



August 2016

## Specialist in Focus

### Dr Julian Wong

MBChB( Aberdeen), FRCS (Glasgow),FRCS (England),FRCS (General surgery)

#### Senior Consultant

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#### Programme Director,

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Dr Julian Wong graduated 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 under Professor Charles McCollum and served in the academic unit of Vascular Surgery for three years. After that, he moved to various units within the Northwest Deanery of England, gaining extensive higher surgical training experience both in general, laparoscopic and vascular surgery. He did his subspecialty vascular training in Manchester again in Manchester Royal Infirmary under Professor Michael Walker for a year, followed by another year with Professor Charles McCollum 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.

After his completion of CCST, he was appointed as locum consultant in South Manchester University Hospital before he took up his substantial post as Consultant Vascular and General Surgeon in the University Hospital of North Staffordshire (Keele Medical School) for almost six years. In 2009, he was also appointed as Associate Clinical Director for the Department of Surgery in the same hospital before he left for NUH at the end of 2011.

In addition, he has a strong interest in education. He has been the examiner for undergraduate medicine in both Keele and Manchester medical school for the last 10 years. He has also been the teaching and organizing faculty for various training courses under Royal College of Surgeons including basic surgical training skills, higher surgical training skills, CRISP course, advanced and basic laparoscopic courses. He had been the foundation education lead as well as education lead for higher surgical training committee for West midlands deanery in UK. He was appointed as Court of Examiner 2009 and currently still serves as College Examiner for Royal College of Surgeons England as well as the Intercollegiate MRCS MCQ writer panel (since 2005).

## Clinical Highlights

### Aortic Centre in NUHCS – A one-stop service to manage aortic disease

With an increasingly ageing population, Singapore is expected to experience a continued rise in patients suffering from aortic disease, a serious and potentially fatal condition. To propel the management of aortic disease, an Aortic Centre is in the pipeline for NUHCS.

#### What is Aortic Disease?

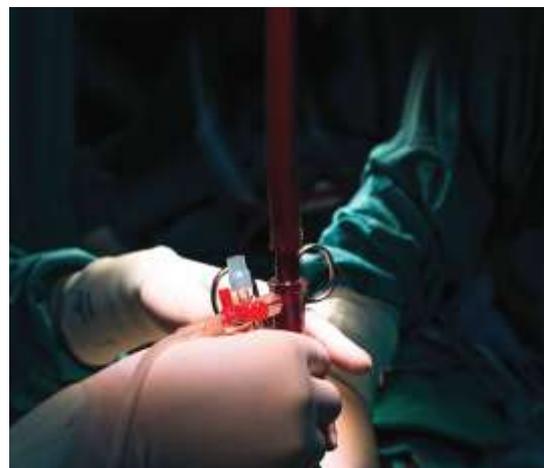
The aorta is the main blood vessel coming out from the heart from the aortic valve to the legs, giving branches to all the organs of the body, the brain and all four limbs. The common diseases of aorta in Singapore are either aortic aneurysm (vessel swelling) or aortic dissection (vessel tearing). Both conditions carry significant morbidity and mortality in elective planned settings and an even much higher life-threatening complication rate when patients are admitted in the emergency department.

#### Multi-disciplinary, Multi-specialty and Multi-modality Approach

To provide up-to-date and evidence-based management of aortic disease to the nation, a dedicated Aortic Centre will be introduced in NUHCS in 2017. As a one-stop centre for the diagnosis, screening and management of aortic disease, the Aortic Centre will take on a multi-collaborative approach by bringing together a multi-disciplinary team comprising cardiothoracic and vascular surgeons, interventional radiologists and cardiologists.

This team will provide individually tailored treatments to patients via the latest scientific technologies and will continue to achieve good outcomes so patients can resume their everyday activities in the shortest time possible.

The Aortic Centre aims to be a leading centre for the advanced treatment of aortic disease in Southeast Asia and gain recognition as a training and research hub.



The upcoming Aortic Centre at National University Heart Centre, Singapore, sets to be a one-stop centre for managing aortic disease.



## GP Liaison Centre (GPLC)

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## Specialist in Focus

### Dr Yeo Wee Tiong

MBBS, MMed (Int Med), MRCP(UK),  
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#### Consultant

Department of Cardiology  
National University Heart Centre,  
Singapore

#### Assistant Professor

Department of Medicine,  
Yong Loo Lin School of Medicine  
(NUS)



Dr Yeo Wee Tiong graduated from the National University of Singapore in 2002. He completed his physician's training in Internal Medicine in 2008 and was concurrently conferred Membership at the Royal College of Physicians (United Kingdom) and Masters of Internal Medicine from the National University of Singapore.

Following this, he completed his cardiology training at the National University Heart Centre, Singapore in 2011. He underwent sub-specialty training in cardiac electrophysiology at St Bartholomew's Hospital (United Kingdom). He furthered his interest in the management of arrhythmias in adults with congenital heart disease at the Royal Brompton Hospital (United Kingdom). Dr Yeo is now a certified cardiac device specialist (ECDS) and electrophysiologist (ECES) with the European Heart Rhythm Association.

While Dr Yeo sees general cardiology patients, his clinical and research interest is in cardiac arrhythmias (heart rhythm disorders). As part of his practice, he implants pacemakers, implantable cardioverter-defibrillators and cardiac resynchronisation pacemakers or defibrillators. He also performs both conventional and complex ablation procedures for all forms of arrhythmias.

