Dr Christopher Chong
(Obstetrician & Gynaecologist)

Obstetrics & Gynaecology

Dr Henry Cheng
(Obstetrician & Gynaecologist)

Operating Theatre & Critical Care

Dr Jim Teo
(Respiratory Physician)

Paediatric & Neonatology

Dr Ong Eng Keow
(Paediatrician)

Quality Assurance

Dr Lim Teck Beng
(Obstetrician & Gynaecologist)

Therapeutics and Infection Control

Dr Wong Soong Kuan
(General Surgeon)

Tissue Review

Dr Cosmas Chen
(General Surgeon)

Members

Dr Alvin Teo
(Anaesthetist)

Dr Lim Kwang Hsien
(Paediatrician)

Dr Leslie Leong
(Orthopaedic Surgeon)

Dr Wang Chin Foong
(Anaesthetist)



New Doctors @ Alvernia

Ascent Ear Nose Throat SG Alvernia
Mount Alvernia Medical Centre A, #06-08
Tel: 6256-4489

Dr Eng Soh Ping Elliot
Dr Leong Jern-Lin
Dr Mark Hon Wah Ignatius

Singapore Oncology Consultants – Alvernia
Mount Alvernia Medical Centre A, #05-03/04
Tel: 6252-2202

Dr Chan Boon Yeow Daniel

Synergy Orthopaedic Group
Mount Alvernia Medical Centre A, #02-20
Tel: 6251-2822

Dr Teo Yee Hong

Singapore Health Quality Service Awards

Congratulations to our 11 Gold and 103 Silver award winners!



Gold Award

Name	Designation	Department
Ho Li Chin (Dr)	Senior Resident Medical Officer	24 Hour Walk-In Clinic
Eugene Keng Chee Weng	Assistant Manager	Rehabilitation
Agnes Maria Dass	Nursing Officer	Day Surgery
Lucy Rozario	Senior Patient Care Assistant	Delivery Suite
Punitha Muniandy	Staff Nurse I	Delivery Suite
Gemma Savet Francisco	Staff Nurse I	Our Lady Ward
Ancy Jacob	Staff Nurse II	Our Lady Ward
Wee Jee Tin	Nurse Manager	Our Lady Ward
Ho Mei Leng	Patient Care Assistant I	Saint Elizabeth Ward
Revathy Sinayan	Senior Staff Nurse I	Saint Gabriel Ward
Tan Hui Kiang Regine	Senior Staff Nurse I	Saint Gabriel Ward

Silver Award

24 Hour Walk-In Clinic

Erni Yanti Binte Sazali	Patient Care Assistant II
Kamala Davi A/P Kathir Gamer	Patient Service Officer II
Leow Yin Yin Fiona	Staff Nurse I
Limjoco Vanessa Mudanza	Staff Nurse I
Sumathy d/o Arumugam Pillai	Staff Nurse I
Wong Jin Jie	Patient Service Officer II
Tan Saw Ean Ann, Ambrose	Senior Staff Nurse I
Santhana Raj Sudha	Patient Service Assistant I
Azizah bte Ahmid	Senior Staff Nurse II
Emelia M Undag	Patient Service Assistant I
Nor Hadirah binte Abu	Patient Care Assistant II
Jay Olmedo Simpas	Staff Nurse I
Charmian Khor	Staff Nurse II
Frances Lee Beng Sim	Senior Staff Nurse I
Poongodi d/o Raman Pillai	Patient Service Assistant II
Munisvary d/o Gopal	Patient Service Assistant II
Yuen Liyi Magdalene	Enrolled Nurse II
Yam Kok Choy (Dr)	Senior Resident Medical Officer

Building & Engineering

Kannan Prabhakar	B&E Technician III
Karuppiah Subramanian	B&E Technician III
Lee Keng Sung	Senior B&E Technician

Business Office

Ernee Julianty bte Awang	Patient Service Officer II
Lek Lee Chu Doris	Patient Service Officer I
Yong Kea Shyong	Executive II
Ang Cheng Choo Clara	Patient Service Officer II
Kamala Devi d/o Karuppiah	Patient Service Assistant I

Critical Care Unit

Anusuya Dorairaj	Nursing Officer
Naw Kre Thaw	Senior Staff Nurse II
Soosai Annathai	Staff Nurse II
Kho Siok Ee Sharon	Senior Staff Nurse II

