



The
Hearty Digest

SUNWAY
MEDICAL CENTRE
Sunway City

ISSUE 02 / DECEMBER 2020

www.sunwaymedical.com

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From the Editor

Dear Readers,

Back in school, I always imagined what the year 2020 would bring. Which aspects of Vision 2020 would we have achieved? Would there be flying cars and hoverboards? Those dreams seem so distant now. Yet, we cannot deny that we have made great strides to make the most of what we have.

Hospitals worldwide were forced to adapt quickly to manage the COVID-19 pandemic and Malaysia has done a great job in managing the spread of the disease. Our hospital has taken numerous steps including acquiring isopods, negative pressure cabins and the most special of all, the Hyper Light Disinfection Robot.

The robot has gained much popularity among staff members and the public, who were curious to see it at work. That’s a little taste of what the year 2020 could bring. Today, we have robots made to prevent healthcare-associated infections, which ultimately improve environmental hygiene and protect patients and healthcare workers from infections.

Advances like this are testament to the quality of healthcare today – ensuring that you receive the best care that you deserve.

Advances in cancer therapy and treatment, as well as prevention efforts, are pushing down cancer mortality rates and saving millions of lives – even as diagnoses continue to rise. But cancer diagnosis is looking less like a death sentence, courtesy of the continued advances in medical research.

Part of the challenge in curing cancer is that it isn’t one disease, but hundreds of different diseases. A lot of research needs to be done, and it takes time. But scientists have made great strides.

Today, cancer is not the end. With various advanced technology, almost all cancers are treatable and the chance of recovery is high. One of our main highlights for this year is to promote our Sunway Cancer Centre and therefore, this issue is specially dedicated to that.

Look into our pages to learn what our Sunway Cancer Centre is all about as well as insights into various cancers. We believe that cancer is not the end and with the many things we have put in place, we can assure that we will stand by you throughout the journey.

We would love to hear from you! Drop us a line at sunmedpr@sunway.com.my on topics you would like to read, burning questions for our consultants and any feedback/comment to further improve this newsletter. We look forward to hear from you.

Till then, cheers!

The Editor



Messages from the CEO

I would like to take this opportunity to introduce myself as I officially take on the mantle as Sunway Medical Centre's Chief Executive Officer as of 1st July 2020. In a few short months, we have transformed tremendously to incorporate innovative ways of reaching out to our patients and customers; the same goes to the helm of the organisation.

I am no stranger to Sunway Medical Centre, joining the organisation back in 2018 as the CEO of Investments and Projects where I was responsible for reviewing and assessing the investments and projects of Sunway Healthcare Group. As I begin my new role as CEO, I would like to firstly acknowledge the great work and effort which Mr Choy Wah Wei has put into his role as the CEO before me.

Mr Choy and I have often worked closely, and I have seen him lead the team and bring strategic innovation to the hospital including our first telemedicine and teleconsultation for patients. During the COVID-19 pandemic, he has worked relentlessly with the taskforce in leading the team to safeguard the hospital and ensure continuity of the business.

In my new role as CEO of Sunway Medical Centre, I will be responsible for the overall execution of short and long term strategies to drive the growth of the hospital. I will also be overseeing the development of high quality, cost effective and integrated health services and programmes for our patients and customers as well as strengthening the support services provided to our medical consultants.

Sunway Cancer Centre is a great example of Sunway Medical Centre employing a multidisciplinary approach towards a disease. The centre is supported by a dedicated team that contributes to the comprehensive, personalised treatment of cancer patients. It also houses cutting-edge technological devices and systems that grant a wider capability of diagnostics, dosage determination, radiotherapy and cancer treatment.

We have also established a support services department aimed at helping cancer patients who need palliative care. With all of this support, we are able to ensure a healthier quality of life for the patients and their families, both physically and mentally.

Hospitals have been constantly adapting with the rapid changes in the healthcare industry and since the COVID-19 outbreak, hospitals were put to the test on how they manage the situation. And from this experience, many positive developments could be seen.

With that, I am sure we will be able to ride the tides and come out stronger than before.

Bryan Lin Boon Diann
CEO, Sunway Medical Centre

COVER STORY



Sunway Cancer Centre: A multidisciplinary approach to cancer

haematologists, palliative care doctors and pathologists. The centre also has qualified nursing staff who are well-versed in the administration of chemotherapy drugs and allied health experts.

