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# MyAlvernia

ISSUE 41 | 3rd Qtr 2020





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<sup>3</sup>Euromonitor International Limited; Consumer Health 2020 edition, per Supplement Nutrition Drinks category definition, retail value sales, RSP, 2019 data

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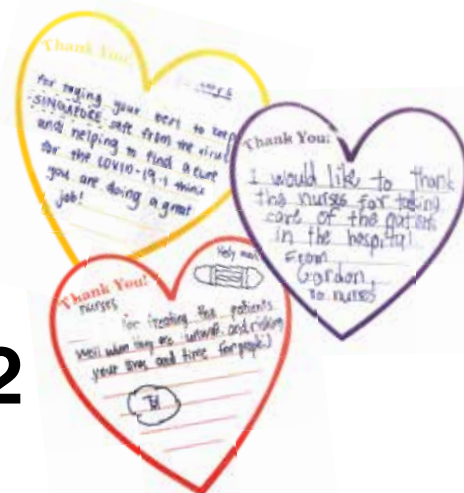
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# CEO's Message

The year 2020 is an extraordinary year, marked by a global health emergency caused by the COVID-19 pandemic. This pandemic has been a test of our resilience and adaptability as we make adjustments to our lifestyles and learn to live with COVID-19, at least until a vaccine becomes widely available.

In March this year, we were approached by the Ministry of Health, asking if we could help alleviate the load on public hospitals due to a surge in the number of COVID-19 cases in Singapore. Our public hospitals were stretched as they were treating and caring for patients infected with the virus. We readily agreed to receive the patients.

On 2 April, we received our first batch of recovering COVID-19 patients. They had mild symptoms, and were mostly young adults who had recently returned from overseas. As they were clinically well, they only required isolation and clinical monitoring during their recovery.

The St Clare ward was designated to house the incoming COVID-19 patients. Our care team ensured full compliance with the stringent security measures and guided infection control protocols from the National Centre for Infectious Diseases (NCID), in order to provide the patients with continuity of care.

Our nursing team bravely stepped up to the challenge of looking after these patients, knowing that they were putting their own health at risk. Our hospital operations and clinical colleagues also contributed to the enormous task of making the necessary adjustments to ward allocations, workflow and rostering in a short period of time. By the end of June, all patients had recovered and were subsequently discharged to return to their loved ones at home.

Since COVID-19 first emerged, our staff have been taking on extra duties, such as providing support for health declaration screening, ensuring a sufficient supply of protective gear (PPEs), enhancing security measures and helping with various additional cleaning and housekeeping tasks.

A Safe Distancing Office was set up to ensure a safe working environment and to safely bring staff back to the hospital. Strict safe distancing and infection control measures have been established at our hospital to avoid the transmission of the coronavirus on our premises.

During the past few months, we were very heartened to receive an outpouring of love through hand-written cards, letters and kind words from members of the public, patients and doctors who kept us constantly in their thoughts.

Our Board Members and their friends also pooled their contributions to buy a 'Heroes Treat' for each of our frontline colleagues, in the form of restaurant vouchers for a home-delivered meal. We have been overwhelmed by this and other kind gestures and generosity that we have received from sponsors, both private and corporate, and would like to thank each and every one of them from the bottom of our hearts.

This has been a very challenging virus to contain as it requires us to avoid contact and socialising. We have seen how new clusters can re-emerge quickly in other countries, if we let our guard down. Thus we need to stay united, persevere and adhere strictly to the safety measures that have been put in place. I am confident that we can overcome this pandemic together as a community.

Thank you all, for the love and support. Take care and God bless.



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

## 59 YEARS OF JOURNEYING TOGETHER

Welcoming little ones into the world. Soothing them (and their parents). Reassuring patients, big and small. Supporting their recovery. Caring for the marginalised and vulnerable. Sometimes, walking the last journey together.

Since 1961, we have stayed true to the vision passed down by our founders, the Sisters of the Franciscan Missionaries of the Divine Motherhood (FMDM), striving to provide compassionate, excellent and holistic healthcare for all.

As we celebrate our 59<sup>th</sup> anniversary in 2020, we reaffirm our commitment to Serving All with Love – guided by our core values of Compassion, Humility, Integrity, Respect and Peace.



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## Short Takes

Singapore Health  
Quality Service Awards



# Singapore Health Quality Service Awards

Our healthcare team was recently honoured at the 10th Singapore Health Quality Service Awards (SHQSA). The Singapore Health Service Quality Award is a nationwide award to recognise and celebrate the exemplary efforts of healthcare professionals in improving patient experience.

### CONGRATULATIONS AND THANKS

In total, our colleagues received an impressive nine gold awards and 39 silver awards. They received their awards from Deputy Prime Minister and Minister for Finance, Mr Heng Swee Keat.

We congratulate the winners, and thank them for their hard work and commitment to striving for excellence in all that they do.

## SHQSA Gold Award Winners

Duanmu Chuanfang, Nurse Clinician, Day Surgery ★ Gayitheri Ganesen, Staff Nurse, St Raphael ★ Gowry D/O Subramanian, Patient Service Assistant, St Raphael ★ Ma Ferdie Pinuela Dilag, Staff Nurse, Our Lady ★ Reyes Maria Janina Calica, Staff Nurse, Delivery Suite ★ Roobaneswary Amurthalingam, Staff Nurse, Day Surgery ★ Si Lian Kiang, Senior Enrolled Nurse, St Michael ★ Sim Meiyun Amanda, Senior Staff Nurse, Our Lady ★ Zaiton Hamzah, Senior CSSD Assistant, CSSD

## SHQSA Silver Award Winners

A. Jenyanthy V. Annasalam, Senior Healthcare Assistant, St Raphael  
★ Abad Gisela Mangosing, Staff Nurse, Delivery Suite ★ Alphonsus Bernadette Sudha, Staff Nurse, St Gabriel ★ Ang Gek, Nurse Manager, Delivery Suite ★ Areola Allana Mae Belga, Staff Nurse, St Raphael ★ Bernadette Rajoo, Patient Service Officer, Front Office ★ Cariaga Catherine Rosales, Phlebotomist, Laboratory ★ Chen Ji Hong, Senior Staff Nurse, St Joseph ★ D Leela Bernardine, Senior Healthcare Assistant, St Raphael ★ Del Rio Jill Alegrea Yulo, Staff Nurse, St Joseph ★ Elizabeth Moey Kar Lee, Senior Clinical Pastoral Care Counsellor, Clinical Pastoral Care ★ Euan Koh Chee Seng, Assistant Manager, Clinical Quality & Informatics ★ Hoong Chuen Nee, Staff Nurse, Intensive Care Unit ★ Lee Keng Sung, Senior Technician, Facilities Management ★ Lee Si Hui, Staff Nurse, St Raphael ★ Lim Yen Ling, Nurse Manager, Our Lady ★ Maningas Regina Giecelle Torres, Staff Nurse, Delivery Suite ★ Manuel Avenguza Baylon, Senior Executive, Housekeeping ★ Mini George, Staff Nurse, St Raphael ★ Mon Myat Zin, Staff Nurse, St Dominic ★ Myat Su Mon, Nurse Manager, Delivery Suite ★ Nang Mya Thein, Senior Staff Nurse, Delivery Suite ★ Narayani D/O Sankunni Nair, Senior Healthcare Assistant, Delivery Suite ★ Ng Geok Hiok Magdelene, Patient Service Officer, Laboratory ★ Nirmala D/O Doraisamy, Patient Service Officer, St Gabriel ★ Quilantang Tessa Marie Cajilig, Staff Nurse, St Francis ★ Rubiales Valerie Cacayan, Staff Nurse, St Joseph ★ Rupa Pun Magar, Staff Nurse, St Gabriel ★ S. Krishna Kumari, Patient Service Officer, Our Lady ★ Sanga War, Staff Nurse, St Raphael ★ Su Jian Ping, Staff Nurse, St Francis ★ Sunga Richard, Villanueva, Senior Staff Nurse, Intensive Care Unit ★ Tan Guek Hoon, Nurse Manager, Delivery Suite ★ Tan Shiling, Senior Dietitian, Dietetics ★ Teston Maria Cecilia Reyes, Senior Midwife, St Raphael ★ Treesa James, Senior Staff Nurse, Delivery Suite ★ Vanita D/O Kanniah, Senior Healthcare Assistant, St Francis ★ Wang Wei, Nurse Manager, Delivery Suite ★ Zhang Weifang, Senior Phlebotomist, Laboratory

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Short Takes

Ms Audrey Lim Wins the Nurses Merit Award (NMA)

# Ms Audrey Lim Wins the Nurses Merit Award (NMA)

Ms Audrey Lim Chwee Ling, Senior Manager, St Francis ward, was among the 100 nurses to receive this year’s prestigious NMA from the Ministry of Health (MOH). We could not be more proud.

OVER 20 YEARS OF DILIGENT SERVICE

Audrey joined Mount Alvernia Hospital in 1996 and has continuously served our community ever since. Early in her career, she caught the eye of the management team for her developed sense of responsibility. Constantly striving for self-improvement while remaining tirelessly committed to the care of her patients, she rose through the ranks to her current position of Senior Nurse Manager. Her significant contributions continue to enhance our clinical and nursing services.

You might be surprised to learn that nursing was not Audrey’s initial career choice. Fortunately for the hospital and the countless patients that she has helped over the last 23 years, she has grown to love the profession.

“I was attached to Mount Alvernia Hospital for my first clinical posting. I remember my group being warmly received on my first day. As newbies on our first attachment, the assistant director helped to calm our nerves,” recalled Audrey.

CARING FOR THE WHOLE HOSPITAL COMMUNITY

Audrey’s superior, Shirley Tay, Director of Nursing, observed and applauded her ability to maintain a fine balance between caring for staff while ensuring a high quality of care for her patients.

“There was a new nurse with a learning disability and so she had difficulty coping with the job. Audrey did all she could to help her manage and even engaged the new

staff member’s parents to help her deal with the situation. Unfortunately, the staff could not make the grade and Audrey, though reluctant, had to let her go,” shared Shirley.

“I spend quality bonding time with my family on vacations, and we also enjoy regular meals together.”

Ms Audrey Lim Chwee Ling



Patients and their families who have encountered Audrey find her caring, helpful and professional. She often goes the extra mile for them especially in times of need. With that, she has received many compliments from them.

BALANCING WORK AND FAMILY

Audrey values the encouragement and understanding she receives from her supportive family. “I spend quality bonding time with my family on vacations, and we also enjoy regular meals together,” said Audrey.

A WIN FOR EVERYONE

When congratulated on her win, Audrey gave her signature grin and said, “I couldn’t have done it without the close teamwork of everyone in the hospital!”

We congratulate Audrey on receiving this prestigious award, and thank her for her dedication to serving all with love.

## About the Nurses Merit Award (NMA)

This year, more than 100 nurses were presented with the NMA. The NMA is awarded to nurses who have displayed noteworthy and exceptional performance, participated in professional development, and contributed to raising the standards of the nursing profession. Nurses are nominated for the award by their healthcare institutions and selected by a panel set up by the Ministry of Health (MOH).

Short Takes

Our 24-Hour Clinic and Emergency Services



# Our 24 HOUR Clinic and Emergency Services

Our 24-Hour Clinic and Emergency Services is manned by a team of experienced doctors and trained nurses. Here’s a glimpse into what goes on at this clinic that never sleeps.

WHY?

Patients visit the clinic for countless reasons, from the commonplace to the downright bizarre. Upper respiratory tract infections (URTI) and gastroenteritis (GE) account for about half of the total visits to the clinic, followed by road traffic accident-related injuries that account for approximately 30 percent of patients. The clinic also sees quite a few injuries including lacerations, sprains and fractures.

