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My Alvernia

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Advertising Sales SPEcial Pte Ltd • Pam Quah • pam@spe-cial.com • HP: 9871 0666 | My Alvernia Magazine is a publication by
Mount Alvernia Hospital, 820 Thomson Road, Singapore 574623 | Contact Information Please email mah@mtalvernia.sg and
address all correspondence to: The Editor, My Alvernia.

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MCI (P) 121/03/2021

CEO's Message

A

s we celebrate Mount Alvernia Hospital's 60th Anniversary, the opening of the Mount Alvernia Outreach Dental Clinic in Enabling Village at Redhill continues our founders' legacy of reaching out to our community, especially the underprivileged and

underserved. Our new dental clinic aims to make dental care accessible to all through its highly subsidised fee structure and inclusive environment. The new clinic is wheelchair-accessible with wide open spaces, has low counters, sliding doors, and a wheelchair tilter for dental works. This is designed to accommodate the needs of both Persons with Disabilities (PWDs) and their caregivers who may find other dental clinics difficult to navigate.

Working closely with outreach partners who serve PWDs, we will be setting aside half to one-day appointment slots each week to schedule appointments exclusively for PWDs and their caregivers. We hope that this arrangement will provide a comfortable environment for their dental treatment while affording them the privacy, dignity and peace of mind they deserve.

With our new Mount Alvernia Outreach Medical and Dental Clinics at the Enabling Village at Redhill, and the current ones at Agape Village at Toa Payoh, we hope to meet the healthcare needs of the communities while complementing the services that are already available in the respective neighbourhoods. I take this opportunity to thank the generous sponsors and partners such as the dentists from KK Women's and Children's Hospital, SG Enable and Caritas Singapore who make our outreach work possible.

During the Heightened Alert phase, our nurses and frontline colleagues have worked tirelessly to keep our hospital grounds safe. Their dedication never ceases to amaze me. During this period, they have taken on additional duties and responded swiftly to changing safety requirements such as donning protective masks, manning swab stations, and performing rostered routine testing for patients and their caregivers.

To my colleagues who have taken up backend support roles, thank you for going beyond the call of duty to tend to everyone entrusted in our care. I know many of you have family members and loved ones back in your hometowns, whom you must miss dearly, yet you continue to put on brave faces and perform your duties at Mount Alvernia Hospital with the utmost professionalism.

On behalf of the management of Mount Alvernia Hospital, I salute and sincerely thank all our colleagues.

To all of our readers, patients and families, colleagues and friends, thank you for your understanding and support, as we do our best to keep you and your loved ones safe.



Dr James Lam Kian Ming
CEO
Mount Alvernia Hospital

Putting Patients Before Profits

Data from the Ministry of Health shows that Mount Alvernia Hospital charges its patients 30 to 50 percent lower than the highest bill of other private hospitals for patients with similar illnesses. This is made possible due to our prudent fiscal management and careful stewardship.

WHY PRIVATE INSURERS PRAISE US

We are highly regarded by private insurers due to our relatively low patient bills. This directly benefits their policyholders, our patients, who are left with only nominal or no gap payments after the sums insured have been paid by their respective insurers.

We actively aim for financial sustainability but are not driven by the need to generate high profits for shareholders. Our founding mission applies as much today as it did when our doors first opened 60 years ago, in 1961 – that is, to 'Serve all with Love'.

Dr Djoni Huang, our Director of Clinical Services, explained, "By keeping costs low and prices reasonable, we hope the financial stress on our patients and their family members will be minimised, allowing our patients to focus on getting well. This way, we can touch more lives with our compassionate care to every patient who enters our doors."

"By keeping costs low and prices reasonable, we hope the financial stress on our patients and their family members will be minimised."

Dr Djoni Huang, Director of Clinical Services, Mount Alvernia Hospital

HOW WE KEEP OUR COSTS REASONABLE

Though the costs of running a 319-bed general acute care hospital with tertiary medical capabilities and two specialist medical centres are considerable, we keep a close eye on our bottom line. Our caring and supportive workplace culture results in a higher-than-average staff retention rate, which results in savings in talent recruitment. We also constantly scrutinise our expenditure to ensure that investments in new technology are justifiable in terms of directly aiding our patients' recovery.

We make a conscious effort not to spend extravagantly on 'frills' that have no direct impact on our patients' comfort or recovery. While our meals are tasty and nutritious, they are not lavish.

WHAT WE OFFER OUR PATIENTS BEYOND QUALITY MEDICAL CARE

In line with our belief that caring for the spirit is an integral part of holistic care, we are pleased to be the only private hospital in Singapore to offer our patients the complimentary optional service of Clinical Pastoral Care. Our Pastoral Carers visit the wards regularly, and extend their support to patients of all faiths.

Whether welcoming new life into the world or accompanying a patient on their road to recovery, we always put our patients before profits. And that will never change.

Our Partnership with Prudential Singapore

Mount Alvernia Hospital is proud to be a PRUPanel accredited private hospital. Prudential Singapore policyholders enjoy special privileges such as free complimentary transport and parking vouchers. More information is available at the dedicated PRUPanel Concierge Counter in our lobby.



Our Second Outreach Dental Clinic Opens

The second Mount Alvernia Outreach Dental Clinic, catering to persons with disabilities, opened at Enabling Village at Lengkok Bahru on 19 August. The launch event was graced by the Parliamentary Secretary for the Ministry of Social and Family Development & Ministry of Culture, Community and Youth, Mr Eric Chua.

A JOYOUS AND HOPE-FILLED EVENT

The launch event kicked off with the screening of a video about the mission of Mount Alvernia Hospital, followed by a message from the Franciscan Missionaries of the Divine Motherhood (FMDM) Congregational Leader.

In delivering the message on behalf of FMDM, Sister Elizabeth Lim, Board Member, Mount Alvernia Hospital, said, "Be it an outreach dental clinic in Enabling Village, in Agape Village, or in Gaza; an HIV/AIDS home-based programme in northeast Zambia; social, medical and educational outreach to the thousands of displaced people driven from their homes

by Boko Haram and now living in refugee camps in Northern Nigeria; or education for children with special needs where such children are still considered a burden – it is all part of the one and the same mission driven by our gospel call to Mission and to Serve All with Love."

Our CEO, Dr James Lam, shared similar sentiments in his speech. "This is an important milestone in Mount Alvernia Hospital's history as we continue our founders' legacy to 'Serve All with Love' including those who are marginalised and underserved. It is especially significant this year as we celebrate the 60th anniversary of our founding," said Dr Lam.

THE SHARING OF CARING

A highlight of the event was the announcement of a meaningful new initiative with CaringSG, aptly named 'Sharing of Caring'. To cater to the dental needs of people with special needs and their caregivers, the clinic will be 'closed' to all other patients during certain hours. This arrangement aims to create an environment in which these special patients feel respected, safe, supported and protected.

"CaringSG is grateful that Mount Alvernia understands and empathises with the challenges that parents and caregivers have with persons with disability – together we can build an inclusive community for special needs families," said Dr Lim Hong Huay, Founder and Chairman of CaringSG Ltd.

The feedback from users, too, has been resoundingly positive. Ms Tonia, a member of CaringSG and mother to a 21-year-old daughter with autism said, "Since my daughter, Gloria, graduated from school, we have been unable to find a private dentist willing and able to provide her with dental treatment. However, our experience with Mount Alvernia Outreach Dental Clinic was welcoming and the staff were respectful to those with special needs. The environment was comfortable, relaxing and most importantly, we received love and compassion from the team."

"This is an important milestone in Mount Alvernia Hospital's history as we continue our founders' legacy to 'Serve All with Love' including those who are marginalised and underserved."

Dr James Lam

AN INCLUSIVE AND WELCOMING FACILITY

The event concluded with small group tours of the clinic, in compliance with prevailing safe management measures.



Designed specifically with persons with disabilities in mind, the clinic features accessible design such as sliding doors and large entrances that allows for easy manoeuvring for wheelchair users. There is also a wheelchair tilter for dental procedures and a low registration counter to engage users.



REACHING FURTHER, SERVING MORE

To more holistically serve the healthcare needs of users, the new outreach dental clinic connects to the Mount Alvernia Outreach Medical Clinic at Enabling Village. In addition to people with disabilities and their caregivers, the two clinics are also open to reformed ex-offenders, victims of human trafficking, isolated seniors, foreign workers who are not covered by company insurance, as well as vulnerable children and families. Eligible users enjoy heavily discounted rates on medical and dental consultations and procedures.

In addition to the outreach clinics at Enabling Village, Mount Alvernia Hospital operates an outreach medical clinic and an outreach dental clinic at Agape Village at Toa Payoh. Together these clinics help to bring heavily subsidised primary healthcare services within the reach of the many, including those who have fallen through the

“CaringSG is grateful that Mount Alvernia understands and empathises with the challenges that parents and caregivers have with persons with disability – together we can build an inclusive community for special needs families.”

Dr Lim Hong Huay

cracks of the conventional safety net. Their strategic locations complement the existing community social facilities in the areas.

THANK YOU

The opening of our second outreach dental clinic at Enabling Village would not have been possible without the generosity and support of our kind supporters and friends: Ministry of Social and Family Development (MSF), SG Enable, T L Whang Foundation, KK Women’s and Children’s Hospital and Dr Anthony Goh.

Finally, kudos to our hospital’s Community Outreach team and colleagues for their tireless efforts and ingenuity in setting up a clinic during a pandemic.

Congratulations, Yew Keng

Our Senior Nurse Educator, Ms Chan Yew Keng, was recently honoured to be among nine nurses from private hospitals to receive a Nurses’ Merit Award 2021.

A LONG-SERVING COLLEAGUE

Yew Keng received her calling to be a nurse during her journey in caring for her father. She has worked at Mount Alvernia Hospital for 19 years, and counting. She began her career as a staff nurse, and progressed to her current position as a senior nurse educator.

“I was fortunate to be given ample opportunities to assume different roles in management and coach junior nurses within the nursing division of Mount Alvernia Hospital,” recalled Yew Keng. “I am glad to have chosen nursing as a career and am deeply humbled and privileged to be an educator for new nurses, teaching my juniors to provide safe nursing care and mentoring them to embrace their calling in their careers.”

ADVICE FOR YOUNG NURSES

Yew Keng urges young nurses to be resilient and tenacious, and to find enjoyment in their work.

Please join us in extending our sincere congratulations to Yew Keng. May she continue to share her passion and her knowledge with her colleagues for many years to come.

