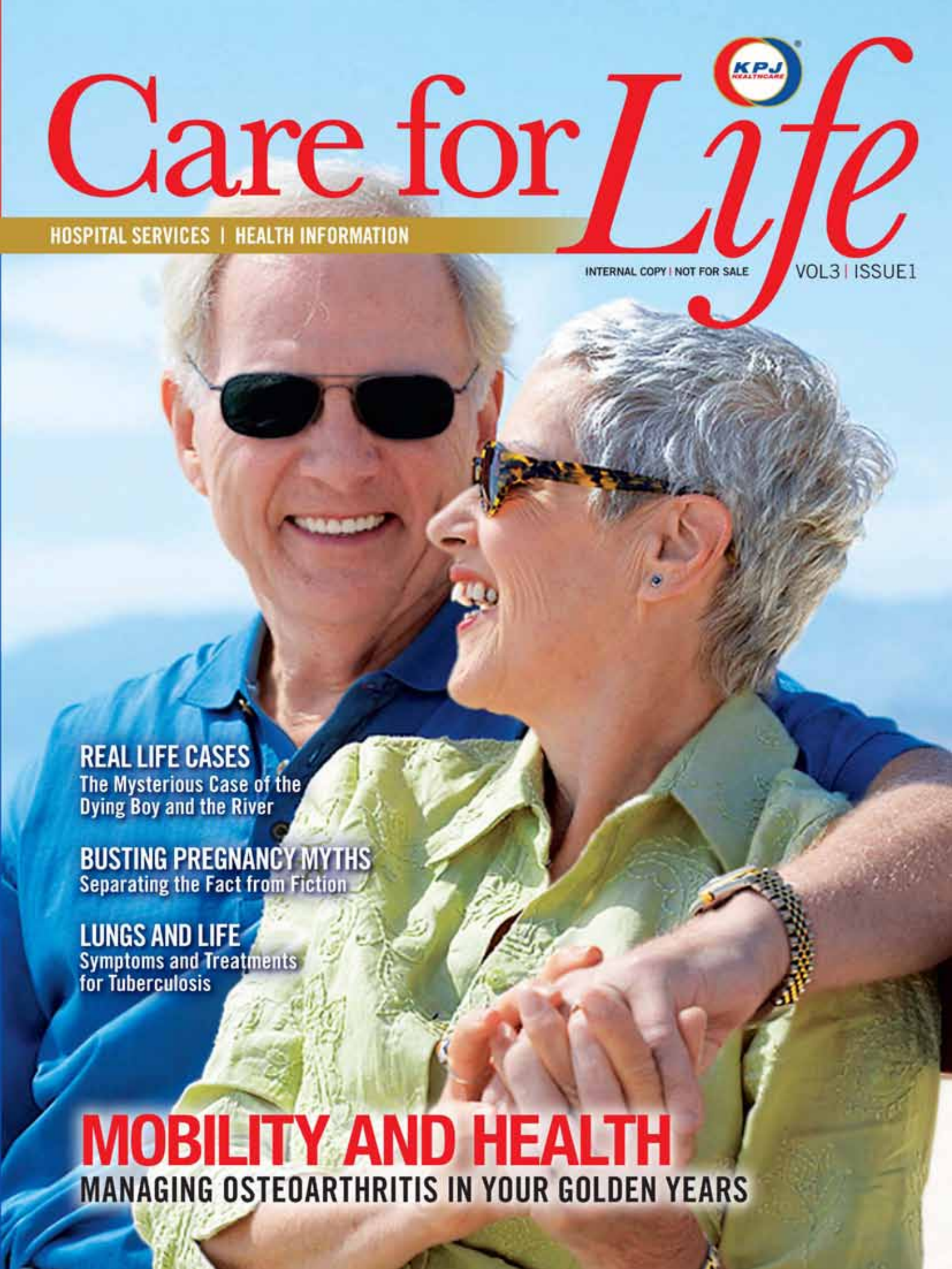




Care for *Life*

HOSPITAL SERVICES | HEALTH INFORMATION

INTERNAL COPY | NOT FOR SALE VOL3 | ISSUE1



REAL LIFE CASES
The Mysterious Case of the Dying Boy and the River

BUSTING PREGNANCY MYTHS
Separating the Fact from Fiction

LUNGS AND LIFE
Symptoms and Treatments for Tuberculosis

MOBILITY AND HEALTH
MANAGING OSTEOARTHRITIS IN YOUR GOLDEN YEARS

Care For Life

QUALITY HEALTHCARE

Since our inception in 1981, KPJ Healthcare Berhad (KPJ) has cemented a reputation as one of the leading healthcare providers in the region with more than 20 specialist hospitals in Malaysia and 2 in Indonesia providing promotive, preventive and curative medical services. KPJ's education arm has been awarded a University College status in 2011.

OUR STRENGTHS

- Availability of more than 800 medical specialists as well as nearly 8,000 supporting staff such as nursing, paramedic, pharmaceutical, technical and management services.
- Complementing the expertise of our specialists, our hospitals are equipped with the latest medical technology as well as facilities that allow us to offer a comprehensive set of medical services including cardiac, orthopaedics, oncology, bariatric surgery, and reconstructive and plastic surgery, among others.
- Our commitment to patient safety is reflected in 11 KPJ hospitals being accredited by the Malaysian Society for Quality in Health (MSQH) which is affiliated with the International Society for Quality in Health Care (ISQua), while other hospitals are in the process of being accredited.
- KPJ hospitals also implement the Integrated Management System (IMS), thus guaranteeing high standards in quality services, environmental safety and health management.
- The above mentioned qualities have enabled KPJ hospitals to attract 2.2 million outpatients and 220,000 inpatients in 2010, including a sizeable amount of foreign patients from all over the world.
- The upgrading of KPJ's education arm to KPJ International University College in 2011, clearly signifies KPJ's efforts to continuously strive for excellence. This official upgrade is a testament to our unceasing commitment to excellence, and is a well-deserved recognition of KPJ's efforts in healthcare education.

AWARDS AND ACCOLADES OF KPJ HEALTHCARE BERHAD



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KPJ NETWORK OF HOSPITALS

MALAYSIA

ACCREDITED BY MALAYSIAN SOCIETY FOR QUALITY IN HEALTH (MSQH)

- KPJ Johor Specialist Hospital (JSH)
- KPJ Ipoh Specialist Hospital (ISH)
- KPJ Ampang Puteri Specialist Hospital (APSH)
- KPJ Damansara Specialist Hospital (DSH)
- KPJ Selangor Specialist Hospital (SgorSH)
- KPJ Seremban Specialist Hospital (SSH)
- KPJ Perdana Specialist Hospital (PSSH)
- KPJ Kajang Specialist Hospital (KjgSH)
- KPJ Penang Specialist Hospital (PngSH)
- Kedah Medical Centre (KMC)
- KPJ Tawakkal Specialist Hospital (TSH)

MOVING TOWARDS ACCREDITATION

- Puteri Specialist Hospital (PSH)
- Kuantan Specialist Hospital (KSH)
- Taiping Medical Centre (TMC)
- Damai Specialist Hospital (DmSH)
- Kuching Specialist Hospital (KcSH)
- Sentosa Medical Centre (Sentosa KL)
- Kluang Utama Specialist Hospital (KUSH)
- Sabah Medical Centre (SMC)
- Sibiu Specialist Medical Centre (SSMC)

INDONESIA

- Rumah Sakit Medika Permata Hijau, Jakarta
- Rumah Sakit Bumi Serpong Damai, Jakarta

EDUCATION

- KPJ International University College (KPIIUC)
- Main Campus (Nilai, N.Sembilan)
- Branch Campus (Johor Bahru, Johor)



"Be it 30 years, or 130 years, we will continue to be there for you and your family, because very simply, we Care for Life."

Putting the 'Care' in Healthcare

2011 was a milestone year for KPJ Healthcare Berhad, as it marked our 30th anniversary. In an effort to chronicle the history of our company throughout the past three decades, we have conceptualised a commemorative coffee table book titled *Our Commitment to Excellence in Healthcare*. When we look through our past achievements, present successes and future plans, it is clear that our guiding light has always been our strong commitment to Care for Life and our main inspiration for this has been you, our valued customers.

More than a mere marking of time, our 30th anniversary showed us how far we have come since our first hospital was set up in Johor. Even more than that, I believe that this serves to remind us how far more we can and will go in our journey to become the preferred healthcare provider in Malaysia and even Southeast Asia.