Nang Shwe Myint	Enrolled Nurse II
Lau Yeng Lin Yvette	Senior Patient Care Assistant

Day Surgery

Tamayanthi Karuppiah	Enrolled Nurse I
Clarino Thirza Daylo	Enrolled Nurse II
Tan Siew Hui	Staff Nurse II
Looi Li Keng	Staff Nurse I

Delivery Suite

Anusuya Subramaniam	Senior Patient Care Assistant
Myat Su Mon	Staff Nurse I
Kooh Seok Koon	Senior Staff Nurse I
Kho Yen Ling	Senior Staff Nurse II
Narayani d/o Sankunninair	Senior Patient Care Assistant
Tay Bee Lian Annie	Senior Patient Care Assistant
Buena Nerissa Cruz	Midwife II
Lim Pei Pei	Senior Staff Nurse I
Low Soon Goay Jane	Nursing Officer
Tan Guek Hoon	Nursing Officer

Diagnostic Imaging Dept

Chia Suat Hong Denise	Radiographer I
Loon Foong Lin Jessie	Senior Radiographer I
T Thayalini	Patient Service Assistant II

Dietetics

For Wei Chek	Manager
Sim Chin Ting	Dietician

Healthscreening

Dalen Ma Elena Matutino	Staff Nurse I
Tay Lee Keng	Nursing Officer

Housekeeping

Pathamavathi A/P C Gopal	Housekeeper II
Poh Ah Kiat	Housekeeper I

Laboratory

Zhang Weifang
Ng Geok Hiok Magdalene

Senior Phlebotomist II
Patient Service Officer II

Low Yok Mee
Seah Ju Ding

Senior Staff Nurse II
Senior Staff Nurse I

Operating Theatre

Muhammad Iskandar bin Ali

Enrolled Nurse II

Saint Elizabeth Ward

Khor Siew Kheng
Haslina binte Abdul Hamid
Yeh Zi Ying

Nurse Manager
Enrolled Nurse I
Staff Nurse I

Our Lady Ward

Kathley Anne Luistro Acebedo
Nur Hafizah binte Jalaludin
Wan Qian
Mariano Myra Descarga
Dina Diyana binte Hamza
Ana Liza Emerenciana Fernandez
Wong Chiew Tee
Ma Ferdie Pinuela Dilag
Yee Yee Aye
Ruhana bte Ahmad
Junita binte Taip

Enrolled Nurse II
Staff Nurse II
Staff Nurse I
Midwife I
Staff Nurse I
Staff Nurse II
Senior Staff Nurse II
Patient Care Assistant II
Patient Care Assistant II
Senior Staff Nurse I
Senior Patient Care Assistant

Saint Francis Ward

Vanita d/o Kanniah
Paredes Ma Therzie Federizo
Teo Sai Goek Alice

Patient Care Assistant I
Enrolled Nurse II
Nurse Manager

Parentcraft

Hi Yuk Hwa
Ooi Get Sim
Wang Yan
K Sarasvathi Kandasamy
Kang Phaik Gaik
Lam Lee Lee

Parentcraft Counsellor I
Parentcraft Counsellor I
Parentcraft Counsellor I
Senior Parentcraft / Lactation Consultant II
Senior Nurse Manager Parentcraft / Lactation
Parentcraft Counsellor I

Saint Gabriel Ward

Nirmala d/o Doraisamy
Samynathan Devaghi
Nathan Kamala
Saida binte Mohamed Aripin
Yong Wei Yan Cassandra
Arcilla Marydel Cabahug
Seoh Pei Shye

Patient Service Assistant I
Senior Patient Care Assistant
Senior Patient Care Assistant
Senior Staff Nurse I
Staff Nurse II
Senior Enrolled Nurse II
Staff Nurse II

Rehabilitation

Ng Lih Wing

Senior Physiotherapist II

Saint Joseph Ward

De Guia Maria Janice Cabadin
Naw Pwint Hmone Oo
Marie June De Vera Ramos

Staff Nurse II
Senior Staff Nurse II
Staff Nurse I

Retail Pharmacy

Chan Yew Kok

Senior Pharmacist I

Saint Raphael Ward

Nang Mya Thein
Su Siew Eng
Seet Lay Tin, Sharon
Naw Hser Hku Paw
Mary Jean Fernandine Espinar
Sreedevi d/o Anandan
Lim Meng Choo Catherine Joan

Staff Nurse I
Senior Patient Care Assistant
Nurse Manager
Senior Staff Nurse II
Staff Nurse I
Senior Patient Care Assistant
Senior Patient Care Assistant

Saint Clare Ward

Krishna Veny d/o Sinnamuthu

Enrolled Nurse I

Singapore Service Excellence Medallion

Mount Alvernia Hospital has scored double honours at the prestigious Singapore Service Excellence Medallion (SSEM) 2012 awards. Mount Alvernia Hospital was a Finalist and our very own Nursing Officer Agnes Maria Dass from Day Surgery won the SSEM (Individual) Service Professional Award.





