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Partnering GPs to Build Communities of Care

Digital Social Prescribing
Amidst a Pandemic

Determining When
X-rays are Needed

Motivational Interviewing-Based
Health Coaching in Primary Care

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Digital Social Prescribing

Keeping Seniors Engaged in the Community During a Pandemic

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*Director, Office of Community Engagement & Education (OCEAN),
SingHealth Community Hospitals*

Social prescribing connects people to assets within their community, to improve their social determinants of health. As many seniors are socially isolated amidst the COVID-19 pandemic, electronic social prescribing has emerged as a way to keep these vulnerable groups meaningfully engaged. SingHealth Community Hospitals seeks to collaborate with general practitioners (GPs) and other community partners to maximise this impact.

INTRODUCTION

We all know that the 80/20 rule can apply to most things in life. The rule observes that 20% of the input creates 80% of the outcomes. In healthcare, guess where the 80% lie in terms of health outcomes? If you are in family medicine or working in the community, you would probably get it right. 80% of health outcomes is not determined by the healthcare received. If you include iatrogenesis, the percentage is probably lower than 20%.

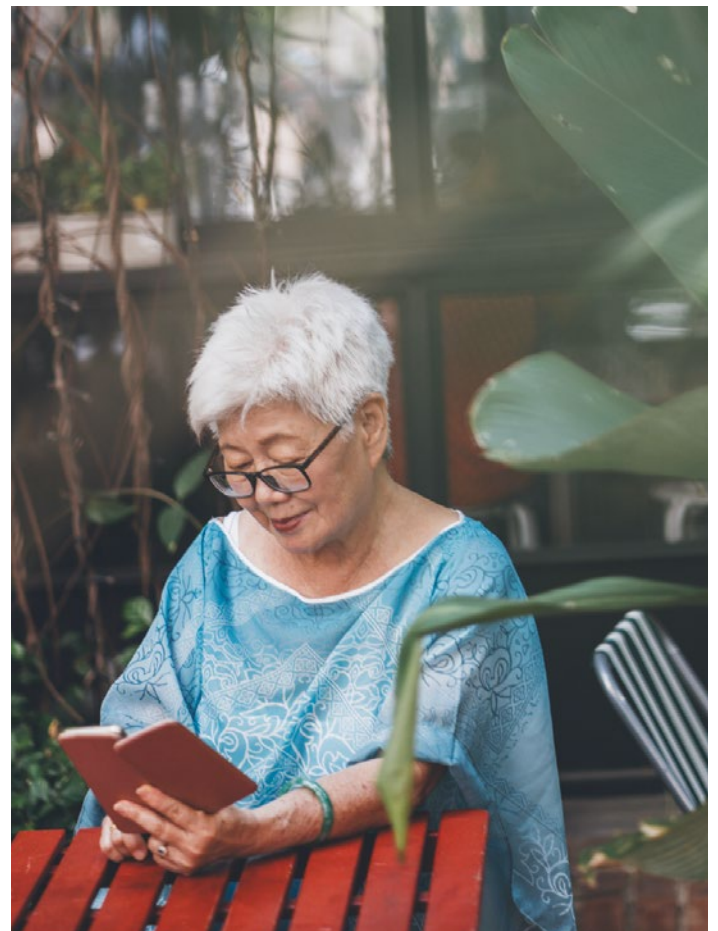
SOCIAL DETERMINANTS OF HEALTH

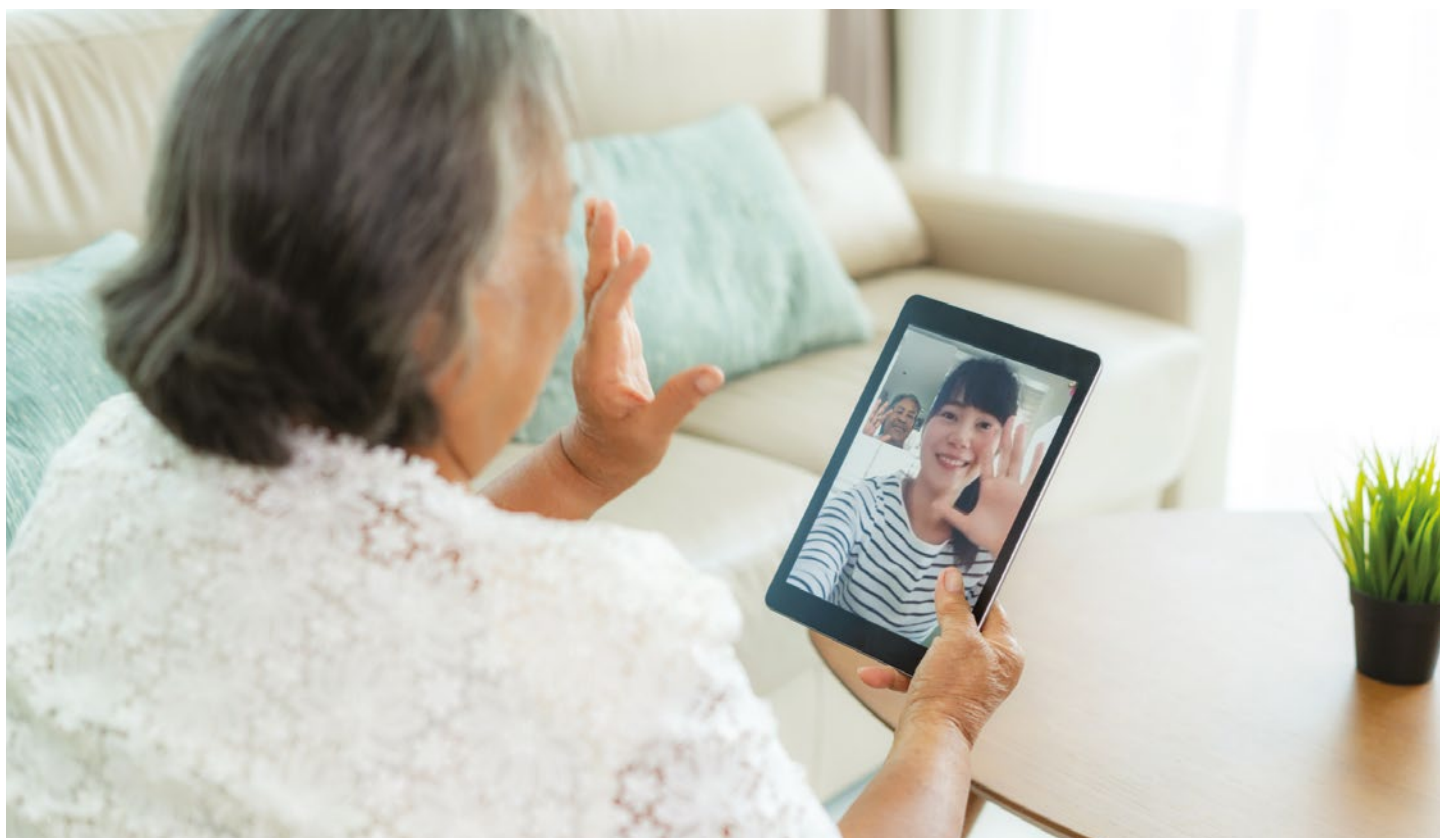
Research has shown that 80% of healthcare outcomes is influenced by one's social determinants of health (SDH). Examples would include an individual's housing environment, literacy, food security, social support and access to health and social care. These factors are the circumstances and environment in which someone is born into, grows up, lives, works and plays in.

For the longest time, because these social determinants are outside the realm of healthcare, they had been relegated to high-level public health and government policy interventions. They were seen as issues to be solved at the macro level, beyond the reach of the individual healthcare worker.

This view has changed since evidence emerged that clinicians and social care providers can more than move the needle in SDH, if we acquire the right competencies and receive appropriate support from the system.

One key competency that has emerged is **social prescribing**. It is the process of connecting a person to assets within his or her community, with the specific aim of improving their SDH.





SOCIAL PRESCRIBING AT SINGHEALTH COMMUNITY HOSPITALS

Since October 2019, SingHealth Community Hospitals (SCH) has started a social prescribing pilot with a small group of wellbeing coordinators. They are non-clinical staff who work as part of the clinical team to identify and support patients with adverse SDH, which put them at risk of poor outcomes.

The social prescribing process

Upon admission to SCH, patients are **screened for risk factors** of poor SDH-related outcomes and enrolled into the social prescribing programme. The patient is then activated through **participation in in-house activities that promote wellbeing**, such as gardening, exercising, singing, and reading. Just before discharge, they are **linked to community care providers** to sustain the improvements to their wellbeing.

Collaboration with community partners

One key partner that had demonstrated good outcomes with us is the Community Network for Seniors (CNS), where their case managers work very closely with our wellbeing coordinators to link patients with community partners offering social activities,

re-integrating them back into their own communities. Initial results were very promising and plans are on the way to scale this up, to conduct social prescribing at SingHealth Polyclinics and eventually with interested GPs.

Benefits

Early evidence is showing **improvements in quality of life measures** as well as **reduction in hospital and even primary care utilisation**.

Not surprisingly, evidence also shows that those who benefit the most from social prescribing are patients who are likely to be most at risk of poor SDH. These include patients who:

- Require support to manage long-term conditions
- Are vulnerable, socially disadvantaged or at high risk of mental health issues
- Are lonely or socially isolated
- Frequently attend either primary or secondary healthcare

Social Prescribing: Going E to Engage Seniors Amidst a Pandemic

In this COVID-19 pandemic where social distancing is encouraged, many seniors suddenly find themselves isolated at home. To them, the new world is confusing and scary with complicated regulations that keep changing. Staying home to keep themselves safe from the virus might lead to unintended consequences, such as physical and cognitive inactivity, possibly introducing new health risks.

