

## Welcome!

We bring you the latest information to support you in your practice, including recorded CME webinars, highlights on SKH services and 'Pearls of Wisdom' on patient care. We hope you enjoy our first issue!

### ❖ Hello from our CEO, Prof Christopher Cheng



As we welcome the euphoria of entering Phase 2 safe reopening, we must wholeheartedly thank all GPs for the tremendous work you have been doing, picking up acute respiratory illnesses under the PHPC scheme and assisting in PCR swabs at SASH clinics. In addition, you continue to look after acute and chronic diseases in the community. We salute you and hope you continue to stay safe and healthy.

Even with Phase 2, the new normal will never be like it was before. When or what the promised vaccine may look like, safe distancing and occasional outbreaks are likely to stay for the foreseeable future. As Winston Churchill purportedly said, 'Don't waste a good crisis', there are many wishes that were difficult to achieve before, but have now become possible. I was heartened to learn that some GPs and polyclinics have successfully launched telemonitoring and teleconsultation for patients with chronic diseases. NHGP reported 17,000 telemedicine encounters completed. Survey shows that half of the patients are above 65 which shows that age is no barrier to technology, perhaps due to the motivation brought on by the crisis to learn new things. Certainly this will help to keep our seniors safe during the pandemic.

SKH is eager to work with you to pilot new approaches to treat our patients together. These need not be limited to fancy home monitoring technology or complicated teleconsultation, or even COVID-19 related. Sometimes, a simple phone call for timely advice may be all it takes to help someone avert a crisis. We are ready to make our expertise and facilities available to help you do your job better. Let us explore any ideas you may have to achieve the mission of 'Better Health Together'.

### ❖ SKH CME Webinar | Clinical Perspectives of Urinary Problems in the Elderly

We recently organised a webinar on 1 July 2020 where a panel of SKH urologists and geriatrician, as well as a primary care physician (SingHealth Regional PCN Clinical Lead) had an open dialogue to address common urinary problems in the elderly. If you had missed our webinar, you can view the recorded version by clicking ['Play Video'](#).



#### FEATURING:



Adj A/Prof Lee Lui Shiong  
Head and Senior Consultant  
Dept of Urology, SKH



Dr Anupama Roy Chowdhury  
Senior Consultant  
Dept of Geriatric Medicine, SKH



**Dr Lim Yong Wei**  
Associate Consultant  
Dept of Urology, SKH



**Dr Rick Chan**  
Clinical Lead  
SingHealth Regional PCN

- **1 CME point will be awarded to eligible GPs.**
- Doctors who attended the actual webinar will have points submitted by SKH on your behalf.
- Doctors who watch the recorded webinar in your own time can submit self-claims via SMC portal (under Cat 3A). Please contact [Ms Julian Ang \(Julian.ang.x.l@skh.com.sg\)](mailto:Julian.ang.x.l@skh.com.sg) to obtain the SMC-accredited and approved event ID for your Cat 3A self-claim.
- This webinar is part of a series. Details of the next webinar will be shared soon. Stay tuned!

## ❖ Highlights

### Better Surgical Outcomes in the Elderly

For the elderly (>70 years) who undergo major surgery, our [PEERS](#) (Programme for Enhanced Elderly Recovery @ Sengkang) focuses on active prehabilitation for better post-surgery outcomes. The programme has shown good outcomes in improving our patients' physical function, as follows:

#### **PEERS** To date, 67 patients have successfully undergone PEERS.

|                              |   |
|------------------------------|---|
| <b>Median age</b>            | 77 years (70 – 93 years)                  |
| <b>Surgeries carried out</b> | Colorectal and upper GI cancer resections |
| <b>Mean length of stay</b>   | 9.94 days                                 |

Physical ability assessed based on **6-min walk test, gait speed, 30-second chair rise, grip strength and functional reach test.**

**67%** showed improvements on the above parameters

**86%** showed improvements in quality of life which was sustained beyond 6 months after surgery

#### **RESULTS**

- Mortality rate: 0
- Morbidity rate (Clavien-dindo ≥ 3): 7.3%
- 93% discharged did not require step-down care

**PEERS has shown that surgery in the elderly can be done in a safe way through pre-operative optimisations.**

If you are interested to know more, please contact:



[Adj A/Prof Foo Fung Joon](#)  
Consultant  
Department of Surgery  
SKH



[Dr Winson Tan](#)  
Consultant  
Department of Surgery  
SKH

### Is Good Pain Control for Seniors Possible?

Treating pain in the elderly is complicated by the fact that many are on multiple medications, have declining health and are more prone to pain analgesia side effects. Providing holistic pain management, our [Pain Management Centre](#) specialists work with a multi-disciplinary team of geriatricians, palliative

care, psychologists and physiotherapists.

