

# Caring

A HEALTHIER, HAPPIER LIFE

中文由  
25页起

**DETECTIVE  
DENTIST  
WHAT YOUR  
TEETH SAY  
ABOUT YOUR  
HEALTH**

**NO  
PRESSURE**  
HOW TO COPE  
WITH STRESS

**Meet our staff  
who go beyond  
the call of duty  
for their patients**

**Healthcare  
Heroes with  
HEART**



# Caring

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## EDITOR'S NOTE



I have a little confession to make. I am not very good at slowing down and smelling those proverbial roses. I often get caught up in the hustle and bustle of life, hardly giving anything else a second thought.

Yet during those rare moments when I do pause, reflect and look beyond what is happening around me, I feel rejuvenated.

Indeed, it's not easy taking time out from your busy schedule, but doing so is incredibly worth it. First off, when you feel calm and focused, the things you can learn and discover are quite eye-opening.

Taking time out gives you the chance to interact with and learn more about the people around you. For our cover story, we did exactly that – talking to two interesting healthcare staff members at CGH and finding out what makes them tick during and outside work (**page 14**).

Secondly, your health definitely benefits. When something is amiss, your body will usually reveal signs. You need to be able to pause, so as to be alert to what is going on with your body. Find out how your oral health can provide insight into your overall health and well-being (**page 2**). Even your urine can show you telling symptoms – Dr Koh Li-Tsa shares the answers to frequently asked questions about urinary tract infection and how to prevent it (**page 5**).

Other articles in this issue will further help you realise the importance of paying attention to your health and your surroundings.

So grab a cuppa, find a quiet corner and enjoy this issue!

Retna Devi  
Editor

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“家庭医生首选”系列

# WHAT YOUR TEETH REVEAL ABOUT YOUR HEALTH

“Detective” dentists can uncover a lot about the state of your health besides cleaning your teeth and fixing tooth decay

Like many people, you may not visit a dentist regularly despite being aware that you should see one every four to six months. Perhaps you have the following reasons for not doing so:

- You are scared of dentists
- You see a dentist only when you have tooth problems
- You don't think you need a dentist because losing teeth is part of the normal ageing process

But did you know that dentists are in fact trained to identify and fix more than just teeth trouble? A thorough dental check-up may reveal not only pathological habits but may also provide insights into your overall health and well-being. If you go for routine check-ups, your dentist will be able to diagnose your dental issues and treat them early and, more importantly, also detect any underlying conditions.

What dental issues can your dentist pick up? Let's find out.



## TOOTH DISCOLOURATION

Tooth discolouration is very common. Affecting one tooth or all teeth, it can be due to multiple factors. Tooth discolouration can be broadly categorised as extrinsic, intrinsic and age-related.

### EXTRINSIC STAINS

These occur when the outermost surfaces of teeth are discoloured. These can be caused by frequent consumption of chromogenic (dark-coloured) foods, such as tea, coffee, wine, betel nut; and smoking.

If you have a history of chewing on betel nut and/or smoking, your dentist will check the other parts in your mouth and your lymph nodes for anomalies, which could indicate the possibility of oral cancer.

Intrinsic stains occur when the inner parts of teeth become discoloured.



### INTRINSIC STAINS

The causes of intrinsic stains may be congenital or if acquired, may be due to:

- **fluorosis**, which leads to widespread chalky white mottling of enamel. Fluorosis occurs when excessive fluoride is ingested during teeth development (0–12 years old);
- **trauma to milk teeth**, resulting in defects on permanent teeth;
- **Use of tetracycline antibiotics** during teeth development, leading to discolouration, which shows up as a band of dark discolouration; and
- **previous trauma to adult front teeth**, leading to discolouration.



### AGE-RELATED STAINS

As you age, the outermost layer of your teeth becomes thinner, exposing the natural yellow of the underlying dentine. Yellow teeth may also occur naturally when enamel is more translucent. This is perfectly normal, and the yellowing of teeth comes with the natural process of ageing.

## TOOTH WEAR

Tooth wear is another group of common issues detected by dentists. It occurs when there is a loss of tooth structure that is not caused by tooth decay or trauma. There are three main types of tooth wear:

### ATTRITION

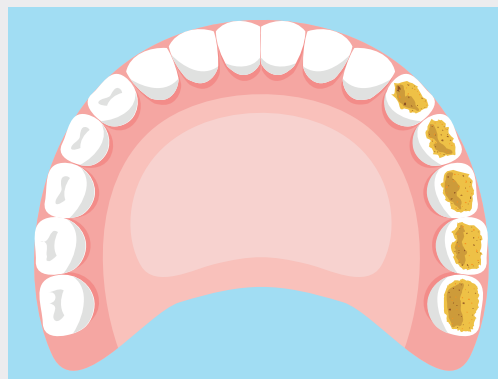
This refers to the loss of tooth structure due to bruxism, or tooth-to-tooth grinding. Bruxism tends to occur during times of stress. Most prominent on the biting surfaces of teeth, it results in flat and short teeth.

### ABRASION

These are wedge-shaped shiny lesions that occur at the tooth-gum margin. It is caused by overzealous brushing with a hard-bristled toothbrush across the gum line. It can also be exacerbated by an acidic diet, which softens the tooth structure.

### EROSION

This is a progressive loss of tooth structure as a result of sustained acid attack. The wear pattern tends to be on the inner surfaces of all teeth. Your teeth may become eroded if you consume excessive amounts of acidic drinks such as carbonated drinks, sports drinks and wine. Thus, athletes and wine tasters who frequently consume large quantities of sports drinks and wine, respectively, are among those commonly affected. Those who suffer from gastro-oesophageal reflux



disease or bulimia are also likely to notice tooth erosion. To prevent erosion, reduce your intake of acidic foods or drinks, rinse your

mouth with water after consuming acidic food or drinks, and brush your teeth 30 minutes after consuming acidic foods.



## OTHER DISORDERS

Your dentist can also detect the following:

### GUM OVERGROWTH CAUSED BY MEDICATIONS

Characterised by bulbous gums overlapping the teeth, gum overgrowth can be caused by long-term use of medications such as phenytoin, nifedipine and verapamil.

### PERIODONTITIS

This is a gum infection caused by an uncontrolled blood sugar level. Research has proven a two-way relationship between diabetes and periodontitis: diabetes increases the risk of periodontitis, and periodontal inflammation negatively affects glycaemic control. The end result is gum disease, which is manifested by red gums and the loosening of teeth.

### OBSTRUCTIVE SLEEP APNOEA

A chronic condition characterised by frequent episodes of upper airway collapse and non-breathing during sleep. This disorder occurs in three- to seven per cent of the world population. Predisposing factors include age, gender, obesity, family history, menopause, craniofacial abnormalities such as a retrognathic mandible, and lifestyle habits such as cigarette smoking and alcohol use. The standard diagnostic test is overnight polysomnogram.



### HYPODONTIA

This condition occurs when multiple teeth are missing from birth. This has a worldwide incidence of 1.6 to 6.9 per cent. The most common related syndrome is Ectodermal Dysplasia (incidence of 1 in 17,000). Hypodontia may also be associated with Down Syndrome, and cleft lip and/or palate.