The Infocomm Media Development Authority (IMDA) Annual Survey on Infocomm Usage in Households and by Individuals in 2019 reported that **13% of those aged 60 and above are completely disconnected from the digital world**. Digital exclusion during the pandemic prevents these seniors from connecting with their friends and family, **increasing their social isolation**.

ELECTRONIC SOCIAL PRESCRIBING

To address this, SCH wellbeing coordinators developed **electronic social prescribing (eSP), a simple senior-friendly digital skills programme** comprising three lessons:

1. Connecting to Wi-Fi/Wireless@SG
2. Using WhatsApp (including text/voice messages and voice/video chat)
3. Scanning QR codes (for SafeEntry or accessing different URLs)



These topics were deliberately chosen as they are the most basic and widely-used functions that help to address the negative social impact brought about by safe distancing measures. WhatsApp allows seniors to stay socially connected, while scanning QR codes allows seniors to access online content and gain entry to familiar places in the community to continue their daily routines.

The eSP lessons were conducted in a group setting of three seniors, with one-to-one coaching provided by the wellbeing coordinator. This group setting enabled peer sharing and influence, increased motivation for participation, as well as opportunities for social interaction and friendship building.

During one of the lessons on the use of WhatsApp, participants were asked to create a WhatsApp group among themselves, to communicate with one another through the group chat. At the end of the three lessons, a pictorial booklet with simple instructions was provided for participants to use as a reference for self-practice.

CHALLENGES TO eSP

1. Cost

IMDA and telecommunications companies in Singapore recently announced a few initiatives to enable seniors to go digital, such as offering affordable smartphones and data plans to seniors who are financially needy. This addresses the cost barrier of embracing technology.

2. Lack of motivation

Another challenge was the lack of motivation in some patients. Age, anxiety, and perceived difficulty were often given as reasons for declining to participate in the lessons.

3. Concerns of family members

Some family members were concerned that seniors may make mistakes due to the complex features of smartphones, or fall prey to fraudulent scams targeting seniors.



BUILDING CONFIDENCE OF SENIORS

To build confidence among the seniors to embrace technology, we followed these principles of **the unified theory of acceptance and use of technology (UTAUT)**:

- **Performance expectancy**
Convincing them of the benefits that WhatsApp will bring. For example, they could connect with their favourite grandchild while keeping safe at home.
- **Effort expectancy**
Demonstrating to them that it is within their capability. For example, bringing them to observe the lessons and see how other seniors were able to learn without difficulty.
- **Social influence**
Building alliances with their loved ones to help encourage them to participate. For example, getting the buy-in of the patient's family member to help encourage participation.
- **Facilitating conditions**
Ensuring that resource barriers like availability of smartphones and Wi-Fi access are overcome. For example, securing a pool of donated smartphones from staff who have spare phones at home.

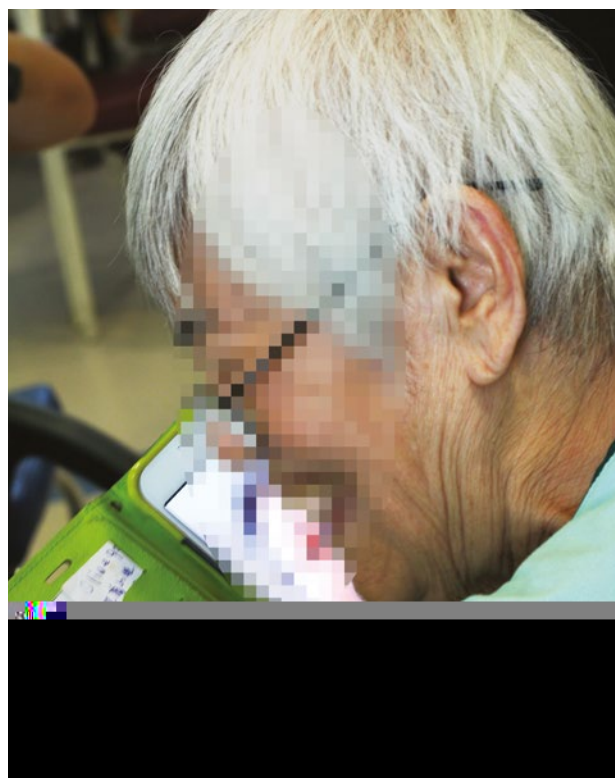
CASE STUDY

WHAT DOES SUCCESS LOOK LIKE?

Mdm K lives with her son and enjoys cooking for him. Recently she was admitted to a community hospital for rehabilitation after undergoing a hip surgery. Our wellbeing coordinator engaged Mdm K who agreed to try the digital skills programme.

During the class, she was very concerned about disturbing her son but after some tries, she learnt to leave voice recordings via WhatsApp. She felt that this new skill allowed her to communicate with her son without being intrusive. When her son visited her at the hospital, she shared with him about what she had learnt, and her son also wrote down additional instructions for her in her booklet.

To motivate Mdm K to continue using the smartphone as well as to support her culinary interest after discharge, we linked up Mdm K with a befriending service. In between home visits, Mdm K now communicates with the assigned befriender via WhatsApp.



POSITIVE RECEPTION

The eSP lessons received very positive feedback from all participants after the launch. Seniors were very satisfied that they could contact their loved ones freely without the need to travel, and access various places independently to maintain their daily routines. Most patients who attended the lesson shared that they experienced a newfound independence that they never had before.

Caregivers also gave feedback that they could stay connected with their parents without taking too much time off work for physical visits.

CONCLUSION

Disruption has always unravelled new opportunities of growth. Social prescribing may become more important now than ever in these uncertain times caused by COVID-19, as we strengthen the links between health and social care.

SCH continues to strive to be the conduit and platform for linkage to the community. It aims to provide a seamless care transition and ensure that patients stay well in the community, by working with partners such as the Silver Generation Office and Institute of Adult Learning to advance our cause in this area.



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From 2006 to 2016, Prof Lee and his team experimented with different care models using the principles of family medicine and integrated care. The effectiveness of their care model was proven in two landmark randomised controlled trials and has since been scaled up and implemented as the Communities of Care approach in the SingHealth Regional Health System. Prof Lee is now leading the social prescribing programme at SCH.



To find out more about social prescribing offered by the SingHealth Community Hospitals Office of Learning (SCHOOL), please email to school@singhealthch.com.sg.

Outpatient and Emergency Radiographs in Primary Care

When to Request for Ankle, Cervical Trauma and Low Back Pain

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Ankle injuries, post-traumatic neck pain and lower back pain are commonly presented in primary care. Understanding the indications warranting further radiological investigations is crucial for effective management of these conditions.

INTRODUCTION

Ankle injury, neck injury and low back pain are common presentations in primary healthcare set-ups and can be managed satisfactorily in the outpatient setting. After history-taking and physical examination, primary care physicians have to decide whether further imaging is necessary in a given patient. The utilisation of radiological services is therefore an important part of our clinical practice at the Accident & Emergency Department (A&E).

For many clinicians, the indications for x-rays may have been largely learnt while on the job. Even though x-rays can be invaluable for the outlining of patient care, overuse can result in wastage of resources and unnecessary radiation exposure. Equally important is the need to understand the limitations of x-rays, so as not to develop a false sense of confidence and miss a diagnosis.

How to Decide if an X-Ray is Necessary

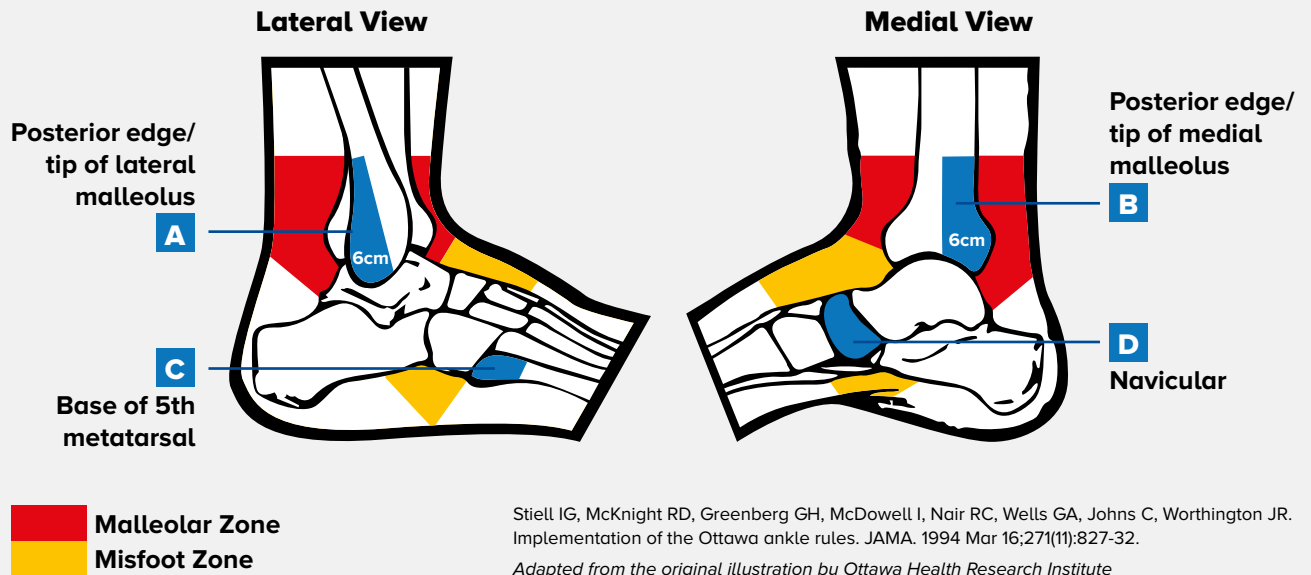
The points below summarise the guidelines which aid in deciding whether an x-ray is necessary for ankle injuries, cervical trauma and low back pain.

