

# lifeline

Issue 3 / 2011  
A quarterly publication of the National University Hospital



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## Ready To Help

To lend a helping hand where it is most needed is what many doctors, nurses and allied health professionals at the NUH do on a regular basis. As volunteers for a wide range of community work both locally and overseas - whether to provide free medical care or help train the locals to be self-sufficient - they soldier on with the simple conviction to make the world a better place.

# Making Time To Volunteer!

Over the years, staff from NUH have volunteered for various causes in Singapore and the region.

To encourage more staff to participate in voluntary work, the National University Health System (NUHS) has set up a committee to coordinate humanitarian outreach efforts. The committee is led by Associate Professor Paul Chew, a senior consultant with the Department of Ophthalmology.

What the committee hopes to do is to pool like-minded people together and establish a holistic approach where NUHS can support its people in their humanitarian volunteering efforts, says A/Prof Chew.

Though much is in the planning stage, many initiatives are in discussion. One of the first is to explore a real-time online system where all staff can be aware of ongoing humanitarian efforts which their colleagues are undertaking in different parts of the world. With that, hopefully those who are interested in volunteering have a channel to know what the opportunities are.

There is also plan to introduce humanitarian trips under the NUHS Residency Programme, such as those under the Department of Ophthalmology and the University Orthopaedic, Hand & Reconstructive Microsurgery Cluster.

“Volunteering our clinical skills adds a different and important dimension to our practice. It allows us to see and appreciate things in life.”

**A/Prof Aymeric Lim, NUH's Chairman,  
Medical Board**

Explaining the rationale, Associate Professor Aymeric Lim, Chairman, Medical Board at NUH, says, “To get doctors going for such overseas humanitarian work, we need to start them young so that they truly understand that people need them.”

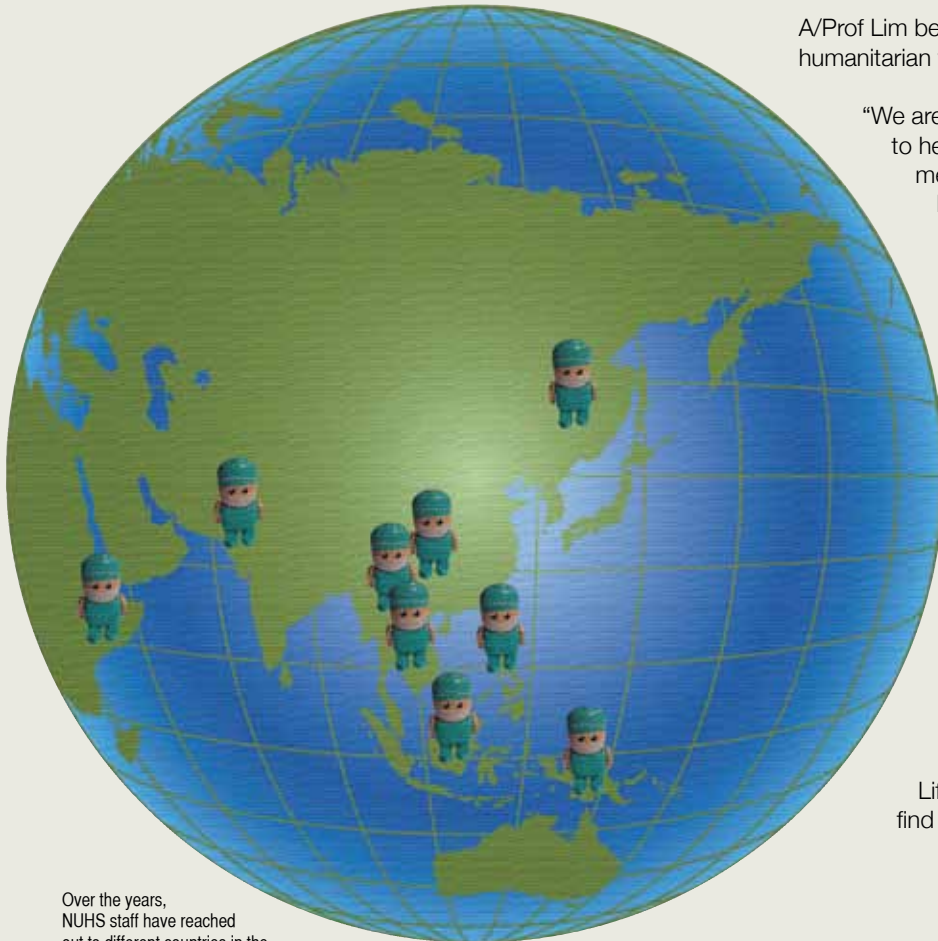
A/Prof Lim believes that all doctors should get involved in humanitarian work, either in Singapore or overseas.

