



OBESITY: AN UPSIZED ISSUE

HEART DISEASE

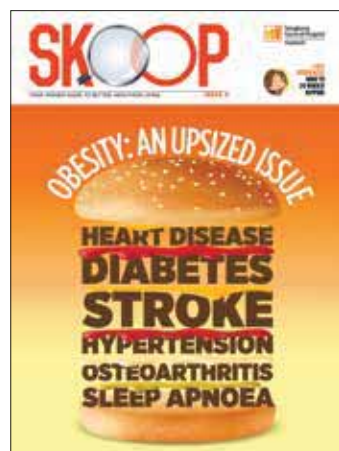
DIABETES

STROKE

HYPERTENSION

OSTEOARTHRITIS

SLEEP APNOEA



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COLON CANCER CAN STRIKE THE YOUNG

Think colorectal cancer is just a disease of the elderly? Think again. Although the risk of getting colorectal cancer increases after one hits the age of 50, international experts and the Singapore Cancer Registry have noted that colon cancer is on the rise in younger people aged between 40 and 50 years. Evidence also shows that cancer for this group tends to be more aggressive and diagnosed at an advanced stage.

Colorectal cancer, or colon cancer, affects the large intestine or rectum. A quarter of colon cancer patients seen by doctors at SKH fall within the 40-to-50 age group. This is of concern, as people in this age group are often in the prime of their lives and are likely responsible for taking care of both school-going children and elderly parents.

It's important not to dismiss suspicious symptoms, regardless of your family's history or your age. "Symptoms of colon cancer can be vague or seemingly harmless, such as intermittent abdominal discomfort, constipation or rectal bleeding," said Dr Frederick Koh, Senior Staff Registrar at SKH's Department of Surgery. "Often, many pass these symptoms off as 'nothing important', assuming they are due to life stresses, and thus do not seek medical attention."



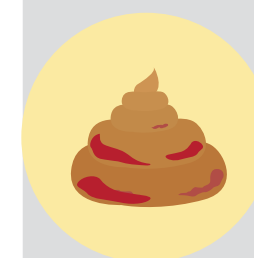
EARLY DETECTION YOUR BEST BET

Patients have a strong chance of survival if cancer is diagnosed early. According to the Singapore Cancer Registry, the average survival rate for stage 1 cancer is greater than 99 per cent for both men and women, but at stages 3 and 4, the rates drop to 76 to 80 per cent and 11 to 21 per cent, respectively.

If you have a family member who was diagnosed with colon cancer before he or she reaches the age of 50, you are recommended to start screening (colonoscopy) at least 10 years before your relative's age at his or her age of diagnosis. For instance, if your relative is diagnosed at age 45, it is recommended you get screened at 35 years old.

WARNING SIGNS FOR COLORECTAL CANCER

It is important to get a health screening even when you see no symptoms. Although early-stage cancer may not display symptoms, there are warning signs you should look out for. These include:



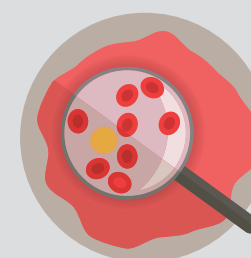
Blood in stools



Change in bowel habits



Abdominal discomfort or pain



Anaemia (low red blood cell count)



Unexplained weight loss, poor appetite or lethargy

SLEEPLESS IN SINGAPORE



Singaporeans are among the most sleep-deprived in the world. In fact, data collected by fitness tracker maker Fitbit in 2019 found Singapore to be the third-most sleep-deprived nation among 18 countries.

The causes of sleep deprivation could be our fast pace of living, the stresses of daily life or excessive Internet use. But a lack of sleep could also be due to medical conditions or sleep disorders, the most common being chronic insomnia and obstructive sleep apnoea.

Sleep apnoea causes one's breathing to repeatedly stop and start while sleeping. Local studies show that one-third of Singaporeans suffer from this disorder, with 90 per cent undiagnosed and untreated due to reasons such as being unaware that they snore or downplaying the severity of their lack of sleep.

Not sleeping enough and not sleeping well is not okay. Research has shown that people with chronic

insomnia are more likely to get heart disease and stroke as well as diabetes, obesity and dementia. Losing sleep can also make you more irritable and lower your capacity to think clearly and handle stress.

While taking caffeine and naps may help, a long-term solution is to keep a regular sleep schedule, avoid alcohol or drugs near bedtime and to get at least seven hours of sleep nightly.

“Losing sleep can also make you more irritable and lower your capacity to think clearly and handle stress”



GET HELP IF YOU'RE NOT GETTING ENOUGH SHUT-EYE

Wonder if you are at risk of developing sleep apnoea or how bad your insomnia is? Try these widely available surveys: STOP-Bang questionnaire (for obstructive sleep apnoea), the Epworth Sleepiness Scale or the Pittsburgh Sleep Quality Index.

Seek professional help if you are concerned with your results or wish to identify the underlying reason for sleep deprivation. Your doctor may recommend cognitive behavioural therapy, a treatment for insomnia that involves making cognitive and behavioural changes to your sleep habits.

TIPS FOR SOUND SLEEP

- Keep your bedroom quiet, dark and cool
- Too much sleep can cause sleep difficulties. Sleep only as much as you need to feel refreshed
- Don't be a night-time clock-watcher — worrying makes it harder to fall asleep!



AVOID BLOOD CLOTS WHILE TRAVELLING

Do you fly frequently? Blood clots, also known as deep vein thrombosis (DVT), that form in the veins can be a serious risk to particularly long-distance air travellers. Most blood clots that occur below the knee dissolve on their own, but those that involve the veins above the knee have a high risk of dislodging and travelling to the lungs, where they can be life-threatening. The factors unique to air travel, such as lower cabin pressure and lower oxygen levels, can activate the body's clotting system. We tend to also stay in the same position on a flight for prolonged periods of time and drink less water, resulting in slower blood flow in the legs.

That said, you should not stop flying for fear of developing DVT! “If you are at a particularly high risk — having had blood clots before, a strong family history of developing the condition or cancer — discuss with your doctor about whether you should take extra precautions,” said Dr Denise Tan, Consultant at SKH's Department of General Medicine.



DEEP VEIN THROMBOSIS

Common risk factors

- If you or a family member had a venous blood clot before
- If you are obese
- If you smoke
- If you are 60 years or older
- If you are pregnant or take oral contraceptives
- If you have cancer



Signs to look out for

- Backing up of blood due to a clot can present as pain, swelling, redness or warmth in the affected leg.
- When a clot dislodges and travels to the lung, you may experience chest pain — particularly when you cough or take deep breaths — breathlessness, bloody phlegm or light-headedness.



Ways to prevent DVT

- Keep well hydrated and don't drink too much caffeine or alcohol
- Wear graduated compression stockings, which help increase blood flow
- Sit near the aisle and take a short walk every now and then
- While seated, do simple leg exercises to improve blood flow



FAST SAFELY THIS RAMADAN



Ramadan, the fasting month, starts in late April. While fasting poses no danger to healthy people, it can be risky to those with health conditions like diabetes.

As the decision to fast is a personal choice, people with diabetes should discuss their decision to fast with their primary physician at least one to two months before Ramadan starts, and have a trial run (*puasa sunat*) before fasting.

Here are some guidelines for safe fasting:

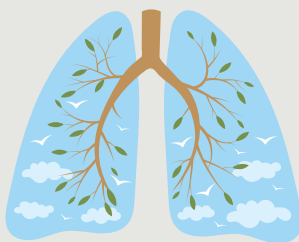
- Don't skip *sahur* (pre-dawn meal).
- Choose less sweetened or sugar-free drinks. Aim for eight glasses of plain water daily.

