

my Alvernia

Inspiring Healthy Living | Issue 55



64 years of
Serving All With Love

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More than just a
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Meet the new specialists at Mount Alvernia Hospital

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Dear myAlvernia readers,

As we celebrate Mount Alvernia Hospital's 64th anniversary this year, we reflect on the remarkable journey that has brought us to where we are today. From our humble beginnings in 1961 as a 60-bed hospital staffed entirely by the religious Sisters from the Franciscan Missionaries of the Divine Motherhood, we have grown into a multidisciplinary tertiary acute care hospital with a dedicated 10-storey St Anne Mother & Child Centre, specialist medical centres, a 24-hour urgent care centre, and a full suite of ancillary clinical services.

In this issue, we take a moment to look back at our early years through rarely seen photographs, a tribute to the enduring legacy of our founding Sisters.

I am also pleased to announce the opening of our new cardiovascular laboratory, an important milestone in our journey to enhance patient care. Equipped with the latest imaging systems and expanded procedure rooms, this new facility replaces the old one to allow us to better serve the increasing number of patients in need of advanced cardiovascular care.

Further, we are excited to introduce a new section in myAlvernia, named The Wellness Corner. With mental health concerns becoming more prevalent, this column will feature expert advice from our psychiatrist at the Alvernia Wellness Centre. We hope this initiative will provide valuable insights into emerging mental health challenges faced by adolescents, adults, and seniors.

This anniversary is not only a celebration of our hospital's growth, but also of the people who have stood behind it. Held earlier this year, the Long Service Awards 2024 recognised 154 dedicated staff members who have been with us for five to 50 years.

A special commendation goes to Mdm Koay Kean Cheng from Bed and Surgical Booking and Mdm Tan Hoe Tin from Housekeeping, both of whom have devoted an extraordinary 50 years to Mount Alvernia. We are grateful for their steadfast commitment to the hospital.

Beyond our hospital walls, our Outreach Team continues to extend care to the communities in need through our outreach clinics, transnationals support programme and social service partners. In addition, I am heartened to share that our outreach efforts have resumed in rural Cambodia, where our nurses and dietitians trained local healthcare workers in neonatal resuscitation and maternal and child nutrition — an effort that will undoubtedly help improve their standard of clinical care.

As we step into the Year of the Snake, a symbol of wisdom and resilience, I wish all our doctors, colleagues, patients, and families good health and a smooth and peaceful year ahead. Thank you for your unwavering trust and support over these 64 years.



God bless.

Dr James Lam Kian Ming
CEO, Mount Alvernia Hospital

64 years of Serving All With Love

Mount Alvernia Hospital (MAH) celebrates 64 years of service, growing from a humble 60-bed facility founded by the Franciscan Missionaries of the Divine Motherhood (FMDM) to a modern general tertiary acute care hospital. The hospital continues to honour the legacy of its founding Sisters, and the dedication of the many doctors, nurses, and staff who have shaped its journey.

How it began

The story of MAH began in 1947, when three FMDM Sisters — Angela McBrien, Mary Camillus Walsh, and Mary Baptista Hennessy — set out from England for China but was redirected to Hong Kong, then Singapore, due to geopolitical unrest. In Singapore, they cared for tuberculosis patients at Tan Tock Seng Hospital and leprosy patients at Trafalgar Home. Their deep commitment to serving the sick laid the foundation, and led to an opportunity in 1952 to establish a private hospital to meet the country's growing healthcare needs.

With relentless fundraising efforts and generous contributions from individuals and businesses, MAH officially opened on 4 March 1961. The hospital was named after La Verna, the sacred mountain in Italy where St Francis of Assisi is believed to have received the Stigmata. Inspired by his life

Italy where
have received
of humility and

service, the hospital was built on the same values of love, compassion, and respect for all.

Growth over time

Since opening as a 60-bed hospital staffed entirely by the FMDM Sisters in 1961, MAH is now home to nearly 380 beds, supported by over 300 on-campus medical specialists, 1,400 accredited doctors, and a team of more than 1,000 employees. Its facilities include multi-disciplinary medical centres, a dedicated 10-storey building for mothers and children, and a comprehensive range of ancillary services — from health screening and diagnostic imaging to cardiovascular care, rehabilitation, and 24-hour urgent care.

While the hospital has expanded in size and capability, it has remained true to its founding mission. As Singapore's only Catholic not-for-profit hospital, it continues to deliver patient-centred care guided by the Franciscan values of compassion and dignity.

This milestone would not have been possible without the enduring trust of patients and families, and the unwavering support of MAH's doctors, nurses and staff — past and present.

Looking ahead, MAH remains focused on advancing care and meeting new healthcare needs, while staying true to the values that have guided it since day one. Here's to many more years of making a difference in the lives of those we serve!



Mount
Alvernia
Hospital
in 1961.

Take a glimpse into the past as we share rare photos from Mount Alvernia Hospital's early days.

The Sisters exploring the site of the future Mount Alvernia Hospital in early 1958, with Sister Angela McBrien getting a feel of working a bulldozer.



The then Minister for Health, A. J. Braga, cuts the first sod on the Mount Alvernia Hospital site on 7 January 1959.

Mount Alvernia Hospital's first ambulance donated by Dr and Mrs Lai En Fo.



In the operating theatre in 1963.



Sister Jacinta Kehoe (2nd from left) with staff in the hospital kitchen in 1962-1963.



A Sister with a newborn.



Sister Callistus Goh (left) and Sister Rosaria Hogan (right) with a patient in a single-bed ward in 1963.



A Sister with a patient enjoying a game of table tennis.

Singapore Health Quality Service Awards 2025



Ms Shirley Tay, Director, Nursing at MAH, received the awards from President Tharman Shanmugaratnam on behalf of all MAH awardees.

On 13 February 2025, 58 staff from Mount Alvernia Hospital (MAH) were presented with the Singapore Health Quality Service Awards (SHQSA) at a ceremony held at the NUS University Cultural Centre. The event was graced by President Tharman Shanmugaratnam.

The SHQSA honours healthcare professionals who go the extra mile in delivering quality care with compassion and dedication.

This year, MAH's awardees included one Star, seven Gold, and 50 Silver awards across various departments.

We warmly congratulate our award recipients on this well-deserved recognition. Their commitment, care and service excellence continue to make a lasting difference in the lives of patients and the community.

Star

Raganit Maybelline Gonzales, Day Ward

Gold

Roobaneswary Amurthalingam, Day Ward

Aye Moh Moh Khaing, Day Ward

Ivy Tan Siew Lian, Nursing Administration

Ooi Bee Choo Jenny, Nursing Administration

Lee Xiu Juan Angeline, Nursing Administration

Seet Lay Tin, Parentcraft

Goh Meiqi, St Francis Ward

Silver

Lee Xiao En Bernice, Rehabilitation Centre

Alice Ng Gek Neo, Rehabilitation Centre
Han May Ching, Corporate Development & Human Resources
Amy Kwan Kwee Ling, Patient Liaison Services
Ong Siow Theng, Patient Liaison Services
Mohamed Isnin Bin Shaukat Ali, CQI²
Aung Phyo Wai, CQI²
Ng Wee Kee, CQI²
Muhammad Daniel Bin Md Yazid, CQI²
Erny Binte Abdullah, CQI²
Koay Kean Cheng, CQI²
Lim Wee Mien, Finance
Ng Ting Ting, Christine, Finance
Choo Se Moi, Finance
Lee Dey Cie, Finance
Koh Mei Nah, Finance
Tay Lee Wah, Finance
Goh Si Li, Business Office
Png Huey Ling, Materials Management
Adrian Chong Kiang Shiong, Materials Management
Gan Eng Chong, Food & Beverages
Huang Jin Song, Food & Beverages
Teng Tuan Cheng, Food & Beverages
Chai Chek Chong, Food & Beverages
Tan Zhen Chang, Front Office

Chuah Pei Lin, Hospital Planning & Development
Khine Myo Nwe Ni, Housekeeping
Yagappan Maria Sebastin, Housekeeping
Lim Wei Xing, Security
Choo Han Poh, Security
Lee Li Cheng, Human Resources
Heng Winnie, Human Resources
Cindy Ang Syang Teng, Human Resources
Xavier Chung Tze Kwong, Clinical Pastoral Care
Llano Joseph Arroyo, Central Sterile Services
Zaw Myo Than, Central Sterile Services
Goh Mui Peng, Central Sterile Services
Theseira Sherry Ann, Central Sterile Services
Mendoza Haidi Lim, Central Sterile Services
De Souza Jeffrey Peter, Central Sterile Services
Julianti Binte Mohd Wadi, Central Sterile Services
K Sarasvathi Kandasamy, Parentcraft
Rita Francis, Parentcraft
Lim Sem Choo, Parentcraft
Richelle Zelig Tang, Parentcraft
See Bee Fong, St Dominic Ward
Bartolome Susana Rabut, St Francis Ward
Tan Li Yen Sandra, St Francis Ward
Tooh Jia Xin, St Michael Ward
Lester Yeo Wei Jie, Technology & Strategy



Saving
 lives
 one drop
 at a time

On 12 March 2025, Mount Alvernia Hospital (MAH) held its first blood donation drive of the year, bringing together staff from across all departments in a shared mission to give back and make a tangible difference. A total of 65 units of blood were collected from 85 donors – enough to potentially save up to 195 lives.

Since 2020, MAH has been organising in-house blood donation drives as part of its continued commitment to the ethos of the founding FMDM Sisters, which is to serve the community with compassion and love. These drives offer staff a chance to make a life-saving impact beyond their usual roles.



A big thank you
 to all who stepped forward to donate.



The next blood donation drive will take place on
 17 September 2025.

Mount Alvernia Hospital opens new cardiovascular laboratory

Mount Alvernia Hospital opened its new cardiovascular laboratory (CVL) in early 2024 to support the growing number of patients needing diagnostic and interventional cardiovascular care. The new CVL replaces the hospital's older facility and offers a more spacious, well-equipped environment for patients and clinicians.

Previously, the CVL had only one procedure room, and appointments were often overbooked, with cases extending beyond regular hours. The new facility now features two procedure rooms, as well as scrub and preparation areas, a recovery bay, toilets, showers, storage rooms and offices. This layout supports safer, more efficient care, with staff and doctors in closer proximity for quicker response during emergencies.

The lab is fitted with the latest digital imaging systems, featuring advanced functions like 3D reconstruction and post-processing tools. These systems provide clear imaging while minimising radiation exposure for both patients and staff. Supporting equipment includes an electrophysiology system for cardiac ablations, an intravascular ultrasound, fractional flow reserve, activated clotting time, intra-aortic balloon pump, and other tools to enable a wide range of procedures.

The CVL team comprises experienced angiographers and nurses who have earned strong support from doctors and patients for their professionalism and care. Patients also benefit from calming ambient features, such as soft lighting, soothing sounds, and visual projections to ease pre-procedure anxiety.