“We are very fortunate to live in Singapore so it is our duty to help. There are great needs in our region where the medical climate can be very different and we can help to make a difference to the lives of the people around us.”

Being a seasoned volunteer who has been on mission trips to places like Taiwan, Aceh, Yogyakarta, Africa, East Timor and Afghanistan, A/Prof Lim also believes those who give, also gain in the process of extending a helping hand. While overseas, doctors get the opportunity to see patients with diseases or conditions that may not be so common locally. This will help to build the doctors' expertise which in turn will benefit patients in Singapore.

“Hopefully, by helping others, we will appreciate what we have and our hearts towards our patients, especially the underprivileged and needy ones, will soften,” he adds.

Lifeline speaks to some of our seasoned volunteers to find out what drives them in their mission.



Over the years, NUHS staff have reached out to different countries in the region, providing assistance to the foreign community with their medical expertise.

# Open Your Eyes To A Whole New World



Dr Loon Seng Chee, Consultant, Department of Ophthalmology and his team perform cataract operation for patients in China.

“You must remember why you want to be a doctor in the first place. It is not about the money but the ability to do something to help others relieve their pain and suffering.”

Inspired by Singaporean doctor Dr Tan Lai Yong who brought his young family to the mountainous regions of Yunnan province in

Southwest China to teach the local physicians under the Village Doctor Training Project, a young Dr Loon Seng Chee who was then a training doctor decided that he would join the selfless man in the calling.

Almost every year since 2006, the consultant with NUH's Department of Ophthalmology has been going back to Gang Yuan in Yunnan to offer cataract surgery service to the locals. The expenses for these trips, and sometimes for the loads of equipment he has to bring, are financed by his own source of sponsors or out of his own pocket.

Long before Dr Loon arrives in Yunnan, foot doctors in the village would have already identified patients and arranged for them to travel to the city for treatment. On each trip, Dr Loon and his team typically attend to about 40 to 50 patients.

“For them to come to us is a great deal. Some patients have to walk for days just to get to where we are,” he says.

Even if there is only one person who comes forward for help, the big-hearted doctor still finds it a worthy trip, as he witnesses the patient regain his sight to the world.

## Caring Across Borders

They don't need me. That was the first thought that came to Associate Professor Joseph Thambiah's mind when he was asked to help out in the 2006 tsunami that struck Indonesia.

Then, the senior consultant with the Musculoskeletal Trauma Division had thought that there would be enough doctors who were keen to volunteer their expertise.

Recalling his initial thought, A/Prof Thambiah admitted that it was an easy excuse he had given himself. But as circumstances would have it, he went for the humanitarian rescue effort and found out that he could not be more wrong. His expertise was indeed very much needed.

That was an “eye-opening” trip, as he would call it.

Since then, A/Prof Thambiah has built a team of dedicated volunteers who regularly go on humanitarian trips to help the rural poor in Batam. The number of volunteers has since grown to 100 and counting. Most are doctors and nurses from NUH who share A/Prof Thambiah's passion to do something good for the community.

The team visits Batam at least once every two months, covering at least four villages on each trip.

“Sometimes, in an environment that is more comfortable and well-equipped, it can be easy to forget about how doctors and patients can connect on a personal basis. By going back to these rural areas and helping people, it can help you to reconnect, where you establish something beyond a doctor-patient relationship. And when you come back, you can bring that back into our hospital,” says A/Prof Thambiah.

Locally, A/Prof Thambiah has also set up a mobile clinic to



A/Prof Joseph Thambiah, Head and Senior Consultant, Musculoskeletal Trauma Division attends to villagers in Batam.

provide free consultation to foreign workers and the needy poor residing in one-room flats.

The satisfaction in knowing that all it needs sometimes is a simple gesture to offer relief to an individual, is what drives the surgeon with 28 years of experience to continue with his community work.

As the Head of the residency programme in his department, A/Prof Thambiah plans to incorporate volunteer work as a mandatory part of the curriculum, because it will help them to empathise better with their future patients.

“If you are endowed with a skill set, you should put it to good use.”