Every endeavour is made with the aim of upholding and enhancing the standards and services that have made the KPJ name trusted for more than a generation. Early this year, KPJ Tawakkal Specialist Hospital joined 10 other KPJ hospitals when it was accredited by the Malaysian Society for Quality in Health. We are continuously pursuing accreditation for our other hospitals so when you walk into a KPJ hospital, you know you will receive the best in quality healthcare.

To give you more value, we are also in the midst of setting up the Tawakkal Health Centre, which is being renovated and is located at the former Tawakkal Hospital. The Tawakkal Health Centre will house dental, dialysis, pharmacy, X-ray and rehab services and is expected to open this year.

Our expansion plans are on track, and I am happy to say that in 2012, we are expecting the opening of five new hospitals - KPJ Klang Specialist Hospital, KPJ Muar Specialist Hospital, Sabah Medical Centre, KPJ Pasir Gudang Specialist Hospital, and KPJ Bandar Baru Dato' Onn Specialist Hospital.

Our pursuit of continuous improvement has seen us invest in bringing the latest medical technology so as to provide our patients with the latest diagnostics and treatments. One such example is our recently acquired Therapeutic Medical Laser Unit in KPJ Ampang Puteri Specialist Hospital which can treat up to 72 ailments at a cellular level with no side effects.

Having been in the industry for 30 years, many of our patients have grown with us. From prenatal care to geriatric care, we have been with you every step of the way. As many of our very first patients are now in their golden years, we will continue to uphold our vow to be by your side, providing you with professional and compassionate care through our latest expansion into aged care and assisted living services.

Having bought over the Jeta Gardens Retirement and Aged Care Resort in Brisbane Australia, we are now taking that model and enhancing it by merging it with the Asian value of treasuring our elders. The values of kindness and empathy will be the guiding principles for setting up similar aged care facilities in Johor, and Selangor.

It has been 30 years since the first KPJ hospital was launched. Much has changed, more hospitals have joined the KPJ family, and we have branched into providing a wider range of services. Through it all, we have been privileged to share some of your happiest moments and we have been there for you during times of illness. Be it 30 years, or 130 years, we will continue to be there for you and your family, because very simply, we Care for Life.

YBhg Datin Paduka Siti Sa'diah Sheikh Bakir
Managing Director, KPJ Healthcare Berhad

KPJ Accredited Hospitals



KPJ JOHOR SPECIALIST HOSPITAL

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Moving Towards Accreditation

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91

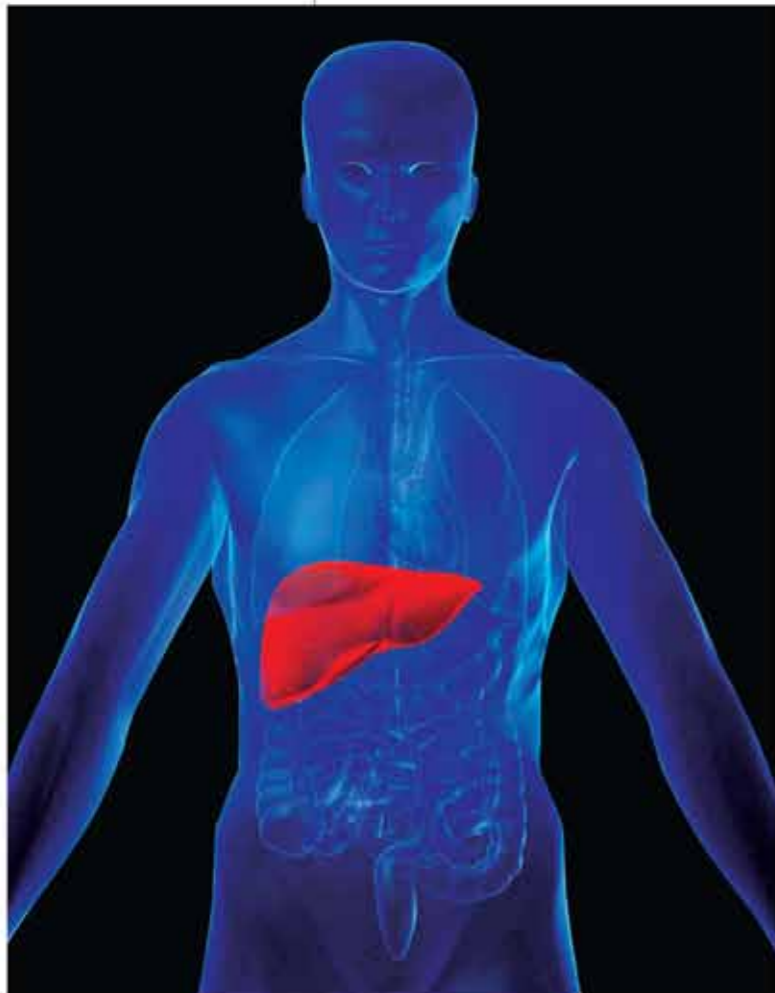
Combating Hepatitis C

THE existence of the Hepatitis C virus was finally identified in 1989, after almost two decades of being called either Hepatitis non-A or non-B. The Hepatitis C virus (HCV), is an infectious disease that affects mainly the liver and is the leading reason for liver transplantation. While both Hepatitis A and B vaccinations are widely available, a potential vaccine to combat Hepatitis C has only just been discovered by Michael Houghton, a researcher from the University of Alberta in Canada.

Hepatitis B involves the inflammation of the liver but can be prevented through three doses of the vaccines spaced between a 2-6 month duration.

Michael Houghton, who is also Canada Excellence Research Chair in Virology, led the team which first discovered the Hepatitis C virus in 1989, and took over ten years to develop the HCV vaccine. Developed from a single strain of the virus, the vaccine has shown to be effective against all strains of the virus known to date – a challenge, given that Hepatitis C is even more virulent than HIV.

This breakthrough is a tremendous step forward in the field of Hepatitis C research, providing hope for the hundreds of thousands of people infected by the disease each year, especially those 20% to 30% infected by the virus that develop liver disease. Houghton warns, however, that there is still further testing to be carried out, which may result in a five to seven-year wait for the vaccine to be approved.



KPJ HEALTHCARE BERHAD (247079-M)
(A Member of Johor Corporation Group)

Care For Life

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- KPJ Penang Specialist Hospital
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- Kluang Utama Specialist Hospital
- KPJ Seremban Specialist Hospital

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A Mark of Healthcare Excellence

WITH more than a decade of safeguarding patient safety and ensuring the highest in healthcare quality standards nationwide, the Malaysian Society for Quality in Health (MSQH) extends its prestigious accreditation to one of the country's leading medical facilities – the KPJ Tawakkal Specialist Hospital. On the 24th of February 2012, the Kuala Lumpur hospital joined the proud ranks of its other MSQH-accredited brethren in Perak, Selangor, Negeri Sembilan, Johor and Kelantan, and has embarked upon its first 3-year cycle of recognition by the national healthcare accreditation body.



With more than 20 private specialist facilities – of which 10 are already MSQH-accredited in Indonesia and Australia, a nursing university college as well as partnerships with a number of leading medical service providers, KPJ Healthcare Berhad brings more than 3 decades of industry experience to bear in its vision to achieve healthcare excellence. Established in 1984, KPJ Tawakkal Specialist Hospital is, today, testament to this quest for industry distinction.

A leading specialist hospital in Kuala Lumpur that has grown exponentially in the intervening years in terms of both its human development capital as well as its facilities, KPJ Tawakkal Specialist Hospital provides premier outpatient as well as inpatient services across a range of healthcare disciplines. By passing the MSQH's rigorous assessment criteria including those on efficiency, work flow output and adherence to safety features in November 2011, KPJ Tawakkal Specialist Hospital looks set to contribute to further industry excellence.

Previous page: In celebration of the Year of the Dragon, symbols honouring the mythical beast were part of KPJ Tawakkal Specialist Hospital's Pedoman ceremony, in which Managing Director Datin Paduka Siti Sa'diah received an accreditation certificate from the Malaysian Society for Quality in Health (MSQH).

A Partnership in Health

THE rapid development of Malaysia's healthcare industry has garnered international interest, particularly from the Arab world. This was one of the main sectors discussed at the recent Malaysia Global Business Forum, held on the 21st and 22nd of February 2012. KPJ Healthcare Berhad was the event sponsor for this forum which was themed 'Strategic Partners: Malaysia & the Arab World.'

From left: Puan Rafeah Ariffin - Senior GM of Marketing and Communication of KPJ Healthcare Group, Dato' Dr Raja Mohamad Abdullah - CEO of OIC International Business Centre and Dr Mahmoud Khalid Alamsafir - Head of the Global Business Centre.



