

Healthy Living For Mind & Body

My Alvernia

• MICA (P) 1751/01/2012
• Issue 12 • Apr - Jun 2012

We had our babies with the help of
*natural fertility
techniques*



The Anaesthetist : Keeping watch while you sleep

Sudden Strike : Understanding Stroke

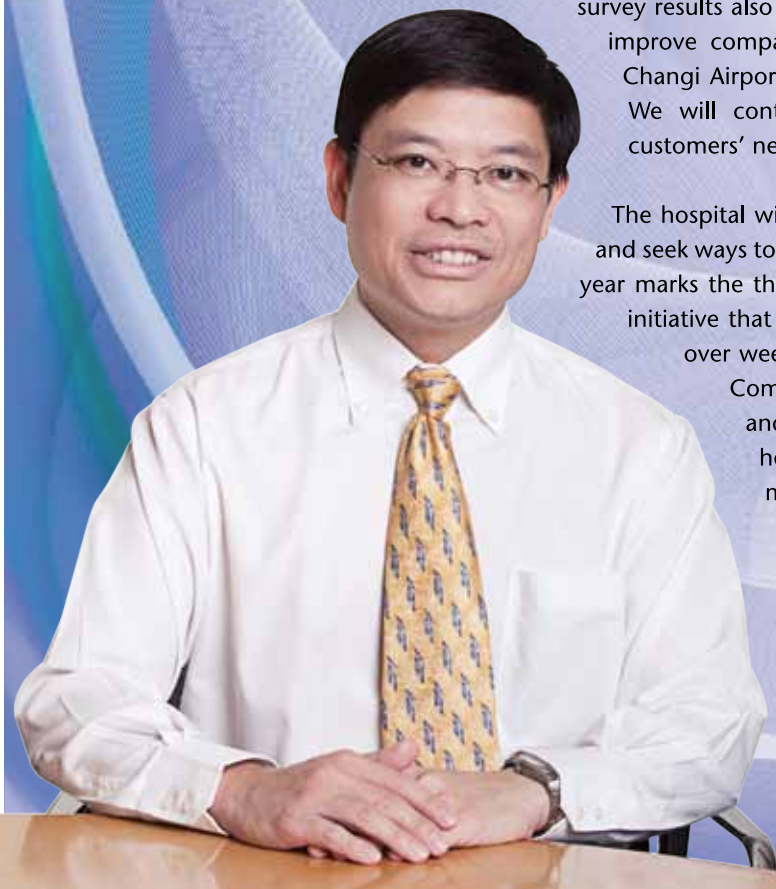
The first quarter of 2012 has been a bustling one for us at Mount Alvernia Hospital. This year we welcomed not just one but two First Babies – the First Dragon Baby of the Lunar New Year, Tristan Chen was born on 23 January. Then on 29 February, we welcomed Aadel Khidir, Singapore's First Leap Year Baby of 2012.

Another 'baby' is in the works at the hospital. Since we launched Phase 2 of our hospital development plans last September, the upgrading works have been making good progress. We are excited about the new lobby which is taking shape nicely and will be ready for use by the end of June. We thank all our patients, doctors and other hospital users for your kind understanding and support for any inconvenience caused during this period. I would like to assure you that every effort is being made to monitor the situation closely and refinements are carried out where necessary to minimize the inconvenience.

The results of the Customer Satisfaction Index of Singapore (CSISG) Survey 2011 were announced recently by the Institute of Service Excellence. We are grateful that with your support, our hospital scored 70.4 points in this survey, 2.1 points higher than last year. The results placed Mount Alvernia Hospital second among all the acute hospitals in Singapore, both public and private, three positions up from the results of the 2010 Survey. I see the results as recognition of the efforts the hospital has made over the past few years in enhancing our services. However, the survey results also showed that there is still much room for us to improve compared to benchmark service organizations like Changi Airport (78.6 points) and Ritz Carlton (81.3 points). We will continue to look at ways to better meet our customers' needs and serve you even better.

The hospital will also continue to nurture the spirit of service and seek ways to give back meaningfully to the community. This year marks the third year of the hospital's community outreach initiative that involves over 90% of staff volunteers working over weekends to conduct health screening sessions at Community Centres and Churches across the island and beyond our shores. In April, a team will be heading to Batam, Indonesia. We look forward to more opportunities to bring healthcare services to communities who need them.

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SATURDAY, SEPTEMBER 04, 2010

Thanks for a 'Superb' Experience

When Jer Blinn and Jared Lim, both 32, had their second baby, Jensen, they decided to come back to Mount Alvernia Hospital for the delivery. They were delighted that the experience the second time round was just as great. Their firstborn, Julien is now coming to two.

"We thought blogging about it would be a great way to share with our friends who are also starting their families. Besides, we've always recommended Mount Alvernia Hospital to them, so now, I just tell them to read my blog!" shared Jer Blinn who has been blogging at <http://www.jerblinn.com> since 2006.