**A/Prof Joseph Thambiah, Head and Senior Consultant, Musculoskeletal Trauma Division**

# A Heart To Help

While the hospital may not have state-of-the-art facilities and often relies on foreign expertise for certain complex surgeries, it has a team of committed healthcare workers with the heart to help all patients, rich or poor.

That is the impression which Nurse Educator Goh Beng Wah has of the Angkor Hospital for Children, a charitable hospital in Cambodia.

Since 2004, NE Goh has been visiting the hospital yearly with a team of doctors and nurses from NUH and other hospitals to provide surgery for children with heart disease.

Through the years, she has remained impressed by the level of commitment of the hospital staff.

“People may think that we are there to give but we also learn.”

**Nurse Educator Goh Beng Wah**



Nurse Educator Goh Beng Wah (second from left) with nurses and a grateful family she befriended on her annual trip to Cambodia.

“At the hospital, we see children waiting for the chance to lead a proper life with a normal, functioning heart. Many of them are from the rural poor. Their parents may have to sell the only cow in the family in search of a chance for cure. They would tell me that they can always go back to till the land with their bare hands, but the most important thing is to get their children cured.”

When the Singapore team visits, they usually work around the clock to attend to as many children as they possibly can, with a typical day seeing the team operating on at least six children. While there, the team also educate and train the local doctors and nurses on caring for heart patients.

## NUH staff receive the Healthcare Humanity Award 2011

Introduced in 2003 after the SARS epidemic, the Healthcare Humanity Award recognises and honours healthcare workers who exemplify among others, the values of courage, extraordinary dedication and selflessness.

This year, six outstanding individuals from NUH were commended for their exemplary care to patients as well as their selfless contributions outside work, including volunteering and participating in humanitarian outreach efforts.

### Lifeline congratulates our winners!

<b>A/Prof Joseph Thambiah</b>	<b>Head and Senior Consultant, Musculoskeletal Trauma Division</b>
<b>Dr Loon Seng Chee</b>	<b>Consultant, Department of Ophthalmology</b>
<b>Nurhidaya Bte Abdul Rahman</b>	<b>Nurse Clinician</b>
<b>Sharmila Kasinathan</b>	<b>Nurse Clinician</b>
<b>Goh Beng Wah</b>	<b>Nurse Educator</b>
<b>Irene Yeo</b>	<b>Nurse Manager</b>

# Meet The Dreamcatchers!



Children and youths with chronic disease can also lead an active and fulfilling life, as shown by the Dreamcatchers at NUH.

**T**wenty-year-old Mark Goh was diagnosed with kidney failure at 13. He recently had a kidney transplant and is on the road to recovery.

Siti Aiyah Humairah, a year older, discovered she had end-stage renal failure when she was nine. She too, had a successful kidney transplant when she was 12.

Between Mark and Siti, they share a common experience of having to cope with a chronic disease at a young age. Through their growing years, they had to juggle daily kidney dialysis while trying to lead a “normal” childhood. Often, they had to face being treated differently by their peers because of their illness. Yet, both remained resilient and continued to work towards their dreams and aspirations.

The stories of Mark and Siti are what inspired Senior Medical Social Worker, Benjamin Png, to set up the Dreamcatchers Programme, a peer support group established for children and youths with chronic illnesses at NUH.

The programme was launched in January 2011 and it already has 50 members, mainly adolescents who are receiving medical treatment at NUH.

“Chronic illness in children and youths is a very unfamiliar concept to many. Very often, we at best can only catch a quick glimpse of how these young patients live their lives through TV dramas. In reality, chronic illness is something that these children have to cope with bravely with their families every day.”

**Benjamin Png, Senior Medical Social Worker**

“Through Dreamcatchers, we hope to create a comfortable and conducive

environment for youths with chronic illness to express themselves and to motivate them to work to fulfil their potential in life.”

Apart from organising bi-monthly social outings, Dreamcatchers like Mark and Siti also get to write and produce a newsletter, titled “So Wad?”, for their peers. Being part of the Dreamcatchers not only allows the youngsters to get to expand their social circle, it also offers an opportunity to do something good. For example, the talents of the group was put to good use last year when they got together to hold a festive celebration for the beneficiaries of Club Rainbow, a voluntary welfare organisation that supports children with chronic illnesses.

And for some, it goes beyond the tangible.

“I’ve learnt to be more open in sharing my story with other patients, to help motivate them. I’ve also grown more confident,” says Dreamcatcher Alvina Neo.