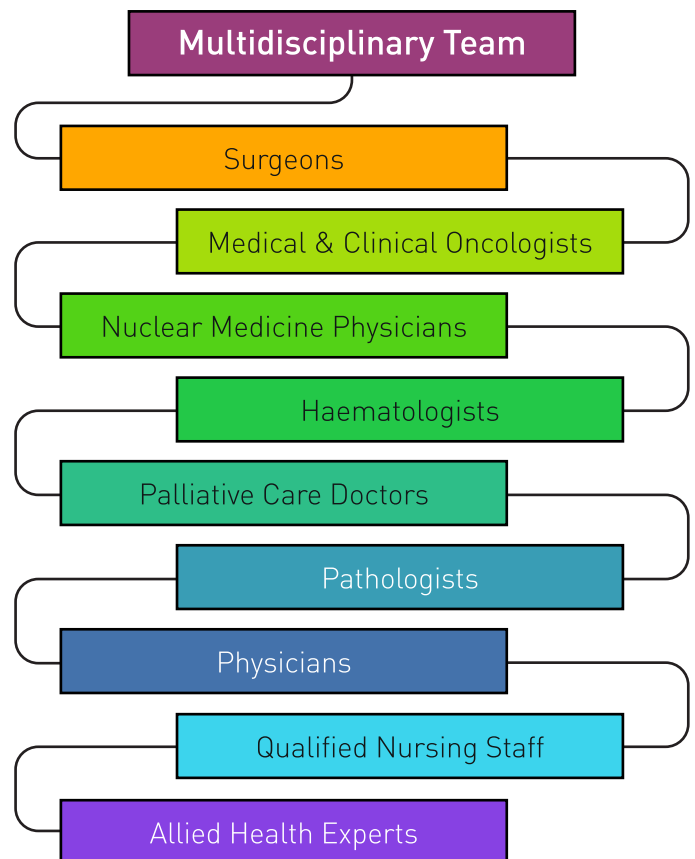
Everyone is an individual. Each patient will have their own conditions and levels of physical, psychological health while being treated for cancer. Sunway Cancer Centre takes extra care in being mindful of this when designing the appropriate treatment. With proper analysis, tools and expertise, each diagnosis and treatment is designed specifically to the needs of the patient. This is vital in mitigating any potential complications that may arise during treatment.

There are many success stories of cancer patients beating the odds and defeating cancer, even when they are often brought down.

These stories are testament that cancer is treatable. We just need to change the perception that cancer equals to death as there are various ways to treat cancer by case with the advancement in cancer treatment.

Sunway Cancer Centre has always held the vision that cancer should not be the end. Instead, we strive towards a comprehensive approach to the disease – from prevention to diagnostics and treatment. We aim to be a one-stop centre that is there at every step of the patients' journey.

That is why the hospital keeps itself updated with the latest technology and an ever-expanding multidisciplinary team of surgeons, medical and clinical oncologists, nuclear medicine physicians, –



A weekly multidisciplinary tumour board is organised for consultants to meet as a team to discuss difficult cases and work out the best way to treat each patient. The session begins with an oncologist, surgeon or physician presenting on the patient's history. This is followed by an imaging review led by a radiologist, and a pathology review led by a pathologist. Finally, a discussion on optimal patient treatment ensues.

Sunway Cancer Centre is shaped to be a one-stop centre in Clinical Oncology, Surgical Oncology and Haemato-oncology. It comprises Outpatient Oncology Clinics, a Daycare Chemotherapy and Radiotherapy unit.

Sunway Cancer Centre has continued to invest in cutting-edge technological devices and systems that grant a wider capability of diagnostics, dosage determination, radiotherapy and cancer treatment.

The centre provides a full range of screening, diagnostic and staging facilities including systems such as a flash speed dual source CT scanner, 3-Tesla MRI, 4D PET/CT scan, and xSPECT-CT. The centre also provides a vast, comprehensive range of treatments including chemotherapy, radiation therapy, radiosurgery, hormone therapy, immunotherapy, interventional radiology and target therapy.

Surgery	Radiation	Medical Oncology
Diagnostic	Radixact X9 TomoTherapy	Chemotherapy
Staging	Elekta Leksell Gamma Knife ICON	Targeted Therapy
Tumour Removal	Varian TrueBeam STx	Hormone Therapy
	Brachytherapy	Immunotherapy
	IORT	

One of the devices that the centre actively uses to combat cancer is the Radixact X9 TomoTherapy system which provides intensity-modulated radiation therapy that is image guided, granting radiation therapists more clarity during radiation therapy procedures. Meanwhile, the Elekta Leksell Gamma Knife ICON uses a focused array of intersecting beams of gamma radiation for precision application, reducing the risk of jeopardising a patient's healthy cells.

OUR TECHNOLOGY

-  Elekta Leksell Gamma Knife ICON
-  Accuray Radixact X9 TomoTherapy
-  Varian TrueBeam STx
-  Siemens xSPECT-CT
-  Siemens PET/CT
-  Zeiss INTRABEAM Intraoperative Radiation Therapy (IORT)
-  Brachytherapy

To complement the full range of cancer treatments and services available, Sunway Cancer Centre has an established support services department aimed at helping cancer patients who need palliative care. Besides the support from a multidisciplinary oncology team, patients who are referred to palliative care are given additional support to enhance active oncological intervention. This ensures a healthier quality of life to patients and their families, both physically and mentally.

We are running our Sunway Cancer Centre Education Tour where you will have the opportunity to have an up-close and personal tour of the centre. You are also entitled for a free consultation with our clinical oncologist.

If you are interested to find out more, register at www.sunwaycancercentre.com and you will hear from us soon!



Paging DR ELFY

What are the risks of handling packages and groceries during the COVID-19 pandemic?

The likelihood of an infected person contaminating commercial goods is low and the risk of catching the virus that causes COVID-19 from a package that has been moved, travelled and exposed to different conditions and temperature is also low.

The most important thing to know about coronavirus on surfaces is that they can easily be cleaned with common household disinfectants that will kill the virus. Studies have shown that the COVID-19 virus can survive for up to 72 hours on plastic and stainless steel, less than 4 hours on copper and less than 24 hours on cardboard.

As always, clean your hands with an alcohol-based hand rub or wash them with soap and water. Avoid touching your eyes, mouth, or nose.

Source: WHO



Can I remove my medicine from its original packaging?

Certain medicines are not recommended to be removed from its original packaging and stored in a compliance aid. These include effervescent tablets, dispersible tablets, buccal tablets, sublingual tablets and cytotoxic preparations.

