

Healthy Living For Mind & Body

# My Alvernia

Issue 1 April 2009  
MICA (P) 200/08/2008



Getting ready for  
your first baby

Going weak in the knees

Who's afraid of the surgeon's scalpel?

## CEO MESSAGE

**M**ount Alvernia Hospital was founded in 1961 by a group of Catholic Sisters from the Franciscan Missionaries of the Divine Motherhood (FMDM). We have since grown from a 60-bed private hospital to a 303-bed general acute care hospital, but two things remain unchanged – our mission to provide high quality, compassionate and value-for-money healthcare services, and our commitment to Serve All with Love.

Moving forward, the hospital will continue to upgrade its premises and enhance services to serve you better. Last year, we launched several new initiatives, most visible of which was hospital development, which is being done in phases to minimise inconvenience to patients. The hospital facade has been given a new coat of paint, and the lobby and 24-Hour Walk-in Clinic and Emergency Services Department were renovated to make them more conducive for our patients and their families. More inpatient rooms and car park lots will be created this year to meet the needs of patients and visitors.

Over the past 5 years, the hospital has increased its range of services and now covers most of the medical and surgical specialties. The hospital continues to be one of the key private maternity hospitals, delivering about 1 in 7 babies born in Singapore. We also partner our doctors to increase awareness of healthy living through public talks on topics such as ophthalmology, orthopaedics, cancer, cardiology, neurology and child development, both locally and in the region. More are in the pipeline.

Our efforts to reach out to the community continue with *My Alvernia*, a magazine which is created with you in mind. In these pages you will find articles on the latest health concerns, treatments and advice on healthy living – in body and spirit.

We hope this magazine will be your companion in your journey towards healthy living. If there are stories you would like to share with us, or topics you would like to see in subsequent issues, do write to us. We look forward to hearing from you.

### **Khoo Chow Huat**

CEO, Mount Alvernia Hospital



## Editorial team

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

**Editorial Content:**  
Rosnah Ahmad

**Editorial Direction:**  
Geraldine Wang  
geraldine\_wang@mtalvernia-hospital.org

**Editorial Support:**  
Premila Elangovan

**Content Advisor:**  
Han May Ching

**Design**  
TOM Design & Communications

**For feedback and inquiries, please email:**  
myalvernia@mtalvernia-hospital.org

*On the cover:*  
Baby Nicole Quah Yan Zi was born at Mt Alvernia Hospital on 4th March 2009. Looking on at the 2.83 kg bundle of joy is her proud mum Tan Dan Lyn and Staff Nurse Jessie Huang. Photographed at Our Lady's Ward.

THANKS  
FOR THE  
MEMORIES



Mr Kaware and his wife Tanty,  
with the nurses of St Clare's ward



**“During my stay, I had no chance to attend daily mass, but I was visited by a Sister who distributed holy communion in the morning. As a Catholic, this is something I appreciate.”**

# I was in good hands

**T**he chapel at Mt Alvernia has a special place in Mr Robby Kaware’s heart. For it was here, amid the chapel’s quiet surroundings, that the 57-year-old Indonesian and his wife liked to spend some time together as he recuperated from brain surgery.

Mr Kaware, who spent a week in the hospital earlier this year, is now back home in Jakarta - and back on his feet.

“Thanks to the excellent treatment at Mt Alvernia Hospital, I am fully recovered now and back to my normal routine,” said the father of a 23-year-old daughter in an email interview. “Every morning, I go to the gym from 7am to 8am. Then I go to work and end around 6pm or 7pm.”

His health today is a far cry from the time when he was first diagnosed with hydrocephalus, a condition sometimes known as “water in the brain”. The excessive fluid accumulated led to increased pressure in his brain, causing Mr Kaware to suffer from memory loss.

In January, Mr Kaware underwent a successful one-hour surgery, performed by consultant neurosurgeon Dr Timothy Lee, to drain fluid from his brain.

He found Dr Lee to be a smart and patient doctor who took time to answer all his questions. “I was convinced that I was in good hands,” Mr Kaware said.

Dr Lee remembers Mr Kaware as being very calm when told that he had to go for surgery. “He was very keen to know everything he needed to know about his condition,” said Dr Lee.

Besides confidence in his doctor, Mr Kaware also found comfort in the pastoral care that the hospital provided.

“During my stay, I had no chance to attend daily mass, but I was visited by a Sister who distributed holy communion in the morning. As a Catholic, this is something I appreciate,” he said.



THE BIG  
ISSUE

A woman with short brown hair, wearing blue hospital pajamas, is leaning over a hospital bed. She is smiling and looking at a newborn baby who is lying in the bed, partially covered by a white blanket. The baby's mouth is open, and it appears to be crying or yawning. The woman's left hand is resting on the bed, and a yellow medical bandage is visible on her index finger. The background shows a hospital room with a wooden headboard, a metal bed frame, and a clear plastic container hanging from the wall. The text "Mum's brave" is overlaid on the image in a large, gold, serif font.