Held in collaboration with the Malaysian Government and the Arab Malaysia Chamber of Commerce, the two-day forum aimed to strengthen economic ties between the nations while also exploring investment opportunities and expansion into the global market. It was attended by the Arab League's Council of Arab Economic Unity as well as other delegates from Malaysia and the Middle East.

The key sectors discussed in the forum were healthcare,

industrial zone development, infrastructure, food security, tourism development, ICT, Islamic finance and small & medium enterprises (SMEs).

Following the conclusion of the Forum, the Council of Arab Economic Unity, led by Secretary General His Excellency Mohamed Mohamed Al-Rabea, visited KPJ Healthcare's KPJ Tawakkal Specialist Hospital for a tour and an information sharing discussion with the management.

Laughter is the Best Medicine

KPJ Healthcare Berhad is the main sponsor of the longest running musical in Istana Budaya, the Malaysian animation phenomenon known simply as 'Upin and Ipin the Musical'. It will run consecutively for a total of twenty-three days from the 14th April to the 6th May 2012.



'Upin and Ipin' tells the story of two Malay five-year-old orphans who live with their older sister and grandmother in a village called Kampung Durian Runtuh, the backdrop of their adventures. Its myriad of colourful characters include their classmates in Mesra and the residents of the village.

The cheeky rascals have won the hearts of audiences across the country, transcending the small and silver screen to make their mark in theatre history. Their television series first premiered in 2007 and has been renewed up to its seventh season, to air in 2013.

The theatre production features fifty-five stage actors of different ages, race and backgrounds to bring the beloved characters to life. The audience will be happy to know that many elements from the television show are also replicated in the musical to ensure that the musical stays as true to the TV version as much as possible.

KPJ's Kids Focus

KPJ Healthcare Berhad is grooming the next generation of healthcare professionals by sponsoring a mini-hospital in KidZania which includes a surgery room, a nursery room, an Accidents & Emergency (A&E) room and a CT scan room. This enables children ages 4 to 14 to simulate activities normally found in real hospitals.

Adding another layer of realism to the experience are the KPJ hospital nurses who are helping to train KidZania supervisors, equipping them with the necessary skills to administer the role-playing activities of the theme park. Additionally, KPJ also has the option of holding health seminars in the KidZania auditorium.

Created by Mexican entrepreneur Xavier Lopez, KidZania's facilities were designed and built to inspire and empower children to learn the mechanics of the real working world while still having fun. Children may choose to participate in 90 available activities from 60 establishments throughout the theme park.

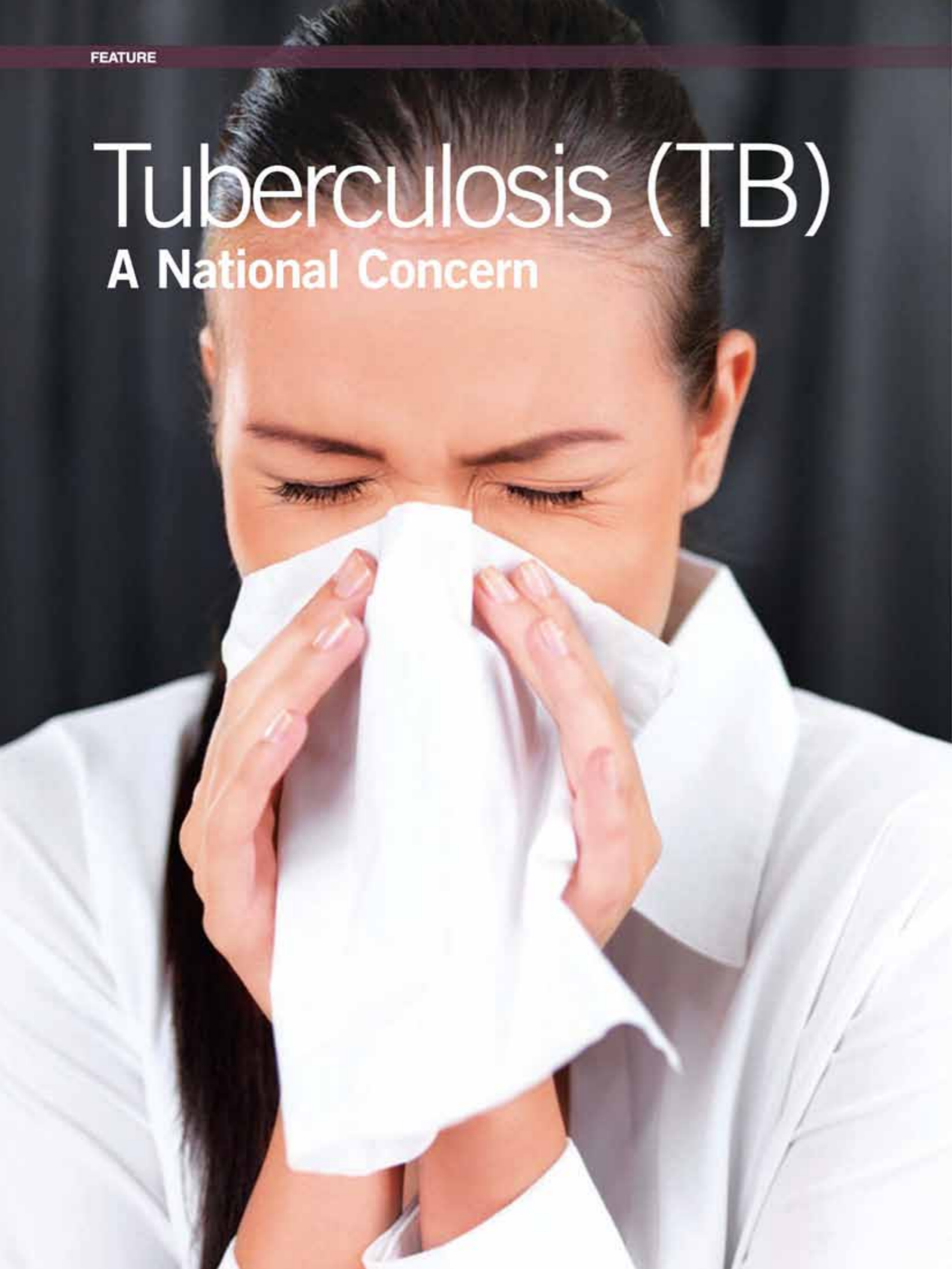
KidZania activities also contribute to the development of skills and attitudes. It serves to stimulate creative thinking and strengthen confidence and self-esteem as well as foster interaction with other children.



Activities at the mini-hospital, KidZania, enables children between 4 and 14 years-old to simulate creative thinking and strengthens confidence and self-esteem.

Tuberculosis (TB)

A National Concern



AS a global health concern, tuberculosis is thought to affect approximately one-third of the world's population at any given time. Forensic archaeology indicates that prehistoric humans fell prey to the bacteria's rogue invasion, and it has also been found in the spines of Egyptian mummies dating as far back as 2500BC. References to its infectious nature are mentioned in the pages of 17th century Italian medical literature though it was not identified as a unified disease until 1820.

Care For Life looks at tuberculosis as a national and global health concern, and investigates its symptoms, diagnosis, treatment and prevention as a way of taking the best care possible of you and your loved ones.

Below:
The BCG vaccination programme is mandated in all Malaysian states, with newborns vaccinated and a booster shot administered later to children of school age. The designated age for the booster dose is 7 in Sabah and Sarawak, and 12 in other states in Peninsular Malaysia.

THE 'IMMUNE' FACTOR

Tuberculosis (TB) is an airborne infectious bacterial disease that most frequently occurs in the lungs though its spread to other organs such as the kidney, spine and brain is not uncommon. Not all persons are similarly susceptible to the disease as the strength of an individual's immune system determines whether those infected by *Mycobacterium tuberculosis* will actually succumb to the disease or not.

Depending on how effective an individual's immune system is in fighting off the bacterial invasion, they may manifest no symptoms, minor symptoms which disappear as the infection is successfully overcome, or symptoms that develop gradually over a period of several months or years post-infection. A powerful immune system can 'wall off' the rogue bacteria with a thick, waxy coat, rendering it dormant for many years. Therefore,



the state of an individual's immune system is a correlation to the severity of symptoms, also determining whether or not the bacteria takes root and spreads as an infection.

Active symptoms include coughing that persists for more than a fortnight and usually occurs in conjunction with blood-speckled phlegm. Fever, night sweats, decreased appetite and subsequent loss of weight are other common manifestations of the infection.

