

my Alvernia

Inspiring Healthy Living | Issue 51

Giving Care to generations

The Inauguration of St Anne Mother & Child Centre



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Welcoming New Specialist Doctors to the Mount Alvernia Family!

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Entering the final quarter of 2023, I am thrilled to announce the official opening of our 10-storey maternity and paediatric building, St Anne Mother & Child Centre (SAMCC). This project has been a labour of love, passion, resilience and unstinting perseverance for all of us at Mount Alvernia Hospital. It was a great privilege to have Minister for Health, Mr Ong Ye Kung, join us at the inauguration ceremony, marking a momentous chapter in our hospital's history.

In this issue, we invite you to take a closer look at the heartwarming world of SAMCC. Join us on a behind-the-scenes peek into the struggles we faced during construction, particularly amid the COVID-19 pandemic; witness the excitement of our staff as they transitioned from our old premises to the new building; explore the spaces and rooms within SAMCC; and uncover unique features that make this facility truly special, from the Holy Family Statue to the symbolic halo-themed lights that adorn the atrium ceiling.

On 7 August, SAMCC's first day of operations dawned with the arrival of the very first baby to be born within its walls. This heartwarming moment set the stage for more celebrations as we welcomed another precious life on our nation's birthday, 9 August. Since then, SAMCC has witnessed the birth of over 1,000 babies, a testament to the trust our community has placed in us – a trust for which we are deeply grateful.

With our dedicated team of O&G specialists and paediatricians on and off campus, SAMCC stands ready to provide high standards of care to our cherished mothers and their precious children.

I would like to extend my heartfelt gratitude to everyone who has been part of this project. Our Board members, building and construction partners including our main contractor Shimizu Corporation, our Hospital Planning & Development Team, fellow medical specialists and colleagues at Mount Alvernia Hospital, have all played integral roles in bringing this vision to fruition, and

demonstrated unwavering commitment and support throughout this journey.

Behind the walls of our hospital, there are heroes who deserve special recognition – our incredible NURSES who are the backbone of our compassionate care. This year's Nurses' Day, we acknowledged and celebrated their dedication and hard work with a Star Wars-themed party filled with warmth, fun and laughter. It is a small token of our appreciation for the extraordinary work they do every day.

Our commitment to bringing care to underserved communities remains resolute. Through a collaboration with IDHealth, our Community Outreach Team reached out to individuals with intellectual disabilities and their caregivers, offering them complimentary health screenings and follow-up care at our Outreach Clinics.

In closing, the official opening of SAMCC reflects our steadfast commitment to advancing maternity and paediatric care for our community. We deeply appreciate your enduring support and trust in Mount Alvernia Hospital, and we will continue to strive for new heights in providing quality healthcare, all guided by our enduring motto, to **"Serve all with Love"**.



God bless.

Dr James Lam Kian Ming
CEO, Mount Alvernia Hospital

Mount Alvernia Hospital Celebrates Nurses' Day 2023: Our Nurses, Our Forces



Celebrating Nurses' Day with the Founding FMDM Sisters who laid the foundation for MAH's compassionate care.

Mount Alvernia Hospital's Nurses' Day celebration encapsulated a day of appreciation and recognition for the unwavering dedication of nurses.

On 1 August, the newly opened St Anne Mother & Child Centre at Mount Alvernia Hospital (MAH) came alive with festivities, as the hospital joyously celebrated Nurses' Day. Drawing inspiration from the iconic Star Wars saga, this year's theme, "Our Nurses, Our Forces," pays tribute to the dedicated nurses who stand as the driving forces behind MAH's exceptional care.

Nurses' Day is an annual event at MAH, a time when colleagues, the Executive Management Team, and doctors come together to express their gratitude and appreciation for the nursing heroes.

In the days leading up to Nurses' Day, the Executive Management Team walked the halls of the hospital to personally extend their warm wishes to the nurses at their respective departments, a heartfelt gesture that echoed the hospital's deep appreciation of the nurses' dedicated service.

1 August began with a Nurses' Day Mass in the hospital chapel, celebrated by Friar William Lee, Order of Friars Minor. Prayers were dedicated to honour nurses and caregivers, and the nurses received blessings and prayed together on this special day.



Friar William Lee offered prayers to honour nurses and caregivers during the Nurses' Day Mass.

Following the Mass, a wide array of fun activities awaited the nurses and staff during lunch hours. There were games, balloon sculpturing, food stalls selling traditional local delights and ice cream, and a photo booth for capturing funny memorable moments. Laughter and camaraderie filled the air as everyone enjoyed these engaging activities.



Deputy Director of Nursing Ms Kathleen Low (left) and Director of Nursing Ms Shirley Tay (3rd from left) with student nurses.

The afternoon continued with a special fun-filled programme which featured a cake-cutting ceremony to mark this special occasion, captivating musical and drama performances put up by the hospital's own doctors and staff, showcasing their talents beyond the medical field, and a lucky draw where staff eagerly cheered and participated in. Goodie bags sponsored by local brand names were distributed, adding an extra touch of delight to the occasion.



The Executive Team walked around the hospital to wish the incredible nurses a Happy Nurses' Day.

During the event, the Ministry of Health (MOH) Nurses' Merit Award was presented again to Wong Ka Wai, Assistant Director, Operating Theatre, to celebrate this achievement together in the presence of all colleagues. This award had been given at an official award ceremony organised by MOH on 19 July 2023.



Staff gathered in unity to celebrate Nurses' Day and express their heartfelt appreciation for the incredible nurses.

Dr James Lam, CEO of MAH, expressing his gratitude to the nurses, said, "It takes a great deal of selflessness and self-sacrifice to become a nurse, as it often requires one to go the extra mile." He acknowledged the incredible dedication of the nurses at MAH, whose unwavering commitment to patient care is truly remarkable.

Ms Shirley Tay, Director, Nursing, also conveyed her heartfelt appreciation, "You are the backbone of our healthcare system, and your tireless efforts do not go unnoticed." She thanked the nurses for their continuous availability and care, even in the face of challenges, emphasizing, "You are the force that keeps us together on this journey to Serve all with Love."

“ You are the backbone of our healthcare system, and your tireless efforts do not go unnoticed. ”

– Ms Shirley Tay

Celebrating Singapore's 58th Birthday with Baby Christopher's Arrival

In a moment of patriotic celebration, Mount Alvernia Hospital (MAH) welcomed its first National Day baby this year on Singapore's 58th birthday. Baby Christopher arrived at 9:38am on the auspicious morning of 9 August. Weighing a healthy 3.52kg and measuring 52cm in length, Christopher's arrival was met with joyous excitement by his parents, Koh Tian Xiang and Zhao Yindi.

For Tian Xiang and Yindi, Christopher represents a delightful addition to their growing family, as he is their fourth child. His expected due date was a week earlier, and there were no early signs of labour. But, as fate would have it, Christopher chose National Day as his grand entrance into the world.

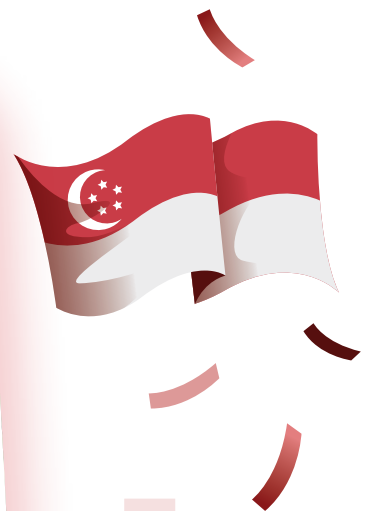
It was an extraordinary moment not only for the new parents but also for MAH. Baby Christopher marked the hospital's first National Day baby born at the newly inaugurated St Anne Mother & Child Centre, which had officially opened its doors just two days earlier. His birth journey was a 14-hour labour of love, and he was warmly welcomed by the hospital staff.

Tian Xiang and Yindi's love story began in 2016 when they met through mutual friends. The following year, they tied the knot, and their family quickly began to grow. With three other children aged 6, 4, and 2, Christopher's arrival completes their loving family circle.



Dr Djoni Huang, Director of Clinical Services at MAH, was present to extend heartfelt congratulations to the new parents, and presented them with gifts from generous sponsors to commemorate this special occasion.

Baby Christopher's birth on National Day serves as a heartwarming reminder of the harmony between family, nation, and the miracle of life. As he embarks on his journey, his arrival will forever be associated with the vibrant celebrations of the Lion City's birthday.



Special Feature: SAMCC



A Journey of Resilience and Hope: The Story of St Anne Mother & Child Centre

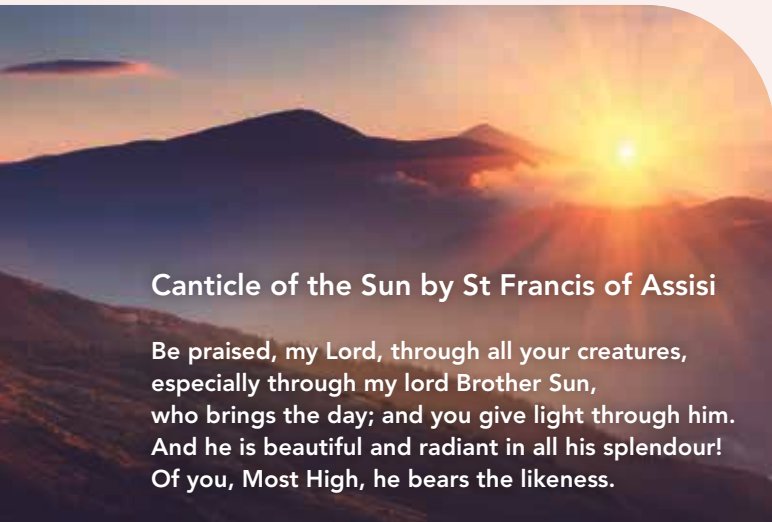


Special Feature: SAMCC



The Journey of St Anne Mother & Child Centre: Transforming a Vision to Reality

The transformation of St Anne Mother & Child Centre (SAMCC) from a visionary concept to a tangible reality is a story of dedication, challenges, and unwavering commitment. This section takes you on a journey through the key phases, obstacles, and triumphs that marked SAMCC's evolution.



Canticle of the Sun by St Francis of Assisi

Be praised, my Lord, through all your creatures,
especially through my lord Brother Sun,
who brings the day; and you give light through him.
And he is beautiful and radiant in all his splendour!
Of you, Most High, he bears the likeness.

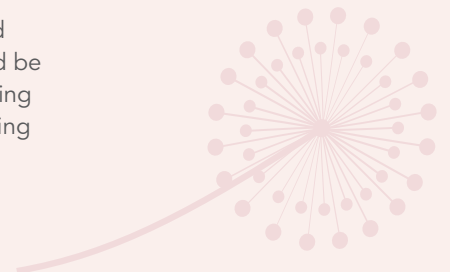
Aug 2016 to Jul 2019: Design, Conceptualisation, and Appointment of Main Contractor

Why a Maternity and Paediatrics Centre?