With its expanded capabilities, the CVL now supports a broad range of services, including diagnostic angiograms, coronary interventions, pacemaker insertions, electrophysiology studies, neurovascular and radiological procedures, and pain management treatments. It is also among the first in Singapore to successfully implant Abbott's leadless pacemaker.

The new CVL reflects the hospital's commitment to continuously improve care and expand access to essential medical services. The facility now stands ready to support a growing community of patients in need of cardiovascular and interventional care.



The new CVL features the latest digital imaging systems.

Welcoming Mount Alvernia's first baby of the 'Snake' year

As families across Singapore celebrated the arrival of the Year of the Snake, one couple had an extra reason to rejoice. At 10.32am on 29 January 2025, Baby Diong Jia Ruey became the first baby born at Mount Alvernia Hospital this Lunar New Year.

His parents, Malaysian national Mr Diong Chee Chuan and Singaporean Mdm Lock Li Chyn, both 27, could not have asked for a more meaningful start to the year. Their journey to parenthood began in the early hours of the new year when Mdm Lock started feeling discomfort around midnight. By 5am, they were on their way to the hospital, and after five hours of labour, they welcomed their little bundle of joy.

The couple's love story started in 2013 when they met through the WeChat app. After a decade of dating, they tied the knot in 2023 and are now overjoyed to embark on this new chapter as parents. They look forward to bringing Baby Jia Ruey back to Malaysia to meet their extended family, who eagerly awaits his arrival.

"Babies born in the Year of the Snake are believed to be wise, charming, and determined – qualities that I hope to see in our son," shared the proud father, Mr Diong.



To mark this special occasion, Mount Alvernia Hospital CEO Dr James Lam presented the family with a Snake Zodiac baby gift set and a \$188 *ang bao*. All babies born in the Year of the Snake at Mount Alvernia Hospital will receive the exclusive Snake Zodiac gift set, which includes a baby swaddle, romper, beanie, mittens, socks, and other thoughtful items.

“Congratulations to all new parents. May the Year of the Snake bring wisdom, strength, and boundless joy to your families.”

– CEO Dr James Lam Kian Ming



Discover

Dining and Retail Choices at Mount Alvernia Hospital

Mount Alvernia Hospital features a variety of dining and retail options to suit different preferences. Whether you are in the mood for a quick snack, a sit-down meal with family, or shopping for essentials, here's a glimpse of the offerings available on-site.

7-Eleven

Established in 1983, 7-Eleven has over 400 stores in Singapore, offering a wide array of quality products, food and services for customers' convenience.

Daily: 7am-11pm



Alvernia Retail Pharmacy

The Alvernia Retail Pharmacy offers health supplements, skin care products, gifts, books, toiletries and surgical supplies, while catering to the dispensing needs of walk-in patients.

Mon-Fri: 8.30am-5.30pm /
Sat: 8.30am-1.00pm / Closed on
Sun and PH



Fun Toast

Serving traditional coffee, kaya toast, and local delights, perfect for a quick, comforting meal.

Mon-Sat: 8am-6.30pm / Sun
and PH: 8.30am-3.30pm



Jollibean

A go-to for healthy soy snacks and drinks, providing a nutritious option on the go.

Mon-Sat: 8am-6pm / Sun and PH: 8am-4pm



Mums Club

Carries a wide range of maternity and baby products carefully curated by a team of mothers.

Mon-Sat: 10am-6pm / Closed on Sun and PH



Ollella

Specialising in traditional kueh and pastries based on 70-year-old Indonesian recipes passed down from the founders' grandmother.

Mon-Sat: 7.30am-3.30pm /
Closed on Sun and PH



Polar Puffs & Cakes

Offering a delicious selection of pastries, cakes, and savoury puffs, freshly baked every day.

Mon-Sat:
8am-8pm /
Sun: 8am-4pm



SF Farm Mart

Committed to providing fresh quality fruits and juices, globally sourced from trusted farms around the world.

Daily: 9am-9pm



SG Hawker

Savour a variety of local street food favourites at our modern kopitiam, featuring Halal-certified Encik Tan, 85 Redhill, and Nam Kee Pau.

Mon-Fri: 8am-8pm / Sat,
Sun and PH: 8am-5pm



Subway

Bite into freshness! Customise your sandwiches and salads, expertly crafted to your taste. Enjoy a light yet satisfying meal that's perfect for every craving!

Mon-Sat: 8am-8pm / Sun
and PH 10am-7pm



Umisushi

A Japanese food favourite, serving sushi, bento boxes, and sashimi for a quick and healthy bite.

Mon-Sat: 10am-8pm / Closed on Sun
and PH

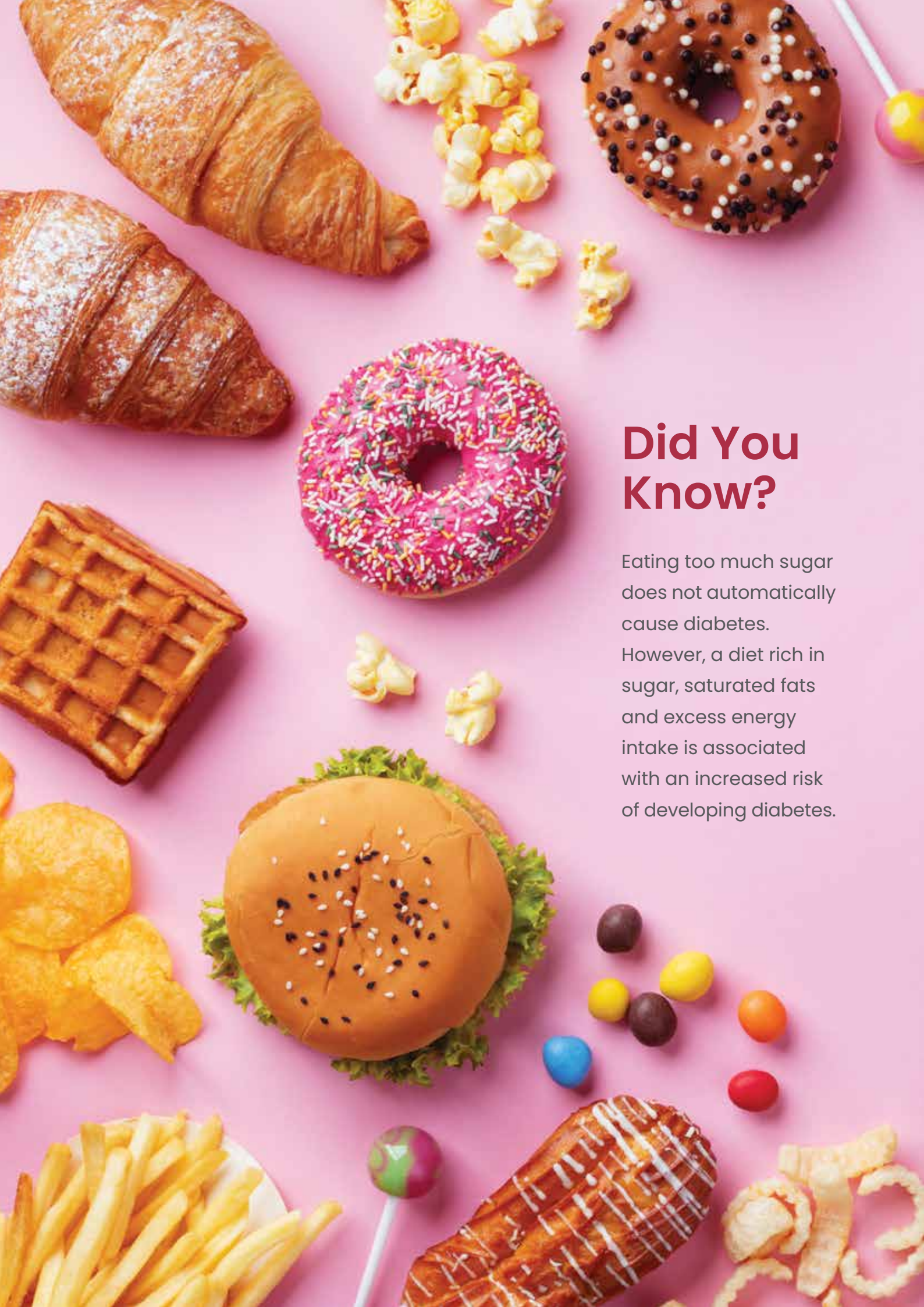


B&G Lifecasting

B&G Lifecasting creates detailed, high-quality, non-toxic hand and foot casts using premium European materials, offering cherished keepsakes for celebrating milestones and special moments.

Mon-Sat: 9am-5pm / Closed on
Sun and PH





Did You Know?

Eating too much sugar does not automatically cause diabetes.

However, a diet rich in sugar, saturated fats and excess energy intake is associated with an increased risk of developing diabetes.

Keeping the silent threat at bay

With the prevalence of diabetes on the rise, understanding its risks, symptoms, and the latest advancements in treatment is crucial in keeping the disease at bay.

Diabetes is considered a silent killer as it often goes undetected due to a lack of early symptoms. In Singapore alone, more than 400,000 people have the condition, with the number projected to reach 1 million in 2050.

Dr Goh Kian Peng, endocrinologist at Mount Alvernia Hospital explains how the condition occurs and how medical advancements have improved diagnosis and treatment.

Warning signs

One of the greatest dangers of diabetes is that it often goes unnoticed until it reaches an advanced stage. Simply put, diabetes occurs when one's body is unable to handle or clear the excess blood sugar in the system, which then results in a high blood sugar level, also known as hyperglycaemia.

"There are often no symptoms of high blood sugar unless the levels are very high, which is why diabetes is sometimes referred to as a silent killer," explains Dr Goh. In severe cases, particularly in Type 1 diabetes patients, they may experience increased thirst, frequent urination, or unexplained weight loss.

If left untreated, diabetes can have serious long-term effects. "It is a potentially serious condition due to its severe complications, such as heart attacks, strokes, blindness, kidney failure, and lower limb amputations," he adds.

In extreme cases of severe hyperglycaemia, a patient may develop diabetic ketoacidosis — a potentially fatal condition that requires urgent medical intervention with continuous intravenous insulin infusion.

While genetics play a role in a person's likelihood of developing diabetes, lifestyle factors are also important. "Genetics can contribute up to about 40 per cent of a person's risk of developing Type 2 diabetes," says Dr Goh.

However, he stresses that no two diabetic patients are alike. "Lifestyle management may be more effective for some patients than others, but it is still essential for all to take responsibility for their health."

This means maintaining a healthy diet, engaging in regular exercise, taking prescribed medications consistently, and working closely with a doctor to achieve good diabetes control.

“ There are often no symptoms of high blood sugar unless the levels are very high, which is why diabetes is sometimes referred to as a silent killer. ”

– Dr Goh Kian Peng

Improved diabetes treatment

The good news is that medical advancements are making diabetes management more personalised and effective. In recent years, several new classes of medications have been developed, many of which have potential benefits for heart and kidney health, as well as weight reduction.