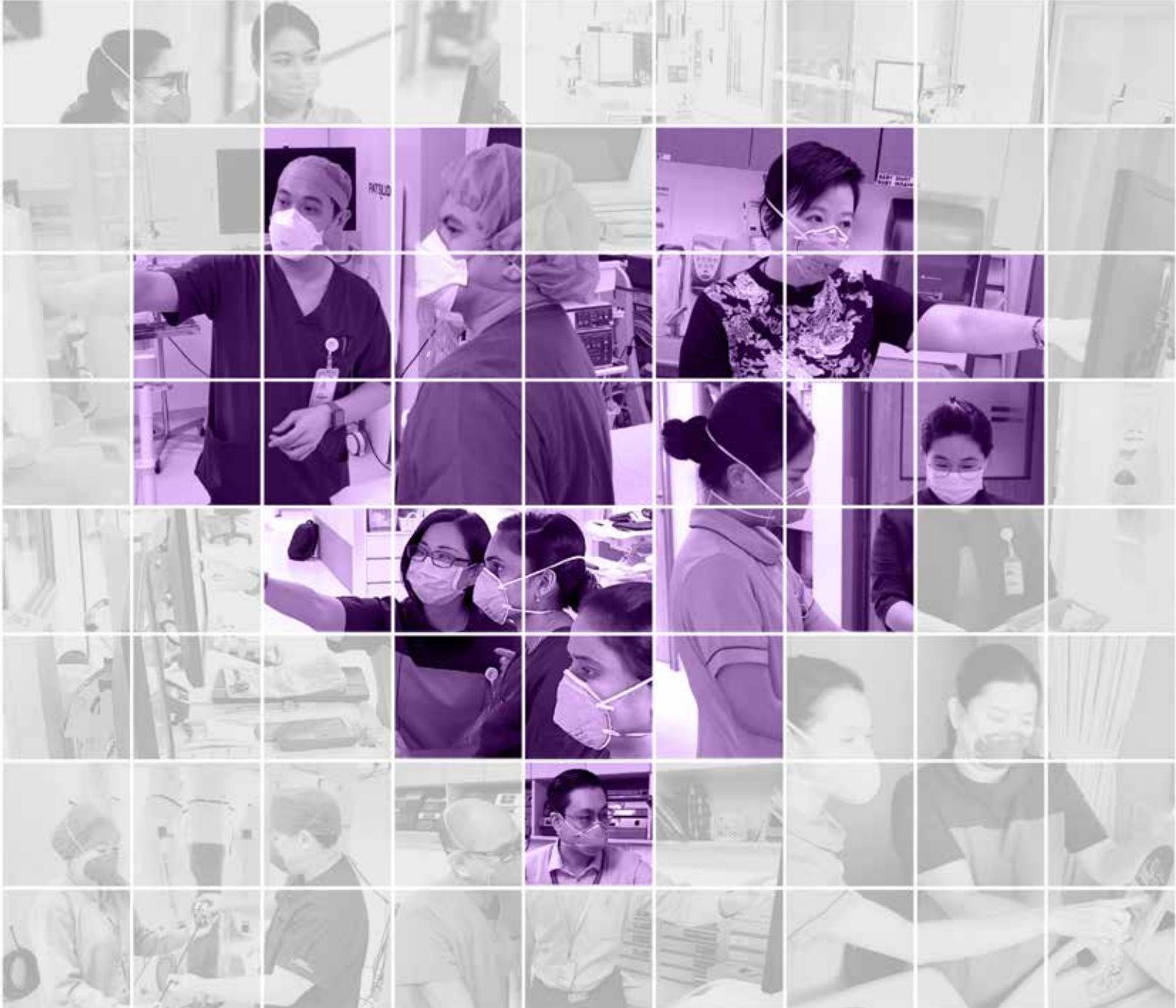
“I am glad to have chosen nursing as a career and am deeply humbled and privileged to be an educator for new nurses, teaching my juniors to provide safe nursing care and mentoring them to embrace their calling in their careers.”

Ms Chan Yew Keng

About the Nurses’ Merit Award

Started in 1976, the Nurses’ Merit Award is given by the Ministry of Health to nurses who have demonstrated consistent and outstanding performance, participated in professional development, and have made contributions to promote the nursing profession.





Nursing is a Work of Heart

In honour of our hardworking nurses, we share some of their heartwarming personal stories. Though they hail from Singapore and beyond, they share a common passion for their profession.

Almost all of the nurses we spoke to cited the privilege of ushering new life into the world as the most joyous part of their job. Conversely, they cited the sadness of losing patients as the hardest part of their job.

From the first hours of life to the final hours, nurses are an integral part of the most important moments of our lives. Join us in wishing each and every one of them a safe and satisfying 'every day'.

Here are their stories.

Phyllis' Story

Phyllis Lim Yen Ling, Nurse Manager, Our Lady Ward, has worked at Mount Alvernia Hospital since 1 July 2001.



She was inspired to pursue a career in nursing when she witnessed the kindness and professionalism of the nurses who looked after her grandmother when she had knee surgery at Mount Alvernia Hospital many years ago.

Phyllis has worked only at Mount Alvernia Hospital and vows that she will never leave. In her current position, she mentors and guides a team of 37 nurses.

"My colleagues are like family members to me," said Phyllis. She feels for her foreign nursing colleagues who have been unable to return home to their families during the pandemic, and does her utmost to extend emotional support to them and console them, especially when they are fretting for faraway loved ones who have fallen ill.



"For me, the human touch is still the most meaningful."

Phyllis Lim Yen Ling, Nurse Manager, Our Lady Ward

A highlight of Phyllis' career has been attending to a mother during the deliveries of all three of her babies, born at

Mount Alvernia Hospital over six years. The babies are now teenagers in a close-knit and loving family.

"I am proud to be a nurse because I am able to help patients get quality medical care during their most vulnerable moments in hospital. For me, the human touch is still the most meaningful," said Phyllis.

Rosalind's Story

Rosalind Goh Sze Ling, Nurse Manager, Intensive Care Unit (ICU), has worked at Mount Alvernia Hospital since 1 July 2000. Her career choice was inspired by her aunt, a nurse, whom she fondly remembers as an 'angel in white'.



During Rosalind's student attachment at Mount Alvernia Hospital, she was struck by the warmth and friendliness of the staff. She was subsequently bonded to the hospital in her third year of training, and has never left.

Rosalind began working in the general ward and went on to study for her Bachelor of Health Science in 2003. In 2006, the then-director of nursing invited her to join the ICU. Despite some hesitation, she mustered the courage to take up the role

"Many years later, his daughter still remembered me and thanked me for all the care that I had given her dad."

Rosalind Goh Sze Ling, Nurse Manager, Intensive Care Unit (ICU)

and to this day remains grateful to the former director of nursing for encouraging her to step up. She was later promoted to Senior Staff Nurse, then to Nurse Manager in 2014.

A standout memory for Rosalind hails from the early days of open heart surgery at the hospital.



"When Mount Alvernia Hospital first started its first open heart surgery, I recall nursing a patient who went for open heart surgery. Many years later, his daughter still remembered me and thanked me for all the care that I had given her dad," shared Rosalind.

Kelly's Story

Kelly Thian Yu Han,
Head of Department,
Operating Theatre,



knew she wanted to be a nurse way back in primary school, when she learned about Florence Nightingale. When Kelly and her classmates were tasked with writing a composition about their dream occupations, Kelly wrote about nursing and scored an A.

Surprisingly, Kelly was a timid child, yet today she manages a staff of more than 90. She loves the warm and friendly atmosphere at Mount Alvernia Hospital, which she says feels like family. When inevitable rifts occur among her staff, she ensures that differences are set aside to focus on patients' safety and well-being. One thing she never tires of is the birth of babies, and believes that new life should always be celebrated.

"Every day I learn something new, and have extraordinary experiences other jobs

"Every day I learn something new, and face extraordinary experiences other jobs wouldn't be able to provide me with."

Kelly Thian Yu Han, Head of Department, Operating Theatre

wouldn't be able to provide me with. There is never a mundane or fruitless day," said Kelly.

As for the challenges of COVID-19, Kelly has taken them all in her stride and sees the current situation as a continuation of her learning journey. "After all, change is the only constant. The pandemic has led to growth in many areas, and the things we can learn from it are invaluable. It has made me realise just how unpredictable life can be. Every day we are learning new skills to deal with the unexpected."



Leonard's Story

Liew Khien Leonard Jude, Senior Manager,
24-Hour Clinic and
Emergency Services,



was actively involved in St. John Ambulance Brigade during his secondary school days. After completing his Diploma in Nursing, he worked in the public sector and obtained his Advanced Diploma in Emergency Nursing.

Leonard found himself at the 'epicentre' of the 2003 SARS when the emergency department of the public hospital where he was working received all SARS suspected and confirmed cases. After seven years in emergency nursing, he decided to move into nursing education and spent three years as a lecturer, training future enrolled nurses and paramedics.

"As a Catholic, I believe God has a plan for me to make full use of what I have learnt to serve the community."

Liew Khien Leonard Jude, Senior Manager, 24-Hour Clinic and Emergency Services



"I decided to motivate my students to have a 'never give up' attitude and seek to unleash their potential. I am delighted to know that some of my ex-students have gone on to pursue a Degree in Nursing. They still text me once in a while to thank me for making a difference in their lives. In fact, we have nurses in Mount Alvernia Hospital whom I have taught," shared Leonard.

After three years of lecturing, Leonard worked at a private hospital for a spell before joining Mount Alvernia Hospital as Head of Department for Health Screening Centre and Outpatient Department. He believes he has found his calling.

"I felt at peace when I first stepped into Mount Alvernia Hospital for my job interview. As a Catholic, I believe God has a plan for me to make full use of what I have learnt to serve the community," said Leonard.

Adeline's Story

Adeline Koon,
Assistant Director of
Nursing, worked at
Mount Alvernia Hospital
from September 2009
to March 2014, then rejoined us in March
2018. In her current position, she helps
Ms Ng Geok Pin oversee all the maternity
wards in the hospital, including the delivery
suites, post-natal wards, Parentcraft and
Neonatal Intensive Care Unit.



"Miraculously, both patient and baby were fine and discharged from the hospital after 10 days."

Adeline Koon, Assistant Director of Nursing

great satisfaction when she helps deliver a healthy baby to a happy mother.

According to Adeline, COVID-19 has created much uncertainty and anxiety among her colleagues, especially the Malaysians who were commuting daily between Johor Bahru and Singapore. She helps them adjust to the 'new normal' and facilitates their leave planning, when possible, to visit loved ones back home.

One of the most memorable cases in Adeline's career was a pregnant patient who



was diagnosed with Stage 4 cancer at 29 weeks into her pregnancy.

"I visited her regularly in the ward to give her emotional support. And when she needed to have a caesarean section at 32 weeks, I was with her throughout the delivery," recalled Adeline. "During the delivery, we noticed that her cancer had metastasised and we thought she could not make it through. But miraculously, both patient and baby were fine and discharged from the hospital after 10 days. Two months later, the mummy visited us and was recovering well from chemotherapy."

Ka Wai's Story

Wong Ka Wai,
Assistant Director of
Nursing, has been
working at Mount
Alvernia Hospital since



1 July 2002. His responsibilities cover Operating Theatre, Endoscopy Centre and Central Sterile Services Department (CSSD). He followed in the footsteps of his elder brother, who is also a nurse.

"The management here are like brothers and sisters and you do not really feel the hierarchy."

Wong Ka Wai, Assistant Director of Nursing

After his training, Ka Wai was bonded to Mount Alvernia Hospital in 1999. He was promoted to Nurse Manager in 2011 and later to Senior Nurse Manager in 2018, before stepping up this year to become Assistant Director of Nursing.

"I went on a study trip with my former CEO to the USA to see how an American hospital was run. This experience was eye-opening for me and made me realise that we must continually work at improving our patient care," said Ka Wai.

Though Ka Wai enjoyed his work-related travels, he loves the feeling of coming 'home' to Mount Alvernia Hospital.

"It is a very family-oriented organisation that feels like home for all of my colleagues. It also allows a work-life balance that no other hospital can offer. The management here are like brothers and sisters and you do not really feel the hierarchy," said Ka Wai.



Cally's Story

Cally Siow,
Assistant Nurse
Clinician, Nursing
Administration/Nursing
Training Department,
joined Mount Alvernia Hospital in May this
year. She hails from a long line of nurses
dating back to her great-grandmother.



Cally did her training at a Catholic not-for-profit hospital in Malaysia. She worked there for six years as a senior staff nurse in the delivery suite before coming to Singapore.

The two greatest sources of job satisfaction for Cally are witnessing the joy of new life when healthy babies are delivered, and witnessing the professional growth of the nurses she trains.