Store your medicines in their original containers to preserve their effects as far as possible. If you are required to take half a tablet of your medicine,

avoid cutting your pills in advance and storing them in a medication container for later use. This may affect the quality and efficacy of the medication.

How should parents care for their children's teeth?



Dental care is very important, regardless whether it is milk teeth or permanent teeth. Parents should begin cleaning their children's mouth, gums and tongue with a wet cloth or a special toothbrush if the milk tooth hasn't grown. When using a toothbrush, be sure to use toothpaste with fluoride. For children less than 3 years old, apply only a small amount of toothpaste on the toothbrush.

Parents are advised to avoid having their children sleep with milk bottles in their mouths. It is recommended to encourage the use of cups as early as 1-2 years old to avoid the prolonged use of milk bottles. Bring your children to the dental clinic as early as one-year-old, at least 2 times a year, until they are adults.



Do you need a second opinion?

Many people refer to a few doctors or medical professionals before deciding. Asking for a second opinion is common practice. It may help you feel more comfortable with the health care decision you make. A second opinion helps you understand the disease better and options available for treatment.

DOCTOR TALKS

Neuroendocrine Cancer The “Forgotten Cancer”

By Dr Tan Teik Hin, Consultant Nuclear Medicine Physician



Neuroendocrine tumours (NETs) did not attract much attention from the medical and public community because of the rarity in its occurrence. This had led to lack of research, detection methods and treatment options. Moreover, public awareness is lacking.

Lately, the disease has gained some traction due to the passing of Bollywood actor Irrfan Khan after battling the disease for two years. Yet, according to the International Neuroendocrine Cancer Alliance (INCA), 85% of NET patients lack information about the disease and 58% of them are diagnosed at an advanced stage; garnering it the label as the “forgotten cancer”.

NETs are complex tumours that arise from neuroendocrine cells. The tumours can occur in any site of the body, commonly in the lungs, pancreas, and small and large intestine. It may also arise in the thymus, adrenal gland, parathyroid and breast.

Due to this, the location of NETs is usually added to the name. For example, lung NET or bowel NET. Some NETs are given a specific name, like pheochromocytoma which originates from the adrenal gland.

“Despite having the same terminology of NETs, we generally label lower grade NETs as neuroendocrine tumours – when the tumour cells still preserve certain hormonal functions. Higher grade NETs are labelled as neuroendocrine cancers, where the cells lose their function,” said Dr Tan Teik Hin, Consultant Nuclear Medicine Physician.

Like other types of cancer, both neuroendocrine tumours or cancers have the potential to spread and invade (metastasis) to other organs.

“In clinical practice, we sometimes classify NETs into functional or non-functional NETs. Functional NETs produce hormones and cause specific symptoms, which need to be addressed and managed accordingly. Whereas, non-functional NETs do not secrete hormones,” Dr Tan explained.

Most NETs occur sporadically. But some people with genetic conditions such as multiple endocrine neoplasia (MEN), von Hippel Lindau syndrome (VHL) and neurofibromatosis have an increased risk of developing NETs.

A majority of NETs (80%-90%) do not cause any symptoms until they have grown large or spread to other organs. It may cause pain, bile duct or bowel obstruction, or derangement in liver function.

About 5% to 10% of patients may present with a condition called carcinoid syndrome, which consists of flushing, diarrhoea, wheezing or heart failure if severe. These symptoms are non-specific and can be easily misdiagnosed as irritable bowel syndrome or asthma.

In rarer conditions, patients may present with hormone-related symptoms such as persistent low blood sugar (hypoglycaemia). This group of patients are usually diagnosed early.

“As a majority of patients are either asymptomatic or have vague symptoms, the average time to accurately diagnose it can be between 3 to 10 years. It is also estimated that 40% to 95% of NETs may have already spread to other organs (advanced stage) by the time of diagnosis,” Dr Tan said.

When patients are asymptomatic or have vague symptoms, they are usually discovered incidentally through endoscopic or imaging procedure during a medical check-up.

In suspected cases such as having carcinoid syndrome, doctors may ask you to perform more specific tests such as Chromogranin A blood test, 5-HIAA urine tests or ⁶⁸Gallium-DOTA-peptide PET/CT to identify the tumour.

Like other types of cancer, both neuroendocrine tumours or cancers have the potential to spread and invade (metastasis) to other organs.



As NETs can mimic other more common cancers, tissue diagnosis is the way to confirm the diagnosis.

The treatments of NETs largely depend on the site, grading and staging of the tumours. Specific imaging such as ⁶⁸Gallium-DOTA-peptide PET/CT is important to accurately identify the tumour site and stage. Meanwhile, tissue diagnosis provides accurate grading.

In general, tumour resection either by endoscope or surgery is the mainstay of treatment. When the tumours are non-resectable or having extensive spread, other treatment options such as octreotide -

therapy, targeted medical therapy, peptide receptor radionuclide therapy (PRRT), liver directed therapy and chemotherapy are used.

“It is a fact that there is often not just one treatment option. Treatment can sometimes be very complex and may involve a combination of therapies. To formulate the best possible treatment plan, patients are usually managed by a group of doctors from various fields comprising a gastrologist, chest physician, surgeon, oncologist, nuclear medicine physician and interventional radiologist,” Dr Tan said.

The control and survival rate of NETs largely depends on the site, grading and staging. Some patients will have their disease under control for years but some may need to change to other treatment plans.