WHO IS AT RISK?

Though once rare in developed countries, the number of TB cases saw a rise in 1985, and continues to be a global health issue for nations worldwide. Sources attribute this increase to the emergence of the HIV strain

– a derivative of the virus that causes AIDS – which weakens an individual's immune system to a point of total collapse.

The Stop TB Partnership claims it as the world's greatest infectious killer of women and the leading cause of death among those afflicted with HIV/AIDS. The susceptibility of the latter group to the disease is attributed to the fact that women worldwide suffer from more ill-health, malnutrition and poverty effects than men.

Those with diabetes, undergoing chemotherapy, of advanced age, as well as long-term drug or alcohol users are also at a heightened risk of contracting TB as their immune systems function at reduced capacity compared to those without these health complications. Individuals working or living in areas prone to overcrowding and poor ventilation are similarly affected.

The state of California in the US has banned gerbils as these rodents are thought to be carriers of the bacteria responsible for tuberculosis.



PREVENTION AND CURE

Though TB is not impossible to treat, it is difficult, as many strains of the disease are resistant to the drugs most commonly prescribed to combat it. Patients suffering acute TB often need to take multiple medications over the course of several months to fight an infection that is both persistent and virulent, as well as to avoid developing a resistance to the antibiotics.

Whether latent or active, TB can be eradicated by taking a prescribed course of 4 different antibiotics.

Though prevention is not conclusive, the risk of contracting TB can be minimised by getting the BCG (Bacille Calmette-Guérin) vaccination, which protects approximately 8 out of 10 people who receive it.

Diagnoses of latent tuberculosis are conducted using the Mantoux test, which involve the injection of tuberculin protein into the skin. Individuals exposed to the bacteria will show an immune response (swelling) on the aforementioned patch of skin, which is later graded by specialists to determine severity. It is important to note that a positive

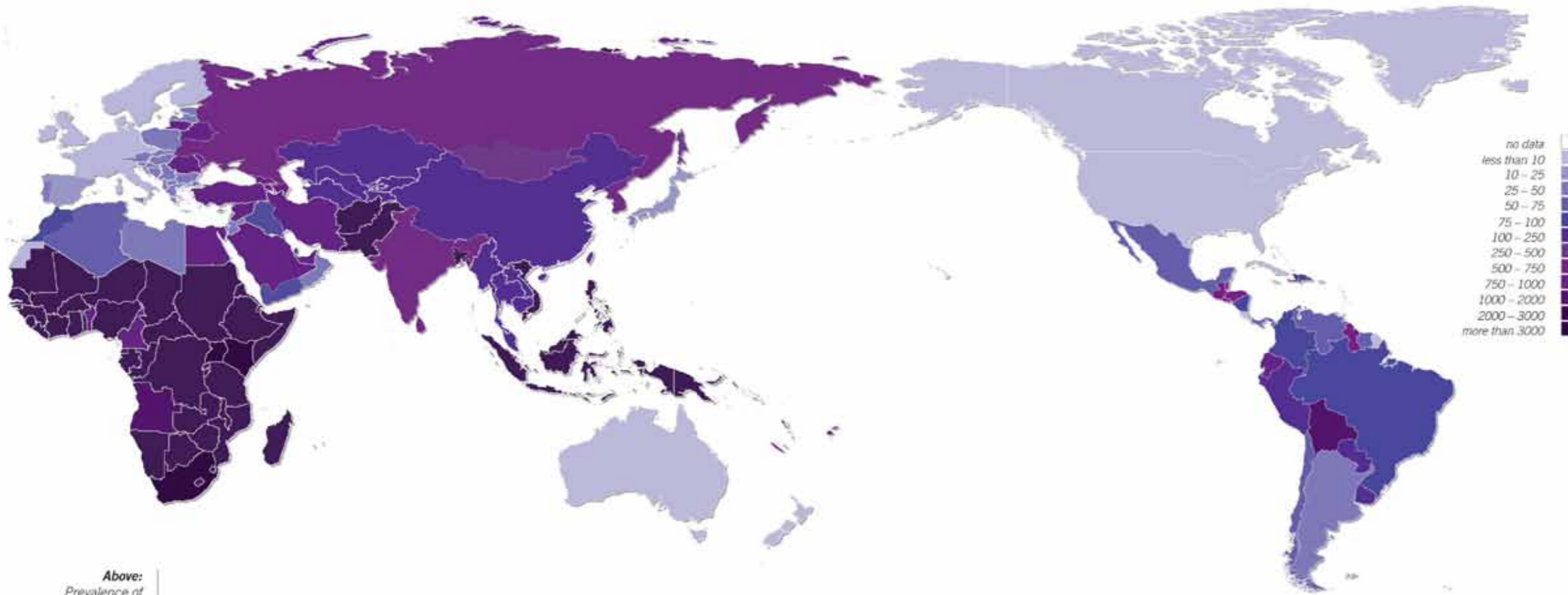


Left: Robert Koch, a German physician and one of the founders of microbiology, was instrumental in isolating the Tuberculosis bacillus from other bacterial strains.

reaction does not mean the person is actively contagious but rather, that the bacteria are or have been present in their system. A consistent course of antibiotics is usually prescribed to eradicate the problem.

Below: A pathogenic bacterial species in the genus Mycobacterium. Mycobacterium Tuberculosis is the causative agent in the bulk of Tuberculosis cases.





Above:
Prevalence of
tuberculosis around
the world.

A GROWING CONCERN

The World Health Organisation (WHO) estimates approximately 20 million active cases to exist in the world today, affecting anywhere between 50-100 million people globally. A large number of these are children, as their immune systems are fragile and not as well-developed as those of adults. The organisation also states that the disease claims approximately 3 million lives annually, with at least 80% of fatalities occurring in developing nations.

WHO estimates that the largest increase in new TB cases occurred in South East Asia, accounting for 35% of all reported cases worldwide. The sub-Saharan African region saw an estimated incidence rate which was nearly double that of South East Asia, with a record of over 350 cases per 100,000 population.

WHO also estimates a total of 1.7 million to have died of TB in 2009, with the highest number of fatalities stemming from the African region. Furthermore, sources state that the distribution of TB seems to be confined to these two regions, with about 80% of the population testing positive in tuberculin tests.

CLOSER TO HOME

2009 saw a revival of TB in Malaysia, and sources note that the migration of people from high-risk countries such as India, China, Mexico and other countries in South East Asia have contributed to the disease's re-emergence. Lack of proper diagnosis coupled with widespread misinformation about the disease's pathogenesis and spread continues to plague residents in both rural and more affluent areas. Those suffering its symptoms of cough and fever

are often misdiagnosed and prescribed the wrong kind of treatment, as doctors attribute its manifestations as due to the weather or stress, or a combination of both.

When patients remain uncured, they believe the medicines prescribed to be ineffective, and seek another doctor who continues the trend of misdiagnosis. This leads to a prolonged vicious cycle in which patients doctor-hop and are put on multiple rounds of antibiotics. The saddest fact underpinning this is that TB is curable, but due to misinformation and negligent medical personnel, is often detected too late for treatment to be effective.

Did you know that TB claims an average of 1,000 lives a year, and in 2009, infected 18,102 members of the population?

That sounds serious! What can be done?

Yes, I did. I remember reading the 2011 World Bank Report which showed the incidence of TB in Malaysia was 82.00 per 100,000 persons. The same source reports that the number of annual cases has not declined, averaging 11,000-12,000 cases each year, making TB a health concern deserving of more attention.

Though not a disease resistant to treatment, effective diagnosis coupled with the right preventive measures prove to be the best methods of stopping TB in its tracks.



Taking on Tuberculosis

Dr Ahmad Faizal demystifies the disease



A firm believer in good lung health, Dr Ahmad Faizal advocates regular exercise, good nutrition and no smoking as crucial to maintaining a good immune system and the first line of defence against tuberculosis.

In the human body, the lungs are organs of critical importance that perform a multitude of functions, of which breathing is the most basic and crucial. Apart from facilitating the smooth exchange of oxygen and carbon dioxide between the body and the environment, the lungs also play a vital role in negating the effect of harmful substances and stressors from the external world. In this sense, the lungs represent a line of defence and protect the body against infection.

While there are numerous diseases that can affect the lungs, there is considerable misinformation surrounding that of tuberculosis (TB). *Care for Life* speaks to Dr Ahmad Faizal bin Mohammad Perdaus, Internal Medicine and Respiratory Physician of KPJ Johor Specialist Hospital, to demystify some common misconceptions pertaining to this disease.