Emergency cases include heart attacks, strokes, asthma, severe allergies and more serious types of trauma.

WHO?

About 30 percent of the patients seen at the clinic are aged 12 and below, with 13 percent aged 60 and above. The most common paediatric conditions are URITs, GEs and minor injuries, while the elderly present with a wider spectrum of symptoms.

WHEN?

Mondays, Fridays, weekends and public holidays are usually busier than other days. Peak hours are from 6pm to 1am on weekdays, and 3pm to 3am on weekends and public holidays. Weekdays immediately before and after public holidays are also busy.

SAY WHAT?

Among the clinic’s more curious cases was a teenage girl who had a live cockroach inside her ear. The adult roach crawled in while she was sleeping on the floor, and the doctor could only remove it after drowning it with olive oil.





# Managing a Pandemic Together

COVID-19 changed our lives, possibly forever, and challenged us to channel the 'Singapore spirit' as well as FMDM values of kindness, compassion and service. Our CEO, Dr James Lam, spoke for all of us when he said:

"In such tough times, this is when we show our character and grit, staying united and strong. It is also in such tough times that all of us in the healthcare sector can make a significant contribution to our patients and community. I am very heartened by my colleagues going above and beyond the call of duty to manage the pandemic together. The COVID-19 pandemic is an example for us to live and demonstrate our Mission, through providing love, comfort and care for patients and their families."

Here's how we rose to the challenges together at Mount Alvernia Hospital.

Please note that some of the following photos were taken before circuit breaker, implementation of safe distancing measures and the mandatory requirement of mask wearing.



## Caring for COVID-19 Patients

It was a privilege for all of us at Mount Alvernia Hospital to be able to play a part in complementing the national healthcare effort in the fight against COVID-19.

### ANSWERING THE CALL

In March, we received a distress call from the Ministry of Health, asking if we could help alleviate the load on public hospitals due to a surge in the number of COVID-19 cases in Singapore. Our public hospitals were stretched as they were treating and caring for patients infected with the virus. We readily agreed to receive the patients.



On 2 April, we received our first batch of recovering COVID-19 patients. They had mild symptoms, and most of them were young adults who had recently returned from overseas. As they were clinically well, they only required isolation and clinical monitoring during their recovery from the COVID-19 infection.

The St Clare ward was the designated ward to house the incoming COVID-19-positive patients, as it was equipped with a dedicated ventilation system which could ensure the efficacy of the air quality. Stringent security measures and guided infection control protocols from the National Centre for Infectious Diseases (NCID) were already in place to provide the patients with continuity of care during their recovery.

In order to minimise the risk of COVID-19 transmission in the hospital, relevant mitigation measures were implemented. The care team took further steps to ensure compliance with stringent infection control protocols, along with adherence to prevailing guidelines on the use of personal protection equipment. They were further guided by the NCID team to continue the delivery of safe care to the rest of our patients, and to ensure that our services remained available and uninterrupted.

### FREEING UP RESOURCES FOR SERIOUS CASES

Ms Shirley Tay, Director of Nursing, shared that no colleagues opted to transfer when given an option, especially those



with young children, to be deployed to other wards or stay to care for COVID-19 patients. Nurses, housekeeping, security and other frontline staff chose to stay put and help out. We remain forever grateful for their teamwork and hard work.

Our nursing team bravely stepped up to the challenge to look after these patients, knowing that they were putting their lives at risk. Our hospital operations and clinical colleagues also contributed to the mammoth task of making the necessary adjustments to ward allocations, workflow and rostering in a short period of time.

We were pleased to share that, by the end of June, all patients had recovered and were subsequently discharged to return to their loved ones at home.





# Heart-warming Notes and Drawings

Our recent experiences of kindness from all directions have underlined the fact that thoughtful little gestures can make a big impact on morale, especially during a pandemic.

## THANK YOU FOR THINKING OF US

We were very heartened to receive an outpouring of love through hand-written cards, letters and kind words from members of the public, patients and doctors who kept us in their thoughts during this pandemic.

As we read these heart-warming messages, we were reminded that we had stepped forward as one Mount Alvernia Hospital family to help fight the battle against the coronavirus disease. Together, we made a positive impact on others.

Here are some of the delightful and heart-warming notes and drawings that we received from children. Our nurses were delighted and encouraged by the gestures, and pass on their thanks to the young authors and artists behind them.

We were very heartened to receive an outpouring of love through hand-written cards, letters and kind words from members of the public, patients and doctors who kept us in their thoughts during this pandemic.



# A Special Visitor

On 31 March, we were honoured to welcome Mr Amrin Amin to Mount Alvernia Hospital.

## A SHOW OF APPRECIATION

The purpose of Mr Amrin's visit was to show his appreciation to all our healthcare colleagues who played important roles in keeping our hospital and patients safe throughout the COVID-19 pandemic.

Among those he met and encouraged were our colleagues from Hospital Operations, Business Office, Clinical Pastoral Care, 24-Hour Clinic and Emergency Services, Nursing and Infection Control, Housekeeping and Security. He also observed our colleagues fitting N-95 masks as they set up the ward in preparation for the care of COVID-19 patients with mild symptoms who were due to be transferred to us from public hospitals.

**"I was humbled by the team's energy and enthusiasm, and the confidence and optimism in face of the COVID-19 threat."**

Mr Amrin Amin

"Since COVID-19 first emerged, our Operations Team has stepped forward in providing the support for health declaration

screening, facilities modification, ensuring sufficient supply of PPEs, enhancing security measures and stepping up cleaning and housekeeping tasks. These measures are critical to ensure that our patients, visitors and colleagues are protected and kept safe," said Gus Teoh, Director of Hospital Operations.

Mr Amrin Amin was visibly impressed by the show of solidarity and teamwork.

"I was humbled by the team's energy and enthusiasm, and the confidence and optimism in face of the COVID-19 threat," said Mr Amrin Amin.



# Thoughtful Gifts from Well-wishers

We have been overwhelmed by the caring gestures and expressions of support that we have received from so many sponsors, both private and corporate, during the pandemic. While we have singled out a few here, we thank each and every one of them from the bottom of our hearts.

## THANK YOU, GENTLEMEN

Mr Desmond Lee, together with Mr Ko Yu Quan, boss of Best Taste Singapore, and Mr Shawn Huang, visited our hospital during the Dumpling Festival on 25 June. The gentlemen presented a care package of rice dumplings to be shared among all of our colleagues.

Sincere thanks to all involved for their kind words of encouragement, and to Best Taste Singapore for generously sponsoring the rice dumplings.

## THANK YOU TO OUR CORPORATE SPONSORS

We are very grateful to all of our corporate sponsors for cheering us on as we continue to brave the risks and challenges of the COVID-19 pandemic.



Our Board Members and their friends also pooled their funds to buy a 'Heroes Treat' for each of our colleagues, in appreciation of their hard work and tireless efforts. This kind gesture also helped to support local restaurants in urgent need of customers to avert closure. The treats came in the form of restaurant vouchers for colleagues to order a home-delivered meal, and Grab transport vouchers for colleagues to enjoy a safe ride home. We also tucked into gifts of delicious chocolate cakes!

Though the material value of the gifts we received was substantial, even overwhelming at times, it truly was the thought that counted most. Thank you, all, for thinking of us – at a time when there is so much to think about.



Though the material value of the gifts we received was substantial, even overwhelming at times, it truly was the thought that counted most.

## We Gratefully Acknowledge

The following individuals and organisations number among the many generous sponsors who forwarded gifts, sent delectable food and extended kind gestures to our colleagues during the COVID-19 pandemic.

- Mr and Mrs Ho Tian Yee (Chairman of Mount Alvernia Hospital)
- Mount Alvernia Hospital Board Members and Friends
- Ms Anita Fam, Chairperson of Assisi Hospice
- RedTail Bar by Zouk
- Grab
- LJ Bakes
- ST Healthcare (a subsidiary of ST Logistics)
- Nestlé
- FrieslandCampina Singapore
- Henri Charpentier and The People's Association
- Danone Nutricia
- Mead Johnson Singapore
- Everyday Heroes SG
- Lion Corporation Singapore
- Mundipharma Singapore
- Yellow Ribbon Project Singapore
- Green Haven
- Winstar Marketing Pte Ltd
- Aviva Singapore
- Wyeth Nutrition Singapore
- DKSH Singapore
- Saybons
- Abbott Singapore
- White Restaurants
- Noel Gifts Singapore
- Caritas Singapore
- Fu Zhong Hua (Imp & Exp) Pte Ltd
- Serve Best Pte Ltd



# Safe Distancing Office

Aligned with the nation's plan for the phased re-opening of the economy, a Safe Distancing Office has been set up to ensure a safe working environment and to safely bring staff back to the hospital. Strict safe distancing and infection control measures are established at our hospital to avoid the recurrence and transmission of the coronavirus at our premises.

These measures include segregation of staff into teams, not allowing segregated teams to interact physically with one another and implementing work-from-home arrangements for non-nursing/ non-clinical staff. We have also mandated colleagues to wear masks at work, don the appropriate protective gear while performing nursing/clinical tasks, record their temperature readings twice daily and maintain good personal hygiene and ensure regular cleaning of equipment, facilities and shared spaces. Colleagues are also urged to observed staggered meal times and observe all segregation and safe distancing measures.



## The FMDM Sisters' Solidarity Prayer for a Pandemic

May we who are merely inconvenienced  
remember those whose lives are at stake.

May we who have no risk factors  
remember those most vulnerable.

May we who have the luxury of working  
from home remember those who must  
choose between preserving their  
health or making their rent.

May we who have the flexibility to care  
for our children when their schools close  
remember those who have no options.

May we who have to cancel our trips  
remember those that have no place to go.

May we who are losing our margin money  
in the tumult of the economic market  
remember those who have no margin at all.  
May we who settle in for a quarantine at home  
remember those who have no home.

During this time when we cannot physically  
wrap our arms around each other,  
let us find ways to be the loving embrace  
of God to our neighbours.

Amen.



About Our Cover:

# The Smiles Behind the Masks

Our uplifting cover features images from the personal photography project of Dr Chua Yang, Obstetrician and Gynaecologist, A Clinic for Women. In the course of doing her rounds at the hospital, she initially missed the smiles of the staff that greeted her. In the course of taking their photos, she realised that it is possible to smile even when wearing a mask.

### CANDID MOMENTS OF KINDNESS

The portraits were spur-of-the-moment shots, taken with the consent of the participating staff. They complied with Dr Chua's own rule for 'street portraiture', which is not to inconvenience people or interfere with what they are doing.

**"Whether in war or natural disasters or a pandemic, healthcare workers have to put aside their own fears and insecurities and often even their own safety to look after the sick."**

Dr Chua Yang

Before she had started her project, Dr Chua had observed first-hand how the pandemic had affected the hospital's patients, who were dealing with a variety of stressors in addition to their own medical conditions. Some of her patients, who were pregnant or delivering their babies, were

worried about the implications of giving birth during these uncertain times. During her project, she saw how the cheerful demeanour of the staff helped to put patients at ease.

"As I was chatting with the staff, it was obvious that they could smile through the masks! Smiling with the eyes, or 'smizing', is a skill all our staff already have or have developed through the months of mask wearing!" shared Dr Chua. "Their kind eyes and friendliness help keep patients calm even during anxious and stressful situations."

### A MESSAGE FROM THE HEART

Dr Chua's project is in many ways a tribute to the selfless actions and tireless efforts of healthcare workers, who have been thrust into the spotlight of late for obvious reasons.