Various reports have shown that NETs may come back and metastasis even after 10 years of treatment. Therefore, it is important to follow up regularly with your doctors.

NETs are previously regarded as rare tumours. However, it is now clear that NETs are being diagnosed more frequently, and are not as uncommon as previously thought.

“In Australia, the incidence is 7 people per 100,000 a year which is about the same as testicular cancer or lymphoma in their population. Unfortunately, we do not have the data yet in Malaysia,” Dr Tan said.

In recent years, improvement in NETs detection methods and treatment options have been observed. Several clinical trials such as endoscopic ablation, targeted medical therapy and newer radionuclide therapy are now ongoing. More patient support groups can also be found, like the NeuroEndocrine Cancer Australia Foundation, for example.

Last year, the Malaysian Chapter of Asia Pacific Society of Neuroendocrine Tumour (APNETs) launched the clinical consensus to help clinicians manage this disease. Nevertheless, more still needs to be done especially to raise public awareness in this country.

DISEASE AWARENESS



The Reality of Lung Cancer

Lung cancer happens when a malignant tumour forms in the tissue of one or both lungs. Primary lung cancer begins in the lungs, while a secondary or metastatic cancer occurs elsewhere in the body and spreads to the lungs.

→ Reality Check

The Malaysia National Cancer Registry Report (MNCR) 2012-2016 shows that lung cancer is the second most common cancer in males. The report demonstrated a significant increase in number of newly diagnosed cancer cases in the country for the past 5 years. This is prominently seen in lung cancers despite the availability of screening programmes. More than 90% of lung cancer cases among males and females were detected at a very late stage (Stage 3 and 4).

→ About The Lungs

Our lungs are a part of the respiratory system made up of spongy, air-filled organs and tissues to help us breathe. The main function of the respiratory system is to extract oxygen from the atmosphere and transfer it into the bloodstream, and to release carbon dioxide from blood stream into the atmosphere. This process of gas exchange is essential for life.

→ Types of Lung Cancer

- **Non-Small Cell Lung Cancer (NSCLC)**
About 80% to 85% of lung cancers are Small Lung Cancer (NSCLC), making it the most common type of lung cancer. The three main subtypes of NSCLC are adenocarcinoma, squamous cell carcinoma (SCC) and large cell carcinoma.
- **Small Cell Lung Cancer (SCLC)**
About 10% to 15% of all lung cancers are SCLC and it is sometimes called oat cell cancer. This type of lung cancer tends to grow and spread faster than NSCLC. About 70% of people with SCLC will have cancer that has already spread at the time they are diagnosed. As this cancer grows quickly, it tends to respond well to chemotherapy and radiation therapy.

→ Risk for Lung Cancer

- Age 55-74 years old
- Smoker, ex-smoker or second-hand smoker
- Pre-existing lung disease, e.g. Pulmonary Tuberculosis (TB) or Chronic Obstructive Pulmonary Disease (COPD)
- Family history or personal history of lung cancer
- Exposure to air pollution, asbestos or radon gas, or other cancer-causing agents, e.g. uranium, arsenic, diesel exhaust
- Previous radiation therapy to the chest for other cancers

→ Can Lung Cancer Be Found Early?

Screening is the use of tests or exams to find a disease in people who don't have symptoms. A low-dose CT scan (LDCT) can be used for lung cancer screening as it is able to detect abnormal tissues in the lungs that could indicate cancer. Research has shown that getting yearly LDCT scans in high risk groups helps in early detection and treatment of lung cancer and thus lowers the risk of death.

→ Lung Cancer Myths vs Facts

Myth	Fact
Only smokers are at risk of getting lung cancer	It is estimated that around 20% of lung cancer patients have never smoked or used any form of tobacco. There are other risk factors that can increase the risk of lung cancer in non-smokers, such as exposure to harmful agents such as radon gas, asbestos or second-hand smoke.
Living in a polluted city is a greater risk than smoking.	The risk of lung cancer does increase with exposure to diesel, exhaust and air pollution. However, the risk is small in comparison to smoking.



The Doctor Is In: **NEW CONSULTANTS ON BOARD**



Dr Caryn Khoo Shiao Yen
Palliative Medicine

Dr Caryn obtained her medical degree from Dalhousie University, Canada and went on to specialise in Internal Medicine at Mayo Clinic, USA before pursuing her fellowship in Hospice & Palliative Medicine at Stanford University, USA. She is American board-certified in Internal Medicine as well as Hospice and Palliative Medicine. She has published a number of articles in international peer-reviewed medical journals as well as presented scientific posters at various local and international conferences. She has also authored two local reference books.



Dr Janani Sivanathan
Obstetrics & Gynaecology, Maternal Fetal Medicine

Dr Janani particular area of interest is in managing high risk pregnancies, especially in situations where fetal anomalies or intrauterine growth restriction are present. She is also adept at managing multiple pregnancies and maternal medical complications besides attending to patients presenting with general obstetric and gynaecological conditions. Her training has equipped her to carry out detailed scans especially anomaly and first trimester detailed scans. She is also skilled in non-invasive prenatal testing and invasive prenatal diagnostic procedures such as amniocentesis, cordocentesis and chorionic villus sampling. She also has wide experience conducting obstetric and gynaecological surgeries.