A MULTI-SYSTEMIC INVASION

When he commenced his stint as a medical officer in Kluang Hospital, Johor, Dr Ahmad soon realised that of the multiple postings to which he was assigned, his main responsibilities centred around the Internal Medicine department. Quickly developing an affinity for the science, he later sought to broaden his repertoire by training in respiratory medicine.

A practicing pulmonologist – or respiratory physician, as he prefers – Dr Ahmad is quick to

acknowledge that while the vast majority of TB infections can originate in the lungs, this is not absolute. “TB is not a disease with exclusive affinity for the lungs,” he cautions. “In truth, it is a multi-organ disease, and while the bulk of cases start with presentations in the lungs, it can just as easily spread to other organs.”

This is called Miliary tuberculosis (MTB), and represents a multi-systemic invasion of the bacteria responsible for TB, *Mycobacterium tuberculosis*. Apart from the lungs, other parts of the body most commonly affected are the liver and the spleen.

According to Dr Ahmad, TB can be treated by physicians from a range of specialties as it is not a disease confined to the region of the lungs, requiring treatment by a corresponding specialist. This misconception stems from the fact that because 80% of cases are Pulmonary tuberculosis – with a focus on the lungs – its treatment should specifically be the jurisdiction of pulmonologists.

THE SMOKING MYTH

Another common misconception plaguing the public as to how TB is contracted is that smoking causes the disease, a notion which Dr Ahmad finds laughable. “There is no direct link between smoking and TB,” he is quick to assure. “TB is an infective disease, and is spread by the bacteria *Mycobacterium tuberculosis*. Smoking is a lifestyle choice, and a bad one at that. There is quite a difference between the two.”

He acknowledges that in the case of most lung diseases, smoking is a definite risk factor that reduces the capacity of the respiratory tract – and other organs at large – to withstand bacterial invasion. Smoking damages the airways and causes them to constrict, rendering them more susceptible to infection. He also cautions that smoking can aggravate existing conditions of TB or other lung complications, necessitating longer treatment.

COURTING THE CURE

Treatment is both intensive and prolonged, with anti-TB drugs prescribed in regimens over a course of 6 or more months, depending on the severity of the disease and/or existence of co-morbid conditions. Dr Ahmad confirms that TB patients often need to take up to 3-4 different types of drugs concurrently for treatment to be effective. Treatment is divided into 2 phases, the first of which spans 2 months and involves the consumption of 3-5 different types of drugs daily for treatment to be effective while the second is a maintenance phase, usually 4 months in duration and requiring the ingestion of 2-3 drugs daily.

In Malaysia, TB is of widespread concern due to its status as an endemic. “It is a disease that I see every day,” Dr Ahmad confirms. “Due to its highly contagious nature, precautions are taken on a national level to monitor the disease’s spread. The Ministry of Health requires that a report be lodged with each positive diagnosis we make, more so in the case of a phenomenon known as Multi Drug-Resistant Tuberculosis (MDR TB).”

While the incidence of MDR TB in Malaysia is still fairly low, countries like India, Indonesia and Thailand see it as a significant concern. In cases of MDR TB, the bacteria that causes the disease is resistant to the usual first-line anti-TB drugs prescribed. This necessitates the use of second-line medication and antibiotics, which may not be as efficacious as the first, and results in a longer treatment period in addition to undesirable interactive side-effects.

“The trick to preventing the spread of MDR TB is to ensure that existing patients complete their prescribed treatment, to prevent the circulation of the drug-resistant TB organism into the community,” Dr Ahmad says.

In closing, he reiterates that the best line of defence against TB is to boost one’s immune system and in particular, maintain good lung health by getting enough exercise to facilitate proper oxygenation of the body’s organs, and to avoid risk-inducing behaviours such as smoking. With advances in the diagnosis and treatment of various strains of TB, as well as conscientious practitioners such as Dr Ahmad to monitor the spread of cases, the spread of TB locally looks to be well under control.

FAST FACTS

Dr Ahmad Faizal’s illustrious career in medicine spans the following accomplishments:

- 1989 – Bachelor of Medical Science, Universiti Kebangsaan Malaysia (UKM)
- 2000 – Masters in Internal Medicine, Universiti Kebangsaan Malaysia (UKM)
- 2005-present – Personal Respiratory Physician to DYMM Yang Di-Pertuan Besar Negeri Sembilan.
- 2005-present – Internal Medicine and Respiratory Physician, KPJ Johor Specialist Hospital.

Osteoarthritis

Pain in the Joints

CAN you imagine waking up in the morning to excruciating pain and stiffness in your joints where every movement is accompanied by the sounds of bones grating and crackling? These are the symptoms of Osteoarthritis (OA), the most common form of rheumatic condition that many senior citizens have to live with. It occurs as a normal result of ageing and is the leading cause of disability among the elderly, resulting in restricted mobility and increasing healthcare expenditure, and adversely affecting the overall quality of life.

BODILY WEAR AND TEAR

OA results when deterioration and loss of rubbery cartilage pads between bones of the joints occurs. Without the soft tissues to provide cushioning, bones rub against each other while muscles and ligaments around an affected joint will also weaken. In advanced stages, prickly bony overgrowth may form, causing unbearable pain, stiffness and swelling in the joint area. OA can affect any joint of the body, particularly those that have been continually stressed over the years, but it mostly occurs in the fingers, knees, hips and lower spinal region.

The real cause of OA is often difficult to pinpoint, but there are several factors which can influence the way it develops for an individual. Most commonly, it is caused by the accrual damage of a joint over time. People who hold physically strenuous jobs for long periods or play high impact sports where there is a risk of cartilage and ligament injury can increase their chances of developing severe OA. The risk factor also increases if a person is overweight or if the degenerative disease runs in the family.

Besides the direct causes, OA can also cause secondary medical conditions to develop, such as hemophilia, chronic

gout, rheumatoid arthritis or any condition that blocks blood supply near a joint or causes internal bleeding in the joints.

EASING THE PAIN

According to the World Health Organization (WHO), it is estimated that 80% of those suffering from the symptoms of OA have

Previous page:
Osteoarthritis is the result of the wear-and-tear of the joint cartilage that occurs over time. Although OA can affect any joint of the body, it mostly occurs in the lower spinal region and joints that are frequently stressed such as shoulders, elbows, hips and knees.

Below:
As the leading cause of disability among the elderly, osteoarthritis often leads to restricted mobility and an increase in healthcare expenditure, which adversely affects one's overall quality of life.



limitations in their mobility and 25% of them are unable to carry out simple daily tasks.

Symptoms usually appear around the ages 40-50 and gradually worsen as the years go by. In the initial stage, patients report mild pain and feelings of discomfort when applying direct pressure to the affected joints. As mechanical failure progresses, increased pain will be felt, especially for weight-bearing joints such as hips and knees where pain is aggravated by increased strain. At times, pain levels can vary for no apparent reason, and joints can become red and swollen.

The Arthritis Foundation Malaysia (AFM) advises patients to consult a doctor if pain and discomfort continue for six months or more. Normally, a routine physical examination and x-ray is enough to determine if one has OA. At times, other more sophisticated testing such as MRI, ultrasound, bone radiograph and arthroscopy may be necessary to rule out other conditions before arriving at a diagnosis.

Treatment to relieve OA symptoms typically involves administering varying doses of painkillers and other medications like non-steroidal anti-inflammatory drugs (NSAIDs). Alleviating pain, however, comes with a price. A cautionary note from AFM notes that while several painkillers have passed the test of time for providing relief without serious harmful side-effects, long-term use of drugs and NSAIDs can possibly lead to heart and kidney problems. Therefore, it is advisable to use pain relief medications on an as-required basis rather than regularly.

Patients can also consider longer lasting non-invasive treatments such as epidural injections – a procedure where anti-inflammatory medications are injected into the body to relieve pain or nerve blocks – where an injection of nerve-numbing substance is administered into a specific area of the body to suppress a group of pain-causing nerves.

Recognising the needs of OA patients, KPJ Ampang Puteri Specialist Hospital (APSH) introduced its Pain Management

Fun exercises can go a long way in maintaining healthy joint mobility in old age.



