## While Needs Change Remains

18 colorectal Cancer  $\mid$  24 Shuffling, Creeping, Crawling, Walking 32 Nutritional Tips During Pregnancy +36 Vaccinations for the Elderly

### Going for a holiday? Don't forget to get vaccinated.

Don't let your well-planned holidays be ruined because you forgot to get vaccinated. Our Emergency and 24-hour Clinic is manned by a team of experienced doctors and



Apart from your pre-holiday vaccinations, the Emergency and 24hr Clinic is here 24 hours a day, 7 days a week to attend to your urgent needs. For more information on our services, call us at 6347 6210.



Tel: 6347 6688 Email: enquiry@mtalvernia.sg Contents

CEO's Message 4

Dear Doc 6

You Ask 7

10

#### **SHORT TAKES**

A Superb Start to the Parenting Journey 8

On the Menu at Café 820 8 Celebrating 50 Years

of Caring for Life

#### **COVER STORY**

While Needs Change, Love Remains 12

#### **MEDICINE TODAY**

Colorectal Cancer 18
Joint Pain and What

You Can Do About It 20 Cataract Surgery –

Choosing Your Lenses 22

#### **BABY & YOU**

Shuffling, Creeping, Crawling, Walking

Crawling, Walking 24
Great Strides in First Rides 26

Plan Your Pregnancy 28

Play it Safe 30

#### **JUNIOR & MUMMY**

**Nutritional Tips** 

During Pregnancy 32

Growing Up with Pets 34

#### **SENIOR LIVING**

Vaccinations for the Elderly 36

Friends 38

#### IN THE PINK

Festive Fat Traps and Health Hacks 40

Mums, Dads and Kids

Come Out to Cook! 42

Cancer in My 30s 44

12



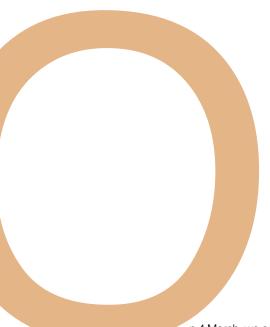
38







#### CEO's Message



n 4 March, we celebrated our hospital's 58th birthday. Fifty-eight years may seem

like a long time, but the memories of our humble start are still fresh for our founding Franciscan Missionaries of the Divine Motherhood (FMDM) Sisters, Sr Thomasina Sewell and Sr Agnes Tan. As we read 'While Needs Change, Love Remains', we cannot help but live vicariously through their memories. Looking back, we have achieved so much but there is still so much more that we can do as a hospital, not just in terms of providing care to our patients, but also catering to the needs of the vulnerable and needy via our Community Outreach Programmes. While we reminisce and treasure our past, we will continue on the journey started by our founding Sisters to better serve the communities in need and to *Serve all with Love*.

Carrying on the Sisters' legacy to serve the 'marginalised', we have been actively reaching out to the homeless elderly, homebound seniors, vulnerable persons with disabilities, migrant workers and needy families. Our Community Outreach efforts provide diverse services like dental care, eye checks, flu vaccinations and health screenings. All this cannot be done without our like-minded partners such as Caritas Singapore, Singapore Dental Foundation, TRANS Family Service Centre (Bedok), TWC2, Duke-NUS Medical School and our on-campus doctors, to name just a few. We would like to thank all our supporters, volunteers, partners and friends. Without you, this journey of love would not have been possible.

I am happy to share that we have rolled out a calendar of Community Outreach projects for 2019 to continue reaching out to the underprivileged and under-served. We welcome you to join us in our mobile clinic sessions, home visits and other programmes such as flu vaccinations to help the elderly, vulnerable and marginalised.

Finally, join me as I congratulate Assisi Hospice as they celebrate their golden jubilee this year. Founded in 1969 by the FMDM Sisters to provide care for the aged and chronically ill patients, Assisi Hospice today provides palliative care to patients with life-limiting illnesses, caring for them and their families regardless of faith, age and race. It is the only hospice in Singapore providing the whole continuum of inpatient, day care and home care services that involve a multidisciplinary team working tirelessly together for their patients. Do join me as we wish them a happy 50th birthday!



**Dr James Lam Kian Ming** CEO Mount Alvernia Hospital



Mount Alvernia Hospital wishes all families of all nationalities, races and faiths, a joyous day of togetherness on Wednesday 15 May 2019.



### Letter to Dr Oh Jen Jen, Head and Consultant, Emergency and 24hr Clinic Services, Mount Alvernia Hospital

What are the symptoms of food poisoning? Can I self-medicate or should I consult a doctor?

Symptoms of food poisoning include vomiting, diarrhoea, abdominal pain and/or fever. They are similar to those of viral gastroenteritis (stomach flu), but are caused by viruses transmitted through direct or indirect contact with an infected person. If multiple people fall ill simultaneously after eating food from a common source, food poisoning is the likely cause.

Self-medicating may be appropriate if symptoms are mild and improve with medication. If you feel nauseous or have mild vomiting but can still retain fluids orally, drink small amounts at frequent intervals, for example, half a cup every 15 to 30 minutes.

Try not to drink only water as it does not provide any electrolytes or calories. You can alternate plain water with fluids such as barley water, rice water, diluted juice, clear soup, diluted milk (for babies and young children) or oral rehydration solutions.

If you have diabetes, monitor your blood sugar level a few times a day and consider omitting a dose of medication if you have poor appetite and your sugar level is not high.

Young children, the elderly and those with diabetes, kidney and heart disease are more vulnerable and should be assessed by a doctor early. If vomiting persists, seek medical assistance. As adequate oral rehydration is not possible, you may be given medication via injection or intravenous drip.

If you have high fever, diarrhoea or abdominal pain that does not improve after a few days, get a doctor to assess if antibiotics or referral to a hospital is required. When in doubt, it is safer to consult a doctor.

Those with kidney or heart disease, and who are on a strict fluid-restricted diet, should consult a doctor as close monitoring is needed and home management may not be feasible.

#### You Ask



I would like to head down tomorrow to sign up for the Alvernia Ladies Card. Will the counter be open?



You can sign up for the Alvernia Ladies Card at our Business Office. However, you will need to collect the card from Patient Liaison Centre at the following times:

Mon to Thurs: 8.30am to 6pm Fri: 8.30am to 5.30pm Sat, Sun & PH: Closed

Alternatively, you can sign up online at <a href="https://mtalvernia.sg/maternity/our\_care/alvernia-ladies-card/">https://mtalvernia.sg/maternity/our\_care/alvernia-ladies-card/</a>



Do you offer any post-natal classes for new mums after discharge?



Yes. Our Alvernia Parentcraft Centre provides ad hoc breastfeeding and baby care consultations, as well as baby massage classes. You can contact the Centre at 6347 6641. It also holds baby bathing classes on Mondays at 10am, and Wednesdays and Fridays at 2pm. You can come back after discharge if you missed the session during your stay. Registration is not required and walk-ins are welcome. Do note that the classes are not available on public holidays. You can find out more at https://mtalvernia.sg/maternity/our\_care/parentcraft/



How do I sign up for the weaning class? How often do you have such classes?



Thank you for your interest in our weaning class. We have classes once a month. You may go to the URL below to check the dates and register for a class.

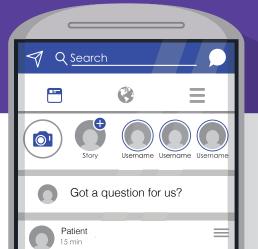
https://mtalvernia.sg/maternity/our\_care/weaning-workshop/



Hi team. are we allowed to bring our own breast pumps?



It is not recommended due to safety reasons. The hospital does not provide steriliser for infection control precaution. Hospital pump, the flange and bottle provided can only be used once. The hospital will not be liable for any infection caused by patients using their own pumps.



## -My**Alvernia**

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MyAlvernia Magazine is a quarterly publication by Mount Alvernia Hospital, 820 Thomson Road, Singapore 574623

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MCI (P) 133/01/2019



# On the Menu at Café 820

Did you know that we have our very own casual dining café on Level 1? Café 820 serves an extensive menu of local favourites and quick bites, together with a rotating menu of value-for-money daily specials.

The 2-course daily specials are worth dropping in for, even if you do not have reason to seek the hospital's services. For example, Mondays alternate between Hainanese Braised Pork Belly and Stir-fried Twice-Cooked Pork, followed by Crème Brulee. On Tuesdays, the kitchen dishes up either Fish Curry with Lychee Ice Jelly, or Steamed Seabass with Garlic Sauce followed by Ice Cream. On Saturdays, you can dine on either Assam Prawn and Ice Cream, or Shrimp Paste Chicken and Ice Cream. And that is just a sampler. Is your mouth watering yet?