Jer Blinn attributed her "SUPERB!" experience at Mount Alvernia Hospital to three factors – "Awesome customer service, affordable rates and comfortable room." On her blog, she posted several photos of her "warm and cosy room" and highlighted features which she appreciated such as the flat screen TV offering HBO movies, the sofa bed and spacious toilet. "All my visitors were wowed by the toilet!" she revealed with a laugh.

But what impressed her most was the service. One staff in particular stood out for her helpfulness – Patient Care Assistant Narayani from the Delivery Suite. "We delivered Jensen on a very busy Saturday morning and all the single rooms in the maternity ward were full. Sensing our disappointment, Ms Narayani immediately helped us hunt for a single room at a general ward. She found one, but we turned it down because we preferred to be closer to our baby's nursery."

However on entering the designated 2-bedder room, the couple changed their minds when they noticed that there was already a big family there. The affable lady quickly made arrangements to reserve the single room they'd given up and promptly transferred them there. "No signs of displeasure or complaint! She even apologized to us for what seemed like a hundred times for the



inconvenience!" blogged Jer Blinn, who later told us, "We were feeling bad, especially because we'd seen her running around on that busy day, but she never made us feel that we were causing her trouble. We were amazed by her can-do, will-do attitude!"

Jer Blinn also complimented her doctors and singled out paediatrician Dr Terence Tan. "He's very friendly and every time he comes to visit us, he even gives a little bow as he leaves." Her hubby, who made use of the hospital's complimentary shuttle bus services, felt the friendliness even extended to the bus drivers. "They smiled and greeted passengers with 'Thank you' and Goodbye' as we alighted", he noticed.

"If we ever have Number 3, we'll definitely come back to Mount Alvernia. I've stayed at different hospitals before but you have given me the best customer service and care I've ever received!" proclaimed the happy mummy. **A**

Baby, come naturally

After four heart-breaking miscarriages, Nick & Irene Lau were on the verge of giving up the family dream when they chanced upon a new method of natural fertility care. With two sons in tow, the couple now share their story. ▶





It was a cool and breezy Sunday morning when the Lau family made their way to Pasir Ris Park. As 36-year-old Nick Lau blew bubbles, his wife Irene, also 36, bounced a gurgling three-month-old Ethan on her knee while their elder son 20-month-old Dylan watched excitedly as the bubbles went 'pop'.

To the casual onlooker, a picture of family bliss. But to Nick, who works in finance, and Irene, who is from the air transport industry, it was a dream come true.

The couple married in 2005 and had been trying for a baby since 2007. Tragically, they suffered four miscarriages within two years. The anxious couple saw several gynaecologists and Irene did several blood tests. They even carried out a chromosome test on one foetus. That particular miscarriage was caused by a chromosome abnormality but the doctors were unable to pinpoint the problem for the others.

"One doctor even told me that it was probably just our bad luck," recalled Irene. "Until I could find out what was wrong with my body and solve the problem, I didn't dare try for another child in case it ended the same way."

The couple also tried Traditional Chinese Medicine but, uncomfortable with the mysterious powders she was given, Irene decided to stop the treatment. Nick admitted that it was heartbreaking to watch the toll on his wife physically and emotionally.

Natural Procreative Technology

Just when they were on the verge of giving up, a chance conversation with a colleague sparked new hope. A colleague of Nick's confided that he and his wife too had tried for a second child for years and they finally succeeded with the help of an all-natural method called NaProTechnology (Natural Procreative Technology).

Pioneered by Dr Thomas Hilgers MD, an obstetrician-gynaecologist and reproductive endocrinologist who is the director of the Pope Paul VI Institute in USA, this women's health science is backed by 30 years of scientific research. It uses a Creighton Model FertilityCare System (CrMS) to chart a woman's reproductive and gynecological health by observing and recording the condition of her cervical mucus discharge. (See box story)

The couple got in touch with the FertilityCare team of Dr John Hui and Andy Wee who have been running the FertilityCare programme in Singapore using NaProTechnology since 2007.

Mr Wee taught Nick and Irene to monitor and chart her cervical mucus accurately with the Creighton

Model FertilityCare System, meeting with them regularly to make sure they were on the right track.

“This chart shows up patterns in a woman’s cycle such as her dry cycle, premenstrual spotting, tail-end brown bleeding, length of the cycle and length of the post-peak period, giving us clues to treat the infertility,” explained Mr Wee.

According to Mr Wee, while the number of couples who have gone through this programme so far is small, about 60% of the couples who use the model and receive appropriate treatment managed to achieve pregnancy.

After three cycles, Dr John Hui reviewed the charts and recommended that Irene did a blood test to check her hormone profile. They finally discovered the cause of her miscarriages. Irene suffered from Luteal Phase Defect (LPD) and her body was not producing enough progesterone to sustain her pregnancies.