Dr Jennifer Leong
Clinical Oncology

Dr Jennifer is skilled in various advanced techniques of radiotherapy planning including intensity modulated radiotherapy (IMRT), volumetric arc therapy (VMAT) and tomotherapy. She also performs stereotactic radiosurgery (SRS) and stereotactic body radiotherapy (SBRT) and is widely experienced in 3D (image-guided) brachytherapy planning for various gynaecological malignancies.

Her special interests lie in the treatment of breast, lung and gynaecological cancers.



Dr Hiew Fu Liong
Neurology

Dr Hiew completed his undergraduate education at International Medical University (IMU). He subsequently completed his postgraduate study in Internal Medicine in the National University of Singapore (NUS) and obtained his membership in the Royal College of Physician (MRCP), UK and obtained his Fellowship in Neurology from the Ministry of Health. He has a special interest in neuromuscular diseases and neurophysiology, with experience working as specialist registrar and research fellow in Birmingham, UK.



Dr Lim Lei Ai
Ophthalmology

Dr Lim is experienced in more traditional glaucoma surgeries such as trabeculectomies and aqueous drainage (tube) implantation, in addition to medical treatment and the appropriate use of lasers in glaucoma management. In her past experience, she has conducted a high volume of cataract surgeries and managed a broad range of eye conditions in general ophthalmology clinics. She is passionate about sight preservation and the provision of personalised and reliable care to her patients.



Dr How Ann Kee
Cardiology, Electrophysiology

Dr How has an extensive experience in the cardiology field. In addition to conventional and complex cardiac electrophysiology, ablation and advanced pacing, she is also capable in performing complex coronary angioplasty e.g. chronic total occlusion (CTO), bifurcation, rotational and orbital atherectomy and left main angioplasty, as well as intervention cardiology modalities e.g. fractional flow reserve (FFR), intravascular ultrasound (IVUS) and optical coherence tomography (OCT).



Dr Max Hu
Gastroenterology & Hepatology

Dr Max graduated in Medicine from the University of Glasgow. He subsequently completed his Gastroenterology specialist training in England, which included a year at the Freeman Hospital, Newcastle-upon-Tyne's intestinal failure and transplant hepatology units. He spent a further year in Southampton pursuing his subspeciality interest in advanced endoscopy, where he honed additional skills in therapeutic luminal endoscopy.



Dr Uma Mariappen

Obstetrics and Gynaecology

Dr Uma is a firm believer in evidence based medicine. She incorporates knowledge, skills and experience to address each problem and individualise treatment for every patient. She strives to achieve optimal outcome for every patient. She graduated from University Putra Malaysia (UPM) and then qualified with a Master's degree in Obstetrics and Gynaecology from University Kebangsaan Malaysia (UKM). She has also trained in major tertiary hospitals and is an avid gynaecology laparoscopic surgeon.



Dr Tan Guan Hee

Urology

Dr Tan is trained to perform robot-assisted surgery, with a special focus on prostate and kidney cancer. Besides sub-specialising in urologic oncology, he is proficient in complex endourologic procedures for the treatment of urinary stone disease. His research interests are in cancer and surgical technology.



Dr Peh Khaik Kee

Ophthalmology, Vitreoretinal Surgeon

Dr Peh is a Consultant Ophthalmologist sub-specialising in Vitreoretinal Surgery and Medical Retina conditions. He obtained his medical degree from the University of Aberdeen, UK. He then completed his ophthalmology specialist training in England and was awarded the Certificate of Completion of Training (CCT). He is also a Fellow of the Royal College of Ophthalmologists, London. He undertook a Medical Retina Clinical Research Fellowship in Wolverhampton Eye Infirmary and completed the Surgical Retina Fellowships at both The Royal Perth Hospital, Western Australia and The Oxford Eye Hospital in UK.



Dato' Dr Jegan Thanabalan

Neurology

Dr Jegan is certified in Gamma Knife surgery (Stereotactic Radiosurgery) from Marseille, France. He initiated the Endoscopic Skull Base and Deep Brain Stimulation services at the National University of Malaysia where he was an Associate Professor for 18 years.

His area of interest is in Traumatic Brain Injury, Functional Brain Tumour Resection (Awake/ Tractography/ Stereotaxy), Endoscopic Skull Base Surgery, Minimally Invasive Surgery, Neurovascular Surgery, Functional Neurosurgery and Epilepsy.



Dr Ravindran Murugesan

Oral and Maxillofacial

Dr Ravindran has wide experience in a broad range of maxillofacial procedures ranging from entoalveolar, trauma, surgical pathology and particularly, dentofacial deformities. He graduated from University Malaya and later pursued his speciality training in oral and maxillofacial surgery.



Dr Yiau Kian Mun

Paediatric Nephrology

Dr Yiau has a strong background in dealing with various renal pathologies among children and teenagers, with particular interest in Paediatric Transplantation. He is adept in diagnosing and strategising for the best treatment plans for patients and firmly believes in bringing forth an empathetic and professional attitude while being committed to providing patients with the best possible care.

DOCTOR TALKS

Exercise and the Risk of Sudden Cardiac Death

By Dr Mohd Kamal bin Mohd Arshad, Consultant Cardiologist



Regular physical exercise is known to reduce the risk of developing coronary artery disease, and it does so by reducing the risk factors of the disease. However, there are cases of people engaging in exercise activities, some at sporting events who suddenly collapse and die during or immediately after the activity.

These cases don't happen very often, but understandably attracts a lot of media attention. It can also lead to an exaggerated reaction from the community and put exercise in a bad light. The publicity that follows may also influence the perception that sudden cardiac death during exercise is more common than it actually is.