## NUH Partners GP Chain In Chronic Disease Management

**M**adam Azizah, a 54-year-old grandmother of four, has had diabetes for ten years. Over the past years, she had been visiting the NUH diabetic specialist outpatient clinic for follow-up consultation once every three months. Each time, she had to spend half an hour travelling from her house in Woodlands to the hospital.

Although she had thought about going to a family clinic nearer her home, the relatively higher fee was always a deterrent. However, come September, a new programme that was recently launched by the NUH will allow Madam Azizah to visit the Frontier Medical Associates, a GP clinic that is a few minutes from her house, for her regular follow-ups at no extra cost.

Madam Azizah is one of the first patients enrolled in a pilot shared care programme, where NUH partners Frontier Healthcare Group.

Under the two-year pilot programme, diabetic patients whose conditions are stable can be referred by their NUH doctors to designated Frontier clinics for co-management. These patients will pay the same rates for their consultation, screening tests and medications as they would at the NUH.

Patients under the pilot programme are assured of the same level of care when they consult the family physicians at Frontier clinics. The family physicians will follow the same set of care components for diabetic patients practised by the specialists at NUH. For example, patients will receive three to four follow up consultations as well as a foot and eye assessment every year.

Commenting on the programme, Chief Executive Officer of NUH, Mr Joe Sim, says it is a win-win situation for all parties.

“This pilot marks a step towards bringing together the expertise from both the private and public healthcare sectors to offer affordable, quality care to Singaporeans. The partnership will benefit our patients with diabetes in terms of cost and time savings as they can now choose to go to a clinic nearer their home, while enjoying the same level of care. At the same time, we are able to see more new patients at the hospital in a shorter time. We hope to make this a sustainable model for other shared care programmes.”

Dr Tham Tat Yean, Chief Executive Officer of Frontier Healthcare adds, “Private family physicians are in a unique position to play a more active role in holistic chronic disease management because of their broad based medical training, proximity and easy accessibility to patients in the community.”

An outcome study will be conducted at the end of the pilot programme to assess the clinical results, as well as patient and GP satisfaction levels. If proven successful, NUH plans to roll out the programme to other disciplines such as asthma, heart, rheumatology and psychological medicine.

# Pilot Surgical Trial To Correct Scoliosis Without Compromising Spinal Growth And Flexibility

The juvenile and adolescent years see the period of time where the human bones grow at the fastest rate, accounting for the rapid height gain. For those with scoliosis, it is also the period when their spinal curvature tends to worsen at the fastest pace. What many do not realise though, is that the same period offers the best opportunity to correct the spinal curve by modulating or guiding the growth spurt.

Traditionally, large and progressive scoliosis curves are surgically corrected by spinal fusion and 'instrumentation'. The spine is straightened by metallic implants and the spinal bones in the curvature are joined using bone grafts between the vertebrae. While this process successfully straightens the spine and prevents the curvature from progressing, the part of the spine that is fused does not grow further and it cannot bend. Until now, surgeons were unable to straighten the spine or prevent the curve from worsening without limiting bone growth and movement at the segment which has been operated on.