1 Ankle Injuries

The ankle is the second most commonly injured body part during sports. Ankle sprains constitute the majority of ankle injuries. The **Ottawa Ankle Rules** may help to determine if the patient requires x-rays and referral to the emergency department.



OTTAWA ANKLE RULES



Ottawa Ankle Rules

Suitable patients for application of this rule include **children two years old and above, and adults presenting with ankle injury**. The original study included non-pregnant patients aged over 18 years with a new injury of less than 10 days old.

According to the Ottawa Ankle Rules, an ankle series of x-rays is only indicated for patients who have pain in the malleolar zone and:

- Have bony tenderness at the posterior edge or tip of the lateral and medial malleolus, or
- Are unable to bear weight both immediately after the injury and for four steps in the emergency department or doctor's office

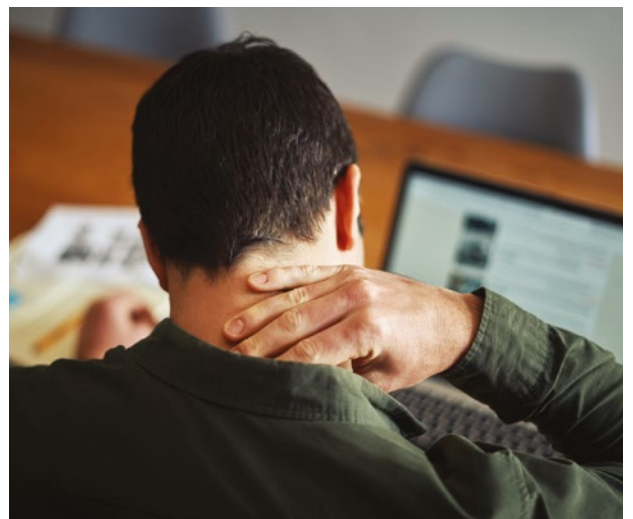
The following applies to the use of the Ottawa Ankle Rules:

- If the patient can transfer weight twice to each foot for four steps, he or she is considered able to bear weight, even if he or she limps
- Palpate the distal 6cm of the posterior edge of the fibula when assessing for bone tenderness

In the absence of the above findings, a patient with ankle sprain can be managed with rest, ice application, compression bandage, limb elevation and analgesia and with advice to return for review should their condition persist or worsen.

2 Post-traumatic Neck Pain

When evaluating a patient with traumatic injury, one of several clinical decisions that must be made is whether or not imaging of the cervical spine is indicated.



National Emergency X-Radiography Utilization Study Criteria

The **National Emergency X-Radiography Utilization Study (NEXUS) criteria** is one which helps to clear the cervical spine clinically. Imaging is not required if all the below criteria are satisfied:

1. Normal level of alertness
2. No posterior midline cervical tenderness
3. No focal neurologic deficit
4. No alcohol intoxication
5. No distracting injury

The NEXUS criteria should be used with caution in elderly patients above 65 years old, due to lower sensitivity in this age group.

Once cleared by the NEXUS criteria, a neck sprain can be managed with analgesia, home physiotherapy exercises, patient reassurance, as well as posture and sleep position modifications.

Canadian C-Spine Rule

The other decision rule that can be used is the Canadian C-Spine Rule. This can be used to rule out cervical spine injury in alert and stable trauma patients without the need to obtain radiographic images.

Computed Tomography Scan Imaging

In the past, computed tomography (CT) scan imaging of the cervical spine was reserved for better clarification of injuries seen on screening x-ray exams, or in cases when adequate images could not be obtained via x-rays. Subsequently, there was a concern suggesting that x-rays were missing a significant number of injuries. Currently, CT scans are often preferred over plain radiographs of the cervical spine in emergency department patients with multiple injuries.

3 Low Back Pain

Low back pain affects two-thirds of adults during their lifetime and is the leading cause of work disability in the developed world.

However, only 5% of cases have serious underlying diseases or neurological symptoms requiring surgical treatment, and the aim of imaging is to pick up these 5% of patients. One needs to identify red flags in the history and physical examination to identify patients who need spinal imaging.

Some red flags (non-exhaustive) in low back pain patients are:

- Age < 20 or > 55 years
- History of spinal trauma or instrumentation
- Signs, symptoms or risk factors for infection like osteomyelitis
- History of recent cancer or risk factors for cancer
- Constant, progressive, non-mechanical pain
- Risk of vertebral compression fracture
- Neurological deficits, especially bladder or bowel symptoms

In the absence of red flags, it would often be reasonable to treat low back pain conservatively with analgesia and physiotherapy for four to six weeks before performing imaging, which in the first instance, would consist of the anterior-posterior (AP) and lateral views of the lumbar spine.



GPFIRST

YOUR FAMILY DOCTOR, YOUR FIRST STOP

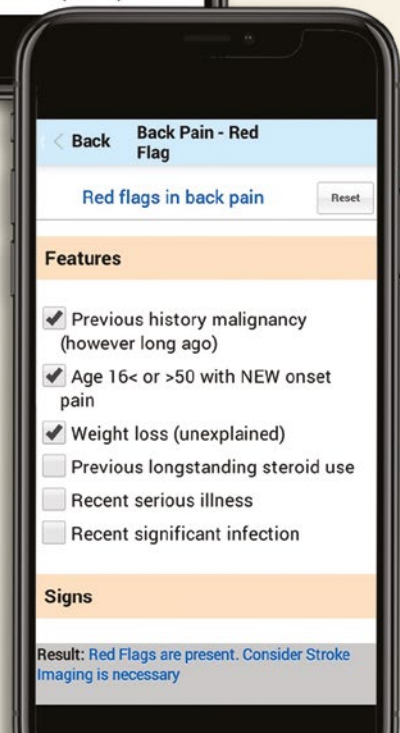
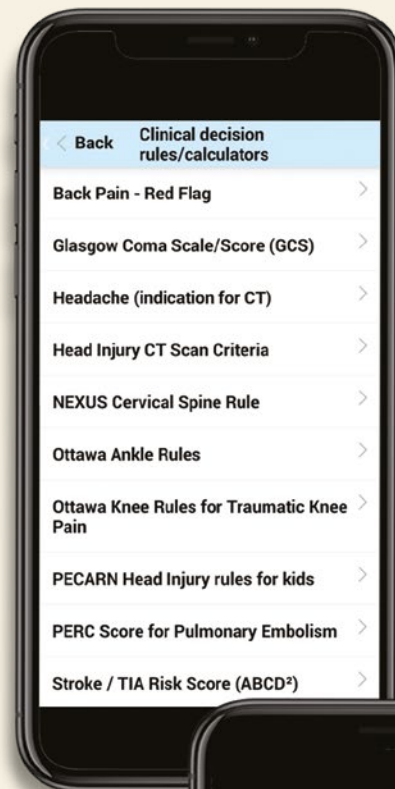
THE SINGHEALTH GPFIRST PROGRAMME

The **SingHealth GPFfirst programme** encourages residents in the East and North-East to visit their GPs for mild to moderate medical conditions, rather than head to the emergency department at the first instance.

If found by participating GPs to require emergency care, patients who are referred to the CGH and SKH emergency departments will be **accorded higher priority over P3 cases** when they arrive at the A&E. In addition, they will receive a **\$50 subsidy** on the prevailing A&E attendance fee.

GPFfirst Participating Clinics are supported with:

- A&E Consultant Hotline (24/7)
- A&E Coordinator Hotline (during office hours)
- List of Exclusion Criteria (non-exhaustive)
- CME Online Asynchronous Learning (COAL) and quarterly CMEs
- GPFfirst Aide Mobile App – with decision tools on 16 red-flag conditions



JOIN GPFIRST

The **GPFfirst programme** is open to GP clinics in Eastern and North-Eastern Singapore.

To join GPFfirst, please scan the QR code to visit the website.



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Dr Lim completed his Fellowship in Disaster Medicine at the University of California Irvine in the United States and is a member of the International Editorial Board of the *Western Journal of Emergency Medicine*.



The **GPFirst** programme is open to GP clinics in Eastern and Northeastern Singapore. To join GPFirst, please scan the QR code to visit the website.



Enabling Patients to Take Charge of Their Health: Motivational Interviewing-Based Health Coaching

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A team-based approach to primary care is key to managing the country's chronic disease burden effectively and sustainably. In between the patients' visits to their General Practitioners, community nurses can help them make lifestyle and health improvements through health coaching and counselling techniques.

INTRODUCTION

Chronic diseases are the leading causes of death and disability globally and the increase in prevalence among Singaporeans is a cause for concern. Although the severity of the problem is well-acknowledged and lifestyle modifications are proven to manage and prevent complications, behavioural change is often easier said than done.

The didactic approach of health education has shown to be of low yield. Instead, a more powerful method known as health coaching can build a trusting relationship with patients enabling a collaborative effort to devise actionable plans to initiate and enforce behavioural change. **During health coaching, motivational interviewing (MI), which is a counselling technique, is used to empower patients in moving from a passive role to actively taking charge of their lifestyle and health.**

The Ministry of Health's (MOH) Beyond Healthcare 2020 Masterplan was rolled out in 2012 to ensure affordable and sustainable healthcare for the nation beyond 2020.

In line with the strategy to shift care upstream, there is tremendous emphasis on strengthening social and primary care as well as partnering general practitioners through the Primary Care Networks. GP clinics meet about 80% of the nation's primary care demand, with a growing focus on chronic disease management.



