

my Alvernia

Inspiring Healthy Living | Issue 56



Special Feature: UCCs

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Meet the new specialists at Mount Alvernia Hospital

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As we approach the final quarter of 2025, I am pleased to share with you the latest updates and developments at Mount Alvernia Hospital in this issue of *myAlvernia*.

This issue shines a spotlight on a healthcare service that many in the community may not be familiar with – the Urgent Care Centre (UCC). We take the opportunity to explain what a UCC is, how it differs from emergency departments in the restructured hospitals, and the types of conditions that are best suited for treatment in a UCC. By understanding this distinction, patients and families can seek the right care at the right time, often more efficiently and effectively. We also hear from one of our specialists heading Mount Alvernia's very own UCC, who shares valuable insights from the frontline.

A notable initiative was our first "Bring Your Child to Work Day", which offered children of our staff an engaging and educational glimpse into the healthcare world, and the meaningful work their parents do each day.

On the community outreach front, our Outreach Team continues to live out our mission of serving the marginalised through our Outreach Clinics and transnationals support programme. This quarter, in collaboration with SPD, we took steps to make dental checks and treatments more accessible to beneficiaries with mobility challenges. By arranging transportation and reserving dedicated slots for SPD beneficiaries at our Outreach Dental Clinic, we helped ensure that their oral health is not neglected, despite the challenges they face.

Looking ahead, I am excited to share that Mount Alvernia will soon open a dedicated mental health ward in the fourth quarter. As part of the Alvernia Psychological Health Centre, this marks a significant step forward in our commitment to mental health. With these initiatives, we aim to provide more integrated and holistic care to this important sector with growing needs.

As we enter the final stretch of the year, I would like to wish each of you continued good health, peace and happiness.

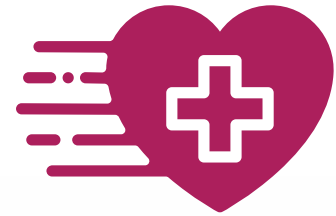
1 August was a special day for us as we celebrated Nurses' Day. Each year, we pay tribute to the extraordinary dedication of our nurses, who embody our hospital's mission and values in their daily care for patients. I am also proud to extend my warmest congratulations to our MOH Nurses' Merit Award winner, Sister Kelly Thian, nurse manager, Operating Theatre. Her quiet leadership, constant commitment to advancing nursing care, and her role as a mentor to her colleagues truly exemplify the best of the nursing profession.

This is also a good moment to share about our Sports and Recreation Club. Behind the scene, the team works tirelessly to plan activities that help staff maintain a healthy work-life balance. From health-related initiatives to social events, their efforts foster community spirit and wellbeing among our staff.



God bless.

Dr James Lam Kian Ming
CEO, Mount Alvernia Hospital



Know where to go: Why a UCC might be your best option

For medical conditions that are urgent but aren't life-threatening, going to the Urgent Care Centre is the most convenient way to get treatment.

For many, when an illness or injury seems more serious than usual, heading straight to the Emergency Department (ED) may seem like the most sensible course of action.

In other words, a UCC functions as an alternative to crowded EDs, and bridges the gap between primary care and emergency care, providing timely, accessible, and cost-effective treatment.

But what is considered as 'serious'? And is there a more efficient way to see a doctor without waiting for hours at the ED?







This is where an Urgent Care Centre (UCC) can help.

What is a UCC and why does it matter?

A UCC provides 24-hour immediate medical attention. But unlike an ED, it is meant for illnesses or injuries that need prompt care but are not life-threatening.



GP clinic vs UCC vs ED: What's the difference?

Feature	GP Clinic	Urgent Care Centre	Emergency Department
 Operating Hours	Office or extended hours	24 hours	24 hours
 Walk-in Availability	Varies	Always	Always
 Staff	GP, clinic nurse / assistant	Doctors and nurses trained in urgent and emergency care	Emergency physicians and nurses
 Diagnostic Equipment	Limited	Full access to comprehensive diagnostic services, including 24/7 laboratory testing, CT scans, MRI, X-ray, ECG and ultrasound	Full access to comprehensive diagnostic services, including 24/7 laboratory testing, CT scans, MRI, X-ray, ECG and ultrasound
 Conditions Treated	Mild, routine	Moderate, urgent	Severe, life-threatening
 Wait Time	Varies	30 to 60 minutes	Hours (if not critical)

Functions of a UCC

A UCC is equipped to manage a wide range of acute medical conditions, including:

- Minor fractures and sprains
- Minor head injuries
- Minor burns
- Minor wounds requiring closure using glue or stitches
- Non-life-threatening infections
- Mild to moderate asthma attacks
- Mild allergic reactions

Services at a UCC go beyond the standard General Practitioner (GP) clinic. These include:

- 24-hour walk-in consultations
- On-site diagnostic services (electrocardiogram, radiology and laboratory)
- Minor surgical procedures (e.g. wound closure, abscess drainage, foreign body removal)
- Intravenous medications and fluids
- Short-term observation




- Referral to specialists or hospital admission if needed
- Follow-up care for selected cases

UCCs are also equipped with facilities similar to those at EDs, such as:

- Radiology (e.g. X-rays, scans)
- Laboratory (for urgent blood and urine tests)
- Resuscitation equipment
- Observation beds for short-term monitoring
- Emergency medications and intravenous therapy



What UCCs are not

-  **UCCs are NOT Emergency Departments**
UCCs are designed to manage urgent but non-life-threatening conditions, while EDs handle critically ill patients.
-  **UCCs are NOT extended-hour General Practitioner clinics**
UCCs are staffed by doctors and nurses trained in urgent and emergency care, and are equipped with diagnostic and treatment facilities not typically found in GP clinics.
-  **UCCs are NOT meant for routine follow-ups or chronic disease management**
UCCs focus on one-off, acute care. For ongoing management of chronic conditions, patients should see their regular GP or specialist.

Why should I go to a UCC?



Shorter wait times than EDs

UCCs are designed for efficiency, with significantly shorter waiting times.



Open 24/7, walk-ins accepted

Round-the-clock access means patients can receive urgent care at any time, day or night, without needing an appointment.



More diagnostic capabilities than regular GP clinics

With on-site X-rays, scans and laboratory tests, UCCs can diagnose and treat conditions that are beyond the scope of most GP clinics.

What to expect during a visit to a UCC?

UCCs are designed to be efficient, ensuring timely attention for urgent, non-life-threatening concerns.

Upon arrival:

- 1 Registration**
- 2 Triage**
A nurse checks vital signs, and gathers essential information to prioritise care based on urgency.
- 3 Doctor Consultation**
A doctor takes additional history, conducts a thorough examination, and determines the best course of action based on the findings. This might involve on-site diagnostic tests like X-rays or blood tests, leveraging the UCC's enhanced capabilities.
- 4 Treatment**
Appropriate treatment, which may include medication, minor procedures or short-term observation, is administered based on the diagnosis.
- 5 Discharge/Referral**
The patient may be discharged, referred to a specialist, or admitted if needed.



Mount Alvernia Hospital's 24-Hr Urgent Care Centre is manned by a team of experienced doctors and trained nurses, and supported by on-call specialists for your urgent medical and surgical needs. Call 6347 6210 to learn more.



Tip: To facilitate a smooth visit, it is advisable to bring one's NRIC/identification, a list of current medications, and any relevant previous medical reports or imaging results.

A doctor's perspective on urgent care



Dr Oh Jen Jen, Head and Consultant at Mount Alvernia Hospital's 24-hour Urgent Care Centre (UCC), shares what drives her, and why UCCs matter.

Q. What do you find most meaningful about your work?

Dr Oh: Making the right diagnosis within a very short timeframe can be a stressful process, but I find it very rewarding, and it is what inspired me to specialise in emergency medicine.

In an acute care setting, every patient who walks through our doors is different, and you never know what to expect. I enjoy the challenge of being a "detective" – looking for clues in the patient's history and physical examination to guide my management.

When I am able to resolve patients' problems and help them recover, it gives me a great sense of purpose.

Q. Can you share a few examples that demonstrate the value of a UCC?

Dr Oh: One group of patients we see regularly are those with persistent or worsening symptoms, but whose appointments at restructured hospitals are weeks or even months away. Their symptoms are however not serious enough at first glance to warrant immediate hospital admission.

After assessing them and running the necessary tests at our UCC, quite a few turned out to have diagnoses that required urgent or emergency treatment, for instance, heart attack, cancer, kidney failure, or blood clots in their veins or arteries.

Many patients, especially elderly individuals and parents with infants or young children, are also mindful of the longer waiting times often experienced at restructured hospital emergency departments (EDs). I have encountered many from these demographic groups coming to our UCC, where much shorter wait times allow us to expedite their consultation, investigation, treatment, and admission if needed.

Q. What is one thing you wish more people knew about urgent care?

Dr Oh: I think many people still aren't fully aware of what UCCs offer, or how we fit into the larger healthcare landscape.