- Monitor your blood glucose levels.
- If your blood sugar level falls too low (hypoglycaemia) or rises too high (hyperglycaemia), or if you experience dehydration, consult your doctor and stop fasting, as it could harm you.
- Avoid excessive exercise, especially before *iftar* (sunset meal). *Terawih* prayers after *iftar* can be considered as part of daily exercise.

For a pre-Ramadan consultation, speak to your family doctor to find out more about SKH's Diabetes Education and medication Adjustment for Ramadan (DEAR) programme.



LIVE WELL, BREATHE WELL



Did you know our lungs hold less air as we age? From our mid-30s onwards, our diaphragm gets weaker while our lung tissues are less able to stretch as well as when we were younger.

Fortunately, there are breathing exercises we can do to improve our lung health and keep them working optimally as we approach our senior years. Breathing exercises not only help your body get the oxygen it needs to improve lung health, but also prevent respiratory illnesses like chronic obstructive pulmonary disease (COPD).

But do we just “breathe in, breathe out”? There are actually various ways to breathe — diaphragmatic breathing or longer exhalations — and beyond the health benefits they provide, breathing intentionally is a good practice that helps us focus our attention and be mindful of our physical self, thoughts and feelings.

3 recommended breathing exercises

Deep breathing

Helps you inhale more fresh air, which can relieve shortness of breath and make you feel more relaxed.

- 1 Inhale deeply through your nose

- 2 Hold your breath for five seconds
- 3 Slowly exhale through your nose

Pursed-lip breathing

Keeps your airway open longer so more air can flow in and out of your lungs, which allows you to be more active.

- 1 Purse lips, as if pouting or about to blow on something
- 2 Breathe in through nose and breathe out at least twice as long through pursed lips
- 3 Repeat five times

Diaphragmatic breathing

Also called “belly breathing”, this engages and strengthens your diaphragm, an important muscle at the base of the ribcage that enables air to enter and leave the lungs.

- 1 Relax shoulders
- 2 Place one hand on abdomen and the other on chest
- 3 Inhale through nose for two seconds. Feel the air move into your abdomen and feel your stomach move out. Your stomach should move more than your chest does
- 4 Breathe out for two seconds through pursed lips while pressing on your abdomen
- 5 Repeat five times



DIGIMC: YOUR MC IS NOW ON YOUR MOBILE!

Don't be surprised if you don't receive a hard-copy medical certificate (MC) the next time you visit your polyclinic or specialist clinic. All SingHealth institutions and hospitals have started issuing digital MCs, which are sent via SMS on your mobile phone. The SMS will contain a unique link to your digital MC. To “open” or “unlock” the document, key in your date of birth. Once unlocked, you can forward the link to your employer.

This is a new initiative made possible by GovTech and SingHealth. If you require an MC in physical form, simply request one from your clinic. For more information, visit mc.gov.sg





THE PROBLEM WITH OBESITY

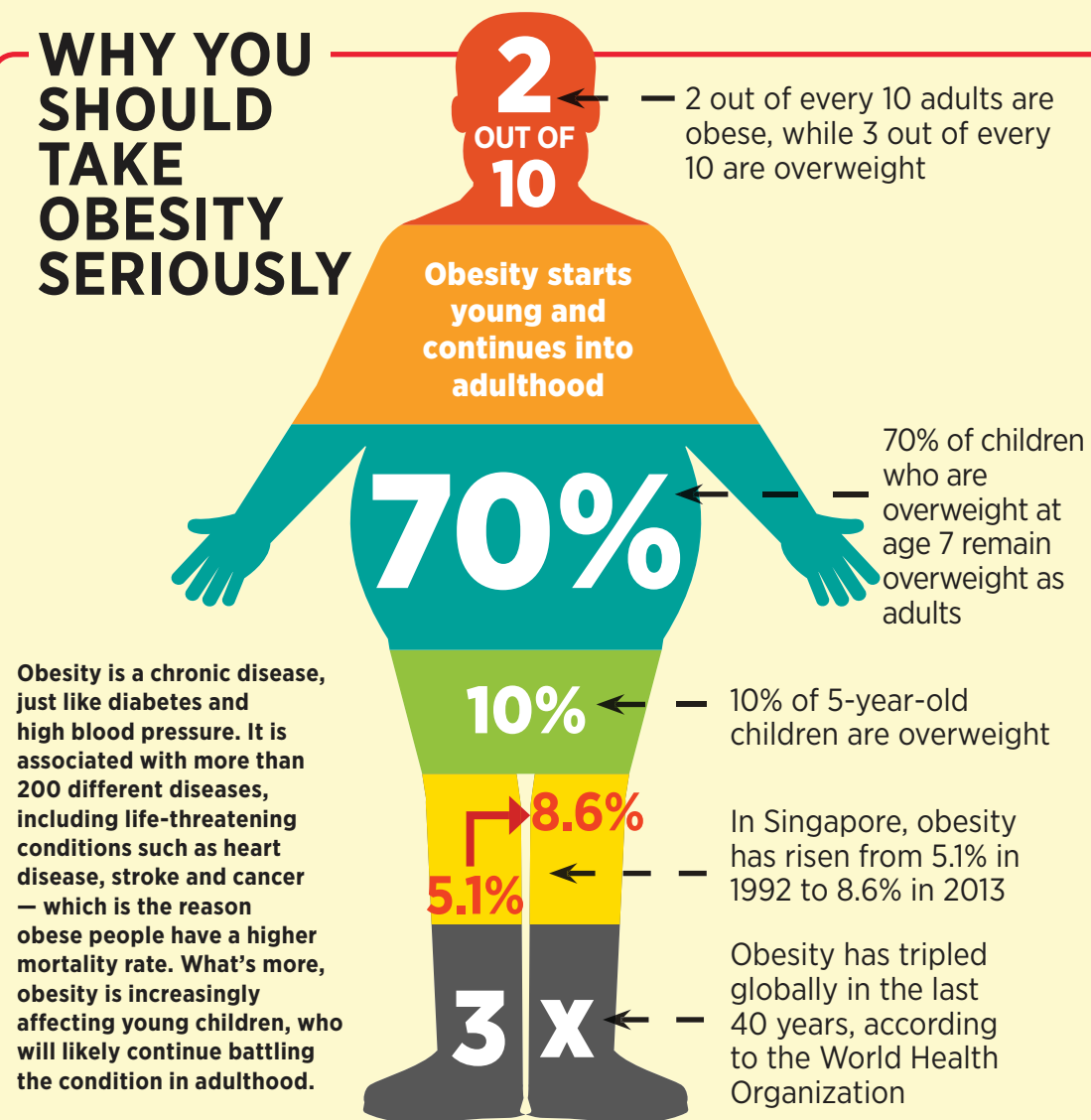
It's a condition that is often misunderstood — people tend to think it's caused by personal choice, laziness or greed. But far from being simple, there are many layers to the problem that few people are aware of.

We uncover the truth about obesity.

REVERSING OBESITY: IS IT POSSIBLE?

Trying to reverse obesity is difficult and often unrealistic, but it's not impossible. Dr Marvin Chua, Associate Consultant at the Department of Endocrinology, and Dr Baldwin Yeung, Consultant at the Department of Surgery at SKH, weigh in to explain why losing weight can be challenging for some, and what can be done to treat obesity more effectively

WHY YOU SHOULD TAKE OBESITY SERIOUSLY



Sources: National Health Survey (1992) Singapore; National Health Surveillance Survey (2013) Singapore

What are the common causes of extreme weight gain?