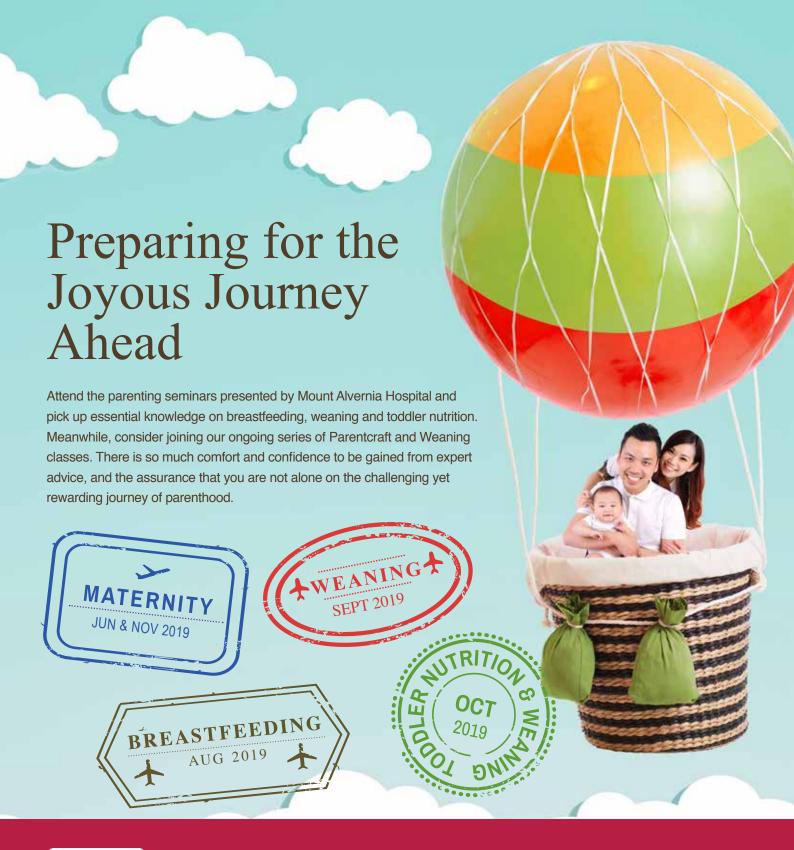
Café 820 is open to all on Mondays to Saturdays from 8am to 8pm; and on Sundays and public holidays, from 8am till 3pm.













For more information on dates, timings, venues and fees, follow us on facebook.com/mtalverniahospital

Email: enquiry@mtalvernia.sg

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#### HELPING PATIENTS IN THEIR FINAL JOURNEYS

Assisi Hospice began at Khoo Block of Mount Alvernia Hospital. First known as Assisi Home, the name was derived from the birthplace of St Francis, the founder of the Franciscan Movement. It originally provided care for aged and chronically ill patients in financial need.

In 1988, the FMDM Congregation decided to provide hospice care to meet the needs of the community, and began focusing on providing compassionate care to patients in their final journey. Over the next 50 years, Assisi Hospice grew to become a six-storey purpose-built hospice, providing care for patients across the continuum of Home Care, Inpatient and Day Care.



Assisi Hospice's CEO Ms Choo Shiu Ling, Chairman Ms Anita Fam and FMDM Congregational Leader Sister Jane received the 50th anniversary badge.

#### **GOLDEN JUBILEE CELEBRATIONS**

On 14 January, Assisi Hospice kicked off its golden jubilee celebration with a Thanksgiving Mass held in its very own Chapel, located within the hospice. It was attended by the FMDM Sisters, staff and supporters.



The 50th anniversary celebrations began with a Thanksgiving Mass, attended by over 120 people.

A 50th anniversary badge was also launched during the Thanksgiving Mass. The design of the badge consists of a golden tree with a heart. The tree is a symbol of the care which provides shelter to patients and their loved ones when they face the final journey together. The colour gold captures the vibrancy of the golden jubilee. The badges were blessed by celebrant Friar Michael D'Cruz, OFM and distributed to everyone at the mass.

Assisi Hospice would like to take this opportunity to express its gratitude to all of its supporters, without whose help its ongoing journey of love would not have been possible. If you would like to give your time, your talent or a donation to support its mission, please visit www.assisihospice.org.sg.



#### YEARS OF 'SERVING ALL WITH LOVE' MEAN?

In 1961, the Sisters of the Franciscan Missionaries of the Divine Motherhood (FMDM) founded Mount Alvernia Hospital with a vision to continue and embody the healing ministry of Jesus Christ to serve all with love.

As we celebrate our 58<sup>th</sup> anniversary in 2019, we remain committed to our founding vision and strive to provide compassionate, excellent and holistic healthcare for all, including the marginalised and vulnerable. Guided by our core values of Compassion, Humility, Integrity, Respect and Peace, we continue to Serve All with Love, now and in the future.



## Cover Story While Needs Change, Love Remains

# While Needs Change, Remains



As Mount Alvernia Hospital celebrates 58 years of serving all with love, we spoke to two of the pioneering Sisters of the Franciscan Missionaries of the Divine Motherhood (FMDM), Sister Agnes Tan and Sister Thomasina Sewell, about the early days of community outreach. We learned that the FMDM Sisters have in fact been serving Singaporeans for some 70 years and counting, more than a decade before the hospital opened. And while a lot has changed, the practice of helping the community, among other things, has endured.

#### **BACK TO THE BEGINNING**

Back in the 1940s, the colonial government in Singapore asked Bishop Michael Olçomendy of Malacca to help look for religious nursing staff who would be willing to work with tuberculosis patients at Tan Tock Seng Hospital, then known as the Mandalay Road Hospital, and at Trafalgar Home, a home for leprosy patients at Woodbridge<sup>1</sup>.

Due to the highly infectious nature of the diseases, it was difficult to find staff willing to work in close proximity with the patients. The situation was exacerbated by the high post-war demand for medical services and the local shortage of trained nursing staff.

The Bishop subsequently sought the help of three Sisters, Sister Angela McBrien, Sister Mary Camillus Walsh and Sister Mary Baptista Hennessy, who had been doing mission work in China but were compelled to leave due to the unstable and dangerous political situation there then. The Sisters readily agreed. They arrived in Singapore in 1949 and diligently went about their duties at Tan Tock Seng Hospital and Trafalgar Home.

#### SERVING ALL WITH LOVE

Also known as 'The Leper Camp', Trafalgar Home was a leper settlement where leprosy patients and their families lived in isolation. This was the key treatment strategy then as the cure for the condition was not yet available in Singapore. Hence the Sisters' work at Trafalgar Home involved not only looking after the leprosy patients, but also looking after and educating the patients' children.

In the leper settlement, the Sisters ran a regular school for 50 or so children of the leprosy patients. With palpable pride and affection, Sister Thomasina recalled students who sat for their O-levels in the settlement's school and, went on to attend the Sisters' nursing school. In addition to training the children of the leprosy patients,

the nursing school also took in many of the recovered lepers who graduated and practised as nurses.

"We trained the recovered patients to look after their own. That was the whole idea," recalled Sister Thomasina.

At Trafalgar Home, the Sisters' mission to serve was also shared by many lay volunteers. Sister Thomasina recalled that some were also European military nurses, while others came from local church communities.



<sup>1</sup> Mount Alvernia Hospital coffee table book – A Long Journey, page 13

Fortunately, medicine advanced and the Sisters found themselves caring for fewer and fewer leprosy patients.

#### **BIRTHING OF A DREAM**

Apart from their normal duties as nurses and caregivers, the Sisters also helped to train local recruits in nursing. The FMDM community also began to grow with the recruitment of the first Asian novices from Singapore and Malaysia in 1951. By then, as vaccination programmes began to be introduced and tuberculosis became curable, a vision to start their own hospital was gradually birthed. On 1 November 1952, they started raising funds to support their dream<sup>2</sup>.

Apart from their normal duties as nurses and caregivers, the Sisters also helped to train local recruits in nursing.

Sister Agnes recalls the tireless fundraising efforts of the Sisters, who would work all day, grab a quick drink, then set out on foot in the evening to go asking for donations from homes and offices. The thrifty Sisters also contributed their expat salaries, which they had faithfully set aside from the beginning.

After four years of tireless fundraising, the Sisters bought a piece of land along Thomson Road and building began. You could say that the hospital's very foundations were built on charity and paid by the people of Singapore.

#### **POSSIBLY OUR EARLIEST BENEFICIARY**

Sister Agnes recalled an incident when the hospital was being built. Somebody had tipped off the Sisters to the fact that a woman had been spotted stealing building materials from the site. The Sisters stood vigil and caught the woman red-handed. But far from admonishing or handing her over to the police, they listened to her story and extended a helping hand.

As it happened, the woman was pregnant with her ninth or tenth child. Her husband was a poor provider and a bad father, so to survive, she resorted to theft to feed her starving children. The Sisters took pity on her, and invited her to stay at the new hospital to deliver her child. Not only were her fees waived, but because her nutrition was inadequate and she was unable to breastfeed, the Sisters sponsored her baby's milk after her discharge from the

hospital. Whenever she came to collect the milk, she would bring flowers picked from the roadside as an expression of her deep gratitude.

#### **OVERCOMING ADVERSITY TOGETHER**

Sister Thomasina fondly recalled a former patient who turned his life around, despite challenging circumstances, with a little help from his friends at Mount Alvernia Hospital.

It was in 1961, the year that Mount Alvernia Hospital was established, that \*Joseph Lim met with a diving accident that damaged his spinal cord and left him paralysed from the neck down at the age of 20. Since his father was a humble hawker with many mouths to feed, the Sisters took him in and catered to his every need. His condition required constant round-the-clock nursing. The Sisters had to lift and turn him from side to side, bathe him and feed him. Sister Thomasina shared that he never had a single bedsore, thanks to the quality of the Sisters' care.

"Though he was a non-paying patient, we treated him no differently from those in private rooms, right down to the hand-embroidered bedsheets," said Sister Thomasina.

A surgeon soon befriended Joseph and rallied a group of fellow doctors to buy him a machine that enabled him to write. Joseph went on to write



<sup>&</sup>lt;sup>2</sup> Mount Alvernia Hospital coffee table book – Responding to a Call for Help, page 27

<sup>\*</sup>A pseudonym has been used to protect the identity of the patient and his family

#### Cover Story

While Needs Change, Love Remains



award-winning essays and short stories. He also became an accomplished mouth artist. His creative and artistic talents earned him a tidy sum that enabled him to move out of the hospital and live in his own HDB flat with a helper till his passing recently.

#### THEN VS. NOW

Though the early outreach efforts of the Sisters of Mount Alvernia Hospital were centred mainly on tuberculosis and leprosy patients, as well as the poor, there are threads of continuity that connect the hospital's efforts through the decades.

