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A monthly e-newsletter by NUH GP Liaison Centre

Specialist in Focus



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Dr Julian Wong holds the appointments of Programme Director of Vascular Medicine and Therapy Programme, Director of the Non Invasive Vascular Lab and Departmental Patient Safety Officer within NUHCS.

He graduated with MBChB from University of Aberdeen in 1991. After completion of housemanship under Professor Eremin (Surgery) and Professor Brunt (Medicine) in Aberdeen, he joined the Leeds General Infirmary for his basic surgical training for three years. He then moved to Academic unit in Hull under Professor Monson before embarking on vascular and general surgical training in Manchester.

In 1996, he was appointed as clinical lecturer in Surgery in the University of Manchester and served in the academic unit of Vascular Surgery for three years. He did his subspecialty vascular training in Manchester Royal Infirmary for a year, followed by another year in South Manchester University Hospital. During these two years, he gained extensive experience in both open and endovascular surgery, including complex aortic aneurysms, carotid disease and peripheral vascular disease as well as redo surgery.

His interests lie in aortic aneurysm surgery (open and endovascular treatment), carotid surgery, treatment of diabetic foot, renal access surgery for renal dialysis, varicose vein treatment (open and endovascular treatment), thorascopic sympathectomy for hyperhydrosis and facial blushing, and redo surgery for peripheral vascular disease.

Clinical Updates



Simple varicose vein

Varicose Veins

Varicose veins are unsightly dilated and tortuous veins along the superficial venous system in the legs. The most common problem people encounter is pain that is usually described as a heaviness or deep ache experienced at the end of the day. Complications like swelling, bleeding, thrombophlebitis and skin changes can occur in advance stages of varicose veins.

A recommended method of clinical examination is the Duplex Ultrasound Scan. It allows assessment of all the incompetent systems of both superficial and deep venous system, as well as perforator problem.

Treatment options have changed to the following three modalities in recent years:

- High-tie ligation of sapheno-femoral with stripping of LSV to the knee and multiple avulsions for long saphenous problem
- Endovenous techniques, the preferred choice of treatment by patients and doctors today, involves inserting a guide wire just below the knee into the long saphenous vein under ultrasound guidance. The long saphenous vein is cannulated with the laser or radio frequency device up to the junction and then the whole system is ablated with heat.
- Injection of foam sclerotherapy into the whole system including the varicosities is the least invasive of the three, but also has lower efficacy.

For more information about NUHCS, please visit www.nuhcs.com.sg



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Specialist in Focus



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Dr Edgar Tay is a clinical instructor at the Yong Loo Lin School of Medicine, Singapore. Dr Tay obtained his Master of the Royal College of Physicians (UK) diploma in 2004, and completed his cardiology training at the National University Hospital, Singapore in 2008.

He obtained the Ministry of Health Scholarship to undergo sub-specialty training in adult congenital heart disease and pulmonary hypertension at the Royal Brompton Hospital, London, UK and then completed a second year of interventional fellowship at St Paul's Hospital, Vancouver BC where he was trained in transcatheter aortic valve implantation.

His interests lie in structural intervention, adult congenital heart disease, pulmonary hypertension, pregnancy and heart disease, and cardiac computed tomography.

Presently, he is actively involved in the management of patients with adult congenital heart disease, pulmonary hypertension and those with heart disease in pregnancy. He also sees patients with valvular heart disease who may benefit from transcatheter therapies.

Clinical Updates

First-in-Asia Implantation of the new second-generation TAVI

NUHCS performed its first-in-asia implantation of its second-generation transapical JenaValve TAVI system in July 2014, led by Dr Jimmy Hon, Dr Edgar Tay and their respective surgical and cardiological teams.

The JenaValve transapical TAVI system is a true second-generation catheter-based aortic valve implantation system and is the first valve that qualifies to treat both aortic stenosis and regurgitation. It is currently being sold in Europe and other markets worldwide.



Click [here](#) to watch & [read](#) more about TAVI.

The transapical JenaValve prosthesis consists of a natural aortic porcine root bioprosthesis fitted with an outer porcine pericardial patch, a so-called skirt, before being sewn onto a Nitinol self-expanding stent.

