BEAT DIABETES
BREAKTHROUGH STUDY AIMS TO PREVENT ONSET OF THE DISEASE

HOSPITAL TO HOME CARE QUALITY PATIENT CARE WITH NUH2HOME
MY MEMORABLE MOMENTS 6 NURSES SHARE THEIR HEARTWARMING EXPERIENCES
TREATING GLAUCOMA A NEW NON-INVASIVE SURGERY PROMISES QUICKER RECOVERY
I encourage my patients to focus on getting well so they can be independent

hat if you could carry out your job in a variety of settings? Senior Staff Nurse Yang Lee Fung considered this possibility a year-and-a-half ago, and today, the 28-year-old is a transitional care nurse under the NUH2Home programme. NUH2Home was established to provide high quality patient-centred interdisciplinary care services for older adults with complex needs. This transitional care programme caters to mostly frail and homebound patients due to their limited mobility status and ongoing medical needs.

Lee Fung’s typical day begins at the hospital, where she prepares for home visits by viewing case histories and arranging for the necessary medical equipment to bring along. Most of her patients are aged 65 and above with geriatric or cardiac conditions, while a handful in their 40s and 50s are stroke survivors.

At her patients’ homes, Lee Fung’s responsibilities are no different from those of a ward nurse. Seeing up to four patients a day, she spends about an hour at each home and her duties include assessing their general wellbeing, monitoring their vital signs and conducting blood tests.

Beyond medical support, Lee Fung will gauge if a patient’s home environment is conducive for recovery, and will arrange for referral to home help services if necessary. She also assists patients in applying for grants and subsidies if they have financial difficulties.

Her job has also placed her in the role of listener and counsellor, as some of her patients will confide in her. “Some feel they’re a burden to their family,” says Lee Fung. “I encourage them to focus on getting well by reminding them that when they recover, they will become more independent.”

Besides tending to her patients, Lee Fung also has to consider the needs of her patients’ families, who are often intimidated by the tasks of taking care of their loved one at home, such as administering injections, and inserting and removing urinary catheters. “I'll let the family members do what they have been trained to do and guide them if necessary. I’ll tell them that they can do it and to call us if they have questions. That reassures them.”

Moving into transitional care has broadened Lee Fung’s perspective. “Patients behave differently at home; seeing how they interact with their family or caregiver helps me understand what family members go through.”

How has being a transitional care nurse helped her be better at what she does? “I’ve learnt to be more patient – I know it’s not easy for someone to pick up what I’ve taught them the first time. So I will guide them, and encourage them to keep trying and not give up.”

Read more about Lee Fung’s work on pages 18 and 19.
aper records of patients’ clinical documentation are a thing of the past at the NUH, with the implementation of the electronic Clinical Documentation (C-Doc) system in all in-patient wards this April. First piloted in March 2015, C-Doc is an electronic clinical documentation system for various departments in the hospital, including the emergency medicine department, specialist outpatient clinics and intensive care units.

**GREATER EFFICIENCY**

Under the new system, patients’ health records and instructions on treatment plans only need to be recorded once and are accessible to relevant healthcare professionals. Previous issues such as illegible handwriting and easily misunderstood abbreviations have been eliminated with the use of standardised health records in C-Doc. Instructions by different doctors can also be consolidated so that nurses can administer medication and carry out other patient care tasks more efficiently.

Moreover, the system is capable of producing real-time patient and care processes data. This allows doctors and other healthcare professionals to gain a more comprehensive view of a patient’s health status and make more informed decisions regarding patient care.

C-Doc’s success is reflected through how it has allowed healthcare services to be delivered more efficiently to patients. Since the system’s inception last year, more patients are now receiving nursing assessments and have their conditions documented within 24 hours of their admission. In addition, more patients in pain receive prompt treatment and follow-ups, an improvement from the previous 88 per cent average.

**TOWARDS A BETTER HEALTHCARE EXPERIENCE**

C-Doc has been well received by the healthcare team, especially in cutting time spent on administrative matters. “This allows us to spend more time interacting and caring for patients, thereby enhancing their healthcare experience,” says Dr Catherine Koh, Chief Nurse.

Moving forward, C-Doc will be further improved to reflect a record of information conveyed to patients and their family to all healthcare providers. “This will prevent the dissemination of repetitive information and facilitates the creation of a more efficient healthcare system for all,” says A/Prof James Yip, Chief Medical Information Officer.