"Whether in war or natural disasters or a pandemic, healthcare workers have to put aside their own fears and insecurities and often even their own safety to look after the sick. That requires calling and conviction," said Dr Chua.

In a personal message to the staff who took part in her photography project, Dr Chua said, "Keep smiling and the whole world will smile with you!"



## Once a Photographer, Always a Photographer

Dr Chua started taking photos from a young age, and cannot recall a time when she did not have a camera to play with. A camera is her constant companion on her frequent medical missionary trips.

"In many of the remote cultures I encounter, women and children seldom get their photos taken. They are usually very curious about my camera and the shots I take. If possible, I send them the shots to remember the moment," shared Dr Chua.

In 2016, Dr Chua was featured in an advertising campaign for Leica cameras and has been a brand ambassador ever since. Her go-to gear is a Leica M240 with a Summilux-M 1:1.4/35mm ASPH lens.

**Dr Chua Yang**  
Obstetrician & Gynaecologist  
A Clinic for Women  
Medical Centre D #08-58



# Pneumonia and COVID-19

The pneumonia virus that is thought to have originated in the Wuhan province in China has dominated newsfeeds and headlines around the world since it was first detected in December last year. To separate the speculation from the science, we spoke to Dr Piotr Chlebicki, Infectious Diseases Specialist of the Infectious Diseases Medical Clinic at Mount Alvernia Hospital.

## WHAT ARE CORONAVIRUSES?

Coronaviruses are one type of virus that cause respiratory symptoms very similar to those of influenza, such as fever and cough, wheeziness and shortness of breath.

## HOW DOES THE COVID-19 EPIDEMIC COMPARE TO THE SARS EPIDEMIC?

Before this outbreak, there were at least six types of coronaviruses that we knew about. Two of them are SARS (severe acute respiratory syndrome) and MERS (Middle East respiratory syndrome). Four of them are just benign viruses that cause the common cold. The COVID-19 is yet another one of them. It is a new strain that has not been previously identified in humans. It is slightly less severe than SARS but more contagious, so it spreads faster.

## WHAT DIFFERENT TYPES OF PNEUMONIA ARE THERE?

Viral pneumonia is caused by viruses. Viruses are very small organisms – pieces of genetic material wrapped up in what we call envelopes. They need to enter cells to replicate their genetic material. While they do not respond to antibiotics, there are some sophisticated medications that prevent them from making copies of themselves.

On the other hand, bacterial pneumonia is caused by bacteria. Bacteria are much larger organisms that can replicate on their own and affect entire organs. You can think of them as fully living creatures that can be killed by chemicals such as antibiotics.

Fungal pneumonia is exceedingly rare and mainly affects very sick people with compromised immune symptoms. It is seldom seen outside tertiary care hospitals.

## WHAT ARE THE SYMPTOMS OF PNEUMONIA?

Pneumonia basically means an infection of the lungs. The symptoms across all types of pneumonia are very similar – there will be fever, cough, and if it is extensive, there will be shortness of breath.

To treat it, we must determine whether the cause is viral or bacterial, and then medicate it accordingly. Medication will be given to treat the virus or bacteria, and then the symptoms.

## HOW CONTAGIOUS IS PNEUMONIA?

The contagiousness of pneumonia depends somewhat on whether it is viral or bacterial. Most types of pneumonia are caused by droplets which are generated by people when they cough and can travel up to a metre. When healthy people inhale these droplets, they can be infected.

There is a rare type of viral pneumonia that is airborne, which means that droplets can hang in the air for a very long time. COVID-19 is mostly spread through droplets.

## WHAT PRECAUTIONS SHOULD BE TAKEN TO AVOID TRANSMISSION?

If people have cold or flu-like symptoms, they should avoid meeting others as much as possible and cover their mouths when they cough or sneeze to prevent droplets from travelling.

To avoid contracting flu, the common cold or pneumonia, people should stay away from people with cold or flu-like symptoms and wear surgical masks.

## HOW IS PNEUMONIA DIAGNOSED?

First of all, the patient must show symptoms of pneumonia. The doctor will then examine the patient and sometimes that is sufficient to make a diagnosis. If not, the doctor will order a chest X-ray. The pneumonia-infected lung looks very different from that of a healthy lung.

## WITH EARLY DIAGNOSIS AND TREATMENT, CAN FATALITIES BE AVOIDED?

It depends not only on the type of infection but also on the patient. Young and healthy people generally recover well. The exact same type of pneumonia in elderly people with multiple health problems may result in mortality. It is very important to consider the patient, not only the disease.

## ARE THERE ANY EFFECTIVE VACCINES AGAINST PNEUMONIA?

Fortunately, we have an influenza vaccine, which is becoming more and more effective. We have a 4-in-1 vaccination for influenza which is quite well-matched to circulating viruses. And we also have a vaccine for bacterial pneumonia, which is also quite effective.

## WHO SHOULD BE VACCINATED AGAINST PNEUMONIA?

The influenza vaccine is recommended for people of all ages. The pneumonia vaccine is particularly recommended for at-risk people such as the elderly and people who have multiple medical problems. It is also recommended for people with weakened immune systems caused by medications such as steroids, chemotherapy, the HIV virus and so on. It is also recommended for people with healthy immune systems who have compromised lung function caused by asthma or other factors.

Dr Piotr Chlebicki  
Infectious Diseases Medical Clinic  
Medical Centre D #07-57

## AROUND THE WORLD

As of 1 September 2020, there have been **over 25 million** confirmed cases of COVID-19 globally, including **over 840,000 deaths**, according to the World Health Organization (WHO). In Singapore, **over 55,000 patients** have fully recovered from the infection and have been discharged from hospitals or community care facilities, while **27** have passed away from complications due to COVID-19 infection.

## Health Advisory

All travellers should monitor their health closely for two weeks upon return to Singapore and seek medical attention promptly if they feel unwell, and also inform their doctor of their travel history. If they have a fever or respiratory symptoms (e.g. cough, shortness of breath), they should wear a mask and call the clinic ahead of the visit.

Travellers and members of the public should adopt the following precautions at all times:



Avoid contact with live animals including poultry and birds, and consumption of raw and undercooked meats.



Practise frequent hand washing with soap (e.g. before handling food or eating, after going to toilet, or when hands are dirtied by respiratory secretions after coughing or sneezing).



Cover your mouth with a tissue paper when coughing or sneezing, and dispose the soiled tissue paper in the rubbish bin immediately.



Avoid crowded places and close contact with people who are unwell or showing symptoms of illness.



Wear a mask when not at home.



Seek medical attention promptly if you are feeling unwell.



Observe good personal hygiene.



Download contact tracing apps such as SafeEntry.

Source: Ministry of Health Singapore



# We Salute Our Nurses and Midwives

This year has been declared the International Year of the Nurse and the Midwife by the World Health Organization (WHO). It is also the 200th anniversary of the birth of Florence Nightingale, the world's most famous nurse. Mount Alvernia Hospital joins WHO and its partners around the world in celebrating the tireless efforts, valuable skills and loving touch of nurses and midwives. Five of our colleagues shared some insights into their professions.



## Ana Liza, Senior Staff Nurse, Our Lady Ward

**Why she entered nursing...** It was my childhood dream to become a nurse. I love taking care of people.

**Where her career has taken her...** I have a Bachelor of Science in Nursing from the Philippines. After working in a private hospital in the Philippines for two years, I worked in Saudi Arabia for a decade before moving to Singapore and joining Mount Alvernia Hospital. The hospital is my "second home".

**What she finds rewarding...** I feel intense happiness when my former patients come back to express their gratitude. Some discharged patients bring cakes and treats for the whole ward's staff to share. Most rewarding of all is when doctors acknowledge my efforts. Sometimes a simple 'thank you' is enough to brighten my day.

**What she finds challenging...** Handling difficult patients can be challenging. Though

I always do my best to make everyone comfortable and happy, sometimes there are limits to what we can do and we are not able to satisfy everyone.

**A special moment...** Many years back, when I was a novice, I witnessed an obstetrics emergency – post-partum haemorrhage. When I helped a postnatal patient to the toilet, blood started flowing continuously when she stood up. I quickly put her back to bed and called for help. The doctor was informed and we managed to stabilise the patient through a team effort.

**“The most satisfying and beautiful feeling is handing a little bundle of joy to new parents.”**

*Buena Nerissa Cruz*

**Her thoughts on nursing...** Nursing is not just a job. It is a profession that requires passion. This passion has kept me going for almost 20 years. I am confident that with this intense passion and together with my family's support, I will be able to contribute many more years to nursing. We encounter people from different walks of life, it is undeniably challenging, but in the end, there is nothing more fulfilling than seeing everyone safe, healthy and happy!



## Buena Nerissa Cruz, Senior Midwife, Delivery Suite

**Why she entered nursing/midwifery...**

My mother and uncle actually suggested that I take a midwifery course.

**Where her career has taken her...** I graduated with my Diploma in Midwifery in 2001, and have been in this line for 19 years. I started working at Mount Alvernia Hospital in 2011.

**What she finds rewarding...** The most rewarding experience for any midwife is seeing a healthy baby born into the world.

**What she finds challenging...** Being a midwife can be stressful at times, as not all deliveries go according to plan. Sometimes unexpected situations arise, and emergencies happen. Midwives must remain calm at all times.

**A special moment...** The most satisfying and beautiful feeling is handing a little bundle of joy to new parents.

**Her thoughts on nursing/midwifery...**

Since midwives support women before, during and after childbirth, the job itself is diverse. I might be in the Operating

Theatre delivering babies during Ceasarian section births. Or I could be in a First Stage/Observation Room, monitoring the baby's foetal heartbeat and the mother's contractions. But usually, I am in the Labour Ward assisting in delivering babies. Sometimes it's a normal vaginal birth, forceps delivery or vacuum-assisted delivery. No two shifts are ever the same.



## Sammah Binte Nadi, Staff Nurse I, Maternity Ward

**Why she entered nursing...** In secondary school, I joined the Red Cross team and found my calling.

**Where her career has taken her...** I started working at Mount Alvernia Hospital in 1980 and took up studies to become an Enrolled Nurse at the School of Nursing. After five years working as an Enrolled Nurse, I studied for my Diploma in Nursing at Nanyang Polytechnic, then went on to study for an Advanced Diploma in Nursing. I have been working in nursing for a total of 40 years.

**What she finds rewarding...** I get satisfaction from guiding new preceptees and students.

**What she finds challenging...** Difficult patients can be challenging. When problems arise, you need to face them and somehow find a way to resolve them.

**A special moment...** I am happy in those moments when I can be a role-model to others.

**Her thoughts on nursing...** Nursing is a noble job, and an ongoing learning process. It has made me a more responsible and patient person. I am proud to be a part of it.



## Myat Su Mon, Nurse Manager, Delivery Suite

**Why she entered nursing...** I wanted to do something that was challenging and interesting, which would enable me make a difference in people's lives.

**Where her career has taken her...**

I studied for my Diploma in Nursing at Nanyang Polytechnic from 2001 to 2003, then started working as a staff nurse in Mount Alvernia Hospital at the beginning of 2004. I then studied for my Advanced Diploma in Nursing (Midwifery) in 2006 and graduated in 2007, after which I joined Delivery Suite. I have been in nursing for 16 years and working as a midwife for 13 years. I now hold a Bachelor's degree in Nursing.

**What she finds rewarding...** Since you deal with many aspects of patient care, I enjoy the variety within the routine.

**What she finds challenging...** Working in the Delivery Suite can be stressful at times, especially when you have to deal with emergencies or unexpected situations.