For Cally, the pandemic period has delivered mixed blessings. As a new mother, she has to not only face the challenges of juggling work and parenting but also the risk of being exposed to invisible dangers in the workplace. Hence she is fanatical about personal hygiene, and showers thoroughly before embracing



“Caring for patients not only means treating their physical wounds but their emotional trauma as well.”

*Cally Siow, Assistant Nurse Clinician,
Nursing Administration/Nursing Training Department*

her baby boy on reaching home every evening. Furthermore, she is unable to visit her elderly parents in Malaysia. This is particularly painful as Cally is unable to

reciprocate the loving care she received from her mother, who is suffering from terminal colorectal cancer.

While Cally champions medical advances and stays abreast of them in order to equip her nursing charges with life-saving skills, she believes in treating the whole patient, body and soul.

“Caring for patients not only means treating their physical wounds but their emotional trauma as well,” said Cally. “Mount Alvernia Hospital has touched my heart with its holistic approach in empowering patients with both emotional and spiritual support to promote their healing.”

Cathy's Story

Cathy Torrefiel,
Staff Nurse, St Dominic
Ward, joined Mount
Alvernia Hospital on
15 October 2014. She
did her training in the Philippines, and
credits her mother for inspiring her to
pursue a career in nursing. After working
as a private nurse to her ailing godmother,
she worked in the paediatric ward of a
tertiary care hospital before moving to
Singapore in October 2006.



Cathy finds it extremely rewarding to see her patients make a full recovery, and finds it incredibly gratifying to know that patients wholeheartedly put their trust in nurses to

“It is a privilege to take care of people during their most difficult moments.”

*Cathy Torrefiel, Staff Nurse
St Dominic Ward*

take care of them. “It is a privilege to take care of people during their most difficult moments,” she said.

As a foreigner, Cathy's life has been extensively disrupted by COVID-19. She admits that she has experienced anxiety

and fear as a front-line worker, not only for herself but for those around her who would be affected if she fell ill. Meanwhile, she battles homesickness and worries about her family back home.

Fortunately, while work has its challenges, Cathy loves her workplace. “Mount Alvernia Hospital is my dream hospital to work at. I was so happy when I was hired,” recalled Cathy. “As a Catholic hospital, I know that Mount Alvernia Hospital has room in its heart for all.”

Zoe's Story

Zoe Loke Yin Ling,
Staff Nurse, St Michael
Ward, worked at
Mount Alvernia Hospital
from April 2017 to
September 2020. We welcomed her back
on 21 June this year.



Zoe echoed the sentiments of all the nurses we spoke to when she said, “The entire working culture at Mount Alvernia Hospital feels like a second home to me.”

After just three years of working with us, Zoe received the internal Values-In-Practice award and was assigned the responsibilities of a preceptor, which saw her guiding new nurses and providing them with advice and support.

Zoe loves being a part of her patients' birth journeys, especially when second- and third-time mothers remember the faces and even the names of the nursing team from previous deliveries.

“Reacting calmly to a crisis situation will not only calm down your colleagues but also the patient.”

*Zoe Loke Yin Ling, Staff Nurse
St Michael Ward*

When guiding her colleagues, Zoe emphasises the need to remain calm in all situations. She recalls a scenario when she was the ‘in-charge’ of the nursery and a newborn had turned blue. After promptly informing the patient's primary doctor, the infant was transferred to the Neonatal Intensive Care Unit where a blood test and a scan were done. Any delays in treatment could have resulted in irreversible complications.

“As a nurse, reacting calmly to a crisis situation will not only calm down your



colleagues but also the patient, who is trusting you to provide them with the utmost care,” said Zoe.

COVID-19 has strongly affected Zoe, who has not been able to return to her native Malaysia in almost two years. That said, she is grateful for the tools that technology has provided.

“My loved ones are only a video call away. Sometimes I even make use of delivery apps to order food and essentials for them, even across the causeway,” shared Zoe. She spoke for us all when she said, “I hope that the day for us to travel freely again approaches soon.”

Hmone's Story

Naw Pwint Hmone Oo,
Nurse Manager, St Clare
Ward, has been working
at Mount Alvernia
Hospital since 7 August
2007. She obtained her diploma in nursing
in 2004, and spent three years at a public
hospital before joining us.



“I am proud to be a nurse because nursing is a work of heart.”

*Naw Pwint Hmone Oo, Nurse Manager,
St Clare Ward*

Mount Alvernia Hospital attracted Hmone with its not-for-profit business model and Catholic heritage.

Though Hmone entered nursing for practical reasons, namely the sponsorship programme that helped fund her studies, she quickly learned to love every aspect of the job. While she openly shares that

there are many struggles that she and her colleagues encounter every day, especially during these trying times, she always feels that their efforts are worthwhile. One of her most recent challenges has been learning to smile and comfort patients while wearing a mask.

Hmone's greatest reward is helping people. “The most rewarding aspect of my job is being a channel of blessing to those in need while simply doing my work as a nurse,” she said.

Coincidentally, her words echoed the title of this article: “I am proud to be a nurse because nursing is a work of heart.”

We gratefully acknowledge the following sponsors of our 2021 Nurses Day celebrations:

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THANK YOU!



We Cannot Mask Our Gratitude

Thank you to all our colleagues for your tireless efforts in keeping our hospital safe.



Photos courtesy of Dr Chua Yang

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Dr Dawn Teo and Dr Ng Yuk Hui

We were all ears during a conversation with husband and wife otorhinolaryngologists, aka ear, nose and throat (ENT) specialists, Dr Dawn Teo and Dr Ng Yuk Hui, colleagues at The Children's ENT Centre and The ENT Specialist Centre.

My Alvernia: How, when and where did you two meet?

Dr Ng: We met near the end of our registrar training. We were one year apart in training but as there were few trainees in each year, we were often posted to the same department. I suppose in the midst of the hustle and bustle of work, we both found a common ground for our relationship to grow.

My Alvernia: How long have you been married?

Dr Teo: It's been more than 10 years now. We have two children, who are both in primary school.

My Alvernia: What attracted you to the specialty of ENT?

Dr Teo and Dr Ng: Four out of our five human senses involve ENT systems. It forms an important part of our daily interactions and contributes greatly to our quality of life, from the fragrance of a flower to the song of a bird singing, all these simple pleasures require a well functioning ENT system to be appreciated.

The ENT specialty is also a multifaceted and diverse discipline encompassing both medical and surgical aspects. The surgeries are diverse involving open surgery, endoscopic surgery and microscopic surgery.

It was also a relatively new field at the time, with many new developments and innovations.

My Alvernia: Within the field of ENT, do you each have separate or common areas of interest?

Dr Ng: I specialise in rhinology, allergies and skull base surgeries. My subspecialty interests are in endoscopic sinus surgery as well as skull base surgery. I work with a neurosurgeon to perform minimally invasive surgery of the pituitary and parts of the brain. I also have an interest in the management of nasal allergies.

Dr Teo: I specialise in paediatric ENT.

My Alvernia: Do you ever collaborate on cases or provide second opinions for each other?

Dr Teo and Dr Ng: We do collaborate on more complex cases. It is often useful to have a second pair of eyes or an opinion on a more challenging problem. Our subspecialties often overlap and we may collaborate to ensure better patient outcomes.

An example of a recent case would be that of a 6-month-old child who presented with severe nasal obstruction due to an encephalocoele (brain tissue within the nose presenting a large nasal mass). A combined approach involving paediatric ENT, a rhinologist, a neurosurgeon and a paediatrician was needed in the management of the child.

My Alvernia: What are the common conditions that you see among your young patients at The Children's ENT Centre?

Dr Teo: Common ENT conditions seen in children are snoring and obstructive sleep apnoea, nasal allergies, nose bleeds and ear conditions like ear infections and impaired hearing with speech delay. Parents are now more aware of the potential issues of snoring in children, which can lead to poor growth and development as well as behavioural issues and poor performance at school. This problem is further aggravated by the growing prevalence of obesity in children.

My Alvernia: What are the common conditions that you see among your older patients at The Specialist ENT Centre?

Dr Ng: We treat sinusitis and nasal allergies, mostly. Air quality is often an issue in modern cities. In Singapore, urban pollution is further aggravated by the seasonal haze. In our modern society we also spend a large proportion of our time in enclosed air-conditioned environments. This explains why we see quite a few patients with nasal symptoms ranging from allergies to chronic sinusitis.

My Alvernia: Has there been an important breakthrough in the treatment of ENT conditions?

“We treat sinusitis and nasal allergies, mostly. Air quality is often an issue in modern cities. In Singapore, urban pollution is further aggravated by the seasonal haze.”

Dr Ng

Dr Teo and Dr Ng: The major development has been the use of scopes within the nasal cavity, ear and even salivary ducts to allow minimally invasive surgeries. The latest scopes can be smaller than 1 millimetre in diameter. Sinus surgery is now a simple surgery with good outcomes and quick recovery times. In the case of sialendoscopy, obstructions in the salivary glands can now be addressed using minimally invasive scopes instead of having to perform surgery to remove the entire gland.



My Alvernia: Obstructive sleep apnoea (OSA) affects many Singaporeans, especially males. Why is this so, and when should treatment be sought?

Dr Ng: As a society becomes more prosperous, we deal with more lifestyle-related illnesses like obesity. OSA is associated with obesity, which is more prevalent in males. Furthermore, due to the stressors of modern-day living, people tend to feel some of the effects of OSA, such as daytime sleepiness, lethargy and headaches, more acutely.

OSA is also associated with many of our modern-day chronic illnesses. Untreated OSA is associated with a higher risk of cardiac problems like high blood pressure, heart attacks and stroke.

As Dawn mentioned, the condition can also affect young children and impact their neurological development. It often presents with poor attention span, hyperactivity and other behavioural issues. It is important to identify these early, since early treatment has been shown to reverse the adverse outcomes associated with OSA.

In general, early treatment should be sought if patients present with symptoms like snoring, nasal congestion, heavy breathing and mouth breathing.



My Alvernia: Are there any other ENT conditions you treat that are especially prevalent in Singapore?

Dr Ng: Allergic rhinitis and nasopharyngeal carcinoma or nose cancer is much more common in this part of the world compared to western countries.

My Alvernia: What is the most rewarding or fulfilling aspect of your work as ENT specialists?

Dr Teo: With children, the successful treatment of OSA, which usually involves a simple procedure called adenotonsillectomy, is especially rewarding. I often have parents tell me that they have 'a whole new different child'. When children sleep well, their mood is so much better in the day, and they are better able to focus in school and on tasks.

“With children, the successful treatment of OSA, which usually involves a simple procedure called adenotonsillectomy, is especially rewarding. I often have parents tell me that they have ‘a whole new different child’.”

Dr Teo

Another condition is middle ear infections and glue ear which often cause impaired hearing, leading to delayed speech in children. A simple procedure to drain the middle ear fluid often restores hearing, and parents often observe a significant improvement in speech and response of the child.

Dr Teo and Dr Ng: Our greatest reward is to see our patients get better.

My Alvernia: Our ears, noses and throats are so important to our quality of life. Keep your eyes open for early warning signs of problems, and know that you are in safe hands with this dedicated couple of ENT specialists. Thank you, Dr Teo and Dr Ng.

Dr Dawn Teo and Dr Ng Yuk Hui
Ear Nose and Throat Specialists
(Otorhinolaryngologists)
The Children's ENT Centre/
The ENT Specialist Centre
Medical Centre D #07-65

7 Questions About Anosmia

Q What exactly is anosmia?

A Anosmia is a partial or total loss of the sense of smell.

Q Who is most likely to suffer from anosmia?

A It is more common among people in their 60s to 70s, as the olfactory nerve declines with age. It can be temporary or permanent.

Q How is anosmia diagnosed?