- ✦ JenaValve's unique "3-feeler element" allows the clinician to accurately position the prosthesis in the anatomically correct position during implantation thus ensuring to achieve the correct implantation height and commissural alignment within the patient's native valve.
- ✦ JenaClip™ anchoring and clamping mechanism allows the prosthesis to be clamped onto the patient's native valve leaflets enabling the JenaValve to be firmly anchored in the correct anatomical position and provide active fixation and resistance to migration.
- ✦ The JenaValve implantation is conducted on the beating heart. Hemodynamic flow is maintained without cardiac arrest and rapid pacing is not required during the procedure. The low profile and the open cell design of the stent prosthesis ensure open flow to the coronaries after the implantation. The JenaValve is available in three sizes, 23mm, 25mm and 27mm, covering aortic valve annuli from 21mm to 27mm.
- ✦ JenaValve is retrievable and repositionable thereby contributing to a safer and successful procedure.



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Happenings @ NUH

Using body's immune system to fight cancer

Fighting cancer using the body's own immune system has been hailed as a breakthrough treatment and local doctors are cottoning on. Last week, the National University Cancer Institute, Singapore (NCIS) said that it has set up clinical trials for immunotherapy, which could extend cancer patients' lives by years. The treatment involves genetically modifying white blood cells to improve their cancer-killing abilities.

Once inside a patient, these cells attack tumours and stop their spread. "Their normal job is to protect us from infections," said Professor Dario Campana, an expert in advanced cellular therapy at the National University of Singapore's Yong Loo Lin School of Medicine. "But they also have the potential to kill cancer cells. The problem is how to harness that potential."

Prof Campana hopes to use the method to treat aggressive cancers, including myeloma (a cancer of plasma cells) and certain types of leukaemia. It could help especially those whose cancers have stopped responding to standard treatments like chemotherapy. Immunotherapy made headlines last year, with many touting it as a potential cancer cure. Local doctors are more cautious.

"It may be unrealistic to expect that we will eventually be able to cure every single type of cancer," said Associate Professor Chng Wee Joo, a Senior Consultant at NCIS. "But if we can change cancer from something that is deadly, in a short time, to something that is almost like a chronic illness – like diabetes, that would be a good target." NCIS is also trialling new drugs and looking for patients who have exhausted all other treatment options.

Upcoming GP CME Events

Date	Topic
20 Sep	Living and Managing Heart Disease: Adult congenital and structural heart disease

**NUHS Tower Block, Level 1
1E Kent Ridge Road,
Singapore 119228.**

Please CALL us @ **6772 5695 / 5079** for
registration & enquiries

It is not the only centre in Singapore to do research on immunotherapy. The National Cancer Centre Singapore also recently completed a clinical trial involving 35 nose cancer patients. Results were "promising", said Dr Toh Han Chong, Deputy Director of its medical oncology division. 35 nose cancer patients.

However, doctors do not see immunotherapy – or other alternative cancer treatments – as a replacement for conventional ones. Rather, it is an additional tool. "Chemotherapy is still fairly effective," said Adjunct Associate Professor Goh Boon Cher, who heads the Haematology-Oncology Department at NCIS. "We have to look at it from the point of view of having multiple treatments available."

Better care for the dying in NUH's emergency ward

Providing better quality of life and comfort to dying patients and their families within the fast-paced setting of a hospital's emergency department might seem like a paradox, but that is what an emergency physician at the National University Hospital (NUH) has set out to do.

Emergency departments are traditionally focused on life-saving and aggressive resuscitative care. But with the ageing population here, the department is seeing more terminally ill patients, for whom aggressive life-saving interventions may not be the way to go, said Dr Rakhae Yash Pal, who is spear-heading NUH's palliative care efforts at its emergency department, believed to be a first for public hospitals here.

Of the 133,000 attendances last year at its emergency department, 414 died there. Fifty-five per cent of the deaths were of patients aged 65 and above, up from about 50 per cent in 2011.

The NUH has a palliative care team that can be deployed to various units in the hospital, but some emergency patients have only hours to live. The earlier the goals of care and treatment operations for patients are determined, the more comfortable they will be, said Dr Yash Pal.

Click [here](#) to find out more about NUH palliative care service.