The experience is an enriching one as well for musicians like Sin Jin How, who has been with the programme since its inception. “Many times, I feel like tearing up while playing because of the patients’ emotional response to the songs,” says Sin. “I hope my music helps bring joy to them.”

If you play a musical instrument and would like to perform for our patients, please write to us at nuhvolunteers@nuhs.edu.sg

**MUSIC TO THE EARS**

Musical Rendezvous @ NUH brings joy to inpatients weekly

Patient Esther Lee is no stranger to the healing power of music. During her stay in NUH, she caught some music performances that “inject life into the ward and make it more interesting.” All this was possible as a result of Musical Rendezvous @ NUH, a series of music concerts held in the hospital.

**BRINGING FAMILIAR TUNES INTO THE WARDS**

Produced by local theatre group Sing’theatre, Musical Rendezvous @ NUH was launched in 2015 with the aim to bring the therapeutic effects of music to patients in NUH. “Just because these patients are in the hospital, it doesn’t mean that they can’t listen to music. We line up these events to allow them to enjoy their favourite tunes because it can get very lonely in their environment,” says Sing’theatre’s artistic director Nathalie Ribette.

Response has been so positive that musicians now perform in the wards on a weekly basis, while lunchtime concerts for the public take place every first Wednesday of the month.

“The performances have touched many hearts, as shown by the warm reception from our patients and their families. We are happy to continue partnering Sing’theatre and its supporters to bring more music and the arts to NUH,” says Adjunct Associate Professor Joe Sim, NUH’s Chief Executive Officer.

The current repertoire includes folk, classical and pop tunes, and songs are selected based on the profiles of patients in the wards. More traditional and ethnic music will also be added to cater to different musical tastes.
STOP DIABETES BEFORE IT HAPPENS

NUH embarks on a large-scale study that aims to gather more accurate information on how the disease develops.

or almost half his life, retiree Mr Lau Kim Boo has lived with Type 2 diabetes (T2D) – a condition he only discovered he had when he sought treatment for an unrelated ailment some 30 years ago. But it was only when the untreated condition led to a blocked artery five years later that he started taking it seriously. He quit smoking, gave up his favourite ice-cream and keeps active through volunteer work. The toughest part has been controlling his diet, but Mr Lau says it’s a worthwhile sacrifice to keep diabetes complications at bay.

TYPE 2 DIABETES: A SILENT DISEASE

The food we eat is broken down into glucose in our bodies. The pancreas produces the hormone insulin that enables our cells and tissues to absorb and use the glucose as fuel for metabolism. However, certain factors like poor eating habits, sedentary lifestyles and weight gain can lead to insulin resistance, which means the cells and tissues cannot respond to the actions of insulin, according to Dr Sue-Anne Toh, Senior Consultant, Division of Endocrinology, NUH. “The pancreas produces more insulin to try to keep glucose levels within normal limits. Over time, however, the pancreas is unable to keep up, so the amount of glucose in the bloodstream rises to abnormally high levels and the person is diagnosed with T2D,” she says.

The number of people under 40 who are obese has gone up threefold in the last 15 to 20 years.

USEFUL TIPS

- All carbohydrate foods affect your blood glucose levels and should be consumed in moderation.
- Be careful of diabetic-friendly foods – some of these contain substantial amounts of fructose, which adds calories and carbohydrates.
- Avoid sugar-sweetened beverages such as soda and fruit juices.
- Seek advice from a dietitian who can assess your needs and highlight necessary dietary modifications.

For more information on diabetes, visit hpb.gov.sg, eatright.org and diabetes.org.
Experts are now alarmed by a recent phenomenon that could cause the number of diabetics in Singapore to more than double in less than a decade. Prof Chia stresses that just by being overweight, one’s risk of developing T2D increases. “What’s frightening is that the proportion of people who are becoming overweight and obese in Singapore has been increasing quite dramatically. In fact, the number of people under 40 who are obese has gone up threefold in the last 15 to 20 years.”