Top 10 Leading Health Conditions Associated with Disability						
	Health condition	High-income countries (with a total population of 977 million)		Low-income and middle-income countries (with a total population of 5460 million)		World (population 6437 million)
		0-59 years	60 years and above	0-59 years	60 years and above	All ages
1	Hearing loss	7.4	18.5	54.3	43.9	124.2
2	Refractive errors	7.7	6.4	68.1	39.8	121.9
3	Depression	15.8	0.5	77.6	4.8	98.7
4	Cataracts	0.5	1.1	20.8	31.4	53.8
5	Unintentional injuries	2.8	1.1	35.4	5.7	45.0
6	Osteoarthritis	1.9	8.1	14.1	19.4	43.4
7	Alcohol dependence and problem use	7.3	0.4	31.0	1.8	40.5
8	Infertility due to unsafe abortion and maternal sepsis	0.8	0.0	32.5	0.0	33.4
9	Macular degeneration	1.8	6.0	9.0	15.1	31.9
10	Chronic obstructive pulmonary disease	3.2	4.5	10.9	8.0	26.6

(Source: "World Report on Disability 2011" by WHO & The World Bank)

Osteoarthritis ranked 6th out of 10 health conditions commonly associated with disability.

Services in the year 2008. Equipped with all the essential equipment, KPJ APSH provides patients living with chronic pain from OA and other diseases, access to comprehensive care that identifies the

source of pain, so the right treatment can be given. If pain fails to be controlled and mobility does not improve with conventional treatments, a patient may be referred for joint replacement surgery as a last resort.



Leading a healthy lifestyle, with regular physical activity and a balanced diet, is important to maintain an ideal weight and strengthen muscles. This can help lighten the load on joints and may prevent severe osteoarthritis in old age.

PREVENTIVE MEASURES

It is still a hypothetical question in the medical community, AFM noted, as to whether or not OA can be prevented. Though further research is needed, adopting certain lifestyle habits may prevent one from suffering severe OA in old age.

Maintaining an ideal weight through proper diet and exercise as well as strengthening quadriceps muscles, for instance, can lighten the load on weight bearing joints. Other measures like choosing the proper and supportive footwear is also said to minimise unequal biomechanics that cause flat-footedness and knock-knees which could lead to OA.

ARE THERE ALTERNATIVES?

Recently, several supplements and drugs have emerged in the market, claiming to

ease pain and help impede the progression of OA. These include supplements like glucosamine sulfate, chondroitin sulfate and diacerein which have gained popularity from patient testimonies on their effectiveness in relieving aching joints, particularly for knee OA.

While most of these supplements are harmless, none of them can rebuild cartilage. Hence, AFM suggests that supplements should be used to complement non-medical measures such as weight reduction exercises.

When it comes to treating OA, the main aim is to help patients manage the pain so it will not interfere with their daily activities. But as there is no cure to reverse cartilage deterioration, treatment for OA has to be repeated as needed.

PAIN MANAGEMENT MADE SIMPLE

If not effectively managed, recurring excruciating pain can have a tremendously adverse effect on a person's quality of life. Understanding the ordeal sufferers of chronic pain have to live with, KPJ Ampang Puteri Specialist Hospital introduced a new treatment protocol using the Theralase TLC-1000 therapeutic medical laser unit. Hasnurashid Harun and Azimah Jamaluddin – physiotherapists at KPJ Ampang Puteri Specialist Hospital talk to *Care for Life* about the newly acquired medical technology that simplifies the management of pain.



With the Theralase TLC-1000 therapeutic medical laser unit, chronic pain management is non-invasive, fast and effective.

The TLC-1000 is a nifty device that uses light energy to treat more than 72 ailments at a cellular level. Its dual wavelength technology allows the laser to penetrate up to four inches of tissue, stimulating cells in the body to produce more basic cell energy. "When the superpulsed lasers are applied to an area of the body, pain, swelling and inflammation is reduced due to increased circulation and nitric oxide levels," said Hasnurashid, explaining the science behind the device.

Along with its effectiveness, treatment with the TLC-1000 is non-invasive and a session only requires approximately 10 minutes. "It is very user friendly. All you have to do is key in the specific protocol code for a condition and run the laser probe through the region of the body that needs treatment," said Azimah.

Last year, a trial session was carried out at KPJ Ampang Puteri Specialist Hospital which also includes participation from the hospital's own staff and doctors who are suffering from chronic pain. According to Hasnurashid, the trial yielded more than 70% efficacy. "One of the patients was a man with arthritis of the knees. His condition was so bad, he could barely walk but after about 10 sessions with the Theralase TLC-1000, he was able to climb the 200-plus steps

at Batu Caves during Thaipusam," said Hasnurashid, recalling one of the cases. "Although most chronic pain is non-curable, we have testimonies of patients who are able to reduce their medication dosage after several sessions of laser therapy," Azimah added.

What is even better, the treatment is free of side-effects. "The only people who cannot undergo the treatment are cancer patients. We take this precaution because the treatment alters the sodium potassium levels in the cells," Hasnurashid said.

With KPJ Ampang Puteri Specialist Hospital as the first to use the device and its laser therapy, Hasnurashid hopes other KPJ hospitals will follow suit. Furthermore, according to Azimah, while the therapeutic medical laser unit is currently being used mainly for chronic pain management, plans to utilise the device for other purposes such as in weight loss and smoking cessation programmes are underway.

Musculoskeletal Carpentry

Dato' Dr Syed Abdul Latiff Alsagoff
on caring for your bones



DATO' Dr Syed Abdul Latiff Alsagoff – Orthopaedic Surgeon at KPJ Ampang Puteri Specialist Hospital talks about his fascination with the human musculoskeletal system and why exercise, not calcium, is truly the most essential pre-requisite for bone health.

REPAIRING THE HUMAN BODY

"The nice thing about surgery is that once you've figured out a problem, you get to work with your hands and see the results almost immediately," Dr Syed explains.

Not surprisingly, after completing his housemanship, he found his calling in the field of orthopaedics. As to why he feels that specialising in the musculoskeletal system is complementary to his personality, Dr Syed has a somewhat unconventional view. "I find orthopaedics interesting because it is like a form of carpentry on the human body. A patient comes to me with a broken

Dato' Dr Syed Abdul Latiff Alsagoff – Orthopaedic Surgeon at KPJ Ampang Puteri Specialist Hospital prefers the surgical aspect of medicine because he sees immediate results from hands-on work.

leg, I fix it and the next day, he walks again. I find that very satisfying," he elaborated.

In addition, Dr Syed likes the fact that orthopaedics is a constantly changing field. "There are a lot of new 'toys', "he said jokingly, referring to the latest innovations in surgical implants and equipment. "The developments in medical technology and implants over the years have given us a better understanding of the human body biomechanics and therefore changed our approach to surgery. Transformations continue taking place as orthopaedics is never stagnant," Dr Syed added.

NOT THE SAME PAIN

Despite the new innovations in the field, Dr Syed professed that there has not been much change in the way people think about orthopaedic diseases and maintaining musculoskeletal health. A good example, according to him, is how often people do not realise that joint pains and bone pains are two different things.

"Pain in the joints is often caused by degeneration, a condition known as osteoarthritis, which is a cumulative result of wear-and-tear on the body. There are factors that speed up joint deterioration such as being overweight, previous injuries to the joint or simply the natural process of ageing," said Dr Syed, shedding light on one of the most common ailments people experience. Expanding on this, he continued, "There are also other diseases that make the joint wear faster, namely metabolic and connective tissue disease. The most common of these are rheumatoid arthritis and gout, which cause inflammation and pain in the joints as well."

Dr Syed said that too often he meets patients who mistakenly lump various symptoms together, thinking they are from the same cause. "Patients usually come to me after they find that taking calcium supplements is not helping their arthritic pain. They must understand that not all pain is of the same nature," he said.

CALCIUM IS OVERRATED

When asked as to what is the best advice he has for preventing musculoskeletal diseases, Dr Syed puts it down to one word: exercise. "Our bones have to bear the body's muscles. When the bones encounter resistance, they need to rebuild and therefore, they become denser and stronger," he explained as to how

exercise helps maintain bone density and prevents the musculoskeletal system from degenerating.

"You can drink all the milk in the world, but if the bones are not being stressed from exercise, new bones are not built and hence, calcium absorption in the body does not occur. An overdose of calcium in the body is only inviting kidney stones," Dr Syed cautioned.

Although any form of physical activity is beneficial, according to Dr Syed, the best exercises are low-impact or controlled stretch exercises such as swimming, yoga, Pilates and tai chi. These exercises, Dr Syed said, use the muscles against the bones, but also at the same time do not stress the joints too much.

Even though he emphasised the importance of exercise for musculoskeletal health, Dr Syed believes that adequate calcium intake should not be neglected. "The recommended amount of calcium per day is about one gram, which is roughly two glasses of milk per day. The only individuals who need more than the recommended dose are growing children, pregnant, breastfeeding or postmenopausal women," he clarifies.