MOTIVATIONAL INTERVIEWING-BASED HEALTH COACHING

MI guiding principles used to perform health coaching can be demonstrated by the acronym **RULE**:

- 1. Resist the righting reflex**
Don't tell the patient what he knows. As healthcare practitioners, we are often instinctively quick to correct and respond to patients by giving medical advice. When a patient is ambivalent about change, telling him what he probably already knows acts as a reminder of his current health condition and may evoke feelings of being judged or blamed.
- 2. Understand the patient's own motivations**
Acknowledging the patient's interests, values and concerns. This allows the practitioner to assess the patient's readiness, willingness and ability to change. However, it is the patient's own intention to change that ensures actualisation and sustainability.
- 3. Listen with empathy**
Spending adequate time in communication and listening with empathy. Empathy is the ability to understand the feelings of another, and this builds trust for a therapeutic practitioner-patient relationship and encourages the sharing of more information.
- 4. Empower the patient**
Let patients feel in control of the change. Encourage them to set their own goals and own their successes. In turn, this can lead to improved patient outcomes.

Last but not least, it is paramount that the practitioner embodies the spirit of MI by being **collaborative, evocative, and respectful of the patient's autonomy.**

CASE STUDY

This case study illustrates how SingHealth Community Nurses can partner GPs and incorporate MI-based health coaching to improve a patient's health outcomes.

Background

A 70-year-old Malay male, Mr F is unemployed and lives alone in a rented flat. He has a medical history of hyperlipidaemia, chronic kidney disease secondary to hypertensive nephropathy, congestive cardiac failure, asthma with chronic obstructive pulmonary disease (COPD) overlap and lumbar spondylosis. He was hospitalised almost every month in 2018 and 2019 for fluid overload.

Referral to Community Nurses

Mr F was referred to the community nurses in February 2020 for high blood pressure secondary to non-compliance to medication and follow-ups.

During the first visit, Mr F was guarded. Applying the principles of MI of *resisting the righting reflex* and *listening with empathy* – the nurses came across as non-threatening and receptive, allowing Mr F to open up and share more.

The nurses learnt that he values his religion greatly and goes to his place of worship daily. It was important to him to stay well enough to continue to do so. He defaulted on medical follow-ups as he did not feel the need for it.

The nurses invited him to share what he understood of his health condition and realised that his non-compliance was due not only to the lack of knowledge, but also to possible mild cognitive impairment which other healthcare professionals could not pick up on due to the limited time they had with him during consults.

By understanding his values and motivations, the nurses were able to help Mr F set small achievable goals for himself, such as:

1. Taking his medication in the morning before going out
2. Using a whiteboard to remind him of appointments
3. Going to a nearby GP for his chronic medications instead, as he defaulted on his follow-ups at the polyclinic which was not near his home

Sharing Care with GPs

With frequent coaching from the community nurses, Mr F now better understands his health condition and the related complications if it is not managed well. Nurses provided feedback on Mr F's condition to the GP, and linked him up with a medication packing service and a social service organisation to support him in the community. Mr F's compliance with medications and outpatient follow-ups has increased, and he does not need to be hospitalised as frequently.

This case study illustrates one of the many challenges to chronic disease management. While MI-based health coaching is able to facilitate small but significant improvements to an individual's lifestyle and health, GPs might find it challenging to do so during the short consultation time with patients.

A team-based approach of bringing together various community partners to care for patients can make the change more feasible and sustainable.



Partnering GPs to Care for Residents in the Community

The SingHealth Community Nursing Programme

The SingHealth Community Nursing Programme is led by a team of registered nurses, trained in specialties such as chronic disease management, gerontology, oncology or palliative care. They run **Community Nurse Posts (CNPs)** which are located in various Senior Activity and Family Service Centres, religious organisations and even Residents' Committees. This allows the nurses to be in close proximity to residents with multiple co-morbidities and chronic diseases.

Apart from seeing them in the CNPs, the nurses also conduct **home visits** to residents who have difficulty going to the CNPs or require home assessment. By leveraging technology such as **video consultations and vital signs monitoring**, residents are able to manage their health in the comfort of their own homes.

The nurses' frequent interaction with residents puts them in a good position to build relationships and apply MI-based health coaching techniques in managing residents' chronic conditions.

To ensure that care is coordinated for each resident, the community nurses form the bridge between the different care providers, such as the specialists, GPs and physicians from polyclinics, maintaining an open feedback loop with all parties.

WHO AND HOW GPs CAN REFER

Do your patients have the following issues?

- Poorly controlled chronic diseases
- Lack of knowledge of their health conditions
- Problems with medication compliance and self-management
- Requiring support at home after discharge from the hospital

Consider referring them to the SingHealth Community Nursing Programme if they are:

- 60 years old and above
- A Singaporean or Permanent Resident
- Residing within the areas listed (*Table 1*)

If your patients do not meet the above criteria but may benefit from our programme, we can review them on a case-by-case basis.

Services provided:

- Health and geriatric assessment
- Health coaching for disease prevention
- Chronic disease monitoring
- Education on self-care, medication and chronic disease management
- Medication consolidation
- Caregiver training
- Care coordination with community health and social care agencies

Areas Served and Contact Details

Region	Areas served	For referrals and enquiries, contact:
East	<ul style="list-style-type: none"> • Pasir Ris • Tampines • East Coast (Bedok, Changi-Simei, Fengshan, Kampong Chai Chee, Siglap) • Aljunied (Bedok Reservoir, Eunos, Kaki Bukit) • Marine Parade (Kembangan-Chai Chee, Joo Chiat) 	Email: community_nursing@cgh.com.sg Tel: 6936 5861
Southeast	<ul style="list-style-type: none"> • Bukit Merah • Telok Blangah • Chinatown • Tiong Bahru • Katong 	Email: community.nurse@sgh.com.sg Tel: 9771 8842
Northeast	<ul style="list-style-type: none"> • Sengkang (including Fernvale) • Punggol 	Email: community.nurse@skh.com.sg Tel: 6930 5000

Table 1

A community nurse will respond to the referral source and maintain open communication with the GP via phone call, email or memo. The patient's progress will be fed back to the referring doctor when there are changes in his/her medical condition.

For more details or to download the referral form, please visit:

<https://www.singhealth.com.sg/rhs/live-well/Community-Nursing>

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For more details on the **SingHealth Community Nursing Programme** and to download the referral form, please scan the QR code to visit the website.



Improving Outcomes with Minimally Invasive Bunion Surgery

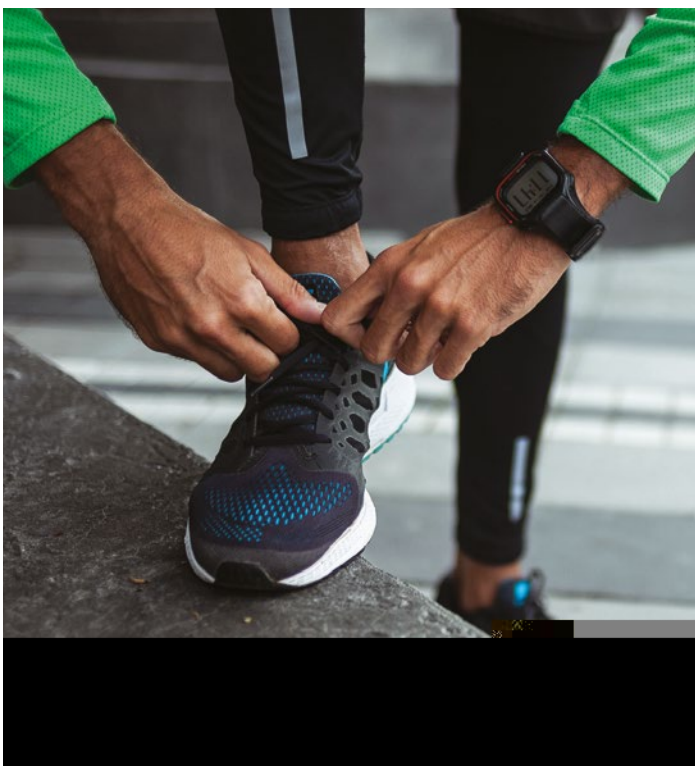
Dr Nicholas Yeo

*Consultant, Orthopaedic Surgery;
Director, Foot and Ankle Service, Singapore General Hospital*

Minimally invasive or 'keyhole' surgery is an increasingly popular and viable surgical option for many patients with bunions. With faster postoperative healing, it offers predictable and reproducible outcomes, and lowers the risk of certain postoperative complications.

INTRODUCTION

Hallux valgus (or bunions) are common in the general population. Studies show that up to 35% of adults develop a bunion in their lifetime.¹ With more Singaporeans embracing an increasingly active lifestyle, pain and discomfort from this deformity is becoming a real problem. In fact, over the last five years at Singapore General Hospital (SGH), we have seen a 30% increase in patients seeking specialist consultation for bunion-related complaints.



THE CASE FOR MINIMALLY INVASIVE SURGERY

For patients with significant pain which is affecting their function, treatment options have long been limited to traditional open surgery to correct this foot deformity.

In recent years, the Foot and Ankle Service at SGH has taken the lead in offering a cutting-edge 'keyhole' procedure to correct this deformity.

By minimising the surgical incision, this results in less pain, less swelling, less scarring and a much faster recovery. As such, this procedure can be performed as a day surgery with the patient walking home with minimal discomfort.

ADVANTAGES OF MINIMALLY INVASIVE BUNION SURGERY

The foot is a particularly delicate area of the anatomy with a much thinner soft tissue envelope. As such, any large incisions around the foot put the patient at risk of wound healing problems.

Swelling is also a common problem following any procedure in the foot as it is the most dependent part of the body. As such, there has been a move in recent years towards minimally invasive surgery of the foot, in particular for bunion surgery.