**A special moment...** Whenever I assist a mother during her labour, monitoring the process, giving emotional support and helping during the delivery, the moment that I finally see the healthy baby in his or her mother's arms is very special.

**Her thoughts on nursing/midwifery...**

Nursing is a challenging job that requires knowledge, skills, hard work, passion, dedication and the ability to put yourself in the patient's shoes. You get to make a difference in people's lives every day.



## K Sarasvathi, Senior Parentcraft Lactation Consultant

**Why she entered nursing/midwifery...**

I made the decision to pursue nursing/midwifery because it is meaningful and rewarding. I was first drawn to the opportunity to provide care and comfort to patients in need, and now relish teaching eager and dedicated mothers the art of breastfeeding.

**Where her career has taken her...**

I became a registered nurse in 1985, a registered midwife in 1991, a lactation consultant in 2002 and a certified infant massage instructor in 2010. I have worked at Mount Alvernia Hospital since 1997 and been in the nursing industry for just over three decades.

**What she finds rewarding...** It is very rewarding to see mothers who were initially apprehensive about breastfeeding doing so with ease and confidence.

**What she finds challenging...** It can be challenging to adapt to the different learning styles of the mothers I am teaching how to breastfeed.

**A special moment...** Years after delivering, some mothers approach me with their happy, healthy children and express their gratitude.

**Her thoughts on nursing/midwifery...**

Being a lactation consultant is a dynamic job. On any one day, I could be performing a range of tasks from supervising breastfeeding, seeing outpatients and conducting interactive sessions to conducting antenatal classes. If you want to make a living out of impacting the lives of others positively and meaningfully, then nursing is the profession for you.





# Serving for the Longest Time

Some of our esteemed Long Service Award recipients share their fond memories of working at Mount Alvernia Hospital. They reflect on the changes and constants over the years, and share their hopes for the years to come.

**LEELAWATHI PHILOMENA, SENIOR HEALTHCARE ASSISTANT, OPERATING THEATRE, 50 YEARS OF SERVICE**

**What has changed...** So much! We now have many more staff and doctors and two specialist medical centres, as well as more medical/surgical and maternity wards, an endoscopic centre, more operating theatres, shops, a big business office and a spacious car park with good security.

**What has not...** The hospital's commitment to caring for and serving the sick, praying and comforting them regardless of race or religion, to ease their worries with holistic care. We continue to serve all with love.

**On receiving her Long Service Award...** I felt honoured, humbled and proud, all at the same time. I am happy to be able to continue to be of service to patients, doctors, and all of the hospital's internal and external customers.

**Why she stayed so long...** The culture and nurturing by the FDFM Sisters and the nursing leaders in the operating theatres. As I am Catholic, this is also a hospital of my faith.

**Her plans for the future...** I intend to work for as long as I am healthy and able to do my best, with God's blessing and that of the Management.

**KOAY KEAN CHENG (SUSAN), PATIENT SERVICE ASSISTANT, CLINICAL QUALITY & INFORMATICS, 45 YEARS OF SERVICE**

**What has changed...** The physical shape of the hospital has gone from empty land to new maternity wards and Medical Centres A & D. We have also transitioned from manual to digital record-keeping, and the staff are constantly upgrading their skills and attending courses.

**What has not...** The warm and friendly environment and the commitment to serve all with love.

**On receiving her Long Service Award...** Joy in my achievement of serving the hospital for 45 years.

**Why she stayed so long...** I enjoy working with the FMDM Sisters, doctors and patients, and being a listening ear to patients' relatives. I continue to be guided by Christian values.

**Her plans for the future...** To continue working as long as I am healthy, and to remain a Sunday volunteer in other organisations.

**LOVAMBAL D/O RAJOO, SENIOR HEALTHCARE ASSISTANT, ST GABRIEL, 40 YEARS OF SERVICE**

**What has changed...** Everything used to be handwritten, now everything is recorded with digital technology. In the past, the wards were run by the FMDM Sisters, while today they are run by lay staff.

**What has not...** Friendships are constantly being forged among colleagues as we work alongside each other.

**On receiving her Long Service Award...** I felt nostalgic and proud to have seen the hospital grow and evolve.

**Why she stayed so long...** The compassion and love that the Sisters have shown to my family, coupled with the care and concern shown to me by past and present ward sisters during my difficult moments. It has touched my heart deeply.

**Her plans for the future...** I will work here as long as I am still strong. Mount Alvernia Hospital will always have a special place in my heart – it is my second home.

**TOH WAI KENG (THERESA), SENIOR PATIENT SERVICE OFFICER, FRONT OFFICE, 35 YEARS OF SERVICE**

**What has changed...** Work processes are more complicated due to modern technology.

**What has not...** Meal subsidies.

**On receiving her Long Service Award...** Proud to be a part of the Mount Alvernia Hospital family.

**Why she stayed so long...** The hospital's culture and values.

**Her plans for the future...** I have no plans to retire, and hope to work for as long as possible.

**DORIS LEK LEE CHU, EXECUTIVE, BUSINESS OFFICE, 30 YEARS OF SERVICE**

**What has changed...** In the past, most of our tasks were done manually, from writing the doctors' worksheets to recording the charges incurred by patients. We even had to memorise the charge codes for billing. Now, we have systems and technologies to handle such tasks. The scope of the Business Office has also expanded. In the past, staff specialised in specific tasks such as patient discharge, cashiering, billing or claim submissions. Now, they have to be highly versatile and multi-task, performing a wide range of functions from frontend to backend.

**What has not...** The mission, values and culture of the hospital. The chapel has always been a place where one can find peace and tranquillity when faced with difficulties at work or home. The smiles, care, love and sharing of moral teachings from the FMDM sisters have also remained a constant source of inspiration for me.

**On receiving her Long Service Award...** Amazed and grateful for being able to work alongside a diverse group of professional staff from different races and nationalities.

**Why she stayed so long...** When I stepped into the hospital 30 years ago, I instantly felt that this was a very special place, imbued with a comforting inclusiveness, spirituality and discipline. Over the years, the hospital has given me opportunities to develop myself into the person I am today. The satisfaction and fulfilment at work continue to drive me, especially when I see patients being healed.

“The hospital's commitment to caring for and serving the sick, praying and comforting them regardless of race or religion, to ease their worries with holistic care. We continue to serve all with love.”

*Leelawathi Philomena*

**Her plans for the future...** I have no plans for retirement, and intend to work as long as I can. I believe that one should keep moving on and not become stagnant.

**TEE SIOK HUI MAGARET, PATIENT SERVICE OFFICER, REHABILITATION, 20 YEARS OF SERVICE**

**What has changed...** Now there is digital technology!

**What has not...** No two days are ever alike. Change is a constant.

**On receiving her Long Service Award...** Awesome!

**Why she stayed so long...** I love the new set of challenges that every working day brings.

**Her plans for the future...** I am set to work past 70 years old.

**LOW OI FONG, MANAGER, DIAGNOSTIC IMAGING, 20 YEARS OF SERVICE**

**What has changed...** Modern technology has changed the workflow and improved patient care. The hospital has been upgraded and ward capacity has increased.

**What has not...** The vision, mission and values of the hospital have remained the same.

**On receiving her Long Service Award...** I felt very honoured.

**Why she stayed so long...** The good rapport and support among staff.

**Her plans for the future...** I have no immediate plans for retirement.





# Congratulations to Our Long Service Award Recipients 2020

## 50 YEARS

Leelawathi Philomena, Senior Healthcare Assistant,  
Operating Theatre

## 45 YEARS

Khoo Lai Wah Sharon, Patient Service Officer,  
Front Office ★ Koay Kean Cheng, Patient Service Assistant,  
Clinical Quality & Informatics ★ Tan Hoe Tin, Housekeeper,  
Housekeeping

## 40 YEARS

Kee Muar Choon, Advisor, 24-Hr Clinic & Emergency Services  
★ Lovambal D/O Rajoo, Senior Healthcare Assistant, St Gabriel

## 35 YEARS

Anusia Devi D/O Nagaiyan, Senior Healthcare Assistant,  
Our Lady ★ Christina Hoe Siew Tin, Nurse Manager,  
Operating Theatre ★ Jerome Rosalind G, Patient Service  
Officer, St Clare ★ Narayani D/O Sankunni Nair, Senior  
Healthcare Assistant, Delivery Suite ★ Toh Wai Keng,  
Senior Patient Service Officer, Front Office

## 30 YEARS

Lek Lee Chu, Executive, Business Office ★ Mohamed Bajuri  
Samani, Storekeeper, Food & Beverages ★ Yap Kim Ying,  
Senior Staff Nurse, St Gabriel

## 25 YEARS

Ho Leng Chuan, Assistant Manager, Clinical Quality &  
Informatics ★ Thong Nyoot Ha, Senior Enrolled Nurse,  
St Raphael ★ Victness S/O Ayasamy, Senior OT Technician,  
Operating Theatre

## 20 YEARS

Hazali Bin Mohamad, Senior Storekeeper, Materials  
Management Dept ★ Krishna Veny A/P M Sinnamuthu,  
Senior Enrolled Nurse, St Clare ★ Lee Eng, Kitchen Aide,  
Food & Beverage ★ Low Oi Fong, Manager, Diagnostic Imaging  
★ Munisvary D/O Gopal, Patient Service Officer, 24-Hr Clinic &  
Emergency Services ★ Neo Cheok Guan, Executive, Finance  
★ Nordiana Binte Abdul Kader, Nurse Clinician, Operating  
Theatre ★ Saida Binte Mohamed Aripin, Nurse Clinician,  
St Gabriel ★ Tee Siok Hui Margaret, Patient Service Officer,  
Rehabilitation ★ Zaiton Hamzah, Senior CSSD Assistant,  
Central Sterile Services Dept

## 15 YEARS

Agnes Maria Dass, Senior Nurse Manager, Day Ward  
★ Aminah Bte Wahab, Muslim Cook, Food & Beverage  
★ Ernesto Jr Catan Lazalita, OT Technician, Operating  
Theatre ★ Lim Di-Yi Phyllis, Senior Pharmacy Technician,  
Retail Pharmacy ★ Loong Siew Foong, Senior Radiographer,  
Diagnostic Imaging ★ Maribel Palando Napao, Radiographer,  
Diagnostic Imaging ★ Myat Su Mon, Nurse Manager,  
St Michael ★ Poh Mun See Amelia, Senior Staff Nurse,  
Neonatal Intensive Care Unit ★ Rohaya Binte Ahmad, Patient  
Service Assistant, Business Office ★ See Hock Fah, Assistant  
Director, Materials Management Dept ★ Thow Mei Kuen, Senior  
Speech Therapist, Rehabilitation Centre ★ Trinidad Marydel  
Arcilla, Senior Enrolled Nurse, St Gabriel ★ William Francis De  
Jesus Pontilla, OT Technician, Operating Theatre

## 10 YEARS

Ana Liza Emerenciana Fernandez, Senior Staff Nurse,  
Our Lady ★ Anthouwanath Margaret, Kitchen Aide,  
Food & Beverages ★ Chen Mei Yun, Cashier, Coffee House  
★ Chiu Kok Hwa, Senior System Support Officer, Technology  
& Strategy ★ Chuang Keng Suan, Cook, Food & Beverages  
★ Fernandez Alfonso Maiquilla, CSSD Assistant,  
Central Sterile Services Dept ★ Honeylie Concepcion Aribato,  
Staff Nurse, Intensive Care Unit ★ Jamilah Binte S H Mohd  
Ismail, Patient Service Officer, Business Office ★ Kopila Rana,  
Senior Staff Nurse, St Francis ★ Lim Ah Tuan, Senior Kitchen  
Aide, Food & Beverages ★ Mary Joy Araboy Amita,  
Senior Staff Nurse, St Dominic ★ Mceune Mee Lin, Nurse  
Manager, Nursing Administration ★ Mini George, Senior Staff  
Nurse, St Raphael ★ Mohamad Nor Bin Dol, Senior Security  
Officer, Security ★ Nang Mya Thein, Senior Staff Nurse,  
Delivery Suite ★ Rafiah Binte Raimi, Staff Nurse, St Joseph  
★ Sim Meiyun Amanda, Senior Staff Nurse, Our Lady  
★ Tay Sui Huay Grace, Senior Pharmacist, Pharmacy  
★ Teo Yong Heng, Cook, Food & Beverages ★ Yuen Liyi  
Magdalene, Staff Nurse, 24-Hr Clinic & Emergency Services