St Anne Mother & Child Centre's inception was deeply rooted in the longstanding vision of Mount Alvernia Hospital (MAH). From the hospital's humble beginnings, dating back to 1961 when the nuns of the Franciscan Missionaries of the Divine Motherhood (FMDM) founded it as a mother and child hospital, nurturing maternal and child health has been at the heart of their mission. Dr James Lam, CEO of MAH, expressed this vision, saying, "Our commitment to creating a dedicated space for mothers and children has always been our guiding star."

The Design Concept

The hospital's design concept draws inspiration from the timeless poem "The Canticle of the Sun" by its patron saint, St Francis of Assisi. With the poem's verses in mind, the architects embarked on this journey in August 2016, envisioning a building that would embody the very essence of joy and illumination. Visitors stepping into SAMCC would be greeted by an abundance of natural light, symbolising life and light, creating an uplifting atmosphere for all who enter. The design was finalised in 2018 after meticulous planning that spanned more than two years.



Appointment of Main Contractor

A rigorous tender process saw Shimizu Corporation being selected as the main contractor for the SAMCC project on 2 July 2019. Soon after, the physical progress truly began with the demolition of the former Assisi Hospice, making way and marking the site for the new SAMCC building's construction.



Blessing ceremony before demolition of the former Assisi Hospice.



Celebrating the groundbreaking of the SAMCC building.

6 Sep 2019: Groundbreaking Ceremony

6 September 2019 marked a milestone when SAMCC held its groundbreaking ceremony, and celebrated the commencement of SAMCC's construction. Board members, the founding FMDM Sisters, the Executive Team, and the Hospital Planning & Development Team gathered together to mark this auspicious occasion.

Sep 2019 to Jun 2023: The Construction Journey – Braving Through Obstacles

Obstacles and Obstructions

Construction kicked off following the groundbreaking ceremony. The path to completion was, however, far from smooth and marked by numerous challenges, the most severe of all being the COVID-19 pandemic. The pandemic struck in April 2020, halting all building works for two months during the Circuit Breaker lockdown.

When construction resumed in June 2020, progress was significantly hampered by ongoing governmental restrictions and safety measures put in to curb the virus' spread. Delays were further exacerbated by late delivery

of materials due to lockdown of overseas ports, and manpower shortage stemming from the government's restriction of foreign workers entering Singapore, all consequences of the COVID-19 pandemic.

Additional hurdles occurred during the same period, including water ingress and flood issues faced by the hospital, as well as noise complaints from hospital patients, doctors and neighbouring residents, leading to intermittent work stoppages, all causing disruption to the construction progress.

Why the name St Anne Mother & Child Centre?

St Anne Mother & Child Centre takes its name from St Anne, the patron saint of mothers, grandparents, pregnant women, those in childbirth, and couples seeking the gift of a child. St Anne's significance extends to being the mother of the Virgin Mary and the grandmother of Jesus, serving as an enduring symbol of prayer, love, and humility. This name reflects a deep connection to maternal and child health, embodying the virtues of care and support provided to mothers and their children, emphasizing the sanctity of motherhood and family bonds.





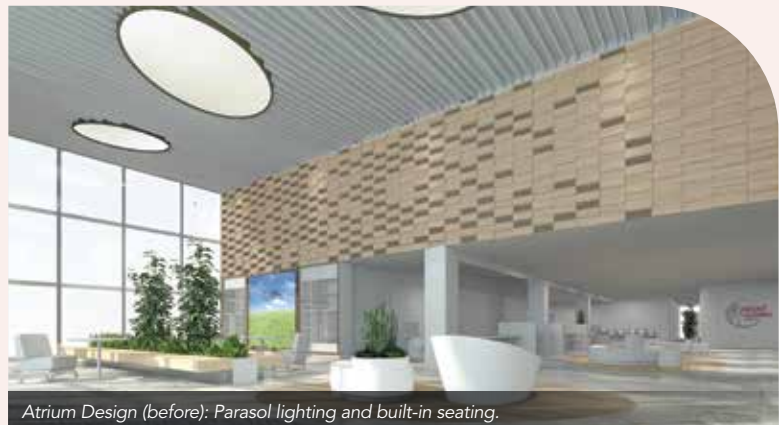
Before: Some rooms having 1-window view.

After: All rooms having 3-window views.

Design Evolution

The project saw significant design evolutions during construction. Some changes were made due to the authorities' rejections of the original designs, and some were made to create more efficient space and accommodate more equipment and amenities to improve the quality of care to patients.

These changes included the change from half of the rooms having three-window views to all rooms having three-window views, thus reshaping the building's entire façade. Further, the atrium lobby design evolved from the original parasol lighting and built-in seating to the current halo-light themed ceiling and loose clustered seating.



Atrium Design (before): Parasol lighting and built-in seating.



Atrium Design (after): Halo-shaped lights and loose clustered seating.

Route to Completion

Construction picked up speed in March 2021 when COVID-19 restrictions finally eased.



Building site in Mar 2021 vs Nov 2021.



Jul 2023 to Aug 2023: SAMCC Obtains TOP and Operation “Go Live” Begins

Amidst cheers and celebration, SAMCC proudly attained its TOP on 5 July 2023 after nearly four years of dedicated construction efforts.

The transition to operation mode then commenced, with all maternity and paediatric departments making significant preparations, relocating from the Main Building to the new facility. This move to consolidate all maternity and paediatric services within one single building not only creates an all-inclusive experience for mothers and children, but also releases space in the Main Building for other medical and surgical needs.



All hands on deck: The big move to the new building.



Enthusiastic staff eagerly await their first patients to SAMCC.



SAMCC welcomes its first patients.

7 Aug 2023: The Doors Open

The culmination of years of dedication and hard work arrived on 7 August 2023, when SAMCC opened its doors and welcomed its first patients, heralding a new era in the history of MAH.

19 Oct 2023: Official Opening Ceremony

19 October 2023 witnessed a momentous occasion as Minister for Health, Mr Ong Ye Kung, graced the official inauguration of SAMCC and publicly declared its commencement.

The journey from vision to reality for St Anne Mother & Child Centre spanned more than seven years, characterised by significant challenges and obstacles. This achievement is a testament to the unyielding resilience, unwavering commitment, and persistent dedication of MAH’s partners, the main contractor, consultants, board members, the Hospital Planning & Development Team, and the devoted staff of MAH. St Anne Mother & Child Centre now stands as a symbol of hope, care, and a brighter future for mothers, their children, and future generations to come, brought to life through a shared vision that started in 1961.



Minister for Health, Mr Ong Ye Kung, during his keynote speech at SAMCC's official opening ceremony.

Special Feature: SAMCC

Doctors Explore the New St Anne Mother & Child Centre

Before the St Anne Mother & Child Centre (SAMCC) opened its doors to the public, Mount Alvernia Hospital (MAH) invited its on-campus obstetricians and gynaecologists, paediatricians and anaesthetists for an exclusive tour of the SAMCC premises. This specially-planned tour aimed to provide the doctors with a firsthand look at SAMCC's facilities designed to cater to the unique needs of mothers and children.

The day's programme began at the atrium of SAMCC, where the doctors were welcomed with informative presentations by division directors of MAH. Ms Karen Poon, Director of Mission, shared insights into the significance behind SAMCC's name and the meaningful features within the building, such as the Holy Family Statue. Following this, Ms Han May Ching, Director of Corporate Development and Community Outreach, provided an overview of the hospital's marketing and publicity strategies for SAMCC. The presentations concluded with a warm welcome speech from CEO Dr James Lam, and a heartfelt prayer led by Ms Poon.



Various departments of MAH came together to conduct a special tour of SAMCC for specialist doctors.



Doctors mingle over food and refreshments before the guided tour.

After the enlightening presentations, the doctors were treated to a delightful spread of food and refreshments, allowing them to mingle and catch up with their fellow healthcare professionals.

The highlight of the day was the guided tour, where the doctors were divided into smaller groups, accompanied and led by the nurses and colleagues from the Clinical Services and Corporate Development teams, for an in-depth exploration of the premises.



Doctors at the Neonatal ICU.

The tour encompassed a visit to key facilities such as the maternity and paediatric wards, the delivery suites, nurseries, Neonatal Intensive Care Unit, and High Dependency Unit. Ancillary services such as the Parentcraft Centre, Health Screening Centre, Satellite Inpatient Pharmacy, and the Nutrition & Dietetics consultation rooms, were also on the itinerary.

The tour ended with a heartfelt toast to the doctors by Dr Lam. He expressed his gratitude for the doctors' continued support and the time they dedicated to this tour. This gesture underscored the hospital's appreciation for their partnership and commitment to providing excellent healthcare.

Doctors' impressions

The doctors emerged from the tour with a sense of optimism and appreciation for what SAMCC has to offer. They were particularly pleased with the spacious premium suites, the wide corridors in the wards, the generous ceiling height in the building's main lobby, and the added convenience of closer accessibility to the operating theatres and connectivity to the Main Building. One unanimous positive comment was the breathtaking view of MacRitchie Reservoir from the nurseries on levels 9 and 10.



The highlight of the day was the guided tour of SAMCC.

This exclusive tour not only acquainted the doctors with SAMCC's purposefully-designed infrastructure, but have also hopefully reaffirmed their confidence in MAH's commitment to providing quality healthcare for mothers and children.



Doctors at the maternity ward.

Special Feature: SAMCC

Celebrating a New Beginning: The Opening Ceremony of St Anne Mother & Child Centre



On 19 October 2023, a significant occasion unfolded as Mount Alvernia Hospital (MAH) celebrated the official opening of its maternity and paediatric building, St Anne Mother & Child Centre (SAMCC). The distinguished guest of honour for this momentous event was Mr Ong Ye Kung, Minister for Health of Singapore. The event took place at the atrium of the newly constructed SAMCC, with a guest list that included the Board of Directors of MAH and Assisi Hospice, the founding Sisters from the Franciscan Missionaries of the Divine Motherhood (FMDM), representatives from the main contractor Shimizu Corporation, project consultants, the Executive Team and staff of MAH.

The ceremony commenced with a heartfelt welcome and blessing prayer delivered by Friar William Lee. Friar Lee also shared meaningful excerpts from the book "Francis: The Journey and the Dream." This set the tone for an event that would be marked by both spirituality and a commitment to healthcare.

Two key speeches by Dr James Lam, Chief Executive Officer of MAH, and Minister Ong, highlighted the morning.

In his speech, Dr Lam reminisced about MAH's humble beginnings, stating, "Mount Alvernia Hospital has come a long way from its first official opening on 4 March 1961, as a 60-bedded mission hospital staffed by the Sisters from the Franciscan Missionaries of the Divine Motherhood." He continued, "Indeed, St Anne Mother and Child Centre marks a new chapter in Mount Alvernia Hospital's 62-year journey. It is with great pride and joy that we are standing here today in this new building to celebrate the opening of our first dedicated maternity and paediatric centre."

Dr Lam expressed his gratitude to everyone involved in the project, acknowledging the challenges posed by the COVID-19 pandemic. He thanked the Board members, business and construction partners, Shimizu Corporation, the Hospital Planning Development Team, medical specialists, and all staff of MAH for their unwavering support and dedication.



Minister Ong Ye Kung gives his keynote speech at the atrium of SAMCC.