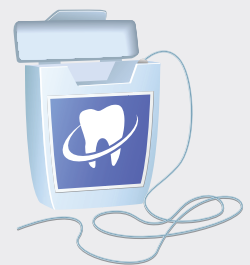
### SUPERNUMERARY TEETH

Excessive number of teeth occurs in 0.4 to 6 per cent of the global population. The most common related syndrome is cleidocranial dystosis. Supernumerary teeth may also be associated

with disorders such as Ehlers-Danlos Syndrome Type III, Gardner's Syndrome, Marfan Syndrome, and cleft lip and/or palate.

For optimal dental hygiene, ensure that you do the following:

- brush your teeth at least twice a day with a soft toothbrush and fluoridated toothpaste
- floss your teeth at least once daily
- avoid acidic and sweet foods and drinks
- visit the dentist twice yearly for check-ups ©

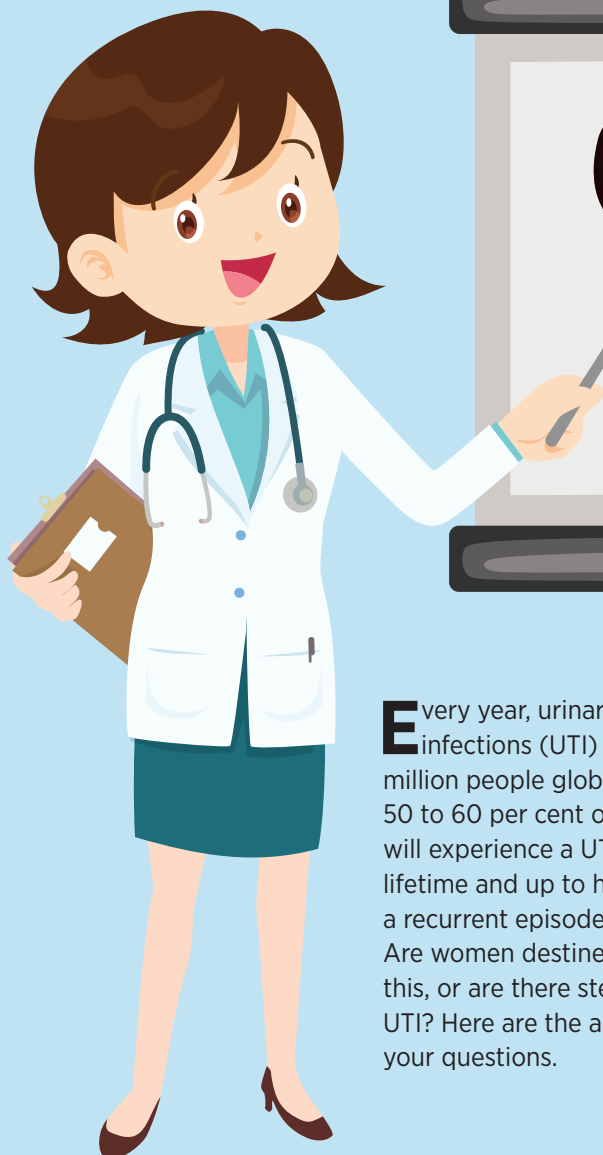


**Dr Kenneth Koh Shou Bin** is Dental Officer, Department of Oral and Maxillofacial Surgery, at CGH



# URINARY TRACT INFECTION IN WOMEN

Chances of getting a urinary tract infection (UTI) is higher in females. But how much do you know about UTI and what you can do to prevent it?



**E**very year, urinary tract infections (UTI) affect 150 million people globally. About 50 to 60 per cent of women will experience a UTI in their lifetime and up to half will suffer a recurrent episode within a year. Are women destined to live with this, or are there steps to prevent UTI? Here are the answers to your questions.

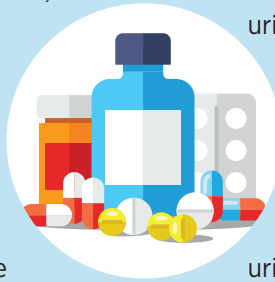
**Q** How do I know if I have a UTI? What are the symptoms?

**A** The classic symptoms are burning pain when urinating, the urge to pass urine frequently, and pain over the lower part of the abdomen. Other less common symptoms include blood in the urine, fever, shivering, back pain, and strong-smelling urine. Elderly patients may present different symptoms, such as vomiting, loss of appetite, lethargy and confusion. If you

are suffering any of these symptoms, you should see a doctor to get your urine tested and start on antibiotics if the test shows an infection.

**Q** Do I really need antibiotics if I have a UTI? Can I stop taking them if I feel better?

**A** In cases of confirmed UTI, it is best to complete a course of antibiotics prescribed by a doctor to completely eradicate the bacteria. An untreated UTI may eventually progress to kidney infection, which will require admission to the

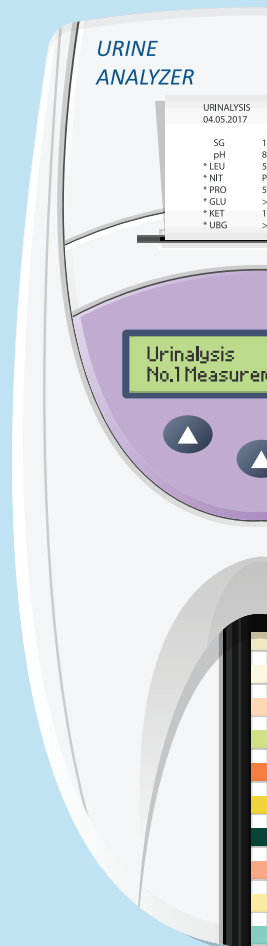
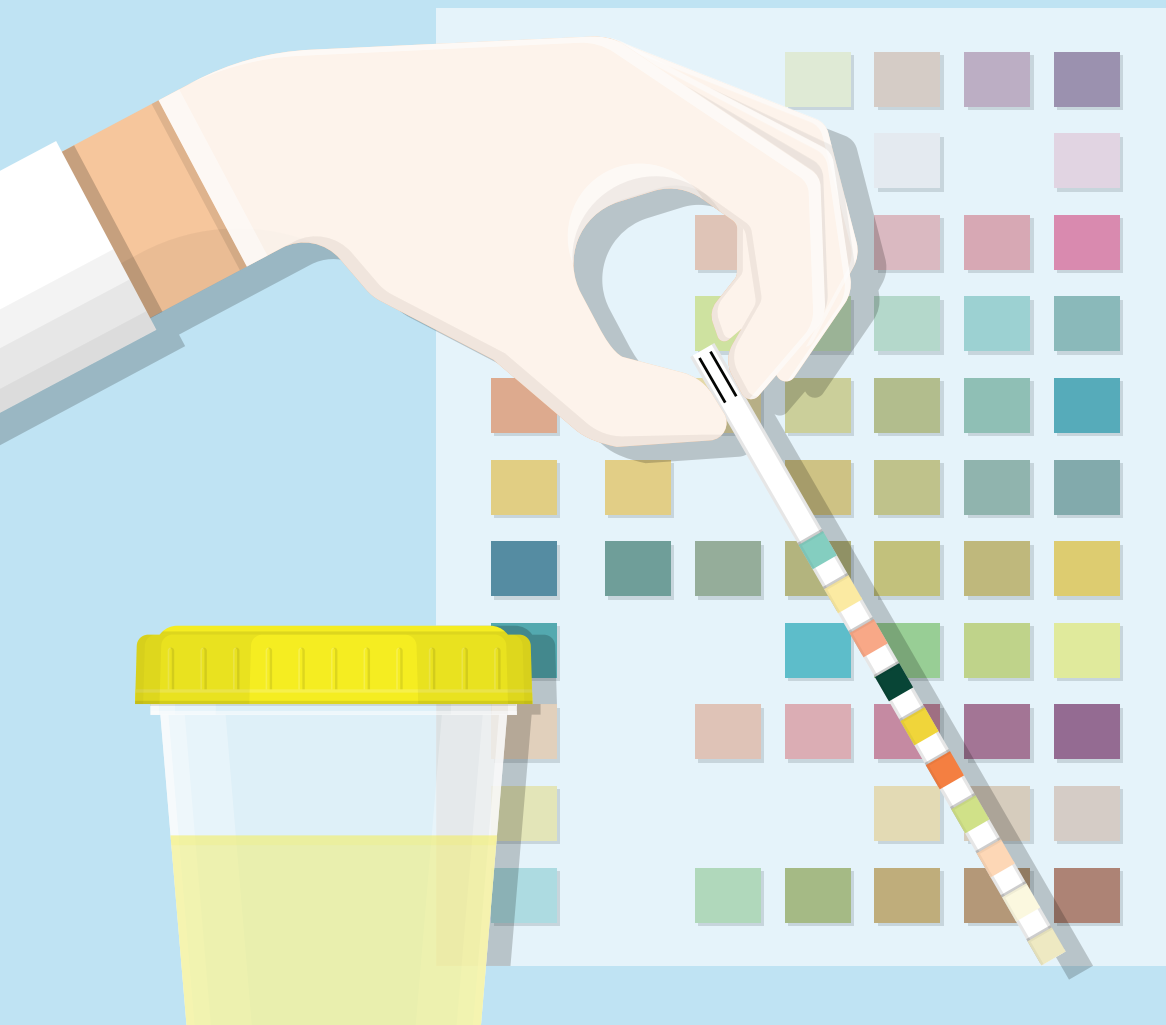


