

lifeline

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Helping Hands,
Moving Hearts

A new home for the National University Heart Centre, Singapore

New premise in NUH dedicated to heart care is now open.

The new three-storey block in the main building, just at the doorstep of the new Circle Line Kent Ridge MRT station set to open later this year, brings together several departments that used to be scattered across the hospital grounds. The Cardiac, Thoracic and Vascular Surgery departments and the Cardiovascular Research Institute, to name a few, now come under one roof.

A/Prof Tan Huay Cheem, Director of the Centre, said the new premises were designed to facilitate the Centre's focus on a holistic and comprehensive approach to treating heart disease.

"In the new premises, floor space has been increased by more than 300 per cent to cater to the rising workload."

"There are research laboratories as well as provision for medical student teachings in our consultation rooms. We also have our specially-designed multi-disciplinary clinics which provide for patient-centric, team-based care for our patients. In addition, there is a cardiac rehabilitation centre, which provides comprehensive aerobic and weight resistance training," he adds.

The Centre even has a garden created by multi-media artist Tan Swie Hian, featuring various sculptures donated by Mr Tan and poems about the heart.



More spacious and comfortable waiting area for patients at the NUHCS.



The new premises of the National University Heart Centre, Singapore was officially opened by former Health Minister Khaw Boon Wan in April 2011.

The new dedicated location will focus on six areas of cardiovascular care, aimed at addressing the problems that are expected to come with Singapore's ageing population. These include heart failure, congenital heart disease, acute coronary syndrome, vascular disease, women's heart health (see next page) and heart rhythm disorder.

Gracing the opening ceremony of the new premises in late April, former Health

Minister Khaw Boon Wan expressed his satisfaction with the setting up of Singapore's second heart centre.

The NUH sees about 62,000 outpatients for heart illnesses yearly. With its increased capacity, the new heart centre will be able to see about 10 per cent more patients.



Minister Khaw greeting a patient while touring the new NUHCS.

Women's Heart Health Programme at the National University Heart Centre, Singapore

Cardiovascular disease is the number one killer among women in Singapore, claiming the lives of some 7,647 women in 2009.

A common disease in men, the nature of heart disease in women varies significantly.

Some conditions affect more women than men, such as diastolic heart failure, Apical Ballooning Syndrome or "Broken Heart Syndrome". Even when the disease is similar, presenting symptoms may be less obvious in women or the underlying mechanisms may differ. Factors such as menopause also have a greater impact and increases a woman's risk of developing heart disease.

In view of such differences, the National University Heart Centre, Singapore has introduced for the first time in Singapore, a Women's Heart Health Programme dedicated to women with and at risk of heart disease.

Services include:

- **Risk Assessment:** To identify risk factors for heart disease and for other diseases common to women.
- **Cardiac Diagnostic Evaluation:** An integrated approach tailored to the unique features of this disease in women.
- **Risk Management:** A comprehensive approach accounting for the fact in how strongly risk factors affect women.
- **Specialty Management:** Management of cardiovascular conditions that affect women more than men.
- **Education:** Specific emphasis on healthy cooking and eating, personalised exercise, prescription, stress management, smoking cessation, blood pressure and lipid management.

For more information, please visit www.nuhcs.com.sg or call (65) 6772 2002 for an appointment.



NUH Women's Centre celebrates Mother's Day

On 8 May 2011, in celebration of Mother's Day, visitors to the NUH Women's Centre each received a carnation stalk from our staff.



¹ Report on Registration of Births and Deaths 2009 by the Registry of Births and Deaths, Immigration and Checkpoints Authority Singapore

New Centre for Hand & Reconstructive Microsurgery



Members of our senior management leaving their handprints to commemorate the opening of the HRM Centre.

With an ageing population and people becoming more active in sports, more Singaporeans are ending up with hand conditions and injuries sustained from extreme sports activities. To meet the rising demand, NUH has set up a new one-stop Hand & Reconstructive Microsurgery (HRM) Centre.