Dr Marvin Chua: A person's body weight is determined by genetic, environmental and behavioural factors. Obesity occurs when one takes in more calories through food than one burns through exercise and normal daily activities.

Less common causes are hormonal problems such as hypothyroidism, Cushing's syndrome (a disorder that causes over-production of steroid hormones) and tumours in the hypothalamus — the part of the brain that regulates appetite. Various medications, including oral contraceptives and some medications used to treat diabetes, seizures and depression, can also contribute to weight gain.

What challenges do people with obesity face?

Dr Chua: Obesity remains difficult to discuss as there is still significant social stigma and bias surrounding it. There is a common misconception that people are obese because of their own choice, laziness or greed.

People with obesity often experience poor self-esteem, low mood, depression and a decreased quality of life. They may be disadvantaged at the workplace, either due to the physical effects of obesity or discrimination. These may hamper weight-loss efforts, setting them up for progressive weight gain as well as adverse psychological and social impact.

Dr Baldwin Yeung: Results from our local study suggest that 76 per cent of obese patients believed that pressures outside of their control have affected how they managed their weight. Apart from a lack of exercise and poor diet, the following were cited as top causes of obesity: work pressure, busy schedule, upbringing, social inequalities and mental health problems.

Is it possible to reverse obesity?

Dr Chua: First of all, it is important to understand that all of us have a fat

mass set point that our bodies will innately strive to maintain, resisting our efforts at weight loss. Because of this, reversing obesity is difficult and often unrealistic — a daunting task that often leads many to become discouraged or, worse still, give up.

The good news? It is not necessary to “reverse” obesity. Studies have shown that just a 3 to 5 per cent weight loss is sufficient to achieve health benefits and can lead to improvement in many obesity-related complications. With additional weight loss, there would be incremental benefit, but a 3 to 5 per cent weight loss in three to six months is a realistic initial goal for most patients to work towards. Just as obesity does not occur overnight, weight loss is also a gradual process.

Dr Yeung: Various treatment options have been shown to effectively help people with obesity achieve a healthy weight. These include meal replacements, medication and bariatric surgery. Of these, bariatric surgery is the most effective in achieving sustained weight loss.

However, maintaining an active

lifestyle and a healthy diet is still the bedrock of all treatment types. If this is not achieved, obesity will relapse.

For patients with more complex causes for obesity that may be related to medication or a genetic disorder, obesity management will be much more difficult. **SK**

WHEN IT'S MORE THAN JUST OBESITY

SEEK PROMPT MEDICAL ATTENTION IF THESE SITUATIONS OCCUR:

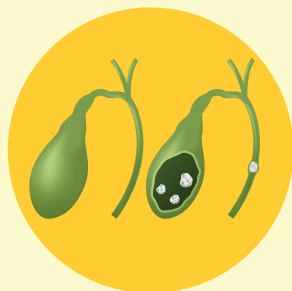
- **Sudden unexplained weight gain.** Obesity is typically characterised by gradual progressive weight gain. If a person suddenly puts on 20kg in just a month for no apparent reason, this might indicate an underlying medical disorder leading to obesity.
- **Accompanying symptoms of a hormonal or neurological disease.** Look out for signs such as increased sensitivity to cold, easy bruising, wide purple stretch marks or worsening headaches.
- **Symptoms of an eating disorder.** These include bingeing and purging.





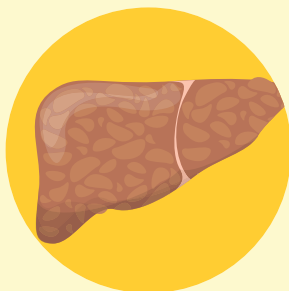
OBESITY-RELATED DISEASES

Being obese increases your risk of related conditions that can affect every organ system from head to toe. Here are some of the more common ones



GALL BLADDER DISEASE AND GALLSTONES

Being obese or overweight affects the normal function of your gall bladder, which stores the bile responsible for digesting fat. This puts you at a higher risk of developing gall bladder disease and gallstones.



NON-ALCOHOLIC FATTY LIVER DISEASE

NAFLD is the accumulation of fat within the liver that is not caused by alcohol or other drugs. It is closely linked to obesity, especially when fat is concentrated around the belly, and is the manifestation of a metabolic syndrome in the liver.



OSTEOARTHRITIS

Carrying extra body weight puts more pressure on your joints. This can prematurely wear away the cartilage that protects and cushions your joints, leading you to experience pain and stiffness around the hands, wrists, back, knees and hip. The good news is that just a little weight loss can ease the stress on your joints.



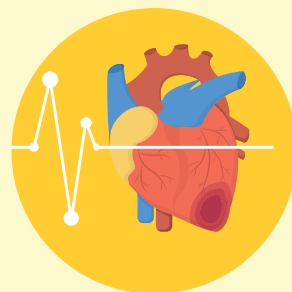
DIABETES

Being overweight or obese increases your chance of developing type 2 diabetes. There is currently no cure for diabetes, so the only way to lower your risk is to lose weight, eat healthily and get enough exercise.



SLEEP APNOEA

Excess fat around the neck or upper airway can obstruct breathing. Sleep apnoea can lead to high blood pressure, heart disease and even sudden death. Its main symptoms — loud snoring and excessive daytime sleepiness — are often overlooked.



HEART DISEASE & STROKE

The extra body weight means you are more likely to have high blood pressure and high cholesterol, both of which can lead to heart disease or stroke.

WHY IT'S HARD TO LOSE WEIGHT

All of us have a fat mass set point. This set point is higher in people with obesity, and our bodies tend to persistently stick to this set point. If a person with obesity initially achieves some weight loss, his body will try to compensate by increasing appetite and decreasing fat burning, leading to weight regain.

This is why achieving and maintaining sustained weight loss can often be difficult. We should understand that this is the body's natural response, rather than blame ourselves. It also highlights the importance of programmes for long-term weight management and follow-up, such as the SKH Weight Improvement Therapy and Complete Health (SWITCH) programme.



WATCH WHAT YOU EAT

What to keep in mind the next time you're out at your favourite restaurant

According to the Health Promotion Board's (HPB) 2010 National Nutrition Survey, an increasing number of Singaporeans are consuming excessive calories and fat. One reason for this is that more of us are dining out more frequently. Chan Ya Ling, dietitian at SKH, shares some tips on how to eat right when eating out.

1. Spread out your carb intake

One serving of carbs is about half a bowl of rice or noodles, or two slices of bread or a large potato. The HPB recommends five to seven servings of carbs per day for healthy adults, spread out evenly and not eaten in one sitting. Opt for healthier carb options, like wholegrains such as brown rice and wholemeal *bee hoon*.

2. Treat yourself — but not too much

It's natural to want something sweet after a meal, but excessive consumption of desserts can lead to weight gain. The recommended added sugar intake is no more than eight to 11 teaspoons per day, but favourites like *kaya* waffle and *chendol* each contain seven teaspoons of sugar. Rule of thumb: no more than one serving of desserts twice a week.