hospital for a longer course of antibiotics. Severe cases of infection may even lead to kidney damage or death.

**Q** What are the steps to take to minimise my chances of developing a UTI?

**A** Increasing fluid intake to about two litres a day will help increase your urine production. This will help dilute the contaminating bacteria and flush them out.

After passing urine, wipe from front to back. This means the toilet paper should move in the direction of the urethra (the opening where urine comes out) to the anus. Bacteria





are normally present around the anus and you should avoid bringing them close to the urethra. In Singapore's hot and humid climate, it is also advisable to wear breathable cotton underwear; other materials may trap sweat more readily, promoting bacteria growth.

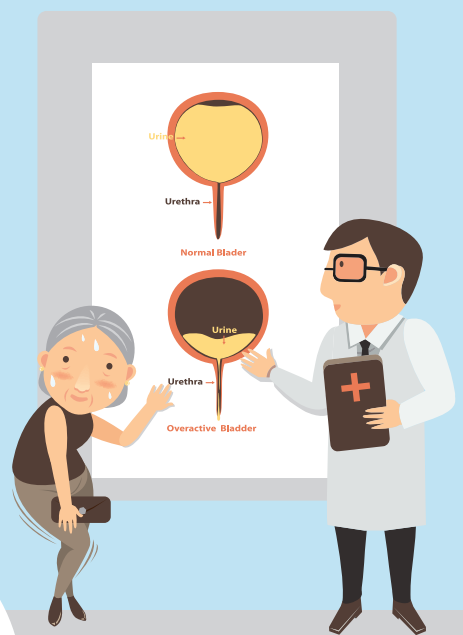
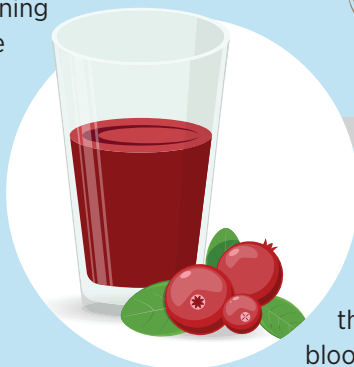
**Q I am healthy and exercise regularly. I watch my diet very carefully and drink a lot of water daily. Why did I still get a UTI?**

**A** Ladies are more susceptible due to their anatomy. The female urethra, which is the tube draining the urine out from the bladder, is much shorter than the male urethra. It is therefore easier for bacteria present on the human skin to ascend this tract into the bladder.

In healthy women, recent sexual intercourse and a history of urinary tract infection are known risk factors for developing a UTI. Sexually active women should wash before sexual intercourse and pass urine thereafter to reduce the chances of getting a UTI.

**Q Are cranberries effective in preventing UTI?**

**A** One study showed that cranberry products helped reduce the risk of UTI in women suffering from recurrent UTI. Cranberries are thought to decrease the adhesion of UTI-causing E.coli bacteria to the bladder lining. However, the results from numerous other studies have not provided conclusive evidence that cranberries are effective in preventing UTI. What's more, drinking large amounts of cranberry juice may cause heartburn and gastric discomfort, and cranberry juice tends to be sweetened and can contain more sugar than



soft drinks. While unsweetened juice and cranberry tablets and capsules may be healthier alternatives, note that cranberries can also interact with a blood-thinning medication called warfarin. Do check with your doctor first if you are taking warfarin, or if you are keen to try cranberry products.

**Q When should I see a specialist if I have UTI?**

**A** Generally, your family doctor can manage UTI. An uncomplicated UTI can usually be cleared with a course of antibiotics. You may need to be admitted to the hospital for intravenous antibiotics if you have high fever, shivering, vomiting and pain over your kidneys.

Your GP may refer you to a urologist if you have recurrent UTI. He or she may order further investigations to rule out other underlying causes of infections, such as stones in the urinary tract. ©

**Dr Koh Li-Tsa** is Consultant, Department of Urology, at CGH



# DON'T IGNORE THAT EAR ACHE!

If you have an ear ache, don't brush it off. It could be a symptom of malignant otitis externa, a severe ear infection

**M**ost ear aches are associated with external ear infections, which can be easily treated with ear drops. However, there are some ear infections that can be serious and even life-threatening. One of the most serious is malignant otitis externa (MOE).

## What is malignant otitis externa?

MOE is an infection of the external ear that usually afflicts people with poor immunity. These patients may have reduced immunity

as a result of medical problems, such as diabetes (especially if poorly controlled) and chronic renal failure, or due to long-term use of medications such as anticancer drugs and immunosuppressive drugs like steroids.



## What are the symptoms?

If you have MOE, you can suffer severe ear pain that frequently disturbs your sleep.

You may also have discharge from your ear and hearing loss. Although the infection is usually limited to the external ear, it can spread to the surrounding areas and structures, including the jaw joint, muscles, facial nerve, other cranial nerves, blood vessels and brain.

If your jaw joint is affected, chewing and opening your mouth can be painful or restricted. When the facial

nerve, which traverses through the ear, is affected, you will have weakness of movement on one side of your face.