Dr Hui recommended that they condition her womb in preparation for pregnancy. He taught Nick to give Irene a Human Chorionic Gonadotrophin (hCG) injection in her arm during her post-ovulation period, timed according to her CrMS chart. After three cycles of jabs, he told the couple they were ready to try for a child. Within two months, the couple managed to conceive at the end of 2009. Then began the tough part for Irene – sustaining the pregnancy.

Dr Hui referred Irene and Nick to Consultant Obstetrician & Gynaecologist Dr Douglas Ong and the two doctors worked closely together. Twice a week, Irene visited Dr Hui for progesterone support jabs. Every fortnight, she did a blood test to check if the levels were well maintained.

The careful co-ordination, monitoring and diligent follow-up paid off. In July 2010, Dr Ong delivered Irene’s bouncing 3.24kg son Dylan. After breastfeeding Dylan for six months, and mindful of their age and track record, the couple decided to try for a second child shortly after.

“This time, although we didn’t chart conscientiously, the skills we had learnt taught us to read my body’s signs well and we managed to conceive within a couple of months!”

For the second pregnancy, Irene went through the same regime of twice-weekly progesterone support injections. In Nov 2011, the family welcomed Ethan, who tipped the scale at 3.2kg.

Besides being grateful to Dr Ong & the FertilityCare experts for helping them realise their dream of having a family, Irene and Nick also credited the “cosy and family-oriented” environment provided by Mount Alvernia Hospital for making both their deliveries such good experiences.

As the journey of parenthood continues, Nick and Irene look forward to new joys and experiences – such as teaching their boys to play the drums and guitar. But they have not forgotten the tough journey they had to make. “We hope that by sharing our story, other couples who are trying to start their own families might be encouraged,” shared Nick. **A**

Natural Fertility Methods

The Billings Ovulation Method:

Developed by Drs John and Evelyn Billings more than fifty years ago, it works by helping women familiarise themselves with the signs they feel during their cycle. For instance, wet, clear and stretchy mucus indicate fertility while gummy white or yellow mucus show infertile days.

The couple then follows a few simple rules to determine when they should have intercourse. While it is commonly used by couples to space the births of their children, it is also an accurate way for couples to enhance their chances of getting pregnant when practised correctly. Like the Creighton Model FertilityCare System, it can be used for both regular and irregular cycles.

NaProTechnology:

In this method, a FertilityCare Practitioner teaches the couple the Creighton Model FertilityCare System to identify certain biological signs such as cervical mucus and bleeding patterns, which they then chart over a few cycles. A FertilityCare Medical Consultant then evaluates the couple’s fertility based on the charts and recommends further investigations as required.

Besides helping to plan a pregnancy, overcome infertility and prevent a miscarriage, it is also useful for women with health issues like premenstrual syndrome, unusual bleeding, irregular cycles and chronic discharges.

In Singapore, the FertilityCare programme using NaProTechnology has been available since 2007. To date, of 19 patients who have gone through at least 12 months of treatment, over a dozen have achieved pregnancy. The first FertilityCare baby is now almost five years old.

Last November, FertilityCare organised a forum on ‘Overcoming Subfertility – Naturally’ at Mount Alvernia Hospital, which drew a full house. For more information on future events or inquiries, please visit www.fertilitycare.com.sg or call 93366957



Keeping watch while you *sleep*

They are the medical specialists whom most of us only see if scheduled for surgery, but what exactly do anaesthetists do? We speak to Consultant Anaesthetist Loh Meng Woei to find out what happens when the lights go out.

“**S**omeone once told me he thinks I basically jab the patient and walk away!” quipped Consultant Anaesthetist Dr Loh Meng Woei with a hearty laugh.

Far from the truth, says Dr Loh, 40, who is also an Intensivist (a doctor who specialises in the care of patients who require intensive care) and chairs the Operating Theatre Critical Care Unit (OTCCU) Committee at Mount Alvernia Hospital.

In reality, an anaesthetist cannot afford to sleep on the job as anything can happen during a procedure. Dr Loh recalled one surgery he attended to some years ago at another hospital involving the removal of a major organ. Everything went smoothly until the surgeon accidentally nicked an artery. Blood gushed out and the patient’s blood pressure plunged.

“We quickly worked together; I focused on resuscitating the patient with fluids, blood and medication while the surgeon quickly moved to stem the bleeding. We regained control swiftly and the patient’s condition stabilised,” recounted Dr Loh.



Cool & Steady

Dr Loh cited the incident to illustrate a key requisite for the job. “To be a good anaesthetist, you need a four-letter word: Cool. If you’re not, there will be pandemonium if an emergency happens during surgery.”