Minister Ong's speech underscored the significance of SAMCC in the healthcare landscape of Singapore, saying, "The area of obstetric and paediatric care is one where we do not have a bed crunch issue, unlike other sectors, especially for seniors. Part of the reason is we have private hospitals such as MAH. There is a good balance between what the private and public hospitals are providing."

He continued, "I hope that private hospitals, such as MAH, will continue to grow, so that we have a more variegated landscape, with more diversity and choice, and in many ways, greater resilience. It is possible for us to have private and public hospitals working side by side, creating a much better healthcare system for all of us."



From left: Mr Ho Tian Yee, Minister Ong Ye Kung, Dr James Lam and Sister Linda Sim, with their hands placed on the dandelions, waiting to declare the official opening of SAMCC.

The heart of the ceremony was the official launch of SAMCC, symbolised by a unique and touching gesture. Four dandelions on the screen on stage represented the opening mechanism. Minister Ong, Board Chairman of MAH Mr Ho Tian Yee, Dr Lam, and FMDM Singapore Coordinator Sister Linda Sim, placed their hands on each of the four dandelions. The dandelion stems then floated off into the air, declaring SAMCC officially open. The dandelion, cherished for its healing properties, was chosen as a symbol to depict the evolving healing ministry spread through MAH's work in healthcare.



The ceremony concluded with Minister Ong's visit to the new maternity and paediatric wards at SAMCC, while guests enjoyed a delectable tea reception. Special gifts from sponsors were distributed to commemorate the occasion, including pressed flowers, tea bags, and macarons for the maternity wards, and balloons and Mega Bloks for the children in the paediatric wards.



Minister Ong spontaneously takes a selfie during his guided tour of SAMCC.

The official opening of SAMCC was a moment of celebration, marking not only a new chapter in the rich history of Mount Alvernia Hospital but also a significant addition to Singapore's healthcare landscape. With a blend of spirituality, dedication, and a commitment to healthcare, SAMCC promises to serve the community with love, care, and compassion for generations to come.



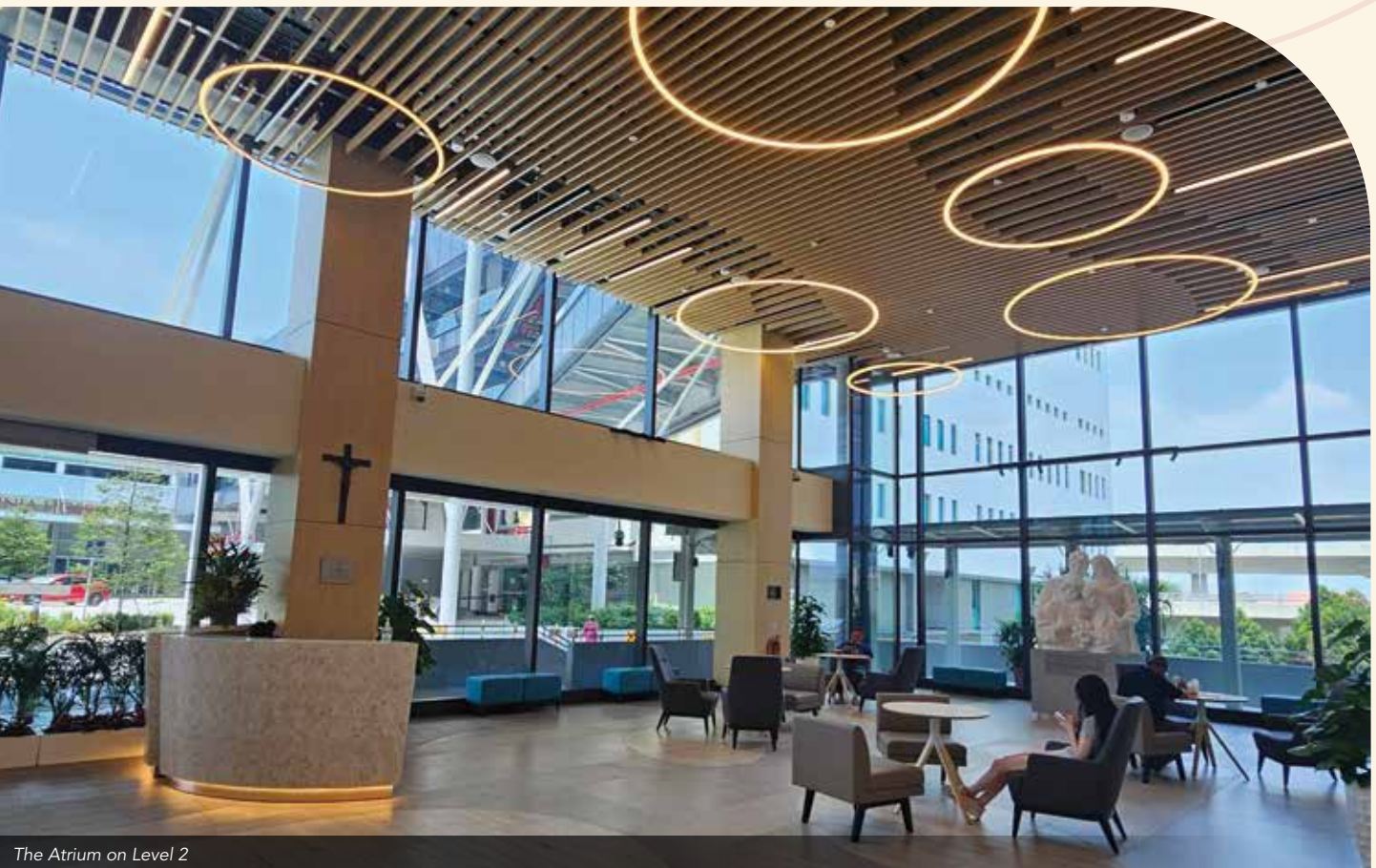
Minister Ong Ye Kung, Dr James Lam and Director of Nursing, Ms Shirley Tay, congratulate new parents Kelvin and Clara.



Special Feature: SAMCC

A Look Inside St Anne Mother & Child Centre

Discover the spaces, rooms and facilities within St Anne Mother & Child Centre (SAMCC), all harmoniously coming together to create a sanctuary for the most cherished moments in a mother's childbirth journey.



The Atrium on Level 2

The Space

Spacious and welcoming areas serve as the cornerstone of a warm and comforting ambience at SAMCC. As you step inside, the open and inviting atmosphere is evident, starting with the expansive atrium lobby and lift lobbies. This sense of spaciousness extends to the ward corridors, ensuring a comfortable environment for patients and visitors.



Spacious nurses' station and corridors on each ward.



Visitors' Lifts

The Rooms

Maternity

SAMCC provides a variety of room options to cater to different needs. There are more single-bed rooms to address the increasing demand for privacy and comfort among new-generation mothers. For those looking for more space and options, double-bed rooms are also available. Each maternity ward includes a nursery, ensuring parents have convenient access when visiting their babies.



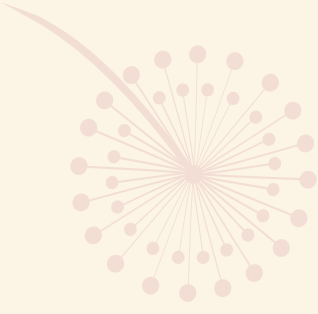
Delivery Suite



Premium and Junior Suites come with their own living area for families and friends.



There is a nursery attached to each maternity ward.



Paediatrics

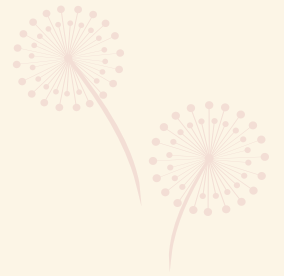
The paediatric section at SAMCC offers both single and double rooms, ensuring that young patients have a comfortable and supportive environment for their medical care.



Paediatric Single



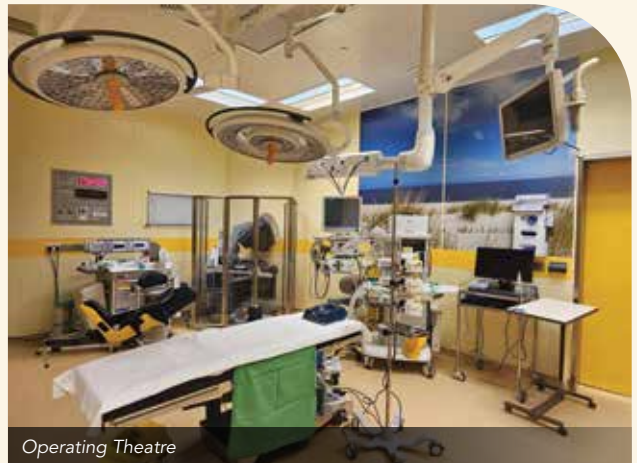
Paediatric Double



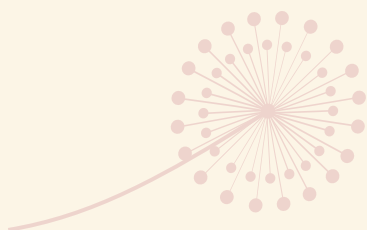
Neonatal ICU

The Critical Care Facilities

SAMCC prioritises critical care, with the Neonatal Intensive Care Unit, Neonatal Jaundice Unit, High Dependency Unit and operating theatres, all located within close proximity to one another. This ensures swift and efficient support, particularly for complicated pregnancies and newborns in need of specialised attention.



Operating Theatre



The Services

SAMCC offers a complete and all-inclusive experience by housing essential support services within one facility. This includes the Parentcraft Centre, where lactation consultants offer guidance on breastfeeding and infant care, a health screening centre, nutrition and dietetics, a pharmacy, and a Quiet Room where parents can request a brief prayer service for their little ones before leaving, adding a special touch to the overall experience.



The Alvernia Parentcraft Centre offers breastfeeding and infant care guidance.



Parents can request for a blessing service for their little one in the Quiet Room.

Expectant parents are invited to schedule for a guided maternity tour of SAMCC! This tour will provide you with useful information including the maternity package prices and admission procedures.

Scan the QR code to register for the tour, or contact the Patient Liaison Centre at 6347 6788 or patient.assist@mtalvernia.sg for more information.



Special Feature: SAMCC

A Look Inside St Anne Mother & Child Centre

Uncover the heartwarming and innovative touches that define St Anne Mother & Child Centre (SAMCC) and make it truly unique.



The Seven Halo Lights

Upon entering SAMCC's lobby atrium, your gaze will likely be drawn to the unique ceiling lights. These lights take the form of seven halos, each conveying a meaningful message of light and life, their circular shape serving as a symbol of perfection. Notably, the inclusion of seven halo lights mirrors the seven days it took for God to create the world, signifying completeness and perfection, physically and spiritually.

The Holy Family Statue

Located in the lobby atrium of SAMCC is an exquisitely crafted statue of the Holy Family: the Child Jesus, his parents Mary and Joseph, and his grandparents and parents of Mary, Anne and Joachim. The Holy Family Statue represents the love, acceptance, peace and trust that everyone looks for in a family.