A A nasal endoscopy will rule out any obvious nose obstruction or localised diseases. If the endoscopy examination is normal, medical imaging of the sinuses and brain may be performed.

Q How does anosmia affect taste?

A As 70 to 80 percent of flavour in the food we consume comes from olfactory input, any loss of smell may lead to loss of taste.

Q What causes anosmia?

A As the cause is usually not obvious, evaluation involves excluding known causes in a process of elimination. Possible causes include:

- Common cold and upper respiratory viruses including COVID-19

IMPORTANT

In light of the current pandemic, any patient with anosmia should be evaluated for COVID-19.

- Severe allergy of the nose
- Chronic sinusitis or nasal polyps, where there is projecting tissue growth
- Obstruction of the nasal passage from polyps, tumours or swollen nasal tissues
- Nose surgery that affects the nose lining
- Head injury
- Ageing or age-related diseases such as dementia
- Exposure to toxic fumes, chemicals or smoking
- Medications with side effects that include anosmia

Q Is anosmia reversible?

A That depends on its cause. While the prognosis is poorer due to age, the lack of obvious causes, or in cases where there is permanent damage to the nose or olfactory nerves, anosmia can be reversed in some cases. Anosmia caused by nose allergies, nasal polyps and sinusitis, sensitivity to drugs or chemicals, and trauma from head injury or nose-sinus surgery can potentially be reversed.

Q How is anosmia treated?

A Depending on the cause, treatment options for anosmia include:

- Avoidance of offending drugs, chemicals and exposure to toxic fumes
- For sinus-nose conditions, steroids, antihistamines or a nasal rinse
- Antibiotics for chronic sinus infections
- Surgery to remove the polyp or widen the nasal passage if there is an obvious mechanical obstruction to nasal passage airflow

Dr Eng Soh Ping Elliot
ENT Specialist
Ascent ENT Alvernia Holdings Pte Ltd
Medical Centre D #08-63

A Guide to Gynaecological Cancers

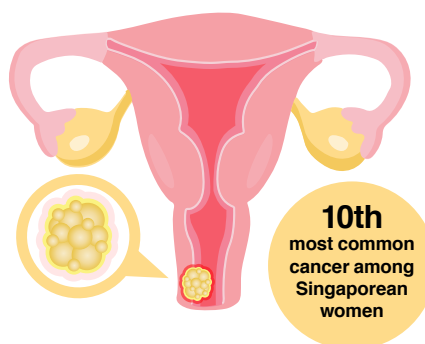
What exactly are gynaecological cancers? What are their symptoms, and who is at risk? Dr Timothy Lim, Senior Consultant Obstetrician and Gynaecologist of Timothy Lim Clinic for Women & Cancer Surgery, explains why there is both cause for concern and reason to hope.

CANCERS OF THE REPRODUCTIVE ORGANS

Gynaecological cancers describe cancers that originate in a woman's reproductive organs. The three most common types are cancers of the cervix, uterus and ovaries. Breast cancer is not considered a gynaecological cancer. Cancers of the vagina, vulva and fallopian tubes are relatively rare types of gynaecological cancers.

CANCER OF THE CERVIX

Most cases of cancer of the cervix, or cervical cancer, are caused by the human papillomavirus (HPV). HPV is sexually transmitted but can be spread through any skin-to-skin contact with an infected person.



Symptoms: Abnormal vaginal bleeding, such as postcoital bleeding, is a common symptom of cervical cancer.

Treatment: Treatment consists of surgery alone, or surgery combined with radiation therapy or chemotherapy.

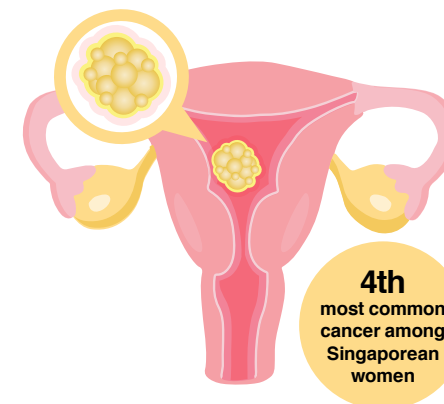
Risk factors: Women who have contracted HPV are at risk of developing cervical cancer. Smoking and other factors are also thought to elevate the risk.

THE GOOD NEWS

Cervical cancer is highly preventable, thanks to the readily available and effective vaccine (HPV vaccine). There are also effective screening tools such as the Pap smear and HPV primary screening.

CANCER OF THE UTERUS

Cancer of the uterus, or uterine cancer, usually begins in the uterine lining (endometrium) but can also start in the muscle of the uterus. The majority of women affected by uterine cancer are aged above 40 years old, and diagnosis is typically based on an endometrial biopsy.



Symptoms: Abnormal uterine bleeding, such as post-menopausal bleeding or abnormal menses, is a common symptom of uterine cancer.

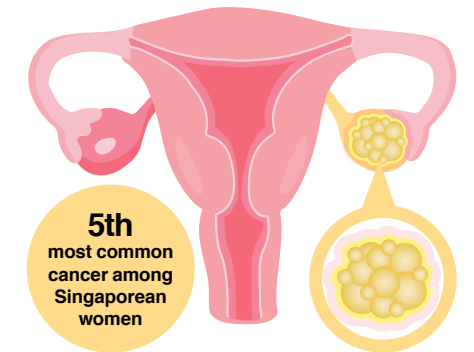
Treatment: Usually surgery is performed first. Postoperative treatment with radiotherapy or chemotherapy is dependent on the stage of the cancer.

Risk factors: Age, obesity, metabolic syndrome, type 2 diabetes, polycystic ovarian syndrome, a strong family history of uterine, colon and ovarian cancer, and genetic carriers of nonpolyposis colon cancer (Lynch syndrome) can increase a woman's risk of developing uterine cancer.

THE GOOD NEWS

Since 60 percent of women with uterine cancer are diagnosed at early stages, the chance of a cure with surgery alone is high. Maintaining a healthy weight and adopting a healthy lifestyle lower a woman's risk of developing uterine and many other cancers.

Since 60 percent of women with uterine cancer are diagnosed at early stages, the chance of a cure with surgery alone is high. Maintaining a healthy weight and adopting a healthy lifestyle lower a woman's risk of developing uterine and many other cancers.



Symptoms: The symptoms of ovarian cancer are usually non-specific and may include abdominal bloatedness, difficulty in eating and loss of appetite.

Treatment: Treatment usually involves a combination of surgery and chemotherapy as well as targeted therapy.

Risk factors: Women with BRCA-1 and BRCA-2 genetic mutations and those with hereditary non-polyposis colon cancer (Lynch Syndrome) are at an increased risk of developing ovarian cancer. Women who have a strong family history of ovarian cancer and a history of endometriosis are also at risk.

THE GOOD NEWS

Women can reduce their risk by having more children and breastfeeding. Certain medications such as the combined oestrogen and progestogen pills can reduce the risk of ovarian cancer.

Dr Timothy Lim
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Medical Centre A #01-03

Nasal Polyposis

Separating Myth from Science

Does your nose constantly drip or feel blocked? Are you no longer enjoying the aroma and taste of your favourite foods? You could be suffering from nasal polyps. Dr David Chin, Senior Consultant Ear Nose Throat Surgeon at Ascent ENT Alvernia Holdings Pte Ltd, separates the myths from the facts.

SYMPTOMS AND CAUSES

Nasal polyps are noncancerous yellow grape-like structures in the sinuses and nasal passage, resulting from severe swelling of the mucosal lining of the sinuses due to chronic inflammation. Symptoms range from sinus congestion in mild cases to complete nasal obstruction, a thick nasal discharge and loss of smell in severe cases. Some patients may even have asthma.

Recent research suggests that the chronic inflammation behind nasal polyps could be the result of a build-up of dysfunctional processes in the immune system. This can lead to increased production of inflammatory chemicals, abnormal mucus production and swelling of the tissues lining the sinuses.

Dr Chin shared that many patients worry about cancer when they are told they have nasal polyps. Others have had surgery to remove nasal polyps only to see them return, perpetuating the idea that there is no effective treatment for this condition.

TWO COMMON MYTHS

There are two common misconceptions about the treatment of nasal polyps that make successful treatment elusive, according to Dr Chin. The first is that antibiotics are the most important part of medical treatment. The second is that the goal of sinus surgery is to remove polyps and aspirate pus from blocked sinuses.

“In patients with infected nasal polyps, the mucosal lining of the sinuses is not efficient in clearing bacteria, resulting in a vicious cycle of nasal polyposis enabling infection and infection, adding fuel to the fire.”

Dr David Chin

Dr Chin shared that nasal polyps often go hand-in-hand with infection.

“In patients with infected nasal polyps, the mucosal lining of the sinuses is not efficient in clearing bacteria, resulting in a vicious cycle of nasal polyposis enabling infection and infection, adding fuel to the fire,” said Dr Chin. While antibiotics may be used to control the burden of bacteria, they do not resolve the underlying inflammatory disorder. To date, there is insufficient

scientific evidence that short-term antibiotics are effective in treating chronic sinusitis, with or without nasal polyps¹.

Corticosteroids (aka steroids) have powerful anti-inflammatory effects. After a course of oral steroids, patients often improve dramatically and nasal polyps become smaller. The relief, however, only lasts for a few months.

“The problem is that steroids control but do not cure nasal polyps, just as medicines for diabetes mellitus can control blood glucose but cannot cure the underlying problem. Due to the many side effects and risks, oral steroids are not suitable for repeated use over long periods,” said Dr Chin.

For steroids to be used as a regular treatment, they should be delivered directly to the sinuses (topical treatment), thus avoiding exposure to the rest of the body. This is possible once the pathways to the sinuses are opened widely by surgery.

“The goal of sinus surgery in nasal polyposis, therefore, is to achieve the widest access to the sinuses for topical treatments while preserving the vital

structures,” explained Dr Chin. “If surgery is done to remove polyps while ignoring this aim, the polyps are likely to recur.”

Fortunately, surgery for nasal polyps can be done entirely through the nostrils – part of a spectrum of operations known as Functional Endoscopic Sinus Surgery (FESS). Following surgery, the patient and ENT specialist work together as a team to prevent the recurrence of nasal polyps. This doctor-patient relationship may last for years. Therefore patients must discuss and agree with their doctor on the treatment strategy before embarking on this journey.

PROMISING NEW TREATMENT

More recently, a new breed of therapeutics known as biologics has joined the fight against nasal polyps. These agents target specific processes in the inflammatory pathway. Administered as subcutaneous injections once a month, they offer hope for patients who relapse despite optimal surgery and medical treatment.

“Scientific research has allowed us to better understand nasal polyposis, to revolutionise the way we perform surgery and devise strategies to control pathways in the disease,” said Dr Chin. “While the cure for nasal polyps is elusive, there are very good options to improve and maintain the quality of life for the vast majority of patients with this condition.”

That’s good news for people with nasal polyps. And hopefully, that elusive cure is not too far away.

Source:
¹European Position Paper on Rhinosinusitis and Nasal Polyps 2020

Dr David Chin
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Medical Centre D #08-63



15 Age-appropriate Toys for Your Little Learner

For children between the ages of one and five, play is one of the ways they learn many crucial life skills, pick up information about the world around them, and begin to learn basic academic skills in preparation for school.

BASIC IS BETTER

According to early childhood education expert Professor Jeffrey Trawick-Smith, basic toys are better than complex ones because they are 'open-ended', meaning that they encourage children to use them in creative ways. Besides developing creativity, research indicates that play also encourages other important skills, like language and fine and gross motor skills. All the toys on this list provide a great balance of play behaviours across all areas of crucial development: creative, intellectual and social.