In more severe cases, the infection can spread to the nerves associated with swallowing and speech. When

this occurs, swallowing is affected and the vocal cords

may be paralysed; you may aspirate liquid or food, resulting in other complications such as aspiration pneumonia. In other severe cases, the covering of your brain is affected, resulting in meningitis or even brain abscesses. These conditions may be life-threatening.

## How is it treated?

The diagnosis is usually clinical and aided by scans (e.g. CT and MRI scans) and microbiological



tests that aim to pinpoint the organism(s) causing the infection.

It is treated primarily with antibiotics administered intravenously, usually for six weeks. Depending on the organisms causing the infection, the type of antibiotic is usually made in consultation with infectious-disease physicians. Some antibiotics may be administered once a day. If you are prescribed this, you may then be suitable for outpatient antibiotic therapy, where you receive antibiotics intravenously through your veins via a pump you can take home, thus reducing the length of your hospital stay.

Most times, you will recover after six weeks of intravenous antibiotics.

Increasingly, however, there is a trend of multi-resistant bacteria causing MOE, and the treatment may be complex and prolonged.

The treatment's success is determined by improvements in clinical signs and symptoms. Occasionally, tests like bone scans may be used to show the extent, progress or resolution of the disease. CT and MRI scans are usually not useful to indicate treatment success as the changes that occur with treatment may be delayed or not apparent on these scans.

There is not much you can do to prevent MOE. However, if you are diabetic or are taking any medication that may lower immunity, do not ignore an ear ache. ©



**Adjunct Associate Professor Yuen Heng Wai**  
is Senior Consultant, Otorhinolaryngology –  
Head & Neck Surgery, at CGH



“  
**Do not ignore an ear ache if you are diabetic or taking medication that may lower immunity**

# "I'M SO STRESSED!"

You often hear about stress in daily conversations. But did you know that there's good stress and there's bad stress?

**B**arely a day goes by when you don't hear a friend or loved one complaining about stress in their lives. Yet, what exactly are the signs and symptoms of stress? How is stress produced? How can it both help and hinder you? Read on to find out.

## What is stress?

Stress is often thought of as a feeling of pressure that affects you mentally and emotionally. But because your mind and body are intricately linked, stress can affect you physically too. Have you ever felt your heart pounding on a first date or noticed your body trembling when you go on stage to give a talk? You may also have heard of the expression "butterflies in your stomach" to describe nervousness. These familiar examples illustrate how you can feel stress in both your mind and body.

Your body produces a surge of hormones in response to stress. These hormones facilitate a "fight or flight" response. They cause your heart to beat faster and your blood pressure to rise, boosting your blood circulation and energy to help you deal with the challenges you are facing. In ancient times, this adaptive response





helped protect our ancestors from predators and other immediate, life-endangering threats. In addition, your body's response to stress usually regulates itself. When the stressful event is over and the level of stress hormones falls, your heart rate and blood pressure gradually return to normal.

Stress is not always bad. In fact, everyone needs a certain amount of stress to perform at their best. It gets you out of bed in the morning and motivates you throughout your day. However, stress becomes problematic when you feel that the demands or pressures life presents are more than you can cope with.

### **The effects of chronic stress**

Stress can occur over a short period of time, such as when you are going for an examination or giving a public speech. It can be chronic, such as when you are coping with long-term financial issues or unemployment. When you feel overwhelmed for a long period, your body's fight or flight response may become chronically activated. Chronic stress that is left unchecked can contribute to many

health problems, including high blood pressure, heart problems, diabetes, infertility and obesity. Stress can also make your breathing more rapid, which can be problematic if you have lung conditions, such as asthma. Studies have found that acute stress, such as the loss of a loved one, can trigger asthma attacks.

“  
**Chronic stress that is left unchecked can contribute to many health problems, including high blood pressure, heart problems, diabetes, infertility and obesity**

### **Causes of stress**

You may think that stress triggers are usually unfortunate things like the loss of loved ones, interpersonal conflicts and

medical problems. However, many other aspects of life can cause stress. Stress can even be triggered by events that are seemingly positive, such as having a new partner, a new job and a vacation. Fortunately, your body has a unique way of sending you warning signs that your stress level is in the unhealthy zone.

## Coping with stress

Even though some factors that contribute to stress are often not within your control, you can still take simple steps to help you cope better with it. Stress management involves taking charge of your lifestyle habits and changing the ways you manage or perceive challenging situations, in addition to utilising support when needed. Here are some effective stress management tips:

**1 Identify your stressors:** Take some time to reflect on situations that may be contributing to your stress. These could be one-off events that are on your mind (e.g. examinations, public speaking) or ongoing stressors (e.g. relationship issues, financial problems, parenting). Knowing your triggers allows you to anticipate problems and find solutions to solve them. Are there things within your control that can be managed better?

**2 Reframe problems:** You also need to acknowledge that some stressful events may indeed be beyond your control. Try to view these situations from a more positive perspective. Rather than fuming over a traffic jam, take it as an opportunity for a breather by listening to your favourite radio station or enjoying some alone time. You can also reframe

## LOOK OUT FOR SIGNS AND SYMPTOMS

Stress can affect you physically, behaviourally, cognitively and/or emotionally. Here's what to take note of:



### PHYSICAL SYMPTOMS

- Aches and pains
- Diarrhoea and constipation
- Nausea, dizziness
- Tight chest and rapid heart rate
- Fatigue
- Loss of sex drive
- Frequent colds and flu



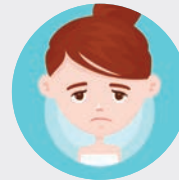
### BEHAVIOURAL SYMPTOMS

- Eating more or less
- Sleeping too much or too little
- Withdrawing from others
- Procrastinating or neglecting responsibilities
- Nervous habits (e.g. nail biting, pacing)



### COGNITIVE SYMPTOMS

- Memory problems
- Inability to concentrate
- Poor judgement
- Seeing only the negative
- Anxious or racing thoughts
- Constant worry



### EMOTIONAL SYMPTOMS

- General unhappiness
- Anxiousness, agitation
- Irritability, anger
- Feelings of being overwhelmed
- Loneliness
- Other mental or emotional health problems

These experiences are like an amber traffic light, alerting you that it is time to slow down and monitor your stress level. By being aware, you may be able to make sense of the niggling physical issues for which your doctor has found no medical explanations. Pause and ask yourself if you are experiencing an elevated level of stress, which may cause you to feel depressed or anxious. Identify your stress triggers and if possible, resolve them. Not only will you feel better, it will benefit your physical and mental health in the long term.



problems as challenges and opportunities for personal growth.

**3 Manage your time:** Remember the phrase “work smarter, not harder”? When you have to juggle many responsibilities, assign time limits to tasks, write to-do lists, group tasks together, and prioritise important ones. Be realistic about what you can achieve with the resources you have. Sometimes, it may be necessary to say “no” or cut down your to-do list.

**4 Make time for yourself:** Put yourself at the top of your priority list. Take the day off to pamper yourself or do things you enjoy (e.g. craft, reading). Spending time with family and friends may also recharge you. Downtime ensures that you do not get lost in the hustle and bustle of life.