Borrowing an analogy from a fellow anaesthetist, Dr Loh likened his job to that of a pilot’s. “The crucial part is the take-off, or preparing the patient for the surgery. Then we cruise during the surgery as the surgeon does his job. We take over for the landing and reverse the patient from anaesthesia.”

“Anaesthetists look after patients peri-operatively –before, during and after surgery. We maintain and care for the patient until it is over and wake him up. The anaesthetist also ensures the patient gets adequate pain relief and watches out for side effects like post-operative nausea and vomiting,” explained Dr Loh.



Types of Anaesthesia

Before an operation, the anaesthetist assesses the patient and explains the process and type of anaesthesia he will be receiving. The mildest is **Local Anaesthesia** which is injected around the area of surgery so that the patient will not feel any pain when the doctor works on the targeted area. The patient remains awake or is lightly sedated.

Regional Anaesthesia creates a loss of sensation in the region of the body where the anaesthetic agent is applied, for example in the spine or lower abdomen (for Caesarean Section). It is also useful in providing post-operation pain relief, for example following knee replacement surgery; shoulder or upper limb surgery.

General Anaesthesia puts the patient into deep sleep for abdominal, chest or upper airways surgery. Once the patient is asleep, the anaesthetist puts in an appropriate airway into the throat and the surgery can begin.

Common instances of when an anaesthetist is required include most surgical procedures and childbirth –when pain relief such as an epidural is often administered. Yet, because patients don't usually meet their anaesthetists as much as their primary doctors, they often overlook the critical role these medical specialists play in ensuring a good outcome.

Dr Loh chose to specialise in Anaesthesia for his Master of Medicine at National University of Singapore because it is one of the tracks leading to intensive care.

"I like the hands-on nature of intensive care where things often happen very quickly," he shared. After two years with the Intensive Care Unit at The Alfred Hospital in Melbourne, Australia, he returned to Singapore where he has been practising as an anaesthetist for the past six years.

Saving Lives

Dr Loh is a strong proponent of his chosen branch of medicine. "Surgery can save lives. It would be a shame if patients choose not to operate for fear of the pain. That's what we are there for. Our role is to manage a patient's pain before, during and after medical procedures so that the surgeon can perform a life-saving surgery. We will take the necessary precautions and support the patient throughout and beyond the surgery," assured Dr Loh.

Of course anaesthetic drugs are not magic potions either. Possible side effects include post-operative nausea and vomiting. And there is an element of risk, cautioned Dr Loh.

"We have to be on the lookout for an allergic reaction. Unfortunately, these are usually only discovered during or post anaesthesia as most people don't have much exposure to such drugs in their daily life."

As for how long the sedative effect lasts, Dr Loh said it depends on the dosage administered. "How much to give is usually based on lean body mass rather than actual weight," he explained.

Better Late than Never

What about pregnant women who request for an epidural late into the labour?

"An epidural blocks out 80% to 90% of the pain if administered in good time. If you change your mind at the last minute, try to call the anaesthetist as soon as you reach the labour ward," advised Dr Loh.

"If the cervix is already fully dilated, it will be a bit more challenging. However if you could keep still enough for the anaesthetist to put the epidural in, I think it might still be worth getting some relief!" **A**



Laughter The Best Medicine

An older gentleman was on the operating table awaiting surgery and he insisted that his son, a renowned surgeon, perform the operation.

As he was about to get the anesthesia, he asked to speak to his son. 'Yes, Dad, what is it?'

'Don't be nervous, son; do your best and just remember, if it doesn't go well, if something happens to me, your mother is going to come and live with you and your wife.'



Sudden *Strike*

Stroke is often perceived as a problem that comes with old age but in reality, even the young and sporty can be vulnerable. We talk to Consultant Neurosurgeon Timothy Lee to understand the condition better.



A stroke can affect anyone. Case in point: Popular local radio DJ Rod Monteiro. Despite being relatively young at 44, and leading a sporty lifestyle including running marathons and cycling regularly,

Mr Monteiro made the news recently when he suffered a stroke while at work.

Even children are not spared. Consultant Neurosurgeon Dr Timothy Lee's youngest patient for stroke was just 12 years old. "He fainted and was found to be bleeding from a congenital blood vessel abnormality. We had to operate on him immediately," said Dr Lee, who was originally from Hong Kong but has trained and worked in Singapore for over two decades.

While you may have little control over congenital problems, there are risk factors which can be moderated to prevent or reduce the chance of a stroke. Things you can do proactively include adopting a healthy diet, avoid smoking and controlling diabetes and hypertension if you have the conditions.

Stroke also need not be viewed as a permanently debilitating condition. According to Dr Lee, about half of all patients who suffer a stroke make a good recovery, usually within the first three months.

Dr Lee's young patient is one such success story. "He made an excellent recovery and returned to school. He even regained the top position in his class," shared Dr Lee.