UCCs provide medical attention for conditions that are not life-threatening or severe enough to warrant a visit to the ED, but still require timely treatment. We help bridge the gap between primary care and emergency care by providing convenient access to laboratory tests, radiology services, basic procedures, and when needed, specialist care, for conditions that warrant attention within 24 hours.

What's also important is that when patients with non-critical issues choose to visit a UCC first instead of heading straight to an ED, they help ensure that EDs are not overloaded and can deliver care to those who really need it. If a patient at our centre does require emergency care, a referral to an ED can be arranged.

Ultimately, I hope more people can view UCCs not as a secondary option, but as a first stop when seeking prompt medical care that does not require an ED.

Celebrating Nurses' Day 2025



Mount Alvernia Hospital celebrated Nurses' Day 2025 on 1 August.

This year's Nurses' Day at Mount Alvernia Hospital (MAH) celebrated the dedication and compassion of nurses under the theme "The Heart of Healthcare, The Strength of the Future".



The theme for Nurses' Day this year is "The Heart of Healthcare, The Strength of the Future".

On 30 July, the nurses and caregivers from MAH and Assisi Hospice, the FMDM Sisters, and colleagues gathered as a family to celebrate nurses and their vocation for a special Nurses' Day Mass at the MAH Chapel.



Special Nurses' Day Mass presided over by Rev Fr Johnson Fernandez.

Presided over by Reverend Father Johnson Fernandez, spiritual director of the Catholic Nurses' Guild, the Mass included a "Blessing of Hands" — a sacred reminder of the holy work nurses and caregivers do, and their hands that hold the fragile, soothe the anxious and comfort the dying.

The celebration proper took place on 1 August. This year also marks 140 years of nursing excellence in Singapore.

Festivities began in the morning with games and a photo booth, followed by a buffet lunch. The main programme opened with a prayer by mission director Ms Karen Poon, followed by addresses by CEO Dr James Lam and director of nursing Ms Shirley Tay.



Staff having fun at the photo booth.

Dr Lam reflected, "From a modest 60-bed to the multidisciplinary hospital we are today, our journey has been possible because of nurses like you who uphold our mission and values with quiet strength and enduring grace."

Ms Tay acknowledged the profession's challenges, saying, "The global economic situation and the declining birth rate in Singapore have presented unprecedented obstacles. Yet, despite these difficulties, the nurses at Mount Alvernia Hospital have demonstrated remarkable efforts and professionalism. For that, I extend my heartfelt gratitude."



An original play put up by MAH staff "Shift Happens: Nurse on a Mission".

The afternoon continued with the Ministry of Health Nurses' Merit Award presentation to Sr Kelly Thian, a cake-cutting ceremony, spirited singing performances, an original play "Shift Happens: Nurse on a Mission", games, and a lucky draw.



Singing performance by staff during the Nurses' Day celebration.



MAH's Executive Team had a walkabout through the hospital to distribute special gifts to all nurses.

Bring Your Child to Work Day



The children kicked off the day with hands-on activities like cookie baking.



The children making their own "calming jars".



A guided tour gave the children a firsthand look at various departments including the nursery.

Mount Alvernia Hospital's (MAH) very first "Bring Your Child to Work Day", held on 17 June during the local school holidays, was a hit with both staff and their young ones. Organised by the Sports & Recreation Club (SRC), the full-day programme welcomed 36 children aged 7 to 12 for a fun and educational behind-the-scenes look at what their parents do every day.

The event aimed to give the children firsthand exposure to the healthcare environment, while introducing them to vital health-related topics such as hygiene, nutrition and first aid. Just as importantly, it allowed staff to bond with their children in their workplace, reinforcing the hospital's commitment to work-life balance and family-friendly values.

The children kicked off the day with creative hands-on activities like cookie baking and making their own "calming jars". They also got to meet the Sisters of the Franciscan Missionaries of the Divine Motherhood.

A guided hospital tour followed, bringing the children to different areas of the hospital, including the nursery, Automated Guided Vehicle (AGV) system, outpatient laboratory, and data centre.

After enjoying lunch at the staff canteen, the children were treated to a storytelling session at the Chapel and a series of interactive learning booths. At the booths, they learned about CPR basics, healthy eating, baby care, hand hygiene, and how the laboratory and pharmacy operate. They also explored the roles of occupational therapy and the Urgent Care Centre. The day wrapped up with a lively quiz session, with prizes for eager learners.

The turnout and feedback from both staff and their children exceeded expectations. Many parents appreciated the chance to share their professional world with their kids, while the children left with a better understanding of healthcare and a deeper appreciation of their parents' work.



The young ones enjoying lunch in the staff canteen.



Storytelling in the Chapel.

MINDS opens shop at Mount Alvernia Hospital

The new MINDS Shop offers handcrafted goods and creative workshops, while supporting training and employment for persons with intellectual and developmental disabilities.



MINDS beneficiaries can practise communication and retail skills in a supportive setting.

Mount Alvernia Hospital (MAH) has welcomed a new addition to its retail offerings: MINDS Shop by social service agency MINDS. The shop is part of MINDS' Social Enterprise initiative, which provides meaningful vocational training and employment opportunities for persons with intellectual and developmental disabilities.

The retail outlet features a curated range of handcrafted lifestyle items, gifts, and decorative pieces created by MINDS beneficiaries. Members of the public can also sign up for copper embossing and clay art workshops, where they can create their own items alongside MINDS beneficiaries. These sessions offer a hands-on way to appreciate the craftsmanship and capabilities of the beneficiaries.

MAH was chosen as the venue for the shop due to its strong culture of compassionate care and community involvement. The hospital's welcoming environment makes it an ideal space to showcase MINDS beneficiaries' abilities, and spread awareness of inclusion through everyday interactions.

The shop also benefits MINDS beneficiaries by providing a platform for them to practise communication and retail skills in a supportive setting. Engaging with members of the public helps build their confidence and gives them a sense of pride in their work. Proceeds from sales go directly towards supporting the beneficiaries.

"We are proud to share that for the first time in MINDS' history, we have opened up a shop in a healthcare institution, giving us an incredible opportunity to showcase our beneficiaries' abilities, where what began as therapy for them now brings therapeutic joy to others through meaningful products and hands-on workshops," says Mr Kenny Lai, director of MINDS West Cluster.



MINDS Shop

Level 1, Mount Alvernia Hospital
Mon-Fri: 10.30am to 2.30pm
Closed on Sat, Sun and PH



Born in ALVERNIA

Welcoming baby number 5: Baby Noriel

Baby Noriel, affectionately nicknamed Nori, made his arrival in early June, joining his four older brothers: Noel, Noam, Nolan and Noah.

For parents Lionel and Ross, this is the fifth time they have welcomed a child at Mount Alvernia Hospital.

Cradling his newborn, Daddy Lionel shared his gratitude for the comforting and reassuring birth experience at St Anne Mother & Child Centre, including the nourishing confinement meals.

Mummy Ross also appreciated how the hospital's prenatal workshops and lactation support helped her ease into motherhood once again. "The breastfeeding advice gave me the confidence to manage early challenges," she said.

The couple especially cherished the baby blessing in the Quiet Room, a meaningful tradition they have kept with



each child. The blessing cards they received for each of their sons remain treasured keepsakes, gentle reminders of the moments that have shaped their family's journey.

With Baby Noriel, whose name means "the light of God", the family leaves Mount Alvernia with their hearts full, and their world shining brighter.



first-time parents Michael and Alyna.

A Mother's Day gift: Baby Nathaniel

Baby Nathaniel, whose name means "Gift of God," made a timely arrival on Mother's Day, 11 May at 3.42am, bringing joy to

with excitement and anticipation. Alyna recalled, "The early stages of labour were intense, but the nurses were compassionate and calm, providing reassurance throughout."

After nearly seven hours, Baby Nathaniel entered the world. "This is a Mother's Day like no other," shared Daddy Michael. "Not just marked by flowers or cards, but by the first heartbeat of a new life."

The couple's love story began in their church community, blossoming into marriage exactly seven years after their first meeting. That their baby arrived on Mother's Day, right on his due date, felt like the perfect continuation of their story.

Labour began the afternoon before, when Alyna started feeling rhythmic pains. As contractions intensified, the couple made their way to Mount Alvernia Hospital, filled

The hospital joined in the celebration, with Ms Han May Ching, director of corporate development and human resources, presenting a gift to the new parents. "Welcoming a child into the world is special, but to do so on Mother's Day is truly extraordinary," she said. "We extend our heartfelt congratulations to the families."