3. Skip soda and sugar

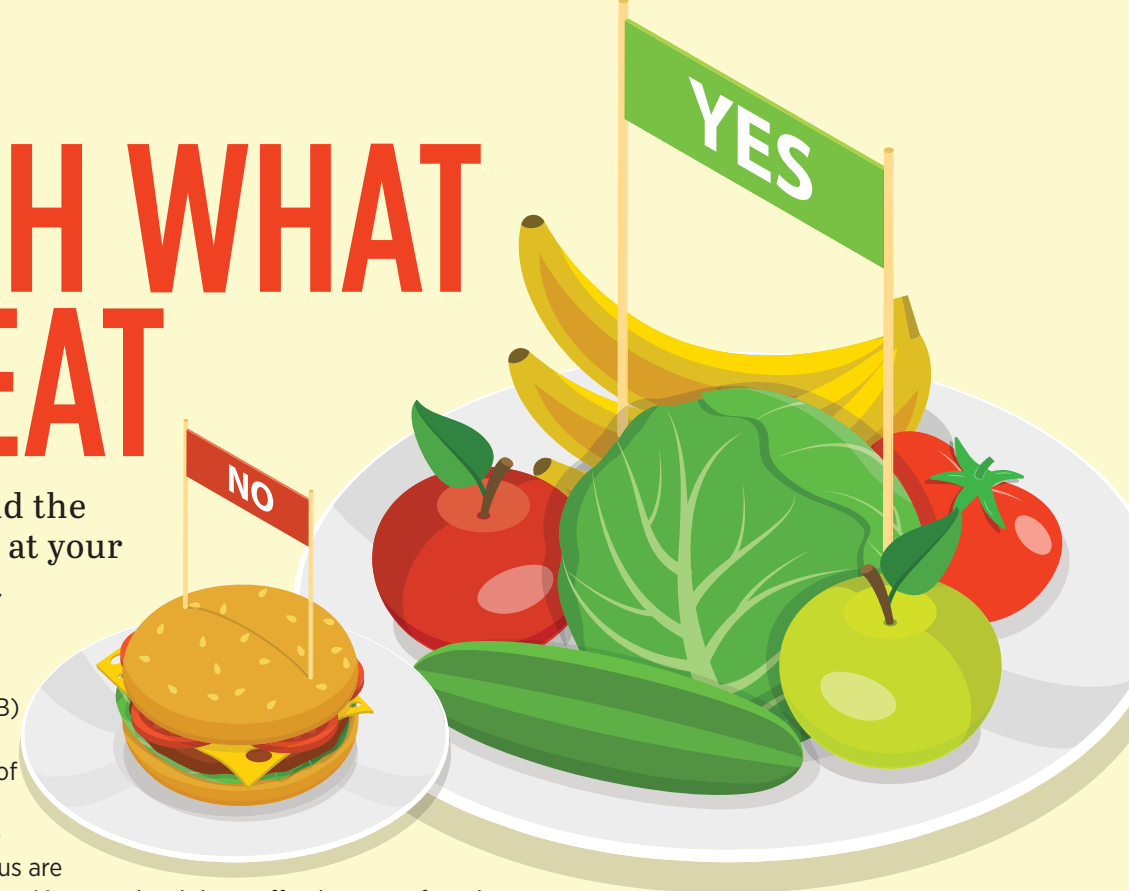
Sodas, fruit juices and your daily *kopi* or *teh* can contain high amounts of calories and sugar, which may sabotage your health goals. Sticking to water, diet drinks or fresh fruits and asking for less or no sugar may not seem like much,

but it is an effective way of cutting the calories.

4. Choose your dishes wisely

Selecting the right food when eating out is only half the weight-loss battle won — the other half is choosing food that is cooked healthily. Certain cooking methods are better than others in capturing flavour and retaining nutritional value without adding excessive amounts of fat, cholesterol and calories. Some guidelines to follow include:

- **Choosing steamed or stir-fried options at your favourite *cai fan* stall.** Fried foods may be delicious, but they are also laden with fat and calories. Instead, opt for dishes cooked using healthier methods such as steaming, stir-frying or grilling, like steamed eggs, stir-fried leafy greens and tofu.
- **Soup dishes over dry dishes:** Order soup versions for lower fat content. Instead of *mee goreng*, which packs 613kcal and 22g of fat, pick *mee soto*, which contains 432kcal and 12g of fat.
- **Watch the curries and gravies:** Most of us love to drizzle curry and gravy over our rice or *roti*, but this just adds more calories, sugar and fat to our meal. Instead of mutton curry (182kcal, 14g of fat), try *dahl* gravy with *thosai* (58kcal, 2g of fat). **SK**



“Selecting the right food when eating out is only half of the weight-loss battle won — the other half is choosing food that is cooked healthily”

CALCULATE YOUR BODY MASS INDEX

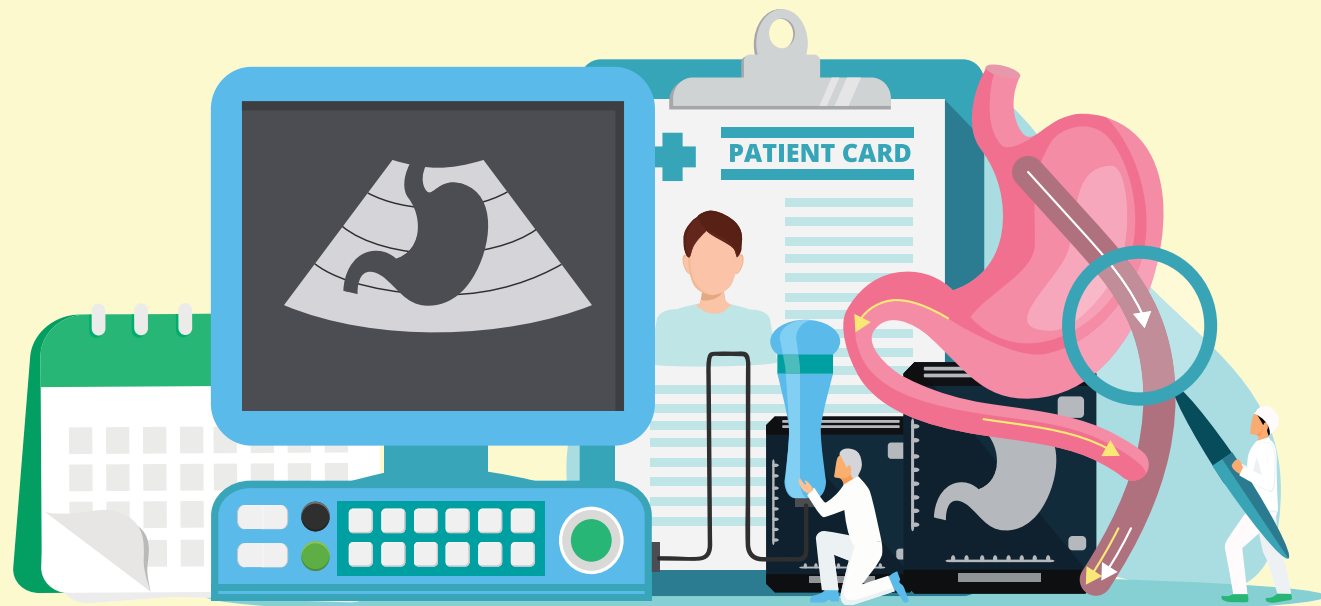
BMI=
WEIGHT (KG) /
HEIGHT (M)
X HEIGHT (M)

Obese: BMI of 27.5 and above*
Morbidly obese: BMI of 37.5 and above,
or 32.5 with obesity-related conditions*

*For Asians



IS BARIATRIC SURGERY EFFECTIVE?



