GP IN-SYNC

A monthly e-newsletter by
NUH GP Liaison Centre

NUH National University Hospital

GP Appointment
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Specialist in Focus

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A/Prof Jeffrey Low is the Head and Senior Consultant of the Division of Gynaecologic Oncology in National University Cancer Institute, Singapore (NCIS) and Senior Consultant in the Department of Obstetrics & Gynaecology at the National University Hospital (NUH). He graduated from NUS in 1987, obtained his specialist qualifications in 1993, and underwent subspecialty training in Australia from 1997-1999.

Dr Low's interests are in preinvasive disease, radical surgery, lymphoedema and the organisation of multidisciplinary care for women with gynaecologic cancers. His research includes ovarian cancer molecular biology, novel therapies, HPV vaccines and spectroscopy for cervical screening.

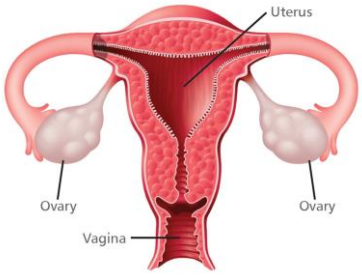
As the President of The Society for Colposcopy & Cervical Pathology of Singapore (SCCPS) in 2006, Dr Low initiated collaborative work between the WHO-IARC and Singapore for the screening and prevention of cervical cancer in rural South India.

Clinical Highlights

Ovarian Cancer

What is Ovarian Cancer?

The ovaries are part of a woman's reproductive system. They are located in the pelvis. Each ovary is the size of an almond. The ovaries make the female hormones – estrogen and progesterone. They also release eggs. An egg travels from an ovary through a fallopian tube to the womb (uterus). When a woman goes through her menopause, her ovaries stop releasing eggs, resulting in far lower levels of hormones being produced. The ovaries contain primitive cells, which are cells that go on to become eggs, and epithelial cells. Primitive cells that become cancerous are called germ cell tumours. Epithelial cell cancers of the ovary are more common than germ cell cancers.



Ovarian cancer is the 5th most common cancer in Singaporean women. Its incidence is increasing in Singapore. Ovarian cancer is known as the deadliest gynecological cancer because it is usually detected in its later stages of development and spread. The main reason for this is that the ovaries are located deep in the body cavity and hidden away in this manner, pre-cancerous and early cancerous changes are not only difficult to medically detect but also are not obvious or apparent to the women with these early changes. The CA125 blood test and other related tumour marker blood tests are NOT effective screening tests for ovarian cancer.

Regular ultrasounds of the ovaries in normal healthy women with no obvious family history of ovarian, breast or colon cancers are also NOT effective in screening for ovarian cancer. These tests are often offered as part of routine health screening packages and may help to pick up other non-cancerous conditions, but are NOT effective in detecting ovarian cancer in the general population. If you are in good general health and your mother, her sisters or your sisters have never had ovarian, breast or colon cancer, inform your healthcare provider that you would like to decline the CA125 blood test.

The most effective early detection tool against ovarian cancer is YOU, armed with the knowledge of early symptoms, being aware of your own body and having regular pelvic examinations by your gynaecologist.

What are the signs & symptoms?

Unfortunately, early ovarian cancer often does not cause obvious symptoms. This is why it is often known as a "silent killer". But, as the cancer grows, symptoms may include:

- Pressure or pain in the abdomen, pelvis, back, or legs
- A swollen or bloated abdomen caused by a build-up of fluid or a tumour
- Nausea, indigestion, gas, constipation, or diarrhoea
- Trouble eating or feeling full quickly
- Feeling very tired all the time

Less common symptoms include:

- Shortness of breath
- Feeling the need to urinate often
- Unusual vaginal bleeding (heavy periods, or bleeding after menopause)

Most often these symptoms can also be caused by problems other than cancer, only a doctor can tell for sure. Any woman with these symptoms should consult her doctor right away.