**5 Be kind to yourself:** Being overwhelmed by stress can lead to feelings of inadequacy and a sense of failure. Pay attention to how you feel and turn down the volume of your inner critic. Ask yourself, “What would I say to a good friend?” Then say that to yourself.

**6 Adjust your standards:** Moderate your expectations of yourself and others. Perfectionism is a major source of avoidable stress. Accept that you live in an imperfect world, where people are flawed and make mistakes.

**7 Practise deep-breathing exercises:** Help your body relax and relieve stress. Try this: Sit or lie down comfortably and place both hands over your belly button. Now, imagine your stomach is a balloon. Inhale deeply and slowly to inflate that balloon. As you exhale gradually, allow your stomach to sink back in. Do this for 10 minutes.

**8 Look after your physical health:** For example, getting adequate sleep, physical exercise and eating regular healthy meals can make a difference to how you feel.

**9 Use your support network:** Whatever you are going through, you do not have to cope with it alone. Sometimes just sharing your problems with your loved ones can reduce your sense of isolation and hopelessness.

**10 Seek professional help:** Talk to your doctor if your stress continues and has an impact on your day-to-day life. Your persistent struggles with negative thinking and communication difficulties (e.g. with self-assertion) may increase stress. Discuss with your doctor if you need to see a counsellor to address these issues. ☑



**Ms Stefanie Cai** is Clinical Psychologist, Health Wellness Programme, at CGH



We shine the spotlight on two healthcare professionals who have gone the extra mile for their patients in their recovery journey

# THEY CARE TO

# GO BEYOND



If you grew up in the 1980s, you would probably have some memory of the Care Bears. These were a group of multicoloured cartoon characters, with different symbols on their tummies that enable them to channel certain powers in times of trouble. The bears have a “caring meter”, which monitors the amount of care they’ve shown. A low meter reading indicates a lower level of care; this then prompts the bears to work harder at being more caring. What do the Care Bears have to do with CGH? In the healthcare industry, care plays a vital role in enabling patients’ healing. So how do the caring meters of CGH’s healthcare professionals stack up? We talk to two nursing staff to find out.



“  
As nurses, we are  
our patients’ mothers,  
fathers, spouses,  
counsellors and  
everything else during  
their stay in the  
hospital

## SENIOR STAFF NURSE JOHN PAUL MATIC FERNANDEZ

Originally from the Philippines, John has lived in Singapore since his primary school days. He has always wanted to be a nurse; it was a choice he made when he was still in school. John speaks like a local and can even converse in fluent Malay. Affable and easy-going, he seems to know everyone in the hospital, which comes in useful especially when he is carrying out his care duties in the ward.

### CARE FOR OTHERS

Fulfilling different roles on top of other care duties can be challenging, but it has been rewarding for John. He remembers a patient whose children would visit and do their homework at his bedside every night. Realising that the patient was not well versed in English, John the nurse transformed into John the tutor, stepping in to help the children with their homework.

John is also known for his precision when drawing blood. It is a procedure that unnerves some patients, but when John does it well, it means less stress for his patients.

To sum up his approach to caring, he says, “If I am providing care that’s good enough for my mother, then I am giving my best care.”

### CARE FOR WORK

John goes out of his way to ensure his patients’ comfort, which goes a long way to help them recover. Once, he realised that a patient was too tall for his bed, as his feet was hanging over the end of the bed. Without the patient asking, John found a more suitable bed for him. Doesn’t going the extra mile take up too much of his time? “Of course it takes more time, but these are the things that make patients feel at ease and cared for,” he says. He credits his team’s support for enabling everyone to go beyond the call of duty for patients.

Also, by adjusting his mindset, John does not view his job as one that simply gives him a pay cheque. While he admits that he can get burned out, John says that what keeps him going is doing his work with passion.

### SELF-CARE

Caring for others can be hard, so self-care should always be a priority. For John, he goes fishing with a group of older fishing enthusiasts. Besides allowing him some quiet time, fishing comes with a serendipitous benefit too. “My fishing buddies have helped me relate better to my patients, who are mostly the elderly,” he explains.

John also knows when to take a break. When he feels that he’s reaching breaking point, he talks to his supervisor, and with his team’s support, adjusts his off days to get much needed rest to rejuvenate. Yet, even during his downtime, John would organise recreational activities to help his team members bond.

### CARE REWARDS

John has won a few recognitions. The most notable was being a Superstar finalist at this year’s Singapore Health Quality Service Awards. When asked what such recognition means to him, John says, “When we do good, good will come back to us.” Indeed!



**MICHELE LIM**

Michele is an assistant nurse clinician at CGH. She exemplifies a strong commitment to advocate change. She has been instrumental in reviewing and streamlining certain processes by building on her interactions with patients and following through with proposals for improvements.



**CARE FOR OTHERS**

Michele views patient care as holistic and believes that every patient care experience is different. Apart from comforting her patients, she also acts as their advocate – educating them, listening to their needs and encouraging them to change their lifestyles for better health. Does she think that caring is a trait that can be nurtured? “Nature or nurture? This is an interesting question,” says Michele. “Until now, little is scientifically known about the human potential to cultivate compassion, which is the emotional state of caring for people who are suffering. As an educator, I believe that caring can be taught and developed. This must happen in a supportive environment, which has a huge impact on fostering and teaching caring attributes in nursing. My role is to teach and model caring through experiential learning.”

**CARE FOR WORK**

Michele has also been vital in introducing a new model of geriatric and rehabilitative care at CGH’s Integrated Building. The model has resulted in a safer and more holistic setting for patients. One of her proudest achievements is initiating music therapy in the geriatric ward. And it all started with a patient. She noticed a dementia patient who did not have any visitors. Concerned about his psychosocial needs, she purchased a CD player with her own money so that he could listen to his favourite old songs. As the first song was played, he started to tear and confided that it brought back many fond memories for him. His mood improved and he was able to focus on positive thoughts. Having observed the therapeutic effect, she knew that more patients could benefit from music therapy. She then led a group of nurses to source for additional CD players and started a donation drive for CDs of popular old songs.

**SELF-CARE**

With the challenging nature of her job, Michele finds time and ways to unwind. Support groups are formed among her colleagues, who provide emotional support to one another. “My colleagues are my pillars of strength at work and I hope I am one to them too. We love a chat over dinner once in a while to talk about everything from work to family. We are more than just colleagues; we are friends,” she says. Michele strives to strike a balance between work and family.

**CARE REWARDS**

Michele has demonstrated that by using her skills and showing courage in pushing through her ideas, she can provide better care for her patients. For her continuous effort, she earned the apt nickname “Nightingale Senior Clinical Instructor of CGH Nursing Education”. It is no surprise that Michele was also a recipient of the Healthcare Humanity Awards this year.



**WAYS TO BOOST YOUR CARING METER RATINGS**

Have our healthcare professionals inspired you to improve your level of care? You don’t need to be a healthcare worker to show others you care – here are some simple ways:



**SMILE**

It’s free and effective!



**GREET**

“Hi, good morning!”