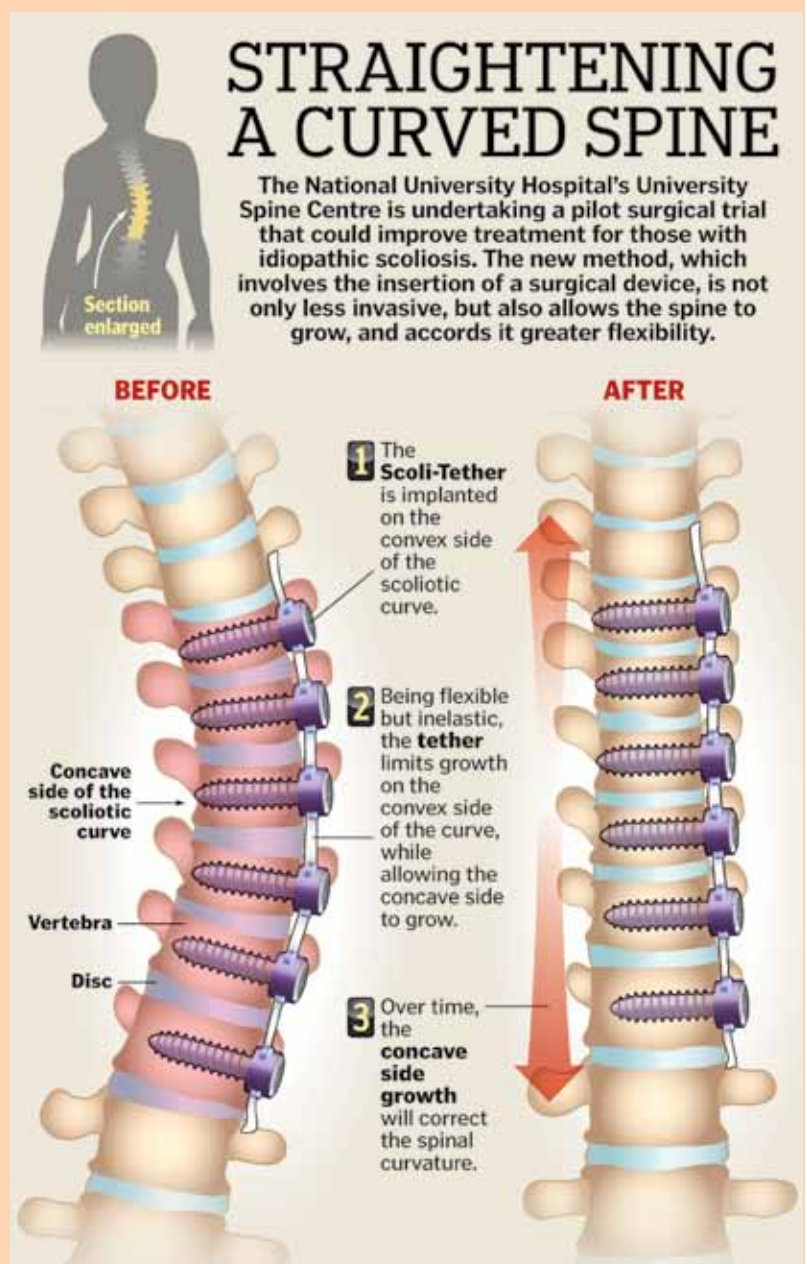
In a world's first surgical device trial, surgeons at NUH are looking at a new surgical device that can change the way patients with idiopathic scoliosis are treated in the future. The new device called the Scolio-Tether (MISCOLI) System, can potentially overcome the limitations of conventional spinal fusion by guiding the curved spine to grow.

The Scolio-Tether is a convex growth tether that utilises remaining growth in the spine to correct scoliosis. It is implanted on the convex side of the scoliotic curve via the chest cavity. The flexible but inelastic tether limits growth on the convex side of the curve while allowing the concave side to grow. Over time, the concave side growth will correct the spinal curvature, and at the same time allows increase in spinal length and mobility within the spinal segments in the tether (see graphics). For the tether to work, the child must be young and skeletally immature with sufficient remaining growth left to achieve maximum straightening of the spine.

For more information on the trial, please call 9113 9662.

“If successful, this device can potentially change the way young, growing patients with idiopathic scoliosis are treated in the future. It will allow us to have the best of both worlds: a straight spine that can still grow and move.”

Prof Wong Hee Kit, Head and Senior Consultant of the University Spine Centre and principal investigator of the surgical trial.



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# Welcome Aboard



**DR LIM FONG SENG  
HEAD & SENIOR  
CONSULTANT,  
DIVISION OF FAMILY  
MEDICINE**

Dr Lim obtained his basic medical degree from the National University of Singapore. He subsequently trained as a Family Physician and obtained a Masters In Medicine (Family Medicine).

Prior to joining NUH, Dr Lim spent many years with the National Healthcare Group Polyclinics and was its Director of Medical Affairs, in charge of all professional and academic matters from 2001 to 2006. He was the Director of Clinical Standards and Improvement at Tan Tock Seng Hospital from 2007 to 2009, helping the hospital to manage its clinical quality, patient safety and quality improvement initiatives.

Prof Lim is an adjunct faculty member of the Duke-NUS Graduate Medical School.



**DR MELVIN CHUA  
CONSULTANT,  
DIVISION OF GENERAL  
MEDICINE**

Dr Chua obtained his MB ChB from the University of Glasgow in 2001 and obtained his Membership of The Royal College of Physicians (UK) in 2005. He completed his training in General Internal Medicine and Geriatric Medicine in the North of Scotland Postgraduate Deanery. He is currently a member of both the British Geriatrics Society and American Geriatrics Society.

Prior to joining NUH, Dr Chua was working at the Addenbrooke's Hospital in Cambridge.