GP Liaison Centre (GPLC)

GP Appointment Hotline: +65 6772 2000

Visit us at http://www.nuh.com.sg/nuh_gplc/

Specialist in Focus

A/Prof Jimmy So

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A/Prof Jimmy So received his surgical training in National University Hospital, Singapore. He was trained in Upper Gastrointestinal Surgery, Surgical Oncology, Bariatric Surgery, Therapeutic Endoscopy and Minimally Invasive Surgery. He received fellowship training at Massachusetts General Hospital, Harvard Medical School, USA. He was also appointed as visiting consultant surgeon in esophageal and gastric surgery at the Royal Infirmary in Edinburgh, Scotland, UK. He established a multidisciplinary program for esophageal and gastric cancers in NUH in 2005. He also received fellowship training in gastric and esophageal cancer surgery in Japan, Korea and Hong Kong. He is the pioneer in endoscopic surgery for early esophageal and gastric cancers, robotic surgery and Peroral Endoscopic Myotomy (POEM) for Achalasia in Singapore.

A/Prof Jimmy So's special interests are in gastroesophageal cancer and obesity. He is the founding president of the Asia-Pacific Gastro-Esophageal Cancer Congress in 2006. In 2013, he was the council member of the Consensus Meeting at the 10th International Gastric Cancer Congress, held at Verona, Italy. He is also a founding member of Asia-Pacific Bariatric Surgery Society. A/Prof So is a member of editorial board of Journal of Gastric Cancer and reviewer for a number of prestigious medical journals including British Journal of Surgery, Surgical Endoscopy and Digestive Disease and Science. Presently, he is actively involved in management of patients with gastric and esophageal cancers, morbid obesity and other Upper GI disorders.

Clinical Updates

Stomach Cancer (Gastric Cancer)

What is Stomach Cancer (Gastric Cancer)?

The stomach is located in our upper abdomen and is part of our digestive system. It connects the esophagus (gullet) with the small intestine. It acts as a food reservoir, mixes the food ingested and secretes liquid substances that aid digestion. Stomach cancer (Gastric cancer) usually occurs when cells in the inner layer of the stomach wall grow and divide without stopping. Over time, these cells will form lumps called tumours and the cancer may invade more deeply into the stomach wall.

Who is at risk?

- Family history of stomach cancer (gastric cancer)
- A history of Helicobacter Pylori infection
- Previous history of stomach lymphoma and stomach polyps
- Long term stomach inflammation (chronic gastritis)
- A diet high in salty and smoked foods
- A diet low in fruits and vegetables
- Smoking

People who think they may be at risk should discuss this with their doctor.

What are the signs and symptoms?

Early stomach cancer (gastric cancer) may not show any noticeable signs or symptoms. Below are some symptoms of stomach cancer (gastric cancer) although other conditions may also cause those symptoms:

- Upper abdominal pain (Dyspepsia)
- Constant indigestion
- Loss of appetite
- Loss of appetite
- Unintended weight loss
- Black stool
- Heartburn
- Nausea and vomiting
- Anaemia

A doctor should be consulted if the symptoms above occur.

What can you do to prevent Stomach Cancer (Gastric Cancer)?

There are two ways to prevent stomach cancer (gastric cancer):

- Avoid diets that are high in salt, smoked or pickled foods
- Choose a diet high in fresh fruits, vegetables and whole grain foods

Most often these symptoms can often be a result of other diseases other than cancer, only a doctor can tell for sure. Follow up and make an appointment immediately with your doctor if you experience these symptoms.

Stomach cancer (gastric cancer) is curable if detected early.

How is Stomach Cancer (Gastric Cancer) diagnosed?

If you experience any of the symptoms mentioned, the doctor may refer you to see a specialist after asking about your personal and family medical history and a physical examination.