It is sometimes thought to be similar to liposuction, but bariatric surgery is actually very different. Here's what you need to know about the treatment

Bariatric surgery is an option for persons with obesity when diet and exercises haven't worked to help them shed weight, or when they are facing serious weight-related health problems. It is surgery performed to achieve weight-loss either by restricting calorie intake or producing changes in gut hormones to curb hunger and appetite while increasing satiety (feeling of fullness).

Also known as metabolic surgery, bariatric surgery has been shown to be the most effective and durable treatment for morbid obesity and

metabolic syndrome.

Following surgery, patients may lose as much as 60 per cent* of their excess weight in the first six months. This translates to losing about 20 to 30 per cent of their initial weight. Most patients maintain their weight-loss over time.

However, it is important to note that this weight management option should not be used for cosmetic purposes. Studies have shown that bariatric surgery, combined with good aftercare and moderate lifestyle changes, can provide beneficial long-term results for overall health.

"Bariatric surgery helps persons with obesity not only achieve significant weight-loss, but also prevent or improve more than 40 obesity-related diseases, including type 2 diabetes, hypertension, ischaemic heart disease, obstructive

sleep apnoea and premature death," said Dr Toh Bin Chet, Consultant at SKH's Department of Surgery.

That said, Dr Toh cautioned that bariatric surgery is not a permanent cure, nor is it to be considered a "one and done" approach. To ensure a successful and healthy outcome, patients are required to make permanent and ongoing lifestyle changes, including improving their nutritional habits, changing their mindsets and getting more exercise.

"Choosing bariatric surgery comes with a lifelong commitment to health that extends beyond the surgery. To get the most out of the surgery and avoid complications, exercising discipline by eating healthier and working out regularly is a must." **SK**

**Actual weight loss depends on many factors, including overall health, motivation and commitment to lifestyle changes*

NOT FOR EVERYONE

BARIATRIC SURGERY ISN'T FOR EVERYONE WHO IS SEVERELY OBESE. YOU MAY NEED TO MEET CERTAIN MEDICAL GUIDELINES TO QUALIFY FOR WEIGHT-LOSS SURGERY, WHICH INCLUDE:

- Being willing and motivated to make permanent lifestyle changes, including diet and exercise, after the procedure
- BMI above 37.5 and without any other illness
- BMI above 32.5 and suffering from obesity-related conditions such as diabetes, coronary heart disease, hypertension, hyperlipidaemia or obstructive sleep apnoea
- History of previous bariatric/metabolic surgery

MYTH VS FACT

MYTH

Bariatric surgery is the same as liposuction cosmetic surgery

Bariatric surgery is experimental and involves a major invasive procedure

FACT

Bariatric metabolic surgery is neither cosmetic surgery nor a short-cut procedure for weight loss that only removes fat from the body. It is vastly different from liposuction, as it involves modifying the gastrointestinal anatomy to achieve the metabolism effect of weight loss.

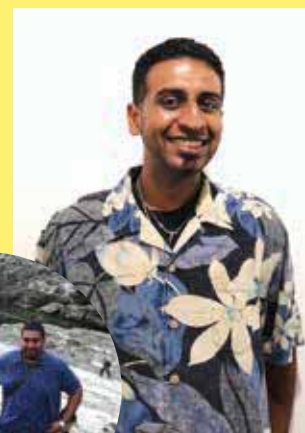
Bariatric surgery is done laparoscopically (keyhole) through small incisions. It is well-established and similar to common surgeries like appendectomy or gall bladder surgery. The Ministry of Health, through its Obesity Clinical Practice Guidelines, has endorsed bariatric surgery as a treatment for morbid obesity when delivered with multidisciplinary care provided by surgeons, dietitians, nurses, psychologists and physiotherapists.

BARIATRIC SURGERY CHANGED MY LIFE

MATTHEW SAMY, 33
AT HIS HEAVIEST: 147KG
CURRENT WEIGHT: 77KG

I didn't expect my health issues to impact my life so badly. I had very bad reflux problems which got once me hospitalised at SKH. I had sleep apnoea, which affected my sleep at night, so I would sometimes nod off behind the wheel while driving. I realised I was a danger to myself and that if this continued, I would not be able to enjoy life. My doctor recommended bariatric surgery, explaining that it could help me kick-start a healthier life. It would also require lifestyle changes to my diet and cutting down on smoking and drinking. I had my doubts initially, but told myself that if I truly wanted to make a change, I had to take these active steps.

After the operation, I had to get used to eating less, but my health has really improved. My sleep apnoea has dissipated and while my blood pressure



is still high at times, but most of my health problems have cleared.

I still lead a normal life — just with small adjustments here and there. The easy part was going for the surgery, the hard part is maintaining a healthier lifestyle.

While part of the obesity problem may be due to genetics, tackling your weight is not impossible — it's just a matter of taking control of your own health. You have to be willing to make sacrifices and commit to making the required lifestyle changes.

NUR ALWIYAH, 29
AT HER HEAVIEST: 130KG
CURRENT WEIGHT: 85KG



which affected my ability to conceive a child. I was crushed as I really want to be a parent.

On top of being judged for my weight, I was now also judged for not being able to conceive. It really affected me psychologically and emotionally.

My husband and I decided on in-vitro fertilisation (IVF), but was told by my gynaecologist that if I wanted IVF to go smoothly, I had to lose weight first. I thus decided to undergo bariatric surgery.

These days, my appetite has decreased significantly and I make it a point to watch what I eat. Doctors say I'll need to wait at least a year before I can try IVF. I am hoping for the best.

My heart goes out to other persons with obesity when I see how people judge them. I try to share my experience, especially to those considering medical intervention. The willingness to change has to come from within, and I hope my story can help others make that change.

I've been big my entire life and for years, I've tried many ways to slim down, including going to the gym and crash-dieting. These efforts worked only for a while, and I would gain the weight back very quickly. I couldn't understand what I was doing wrong.

Then in 2016, I had tests conducted for an abscess (pus-filled boil) and that was when I found out I had diabetes and polycystic ovarian syndrome,



MAKING THE SWITCH TO HEALTHIER WEIGHT

Obesity can be hard to tackle on your own, but SKH's SWITCH Centre provides patients the support they need

Recognising the growing impact of obesity in Singapore, SKH set up the Sengkang General Hospital Weight Improvement Therapy and Complete Health (SWITCH) programme to provide a holistic weight management strategy for people with obesity.

The programme has a multidisciplinary team comprising an endocrinologist, an internal medicine physician, bariatric surgeons, dietitians, physiotherapists, psychologists and specialist nurses, who work closely with one another to provide the best care possible.

How does SWITCH work?

Step 1: Initial evaluation

A physician or bariatric surgeon will conduct a comprehensive assessment of the patient's weight trend and determine the factors that contribute to weight gain. Evaluation also includes psychological and social factors to understand how obesity has affected the patient's life.

Step 2: Individualised treatment plan

Each patient will be given an individualised treatment plan that best suits their lifestyle and preferences. As lifestyle intervention is the cornerstone of weight management, our physiotherapist, dietitian and psychologist will help patients take steps in making a lifestyle change. Where appropriate, weight-loss medication and bariatric surgery options may also be discussed.

Step 3: Group education sessions

Patients will join a group education session where they'll gain a deeper understanding of their treatment plans.

During these sessions, patients can get to know others facing the same challenges, which can provide them encouragement as they discover they aren't alone in their journey.