If this trend continues, it could push the number of diabetics in Singapore to one million by 2050. “The potential cost is huge. Having more diabetics in the working population means more direct medical expenses and productivity loss. There’s also a cost to people’s quality of life,” Prof Chia points out. “It would also mean we have to boost the healthcare system to deal with the problem. But that’s like changing an overflowing basin to a bathtub – eventually, the bathtub will fill up too if we don’t do anything to slow the flow.”

LANDMARK $20 MILLION RESEARCH

Effective prevention of T2D, both in terms of preventing complications among diabetics and preventing healthy individuals from developing the condition, is more critical than ever. Experts have their work cut out for these factors:

- Type 2 diabetes is to watch out for these factors:
  - Drinking too much alcohol
  - Being physically inactive
  - Family history of diabetes
  - If you’re 40 and above
  - Foods with saturated or trans fats
  - Foods rich in sugar
  - Excess tummy fat
  - Excess weight/obesity

DIABETES MYTHS VS FACTS

Elaine Tan, Nurse Clinician, and Ong Kai Wen, Senior Dietitian, NUH, highlight some common misconceptions about the disease.

MYTH: “Diabetes medications cause kidney failure and starting on insulin injections means the end is near for me.”

FACT: The medications and insulin injections help patients control their blood glucose levels, which lowers their risk of developing kidney failure and other complications. Diabetes cannot be cured, but diabetics can still lead a normal life.

MYTH: “There’s nothing I can do to stop myself from developing diabetes.”

FACT: We can prevent or delay the onset of diabetes by adopting healthy lifestyles. Eating well and regular exercise is important. For example, do moderate exercise for at least 150 minutes every week.

MYTH: “What you eat and how much you eat will affect your blood glucose levels.”

FACT: “Eating rice causes diabetes, so I should stop eating it completely.”

FACT: Rice itself does not cause diabetes. But excessive consumption, such as eating too much rice, is a major contributor of obesity, which puts you at higher risk of the disease. You should still consume carbohydrates, but control how much you eat. You can choose whole grains like brown rice and barley instead of white rice or rice cooked in coconut milk.

MORE GOOD EATING STRATEGIES

- Get your carbs from whole grains, vegetables, legumes, low-fat dairy products and fruit juices.
- Eat high-fibre breakfasts
- Choose whole fruits over fruit juices
- Minimise gravy and sauce
- Cut out fast food and limit energy-dense foods

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GIVING HOPE, WARMING HEARTS

oridians, caregiver and counselor — these are just some of the many roles our nurses have to play in the course of their everyday work. As we celebrate Nurses’ Day this August, hear what six nurses have to say about their experiences, personal growth and the friendships they have built, all while providing the best possible care for patients.

ASSISTANT NURSE CLINICIAN ADLISA BINTE ABDULLAH

WHAT DO YOU ENJOY MOST ABOUT BEING A NURSE?
I enjoy interacting with my patients. Being able to touch their lives by taking care of them and understanding their needs while carrying out our daily duties make nursing an emotionally fulfilling and rewarding career.

WHAT IS THE MOST CHALLENGING PART OF THE JOB?
Our patients come from all walks of life. It can be a challenge at times, when it comes to communicating with them. I put in extra effort to understand and empathise with each patient in order to provide them the best care.

DESCRIBE AN EXPERIENCE THAT MADE A HUGE IMPACT ON YOU.
I once cared for a liver transplant patient who developed complications after her transplant surgery and was admitted to hospital multiple times. Despite being in pain, she brought warmth to the ward with her constant optimism and cheerfulness. Seeing her smile and laugh despite her illness made me realise that every moment we have is priceless, and that every effort we make for our patients is worthwhile.

NURSE MANAGER CYNTHIA PERFINAN LABAMPA

WHAT DO YOU LOVE ABOUT BEING A NURSE?
I feel proud and fulfilled to see my patients recover from critical illnesses and returning to their homes and loved ones.

WHAT IS ONE THING ABOUT NURSING YOU LEARNT THAT WAS NOT TAUGHT IN SCHOOL?
In nursing school, we were taught how to deliver the best care to patients through clinical skills and knowledge. In our actual course of work, we need to combine knowledge and compassion to deliver holistic care to our patients. We also need to extend support to the families to ensure our patients receive continuous care.