**TREAT**

Buy a friend a cup of coffee or tea



**ENCOURAGE**

Share positive news online



**BE KIND TO YOURSELF**

Self-care is important

# KUDOS TO OUR OUTSTANDING STAFF!



## SINGHEALTH EXCELLENCE AWARDS

The SingHealth Excellence Awards were introduced in 2011 to recognise and reward employees in the cluster and across the institutions for their outstanding performance and achievements. These awards are the highest honour for SingHealth employees who have made exceptional contributions at the cluster level. As for the GCEO Excellence Awards, they recognise exemplary professionals in their fields of work at the group level.

### WINNERS OF 2018 SINGHEALTH EXCELLENCE AWARDS

#### Distinguished Visionary Leader Award

**Dr Tan Chi'-Loong Benedict** CHIEF & SENIOR CONSULTANT (Sports Medicine)

#### Distinguished Young Leader Award

**Dr Li Weiquan James** ASSOCIATE CONSULTANT (Gastroenterology and Hepatology)

### WINNERS OF 2018 GCEO EXCELLENCE AWARDS

#### Outstanding Allied Health Professional Award

**Ms Magdalin Cheong** DEPUTY DIRECTOR/HEAD (Dietetic and Food Services)

#### Outstanding Nurse Award

**Ms Wong Wei Yui** SENIOR NURSE MANAGER (CCL Ward 18)

#### Outstanding Educator Award

**Dr Koh Meng Kwang Jansen** CONSULTANT (Respiratory and Critical Care Medicine)

#### Outstanding Educator Award

**Ms Mas Linda Bte Mohamad** NURSE EDUCATOR (Nursing Education)



## SINGAPORE HEALTH QUALITY SERVICE AWARDS

Organised by the SingHealth Duke-NUS Academic Medical Centre since 2011, the Singapore Health Quality Service Awards is Singapore's first dedicated platform to honour healthcare professionals who have delivered quality care and excellent service to patients. Over 400 award recipients across the Star, Gold, Silver and Team categories were from CGH.

**293** SILVER

**132** GOLD

**1** STAR

**1** SUPERSTAR FINALIST

**1** TEAM



## HEALTHCARE HUMANITY AWARDS 2018

The Healthcare Humanity Awards (HHA) recognise exemplary healthcare professionals who go beyond the call of duty to help others. They honour healthcare workers who exhibit compassion, selflessness and extraordinary dedication in caring and comforting the sick and infirm, both in Singapore and abroad. The HHA celebrate these inspirational role models and highlight that healthcare is a noble profession and not merely a job.

This year, three recipients from Changi General Hospital received the HHA.

### MR LING HOCK KOK

Social Work Assistant

### MS LIM SU YEE MICHELE

Assistant Nurse Clinician

### MS POH SHUET LING KAREN

Assistant Nurse Clinician



**Sarah Abdul Karim** is Executive, Corporate Affairs, at CGH



# 10 YEARS AND COUNTING



The Breast Centre goes from strength to strength in providing integrated breast care

**T**he CGH Breast Centre offers one-stop services spanning breast cancer screening, assessment, diagnosis and the treatment of all breast conditions. Staffed by dedicated doctors and nurses, the clinic and mammosuite at the Breast Centre are equipped with state-of-the-art advanced technologies. Patients enjoy the convenience of clinic consultation and breast imaging at one location. Catering to the needs of women is the mammosuite, which provides complete privacy to those coming for breast imaging.

While the Centre officially opened its doors in 2008, its humble beginnings go back more than 20 years ago when the breast surgery unit relocated from Toa Payoh Hospital to CGH. Then, it had just one breast surgeon and a registrar, along with a basic portable ultrasound machine – in fact, it pioneered the use of ultrasound scanning, allowing doctors immediate evaluation of breast lesions for faster diagnosis. Previously, the mammosuite was sited at the main Radiology department, several floors away, which required patients to travel back and forth.

As the Centre marks its 10th anniversary this year, let's take a walk down memory lane and see how its services have evolved over time.

Celebrate Breast Awareness Day with us on **26 Sep 2018!** Enjoy a fashion show, Q&A with our doctors, breast screening & more!  
**9AM TO 3PM**  
 CGH, Main Building Atrium, Level 1  
 (Dress code: Pink)  
**\*Event is free and open to the public**

## OUR AWARDS

As part of its growth over the years, the Centre and its staff have been recognised at both at the SingHealth and hospital-wide levels. Here's a quick glance at some of these achievements:

- 1** | **WOW Team Award**
- 8** | **Singapore Health Quality Service Awards**
- 13** | **Eastern Health Alliance Caring Awards**
- 2** | **Specialist Outpatient Clinic Team Award**  
(Improvement Sub Clinic)
- 4** | **Best Clinic Award**
- 4** | **Quarterly Best Service Award**
- 4** | **CGH Quality Convention**
- 1** | **Single Act Award**  
(Commendation)
- 1** | **Departmental Service Quality Award**  
Ambulatory (Commendation)
- 1** | **CGH Quality Improvement Forum**
- 7** | **Best Service Award**
- 1** | **Individual Service Quality Award**

# OUR MILESTONES

The comfort, privacy and convenience of patients are vital. Here are the Centre's key milestones towards enhancing patient care and raising public awareness of the importance of breast health.

## 2001

- Performs the first sentinel lymph node biopsy.

- Breast patients are seen at the General Surgery Outpatient Clinic.

## 2002

- Performs the first breast reconstruction with Latissimus Dorsi (LD) Flap, where the skin, fat and muscle (LD) are taken from the back and transferred to the chest to recreate a breast mound that replaces the breast after a mastectomy.

## 2003

- Appointed as BreastScreen Singapore Reading Centre by the Health Promotion Board (HPB) as part of a nationwide breast cancer programme.

## 2005

- Opens a dedicated specialist outpatient clinic offering breast services.

## 2007

- Starts the use of intraoperative ultrasound for the assessment of cancer surgery for greater accuracy.

- Clinches a gold award for its quality-improvement project on post-operative drainage bags with new features that are more user-friendly and adaptable to individual patients' needs.

## 2008

- The Breast Centre – Specialist Outpatient Clinic J – is set up. It merges the Breast Clinic and mammosuite (Breast Radiology) to provide one-stop integrated and holistic care for breast patients.

- Converts from analogue to digital mammography for better imaging quality.

- Acquires prone table stereotactic biopsy for biopsies of abnormal breast lesions that cannot be felt but only detected on mammograms.

- Introduces clinic ultrasound elastography for better evaluation of breast lumps.

## 2009

- Launches a “positive appearance” service in collaboration with Can-Care, where breast care nurses conduct bra-fitting for post-mastectomy patients.

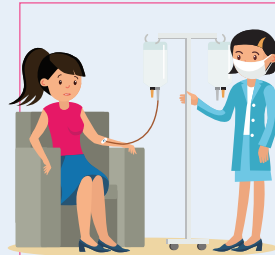
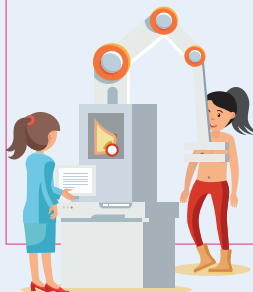
- Launches the Breast Cancer Awareness Month programme in partnership with the Singapore Cancer Society.

## 2012

- Starts the use of 3D automatic breast ultrasound scanning.