Step 4: Follow-up and outcome review

Patients will attend follow-up sessions to monitor their weight loss and medical conditions. If they are achieving their weight-loss targets, positive reinforcement and encouragement are given. But if they had lost weight at the start but reached a plateau or regained

the pounds thereafter, the medical team will review the patient's weight-loss strategies and suggest other options, which can include medication or surgery. They will emphasise that regaining weight is often not their fault, but simply the way our bodies work.

Lifestyle changes are often not easy to maintain, and tackling obesity can be a challenge. But it is not impossible — patients are encouraged to focus on long-term, sustainable lifestyle changes. With a targeted treatment plan and frequent monitoring, weight goals can be attained and maintained. **SK**

DID YOU KNOW?

To better understand patients and help them better, the SWITCH Centre conducted a local study on its patients and discovered some interesting facts.

93%

of SWITCH patients had previously tried to lose weight, and all of them experienced weight regain in 3 years



60% have been stigmatised, criticised or abused because of their weight



63% expressed that social stigma has affected their motivation



OVER 80% said obesity has affected their overall confidence and psychological health





THE LOW-DOWN ON MEDICAL REPORTS

We break down what they are, when you would need one and why you would need to pay for them

The issue of medical reports can be confusing to patients — often, those who need to get one to make an insurance claim are either surprised that they aren't issued one on discharge, or are confused about why they need to pay an additional cost to get the report.

We answer some of your commonly asked questions on medical reports.

What is a medical report?

It is a comprehensive report that covers a patient's medical history. A doctor will write the report based on the patient's medical records available in the hospital. It usually contains information to support the diagnosis and treatment of injuries, and to promote continuity of care.

If you are applying for a medical report, the hospital will need your consent to release your medical information. It is the hospital's responsibility to keep such information confidential and not allow unauthorised use.

When do I need a medical report?

Patients who have been hospitalised and who require only basic information — such as admission date and reason for admission — can use the discharge summary provided to all patients on discharge. However, information in the discharge summary is usually brief and limited only to the patient's medical condition and treatment prescribed.

You may need a medical report for insurance claims and third-party claims usually arising from traffic road accidents, because these claims



require a more detailed report of your medical condition.
A medical report provides the insurer the required additional information, including the onset of the medical condition, more details on the treatment and medication received, to help them assess the patient's claim.

Why do I have to pay for a medical report, completion of insurance forms or copies of medical records?
The consultation and hospital bills you pay for do not include the cost of a medical report, as not every patient requires one. And while the information in the medical records does belong

to you, the fee imposed is not for the retrieval of that information. Rather, it is for the professional input of a doctor, who will review your records and prepare the report — this is considered an additional service. The fee also covers administrative costs.

There are different types of medical reports that hospitals can provide, and this is why the professional services of a doctor are needed. This is not done during the patient's outpatient visit, and hence is charged separately.

What about copies of test results, such as X-ray or CT scan reports or blood tests?

Copies of test results are also chargeable. These tests are carried out by the hospital and medical professionals to assess a patient's medical condition and provide treatment accordingly. A fee is usually charged to cover the additional service of making copies of the test results.

How long does it take to process a medical report?

It usually takes between four and six weeks to process a medical report, starting from the date the hospital receives your completed application form and payment. Processing time may take longer if your application

form is incomplete, if you have yet to submit all required supporting documents or if you have upcoming clinic appointments. For laboratory results, a doctor's certification is required as well, which could extend the time taken for your report to be produced.

Do medical reports get out of date? Can I use it for another claim?

A medical report is produced based on the point in time when you are receiving medical services or treatment at a hospital. If your medical conditions change or if you receive further treatments, the report may not apply or be valid anymore, and you may need to obtain a new one.

Can I use MediSave to pay for a medical report?

No, because MediSave is meant to help patients pay for medical care and hospitalisation. You can pay for a medical report by credit card, NETS or cheque. **SK**

HOW DO I APPLY?

You may submit your insurance form or apply for a medical report at:
Counter 15, Level 3
SKH Medical Centre
Sengkang General Hospital

Mon to Fri, 8.30am to 5.30pm
(Last registration is 15 minutes before closing)
Closed on Saturday, Sunday and public holidays
Tel: 6930 6003
Email: medicalreports@skh.com.sg

Or, you can mail your request and cheque to:
Health Information Management Services
Sengkang General Hospital
110 Sengkang East Way
Singapore 544886



TYPES OF MEDICAL REPORTS

There are different types of medical reports. You are advised to request the one that is relevant for the purpose of your claim*.



For more information, scan this QR code.

Ordinary Medical Report

A report prepared by the doctor based on the patient's medical records.

assessment, which may involve a review at the Psychiatry Specialist Outpatient Clinic**.

Specialist Medical Report

A detailed medical report that highlights the history of the patient's medical condition or injury. Includes the doctor's opinion and prognosis of medical condition.

Workmen Compensation Assessment

An assessment to determine work-related injuries, the degree and period of disability for workmen compensation purpose under the Workmen's Compensation Act.

Completion of Insurance Form

A detailed insurance claim form from an insurance company for information, to be provided by a doctor, on a patient's diagnosis, details on injuries/condition, as well as treatments given.

Investigation Results / Inpatient Discharge Summary / Memo / Day Surgery Report

Photocopy of X-ray reports, CT scan reports, blood test results, ECG reports, urine test results, histopathology reports, cytogenetic reports and bone density report.

Completion of Insurance Form (Disability Claim)

A detailed insurance claim form for information on a patient's disability status, to be provided by the doctor. Requires details on the patient's prognosis, diagnosis, injuries and treatments given**.

Duplication of Medical Certificate

Application for a doctor-certified copy of medical certificate for hospitalisation/outpatient medical leave, or a duplicate copy of a medical report previously applied before.

Specialist Psychiatrist Report

Includes a psychiatrist's professional opinion on the patient's prognosis and disabilities, based on his

Referral Letter

Duplicate copy of the patient's referral letter from a polyclinic or general practitioner.

*All medical reports require a doctor's input and/or certification, except for X-ray results, A&E discharge summary, discharge summary and GP referral letter.
**Consultation fees to be borne by the patient separately.



DOES MY CHILD NEED THE A&E?

What constitutes an emergency can vary from parent to parent. Here are some tips that'll save you and your child unnecessary visits to the emergency department

It can be nerve-racking, as a parent, when your child sustains an injury or is down with an unfamiliar illness.

You might be tempted to take your child straight to the emergency department (ED), but not every condition requires a visit to the hospital. Some mild illnesses or injuries can be treated by a family doctor or medical professional at a polyclinic.

"When your child is sick, it can be natural to want to head straight to the ED. But what feels like an emergency to one parent may not be an emergency to another. Different parents experience and perceive the severity of illnesses differently; for example, a common childhood infection may not be considered an emergency to one parent, but another might view things differently," said Dr Vic Cooke, Consultant with the Department of Emergency Medicine at SKH.

Here are five things to know when faced with a child emergency:

1 Stay calm and assess your child's condition

It is important to first determine the nature of your child's illness. For instance, there are many causes for common conditions like fever, and usually, such illnesses are not serious — how high a fever is does not necessarily indicate a critical condition.

If your child appears fairly alert, behaves normally and is able to interact or play with others or eat or drink, your family doctor should be able to treat his condition easily.

But if the fever persists or is accompanied by breathing difficulties, chest pain, a severe headache, fits or seizures, this may be an indication of a more serious condition, and you should take your child to the ED.

“There are instances and conditions that will require a visit to the hospital, and it is important to recognise these when they occur”

2 Try basic remedies at home or visit the GP first

If your child has a condition that is not life-threatening, like a cold or mild fever, try over-the-counter medications like paracetamol first.