*Mum's brave*



**W**hen Jean, 25, was pregnant with her first baby early last year, she did what many women do today – read up on pregnancy and babies.

Today, there is no shortage of resources to turn to, with the availability of the Internet and a plethora of self-help books. But this can also result in an information overload, leaving first-time mums-to-be more confused than enlightened.

Well the good news is: there's a first time for everything, and childbirth can be a joyful experience – with a little help and preparation. And there's nothing like hearing it from the experts. In a special interview with *My Alvernia*, Ms Susan Kok, the hospital's Asst Director of Nursing, shares some valuable tips with parents-to-be.





**Susan Kok**  
Assistant Director of Nursing  
Mount Alvernia Hospital

## *Getting ready for your first baby*

**Q** Mt Alvernia delivers some 500 babies each month. What are some of the problems that you often see among first-time mothers?

**A** First-time mums often think they are going into labour when they start having regular contractions every five minutes or so. Although this is one of the signs, it does not mean that you are going to deliver immediately. Anxious first-time parents sometimes end up rushing to hospital thinking that the baby is going to come out, and end up returning home after assessment by the doctor and it is established that they are not yet in labour.

**Q** What is the most important thing for a woman to do when she goes into labour?

**A** The best approach is to relax and let nature take its course. The more relaxed you are, the more you will be in control of your body. If a woman is tensed up, labour may be prolonged as it will take longer for the cervix to dilate fully for the baby's head to come through.

## TIPS for first-time dads



Offer your wife support by spending lots of time with her.

Help to feed the baby. When the baby cries, pick him up and carry the baby. You will not spoil the baby by carrying him each time he cries.

Learn about breastfeeding. To know whether your newborn has had sufficient breast milk for the day, check his diapers regularly. If you need to change his diapers six to eight times a day – that's an indication that you and your wife are on the right track.

**Q** So, how can you help a mother to relax?

**A** One way is for the doctor or nurses to give the mother information, bit by bit, while she is in labour, to keep her informed of the progress of labour. It also helps not to focus on the pain. Read a book, listen to music or just walk around to take your mind off it.

**Q** What is the average length of labour?

**A** About six to eight hours. It is good to remember that pregnancy is not an illness. Even when you are in labour, you are not sick. Labour pains are a natural part of childbirth.

**Q** After giving birth, what are some of the common problems that mothers face – apart from the sleepless nights?

**A** Breastfeeding is a major problem for many first-time mums. Some need help in getting their babies to latch on. Others have no idea how much milk they should feed the baby or how to burp the baby after each feed. New mothers also have to learn how to bathe the baby, change diapers and clean the baby's umbilical cord properly.

**Q** Some say that a mother should not take any bath during her confinement because cold water is bad for her health. Is this true?

**A** No, in fact a mother should take regular baths because more than ever, she needs to pay attention to her personal hygiene. A newborn has low immunity and is thus susceptible to infections. A mother – in fact anyone who looks after the baby – must always wash his/her hands with soap and water before and after attending to the baby.

**Q** When can a couple start having sex following the birth of their baby?

**A** It is up to the couple. But make sure that all the episiotomy incisions and lacerations are well healed or it could be painful for the woman. Episiotomy is a procedure where the skin between the vagina and the anus is cut to enlarge the vaginal opening so that a baby can be delivered more easily.

**Q** What are the signs of post-natal depression?

**A** If a new mum finds herself feeling edgy for no particular reason and unhappy with just about everything, there may be some reason for concern. For new mothers, especially, support from the husband, family and in-laws is very important. At our hospital, we have Clinical Pastoral Carers who visit patients and see how they are doing. Sometimes all they need is a listening ear.

**Q** What kind of services do you offer parents-to-be at Mount Alvernia?

**A** We run Childbirth Education classes for parents-to-be. Our programme is designed by a team of parentcraft specialists, physiotherapists and dietitians, and comprises six weekly sessions and includes lectures, video shows and practical sessions. Topics covered by the programme include nutritional needs during pregnancy and after delivery, backcare and exercises, breathing relaxation techniques to cope with labour, and caring for the newborn and mother after delivery. The programme is also open to mothers who are not giving birth at the hospital.

We also have a post-natal care programme where physiotherapists help mothers, among other things, to get back into shape after delivery. For patients who need additional support, we provide home care services and one-on-one parentcraft and breastfeeding consultation upon request.

**Q** Any last words of wisdom for first-time mums?

**A** Prepare well, eat well and keep yourself in optimal health. Sounds very simple but may be easier said than done.

## HELPING HANDS

# She lends you her ears

**S**triking up a conversation with total strangers is all part of a day's work for Sister Agnes Tan. Sometimes, she doesn't even need to talk much – just offer her presence.