FOR TODDLERS

1 Finger Paint

Finger painting helps aid your tot's fine motor development while strengthening their finger and hand muscles, thereby

developing pre-writing skills. It also introduces your child to colours, and stimulates their imagination and creativity.

Pro tip: Dress your child in a waterproof apron, spread a plastic mat on the floor and let them make a mess!

2 Shape Sorter

The shape sorter allows toddlers to test their fledgling problem-solving skills, teaches them about object permanence, and helps improve their fine motor skills.

Pro tip: Sit with your toddler and introduce the names of shapes and colours.



3 Stacking Cups

Learning how to stack, nest, or snap cups together introduces toddlers to numbers, sizes and shapes, and teaches them about spatial

Basic Safety Guidelines

- Keep safety in mind. Is the paint non-toxic? Is the plastic BPA-free? Are there any sharp edges or small objects that could hurt your child?
- Check the label before purchasing to see if the toy is suitable for your child's age and skill set. How will it enhance your child's development?
- Avoid toys that have small parts, especially for toddlers and babies. These parts may be a choking hazard.

relationships. This helps improve eye-hand coordination and spatial awareness.

Pro tip: Unlock even more learning fun with water. Play stacking cups in the bath, teaching concepts like volume and the behaviour of liquids.

4 Mirrors

A simple mirror can aid your toddler's cognitive development, and develop self-awareness. Hold the mirror in front of your child, and encourage them to say 'Hi!'. Then, take the mirror away and ask, 'Oh no, where did you go?'. Then bring the mirror back. You are teaching your little one about object permanence.

Pro tip: Teach your child about emotions – ask them to make a happy face, a sad face, and so on.

5 Sandbox

Sand play gives your little one sensory experience through the texture of sand and encourages the use of the senses to boost cognitive learning. In group play situations, it also helps your child to develop social skills like problem solving, sharing, and communicating.

Pro tip: Let your child experience and learn how to play independently, but observe and supervise from a short distance.

6 Pegs and Pegboards

Pegboards help build hand-eye coordination, enhance fine motor skills, encourage colour recognition, and develop early math skills. They also encourage creativity as children sort and match the different coloured pegs to form their own designs.

Pro tip: Start with bigger pegs and advance to smaller pegs.

7 Bath Toys

Bath toys teach tots about cause and effect and object permanence. By dropping the toys into the water and picking them up again or squeezing them to produce sounds, children learn that their actions lead to a response.

Pro tip: Introduce your little one early to scientific concepts like density and buoyancy by providing toys that both float and sink.

8 Stuffed Animals

When toddlers talk to, cuddle and take care of their stuffed toys, they are practising language skills and social skills. Through forming 'friendships' with their stuffed toys, they learn to be more empathetic and form relationships more easily in the future.

Pro tip: Show children how to lift their stuffed toys' arms and legs using gentle movements. This helps teach them to be respectful and caring towards others.



9 Balls

Ball play improves your child's motor skills, hand-eye coordination, and reflexes, while working their arm and leg muscles. In addition, ball play with other kids aids your child in developing social skills like sharing, following rules, and negotiating.

Pro tip: A 'wiffle ball', or any ball with an irregular texture, will help your child get a good grip.

FOR PRESCHOOLERS

10 Puzzles

Puzzles boost a child's cognitive and memory capabilities, as well as their visual spatial awareness. They also hone their logical thinking and problem solving skills.

Pro tip: Find puzzles that appeal to your child's interests, such as animals, trains or rockets!

11 Toy Train Sets

Assembling the tracks in the correct order helps enhance your child's logical thinking skills and develops their fine motor skills. Composing and creating the landscape around the tracks further encourages creativity.

Pro tip: Introduce other toys. For example, place toy dinosaurs around the track to excite their imagination!

12 Dress-up Costumes

Unleash your child's creativity as they take on the role of a favourite character through dressing up. Role-playing builds language and literacy skills as a child interacts with others.

Pro tip: Look for 'props' your child can use as they develop their stories.

13 Easel

Painting builds self-confidence and encourages decision-making as your little one selects their subject matter, plans their composition and chooses their colours. It also helps to develop motor skills.

Pro tip: Never say 'I can't draw' in front of your child.



14 Picture Books

Reading aloud with a parent encourages verbal interaction and helps to develop a child's confidence, especially before 'reading aloud' lessons at school. Verbal dexterity complements literacy.

Pro tip: Allow your child to turn the pages on their own.

15 Toy Food and Play Kitchen

'Play cooking' develops your child's fine motor skills as they 'chop' and 'stir', while teaching them about household chores and the importance of a balanced diet and healthy food.

Pro tip: Point out the main nutritional benefit of each food in real life – for example, milk makes your bones strong because it contains something called 'calcium'.



Article courtesy of Wyeth



Quality Care for Every Child

Highlights from Our FB LIVE Event

At our recent Facebook LIVE event, Dr Terence Tan, Consultant Paediatrician and Neonatologist of Kinder Clinic Pte Ltd, and Rita Francis, Senior Parentcraft Counsellor at Mount Alvernia Hospital, fielded questions on paediatric care and parentcraft. The well-attended event was hosted by local content creator and entrepreneur Melissa Koh and sponsored by Mead Johnson Nutrition. It was the perfect opportunity for parents, especially first-time ones, to reach out for up-to-date information on caring for their little ones from pregnancy to the first week of life and beyond. Here are some of the questions they asked, along with the answers provided by our expert speakers. (Some have been edited for clarity and length.)



Dr Terence Tan Hwa Min
MBBS, MRCP (PAED) (UK),
MMED (PAED), FAMS
Consultant Paediatrician and
Neonatologist
Kinder Clinic Pte Ltd
Medical Centre A #06-03/04

Q At what age should babies be vaccinated and are there any side-effects that parents should look out for?

A The principle is always to give vaccines in a timely way. Some infections tend to attack kids at an early age, and others when they are older. Certain vaccines are also more effective when they are younger, and others when they are older and their immune systems are more mature. Our National Childhood Immunisation Schedule (NCIS)* lists all compulsory and recommended vaccines from birth to about 18 to 24 months*.

By and large, most of these vaccines have been used for decades, so they are generally thought to be very safe.

Though every vaccine is slightly different, there are common side-effects like fever, irritability and soreness around the injection site. These side-effects can be grouped into minor and major, according to their severity. Some vaccines hardly have any side-effects at all. Before any vaccine is given, the nurse or doctor will always outline the possible side-effects.

*Download schedule here:
[https://www.healthhub.sg/sites/assets/Assets/Programs/vaccinate/pdfs/National_Childhood_Immunisation_Schedule_\(NCIS\).pdf](https://www.healthhub.sg/sites/assets/Assets/Programs/vaccinate/pdfs/National_Childhood_Immunisation_Schedule_(NCIS).pdf)

Q When should parents schedule their first appointment with a paediatrician?

A Usually we want to see babies in the outpatient clinic at the end of the first week of life. We want to ensure that their jaundice level is not too high and that babies are gaining weight. That is also around the time when parents can run into a bit of trouble managing their baby.

Q What are the risk factors for Sudden Infant Death Syndrome (SIDS)?

A SIDS is statistically related to prone sleeping positions – or sleeping on the tummy. Because of that, we tell parents to put babies on their backs to sleep. That ‘back to sleep’ strategy has lowered the incidence of SIDS. There is a lower incidence of SIDS in the Far East compared to in the west. Co-sleeping with parents in the same bed also increases the risk.

Q When a baby has a fever, when should parents take the child to a doctor or hospital?

A For newborns in the first four to eight weeks of life, a fever is generally deemed to be an urgent matter that requires immediate medical attention. This is because their immune systems are not mature; they don’t yet know how to complain; and because they are very small they can become dehydrated very quickly.

After six months, you can be a little more relaxed about it. There are three major parameters you can use to gauge the seriousness of the condition and when to see a doctor.

One is feeding well vs feeding poorly. When a child is feeding poorly, we know that something is wrong. The second is

sleeping or not sleeping. If something is disturbing a child’s sleep, he or she may be in pain or in discomfort. The third indicator is crankiness.



“Water is necessary for life, but the recommendation is to give water in the form of milk in the first four to six months of life. The reason for that is twofold. Firstly, babies’ kidneys are not mature enough to handle too much water.”

Dr Terence Tan Hwa Min

Some experienced parents are very confident and can manage minor ailments on their own, while first-time parents tend to be more nervous, especially when the baby is very young. If it is a first child, it is better to bring the child to the doctor rather than use guesswork.

Q When kids fall sick, how do you know whether it is an infection or an allergy?

A It can be confusing, because the symptoms are often the same – typically a cough and runny nose. It is made even more confusing by the fact that infections can trigger allergies, which makes it very hard to tell.

Fever, the presence of a sore throat, runny nose, sore throat, poor feeding and crankiness usually indicate an infection. On the other hand, the symptoms of allergies tend to come and go and can vary within a day. A child can have a runny nose in the morning, which clears up later in the day, and then the child remains well for the rest of the day and until the next morning. So there are some clues that tell us whether that cough and runny nose is the result of an allergy or an infection. When in doubt, bring the child to see the doctor.

As to whether allergies disappear as kids grow older, the proper term is not so much ‘disappear’ as ‘evolve’. Some babies are born with sensitive skin and have childhood eczema, but the eczema will go away and the child might develop wheezing, then the wheezing will go away and the allergy evolves into a sensitive nose.

Q Should babies be given plain water?

A Water is necessary for life, but the recommendation is to give water in the form of milk in the first four to six months of life. The reason for that is twofold. Firstly, babies’ kidneys are not mature enough to handle too much water. The kidneys can end up flushing away the salt and this can be dangerous. Secondly, if you give a lot of water, then the baby cannot take milk because they have limited capacity.



Rita Francis
Senior Parentcraft Counsellor,
Lactation Consultant,
Infant Massage Instructor,
Registered Nurse, Midwife
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Q What are the signs of labour?

A There are three signs of labour. They are: a show, regular contractions, and breaking of the water bag. The three signs are not necessarily in this sequence.

If you have a show, there is no urgent need to go to the hospital. The show is a mucus plug at the neck of the uterine that acts as a seal during pregnancy. It is dislodged when labour commences.

Contractions usually start from the back and come down to the tummy. Some ladies are more sensitive and can feel them in the thighs. As contractions become regular, the pain usually intensifies and the intervals between them become shorter. Once you have regular contractions, you should come to the hospital.

When the water bag breaks, it is either a gush or a trickle. If your bag breaks, you should come down to the hospital now. You should take note of two things when the water bag breaks – the colour and the timing. If the colour is greenish, it is not a good sign as it means the baby is distressed and may have passed motion. If it is clear, it is a good sign. The timing is important as there is a safe timeframe from the water bag breaking to the delivery.

Everyone is different. Do not compare notes with your friends. And the signs do not come in any fixed sequence.

Q Are there any antenatal classes mothers can attend to prepare themselves for labour, delivery, childbirth, care of the newborn and breastfeeding?

A Yes, there are, and of course most are online now. You can learn so many things from our panel of experts – breathing techniques during labour, nutrition tips during pregnancy, tips for the spouse to be a supportive partner, the best positions for breastfeeding, how you burp and swaddle the baby, common skin conditions and more.

There are so many factors involved in pregnancy and parenting, so it is a good thing to attend these classes. You will definitely benefit from them.

“The anatomy of the baby’s mouth and the breast are made for breastfeeding.”

Rita Francis

Q Is breastfeeding painful?

A Breastfeeding should not be painful. If it is painful, please come and see us and we will guide you through. The latch is so important. If the baby is latched well, it should not be a problem.

First of all, the mother should be relaxed. Have a warm drink to warm up your system, massage your breasts, and assume a good position for breastfeeding.