FAST FACTS

Dato' Dr Syed Abdul Latiff Alsagoff – Orthopaedic Surgeon at KPJ Ampang Puteri Specialist Hospital has described orthopaedic surgery, in simple terms, as "a form of carpentry on the human musculoskeletal system." The following are some of his credentials:

- 1983 – Bachelors of Medicine, University of Malaya
- 1990 – Fellow of Royal College of Surgeon, Edinburgh, UK
- Currently – Orthopaedic Surgeon at KPJ Ampang Puteri Specialist Hospital

Others:

- Past-President, ASEAN Orthopaedic Association
- Past-President of Malaysia Orthopaedic Association
- Council Member, Asia Pacific Orthopaedic Association
- Awarded the Darjah Dato' Setia Negeri Sembilan (DSNS) which carries the title Dato'

Mummy Tales

12 Common Pregnancy Myths

BECOMING a mother is supposed to be one of the most momentous occasions of a woman's life. However, with the abundance of information circulating around the internet and propagated in pregnancy books, as well as old wives tales passed down from generations, it is no wonder that mothers-to-be are often confused by what seems like a growing list of pregnancy myths.

In this issue, *Care for Life* gets to the bottom of 12 common myths relating to the nine months period.

MYTH 1: NO MORE SEAFOOD

Pregnant women are often told to avoid consuming smoked salmon, and other seafood dishes out of concerns regarding mercury poisoning which can harm the foetus and cause birth defects. Studies by the US Food and Drug Administration (FDA) suggest that eating less than 340 grams (two average-size servings) of fish per week is good for mothers-to-be as fish is high in omega-3 fatty acids, which is beneficial to the child's neural development. Although the likelihood of mercury poisoning is extremely low, some fishes such as swordfish, shark, king mackerel, and tilefish are known to contain higher levels of mercury and should be avoided.

MYTH 2: DON'T SWEAT IT

Although there is some factual basis that physical exercising during pregnancy makes a woman more prone to injury due to physiological changes, the benefits of exercise during pregnancy far outweigh the risks. Studies have shown that fetuses of physically active mothers show more signs of cardiovascular and neural health, as well as having lower birth weights. Furthermore, active moms are likely to return to their pre-pregnancy shape after delivery quicker than non-exercisers. Of course, expecting mothers should take precautions by consulting a qualified healthcare provider before starting an exercise programme.

MYTH 3: CAFFEINE ABSTINENCE IS A MUST

The question of whether caffeine consumption heightens the risk of miscarriage remains a point of debate. Based on research by the *American Journal of Obstetrics and Gynaecology* in 2008, moderate caffeine consumption of less than 200 milligrams (roughly 12 ounces of coffee) a day does not pose any threat to a pregnancy. In fact, the same study also revealed that going overboard a couple of times is unlikely to cause the baby any great harm.

MYTH 4: EXTERNAL FACTORS REVEAL YOUR BABY'S GENDER

It has been said that by observing the shape of a woman's belly, it is possible to tell the gender of a baby. The belief is that a rounded belly means one is carrying a girl while a more protruding belly means a son. There is also the belief that foetal heartbeat can be a determining factor, with a fast heart rate indicating a girl, based on the fact that women's heart rates are faster than men's. To date, there is no solid evidence supporting this claim. Other than an ultrasound and amniocentesis, a prenatal test that involves taking a sample from the mother's amniotic fluid, there is no way to determine a baby's gender.

MYTH 5: SLEEPING ON YOUR BACK HURTS THE BABY

The common belief that blood flow will be reduced through the placenta if a mother lies on her back is not true. However, valid research performed in the 1960s and 70s demonstrated that blood flow can be compromised when a mother is forced to labour in that position. As for sleeping on one's back, the mother-to-be would generally be experiencing inadequate oxygen tension, which is considered risky to the pregnancy. And, if blood flow was indeed compromised, something highly unusual, the mother would experience light-headedness and discomfort which will naturally prompt her to turn to her side.

Below:
Contrary to popular belief, a mother-to-be can actually sleep in any position that she is comfortable in without compromising the health and safety of her baby.

**MYTH 6: ARMS DOWN!**

Mothers-to-be are told that raising arms above the head can tangle the umbilical cord, but in actuality, entanglements are caused by foetal activity during early gestation. According to The Pregnancy Institute in the US, it is estimated that about 20 to 25% of babies are born with the cord around the neck, and many are born with the cord around their legs. Despite these numbers, stillbirth from umbilical cord entanglement only occurs in 1.5 of every 1000 births.

MYTH 7: EATING FOR TWO

While additional food is necessary to encourage healthy foetal growth, expecting mothers actually only need approximately 300

BREAKFAST 290 Calories

- 1 whole wheat English muffin
- 2 pats low fat butter
- 1 hard-boiled egg
- 1/2 cup of fruit
- 240ml fruit juice
- 240ml water

CEREAL 300 Calories

- 1 cup of cereal
- 240ml 2% milk
- 1 banana
- 1 coffee or tea

BAKED POTATO 305 Calories

- 1 medium baked potato
- 2 tablespoons sour cream
- 2 tablespoons salsa
- 1 cup sliced melon
- 350ml water



Right:
The benefits of Omega-3 fatty acids contained in fish far outweigh the risk of mercury poisoning.

Below:
Getting a manicure while you are pregnant will not harm the baby at all.



additional calories a day. Overeating during pregnancy not only makes it difficult to shed the extra weight after delivery, but also results in the baby having a higher birth weight. According to doctors Yvonne Bohn, Allison Hill, and Alane Park – obstetricians and authors of the book, *The Mommy Docs' Ultimate Guide to Pregnancy and Birth*, the average baby weighs about 3.5 kilograms. Babies with higher-than-average birth weight are more likely to suffer from diabetes and obesity in later life.

MYTH 8: NO DYE JOBS AND MANICURES FOR NINE MONTHS

The chemicals present in many beauty products, particularly hair dyes and nail polish are said to cause birth defects. This persistent myth probably stemmed from a 2006 animal study published in the journal of *Biotechnology & Biotechnology Equipment* which showed an increased risk of cataracts in the offspring of female rats who had dye components injected under the skin during pregnancy. While most mothers would rather err on the side of caution, there is no definitive evidence showing a direct link between beauty products and foetal health in humans.

MYTH 9: STAY GROUNDED

Pregnant women are discouraged from travelling by air out of concern for radiation exposure that may occur via X-rays at airport security checkpoints and the possibility of miscarriage or premature labour due to high altitudes. Doctors have dismissed the amount of exposure as too small to have any effect and there is no evidence that changes in air pressure can harm the pregnancy. However, pregnancy does increase the risk of blood clots in the legs due to prolonged periods of sitting. Therefore, mothers-to-be should walk the aisles several times during longer flights.

MYTH 10: NO MORE QUEASINESS AFTER THE FIRST TRIMESTER

Nausea and vomiting lasts well into the second trimester, according to Sharon Phelan – associate professor of obstetrics and gynaecology at the University of Alabama, in Birmingham. Not to worry, though, because queasiness is a sign of a healthy pregnancy as it indicates high levels of human chorionic gonadotropin (hCG), a hormone produced by the placenta that keeps a pregnancy on course.

MYTH 11: NO INTIMACY WITH BABY ON BOARD

One of the most common questions obstetricians get from patients is whether it is okay to have sex during pregnancy. Countless studies worldwide have assured that unless a woman has a specific medical condition where sexual activity can be harmful, such as the risk that anything penetrating the cervix could cause bleeding from the placenta, there is no reason not to enjoy intimacy during pregnancy.

MYTH 12: MOMMY LOSES A TOOTH FOR EVERY BABY

Calcium may be lost from the maternal bones and teeth, although pregnancy is not the sole culprit. Teeth can be lost if calcium stores are deficient or depleted due to malnutrition or close conception periods. Women build stores of iron and calcium that prepare their bodies for childbearing during the critical pre-adolescent and adolescent years. In addition to that, women are advised to take 1500mg of calcium each day, from either food sources or supplements for health maintenance, whether or not they are pregnant.



An intake of calcium each day from food sources is beneficial to women, pregnant or not.

The Truth About Pregnancy

Dr Mohd Hafetz bin Ahmad on some of the most common pregnancy myths



SPEAKING to *Care for Life*, Dr Mohd Hafetz bin Ahmad – Consultant Obstetrician & Gynaecologist and Medical Director of KPJ Johor Specialist Hospital dispels the most common misconceptions associated with pregnancy and talks about his role in the hospital's governance.