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3 Dietary Topics: <ul style="list-style-type: none">• Mindful eating• Reading food labels• Cooking demo	Screening Test: <ul style="list-style-type: none">• Blood pressure• Blood sugar (HbA1c)• Cholesterol profile• Fatty liver blood test (AST, ALT)• Height, weight and fat analysis	Screening Test: <ul style="list-style-type: none">• Blood pressure• Blood sugar (HbA1c)• Cholesterol profile• Fatty liver blood test (AST, ALT)• Fatty liver scan• Height, weight and fat analysis
Screening Test: <ul style="list-style-type: none">• Fatty liver scan	1 x Doctor's Consultation	2 x Doctor's Consultation
2 x One-to-One Exercise Sessions: <ul style="list-style-type: none">• Introduction to exercise (30-45min)• Follow-up session (30min)	3 x Dietitian's Consultation 3 x Dietitian's Phone Review	4 x Dietitian's Consultation 3 x Dietitian's Phone Review
	2 x One-to-One Exercise Sessions: <ul style="list-style-type: none">• 45min per session	4 x One-to-One Exercise Sessions: <ul style="list-style-type: none">• 45min per session

Prices quoted are inclusive of GST. Items in package are not exchangeable or refundable.



Balance your lifestyle, transform your health

To find out more, please contact us at Health Screening Centre:
820 Thomson Road Singapore 574623
Tel: +65 6347 6215 | Email: hsc@mtalvernia.sg

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.



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

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 & PH



MINDS

Features handcrafted gifts and creative workshops by persons with special needs, promoting inclusion, vocational training, and meaningful employment.

Mon-Fri: 10.30am-2.30pm
Closed on Sat, Sun & PH



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

Fun Toast

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

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



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 & PH



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 & PH



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 & PH: 10am-7pm*

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 & PH: 8am-5pm*



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 & PH*



Umisushi

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

*Mon-Sat: 10am-8pm
Closed on Sun & PH*

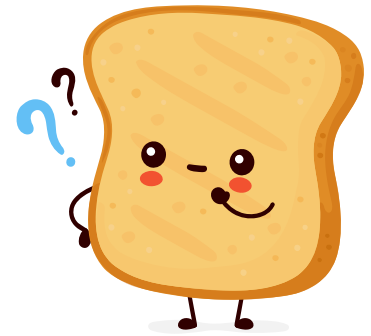


Jollibean

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

*Mon-Sat: 8am-6pm
Sun & PH: 8am-4pm*

Gluten intolerance or coeliac disease? Knowing the difference matters



Both are gluten-related disorders but that is where the similarities end. Gastroenterologist Dr Webber Chan Pak Wo shares more about these conditions.

Ever eaten some bread and had abdominal pain, gas or diarrhoea after? You may have gluten intolerance. If the symptoms persist and are extremely severe, it may be a case of coeliac disease.

While both are gluten-related disorders triggered by eating gluten, they affect the body in different ways.

"The main differences between coeliac disease and gluten intolerance lie in the severity of symptoms, damage and the body's response," says Dr Chan.

Coeliac disease is an autoimmune condition that can develop at any age and affect multiple systems in the body. It causes damage to the lining of the small intestine when gluten is consumed, impairing nutrient absorption, and can lead to symptoms such as diarrhoea, fatty stools, weight loss, and for children, delayed growth.

Beyond the digestive system, coeliac disease can also cause a wide range of symptoms including anaemia, mouth ulcers, dental enamel defects, short stature, skin rashes, joint pain, fatigue, liver abnormalities, bone loss, nerve-related problems, and even infertility.

In contrast, **gluten intolerance** does not cause intestinal damage or trigger an autoimmune response.

Identifying the specific condition is crucial, as treatment varies for each.













Dr Chan elaborates, "Coeliac disease triggers a strong immune reaction in response to gluten and can lead to serious health issues and complications if left untreated. It requires a completely gluten-free diet. Gluten intolerance, on the other hand, is usually less severe and may not require cutting out all gluten."



Dr Webber Chan Pak Wo
Gastroenterologist
The Gastroenterology Group
Medical Centre A #02-08
Mount Alvernia Hospital

Symptoms of gluten intolerance

People with gluten intolerance may experience the following symptoms for several hours or even days after consuming gluten:

- | | |
|---|--|
|  Abdominal pain |  Depression |
|  Bloating or gas |  Anxiety |
|  Diarrhoea or constipation |  Skin rash |
|  Altered bowel habits |  Fatigue |
|  Foggy mind |  Headache |
|  Nausea and vomiting |  Joint pain |

If these symptoms persist, consult a doctor to check for coeliac disease or other causes.

Fortunately, gluten intolerance cannot progress into coeliac disease, so there is no need to worry if it is just a mild intolerance.

Debunking common myths

Myth #1 – Coeliac disease only affects the gut

FACT: Coeliac disease is an autoimmune condition that can impact the whole body, causing anaemia, fatigue, skin rashes, joint pain, stunted growth, dental enamel defects, bone issues, and even neurological symptoms.

Myth #2 – Gluten intolerance is just a mild form of coeliac disease

FACT: Although both conditions involve gluten sensitivity, gluten intolerance does not trigger an autoimmune response or damage the intestine. Symptoms typically resolve once gluten is removed from the diet, with no long-term harm to the gut.

Myth #3 – People with coeliac disease can tolerate small amounts of gluten

FACT: Even tiny traces of gluten can trigger the immune response in those with coeliac disease. Strict avoidance of gluten is essential.

MYTHS
VS
FACTS

How is coeliac disease diagnosed?

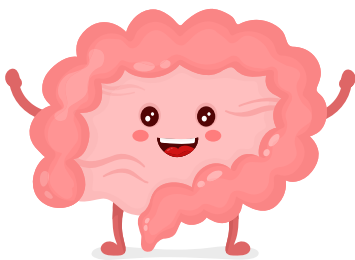
Coeliac disease is typically diagnosed through a series of tests. The first step is a blood test to detect specific antibodies that the body produces in response to gluten. If the results suggest coeliac disease, the doctor may recommend a gastroscopy to examine the small intestine for damage.

Once coeliac disease is confirmed, additional blood tests are usually done to assess for vitamin and mineral deficiencies. These include levels of vitamins A, B12, D and E, as well as minerals, haemoglobin, liver enzymes, and a bone density test.

That said, Dr Chan cautions against cutting out gluten without a medical reason.

“Going gluten-free without a diagnosis can do more harm than good. It may lead to low fibre intake, which may affect bowel movement, and increase the risk of cardiovascular disease, and vitamin and mineral deficiencies as gluten-free products often lack certain nutrients.”

– Dr Webber Chan



Managing coeliac disease

Living with coeliac disease requires a lifelong commitment to a strict gluten-free diet.

“Once you stop eating gluten, your small intestine can begin to heal and gradually resume normal nutrient absorption. However, even small amounts of gluten can trigger damage again, so staying gluten-free for life is essential,” advises Dr Chan.

If nutritional deficiencies such as iron, folic acid, vitamins B12 or D are detected, the doctor will prescribe supplements. Ongoing medical follow-up is often needed to monitor the condition through regular testing. In severe cases where the intestinal damage is extensive, steroid treatment may be necessary to reduce inflammation.



Quick tip: Reading food labels

- ✓ Choose products labelled “gluten-free”
- ✓ Avoid items with warnings like “may contain wheat”
- ✓ Watch for hidden sources of gluten in the ingredients, such as wheat starch, barley malt and rye flour

Finding relief for flat feet

From supportive footwear to surgical intervention as a last resort, there are many ways to effectively manage flat feet.

Flat feet is a common anatomical variation that can sometimes cause discomfort and mobility issues if left unaddressed. To help us understand this condition and how to manage it, we speak with Mount Alvernia Hospital's senior consultant orthopaedic surgeon Dr Jeffrey Tan Gek Meng.

Q: What are flat feet, and how common is this condition?

Flat feet, also known as fallen arches, occur when there is a decrease or loss of the arch on the inner border of the foot. It is a common variation in anatomy that can range in severity. In many cases, it does not cause problems, but it is important to identify and manage the condition early to prevent potential complications.



Dr Jeffrey Tan Gek Meng
Senior Consultant Orthopaedic Surgeon
Island Orthopaedics
Medical Centre A #01-01/02
Mount Alvernia Hospital



Q: How does having flat feet affect walking or movement?

In a regular foot, the natural arch of the foot helps absorb impact.

In people with flat feet, the foot may roll inward excessively (overpronation), which changes how pressure is distributed during each step. This alters their gait and may lead to inefficient walking or running as the midfoot joints are unable to lock properly to allow stable and efficient foot push-off. As a result, the muscles and ligaments work harder to stabilise the foot, leading them to tire quicker.

Q: How can I check if I have flat feet?

A simple way is to observe the arch when standing. If the arch flattens completely under one's body weight, the individual may have flat feet.

Another common method is the wet footprint test. This involves wetting the sole of the foot and stepping on a dry, hard surface like cardboard or paper. In flat feet, most or all of the sole will be visible, with little or no inward curve as compared to a noticeable arch.

Q: What problems can arise from flat feet?

Flat feet can cause pain in common areas such as the arches, heels, and ankles. Without the natural arch, the body absorbs more shock with each step, leading to



uneven weight distribution and added strain on joints. This can also affect lower limb alignment and posture, causing knee and lower back pain.

As the pain worsens after standing or walking for long periods, people with flat feet may reduce or avoid physical activities over time, potentially leading to a sedentary lifestyle.