Lifting the Cloud on Cataracts

Cloudy vision caused by a cataract, is an unavoidable aspect of ageing. But is it possible to delay its onset? Ophthalmologist Dr Chng Nai Wee enlightens.

What causes a cataract and what are its symptoms?

Most are caused by the ageing process during which lens proteins degrade over time. Yellow-brown pigments deposit in the lens, reducing light transmission and causing them to become opaque. The cumulative effects of ultra-violet exposure, radiation and toxins also take their toll. Vision becomes cloudy, colours become murky, and looking at a bright spot of light causes glare. The eye may become more short-sighted and night vision is reduced. Some patients complain of double vision, making it difficult for them to carry out daily tasks like driving.

Can you prevent or delay a cataract?

Typically for Singaporeans, at about 50 years old, the lenses show the beginnings of nuclear sclerosis or 'yellowing'. You can wear protective sunglasses, avoid smoking and take care of conditions such as diabetes mellitus that may trigger early onset. However, the truth is, cataract formation is only a matter of time.

Are people getting cataracts at a younger age?

While my cataract patients are not getting younger, I've observed that they're choosing to remove it earlier. I believe this is due to several reasons: easy access to ophthalmologists in Singapore and advances in medical technology that make cataract surgery safer and more precise, with short surgical times and fast recovery. Cataract surgery is also now considered a refractive surgery that can free patients from wearing spectacles.

Some doctors advise patients to wait till the cataract is 'ripe' before seeking surgery. Is there an optimal time to remove a cataract?

Previously, cataract surgeries were relatively crude and risky with longer recovery periods. Doctors had to weigh the medical

benefits, risks and the patient's expectations of the gain in vision versus the cost and experience of undergoing surgery. You would want to embark on surgery only when the odds of success and patient satisfaction were high.

Therefore, the concept of 'ripe' was an easily understood layman term that was handily tossed during counselling.

Nowadays, in a skilled ophthalmologist's hands, patients can recover their vision just one day after surgery and the degree of refractive correction is precise. The term 'ripe' is thus less relevant today. The optimal time to remove the cataract would be when the patient feels that his lifestyle and work are affected by the poor vision caused by the condition.

What happens if a cataract is left untreated?

The lens may become completely opaque and lead to virtual blindness. It may also burst, causing the eye to become suddenly red and painful and the eye pressure to surge, leading to phacomorphic glaucoma. This requires an emergency operation or vision may be permanently lost. Leakage of lens proteins may induce a low-grade inflammation and glaucoma.

How are cataracts removed during surgery?

Most cataract surgeries are performed by the small-wound ultra-sound method or phacoemulsification. The surgeon makes a small main wound, and an even tinier side wound, for the introduction of surgical instruments. Access to the lens is gained by making a circular opening of the lens bag. The cataract is divided, softened and sucked away. A foldable lens is then implanted. This takes about 25 minutes, depending on the complexity of the surgery and the type of lens implanted. After surgery, patients should wear an eye shield while sleeping and not rub the eye or allow unsterile water to touch it – so, no swimming and diving!

If you've had LASIK surgery previously, are you more susceptible to cataracts?

No. However, if you are used to enjoying good vision without glasses, you may be more sensitive to the debilitating vision caused by a cataract and seek help from the ophthalmologist earlier. **A**



Dr Chng Nai Wee is based at Mount Alvernia Medical Centre, Block B #02-11/12/15/16/17, Tel: 6456 1000.