Perhaps the most obvious difference between the efforts of the pioneering Sisters and those of our current Community Outreach team is the fact that lay staff and volunteers now provide the manpower. However, the mission of the Sisters to serve all with love is very much evident in their work.

While the poor were once served at the discretion of the Sisters, today there is a more structured outreach programme in place, to provide subsidised primary healthcare services to the

disadvantaged and vulnerable in the communities through our outreach medical and dental clinics. We partner with a wide range of charitable organisations, both Christian and secular, to extend God's grace to those in need.

We partner with a wide range of charitable organisations, both Christian and secular, to extend God's grace to those in need.

#### ON THE HOMEFRONT

We recently conducted eye checks for the trainees of TOUCH Centre for Independent Living, a day activity centre that seeks to provide a competency-based training programme suitable for adults with mild intellectual disabilities.





#### **Cover Story**

While Needs Change, Love Remains



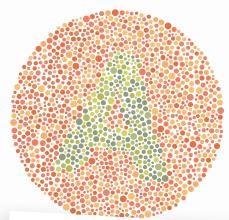


Though it is said that charity begins at home, our Community Outreach team has in recent years ventured beyond our shores. In 2017, our nurses conducted a series of training sessions with WAH Foundation (Water and Healthcare Foundation) in Kampong Chhnang, Cambodia. Our neonatal colleagues conducted a Train-the-Trainer programme and imparted knowledge and skills on newborn resuscitation. This is in view of the high incidence of respiratory issues among the 3,800 or so babies delivered in the hospitals and health centres of the province.

Whether we are empowering individuals through education or enabling them through donations of medical supplies and services, we always aim to instil hope in the heart of each and every person whose path we cross.

Every month, over 100 newborns and over 4,600 children below the age of 14 years old suffer from respiratory issues. While 99 percent of these patients are seen at the province's health centre, severe cases are sent to Phnom Penh.

To date, our team has already conducted three training sessions – two in 2017 and the most recent one in November 2018. They





were attended by 82 local midwives and nurses from various health centres who will help to train their colleagues back at work with their newfound knowledge.

In addition, Bodhi Meditation donated the potentially life-saving equipment of three Neopuff machines and 10 nebulisers.

#### THE POWER OF LOVE

Just as our Sisters once trained the children of leprosy patients to become nurses, and a group of generous doctors bought a machine that enabled a paralysed man to write and find his literary legs, many of our recent and ongoing efforts in Community Outreach help people help themselves.

Whether we are empowering individuals through education or enabling them through donations of medical supplies and services, we always aim to instil hope in the heart of each and every person whose path we cross. In doing so, we continue to reaffirm the transformative power of love.

#### Source

Excerpts from Mount Alvernia Hospital's coffee table book published in 2006: Mount Alvernia Hospital – A tradition of compassionate and patient-centred care



## Reaching Out in 2019

Here is a summary of what our Community Outreach team has planned for the months ahead.

#### MOBILE CLINIC WITH PROJECT STARFISH – KEBUN BAHRU CONSTITUENCY OFFICE

Bi-monthly, our Community Outreach team will be setting up a mobile clinic at Kebun Bahru Community Centre to see the elderly under the care of Project Starfish.

Project Starfish is a Seniors Befriending Programme that seeks to provide care and support to the elderly and vulnerable. It takes a long-term perspective in building relationships with the elderly and reminds them that they are not forgotten by society.

The mobile clinic seeks to treat acute conditions such as the common cough and cold as well as monitor their chronic conditions such as diabetes and high blood pressure. When the need arises, referrals will be made to the outreach medical and dental clinic for further investigations. Seniors who are found to be in need of urgent tertiary medical attention will be sent to structured hospitals.



#### PARTNERSHIP WITH CLARITY

As part of the hospital's outreach efforts to champion maternal mental wellness, we have partnered with Clarity Singapore to raise awareness on this common issue and provide an avenue of support for Alvernia mummies during their maternity journey. Having a baby can be both a joyful and stressful experience - during pregnancy as well as post delivery. Research suggest that after pregnancy, about eight in 10 women experience some type of mood disturbance and one in 10 new fathers experience mental health

difficulties

Clarity is available to provide a listening ear and support couples through a complicated pregnancy, postnatal blues or simply adjusting to parenthood. Their maternity counselling service is provided pro bono for all Alvernia mummies though donations are welcomed.

The outreach team is also actively working with Clarity to roll out maternal wellness education initiatives.

#### SMILES FOR GOOD - A CATHOLIC DENTURE PROJECT

This Caritas-led initiative aims to provide free dentures for the vulnerable and marginalised.

When selecting beneficiaries, priority will be given to those who are unable to consume solid food and those with poor appearances who have not recently owned dentures.

Each beneficiary will undergo a social screening conducted with Caritas followed by dental screening and treatment at the outreach dental clinic, before having their dentures made and fitted.

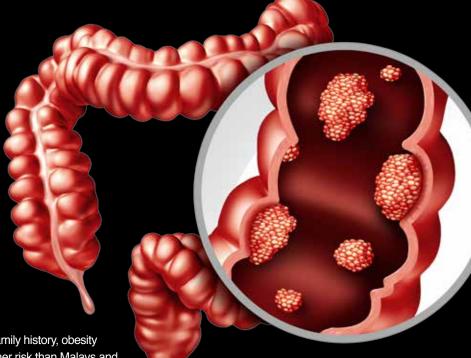
If you would like to join us in this meaningful outreach as a volunteer dentist or dental assistant, do register your interest at outreach@mtalvernia.sg

#### MOBILE CLINIC AND FLU VACCINE SESSIONS

Together with our partners, our Community Outreach team will be continuing their regular mobile clinic and flu vaccination programmes aimed at early detection and preventive healthcare.

# Colorecto

Colorectal cancer is the most common type of cancer in Singapore, and it's on the rise. Dr Mark Fernandes, Gastroenterologist, gutCARE Digestive•Liver•Endoscopy Associates, sheds light on its symptoms, diagnosis and treatment.



#### **WHO IS AT RISK**

Risk factors for colorectal cancer include family history, obesity and diabetes mellitus. Chinese have a higher risk than Malays and Indians, and men appear to have a slightly higher risk than women.

The growing incidence of colorectal cancer in Singapore over the last 30 years has been attributed to changes in diet. In particular, the introduction of a western diet and the growing availability of processed foods are thought to be largely responsible for the rise in cases of colorectal cancer. People who suffer from diabetes mellitus and obesity are also at a higher risk of developing colorectal cancer.

Furthermore, the establishment of colorectal cancer screening programmes has also resulted in more cases being diagnosed and treated than in the past.

#### **DETECTION AND DIAGNOSIS**

Early stage colorectal cancer may be completely asymptomatic. However, warning signs to look out for include change in bowel habits, blood in the stools, abdominal pain or bloating and unexplained weight loss.

Colonoscopy is recommended when a colorectal cancer screening test such as the faecal occult blood test is positive, when a patient presents with symptoms, or they have a family history of colorectal cancer.

A colonoscopy is a test which allows your specialist doctor to look inside your colon using a long thin flexible tube with a camera and light source at the end known as a colonoscope. The tip of the colonoscope also has ports which allow water to be flushed through to clean away debris in the colon, as well as a biopsy port through which instruments such as forceps can be passed to obtain biopsies or remove polyps from the colon and rectum.

Aside from colorectal cancer, a colonoscopy is helpful to detect polyps, inflammation, ulcers, diverticula and haemorrhoids.

Any growth in the form of a polyp or tumour or areas of inflammation warrants further investigation.

#### **NEXT STEPS**

If your doctor suspects colorectal cancer, he or she will typically obtain biopsies of the tumour or polyp to send off to the laboratory for analysis by a pathologist under a microscope. Once the diagnosis of cancer is established, the next step is the staging of the cancer to see how advanced the cancer is at the time of diagnosis. This may be done using computed tomographic (CT) scanning or a PET scan.

# al Cancer

If the tumour is operable and the patient is a suitable candidate for surgery, surgical excision of the primary cancer is usually the first step. In addition, chemotherapy and/or radiotherapy as well as newer biological targeted therapies may be necessary as adjuvant or palliative treatment for colorectal cancer.



#### THE CASE FOR COLONOSCOPY

Colonoscopy is one of a few screening modalities that actually help to detect pre-cancerous lesions known as polyps. Given time, these polyps may eventually develop into cancers. By undergoing a colonoscopy, patients are given the opportunity to remove these polyps, hence preventing them from ever developing into cancer.

Of course, screening colonoscopies also help to detect early stage cancers before they present with symptoms and give patients the opportunity to get them excised or removed before they develop further.

The good news is, colonoscopy can be done as a day surgery procedure and does not require a hospital stay. It generally takes less than 30 minutes and is performed under sedation so that the patient is comfortable throughout the procedure. Your doctor will review the results of the colonoscopy on the day, though the results of biopsies may need to be reviewed at a later date.

If you are in an at-risk group, the message is clear. Make sure you go for a colorectal cancer screening – the sooner the better. Early detection could save your life.  ${\bf m}$ 

#### Facts and Figures

According to the Singapore Cancer Registry Annual Report 2015, some **35 people are diagnosed with cancer every day in Singapore** — with colorectal cancer being the most common diagnosis. A total of 9,807 new cases were diagnosed between 2011 and 2015.

Colorectal cancer is the most common type of cancer among men, and the second-most commonly diagnosed cancer among women after breast cancer. In Singapore, approximately **one in six men and one in seven women diagnosed with cancer between 2011 and 2015 had colorectal cancer.** 



Treatment is also most effective in the early stages of colorectal cancer. The survival rates for men and women are around 84 percent and 86 percent respectively, if the cancer is detected at stage one. However, survival rates drop steeply to just 10 percent for men and 11 percent for women if the cancer reaches stage four.