“Over the past few years, we have seen an increasing number of patients with hand-related conditions such as distal radius fractures, carpal tunnel syndrome and trigger digits. With the dedicated HRM Centre, we will be able to see more patients and to offer them accessible treatment within a shorter period of time,” said Dr Peng Yeong Pin, Head & Senior Consultant with the Department of Hand & Reconstructive Microsurgery.

Staffed by a team of 10 hand specialists, the purpose-built HRM Centre consolidates all hand-related services under one roof to provide treatment for patients with various hand conditions. For greater patient convenience, consultation with the doctors, minor surgical procedures, hand therapy sessions and fluoroscopic assessment of bone and joints of the hand are all done at the Centre.

The new Centre is expected to serve more than 8,500 patients this year, up from 6,700 in 2010, representing some 20 per cent increase in patient volume.

Services at the HRM Centre include:

- Hand, Upper Limb Trauma
- Hand & Upper Limb Numbness and Weakness
- Hand & Wrist Pain
- Hand & Upper Limb Deformity
- Hand Infections
- Benign and Malignant Musculoskeletal Tumours



The new HRM Centre at NUH also has a Prosthetic Hand Clinic that specialises in custom-making prosthetic hands and fingers for patients with upper limb amputations.

Contact Us

Location	Main Building Level 2
Operating Hours	Monday to Friday 8.30am – 5.30pm
Appointments	Tel: (65) 6772 5599 Fax: (65) 6779 5190
Enquiries	hand_enquiries@nuhs.edu.sg www.nuh.com.sg/uohc

The story of the HRM Centre at NUH

The HRM Department at the NUH was started in 1991 by Emeritus Professor Robert Pho, who is fondly known as the “father” of hand and reconstructive microsurgery in Singapore. Emeritus Professor Pho and his pioneering team were instrumental in pushing the frontiers in hand and reconstructive microsurgery, including the first successful thumb replantation in Singapore in 1977. This was followed by the first vascularised fibular transfer in the following year, and the first successful toe transfer in 1980.

First purpose built training centre for fertility experts in Asia Pacific



Director of CREST, Professor PC Wong (centre), explaining to former Health Minister Khaw Boon Wan features of the dedicated training centre for fertility experts.

Embryologists and clinicians interested in beginner or advanced courses in fertility treatment can now be trained in a purpose built centre at NUH.

A first in the Asia Pacific region, CREST or the Centre for Reproductive Education and Specialist Training, is a dedicated facility for both clinicians and embryologists seeking to develop their skills in Assisted Reproductive Techniques (ART). The Centre was officially opened by former Health Minister Khaw Boon Wan in March 2011.

CREST optimises the learning experience for the trainees by allowing them to observe actual clinical sessions through "live" video feeds during clinic and

laboratory sessions. Each work station in the simulated laboratory is furnished with equipment found in an actual IVF laboratory. The Centre's teaching faculty comprises a team of experienced embryologists and infertility specialists from the Department of Obstetrics & Gynaecology at NUH.

"In a busy IVF laboratory, we cannot spend too much time with the trainees, so normally what we'll do is, we teach the trainees at the end of the day, or in between as we're doing our work, we'll explain what we are doing," said Professor PC Wong, Director of CREST.

"By setting up CREST, we now have a separate team of teachers to teach these trainees."

Dr Jason Lim, a CREST graduate from the Singapore General Hospital, said, "I would recommend this course to anyone who is starting out in the field of IVF as it would help them understand the reason behind many of the procedures, giving them a deeper appreciation for the process."

Since its soft opening in September 2010, CREST has trained some 33 clinicians and embryologists both locally and from the region. The Centre, which has the capacity to take in 20 trainees at any one time, is expecting an enrolment of 80 in 2011.

For more information on CREST and its programmes, visit <http://nuhcrest.nuhgynae.com.sg>.

NUH Awards Building Contract for new medical centre

On 1 April 2011, NUH officially awarded the building contract for the new medical centre to Penta-Ocean Construction Co. Ltd. The event was graced by former Minister for Health, Mr Khaw Boon Wan.

Piling works for the centre were completed last December, and 2011 marks a key milestone as the project enters an exciting phase - the construction of the substructure and superstructure.