"Parents tend to be concerned about giving their children medicines like these, but contrary to what's commonly believed, these drugs are very safe when the dosage instructions are adhered to," said Dr Cooke.

If your child needs prescriptive medication for non-life-threatening conditions, your family doctor or polyclinic can be your first port of call. Do note your child's weight before a visit, as prescriptions given by your doctor are usually based on this.

3 Learn to recognise when a visit to the ED is necessary

There are instances and conditions that will require a visit to the hospital, and it is important to recognise these when they occur.

For instance, if your child's pain or fever is accompanied by rhythmic jerking, breathing difficulties, very pale or grey skin or lips, and if he is showing unusual behaviour or extreme lethargy with severe dehydration, a visit to the ED is necessary.

4 SKH's emergency doctors are fully able to treat children

At SKH, there are not only adequate facilities, but also skilled expertise to deal with conditions that range from minor cuts, viral illnesses and seizures to major accidents like a fall from height, near drowning, poison ingestions, foreign body ingestions and broken or dislocated bones, in any age group.

"It's important for parents to know that we have the facilities and the trained expertise at SKH that can deal with any condition," said Dr Cooke.

Additionally, SKH has facilities and smaller-sized equipment to treat children of all ages, from toddlers to older children. There is a children's

bay, a dedicated space for kids located away from the adult treatment area. Children are treated and seen separately, because they sometimes get easily frightened by the sight of sick adults.

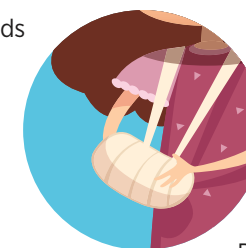
At any ED, priority is given to those with life-threatening conditions, while those with minor or non-threatening ailments may have to wait. That said, every child who comes through the doors of the ED will be taken care of by the hospital's emergency doctors. As there are no paediatric inpatient wards at SKH, in instances where a child at the ED needs to be warded, he will first be stabilised and then transferred to the KK Women's and Children's

Hospital (KKH) for continued specialised paediatric care.

5 Be prepared to deal with small emergencies

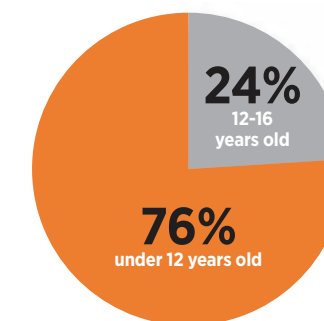
Part of this preparation involves learning basic first-aid skills, which should include cardiopulmonary resuscitation (CPR). Having such skills goes a long way in helping you stay in control during a crisis situation and, in some instances, enable you to provide immediate help to your child while you await the arrival of medical aid. You can easily find first-aid courses online or at the Singapore Red Cross Society.

Secondly, have a well-stocked first-aid kit at home, making sure to replace expired or missing items and medications regularly.



Did you know?

Last year, SKH treated a total of 9,379 young patients (aged below 16 years) at its ED. This made up about 10% of the total number of patients seen.



The most common children's emergencies include:

- Persistent high fever
- Breathing difficulties
- Severe infections
- Seizures
- Severe allergic reactions
- Fractures
- Burns

It's certainly unpleasant when your child faces an emergency, but knowing how to respond appropriately can make a difference and put you and your child at relative ease. Be prepared for any situation, learn to recognise what you or your GP can treat and what requires a visit to the ED — and always remain calm, as this will also help reassure your child. SK

DO THIS WHEN MAKING AN EMERGENCY CALL

STEP 1: Stay calm and dial 995 for an ambulance

STEP 2: Clearly explain the problem and how long it's been going on — for example, "My child has been having a seizure for the past two minutes."

STEP 3: Provide key details including the age of your child and his medical history, if any

MAY I HELP YOU?



There's more to medical social workers than meets the eye. Here's how they assist patients-in-need at SKH

Often the unsung heroes, medical social workers (MSWs) help many patients-in-need. Some of these patients are sole breadwinners of their families, supporting children and elderly family members, while others are lonely, sick seniors without family support.

One memorable case shared by SKH MSW Loh Sing Ping involved a delivery driver whose obstructive sleep apnoea disrupted his sleep so badly that he would snore loudly and feel tired and irritable all the time. This made him a danger to himself and others when he's on the road. Due to financial difficulties, he held off treatment for years, which not only affected his work life, but also soured his relationship with his family.

"I tried to see from both his and his wife's points of view, and I saw that his condition had definitely put a strain on their marriage," said Sing Ping. Motivated to help, she managed to get him financial assistance for his medical treatment, which improved his condition significantly.

For MSWs like Sing Ping, each day is filled with an array of challenges and emotions as they work with patients

and their families who have difficulty coping with the issues arising from their illness. Their duties include connecting patients and families to community care services and support, as well as assessing and providing financial assistance, supportive counselling or grief counselling to patients who experience emotional, socio-psychological and care challenges.

Empathy is needed in order to do their job well. Sing Ping shared, "Even though I'll never fully understand what they are going through, I try to put myself in the shoes of the patients or their caregivers, and see the issue from their perspectives."

Understanding patients' needs

MSWs will first try to get a deeper understanding of the patient's concerns and the urgency of their needs.

"The impact of illness can often be overwhelming; patients and their families feel angry, sad and frustrated, which clouds their ability to cope. For some, it's also a financial burden they find hard to bear. That's why we adopt an attentive and explorative approach to listen to their concerns and help them break down what seem like big problems into smaller, more manageable ones," explained Amy Soh, a senior MSW.

Agreeing with her teammate, Sing Ping added, "A little more kindness and less judgment can go a long way in easing their anxieties so

they're in a better state of mind to cope with their condition."

Tapping the SKH Better Health Fund

Aside from providing emotional support, MSWs also assist in helping patients get the financial help they may need. They will make financial assessments based on approved guidelines to ascertain if patients need help, taking into consideration their psychosocial well-being, finances and medical condition, based on input from doctors, nurses and allied health teams.

MSWs can help patients tap the SKH Better Health Fund, set up in 2016 to support patient-care initiatives,

“The impact of illness can often be overwhelming; patients and their families feel angry, sad and frustrated, which clouds their ability to cope”



RESILIENCE INSPIRES HER

Amy Soh, Senior Medical Social Worker, SKH

"I'm often in awe at how resilient patients can be, despite challenging circumstances.

One patient I assisted was Susan*, a 62-year-old widow who is battling chronic diabetes, high blood pressure and heart disease.

Susan lives with her only son — the sole breadwinner of the family, with an income that is hardly enough to support everyone — his wife and their seven children.

Two years ago, Susan's kidney started to fail and she had to undergo dialysis three times a week. Wheelchair-bound, she depends on taxis to travel. Her son does shift-work and his wife is

undergoing treatment for her mental health condition. There is thus no one to take Susan to the dialysis centre, which meant she was unable to get treatment in a timely manner.

Fortunately, I was able to help the family access the SKH Better Health Fund, which assisted with ambulance transport costs, allowing Susan to receive dialysis regularly. It also helped ease her son's financial concerns.

It is the unconditional love and care that I witnessed in Susan's family that motivates me to continue working with them in hope of easing their burdens. I'm heartened to be in a position to render help."




*not her real name

research and education, to offset some treatment-related costs that are not covered by the government's MediFund. These can include transport costs and the purchase of medical devices or equipment. MSWs also look into other government funding schemes, funds from voluntary welfare organisations and charity foundations, as well as donations from individuals.