Sr Agnes is part of Mt Alvernia's Clinical Pastoral Care (CPC) team, a group of five pastoral carers, as they call themselves, who visit the wards daily to see how patients and their families are doing.

"We see everybody, regardless of race, nationality or religion. Our role is to offer an attentive, listening ear, not to evangelise," explained Sr Agnes. "But we also respect the wishes of the individual. If you don't want to see us, that's ok."



**Sister Agnes Tan**

*“When things happen, we may not be so prepared for changes. And that is often when pastoral care comes in, as a supportive ministry for anyone in need.”*

In the early days, the CPC team used to comprise all nuns, but today, it is made up of both religious sisters and lay persons. All have received specialised Clinical Pastoral Education training which is internationally recognised in hospitals all over the world.

A typical day for a pastoral carer would be making the rounds at the wards after checking in with the ward managers on who might need a visit. The work is divided so that each pastoral carer is allocated specific wards.

The pastoral carers are careful to observe the allocation as patients need their rest and as Sr Agnes revealed, "It is possible to over-saturate a patient with too many visits, so if someone has already been assigned a particular ward, we will just leave it to him or her to attend to that ward."

The same principle applies in times of emergency, for instance during a Code Blue – hospital lingo for an emergency situation indicating someone is in need of cardio-pulmonary resuscitation. When that happens, the CPC team will be alerted, and one of them will attend to the family members while the medical staff attend to the patient; or if the emergency happens in a shared ward, to reassure other patients in the ward who might be anxious about what's happening.

The CPC team members – who are all Catholic, also double up as communion ministers within the hospital and hospice. Every morning except on Sunday, Holy Mass is celebrated at the hospital. All are welcomed, and Catholic patients who are unable to make their way to the chapel may request to receive Holy Communion in their rooms.

Another tradition practised at the hospital with the help of the CPC team is the presentation of newborns at the altar just before mother and child are discharged. As part of the ritual, the baby is placed on the altar at the chapel and 'presented to God' with a special prayer. This is followed by a prayer for the new parents.

So well-loved is the Baby Presentation ceremony, that the hospital has received requests for it even from non-Catholic parents.

As the CPC team administers to everybody, they get to see a great diversity of people. From their experience, patients and their families, whatever their religion, welcome their visits. According to Sr Agnes, an important message they often convey is that illness is part and parcel of life, and not due to any wrongdoing.

"Sometimes, we get patients who are angry with God or someone else. When that happens, we let them vent it out and assure them that it's okay to be angry," she said, adding that from their training, the pastoral carers know that the anger is not directed at them and do not to take things personally.

"As human beings, we all get sick or might need medical attention at some time in our lives. As we live, so we will die. All this is part and parcel of the cycle of Life."

"But when things happen, we may not be so prepared for changes. And that is often when pastoral care comes in, as a supportive ministry for anyone in need."



To ensure that your hospital stay - or that of your loved ones - doesn't result in a hospital bill that you can ill afford, it is best to know exactly what your obligations are right from the start - at the admission counter. *My Alvernia* looks at some commonly-asked questions.



YOU ASKED

# get it right *from the start*

## **Do I need to pay a deposit upon admission?**

Yes, you do. The amount depends on the type of accommodation, operation/procedure required, estimated length of stay and whether you are paying by Medisave.

## **What if I do not have enough money to pay for the deposit?**

Depending on your condition, the Hospital may have to inform your doctor about your situation and decide whether admission is necessary.

## **Will I get back my deposit?**

The deposit will be used to pay for your hospital bill. If the deposit is more than the Final Bill size, the Hospital will refund you by cheque after your discharge. Otherwise, you will need to top up the balance during your stay or when you are discharged.

## **What if I may not have enough money to settle my hospital bill at discharge?**

You should inform your doctor about your financial status and discuss with him about alternative treatment plans which may be more affordable for you. You should be responsible in making arrangements to settle the bill at discharge as agreed during admission.

If you have financial difficulties due to unforeseen circumstances, please approach any of our staff at the Business Office for advice.

## **How much do I have to pay?**

Your estimated Bill will depend on the type of accommodation, estimated length of stay, diagnosis, type of operation and procedures ordered by your doctor upon admission.

## **What am I paying for?**

Typical hospital charges may include accommodation, laboratory tests, diagnostic imaging services, use of the operating theatre, equipment usage, medicines and nursing services.

## **Can I settle my bill only when I receive the Final Bill?**

Patients are required to settle an Interim Bill in full upon discharge, and any outstanding balance - if any - upon receiving the Final Bill.

## **Can I pay by installment?**

Several interest-free credit card installment plans are available at Mt Alvernia. Please contact our staff at the Business Office for more information.