In fact, the absolute risks of sudden cardiac death and a heart attack related to exercise is small. A study in the US looked at 10.9 million participants in US marathons between the year 2000 and 2010, and found the risk of a cardiac arrest was only 0.39 per 100,000 participants. The risk was also higher in men than women, and higher in full marathons than in half marathons.

Various studies suggest a wide varying estimate of a three to 17 times increased risk of sudden cardiac death during and up to 30 minutes after vigorous exercise, and a two to 10 times increase in a heart attack within one hour of vigorous exercise. This is also associated with the physical activity in question. Higher risks are if the exercise is sudden, not something that the person is used to or if it involves higher periods of anaerobic exercise.

The causes of sudden cardiac deaths during exercise are many. Generally, the causes can be divided based on two age groups – above 35 years and under 35 years of age.

For those above the age of 35, the most common cause of sudden exercise related to exercise is coronary artery disease, accounting to between 50% and 80% of cases, and heart attacks. The coronary artery disease is either already diagnosed in the individual or is not yet detected.

Another study suggests that 36% of patients have typical warning symptoms of coronary artery disease in the week preceding the sudden cardiac death while 56% had at least one cardiovascular risk factor.

This emphasises the need to get a routine health check yearly to diagnose and treat cardiovascular risk factors. Also, listen to your body and see a doctor if you have symptoms during exercise.

Meanwhile, sudden cardiac death under the age of 35 is most often due to underlying inherited genetic structural heart defects or conduction defects. These conditions predispose the person to develop a dangerous rhythm or arrhythmia during exercise that can lead to a cardiac arrest.

Inherited structural heart defects include conditions such as hypertrophic cardiomyopathy, arrhythmogenic right ventricular dysplasia, myocarditis, and congenital abnormal coronary artery connections that may be compressed during exercise.

Meanwhile, abnormalities of heart conduction include Brugada syndrome, an inherited defect of the heart's electrical conduction system that predisposes the person to sudden cardiac death, and Long QT syndrome, an inherited disorder of heart rhythm that predisposes the person to getting dangerous arrhythmias.

In conclusion, the chances of a sudden cardiac death during exercise is very small and the benefits of exercise is far greater. Exercise helps you to live longer and is good for your heart. However, it is important to know about your health and listen to your body.

Consult your cardiologist for a general health screening and if you have any concerns with regards to starting exercise, especially if you are known to have a medical condition or if you have a history of sudden cardiac death in the family.



WORLD PATIENT SAFETY DAY



Commitment to improve patient safety

No one should be harmed in healthcare. Yet, patient safety has become a serious global public health concern. Globally, as many as 4 in 10 patients are harmed in primary and outpatient healthcare. The most detrimental errors in healthcare are often related to diagnosis, prescription and the use of medicines.

The World Health Organization (WHO) launched the first World Patient Safety Day on 17 September 2019 with the theme “Patient Safety: A Global Health Priority” and the slogan “Speak up for patient safety!”.

This new international day was introduced as part of WHO’s campaign to create awareness on patient safety and urge everyone to show their commitment to making healthcare safer.

The objective of World Patient Safety Day is to call for global solidarity and concerted action by all countries and international partners. Furthermore, the day will bring together patients, families, caregivers, communities, health workers, healthcare leaders and policymakers to show their commitment to patient safety.

This year, the focus for World Patient Safety Day is “Health Worker Safety: A Priority for Patient Safety” with the slogan “Safe health workers, Safe patients”. This emphasises the need for a safe working environment for health workers as a prerequisite for ensuring patient safety.

Along with this slogan, the WHO has proposed a call for action, “Speak up for health worker safety!”, which requests urgent and sustainable actions by all stakeholders to recognise and invest in the safety of health workers, as a priority for patient safety.

In line with this, we would like to share some recommendations for staying safe at the doctor’s practice as highlighted by the German Coalition for Patient Safety.

We believe that the key to health worker safety also lies with the patients, and if patients can ensure their own safety, that would contribute to the health workers.



Tips before you consult the doctor

- Write down any questions you might have and take them with you to the appointment
- Take your current medication plan, or all medicines that you are currently taking, along with you
- Take any examination results that you might have from other doctors, laboratory test findings, x-rays, ultrasound and MRT images to the appointment
- Also remember to take your health cards. For example: Allergy record card, vaccination certificate, maternity health record, stroke record card or implant record card



Tips when you are at the doctor’s practice

- Inform the doctor of the reason for your visit. Even things that seem unimportant can turn out to be important. For example, mention any allergies, intolerances, pregnancy, adverse reactions to medicines
- Request a medication plan with precise information on how to take your medicines
- Have your doctor explain your examination results and the proposed treatment
- Ask about risks, side effects and interactions, and whether or not you may leave out certain medicines
- Ask what you can do to support your own treatment
- If there are things you do not understand, anything is unclear or if you have any fears, be sure to ask your doctor about it
- Make sure that you are not mistaken for someone else. For example, confirm your identity by stating your name and your date of birth before giving a blood sample



Tips when you leave the doctor’s practice

- Pay attention that you are given the right medicines and if in doubt, ask the pharmacist
- Make sure to adhere strictly to the instructions for medicine intake and for the use of appliances (e.g. bandages or stoma and incontinence aids)
- Observe your reactions carefully. Get in touch with your doctor and inform the staff of any changes you observe

Better Vision Through Corneal Transplant

by Dr Chan U-Teng, Consultant Ophthalmologist



Vision is one of the five senses that helps us in navigating our daily lives, hence it is important to maintain a healthy and good eyesight.