With improved techniques and implants, we are able to achieve predictable and reproducible outcomes. Our department has offered this procedure for the last five years, and our published local data suggests that it is a safe and effective treatment option.²

HOW THE SURGERY IS PERFORMED

This technique involves tiny incisions around the big toe, through which a specialised burr is inserted to make the necessary cuts in the bone. The bone is shifted to realign the big toe, and titanium screws are inserted through tiny incisions to stabilise the bone. This is opposed to open surgery which requires a 10-12 cm incision over the inside of the foot.

POSTOPERATIVE RECOVERY

The patient is able to walk immediately following the surgery, but will have to use a pair of post-surgery sandals to protect the feet.

For the first two weeks, the foot will be bandaged, following which a toe alignment splint will be applied.

At approximately six to eight weeks, the patient can transition to regular footwear and return to work.

At three months, he or she is able to return to sports and high-impact activities.

BENEFITS

1. Lower wound complication rate

Advantages include a lower risk of wound complications in view of the 'keyhole' nature of the surgery. This is particularly beneficial in patients who are diabetic or smokers as they have a higher risk of wound complications to begin with.

2. Less scarring

Patients who are predisposed to keloid formations will also benefit from minimising the post-surgical scarring using this technique.

3. Less postoperative pain and swelling

There is significantly less pain and swelling during the early postoperative period.

4. Faster recovery

Less pain and swelling also results in a much quicker recovery.

5. Day surgery procedure

LIMITATIONS

Minimally invasive surgery can only be done for **mild-to-moderate deformities**. Once the deformity progresses beyond a certain degree, open surgery will be necessary to attain an adequate correction.

HOW TO EASE BUNION PAIN WITHOUT SURGERY

Surgery is the only way to address the bunion permanently, but there are other treatment modalities short of surgery to alleviate the patient's symptoms.

1. Analgesia

Anti-inflammatory medication can help to relieve the acute pain from bursitis as a result of the prominent bunion.

2. Footwear advice

Shoes with a wide toe box help to minimise pressure over the deformity. In certain instances, this is enough to alleviate one's symptoms. Avoiding or minimising wearing high heels and narrow shoes helps too.

3. Bunion pads and insoles

Padding over the bony prominences of the foot helps to cushion the painful areas. Insoles or orthotics help to minimise pressure over the inside of the foot where the bunion is. This is particularly helpful if the patient has an associated pes planus (flatfoot).

4. Splints and braces

Splints and braces help to hold the toe in a straightened position and minimise any discomfort from the bunion. However, they have not been shown to reverse the deformity or slow down the natural progression of the bunion.

WHEN TO REFER A PATIENT

- Significant bunion pain
- Progressive deformity over a short period of time
- Difficulty with footwear
- Symptoms affecting function and activities

Bunion surgery is not indicated if there is no significant pain or limitation in function. It should not be performed for cosmetic reasons.

CASE STUDY

A lady in her 30s, who works as a secondary school teacher, had bunion pain which was progressively worsening over the past few years. This was exacerbated by the many hours she had to spend on her feet. She opted for minimally invasive bunion surgery.

The procedure was performed in the morning and she was discharged on the same day of surgery. She reported minimal discomfort and was walking independently with her postoperative sandal. She returned to work as a teacher approximately six weeks following surgery and was back to jogging at ten weeks.

PRE-OPERATIVE



Pre-operative Clinical Photo and X-ray

POSTOPERATIVE



Postoperative Clinical Photo and X-ray



Minimal swelling and scarring following surgery



Postoperative Sandal



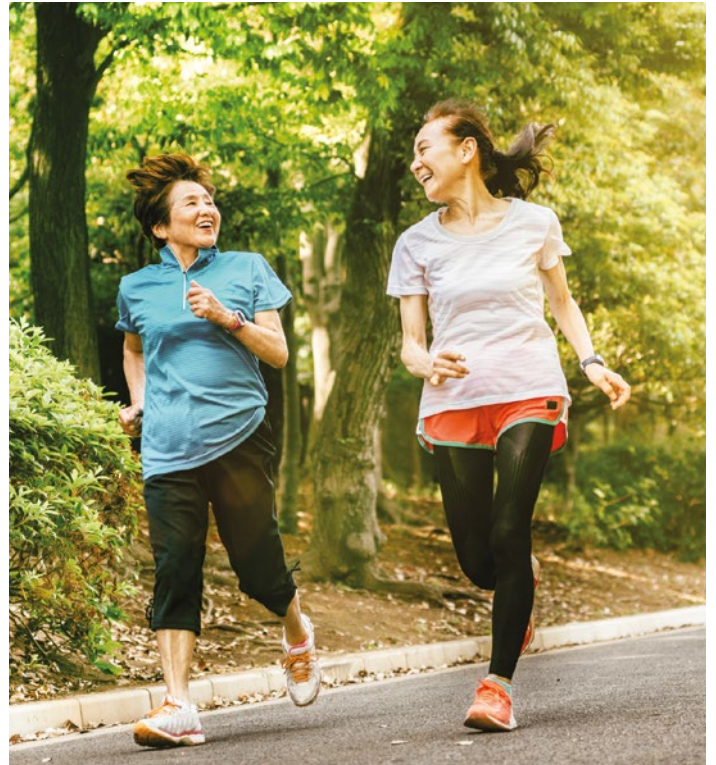
Postoperative Toe Alignment Splint

CONCLUSION

Minimally invasive surgery is an excellent option for patients with painful mild-to-moderate bunions. It results in less postoperative pain, swelling and scarring. This in turn allows for a much quicker recovery and return to an active lifestyle.

REFERENCES

1. Prevalence of hallux valgus in the general population: a systematic review and meta-analysis. Nix et al. J Foot Ankle Res. 2010;3:21
2. Two year outcomes of minimally invasive hallux valgus surgery. Chan et al. Foot Ankle Surg. 2019 Apr;25(2):119-126.



Dr Nicholas Yeo

*Consultant, Orthopaedic Surgery;
Director, Foot and Ankle Service, Singapore General Hospital*

Dr Nicholas Yeo is a Consultant with the Department of Orthopaedic Surgery at Singapore General Hospital. He also serves as the Director of the Foot and Ankle Service.

He was awarded the Health Manpower Development Plan (HMDP) Scholarship from the Ministry of Health to pursue sub-specialty training in foot and ankle surgery. He completed a year-long fellowship at the University of British Columbia, Canada. In addition, he was awarded the AO fellowship at the University Hospital Carl Gustav Carus, Germany in trauma and reconstructive surgery of the foot.

Dr Yeo's practice is largely centred around complex foot and ankle deformities and sports injuries. Of note, he is a strong advocate of minimally invasive or keyhole surgery to achieve the best outcomes for his patients.

GPs who would like more information on this topic, please contact Dr Yeo at **9732 1850** or nicholas.yeo.e.m@singhealth.com.sg.



GP Appointment Hotline: **6326 6060**

GPs can scan the QR code for more information about the department.



Providing Holistic Care for Advanced and Rare Tumours

The Department of Sarcoma, Peritoneal and Rare Tumours (SPRinT)

The Department of Sarcoma, Peritoneal and Rare Tumours (SPRinT) at the National Cancer Centre Singapore (NCCS) specialises in the management of sarcomas, peritoneal disease, gastrointestinal and advanced intra-abdominal malignancies, and skin cancers.

ABOUT THE DEPARTMENT OF SPRinT

The Department of SPRinT was formed in November 2019 to focus on the treatment and research of rare cancers. The team comprises surgical oncologists, who work closely with medical oncologists and specialists from various sub-specialties, to provide individualised and holistic care for patients.

Besides clinical care, the Department of SPRinT is committed in collaborative research, clinical trials and

translational laboratory research. The SPRinT team co-founded the Asian Peritoneal Surface Malignancy Group (APSMG) and hosts the annual Peritoneal Surface Malignancy Course in Singapore.

In addition, the team is active in curriculum planning and clinical teaching for students at the Duke-NUS Medical School and Yong Loo Lin School of Medicine. They also contribute to the teaching and training of surgical residents.

Shared Care With GPs

Due to the rarity and heterogeneity of sarcomas, peritoneal diseases, gastrointestinal and advanced intra-abdominal malignancies, and skin cancers, **the SPRinT team works closely with healthcare providers in the community to centralise care for these potentially complex cases.** Patients will be seen by a multidisciplinary team of specialists at NCCS who are well-versed in the diseases.

Based on assessment by the general practitioner, cases with the following features may be referred to the Department of SPRinT for further review:

- Suspicious lumps that are increasing in size, are painful or more than 5 cm in size
- Skin lesions that are rapidly growing in size and/or are bleeding
- Unusual symptoms suggestive of abdominal malignancy such as rapid loss of weight, loss of appetite, abdominal distension or change in bowel habits

For GP referrals to the Department of Sarcoma, Peritoneal and Rare Tumours (SPRinT), please contact NCCS at:

Hotline: 6436 8288

Email: SPRinT@singhealth.com.sg

GPs can scan the QR code for more information on the department.



Our Services

1. Gastrointestinal and Peritoneal Surface Malignancies

Previously regarded to be fatal, peritoneal disease can now be successfully treated to achieve good outcomes for patients.

The SPRinT team treats patients with peritoneal disease through highly-specialised procedures such as **cytoreductive surgery (CRS) with hyperthermic intraperitoneal chemotherapy (HIPEC)**, as well as **pressurised intraperitoneal aerosolised chemotherapy (PIPAC)**.

2. Sarcomas

Soft tissue sarcomas, which have more than 70 different subtypes, are a group of rare cancers that affect the soft tissues of the body. The SPRinT team collaborates with other specialists to provide comprehensive diagnostic and therapeutic services for this rare disease. They are also one of the few experienced units in Asia to perform **multi-visceral resections** for all forms of sarcomas.