Another significant breakthrough has been in glucose monitoring. Traditional methods require frequent finger-pricking to check blood sugar levels, which can be inconvenient and painful.

There are continuous and flash glucose monitoring devices available now, which provide a better overview of a patient's glucose fluctuations over a 24-hour period.



MEDICAL / SURGICAL

These advancements allow doctors to tailor treatment plans more precisely and individually for each patient, thus potentially improving long-term outcomes for patients.

For those diagnosed with diabetes, a multidisciplinary approach to care is essential.

“No two diabetic patients are the same, so treatment must be personalised as far as possible.”

– Dr Goh Kian Peng

By working closely with healthcare professionals, monitoring blood sugar levels, and making necessary lifestyle changes, those with diabetes can have a better chance of leading healthy and fulfilling lives while reducing the risk of complications.



Dr Goh Kian Peng
Endocrinologist
Saint-Julien Clinic for Diabetes & Endocrinology
Medical Centre D #05-58
Mount Alvernia Hospital

Know the difference

TYPE 1 diabetes	TYPE 2 diabetes
Less common in Singapore	More common in Singapore
Can be caused by an autoimmune condition where the body attacks insulin-producing cells in the pancreas	Caused by genetic and environmental factors , including dietary factors, a sedentary lifestyle, and a history of gestational diabetes
Requires lifelong insulin therapy for management	Can often be managed with lifestyle changes and oral medications, though some patients may require insulin
Not usually reversible	Can potentially go into remission in only a small select group of patients, especially if lifestyle factors play a major role

Managing diabetes by eating right

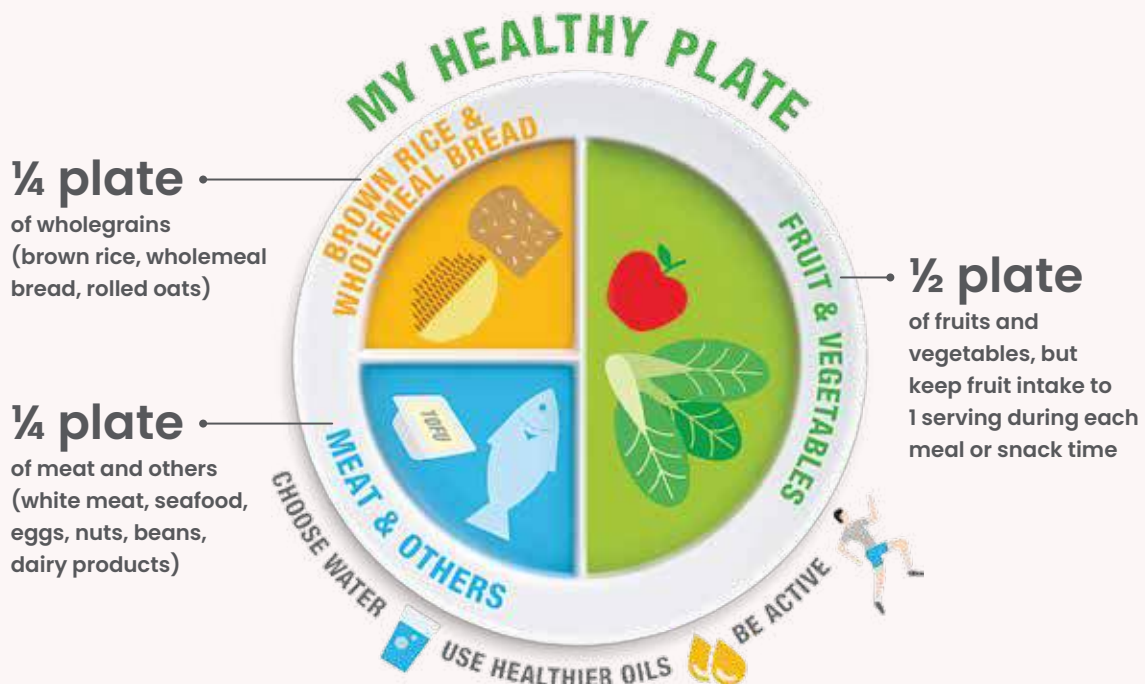
Managing diabetes relies heavily on getting the right balance of nutrition through food. Senior dietitian Ms Tan Shiling, from Mount Alvernia Hospital's Nutrition & Dietetics Department, shares how to achieve a diabetes-friendly diet without compromising on enjoying food.

People with diabetes need to watch their diet and regulate their blood sugar levels to not worsen the condition. However, making smart food choices is not just about avoiding sugar — it involves maintaining a balanced intake of carbohydrates, proteins, and healthy fats while focusing on nutrient-dense, whole foods.

"Individuals managing diabetes can still enjoy a varied and satisfying diet without compromising their health," says Ms Tan. "They need to understand that the condition is not a 'death sentence' where they can't eat their favourite food anymore. Rather, it's about coming to terms with their medical condition and learning what to eat, when to eat, and how much."

A balanced diet

A diabetes-friendly diet is essentially the same as a healthy balanced diet, says Ms Tan. She recommends sticking to the national guidelines, My Healthy Plate. This includes:



Following this guideline allows patients to continue eating normally. While most people often think they have to cut out carbohydrates completely to control their blood sugar, the reverse is true.

Another measurement to note is the Glycaemic Index (GI) of a food, which shows how quickly blood glucose levels rise from eating that food. Lower GI carbohydrates are recommended for managing diabetes as they result in a slower, lower rise in blood glucose levels and help individuals stay fuller for longer, as well as help with weight control.

“ Bear in mind that low GI being better in managing the blood sugar, doesn't mean we can eat a larger portion of that low GI food. We should always be consistent with how much carbohydrates we consume. ”

– Ms Tan Shiling



Foods to avoid

Ms Tan advises that as a general rule, patients with diabetes should avoid:



high sugar foods such as sweet cakes, biscuits, and other confectioneries



sweetened beverages such as soft drinks, cordial, juice drinks, 3-in-1 beverages, etc.

“At Mount Alvernia Hospital, we encourage our patients to avoid high sugar food for at least two weeks first and continue to monitor their blood sugar at home. Once they have completed this task, we will evaluate and discuss with the patient again to decide if they can eat certain food in moderation,” she explains.

She also cautions not to let taste buds determine what type of food or drink is sweet or not, as everyone's taste perception is different.

“ A more accurate way is to know exactly the amount of total carbohydrates in the product, then you can portion out the amount of food according to your carbohydrates needs. This is usually discussed and prescribed by your dietitian. ”

Managing food intake

The amount of food consumed plays an important part in achieving a healthy diet. Watching how much food they eat also helps patients prevent excessive weight gain or drastic weight loss.

Ms Tan shares an easy tip, which is to use one's fist to guide their food intake. "Using your own fist size, you can measure out all your food portions without overeating."

Managing their diet helps patients achieve optimal blood sugar levels. For those who need to keep their blood sugar below 7mmol/L, they should work closely with a dietitian to help them reach their goals.

Regardless, Ms Tan advises that all patients should speak with their doctor and/or dietitian before embarking on a diet, adding: "When a patient becomes more aware of their eating habits and adopts an active lifestyle, following a diabetes-friendly diet can become easier."



1 fist

of rice, cooked pasta or cereal, including fruits.



1 palm size

of lean meat or cooked vegetables.



3 steps to stay diabetes-free

1

Adopt the My Healthy Plate guidelines into your diet

2

Keep portions in check

3

Engage in at least 150 minutes of physical activity per week*

**Those with existing health conditions should speak to their doctor before exercising*



Quick Fact

A strict keto diet is not suitable for diabetics. While it can help lower blood sugar levels, excessively low levels can be harmful, especially for those on certain diabetes medications or insulin. Depriving the body of essential energy can interfere with proper function and overall health.



Varicose veins: More than just a cosmetic issue

Those bulging veins at the legs may seem like just a cosmetic issue, but they could indicate an underlying medical condition.



Varicose veins are a common condition that many people dismiss as a cosmetic concern. These enlarged, twisted veins, often appearing on the legs, can cause discomfort and, in some cases, signal underlying health problems.

While varicose veins are typically not life-threatening, knowing when to seek medical attention is crucial for preventing complications and improving quality of life.

Dr Desmond Ooi, senior consultant vascular and general surgeon at Mount Alvernia Hospital, explains some common misconceptions and what to do if you have the condition.

Not what they seem

There are several common misconceptions about varicose veins that can lead to misunderstandings about how serious they actually are, and prevent people from seeking appropriate treatment before it is too late.

Myth Varicose veins are purely a cosmetic issue

Truth Varicose veins are a medical issue. They are different from spider veins, which are just small, tiny veins, and do not cause any harm. Even if some do not experience discomfort or pain, varicose veins can lead to aching, swelling, and even more serious complications such as venous ulcers and blood clots.

Myth Only older adults and women get varicose veins

Truth Varicose veins can affect anyone, including younger adults and men. Varicose veins are often associated with prolonged standing, which causes blood to pool down at the legs. They occur when the valves in the veins that regulate blood flow weaken or are damaged, causing blood to pool in the veins instead of flowing smoothly back to the heart. Genetics can play a part in causing varicose veins, while pregnancy is another risk factor as there is an increase in blood volume. Dr Ooi sees patients who range from 20 to 80 years old, many of whom are teachers, hawkers, hairdressers, nurses — people whose jobs require prolonged standing.

Myth Exercise worsens varicose veins

Truth On the contrary, regular physical activity can improve circulation and reduce symptoms.

When should you see a doctor for varicose veins?

While mild varicose veins may not require immediate medical intervention, there are several signs that indicate the need for a doctor's evaluation:

⚠️ Persistent pain and heaviness in the legs

If legs feel consistently sore, heavy, or tired, this could indicate worsening vein function. Patients may notice their veins getting bigger, feel heaviness in their legs, or have regular cramping and swelling at night.

⚠️ Swelling in the lower limbs

Fluid retention in the ankles, feet, or calves may be a sign of venous insufficiency.

⚠️ Skin changes or ulcers

When there is darkening of the skin, itchiness, or development of open sores (venous ulcers) around the ankles, it is time to seek medical attention.

⚠️ Bleeding from varicose veins

If a varicose vein bursts and bleeds, medical attention is necessary to prevent further complications.

⚠️ Worsening symptoms despite lifestyle changes

If symptoms persist despite wearing compression stockings, elevating your legs, or maintaining an active lifestyle, it is best to see the doctor.

In short, if the varicose veins are causing pain, swelling, or skin changes, medical advice should be sought sooner rather than later. Early intervention can prevent complications such as ulcers, infections, or blood clots.

"Seeing a doctor does not always mean having an operation," says Dr Ooi. Ulcers may heal after treatment but he cautions that waiting too long may lead to irreversible damage where the skin will remain darkened and thicker.

How varicose veins are diagnosed

A doctor will typically begin with a physical examination, asking about symptoms and medical history.

In many cases, an ultrasound scan is used to assess blood flow in the veins and rule out more serious conditions such as deep vein thrombosis. Ultrasounds are quick and non-invasive, and can determine the severity of the condition as well as the best course of treatment.