By 2013, Singaporeans can look forward to a new building conveniently located above the Circle Line Kent Ridge MRT Station. It will house the National University Cancer Institute, Singapore, specialist outpatient clinics, day surgery operating theatres, various clinical services and amenities.



At the event, there was also an exchange of mementos between NUH and Jurong Health Services to commemorate the close relationship between the two institutions.

Mr Joe Sim, Chief Executive Officer of NUH said, "Building on NUH's tertiary strengths and the new capacity as well as network of JurongHealth, we can advance towards our common mission of providing patient-centric, integrated and accessible healthcare to Singaporeans."

Helping Hands, Moving Hearts

“ I learnt that I should not clutter my house with furniture, to keep the floor dry and to consider fixing a hand rail in the bathroom to prevent falling,” says 72-year-old Madam Lim Kim Chai who fell on two occasions but was fortunate to sustain only bruises and pain, after listening to a talk conducted by a physiotherapist from the NUH.

Madam Lim was among the 150 residents who turned up at “Helping Hands, Moving Hearts”, a community outreach programme organised jointly by the NUH and the Healthcare Services Employees’ Union (HSEU) in celebration of Allied Health Day in March 2011.

Some 150 volunteers comprising staff and Allied Health professionals like the medical social workers, dietitians, therapists, radiographers and pharmacists, were in Queenstown on a Saturday morning to provide individualised health counseling to the residents.

At the event, residents like Madam Lim picked up health tips on proper nutrition and the right use of medication respectively from



The “helping hands” from NUH.

dietitians and pharmacists. From the therapists, they learnt how to prevent falls and cope with swallowing difficulty, a condition frequently faced by the elderly. The residents each received a grocery bag donated by hospital staff and NTUC Fairprice.

Said Occupational Therapist Lin Yiwei, “The elderly in Singapore are less proactive in seeking help. By coming out to the community, we can reach out to more people. When we go to their homes, we can also have a better understanding of their living conditions and offer advice on modifications where necessary. The experience will also help when we come up with new initiatives for our patients.”



Bringing health counselling to the community.

Spread A Little Cheer

Together with Singa, the mascot from Singapore Kindness Movement, some 35 staff volunteers took an afternoon off from work last month to spread a little cheer to our paediatric patients and give their caregivers a much deserved respite. From games to arts and craft and balloon sculpting, the children lapped it all up.

“ It’s great that I can volunteer right at the workplace. I look forward to more of such opportunities. ”

**Senior Staff Nurse Yew Choy Fun,
National University Cancer Institute,
Singapore (NCIS)**



New Appointments



Head, Department of Haematology-Oncology National University Cancer Institute, Singapore (NCIS)

Adjunct Associate Professor Goh Boon Cher is now Head, Department of Haematology-Oncology at the National University Cancer Institute, Singapore (NCIS).

He is also the leader of the Experimental Therapeutics Programme and Deputy Director at the Cancer Science Institute of Singapore, National University of Singapore – the local research team which, together with local biotechnology company S*BIO Pte Ltd, recently developed the cancer drug SB939 that is now being tested in patients with advanced lung cancer.

Adjunct A/Prof Goh, recipient of the National Senior Clinician Scientist Award in 2010, takes over the helm from Dr Robert Lim.



Head, Department of Ophthalmology National University Hospital

Professor Wong Tien Yin has taken over the headship of the Department of Ophthalmology, from Associate Professor Paul Chew.

Professor Wong, who specialises in the diagnosis and treatment of retina and macular conditions, is concurrently Director of the Singapore Eye Research Institute.

He is also a recipient of various awards, including the Outstanding Researcher Award from the National University of Singapore in 2004, the Woodward Medal from the University of Melbourne in 2005, and more recently, the National Clinician Scientist Award in Singapore and the President's Science Award in 2010.

Welcome Aboard



DR JERRY EE CONSULTANT, DEPARTMENT OF ANAESTHESIA

Dr Jerry Ee obtained his Board Certification in Anesthesiology in 2005 and Subspecialty Certification in Pain Medicine in 2006 from the American Board of Anesthesiology. Prior to joining NUH, Dr Ee was an Advanced Clinical Fellow at the Loma Linda University Anesthesiology Medical Group, USA.