The cornea is the front-most part of the eye and consists of five layers. The cornea is transparent, allowing light into the eye to be focused on the retina to form an image. The cornea has a refractive power of 43 dioptres which contributes to two-thirds of the focusing power of the eye. The rest of the focusing power of the eye is contributed by the clear crystalline lens which lies behind the iris and pupil.

The transparency or the contour of the cornea may be affected by a host of diseases and injury thus impairing vision. In certain conditions, corneal transplant is a surgical option to improve vision.

→ What is corneal transplant?

A corneal transplant is a surgery that removes the diseased cornea and replaces it with a healthy cornea from a human donor. The surgery aims to improve vision, reduce pain, control infection or restore the structural integrity of the eye depending on the diagnosis of the condition.

→ Corneal diseases treated with corneal transplant

There are many corneal diseases that can be treated with corneal transplant and here are a few of the common conditions.

- Keratoconus is a condition where the cornea thins out and bulges forward causing it to be cone-shaped. This causes a distortion of vision in the form of astigmatism and in severe stage, a corneal transplant is a surgical option to improve vision.
- Infection of the cornea, also known as corneal ulcer may lead to thinning and the subsequent perforation of the cornea. For this condition, a corneal transplant serves to remove the infected cornea and restore the structural integrity of the eye.

- Corneal scar may develop as a result of a corneal ulcer or injury. It is an opacity in the cornea which impedes the passage of light into the eye and impairs vision. A corneal transplant can restore vision in this situation.

→ Types of corneal transplant

There are full and partial thickness corneal transplants. The type of transplant of choice depends on the layer that is affected by disease.

Corneal diseases which affect the entire thickness of the cornea, a full thickness corneal transplant, also known as penetrating keratoplasty, removes the entire thickness of the cornea and replaces it with a healthy donor cornea.

There are various partial thickness corneal transplants such as anterior lamellar keratoplasty (ALK) and deep anterior lamellar keratoplasty (DALK). When the disease of the cornea affects the front layers of the cornea, partial thickness transplant is the surgery of choice whereby only the front layers of the cornea is removed and is replaced with the donor cornea, leaving the back layers of the patient's own cornea intact.

When the cells at the back layer of the cornea are not functioning, leading to a swollen and non-transparent cornea, they are removed and substituted with healthy donor cells which rest on the Descemet's membrane. The patient's own front layers of the cornea are left in situ.

The two types of this transplant are called Descemet stripping automated endothelial keratoplasty (DSAEK) and Descemet's membrane endothelial keratoplasty (DMEK).

A corneal transplant presents an opportunity for better vision in diseases of the cornea not amenable to glasses, rigid gas-permeable contact lens or medications.

WELLNESS

Your Health Matters,

STOP SMOKING!

Smoking Cessation Programme

Every 15 cigarettes you smoke will cause a mutation in your body and mutations are how cancers start. If you could see the damage, you would stop.

According to the World Health Organization (WHO), there are immediate and long-term health benefits of quitting for all smokers. Within 20 minutes, your heart rate and blood pressure drop and in 12 hours, the carbon monoxide level in your blood drops to normal. In 1 year, your risk of coronary heart disease is about half that of a smoker's and in 10 years, your risk of lung cancer falls to about half that of a smoker.



People of all ages who have already developed smoking-related health problems can still benefit from quitting. At about 30, you gain almost 10 years of life expectancy and at about 50, you gain 6 years of life expectancy.

Sunway Medical Centre's Retail Pharmacy offers private and personalised quit smoking consultations. We have trained smoking cessation providers to advise and support you throughout the journey, paired with suitable smoking therapies.

"Many quit smoking for personal health reasons and to prevent the effects of smoking from affecting their loved ones," said James Cheng, Manager of Sunway Medical Centre's Retail Pharmacy.

"There are always people who want to quit smoking but a lot of times they fail due to various reasons. Determination is key. Create good habits and surround yourself in non-smoking environments will be helpful in the long run," he added.

Here are some tips on how to quit smoking:

1. For the first few days after you quit smoking, spend as much free time as you can in public places where smoking is not allowed, such as libraries, malls, museums, theatres or restaurants without bars are most often smoke-free.
2. Take extra care of yourself. Drink water, eat well, and get enough sleep. This could help you have the energy you might need to handle extra stress.



3. Think of all the important reasons that made you decide to quit. Remind yourself by keeping a photo of an important person(s) somewhere where you can see it every day.
4. Avoid people, activities and places that link you with smoking.
5. Physical exercise can help relieve stress and the urge to smoke. This also helps maintain physical fitness and overall health and wellness.
6. Avoid heavy meals and alcoholic drinks. This can help curb the urge to light up a cigarette.
7. For those who miss the feeling of having something in their mouth, try a toothpick, lollipop or chewing gum. If you miss the feeling of holding something on your hand, try a pencil, coin or an ice cream stick.

8. Reward yourself with the money saved from buying cigarettes.
9. Call quit smoking helplines when you need extra help or support.

Sunway Medical Centre's Retail Pharmacy is accredited by the Ministry of Health (MOH) as a mQuit Clinic for smoking cessation. The programme is available for our patients and walk-in customers who seek advice and support to quit smoking.