#### Source

https://www.healthhub.sg/a-z/diseases-and-conditions/728/9-Must-Know-Facts-About-Colorectal-Cancer

Dr Mark Fernandes
Gastroenterologist
gutCARE Digestive•Liver•Endoscopy Associates
Medical Centre D #07-55



#### Medicine Today

Joint Pain and What You Can Do About It



To lower your risk factors for joint pain, you should ideally engage in a moderate level of an activity suitable for your physical condition and age. Typically, a healthy person in their 30s to 40s can go jogging or cycling, whereas brisk walking would be a better choice for a healthy person in their 60s.

If you have sustained injuries to your joints, non-weight-bearing exercises such as swimming or static limb exercises may be recommended. Higher-risk sporting activities should only be undertaken with proper training and caution. In suitable patients, cartilage supplements such as glucosamine or collagen may help maintain joint health.

#### **FORMS OF TREATMENT**

Non-surgical treatments for joint injuries and degeneration include medications, joint injections, use of a brace, and physiotherapy. However, conditions that are more advanced, such as stage 3 or 4 osteoarthritis, can be treated directly with surgery, as non-surgical treatments are not going to be effective.

In general, a person can consider surgery when one or more of the following factors are met:

- Persistent daily pain despite the use of non-surgical treatment methods
- Frequent (more than three times per week) use of pain medications
- Stage 3 or 4 osteoarthritis as indicated on X-rays or Magnetic Resonance Imaging (MRI)
- Deformity of the joint
- · Disruption of lifestyle

#### **ADVANCES IN SURGERY**

Knee and hip replacement surgical techniques were developed four to five decades ago. Not surprisingly, various advances over the years have resulted in much better outcomes. Here are some relatively recent improvements.

Smaller incisions are now possible with newer instruments that allow surgeons to implant the prosthesis through smaller cuts.

Multimodal pain management, an interdisciplinary and collaborative approach to managing pain, relieves post-operative pain in joint replacement patients, who are typically up on their feet and walking the day after surgery.

Material advances include development of the highly cross-linked polyethylene, which is the material used in the plastic piece inserted into the artificial joint. This ensures better longevity of the implants.

The use of infrared computer navigation or a robotic cutting arm has improved the accuracy of the implantation of the prosthesis.

#### **OPTIMISTIC OUTLOOK**

Knee replacement patients can expect a full recovery, regaining the ability to walk independently, in just one month. Full recovery may require three to four months.

The most striking benefit of hip and knee replacements is the removal of pain, which often allows the patient to resume their normal lifestyle almost immediately, while enjoying a vastly improved quality of life. This benefit is often maintained over decades, as most patients' implants can last 20 years or more.

Some patients experience indirect benefits from knee replacement surgery. For example, sometimes patients who have had pain in both knees will find that surgery on one knee eliminates the pain in both sides. This is because the degenerated knee had been exerting more pressure on the other knee prior to surgery, thus causing pain. Replacement of the degenerated knee solves the problem in that knee and removes the extra pressure on the normal side at the same time.

If you are suffering from joint pain, non-surgical and surgical methods of treatment can make a dramatic positive difference. Your quality of life hinges on it.  $\mathbf{m}$ 

Dr Ang Chia Liang Orthopaedic Surgeon Island Orthopaedic Consultants Medical Centre A #01-03



# Surgery Choosing Your Lenses

Cataracts cannot be cured with medication, but are easily treated with surgery to remove the clouded lenses and replace them with artificial ones. The question is – which type of lens implant is best for you? Dr Julian Theng, Director, LASIK Services, Cornea Services, and Refractive Surgery, Eagle Eye Centre, explains.

#### **CATARACTS – WHY AND HOW THEY FORM**

Cataracts are responsible for up to 50 percent of blindness worldwide and are extremely common among the elderly. A cataract can develop in only one eye and are usually not symmetrical in both eyes. They usually occur as we age due to natural changes in the lens fibre. However, they can also be caused by trauma or systemic conditions such as diabetes. Long-term use of steroid medication has also been linked to cataract formation.

The eye's natural lens helps to focus light onto the retina, allowing us to see. The formation of a cataract therefore affects how light passes in the eye to the retina. This causes blurring of vision,

#### Cataracts are responsible for up to 50 percent of blindness worldwide and are extremely common among the elderly.

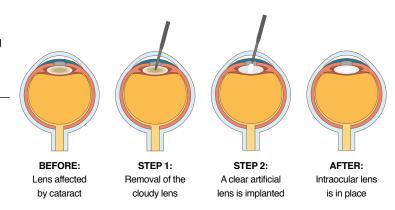
changes in colour perception, double vision and a sudden change in spectacle prescription. As a result, some people with cataracts might find their daily activities compromised.

If you have any of these issues, then cataract surgery will help you.

#### WHAT SURGERY ENTAILS

During cataract surgery, a small ultrasound probe is inserted in the cornea through a small incision, measuring 2mm to 3mm, to break the cataract up into small fragments.

These fragments are then sucked out through the same probe. An artificial intra-ocular lens implant is then delivered through an injector into the transparent lens bag that is left intact in the eye.



#### IN CASES OF CATARACTS AND MYOPIA

If you also have myopia, current technology allows doctors to precisely determine the parameters for the lens implant to help treat your myopia at the same time. After successful surgery, you will no longer have to depend on spectacles to view objects at far distances.

Cataract Surgery Choosing Your Lenses

#### **MULTIFOCAL LENSES VS. MONOFOCAL LENSES**

The two main ways of solving your myopia and age-related presbyopia, or 'lau hua yan' in Mandarin, are by using either one of two types of lens implant – multifocal and monofocal.



Multifocal lens implants allow each of your eyes to view objects at far and near distances at the same time. It is not true that the chances of good near vision with multifocal implants are slim. However, the downside is that these lenses might cause glare and halos at night and a slight loss of contrast.

These lenses offer very good near vision under good lighting conditions. However, they are unsuitable for patients with underlying eye conditions such as age-related macular degeneration.

Monofocal lens implants allow doctors to adjust each eye's focus point to the desired distance. Typically, the dominant eye will be adjusted to see far objects (0 degrees). The non-dominant eye will then be adjusted to see near objects by targeting this eye to have low myopia of about 125 degrees.

This is what we call monovision, which tends to be the choice of patients who are afraid of the side-effects of multifocal implants. It allows the patient to be free of spectacles for most daily activities, including reading under good lighting conditions and daytime driving. However, spectacles may be required for reading fine print, prolonged reading or night driving.

#### SAFE AND SUCCESSFUL OUTCOMES

Regardless of whichever type of lens you choose, the good news is that cataract surgery is generally safe and successful. Surgery is performed in under an hour and no overnight stay in hospital is required. If you have been struggling with cataract-related vision loss, just think what a difference a day could make to the rest of your life!  $\blacksquare$ 

#### PREVENTION OF CATARACTS

No studies have proved how to prevent cataracts or slow the progression of cataracts. But doctors think several strategies may be helpful, including:

- Have regular eye examinations. Eye examinations can help detect cataracts and other eye problems at their earliest stages. Ask your doctor how often you should have an eye examination
- Quit smoking. Ask your doctor for suggestions about how to stop smoking. Medications, counseling and other strategies are available to help you.
- Manage other health problems. Follow your treatment plan if you have diabetes or other medical conditions that can increase your risk of cataracts.
- Choose a healthy diet that includes plenty of fruits and vegetables. Adding a variety of colourful fruits and vegetables to your diet ensures that you are getting many vitamins and nutrients. Fruits and vegetables have many antioxidants, which help maintain the health of your eyes.

Studies have not proved that antioxidants in pill form can prevent cataracts. But, a large population study recently showed that a healthy diet rich in vitamins and minerals was associated with a reduced risk of developing cataracts. Fruits and vegetables have many proven health benefits and are a safe way to increase the amount of minerals and vitamins in your diet.

- Wear sunglasses. Ultraviolet light from the sun may contribute to the development of cataracts. Wear sunglasses that block ultraviolet B (UVB) rays when you are outdoors.
- Reduce alcohol use. Excessive alcohol use can increase the risk of cataracts.

Source:

https://www.mayoclinic.org/diseases-conditions/cataracts/symptoms-causes/svc-20353790

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#06-57/58/59/60/61/62

Shuffling, Creeping, Crawling, Walking











## Shuffling, Creeping, Crawling, Walking

Every child's journey to mobility is unique, and there is no fixed timetable for reaching the milestones along the way. Dr Ong Eng Keow, Paediatrician, International Child & Adolescent Clinic, walks us through this much-anticipated phase of development.

#### MANY PATHWAYS TO MOBILITY

After a child is able to roll over, he or she will gain mobility and move around from a stationary position. Eventually, the child will be able to stand and walk. However, no two children will experience the exact same journey to mobility.

Many parents are surprised to learn that not all children crawl on all fours before they stand and walk. Nonetheless, while crawling is not a mandatory milestone of development, about 80 percent of children will do it. Some bottom-shuffle while some crawl with their tummy on the floor — a peculiar form of locomotion known as commando crawling or creeping.

Interestingly, there are some patterns of mobility attached to the different early modes of locomotion. It has been noted that children who commando-crawl or bottom-shuffle tend to walk later than the crawlers. Some of these children may not be walking at 18 months but are developing normally in all other areas. In almost all of these cases, there is no cause for concern.

#### **MILESTONES THAT MATTER**

While a child should turn over by six months and sit firmly by nine months, the age at which creeping, crawling and shuffling commences is highly variable. In general, a child should start standing by the age of one year, start cruising by 15 months and be walking by 18 months.