Varicose veins treatment may range from lifestyle changes to medical intervention.

Treatment options for varicose veins

Depending on the severity of one's varicose veins, treatment may range from lifestyle changes to medical procedures:

🚶 Lifestyle modifications:

- Engage in regular exercise to improve circulation
- Elevate the legs to reduce swelling
- Wear compression stockings to support blood flow

✚ Minimally invasive procedures:

- Laser treatment and radiofrequency ablation – Heat energy is used to seal affected veins
- Vein stripping and ligation – In severe cases, the affected vein may be surgically removed through a tiny incision to restore proper circulation.
- Glue (Venaseal) – Using glue to seal off the affected vein

These surgical procedures require only day surgery and are minimally invasive, producing only a scar of 5mm to 10mm. There is also minimal downtime and patients can resume their daily activities within three to five days.



Dr Desmond Ooi
Senior Consultant Vascular and General Surgeon
Advanced Vascular Centre
Medical Centre D #07-58
Mount Alvernia Hospital

Spotting early clues in the womb

Prenatal genetic screening can identify potential genetic disorders in a baby before birth. Dr Ho Weng Yan, obstetrician, gynaecologist and oncologic surgeon at Mount Alvernia Hospital, explains the importance of screening and how conditions are diagnosed.

Thanks to advances in medical technology, it is possible to know if one's baby could have any genetic disorders even before they are born.

Taking prenatal screening tests is an option for parents who want to find out more about their baby. Obstetrician, gynaecologist and oncologic surgeon Dr Ho Weng Yan recommends it for all pregnant women.

Individuals over the age of 35, or those with a family history of genetic conditions or previous pregnancies affected by genetic disorders, may benefit more from screening as they are at higher risk.

"Prenatal genetic testing provides expectant parents valuable information about their baby's potential genetic disorders while still in the mother's womb," says Dr Ho.



Dr Ho Weng Yan
Obstetrician and Gynaecologist, Oncologic Surgeon
STO+G Women's Health Specialists
St Anne Mother & Child Centre #04-84
Mount Alvernia Hospital

“Having knowledge that their baby will be born with a genetic disorder gives parents time to learn more about the condition, plan for the necessary medical care required, and prepare mentally and emotionally for the challenges ahead.”

– Dr Ho Weng Yan

"This is especially important for serious conditions which may require early intervention and specialised care from birth. Decisions such as to terminate the pregnancy when a serious or life-threatening condition is diagnosed, can be made at an earlier stage as well," she adds.

How do genetic conditions occur?

A baby inherits 23 pairs of chromosomes from each parent, with a normal number of 46 chromosomes in total. Each chromosome contains thousands of genes. Genetic disorders are caused by changes in a person's chromosomes or changes in specific genes.

In a condition called chromosomal aneuploidy, a person has missing chromosomes (monosomy) or extra chromosomes (trisomy) from birth. This leads to physical, developmental and intellectual disabilities with long-term health challenges.

Inherited conditions due to changes in specific genes are called genetic mutations. Examples include thalassaemia, sickle cell disease, cystic fibrosis and many more.





Non-invasive screening tests can detect Down's syndrome with over **99%** accuracy.

Dr Ho cautions that screening tests only provide a risk estimate but do not confirm that the baby has a condition. Further diagnostic tests are usually required for patients with abnormal screening results. Couples who are known to carry genetic mutations such as thalassaemia or cystic fibrosis should be tested to check if the foetus is affected.

"Decisions on the pregnancy should not be based solely on screening test results," she emphasises.

Should the tests detect any concern, parents can consult a multidisciplinary team of medical specialists consisting of a genetic counsellor, and specialised neonatologist or paediatric surgeon to develop a comprehensive care plan from birth.

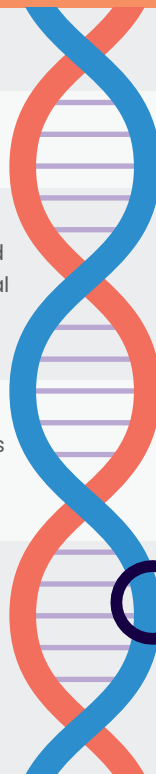
Over the years, new technologies have improved the detection of genetic abnormalities in foetuses.

Methods such as chromosomal microarray and whole exome sequencing increase the accuracy of diagnosis.

Another recent development is expanded carrier screening where couples can get tested even before pregnancy. The test is available to individuals who are planning for pregnancy or are already pregnant. It involves a blood test that screens for a range of genetic conditions. If any abnormalities are detected, expectant mothers can undergo further diagnostic testing to confirm the results.

Dr Ho shares that anyone can be a carrier of a recessive genetic condition, regardless of ethnicity and family history. Carriers are asymptomatic and often unaware of their condition. However, if both parents are carriers of the same condition, their baby may be affected, potentially facing a shortened lifespan and severe intellectual and physical disabilities.

Screening tests	VS	Diagnostic tests
Non-invasive		Invasive
Estimated assessment of baby having a genetic disorder		Confirms presence of genetic disorder
First trimester screening: Done between 11-14 weeks of pregnancy, this test involves blood tests and ultrasound, and checks for chromosomal trisomies such as Down's, Edwards and Patau syndromes.		Amniocentesis: Done between 15-20 weeks of pregnancy, this test involves inserting a fine, hollow needle into the amniotic sac to collect a sample of the fluid surrounding the foetus.
Second trimester screening: Done between 15-20 weeks of pregnancy, this blood test checks for Down's syndrome, Edwards syndrome, and neural tube defects like spina bifida.		Chorionic villus sampling: Done between 10-14 weeks of pregnancy, this test involves inserting a biopsy needle into the placenta to collect a small sample of cells for analysis.
Cell-free foetal DNA testing: Done any time after 10 weeks of pregnancy, this blood test checks for chromosomal trisomies like Down's, Edwards and Patau syndromes, and sex chromosomal abnormalities like Turner and Klinefelter syndromes. Can be used in twin pregnancies.		



Is your child having tonsil troubles?

Consultant ENT surgeon Dr Low Mei-Yi answers common questions about childhood tonsil problems, surgical interventions and non-surgical management strategies.

What causes tonsillitis?

The majority of tonsillitis cases are caused by viruses, such as those that cause the common flu. The Epstein-Barr virus, which causes infectious mononucleosis, can also lead to tonsillitis, symptoms of which include fever, sore throat, swollen neck lymph nodes, headaches, abdominal pain and fatigue.

The most common bacterial culprit is Group A Streptococcus, also known as strep throat. If left untreated, one may develop post-streptococcal reactive arthritis, rheumatic fever, scarlet fever or kidney inflammation.

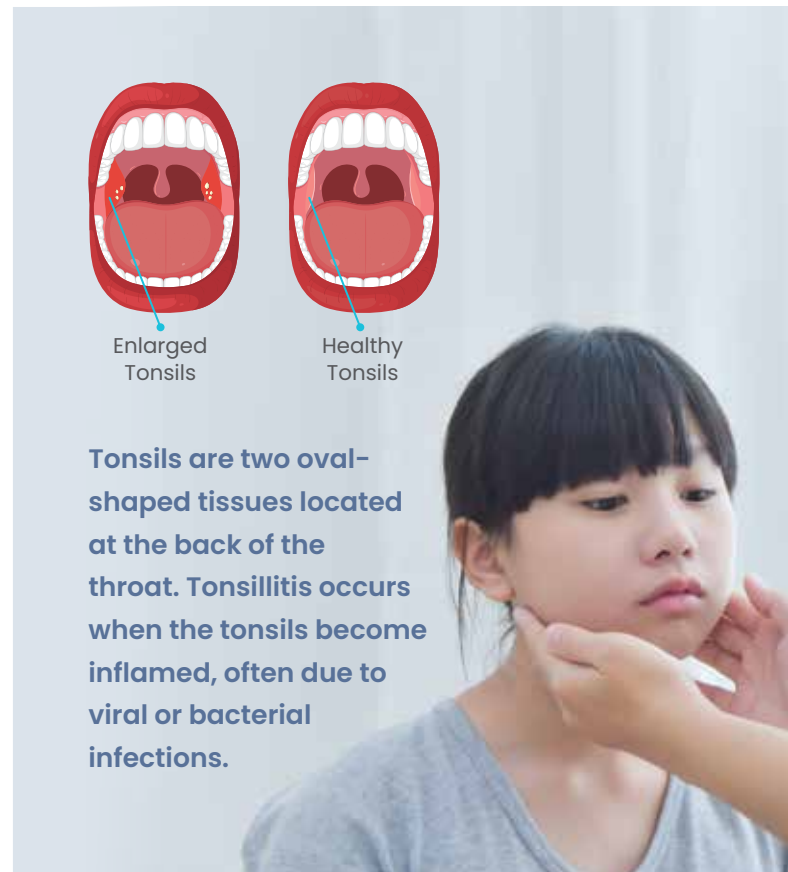
Tonsillitis can spread through close contact with an infected person, sharing utensils, food or drinks, or inhaling airborne particles. Children aged around five to 15 are more likely to be affected as they are in frequent contact with their peers in school, increasing their exposure to the viruses or bacteria that cause tonsillitis.

What are some tonsil-related problems and how do they affect a child's quality of life?

Tonsil infections can cause a range of symptoms that affect a child's well-being.

Fever and sore throat

Tonsillitis often presents with fever and sore throat. While these can usually be managed with painkillers, severe cases may require hospitalisation for intravenous hydration and antibiotics if a child struggles to eat.



Tonsils are two oval-shaped tissues located at the back of the throat. Tonsillitis occurs when the tonsils become inflamed, often due to viral or bacterial infections.

In acute cases, the infection can spread to the upper airway and neck, leading to pus collection that requires surgical drainage.

Tonsil enlargement and sleep disorders

Enlarged or inflamed tonsils can obstruct the upper airway, causing snoring and sleep disturbances such as obstructive sleep apnoea. This can lead to daytime tiredness, poor concentration, behavioural issues, poor performance in school, bed-wetting, or growth retardation.

PFAPA

Another tonsil-related condition is periodic fever, aphthous stomatitis, pharyngitis and adenitis (PFAPA), where young children experience high fevers every three to five weeks, often with ulcers, throat inflammation, and swollen neck lymph nodes.

When should tonsillectomy for a child be considered?

Surgery to remove one's tonsils, or tonsillectomy, may be recommended when a child has large tonsils and





adenoids (lymphoid glands at the back of the nasal cavity) that cause snoring or obstructive sleep apnoea.

Recurrent tonsillitis, about five to seven episodes a year, also warrants consideration for tonsillectomy. Other factors include multiple antibiotic allergies or intolerance that limit treatment of tonsillitis, PFAPA, or a history of peritonsillar abscess or severe tonsillitis requiring hospitalisation.

While tonsils serve as an important defence against inhaled or ingested pathogens, studies show that removing them have no negative impact.

What is the tonsillectomy procedure like?