The Romero Cross



The Family Cross

The Diverse Crosses

Different crosses are hung on walls in different spots in SAMCC. Each cross represents a different meaning. The Romero Cross represents social justice and peace, inspired by the life of St Oscar Romero and can be seen in the paediatric wards. The Family Cross signifies family life founded on faith and joined in life. It can be found in the Maternity Wards, Delivery Suite and throughout the centre.

Ensuring Peaceful Rest with a Sound Level Meter

Rest is vital for babies. Within the Neonatal Intensive Care Unit, you will find a sound level meter, meticulously designed to vigilantly monitor for any noises that might disrupt or rouse the infants. An alert system activates if noise levels exceed the recommended thresholds, guaranteeing a serene atmosphere for these precious newborns.





Astronauts by Rachel Fong (Located in St Nicholas Ward)



Ocean Mosaic by Sarah Wong (Located in St Gabriel Ward)



Leaves by Grace Ong (Located in St Michael Ward)



Botanical by Nurul Amirah Binte Zain (Located in Our Lady Ward)

Walls by the Art Faculty Artists

In collaboration with The Art Faculty, a social enterprise founded by the Autism Resource Centre (Singapore), SAMCC is pleased to showcase the artistic talents of individuals on the autism spectrum in its maternity and paediatric wards. These artworks not only enhance the ambience of the wards, but also empower and celebrate the potential of these talented individuals.

Innovating with Modular Walls

SAMCC has adopted the use of modular walls as a modern alternative to conventional brick and mortar structures. These modular walls excel in noise absorption, safeguarding patient privacy and cultivating a comfortable atmosphere for both patients and their visitors.



Special Feature: SAMCC

St Anne Mother & Child Centre Welcomes Its First Birth

In a heartwarming and remarkable coincidence, the first baby to grace the St Anne Mother & Child Centre (SAMCC) with her presence arrived on 7 August 2023, the very day when SAMCC opened its doors to welcome patients. Born to proud parents Mr Simon Lee and Mdm Ho Sing Kiat, this beautiful baby girl named Emma brought an extra dose of joy to this auspicious day.



Simon and Sing Kiat, who had known each other since their secondary school days, sealed their love with marriage in 2022. Their first-born made her grand entrance into the world on Monday afternoon at 2.37pm. She was a rosy-cheeked bundle of delight, weighing 3.09kg and measuring 50.1cm in length.



For Sing Kiat, this day held an extra layer of sentiment as she herself was born in this very same hospital 32 years ago. The new parents could not contain their joy. Simon shared, "She arrived faster than we expected! But we are glad that she is healthy – that's most important."

To make this day even more special, Ms Shirley Tay, Director of Nursing at Mount Alvernia Hospital, personally extended her congratulations to the new parents, and presented them with gifts generously contributed by sponsors, marking this momentous occasion with heartfelt warmth.

The birth of Emma is a heartening reminder of the joy that new life brings, coinciding beautifully with the start of SAMCC's journey in caring for mothers and children.

Understanding Different Types of Arthritis and How They Affect the Body

Arthritis, a term derived from the Greek words “arthron” for joint and “itis” for inflammation, is commonly associated with joint pain. Yet, this condition is not a singular entity but rather a diverse family of joint-related disorders. Consultant Rheumatologist Dr Law Weng Giap from Mount Alvernia Hospital sheds light on the different types of arthritis, its symptoms and effective management.



Dr Law Weng Giap
Consultant Rheumatologist
Elim Rheumatic Centre (Alvernia)
Medical Centre A #01-06



Symptoms serve as the key to distinguishing one form of arthritis from another.

Mechanical vs. Inflammatory

Arthritis can be divided into two primary categories: mechanical and inflammatory.

Mechanical arthritis stems from structural wear and tear, often characterised by the slow damage of joint structures. One of its quintessential representatives is osteoarthritis, which predominantly affects individuals with active lifestyles or those subjected to significant joint strain.

In contrast, **inflammatory arthritis** revolves around joint inflammation. Conditions like rheumatoid arthritis, gout, psoriatic arthritis, and ankylosing spondylitis fall within this category. They share a common denominator - inflammation - but differ in their underlying triggers and complexities.

Did You Know?



Do not confuse arthritis with rheumatism! Rheumatism is technically not a medical condition, but a layman’s term to describe any form of aches and pains involving the joint, bone or muscle.

Arthritis Symptoms

Symptoms serve as the key to distinguishing one form of arthritis from another.

Osteoarthritis: This form of arthritis typically manifests as pain following physical activity such as walking, running or after work in the evenings, as well as brief morning stiffness, lasting less than 30 minutes.

Rheumatoid Arthritis: Rheumatoid arthritis, on the other hand, often induces pain after a period of inactivity, with stiffness lasting over half an hour. Joints exhibit swelling, warmth, and typically involve both sides of the body.

Gout: Gout, caused by high uric acid in the blood, presents with acute, sudden onset of severe joint pain and swelling. This condition typically targets a single joint at a time, accompanied by noticeable warmth and redness.

Arthritis Treatment

The effectiveness of arthritis treatment hinges on the specific type of arthritis and its severity.

For rheumatoid arthritis, the key is in early diagnosis and assessing disease severity. In the early stage of the disease, conventional synthetic Disease Modifying Anti-Rheumatic Drugs (DMARDs) can offer significant but slow relief, with potential side effects ranging from skin hyperpigmentation, to bone marrow suppression with lowering of cell counts and increased risk of infection, to potential inflammation or damage of the liver. Stronger medications which take effect faster include biologic DMARDs or targeted synthetic DMARDs, where the main side effect is an increased risk of infection.

For osteoarthritis, apart from physiotherapy and exercise to strengthen the muscles, there are medications to address its effects such as painkillers, non-steroidal anti-inflammatory drugs or hyaluronate and corticosteroid injections.

Effective Arthritis Management

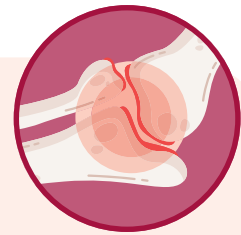
“For individuals diagnosed with chronic inflammatory arthritis, such as rheumatoid arthritis, adherence to

“ If you have painful or swollen joints lasting over two weeks, seek medical advice. Early intervention can significantly impact your journey to recovery. ”

– advises Dr Law

prescribed treatments is paramount. These conditions require proper management with DMARDs and regular monitoring. Timely intervention can keep the disease under control and prevent joint erosion and irreversible deformity, ensuring a good quality of life.”

In conclusion, Dr Law adds, “Arthritis encompasses a vast landscape of joint-related disorders, each requiring a nuanced approach to diagnosis, treatment, and lifestyle management. Understanding the intricacies of this condition empowers individuals to effectively manage their arthritis, regardless of their age or the specific type they face.



Lifestyle Tips to Manage Arthritis

If you have osteoarthritis:

- Strengthen your muscles and do stretching to alleviate pain.
- Maintain a healthy weight to reduce stress on your joints.

If you have inflammatory arthritis:

- Adopt a diet that is low in fat, salt and sugar to reduce the risk of heart-related conditions as inflammatory arthritis carries cardiovascular risks.
- Exercise regularly, at least two to three times a week.

If you have gout:

- Adopt a low-purine diet, steering clear of high-purine culprits such as lamb, beef, sardines, mackerel, salmon, innards, and alcohol, especially beer.
- Stay hydrated to prevent dehydration, a potential trigger for gout attacks.

Interesting Fact



Most people associate arthritis with old age, but can it affect young adults too?

Arthritis, unfortunately, is not exclusive to the elderly. Younger individuals can be impacted by the more severe forms of inflammatory arthritis. For instance, rheumatoid and psoriatic arthritis commonly afflict ladies in their reproductive years (20s to 40s), while ankylosing spondylitis tends to affect men in their late teens and early twenties.

Are Your Pounding Headaches a Sign of Migraine? What Exactly is Migraine?

Suffering from unrelenting, pounding headaches? Dr Queck Kian Kheng, Consultant Neurologist from KK Queck Neurology Centre at Mount Alvernia Hospital explains how to navigate this common and often debilitating condition.



Dr Queck Kian Kheng
Consultant Neurologist
KK Queck Neurology Centre
Medical Centre A #02-01A



Migraines are the second leading cause of disease burden in Singapore, affecting up to 10% of the population.

Have you ever experienced an intense pulsating pain on one side of the head? That is most likely a migraine. The pain can last for four to 72 hours and is usually accompanied by some sensitivity to light, sound, and smell, and sometimes nausea and vomiting. They usually worsen with physical activities and can affect your daily function too.

Around 20% of migraines are preceded by aura, which include visual or language disturbances, and altered sensations. The migraine typically develops gradually and the aura symptoms can last anywhere from five minutes to an hour.

But how do they occur?

Unravelling the migraine mystery

A migraine is more than just a bad headache. It is a neurological disorder with a complex pathophysiology involving the peripheral and central nervous system. Activation of the trigeminal system leads to release of vasoactive neuropeptides, in particular calcitonin gene-related peptide (CGRP), which eventually leads to a sequence of events that trigger migraine.

Migraines are the second leading cause of disease burden in Singapore, affecting up to 10% of the population. It is crucial to make an accurate diagnosis so that the headache can be better managed.

A migraine is a clinical diagnosis and there are two main types, namely — an episodic migraine, which occurs fewer than 15 days per month, and a chronic migraine, one that occurs 15 or more days per month, and lasts for more than three months.

Diagnosing migraines first involves understanding their various phases:

- **Prodrome:** characterised by symptoms such as food cravings and lethargy
- **Aura:** lasts for 5 to 60 minutes and involves visual or language disturbances
- **Headache:** feeling of intense, unilateral pulsatile pain that can last up to 72 hours
- **Postdrome:** patients may experience similar symptoms like those in the prodrome phase

Neuroimaging is typically unnecessary if clinical symptoms suggest migraine and there are no other red flags.

There are certain health indicators that may warrant further evaluations so that the doctor can rule out other possible underlying secondary causes of your migraine. Using a method called SNNNOOP, the signs include:

- **S** - Systemic symptoms like fever
- **N** - Neoplasm, those with underlying history of malignancies
- **N** - Neurological deficit from examination
- **O** - Onset of headache which is thunderclap in nature
- **O** - Older age of onset especially after age of 50
- **P** - Post-traumatic in nature, change of pattern of the headache, positional type of headache, headaches that are pregnancy-related or due to overuse of painkillers.

Migraine management

Effective migraine management starts from making lifestyle changes to a healthier one and identifying major triggers that lead to your migraine. Once you know what triggers your migraine, eliminating or avoiding them can help in long term management of a migraine.

Techniques like stress management, relaxation, and acupuncture can also reduce migraine frequency.

Pharmacological treatments, both acute relief and preventive, can be used as long as they are tailored to individual needs, considering the severity of the migraine, patient preference, and underlying health conditions.

Medicines for episodic and chronic migraines include **beta blockers** (e.g. metoprolol and propranolol), **anticonvulsants** (e.g. topiramate, sodium valproate), **calcium channel blockers** (e.g. flunarizine), **antidepressants** (e.g. amitriptyline), and the more recent **CGRP monoclonal antibodies** (e.g. erenumab, fremanezumab).