## **If I do not have any credit card, can I still pay by installment?**

Requests to pay by installment outside of the credit card schemes are considered on a case-by-case basis and subject to approval by the Hospital. They are reserved only for truly needy cases and the patient will be required to provide information on his financial background, which may include salary slips, CPF statements, and other bills to show monthly expenses.

## **I am a foreigner and I am leaving Singapore immediately upon my discharge. Can I get the Final Bill during discharge?**

The Hospital will try to prepare the Final Bill upon discharge, however, this may not be possible if it is on a weekend/public holiday/after office hours. If you have a Visa, Master or AMEX credit card, you may provide us with your card number and card expiry date so that the Hospital can charge to your card only when the Final Bill is issued.

*Note: All information is correct as at time of publication. If you have any other queries on billing, please call (65) 6347 6662 for assistance.*

# S

IN THE PINK

## taying one step ahead



**W**ith so many health screening programmes available in Singapore, how does one decide which is the best package to opt for?

"It all depends on your needs," said Dr Lee Hwee Huang, Director of Clinical Services at Mount Alvernia Hospital, who was glad to note that there is a growing public awareness on the importance of health screening.

When the hospital's Health Screening Centre opened 12 years ago, it saw only one or two patients a day. Now, it gets around a dozen visits daily.

Health screening is a catch-all phrase that could mean anything from a finger prick to assess one's cholesterol level to a comprehensive range of tests that include ultrasound scans of the liver, kidneys and other organs, or a tonometry and fundus photography to detect eye diseases. Calcium scoring and CT coronary angiography to check on any blockage of heart arteries are also included in the higher end packages.

According to Dr Lee, a "basic package" for someone in the 20-30 age group comprises a blood test profile to check for cholesterol level, diabetes and kidney problems; urine test, ECG, chest X-ray and two cancer markers – alpha-fetoprotein and CEA (carcinoembryonic antigen).

However, she cautioned that cost should not be the main factor in selecting the package. A person should also take into account his age, present health status, family and medical history, lifestyle and habits.

If a man is a heavy smoker, hardly works out and has a family history of diabetes or hypertension, a more comprehensive health screening package is advisable.

For women between 40 and 50, a mammogram once every two years is recommended while those above 50 should go for annual breast screening. However unless she has a family history of breast disorders, it may not be necessary for a woman below 40 to include a mammogram in her health screening.



Dr Lee Hwee Huang

### WHEN TO SCREEN

When it comes to deciding how often a person should go for health screening, there is no hard and fast rule.

Once a year is often regarded as the norm but if a person has gone for health screening for two consecutive years and has been given a clean bill of health, he can subsequently go for health screening once every two years – as long as there are no major changes to his lifestyle or his health.

Of course, no health screening is foolproof and there have been the rare instances of "false negative" – a test result that does not detect what is being tested even though it is present – or "false positive" – a test result that is erroneously positive when a situation is normal – popping up at the end of the exercise.

But health screening is not just about finding out how healthy you are. It also serves as a form of health education and a means of managing your health – since the doctor will be in a position to advise you on what needs to be done in order to keep potential diseases at bay even if you have received a clean bill of health – for now.

"When it comes to health, ignorance is not bliss," Dr Lee said. "It is good to know early whether there is something wrong with you. Early detection and early management of one's illness result in better prognosis, or even full recovery."

**Want to know which health screening package is suitable for you? Call 6347 6215 or email [hsc@mtalvernia-hospital.org](mailto:hsc@mtalvernia-hospital.org), with details such as your age and family history.**

### Before you go

- Fast for at least 10 hours
- Avoid alcohol and fatty foods
- Abstain from red meat three days before the health screening
- Women with period should wait for it to end
- If you have a bad flu, wait until you have fully recovered

# uch that hurts!

WHAT'S UP DOC?

Orthopaedic surgeon Dr Tho Kam San (picture) examines the whys and wherefores of common knee problems, which can affect even simple activities such as running, walking or turning.







# G

WHAT'S UP DOC?

oing  
weak  
in the  
knees

**F**ootball fans may not be familiar with Dr Tho Kam San but he is no stranger to Singapore's professional footballers and national soccer team.

As its team physician Dr Tho frequently deals with players who suffer from ligament injuries around the ankle, shoulder and the knee. But even in his day job as a consultant orthopaedic surgeon with Mt Alvernia, Dr Tho is seeing an increasing number of knee-related complaints from both men and women who are not involved in professional sports.

In an interview with *My Alvernia*, Dr Tho sheds some light on often-asked questions about the knee and explains why climbing up that flight of stairs may not always be such a good idea.

#### **Q: What are some of the common knee problems in Singapore?**

Osteoarthritis of the knee in various degrees and severity forms the bulk of the cases. Meniscus tears, either due to degeneration or trauma as a result of sports injuries, come next. Another common injury, especially among soccer players, is torn anterior cruciate ligament, one of the four major ligaments of the knee.