DESCRIBE AN EXPERIENCE THAT MADE A HUGE IMPACT ON YOU.
When I first started working in NUH, I had a patient who was newly diagnosed with liver cancer. Initially, it was difficult communicating with him as he was not in a good mood due, understandably, to his condition. After multiple admissions to our ward, we eventually built good rapport with him and he became comfortable sharing his feelings and fears about death. This experience taught me the importance of empathy, where I have to put myself in my patient’s shoes to understand what he or she is going through. I also learnt to be patient and compassionate, especially when they are going through stages of grief.

SENIOR STAFF NURSE LEE ANG YUN

WHAT MAKES NURSING A UNIQUE CAREER?
Nurses have to strike a balance between emotion and logic, applying specialised knowledge while administering treatment, and caring for patients’ emotional needs at the same time. It is not an easy job, but helping patients recover gives me a sense of purpose and fulfilment.

WHAT CHALLENGES HAVE YOU FACED AND HOW DID YOU OVERCOME THEM?
Many times, things don’t go as planned because of a lack of or breakdown in communication. To prevent this and maintain a continuum of care for our patients beyond the hospital, I make it a point to ensure that patients, caregivers and my colleagues are all kept up-to-date on relevant issues, and work hand-in-hand to facilitate their recovery.

DESCRIBE AN EXPERIENCE THAT MADE A HUGE IMPACT ON YOU.
When I was doing my nursing attachment as a student, I encountered an elderly patient with terminal cancer. As pain was a major concern for him, I devoted my time to monitoring his pain level, making sure he was as comfortable as possible. I also taught his caregivers to care for him at home. At the end of my attachment, his family presented me with a handwritten card expressing their appreciation. This simple gesture touched me deeply — it is my source of motivation whenever I feel discouraged on the job.
WHAT MAKES NURSING A UNIQUE CAREER?
It’s often said that nurses are the people who open the eyes of a newborn and close the eyes of the dying. It is a blessing to be able to make a difference by providing the best care I can for my patients.

WHAT MOTIVATES YOU ON THE JOB?
As a nurse in the emergency department, I meet patients with a variety of conditions. Seeing them recover after they were admitted in a critical condition motivates me.

DESCRIBE AN EXPERIENCE THAT MADE A HUGE IMPACT ON YOU.
Recently, I attended to a young patient who had a CT brain scan after she was admitted. The scan revealed a large tumour. We were at her side for nearly two hours, preparing her for an operation. Chances of recovery were slim and we could only hope for the best. A month later, I met the child and was delighted to find out that her operation was successful. Her parents recognised me and were thankful for the timely medical care we rendered. I didn’t feel that I did anything special as every patient is important to us. For the parents however, it had made a huge difference in their daughter’s life. It made me realise that patients and their family members never forget the way we make them feel in their time of need.

SENIOR NURSE MANAGER
AU YONG WAI MENG
WHAT DO YOU THINK IS ONE IMPORTANT TRAIT A NURSE NEEDS TO HAVE?
A nurse needs to be meticulous as every step can have far reaching consequences. From reading a patient’s chart correctly to remembering the details of a delicate case, there is nothing that should be left to chance. Attention to detail can make a difference between life and death.

WHAT INSPIRES YOU TO CONTINUE BEING A NURSE?
The reality of death that nurses face on the job can be crushing to the spirit. However, stories of hope and healing emerge as well – they inspire me. My heart soars whenever I see a patient recover and leave the hospital.

DESCRIBE AN EXPERIENCE THAT MADE A HUGE IMPACT ON YOU.
Many years ago, when I was working in the Paediatric Intensive Care Unit, I cared for a young boy who was suffering from multiple congenital malfunctioning conditions. He was an only child and his parents doted on him. As they were aware of his clinical situation and that medicine would not do much for him, his parents had initially decided to forgo active resuscitation. However, when his condition turned critical, his mother changed her mind and pleaded for the doctors to resuscitate him as she wanted to hold him a little longer before he eventually succumbed to his illness. The incident caused much grief and despair for his parents and made me realise how precious life is.

I met the boy’s mother a year later and to my delight, found out that she had given birth to a healthy boy. Hearing this warmed my heart immediately and I now believe that miracles can happen, as long as we keep our hope and faith alive.

LIFELINE

ADVANCED PRACTICE NURSE
WENDY YUE
WHAT DO YOU LOVE ABOUT BEING A NURSE?
I love nursing because I get to know people from all walks of life. Each patient I encounter has unique needs and issues.