CGRP monoclonal antibodies are a new type of preventive treatment drugs for migraines that target the CGRP. The drugs are Aimovig (erenumab), Ajovy (fremanezumab), and Emgality (galcanezumab) which are offered through subcutaneous injections; and Vyepti (eptinezumab) which is given via infusion over 30-minute durations.

Additionally, Nurtec (rimegepant), a gepant medication, provides an alternative for patients intolerant to triptans (another class of drugs for migraine treatment), serving both acute and preventive purposes.

Remember that managing migraines is a holistic journey. By understanding the symptoms, seeking proper diagnosis, embracing lifestyle changes, and recognising any warning signs, coupled with exploring new treatments, individuals can navigate the complexities of migraines effectively.

Understanding migraine triggers



Migraine triggers are often unique to each individual. The triggers typically encompass several factors such as stress, hormonal fluctuations, and dietary choices.

- **Stress:** Whether from work pressure or personal issues, stress can trigger migraines by causing muscle tension and constricting blood vessels.
- **Hormonal changes:** This affects women during menstruation, pregnancy, or menopause.
- **Diet:** Certain foods and drinks, such as aged cheese, caffeine, and alcohol, are notorious triggers for many.

Self-care

Self-care strategies to manage migraines:

- **Relaxation techniques:** Deep breathing, meditation, and yoga can help relieve stress.
- **Dietary modifications:** Take regular meals and avoid trigger foods.
- **Prioritise sleep:** Consistent sleep patterns and relaxing bedtime routines improve overall well-being.
- **Hydration and exercise:** Staying hydrated and maintaining a balanced lifestyle play vital roles in migraine control.



Strabismus, also known as squint, is a condition where the two eyes are not aligned.

When Little Eyes Wander: Causes and Care of Childhood Strabismus

Dr Inez Wong, Senior Consultant Ophthalmologist from Eagle Eye Centre at Mount Alvernia Hospital, explains what strabismus is, its causes, symptoms and treatment methods.



Dr Inez Wong
Senior Consultant Ophthalmologist
Eagle Eye Centre Pte Ltd
Medical Centre D #06-57 to #06-62

1 What is strabismus and how does it affect children?

Strabismus, also known as squint, is a condition where the two eyes are not aligned - one eye looks straight ahead while the other squints and usually turns in, drifts out, looks up or down.

Our eyes work together normally and the brain fuses the images, allowing us to see in 3D and judge distances and depth. When the eyes are misaligned, there is loss of depth perception and binocular vision.

Children with strabismus may experience double vision. However, their immature brain may suppress the image from the deviating eye and they simply use one eye at a time.

2 What causes strabismus?

Causes include:

- A high degree of long-sightedness, or a large difference in degree in the eyes.
- Pathology in the eye such as cataract, retina or optic nerve issue, or even retinoblastoma (eye cancer). In these cases, the affected eye does not see well and may then drift.
- Abnormality in the brain or nerves controlling the eye muscles.
- Abnormality in the eye muscles of the surrounding tissue (although this is less common).

3 How can I tell if my child has strabismus?

Children with strabismus have eyes that do not look in the same direction at the same time. Others may tilt or turn the head to look at an object, or close one eye to avoid double vision, especially when outdoors.

4 What types of strabismus are there?

Pseudostrabismus: A condition where the eyes appear misaligned but are actually straight. Not truly strabismus, but caused by skin folding across a flattish nasal bridge so the eyes look like they converge.

Intermittent exotropia: Known as divergent strabismus and the most common form in Singapore. One eye turns outwards on and off. Well-controlled cases can retain good binocular function including fine 3D vision.

Esotropia: Also known as convergent strabismus. This may require patching or glasses but will typically require surgery to correct as it is generally constant. For infantile esotropia which occurs before the age of six months, surgery is usually recommended by the time the child turns one.

Accommodative esotropia: Occurs between 18 months and 3 years old. It is related to a high degree of long-sightedness.

Vertical strabismus: A less common form where the child can present with a head tilt. If the head tilt is severe, surgery can help to correct this.

“ It’s important to detect strabismus as early as possible to rule out any serious underlying conditions, and also to prevent irreversible complications. ”

– Dr Wong

Untreated strabismus can lead to lazy eye or amblyopia. A child’s vision develops in the first seven years of life. If one eye keeps drifting, the brain may neglect it and never form connections with it. This can result in permanent visual loss.

Strabismus also disrupts the ability to use both eyes together and may have an impact on stereopsis (depth perception), fine visual motor actions and spatial resolution. In cases that were left untreated or that occurred when the child was very young, stereopsis may not recover even after successful surgery.

5 What sort of treatments are there for strabismus?

Treatments vary with the type of squint.

1) Glasses

Glasses are prescribed for children with accommodative esotropia. As these children have a high degree of long-sightedness, they need glasses to control their alignment. Children with divergent squints may also need prescription glasses for myopia or astigmatism to improve their control. Glasses are also needed if the child has two very different degrees in each eye to prevent the weaker eye from drifting out.

2) Eye patching

Usually prescribed for a lazy eye to make the child use the weaker eye. This may take months, or even years for full recovery. Hence, timely intervention is needed as patching does not work well once the child is past seven years old.

3) Eye exercises

Useful for divergent strabismus. A typical exercise is called a pencil pushup where the child looks at the tip of a pen at arm’s length and keeps following it as it is brought close to the eyes. More advanced fusional exercises can be taught once this has been mastered.

4) Surgery

Eye muscle surgery is recommended for certain types of strabismus such as infantile esotropia, constant esotropia or exotropia. Since these patients do not use their eyes together, surgery is needed to align the eyes so that they can recover binocular vision.

Earlier surgery in such cases ensures a higher chance of developing binocularity and improves long-term successful outcomes.

In cases of intermittent squint such as intermittent exotropia, surgery is recommended for those with deteriorating 3D vision, increasing size of squint or frequency of breakdown in order to preserve their binocular function.



The benefits of breastfeeding are plenty for both mother and child.

Breastfeeding: Nature's Gift to Mother and Baby

Ms Fionnie Lo, Lactation Consultant and Head of Alvernia Parentcraft Centre shares the benefits of breastfeeding, how to overcome challenges, and tips to make the experience more comfortable.

Did you know that breastfeeding provides all the nutrition a baby needs for the first six months of life?

The benefits of breastfeeding are plenty for both mother and child.

Breast milk contains antibodies that bolster the baby's immunity, shielding them from ailments such as asthma, diabetes, ear and gut infections, Sudden Infant Death Syndrome, and childhood leukemia.

It adapts to the baby's changing nutritional requirements as they grow, allowing for the introduction of complementary foods around 6 months while continuing breastfeeding for at least two years or more, as long as both mother and child want it.

Furthermore, breast milk fosters healthy brain development, reduces the risk of childhood obesity, and is always fresh at the right temperature.

For mothers, breastfeeding is linked to a decreased risk of breast and ovarian cancers, type 2 diabetes, and

hypertension, while aiding in postpartum uterine contraction.

Overcoming breastfeeding challenges

Breastfeeding may pose common challenges for many mothers, particularly new ones. Here are some of these challenges and ways to address them.

1) Breast engorgement

Usually occurs between the third to fifth day of breastfeeding, but can happen later.

How to manage it ...

- Ensure a good latch and positioning.
- Express milk regularly if the baby needs time to latch properly.
- Apply a warm compress before latching if milk is leaking; or a cold compress before and after breastfeeding or expressing.

2) Sore nipples

Often caused by improper positioning or shallow latching.

How to manage it ...

- Promptly see a lactation consultant, who can also help identify problems such as if the mother has an infection or the baby has a tongue tie, and make doctor referrals accordingly.
- Vary latching positions.
- Practise relaxation techniques to aid milk flow.
- Apply breast milk on the nipple to air dry it after latching or expressing of breast milk.
- Use nipple cream or shields.

3) Low breast milk supply

Causes include poor attachment and/or positioning, infrequent feeding, short feeding periods, lack of night feeds, stress, or delayed milk production due to a complicated labour, maternal medical conditions or gestational diabetes.

Supplementing with infant formula during breastfeeding can hinder milk supply as well, as your body is getting the signal that breast milk is not needed as often.

How to manage it ...

- Practise skin-to-skin contact after childbirth when both mother and baby are well, or after going home. This stimulates the release of prolactin and oxytocin, hormones that facilitate breast milk production and release.
- Initiate breastfeeding soon after birth.
- Ensure proper attachment and positioning.
- Avoid giving infant formula without medical reasons.

- Practise rooming-in to recognise early hunger cues.
- Express breast milk regularly if the baby needs time to practise latching.
- Maintain a balanced and nutritious diet, hydration, rest and relaxation.
- Consider herbal supplements such as fenugreek, moringa, fennel seeds, blessed thistle, or milk thistle. Garlic, lactation cookies, nursing teas and oats may help too.
- Pump after latching to stimulate milk production.

Seek professional help promptly if you encounter breastfeeding problems.

Weaning off breastfeeding

As a mother progresses in her breastfeeding journey, she may eventually wish to wean her baby from breastfeeding. It is advisable to maintain at least two breastfeeding sessions a day as the child continues to benefit from the milk.

To initiate weaning, reduce the daytime feeds by one session. If the baby tends to suckle to sleep, consider shorter feeds, but do not reject the baby for wanting to seek comfort.

Adjust the bedtime routine by substituting breastfeeding with other activities.

However, avoid weaning during major changes in the child's life, such as starting daycare, relocating, toilet training, or experiencing sleep regression. Prioritise the child's emotional needs during these transitions.

Tips for breastfeeding mothers returning to work

Preparation:

- Begin storing a few bottles of expressed breast milk starting from the third to fourth week after birth.
- Introduce bottle feeding with expressed breast milk once a day when your baby reaches four weeks old.
- Gradually transition from direct latching to bottle feeding with expressed breast milk four to six weeks before returning to work.
- Establish a manageable schedule for pump sessions, starting four weeks before returning to the office.

At work:

- Bring breast pads to manage potential milk leakage.
- Keep an extra set of clothing and a nursing bra ready for any unexpected situation.
- Stick to your pumping schedule while at the office.
- Pump or nurse your baby both before and after work to maintain milk supply.



The Alvernia Parentcraft Centre offers comprehensive childbirth education courses that cover crucial topics such as breastfeeding and infant care. If you are an expectant or new parent seeking to learn more, do not hesitate to call 6347 6641 or email parentcraft@mtalvernia.sg for further details.

Balancing Nutrition and Allergies: A Guide to Nourishing Children with Food Allergies

Ensure your child's diet is safe without compromising nutrition. Clinical Dietitian Ong Jia Xin from Mount Alvernia Hospital explains how.



Children with food allergies may face nutritional inadequacies as parents may remove multiple foods from their diet.

Children with food allergies are potentially at risk of inadequate nutrition and poor growth, especially those who are allergic to cow's milk protein, have multiple food allergies, or suffer from moderate to severe eczema.

Parents may eliminate multiple foods from the child's diet, which may lead to insufficient nutrient intake.

However, with the right guidance from a dietitian, there is no need to compromise your child's nutrition needs, says Clinical Dietitian Ong Jia Xin.