The following tests are used to diagnose stomach cancer (gastric cancer):

- Endoscopy
- Barium X-Rays
- Computed Tomography Scans (CT Scans)
- Endoscopic Ultrascan (EUS)
- Diagnostic Laparoscopy –Peritoneal Metastasis from Stomach Cancer (Gastric Cancer)

Shaping Medicine for the Future

CME Registration: https://nuhcme.com.sg/

News Updates

Thumbs up, doc: The process of reattaching limbs

Barely six weeks after Mr Dzulziflee Ismail had his right thumb severed in a freak accident at work, he can now move the thumb again after doctors successfully reattached it in a four-hour surgery at National University Hospital (NUH). The 38-year-old driver recounted how, in September, he had "ripped the thumb off" when he instinctively pulled his hand away after it got caught in a stack of metal racks. His co-worker retrieved the severed thumb, which paramedics later packed in ice.

Last month, an elderly woman made headlines when her hand was severed after it got stuck between HDB lift doors in Taman Jurong. Since it was started 20 years ago, Singapore's National Paediatric Liver Transplant Programme has achieved success rates comparable to the best in the world.

Unlike Mr Dzulziflee's case, however reattachment surgery was not attempted on the 85-year-old woman, although paramedics managed to retrieve the hand. This raises the question: When can a body part be reattached after an accidental amputation?

According to experts TODAY spoke to, several basic conditions need to be met before doctors decide whether or not to attempt limb reattachment surgery. Known as replantation in medical lingo, the procedure is a complex one that may take anywhere from four to 20 hours, depending on the amputated part.

Preserving Life Over Limb

The first priority would always be "life over limb", said Dr Sandeep Jacob Sebastin, consultant at the Hand and Reconstructive Microsurgery Centre at NUH.

A Race Against Time

Technically speaking, the major limbs — the arm, hand and leg — have a higher chance of successful reattachment compared with fingers or toes, said Dr Sebastin. This is because the blood vessels are larger and relatively easier to repair. "But for such cases, surgery needs to be done fast to avoid muscle death," he added.

Reattaching a limb with dead muscle can lead to life-threatening complications. Muscle usually deteriorates more quickly without blood supply — about four to six hours — compared with other types of tissue, such as bone and tendons.

This makes a severed finger more resilient than an arm. Dr Sebastin said: "There are no muscles in the finger, so reattachment of fingers — although technically difficult — can be done at a slower pace. However, if the amputation occurs through the forearm or arm, the possibility of muscle death is extremely high if blood supply to the muscle is not restored within four to six hours."

In the elderly woman's case, her unstable physiological state due to significant blood loss and multiple injuries rendered her unfit for the complex surgery, said Dr Sebastin. "The badly crushed state of her hand and forearm were additional factors as to why reattachment was not possible," he added.

Every year, NUH sees three to four cases of major limb amputations, of which two to three are suitable for replantation.

Mr Dzulziflee Ismail holds up his successfully reattached right thumb — which he can now move again — and his three-year-old daughter, Diniinsyara Bte Dzulziflee

The hospital also sees approximately 10 to 15 finger amputations each month, of which three to four cases are suitable for replantation. Amputated fingers are the most commonly seen, followed by hand, toes, leg and other body parts, said Dr Sebastin.

The Road to Recovery

Even after a successful surgery, patients face a long road to recovery. Not all will regain normal function of their reattached limbs, said Dr Sebastin.

Currently on the mend, Mr Dzulziflee hopes to go back to work eventually as he has a family to support. He has two children aged three and four years. Dr Sebastin said Mr Dzulziflee is expected to regain more than 90 per cent of his original thumb function.

However, it will take about six to nine months for him to regain sensation in the thumb. Mr Dzulziflee said: "I'm so thankful the doctor managed to fix my thumb even though the veins are so tiny. Without it, I won't be able to do many things or drive for a living again."

Source: TODAY (Published on 4 November 2015).

Upcoming CME Events

Date	Topic
16 Jan'16	NUH ENT Updates for GP
30 Jan'16	NUH Orthopaedics Updates

Registration & Lunch will start at 1pm

Event Venue:
NUHS Tower Block, Auditorium, Level 1
1E Kent Ridge Road, Singapore 119228

For registration please visit our CME Portal at https://nuhcme.com.sg/. or email us at gp@nuhs.edu.sg