Service with a heart

While financial assistance is important to patients and caregivers who cannot afford treatment, the process

of rendering assistance is equally important. MSWs play a supportive and facilitative role in ensuring patients receive assistance in a dignified and respectful manner. The availability of funding may have made the process easier, but the issue of accessing available funds remains a challenge to some patients — and this is where MSWs come in.

By providing assistance and addressing the social issues that patients may be experiencing, MSWs have helped SKH build better rapport with its patients. 

HOW DO I GET IN TOUCH WITH AN MSW?

You may walk in to the Medical Social Services outpatient clinic at SKH Medical Centre, Level 3, and make an appointment. Operating hours are between 8.30am to 5.30pm, from Mondays to Fridays.

Alternatively, call SKH's main line at 6930 6000 to book an appointment. Do call at least three weeks in advance if you have a preferred appointment date. Your request will be kept strictly confidential.

WHAT HEALTHCARE FINANCIAL ASSISTANCE SCHEMES ARE THERE?

MediFund

A government endowment fund set up to help lower-income Singaporeans with their medical bills (inpatient and outpatient).

SKH Better Health Fund

A fund set up to provide financial assistance for patients-in-need who are not covered by MediFund.

Other schemes available

- **Medical and treatment needs:** Please approach Medical Social Services for help
- **Daily living expenses:** Approach a Social Service Officer from the Ministry of Social and Family Development (MSF) for ComCare assistance. Contact the ComCare hotline at 1800-222-000 for an appointment
- **Support for long-term care:** If you require assistance with or are unable to perform daily living activities, you may approach AIC Link @ Sengkang Community Hospital (Patient Service Centre, Sengkang Community Hospital, next to Koufu Food Court)



FOR THE LOVE OF OUR PLANET

Plastic pollution is becoming an increasingly larger problem. Here are some small ways you can contribute to the solution

Have you noticed that some eateries have stopped providing plastic straws? Or the trend of using reusable cups to grab those Monday morning coffees to work?

These are all little ways and habits we can adopt to cut plastic waste and be more environmentally friendly.

Plastic is everywhere. Just look closer at the objects that we use in our daily lives — from toothbrushes and shoes to single-use disposable bottles and bags — and you'll find that many are made out of plastic or contain plastic components.

More often than not, plastic objects wash into rivers and oceans as trash. Some break down into tiny bits called microplastics, which are eaten by marine

creatures that we, in turn, wind up eating. Recently, scientists have discovered even smaller particles — nanoplastics — on remote mountaintops and in the Arctic!

Indeed, the growing plastic pollution is not just clogging landfills and threatening our oceans, it's also accelerating global warming with its greenhouse gas emissions. Researchers estimate that in 2019 alone, the production and burning of plastic pumped more than 850 million tonnes of greenhouse gases into the atmosphere. By 2050, those emissions could rise to 2.8 million tonnes.

With plastic pollution becoming an increasingly larger problem, the stakes are raised, and so is public awareness. What used to be considered cheap, durable and light is now being seen as a serious environmental problem.


DID YOU KNOW?

Plastics are durable and versatile, but they take 400 years to decompose. According to the World Wide Fund for Nature (WWF), Singapore discards about 700 million kilograms of plastic waste every year, of which a whopping 93 per cent is not recycled. Our excessive use of plastics is affecting ocean health. By 2050, there could be more plastic in the ocean than fish by weight, and this could have serious implications for human health.

One way to address this is to curb the use of plastic and ramp up recycling. While picking up some habits, like using a reusable water bottle instead of buying single-use bottled water, won't change the course of climate change overnight, a little does go a long way. The small things you do, like using reusable shopping bags instead of plastic

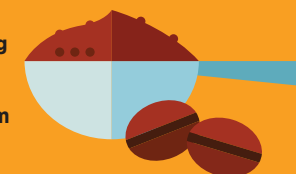
or paper ones, can make a difference.

It may not seem like much in the grand scheme of things, but every effort, no matter how small, counts towards reducing the impact of climate change.

The damage cannot be undone, but we do have the means to reduce our impact. By making small changes to your lifestyle, you can help play your part in saving the earth. 

REUSE COFFEE GROUNDS

Did you know that discarded coffee grounds from your morning cup of coffee are bad for the environment? Decomposing coffee in our landfills releases methane, a greenhouse gas that contributes to global warming. Instead of simply throwing them out, here are some ways you can reuse them.



AS FLAVOURING IN FOOD

Used coffee grounds work just as well as fresh grounds in your cooking.



TO NEUTRALISE ODOUR

Place a bowl of coffee grounds inside your fridge to neutralise any lingering odour from leftovers.



AS A FACE AND BODY SCRUB

By rubbing the grounds on your face and body in the shower, you can use them as an exfoliator. You can also add ingredients like coconut oil and sugar for that little something extra on your spa day.



IF WE CAN GO GREEN, SO CAN YOU

As a hospital, SKH consumes a lot of energy daily to meet healthcare needs, so to make up for that, we do all we can to be more eco-friendly.

How is SKH doing its part to save the planet?

Recycling scrub brushes: Used by surgeons and nurses to scrub their hands and arms before surgery, these brushes are disinfected and made available to staff for use in their homes.

Fewer bins, less waste: By centralising all waste and recycling bins in one area in the offices, SKH has reduced the number of plastic bags needed to line the bins and also encouraged staff to move around more by walking to the centralised waste areas to dispose their trash.

Food waste not wasted: Food waste is put through a digester machine, which adds special enzymes to 'eat' the waste and break it down into non-potable water that is then discarded.

Recyclables collection: In 2019, SKH collected over 69,700 kilograms of recyclables, which is equivalent to over 199,000 full plastic bottles!

Optimised energy use: By optimising the use of air-conditioning and lighting, SKH achieves energy savings of about 497,000 kWh each year. This roughly translates to a reduction of 208 tonnes of carbon dioxide emissions.

SKH Clean & Green Day: SKH held its first event in November 2019 to educate the community on useful ways to be more sustainable in their daily lives.

ePaper: SKH will be replacing printed copies of patient bed charts with energy-saving ePaper panels. These panels, which utilise electronic ink technology, require only a tiny amount of electrical charge to power up and change the text on them, thus helping to reduce paper wastage and power consumption.

Change lives with the SKH Better Health Fund

When illness strikes, some patients and their families may need a helping hand. The SKH Better Health Fund raises funds to help our patients-in-need access essential care and get back on their feet.

Living day to day got easier

"My mum lives with me, my wife and our seven young children. I'm her only child and the family's sole breadwinner. We struggle to live day by day with the little we have. In 2018, Mum's kidney started to fail, and she had to undergo interim dialysis three times a week at a dialysis centre. As she is wheelchair-bound, she depended on taxis to take her to these sessions. Luckily, we were able to tap the SKH Better Health Fund to cover her transport. Thanks to the fund, my financial worries have been eased and my mum is able to get her treatment regularly."

- Sam (not his real name), son and caregiver to a patient-in-need at SKH



SKH Better Health Fund

Driven by our aspiration to provide the best possible care for our patients, the SKH Better Health Fund was established to help raise funds for medical advancement and the provision of better care for our patients and the community we serve.

Your contribution will enable clinicians, healthcare professionals and administrators at Sengkang General Hospital to continue their good work in helping Singaporeans get well and live well.



Make a gift of hope today. Thank you for your generous donation.



For more information, please visit
skh.com.sg/giving,
email giving@skh.com.sg,
or call 6930 4465