3. Skin Cancers

Accurate diagnosis and staging is crucial to ensure good outcomes for the treatment of skin cancer. The SPRinT team works with dermatologists, pathologists and medical oncologists to diagnose and treat various skin malignancies. With advancements in the

use of biologics and immunotherapy for skin malignancies, the team constantly **combines surgery with novel chemotherapeutics** to provide the latest treatments for patients.

4. Advanced Intra-abdominal Malignancies

The SPRinT team performs **complex multi-visceral and pelvic exenteration** for locally advanced intra-abdominal malignancies. They also collaborate with medical and radiation oncologists to employ useful **neo-adjuvant and adjuvant treatments** when necessary.

5. Surgical Palliative Care

Up to 50% of cancer patients present with or develop advanced and metastatic disease not amenable to cure. They can present with a wide variety of abdominal symptoms owing to tumour-related complications such as pain, bleeding, intestinal obstruction, sepsis and jaundice amongst others. This can substantially decrease their quality of life. Palliative surgery in selected patients has the potential to provide effective relief of symptoms.

At SPRinT, we strongly believe in **incorporating palliative concepts in surgical practice**. In 2020, we established Singapore's first multidisciplinary palliative intervention team, providing a platform for holistic discussion of the myriad of issues faced by these patients.

Our Doctors



1. **Clinical Assoc Prof Claramae Chia Shulyn**
Head and Senior Consultant



2. **Asst Prof Ong Chin-Ann Johnny**
Consultant



3. **Dr Jolene Wong Si Min**
Associate Consultant

Celebrating the Gift of Life & Gift of Hope:

SingHealth Duke-NUS Transplant Centre

ABOUT THE SINGHEALTH DUKE-NUS TRANSPLANT CENTRE

The SingHealth Duke-NUS Transplant Centre (SD Transplant Centre) brings together 12 transplant programmes across SingHealth under a recognised consolidated entity. Formed in April 2019, the SD Transplant Centre, as a collective, is home to clinical research and educational activities for all its transplant programmes.

The Centre is made up of a multidisciplinary team of healthcare professionals working together to improve transplant survival rates, optimise the quality of patients' lives and keep transplant-related costs affordable for patients.

OUR TRANSPLANT PROGRAMMES



Kidney



Pancreas - Kidney



Liver



Heart



Lung



Cornea



Ovarian Tissue



Cord Blood



Skin



Cardiovascular
Homograft



Haematopoietic
Stem Cell (Adult)



Haematopoietic
Stem Cell (Paediatric)

CLINICAL EXCELLENCE

Being under one roof has allowed the Centre to focus on the pursuit of patient survival and quality improvement in its programmes. Through collaboration and shared goals, its teams learn from each other's expertise to adapt to changing needs in transplantation. For instance, in the recent COVID-19 pandemic, the Centre responded quickly to alter protocols for patient safety and developed a COVID-19 booklet to address patient queries.

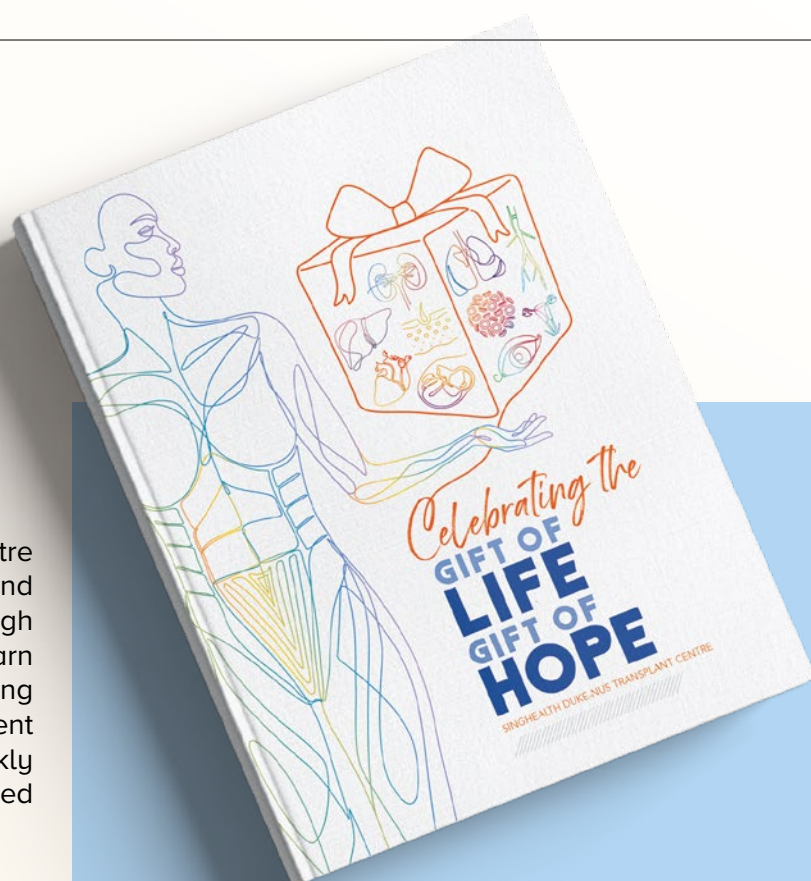
ADVANCING TRANSPLANT MEDICINE

Transplant medicine has advanced tremendously over the years with improved techniques, immunosuppression and organ preservation. These have translated into safer treatments such as laparoscopies, and new initiatives such as processing corneas for banking. With reduced hospital stays and better patient outcomes, transplantation remains to be the gold standard for end-stage organ failure patients to possibly lead a longer and more fulfilling life.

To find out more about our transplant programmes, please scan the QR code or contact the SD Transplant Centre:

Email: sd.transplant.centre@singhealth.com.sg

Tel: 6326 5194



SD TRANSPLANT CENTRE'S COMMEMORATIVE BOOK

To celebrate the many successful years of transplantation in Singapore, the SD Transplant Centre has published a **special commemorative book featuring its pioneers and transplant programmes.**

The book contains anecdotes and narratives penned by healthcare professionals who are instrumental to the transplant service in SingHealth. It also consists of inspiring stories of our transplant recipients and their journey to receive the gift of life through organ donation. These life-saving transplants would not have been possible without the collective effort, perseverance and hard work of our transplant doctors, nurses, allied health professionals and administrators.

Scan the QR code to read or download a copy of the book.



Specialist Promotions & Appointments

NEW APPOINTMENTS



Assoc Prof Bee Yong Mong
Head & Senior Consultant
Dept
Endocrinology



Dr Diana Chan Xin Hui
Head & Consultant
Dept
Pain Medicine




Dr Tay Yoong Chuan
Director, Ambulatory Surgery Centre; Consultant
Dept
Pain Medicine


PROMOTIONS – SENIOR CONSULTANTS




Dr Geoffrey Liew Haw Chieh
Senior Consultant
Dept
Anaesthesiology



Dr Goh Chin Hong, Ronald
Senior Consultant
Dept
Anatomical Pathology




Dr Lee Ming
Senior Consultant
Dept
Anatomical Pathology



Dr Mathew Ronnie
Senior Consultant
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Colorectal Surgery



Assoc Prof Tan Kwong Wei Emile John
Senior Consultant
Dept
Colorectal Surgery



Dr Sarat Kumar Sanamandra
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Diagnostic Radiology




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Emergency Medicine



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Microbiology



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Senior Consultant
Dept
Nuclear Medicine & Molecular Imaging



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Dept
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Dr Ch'ng Jack Kian
Senior Consultant
Dept
Vascular Surgery

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Anaesthesiology



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Dept
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Dept
Anaesthesiology



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Dept
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Dept
Diagnostic Radiology



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Consultant
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Diagnostic Radiology



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Emergency Medicine



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Dept
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Consultant
Dept
Internal Medicine



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Anaesthesiology



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Dept
Anaesthesiology

Specialist Promotions & Appointments

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Dept
Anaesthesiology



Dr Quak Su Min
Associate Consultant
Dept
Anaesthesiology



Dr Lee Shuhui, Melissa
Associate Consultant
Dept
Diagnostic Radiology



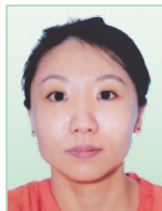
Dr Tan Bangwei, Mark
Associate Consultant
Dept
Diagnostic Radiology



Dr Tay Wei Ming, Ian
Associate Consultant
Dept
Diagnostic Radiology



Dr Jeevan Raaj S/O S. Thangayah
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Emergency Medicine



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Emergency Medicine



Dr Lim Chong Teik
Associate Consultant
Dept
Gastroenterology and Hepatology



Dr Lim Miao Shan
Associate Consultant
Dept
Gastroenterology and Hepatology



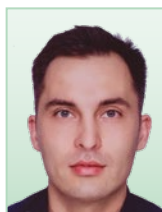
Dr Liou Wei Lun
Associate Consultant
Dept
Gastroenterology and Hepatology



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Geriatric Medicine



Dr Chung Sze Ryn
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Otorhinolaryngology-Head & Neck Surgery



Dr Tang Zhi'En, Joyce
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Plastic, Reconstructive & Aesthetic Surgery



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Associate Consultant
Dept
Vascular & Interventional Radiology



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Dr Wang Qi Wei, Mark
Associate Consultant

Dept
Vascular & Interventional
Radiology



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SingHealth

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NEW APPOINTMENT



Dr Tan Yuen Lan, Diana
Director, Institute for Patient Safety & Quality (Clinical), SingHealth

Dept
Clinical Services

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Senior Consultant
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Anaesthesia & Surgical
Intensive Care



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Anaesthesia & Surgical
Intensive Care



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Cardiology



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Care & Health
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Dr Sulaiman Bin Yusof
Senior Consultant
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Laboratory Medicine



Dr Mok Yingjuan
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Dept
Respiratory & Critical
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Respiratory & Critical
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Darren
Senior Consultant
Dept
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Dr Teo Jin Kiat
Senior Consultant
Dept
Urology