Q: Can flat feet be treated?

While flat feet cannot be cured, the condition can be managed effectively to reduce pain, improve function, and prevent it from affecting one's daily quality of life.

Simple conservative treatment would include:



Wearing supportive footwear such as arch supports, or over-the-counter or custom-made insoles



Doing calf muscle stretches and heel-raise exercises



Managing weight, especially for patients who are obese



Receiving steroid injections for inflammation



Using more elaborate braces like Ankle Foot Orthoses (AFOs)

Surgery may be considered if the above methods fail. There are several surgical options available, including inserting implants or performing bony and soft tissue corrections to fix the deformity.

Q: When should I see a doctor for my flat feet?

You should seek medical attention from an orthopaedic specialist if you experience the following:

- Persistent pain or discomfort that interferes with walking, running, or standing for long periods
- Limited mobility or stiffness in the feet
- Worsening of the foot structure or the pain
- Ill-fitting shoes due to changes in foot shape

For children, flexible flat feet are common and usually improve with age. However, a consultation is advisable if there is pain, clumsiness, delayed walking milestones, or if their foot arches do not form by the age of six to eight.



Children should seek medical attention if their foot arches do not form by the age of six to eight.

Did You Know?

Flat feet can develop over time even if you weren't born with them.



5 Common Causes of Flat Feet

- 1 Ageing:** Weakened tendons and ligaments, especially the posterior tibial tendon due to degeneration
- 2 Obesity:** Ongoing excess weight strains foot arches over time, resulting in a collapsed arch
- 3 Injury:** Past foot or ankle injuries such as fractures, dislocations or torn ligaments can damage the structures that support the foot's arch
- 4 Inflammatory joint conditions:** Arthritis and similar disorders weaken both joints and soft tissues
- 5 Diabetes:** Nerve damage and poor foot sensation can alter the architecture of the foot arch

Epidurals: Myths vs medical truths

Do epidurals cause long-term back pain, or affect the childbirth process? Obstetrician and gynaecologist Dr Geraldine Tan debunks common myths, and shares various pain relief options.

The labour process is fraught with uncertainties, so the last thing women should have to accept is to go through it without any options for pain relief.

While some women may prefer to go through childbirth naturally, others may choose methods to help manage labour pain. One of the most common and effective forms of pain management is the **epidural** – but it is also a method surrounded by myths and misconceptions.

According to Dr Geraldine Tan, obstetrician and gynaecologist at Mount Alvernia Hospital, the choice of



pain relief is personal, and should be discussed in advance during antenatal visits, ideally in the early third trimester.

“Tolerance of labour pain is subjective. Patients do not really know how they would react to labour pain until labour day itself,” she says.

In this article, Dr Tan addresses some of the most common misconceptions about epidurals and explains how they work, what they can do, and what they can’t.

Common misconceptions about epidurals

1 Epidurals cause permanent back pain

This is a common concern, but it is not accurate. While the injection site may be sore temporarily, long-term back pain after labour is usually caused by other factors such as the strain of pregnancy weight, awkward labour positions, and prolonged pushing.

2 Epidurals slow down the labour process

Epidurals do not affect the first stage of labour. They may, however, lengthen the second stage (from full dilation to delivery of baby) as the numbing effect can delay the sensation to start pushing.



3 Epidurals increase the risk of Caesarean section

There is no evidence that epidurals directly cause higher C-section rates. Emergency Caesareans are usually performed for medical reasons, not because of pain relief choices.

4 Epidurals must be administered within a fixed time frame

Epidurals can be administered at any point during labour as long as the patient can remain still for the injection. It takes about 10 to 20 minutes for the epidural to fully kick in, so requesting one too late may reduce its effectiveness.

Did You Know?



The medication in an epidural does not reach your baby in significant amounts. It primarily acts on your spinal nerves, not your bloodstream.

When epidurals are strongly recommended

“The only situation where I would strongly recommend an epidural is when women are undergoing a trial of vaginal birth after a previous Caesarean section,” says Dr Tan.

“In the event of an urgent delivery where an anaesthetist is not immediately available, the epidural can be topped up to facilitate urgent delivery while waiting for the anaesthetist.”

Evolving options for epidural pain relief

Recent advances in research have made epidurals even more customisable and patient-friendly.

- **Patient-controlled epidural analgesia:** Allows patients to self-administer small doses of medication for better control of their comfort
- **Walking epidurals:** A lower concentration of anaesthetic and opioids may offer less intense pain relief but with fewer side effects
- **Ultrasound-guided epidurals:** Helps improve accuracy in difficult cases by visualising the epidural space in the back and minimising chances of a failed epidural



Quick tip: It is okay to change your mind. You can plan for a natural birth but still request for an epidural later. What matters is making informed choices that feel right for you.

Other pain relief methods

Epidurals are just one of many pain relief options available to women in labour. Dr Tan encourages patients to remain open to different pain management approaches.

Some non-medical pain relief techniques include:

- 👍 Mind over body techniques (deep breathing, hypnobirthing, music therapy)
- 👍 Hydrotherapy (warm baths or showers)
- 👍 Back massage or pressure on acupoints on the back
- 👍 Movement and position changes (walking, rocking on the birthing ball)
- 👍 Hot/cold packs on the back to relieve muscle tension and reduce pain
- 👍 TENS machine: A weak electrical current is passed to the nerves on the back to help ease pain

Whether or not to have an epidural is a personal decision, and understanding the options – free of myths – is the first step in making the right choice for one’s birth plan.

Dr Tan emphasises the importance of being flexible and informed, “I usually advise all my patients to keep an open mind on their options, and not dismiss any particular one.”



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Should you worry if your child bumps their head?

Most children recover well from a concussion, but some may experience lasting effects. Dr Yeo Tong Hong, senior consultant paediatrician and paediatric neurologist, explains the dangers of repeated head injuries.

Minor accidents like falls and bumps to the head are often part of childhood, and usually not cause for immediate concern.

However, in some cases, a child can sustain a concussion.

What is a concussion?

A concussion is a type of mild brain injury that occurs after a sudden bump or blow to the head, face or neck that prevents the brain from functioning normally.








Concussions can happen at any age and during any activity that causes the brain to be shaken or jolted. Some of the most common causes of concussion-related visits to the children's emergency department include biking, football, playing in playgrounds, and basketball, according to Dr Yeo.

Concussions may also occur during everyday activities. In fact, Dr Yeo notes that falls are the most common non-sports-related cause of concussions. Unfortunately, there is no guaranteed way to prevent a concussion. Helmets are made to protect against serious head injuries like skull fractures, but they do not fully prevent concussions.

The good news, Dr Yeo says, is that most children, around 90%, are able to recover fully from a concussion although some may experience long-term effects.

How to tell if a child is not recovering from a concussion

There are times when a child suffers from multiple head injuries and is unable to recover well. Parents or caregivers should look out for the following warning signs:

-  Child becomes unusually sleepy, drowsy, or difficult to wake
-  Frequent or constant headaches
-  Persistent or recurrent vomiting
-  Weakness of arms or legs, walking difficulties, unsteadiness or poor coordination
-  Confusion or unusual behaviour
-  Blood or fluid coming out from ear or nose
-  Seizures or convulsions

If your child has sustained a head injury and is exhibiting any of these signs, it is best to seek medical care immediately.



Potential long-term effects of repeated concussions in children

Suffering from repeated concussions may also lead to more serious long-term effects such as:

- Fatigue
- Chronic headaches
- Emotional regulation difficulties
- Cognitive impairment such as poor concentration or memory issue
- Sensitivity to external stimuli, such as light or noise

Risks of repeated concussion

Not letting the child recover fully before resumption of normal activities bears the risk of a repeated concussion.

"After a concussion, the brain is more sensitive and needs time to heal. If someone resumes regular activities too soon, especially sports or anything with a risk of further head injury, they could face serious consequences," says Dr Yeo.

If a child does not fully recover, they may experience the following:

- Prolonged concussion symptoms, such as chronic headaches, dizziness, or cognitive difficulties
- Potential long-term health problems, including psycho-emotional issues or diseases that affect the brain over time
- A second concussion. This could be life-threatening if it happens before the first one has fully healed. It can cause dangerous brain swelling, a condition called Second Impact Syndrome.

Helping the child resume physical activity

After a concussion, parents play a key role in supporting their child's recovery. They should closely monitor for any cognitive, physical or behavioural changes in their child, and seek medical advice if necessary.

If a child has previously experienced a concussion, the best way to prevent another is to ensure that they have fully recovered, and have been medically cleared by a doctor before resuming regular activities – particularly sports.

Proper recovery involves both physical and psychological healing. According to Dr Yeo, current guidelines recommend

avoiding sports for at least two weeks after all symptoms have completely resolved.

He advises parents to work with their child's school or sports centre to develop a clear return-to-activity plan before allowing them to return to their regular routine.

“It is very important that the child has a phased return to school – starting with half-day sessions or three to four days a week, depending on what they can tolerate. For physical activities or sports, they should begin with five minutes of light aerobic exercise, and gradually increase the duration as tolerated.”