#### **Q: Why do these problems occur?**

Degenerative conditions are more common in individuals with mal-aligned knee joint and patella, or the kneecap. They usually affect patients above 50 years.

If one has a varus knee (bow legged), excessive pressures will be subjected to the inner aspect of the knee. A valgus knee (knock kneed) or tilted patella (knee cap) will similarly be subjected to excessive stresses at certain parts of the joint. It does not help when one pounds the knee joint during activities such as playing basketball or soccer, or even prolonged running on hard surfaces.

#### **Q: Are there permanent cures for the various knee problems?**

There is a solution for most of the degenerative conditions or injuries. We must accurately diagnose the condition in order to treat it effectively.

Physiotherapy, minor adjustments to lifestyle, knee braces, orthotics and anti-inflammatory medication or even local steroid injections usually bring permanent relief.

Joint injections with natural lubricants are useful for early osteoarthritis. PRP (platelet rich plasma) and even stem cell injections into the knee are newer developments in encouraging cartilage to regenerate.

An operation becomes necessary when the knee has a structural problem, such as a meniscus tear or torn ligament.

#### **Q: When talking about knee problems, the name "glucosamine" always seems to crop up. Why?**

Glucosamine is the building material needed to repair worn-out joint cartilage, just like calcium is needed to build strong bones. Crystalline glucosamine is generally more effective as it is better absorbed by the body.

A paper published in the medical journal *Lancet* in 2001 has proven that cartilage growth does occur with prolonged consumption of glucosamine.

While many patients with knee problems have found glucosamine useful, some have been disappointed. This is because sometimes the knee joint is badly worn out and requires the consistent use of glucosamine for more than six months before any effect is noticeable.

**K**now  
your  
knee:

The knee is the joint where the bones of the thigh meet the bones of the lower leg, allowing hinge-like movement while providing stability and strength to support a person's weight. For the knees to work properly, they are dependent on parts such as bones, cartilage, muscles, ligaments and tendons – all of which are subject to wear and tear, disease and injury.

**Q: When is surgery recommended for knee problems?**

Many knee conditions can be treated more conservatively. Surgery will be advised only if all the conservative treatment measures fail.

**Q: What are the risks involved in knee surgery?**

The risks depend on the age of the patient, any pre-existing medical conditions like diabetes or heart problems. These relate to the risk of anaesthesia and infection. Specific local risks include deep-vein thrombosis, post-surgery stiffness as well as risks of neuro-vascular injuries. These complications are rare and preventable.

**Q: Is a long period of convalescence needed before one can start walking again following a knee operation?**

It depends on the type of surgery. Patients with arthroscopic or key-hole surgery generally can walk the very next day. Even with total knee replacement, patients can start walking with the help of aid devices the next day.

**Q: What is total knee replacement? Who benefits from it?**

In general, the surgery consists of replacing the diseased or damaged joint surfaces of the knee with metal and plastic components shaped to allow continued motion of the knee.



Total knee replacement can be a life-transforming surgery. Patients who are in wheelchair can walk unaided after surgery.

If there are no medical contra-indications, this surgery will benefit everyone. The total cost of surgery and a four-day stay in hospital is generally between \$13,000 and \$15,000. However, we usually advise patients not to do the replacements yet if they are below 60 years of age as the implant generally lasts about 15 years.

**Q: How can you prevent knee problems that are associated with ageing?**

Degeneration of the knee comes from overuse, abuse and from mal-alignment. If you have a mal-aligned knee, you will need foot orthotics to redistribute and even out the stress across the knee. It will be best to avoid pounding your knee with robust exercises. Glucosamine is essential.

Stretching of the muscles and ligaments around the knee will reduce stress across the joint. Quadricep-strengthening exercises, especially of the vastus medialis obliquus (a muscle of the quadriceps), will help realign forces across the patello-femoral joint (one of the knee joints).

**Q: What are the dos and don'ts when it comes to knee-related exercises?**

In general, any excessive pressure on the knee is not good for the knee. Climbing stairs is a good form of calorie-burning and cardio-exercise but it puts too much stress on the patella-femoral joint. Squatting or extension curls have the same effect.

Safe knee exercises include the stepper, leg press and cycling (with the seat as high as possible). If you have knee pain, swimming or aqua-aerobics is best.

“A major portion of knee pain is due to sprained ligaments or strained muscles around the knee joint. Pain that arises from within the joint can be due to degeneration or injuries.”

**Laughter – The Best Medicine**

A boy was assigned a paper on childbirth and asked his parents “How was I born?”

“Well honey ...” said the slightly prudish parent, “The stork brought you to us.”

“Oh,” said the boy. “Well, how did you and daddy get born?” he asked.