"Dietitians play a central role in the management of childhood food allergies. An allergy dietitian can suggest appropriate and safe food substitutes to ensure your child maintains a well-balanced and nutritious diet to support his/her growth," she explains.

The dietitian will also ensure that parents are equipped with adequate knowledge and know how to read food labels, and teach them strategies to prevent cross-contamination.

Ms Ong herself has more than eight years of experience in developing tailored nutrition plans for children with various conditions, in particular, food allergies.

Common food allergies in children

The most common childhood food allergies in Singapore are allergies to eggs, cow's milk, peanuts, shellfish, wheat, soy and fish.

These food allergies affect up to five per cent of children in Singapore and are usually diagnosed before the child turns two.

How to tell if your child has a food allergy

You may not know if your child is allergic until there are symptoms. There are two types of food allergic reactions:

- **Immediate type (IgE mediated) reactions** typically occur within minutes and up to an hour after eating the trigger food. They are caused by immunoglobulin E (IgE), also known as antibodies, and can show up as mild to moderate symptoms of hives, itchy rashes, swelling of the eyes, face or mouth, abdominal pain, vomiting or diarrhoea. Severe symptoms, also known as anaphylaxis, include breathlessness, wheezing, repetitive cough and loss of consciousness.

Mild to moderate symptoms can be treated by antihistamines. Anaphylaxis, however, must be promptly treated with intramuscular adrenaline injection, and the child must be sent to a hospital for further monitoring.

- **Delayed type (non-IgE mediated) reactions** may take up to two days or more to appear. They are not caused

by IgE, and commonly occur in the gut leading to symptoms such as persistent vomiting and diarrhoea, and in less common cases, eczema flare-ups.

Parents and caregivers who suspect that their child has a food allergy should see an allergist, who will make a diagnosis based on the child's history, as well as a skin prick test and/or allergen-specific immunoglobulin E test.

Managing your child's food allergy

The best way is to avoid the trigger foods. However, doing so may be trickier than expected as food allergens may be present in store-bought and packaged products, as well as in meals when eating out.

For some children, even inhalation of the food allergen may trigger an allergic reaction. It is highly important that parents and caregivers be aware of what the trigger foods are and how to avoid them.

To ensure your child's nutrition remains well-balanced while accommodating food allergies, offer a diverse range of foods from the essential food groups.

Wholegrain carbohydrates & alternatives	Wholemeal bread, brown rice, wholegrain noodles, beehoon or pasta, wholemeal biscuits, chapatti, oats, wholegrain breakfast cereal.
Fruits	A varied selection including apple, orange, pear, papaya, watermelon, pineapple, grapes, banana, strawberries, blueberries, etc.
Vegetables	A varied selection including green leafy vegetables, broccoli, cauliflower, pumpkin, carrot, etc.
Meat, fish & alternatives	Meat, fish, poultry, beancurd, pulses, prawns, eggs, etc.
Dairy & alternatives	Milk, yoghurt, cheese, calcium-fortified plant-based milk (soy milk, oat milk, etc).

This ensures your child receives a comprehensive range of vital nutrients necessary for growth and development.

5 tips to manage your child's food allergies

- 1 Be aware**
Consult your dietitian to get your child officially diagnosed and certify what are the common foods in your child's and family's diet containing the food allergen(s).
- 2 Prevent cross-contact**
This happens when one food allergen comes into contact with another food not intended to contain that food allergen. It can be transferred via hands, kitchen cutlery and utensils, food preparation surfaces, deep fryer and reused cooking oils. Minimise cross-contact by thoroughly cleaning utensils and surfaces, and using separate cooking equipment for different food.
- 3 Read food labels**
Always read food labels and ingredient lists carefully before purchasing or consuming the food, even if your child has tolerated the food previously. This is because recipes for food products may change.
- 4 Communicate**
Tell everyone involved in your child's care including family members and the child's school about the allergy and what to do.
- 5 Have an action plan**
List out the steps to take should your child accidentally consume the food allergen. Always carry your child's medication, such as antihistamines or adrenaline autoinjector, with you.



Our dietitians at Mount Alvernia Hospital provide dietary consultations for toddlers and growing children. Get in touch with the Nutrition & Dietetics Department at 6347 6702 or email dietetics@mtalvernia.sg to find out more!



Ms Low Kar Yin (left), Ms Clara Teo, Ms Anthea Neo (second right) and Mr Koo Hoong Mun from the MAH Outreach Team, with Dr Chen Shiling (centre).

Enhancing Care for Persons With Intellectual Disabilities and Their Caregivers

Learn how Mount Alvernia Hospital (MAH) joined IDHealth and various partners to raise awareness and enhance the well-being of Persons With Intellectual Disabilities (PWIDs) during the collaborative event, IDHealth Health Fair.

In line with MAH's commitment to 'Serve all with Love', the MAH Outreach Team has been providing health screenings for different social service partners in Singapore, ranging from the underprivileged to the visually impaired and deaf communities. This time, the team extended their care to individuals with intellectual disabilities and their devoted caregivers, with their participation in the IDHealth Health Fair.

Held on 19 August 2023 at the Lee Kong Chian Gardens School – Singapore's first permanent school for intellectually-disabled children – the IDHealth Health Fair was organised by IDHealth, an integrated healthcare team started by Happee Hearts Movement, a charity dedicated to serving adult PWIDs and their caregivers.

The event raised awareness about the healthcare needs of PWIDs and their caregivers, and allowed volunteers a chance to meet PWIDs and understand their needs in a guided setting. Most importantly, health screenings and education were made available to PWIDs and their caregivers by various volunteer healthcare teams consisting of doctors, dentists, dermatologists, dietitians, physiotherapists, occupational therapists, and podiatrists on site.

The MAH Outreach Team was at the event to share with attendees, the services and subsidies offered to PWIDs at the Mount Alvernia Outreach Medical and Dental Clinics.

Complimentary pre-event health screenings

Prior to the IDHealth Health Fair, the MAH Outreach Team worked closely with three partner organisations - SUNDAC, MINDS Youth Group (MYG), and Christian Outreach to the Handicapped (COH) – to offer complimentary health screenings to their PWID members aged 21 and above, and one caregiver each. All three partners are social service agencies dedicated to serving PWIDs.

Conducted at the Mount Alvernia Outreach Medical Clinic (MAOMC) or the partner’s own premises, a total of 87 PWIDs and caregivers benefitted from a basic health screening and blood tests covering chronic illnesses such as high blood pressure, cholesterol, diabetes and obesity.

The screening results were reviewed by volunteer doctors from IDHealth and MAOMC, and subsequent reports assessed by Dr Chen Shiling, IDHealth’s founder and a medical doctor, who made the final recommendations for follow-ups if required.

Comfort and familiarity are key

Ms R Sharmila Shay, a COH social worker, was grateful for the health screening arrangement.

“ For PWIDs, accessing healthcare services can be challenging due to their discomfort with unfamiliar environments and interacting with unfamiliar people. The availability of these services on our own premises in the presence of our own staff whom our PWID clients are familiar with facilitated successful blood tests for our clients. ”

– Ms R Sharmila Shay



From left: Mr Koo Hoong Mun and Ms Low Kar Yin from the MAH Outreach Team, with a smiling Harpal, his father Mr Sawaran Singh, and Ms R Sharmila Shay from COH.

Echoing Ms Shay’s sentiments was Mr Sawaran Singh, father and caregiver to COH client Harpal. “Having the COH teachers and social workers at the health screening reduced a lot of anxiety for Harpal,” he said, recalling that it took the MAH Outreach Team several attempts before they managed to obtain a sample of Harpal’s blood with the help and encouragement from the COH team.



A volunteer doctor from IDHealth attending to Mr Wong Jun Xiang.

Mr Wong Kie Ming, father and caregiver to his PWID son Jun Xiang, also a COH client, found this arrangement so useful, that he even hoped to participate in future runs. “This is my son’s first blood test to check for chronic conditions. The review results turned out to be very good and I appreciated the doctor’s thorough explanations. I’d very much like a regular annual check for both my son and myself.”

OUTREACH

Acknowledging caregivers in the health equation

One noteworthy aspect of IDHealth's approach is their deliberate inclusion of caregivers, not solely focusing on the PWIDs. Their programmes enroll both PWIDs and their caregivers when they have health issues that require attention.

Dr Chen elaborated on this approach, "This allows our team to support them as individuals and also as a unit, as their needs are so closely intertwined. Our approach is therefore very person-centered and family-centric."

Fostering the power of collaboration

Appreciating MAH's efforts, Dr Chen added, "The Mount Alvernia Outreach Team, in providing health screenings, acute and chronic care of less complex patients and dental services, complements IDHealth very well. We are able to discharge or co-manage some of our stable patients with MAH and take on more complex patients, whilst being assured that our patients are well cared for."

Ms Han May Ching, Director, Corporate Development and Community Outreach at MAH, shared her thoughts, "We are grateful for this partnership with IDHealth. By working together, we amplify our capacity to make a meaningful difference in the lives of PWIDs and their caregivers."

The MAH Outreach Team looks forward to a lasting collaboration with IDHealth, with continuous cross referrals between the Mount Alvernia Outreach Clinics and IDHealth, so as to better serve PWIDs and their caregivers.

“ When like-minded individuals and organisations come together, we can tap on one another's strengths and support each other's limitations. This allows our impact and reach to go way beyond what an individual or single organisation can do. ”

– Dr Chen Shiling

A conversation with IDHealth's Founder Dr Chen Shiling



Dr Chen (right) engaging in a conversation with a caregiver.

Dr Chen sheds light on the unique challenges PWIDs and their caregivers encounter, and a powerful message of hope and understanding from the PWID community.

Q What are some challenges and needs that PWIDs face when it comes to accessing healthcare?

Their challenges can be divided into 3 categories:

Client-related: PWIDs have cognitive and communication difficulties. They often have difficulty expressing their needs and symptoms, and as a result, healthcare professionals may not be able to decipher their problems, potentially leading to misdiagnosis and delayed treatment. Healthcare professionals in turn face challenges communicating to PWIDs when they wish to start medications or perform procedures, which may lead to unsuccessful treatment due to this communication breakdown.



For more information on our outreach programmes, please contact outreach@mtalvernia.sg

Caregiver-related: Caregivers of PWIDs are a unique group amongst all caregivers, as they are lifelong caregivers. They care for their intellectually-disabled child from the day their child was born till the day they themselves are incapacitated or pass on. This lifelong caregiving affects their physical, mental, psychological and social well-being in tremendous ways. As they age, they have to contend with their own ageing issues, as well as continue to support the increasing healthcare needs of their ageing intellectually-disabled children. They therefore struggle to cope and worse, face increasing anticipatory anxiety, as they continually worry about what will happen to their child when they are no longer around.

Clinician-related: The knowledge and expertise amongst clinicians in caring for the healthcare needs of PWIDs, particularly the adults, tend to be limited. Many clinicians face difficulties when they see PWIDs in their clinical settings, and may be uncertain how to approach or manage their presenting issues.

Q What are some significant milestones IDHealth has accomplished since its inception?