DR RYAN TAYLOR CONSULTANT, UNIVERSITY CHILDREN'S MEDICAL INSTITUTE

Dr Ryan Taylor received his Board Certificate in Paediatric Medicine from The American Board of Paediatrics in 2007, after completing his residency at Miami Children's Hospital. Dr Taylor was pursuing his postgraduate training in Paediatrics Critical Care at the University of California, Los Angeles, USA, before joining NUH.



DR ANIL GOPINATHAN ASSOCIATE CONSULTANT, DEPARTMENT OF DIAGNOSTIC IMAGING

Dr Anil Gopinathan completed his Advanced Specialist Training in Diagnostic Radiology, Singapore in 2010. Prior to joining NUH, Dr Anil was practising at Changi General Hospital, sub-specialising in Interventional Radiology.



DR LIM MIN YU ASSOCIATE CONSULTANT, DEPARTMENT OF OBSTETRICS & GYNAECOLOGY

Dr Lim Min Yu received his specialist training in O&G at the West of Scotland. He was conferred a Member of The Royal College of Obstetricians and Gynaecologists, UK, in 2005 and obtained his Certificate of Completion of Training in 2010. Prior to joining NUH, Dr Lim was a Locum Consultant at Crosshouse Hospital, Scotland. His sub-specialty interests are Urogynaecology and Minimal Access Surgery.



DR HEGDE AMOGH NARAYAN ASSOCIATE CONSULTANT, DEPARTMENT OF DIAGNOSTIC IMAGING

Dr Hegde Amogh Narayan obtained the FRCR (The Royal College of Radiologists, UK) in 2007, and completed his Advanced Specialist Training in Diagnostic Radiology, Singapore, in 2010. Prior to joining NUH, Dr Amogh was an Associate Consultant at the Singapore General Hospital, sub-specialising in Neuro-radiology and Head and Neck Imaging. His special interest is in Musculoskeletal Radiology.



Photograph by Dominic Khoo

History was made in NUH when a team successfully delivered and separated a pair of conjoint twins earlier this year. After nine hours of surgery to separate them and almost two months of observation, the twins were discharged well in April.

NUH successfully delivers and separates Asia's first pair of monochorionic and diamniotic conjoint twins

Early this year, doctors at NUH made history by successfully delivering and separating a pair of conjoint twins who were connected by a common ileum (or the last part of the small intestine attached to the large intestine), colon and bladder.

Conjoint twins are physically joined at birth and they sometimes share organs. They are rare, occurring once in every 200,000 live births.

Most conjoint twins share a common placenta and are housed in one common chorion (the outer of two membranes surrounding the fetus during pregnancy) and one common amnion (the inner of the two membranes surrounding the fetus during pregnancy and which contains the amniotic fluid). They are known as monochorionic and monoamniotic conjoint twins.

Monochorionic and diamniotic conjoint twins, or twins who are housed in one common chorion but in two separate amnia, are extremely rare. In this case, the twins were divided by a layer of membrane despite being connected at the bowels. There have only been four such cases reported worldwide.

The pair of conjoint twins who were delivered and separated in NUH is the first reported case in Asia.

Apart from having incomplete and undeveloped pelvises, abnormalities were found in the twins' genitalia and abdominal musculature. They also had imperforate anus and hypospadias, which would later require corrective surgery.

The twins were delivered by caesarean section at 36 weeks. They are now about five months old and doing well.

Lifeline chronicles the historical event that began when the twins' mother was referred to NUH at 19 weeks into her pregnancy.

The Pregnancy

A 3D ultrasound scan confirmed that the mother was carrying a pair of monochorionic and diamniotic conjoint twins. The twins were found to be only connected by a few common organs.

Results of an amniocentesis showed the twins free from any chromosomal disorders. Doctors concluded that the long term prognosis of the babies was fairly positive.

Despite knowing the risks commonly associated with typical twin pregnancies, such as a higher risk of miscarriage, premature delivery and stillbirth, the couple decided to keep the pregnancy.