## 5 YEARS

Ahmat Nazreen Bin Ahmat Ja Affar, Technician,  
Facilities Management ★ Arugay Leah Andallo, Staff Nurse,  
Intensive Care Unit ★ Aruta Ma Teresa Cervantes,  
Enrolled Nurse, St Clare ★ Boon Soon Pen, Cook,  
Food & Beverages ★ Chang Fa Shing, Executive Sous Chef,  
Food & Beverage ★ Chen Yaqing, Staff Nurse, Day Ward  
★ Chiu Hock Ann Eddie, Senior Engineer, Facilities  
Management ★ Chua Chin Boh, Security Officer, Security  
★ Chua Lay Siang, Senior Executive, Medical Affairs  
★ Dolor Melicca Soliven, Senior Staff Nurse, St Clare  
★ Elisabeth Ng Siok Peng, Senior Executive, Mission  
★ Espineli Marinel Animas, Staff Nurse, St Joseph  
★ Eva Prexyrose Jocelle Bandalan, Staff Nurse,  
Intensive Care Unit ★ Frances Daphne Lu Li,  
Radiographer, Diagnostic Imaging ★ Galang Maria Charisma  
Ferrer, Senior Staff Nurse, St Clare ★ Ganeswari Apparow,  
Senior Manager, Pharmacy ★ Gavino Joan Mari Dimayacyac,  
Staff Nurse, Our Lady ★ Goh Hui Ying, Senior Executive,  
Human Resource ★ Goh Mui Hoong, Executive, Housekeeping  
★ Gonzales Luis Sia, Senior OT Technician, Operating Theatre

★ Jang A-Nam, Lab Technologist, Laboratory ★ Jao Earn Cris  
Quintana, Staff Nurse, Operating Theatre ★ Julius Subrado  
Duhaylungsod, Senior Engineer, Facilities Management  
★ Kartikawani Binti Asmawi, Nurse Manager, Delivery Suite  
★ Karuppiah Subramanian, Senior Technician, Facilities  
Management ★ Koay Kean Theam, Cook, Food & Beverages  
★ Lee Lucksmie Arroyo, Patient Service Officer, Business Office  
★ Lee Yee Ling Geraldine Victoria, Staff Nurse, St Gabriel  
★ Leones Jhon Christopher Ranada, Engineer, Facilities  
Management ★ Leow Yufen Dorinda, Senior Radiographer,  
Diagnostic Imaging ★ Loh Sin Long, Senior Accountant,  
Finance ★ Lum Mei Jun, Senior Executive, Business Office  
★ Madera Elaine Gerona, Staff Nurse, Delivery Suite  
★ Magcalayo Rolando Ymana, Patient Service Officer,  
24-Hr Clinic & Emergency Services ★ Maningas Regina  
Giecelle Torres, Staff Nurse, Delivery Suite ★ Manuel Avenguza  
Baylon, Senior Executive, Housekeeping ★ Mohd Azli Bin Ali,  
Healthcare Assistant, Operating Theatre ★ Nan Pyone Mya  
Soe, Radiographer, Cardio-Vascular Laboratory ★ Nathiaya  
Nandakumar, Staff Nurse, 24-Hr Clinic & Emergency Services  
★ Ngang Phaik Kiang, Waitress, Coffee House ★ Nur Melawati  
Binte Kamar Zaman, Enrolled Nurse, Nursing Administration  
★ Padua Marie Grace Yabut, Staff Nurse, Day Ward  
★ Pascual Lady Dianne Punzalan, Staff Nurse, Neonatal  
Intensive Care Unit ★ Karen Poon, Director, Mission  
★ Raginder Singh S/O Gurdit Singh, Security Officer, Security  
★ Rajan Bhattarai, Sous Chef, Food & Beverages ★ Salazar  
Madeleine Garcia, Radiographer, Diagnostic Imaging  
★ Saraniah D/O Elavalahan, Enrolled Nurse, Our Lady  
★ Saraswathy A/P Ponusamy, Kitchen Aide, Food & Beverages  
★ Sein Zargi Nywe, Staff Nurse, Operating Theatre  
★ Siti Aishah Binte Khamis, Patient Service Assistant,  
Diagnostic Imaging ★ Siti Radiah Binte Kamis, Patient Service  
Officer, Laboratory ★ Suriah Binte Samsuri, Patient Service  
Assistant, Business Office ★ Suriyanti Tjia, Senior Engineer,  
Biomedical Engineering ★ Tan Gek Hiok, Nurse Manager,  
Nursing Administration ★ Tay Chong Boon Andy, System  
Engineer, Technology & Strategy ★ Teo Sue Siew Fanny,  
Executive, Finance ★ Torrefiel Maria Dolores Catherine Espina,  
Staff Nurse, St Dominic ★ Umah A/P Anandan, Housekeeper,  
Housekeeping ★ Wang Qian, Staff Nurse, St Gabriel  
★ Wang Soon Juan, Senior Healthcare Assistant,  
Operating Theatre ★ Wee Gek Hong Juliet, Nurse Manager,  
Neonatal Intensive Care Unit ★ Yang Sze Ting Christine,  
Senior Staff Nurse, St Clare ★ Yong Sow Kham,  
Patient Service Officer, Business Office ★ Zheng Jie,  
Physiotherapist, Rehabilitation Centre



# Dr Tony Tan and Dr Pay Lu Lu

We spoke to husband and wife doctors, Dr Tony Tan, Consultant Obstetrician and Gynaecologist, Tony Tan Women and Fetal Clinic, and Dr Pay Lu Lu, Consultant Anaesthetist, PLL Anaesthesia Clinic, about working together, having babies, and their marriage of true minds.



**MyAlvernia:** How did you two meet?

**Dr Tan:** We were from different junior colleges and first met in medical school when we became classmates. It was during our first year of medical school in 1987 that we started to date. We then went on to work closely in the same clinical group for the last three and a half years of medical school.

**MyAlvernia:** Was it a long courtship?

**Dr Pay:** We both got married in 1997 after 10 years of dating! At the time, we were both young medical trainees in our chosen specialties – Tony was in Obstetrics and Gynaecology at KK Women's and Children's Hospital (KKH) and I was in Anaesthesia at Changi General Hospital.

**MyAlvernia:** When did you start working together?

**Dr Pay:** Tony had wanted to specialise in obstetrics and gynaecology since he was a third-year medical student. I had initially wanted to be a GP until I did a polyclinic posting and realised that it was not my

cup of tea. Then my best friend was doing anaesthesia and loved it, and told me to give it a try. I did and there was no turning back. Till today, I still love what I do.

**“We are so familiar with one another that subtle movements like an upwards glance whilst I am operating would let her know that I am worried about blood loss or something.”**

*Dr Tony Tan*

**Dr Tan:** I also had a role to play in Lu Lu deciding to subspecialise in obstetric anaesthesia at KKH. The reason at that time was simple – we could then share one car to go to work!

**MyAlvernia:** We understand that you often work together. What is it like working alongside your husband?

**Dr Pay:** We have worked together for 20 years now. We know each other's habits inside out. He is the only surgeon who is very accommodating to my schedule.

**MyAlvernia:** Dr Tan, what are the pros and cons of working with your wife?

**Dr Tan:** My wife knows everything. There are only advantages to having a wife who is also the regular anaesthetist, no cons. I know that because my wife told me so.

**MyAlvernia:** A well-trained husband and a well-trained doctor!

**Dr Tan:** On a more serious note, we are able to update each other of the recent advances in our own fields, and align our practices with the known best practices. We are so familiar with one another that subtle movements like an upwards glance whilst I am operating would let her know that I am worried about blood loss or something. She would quickly run



more intravenous fluids or set up another intravenous plug for possible use for fluid resuscitation.

We also know that we have each other's back in all emergencies. Once, I was urgently called in the wee hours of the morning by the labour ward to attend to a colleague's patient who had just been admitted with very poor heartbeat tracing of the foetus. She had to have a Caesarean section done as soon as possible. My wife was already partially woken by my ringing phone and my loud conversation with the labour ward nurse. We both jumped out of bed quickly, changed and drove immediately to the hospital. During the car ride, we had already established a plan for the emergency Caesarean section. I dropped her off quickly while I parked. When I reached the operating theatre, the anaesthesia was already in progress. By the time I scrubbed up, I was ready to perform the Caesarean section. Fortunately, both mother and child did well after the Caesarean section.

**Dr Pay:** The only con is that we both tend to wake up when one of our phones rings in the middle of the night.

**MyAlvernia:** Do you ever have professional differences of opinion?

**Dr Tan:** Occasionally. And when we do, we review the latest evidence on the issue at hand and try and convince the other person of our point of view. If we still disagree, I will take the call if it is an obstetric or gynaecologic issue, and Lu Lu makes the final decision if it is an anaesthetic issue.



**MyAlvernia:** When you were pregnant, Dr Pay, did you receive special treatment from your husband?

**Dr Pay:** No, he certainly did not fuss over me. In fact, we were very junior at that time and hospitalisation for pregnancy care was not covered by the hospital. To save money, I was admitted to a subsidised ward and he joked that I could be discharged directly from the labour ward two hours after delivery!

**MyAlvernia:** Is that how you remember it, Dr Tan?

**Dr Tan:** I was quite relaxed about the whole pregnancy. However during the delivery, there was an episode where the baby's heart beat was showing some signs of stress. I have to admit that I felt quite stressed then.

**MyAlvernia:** From your professional points-of-view, do you have any advice or words of encouragement for women contemplating motherhood?

**Dr Tan:** If women are contemplating whether to get pregnant earlier or later, earlier is almost always better. As many complications of pregnancy grow with increased age of the mother, getting pregnant earlier tends to reduce most risks of pregnancies. That said, the joy and relief of the parents after the birth of a healthy baby, regardless of the ease or difficulty of the pregnancy and delivery, is clearly well worth the sacrifices that they have put in to have their baby.

**MyAlvernia:** It must be immensely satisfying to help to deliver a healthy baby. What is that like for you both?

**Dr Tan:** We share the joy and relief of the parents. At Caesarean sections, Lu Lu would be busy snapping photos of the baby with the mum and dad. As Lu Lu is into photography, she is able to capture the joy of the moment of the family pretty well.

**MyAlvernia:** How do you attain a work-life balance?

**Dr Pay:** We have shared hobbies. We love to travel. We do meditation and Pilates together, and like to take walks in the evenings around our estate.

**MyAlvernia:** Do you consciously separate your professional and personal lives?

**Dr Tan:** No, we don't. There's no need to unless we are dealing with patients. We really enjoy our work and we enjoy each other's company.