The procedure is performed under general anaesthesia, so the child will be asleep. Tonsils will then be removed by various methods such as electrocautery (heat energy), harmonic scalpel (ultrasonic vibrations), radiofrequency ablation or microdebrider (suction and cutting). Surgery typically takes up to one hour and can be done with adenoid removal.

While complications are rare, possible risks include surgical site infection, excessive bleeding, swelling of the tongue or roof of the mouth, or an adverse reaction to anaesthesia.

Tonsillectomy usually involves one night's hospitalisation. Most patients are discharged the next day.

What is the recovery process after surgery?

In the first two days, patients may experience throat pain, a low grade fever, difficulty speaking, reduced oral intake and a feeling of fullness in the throat due to swelling. The sore throat is expected to improve from day 10. Most patients recover fully in about two weeks.

While recovering, patients should be on a soft food diet and continue to be hydrated. Painkillers can also help in the first seven days after the surgery.

After surgery, patients can expect better sleep quality and fewer throat infections.

What are some non-surgical treatments for tonsil issues?

For recurrent tonsillitis that does not meet previously mentioned frequency or severity criteria, adopt lifestyle changes like good oral hygiene, proper hydration, stress management, and timely treatment for individual infections.

For patients with enlarged tonsils and adenoids, and obstructive sleep apnoea, they should manage nasal allergies, maintain a healthy weight, and adopt good sleep habits.



Dr Low Mei-Yi
Consultant ENT Surgeon
The Children's ENT Centre
Medical Centre D #07-65
Mount Alvernia Hospital



The peak age

for the onset for many mental illnesses is between adolescence and early adulthood.

Mental health struggles in teens

The teenage years can be a challenging phase of life, as one navigates the awkwardness of puberty, stress of academic demands and trials of peer pressure. It is therefore not uncommon for teenagers to develop mental health struggles. Dr Lim Wei Shyan, psychiatrist and medical director at Mount Alvernia Hospital's Alvernia Wellness Centre shares the common mental health difficulties experienced by teens, and what parents can do to help their children.

Developmental contributions

Biologically, the prefrontal cortex in the brain, which governs reasoning, rational judgment, emotion regulation and impulse control, continues to develop in the teenage years and only fully matures in late adolescence or early adulthood. The surge in sex and growth hormones also affects brain development, amplifying teenagers' emotional experiences.

These biological factors predispose adolescents to being driven more by emotionality than rationality, a tendency towards engagement in impulsive decision-making and thrill-seeking behaviours, as well as a vulnerability to addictive habits.

Psychologically, adolescence is a time when the child begins to individuate and seek reference from peer groups in exploring their own identities. As the child pivots from solely seeking parental affirmation to peer acceptance, friction with parents arises while they also become more susceptible to peer influence. At the same time, teenagers constantly engage in comparisons between themselves and their peers, and this can predispose them to difficulties with self-esteem and self-confidence.

Common mental health issues

Anxiety



“The pressure to ‘do well’ – to be worthy in their own eyes or by the measure of others – fuels teens’ anxiety. For some, this translates to a burden to do well academically or succeed in some other measure of competency, while for others, difficulties in gaining social acceptance among peers generates self-doubt and disquietude,” says Dr Lim.

With greater awareness of global concerns such as environmental issues and a broad sense of uncertainty in an increasingly volatile world, “a trend of existential anxiety has emerged among young people around the world, which manifests more as social and economic withdrawal, as well as depressive symptoms,” he adds.

Emotional dysregulation



Characterised by difficulties in managing and modulating one’s emotional impulses, emotional dysregulation has become more common in presentations to mental health professionals. It can manifest in several ways, such as feeling overwhelmed by relatively minor issues, having unpredictable emotional outbursts, or demonstrating impulsive behaviours including deliberate self-harm or aggression.

“Shifts in sociocultural attitudes towards greater acceptance of self-expression have normalised displays of emotions in different settings while diminishing expectations for emotional restraint. The portrayal of emotional expressiveness on different media platforms, often exaggerated for dramatic effect, further shifts the needle in teens’ perception of what healthy, or normal, emotional expression is.” Dr Lim highlights. In addition, inadequate sleep, which has become increasingly pervasive among teens, can inhibit one’s ability to regulate emotions as well.

Neurodivergence



A greater awareness of neurodivergence – which describes conditions like Attention-Deficit Hyperactivity Disorder (ADHD) and Autism Spectrum Disorder (ASD) as phenomena where brains process information differently from what is considered typical – has led more teenagers to seek evaluations for such conditions, especially with the topic gaining attention on social media. “The actual incidence of these conditions is not high, but we often uncover other difficulties, such as social anxiety, in the young people seeking help for these concerns,” explains Dr Lim.

Problematic device use and gaming



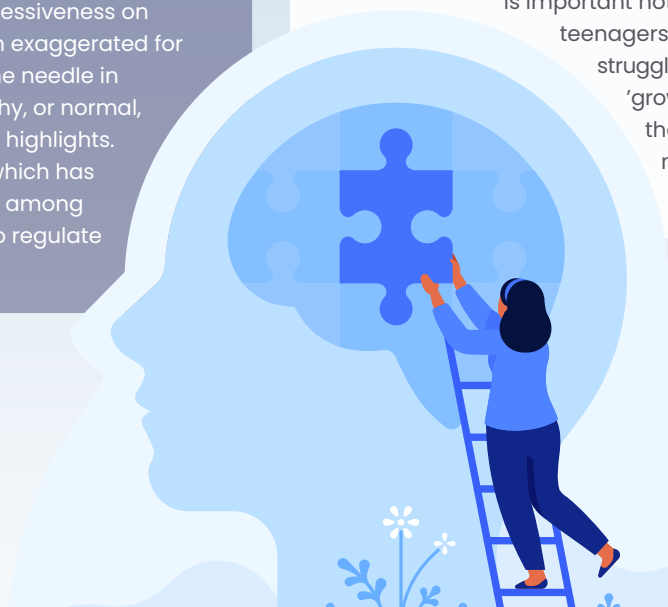
The high rate of internet penetration in Singapore has also contributed to more problems associated with the use of personal electronic devices. Dr Lim cites a study by the Institute of Mental Health published in August 2024 which found that nearly half of Singaporean youth between the ages of 15 and 21 had problematic smartphone use.



Mental illness



Besides the mental health concerns above, the years between adolescence and early adulthood are also where the peak age of onset for many mental illnesses, like obsessive-compulsive disorder, bipolar disorder, and schizophrenia, lie. It is important not to trivialise teenagers’ mental health struggles as merely ‘growing pains,’ as they could indicate more serious mental illnesses.



What parents can do to help

Share the burden of anxiety and stress

Anxiety tends to cloud rational judgment. It magnifies the negative and minimises the positive, skewing us towards conclusions that serve to reinforce its presence. Talking about anxiety helps as others can offer more rational and objective input, disrupting the perpetuating cycle of anxious thoughts.

Empathise with the teen

Recognise that teenagers can be distressed, even distraught, and may struggle to articulate how they are feeling. They may also worry about dismissal, disappointment, or disapproval from their parents should they share their mental health concerns.

Show concern like a friend would

Parents should not rush to intervene. Helping the child unpack his or her feelings before confronting the facts of the matter may be useful. "Be as non-judgmental as you can — this means suspending any assumptions you may have about mental health issues or your child," advises Dr Lim.



Normalising conversations about mental health issues at home can provide a means for parents to fact-check or counter inaccuracies in internet rhetoric their teenagers come across. It also conveys to the teens that their parents are comfortable discussing such issues.

Seek external help

As much as parents want to do everything for their child, the best listening ears may be outside the family. "If your child finds it awkward to open up to you, consider offering them a safe therapeutic space by encouraging them to see a therapist or a counsellor," he says.

3 signs that suggest a teen may be in psychological distress



1 Persisting departure from behavioural norms

Changes in baseline temperament, new habits and routines such as sleep, activity, and food intake that cannot be readily explained, loss of interest in prior passions, and erratic or disorganised behaviours are all warning signs that should prompt a conversation with the teen and possibly psychiatric evaluation.

2 Self-harm tendencies

These can range from speech or behaviours alluding to thoughts of wanting to hurt themselves or to end their lives. Self-injurious behaviours designed to inflict pain on themselves include cutting, scratching, pinching, or hitting some body part.

3 Functional impairment in one or more domains

Abrupt decline in academic performance, social engagement, or self-care.



Dr Lim Wei Shyan
Psychiatrist & Medical Director
Alvernia Wellness Centre
Mount Alvernia Hospital



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Alvernia Wellness Centre

Caring for Your Mental Health

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Fueling muscle health in seniors

Ms Chinnayan Jayanthi, clinical dietitian at Mount Alvernia Hospital, shares how proper nutrition can help older adults slow down muscle loss and maintain strength as they age.



Humans lose muscles as they age. This is a condition called sarcopenia, or age-related muscle loss, which also leads to a decline in one's strength and function.

It typically begins around the age of 40 and accelerates after the age of 60. While losing muscles is a natural part of ageing, if left unaddressed, it can lead to serious risks for the elderly. Weaker muscles make one more susceptible to falls, fractures, and chronic conditions such as osteoporosis and metabolic disorders. It also impacts mobility and one's quality of life.

Loss of appetite, inadequate food intake and unbalanced meals also contribute to muscle wasting (cachexia) and muscle mass depletion as one ages.

While regular exercise is key to preserving muscle function, proper nutrition plays an equally vital role in slowing down muscle decline and promoting strength in older adults.

The building blocks of muscles

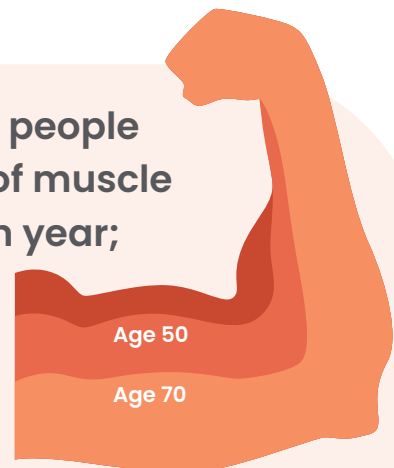
Protein is essential for the development and repair of cells, including muscles. The body's ability to synthesise protein declines with age, meaning that older adults require higher protein consumption to stimulate muscle growth and prevent muscle breakdown.

The body needs at least 20–30% of protein as part of its daily caloric intake, along with essential nutrients such as Vitamin D, calcium, and omega fatty acids that support muscle formation and help prevent muscle deterioration.

“Maintaining a balanced diet with adequate quality protein and essential micronutrients can help in preserving muscle strength and overall physical functioning.”

– Ms Chinnayan Jayanthi

By age 50, people lose 1–2% of muscle mass each year; by 70, it can be up to 3% per year.



Protein needs vary from person to person, mainly based on body weight, unless restricted by a medical condition. As a general guideline, an elderly typically requires 1.0 to 1.2 grams of protein per kilogram of body weight.

Those with medical conditions should consult a doctor or dietitian to determine their specific needs.