It is a good idea to regularly check with your doctor to ensure that your child is developing appropriately for their age – especially weight, height and head size. You should also check on the four fields of developmental skills – gross motor, vision and fine motor, hearing, speech and language, social, emotional and behavioural.

#### **DEVELOPMENTAL DELAYS**

Most children should follow the normal developmental timeline. However, for babies who are born prematurely, development can be substantially delayed yet with a normal outcome. Development in children with genetic disorders such as Down Syndrome will definitely follow a different schedule. Young children who have had a severe illness like meningitis may also have delayed milestones.

Depending on the cause of the delay and the type of skill that has been delayed, different interventions will be needed to help different children catch up. Some may need physiotherapy, occupational

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therapy, speech therapy and so on. In the majority of cases, there are no serious problems and parents simply need to be patient while their child develops at their own pace. However, when in doubt, you should always raise your concerns with your doctor.

#### **HAZARDS OF HOME**

Mobility ushers in a multitude of risks around the home, ranging from cot accidents from hanging mobiles to drowning in pails of water to falling off stairs to ingesting detergents. Vigilance is required at all times – and some very cautious types even suggest crawling on the floor on all fours in search of small overlooked objects that can pose as choking hazards.



With the arrival of mobility, sleeping arrangements need to change. Your newly mobile child should be put in a cot with raised sides to prevent them from falling out. Never assume that surrounding them with pillows or bolsters offers adequate protection from falls.

Also, never place bumper pads on the sides of the cot or put heavy pillows in the cot, as they can smother or entangle the child.

#### HELP, MY CHILD IS OVER-ACTIVE!

Many parents ask me if there is such a thing as a 'too active' child. While most children are lively, some are more so than others simply because they are immature. A common concern among parents is that their child is 'hyperactive'. However, more often than not, their child is cheeky or boisterous, not hyperactive.



In short, keep a watchful eye on your developing child and share in their joy as they revel in the power and freedom of their newfound mobility. And be resigned to the fact that while they are finding their feet, you will be running off yours.

Dr Ong Eng Keow Paediatrician International Child & Adolescent Clinic Medical Centre D #08-56/57

# Great Strides

Baby carriages, prams, pushers, strollers and buggies – call them what you will, babies' first rides have come a long way. Join us on this short stroll through history.

#### 1733

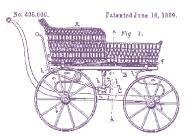
English architect William Kent invented the first baby carriage for the amusement of the children of the Duke of Devonshire. It was basically a shell-shaped basket on wheels that the children could sit in, and was intended to be pulled by a small pony, large dog or goat.

#### 1852

American innovator Charles Burton modified the carriage design so that it could be pushed instead of pulled. He patented the 'perambulator' or 'pram'. It received a lukewarm reception in the United States but became a runaway success in England, and Queen Victoria even bought three carriages for her royal brood.

#### 1889

William H. Richardson patented his idea for the first reversible stroller. The bassinet could face out or in towards the parent. His design also enabled each wheel to move separately, making the carriage easier to manoeuvre.



#### 1920s

Following World War I, prams became safer and sturdier, with larger wheels, foot brakes and lower carriages.

#### 1930s

Rubber, plastic and chrome replaced wicker, wood and brass. Mass-manufacturing made prams fashionable and affordable.

#### 1965

English aeronautical engineer Owen McLaren invented the first umbrella stroller after his daughter complained about the difficulty of travelling with a child and a cumbersome, bulky pram. His compact, collapsible, lightweight stroller sold like hotcakes and an evolved version of it is still on the market today.

#### 1984

Phil Baechler, an American journalist and avid jogger, invented the first jogging stroller – a three-wheeled contraption with bicycle tires.

#### **TODAY**

Collapsible, convertible, multiple birth-ready, hooded, harnessed, hooked and even customised, today's prams and strollers cover a vast spectrum of complexity and affordability.

House-brands sold in reputable retail chains start from under \$50 and premium deluxe brands can easily soar past the \$1,000 mark. Though 'pram envy' is a documented cultural

phenomenon, do not try and keep up with the Joneses and Tans.
Keep an eye on safety and budget – and enjoy the ride!



Sources:

https://en.wikipedia.org/wiki/ Baby\_transport

https://www.whattoexpect .com/baby-products/ baby-strollers/the-evolution -of-the-stroller/http://thebirdfeednyc.com/ 2011/11/28/the-baby -stroller-a -visual-history/

# First Rid S



#### WHAT SHOULD YOU LOOK FOR WHEN BUYING A STROLLER?

When buying a stroller, look out for:

- · a sturdy frame
- · easy steering and manoeuvrability
- · a secure footrest (except for carriage strollers)
- · a five-point harness that goes around baby's waist, over the shoulders and between the legs
- · one or more parking brakes

#### WHAT SORT OF STROLLER SUITS YOU AND BABY BEST?

Here is a quick list of the commonly available types of strollers on the market in Singapore. Not all are suitable for newborns.

#### **Umbrella Stroller**

- · small, light and folds up easily for handy storage
- · curved handles like an umbrella
- · basic and economical

### **Active Stroller**

· ideal for parents who like to bring their babies when engaging in physical activities such as jogging



#### **Universal Car Seat Carrier**

- · a metal frame with a handle and wheels, to which you can attach any infant car seat model
- · compatible with most car seat models
- · requires less storage space vs. an infant car seat and a stroller



**Carriage Stroller** 

with four stroller wheels

extra bounce can soothe

· large shades provide UV protection

and shelter from heat and wind

- · strictly for older babies
- · ideal for parents who like to bring their babies while hiking, skiing, etc.



#### **Lightweight Stroller**

- · lightweight, with features similar to an umbrella stroller
- premium brands may have reclining seats, baskets and sun shades

#### **Stroller Travel System**

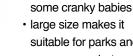
- · a stroller with a fully detachable infant car seat
- · ultimate in convenience for parents and carers of newborns



Suitable for newborns

Suitable





· large size makes it suitable for parks and wide open spaces but unsuitable for crowded public places





# Pidinyour Action Control Market Marke

Having a child is a BIG life event. It is absolutely exciting, incredible and life changing. But parenthood is a lot of work with no end in sight. It is a decision that cannot be taken lightly. It is important therefore to prepare yourself and your partner – emotionally and physically – so that both of you can be as ready as possible to welcome this momentous event.

#### IS THE TIME RIGHT?

There is never a perfect time to have a baby; some phases of life may be more conducive to pregnancy and new parenthood than others. One thing is for sure: babies do not come with a manual and for the most part, you and your partner will have to end up making all sorts of adjustments to suit the little one.

Here are some questions to ask yourself to determine if the time is right:

- How will having a baby affect our current and future lifestyles or career?
- · Are we ready and willing to make those changes?
- Emotionally, are we ready to take on parenthood?
- · Financially, can we afford to raise a child?
- Does my insurance plan cover maternity and newborn care?
- Do we have access to a good child care support system if I decide to return to work?

Even if you have not thought about these questions before starting a family, you can use this to guide your planning and to stage your way to a healthy pregnancy and enriching parenthood.

#### IS YOUR BODY READY?

Healthy lifestyle choices affect your ability to have a healthy pregnancy.

- If you are a smoker, you may like to get advice to quit smoking
- · It is best to avoid alcohol
- · Eat a balanced and healthy diet
- · Maintain a healthy weight
- Exercise regularly
- · Keep stress under control

If you or your partner is taking any medication, consult your doctor to get advice on whether it will affect your pregnancy. Do likewise if you have a health condition, for example: diabetes or a family history of inherited disease. By consulting with your doctor on these health matters, you and your partner will gain knowledge and be able to increase preparedness to take precautions or necessary treatments during or post pregnancy.



#### **OVULATING AND GETTING PREGNANT**

Ovulation refers to the time of the month when an egg matures due to hormonal changes in the menstrual cycle, leaves the ovary and travels to the fallopian tube. It is in the tube that this egg meets with the sperm and get fertilised. This cycle gives the woman an opportunity to conceive.

Ovulation is typically 14 days before the next menses. It only works if your cycles are regular. A woman with a 28-day cycle will ovulate on day 14. However, if you have a 32-day cycle, ovulation happens on day 18. If sperms are deposited into the woman, they remain viable for two to three days. Once the egg pops from the ovary, it also survives for one to two days. Therefore, the fertile period ranges from three days before ovulation till two days after.



### How do you know you are ovulating?

Some women do feel a slight pinch on the side of the lower abdomen during ovulation. Following ovulation, body temperature rises marginally. Also at ovulation, the cervical mucus becomes an egg-white-like consistency, which is thin and stretchy, conducive for sperm penetration. Without examining the mucus, the woman may feel that she is 'wetter'. Accompanying the hormonal changes, women tend to have a higher libido or sex drive at this time.

Some women may have vaginal spotting following ovulation but it is important to exclude other reasons for intermenstrual bleed if this occurs. After ovulation, the second half of the menstrual cycle brings on the usual breast tenderness and bloating.

Article is extracted from Mother & Child book

For information on Obstetrics & Gynaecology health care, treatment and services, please visit https://mtalvernia.sg/specialties/women-obstetrics-gynaecology/



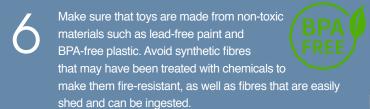
#### **TOP 10 TOY SAFETY TIPS**

Check the packaging and/or label for advice on age suitability advice.



If you have more than one child in the house, separate their toys and store them carefully. A toy that is ageappropriate for a 4-year-old could pose hazards for a baby or toddler.

Choose sturdy toys that are not made from brittle plastic, flimsy metal or fragile china. Make sure there are no sharp edges or protruding bits and pieces that could be snapped off and swallowed.



Make sure that any strings or elastic bands on toys are less than 300mm in length. Beware of vintage toys, which often have long strings that could entangle little feet or wrap around necks.