The IDHealth clinic is an initiative of our registered charity, Happee Hearts Movement, and was established on 1 September 2022. We have since supported over 200 patients and an additional 400 caregivers. This number will only grow. We have also established over 40 partnerships with doctors and organisations across various healthcare settings, including the Mount Alvernia Outreach Clinics.

Our team has developed resources and training materials for our partners, aiming to continually share knowledge and build capability so that more healthcare professionals gain confidence in seeing PWIDs. Our long-term goal is to establish a clinical service pathway and healthcare ecosystem for this vulnerable population in Singapore, together with governmental and non-governmental agencies.

Q What message would you like to convey to readers about PWIDs?

When one first thinks about PWIDs, one may imagine someone deserving of pity. Perhaps, that was what I too may have thought before I first started volunteering for this group at 17 years old, but my experiences have revealed to me that PWIDs are far from being pitiful.

PWIDs have a “hidden light” – not the kind you’d liken to a bright sunny day but a gentle, undemanding and enduring glow. A light that is radiant, yet humble and true. Once you take that step to get to know them, you will see and feel the light, which warms your entire being. I’ve always said that my ID patients are my teachers and my guides, and indeed, it is through being on this journey with them that I continually learn what it truly means to be human.

To help PWIDs, first open your eyes and your hearts to them. Understand who they are, and see them for their hopes, dreams, aspirations but also suffering, rejection and pain. After that, reach out to them, and give time for the relationship to unfold. I am confident it will transform your life the same way it has transformed mine.



115 participants received health checks on-site at the ID Health Fair, in addition to the 87 who had their screenings done before the event.

Welcoming New Specialist Doctors to the Mount Alvernia Family!

Join us in extending a warm welcome to our 17 new specialist doctors, who we trust to uphold the hospital's motto "Serve all with Love" as they bring their skills and compassion to enhance your care.



Dr Elizabeth Au Siew Cheng

Icon Cancer Centre at Mount Alvernia

Dr Elizabeth Au, an established medical oncologist, was awarded a Public Service Commission scholarship to pursue medicine at the National University of Singapore in 1981. Following her postgraduate qualifications, she underwent specialty training in Medical Oncology at the prestigious Mayo Clinic in the USA. Her outstanding competence earned her the position of Senior Clinical Fellow within four months.

Dr Au played a pivotal role in establishing the Department of Medical Oncology at the Singapore General Hospital and the National Cancer Centre. Subspecialising in gastrointestinal and breast oncology, she headed the gastrointestinal cancer team and initiated Singapore's first cancer information call centre, the Cancer Helpline.

Leaving public service, Dr Au established Raffles Cancer Centre at Raffles Hospital as a Consultant Medical Oncologist, providing clinical service and training medical personnel in oncology.



Dr Roland Chong Siong Eng

The Gastroenterology Group Pte Ltd

Dr Roland Chong, a consultant gastroenterologist, graduated from the University of Singapore (NUS) in 1980 and obtained postgraduate degrees in internal medicine in 1985/86 from the Royal College of Physicians in the UK, Ireland and NUS. He was subsequently conferred fellowships by both the Irish and Edinburgh Colleges. He furthered his expertise in Edinburgh, focusing on GI/Liver Services.

Dr Chong previously served as Director of the Endoscopy Centre at the Singapore General Hospital, and continued to contribute to teaching and training in Gastroenterology, serving as a visiting consultant to the Department of Gastroenterology since 1996 and the Department of Internal Medicine at SGH from 2013 to 2021.

A thought leader in his field, he chaired several MOH guideline committees, and was previously President of the Gastroenterological Society of Singapore, and Executive Committee Member, Asia Pacific Association for Gastroenterology.



**Dr Gwee
Kok Ann**

The Gastroenterology
Group Pte Ltd

Dr Gwee Kok Ann, founding partner of The Gastroenterology Group, obtained his medical degree from the National University of Singapore in 1985, and completed gastroenterology training at the National University Hospital, Singapore. He further trained in the UK and Canada and earned a PhD from the University of Sheffield.

Dr Gwee's clinical expertise encompasses the management of stomach, liver and bowel disorders. His specific hepatology interests are in the management of fatty liver and hepatitis E.

A leading authority on irritable bowel syndrome (IBS) and constipation after having authored position papers on these topics and the use of probiotics for digestive disorders, Dr Gwee was a member of the Rome Committee, past president of the IBS Support Group and the Asian Neurogastroenterology and Motility Association, and recipient of the Rome Foundation Research Award 2014.



**Dr Ho Gim
Hin**

GUTCARE

Dr Ho Gim Hin is a gastroenterologist specialising in inflammatory bowel disease (IBD), including Crohn's disease and Ulcerative Colitis. He also treats various digestive conditions such as reflux, heartburn, constipation, diarrhoea, piles, bloating, abdominal pain, and liver diseases. He is experienced in performing diagnostic and therapeutic endoscopic procedures like gastroscopy, colonoscopy, polyp removal, and feeding tube insertions. He also conducts specialised procedures like enteroscopy for small intestine examination and chromoendoscopy for early cancer detection.

Prior to private practice, he established the IBD service at Khoo Teck Puat Hospital (KTPH), where he was Clinical Lead. He also established the IBD subspecialist clinic and day infusion clinic for biologic therapy at KTPH. He was Visiting Consultant at the National University Hospital, and teaches IBD to fellow gastroenterologists, residents and medical students.



**Dr Calvin
Koh Jianyi**

The Gastroenterology
Group Pte Ltd

Dr Calvin Koh, a gastroenterologist trained in advanced endoscopy, graduated from and completed specialist training at the National University Hospital (NUH), Singapore. He furthered his expertise with an advanced endoscopy fellowship under the American Society for Gastrointestinal Endoscopy at the University of Florida, USA.

Dr Koh previously served as Senior Consultant and Director of Endoscopy at NUH, and was also an assistant professor at the NUS Yong Loo Lin School of Medicine. He is a fellow of the Royal College of Physicians (London) and the American Society of Gastrointestinal Endoscopy.

Besides gastroscopy and colonoscopy, Dr Koh also performs endoscopic ultrasound, endoscopic retrograde cholangiopancreatography, small bowel enteroscopy, radiofrequency ablation of Barrett's dysplasia, percutaneous endoscopic gastrostomy, nasojejunal feeding tube placements, and endoscopic mucosal resection of colon polyps.



**Dr William
Kristanto**

Alliance Heart
Centre

Dr William Kristanto, a National University of Singapore medical graduate in 2010, completed his Internal Residency and Cardiology Senior Resident Programmes at the National University Hospital, where he served as Chief Resident. He further pursued advanced training in interventional cardiology in Liverpool, New South Wales.

Dr Kristanto's expertise spans diagnostic coronary angiography, complex coronary angioplasty, and cutting-edge intracoronary imaging techniques like intravascular ultrasound and optical coherence tomography. He is also skilled in coronary physiology assessments.

At Ng Teng Fong General Hospital, Dr Kristanto was Cardiac Rehabilitation Lead and Deputy Chief Medical Informatics Officer. He is currently a visiting consultant cardiologist at the National University Heart Centre, and is part of the Western ST-segment Elevation Myocardial Infarction (STEMI) Network of interventional cardiologists, performing primary angioplasties for Singapore's western region.

DOCTORS



**Dr Law
Weng Giap**
Elim Rheumatic
Centre (Alvernia)

Dr Law Weng Giap is a consultant rheumatologist with over 20 years' experience in managing complicated autoimmune diseases, including systemic lupus erythematosus, scleroderma, myositis, and various forms of inflammatory arthritis such as rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis and gout. He has special interest in diagnostic and interventional musculoskeletal ultrasound.

Dr Law graduated with MBBS (Hons) from Sydney University and attained MRCP (UK) in 2000. He completed specialty training in Rheumatology at Tan Tock Seng Hospital (TTSH). He is a Fellow of the Academy of Medicine Singapore, Royal College of Physicians of Edinburgh and American College of Rheumatology.

Prior to private practice, Dr Law was Senior Consultant at the Department of Rheumatology, Allergy and Immunology at TTSH and Adjunct Associate Professor with the Lee Kong Chian School of Medicine.



**Dr Gerard
Leong Kui Toh**
Straits Specialists
Clinic

Dr Gerard Leong is a cardiologist, with subspecialist focus in heart failure, cardiomyopathy, ischemic heart disease, echocardiography imaging, cardio-obstetrics, cardio-oncology, and resistant hypertension care. He established and led the Changi General Hospital Heart Failure Program from 2006 to 2017, which earned multiple Joint Commission International disease-specific certifications.

After obtaining his MBBS from the National University of Singapore in 1994 and subsequently his Royal College of Physicians (UK) membership and a Royal College of Physicians (Edinburgh) fellowship, Dr Leong completed his advanced heart failure and transplant cardiology fellowship in Massachusetts General Hospital in USA in 2008. In 2013, he pursued further expertise in cardiology, focusing on renal sympathetic denervation for resistant hypertension and heart failure in Australia. He is also skilled in echocardiography, holding Diplomate certification from the USA National Board of Echocardiography.



**Dr Eugene
Lim Ui Chong**
Elim Rheumatic
Centre (Alvernia)

Dr Eugene Lim earned his basic and postgraduate qualifications in Internal Medicine from the National University of Singapore in 1990 and 1996 respectively. After completing his rheumatology training at Tan Tock Seng Hospital and receiving specialist accreditation in 1999, he entered private practice. Dr Lim piqued local rheumatologists' interest in musculoskeletal ultrasound, and holds accreditations as a EULAR musculoskeletal ultrasound trainer and a World Institute of Pain-certified interventional pain sonologist.

Emphasizing early diagnosis and aggressive treatment to prevent joint and organ damage in inflammatory diseases, Dr Lim deploys ultrasound and targeted therapies to optimise the care of patients with conditions like rheumatoid arthritis, ankylosing spondylitis, psoriatic arthritis, lupus and gout. He also finesses niche areas like Reproductive Immunology and Onco-Immunotherapy immune-related adverse events. His current interest lies in interventional pain management and regenerative therapy for osteoarthritis and soft tissue disorders.



Dr Lui Hock Foong
The Gastroenterology Group Pte Ltd

Dr Lui Hock Foong is a gastroenterologist specialising in digestive disorders and liver transplant. He treats common and complex digestive tract and liver disorders, with special interest in advanced liver cirrhosis treatment and liver transplantation.

After graduating first in class from the National University of Singapore in 1990 and completing his postgraduate training in Singapore, he further trained in gastroenterology and hepatology at the Lister Postgraduate Institute, the Royal Infirmary of Edinburgh, the Scottish Liver Transplant Unit and the Chelsea and Westminster Hospital (London).

Dr Lui is a visiting consultant with the Singapore General Hospital (Liver Transplantation and Department of Gastroenterology and Hepatology), and the NiNi Clinic in Myanmar. His recent appointments include Medical Director, Mount Elizabeth Liver Transplant Programme, and Member of the Sing-Kobe Transplant Centre, and the Kobe International Foundation Medical Centre in Japan.