– Dr Yeo Tong Hong

Symptoms of a concussion

- | | |
|--------------------------------------|---|
| ⚡ Headache or "pressure" in the head | ⚡ or remembering |
| ⚡ Nausea or vomiting | ⚡ Slurred speech |
| ⚡ Dizziness or balance problems | ⚡ Feeling sluggish, hazy, or groggy |
| ⚡ Blurred or double vision | ⚡ Changes in mood, behavior, or personality |
| ⚡ Sensitivity to light or noise | ⚡ Loss of consciousness (even briefly) |
| ⚡ Confusion or appearing dazed | ⚡ Sleep disturbances (sleeping more or less than usual) |
| ⚡ Trouble concentrating | |



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Dealing with postpartum depression

While “baby blues” could be a common postpartum experience, postnatal depression is a more severe condition that requires attention and treatment.

Psychiatrist & medical director Dr Lim Wei Shyan from the Alvernia Psychological Health Centre (APHC) explains the difference and shares coping strategies.

After giving birth, new mothers may experience postpartum blues, commonly known as the “baby blues”. This is a temporary condition that typically starts within the first few days after delivery. Mothers may feel unusually emotional or overwhelmed, with symptoms like mood swings, crying episodes, insomnia and anxiety.

These feelings usually subside on their own in one to two weeks.



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



However, for a small number of women, these emotional changes develop into something more serious – postnatal depression.

“There are some similarities in the symptoms experienced in both conditions,” explains Dr Lim. “But in postnatal depression, the symptoms are felt more intensely, and typically persist for a longer period of time. Furthermore, while postpartum blues emerge soon after childbirth, postnatal depression can sometimes begin during pregnancy, or months after delivery.”

Why it matters

Postnatal depression can last for months or even longer if left unaddressed. Over time, the condition may even worsen and affect the mother’s relationship with her baby, leading to reduced bonding and quality of care.

Long-term consequences may also arise from untreated postnatal depression. Research findings suggest that the mother risks developing major depressive and other mood disorders, as well as postnatal depression in subsequent pregnancies. Her compromised mental state adversely affects care for the child, increasing the child’s chances of developing emotional and behavioural problems.

“If the mother is severely distressed and disturbed, she may harbour thoughts of harming herself or her baby.”

– Dr Lim Wei Shyan



Several factors may contribute to an increased likelihood of having postnatal depression. These include a prior history of depression or bipolar disorder, having an unplanned or unwanted pregnancy, medical complications in the baby, multiple births, relationship problems with the partner, financial difficulties, and the lack of a supportive network.

Early treatment makes a difference

It is important to recognise the symptoms of postnatal depression as early detection, diagnosis and intervention can reduce the duration of the illness.

Treatment options typically include psychotherapy and medications.

For those with milder symptoms, psychotherapy – such as cognitive behavioural therapy – can be effective.

For more severe cases, medications such as antidepressants may be recommended to help stabilise mood more quickly.

While it is natural for mothers to worry about taking psychiatric medications while breastfeeding, Dr Lim offers reassurance, “While antidepressants can pass into breast

milk, studies have shown that some types of antidepressants are present only in very low or undetectable concentrations in nursing infants. Moreover, most antidepressant medications do not cause significant side effects in babies.”

Be a supportive partner: 4 ways to help

For a mother suffering from postnatal depression, a supportive partner can go a long way in helping her get through the illness. Dr Lim shares four ways to help:



- 1 Pay close attention** to the new mother's emotions and be alert to any signs of distress.
- 2 Do not dismiss symptoms** as merely stress or fatigue from caring for a newborn. Encourage the new mother to seek help from a mental health professional if symptoms persist.
- 3 Lighten her load** by taking over caregiving duties to allow the mother more time to rest and recuperate.
- 4 Stay watchful** for any possible signs that the mother's condition is worsening as this could pose risks to the safety of the mother or the baby.

Warning signs of postnatal depression



Postnatal depression shares many symptoms with major depression in other individuals. Look out for the following signs:

- Persistent low mood, mood swings, or irritability
- Loss of interest or motivation in usual activities
- Frequent crying
- Reduced sleep, or sleeping too much
- Reduced appetite, or eating much more than usual
- Easy fatigability, loss of energy
- Poorer concentration
- Social withdrawal and difficulty bonding with the baby
- Feelings of worthlessness, guilt, or inadequacy, feeling like a bad or inadequate mother
- Thoughts of self-harm or harming the baby

Weight loss that lasts

Forget fad diets and cutting calories. Sustainable weight management is about proper nutrition. Dietitian Ms Aileen Ling from Mount Alvernia Hospital shares the key components of a healthy, balanced diet.



When it comes to managing weight, the first thing that comes to mind for many, is to eat less and burn more calories than consumed.

While the principle of ensuring that one's calorie intake does not exceed the amount of energy expended holds true, strategies like skipping meals or starving oneself to lose weight are not sustainable in the long run.

In fact, focusing solely on reducing energy (food) intake can often lead to poor quality of diet and nutrient deficiencies in the long run, according to Ms Aileen Ling, dietitian from Mount Alvernia Hospital. Some may experience hair loss, brittle nails or even a weakened immune system.

Research shows that diets rich in wholegrains, fruits and vegetables, and low in refined grains, red meat, processed foods and sweets, are associated with less weight gain over time.

Ms Ling explains, "Both the quantity and quality of your diet matter. A diet that looks at only calories but not the overall dietary pattern is less sustainable, as the individual may not be satisfied with the amount of food eaten."

A holistic approach to weight loss

A healthy and sustainable weight loss plan should focus on diet quality in controlled portions that fits into one's lifestyle.

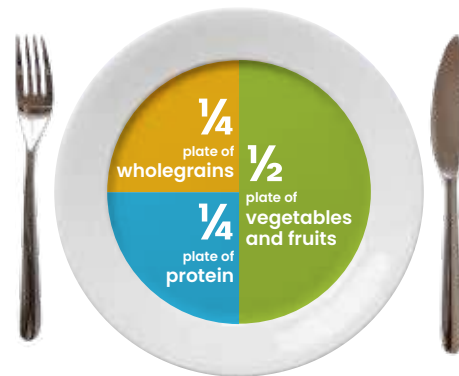
A balanced meal should comprise foods from four key groups:

- 1 Rice and alternatives** – rice, pasta, noodles, chapatti, bread, breakfast cereals, oats
- 2 Meat and alternatives** – chicken, fish, lamb, prawns, tofu, dhal, beans

- 3 Vegetables** – mushrooms, leafy greens, broccoli, cauliflower, long beans, bean sprouts, eggplant

- 4 Fruits** – apples, pears, bananas, oranges, honeydew

National guidelines stipulate that each meal should ideally include:



"That said, it does not mean that one cannot enjoy the occasional indulgence," assures Ms Ling. Treats like ice cream, cake and chocolate can still be a part of a healthy lifestyle.

"Eliminating treats entirely is hard to maintain, and may even lead to "revenge eating" when cravings build up over time," she explains.

A more sustainable approach is to enjoy these foods in smaller portions and less frequently – for instance, having a smaller-sized ice cream or low-sugar bubble tea once a month.



Why personalised support matters

Embarking on a weight loss journey can be an uphill task. If one's current weight falls outside the healthy weight range, consulting a dietitian can be a valuable first step in learning how to modify one's diet to achieve and sustain weight goals.

Dietitians are professionally trained to assess an individual's current health status, calculate their nutritional requirements, and provide guidance to help them make practical dietary changes that align with their lifestyle. Ms Ling describes it as a highly personalised collaboration, with the dietitian offering ongoing support throughout the weight loss journey. Studies have shown that one-on-one dietary consultations are effective for long-term weight management.

She emphasises that weight management is not just about reducing the number on the scale. It is also about improving overall health, building confidence, and adopting eating habits that can be maintained beyond the initial weight loss phase.



Studies have shown that one-on-one dietary consultations are effective for long-term weight management.

To be effective, the diet plan must therefore be achievable, manageable, and adaptable to both the individual's current circumstances and long-term lifestyle.

“ The main goal of a dietitian is to empower individuals with the right knowledge, guide them towards sustainable diet and lifestyle changes, and help them foster a healthy relationship with food. ”




– Ms Aileen Ling

Quality of food matters

It is important to choose foods that help you stay full for longer. Rather than focusing solely on counting calories, opt for whole grains, lean proteins, and minimally processed foods.

Here are two sample meal plans. While both contain about the same number of calories, the first option offers better nutrition and greater satiety.