“ As an established multi-disciplinary tertiary hospital, we are equipped with both the ‘hardware and heart ware’ to help the twins live their lives to the fullest. ”

**Associate Professor YC Wong, Senior Consultant,
Department of Obstetrics & Gynaecology**



The NUH team behind the delivery, care and separation of Asia's first pair of monochorionic and diamniotic conjoint twins:

Department of Obstetrics & Gynaecology

Associate Professor Wong Yee Chee (Senior Consultant)
Associate Professor Arijit Biswas (Senior Consultant)
Dr Tan Eng Kien (Consultant)

Department of Anaesthesia

Dr Christopher King (Consultant)
Dr Tan Tze Siong (Consultant)

Department of Neonatology, University Children's Medical Institute

Associate Professor Lee Jiun (Head & Senior Consultant)

Associate Professor Zubair Amin (Consultant)
Dr Chinnadurai Amutha (Consultant)
Dr Sharad Mohite (Registrar)
Dr Roshan R Bharani (Medical Officer)
Dr V Kalai Mathy (Medical Officer)

Department of Paediatric Surgery, University Children's Medical Institute

Professor K Prabhakaran (Head & Senior Consultant)
Dr Dale Loh (Senior Consultant)
Dr Mali Vidyadhar Padmakar (Consultant)

Division of Orthopaedic Surgery

Associate Professor James Hui (Head & Senior Consultant)

The Delivery

At about 34 weeks into the pregnancy, the mother showed signs of labour.

Generally, pre-term babies require ventilation as their lungs are not fully matured. It would have been challenging to place ventilating tubes down the windpipes of the twins who had to lie on their sides in order not to tear the shared ileum. It was therefore imperative to delay the labour. Fortunately, this was achieved through the use of medication.

The mother went on to carry her twins till the 36th week before delivering them through a caesarean section. During the delivery, surgeons had to exercise utmost care as tearing of the connection between the twins would warrant an emergency separation operation and the outcome would not be desirable.

From the word "Go", it was team work all the way for the team involving doctors and nurses from O&G, Neonatology, Paediatric Surgery, Anaesthesia and operating theatres.

Three senior O&G doctors worked together to deliver the babies - one took care of the incision, one to lift the babies out of the uterus and hold them side by side, while the third cut the umbilical cord. After months of preparation and multiple rounds of practice and rehearsal, the delivery was executed with almost military-like precision.

As the first cries of the newborns greeted the operating theatre, everyone heaved a sigh of relief as this was proof that the babies' lungs were healthy. There was no tearing in the connection between the twins. The delivery was a success.

Tender, loving care for the little ones

After the delivery, the twins were carefully nursed by our team of dedicated neonatologists and nurses at the Neonatal Intensive Care Unit (NICU). A special super-single size cot was used to accommodate the twins.

After delivery, doctors found the connecting bridge between the twins measured approximately 5cm. The main challenge for the neonatology team was to ensure that this bridge did not tear. The twins were positioned close to each other while they lied on their

sides. The team observed the twins were so close that sometimes, one would suck the forehead or thumb of the other.

After two weeks of closely monitored care at the NICU, the twins were ready to undergo their separation surgery.

The Separation

A special king-sized surgical table was used for the surgery. This was necessary to accommodate the two teams of anaesthetists, surgeons and nurses.

Three paediatric surgeons, including Professor K Prabhakaran, Head & Senior Consultant with the Department of Paediatric Surgery, were involved in the separation.

The terminal ileum shared by the twins was divided into two. So was their colon. Their bladders which were connected and exposed, were split into two and each was then closed up separately.

The twins were finally separated after a long 9-hour surgery.

A month later, the twins had a second operation to fuse back their hip bones which were not joined and to further close up their bladders.

At five months, the twins, now separated, are doing well.

“The separation has granted the twins a new lease of life. It is really heartening to see them thriving and putting on weight.”

Associate Professor Lee Jiun, Head & Senior Consultant, Department of Neonatology, University Children's Medical Institute

“What makes this separation a success is the excellent teamwork. Together, we achieved a successful outcome.”