Store toys within arm's reach of your child so that they are not tempted to climb on furniture and risk a fall. Avoid toy chests with lids that can slam on little fingers.



For toys with battery-operated and magnetic toys, make sure that batteries and magnets are securely encased in plastic.

To avoid the risk of choking, never buy toys that are small enough to fit inside your child's mouth.

If your child is arty and crafty, use child safety scissors and always supervise their usage.

If your child likes to play with big cardboard boxes and repurpose them into cubby houses and fortresses, poke holes in them to ensure adequate ventilation is available should they climb inside them.

Sources: https://sg.theasianparent.com/toy-safety-basics-every-parent-should-know/https://www.thespruce.com/toy-safety-checklist-for-parents-3255885



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## Nutritional Tips During Pregnancy

One of the first few things you should take note of once you know you are pregnant is eating well to safeguard your health and support your growing baby. Read on to find out more about nutritional needs during pregnancy.



#### **FIRST TRIMESTER**

At this stage, the foetus does not increase very much in weight or size, so your energy needs do not increase substantially. But the need for vitamins, minerals and protein increases to support rapid cell division and organ development in the foetus. So, you really do not have to eat a lot more at this point but focus on selecting nutrient-dense food such as a maternal milk supplement to deliver valuable nutrients such as protein, vitamins and minerals.



#### **SECOND AND THIRD TRIMESTERS**

Your caloric needs increase in the second and third trimesters as the foetus gains weight rapidly. In the last three months of pregnancy, the foetus triples in weight and deposits large amounts of nutrients. For example, DHA accumulates in the

eyes, brain and nervous system; iron is packed away in the liver for the first six months of life, when breastfeeding is exclusive; and calcium is deposited to strengthen bones. In addition, your body changes to support the pregnancy. Your caloric needs will increase from an additional 370 kcal each day in the second trimester to 480 kcal per day in the third trimester. Aim to eat enough – not too little and not too much – and enjoy a wide variety of nourishing food.

#### **ADD VALUE**

#### Eat a Well-balanced Diet

Include a variety of nutritious food such as wholegrain bread, brown rice, fruit, vegetables, legumes, lean meat, fish, poultry, eggs, nuts, seeds and low fat dairy products such as milk, yoghurt and cheese in your diet each day.



#### **Choose Low Fat Food**

While fat is an essential nutrient at this time, lower fat food choices will help you achieve appropriate weight gain, so you do not have to deal with losing the excessive weight gained.

#### **Add DHA**

DHA accumulates rapidly in the brain and eyes of your baby during the last trimester and through the first two years of life. Current recommendations support an intake of 200 mg per day throughout pregnancy. Anchovies, salmon, sardines, tuna, mackerel and maternal milk supplements are great sources of this beneficial nutrient.



#### **Meet Your Folic Acid Needs**

Folic acid helps cells multiply, a process critical to healthy baby development. Aim for an intake of 600 mcg per day. Folic acid is found in leafy green vegetables like spinach, melons, oranges and fortified food. Your doctor might recommend that you take supplements to meet the increased need for folic acid.



#### **Include Choline**

Another B-vitamin, choline helps prevent neural tube defects. In the growing foetus, choline is involved in the development of the hippocampus, which is known to be the seat of memory in the brain. The goal is to aim for 450 mg per day. Choline is found in eggs, beef, chicken, turkey, salmon and baked beans.

#### **Consume More B-Complex Vitamins**

Working together, these water soluble nutrients support metabolism, promote cell growth and division, maintain healthy skin and muscle tone, and enhance immune and nervous system functions. Wholegrains, fruit, vegetables, meat, poultry, fish, milk and legumes are excellent sources of many B-vitamins.



#### Vital Nutrients During Pregnancy

- Protein is needed to build muscle and tissue and form the placenta.
- Folic acid is critical for cell division and organ formation.
- · Iron helps make new red blood cells.
- · Zinc assists with growth and development.



Contributed by Abbott



#### JOY TO EVERY BOY AND GIRL

Keeping pets at home with small children can bring many benefits. A pet can give companionship and comfort, help your child develop social skills and impulse control, enforce the need for discipline and routine, and provide hours of engaging play. But before you commit to pet ownership, there are a few important points to consider.



Apart from the obvious need to rule out any allergies among your family members, you should ensure that there is sufficient space in your home to accommodate a pet, be it a goldfish or a golden retriever. You should also make sure that you have enough time in your life to tend to its needs, from feeding to grooming and exercising.

Financial considerations should also be taken into account. Vets' bills can be costly, and pet food is not cheap, especially if your dog or cat has special dietary requirements.

Once all the boxes have been ticked, and you have agreed to commit to a pet, it is a good idea to involve the whole family in the selection process. Whether you plan to trawl pet shops or hit the local animal shelter, children will feel a stronger sense of ownership if they are involved from the very start.

#### **ALL CREATURES GREAT AND SMALL**

Coreen maintains that there is no 'best type' of pet as it depends on the family's commitment level and physical environment. However, starting with a lower-maintenance pet tends to ensure a more successful first pet experience for the child. Popular 'starter pets' include guppies, hamsters and guinea pigs.



Buying a pet should be a family affair, with every family member on board and committed to caring for it. The joint effort of caring for a pet and sharing the funny and heart-warming moments ahead will encourage bonding between parents, children and siblings.

Growing Up with Pets

#### A LEARNING JOURNEY

"Keeping a pet provides plenty of learning opportunities and joy for young children," shared Coreen.

Coreen explained that in the process of learning about the needs and temperaments of their pets, children pick up new knowledge, words and information. This not only expands their vocabulary but also piques their curiosity about other animals. No doubt many a childhood dream of becoming a vet was formed through early interactions with a beloved pet.

Above all, keeping a pet can help teach children about the need for consistency and commitment.

"Taking care of a pet requires patience, a sense of responsibility and a degree of risk-taking. While children may like and even love their pets, they are often a little afraid or wary of them at the same time," said Coreen.

Take hamsters for example. Many kids have a hamster as a first pet. While they enjoy petting and playing with it, they are also afraid that the hamster will bite, or fall off from their hands. The learning journey for the child includes overcoming fear, picking up the skills to train and manage the pet, and forming a bond that gives rise to hours of enjoyable companionship.

Interacting with pets at home provides a safe environment for children to nurture positive traits such as kindness, courage and empathy.

#### **PET-PREPPING A CHILD**

Children can start interacting with pets from when they are as young as four years old. However, parameters and safety precautions must be established.

Even with older children, adults should always be present during their early interactions with pets. A child should be taught basic handling skills so that they will not hurt the pet accidentally, which could cause the pet to injure the child in self-defence. Parents can read up and watch videos on pet handling with their child, then try them out together.

#### DO UNTO PETS AS YOU WOULD HAVE OTHERS DO UNTO YOU

"Teach your child to respect the pet's living habits, likes and dislikes, and always be gentle towards the pet," advised Coreen. The same rules apply to interacting with people.

In the event that a child shows cruelty towards a pet, parents should explain in a firm manner that hurting animals is wrong. The conversation can be extended to asking children if they would like others to pull their hair or pester them. This will help them understand that we should treat pets how we ourselves want to be treated.



#### **FAREWELL, MY PET**

Animals' lives tend to be relatively short. In the event of a pet's death, parents can explain to their child that the pet was unwell and is now no longer suffering. They can share that the 'death' means that the pet has gone to sleep and will not be waking up. It is a hard lesson, but one that may pave the way for coping with future losses.

Here are some popular pets and their average life expectancies.

Type of Pet	Average Life Expectancy (In Captivity)
Small Dog	13 years
Medium Dog	11 years
Large Dog	8 years
Indoor-only Cat	12-18 years
Cat Who Lives Outside All the Time	2-5 years
Goldfish	5-10 years
Koi	25-35 years
Budgie/Parakeet	5-8 years
Large Parrot	Macaws: 50 years Cockatoos: 65 years
Hamster	2-3 years
Guinea Pig	4-8 years
Rabbit or Bunny	7-10 years
Turtle/Tortoise	40-50 years

Source

 $\label{lem:https://pethelpful.com/pet-ownership/Pet-Life-Expectancy-The-Lifespans-of-Popular-Pets$ 

#### Senior Living

Vaccinations for the Elderly

# Vaccinations for the Elderly

Vaccinations are a scientifically proven form of preventive medicine against a wide range of infections. Dr Charis Kum Jia Hui, Resident Physician at Mount Alvernia Hospital's Health Screening Centre, explains the importance of vaccinations for the elderly.

#### HIGHLY RECOMMENDED

Given the likelihood of weakened immune systems and age-related chronic diseases, vaccinations against influenza and pneumococcal infections are highly recommended for the elderly. They are pneumococcal conjugate vaccine (PCV 13) and pneumococcal polysaccharide vaccine (PPSV 23). In addition to the elderly, those with asthma, chronic lung disease, diabetes, cardiovascular disease and chronic liver disease should also be vaccinated.

To prevent seasonal influenza, influenza jabs should be taken annually for those aged 65 years or older.

For adults who have no evidence of immunity and no history of having suffered from the diseases for which the vaccines apply, the following vaccinations are also recommended:

Туре	No. of doses	Interval between doses
MMR (Measles, Mumps, Rubella)	2	4 weeks
Hepatitis B	3	6 weeks
Varicella	2	4 to 8 weeks

#### PRECAUTIONS AND EXEMPTIONS

In general, anyone who has experienced a severe allergic reaction after a previous vaccination or allergies to specific vaccine components should not receive the vaccine.

Those who are severely immunocompromised should not receive live (active) vaccines such as the MMR or varicella vaccines.