**MyAlvernia:** And we really enjoyed the conversation. Thank you, both.

**Dr Tony Tan**  
Consultant Obstetrician and Gynaecologist  
Tony Tan Women and Fetal Clinic  
Medical Centre D #07-66

**Dr Pay Lu Lu**  
Consultant Anaesthetist  
PLL Anaesthesia Clinic  
Medical Centre D #07-66



# All About Stents

Everyone could have heard of stents – those amazing, potentially life-saving little devices that millions of people are walking around with inside their bodies. But what exactly are they, how are they inserted, and how have they changed over the years? Dr Brian Khoo, Cardiologist, Ascension Heart Centre, gets to the heart of the matter.

## WHAT ARE THEY?

“Stents are tiny coils, made of composite metal, that are inserted into blocked blood vessels. Once inserted, they are expanded and left in place to keep the vessels open. Essentially, they act as scaffolds,” explained Dr Khoo, who specialises in interventional cardiology.

Though stents can be used in any blood vessels in the body, they are most commonly used in heart arteries. The stents used in heart arteries are coated with a layer of medication to reduce the risk of the blockage recurring. This type of stent is called a drug-eluting stent (DES).

## HOW ARE THEY INSERTED?

Stents are inserted via a procedure called coronary angioplasty, which is performed on patients with severe heart

“Since 2002, DES have become the gold standard in treating patients with heart artery blockages. We are now using the third generation of DES. Heart stent technologies have improved in leaps and bounds.”

artery blockages. This is determined by performing a coronary angiogram.

A coronary angiogram involves inserting a catheter, a small thin hollow tube some 2 to 3 millimetres in diameter, through an arm or through the groin into an artery. The catheter delivers dye into the arteries so that they show up on X-rays. A series of X-rays is then taken to determine the health of the arteries.

If a doctor detects severe heart artery blockages, he or she will perform coronary angioplasty straight away. This involves the insertion of a small balloon into the blocked artery. The balloon is carefully inflated to open up the artery, after which a drug-eluting stent is put in place and expanded. The balloon and catheter are then removed, while the stent is left in place.

The whole procedure, both angiogram and angioplasty, takes one to two hours and is performed under local anaesthetic with mild sedation.

## HOW EFFECTIVE ARE THEY?

Dr Khoo confirmed that coronary angioplasty is the most effective technique to prevent further re-narrowing of the heart arteries, known as restenosis.

“In Singapore, the success rate of coronary angioplasty exceeds 95 percent, which is comparable with international statistics,” explained Dr Khoo. However, he qualified that for certain cases, the success rate may be lower.

## HOW HAVE THEY EVOLVED?

According to Dr Khoo, the early coronary angioplasty procedures performed in the 70s were without stent deployment. Then came the first generation of stents, which were called bare metal stents as they were not coated with a layer of medication.

“Since 2002, DES have become the gold standard in treating patients with heart artery blockages. We are now using the third generation of DES,” shared Dr Khoo. “Heart stent technologies have improved in leaps and bounds.”

## ARE THEY ALL THE SAME?

While all DES have the same general components, they differ with respect to the stent platform, the polymer used, and the type of drug used in the coating. They also vary in diameter and length.

The doctor will decide which size and type of DES is best for the patient after performing a coronary angiogram.



## WHAT DOES THE FUTURE HOLD?

“The holy grail of coronary angioplasty is to perform the procedure safely without the need for any metallic scaffold at all,” said Dr Khoo.

Though coronary angioplasty with metallic DES is considered a common and relatively safe procedure, it carries a small risk of allergic reactions, infections, blood clotting and other complications. These stent-related adverse cardiovascular outcomes could theoretically be avoided if stents were not permanent metallic prostheses, but temporary implants that dissolve when their work is done.

To this end, ongoing research and development is focusing on the development of bioresorbable vascular scaffolds (BVS). However, Dr Khoo cautioned that the clinical trials of the first-generation BVS have been

disappointing, compared with current-generation metallic DES. He added that the newer-generation BVS, which are being developed with thinner struts, are showing more promising preliminary results.

## HOW LONG DOES IT LAST?

Until the next leap forward in stent technology, today's stents continue to hold up well. If your doctor recommends coronary angioplasty with stent insertion, rest assured that your stent will likely last the rest of your life. Combined with a healthy diet, regular exercise and possibly medication, hopefully that will be a very long time.

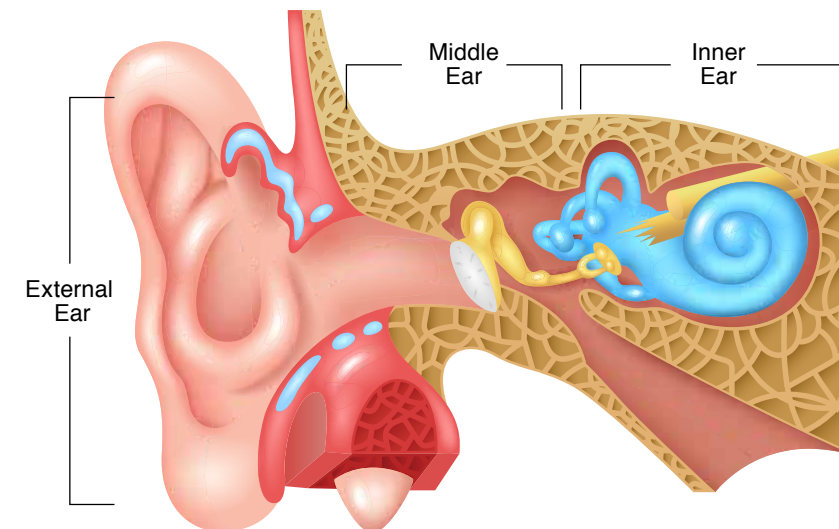
**Dr Brian Khoo**  
Cardiologist  
Ascension Heart Centre  
Medical Centre D #07-60





# Looking After Hearing

Hearing enables us to develop language and communicate, to experience the joy of music and the ever-present soundtrack of nature, to respond to the cries of those in need, and to flee from sounds of impending danger. Dr David Chin, Consultant ENT Surgeon, ASCENT Ear Nose Throat SG Alvernia, explains how and why hearing loss occurs, and what can be done to prevent it.



## TYPES OF HEARING LOSS

Dr Chin explained that problems with hearing may arise from the external, middle or inner ear. When the problem is in the external or middle ear, examination of the ear with an otoscope will usually suffice for a diagnosis. When the ear canal and ear drum appear normal, the problem usually lies with the inner ear.

Common causes of hearing loss arising from the external ear are obstruction with ear wax and external ear infection. If the problem is in the middle ear, this is usually due to middle ear fluid build-up, or an infection. The latter is usually due to infection of the adenoids (especially in children) or sinusitis. However, it can occasionally be a symptom of nasopharyngeal cancer.

The most common type of hearing loss due to the inner ear is degenerative hearing loss caused by ageing, known as presbycusis.

"Age-related hearing loss happens to everyone. Young children can detect sounds at 20,000 Hz but most adults beyond 30 years cannot," stated Dr Chin.

Other types of hearing loss are noise-induced hearing loss (NIHL); and sudden sensorineural hearing loss (SSNHL), which is defined as a loss greater than 30dB in three contiguous frequencies, occurring over a period of less than three days.

SSNHL has many possible causes including viral infection, head trauma, exposure to drugs and chemicals, and restricted blood flow to the ear. It can also

be a complication of several disorders and diseases. If SSNHL is suspected, it is important that the patient is assessed and treated within the first few days of onset, so that causes requiring immediate treatment are identified and addressed.

**"These days, occupations with high levels of noise exposure, such as construction and working in factories, are regulated in Singapore."**

## PERMANENT VS. REVERSIBLE HEARING LOSS

The good news is that hearing loss related to the external or middle ear is usually reversible, according to Dr Chin.

For example, if a patient's ear canal is completely blocked by ear wax, simply removing it restores normal hearing immediately. If there is fluid in the middle ear, restoration of the normal air-filled environment brings hearing to almost normal levels. Myringotomy and tympanostomy tube insertion (M&T) is one of the most common procedures for middle ear fluid in children. Immediately after an M&T, patients are usually able to

hear at the level prior to the development of middle ear fluid.

With SSNHL, the majority of patients can expect some improvement if early treatment with steroids is instituted.

## WHO IS AT RISK

The most preventable type of hearing loss is noise-induced hearing loss.

"These days, occupations with high levels of noise exposure, such as construction and working in factories, are regulated in Singapore," shared Dr Chin. "Hearing protection measures, including the wearing of ear plugs or ear muffs, are instituted in the Workplace Safety and Health (Noise) Regulations, 2011."

Dr Chin shared that other than noise in the workplace, those most at risk of noise-induced hearing loss are those who are exposed to noise in an unregulated setting, most often social.

"Unregulated noise includes exposure to loud music, either live or through ear phones. Even working in a noisy amusement arcade may result in undue exposure to noise. Teenagers and young adults are thus most at risk of this type of hearing insult," explained Dr Chin.

## EARLY PRECAUTIONS

For children in Singapore, compulsory vaccination (especially for measles, mumps and Rubella or MMR) minimises the incidence of congenital hearing loss.

Fortunately, worldwide newborn hearing screening allows for those with possible hearing problems to be identified and helped early.

"Children aged between 3 and 9 years are most at risk for hearing loss from middle ear effusion and infection due to adenoiditis/sinusitis. As this is an important developmental period for speech and social development, hearing loss should be quickly identified and managed," advised Dr Chin.

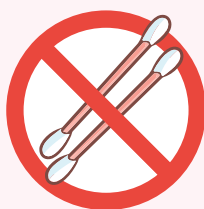


#### LIFELONG PREVENTION

Dr Chin offers these tips for hearing health.

##### Minimise the risk of external infection

- Avoid behaviours and/or manage conditions that increase the risk of external ear infection, such as digging ears with picks/ear buds.
- If your ear tends to have frequent build-up of wax, consult your doctor or ENT and discuss a plan for maintenance of aural health.



##### Minimise exposure to noise

- If you use ear phones, do not use an excessively high volume setting. As a rule of thumb, it should not be so loud that a person next to you can hear it.
- Limit periods of noise exposure. For example:
  - < 4 hours at the level of sound of an average amusement arcade
  - < 2 hours at a level of sound at a rock concert
- Use hearing protection devices when possible. For example, a musician practicing may choose to use ear plugs/muffs.



Even when the above preventive measures are taken, Dr Chin stresses that cumulative exposure levels of noise will still pose a risk to hearing.

##### Look after your general health

- Maintain good overall health. An association between diabetes mellitus (DM) and age-related hearing loss has been shown in research, so any measures taken to prevent or manage DM are likely to benefit hearing health.



#### WHEN TO GO FOR HEARING TESTS

There is no one-size-fits-all recommendation for hearing tests, according to Dr Chin. In some industries with a high risk of noise exposure, workers start hearing screening in their 40s. If there are no risk factors, hearing screening should be done when people start to notice that their hearing is not as good as it used to be.

**“Blindness cuts us off from things, but deafness cuts us off from people.”**

*Helen Keller, late deaf-blind activist and author*

##### Some common signs that hearing is beginning to deteriorate include:

- Not hearing so well with competing sound – such as when several people are speaking at the same time
- Having to ask people to repeat what they are saying
- Having to increase the volume of the television or music compared to before
- Not hearing soft sounds well but experiencing discomfort when hearing louder sounds
- People saying that you are speaking too loudly or even shouting all the time



#### TYPES OF HEARING TESTS

The most common type of hearing test is pure tone audiometry (PTA), which is done in a soundproof room. Hearing for each ear is individually tested by asking the patient to detect if they can hear the sound which is presented to them. The pure tone refers to sounds at specific frequencies from 500 Hz (low sound) to 8,000 Hz (high sound).

For children, special formats for the audiometry are required in order to determine if a sound is heard, because they may be too young to follow instructions reliably.