Fish Porridge

Ingredients

1.5 cups	rice
4 cups	water
200 g	sliced fish (you may use snakehead fillet, sea bream fillet, red snapper fillet, fresh silver fish or mackerel fillet)
40 g	ginger (smashed)
2 tsp	sesame oil
2 tsp	light soya sauce
1.5 tbsp	ginger juice
1.5 bowl	chicken stock
	white pepper powder (to taste)
	salt (to taste)

Nutrition Content

369 kilocal	energy
27 g	protein
7 g	total fat
0.9 g	saturated fat
1.9 g	dietary fibre
832 mg	sodium

Method

1. After washing the rice, soak in water for 10 minutes.
2. Break the grains by gently rubbing them.
3. Put the rice, smashed ginger and water into a pot. Bring to a boil then simmer over medium heat for 20 minutes.
4. Remove from the heat. Use a whisk to whip the porridge until smooth and thick.
5. Separately, marinate the fish with ginger juice, sesame oil, white pepper and light sauce. Set aside.
6. Bring the porridge back to the stove (low heat). Add chicken stock, stirring continuously to avoiding burning.
7. Add the marinated fish and stir. Once the porridge starts to boil, turn off the fire and serve.

Health Tip

To increase the nutritional value and fibre content of this quick and easy dish, use half brown rice and half white rice and include vegetables such as cabbage, carrots, mushrooms in the porridge.

Recipe: Executive Chef Ho Lim Neng

Nutritional information: Dietitian Sim Chin Ting,
Mount Alvernia Dietetics and Nutrition Department

In a medical emergency he's your man



It's 3am and you're throwing up that your dodgy dinner for the umpteenth time. Or your child is running a high fever on a public holiday but all the clinics are closed. Perhaps, you're in the middle of a meeting when a piercing pain stabs you in the chest.

In times like these, one truly appreciates people like Dr Ho Li Chin and his colleagues at the Mount Alvernia Hospital 24-hour Walk-in Clinic & Emergency Services department.

A Senior Resident Medical Officer with the hospital, Dr Ho, 45, has spent the last 12 years tending to such emergencies. He works 12-hour shifts from 8am to 8pm, or 8pm to 8am. Sometimes, he even pulls double shifts when the department is short-handed. "We work on public holidays too, including Chinese New Year," he said, admitting that this has put off some doctors from joining them.

Hence, when he received news that he had won the Gold Award at the Singapore Health Quality Service Awards, for service excellence and patient satisfaction in the healthcare sector, the first thing he did was to thank his wife and two pre-teen children "for being understanding and supportive of odd hours I work."

"I was surprised that I won because Mount Alvernia has many outstanding workers at various departments," said the humble doctor. Having worked in different departments across several disciplines in other hospitals, he credits the Mount Alvernia team as "the best I have worked with".

"We work as a team and are one big family. That's the special thing about the Alvernia culture," he revealed.

So what does it take to be a good A&E doctor?

“ You must be fast, precise and able to withstand stress. To provide good service requires dedication and selflessness. You must also continually update your medical knowledge, ”

He often sees cases which have been treated by other clinics but were not resolved. "We have to do the necessary investigations, then explain clearly to the patients the illnesses they are facing."

It is this careful attention to detail that helped him save the life of a patient a few years ago who had epigastric pain (pain in the upper abdomen). "He had been given gastric pills but they did not work. Although he did not have any chest pain, I noticed that he had various risk factors for developing heart disease. True to my suspicions, the diagnosis turned out to be acute myocardial infarction – a heart attack," recalled Dr Ho.

Besides the medical know-how, Dr Ho believes that doctors should always put themselves in the shoes of the patient and family, something he learned first-hand.

"Five years ago, my son fractured his forearm and I rushed him to Mount Alvernia. I found myself pacing the corridor, like an ant on fire," he recalled, "I then realized why parents are so anxious when their children are sick!" **A**



Care for your arteries and veins. Get early screening.

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- Specialist review

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30

years as a nurse and still serving with passion

Agnes Maria Dass, Nursing Officer,
Mount Alvernia Day Surgery Centre



SINGAPORE
SERVICE EXCELLENCE
MEDALLION

Winner – Singapore Service Excellence Medallion 2012 (Individual) Service Professional Award

The prestigious Singapore Service Excellence Medallion (SSEM) recognises the heart of great service in Singapore, and Mount Alvernia Hospital is delighted that one of our very own - Nursing Officer Agnes Maria Dass, has been recognised as an SSEM Service Professional. This award recognises values we hold dear, like compassion, dignity, respect and empathy. Thanks to Agnes, we have yet more reason to fulfil our mission to serve all, with love.

Mount Alvernia Hospital 820 Thomson Road Singapore 574623
Tel: 6347 6688 enquiry@mtalvernia-hospital.org mtalvernia-hospital.org



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