Dr Alvin Tan Chin Kwong
Pinnacle Orthopaedic & Sports Centre (Alvernia)

Dr Alvin Tan, an orthopaedic surgeon, specialises in partial, total, revision, and robotic hip and knee replacements. He was formerly Deputy Head of Department at Khoo Teck Puat Hospital (KTPH), and currently serves as Adjunct Assistant Professor at the Yong Loo Lin School of Medicine, National University of Singapore.

Dr Tan pioneered the Enhanced Recovery After Surgery Programme for joint replacement patients at KTPH, which includes a comprehensive pain management regimen, same-day rehabilitation, and early ambulation, resulting in expedited hospital discharges. His team also devised an innovative screening tool to identify post-hospitalisation care needs.

Dr Tan adopts the minimally invasive Direct Anterior and Anterolateral Supine Approaches to enhance post-total hip replacement outcomes, and teaches them to surgeons in the ASEAN region. He also led the implementation of minimally invasive computer navigation and robotic knee replacements at KTPH.



Dr Petrina Tan
Eagle Eye Centre Pte Ltd (EEC)

Dr Petrina Tan is a fellowship-trained eye surgeon who graduated from the National University of Singapore (Dean's List, Pathology) in 2005, and obtained her Master in Ophthalmology (Gold medal, Glaucoma) and Fellowship to the Royal College of Surgeons of Edinburgh in 2013. Her fellowship training was at Queen Victoria Hospital, UK, known for pioneering plastic reconstructive techniques such as incision-less ptosis repair and tear duct surgery to improve cosmetic outcomes.

Previously Senior Consultant Ophthalmologist and Head of Oculoplastic Division at Ng Teng Fong General Hospital, Dr Tan specialises in oculoplastic, lacrimal, and orbital surgeries. She also provides general ophthalmic care for the whole family such as diabetic and glaucoma eye screening, cataract surgeries with spectacle independence post-surgery and myopia control for the young.



Dr Leslie Tay
Straits Specialists Clinic

Dr Leslie Tay, a consultant interventional cardiologist with over 20 years' experience, specialises in Interventional Cardiology, Preventive and Sports Cardiology, and Cardiovascular CT Imaging. After receiving his Membership of the Royal College of Physicians, UK, and Advanced Specialist Training at the National Heart Centre Singapore, he earned a scholarship for advanced training in Interventional Cardiology and Cardiovascular CT at MonashHeart in Australia, gaining extensive experience in treating complex coronary lesions. He also attained level 2 accreditation in Cardiovascular CT by the Society of Cardiovascular Computed Tomography.

Dr Tay is a certified Clinical Exercise Specialist accredited by the American College of Sports Medicine. Advocating the "Exercise is Medicine" principle which emphasizes the role of exercise in chronic disease treatment and prevention, he works with patients to get them fit and active. An avid runner himself, he has completed many marathons and half marathons.

DOCTORS



**Dr Stephen
Tsao Kin Kwok**
AliveoMedical

Dr Stephen Tsao is an accomplished gastroenterologist and hepatologist. Prior to joining AliveoMedical, he was Senior Consultant in the Department of Gastroenterology and Hepatology, Tan Tock Seng Hospital (TTSH), Adjunct Associate Professor at the Lee Kong Chian School of Medicine, Nanyang Technological University, as well as Senior Lecturer at the Yong Loo Lin School of Medicine, National University of Singapore.

Dr Tsao's subspecialty interest lies in advanced diagnostic endoscopy and endoscopic resection, and is a recognised leader in this field. He is frequently invited to local and overseas conferences to speak and demonstrate advanced endoscopic procedures. He also served as Director, Endoscopy Service at TTSH between 2019 and 2022.

Dr Tsao is currently President, Gastroenterological Society of Singapore as well as Vice-Chairman, Chapter of Gastroenterologists, Academy of Medicine, Singapore.



**Dr Wang
Lushun**
Arete Orthopaedic
Centre

Dr Wang Lushun is a highly-skilled senior consultant orthopaedic surgeon with more than 18 years of experience. Formerly Head of the Hip and Knee Division at Ng Teng Fong Hospital, he has won accolades for superior patient outcomes, service quality, and enhanced recovery programmes. Renowned for his expertise, he has treated Olympic and national athletes, and sports professionals.

Dr Wang's extensive training in the UK and France, including a fellowship at the prestigious Wrightington Hospital and Albert Trillat Orthopaedic Centre, has honed his skills in ligament, meniscal, cartilage sports surgeries, and complex revision hip and knee replacements. He is a pioneer in advanced minimally invasive techniques for enhanced recovery such as robotic knee and hip surgeries. Internationally recognised, Dr Wang instructs and accredits surgeons across Asia in hip and knee surgeries.



**Dr Kevin
Wong Jian Hao**
Hand Surgery
Associates (Alvernia)
Pte Ltd

Dr Kevin Wong, an accomplished hand surgeon, earned his MBBS degree in 2003 from the National University of Singapore, followed by obtaining MRCS qualifications in Glasgow, UK. He received prestigious fellowships in 2014, and trained under renowned experts at New York's Hospital for Special Surgery and Mount Sinai West's C.V. Starr Hand Surgery Center. Dr Wong worked at Tan Tock Seng Hospital since 2011, serving as Chief of the Hand & Microsurgery Section from 2015 to 2016. He continues to be a visiting consultant, actively involved in training junior surgeons and residents.

Dr Wong's clinical interests include treatment of all hand and wrist trauma and fractures, arthritis, nerve compression, replantations and reconstructive microsurgery, with a focus on minimally invasive surgery and sports-related injuries of the hand and wrist.



**Dr Nicholas
Yeo Eng Meng**
Activ Orthopaedic
Centre @ Mount
Alvernia

Dr Nicholas Yeo is a dual fellowship-trained senior consultant orthopaedic surgeon. He served as Director, Foot and Ankle Service at the Singapore General Hospital from 2020 to 2023. After completing his specialist training in 2015, he pursued advanced subspecialty training in foot and ankle surgery and further honed his skills and knowledge in complex foot and ankle and lower limb reconstructive surgery via prestigious fellowships in Canada and Germany.

Dr Yeo's subspecialty interests encompass foot and ankle, sports and reconstructive surgery, with a focus on minimally invasive procedures, notably keyhole bunion surgery. He also champions the use of 3D printing and patient-specific implants, contributing to advancements in lower limb reconstruction and deformity correction. He was the first surgeon in Asia to perform total ankle replacement surgery using patient-specific instrumentation.

THE ESSENTIAL SAFETY GUIDE TO STROLLERS

MAKE SURE the harness cannot be easily unbuckled by children.

MAKE SURE your child cannot slip through the harness after it is secured.

PREVENT strangulation by tying up or cutting excess length from the harness straps.

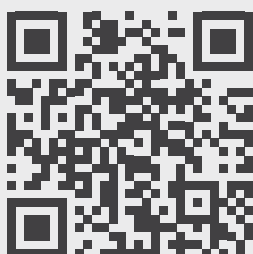
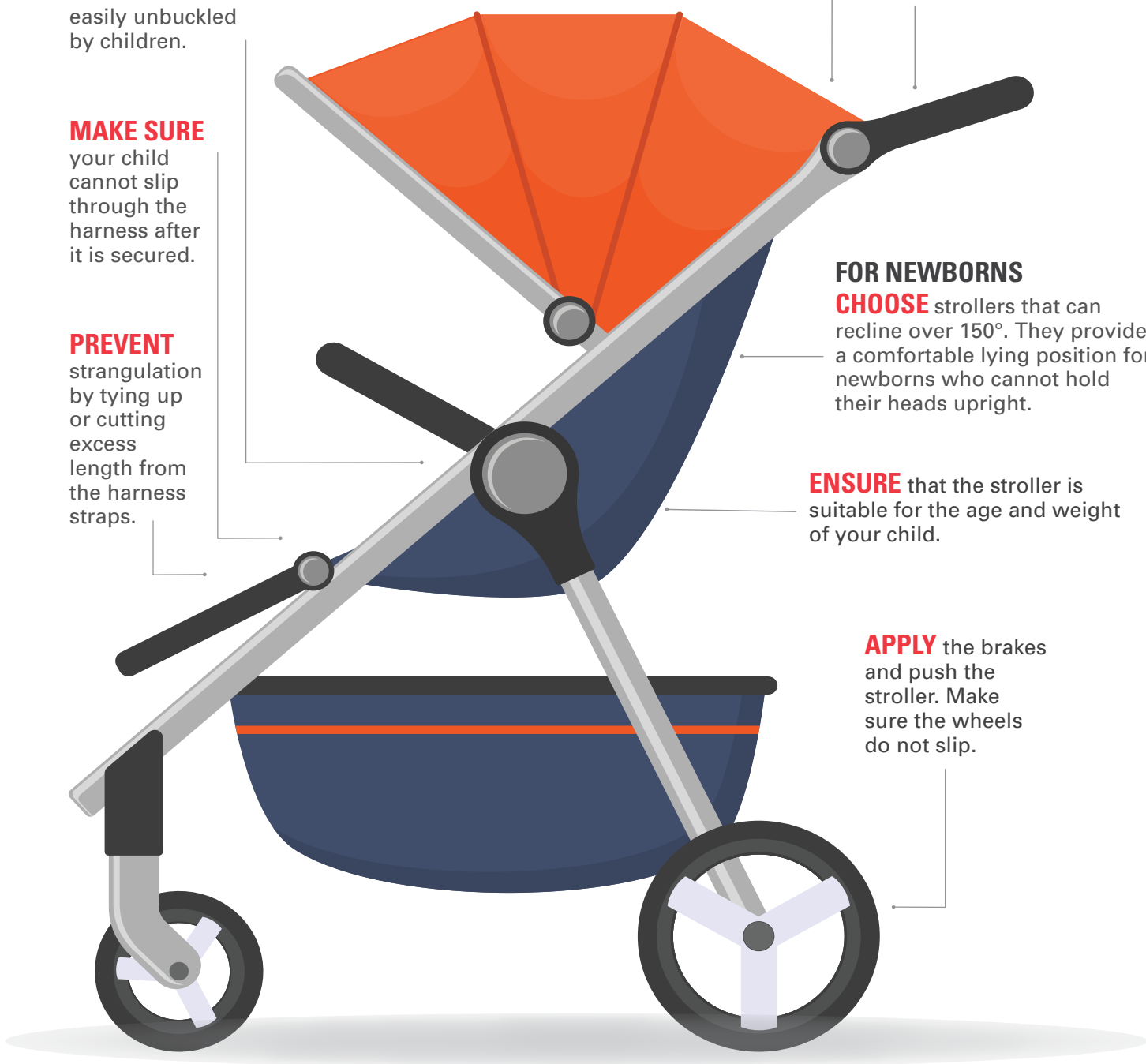
AVOID hanging heavy items from the handlebars to prevent tip-overs.

LOOK for one with a 2-step locking system or multi-lock system. They prevent accidental collapsing of the stroller.

FOR NEWBORNS CHOOSE strollers that can recline over 150°. They provide a comfortable lying position for newborns who cannot hold their heads upright.

ENSURE that the stroller is suitable for the age and weight of your child.

APPLY the brakes and push the stroller. Make sure the wheels do not slip.



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