In addition, a test known as otoacoustic emissions (OAE) is a quick screening that can be done without any voluntary response from the child. In this test, vibrations from the outer hair cells of the inner ear can be recorded in response to stimulation at different sound frequencies.

In special circumstances, hearing is tested using words presented at a specified volume and scoring the percentage of words correctly heard.

#### ‘LISTEN’ TO YOUR HEARING

Since age-related hearing loss is inevitable, and the cumulative effects of exposure to noise affect hearing over the long term, we should all be mindful of our hearing health, especially as we age.

The late deaf-blind activist and author Helen Keller once said, “Blindness cuts us off from things, but deafness cuts us off from people.” Hearing is integral to social connectivity, which is in turn integral to a happy and fulfilled life.

“So, take responsibility for your own hearing,” urged Dr Chin.

Listen to the doctor, and ‘listen’ to your hearing.

**Dr Chin Chao-Wu David**  
Consultant ENT Surgeon  
ASCENT Ear Nose Throat SG Alvernia  
Medical Centre D #08-63



# The Mystery and the Misery of Leaky Gut Syndrome

In medical circles, controversy surrounds what the media and many alternative health practitioners call ‘leaky gut syndrome’. Dr Ng Tay Meng, Consultant Gastroenterologist, Ng Tay Meng Gastrointestinal Hepatology Centre, provides a professional opinion.

#### WHAT IS LEAKY GUT SYNDROME?

“Leaky gut syndrome (LGS), also known as hyper permeable gut or dysfunctional gut barrier, is not a disease by itself but rather a relatively recent concept used to explain the pathogenesis, or origins and development, of some gastrointestinal and extra-gastrointestinal diseases,” shared Dr Ng.

While a growing body of evidence suggests that LGS plays an important role in many chronic diseases, the question of whether it is the cause or effect of these diseases has yet to be answered.

#### THE ROLE OF THE INTESTINAL BARRIER

To understand LGS, it is essential to grasp a basic understanding of the role of the gut’s intestinal barrier.

The human body is protected from external harmful factors such as bacteria, viruses, toxin and chemicals by the intestinal barrier. This semi-permeable barrier allows the absorption of food and nutrients, but at the same time prevents the entry of harmful agents into the bloodstream and body.

The intestinal barrier is not just a physical barrier but a functional immunological one as well. It consists of four components – a protective mucus layer, a cellular layer with tight junctions, gut bacterial flora, and immune components of cytokines and immune cells. The integrity of the barrier requires the dynamic and symbiotic interaction of these components.

Any factors that disrupt the integrity of any of these components can make the barrier become more ‘porous’ or defective, allowing the passage of harmful bacteria, viruses, toxins and chemicals into our bloodstreams and tissues.



“The presence of these harmful agents will then trigger an immune response from the body’s immune system, creating antibodies and immune cells to destroy them. Chronic overstimulation of the immune system will lead to chronic inflammation in the body or organs, resulting in diseases,” said Dr Ng.

#### WHAT ARE THE SYMPTOMS?

According to Dr Ng, the symptoms associated with LGS are numerous, and vary depending on the disease or organs affected.

If the organ affected is the gut, LGS may cause gastrointestinal symptoms such as chronic diarrhoea, constipation, flatulence, abdominal pain or bloating and nutritional deficiency, which also occurs in patients with irritable bowel syndrome, inflammatory bowel disease or celiac disease.

If other organs such as the skin, brain, nerves, and joints are affected, symptoms such as headache, chronic fatigue syndrome, body ache and pain, skin rash, acne or eczema and joint pain can occur.

#### WHAT ARE THE UNDERLYING CAUSES?

A number of gastrointestinal conditions, such as inflammatory bowel disease, irritable bowel syndrome, celiac disease and food allergies, are known to be associated with LGS.

“Certain lifestyle changes such as regular exercise, getting enough sleep every night and reducing stress can improve digestion and support a healthy gut.”

Though conclusive data is lacking, scientists also suspect that LGS plays a role in metabolic or systemic diseases such as diabetes mellitus, cardiovascular disease, autoimmune disease, autism,

fibromyalgia, dementia, multiple sclerosis, obesity, skin disease and chronic fatigue syndrome.

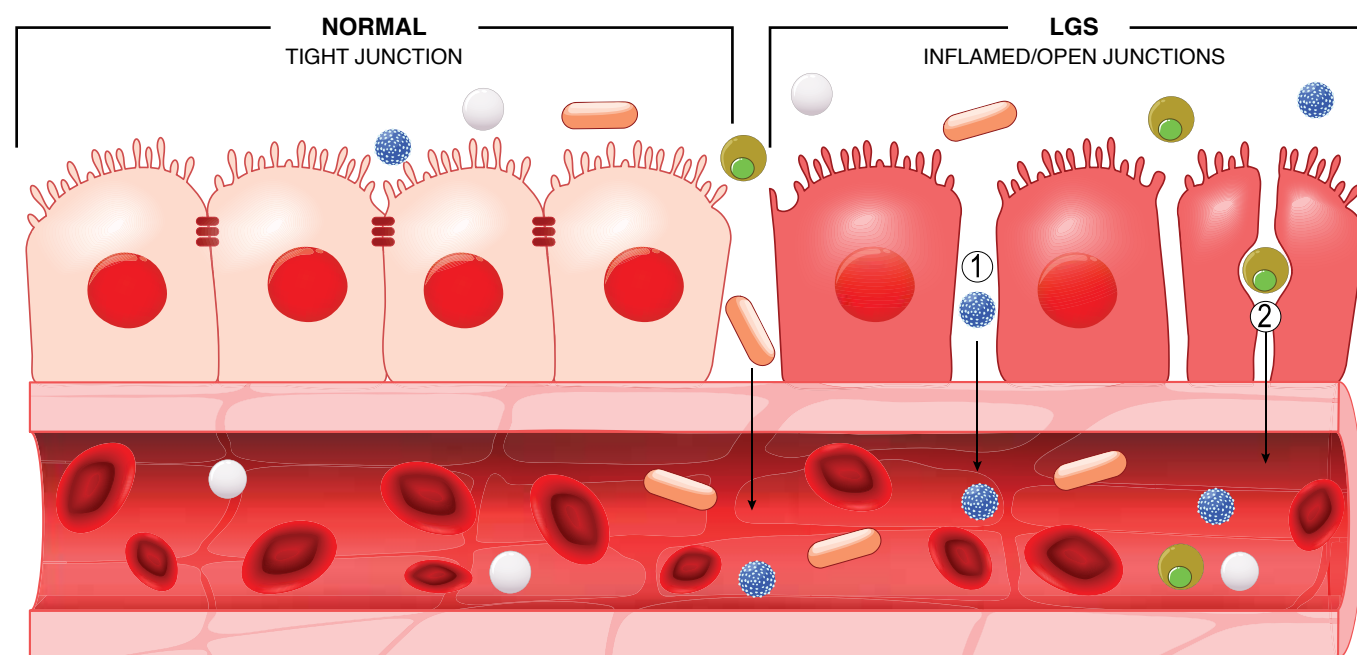
#### WHO IS AT RISK?

Aside from genetic factors, the following factors increase the risk of developing LGS.

**Diet** – An excessive intake of carbohydrates and sugar, especially fructose, can impair the intestine’s barrier function. Certain food additives or preservatives such as emulsifiers have also been shown to deplete the protective mucus layer of the barrier making it defective. Nutritional deficiencies, especially in Vitamins A and D and Zinc, may also contribute to LGS.

**Lifestyle** – Heavy alcohol consumption, smoking, chronic stress and inadequate rest may also affect the gut health and contribute to LGS.

**Drugs** – The indiscriminate use of antibiotics and painkillers, especially the nonsteroidal anti-inflammatory drugs (NSAIDs) and proton pump inhibitors, can alter normal gut microbiota and disrupt the integrity of the gut barrier.



“The worst-case scenario is bacterial translocation into the blood stream from the defective intestinal barrier, causing sepsis and even multi-organ failure and death. The risk of intestinal cancer will also be increased if the disease is not controlled,” explained Dr Ng.

#### HOW CAN IT BE PREVENTED OR MANAGED?

The good news is, LGS can be prevented or managed with healthy lifestyle choices.

**Critical illness** – Patients who have undergone major abdominal surgery, patients on chemotherapy, trauma patients, burn patients and other intensive care unit patients also have a high risk of LGS due to a combination of factors such bacterial infection and hypo perfusion (reduced blood flow) of the gut.

#### HOW IS IT DIAGNOSED?

The tests used to diagnose the root cause of LGS depend on the associated disease suspected. For example, for inflammatory bowel disease or celiac disease, blood tests and a gastrointestinal endoscopy are often required. If small bowel bacterial overgrowth is suspected, then a simple breath test can be used for the diagnosis.

#### HOW IS IT TREATED?

Just as the method of diagnosis depends on the disease suspected, so does the treatment. For instance, if celiac disease is present then a gluten-free diet is mandatory and the gut will become normal after gluten avoidance. If the LGS is linked to inflammatory bowel disease, then specific therapy with immunosuppressive drugs will be required.

#### WHAT ARE THE POSSIBLE COMPLICATIONS?

If the underlying conditions associated with LGS are not diagnosed and addressed, serious complications can occur. For example, untreated LGS can lead to malabsorption of important nutrients and vitamins, intestinal stricture and perforation.

Very early in life, a mother can give her child the gift of gut health by breastfeeding.

“Breastfeeding has been shown to improve gut health and reduce the risk of gastrointestinal infections and allergies in infants. The colostrum in the breast milk contains immune cells and growth factors that help to stimulate the growth of intestinal cells and heal any intestinal barrier damage, thus preventing intestinal hyperpermeability,” explained Dr Ng.

#### WHAT NEXT?

“LGS is an exciting growing area for research, as it provides new targets for disease prevention and novel drug therapy for many chronic debilitating diseases for which we still do not have optimal drug therapy,” said Dr Ng.

Faecal transplants, which aim to manipulate and modify the bacteria microbiota in certain diseases such as obesity, inflammatory bowel disease and refractory Clostridium difficile colitis, are showing promising results.

Research continues on the use of probiotics and dietary modifications in the treatment of obesity and metabolic conditions such as diabetes mellitus and fatty liver disease.

“It is possible that one day we will be able to prevent or treat most chronic diseases by modifying what we eat and manipulating our gut microbiota,” suggested Dr Ng. “When Hippocrates said that all disease begins in the gut, he was far ahead of his time.”

You heard it from Dr Ng and Hippocrates. Give your gut the respect it deserves and you could give countless diseases the slip.

**Dr Ng Tay Meng**  
Consultant Gastroenterologist  
Ng Tay Meng Gastrointestinal  
Hepatology Centre  
Medical Centre A #06-01

“Breastfeeding has been shown to improve gut health and reduce the risk of gastrointestinal infections and allergies in infants.”

In particular, Dr Ng recommended choosing high-fibre foods that can boost the good bacteria in our gut flora, such as fruits, vegetables and legumes, and fermented foods such as plain yoghurt, kimchi and kombucha, which contain gut-friendly bacteria.

Dr Ng also advises against the long-term use of NSAIDs (non-steroidal anti-inflammatory drugs, which include most over-the-counter painkillers), proton pump inhibitors and antibiotics, all of which can affect the bacteria flora and increase gut permeability.





# First Foods, Future Health

The concept of early nutrition programming is based on the premise that the nutrition a child receives in the first 1,000 days of life will largely determine their future health. If children eat well early on, they will benefit later on. The theory is simple, but the practice can be challenging.