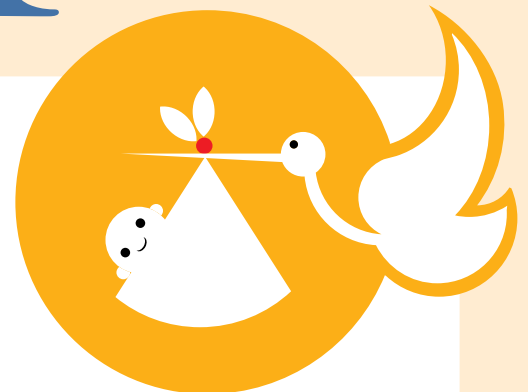
“Oh, the stork brought us too.”

“Well how were grandpa and grandma born?” he persisted.

“Well darling, the stork brought them too!” said the parent, by now starting to squirm a little.

Several days later, the boy handed in his paper to the teacher who read with confusion the opening sentence:

“This report has been very difficult to write due to the fact that there hasn’t been a natural childbirth in my family for three generations.”





## Assisi Hospice Charity Fun Day

**T**he annual Assisi Hospice Charity Fun Day is back! Bring the whole family for a fun-filled day at St Joseph's Institution (SJI) International, 490 Thomson Road, on Saturday, 2 May from 10am to 5pm. This year, look out for 180 stalls serving up all kinds of food, fruits and wacky games. Stalls will also be selling new and second-hand items, handicrafts and even potted plants. The Guest-of-Honour is Mrs Goh Chok Tong.

Last year, Assisi Hospice supported 1088 adults and children in need of palliative and hospice care. After much tightening of the belt, they still face an uphill task of raising \$5 million to finance In-patient & Home Care services, and to run Day Care services for adults and children. All proceeds from the Fun Day will go to supporting these services. Admission is free, however all purchases on-site have to be made with coupons, which are available from Assisi Hospice. For more information, please contact Ronita Paul (HP: 9789 4260) or Geraldine Lee (HP: 9171 1846).

## Health Screening Promotions

### Alvernia Ladies Package @\$560 (April)

Usual: \$660

Specially designed for pre-menopausal / menopausal women. Includes checks on hormone levels, bone mineral and densitometry.

### Mothers' & Fathers' Day Promotion (May & June)

Special customised package @\$388

Suitable for men or women. Includes tests like tonometry, fundus photography, PSA (male), CA125 (female) and High Sensitivity C-Reactive Protein which are usually only included in higher end packages. For more details or to make an appointment, please call our Health Screening Centre at 6347 6215 between 8am and 4pm (Mon-Fri) or 8am to 1pm (Sat) or visit [www.mtalvernia-hospital.org](http://www.mtalvernia-hospital.org)

All price are before GST.

## Appointments

### Medical Advisory Board 2009 for Mt Alvernia Hospital

Dr Ho Hon Kwok - Chairman  
*Obstetrician & Gynaecologist*

Dr Cosmas Chen - Vice-Chairman  
*General Surgeon*

### Chairpersons of Committees

Dr Freddy Teo  
*Haematologist*

Dr Tan Kok Soon  
*Cardiologist*

Dr Julian Theng  
*Ophthalmologist*

Dr Lim Teck Beng  
*Obstetrician & Gynaecologist*

Dr Christopher Chong  
*Obstetrician & Gynaecologist*

Dr Loh Meng Woei  
*Anaesthetist*

Dr Simon Ng  
*Paediatrician*

Dr Cosmas Chen  
*General Surgeon*

Dr Tan Yeang Tin  
*Endocrinologist*

Dr Yong Chee Kong  
*General Surgeon*

Blood Transfusion & Laboratory

Code Blue

Continuing Medical Education

Credentials

Obstetrics & Gynaecology

Operating Theatre & Critical Care

Paediatric & Neonatology

Quality Assurance

Therapeutics and Infection Control

Tissue Review

### Other Members

Dr Chan Kit Yee  
*Paediatrician*

Dr Choo Shu May  
*Anaesthetist*

Dr Edward Kenneth Lee  
*Obstetrician & Gynaecologist*

Dr Francis Wong  
*Orthopaedic Surgeon*



Sitting L to R: Dr Choo Shu May, Dr Chan Kit Yee, Dr Cosmas Chen, Dr Ho Hon Kwok, Mr Khoo Chow Huat, Dr Tan Yeang Tin, Dr Simon Ng  
Standing L to R: Dr Loh Meng Woei, Dr Julian Theng, Dr Christopher Chong, Dr Francis Wong  
Absent: Dr Edward Kenneth Lee, Dr Freddy Teo, Dr Lim Teck Beng, Dr Tan Kok Soon, Dr Yong Chee Kong