The influenza vaccine should not be taken by elderly patients with immunocompromising conditions such as cancer, and chronic

pulmonary conditions such as chronic bronchitis and chronic obstructive lung disease. Transplant patients should be excluded as well.



#### **SIDE-EFFECTS AND RISKS**

Vaccinations are given by an injection into the muscles or beneath the skin. Mild side-effects of vaccinations include redness, tenderness or swelling where the injection is given. Other side-effects include decreased appetite, fever, muscle aches, headaches and nausea.

The influenza vaccine has been associated with a slightly increased risk of developing Guillain-Barre Syndrome (GBS). This is a rare disorder in which the body's immune system attacks your nerves. Symptoms include weakness and tingling in the arms or legs. However, the data on the association between GBS and seasonal flu vaccination are variable and inconsistent across flu seasons. If there is an increased risk of GBS following flu vaccination, it is small, around one to two additional cases per million doses of flu vaccine administered.



#### **BEFORE TRAVELLING**

Before travelling, the elderly should consult a doctor who will assess their risks and weigh them against the benefits of travellers' vaccinations. This includes a consideration of the risk of disease, the benefits of vaccination, the individual's underlying health, the cost of the vaccine and the risk of possible side-effects.

Before travelling, the elderly should consult a doctor who will assess their risks and weigh them against the benefits of travellers' vaccinations.

In general, all travellers regardless of age should get certain routine vaccinations before travelling anywhere in the world. These include vaccinations for Measles, Mumps, Rubella (MMR), Diphtheria, Tetanus, Pertussis and Polio.

In addition, selected vaccinations are recommended for travellers visiting specific countries, as follows.

#### YOUR ONE-STOP VACCINATION DESTINATION

Vaccinations are available at the Emergency and 24-hour Clinic of Mount Alvernia Hospital.

If you are in your golden years, make sure that your quality of life is not tarnished by preventable diseases. Vaccinations can add vitality and peace of mind – and possibly even years.

# Age is No Barrier to the Effectiveness of Flu Vaccinations

Clinical trial results have shown that flu vaccinations can work as effectively in the active healthy elderly compared to the young. This was discovered through post-vaccination measurements of the levels of antibodies in their body fluids. The research findings also suggest that antibody responses in the elderly, induced by the influenza vaccinations, are not impaired by the frailty levels of the elderly subjects. These findings show that elderly adults, regardless of frailty level, should be recommended to receive seasonal influenza vaccinations to protect themselves.

The National Adult Immunisation Schedule (NAIS) issued by Singapore's Ministry of Health (MOH) recommends influenza vaccinations for those aged 65 years and above.

Source

https://www.gov.sg/resources/sgpc/media\_releases/astar/press\_release/P-20181217-2

	Hepatitis A	Hepatitis B	Influenza	JE*	Typhoid	Yellow Fever	Rabies	Meningo-coccal
China	•	•	•	•	•			
India	•	•	•	•	•			
Vietnam	•	•	•	•	•			
Indonesia	•	•	•	•	•			
South America	•	•	•	•	•	•	•	•
Africa	•	•	•	•	•	•	•	•
Saudi Arabia	•	•	•		•		•	•

<sup>\*</sup> JE = Japanese Encephalitis

Source:

https://www.cdc.gov/flu/protect/vaccine/guillainbarre.htm

Dr Charis Kum Jia Hui Resident Physician Health Screening Centre



#### THINGS OF YOUTH

In those good old kampong days of my childhood, all the boys in the village were my friends. We played all kinds of games using anything and everything we could lay our hands on, from cigarette boxes to rubber bands and spinning tops. We made and flew kites, made nets for catching crabs and devised a whole host of inventive games to while away the afternoons after school. Sometimes we quarrelled over small things, but soon made up and resumed play.

Though it is often said that you cannot choose your family but you can choose your friends, I cannot say that we chose each other. Rather, circumstances threw us together, and we made do with each other just as we made do with our makeshift toys. Be that as it may, I cherish those sweet first friendships.

#### **MAKING NEW FRIENDS**

We live in an ever-changing world. Today we are here, tomorrow we may find ourselves in another place, and so we need to make new friends. My mother always urged me to make new friends, but never at the expense of losing old ones. She had a saying about new friends and old friends that has always stayed with me – one is silver and the other is gold.

In my own life, I found that making friends became so much easier when I started being interested in people rather than trying to get people interested in me. This change of attitude not only helped me make many new friends, but helped me become a better, happier person.



Of course not every person is good friend material. Our teachers and parents taught us to choose our friends wisely, warning us that their characters were likely to 'rub off' on ours. It is true that good friends help lift you up, but bad friends will drag you down. If your friends have bad traits and bad habits, there is a good chance that you will absorb these traits and habits. So if you cannot persuade them to change their ways, it is better for you to walk away and find new friends.



#### TRIED, TESTED AND TRUE

As the years go by, good friends become more important than ever. After all, the only constant in life is change. Bad times are unavoidable, and when they come, the good friends will remain by your side.

When I failed in business at the age of 65, I lost virtually everything and everyone. My once-busy telephone was no longer buzzing and I felt abandoned save for a handful of true friends.

In particular, I thank God for a treasured foursome of friends whom I have regularly played golf and lunched with for more than 20 years. To help me financially, they decided to donate a large sum of money to be used by my wife and daughter in a holding fund managed by them. I declined the offer, but was profoundly moved by their gesture. Though they have passed away, they were my friends to the very end.

#### **OLD IS GOLD**

As our time winds down, we find comfort in the simple pleasure of companionship. My friends and I meet regularly and talk about everyday things. When time permits, we adjourn to a coffee shop and settle down with a drink. We swap notes on where to find good food, especially those with special promotions for the pioneer generation. Some talk of their ailments while others share how they help to take care of their grandchildren and ferry them to and from school.

My mother always urged me to make new friends, but never at the expense of losing old ones. She had a saying about new friends and old friends that has always stayed with me – one is silver and the other is gold.

It seems that we have all become less interested in the rewards of achieving and accumulating and more interested in the rewards of simply 'being' with reasonably good health and mobility. And while we may have become less ambitious in the conventional sense, we are all thinking about our legacy and how we will be remembered by our children and grandchildren. I think that we are searching for ways to make our lives more meaningful and worthwhile, precisely because the end is drawing closer.

In the end, friends bring meaning to our lives, and help us bring meaning to the lives of others.  $\blacksquare$ 

The opinions expressed in this article are those of the author.

Festive Fat Traps and Health Hacks



The double whammy of Christmas and Chinese New Year probably left many readers with an 'abundance' in all the wrong places. Fret not. Jacqueline Loh, Dietitian, Mount Alvernia Hospital, shares sound strategies to aid recovery from the recent festivities and easy hacks to help you scale down the toll of future ones.

#### **EASY TO GAIN, HARD TO SHED**

Over the festive season, it becomes harder to watch what we eat as we run from one gathering to the next with families and friends. While it is perfectly acceptable to enjoy a festive meal for a special occasion, the idea of prolonged festive feasting is not a healthy one.



Studies have shown that the weight gained during short festive periods is unlikely to be shed over the course of a year. Having an overweight BMI (>22.9kg/m²) is a risk factor for comorbidities – the presence of one or more additional diseases or disorders co-occurring with a primary disease or disorder such as type 2 diabetes mellitus, hypertension, dyslipidemia, cardiovascular disease and stroke.

On the other hand, sudden calorie-cutting in a bid to shed weight gained during the festive season is also unhealthy. Weight

fluctuations have been associated with an increased risk of cardiovascular problems in people with pre-existing comorbidities.

#### A YEAR-ROUND STRATEGY

So, eating with gluttonous abandonment during festive seasons followed by drastic dieting is a bad idea. Resigning yourself to permanent weight gain is avoiding a problem that will only get worse. So, short of cancelling Christmas and Chinese New Year, what can be done to minimise weight gain during the festive periods?



Obviously, eating a healthy balanced diet all year round helps. You should aim to eat plenty of nutrient-dense foods to support your immune system, energy levels and metabolism. If you develop a habit of healthy eating, the chance of major lapses during festive celebrations will be less likely. Or at the very least, they are more likely to be confined to one-off occurrences.

Given a choice, be it on a normal day of the year or a special occasion, you should always opt for fresh foods over processed foods. For example, choose a noodle soup dish and fresh fruit over fast food and potato chips. Go light on the gravies and sauces, limit alcohol intake and stay away from sugary juices and sodas.

**FITNESS FIGHTS FATNESS** 

Year-round regular exercise is also important. Since the frequency of exercise tends to decrease over the holidays, thus making it easier to put on weight, it's important to get back to your fitness routine as soon as possible.

Health Promotion Board recommends aiming for 150 minutes of physical activity per week. However, some physical activity is better than none, so do not be discouraged if you are finding it hard to fit in the full 150 minutes of exercise. Build physical activity into your day by taking the stairs as often as possible, cleaning the house, washing your car or going for a walk after dinner.

Eat well and in moderation all year round, exercise regularly, and plan ahead for the temptation-laden festive periods. Above all, enjoy yourself and maintain a healthy relationship with food and with your body.

#### Plan Ahead

Jacqueline shares some simple hacks for avoiding festive fat traps. You can apply this sage advice to all special occasions, from birthday parties to housewarmings to festive gatherings.

#### **PACE YOURSELF**

Since chances are you are familiar with the pattern of the festive seasons, next year you should aim to prioritise the days you want to indulge – for example, on the eve and first day of Chinese New Year. Confine your indulgence to those days, and eat carefully in between.



#### **KNOW YOUR SNACKER PROFILE**

If you struggle to resist going back for seconds, not to mention third and fourth helpings of your favourite dishes, opt for lower calorie snacks instead. If mindless munching is more your style, consciously take smaller bites and chew slowly. If you are more of an all-or-nothing snacker, choose your favourite snacks and eat a controlled portion of those whilst limiting other snacks.