**DR PETER CHEUNG  
CONSULTANT,  
DIVISION OF  
RHEUMATOLOGY**

Dr Cheung obtained his MBBS from the University of New South Wales, Australia in 2001 and his Fellowship of The Royal Australasian College of Physicians in 2008. He is an accredited specialist in Rheumatology by the Specialists Accreditation Board, Singapore, and a member of the Australian Rheumatology Association and Royal Australasian College of Physicians.

Prior to joining NUH, Dr Cheung worked in various hospitals across in Canberra and Sydney, Australia, namely the Royal Prince Alfred Hospital, Canberra Hospital, St George Hospital and Royal North Shore Hospital.

He also worked as a research fellow at the Rheumatology department at Cochin Hospital in Paris, France.



**DR LINGAM GOPAL  
SENIOR CONSULTANT,  
DEPARTMENT OF  
OPHTHALMOLOGY**

Dr Gopal obtained his MBBS from the Andhra Medical College, India in 1979 and his Fellowship of The Royal College of Surgeon (UK) in 2002.

Prior to joining NUH, Dr Gopal worked at the Vision Research Foundation in Chennai, India, as a senior consultant specialising in medical and surgical management of Vitreo retinal diseases for over 27 years.

## NUH A HIMSS Stage 6 Hospital

In June, NUH became one of the four Singapore hospitals and also one of the first public healthcare institutions in the Asia Pacific region to achieve the HIMSS Stage 6 Electronic Medical Record (EMR) Adoption Model certification awarded by HIMSS Analytics.

The HIMSS EMR adoption model is an internationally recognised benchmark that measures the use of IT and electronic medical records for patient care.

Over the years, NUH's IT system has allowed its doctors to order medicine using monitors at patients' bedside. It also provides the team with information on correct medication dosages and drug allergies.

In the United States, only a handful of the 5,000 hospitals tracked by HIMSS Analytics has achieved Stage 6 recognition for implementation of the electronic medical record.



A/Prof Benjamin Ong, Chief Executive, NUHS (second from left), received the HIMSS Award from Permanent Secretary, Ministry of Health, Ms Yong Ying-I (second from right).

# NUH Doctors Receive NMEA Awards

More than half of the nine recipients who were honoured at the National Medical Excellence Awards (NMEA) 2011 are from NUH. Into its fourth year, the NMEA is a national level award presented annually to recognise exceptional individuals and teams who have shown outstanding achievements and excellence in medicine, clinical research, clinical quality, training and mentorship.

This year, doctors at NUH received the National Outstanding Clinician Mentor Award and the National Clinical Excellence Team Award.



Prof Lee Tat Leang receiving the Outstanding Clinician Mentor Award from Health Minister Gan Kim Yong.

## **National Outstanding Clinician Mentor Award 2011** – Professor Lee Tat Leang, Senior Consultant, Department of Anaesthesia

Professor Lee received the award for his outstanding contributions as a mentor, teacher and clinician in the development of anaesthesiology in Singapore.

Prof Lee set up the first local human patient laboratory in 1998 and spearheaded the use of simulator training for medical students. He pioneered the integration of acupuncture with 'Western' medicine in Singapore and set up an acupuncture outpatient clinic in NUH in 1997, making it the first among the restructured hospitals. In addition, he chaired a local acupuncture research committee which led various acupuncture related projects to promote awareness of acupuncture among western trained doctors.

Prof Lee continues to be very involved in postgraduate training and is presently Chair of the Ministry of Health Specialist Training Committee for Anaesthesiology and the Residency Advisory Committee (RAC) for the Anaesthesiology residency training program.

“Looking at the list of illustrious recipients of the award over the last three years, I feel very honoured and humbled to be joining the ranks of such distinguished company.”

**Prof Lee Tat Leang, Senior Consultant, Department of Anaesthesia**



Health Minister Gan Kim Yong presenting the team award to A/Prof Tan Huay Cheem, A/Prof Shirley Ooi, A/Prof Ronald Lee and Dr Edgar Tay.

## **National Clinical Excellence Team Award 2011** – Associate Professor Tan Huay Cheem, Director of National University Heart Centre, Singapore (NUHCS); Associate Professor Ronald Lee, Senior Consultant and Dr Edgar Tay, Consultant, NUHCS and Associate Professor Shirley Ooi, Senior Consultant, Emergency Medicine Department

The award recognises teams or organisations for undertaking clinical quality or practice improvement projects that have succeeded in improving patient safety and care.

This year, the NUH team is honoured for its outstanding contributions in the reduction of door-to-balloon (D2B) time for patients with heart attack undergoing coronary angioplasty in Singapore.