DELICIOUSLY HEALTHY

## Melon Sago with Pomelo



*Recipe courtesy of Mr Ho Limg Neng, Executive Chef, Mount Alvernia Hospital*

*Nutritional tips courtesy of Ms Lee Hee Hoon, Senior Manager, Nutrition & Dietetics, Mount Alvernia Hospital*

### Ingredients

Honey dew, ½ whole fruit  
Rock melon, ½ whole fruit  
Pomelo or grapefruit, 4 wedges  
Low fat milk, 1 litre  
Sugar syrup  
Sago, 50 g

Serves 4

### Nutrition Content:

One serving will give:  
140 calories  
5 g Protein  
2 g Fat  
30 g Carbohydrate

*Tip: Using low-fat milk reduces the fat content by nearly half!*



1. Boil a pot of water, add in sago and stir till cooked. Sago is cooked when it becomes transparent. Drain away the hot water and rinse sago with tap water until cool. Set aside.
2. Divide the honey dew and rock melon into half (i.e. 2 portions of ¼ whole fruit)
3. Take one half and cut into small diamond shapes (about 1cm thick).
4. With the balance half of honey dew and rock melon, blend into puree.
5. Peel the pomelo and remove pulp.
6. Mix all the ingredients together with the low fat milk.
7. Add in the desired amount of sugar syrup depending on how sweet you want it.
8. Chill in refrigerator for 2 hours before serving.

*Notes: The original version calls for 25% coconut milk + 75% full cream milk.  
Honey dew and rock melon puree will add natural sweetness to the dessert.*


Despite its name, General Surgery is a surgical specialty that focuses on the thyroid, breast, abdomen, colon, liver, gallbladder, as well as diseases involving the skin, hernia and varicose veins. During an hour-long interview with *My Alvernia*, Dr Wong Sen Chow, a surgeon of 32 years, separates fact from fiction regarding surgery.

THE BIG INTERVIEW

# who's afraid of the surgeon's *scalpel?*



Dr Wong Sen Chow



One of the first things that strikes you about Dr Wong Sen Chow is that he likes to make eye contact with the person he is talking to.

And as the interview with *My Alvernia* progresses, it dawns on us that making eye contact is his way of putting at ease a person he is meeting for the first time.

The good doctor has been operating at Mt Alvernia since 1987 when he went into private practice. Initially, Dr Wong split his time amongst the various private hospitals in Singapore but the logistics of running around different hospitals proved tiring and in 2001, he decided to move completely to Mt Alvernia where he now runs his clinic, S C Wong Surgery.

"Mt Alvernia has a very nice, reassuring ambience that puts patients at ease. I also like the fact that it is a Catholic hospital with an emphasis on holistic care and welcomes all patients no matter what their beliefs. Besides good nursing care, its Pastoral Care programme also offers good support for my patients," explains Dr Wong on why he decided to relocate his clinic to Mt Alvernia from another private hospital in the Orchard Road area.



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**Is it true that you can become forgetful after an operation due to the lingering side-effects of anaesthesia?**

That’s nonsense. During an operation, the anaesthesia is administered by trained medical personnel and is extremely safe.

**What are some of the common myths that you have to dispel for your patients?**

There are those who believe that you can lose your courage if you undergo an operation to remove the gall bladder. This stems from the belief that a person’s courage is linked to his gall bladder because in the Chinese language, the word for courage and gall bladder both sound the same – ‘dan’. There is no truth in this association.

It is also a common misconception that surgery to remove a cancer can, ‘spread’ the cancer. Again, this is not true.

**Should a person avoid seafood after surgery?**

Some people say you should not eat seafood such as crabs and prawns after surgery because they can lead to infection of the wound. I don’t believe that’s true. What’s more important is to eat healthily – lots of greens, fruits and Vitamin C. And cut down on the oily stuff.

**What are some of the risks associated with a general surgery?**

Bleeding, infection and in rare instances, damage to organs are among the risks. But if any damage to an organ is detected immediately during the operation, it can be repaired.

**What can be done to reduce the risk of such complications during an operation – even though no surgery can be completely risk-free?**

Before a person goes for surgery, many precautions are taken to ensure that he is in what we call ‘optimal condition’. For example, other specialists, such as a cardiologist, may be called in if a patient

is found to have what is known as co-morbidities, which is the presence of one or more diseases in addition to the main disease that he is being treated for.

**There have been some horror stories in the newspapers about patients waking up in the middle of their surgery. Can it really happen?**

I have read about them but have yet to see such a case here. If it does happen, it would be extremely rare since a patient who is undergoing surgery is given a lot of drugs to put him into a deep sleep and paralyse his muscles. Also, it would be highly unlikely for the anaesthetist not to detect any changes to a patient’s heart rate – which would shoot up if the patient was indeed experiencing pain during the surgery.