When baby latches on, it should be a deep latch that forms a vacuum seal. The cheeks should be ballooned out, there should be no dimpling, no dribbling and no clicking sounds, and the lower lips should be flanged out, not in.

If the baby is latched well, the sucking should only be rapid during the first few moments. Then it should be strong and rhythmic.

Once you unlatch the baby, your nipples should look nice and round and there should be no soreness. The anatomy of the baby’s mouth and the breast are made for breastfeeding.



I encourage all mothers to initiate breastfeeding early on. Skin-to-skin contact is very important – it makes the baby feel calm and warm and they will actually crawl to the breast. The baby will reach for the breast because the areola emits an amniotic fluid smell, so newborn babies are naturally drawn to the familiar smell.

Q How can I ensure that my newborn is getting enough milk?

A Newborns are sleepy, so sometimes you need to wake them to feed them eight or ten, even twelve times a day. There is no restriction of timing on the breast, and it is important to empty one breast before offering the other. Whatever goes in has to come out.

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IMPORTANT NOTICE: BREAST MILK IS BEST FOR YOUR BABY

The World Health Organisation recommends exclusive breastfeeding for the first six months of life. Unnecessary introduction of bottle feeding or other food and drinks will have a negative impact on breastfeeding. After six months of age, infants should receive age appropriate foods while breastfeeding continues for up to two years of age or beyond. Consult your doctor before deciding to use infant formula or if you have difficulty breastfeeding.

Watch out for signs of dehydration. The frequency and colour of urine and motions are important. The urine should not be dark or pinkish and bloody – this is a sign of dehydration. The motion should turn from greenish to mustard-yellow colour by around day four.

Make sure your baby looks satisfied and is gaining weight. They should not lose more than 7 percent of body weight in the first week – but it should be a gradual loss, not a drastic sudden loss. By day eight or day ten they should go back to their birth weight, and subsequently gain an increment of 200 grammes each week. By four to six months, they should have doubled their birth weight.

These are signs that show your baby is thriving on your breast milk.

Q How do you calm newborn babies when they wake up ‘in shock’?

A A mother’s touch can calm the baby down. I also strongly encourage parents to learn infant massage, because it is a lifelong skill. It will also make the mum feel more relaxed and boost her oxytocin, which will help boost her milk production.

Q How can you get a baby to sleep?

A Do not over-stimulate the child close to bedtime. Make sure the environment is cosy, and create a routine. The temperature should not be too hot or too cold, with no direct breeze from an overhead fan. Make sure that they are well-fed.

Dr Tan adds: When babies are born, they do not respect night or day. Of course in the womb, there is no night and day. As parents, we need to follow the baby’s clock. By and large, we expect an ‘upside-down’ sleep pattern in the first couple of months of life. There are some things that can interfere with sleep, like acid reflux, asthma and allergies, and you need to watch out for symptoms.

“Do not over-stimulate the child close to bedtime. Make sure the environment is cosy, and create a routine.”

Rita Francis



Over the first couple of months of life, the influence of light and dark should regulate the baby’s brain. In the night-time, try not to put the lights on even when the baby is crying and needy. Babies are creatures of habit and they should settle into a routine. Baby massage also definitely helps.

If the mum drinks tea or coffee or stimulant foods, it can enter the breastmilk and make the baby wakeful. Breastfeeding mothers should be mindful of this.

Q Is it okay to breastfeed while you are pregnant?

A This is called tandem nursing and it is definitely okay. Once the baby is born, the priority should be the newborn, then the second child. Both can be breastfed at the same time. This can enhance the bonding between the baby and the older child and you, and the older child’s suckling can help release blockages in the breast.

PARTING WORDS

“You only go down this road once with each child. Enjoy the time with your kids. The time slips through your fingers too quickly. Don’t struggle with anything if you are uncertain. Always seek help – there is a lot of help available,” said Dr Tan.

“It is a bliss to be parents. So enjoy the whole process, the milestones and everything. Remember, we are always there if you have any queries or need help. We work as a team – our physical therapists, our dietitians, our paediatricians, our doctors and us. We are there for you,” said Rita.

View the video of the event at
<https://fb.watch/7WDHndc0Wf/>



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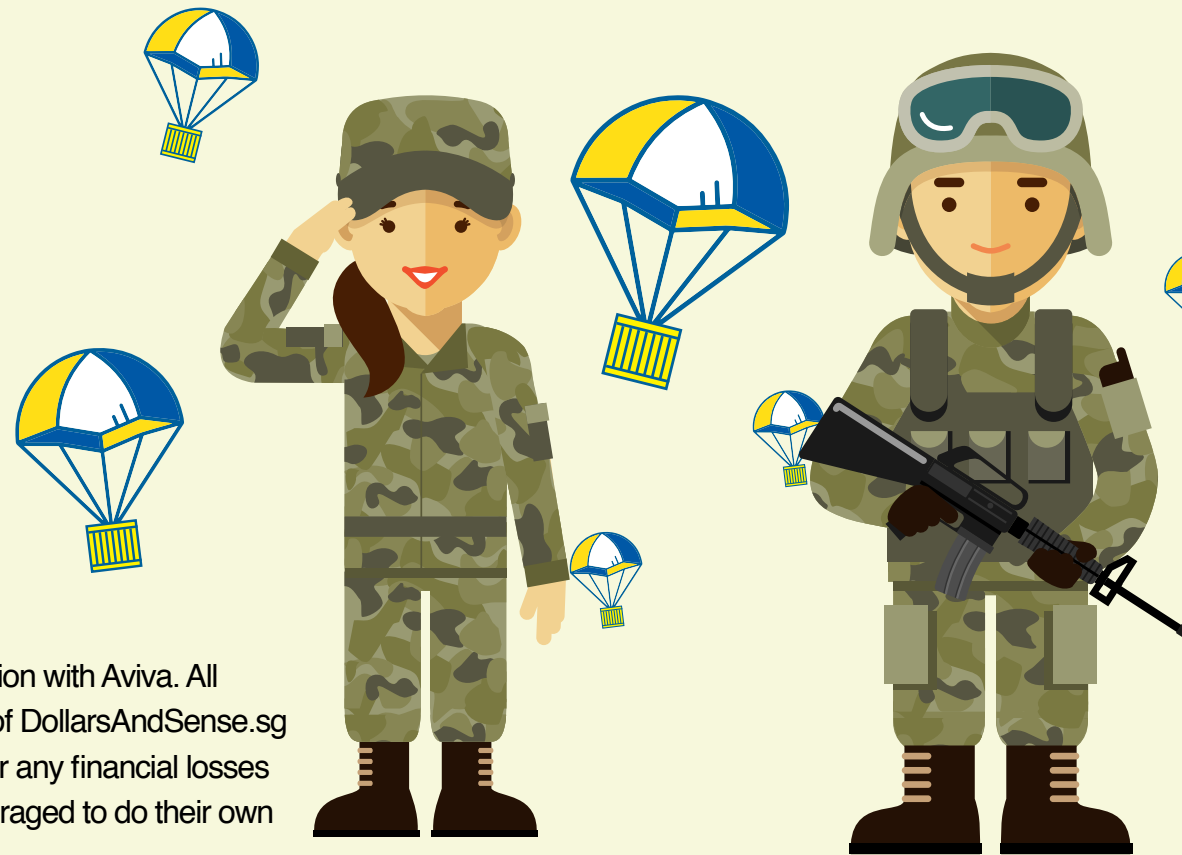
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^For Group Term Life. Premium shown is for S\$100,000 coverage, based on monthly rate (rounding off to the nearest cent) for an Insured Person, aged 65 and below at next birthday.

Information is correct as at July 2021. This advertisement has not been reviewed by the Monetary Authority of Singapore. Protected up to specified limits by SDIC. Ref:COMP/2021/08/PPM/565



Complete Guide to Understanding Aviva MINDEF & MHA Group Insurance Plans



This article was written by DollarsAndSense.sg in collaboration with Aviva. All views expressed in this article are the independent opinion of DollarsAndSense.sg based on their research. DollarsAndSense.sg is not liable for any financial losses that may arise from any transactions and readers are encouraged to do their own due diligence.

Most people would agree that insurance protection is an invaluable component of financial planning. By having the right level of insurance protection, we can go about our daily lives, assured that our loved ones are financially protected in the event that we suffer an accident or an illness that prevents us from providing for their future.

Both the Ministry of Defence (MINDEF) and the Ministry of Home Affairs (MHA) certainly understand the importance of having adequate insurance coverage. Since July 2016, they are providing all full-time national servicemen (NSFs) and operationally ready national servicemen (NSmen) with free group term life and group personal accident insurance coverage, as long as they are on official duties.

HOW MUCH FREE INSURANCE COVERAGE DO NSFS AND NSMEN RECEIVE?

To begin, all NSFs and NSmen will automatically receive S\$150,000 of Group Term Life and S\$150,000 of Group Personal Accident coverage under the Core Scheme. The group insurance coverage

is underwritten by Aviva and provided by either MINDEF or MHA, depending on the organisation that the national servicemen are serving with.

Under the Core Scheme, coverage is automatically applied as long as servicemen are serving their full-time national service and during official duties. Regulars and NS volunteers will also enjoy the coverage during their period of service. Pre-existing medical conditions are also covered under the Core Scheme.

ADDITIONAL GROUP INSURANCE COVERAGE UNDER THE VOLUNTARY SCHEME

For those who wish to enjoy a higher level of coverage, or continue with coverage even when they are no longer in active full-time service, they can choose to purchase additional insurance coverage through the Voluntary Scheme. For just S\$1 per month for S\$100,000 (group personal accident coverage) and S\$4.10 per month for S\$100,000 (group term life insurance), these are one of the cheapest plans in the market. There is also no underwriting

required for the 1st S\$250,000 sum assured for the group term life insurance, and no underwriting required for the group personal accident plan.

The Voluntary Scheme is available for all NSFs, NSmen, Regulars, Public Officers working with MINDEF or MHA, volunteers and affiliate members, including employees from DSTA, and MINDEF and MHA related organisations. Individuals in MINDEF Reserve are also eligible to purchase insurance coverage as long as they are below age 40 (for specialist rank and below) and age 50 (for officers and key appointment holders).

The main plans that you can purchase under the Voluntary Scheme is similar to the Core Scheme – 1) Group Term Life and 2) Group Personal Accident.

Group Term Life: Under the Group Term Life policy, you can purchase coverage of up to S\$1 million. For those aged 65 or below, monthly premiums are at an affordable S\$4.10 for a life insurance coverage of S\$100,000. You can get up to S\$1 million coverage for death and total permanent disability.

Group Personal Accident: Under the Group Personal Accident policy, you can purchase coverage of up to S\$600,000. It costs just S\$1 per month for S\$100,000 coverage against accidental injuries and fractures.

For both these plans, it's worth noting that your spouse and children can also be covered at the same rate as long as you (the MINDEF or MHA member) are an insured member. Your spouse can also continue with the plan in the event of your death. Also, read on to find out about the limited time offer of free personal accident coverage.

BOOST YOUR COVERAGE WITH ADDITIONAL RIDERS

A rider is an insurance policy provision which adds additional benefit on top of the main insurance plan. It provides additional insurance coverage and is tied to the main plan.

The Aviva MINDEF & MHA Group insurance policies allow policyholders to enhance coverage with 4 optional riders. These include the Living Care and Living Care Plus (both critical illness riders), Disability Income and Outpatient Medicare.

Living Care: Living Care provides additional coverage of up to S\$350,000 against 37 critical illnesses, paid out in a lump sum upon diagnosis of the critical illness. Monthly premiums are based on your age. For example, individuals from the age of 31 to 35 will pay S\$3 per month for a S\$50,000 coverage, while someone who is at age 41 to 45 will pay S\$4.95 for a coverage of S\$50,000.