Nutritional needs

Besides protein, Ms Chinnayan explains that it is also essential to ensure a sufficient intake of other nutrients that support muscle health. These include:



Vitamin D plays a crucial role in calcium absorption, which supports both bone and muscle health.

Sources: sun exposure (with sunscreen), fatty fish, fortified dairy products, and eggs



Omega-3 fatty acids help reduce inflammation and promote muscle synthesis.

Sources: fatty fish (e.g. salmon, mackerel), nuts and seeds (e.g. walnuts, flaxseeds)



Calcium helps build bones.

Sources: dairy and dairy products, calcium fortified milk alternatives (e.g. soy milk, oat milk), salmon with edible bones, millets, and dark green leafy vegetables



Magnesium aids muscle function.

Sources: nuts and seeds

Tips for getting sufficient protein

Ensuring adequate protein intake is crucial for elderly individuals, particularly those with a small appetite. Here are some tips:

- Include a protein source in every meal to distribute protein intake throughout the day.
- Increase protein content of dishes by adding minced meat to vegetable dishes, mixing eggs into porridge, or choosing protein-rich spreads like nut spread or low-sugar kaya instead of jam on bread.
- Get sufficient hydration through milk or calcium-enriched beverages, or add protein powders to juice or soup.
- Eat softer foods such as mashed potatoes cooked with milk, yoghurt, scrambled eggs, and smoothies with meals or as snacks.
- Use gentler cooking methods such as steaming, boiling, or baking.
- Avoid hard, dry or chewy food.
- Engage in regular strength training exercises and eat a protein-rich snack afterward.



For elderly individuals who have difficulty chewing or swallowing, Ms Chinnayan advises them to get a referral to a speech therapist for assessment.

High protein foods for seniors

- Meat and alternatives – chicken, lean beef/pork, fish, egg
- Dairy and dairy products – yogurt, cheese, milk
- Plant-based proteins – tofu, lentils, chickpeas, quinoa
- Grains – millets, oats, wheat

Simple protein snacks:



Eggs (boiled or scrambled) with cheese on wholegrain toast



Cashew or almond nut spread on wholegrain toast



Oats with milk or milk alternatives, topped with nuts and seeds



Savoury oats with egg and a dash of soy sauce



Millet or quinoa porridge with peanuts, tofu or minced meat

Supporting transnational families in need

Ineligible for government healthcare subsidies, vulnerable transnational families in Singapore often struggle to get the medical help they need. Through its Transnationals Support Programme, the Mount Alvernia Outreach Team is bridging this gap with heart, hope and hands-on support. Here, we spotlight two families whose lives took a turn for the better after receiving such support.

Aiko's story: From anxiety to joy

When 33-year-old Aiko Labao Chee found out she was pregnant again in 2024, she was overwhelmed, with both joy and worry. A Filipino national living in Singapore on a Long-Term Visit Pass, Aiko is not permitted to work. Her husband, Mr Chee, a 53-year-old night-shift taxi driver, is the sole breadwinner for the family of three, which also includes Callie, their 4-year-old daughter. His income was barely enough to cover household expenses and bank loan repayments, let alone the cost of childbirth.



From left: Mr Chee, Callie, Aiko with Baby Cassie, Ms Anthea Neo (assistant director, outreach, MAH), and Ms Yang Yuzi (executive, outreach, MAH).

Aiko initially sought prenatal care at KK Women's and Children's Hospital (KKH) but was told that she did not qualify for government subsidies. With mounting medical bills and nowhere to turn, her medical social worker at KKH reached out to SCCFSC's The Inclusive Fund (TIF), which supports transnational families facing difficulties. TIF then referred the case to the Mount Alvernia Outreach Team.

The Outreach Team immediately arranged for Aiko to be seen by Dr Adrian Tan, an obstetrician and gynaecologist at Mount Alvernia Hospital (MAH). As part of the transnationals support programme, Dr Tan generously waived all consultation and delivery fees.

Just days before her delivery due date, Aiko experienced bleeding and was rushed to the hospital.

On 7 January 2025, Aiko gave birth to Baby Cassie. However, Cassie had breathing difficulties and had to be admitted to the neonatal intensive care unit (NICU). Paediatrician Dr Terence Tan stepped in to manage Cassie's care.

Thanks to timely intervention, both mother and baby recovered well and were discharged safely. Today, Cassie is a thriving infant, and Aiko beams with gratitude.

“ We were blessed to have received help from the Outreach Team and the doctors at Mount Alvernia. Without them, I don't know how we could have covered Cassie's delivery and NICU fees. ”

– Aiko Labao Chee

Naasir's story: When one surgery meant a new start

For eight-year-old Naasir, what started as a congenital condition gradually developed into a source of chronic pain. Diagnosed with an inguinal hernia at birth, his condition worsened over the years. By 2024, the pain had become unbearable, and surgery was recommended.

However, there was a complication. Born before his Singaporean father and Filipino mother registered their marriage, Naasir was not recognised as a Singapore citizen. Instead, he held a Student Pass, and being a non-citizen, he had no access to government subsidies.

The family's finances were stretched thin. Mr Sahabdeen, Naasir's father, was unable to work due to chronic health issues. His mother, Mdm Maria, supported the household of five, which includes Naasir's two young siblings, as a hotel housekeeper.

Their case was brought to the attention of TIF by AWWA, a social service agency. Recognising the urgent need, TIF approached the Mount Alvernia Outreach Team for help.

The Outreach Team facilitated a consultation with Dr Sim Chiang Khi, a paediatric surgeon at MAH. Dr Sim kindly waived his consultation and procedure fees, while the Outreach Team covered the diagnostics and hospitalisation charges.

In December 2024, Naasir underwent successful hernia repair surgery.



“Naasir is now back to his usual active and happy self! We are very grateful to the Outreach Team and Dr Sim for making this possible.”

– Mdm Maria

About the Transnationals Support Programme

Who are transnational families?

Transnational families are those formed through the marriage of a Singapore citizen and a non-resident spouse. Foreign spouses and their children born overseas sometimes face challenges obtaining citizenship, leaving them reliant on a Long-Term Visit Pass or Student Pass to live in Singapore. Without citizenship, they are ineligible for any government healthcare subsidies, placing immense pressure on financially struggling transnational households when medical care is required.

How does the Mount Alvernia Outreach Team help?

The Outreach Team runs a hospital-based support programme for financially struggling transnational families referred by social service agencies. This support includes maternity assistance for expectant transnational mothers for their prenatal and childbirth needs; diagnostic services for undiagnosed health symptoms that impact daily life; and non-complex surgeries such as cataract removal and hernia repair.

In 2024, the Outreach Team
offered financial assistance to
36 transnational families.



Mount Alvernia Outreach brings nursing and dietetics knowledge to rural Cambodia

After a four-year pause, the Mount Alvernia Outreach Team resumed its annual training mission to Cambodia, equipping local healthcare workers with vital skills in neonatal resuscitation and maternal and child nutrition.

In November 2024, the Mount Alvernia Outreach Team embarked on a meaningful mission to Kampong Chhnang, a rural province in Cambodia. Organised in partnership with the Water and Healthcare Foundation (WAH), a non-governmental organisation dedicated to improving healthcare in rural communities, this mission aimed to address two crucial healthcare gaps—neonatal resuscitation training and maternal and child nutrition education.

This trip marks the first time since 2020 that the Outreach Team has conducted its annual Cambodia training programme, which began in 2017 but was temporarily halted due to the COVID-19 pandemic. With a team of three nurses and two dietitians from Mount Alvernia Hospital (MAH), the programme was designed as a “Train the Trainer” workshop, ensuring that local midwives, doctors, and healthcare workers could pass on their knowledge to others.

Training to save newborn lives

A key focus of the mission was neonatal resuscitation training, led by assistant director of nursing Ms Adeline Kooh.



Cambodia healthcare workers attentively engaged as the workshop begins.

Over two days, more than 30 healthcare workers participated in hands-on sessions that simulated real-life birth complications, allowing them to practise life-saving interventions.



Ms Adeline Kooh (right) demonstrating neonatal resuscitation techniques.

Ms Kooh shared, “It was important to ensure that they understood the theory and rationale behind performing resuscitation on newborns during such a crucial time. So we had to go slowly to allow the translator to interpret into Khmer.”

“The participants demonstrated their skills during the hands-on practical session, applying different scenarios based on their working environment. This allowed us to assess their level of understanding and reinforce any areas they missed,” she added.



Ms Tan Shiling sharing a healthy recipe as part of the training session.

Enhancing maternal and child nutrition

In a separate session, dietitians Ms Tan Shiling and Ms Aileen Ling shared with participants essential information on maternal and child nutrition. Covering topics such as antenatal nutrition, breastfeeding, and dietary needs for infants and young children, the session aimed to empower local healthcare workers to improve nutritional outcomes in their communities.

Recognising the challenges of language barriers, the dietitians quickly adapted their materials by incorporating more visuals and local references. They even visited the local market to photograph familiar ingredients, making the lessons more relatable and practical.



Dietitians at the local market capturing photos of local ingredients to make their training more relatable.

By the end of the session, participants expressed appreciation for the newfound knowledge, which they could immediately apply in their daily work. “We were glad to share our expertise and contribute to better nutrition for mothers and children,” said Ms Tan.

A community eager to learn

The dedication of the Cambodian healthcare workers left a lasting impression on the MAH team. Training sessions exceeded capacity, with participants arriving as early as 6am — two hours before the scheduled start time — to ensure they did not miss a single moment of learning.

“Their positive learning attitude was truly amazing,” Ms Kooh reflected. “It reaffirmed the purpose of our trip and showed us how much this knowledge was needed.”



The MAH team with Cambodian healthcare professionals and workers.

A continuing commitment

Encouraged by the positive impact of this visit, the Outreach Team intends to reinstate this annual initiative, and continue working closely with WAH to ensure future training topics remain relevant to the evolving needs of the community.

“ This collaboration reflects our commitment to sharing our expertise beyond borders and serving communities where the needs are greatest. What we bring may be knowledge and skills, but what we receive in return — their warmth, resilience and drive to learn — is just as powerful. ”

– Ms Han May Ching, Director, Corporate Development and Human Resources

Home-based flu shots for CPAS alumni



Ms Low Kar Yin with CPAS Alumni member Mr Jireh Chua.

For the first time, the Mount Alvernia Outreach Team brought flu vaccinations directly to the homes of Cerebral Palsy Alliance Singapore (CPAS) Alumni members, most of whom are adults with cerebral palsy and multiple disabilities who face significant mobility challenges.

The Outreach Team has long partnered CPAS to provide free flu vaccinations on-site at the CPAS premises. This year, CPAS requested that the Outreach Team extend the programme to include their Alumni members who have yet to be vaccinated. As transporting these members to and from CPAS would require specialised arrangements beyond CPAS' budget, the Outreach Team decided to bring the vaccinations to them instead.

Over two sessions, the Outreach Team visited seven homes and successfully vaccinated eight CPAS Alumni members. Caregivers were thankful for the convenience this exercise brought.