**We hope to partner GPs in helping patients achieve good pain control.**

**Our treatments and services include:**

- **Multi-model pain therapies:** Evidence-based pharmacotherapy (antidepressants, neuropathic agents and anti-epileptics, simple analgesics and opioid therapy if needed), physiotherapy/psychological referrals and cognitive behavioral therapy
- **Pain interventions** ranging from simple epidural steroid injections to advanced interventional techniques (radiofrequency ablation, nucleoplasty and neurolytic procedures)
- **Complementary therapies (including acupuncture)** and collaborations with rehabilitation and surgical teams for complex cases

**If you are interested to know more, please contact:**



[Dr Diana Chan](#)

Consultant  
Department of Pain Medicine  
SKH

**SKH Appointment Hotline:** Tel: 6930 6000 | Email: [appointments@skh.com.sg](mailto:appointments@skh.com.sg)

## ❖ Services

### Online Consultations for Patients

We are now offering video or phone consultations to patients. Teleconsultation services are available for the selected clinical specialties and Allied Health services at SKH as listed below (as at 8 June 2020).

*Note: Patient's eligibility is assessed after first face-to-face consultation with SKH healthcare professional.*

|   |   |  |
|---|---|--|
| <ul style="list-style-type: none"><li>▪ Bariatric Surgery</li><li>▪ Cardiology</li><li>▪ Colorectal Surgery</li><li>▪ General Surgery</li><li>▪ Pain Management</li></ul> | <ul style="list-style-type: none"><li>▪ Palliative Medicine</li><li>▪ Psychiatry</li><li>▪ Rheumatology</li><li>▪ Urology</li></ul> | <ul style="list-style-type: none"><li>▪ Anti-Coagulation Clinic</li><li>▪ Dietetics</li><li>▪ Occupational Therapy</li><li>▪ Psychology</li><li>▪ Speech Therapy</li></ul> |
|---|---|--|

SKH patients also pay **lower** teleconsultation charges than face-to-face (**F2F**) consultation charges.

- Video Consult: Same rate as F2F consultation charges (**25% discount valid till 31 July 2020**)
- Phone Consult: **25% cheaper** than F2F consultation charges

### Medication Delivery

Available for most medicines, patients can also choose to self-collect at SKH Pharmacy.

Time-limited coverage of Medisave for 7 approved CDMP conditions, under prevailing limits (e.g. MediSave500 and Flexi-MediSave) apply for diabetes/pre-diabetes, hypertension, lipid disorder, schizophrenia, major depression, bipolar disorder and anxiety.

## ❖ Pearls of Wisdom



### 5 Geri Pearls

A poem on geriatric care

By Assoc Prof Melvin Chua, Head and Senior Consultant, Department of General Medicine, SKH

I have been asked to provide some Pearls  
to manage a 90 year old with some curls.  
Geriatric patients are all little gems  
... even those who kick, shout, pinch, spit with a nasty temp.

First thing we always see,  
The 15 medications they take is crazy.  
Always review the medications they take  
Indications, compliance, side effects. Stop for their sake!

Second pearl involves their two little kidneys  
Sometimes shrunken, slightly impaired, especially those who are skinny.  
Age / gender / muscle mass must be taken into account  
Calculate their eGFR will dictate their medication amount.

The third pearl is when they fall.  
Home alone, they sometimes have to crawl.  
A good history and examination will delineate the cause  
Postural hypotension, secondary prevention (of falls)... you are the Boss!

The next pearl involves them having a fever  
which may be absent in a 90-year-old diva.  
Pneumonia with only breathlessness / pyelonephritis with back pain  
these maybe all they only complain.

The last pearl is most important of all  
Geriatric patients with atypical presentation lest you befall  
Low threshold of suspicion in the 90-year-old  
You cannot say you have not been told.

Thus ends my 5 little pearls  
Don't take it to heart the medications they hurl.  
All our geriatric patients are very precious  
If you have queries, the SKH Geriatricians are nice and conscientious.

*For previous GP Bulletin issues, visit [SKH website](#).*

*Follow us on [Facebook](#) and [Instagram](#).*

If you have any questions or wish to provide feedback, please email [Julian.ang.x.l@skh.com.sg](mailto:Julian.ang.x.l@skh.com.sg)  
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