The Voluntary Scheme is available for all NSFs, NSmen, Regulars, Public Officers working with MINDEF or MHA, volunteers and affiliate members, including employees from DSTA, and MINDEF and MHA related organisations.

Living Care Plus: Living Care Plus is an early-stage critical illness policy, providing additional coverage of up to S\$300,000 against 10 early critical illnesses including cancer. Premiums are based on your age, and start from S\$1.15 per month (for those age 25 and below, S\$50,000 coverage).

Disability Income: Disability Income provides you with the security of regular income if you are no longer able to work due to disability, up to the age of 70. Annual coverage is based on 50% of your monthly basic salary, multiplied by 12, up to a maximum annual benefit of S\$120,000. Coverage costs S\$3.72 per month per

S\$10,000 annual coverage for those under 26 and premiums increase as you become older.

Outpatient Medicare: Outpatient Medicare provides you with benefits for outpatient consultations and treatments. Policyholders can choose from two plans; Plan A (annual limit: S\$1,000) or Plan B (annual limit: S\$500). Annual premiums range from S\$208 to S\$376.

The Aviva MINDEF and MHA group insurance policies are automatically renewed each year. You can cancel it at any point in time if you no longer think you need the coverage. None of the policies hold any cash value, so the premiums you pay are purely for the protection coverage that you are receiving.

The Aviva MINDEF & MHA group insurance plans are an affordable way to ensure that we have basic insurance coverage for ourselves and our family. From just S\$4.10 a month (S\$100,000 term life coverage) and S\$1.00 a month (S\$100,000 personal accident coverage), respectively, we will be hard-pressed to use cost as an excuse for not having sufficient insurance coverage.

For more details on Aviva MINDEF & MHA Group Insurance, please visit www.aviva.com.sg/mindefandmha

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This advertisement has not been reviewed by the Monetary Authority of Singapore. This information is accurate as at 12 August 2021. Protected up to specified limits by SDIC.



Reflections on Volunteering in Healthcare

by Anthony Goh

When I was asked to share my views on community outreach, I drew on my first-hand experience of serving as a befriender in a major public hospital. It reminded me that it is indeed more blessed to give than to receive.

MY INSPIRATION

My journey in volunteering began after attending some lectures and workshops conducted by RSVP Singapore (The Organisation of Senior Volunteers). Speaker after speaker spoke about their meaningful real-life experiences in helping set up old people's homes, and volunteering in hospitals.

Furthermore, I had always admired healthcare workers, and to this day remain awed by their tireless efforts in looking after the disabled and chronically sick. While at my age I do not have the requisite skills, strength and dexterity for dedicated individual care-giving, I am fortunate enough not to need it myself.

Volunteering is also in my blood. Born in 1938 and a survivor of the war years from 1939 to 1945, my family lived in a poverty-stricken kampong. I had five siblings, all born after me, who sadly all passed away in childhood. Despite her large brood and her heartache, my mother still found time to lead a Catholic prayer group, tend to sick neighbours and pray for the dead.

Like my mother before me, I found myself with time and energy to spare. I wanted to emulate her noble ways and be the compassionate person she raised me to be. The best way I could think of to continue my mother's legacy, express gratitude for my good fortune, and repay society for all the ways in which I have benefited from being a Singaporean, was to become a healthcare volunteer.

That is how I came to volunteer as a befriender to sick and aged heart patients at National Heart Centre Singapore (NHCS).

MY RESPONSIBILITIES

My duties as a befriender are focused on helping patients register at the Registration Kiosk of NHCS.

Prior to commencing 'active duty', under the auspices of C3A (Council for Third Age) and RSVP, I attended half-day lectures and workshops on 'Building meaningful befriending relationships', 'Developing servant leadership for volunteerism' and 'Handling awkward situations when serving as a volunteer'.

I served as volunteer at NHCS every Friday for three hours per week, from 9am to 12 noon. My tour of duty lasted 10 months starting from March to the end of December 2019, interrupted only by the onset of COVID-19. I long for the day when this pandemic will pass and I can resume my duties.

The nature of my work entailed registering patients at the two kiosks based on their ICs or appointment letters. While scanning I had to ask them a short series of mandatory questions – "Do you have flu or cough?", "Any fever?", "Have you travelled recently to Middle East, Africa or China?". I would then direct the successful patients to the relevant counters or departments, and the unsuccessful ones to the enquiry counter.

I am sad to say that many patients were frail and sickly, and quite a few needed wheelchairs. Fortunately I am multi-lingual, so I was able to converse with most patients in their mother tongues – be it English, Malay or one of several Chinese dialects. This seemed to put them at ease.

MY REWARDS

Befriending and serving heart patients made me forget about my own problems – and remember my good fortune at the same time. I often found myself uttering silent prayers for their quick recovery. A handful of them, after their consultations or procedures, would drop by to say goodbye and offer to buy me a drink. They came in search of a sympathetic ear and would talk about the frustrations of living with their respective illnesses.

In short, it felt good to be useful, and even better to be truly helpful to people in their hours of need.

I greatly admire the unique Mount Alvernia Hospital outreach programme, which reaches out in practical ways to those who are underserved in Singapore, regardless of race, faith, rank or nationality.

WORDS OF ADVICE

I encourage all retirees who possess the basic skills set to deal with people, individually or in groups, to volunteer in healthcare organisations or hospitals.

As an octogenarian, my friends are becoming fewer and fewer. Sometimes I feel very lonely and isolated. What better way to connect with people than to serve as a volunteer?

Three hours on any given day in any week, I could serve 100 to 150 patients. Despite their illnesses, the vast majority were cheerful and expressed their thanks for the small assistance I extended to them. I can truly say – to myself, to every volunteer and to every potential volunteer: It is more blessed to give than to receive.

ON MOUNT ALVERNIA HOSPITAL'S COMMUNITY OUTREACH

We live in a less than egalitarian society teeming with people who are poor, who are sick, who are aged, and who are marginalised through no fault of their own. These people need our assistance, and I believe it is the duty of a civilised society to provide it.

I greatly admire the unique Mount Alvernia Hospital outreach programme, which reaches out in practical ways to those who are underserved in Singapore, regardless of race, faith, rank or nationality.

As an elderly person, I am all too aware of the many discriminations against the aged. Yet when it comes to the issue of discrimination against foreign workers and maids, it is uncharted territory for me. I particularly commend the generous altruism of the hospital's outreach team in reaching out to this often overlooked group of people. When the passing of the pandemic permits more active volunteerism, I hope that many will put their hands up to help.

From what I have read, community outreach is heading for exponential growth post-COVID-19. This unforeseen global calamity will no doubt leave many people struggling with the long-term ill-effects of the coronavirus, along with debts incurred during long periods of unemployment or under-employment. Perhaps seniors like me, and hopefully including me, can play a part in continuing the noble works of Mount Alvernia Hospital Community Outreach?

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

All About Orthogeriatrics

Age brings mixed blessings. Among the welcome gains are the wisdom of life experience and more time to spend on hobbies and with grandchildren. On the other hand, it brings a heightened risk of broken bones and joint problems. Dr Hitendra K Doshi, Orthopaedic Surgeon and Founder of HK Doshi Orthopaedic Center, explains how orthogeriatrics is helping older people retain and regain their mobility.

WHAT IS ORTHOGERIATRICS?

Orthogeriatrics simply means managing orthopaedic concerns in the elderly or geriatric population. It involves a diagnostic, holistic and preventive concept in managing bone- and joint-related pathologies among those in their 50s and beyond, through a multi-disciplinary team approach.

COMMON CONDITIONS

The two most common conditions affecting the elderly are degenerative joint disease, commonly known as osteoarthritis, and fragility fractures.

Osteoarthritis is generally attributed to chronic 'wear and tear', which manifests over time. Symptoms include pain when bearing weight, swelling, and a restricted range of motion, particularly in the knees

and hips. Although these degenerative changes may start earlier in life, symptoms become more apparent as the condition deteriorates. In some cases, symptoms may surface in the early 30s or 40s.

Fragility fractures are linked to the common age-related conditions of osteoporosis, low calcium and low Vitamin D blood levels. These factors cause bones to become

brittle and thus more susceptible to crack, break or even shatter when they are stressed, say from a sudden muscle pull or a minor fall that would normally pose little risk of injury.

OSTEOARTHRITIS: MANAGEMENT AND PREVENTION

Dr Doshi explained that the management of osteoarthritis depends on the stage of the disease and the severity of the symptoms. Though treatment often culminates in knee replacement surgery, there are other effective forms of management in the early stages.

"Weight reduction, lifestyle and activity modification, physiotherapy, medications, viscosupplementation injections and the use of an off-loader brace are all effective non-surgical forms of management," said Dr Doshi. "If diagnosed early, these measures can retard the rate of deterioration of the degeneration," said Dr Doshi.

FRAGILITY FRACTURES: MANAGEMENT AND PREVENTION

Common fragility fractures in the elderly frequently involve the hip, wrist and spine. Although most fractures require surgical repair, complex fractures that involve the joint may require joint replacement surgery.

Dr Doshi shared that while upper limb fractures may require only conservative treatment in some cases, lower limb fractures are almost always managed surgically. The goal is to restore early mobility and avoid the complications of being bed-bound such as bed sores, urinary tract infection and chest infection, to name a few.

Complications from lower limb fractures can contribute to significant morbidity and even mortality, cautioned Dr Doshi. Many who succumb to fragility fractures are osteoporotic, meaning they have brittle bones, and have not been diagnosed prior to their fall.

"Education on fall prevention together with early diagnosis and treatment of osteoporosis remains the cornerstone in reducing the incidence of fragility fractures," shared Dr Doshi.

"Education on fall prevention together with early diagnosis and treatment of osteoporosis remains the cornerstone in reducing the incidence of fragility fractures."

Dr Doshi

FRAGILITY FRACTURE SURGERY VS. KNEE REPLACEMENT SURGERY

Since surgery for fragility fractures is usually in an emergency setting, it is often associated with a higher risk of potential complications than, say, a planned elective knee replacement surgery. The risks increase even more when there is a delay in surgery, which in turn may prolong the rehabilitation process.

"The key to good outcomes after surgery in managing fragility fractures, especially fractures of the hip, is early and timely surgery and mobilisation," advised Dr Doshi.

In contrast to patients who require emergency surgery for fragility fractures, patients who undergo elective knee surgery are assessed and optimised well in advance, which helps minimise potential complications.

"I routinely advise patients to do targeted muscle strengthening pre-surgery. In my experience, this ensures a smoother rehabilitation and recovery post-operation," said Dr Doshi.

AGEING GRACEFULLY

From the bone and joint perspective, ageing gracefully means ensuring mobility and painless joint function through the silver and golden years ahead.

"This contributes significantly to mental and emotional wellbeing, an important element in ensuring happiness," said Dr Doshi. "Hence, my mantra for graceful ageing is early diagnosis, holistic management and practising preventive measures."

May we all enjoy the privilege of ageing gracefully. And should we need it, it's good to know that Dr Doshi and his colleagues in orthogeriatrics are there to cushion our falls and get us back on our feet.

Dr Hitendra K Doshi
Orthopaedic Surgeon
HK Doshi Orthopaedic Center
Medical Centre D #05-51



Assisi Hospice's Home Care nurse helps Haslina manage her symptoms

Haslina Breathes Easier with a Helping Hand from Assisi Hospice

At the age of 27, 41-year-old Haslina Wannor was diagnosed with systemic sclerosis. Today, she is largely house-bound and needs supplemental oxygen to breathe. Assisi Hospice Home Care eases her burden with regular visits, which are free of charge and made possible by generous donations.