What is a stroke?

▲ A stroke is a condition where blood flow to the brain is interrupted – either due to blockage or bleeding, starving brain cells of necessary oxygen and glucose, and leading to brain damage which can manifest in impairment to speech, movement and memory.

According to Dr Lee, in most cases (about 80%), the stroke is due to a blocked artery; while bleeding accounts for the rest. Both result in a lack of blood flow to the brain and a build-up of pressure in the brain which leads to the death of brain cells.

How can one tell if someone is having a stroke?

▲ The common signs are weakness or numbness of the limbs and a sudden headache. Transient weakness or numbness are possible warning signs of a blocked artery, while a sudden and unusual headache may be a sign of internal bleeding. Slurring of speech or sudden blurred or double vision are possible tell-tale signs too.

Does it help if you get to a doctor quickly?

▲ Like most diseases, the earlier you get treated, the better. Prompt treatment can make all the difference in one's prognosis for recovery.

Are all strokes the same?

▲ Not all strokes are alike and they can be of different severity. The impact of a stroke depends on how much of the brain is affected and the location. Smaller

strokes may result in weakness on one side of the body, difficulty speaking and incontinence. Larger strokes may result in paralysis. Some strokes can be fatal.

What risk factors should I look out for to prevent a stroke?

▲ I sometimes use the acronym Cholesterol DISH to summarise the key risks factors that can lead to a blocked artery. 'D' is for Diabetes; 'I' for 'I or myself', which basically means your genetics; 'S' is for Smoking; and 'H' is for Hypertension. As for the other major cause of stroke – bleeding, the main risk factor to monitor is hypertension.

Can anything be done to mitigate the occurrence of a second stroke after a patient has suffered the first one?

▲ You should first try to reduce the risk factors. While you may not be able to do anything about your genetics, you can help yourself by making lifestyle changes such as giving up smoking and opting for a healthier diet. It is also important to get proper medical attention and medication, for example an anti-platelet agent may be prescribed by the doctor to open up the blocked artery. Regular medications may be needed to control diabetes, high cholesterol or hypertension.

What is the treatment for stroke patients?

▲ The primary goal is to restore brain function and prevent future strokes. Besides the use of an

anti-platelet agent, surgery to remove a narrowing in the artery may sometimes be required. Post-stroke, rehabilitation may be necessary to help the patient recuperate and recover mobility.

Final words of advice

Listen to your doctors and therapists, and follow their instructions. It is important to control the risk factors and don't stop your medication without discussing it first with your doctor. **A**



Did you know...

When he is not busy attending to patients, Dr Timothy Lee's other passion is... singing! And it is a serious passion too for the good doctor earned a Diploma in Singing (Distinction) from Trinity College (London) in 2008.

To-date Dr Lee has busked along Orchard Road to raise funds for a charity; directed and conducted a choral presentation at the Church of St Mary of the Angels; led the Mount Alvernia Hospital choir's annual Christmas carolling initiative; and even sung overseas at Mount Alvernia's Community Outreach events.





Seven babies a night

Are you a Mount Alvernia baby who was born here at night? You could be one of the bawling babes that Sr Ang Siew Choon, a veteran nursing officer on the permanent night shift, has welcomed into the world.

As most of us wind down after dinner and settle in for the night, Sr Ang and her colleagues at Mount Alvernia Hospital's Delivery Suite get ready to start their shift at 9pm. Sr Ang, who has been with the hospital for 35 years, has spent the last 25 years on the permanent night shift, soothing nervous mums and cuddling newborns.

The spritely 62-year-old still looked fresh as a daisy when *My Alvernia* met her recently at 7:30am after her shift. "I love the joy of welcoming new life into the world!" exclaimed Sr Ang with a dimpled smile.

The Penangite trained as a general nurse and in midwifery in the UK for five years and had previously worked as a staff nurse with the Royal Australian Air Force back home in Butterworth. When she married a Singaporean teacher, she relocated here in 1976.

"A friend working at Mount Alvernia Hospital said I'd fit in perfectly here and she was right – I've never thought of leaving in the last 35 years," said Sr Ang, who credits the hospital's founders, the Sisters from the Franciscan Missionaries of the Divine Motherhood (FMDM), for establishing the loving foundation and culture which prevails at the hospital today.

Seven On, Seven Off

Sr Ang's permanent night shift arrangement came about because she had trouble getting full-time help to mind her two sons when they were in primary school. Her night shift means she works seven days at a stretch and rests the following week.



Nightingales

When others sleep, they're up and about!



"Working off-peak hours meant I could cook for my kids, save on travelling time and run errands in the day. The boys also loved having me to themselves during my week off."

As her sons are all grown up now and in their 30's, Sr Ang no longer has to rush home to cook for the family. But she liked her night bird schedule so much that she decided to stick with it.