## FEED YOUR CHILDREN WELL

The nutrition a child receives during the infant and toddler years will have long-lasting effects on how the body develops and functions, and can also decrease the risk of certain diseases.

Food sources provide the energy for physiological and mental development, including weight, height, brain development, intelligence and so on. They have a direct impact on the health of the child, and the risk of metabolic disorders in childhood and in adulthood.

The most common disorder is obesity. Childhood obesity increases the risk of childhood diabetes, high cholesterol, asthma and even sleep apnoea. These conditions can persist into adulthood, and lead to early heart diseases. An overweight child may be psychologically affected as well. They could be bullied at school and develop low self-esteem.

While you may be tempted to spend extra on organic foods, based on the popular belief that they are nutritionally superior, do remember that an excessive intake of calories will lead to obesity, organic or not.

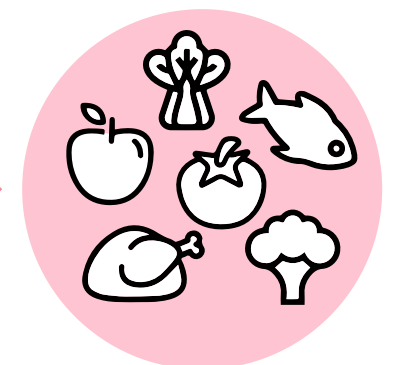
**There is no one food that is recommended as a first food. The only hard and fast rule is that first foods should contain ingredients, and be offered one at a time.**



**FIRST FOODS**  
Single ingredients



**NEXT FOODS**  
Finger foods



**AT 12 MONTHS**  
Variety of foods

Breast milk is the undisputed gold standard for infant nutrition. The World Health Organization recommends that mothers exclusively breastfeed their infants until six months of age, after which complementary nutritious foods should be given. But then comes the question of what to give and when to give it.

## FIRST FOODS – THE ‘WHAT’

There is no one food that is recommended as a first food. The only hard and fast rule is that first foods should contain ingredients, and be offered one at a time. It is advisable to wait for three days before introducing a new single-ingredient foods, so that any possible allergic reactions can be observed.

Signs of allergic reactions include rash, swelling of the face, tongue or lip, vomiting or diarrhoea, wheezing or shortness of breath. Common food allergens include seafood, eggs and cow's milk. Popular choices are single-grain infant cereals such as fortified rice cereal and fortified oat cereal, since they are unlikely to trigger an allergic reaction. They should be finely pureed, and contain no additives such as salt or sugar. Other suitable first foods are pureed fruits and vegetables.

## FIRST FOODS – THE ‘WHEN’

As to the question of when to introduce solids, age-based guidelines are only approximate, as babies develop at different rates. Your baby will ‘tell’ you when they are ready. The common signs of readiness for solid foods, or weaning, include:

- 1 Intense interest in other people's food, sometimes accompanied by grabbing
- 2 The disappearance of the tongue-thrust reflex that pushes food back out of the mouth, which usually means your baby is ready to swallow
- 3 An ability to sit upright with minimal support and handle a spoon, albeit clumsily at first

These signs tend to appear at around six months of age, but some babies are ready a little earlier and some a little later.

## NEXT FOODS

A couple of months after pureed single-ingredients have been introduced, babies typically move on to finger foods, which they can pick up for themselves. Soft pieces of fruit and vegetable and baby toasts and rusks are popular choices.

Of course, common sense should prevail, and small, hard pieces of food that could cause choking, such as nuts, seeds and chunks of hard fruits such as apples, should be strictly avoided.

## HOW OFTEN

To encourage a healthy relationship with food and satisfy a child's growing appetite, the number of mealtimes and snack times should be progressively increased. Here is a general guideline.

- 1 At 6 to 8 months of age: 2 or 3 meals per day
- 2 At 9 to 23 months of age: 3 or 4 meals per day, with 1 or 2 additional snacks in between

By 12 months, babies should be able to participate in family mealtimes and eat a good variety of foods.

## FUSSY EATERS

A common lament of many parents is that their toddler is a fussy eater. In fact, fussiness over food may not be cause for concern. Rather than forcing a child to eat, it is better to offer them a variety of food and encourage them to explore new tastes and textures.



## What to do if you have a fussy eater

### ✓ DO



Do stick to routine mealtimes and snack times



Do make food fun with natural colours and imaginative plating



Do involve your child in grocery shopping and meal prepping



Do sneak in grated veggies into sauces and casseroles for extra nutrients



Do set a good example by eating a variety of healthy foods yourself

### ✗ DON'T



Don't make separate meals for your child or cook dishes on demand



Don't allow them to leave the table at mealtimes even if they refuse to eat



Don't allow TV during mealtimes or mobile devices at the table



Don't offer unhealthy food bribes as a 'reward' for eating

#### WHEN TO SEEK HELP

If your child is failing to meet their developmental milestones, it is time to seek the advice of your doctor or paediatrician. After ruling out possible underlying causes such as gastroesophageal reflux, food intolerance, conditions involving the heart, lungs or endocrine system, or any one of a number of eating problems, they may refer you to a dietitian.

Meanwhile, best of luck in programming your child for a lifetime of healthy eating, and a long and healthy life.

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Reference:  
1. World Health Organization (WHO), 2017.  
<https://www.who.int/features/factfiles/dementia/en/>

\*If you have concerns, ask your healthcare professional today.



# Money Blunders that New Parents Should Avoid

When there is a new arrival in the family, new parents may feel overwhelmed and unsure about whether they have prepared for everything their little one could possibly need. Here are five money mistakes, commonly made by new parents, which you should avoid at all costs.



## 1. NOT MAKING USE OF GRANTS GIVEN

Singaporean babies can benefit from the Baby Bonus Scheme (which includes a cash gift for all Singaporean children) and government matching to savings into their Child Development Account. This money can be used for their early education, medical bills, optical needs and other necessities from approved institutions.

Take time to read through the related government policies and create a plan for how you would like to use these grants and government support for your children's development. You can find out more at this website <https://www.babybonus.msf.gov.sg>

## 2. OVERSPENDING ON UNNECESSARY ITEMS

Some parents find it hard to draw the line between necessities and novelty items for their little ones. Before buying those adorable shoes for your one-week-old baby who hasn't even started walking yet, it would be a good idea to ask experienced friends and family for a baby checklist.

This will save you from overspending on unnecessary items and cluttering up your storage space in the long run.

## 3. NOT HAVING LIFE INSURANCE FOR YOURSELF

Your children are completely financially dependent on you and your spouse, so it is important to get life insurance.

Thinking about your own death is not a happy proposition for anyone. But as a parent, you need to ask yourself this "What if" question. Make sure that your family will be well taken care of and that your children's education and healthcare will continue even if you are no longer there to provide for them yourself.

## 4. IGNORING EDUCATION SAVINGS

Education is the key to success, so it is important to start saving for your child's future.

Committing to a structured savings plan will force you to be disciplined about setting aside money regularly for juniors' tertiary education. Savings plans that are specially designed for children's

education are readily available from banks and insurers.

## 5. NOT BUYING HEALTH INSURANCE FOR YOUR CHILDREN


Many parents choose to save on the premiums for a health insurance plan. But the fact is, children do get sick. If we are lucky, it will be a mild cold or the occasional tummy upset. However, broken bones and hospitalisations are not uncommon among children.

The cost of medical treatment often comes unexpectedly and can be very expensive. It probably makes more financial sense to transfer the risk of that unexpected high cost to an insurer instead.

Start your new chapter with confidence. Be sure to avoid these financial traps so that you can focus on enjoying every moment of your journey with your precious little one. The memories you make along the way will prove priceless.

Find out how we can help you. Visit Aviva booth at Mount Alvernia Hospital, Level 1.

*Republished from [aviva.com.sg/money-banter](https://www.aviva.com.sg/money-banter)*



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Physically, I am 82 years old. But mentally, I feel that my mind has not been adversely affected by the passage of time. What is my 'secret' to staying mentally young? I simply keep myself occupied, mentally and physically, by setting goals each day. I make up my mind to achieve them, and thankfully my ageing body follows – at least most of the time.

# Staying Mentally Young

by Anthony Goh

## THE POWER OF PURPOSE

I believe that I live for a reason, and that is to give back to society what I have received from it. This creates a sense of purpose in my life, which requires me to observe deadlines and adhere to schedules. This, above all, keeps me mentally young.

I volunteer as a befriender of the sick, which requires me to regularly report for duty at a given hour on a given day. In addition, I have undertaken writing commitments, which include my contributions to this very magazine. In addition to these voluntary activities, my daily routine includes the preparation of a nourishing breakfast and evening meal for myself and my daughter, and a brisk morning walk and workout with the aid of the open-air gym equipment in my estate.

Rather than creating an unnecessary source of stress in my life, these time-sensitive and purpose-driven commitments provide me with what I consider to be a highly necessary source of motivation and satisfaction. Be it writing an article or putting food on the table, every task requires a degree of concentration that helps keep me focused, connected and mentally alert.

## MY PERSONAL TRICKS AND TIPS

Besides living each day purposefully, I have developed some little mental workouts that help to keep my mind sharp. For example:

### Count your steps

Starting with my hour-long morning walk, I count the steps I take in order to improve my memory.

### Follow the news

After my morning walk, I catch up with the latest news in The Straits Times and on cable TV, focusing on programmes that cover politics and health matters. This not only gives my mind plenty to ponder, but arms me with topics for conversation and content for my writing.

### Do the math

When I'm buying groceries, I channel my childhood talent for mathematics and tally

my purchases in my head. This not only exercises my mind, but helps me to shop within my budget.

### Memorise phone numbers

Personally, I do not save the mobile numbers of my friends – not because I don't want to, but because I enjoy memorising them. It's a great mental workout. However, I keep emergency numbers handy at all times.



“Starting with my hour-long morning walk, I count the steps I take in order to improve my memory.”

### Play with technology

Playing simple games on your phone helps to keep your brain activated. Word puzzles, Scrabble, Sudoku and even Chinese chess help to sharpen the mind.

### Read and research a personal interest

Throughout the day, I set aside time to further my lifelong interest in health. To this end, I visit our public libraries a few times

a week to avidly read the latest health magazines and books on health-related topics. I pride myself on staying abreast of nutrition and fitness trends, as well as breakthroughs in medical science that can prolong life. Of course the prospect of living longer is incentive to stay mentally young.

### Learn something new

Medical science has proven that trying new things, such as learning a new language or mastering new technology, is an effective way to arrest mental ageing. From what I understand, it actually prompts the brain to create new neural pathways. As a boy, I had a flair for language and could remember the words used by the itinerant hawkers, regardless of their mother tongues. I am now contemplating learning a new language.

### THINK YOUNG, BUT NOT TOO YOUNG!

Though I am told that I am in good shape for my age, I definitely feel the effects of ageing on my body more than on my mind. Last year, at the age of 81, I had a nasty fall that left me with a fractured wrist, cuts and bruises on my face and a dislodged dental crown. I had failed to be mindful of my biological age.

The moral of the story is – think young, but remember that your ageing body has its limitations. Work within those limitations, and work at pushing them further with good diet and regular exercise.

### MIND OVER MATTER

In conclusion, I believe that the mind is master of the body. Think young and, in the absence of chronic disease or disability, you will feel younger and hopefully live longer and better.

Remember – what the mind thinks, within reason the body will do. Think young and be well.

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



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† Contains DHA. For Aptamil Gold+ Stage 3 only. ‡ Contains unique prebiotic blend, scGOSilFOS (9:1). Arslanoglu et al. 2008. Journal of Nutrition 138:1091-1095.  
^ Excludes infant and follow on formula (0-12 months). T&Cs apply. Please refer to website for more details.