The team had identified operational and clinical processes for treating such patients with heart attack and instituted the changes in March 2007. The changes included having the emergency department physicians activate the intervention team directly, transfer patients immediately to the cardiac catheterisation laboratory upon activation, and cross training of Critical Care Unit nurses to function as catheterisation laboratory nurses after office hours. This reduced the median D2B time to 57 minutes as of end December 2010. Because of these impressive results, NUH has been recognised internationally as one of the best hospitals in the world for D2B timings. In addition, the death rate for patients with heart attack without cardiogenic shock (a state in which the heart has been damaged to the extent that it is unable to supply enough blood to other organs of the body), was lowered to 0.53%.

“The success of this project is testament to the fact that by harnessing clinical knowledge with effective implementation of simple and inexpensive operational process changes, improved health care delivery is possible.”

**A/Prof Tan Huay Cheem, Director of National University Heart Centre, Singapore**

# Making A Difference Everyday – A Special Tribute To Our Nurses

**N**urses have come a long way from their traditional role as a doctor's assistant, to a key player in patient care delivery, teaching and research, even medical innovation.

Like their peers elsewhere in Singapore and over the world, nurses at NUH strive to be the best they can through continuous education and training.

In conjunction with Nurses' Day in August, we take a closer look at what our nurses do everyday and their motivation at work.



APN Cecilia Chng makes sure that patient care is delivered professionally.



Seeing her patients recover keeps NM Yvonne Lay going and to give her best at work.

## CARING FOR ALL

• Cecilia Chng, Advanced Practice Nurse

"Nursing is an incredible job and it is a privilege to be able to care for the sick and to work with people from all walks of life. Patients who are admitted may not always be in their best condition and mood. I am happy that I can be right there by their side, to provide them with the support they need, at possibly one of their most intimidating and frightening moments in life.

My work as an APN specialising in Psychological Medicine is both stimulating and rewarding, especially when I see how my work translates into positive outcomes for my patients and make a difference in their lives. It is not without challenges though, such as the stigma of mental illness and lack of public awareness. These, however, do not deter my colleagues and I in supporting our patients and walking with them on the road to recovery."

## IT'S ALL WORTH THE HARD WORK

• Yvonne Lay, Nurse Manager

"There were no lofty aspirations to begin with. I signed up to be trained as a registered nurse at my sisters' encouragement. It was only in my second year as a student nurse that I became very sure that I wanted to be a nurse and to care for those in need.

Nursing has given me the opportunity to interact with patients and their relatives, and to care for those who may not be able to handle their daily activities independently. Being a nurse is satisfying as it allows me to help and care for those in need.

Although there are challenging situations, there are also patients who appreciate what we do for them. This makes all the hard work worthwhile and affirms my passion for the profession, and needless to say, satisfaction in seeing my patients recover."



“As a profession, nursing has grown by leaps and bounds in the past ten years. Today, many of our nurses are pursuing postgraduate courses and doctorate programmes. Many are better trained and they not only provide complex care and treatment, many also teach and do research. We are at an exciting time where we can make a difference to tomorrow’s nursing!”

**Adjunct A/Professor Lee Siu Yin, Director of Nursing**

### **TO INSPIRE AND BE INSPIRED**

• **Mary Tan, Nurse Educator**

“Nursing was my first choice when it came to choosing a career. I knew from young that I wanted to be a nurse. A first aid course in my secondary school days kindled my interest in wanting to help when someone is hurt.

It is satisfying to know that I can make a difference in what I do best, which is to teach.”



Nurse Educator Mary Tan guiding young nurses on the ground.

### **NURSING “GRADUATES”**

• **Priscilla Lim, Staff Nurse**

“I joined NUH after graduating from Nanyang Polytechnic. NUH was my first choice for the simple reason that I was born in this hospital! Being a teaching hospital, there are ample opportunities for development and specialisation for nurses, and this is what I like about NUH. I am enjoying my nursing career so far. At the Neonatal Intensive Care Unit (NICU), I work closely with doctors and other nurses to look after premature or ill babies. Many stay with us for months. It gives me immense satisfaction to see them ‘graduate’ from the NICU and go home to their parents. I continue to keep in touch with many of the parents because of the friendship and bond we build up over time.