Professor K Prabhakaran, Head & Senior Consultant, Department of Paediatric Surgery, University Children's Medical Institute

Thank you for your letters of appreciation. Your words of encouragement will spur our staff to continue to do their best for our patients.

“Thank you, Dr Koh Liang Piu and nurses.”

When I was diagnosed with leukaemia last March, I was prepared for the worst and had passed a statement to my friend to be read during my funeral. It has been a year since and I would like to express my heartfelt gratitude to the people who have saved my life:

To the nurses at Ward 86, I want you to know that you have made a difference. You have saved both a doctor and a patient.

To my haematologist, Dr Koh Liang Piu, I am very grateful to you. You were my lecturer when I was a student. You became my doctor when I became a patient. I aspire to be as humble, if not as great, a doctor as you.

We cannot control everything in life, but we can always do our best.

To those who have supported me and shown me love, I want you to know that I will always do my best.

I will live each day to the fullest and make my dreams come true. I will never give up.

Dr Ivan Lin

“I was their baby until I was well on the road to recovery.”

I have put my whole heart into writing this letter.

I would like to thank the nurses in Ward 62 and Ward 66 who treated me with courtesy, care and professionalism during my stay in the hospital. I would also like to express my sincere “thank you” to Dr Derrick Aw and his team for all they had done for me.

The nurses faithfully attended to all my needs without any complaint throughout my stay. They treated me with “tender loving care”, like I was their “baby”, until I was well on the road to recovery.

My heartfelt “thank you” to all the nurses for your dedication. I believe all of you have the ability to make a difference!

Ms Lilian Lim

“Nurse Christina Chong was caring and attentive. She is a role model.”

My mother is a heart patient and has been admitted to the NUH several times since August last year. Recently, upon the doctor's advice, she had a pacemaker implanted. The after-care was important, and we had to take her back to the clinic to ensure the healing process was good. Nurse Christina Chong was caring and attentive to my mother's needs. She is a role model for younger nurses.

Ms Cheryl Ng

“Thank you, Nurses of Ward 48.”

Thank you for taking care of me. All of you were really nice, patient and caring and took care of all our needs. Although I was in great pain and discomfort, you took that away with the mighty painkillers and your comforting smiles. I have been blessed to be taken care of by such wonderful nurses. I hope God continues to bless all of you and that every single one of you will be a blessing and inspiration to the other patients. I would like to say a huge THANK YOU from the bottom of my heart and I hope you continue doing an awesome job!

Ms Daphne Chen

What's that shooting pain in your wrist?

Carpel Tunnel Syndrome is one of the three most common conditions that doctors at the NUH Hand & Reconstructive Microsurgery Centre see. As the symptoms are gradual on the onset, many tend to dismiss them as not serious. Very often, by the time the symptoms become more severe and when patients seek help, it may be too late.

Dr Alphonus Chong, Consultant from the Department of Hand & Reconstructive Microsurgery, tells us more.



What is Carpal Tunnel Syndrome and what are the symptoms?

There is a tunnel in the wrist called the carpal (wrist) tunnel. Nine tendons and the median nerve pass through it. When pressure builds up in the tunnel, the nerve gets squeezed and is unable to function properly.

As a result, one may experience numbness, discomfort or a tingling sensation and pain in the fingers, especially the thumb, index, middle and ring fingers. The pain usually occurs at night and may also become worse in the morning when one wakes up.

The symptoms can occur while doing effortless and simple tasks such as holding the telephone or reading the newspapers. One may experience a weaker grip.

In serious cases, the muscles may be affected and the patient's hand function may be compromised.

Carpal tunnel syndrome may start with one hand and will usually eventually affect both hands.

What causes Carpal Tunnel Syndrome and who's at risk?

The cause is generally unknown. Women aged 40 to 60 years old, professionals like musicians and architects, those who are desk bound and who are required to keep their hands in a fixed position for long, are more prone to the condition.

Diagnosis and Treatment options

Doctors usually order a nerve test, called a Nerve Conduction Study, to confirm the abnormality of the nerve.

If the symptoms are mild, patients may be given oral medication or an injection of steroids into the carpal tunnel to alleviate the symptoms. They may also be asked to wear a splint to keep the wrists in a better position.