PROMOTIONS – CONSULTANTS

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Consultant
Dept
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Dr Wong Yu Jun
Consultant
Dept
Gastroenterology &
Hepatology

Dr Sun Mingfa Jeremy
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General Surgery

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Dept
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Consultant
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General Surgery

Dr Lew Pei Shi
Consultant
Dept
General Surgery

Dr Sharifah Munirah
Binte Abdullah
Alhamid
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Dept
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Dr Lee Yunyu, Justine
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Orthopaedic Surgery

Dr Raghuraman
Raghavan
Consultant
Dept
Orthopaedic Surgery

Dr Teo Hong Lee, Terry
Consultant
Dept
Orthopaedic Surgery

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Consultant
Dept
Psychological Medicine

Dr Yeon Wenxiang
Consultant
Dept
Renal Medicine

APPOINTMENT – SENIOR CONSULTANT

Dr Jane Amanda
Clayton
Senior Consultant
Dept
Medicine
(Rheumatology)

APPOINTMENTS – ASSOCIATE CONSULTANTS

Dr Liew Jia Ren, Perry
Associate Consultant
Dept
Diagnostic Radiology

Dr Liu Jingkai, Joel
Associate Consultant
Dept
Diagnostic Radiology

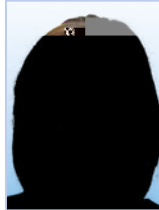
Dr Yew Jielin
Associate Consultant
Dept
Endocrinology



APPOINTMENTS – ASSOCIATE CONSULTANTS



Dr Tan Chin Kim
Associate Consultant
Dept
Gastroenterology &
Hepatology



Dr See Huimin, Amanda
Associate Consultant
Dept
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Sub-specialty
Trauma



Dr Yee Xianguang, Joel
Associate Consultant
Dept
Medicine



Dr Roche Tze-Lee Glen Cedric
Associate Consultant
Dept
Psychological Medicine



Dr Hui Li Yan, Sandra
Associate Consultant
Dept
Respiratory & Critical
Care Medicine



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General Hospital
SingHealth

Appointments: 6930 6000 | Email: appointments@skh.com.sg

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Assoc Prof Benita Tan Kiat Tee
Chairman & Senior Consultant

Division of Ambulatory
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Assoc Prof Chew Min Hoe
Chairman & Senior Consultant

Division of Surgery



Assoc Prof Melvin Chua Peng Wei
Deputy Chairman & Senior Consultant

Division of Medicine
and Inpatient Care



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Head & Senior Consultant
Dept
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Head & Senior Consultant
Dept
Anaesthesiology



Dr Kam Juinn Huar
Head & Consultant
Dept
Surgery

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Senior Consultant
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Gastroenterology



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Senior Consultant
Dept
Pathology

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Consultant
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Dr Lee Chengjie
Consultant
Dept
Emergency Medicine



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Consultant
Dept
Emergency Medicine

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Dept
General Medicine,
Rheumatology



Dr Mayank Chawla
Consultant
Dept
General Medicine,
Renal Medicine



Dr Chua Wei Jie Marvin
Consultant
Dept
General Medicine,
Endocrinology



**Dr Chuah Bingfeng
Matthew**
Consultant
Dept
General Medicine,
Endocrinology



Dr Tay Wei Lin
Consultant
Dept
General Medicine,
Endocrinology



**Dr Teh Guo Xiang,
Jonathan**
Consultant
Dept
General Medicine,
Gastroenterology



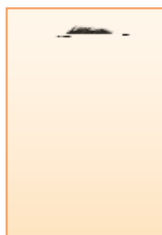
**Dr Goh Kai Heng,
Raymond**
Consultant
Dept
General Medicine,
Geriatric Medicine



Dr Poh Kai Chin
Consultant
Dept
General Medicine,
Respiratory Medicine



Dr Zheng Shuwei
Consultant
Dept
General Medicine,
Infectious Diseases



Dr Chen Haobin
Consultant
Dept
Orthopaedic Surgery



Dr Huang Yilun
Consultant
Dept
Orthopaedic Surgery



**Dr Hamid Rahmatullah
Bin Abd Razak**
Consultant
Dept
Orthopaedic Surgery



**Dr Wong Keng Lin,
Francis**
Consultant
Dept
Orthopaedic Surgery



**Dr Chua Shu May
Celeste Ann**
Consultant
Dept
Otorhinolaryngology -
Head & Neck Surgery



Dr Tay Kai Hong
Consultant
Dept
Psychiatry



Dr Ong Wei Lin Lester
Consultant
Dept
Surgery



**Dr Raj Vikesh Tiwari
S/O Perdit Kumar Tiwari**
Consultant
Dept
Urology


APPOINTMENT – SENIOR CONSULTANT



**Dr Thomas Anjula
Nee Khandelwal**
Senior Consultant
Dept
Pathology



NEW APPOINTMENTS



**Clin Assoc Prof Lim
Geok Hoon**
*Head & Senior
Consultant*
Dept
KK Breast



**Dr Abdul Haium Abdul
Alim**
*Head & Senior
Consultant*
Dept
Special Care Nursery



**Clin Asst Prof Chua
Tze-Ern**
*Head & Senior
Consultant*
Dept
Women's Mental
Wellness Service

PROMOTIONS – SENIOR CONSULTANTS




**Dr Chew Chu Shan
Elaine**
Senior Consultant
Dept
Adolescent Medicine
Service



**Dr Sashikumar
Ganapathy**
Senior Consultant
Dept
Emergency Medicine



Dr Chiou Fang Kuan
Senior Consultant
Dept
Gastroenterology,
Hepatology and
Nutrition Service



Dr Tan Ee Kar Enrica
Senior Consultant
Dept
Haematology/
Oncology Service




Dr Yung Chee Fu
Senior Consultant
Dept
Infectious Disease
Service



**Clin Asst Prof Ng Zhi
Min**
Senior Consultant
Dept
Neurology Service



**Dr Wan Yuan Kwan
Sharon**
Senior Consultant
Dept
Paediatric Anaesthesia



**Dr Lim Jue Shuang
Gale**
Senior Consultant
Dept
Plastic, Reconstructive
and Aesthetic Surgery


PROMOTIONS – CONSULTANTS




**Dr Sharline D/O
Suhumaran**
Consultant
Dept
Child Development



**Dr Lim Kian Boon Joel
(Joel Lin Jianwen)**
Consultant
Dept
Children's Intensive
Care Unit



Dr Ng Chee Hui
Consultant
Dept
Diagnostic and
Interventional Imaging



**Dr Chang Pei Qi,
Pearly**
Consultant
Dept
General Paediatrics
Service



**Dr Chang Su Ying,
Serena**
Consultant
Dept
General Paediatrics
Service



**Dr Chia Sugjin, Moira
(Xie Shujin)**
Consultant
Dept
General Paediatrics
Service

Specialist Promotions & Appointments

PROMOTIONS – CONSULTANTS



**Dr Ho Meng Dao
Jeremy (Jeremy He
Mingdao)**

Consultant

General Paediatrics
Service



**Dr Sudipta Roy
Chowdhury**

Consultant

General Paediatrics
Service



**Dr Tan Mui Ching
Joanne**

Consultant

General Paediatrics
Service



Dr Qi Maili

Consultant

Dept
Gynaecological
Oncology



Dr Lim Yi Xiu, Jocelyn

Consultant

Neurology Service



Dr Kho Chye Lee

Consultant

Dept
Obstetrics and
Gynaecology



**Dr Lim Ee-Lin Sheri
(Sheri Lin Yiling)**

Consultant

Dept
Obstetrics and
Gynaecology



**Dr Mok Wan Loong,
James**

Consultant

Dept
Plastic, Reconstructive
and Aesthetic Surgery



**Dr Siak Junpei
Elizabeth**

Consultant

Dept
Psychological Medicine



Dr Lee Cheng Sim Jill

Consultant

Dept
Urogynaecology



**Dr Chan Li-Jen
Carolyn**

Consultant

Dept
Women's Anaesthesia

APPOINTMENTS – ASSOCIATE CONSULTANTS



**Dr Tan Sher Kit, Juliet
(Chen Ziji)**

Associate Consultant

Adolescent Medicine
Service



Dr Tan Liling, Lynette

Associate Consultant

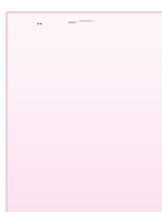
Allergy Service



Dr Charanya Rajan

Associate Consultant

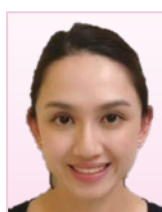
Gastroenterology,
Hepatology and
Nutrition Service



**Dr Lee Shu-Yi,
Gabrielle (Li Shuyi)**

Associate Consultant

General Paediatrics
Service



**Dr Chua Hui Kiang
Angeline**

Associate Consultant

Division of Obstetrics
and Gynaecology



**Dr Chuah Theng
Theng**

Associate Consultant

Division of Obstetrics
and Gynaecology



Dr Li Xinyi

Associate Consultant

Division of Obstetrics
and Gynaecology



Dr Ng Zheng Yuan

Associate Consultant

Division of Obstetrics
and Gynaecology



Dr Wong Ker Yi

Associate Consultant

Division of Obstetrics
and Gynaecology



APPOINTMENTS – ASSOCIATE CONSULTANTS



Dr Yeo Mei-E
Samantha Rachel
Associate Consultant

Division of Obstetrics
and Gynaecology



Dr Hong Lin Feng
Associate Consultant

Dept
Psychological Medicine



National Cancer
Centre Singapore
SingHealth

Appointments: 6436 8288 | Email: callcentre@nccs.com.sg

PROMOTIONS – SENIOR CONSULTANTS



Asst Prof Chong Qingqing Dawn
Senior Consultant

Division of Medical Oncology

Sub-specialties

Colorectal, Hepato-Pancreato-Biliary,
Peritoneal-based Malignancies, Upper
Gastrointestinal