Those interested can contact us at 03-74911358 for more details. Our operation hours are from 8am to 8pm, Monday to Sunday. Tele-consultation and medication delivery services are also available during this MCO period.

TALES FROM THE HOSPITAL

“They sent me for CT scan and MRI immediately to find the cause of my numbness and weakness.”

- DJ Liang Kim Loong



Rebuilding His Confidence

If you are an Ai FM listener, you may have heard DJ Liang Kim Loong on-air. Recently, he had a health scare when he was hit with a mild stroke out of the blue, and now he has a very important message for you.

Can you tell us a little about yourself?

I am an Ai FM radio station broadcaster and a TV host. I am also a singer and a stage performer.

What about your health condition?

I had high blood pressure and was reluctant to take medication for it. I thought if I started taking medicine, I would have to take it for life, and that sounded dreadful to me. I realised how wrong my perception was when I was hospitalised for a stroke.

When did you first realise that you were suffering from a stroke?

I was working at the office one day and when I tried to stand up, I noticed that there was a sudden weakness in my hands and legs. At first, I thought I was just too tired.

Maybe it was normal to experience weakness in your limbs when you were tired, so I didn't think too much about it and continued working.

After having dinner with my colleagues, while I was headed to the car park, I noticed that the sudden weakness in my limbs had returned. It became very difficult for me to walk to my car.

What happened next?

Once I managed to enter my car, I called my friend, a traditional medicine practitioner. I received acupuncture and cupping treatment that very night, which caused the weakness to go away.

It was the Lantern Festival the next day and I had to work. When I was at work, the weakness in my limbs returned and this time, it only happened on one side. I persevered at work but it lasted until the next day, which was a Sunday. I then had another session of acupuncture to chase the weakness away.

Were you worried about the intermittent weakness?

I thought I was fine so I didn't want to go to the hospital. However, I later experienced complete weakness in my left hand and left leg in the middle of the night. The left side of my face was also numb and stiff.



I was scared. I thought it might be a stroke. I have read many cases about people ending up with a distorted face or limbs because of stroke. So I put my fears aside and got myself admitted to the hospital at around 2am.

What happened at the hospital?

I told the medical team about my condition – how my left hand, left leg and face had gone numb and weak. They sent me for CT scan and MRI immediately to find the cause of my numbness and weakness. The MRI revealed a blocked blood vessel in the right side of my brain, causing weakness in the left side of my body.

What did your doctor say about your condition?

I was treated by Dr Raymond Tan, who was very kind and friendly. He has handled many severe cases and told me that I was only suffering from a mild stroke. He said it was truly lucky for me to discover my symptoms at an early stage. As I was considered young, the chance of recovery was very high.

What advice did the doctor give you?

He advised me to take medicine for high blood pressure and stressed the importance of medication for high blood pressure patients of all ages.

Of course, one can always stay healthy by relying on a proper diet and regular exercise. However, I am of the opinion that we won't know when will we overwork or adopt an unhealthy diet.

My cholesterol level was normal when I had a medical check-up half a year ago. When I was hospitalised, I realised that my cholesterol level had increased drastically over the last 6 months.

What was the treatment recommended by your doctor?

My doctor told me to rest more and prescribed medicine for my high blood pressure. I was also required to go for rehabilitation.

I attended two rehabilitation sessions every day: physiotherapy and occupational therapy. Physiotherapy focused mostly on my legs whereas occupational therapy focused on my hands.

Like a child, I learned how to use a spoon and remove a screw during occupational therapy sessions. These exercises equipped me with the necessary skills to return to work and live a normal life again.

I also learned to walk properly again with physiotherapy. As my limbs were not aware of their own strength, I was having problems walking in a straight line.

Do you have a message to the public?

If you know anyone who is suffering from a stroke, please help them rebuild their confidence. I admit that I did lose my confidence initially and only regained my confidence again once I had calmed down and started to attend rehabilitation sessions. I also wish to remind everyone to take good care of your health. Take medicine for your health conditions and seek medical treatment promptly.



EVENTS



Dr Kannappan Palaniappan, Fertility Centre Director and Consultant Obstetrician and Gynaecologist with Teresa Chin, Parenthood Medical Director

Parents' Choice Awards 2020

Sunway Medical Centre's third win

The Parents' Choice Award, voted by thousands of parents, has won Sunway Medical Centre's Fertility Centre the award for Best Fertility Centre for the third year running.

The award was designed to be the top quality and excellence benchmark for all products and services available in the Malaysia. Every year, the organiser sought to identify and bring forward the most trusted brands and services that parents can truly rely on.

"On behalf of Sunway Medical Centre and our Fertility team, we would like to thank you for believing in us and having the confidence to trust us in starting a family. To us, you are not just an individual or a couple but part of our family as we have journeyed with you from the beginning. We have, together, shared anxieties and we have shared joys, and this has definitely formed a bond between us," said Dr Kannappan Palaniappan, Fertility Centre Director and Consultant Obstetrician and Gynaecologist.

"SunMed Fertility Centre is committed to ensure quality medical care with a warm and compassionate approach using the least invasive method of treatment that is suited to your needs.

I personally would like to take this opportunity to thank my team of embryologists and nurses for their passion and dedication," he added.



The Fertility Centre's goal is to be the leading assisted reproductive centre in the country that provides professional, holistic and advance technology that exceeds customer expectations with a high success rate. It is committed to create fertility awareness and to ensure quality in providing excellence and comprehensive fertility treatments to maximise patients' outcome in having a healthy child.