HOW HAVE YOU GROWN AS A NURSE OVER THE YEARS?
When I first joined NUH as a nurse, I was very shy and found it difficult to speak up during patient assessments. Over the years, I have learnt to engage with patients and families so as to build a close relationship with them, and this complements what I can do for them as a nurse.

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LIFELINE

Inspired by our nurses? Find out more about the rewarding career at caretogobeyond.sg/nursing
A new technology to treat glaucoma in elderly patients is less invasive, minimises complications, and leads to faster recovery.

MICRO-INVASIVE GLAUCOMA SURGERY

### Safer:
Less invasive than conventional glaucoma surgery, so patients experience fewer side effects

### Faster recovery:
Patients recover faster after MIGS surgery compared to conventional glaucoma surgery

### Less hassle:
It can be implanted at the same time as routine cataract surgery

### Better quality of life:
You may be able to stop or reduce the number of glaucoma eye drops you require after MIGS surgery

**Promising Outcome**

Doctors at NUH are on a one-year pilot study on MIGS device implantation in patients with angle closure glaucoma, a condition in which there is a rapid rise in eye pressure.

More than 20 patients have since undergone combined cataract surgery and MIGS device insertion.

While a longer follow-up duration is required, “so far, the early results of our study are encouraging, with more than 95 per cent of patients managing to stop their glaucoma eye drops after undergoing MIGS,” says Dr Chelvin Sng, Consultant with the NUH Eye Surgery Centre.

### Come November

In conjunction with the NUH ophthalmology department’s 30th anniversary, the hospital will host the first training course for a MIGS device for Asian surgeons at the NUH Eye International Congress.

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**The early results of our study are encouraging, with more than 95 per cent of patients managing to stop their glaucoma eye drops**

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pressure inside the eye, conventional treatment options usually work to reduce this pressure – but they come with risks.

- **Mild to moderate glaucoma:** Eye drops are prescribed to reduce eye pressure. However, the eye drops need to be applied every day without fail. They are also sometimes associated with side effects such as eye redness, blurred vision, headache, fatigue, low blood pressure and breathlessness.

- **Advanced glaucoma:** Should eye drops prove ineffective, surgery is an option. A small hole in the eye is created to relieve pressure (trabeculectomy), or tube shunt implants are inserted to help divert eye fluid to an external reservoir. Complications from surgery include excessive low pressure in the eye, a life-long risk of infection, and damage to the cornea.

### WHAT IS MIGS?

Surgery is typically reserved for patients with advanced glaucoma or those with uncontrolled eye pressure despite treatment using eye drops.

Doctors at the NUH have introduced a new technology called micro-invasive glaucoma surgery (MIGS) for those with mild to moderate glaucoma.

MIGS devices are much smaller than conventional shunt implants. They drain fluid to different regions in the eye to relieve eye pressure.

As MIGS is less invasive than conventional surgery, it is reported to have fewer complications. “Patients tend to recover faster and it can also be offered in the early stages of the disease, allowing the patient to stop or reduce the need for long-term glaucoma eye drops, as well as subsequent glaucoma surgery,” says Dr Chelvin Sng, Consultant with the NUH Eye Surgery Centre.

Another feature of MIGS that makes it suitable for the elderly is that it is routinely combined with cataract removal surgery in glaucoma patients, thus eliminating the need for additional surgery.

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**Are you aged 21 and above and diagnosed with mild or moderate glaucoma?** You can participate in NUH’s research trial to undergo MIGS device insertion. To find out more, email eye_surgery@nuhs.edu.sg or chelvin_ca_sng@nuhs.edu.sg

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ave you heard of glaucoma? If you do not know what it is, you are not alone – many Singaporeans are not aware of this common eye disease, which is caused by damage to the optic nerve. Most patients realise they have the condition only at an advanced stage, because the loss of sight is often gradual, starting from the peripheral field of vision. Those over 50 are at a higher risk of glaucoma – which accounts for 40 per cent of cases in Singapore – and it’s set to affect more people as our population ages.

Although glaucoma is irreversible, the good news is that it can be controlled. Since the most common cause of optic nerve damage is excessive pressure inside the eye, conventional treatment options usually work to reduce this pressure – but they come with risks.