Asst Prof Chua Wei Ling Clarinda
Senior Consultant

Division of Medical Oncology

Sub-specialties

Colorectal, Upper Gastrointestinal



Dr Ho Shirlynn
Deputy Head & Senior Consultant

Division of Supportive & Palliative Care

PROMOTIONS – CONSULTANTS



Dr Chang Wei Yin Esther
Consultant

Division of Medical Oncology

Sub-specialties

Lymphoma, Sarcoma, Melanoma



Dr Lai Geet Yi Gillianne
Consultant

Division of Medical Oncology

Sub-specialties

Head & Neck, Thoracic-Oncology,
Uro-Oncology



Dr Lim Chiew Woon
Consultant

Division of Medical Oncology

Sub-specialties

Sarcoma, Melanoma



Dr Grace Kusumawidjaja
Consultant

Division of Radiation Oncology

Sub-specialties

Breast, Neuro-Oncology



Dr Angela Renayanti Dharmawan
Consultant

Division of Surgery & Surgical Oncology

Sub-specialties

Head & Neck, Thyroid

Specialist Promotions & Appointments

APPOINTMENT – CONSULTANT



Dr Tan Wu Meng
Consultant

Division of Medical
Oncology

APPOINTMENTS – ASSOCIATE CONSULTANTS



Dr Lee Suat Ying
Associate Consultant

Division of Medical Oncology



Dr Tan Ya Hwee
Associate Consultant

Division of Medical Oncology



Dr Poh Shuxian Sharon
Associate Consultant

Division of Radiation Oncology

Sub-specialties
Gastrointestinal Oncology,
Hepato-Pancreato-Biliary, Head & Neck



National Dental
Centre Singapore
SingHealth

Appointments: 6324 8798 | Email: appointment@ndcs.com.sg

PROMOTION – SENIOR CONSULTANT



Dr Chee Hoe Kit
Senior Consultant

Dept
Restorative Dentistry

Sub-specialty
Periodontics

APPOINTMENTS – ASSOCIATE CONSULTANTS



**Dr Ng Chee Wee,
Benjamin**
Associate Consultant

Dept
Oral & Maxillofacial
Surgery




Dr Sabrina Ng Livia
Associate Consultant

Dept
Oral & Maxillofacial
Surgery

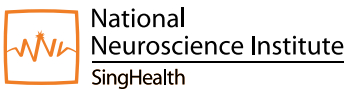


Appointments: 6704 2222 | Email: central.appt@nhcs.com.sg

PROMOTION – SENIOR CONSULTANT




Clin Asst Prof Fam Jiang Ming
Senior Consultant
Dept
Cardiology
Sub-specialty
Interventional Cardiology




Appointments:
(SGH Campus) 6326 6060
(TTSH Campus) 6330 6363 | Email:
gpnetwork@sgh.com.sg
appointments@nni.com.sg


PROMOTIONS – CONSULTANTS




Dr Kaavya Narasimhalu
Consultant
Dept
Neurology
(SGH Campus)
Sub-specialties
Dementia, Stroke



Dr Tan You Jiang
Consultant
Dept
Neurology
(SGH Campus)
Sub-specialty
General Neurology




Dr Yong Ming Hui
Consultant
Dept
Neurology
(SGH Campus)
Sub-specialty
General Neurology



Dr Koh Shimin, Jasmine
Consultant
Dept
Neurology (TTSH Campus)
Sub-specialties
Neuromuscular Disease, General Neurology




Dr Seet Ying Hao, Christopher
Consultant
Dept
Neurology (TTSH Campus)
Sub-specialty
General Neurology



Dr Ho Mien
Consultant
Dept
Neuroradiology



Dr Saravana Kumar Swaminathan
Consultant
Dept
Neuroradiology




Dr Eddie Tan Tung Wee
Consultant
Dept
Neurosurgery
(TTSH Campus)
Sub-specialty
General Neurosurgery

APPOINTMENTS – ASSOCIATE CONSULTANTS



Dr Cheng Sze Yan, Newman
Associate Consultant
Dept
Neurology (SGH Campus)
Sub-specialty
General Neurology



Dr Li Weishan
Associate Consultant
Dept
Neurology (SGH Campus)
Sub-specialty
General Neurology

Specialist Promotions & Appointments

APPOINTMENTS – ASSOCIATE CONSULTANTS



Dr Joanne Xie Peiting
Associate Consultant

Dept
Neurology (TTSH Campus)
Sub-specialty
General Neurology



Dr Ng Gee Jin
Associate Consultant

Dept
Neurology (TTSH Campus)
Sub-specialty
General Neurology



Dr Shen Jia Yi
Associate Consultant

Dept
Neurology (TTSH Campus)
Sub-specialty
General Neurology



Dr Kee Tze Phei
Associate Consultant

Dept
Neuroradiology
Sub-specialties
Diagnostic Neuroradiology, Interventional
Neuroradiology



Singapore National
Eye Centre
SingHealth

Appointments: 6322 9399 | Email: appointments@s nec.com.sg

PROMOTIONS – SENIOR CONSULTANTS



Dr Wong Hsing Yi Melissa
Senior Consultant

Dept
Cataract and Comprehensive Ophthalmology
Sub-specialty
Ophthalmology



Dr Chung Hsi-Wei Yvonne
Senior Consultant

Dept
Oculoplastic
Sub-specialty
Ophthalmology

PROMOTIONS – CONSULTANTS



Dr Tan Licia
Consultant

Dept
Cataract and Comprehensive Ophthalmology
Sub-specialty
Ophthalmology



Dr Huang Shimin, Olivia
Consultant

Dept
Glaucoma
Sub-specialty
Ophthalmology



Dr Lim Pin Miao Fiona
Consultant

Dept
Glaucoma
Sub-specialty
Ophthalmology



Dr Wiryasaputra Shaan @ Liem Wen Shan
Consultant

Dept
Medical Retina & Ocular Inflammation and
Immunology
Sub-specialty
Ophthalmology

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- STAFF REGISTRARS/
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Please email your CV to the respective institutions' email addresses/online career portals with the Reference Number DM2101.



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- Diagnostic Radiology
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- Emergency Medicine
- Surgical disciplines such as General Surgery, ENT-HNS, O&G, Breast, SPRinT, Colorectal, Vascular Surgery, Urology, Orthopaedics, Hand and Plastic

Consultants

- Acute Care Surgery/Trauma
- Anatomical Pathology
- Geriatric Medicine
- Surgical Oncology (Sarcoma, Peritoneal and Rare Tumours)
- Psychiatry
- Clinical Epidemiologist

Website: www.sgh.com.sg

Career Portal: www.sgh.com.sg/careers

Email: careers.medical@sgh.com.sg

■ Changi General Hospital

Departments seeking Resident Physicians and Staff Registrars

- Anaesthesia & Surgical Intensive Care
- Accident & Emergency
- Diagnostic Radiology
- Orthopaedic Surgery
- General Surgery
- Urology

Associate Consultants and Consultants

- Renal Medicine
- Orthopaedic Surgery

Website: www.cgh.com.sg

Email: medical_hr@cgh.com.sg

■ Sengkang General Hospital

Departments seeking:

Resident Physicians and Staff Registrars

- Anaesthesiology
- Cardiology
- Emergency Medicine
- Surgery
- General Medicine (with interest in Dermatology, General Medicine and Palliative Medicine)
- Intensive Care Medicine
- Orthopaedic Surgery (with interest in Hand Surgery and Orthopaedic Surgery)
- Otorhinolaryngology – Head & Neck Surgery
- Plastic, Reconstructive & Aesthetic Surgery Services
- Urology

Senior Consultant, Consultant, Associate Consultant

- Radiology
- Pathology
- Urology

Website: www.skh.com.sg

Career Portal: www.skh.com.sg/careers/Pages/careers.aspx

Email: careers@skh.com.sg

■ KK Women's and Children's Hospital

Departments/Services seeking:

Senior Consultants/Consultants/ Associate Consultants (Gynaecologic & Breast Pathologist, Microbiologist, Chemical Pathologist and Paediatric Pathologist)

- Pathology & Laboratory Medicine

Senior Consultants/Consultants/ Associate Consultants

- Diagnostic & Interventional Imaging

Staff Registrars

- Paediatric Surgery

Family Physician

- Family Medicine

Resident Physicians

- Emergency Medicine
- Orthopaedic Surgery
- Otolaryngology
- Paediatric Surgery

Website: www.kkh.com.sg

Email: medical.hr@kkh.com.sg

■ National Cancer Centre Singapore

Departments seeking Resident Physicians

- Breast Surgery
- SingHealth IMU

Website: www.nccs.com.sg

Email: HR-Clinical@nccs.com.sg

■ National Heart Centre Singapore

Departments seeking Resident Physicians

- Cardiology
- Cardiothoracic Surgery

Website: www.nhcs.com.sg

Email: joyce.soh.y.h@nhcs.com.sg

■ National Neuroscience Institute

Departments seeking Resident Physicians and Service Registrars

- Neurology
- Neuroradiology
- Neurosurgery

Website: www.nni.com.sg

Email: nni_hr@nni.com.sg

■ SingHealth Community Hospitals

(Sengkang Community Hospital, Outram Community Hospital and Bright Vision Hospital)

Department seeking:

Consultant, Associate Consultant, Staff Registrars, Resident Physicians

- Family Medicine

Website: <http://www.singhealthch.com.sg/>

Career Portal: www.singhealth.com.sg/SCH/careers/Pages/Careers.aspx

Email: schrecruitment@singhealthch.com.sg

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