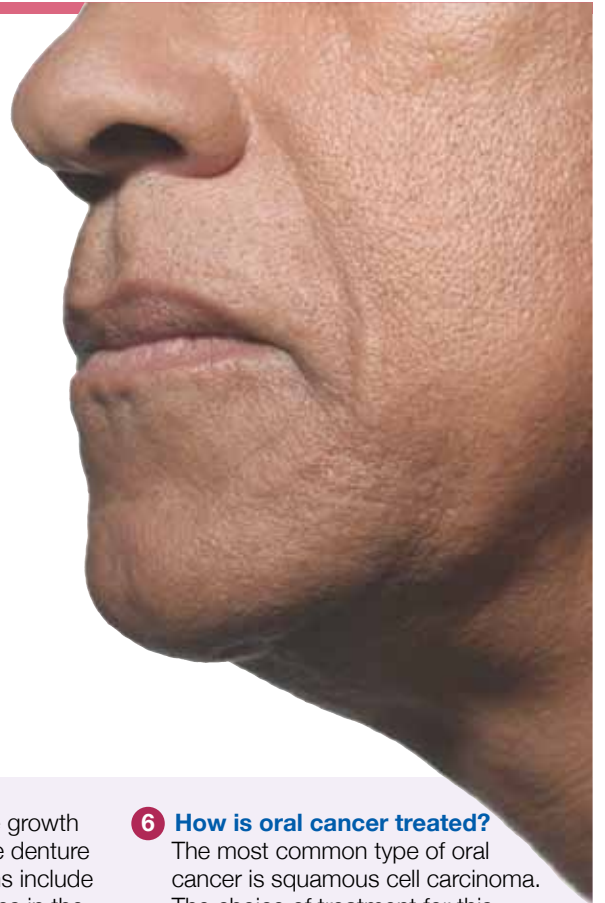
As nurses, we spend longer hours with our patients. We are like a close caregiver to them. It is this unique nature of the job that keeps me going. The smiles of my patients and their family members, as well as their words of encouragement, motivate me to carry on when the going gets tough.”



Seeing the little “preemies” graduate from the neonatal intensive care unit and blossom into healthy young toddlers brings smiles to SN Priscilla Lim’s face.

# Ask The Expert

## Understanding Mouth Ulcers And Cancer



### When do ulcers hint at cancer and when should one seek professional help?

Find out from Dr Asher Lim, Senior Consultant with the Department of Oral & Maxillofacial Surgery.

#### 1 What is oral cancer?

Cancer is an abnormal, uncontrolled growth of cells that invades and destroys the surrounding structures as it grows. Cancer can also spread to other parts of the body. Mouth or oral cancer is growth of cancer in any part of the mouth including the lips. The common site is the tongue, gum and the floor of the mouth.

#### 2 What causes oral cancer?

Like most cancer in any part of the body, there are many possible causes and contributing factors or risk factors. Genetic factors, viral infection, exposure to tobacco, alcohol consumption and betel nut chewing are some risk factors of oral cancer.

#### 3 What are the symptoms of oral cancer?

Patients with oral cancer can present with the following symptoms: lump or growth in the mouth which may result in ill-fitting denture as the pre-existing denture displaced. Some elderly patients are slow to detect the

poor fit of the denture till the growth is so big that it displaces the denture significantly. Other symptoms include ulcer, white/red/black patches in the oral tissue, loose teeth.

#### 4 Who is prone to oral cancer?

Oral cancer can occur in both men and women. However, it is generally more common among men who smoke, consume alcohol and chew betel nut.

#### 5 When should one seek medical attention?

One should seek the doctor's attention if there is any lump or pigmentation (white/red/black) in the mouth that is growing or there is a non-healing ulcer.

In general, mouth ulcer takes about 10 to 14 days to heal. Doctors generally suspect cancer when it takes longer than that to heal, or when the ulcers are not painful and not associated with any chronic irritation, such as sharp teeth or ill-fitting denture.

#### 6 How is oral cancer treated?

The most common type of oral cancer is squamous cell carcinoma. The choice of treatment for this type of cancer is usually surgery. Treatment may or may not be followed by radiotherapy and chemotherapy. Treatment depends on the size of the tumour and whether it has spread to other parts of the body. It also depends on whether patients have other co-morbidity factors.

#### 7 Will oral cancer return after treatment?

It is possible as treatment is unable to change the fact that a person may be genetically pre-disposed to cancer. However, early treatment such as removing the tumour when it is small and before the cancer cells spread usually means a better outcome.

#### 8 How can oral cancer be prevented?

Maintain good oral hygiene, avoid tobacco and cut down on alcohol consumption.

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