"This is the first time we've done a home-based vaccination exercise," shared Ms Low Kar Yin, senior executive of the Outreach team and key coordinator of this initiative. "Despite the coordination and logistical challenges, we're glad it all went smoothly."

Ms Yurnita Bte Omar from CPAS added, "Our Alumni members face transportation challenges for their health routines, but Mount Alvernia made it possible by having the vaccinations done at their homes. Thank you for going the extra mile!"

Encouraged by the positive feedback, the Outreach Team is now exploring home-based vaccinations as an ongoing option for Persons with Disabilities with mobility issues.



Ms Daphne Beh from the Mount Alvernia Outreach Medical Clinic with CPAS Alumni member Mr Aloysius Gan.

“ Our Alumni members face transportation challenges for their health routines, but Mount Alvernia made it possible by having the vaccinations done at their homes. Thank you for going the extra mile! ”

– Ms Yurnita Bte Omar, CPAS



Contact outreach@mtalvernia.sg to find out more about Mount Alvernia Hospital's outreach programmes.



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What is NESt?

NESt is a unique workshop combining dietetics and occupational therapy to address common aging issues. Through this workshop, seniors are empowered to make healthy food choices and engage in hobbies and social interaction. This helps to improve self-esteem and quality of life.

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Mount Alvernia Hospital Long Service Awards 2024



MAH's founding Sisters, executive management team and colleagues gathered to celebrate 154 employees at its annual Long Service Awards Presentation Ceremony.

Mount Alvernia Hospital (MAH) honoured 154 staff members at its Long Service Awards 2024 Presentation Ceremony, recognising their dedication to the hospital. Staff with service tenures ranging from five to 50 years were celebrated for their commitment to the hospital's mission.

The ceremony, held on 14 January 2025 at the hospital and streamed online for all employees, included cash rewards for all recipients. As a tribute to their longstanding contributions, employees marking 50 years of service received a specially commissioned medallion from Singapore Mint, crafted from 999 fine silver and with their names engraved.



The ceremony was also broadcast online for all employees.

Congratulations

to all award recipients
for their unwavering
commitment and hard work!

Below is the full list of recipients.



Mdm Koay Kean Cheng served a remarkable 50 years at MAH.

50 Years

Koay Kean Cheng, Bed and Surgical Booking
Tan Hoe Tin, Housekeeping

Neo Cheok Guan, Finance
Nordiana Binte Abdul Kader, Operating Theatre
Tee Siok Hui Margaret, Rehabilitation Centre

45 Years

Kee Muar Choon, 24-Hr Urgent Care Centre
Lovambal D/O Rajoo, St Nicholas Ward

20 Years

Loong Siew Foong, Diagnostic Imaging
William Francis De Jesus Pontilla, Operating Theatre
Poh Mun See Amelia, Neo Natal Intensive Care Unit
Lim Di-Yi Phyllis, Retail Pharmacy
Thow Mei Kuen, Rehabilitation Centre
Agnes Maria Dass, Day Ward
Trinidad Marydel Arcilla, St Nicholas Ward

40 Years

Theresa Toh Wai Keng, Front Office
Narayani D/O Sankunni Nair, Delivery Suite
Anusia Devi D/O Nagaiyan, Our Lady Ward
Jerome Rosalind G., St Raphael Ward

15 Years

Mary Joy Araboy Amita, St Dominic Ward
Ana Liza Emerenciana Fernandez, Our Lady Ward
Yuen Liyi Magdalene, 24-Hr Urgent Care Centre
Chuang Keng Suan, Food & Beverages
Kopila Rana, St Francis Ward
Chen Mei Yun, Food & Beverages
Lim Ah Tuan, Food & Beverages
Sim Meiyun Amanda, St Michael Ward
Fernandez Alfonso Maiquilla, Central Sterile Services
Jamilah Binte S H Mohd Ismail, Business Office
Tay Sui Huay Grace, Pharmacy
Mceune Mee Lin, Nursing Administration
Rafiah Binte Raimi, St Gabriel Ward
Nang Mya Thein, Delivery Suite

35 Years

Lek Lee Chu, Business Office
Mohamed Bajuri Samani, Food & Beverages

30 Years

Ho Leng Chuan, Medical Records Office
Victness S/O Ayasamy, Operating Theatre

25 Years

Krishna Veny A/P M Sinnamuthu, St Raphael Ward
Munisvary D/O Gopal, 24-Hr Urgent Care Centre
Zaiton Hamzah, Central Sterile Services
Low Oi Fong, Diagnostic Imaging
Lee Eng, Food & Beverages

10 Years

Sein Zargi Nywe, Operating Theatre
Nur Melawati Binte Kamar Zaman, St Francis Ward
Jao Earn Cris Quintana, Operating Theatre
Nan Pyone Mya Soe, Cardio-Vascular Laboratory

PEOPLE

Chiu Hock Ann Eddie, Facilities Management
Raginder Singh S/O Gurdit Singh, Security
Yong Sow Kham, Business Office
Lee Yee Ling Geraldine Victoria, St Nicholas Ward
Boon Soon Pen, Food & Beverages
Suriah Binte Samsuri, Business Office
Koay Kean Theam, Food & Beverages
Lum Mei Jun, Business Office
Wee Gek Hong Juliet, Neo Natal Intensive Care Unit
See Hock Fah, Materials Management
Zheng Jie, Rehabilitation Centre
Tan Gek Hiok, Nursing Administration
Chua Chin Boh, Security
Kartikawani Binti Asmawi, Delivery Suite
Saraswathy A/P Ponusamy, Food & Beverages
Leones Jhon Christopher Ranada, Facilities Management
Ngang Phaik Kiang, Food & Beverages
Leow Yufen Dorinda, Diagnostic Imaging
Saraniah D/O Elavalahan, Our Lady Ward
Wang Soon Juan, Operating Theatre
Yang Sze Ting Christine, St Raphael Ward
Gonzales Luis Sia, Operating Theatre
Chen Yaqing, Day Ward
Chang Fa Shing, Food & Beverages
Karen Poon Mui Hon, Mission
Lee Lucksmie Arroyo, Medical Records Office
Espineli Marinel Animas, St Gabriel Ward
Rajan Bhattarai, Food & Beverages
Siti Aishah Binte Khamis, Diagnostic Imaging
Magcalayo Rolando Ymana, 24-Hr Urgent Care Centre
Ganeswari Apparow, Pharmacy
Dolor Melicca Soliven, St Raphael Ward
Wang Qian, St Nicholas Ward
Siti Radiah Binte Kamis, Laboratory
Elisabeth Ng Siok Peng, Mission

5 Years

Nur Shabrena Binte Mohamed Shah, Retail Pharmacy
Mohd Sobrie Bin Ahmad Suhaimi, Operating Theatre
Liu Zhaolin, 24-Hr Urgent Care Centre
Kee Pei Ling, Our Lady Ward
Venkatesan Durga Devi, Intensive Care Unit
Mohamad Fakhrol Radzi Bin Mohamad Redzuan, Endoscopy Centre
Gus Teoh Liang Peng, Operations Administration
Goh Si Li, Business Office
Ashwini D/O Sathian, St Dominic Ward
Sherle Thandayuthabany, Operating Theatre
Vemala Baskaran, Delivery Suite
Manoharan Joseph Prasath, Operating Theatre
Manoharan Leo Nathaniel, Operating Theatre
Kanageswari Appanna, St Gabriel Ward
Samraj Usha Beula Merlin Usha, Intensive Care Unit
Ivy Tan Siew Lian, Nursing Administration
Voon Jan Ching, Our Lady Ward
Jenny Ling Siew Fong, St Michael Ward

Chong Chwee Ling, Operating Theatre
Chong Nget Yun, Intensive Care Unit
Koh Mei Nah, Finance
Samjhana Subedi, Food & Beverages
Ho Chue Ee, Delivery Suite
Kavishni Nair M Vijayan, St Michael Ward
Siti Nur Ain Binti Razali, Endoscopy Centre
Julianti Binte Mohd Wadi, Central Sterile Services
Mery The, Tenancy Management
Tan Teng Yao, Clinical Support Administration
Hashreene Priyaghandhi Ramachandran, St Francis Ward
Chong Voon Lee Genevieve, Clinical Support Administration
Tan Li Yen Sandra, St Francis Ward
Lai Zit Hua, Food & Beverages
Margrate Anpalakan, St Gabriel Ward
Hioe Yohanes Ratna Dewi, Technology Applications
Zalifah Binte Mohamed Jasmin, Laboratory
Ong Peishan, Housekeeping
Thatchayani D/O Ravindren, Our Lady Ward
Kwan Shuk Hang, St Francis Ward
Mohammed Bin Mohamed Yusoof, 24-Hr Urgent Care Centre
Arnez Binti Kasman, Front Office
Egna Ejan, St Dominic Ward
Nur Rahilla Binte Abdul Rahman, Health Screening Centre
Chin Pui Ting, Intensive Care Unit
Joey Choa Jia Yi, Operating Theatre
Tee Mei Fon Nancy, Our Lady Ward
Kathley Anne Luistro Acebedo, Our Lady Ward
Seow Gek Ching, 24-Hr Urgent Care Centre
Husnur Qayyimah Binte Hussin, Laboratory
Nur Tiara Nadirah Binte Yusof, Health Screening Centre
Concepcion Areane Monica Noda, Operating Theatre
Lee Ruiting, Felicia, Rehabilitation Centre
Yun Suhyun, Our Lady Ward
Tan Zhen Chang, Front Office
Chua Sook Mei, Endoscopy Centre
Joshua Leet Hwy-En, 24-Hr Urgent Care Centre
Yogesh Gopal, St Francis Ward
Rubbini D/O Ganesan, St Michael Ward
Chan Zhi Wei, Technology Applications
Thacaini Vasudevon, St Michael Ward
Bulanhagui Krizia Kristina Abrea, St Michael Ward
Farhanah Binte Mohamad Kassim, Medical Records Office
Solis Khaira Aliyah Santos, Day Ward
Grace Su Hie Yee, Our Lady Ward
Cristobal Richelle Lyn Rivamonte, Diagnostic Imaging
Chua Eng Hock, Technology & Strategy
Mok Mun Chung, Mervyn, Pharmacy
Sai Myo Tint, Central Sterile Services
Andromeda Anak Kobok, Delivery Suite
Sabariah Binti Saeit, Delivery Suite
Tan Wen Jue, Operating Theatre
Lee Joanne, Rehabilitation Centre
Joyce Megdalene Malanda, Delivery Suite
Krystle Thian Nyuk Ying, Operating Theatre
Zen San Mang, 24-Hr Urgent Care Centre

Long Service Award recipients share their thoughts

Several of this year's Long Service Award recipients reflect on their journey with the hospital, sharing what makes their work meaningful and special to them.