This arrangement also lets her spend quality time with her first grandchild, who is 1 ½ years old. "She's at a childcare centre during my working week but during my week off, she's at home with me and my husband," said Sr Ang with a beam.



A family that works together

At the hospital, another 'family' keeps her anchored in her permanent night shift. Many of her regular *khakis* are fellow permanent night shift staff she's known for years.

"I'm thankful to be blessed with a great team and an understanding manager like Sr Ng Geok Pin, whom I've worked with, for over 20 years," reflected Sr Ang. "Sometimes my colleagues will bring home-cooked treats such as curry chicken to share with everyone. And once a year, we'll all go to a nice restaurant for a night out together."

Sr Ang said that the loving vibe at Mount Alvernia Hospital is something she doesn't

take for granted. "When I visit friends at other hospitals, I can really sense the difference. My patients tell me that they feel reassured here because they have friendly and experienced nurses to talk to."

"Those who face greater challenges also appreciate being able to confide in our Clinical Pastoral Care staff. Having a baby and becoming a new mum can be a difficult transition and having this support system can make all the difference."

Night Watch

Manning the Delivery Suite at night also requires extra vigilance. "Midwives are an important conduit between the patients and the medical team. In the day, it's easier to call a doctor to check on something if needed, but this is not as convenient as night."

"The night team has to form a complete picture of the patient's condition accurately and quickly before giving the doctor the clinical assessment," explained Sr Ang, adding that they have to be more alert at night to catch tell-tale signs of any possible trouble.

"It's all about the safety of the mother and baby."

30,000 babies and counting!

On the average, Sr Ang helps to deliver seven babies every night, though her personal record is 14 babies. Considering her years of service, she reckons she has welcomed over 30,000 night babies over the last 25 years!

Her most memorable delivery so far? The birth of her granddaughter Kaixin in 2010. As it turned out, Sr Ang happened to be on the night shift when her daughter-in-law had to be induced as she was overdue for two days.

"I remember it was a very busy night and my granddaughter was the 13th and final baby. I felt very happy to be the first person in the world to hold her in my arms," recalled the

proud grandma who also shared that Kaixin's name means 'Resounding victory with warm and caring heart.'

"It's a special bond that she will always share with her *Nai Nai*. That's probably the reason why we're so close today!" she added with another flash of her dimples.

So you want to work the night shift?

If you are attracted to the idea of working the permanent night shift, Sr Ang cautioned that it may not be everyone's cup of tea. "Some people simply cannot sleep in the day," she said.

"Give your body clock and digestive system time to adjust. In the beginning, I suffered from a bloated tummy because of the change in my meal times. It took me about a year to adapt."

"And it's very important that you get sufficient rest. I make sure that I sleep for at least six hours at a stretch without being disturbed, so that I'll be fresh for work at 9pm."

Inspirational thoughts

*Where there is charity
and wisdom, there
is neither fear nor
ignorance.*

— ST FRANCIS



This is the second in our 'Nightingales' series, profiling hospital staff who are on permanent night shift.

New Colon Screening packages

**FULLY CLAIMABLE
FROM MEDISAVE**

It currently ranks as one of the most common cancers in Singapore. Tragically, colorectal cancer can be prevented if caught early. The disease usually begins as small, non-cancerous growths or polyps on the walls of the colon which can be removed during a colonoscopy before they have the chance to turn cancerous.

To encourage proactive health management and reduce the incidence of colorectal cancer, Mount Alvernia Hospital has introduced two diagnostic colonoscopy packages which are 100% claimable from Medisave.

As colorectal cancer usually hits those 50 years and older, the Ministry of Health advises those who have reached the age to go for a colonoscopy every 10 years, or every three to five years if there is a family history of the disease.

Mount Alvernia Hospital's Assistant Director of Nursing, Ms Ee Siew Lay explains what happens during a colonoscopy, "During the 30-minute procedure, the patient is lightly sedated while a flexible fiberscope is inserted via the anus to examine the intestinal wall's texture and condition. If polyps are found, they are removed for a biopsy."

Since August 2011, Mount Alvernia Hospital has been an approved centre for colonoscopy screening and endoscopy which are fully claimable from Medisave. Patients can draw up to \$950 from their Medisave accounts to pay for the colonoscopy procedure (or \$1,250 if polyps are removed), plus \$300 a day for additional hospital charges.

To encourage early screening, the hospital has also partnered with a number of gastroenterologists to offer two affordably priced packages that do not require any out-of-pocket outlay from patients.

Be proactive and take charge of your health today. Early detection could save your life. **A**



Complete Fibreoptic Colonoscopy
Maximum amount claimable from Medisave = \$1,250

Mount Alvernia Package = \$1,100

Complete Fibreoptic Colonoscopy with Removal of Polyps
Maximum amount claimable from Medisave = \$1,550

Mount Alvernia Package = \$1,400

NB: All prices are before GST and inclusive of doctor's fees and hospital charges.