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DR CHELVIN SNG, CONSULTANT, NUH EYE SURGERY CENTRE
NUH taps on technology to raise productivity

“Automation and cleaning robots increase efficiency and help to overcome some challenges we face in a tight labour market,” says Cheng Hui Min, Senior Manager, Environmental Services.

Besides allowing staff to do more within a shorter time, the robots also take the strain off manual tasks like floor and toilet cleaning, easing the workload for mature workers. Check out some machines recently launched in the hospital.

**ECORIDER**

**WHAT IT DOES**
- Assist porters in transferring medication and other supplies to various wards in NUH
- Equipped with carriers that can transport bigger and bulky items

**HOW IT HELPS**
- Increases the porters’ productivity by up to 30 per cent - they can now move faster and carry more medication in a single trip. “It gets me from the pharmacy to the ward in 10 minutes, half the time I used to spend,” says porter Mary Ng, 58.

**CLEANFIX**

**WHAT IT DOES**
- Cleans the floors
- Has sensors to detect uncleaned areas and prevent it from knocking into people

**HOW IT HELPS**
- Enables the duty of up to two cleaning staff, who can then be deployed to perform other work, thereby boosting overall productivity

**KAIIVAC**

**WHAT IT DOES**
- Cleans toilets using an automated no-touch system
- Equipped with a vacuum that removes excess water from the floor, post-cleaning

**HOW IT HELPS**
- Cleans a five-cubic toilet in 25 minutes instead of the usual 45 minutes manually

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**SMART NATION**

The city-state is on a new mission: to become the world’s first Smart Nation, running on sensor and smart device-integrated networks designed to save time and boost efficiency. Plans include using sensors to construct a highly detailed digital map of the city that will allow town planners to reroute public bus services to prevent overcrowding, for instance. Expect to see driverless buses and taxis, and in homes, sensors can be placed in bathrooms to monitor toilet usage, or in rugs and floors to measure weight and gait.

**NATIONAL READING MOVEMENT**

The National Reading Movement – organised by the National Library Board – hopes to get Singaporeans to fall in love...with books. Plans include a library-themed MRT train, where commuters can scan a QR code in carriages to download e-books or short essays to read. Also, a Read@Work initiative where recommended reading material is tailored to companies that sign up, and reading corners in the community to make books more accessible to seniors.

**GETACTIVE! SINGAPORE**

From 30 July to 7 August, the Inaugural GetActive! Singapore will bring together the Singapore National Games – which will feature 21 competitive events - and sporting activities for families, to be held at the 15 ActiveSG centres around the country. Singaporeans looking to hold community sporting events are also eligible for a new grant called Active Enabler, which offers a substantial subsidy for sports events and projects.

**SKILLSFUTURE CREDIT**

It’s never too late to learn something new - that’s the message of the SkillsFuture Credit scheme, launched this January. Singaporeans aged 25 and above have received an initial credit of S$500 (with more top-ups to come), which they can use to pay for any of the scheme’s more than 10,000 courses, ranging from portrait drawing and sushi-making to elementary Spanish.

**HDB’S GREENPRINT**

Imagine sustainability incorporated into your neighbourhood. That’s the vision of Greenprint. Some features tested during its pilot project at Yuhua neighbourhood include solar panels installed on rooftops to generate power for lifts and common lights, a system that collects and stores rainwater for common corridor washing, and more decorative vertical green walls to cut sun glare and cool building walls.

**THINGS TO LOVE ABOUT SINGAPORE**

With the fanfare of our Golden Jubilee behind us, what’s next? As it turns out, there’s plenty in store for the Little Red Dot.
When Madam Fatimah Bte Karim suffered a stroke in 2013, it left the then-90-year-old drastically different from the cheerful and active lady she was. She became dependent on a feeding tube for nutrition, which was stressful for Madam Kamariah, her daughter and main caregiver, to manage. When problems with the tube arose and Madam Kamariah was unable to cope, the older lady had to be readmitted to NUH.

That was when the family was introduced to the transitional care programme NUH2Home, which is designed to support patients and their families at home after their discharge from the hospital. Senior Staff Nurse Yang Lee Fung, one of six NUH2Home nurses, visits Madam Fatimah at home periodically to assess her condition and manage her feeding tube, amongst other things. She also follows up with the family through phone calls almost daily in the initial days after discharge. For Madam Kamariah, there is peace of mind in knowing that medical help is always just a phone call away. She recalls calling Lee Fung in a panic once, when the feeding tube was blocked. The nurse calmed her and gave step-by-step instructions on how to flush the tube to remove the blockade, averting the need for Madam Fatimah to be admitted to hospital.