**Who is the next most important person in the operating theatre apart from you, the surgeon?**

The anaesthetist since he is in charge of administering anaesthesia and managing the medical care of a patient before and occasionally, after surgery. He is the one who monitors the patient’s progress during the operation itself.

**Can you share with us some medical advances in the area of general surgery which has made an operation less risky or less painful?**

Minimally invasive surgery or keyhole surgery is one of them. This is when an operation in the abdomen is done through small incisions, unlike traditional surgical procedures which require larger incisions. Keyhole surgery is considered the gold standard of gall bladder surgery these days.

There’s also robotic surgery, where robots are used to, say, remove the prostate gland. But then again, all these robots are still controlled by humans.

**How do you find patients these days, compared to the ones you encountered when you started your practice?**

Many are more knowledgeable – they have plenty of information at their fingertips since they can get it all from the Internet. But without a medical background, you may not always be able to make sense of the information you have and you still need a doctor to explain it to you.

**Apart from his surgical expertise, what is the next most important skill that a surgeon must have?**

A surgeon’s bedside manners are equally important. The patient must have confidence in, and be comfortable with his doctor. If there’s no rapport you cannot do much for the patient because he’s not reassured and will not want the surgery. That’s why we say medicine is not just a science but also an art.

Now we understand why the eye contact.



# KEEPING THE PAST PRESENT



**Sister Linda Sim**

**F**or many of Mt Alvernia's lay staff, Sister Linda Sim is their link to an era that is long gone and yet, still remains very much a part of the hospital's identity.

And that identity is inextricably linked to the hospital founders – the Franciscan Missionaries of the Divine Motherhood (FMDM).

These days, the FMDM sisters no longer run the hospital, but to keep staff in touch with its FMDM roots and values, a Mission Awareness programme was created in the early 1990s.

Conducted throughout the year, the programme helps the hospital's 700-strong workforce – from housekeeping staff to nurses and departmental managers – acquaint themselves with Mt Alvernia's mission, vision, history, philosophy and core values.

And as the Mission Awareness Coordinator (MAC), Sr Linda personally sees to nurturing their understanding of the hospital's core values: Compassion, Respect, Attentiveness and Integrity. The final objective: To ensure that every member of the staff can live up to Mt Alvernia's promise to "Serve all with Love".

Although a Singaporean, Sr Linda has spent 20 years overseas, working with other FMDM missions in England and Zimbabwe.

Yet she is no stranger to Mt Alvernia, having worked here during the period of her religious formation from 1979 to 1981 and after her Religious Profession of Vows from 1983 to 1984.

"As part of my training, I was sent to work at various hospital departments - at the reception, in the wards, X-ray department, sewing room and kitchen," recalled the energetic nun, whose soft-spoken nature and petite frame belies the fact that she has a black belt in TaekwonDo, which she puts to good use teaching the sport to kids with cancer at the Assisi Hospice every Thursday.

### **St. Francis & the wolf of Gubbio**

Sr Linda is also known for her anecdotes, which she often uses as a teaching tool during her classes. One anecdote she likes to share is the story of St Francis of Assisi and the wolf of Gubbio.

A wolf had been terrorising a village by killing its people and stealing their food. St Francis, feeling great compassion for the people of Gubbio, resolved to go and meet the wolf. He later discovered the reason behind the wolf's violent actions – it was terribly hungry. So, the villagers agreed to set aside some food for the wolf each day – and the animal never terrorised them ever again.

The moral of the story? There is always an underlying explanation for any behaviour. "For example, a patient may come across as being impatient, or difficult to please if he is perpetually ringing the bell over every little thing. However, it may be that he is feeling unwell and even vulnerable. All the more then, we need to reassure the patient by attending to him with compassion and respect," she explained.

The FMDM sisters may not be in charge anymore. But clearly, their presence and influence is still going strong.



# ALWAYS THERE FOR YOU


24-HOUR WALK-IN CLINIC  
EMERGENCY SERVICES



No matter what time of the day it is, the doors of Mount Alvernia's 24-hour Walk-in Clinic and Emergency Services are always open to cater to your various needs. Emergency treatment aside, we also have a pool of over 1,000 accredited specialists, 100 of whom have clinics at the hospital, ever ready to help those in need of medical attention after hours.





A photograph of a hospital hallway with warm, yellow lighting. The hallway is decorated with colorful lights (yellow, red, and white) and a large yellow letter 'H' is superimposed on the left side. The hallway leads to a playroom area on the right.

appiness is the atmosphere in which all good affections grow - the wholesome warmth necessary to make the heart-blood circulate healthily and freely.”

- *Thomas Bray*

**Almost like home:** When a hospital sojourn is unavoidable, the calming yet cheery colours of St Gabriel's paediatric ward will go some way in helping to chase the blues away. An adjoining playroom equipped with a slide and toys completes the cosy set-up.