Strawberry & Pineapple Pancake

PANCAKE SKIN

Ingredients

250 g	Brown flour
500 ml	Full cream milk (Chilled)
5 g	Orange and lemon zest
5 ml	Orange juice
1	Egg
25 g	Salad oil

Serves 12-15

Method

1. Mix the flour and egg together, then stir in the chilled milk gradually, mixing well. Add orange juice and orange and lemon zest. Chill in the refrigerator for an hour.
2. Wipe an 8" non-stick pan with salad oil and heat it over a low fire.
3. Stir the pancake mixture well and scoop about 40 ml on to the heated pan, spreading it out to form a thin pancake skin. Turn it over and cook the other side for 15 seconds.
4. Put aside to cool. Continue cooking the rest of the pancake mix. Lay a piece of grease-proof paper between the layers of skin to prevent them from sticking together.
5. Let the pancake skins cool before storing in the refrigerator.

FILLING

Ingredients

12 pieces	Medium sized strawberries
800 g	Fresh pineapple
80 g	Trans fat-free margarine
80 g	Sugar
0.25g	Cinnamon powder
1	small piece of cinnamon stick
1	small piece of star anise seed
60 ml	Rum (optional)
250 g	Plain yoghurt (unsweetened)

Method

1. Cut each strawberry into eight cubes.
2. Blend the pineapple in a blender until fine.
3. Heat up a small pot over a low fire. Add butter and sugar, stirring well to form a caramel.
4. Add strawberry cubes and coat well with caramel. Add in half of the rum (optional), stirring well. Set aside.
5. Pour the blended pineapple into another pot to cook over low fire. Sprinkle the cinnamon powder over it. Add cinnamon stick and star anise seed. Pour in the rest of the rum (optional).
6. Stir well and cook for 20 – 30 minutes till the pineapple becomes a paste. Let the pineapple filling cool down.
7. Fold the yoghurt into the pineapple paste.

To assemble and serve

1. Lay the pancake skin on to a clean table top. Spoon a row of the pineapple & yoghurt filling in the centre of the pancake skin.
2. Place 6 to 8 strawberry cubes on top of the pineapple & yoghurt filling.
3. Roll up the pancake. Cut in 2 and serve.

Nutrition Content

One serving (1 pancake of around 100g) will give:	
131 kilocal	energy
6 g	protein
32 g	fat
15 g	carbohydrate
2.1g	fibre
57 mg	sodium

Health Tip

To increase fibre intake, choose whole-meal flour instead of plain flour. Lower the sugar content by using fresh fruit instead of canned fruit.

First Babies at Alvernia



Enter the Dragon

Heralding in the Year of the Dragon was Tristan Chen, who popped out at the auspicious time of 00:00:00 on 23 January 2012. To mark the happy occasion, MAH and

sponsors presented his parents Vincent and Yvonne with a host of goodies including cash, a gold-plated dragon figurine, hamper and a month's supply of diapers.



Leaping in

Leap year babies come only once in four years and this year, Aadel Khidir made sure he was the first! Born at 00:57 on 29 February 2012, the lucky fellow took home a \$30,000 degree

scholarship sponsored by the Management Development Institute of Singapore (MDIS). Certainly something to look forward to when he grows up!



New Medical Advisory Board

A warm welcome to members of the Board for the year 2012

Standing (L-R):

Dr Freddy Teo, Dr Leslie Leong, Dr Henry Cheng, Dr Wong Soong Kuan, Dr Ho Kheng Thye, Dr Loh Meng Woei, Dr Lim Wee Kiak

Seated (L-R):

Dr Lim Teck Beng, Dr Chan Kit Yee, Dr Ho Hon Kwok, Dr Khoo Chow Huat (CEO), Dr Yong Chee Kong

Absent:

Dr Genevieve Loke, Dr Ong Eng Keow, Dr Soon Chao Yang

Alvernia improves its position in Customer Satisfaction Survey



Mount Alvernia Hospital has moved up to No. 2 position in the nation-wide survey on customer satisfaction for year 2011 conducted by the Singapore Management University's Institute of Service Excellence. In the same survey in 2010, the hospital was ranked No. 5.

The Customer Satisfaction Index of Singapore (CSISG) computes customer satisfaction scores nationally and serves as a benchmark of the quality of goods and services produced by the Singapore economy, the Healthcare sector being one of several industry sectors measured.

In the latest Survey – conducted between October and December last year, and based on door-to-door interviews with at least 250 patients of the hospital, Mount Alvernia Hospital's score rose by 2.1 points to 70.4 on a scale of 0 to 100. The national satisfaction index for 2011 was 69.1 points.