If the symptoms are more severe and persistent, patients may be required to undergo a minor surgery to release the pressure in the carpal tunnel. The pain will usually cease after the surgery. In some patients, the numbness may take some years to disappear.



Contact Us

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Operating Hours	Monday to Friday 8.30am – 5.30pm
Appointments	Tel: (65) 6772 5599 Fax: (65) 6779 5190
Enquiries	hand_enquiries@nuhs.edu.sg www.nuh.com.sg/uohc

Ask The Expert

I am in my mid 40s and have felt pain under my left breast for more than a year. It started when I pulled myself up against a panel. Now the pain comes and goes and may last a day or two. The pain, or sometimes numbness, stretches to my left shoulder, neck, arm, index finger and, sometimes, the thumb too. I just had a thorough health screening and everything seemed fine. What might be the problem?

It would appear from your pattern of symptoms that the likely problem area is the cervical spine in the neck. At your age, this is possibly due to a herniated or slipped disc of the spine.

It frequently happens when there is sudden bending of the neck or a twisting injury to it, superimposed on pre-existing disc degeneration which frequently accompanies ageing.

The herniated disc fragment can press on a nerve, producing shooting pain or numbness that radiates down the arms and extend to the fingers.

The pain in the neck may not be confined to the neck region but can radiate to a broad diamond-shaped area over the back extending to the upper chest, shoulders as well as to the back of the head.

I would suggest that you consult a spine surgeon who is likely to request a magnetic resonance imaging (MRI) scan of the neck for further evaluation. The treatment, by and large, is non-surgical and involves medication, physiotherapy and lifestyle adjustments. Surgery is usually suggested only if the symptoms are progressive and result in persistent numbness or weakness.

A/Prof Joseph Thambiah
Head, Division of Musculoskeletal Trauma
Department of Orthopaedic Surgery

My pre-schooler is often defiant, and will scold us if we do not give in to him. He acts like a tyrant and climbs over our heads. I'm thinking of using the cane to make him behave. Is corporal punishment recommended?

Caning may stop the misbehaviour immediately, but the child does not learn why that behaviour is inappropriate, or what he should do instead. Research shows that children who received corporal punishment frequently were more likely to develop depression.

This psychological distress was not reduced even though their parents were also caring and supportive.

While there may be reasons to justify corporal punishment, there are even more advantages to using a calmer, more rational approach to manage children's behaviour. Instead of resorting to corporal punishment, it may be better to understand why he is behaving this way.

Your son is at a stage where he is increasingly independent, and learning how to control himself. At the same time, his thinking skills are developing, though they are still immature.

He has difficulty understanding your point of view, so attempts at reasoning and explanations are often unsuccessful. This is often misunderstood to be purposeful disobedience, stubbornness or defiance.

Ms Ng Siau Hwei
Psychologist
University Children's Medical Institute

I am in my forties but have been experiencing leg cramps whenever I swim since I was a teenager. It still affects me when I drive and when I wake up. What can I do to avoid it? Does it also cause varicose veins on the calves?

Leg cramps can be due to several reasons, such as unusual positioning of the leg during sleep or work, imbalance of electrolytes (compounds such as sodium that dissociate into ions in the blood), or dehydration.

They can also be caused by structural problems such as flat feet. Certain types of medication, such as cholesterol-lowering drugs or agents used for heart conditions or hypertension, may also cause muscle cramps.

But most people experience occasional muscle cramps without any underlying medical cause. Muscle cramps in itself do not lead to varicose veins.

It is not possible to advise on how to prevent your symptoms unless the cause of the cramps is known.

If you notice a regularity in these symptoms, you may want to consult a doctor to review your medication, examine your legs and perform some simple laboratory tests.

Blood tests can detect electrolyte imbalances such as low potassium, low sodium or high calcium, and hormonal imbalances such as hypothyroidism, which causes a low metabolic rate.

Blood tests can also show whether there is rhabdomyolysis, an abnormal breakdown of muscle.

Dr Dariusz Olszyna
Consultant
Division of General Medicine and
Infectious Diseases

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