**NUH2Home helps to improve patients’ quality of life without compromising quality of care and safety**

FEWER HOSPITAL VISITS, SAME QUALITY CARE

NUH2Home is one of five initiatives in the NUHS Transitional Care Programme which has benefitted 1,600 patients since its introduction in 2014. Many NUH2Home patients are elderly and have multiple health conditions such as stroke and infections that need constant monitoring to prevent complications. Led by Dr Ng Shu Ee, Consultant, Geriatric Medicine, NUH, the NUH2Home team tailors care programmes to the needs of each patient. “It addresses the gap for those who are not critically ill but need a little more care,” explains Dr Ng.

She adds that the team also reaches out to experts in other fields when necessary. “If patients need a speech therapist, dietitian or oncologist, we make the necessary referrals. We even link patients up with non-medical support such as home help to do cleaning, laundry or baths that are important to maintain hygiene at home and prevent potential health problems.”

By offering access to care in patients’ homes where they can be more comfortable, the team helps to improve patients’ quality of life without compromising quality of care and safety. The aim is also to help them reduce readmissions and the length of hospital stays, and prevent unnecessary trips to the emergency department.

EXTENDING END-OF-LIFE CARE

The NUH2Home programme continues to evolve to meet new demands. For instance, end-of-life homecare has been introduced to ensure that patients who opt to return home to live their last days can continue to receive quality medical and nursing care. The NUH2Home team helps these patients to manage pain, shortness of breath and other palliative symptoms, and provides psycho-social support for families. “We can link families up with financial aid, family services and other support systems,” adds Dr Ng.

With more demand for transitional care services, Lee Fung’s caseload has jumped manifold since she joined the team in 2015. On average, she visits up to four homes a day and spends the rest of her time making follow-up phone calls, seeing to new referrals and liaising with the medical team on treatment plans for patients. “Besides caring for my patients, I’m also there to encourage and reassure the caregivers who may find it taxing and confusing to manage procedures and devices like urine catheters. It’s rewarding to be able to make a difference in their lives,” she says.
Serving with heart is what Pamela Tan, 30, does every day. A cardiac medical technologist for 11 years, Pamela’s experience in performing cardiac scans helps doctors decide on the best treatment option for patients.

**How did you become a cardiac medical technologist?**
After graduating with a diploma in biotechnology in 2005, I had the option of working in a laboratory, but I preferred to work with patients and help them get better. So I became a cardiac medical technologist in NUH while doing a part-time degree in biomedical science, which I completed in 2011.

**What is a typical day like for you?**
I specialise in heart imaging and use ultrasound equipment to examine the heart chambers, valves & vessels of the patients. I also generate preliminary reports and my work helps to aid in the diagnosis and treatment in the test findings. Common tests include an echocardiography to assess overall heart function, a treadmill stress test to detect heart problems (especially if the patient complains of breathlessness or chest pain), and 24-hour ambulatory electrocardiogram to detect irregular heartbeats or palpitations.

**What are some things about your work that not many people know?**
Sometimes getting patients to cooperate can be challenging. Once, I had an elderly patient who needed a heart scan before she could be discharged. She was confused and restless, and kept climbing out of her bed. I tried to calm her to complete the procedure, and got a colleague to comfort her in her native tongue. I encounter many patients like her – elderly folk, some with dementia, who are uncomfortable being in a hospital – and we need to constantly reassure them and check on their wellbeing.

**Why do you love what you do?**
I enjoy it because it makes a difference in people’s lives. Although I do not diagnose patients, I work closely with physicians and assist in a variety of diagnostic procedures for heart and blood vessel disorders. Our patients’ road to recovery is very much dependent on the outcome of these diagnostic procedures. My colleagues and I share the same passion to help our patients get better.

The role of a cardiac medical technologist is an exciting and rewarding one as we can literally ‘touch’ a fellow human’s heart and thus actively make a difference in their lives. What we do, we do with all our heart.

Interested in a career in healthcare? Visit nuh.com.sg to find out more.