	Meal Plan 1 (nutritious choices with more lasting fullness)		Meal Plan 2 (about the same calories but less nutrition and satiety)	
	Meal Items	Calories (kcal)	Meal Items	Calories (kcal)
 Breakfast	<ul style="list-style-type: none"> 1 cup fruit tea (without sugar) Homemade tuna sandwich (2 slices wholemeal bread + 2 tbsp tuna in oil + lettuce + tomato) 	362	<ul style="list-style-type: none"> 1 cup orange juice 1 hashbrown 	246
Morning Snack	<ul style="list-style-type: none"> 30g roasted cashews 	170	<ul style="list-style-type: none"> ½ packet chips (35g) 	162
 Lunch	<ul style="list-style-type: none"> 1 share sliced fish beehoon (without milk) 1 cup kopi C (with less sugar) 	456	<ul style="list-style-type: none"> 1 share sliced fish beehoon (without milk) 1 cup kopi C (with less sugar) 	456
Afternoon Snack	<ul style="list-style-type: none"> 1 small apple 	60	<ul style="list-style-type: none"> 1 small apple 	60
 Dinner	<ul style="list-style-type: none"> Grilled fish Salad (with less dressing) Mashed potato 1 orange 	423	<ul style="list-style-type: none"> Cheeseburger Small fries Soft drink (zero / no sugar) 	618
Total Calories		1,471		1,542

AVOID these common nutritional pitfalls



Cutting out an entire food group

Not eating carbohydrates is an often-touted weight loss method. Popularised by the Atkins diet, the reason for skipping carbohydrates is because it reduces insulin production, which in turn reduces fat storage.

However, while this diet promotes rapid weight loss in the first six to 12 months, the long-term consequences of it on health, for instance, cardiovascular issues, are not known. This diet is also difficult to sustain, and reintroducing carbohydrates later on often leads to weight gain.



Skipping meals

Another common weight loss method, it aims to reduce overall calorie intake to lose weight.

However, a prolonged period of fasting could lead to larger portion sizes when it is time to eat, or eating more unhealthy food. The starvation state also prompts the body to store the next meal as fats to prepare for another round of starvation.



Replacing meals with smoothies

While convenient, smoothies vary widely in nutritional value. There is the risk of adding too much sugar from extra ingredients such as honey or chocolate drizzle, or adding more than two servings of fruit, which increases sugar intake. Using full cream milk also increases the fat content.

While a smoothie may satisfy hunger in the short term, without fibre or protein such as seeds or nuts, one may end up eating more later.

The dietitian's role in weight management



- Helps create personalised meals based on taste preferences and lifestyles
- Ensures adequate intake of macro- and micronutrients
- Educates and supports long-term healthy eating habits to achieve sustainable weight loss

When does weight management become a medical issue?

Senior resident medical officer Dr Lo Ying Tai from Mount Alvernia Hospital explains the medical conditions linked to obesity and the dangers of extreme weight loss.

For most people, changes to their diet and lifestyle – such as exercising more and eating more mindfully – remain the main ways for maintaining a healthy weight over time.

However, there are individuals who struggle to lose sufficient weight despite making consistent lifestyle and dietary changes. In such cases, underlying medical conditions could be contributing to their difficulty in losing weight.

“Sudden weight gain or obesity accompanied by other symptoms may point to an underlying secondary cause of the obesity,” explains Dr Lo.

One example is hypothyroidism, a common endocrine disorder with symptoms such as weight gain, fatigue, cold intolerance, constipation, and low mood.



Hypothyroidism is a common disorder with symptoms such as weight gain.

Regardless, Dr Lo urges individuals experiencing persistent medical symptoms or unexplained weight gain despite making changes to their lifestyles, to seek medical advice.



Severe calorie restriction, crash diets and over-exercising can lead to serious health complications.

Downsides of extreme weight loss

At the other extreme, rapid or excessive weight loss is not healthy, and can lead to serious health complications.

Severe calorie restriction, crash diets, over-exercising, or the misuse of weight-loss medications can cause electrolyte imbalances, dehydration, hormonal disruption resulting in irregular periods in women, and potential organ damage.

Nutrient deficiencies, especially in vitamin B and iron, are also common with extreme dieting. These deficiencies may cause hair thinning, brittle nails, frequent illnesses, and slower wound healing.

Losing fat cells too rapidly can also lead to a loss in muscle mass and bone density, increasing the risk of conditions such as osteoporosis.

Psychological symptoms may surface too, including irritability, fatigue, anxiety, and even depression.

Ultimately, such extreme weight loss is difficult to maintain. Individuals may experience frequent rebounds in weight, and be constantly fatigued and low in energy, affecting their daily life.

Looking at the big picture

A holistic approach that combines medical care with lifestyle changes is often the most effective method for long-term weight management.

“As a doctor, we look at obesity as a chronic condition, very much like hypertension and diabetes. This means

weight management should proceed in a holistic and multi-disciplinary way,” says Dr Lo.

This process starts with asking about the patient’s history, followed by conducting a physical examination to better understand the challenges the patient faces, and to diagnose any underlying medical causes for the weight gain.

“Treatment for obesity is almost always tailored to the individual based on their condition, willingness and goals. Lifestyle changes such as physical activity and reduction in calorie intake will always be the first line of therapy before medication or surgery is considered.”

– Dr Lo Ying Tai

Dr Lo emphasises that weight loss may take a long time for some, and the fight against obesity is a marathon, not a sprint. He says, “The most important aspect of the fight is to establish good habits that are sustainable, and to address any underlying secondary causes.”

With the right methods of dieting and adequate physical exercise, Dr Lo believes the majority of patients can achieve lasting weight loss.



To find out more about Mount Alvernia Hospital’s weight management programme, contact the Nutrition & Dietetics Department at 6347 6702 or email dietetics@mtalvernia.sg

Making dental care accessible for persons with disabilities

Mount Alvernia Outreach Team partners with SPD to break down barriers for individuals with disabilities to access dental care.



Wheelchair-accessible transportation for wheelchair users.

For many persons with disabilities (PWDs), a simple dental visit can be a major challenge. From navigating inaccessible transport options to managing caregivers' schedules, these barriers often result in dental health being pushed aside.

Recognising these challenges, the Mount Alvernia Outreach Team partnered with SPD – a social service agency that supports individuals with disabilities – to overcome these obstacles and ensure that SPD beneficiaries can access basic dental care at the Mount Alvernia Outreach Dental Clinic (MAODC) located at Enabling Village.

Making the journey easier

To facilitate access, the Outreach Team works with SPD to arrange transportation for beneficiaries to the clinic. For ambulant individuals (those who are mobile), the Outreach Team uses its own vehicle. For wheelchair users, the team co-pays with SPD to engage Ming Chuan Transportation, a service that provides wheelchair-accessible transport. This combined effort ensures that beneficiaries can travel safely and comfortably to the clinic, removing one of the most common barriers to care for PWDs.



Mount Alvernia Outreach Dental Clinic is equipped with a wheelchair tilter for PwDs on wheelchairs.

Once at the clinic, beneficiaries are welcomed into a thoughtfully designed space. MAODC at Enabling Village is equipped with a wheelchair tilter, allowing dental procedures to be performed without requiring patients to be transferred from their wheelchair to a dental chair — a process that can be uncomfortable and inconvenient for some. A few dedicated appointment slots are reserved at the clinic specifically for SPD beneficiaries, giving them the time and privacy they need for their dental checks without disruption.

Affordable and accessible care

The focus of each visit is basic dental care, primarily scaling and polishing, known as SAP in dental terminology. While simple, these preventive procedures go a long way in maintaining oral health, especially for individuals who may not have had regular access in the past.

The Outreach Team offers SPD beneficiaries their first dental check for free. Subsequent visits are kept affordable at a heavily subsidised \$30 per visit, or just \$10 for those who are assessed by SPD to be financially in need. These rates reflect the Outreach Team's commitment to not just accessibility, but affordability.

As of July 2025, 32 SPD beneficiaries have benefited from this collaboration. With three to four mornings set aside each month for SPD beneficiaries' appointments, and three to four beneficiaries seen each morning, the first phase of this programme aims to reach 87 SPD beneficiaries — 46 of whom use wheelchairs, and 41 who are ambulant.

Expanding access to more communities

The need for such an initiative is clear. Many PwDs have limited access to dental care — whether due to mobility issues, the physical inaccessibility of clinics, or the lack of available caregivers during clinic hours. By addressing these logistical and financial hurdles, the Outreach Team is working to ensure that dental health is no longer overlooked for this vulnerable group.

Looking ahead, the Outreach Team is expanding this approach to include other social service partners. Similar arrangements are now in place with TOUCH Ubi Hostel and METTA Home for the Disabled.



SPD beneficiary Ms Overee Stephanie Fawcett going for her first dental check.

“Many of the beneficiaries we've helped haven't had a dental check in years, simply because getting to a clinic was not feasible. It's heartening to know that their oral health is finally being taken care of.”

— Ms Low Kar Yin,
Mount Alvernia Outreach Team



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

Closing the healthcare gap for transnational families



Ineligible for government healthcare subsidies, vulnerable transnational families in Singapore often struggle to access essential medical care. Through its Transnationals Support Programme, the Mount Alvernia Outreach Team is stepping in with heart, hope and hands-on support. Here, we spotlight two families whose lives have changed for the better through this programme.