Theresa Toh Wai Keng

Senior Service Officer, Front Office

“Mount Alvernia Hospital is truly an incredible place for me to grow and enhance my knowledge. Over the past 40 years, I have created countless memories and meaningful friendships. I am deeply grateful for the unwavering support and opportunity to make a positive impact in people's lives.”

Tee Siok Hui Margaret

Patient Service Officer, Rehabilitation Centre

“25 years ago, I walked through the Rehabilitation Centre doors as a new staff, and it has been my home ever since where I've found amazing colleagues. Watching our patients grow and progress over the years fills me with so much joy. There's nothing more rewarding than seeing them take those first steps towards recovery.”



Rajan Bhattarai

Senior Sous Chef

“After over a decade in the kitchen, what I enjoy most is knowing that the meals I prepare aren't just food – they are part of someone's healing. Every dish is served with care. It is humbling to think that in my own small way, I am contributing to someone's recovery. There is a unique satisfaction in helping people feel better, through a comforting meal.”



Nur Shabrena Binte Mohamed Shah

Pharmacy Technician

“It is the everyday moments that matter most to me. It's not just about medication. Every prescription filled is actually a step towards healing, and every patient served is a reminder of the true purpose of my work.”



Meet the new specialists at Mount Alvernia Hospital

Mount Alvernia Hospital is delighted to introduce 11 new specialist doctors who have recently joined the hospital. With their diverse expertise across a range of specialties, they further enhance the hospital's commitment to delivering quality, compassionate care. Let's extend a warm welcome to them as they embark on their journey with Mount Alvernia to serve all with love!



**Dr Diana
Chan Xin Hui**

The Pain Clinic

Dr Diana Chan is a specialist in anaesthesiology and pain medicine. After receiving her Master of Medicine (Anaesthesiology) in 2013, she pursued her pain medicine fellowship training in Sir Charles Gairdner Hospital, Western Australia, and concurrently completed her Masters of Clinical Investigation in 2016. During her fellowship, she was trained in both multidisciplinary pain management and advanced interventional pain medicine, as well as women's and children's pain management.

Dr Chan currently holds the Fellow of Interventional Pain Practice (FIPP) certificate, a European Diploma of Regional Anaesthesia and Graduate Diploma in Acupuncture.

Prior to joining private practice, Dr Chan was a senior consultant and head of the department of pain medicine in the division of anaesthesiology at the Singapore General Hospital. She also founded the SingHealth Duke-NUS Pain Centre.



**Dr Choo
Chuan Gee**

The Respiratory
Practice Lung.Asthma.
Cough.Allergy

Dr Choo Chuan Gee is a specialist in respiratory medicine and internal medicine. He received his Bachelor of Medicine and Bachelor of Surgery from UK in 2000 and membership of the Royal College of Physicians (UK) in 2004. He then obtained his Certificate of Completion of Training, UK in 2010.

Prior to joining private practice, Dr Choo was a senior consultant and head of the division of respiratory medicine at Ng Teng Fong General Hospital (NTFGH). As the chairperson of the NTFGH Endocentre Committee, he has led the development of advanced diagnostic endoscopy procedures at the hospital.

Besides clinical work, Dr Choo is also active in academia and medical training. He is a senior clinical lecturer at the National University of Singapore's Yong Loo Lin School of Medicine.



**Dr Ivan Chua
Tjun Huat**

Orthopaedics
International

Dr Ivan Chua graduated from the National University of Singapore in 2003 and completed his training in orthopaedic surgery in 2013. He was awarded the AO Trauma fellowship in computer-assisted trauma surgery in 2014, and completed a one-year fellowship (HMDP) in orthopaedic trauma surgery thereafter in Foothills Hospital, University of Calgary, Alberta.

Dr Chua was the former head of orthopaedic trauma service in Tan Tock Seng Hospital (TTSH). He is currently an adjunct assistant professor with Lee Kong Chian School of Medicine, and a visiting consultant to TTSH, Khoo Teck Puat Hospital and Woodlands Health Campus. He chairs the Singapore Orthopaedic Trauma Society and the Fragility Fracture Network Singapore.

Dr Chua's key subspecialty interests include trauma and sports injuries, robotic and computer-assisted joint replacement, orthogeriatrics, osteoporosis and bone health, and limb and joint deformity reconstruction.



**Dr Lee
Chuen Peng**

The Respiratory
Practice Lung.Asthma.
Cough.Allergy

Dr Lee Chuen Peng is a pulmonologist, intensivist, and sleep physician. He specialises in respiratory medicine and intensive care medicine, with special interests in sleep medicine, lung nodules, endobronchial ultrasound and navigational bronchoscopy.

After receiving his accreditation as a specialist in respiratory medicine in 2015 and intensive care medicine in 2016, Dr Lee pursued a sleep medicine scholarship at the Stanford Sleep Centre, and completed a Master of Sleep Medicine from the University of Sydney. He is a certified sleep disorders specialist and somnologist, the first Singaporean to achieve this recognition. He is also the first Singaporean fellow of the American Academy of Sleep Medicine.

Dr Lee established an independent Sleep Laboratory and Integrated Sleep Service at Tan Tock Seng Hospital, and chaired the National Healthcare Group Sleep Workgroup.



**Dr Daniel Lee
Jin Keat**

Colorectal Clinic
Associates

Dr Daniel Lee graduated from the University of Putra Malaysia in 2004 and completed his surgical training in Singapore, becoming a fellow of the Royal College of Surgeons of Edinburgh in 2015. He then pursued dual fellowships in the UK, specialising in advanced rectal cancer surgery at St James's University Hospital, Leeds, and surgical trauma at the Royal London Hospital.

He previously served as a consultant surgeon and later as head of colorectal surgery at Khoo Teck Puat Hospital. His expertise includes complex rectal cancer surgery, exenteration and minimally invasive colorectal procedure. He was also the surgical lead for the Geriatric Surgical Service, where he focused on enhancing perioperative care for older patients.

Dr Lee has received multiple awards for his contributions to surgical care and medical training, and his work has been recognised internationally.

DOCTORS



**Dr Sheldon
Lee Shao
Guang**

Orchard Heart
Specialist Clinic

With over 20 years of clinical experience, cardiologist Dr Sheldon Lee specialises in the management of cardiovascular conditions and cardiac imaging. His subspecialties are heart failure management, and non-invasive cardiac imaging and cardiac magnetic resonance imaging.

After graduating from the National University of Singapore in 2003, Dr Lee received his specialist accreditation in cardiology in 2013. Thereafter, he completed fellowships in advanced heart failure management at St Vincent's Hospital, Australia, and cardiac magnetic resonance imaging in the Royal Brompton Hospital, London.

Prior to joining private practice, Dr Lee served as a senior consultant cardiologist and director of the heart failure programme at Changi General Hospital. He is currently a council member of the Heart Failure Society (Singapore), and a fellow of the ASEAN College of Cardiology.



**Dr Pang
Yu Zhi**

KK Queck Neurology
Centre

Dr Pang Yu Zhi, a consultant neurologist, completed his medical training at the National University of Malaysia in 2009. He earned his Master of Medicine of Internal Medicine from the National University of Singapore, and became a member of the Royal College of Physicians (United Kingdom) in 2014. He completed his specialist training in neurology at the National Neuroscience Institute in 2019 where he received the Outstanding Resident Award for excellence in patient care.

Previously, Dr Pang served at the Singapore General Hospital, Changi General Hospital, and Sengkang General Hospital. His expertise includes general neurology, stroke, headache management and neurophysiology, with active involvement in hyperacute stroke services. Now in private practice, he remains committed to delivering optimal care for neurology patients with dedication and excellence.



**Dr Jeffrey Tan
Gek Meng**

Island Orthopaedics

Dr Jeffrey Tan is a consultant orthopaedic surgeon who joined Island Orthopaedics in November 2024. He graduated with an MBBS from the National University of Singapore and obtained his postgraduate qualification from the Royal College of Surgeons (Edinburgh).

Dr Tan specialises in lower limb reconstruction and trauma, with a particular focus on foot and ankle surgery. He treats a myriad of conditions, including lower limb sports injuries, tendon disorders, flat feet, bunions, arthritis, foot and ankle trauma, complex deformity correction, and various diabetic foot conditions. He also manages major bone fractures, as well as osteoporotic fractures.

At Khoo Teck Puat Hospital, Dr Tan was the chair of its wound committee from 2011 to 2017, the associate programme director for the Orthopaedic Surgery Residency Programme, and an active member of its multidisciplinary diabetic limb salvage programme.



**Dr Tan
Teck Choon**

Elim Rheumatic
Centre (Alvernia)

Dr Tan Teck Choon is a rheumatologist with more than 20 years' experience. His expertise lies in musculoskeletal ultrasound and serological assessment of autoimmune diseases, and the treatment of gout and inflammatory myopathies. He also has clinical interests in immunology, and is adept at the evaluation and management of allergies, urticaria, angioedema and immunodeficiencies.

Dr Tan was the founder and former head of the rheumatology, allergy and immunology division at Khoo Teck Puat Hospital (KTPH). He currently serves as the chair of the Section of Clinical Immunologists & Allergists, Academy of Medicine, Singapore.

Dr Tan's achievements include the introduction of a novel autoantibody assay test for the identification of inflammatory myopathies, which has become the standard of care; and establishing a gout service at the Admiralty Medical Centre at KTPH.



**Dr Marcus
Tan Wee Lun**

Garden Grove Clinic

Dr Marcus Tan has been practising psychiatry for nearly two decades. He is experienced in all areas of general psychiatry, with particular clinical interests in both uni- and bipolar mood disorders, anxiety disorders, obsessive-compulsive disorder, trauma-related conditions, attention-deficit hyperactivity disorder, and behavioural challenges in autism spectrum disorder. He also manages insomnia, and has a special interest in military psychiatry.

Before joining Garden Grove Clinic, Dr Tan was the co-founder of Nobel Psychological Wellness Clinic, where he practised for 15 years.

Known for his empathetic care and compassionate approach, Dr Tan is committed to creating a supportive environment where patients feel empowered to achieve their goals. He is a strong advocate of exercise, lifestyle practices, and psychotherapy. In his free time, he enjoys running, baking, and reading.



**Dr Terry Teo
Hong Lee**

Shoulder Elbow
Orthopaedic Clinic
(Alvernia)

Dr Terry Teo, an orthopaedic surgeon with a focus on spine health and surgery, is experienced in minimally invasive techniques, robotic-assisted procedures, and advanced spinal instrumentation. His key areas of expertise also include managing degenerative spine conditions and deformities, spinal injuries, and performing endoscopic and disc replacements.

After obtaining his Master of Medicine in Orthopaedic Surgery from the National University of Singapore, Dr Teo completed a clinical fellowship in spine surgery at Spine Ortho Clinic in Melbourne, Australia. He is a fellow of the Royal College of Surgeons of Edinburgh, and a member of the Royal College of Surgeons in Ireland.

Dr Teo previously served as the director of Spine Service and site chief of SingHealth Duke-NUS Spine Centre at Changi General Hospital. He is currently a clinical assistant professor at Duke-NUS Medical School.

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