#### **KEEP YOUR DISTANCE**

Although every gracious host will ply you with an abundance of food, where you position yourself is important. You are more likely to reach for that piece of bak kwa if you are sitting right in front of it. If you have hit your snack quota for the day, position yourself as far away from the snacks as possible. Holding a drink in your dominant hand can also prevent itchy fingers from picking finger food that may be passed your way.



#### **STAY HYDRATED**

Taking sips of water between mouthfuls of food not only helps to keep you hydrated but can also curb the temptation of tucking into tidbits and over-indulging on festive dishes.

#### **DECLINE FOOD GRACIOUSLY**

Declining food when, say, your favourite aunty pushes her famous homemade pineapple tarts on you, can be tricky. In these tricky situations, honesty is the best policy. Telling the host that you have already had a heavy meal is usually an acceptable reason. However, if you are unable to decline graciously, consciously limit the portions that you eat.

#### **NEVER HOLD AN EMPTY PLATE**

Since food offers are more likely to be forthcoming when your plate is empty, make sure that there is always food on your plate, and eat slowly and mindfully.





# Mums, Dods and Kids Come Out to Cook!

Mount Alvernia Hospital hosted a family cooking event at CulinaryOn, a stone's throw from Raffles Place MRT Station.

#### **GOODNESS-FILLED GOODIES**

During the event, which started at 10am on a sunny Saturday morning and concluded at 1.30pm, adult-and-child teams were thrown two creative cooking challenges. With the help of a professional chef and Mount Alvernia Hospital's dietitians and staff, the family groups rolled up their sleeves and whipped up Animal Bento Sushi and Teddy Skiing Winterland Cupcakes with a selection of pre-assembled ingredients.



Proving that nutritious food can taste good, the ingredients for the dishes had been tweaked by the hospital's dietitians with the aim of replacing 'empty calories' with more nutrient-rich ones. For example,



white rice was replaced with light brown rice for the sushi; and all-wheat flour was partially replaced with whole wheat flour in the cupcakes.

Going by the speed at which the 'fruits' of the contestants' labour were gobbled up, there were certainly no complaints from the kids. It was compelling proof that you can dial up the nutritional value of your cooking without compromising the kid-friendly appeal of the dishes.

The family whose creations were deemed the most delicious and nutritious were crowned the winners.

#### **HUNGRY FOR KNOWLEDGE**

On top of the hands-on cooking fun, the young participants enjoyed a hands-on, activity-based learning session about nutrition, conducted by Ms Sarah Sinaram, Head, Nutrition and Dietetics, Mount Alvernia Hospital. When introduced to the colour-coded concept of the 'Rainbow Plate', they devoured the knowledge with greedy glee.

No doubt some households around Singapore are now dishing up more colourful green, yellow, orange and red veggies – at the request of their clued-up kids!





No doubt some households around Singapore are now dishing up more colourful green, yellow, orange and red veggies – at the request of their clued-up kids!

While the kids' sessions were in progress, the adults attended a talk on decoding food labels and guidelines for healthy grocery shopping. The parents present were visibly engrossed in the informative talk by the hospital's approachable and knowledgeable dietitian, Ms Tan Shiling, Senior Dietitian at Mount Alvernia Hospital.

#### **SWEET FINALE**

At the end of the event, every family took home a certificate of completion, a bunch of happy snapshots and a goodie bag brimming with great reads and healthy eats and treats.

Look out for more yummy, family fun-filled events in the months to come.  $\blacksquare$ 



#### Make It at Home

If you missed the event, you can try your hand at these two simple recipes which challenged the creativity and teamwork of contestants on that day. Happy cooking and healthy eating!

#### **Animal Sushi Bento**

50g Boiled egg

100g Cooked chicken meat

2 Cheese slices

5 Cherry tomatoes

20g Green peas, cooked

50g Raisins

200g Carrots

2pcs High-fibre sliced bread

200g Brown rice, cooked



Mould the rice into any animal shape you please. Go wild with the decorations!

#### Teddy Skiing Winterland Cupcakes

45a Apple puree

45g Wholewheat and wheat

½ tsp Vanilla essence

2 Eggs

50g Canola oi

20g Greek yoghurt, plain (white) and coloured green and red

4 Strawberries

10 Grapes

20g Tiny Teddy biscuits

10g Pretzel sticks



Combine first 5 ingredients in a bowl and mix with a whisk until a smooth batter is formed. Pour into cupcake moulds lined with paper patty cases and bake in a moderate oven till risen and golden, approx. 10 to 15 minutes. Cool, then decorate. Have fun!

# Cancer in My 30s What It Did to Me - and What It Couldn't

Cancer can turn your whole world around – from more frequent hospital visits to lifestyle changes. But there are also things it cannot do, as Dela Lau, a young cancer survivor, reveals.

# CANCER CAN STRIKE IN YOUR 30s, EVEN IF YOU'RE HEALTHY

I was generally healthy as a kid. I never smoked and I never drank alcohol. I would also go for long walks twice a week. And I began taking health supplements regularly even before my cancer. So, when I was diagnosed with stage 4 lymphoma at the age of 36, it was a rude shock.

#### IT CAN MAKE THE HUMAN DESIRE TO LIVE SO MUCH GREATER

When most people hear the word cancer, the first thing that comes to mind is death. But cancer is not a death sentence. Medical advancements today mean that there is a higher chance of treatment and recovery.

When the doctor broke the news, I kept thinking: I want to live. I had many questions about lymphoma, so I read up extensively about it. I also got opinions from various medical experts in order to identify the best treatment option – one that will give a higher survival rate and quicker recovery.

I did not really see my cancer experience as a 'fight' or 'battle', but more a process my body was going through. I also read inspiring books by other cancer patients to learn how they coped with the illness.

### IT WILL CHANGE YOUR LIFE... BUT NOT ALWAYS FOR THE WORST

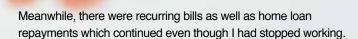
I stopped work as a childcare centre supervisor for a year during my treatment. From constantly being occupied with work, I slowed down my pace of life and began to spend more time on myself and with my mum. I also did activities I enjoyed, like craftwork and reading.

Slowing down is about taking time to really immerse yourself in whatever you do, about being present and focusing on whoever you are with. It was a chance to connect with myself on a deeper level and discover what I really wanted to do.

#### IT WILL HAVE A GREAT IMPACT ON YOUR FINANCES

My medical bills alone included specialist consultations, lab tests, X-rays, chemotherapy and medication. I did not really take note of the exact figures but each of my six chemotherapy cycles was about \$\$1,200, and one of the six medications I took was \$\$5,000 per pack, and I took six of them.

There were also non-treatment related costs, like the cost of transportation to and from the hospital for treatment and follow-up check-ups. And I spent more on health supplements during my recuperation period, to help restore my health and increase my immunity.



You can find incredible strength in a good support system. My insurance agent, friends and family rallied around me when I was ill.

# BUT... CANCER COULDN'T STOP ME FROM LIVING A FULFILLING LIFE

No one should have to worry about money when they are this ill. I did not worry about the cost of treatment or income loss because I had insurance.

I am thankful that I was not financially tied down by cancer. The lump-sum payout from my critical illness plan helped me pull through my days without income and manage my family expenses.

#### IT COULD NOT DESTROY MY RELATIONSHIPS

You can find incredible strength in a good support system. My insurance agent, friends and family rallied around me when I was ill. And as I work in a childcare centre that is supported by an association, its members gave me emotional and moral encouragement, going as far as ferrying me between my home and the hospital during my treatment days. That really helped me on the road to recovery.

#### IT COULD NOT DESTROY MY DREAMS AND HOPES

I take a different approach to life now. I am gentler on myself and I have learnt to let go. I appreciate life more than before. I do things which are meaningful to me and I have completed my advanced diploma in education and child psychology, which I had wanted to do before cancer.

Surviving cancer is a cause for celebration. But there is no guarantee that it will never come back. So in a sense, my time can be unlimited and limited. But I am treasuring every second of life. I am much happier.

Contributed by Aviva



Sebastien Matthias Abella Born 30 November 2018



Cassandra Avery Lim Born 25 September 2018



Chloe Chong Si Han Born 22 December 2018

# Moments of Avernia Babies

What are your warm, sweet or loving moments with your child at Mount Alvernia Hospital?

Snap away and stand a chance to be featured with your child in the next issue of My Alvernia magazine. Open to all Mount Alvernia Hospital followers on our Facebook and Instagram accounts. Selected photos will be featured and published quarterly in My Alvernia magazine. Check-in at our hospital or include the following hashtags: **#AlverniaLadies #AlverniaBaby #MountAlverniaHospital**.

Your account will have to be public so that we can see your photos. Terms and conditions apply.



Joseph Lim Teng Jun Born 8 January 2019



Elijah Goh Rui Feng Born 21 December 2018

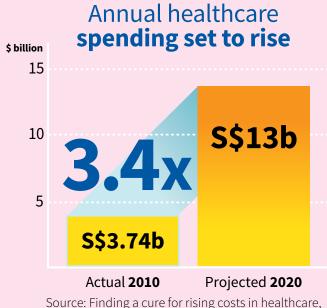












days average duration of hospital stay

More public hospital admissions

2014 >297,000 Up by 2008 >258,000 15%

Source: Health ministry data shows patients are staying longer in hospital, The Straits Times, Jul 2014

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The Straits Times, Jan 2018

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To find out more, please contact Mount Alvernia Hospital Health Screening Centre Tel: +65 6347 6215 Email: hsc@mtalvernia.sg

Operating Hours: Mon to Fri: 8am - 5pm | Saturday: 8am - 1pm | Sun & PH: Closed



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