Five surgeries to a fresh start: Mdm Tho's story

For 54-year-old Malaysian Mdm Tho Kwai Lan, Singapore has been home for more than 20 years. She lives with her Singaporean husband Mr Yip Kum Keong, a cleaning supervisor, and their two school-going children aged 18 and 15. Mdm Tho works as a cleaner, and the couple earns just enough to manage daily expenses and repay household debts.

Early 2024, Mdm Tho required urgent treatment of *staghorn calculus*, or kidney stones. Her condition was so severe that she required multiple surgeries.



From left: Mr Yip and Mdm Tho.

She underwent her first kidney stone removal procedure at National University Hospital (NUH), but as a Long-Term Visit Pass holder, she was ineligible for government subsidies. Even after support from the NUHS Fund, a registered charity that aids patients in need of financial assistance, Mdm Tho was still left with \$38,000 in unpaid medical bills.

Mdm Tho's case was then referred to South Central Community Family Service Centre's The Inclusive Fund (TIF), which supports transnational families facing difficulties.

With no further support available from NUH, TIF then reached out to the Mount Alvernia Outreach Team. Under its Transnationals Support Programme, the team arranged for Mdm Tho to receive care from Dr Yeow Yuyi, a consultant urologist from Advanced Urology, Mount Alvernia Hospital (MAH), who generously waived his professional and surgery fees. Anaesthetist Dr Lee Rui Min also provided her services pro bono, and MAH covered all hospitalisation and diagnostic costs.

Due to the significant amount of kidney stones and a complex anatomy, Mdm Tho required five surgeries between November 2024 and June 2025 before all the stones were successfully removed.

Mdm Tho also receives ongoing care for diabetes, hypertension and hyperlipidaemia at the Mount Alvernia Outreach Medical Clinic, further easing the family's financial strain.

Ms Yang Yuzi, Mdm Tho's case manager, says, "The Outreach Team is grateful for the generosity of doctors like Dr Yeow and Dr Lee, who have selflessly contributed their time and expertise. We're glad we've been able to support Mdm Tho in regaining her health so she can continue to be there for her family."

A joyful arrival against the odds: Mdm Zalina's story

When 45-year-old Mdm Zalina Binti Balak discovered she was pregnant in October 2024, she was overjoyed, but also deeply anxious. A Malaysian on a Long-Term Visit Pass, Mdm Zalina lives in an HDB rental flat with her Singaporean husband, Mr Abdul, 58, and their daughter Maryam, 5. As a full-time caregiver to Maryam, who has high caregiving needs, she is unable to work, and the family struggles financially, especially after Mr Abdul was declared unfit for work due to cardiovascular issues.

Initially, Mdm Zalina sought prenatal care at KK Women's and Children's Hospital (KKH), but they could not afford the fees without governmental subsidies. KKH's medical social worker referred them to TIF, who then connected them with the Mount Alvernia Outreach Team, which offers maternity support for transnational spouses.

The team quickly stepped in, arranging for obstetrician and gynaecologist Dr Kenneth Edward Lee to follow up on her pregnancy. During her first scan, her baby was found to have an increased risk of Down's syndrome. The couple chose not to pursue further tests, deciding they would love and accept their baby regardless of the diagnosis.

At her prenatal consultation, Mdm Zalina was advised to have an induced delivery due to the baby's low position. On 9 May 2025, she gave birth to a healthy baby girl named Mardhiah — a moment of immense relief and joy for the family.



From left: Mr Abdul and Mdm Zalina with their healthy baby girl Mardhiah.

Dr Lee waived all consultation and delivery charges, while the Outreach Team covered the hospitalisation costs. Their support lifted a heavy burden, allowing the family to welcome their newest member with peace of mind and gratitude.

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.

Sr Kelly Thian receives Nurses' Merit Award

Known for her calm leadership and deep commitment to patient care, Sr Kelly Thian has been recognised with the Nurses' Merit Award.

Mount Alvernia Hospital (MAH) is honoured to celebrate Sister Kelly Thian, nurse manager of the Operating Theatre (OT), as a recipient of the Nurses' Merit Award (NMA).

Established in 1976 by the Ministry of Health, Singapore, the NMA is a national accolade awarded to nurses who have displayed noteworthy and exceptional performance, participated in professional development, and contributed to raising the nursing profession. With 27 years of nursing experience, Sr Kelly exemplifies these qualities in both her clinical work and leadership.

As the nurse manager overseeing the OT at MAH, Sr Kelly is a dependable and dedicated leader. Known for her calm presence, she is often the first to step in during high-pressure situations, and supports her team both clinically and emotionally.

“ Kelly is a quiet and gentle leader who leads with calm confidence and steady presence. ”

**– Ms Shirley Tay,
Director of Nursing**

Beyond the OT, Sr Kelly is actively involved in several hospital committees, including those for blood transfusion and Code Blue.

Within the nursing division, she continuously seeks ways to streamline workflows and enhance patient safety standards. One of her notable efforts has been the introduction of procedure packs, such as the Lower Segment Caesarean Section emergency pack and eye pack, which have helped improve surgical sterility and reduce costs for patients.

Colleagues describe her as approachable and kind. “Sr Kelly listens patiently and makes everyone feel supported. Her door is always open, and her words are always encouraging,” shared Sr Bowie and Sr Maricel, members of the nursing team.

Her impact is felt not only by staff but also by patients. OT staff nurse Ms Monica remarked that “her gentle manner brings reassurance during the most intense moments for patients going for surgery.”

“ This award is deeply humbling. It belongs to every patient who has trusted me, and every colleague who has journeyed alongside me. ”

Every moment we faced together in the OT, the teamwork, and the compassion continue to inspire me to give my best every day. ”

– Sr Kelly Thian

Congratulations
**Sr Kelly, and thank you
for leading with heart and humility.**



Meet the new specialists at Mount Alvernia Hospital

Mount Alvernia Hospital is delighted to introduce 14 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 Chong
Choon Seng**

Ark Surgical Practice

Dr Chong Choon Seng graduated from the National University of Singapore in 2004 and obtained his specialist qualifications from the Royal College of Surgeons of Edinburgh in 2013. He went on to complete his fellowship at Samsung Medical Center, one of South Korea's most prestigious cancer centres.

As a senior consultant in colorectal and general surgery, Dr Chong has a keen interest in minimally invasive surgery for colorectal cancer and advanced endoscopy. In addition to his vast clinical experience, he also serves as an instructor, training fellow colleagues and juniors in colonoscopic stenting, keyhole and robotic surgery for colorectal cancers and transanal total mesorectum excision for rectal cancers.

In recognition of his work as an established surgeon and academic contribution, Dr Chong was appointed associate professor in 2022.



**Dr Ikram
Hussain**

Gutcare

Dr Ikram Hussain is a senior consultant gastroenterologist with extensive experience in advanced endoscopy and managing complex liver and digestive conditions. Trained in both Singapore and the UK, he is accredited in procedures such as endoscopic retrograde cholangiopancreatography (ERCP), endoscopic ultrasound, small bowel enteroscopy and cholangioscopy.

Dr Hussain has held key positions at leading institutions including Khoo Teck Puat Hospital and University Hospital of North Durham, UK. He also led hepatology services and is skilled in treating liver cirrhosis, hepatitis, and transplant-related care. His academic contributions include multiple peer-reviewed publications and teaching roles at Singapore's top medical schools.

Awarded the prestigious HMDP grant and a Fellowship from the Royal College of Physicians (Edinburgh), Dr Hussain brings compassionate care and expert clinical judgment to every patient he treats.

DOCTORS



Dr Aravind Kumar

Straits Specialists
Clinic

Dr Aravind Kumar is a UK-trained orthopaedic surgeon with more than 20 years of experience in this field. He graduated from Madras Medical College, Chennai, India, winning a Gold in orthopaedic surgery. After becoming a Member of the Royal Colleges of Glasgow and Edinburgh, he went on to complete the orthopaedic resident training programme in Cardiff, Wales, where he obtained Fellowship of the Royal Colleges of Surgeons.

Dr Aravind's experience includes prolapsed intervertebral discs and sciatica, spinal stenosis, spinal fractures and scoliosis. He is skilled in minimally invasive spine surgery and spine navigation surgery.

He has been a consultant orthopaedic and spine surgeon in Singapore since 2014, having worked in Khoo Teck Puat hospital and Ng Teng Fong hospital, winning several awards for excellence of patient care.



Dr Benji Lim Yaozong

Novena Heart Centre

Dr Benji Lim is an interventional cardiologist specialising in coronary angiography and angioplasty. His clinical interests include the prevention and management of coronary artery disease and its risk factors, such as diabetes, hypertension, and hypercholesterolaemia.

Dr Lim graduated from Trinity College Dublin, Ireland in 2007, and completed his specialist training in cardiology in 2015 and a fellowship in interventional cardiology at Inselspital, University of Bern, Switzerland in 2017. Before private practice, he was a senior consultant cardiologist at Changi General Hospital and visiting consultant at National Heart Centre Singapore.