Dr Yeo is active in undergraduate medical education in his capacity as Assistant Professor at the Yong Loo Lin School of Medicine. He is also involved in postgraduate medical education where he is involved as a core faculty member of the Cardiology Senior Residency Programme as well as the Medical Residency Programme.

## Clinical Updates

### Home monitoring for cardiac devices

In Singapore, around 600-700 cardiac devices are implanted annually. These include

- Pacemakers
- Loop recorders
- Automatic implantable cardiac defibrillators (AICD)
- Cardiac resynchronisation therapy devices

Once these devices are implanted, patients are committed to lifelong follow up with the cardiac device specialist to ensure optimal device function. Patients will need review once or twice a year. At each visit, the devices have to be interrogated before review by the physician.

NUHCS now offers a home monitoring service for cardiac devices. The patient receives a home based monitor which can interrogate the device wirelessly. When required, it can send status reports on device function to a secure server where the physician can review the device function.



This will greatly streamline the follow up process by:

1. Allowing patients to transmit their device reports from home
  - a. Patients spend less time in hospital during on-site visits as they can be reviewed by the physician immediately upon arrival.
  - b. Patients make fewer visits to the hospital as they do not need to turn up for alternate visits.
2. Earlier detection of device issues and arrhythmias
  - a. The hospital is alerted immediately in event of device malfunction or arrhythmias, reducing the lag time from detection to treatment.

These benefits have been demonstrated in robust large scale clinical trials translating into better care for patients and more effective utilisation of healthcare resources.



# Shaping Medicine for the Future

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

## News Updates

### In and out of surgery in a jiffy, thanks to robotics



It's smiles all round for Ms Joyce Er, advanced practice nurse, NUH (left); Mdm Goh Hui Im (centre); and Dr Joseph Ng, senior consultant, division of gynaecological oncology, department of obstetrics and gynaecology, NUH (right).

When Mdm Goh Hui Im underwent a hysterectomy to remove her entire womb early this year, following an endometrial cancer diagnosis, she had expected to feel pain and weakness after the major surgery.

But the 57-year-old mother-of-two was up and about hours after her procedure in the morning. By evening, she felt well enough to be discharged from hospital "When I reached home, my family was surprised to see me. They could not believe I had already completed the surgery as I did not look or feel like a patient," said Mdm Goh, who has completed her treatment and intends to work part-time.

Mdm Goh is among the first five patients to undergo an outpatient hysterectomy at the National University Hospital, which began offering the day surgery in March and is currently the only hospital in Singapore doing so. Each year, it performs about 100 to 120 hysterectomies for endometrial cancer, which begins in the inner lining of the uterus. The standard treatment for this cancer, a hysterectomy, is usually "curative" in 90 per cent of cases when detected early, according to Dr Joseph Ng, senior consultant at NUH Women's Centre and the National University Cancer Institute, Singapore. Considered a major gynaecological operation, a hysterectomy was traditionally performed as an open surgery that involved large incisions in the abdomen. Patients typically required a week-long hospital stay after surgery, and may take two to three months to achieve 90 per cent recovery, said Dr Ng.

But advancements in minimally invasive surgical techniques in the last decade — using surgical robots— have improved recovery time for patients, allowing them to get back on their feet faster. Mdm Goh's hysterectomy was performed using a robot with ultra-flexible mechanical arms controlled by surgeon seated at a nearby console, via tiny incisions in the abdomen.

"For a long time, a hysterectomy has been perceived to be a major surgery with a long recovery period. When we started performing robotic hysterectomies some years back, a next-day discharge was possible. Now we hope to change patients' mind set that a same-day discharge is as safe, and has been done in other countries such as the United States," said Dr Ng. With the same-day discharge service in place, about 90 per cent of eligible patients undergoing a robotic hysterectomy at the hospital will be fit enough to go home the same day, added Dr Ng.

The most common gynaecological cancer in Singapore, endometrial cancer rates have more than tripled over the past 40 years, according to figures from the National Registry of Diseases Office. As the number of hysterectomies performed is expected to rise, a same day discharge programme would help free up hospital beds and maximise healthcare capacity, said Dr Ng.

NUH's advanced practice nurse Joyce Er said nurses play an important role in patients' post-surgery recovery. To ensure patients cope well and are assessed for potential issues, NUH nurses conduct phone follow-ups with patients after they are discharged. According to Ms Er, it is well-documented that nursing support and counselling reduce post-surgery anxiety and the need for pain medication. "Some patients may face psychosocial challenges during the post surgery recovery period. Nursing support and patient education play important roles in (helping them cope) with the recovery process," she said.

Source: TODAY (Published on 20 July 2016)

## Upcoming GP CME Events

Date	Topic
13 Aug'16	Advances in Urology – 2016 Update for General Practice
*27 Aug'16	NUH Spine GP Updates 2016 What is new in lumbar spine pathology management

Registration & Lunch will start at 1.00 pm

\*Event Venue:

Orchard Hotel Singapore

442 Orchard Road, Singapore 238879

Orchard Ballroom 2, Level 3.

Please call us @ 6772 2535 / 5079 for registration & enquiries please visit our CME Portal @ <https://nuhcme.com.sg/>.