## 2013

- Introduces the use of mammogram tomosynthesis, an enhancement of the standard mammogram, which allows for more detailed breast imaging.



- Increases patients' accessibility to Medical Social Workers (MSW) through new psychosocial services, which also allow the same MSW to follow through with each patient, from the clinic to the ward. This service is led by two MSWs, with one sitting in during clinic consultation every Wednesday and Friday from 10am to 12 noon.

## 2014

- Attains the Division of Breast Surgery due to increased capabilities.

- Begins oncoplastic surgery, which requires specialised training and surgical skills, to achieve better cosmetic outcomes for breast cancer patients after breast conserving surgeries.

- Starts the first Breast Cancer Support Group co-managed by Nursing and Medical Social Work. The support group is currently in its fifth year with 40 patients.

## 2015

- Appointed as BreastScreen Singapore Assessment Centre, part of HPB's National Breast Cancer Screening Programme. Under this programme, women can visit the Centre to have their abnormal mammogram findings evaluated.

## 2018

- Moves to the new Medical Centre at the CGH campus.

- Starts the use of 3D biopsy and Contrast Enhanced Mammography (CESM) as part of the Centre's enhanced breast imaging equipment. The equipment allows for better visualisation of subtle lesions that may not be easily seen on routine mammograms.

# OUR PEOPLE

The Centre's achievements through the years would not have been possible without its motivated and passionate people, who are committed to value-driven care.

## 1999

The first registrar is awarded the Health Manpower Development Programme (HMDP) scholarship for specialty training in breast reconstruction and sentinel lymph node biopsy in the United Kingdom.

## 2001

Employs the Centre's first Breast Care Nurse.

## 2004

Dr Tan Su-Ming is appointed Head of Breast Service.

Dr Roger Tian comes on board as the first breast resident physician.

## 2007

Dr Tan Su-Ming is appointed Director of Breast Service.

## 2009

Associate Professor Tan Su-Ming is appointed Director of the Breast Centre.

## 2016

Sister Sophia graduates from an advanced nurse practitioner course and is appointed the Centre's first Breast Advanced Practice Nurse.



# GET SMART ABOUT ASTHMA MEDICATION

Blue, purple, red... mention asthma management and multicoloured inhalers come to mind. But what else should you know about your asthma medication?

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**A**bout four per cent of adults in Singapore have asthma. This translates to 200,000 individuals in an adult population of five million. Unlike children, most adults do not outgrow asthma. Most patients have to learn to manage this chronic disease for life, and using one's asthma medication correctly is essential to achieving this.

Inhaler devices are often preferred for administering asthma medication. This is because the drugs can be delivered directly and rapidly to the lungs, thus minimising the side effects to other parts of the body. Most patients can

have good asthma control using inhaled medication alone, with other types of medications rarely required.

However, you may wonder: "What type of medicine am I taking? Why should I use them? When should I use this instead of that?" Asthma medication, in general, serves one of three purposes: as a controller, a reliever or an add-on therapy.

Here are the answers to frequently asked questions about asthma medication to help you better understand your treatment regimen and give you greater confidence in managing your asthma.

## TYPES OF MEDICATIONS

### CONTROLLERS

**What they are:** Controllers are the most important components of asthma treatment as they reduce airway inflammation. Uncontrolled airway inflammation leads to acute asthma symptoms and frequent asthma attacks. Some controllers available in Singapore are inhaled corticosteroids (ICS) such as Becotide, inhaled corticosteroids with long-acting beta agonist (ICS-LABA) such as Seretide and Symbicort, and oral montelukast.

**Why use them:** The regular use of controllers has been shown to ease symptoms, reduce asthma attacks and decrease asthma-related deaths.

**When to use:** Controllers should be used daily, even when you feel well, as nonadherence worsens asthma control. The ICS or ICS-LABA dose is adjusted by the doctor to achieve the lowest possible dose for asthma control. The amount of controller medication required varies between individuals. Montelukast may be a suitable alternative for some patients with mild asthma but it is generally less effective than ICS or ICS-LABA.

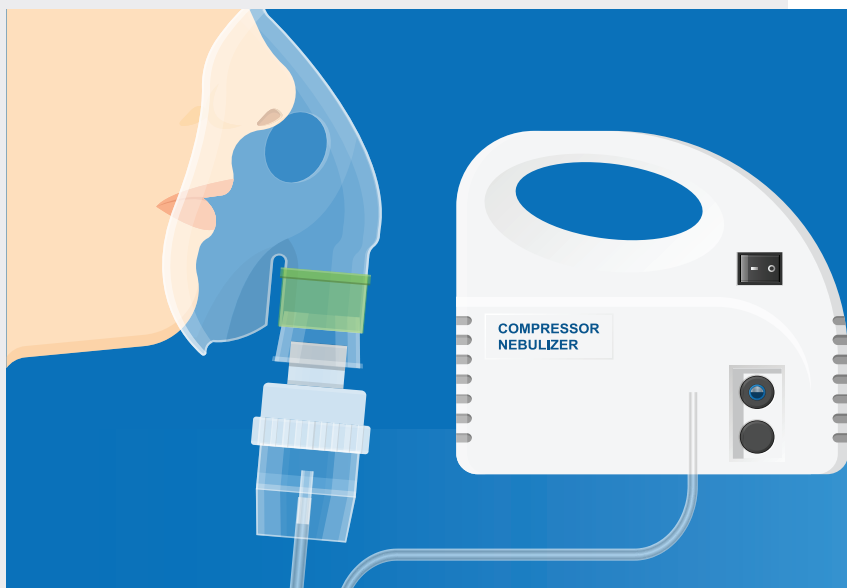


### RELIEVERS

**What they are:** Relievers relax smooth muscles in the airways. In doing so, they help to temporarily relieve airway narrowing. They have no effect on airway inflammation. The Salbutamol (Ventolin) inhaler is an example of a reliever.

**Why use them:** Relievers provide short-term relief of breakthrough symptoms during worsening asthma or asthma attacks.

**When to use:** Relievers should be used only as necessary for symptom relief. They should never replace controllers as maintenance therapy. The overuse of relievers is a sign of poor asthma control and has been associated with increased asthma-related deaths.



### ADD-ON THERAPIES

**What they are:** Only about five per cent of patients with asthma require add-on therapies. The treatments include inhaled long-acting muscarinic agents (LAMA) such as tiotropium, long-term oral corticosteroids such as prednisolone, injectable biologic agents such as omalizumab and mepolizumab, and bronchial thermoplasty. These add-on therapies have different mechanisms of action. Inhaled LAMA act on airway smooth muscles to provide further relief of airway narrowing in certain patients. Prednisolone effectively reduces airway inflammation, but is associated with more side effects compared to inhaled corticosteroids. For

long-term prednisolone use, the complications include diabetes mellitus, osteoporosis, weight gain, immune suppression and cataract. Injectable biologic agents have become available only recently. However, they are expensive and their benefits have been demonstrated for some patients only. Bronchial thermoplasty is an invasive procedure performed via bronchoscopy under sedation or general anaesthesia. Patients may experience increased asthma attacks in the initial period after the procedure. The group of patients most likely to benefit from bronchial thermoplasty is still under evaluation.