Dr Lim served as associate programme director of the SingHealth Cardiology Residency Programme (2018-2024) and was appointed clinical assistant professor at SingHealth Duke-NUS. His research has been published in international journals, including *Circulation* and *Journal of the Asian Pacific Society of Cardiology*.



Dr Poh Choo Hean

Clinic for Liver &
Digestive Disorders
Pte Ltd

Dr Poh Choo Hean obtained his medical degree from Queen's University in the United Kingdom in 1996, followed by his postgraduate degree in 1999. He completed advanced training in internal medicine and gastroenterology in Singapore in 2000, and was accredited as a Fellow of the Academy of Medicine, Singapore in both specialties in 2004 and 2006 respectively.

From 2008 to 2009, Dr Poh was in the United States to further subspecialise in the field of upper gastrointestinal motility. He has published numerous medical research papers in reputable medical journals, and was awarded the Research Publication Award in 2010.

Dr Poh was actively involved in teaching the next generation of young doctors when he was a core faculty member of the Accreditation Council for Graduate Medical Education.



Dr Anindita Santosa

Aaria Rheumatology (MAH)

Dr Anindita Santosa is a dual-trained consultant in rheumatology and clinical immunology/allergy, and the medical director of Aaria Rheumatology. After obtaining her specialist accreditation in rheumatology in 2017, she pursued advanced clinical training in allergy and clinical immunology across three tertiary centres in Singapore, and completed a Master of Science in Allergy from Imperial College London in 2023.

Dr Santosa's clinical expertise spans a wide spectrum of rheumatic and immunologic diseases. She has special interests in connective tissue disorders such as systemic lupus erythematosus, systemic sclerosis, idiopathic inflammatory myopathies, and pulmonary hypertension associated with autoimmune diseases.

Dr Santosa previously led the division of rheumatology at Changi General Hospital. She is the deputy chairman of the National Arthritis Foundation and council member of the Lupus Association Singapore.



Dr Jay Siak

Eagle Eye Centre Pte Ltd (EEC)

Dr Jay Siak is an ophthalmologist at Eagle Eye Centre with a special interest in autoimmune and immunosuppressive disorders. He manages inflammatory and infectious eye conditions such as uveitis, scleritis and lymphoma.

Dr Siak graduated from the National University of Singapore in 2004 and completed his specialist training at the Singapore National Eye Centre (SNEC) in 2015. That same year, he obtained fellowships from the Royal Colleges of Ophthalmologists (London and Edinburgh) and a Master of Clinical Investigation. Thereafter, he completed a fellowship in ocular inflammation and immunology at SNEC, followed by two years of HMDP fellowship training at Casey Eye Institute in Oregon and the National Institutes of Health in Maryland, USA.

A former senior consultant at SNEC until 2023, Dr Siak is known for strong patient rapport and has received multiple service awards.



Dr Tan Hon Lyn

OncoCare Cancer Centre

Dr Tan Hon Lyn is a senior medical oncologist whose subspecialty interests include gastrointestinal cancers and neuroendocrine tumours.

After graduating from the National University of Singapore (NUS) where she received the Lee Kuan Yew Gold Medal, Dr Tan completed her post-graduate training in the Internal Medicine Residency Programme followed by the Senior Residency Programme in Medical Oncology at the National University Health System (NUHS).

Before entering private practice, Dr Tan was a consultant with the Department of Haematology-Oncology, National University Cancer Institute, Singapore. She was also core faculty for the NUHS Internal Medicine Residency Programme, and clinical assistant professor on the Clinical Faculty Scheme for the Department of Medicine, NUS Yong Loo Lin School of Medicine.

DOCTORS



Dr Mark Tan

Pinnacle Orthopaedic
& Sports Centre
(Alvernia)

Dr Mark Tan is an orthopaedic surgeon specialising in spine surgery. His clinical interests encompass a broad range of spinal procedures including minimally invasive techniques, anterior and lateral lumbar procedures, joint preserving, complex spine deformity surgery and pain management for degenerative, neoplastic and traumatic spine conditions.

A strong advocate for evidence-based care, he is actively involved in the Robotic Spine Surgery and Enhanced Recovery after Spine Surgery workgroups at the NHG Spine Centre.

Dr Tan has organised and led numerous local and regional spine courses, sharing his expertise and surgical techniques with aspiring spine surgeons. His contributions extend to academia, where he held the position of adjunct assistant professor at the National University of Singapore.



**Dr Tey
Tze Tong**

Clinic for Liver &
Digestive Disorders
Pte Ltd

Dr Tey Tze Tong is a gastroenterologist experienced in managing a wide range of digestive and liver conditions. After graduating from the Yong Loo Lin School of Medicine, National University of Singapore (NUS), Dr Tey attained his Membership of the Royal College of Physicians (UK) and Master of Medicine (Internal Medicine) from NUS. He is a Fellow of the Royal College of Physicians (Edinburgh) and the Academy of Medicine, Singapore.

Dr Tey previously headed the inflammatory bowel disease service at Sengkang General Hospital. His subspecialty interest is in inflammatory bowel disease. He is a member of the European Crohn's and Colitis Organisation, and trained in intestinal ultrasound at the Mater Hospital in Brisbane, Australia.

Dr Tey was awarded the Singhealth Outstanding Faculty Award and Singhealth Senior Educator Award.



**Dr Wong
Ru Xin**

Icon Cancer Centre
at Mount Alvernia

Dr Wong Ru Xin is an experienced radiation oncologist, specialising in breast, head and neck, paediatric, brain and skin cancers, as well as sarcoma treatments.

Dr Wong obtained her medical degree from the National University of Singapore, and graduated on the Dean's list. She is proficient in techniques such as the 3D image-guided radiation therapy, volumetric modulated arc therapy, stereotactic body radiation therapy, and proton beam therapy.

Dr Wong received specialist radiation oncology training at the National Cancer Centre Singapore, where she received several research and clinical grants to implement new technologies. She also received the Ministry of Health Manpower Development Grant to study proton beam therapy in the USA, where she completed specialised training and observorships at St Jude Children's Research Hospital, Provision Cares Proton Center, and Kobe Proton Center.



Dr Valerie Yang

OncoCare Cancer Centre

Dr Valerie Yang is a senior medical oncologist with over 15 years of clinical experience. Translating cutting-edge approaches to clinical care, she focuses on managing complex cancers, including rare cancers, sarcomas, skin cancers, melanomas, lymphomas and general oncology.

Dr Yang is jointly appointed as group leader of the Translational Precision Oncology Laboratory at the Institute of Molecular and Cell Biology, adjunct principal investigator at the Bioinformatics Institute, A*STAR, adjunct assistant professor at Duke-NUS Medical School, and visiting consultant at the National Cancer Centre Singapore.

A graduate of the MB/PhD programme at the University of Cambridge, Dr Yang is also a member of a three-person international scholar selection panel for the Gates Cambridge Trust for Biological Sciences. She is a National Science Scholar under Singapore's A*STAR scholarship programme.



Dr Yeo Chong Meng

Clinic for Liver & Digestive Disorders Pte Ltd

Dr Yeo Chong Meng graduated from the University of Otago, New Zealand, where he received his medical degree in 1998. He completed his basic medical training at two reputable public hospitals, Auckland City Hospital and North Shore Hospital before returning to Singapore. He subsequently became Member of the Royal College of Physicians of the United Kingdom and embarked on advanced specialist training in gastroenterology and hepatology in Tan Tock Seng Hospital.

Dr Yeo was then accredited as a gastroenterologist by the Singapore Specialist Accreditation Board, and later conferred the Fellowship by The Academy of Medicine, Singapore and the Royal College of Physicians, Edinburgh. He was also awarded the Ministry of Health Healthcare Manpower Development Plan scholarship for his advanced training in Yale-New Haven Hospital, USA.



Dr Zac (Qingyuan) Zhuang

OncoCare Cancer Centre

Dr Zac Zhuang is a senior specialist in palliative medicine at OncoCare Cancer Centre, with a background in family medicine and over a decade of experience caring for patients with serious illnesses. He works closely with oncology teams to support patients across all stages of cancer, focusing on symptom relief, clear communication, and quality of life.

Previously, he was a consultant at the National Cancer Centre Singapore, where he contributed to both patient care and service development. He also has a strong interest in medical informatics and leads research using real-world health data to improve care delivery and outcomes.

Dr Zhuang is known for his patient-centred approach and commitment to integrating palliative care seamlessly into cancer treatment.



Serve all with Love

Alvernia Psychological Health Centre

Holistic & Integrated Mental Health Support

Our psychiatrists and psychologists, together with a specialised team of pastoral counsellors, occupational therapists, trainers and allied health professionals, are here to support you every step of the way.



**OUTPATIENT
CENTRE**

Whether at our Outpatient Centre, or our dedicated Inpatient Ward, we offer comprehensive psychological and psychiatric services, all within a private, full-service hospital.



**INPATIENT
WARD**

Let Us Journey With You.

To find out more, please contact us:
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