“*The latest results are very encouraging. We thank our customers who participated in the survey for their kind feedback. We will continue to work hard to further improve our service and delight our customers.*”

- Dr Khoo Chow Huat (CEO, Mount Alvernia Hospital)

Overview of 2011 Survey Results (Private Hospitals sub-sector)	
Mount Elizabeth	70.5
Mount Alvernia	70.4
Raffles	68.4
Parkway East	68.4
Gleneagles	67.7
Thomson Medical Centre	66.9

Chairman

Dr Ho Hon Kwok

(Obstetrician & Gynaecologist)

Vice-Chairman

Dr Yong Chee Kong

(General Surgeon)

Chairpersons of Committees

Blood Transfusion & Laboratory

Dr Freddy Teo

(Haematologist)

Code Blue

Dr Soon Chao Yang

(Cardiologist)

Continuing Medical Education

Dr Lim Wee Kiak

(Ophthalmologist)

Credentials

Dr Christopher Chong

(Obstetrician & Gynaecologist)

Obstetrics & Gynaecology

Dr Henry Cheng

(Obstetrician & Gynaecologist)

Operating Theatre & Critical Care

Dr Loh Meng Woei

(Anaesthetist)

Paediatric & Neonatology

Dr Ong Eng Keow

(Paediatrician)

Quality Assurance

Dr Lim Teck Beng

(Obstetrician & Gynaecologist)

Therapeutics & Infection Control

Dr Wong Soong Kuan

(General Surgeon)

Tissue Review

Dr Yong Chee Kong

(General Surgeon)

Members

Dr Chan Kit Yee

(Paediatrician)

Dr Genevieve Loke

(Anaesthetist)

Dr Ho Kheng Thye

(Cardiologist)

Dr Leslie Leong

(Orthopaedic Surgeon)

There

when you need her most



At Mount Alvernia, the notice board at the Critical Care Unit (CCU) is crowded with cards and notes from ex-patients and their families, expressing heartfelt thanks to the CCU team for seeing them through their darkest days. But as CCU head Sr Elizabeth Loh will tell you, nothing beats the sight of a fully recovered patient walking right through the door.

“We are just so glad to see them doing so well!” explained the cheerful 50-something Senior Manager who is better known as Sr Elizabeth around the hospital.

One patient she remembers well is a Bruneian toddler who underwent four brain surgeries to remove a brain tumour and was warded for a month at the CCU. Now a bubbly five-year-old, she recently returned for a scan and popped by to say ‘hi’ with her parents.

And then there was the sweet-faced lass who suffered multiple organ failure and went into a coma. Although her condition was very critical, the doctors and nurses persisted and happily, the patient turned the corner and subsequently made a remarkable recovery. Recalling the young lady’s

visit two years later, Sr Elizabeth admitted that it was “extra special” because she was so ill then, they thought they might lose her.

Making a difference in life-and-death situations is all part of her job today. But if not for a rejected job application, Elizabeth might have ended up crunching numbers instead.

“Nursing wasn’t my first choice. After my ‘O’ Levels, I’d actually applied to be a statistical clerk with the Civil Service,” she revealed. The Recruitment Department asked her to consider midwifery instead.

Not one to shy away from challenges, she accepted the offer and aced her exams. She later trained at Singapore General Hospital to be a general nurse, and worked at KK Women’s and Children’s Hospital and the now-defunct Toa Payoh Hospital. But it was during a stint as a private nurse that Elizabeth discovered her true calling. The experience was so gratifying it prompted her to specialize in the care of critically ill patients.

Twenty years on, Sr Elizabeth now heads a team of 24 nurses and is proud of their team spirit. “I can see that my nurses genuinely care for their patients. Often, they stay beyond their shift to help their colleagues. Some even offer to come back on their day off when we’re short-handed because they know we need their expertise.”

So what does it take to provide good care for the critically ill?

“You need to be very observant, skillful and knowledgeable to spot impending complications before they develop.”

“You must have compassion and communicate well; not just with the doctors so that proper treatment can be carried out, but also with patients and their families as it is important to allay their anxieties.”

“I’ve worked at several hospitals and what I find special about Mount Alvernia is the culture and core values, supported by a dedicated Clinical Pastoral Care team. Working together, we can offer more holistic care to patients. In fact, spiritual and psychological support should not be neglected as they can be as important as physical care.” **A**



SOMETIMES IT'S HARD TO

Swallow

We often take it for granted but speaking and swallowing can be a challenge for some of us. If you know someone who is experiencing speech, communication, language or swallowing difficulties, we can help. At Mount Alvernia, speech therapy services are available to mitigate or eliminate speech and swallowing difficulties. Call us at (+65) 6347 6203 to find out more.





New Medical Centre Block

As hospital development plans take shape, we look forward to many more exciting developments to enhance our services and facilities. Shown above is our New Medical Centre Block to house more specialist clinics and provide more parking lots. Expected completion date: end 2013.