HASLINA'S STORY

To many of us, enjoying a nice cup of bubble tea at a cafe with friends is a small treat for ourselves. However, for Haslina even going out for necessities could leave her tired and breathless.

Haslina used to work as a phlebotomist in a hospital, helping to draw blood from patients for tests. However, when she was 27, she began suffering from fatigue

and was getting infections often. She was shocked, at such a young age, to be diagnosed with systemic sclerosis which is a rare and chronic autoimmune disorder with no cure. Slowly, her condition deteriorated and she developed advanced pulmonary hypertension. She had no choice but to stop work. She is now staying in a one-room rental flat with her 16-year-old daughter. They are both dependent on financial assistance for their daily living needs.

Over the years, the disease caused severe scarring of Haslina's lungs, and her breathlessness continued to worsen. Currently, she needs additional oxygen supply from an oxygen concentrator round the clock. She is able to head out to buy necessities with her portable oxygen concentrator for short periods of time, but these trips often leave her exhausted.

HOW ASSISI HOSPICE HELPS

In January 2021, Haslina came under the care of Assisi Hospice Home Care service. Our doctors and nurses visit her regularly. Our Care team adjusts the dosage of her medication according to her condition to control her symptoms more effectively. She said, "This has helped to make me more comfortable when I move around and enabled me to sleep better."

Besides physical symptoms, the emotional burden of the chronic and life-limiting illness was hard to bear. She was constantly worried about what would happen to her daughter if she was no longer around. Our medical social worker lent her a listening ear and shared resources and information in exploring guardianship matters for her daughter. Haslina said, "It is like taking the weight off me. I realised I didn't have to suffer alone."

Assisi Hospice's Home Care service is especially important to those in need. In addition to the toll of their terminal illnesses, patients like Haslina have been severely affected by COVID-19.

CONSIDER SWAPPING MONTHLY TREATS FOR KIND DEEDS

Assisi Hospice's Home Care service is especially important to those in need. In addition to the toll of their terminal illnesses, patients like Haslina have been severely affected by COVID-19.

About 50 percent of Assisi Hospice's operating costs are dependent on donations. Perhaps you would like to consider giving up a few of your personal indulgences and choosing instead to make a monthly gift?

The cost of your monthly treats can make a big impact on the quality of life for patients like Haslina.

Give monthly to 'Add life to days'

Assisi Hospice provides palliative care for patients and families, which preserves their dignity and quality of life. Patients of any race, faith and financial position are cared for by its team of specialist doctors, nurses, allied health and pastoral care professionals. When faced with life-limiting illnesses, patients receive medical care, as well as psychosocial, emotional and spiritual care. The hospice provides care for patients across the continuum of Home Care, Inpatient and Day Care. This allows patients and family members to journey with a clinical team they are familiar with, and to receive care in the way that they need.

Some 52 percent of Assisi Hospice's patients fall into the lowest income group in Singapore, and are in dire need of financial assistance. During this time of uncertainty, sustained support from the community will help to ensure continuity of services to this group of people in their days and hours of need.

It is easy to pledge to give monthly through Assisi Hospice's regular giving programme 'Add Life to Days'. Sign up now at <https://tinyurl.com/assisiaddlifetodays>.



Your gift of \$10 per month

provides one exercise session for a patient so that he can have dignity of life through performing his own daily living activities.



Your gift of \$25 per month

provides one training session for a NODA (No One Dies Alone) volunteer so that dying patients who do not have any family or loved ones are provided companionship in their final days and do not die alone.



Your gift of \$50 per month

will support Home Care so that patients can continue to live independently in the community with their loved ones, while having their end-of-life symptoms taken care of by a palliative care team.



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10 Healthy Habits for Preventing Clinical Anxiety

Everyone worries about something sometimes. But some people feel anxious all of the time. Ms Tan Ming Chin, Counselling Psychologist, Clarity Singapore, explains the difference between normal and clinical anxiety, and how to keep the latter at bay.

ANXIETY IN SINGAPORE

The Singapore Mental Health Study initiated in 2016 by Institute of Mental Health (IMH), Ministry of Health (MOH) and Nanyang Technological University (NTU) revealed that one in seven persons in Singapore has a lifetime prevalence of a mental disorder. One in 62 persons would develop generalised anxiety disorder, and that is only one of the many subtypes of anxiety disorders identified so far. Ms Tan shared that it is also not uncommon to see clients carry severe anxiety symptoms, though diagnosed with another condition.

WHAT IS NORMAL AND WHAT IS NOT

"Clinical anxiety manifests easily, for infinite reasons," said Ms Tan. "It is important to acknowledge that anxiety is a normal state of emotion. In life, we will all have anxious moments. However, regular anxiety is fleeting while clinical anxiety can persist for days, months and even years, in varying intensities."

Persistent worrying, finding it difficult to relax, and constantly fearing that 'something bad' will happen, are among the common indicators of clinical anxiety.

Ms Tan emphasises the fact that clinical anxiety does not discriminate. It can afflict anyone, including highly successful and intelligent leaders and articulate young people with apparently bright futures. They may or may not have family members who have been diagnosed with mental disorders.

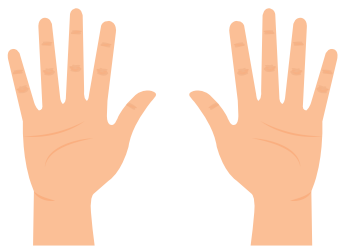
"If you develop pathological traits of distress, it is important to remember that it is never your fault," said Ms Tan. "At times it does feel like life can push us dangerously close to the edge. However, the good news is that you can actively build better 'mental immunity'. It does not mean that you will never falter, but rather than you will recover faster."

10 HEALTHY HABITS

Here are 10 healthy habits, handpicked by Ms Tan and practised by therapists themselves. Try them. You've got nothing to lose but your nagging feelings of anxiety!

1 Daily Gratitude Exercise

Count 10 things you are thankful for in your life. You do not have to have unique items every day, just 10 things you are grateful for at any given moment. The opposite of gratitude is not ingratitude but forgetfulness. Gratitude keeps us present. Gratitude is good energy and good energy attracts good energy, which leads to better outcomes than focusing on negativity.



2 Practise Self-Honesty

Denying unacceptable or negative thoughts and emotions can make you feel worse. Practise vocalising them to yourself and notice how that feels. Even when your most raw thoughts and emotions may not represent reality or logic, acknowledge them anyway. You do not have to agree with them; you just need to acknowledge them.



“It is important to acknowledge that anxiety is a normal state of emotion. In life, we will all have anxious moments. However, regular anxiety is fleeting while clinical anxiety can persist for days, months and even years, in varying intensities.”

Tan Ming Chin

Brad Blanton, an American psychologist and best-selling author of 'Radical Honesty: How to Transform Your Life by Telling the Truth' wrote: “We learn to ‘act nice’ and deny that we are angry, and we make ourselves sick in the process of denial. This is one of the main areas in which something we can't tell the truth about ruins our lives.”

3 Get a Move On

Every day, run for at least one minute or do 10 jumping jacks. Cardio exercises stimulate the production of endorphins, which studies have shown can reduce stress, anxiety and depressive symptoms. Endorphins are a chemical in your body that interacts with your brain to desensitise pain. This is a small goal that is eminently attainable. (Small goals every day create less dread and higher compliance than large, daunting goals.)



4 Find Positive Anchors

Anything that gives you good vibes is a positive anchor. It could be an activity, an object, or even a YouTube channel. It does not need to be your all-time favourite thing to do, or even wildly enjoyable – just mildly enjoyable. Many simple pleasures add up to abundant collective positive energy. Remember that the anchors should be purely positive.



5 Disarm Auto-Pilot

Consistency is great – it gives us a sense of control in stressful situations. However, you should change things up a little for at least a few minutes a day, just to get your body to tune into the present. When you are not present for a long time, you can become disassociated from your sensations and emotions. Subsequently, when stress builds up you may fail to detect the telltale signs. This can lead to a buildup and eventual mental breakdown.



6 Set Boundaries

Will your work go away if you keep overworking to clear it? Or will you create a new equilibrium of a consistently heavy workload? That said, Ms Tan does not discourage clients from working during their weekends and days off. However, she sets these golden rules:

- Limit working to a designated time slot.



“At times it does feel like life can push us dangerously close to the edge. However, the good news is that you can actively build better ‘mental immunity’. It does not mean that you will never falter, but rather than you will recover faster.”

Tan Ming Chin

- Work only if it reduces your stress – for example, by anticipating and preparing for a heavy workload, or managing a backlog.
- Ensure that this is an exception and does not become the norm.

7 Guard Quality Sleep Time

If you need to, upgrade to a better mattress or pillow. But more importantly, try to keep your mind ‘free’ during designated sleep time. If worrying thoughts invade, stop them with these steps:

- Visually represent the thoughts with a mental image. For example, picture them as fish swimming underwater in front of your eyes.

- Characterise their movements to mirror how your thoughts are ‘swimming’ in your mind.
- Say the word ‘STOP!’ and notice how the fish dart out of your sight. Say it softly or say it loudly, just make sure you say it firmly.



That said, thought-stopping is not a solution to persistent worry. You should see a psychotherapist if anxiety persists.

8 Good Vibes Only

Listening to malicious gossip or reading negative content on a regular basis can erode your mental resilience. You should cut out toxic people and digital content that leaves you feeling inadequate or unhappy. If you cannot cut them out completely, reduce your contact or draw boundaries to limit your exposure. (The first thing you may want to do after reading this article is to curate your social media feeds!)



In the Pink

10 Healthy Habits for
Preventing Clinical Anxiety

9 Notice More, 'Interpret' Less

One condition of clinical anxiety is the unhealthy habit of 'fortune-telling' and 'mind-reading' – predicting bad outcomes and what-ifs, and arbitrarily making negative conclusions about what others are thinking of you. First, acknowledge how you have fallen into these two 'thinking traps' in the past. Then, catch yourself when you start drawing conclusions on meagre or no evidence. Notice moments in life that create the urge to 'interpret', and just let them flow around you. Do not try to argue with the thoughts if they only get stronger.



10 Cut Yourself Some Slack

Be forgiving with yourself. It is normal for humans to make mistakes. (Imagine how little we would learn if we never made a mistake in our lives!) Set a quota to make at least three mistakes every day. You are sure to hit it. Often, the more we worry about mistakes, the more we invite mistakes. A common driver of self-inflicted stress is the thought that, "If I were harder on myself, I could prevent myself from making mistakes." The culture of 'beating ourselves up' has deceived us into believing that lowering our self-esteem will increase self-efficacy.



"Remember to embody the message of 'cutting yourself some slack' while practising these habits. If you have not managed to practise any of them in the past week, simply move on. Never feel bad about doing something, or not doing something!"

Tan Ming Chin

WORK AT BUILDING YOUR MENTAL IMMUNITY

Ms Tan encourages us to check ourselves by counting how many healthy habits we are currently practising in our daily lives.

"Remember to embody the message of 'cutting yourself some slack' while practising these habits. If you have not managed to practise any of them in the past week, simply move on. Never feel bad about doing something, or not doing something!" said Ms Tan.

For better motivation, Ms Tan suggests forming accountability groups with friends, family members or your partner. Check in with one another every week and share your positive anchors.



Think positively and take active steps towards building your mental immunity against clinical anxiety.

Sources:
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[^] Contains unique prebiotic blend, scGOS:lcFOS (9:1). Arslanoglu et al. 2008, Journal of Nutrition, 138:1091-1095

^{*} Iron and Zinc are necessary for normal immune function, and supports child's natural defences.

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