**Why use them:** These therapies on top of usual controller medications may improve asthma symptoms and reduce the frequency of asthma attacks.

**When to use:** Add-on therapies should be considered only if you have severe uncontrolled asthma despite being on high-dose controller medications. Given the cost and potential side effects of the add-on therapies, you should be thoroughly evaluated by a specialist doctor to ensure that the diagnosis of your asthma is correct; your adherence to controller therapy is satisfactory; and you have adequately controlled contributory factors such as asthma triggers. ©

**Dr Tay Tunn Ren** is Consultant, Department of Respiratory and Critical Care Medicine, at CGH



**GPFIRST**

Your family doctor, your first stop.

# YOUR GPs CAN TREAT THESE CONDITIONS

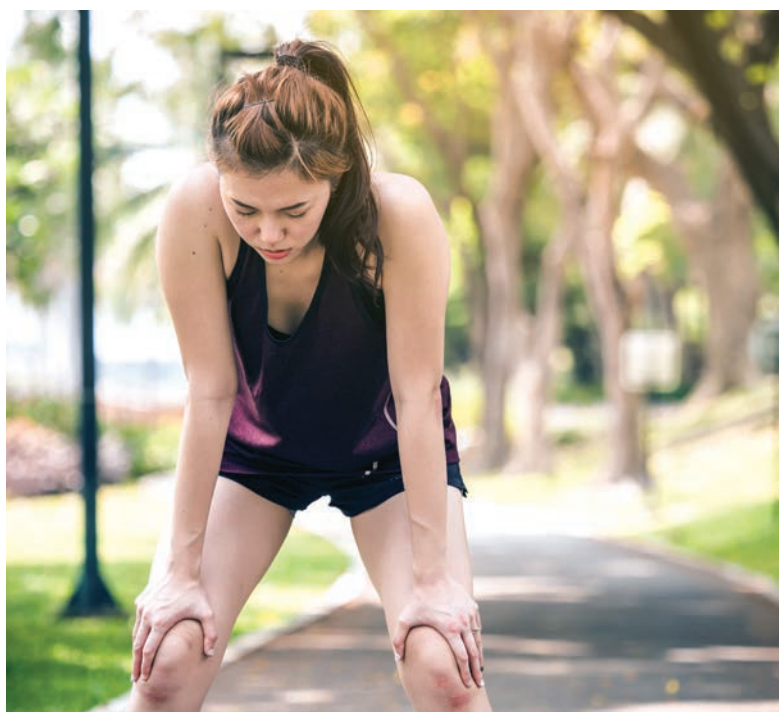
The GPFirst Programme was launched in 2014 to encourage patients in eastern Singapore to see their general practitioners (GPs) for mild to moderate medical conditions, rather than head to the emergency department first. In this regular series, our eastern community GPs offer advice on common ailments *CARING* readers might face.

In this issue, we would like to share with you about anaemia and dandruff. Do visit [www.gpfirst.sg](http://www.gpfirst.sg) or see your GP for more information on other common conditions such as cuts, bruises, mild scalds, nausea, headaches, sprains and fevers.

## IS THIS ANAEMIA?

I am a 22-year-old female with no significant past medical or surgical history. For the past few months, I have been feeling lethargic. I am constantly tired, even when I am not doing anything much. I also experience shortness of breath without much exertion. On a few occasions, as I was standing up, I felt as if I was going to faint. Because I am afraid of fainting, I have minimised my outings and stay home most of the time. What could be wrong with me? Could this be related to my vegetarian diet? Or could this be due to something more serious?

Tiredness can be prevalent in Singapore. There are many causes, including low blood count, depression, lifestyle factors, sleep disorder and underlying medical illnesses.



Fainting spells, however, belong to a different category. Vasovagal syncope, which occurs when not enough blood gets to the brain in time, can lead to fainting. This is actually normal for some, especially after their blood is drawn or they have stood for too long. But for others, it can mean anaemia or, rarely, heart-rhythm problems.

If the above symptoms are due to low blood count, you may have to examine your diet. Your body requires iron, vitamin B12 and folate to make blood cells. If you are on a restrictive diet such as a vegetarian one, you may need some supplements to make up for these important vitamins. You can



**Dr Paul Ang** is Founding Director of Zenith Medical Clinic in Punggol, Deputy Director of Class Primary Care Network and Director of MaNaDr Mobile Health. His passion is in education and mentorship. He strongly believes that by asking the younger generations the right Socratic questions, we can make the world a better place.



also try to eat more green leafy vegetables, iron-fortified cereals, breads and peas. A thorough review of your diet with a dietician may be helpful as well.

If you have fainting spells where you almost or actually black out, you should see a GP as soon as possible. Otherwise, it would be more prudent to seek a non-urgent consultation with your GP.

Lastly, your fear of fainting appears to be affecting you a great deal. I can imagine how difficult it is for you to get out of the house when you are feeling weak. It will be useful to talk to a doctor or a psychologist about this fear. ☺

## DEALING WITH DANDRUFF

**I am an 18-year-old male currently preparing for my A Levels. With my hectic schedule, I often reach home late and go straight to bed without showering or washing my hair. Dandruff seems to have developed on my scalp, with flakes falling and landing on my clothes. As I run my hand through my hair, I can't help but try to peel off the hard, dry skin on my scalp. Just last week, some parts of my scalp bled after I scratched a persistent itch. There are also unsightly patches of dry skin behind my ears. I have been using an anti-dandruff shampoo daily, but the condition has not improved. The flakes have now become chunkier. I am getting really worried. Is my shampoo making it worse? Will my GP be able to help me?**

Dandruff is also known as pityriasis sicca, an inflammation of the skin. It is a mild form of seborrhoeic dermatitis, which may occur after puberty or later in life. It usually affects areas with many oil glands, such as the scalp, face, upper chest and back.

In the initial stages, dandruff is often characterised by fine white scaling and redness of the scalp skin. It can also be accompanied by itching. The condition may then progress to affect the skin behind the

ears and other facial areas. This tends to appear as dry, cracked skin.

Based on what you have described, it sounds like you have dandruff. But it is important for you to visit your GP for a detailed examination, as the same symptoms can be caused by other conditions such as fungal infection of the scalp (tinea capitis), skin inflammation due to allergies (allergic dermatitis), and psoriasis, which is a chronic skin inflammation. The diagnosis of seborrhoeic dermatitis is usually based on the appearance and location of the rash. No further investigations are usually needed.

Treatments for seborrhoeic dermatitis include creams and ointments that contain steroids or antifungals (medicines that kill fungi). Your GP may also prescribe shampoos with antifungal or steroid contents. Do bring your shampoo along when consulting your GP as he or she will then be able to advise on its suitability. Over-the-counter anti-dandruff shampoos include Selsun, which contains selenium sulfide that helps to slow down the growth of fungal infection. Typically, you will use your anti-dandruff shampoo every day; when less dandruff is seen, you can use it twice a week. It should be left on your hair for five to 10 minutes before rinsing it off.

Lastly, stress is known to be a trigger for seborrhoeic dermatitis. Be sure to take time off your busy schedule for activities that can help you destress. ☺



**Dr Alvin Neo** is the resident physician of Northeast (Kallang) Medical Centre. He has practised for eight years and has worked in both hospital and community settings.