HEEDING HIS CALLING

Dr Hafetz first became interested in the field of O&G because of his involvement in the discipline's many practical aspects during his time as a medical student. "There is a lot of hands-on experience to be gained in the day-to-day care of patients as opposed to other medical fields," he said.

Furthermore, his interest in the discipline grew because of the multiple components that make up the study of obstetrics and gynaecology. "It is actually a good combination of several related disciplines. Obstetrics and gynaecology cross over to several fields like surgery, paediatrics and social medicine," said Dr Hafetz.

As a consultant obstetrician & gynaecologist, Dr Hafetz's priority when attending to his patients is to ensure they are in optimal health throughout their pregnancies and during their postpartum stage. Although problems related to pregnancy such as

hypertension and anaemia are still common, thanks to today's advancement in Malaysia's medical care, severe health complications among pregnant women are rare.

For Dr Hafetz, it is the many misconceptions surrounding pregnancy which he constantly hears from his patients that is a greater cause for concern.

CULTURAL MYTHS

A lot of the pregnancy myths that continue to overwhelm mothers-to-be these days. Speaking from experience, Dr Hafetz found that a lot of misconceptions are related to the pregnancy diet. "Many women still think they should be eating for two when they are pregnant when in actual fact, they only need to consume an additional 300 to 400 calories," explained Dr Hafetz. "Overeating only leads to extra weight gain that is hard to shed after delivery," he added.

Improper dieting, as Dr Hafetz acknowledges, is often carried over to the postpartum period. "Some patients are forbidden from eating certain foods by elderly members of their family. Having sustained significant blood loss from the delivery, proper nutrition is very important to nourish the body during the recovery period and also while the woman is breastfeeding," he said. "Fortunately, this has become a thing of the past in most parts of this country. However, in rural areas, the postpartum diet still consists of plain rice and anchovies."

As strange as it may seem, many pregnant women who come to him also tend to worry that the vitamins prescribed to them could adversely affect their pregnancy. "They are worried that taking vitamins like iron pills could increase the weight of the baby and they could end up having a C-section," said Dr Hafetz. He then clarified that heavy birth weight is actually a result of the mother eating for two.

If he could dole out one piece of advice to pregnant women, Dr Hafetz would emphasise the importance of staying informed. "Pregnant women should read up and be more in the know. They should be more open to discussion with their doctors about the nutritional aspects of pregnancy," he said.

UPHOLDING STANDARDS FOR EXCELLENCE

In addition to caring for his pregnant patients, Dr Hafetz also oversees the clinical governance of KPJ Johor Specialist Hospital as the medical director. "We have very clear policies for the best practices and standards

to uphold, as well as benchmarks to monitor our practices. My job as medical director is to ensure these policies are implemented so we don't fall short in terms of patient care," he explained.

Of course, Dr Hafetz's role as a medical director is not without its trials. "We are dealing with a workforce that consists of different experience levels and personalities across various disciplines. The challenge, for me, is to lay out systems and methods that enable them to function as a team, to provide the best in patient care," he said.

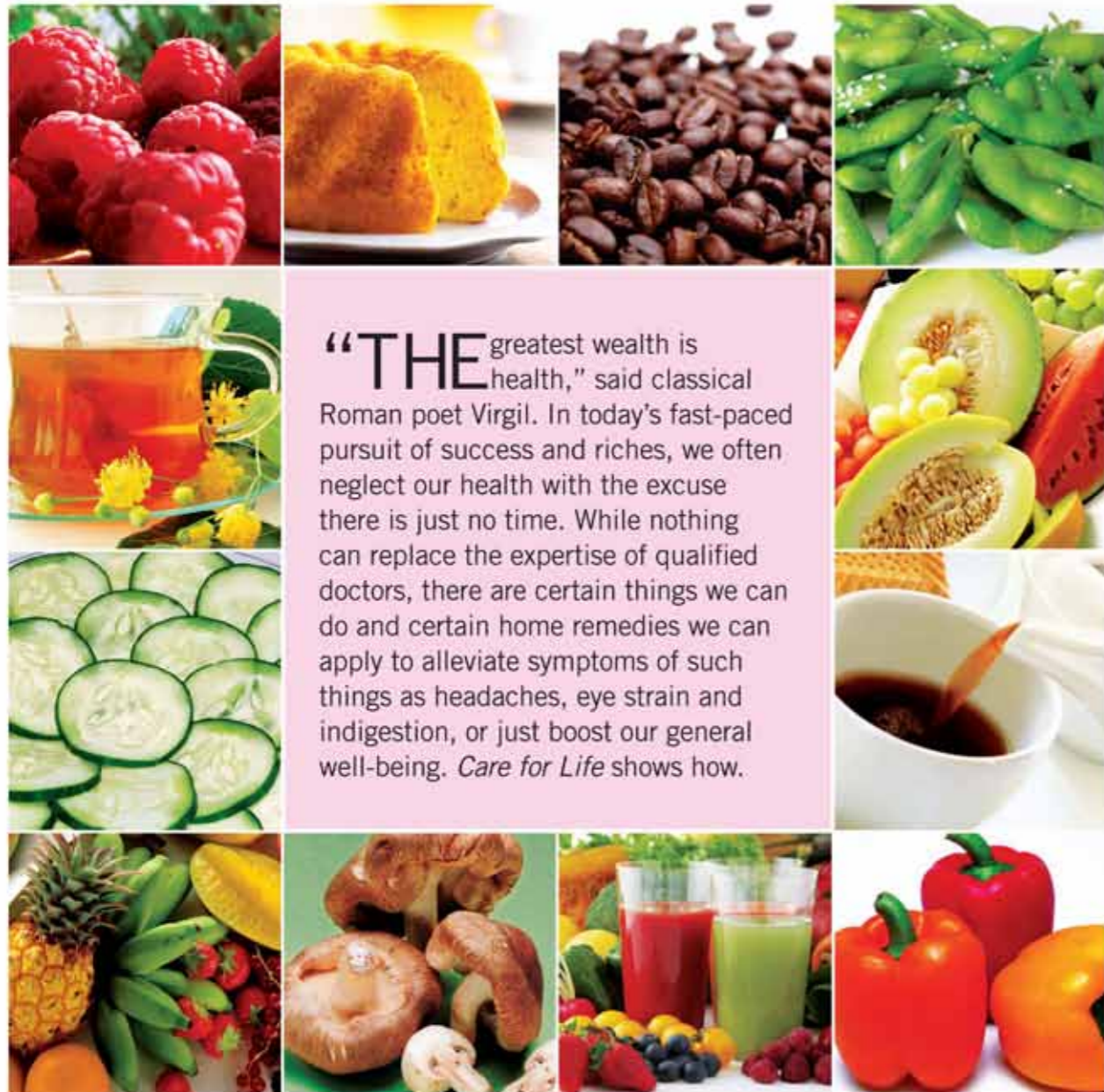
Having been with the KPJ Johor Specialist Hospital for 30 years now, Dr Hafetz could not be more proud of what the hospital has accomplished. "As medical director, I cannot do it alone. With the aid of my very supportive colleagues who have helped ensure that all our policies are implemented, we have grown significantly over the years, received accreditation and won numerous awards consistently for our management and quality control. We hope to continue in this manner for years to come," Dr Hafetz said.

FAST FACTS

Dr Mohd Hafetz bin Ahmad – Consultant Obstetrician & Gynaecologist and Medical Director of KPJ Johor Specialist Hospital strongly believes that pregnant women should be more aware of the nutritional aspects of pregnancy. Here are some of his credentials:

- 1975 – Bachelor of Medicine and Bachelor of Surgery (MBBS), University of Malaya, Kuala Lumpur
- 1982 – Member of Royal College of Obstetrics & Gynaecology (MRCOG), United Kingdom
- 1983-present – Consultant Obstetrician & Gynaecologist, KPJ Johor Specialist Hospital
- 1990-1994 – Chairman, Consultant's Advisory Committee, KPJ Johor Specialist Hospital
- 1994-present – Medical Director, KPJ Johor Specialist Hospital
- 2003-2006 – Council, Obstetrical & Gynaecological Society of Malaysia (OGSM)
- 2008 - Royal College of Obstetricians and Gynaecologists (RCOG) Certified Trainer, Life Saving Skills in Obstetrics and the Newborn Course

HOME REMEDIES



“THE greatest wealth is health,” said classical Roman poet Virgil. In today’s fast-paced pursuit of success and riches, we often neglect our health with the excuse there is just no time. While nothing can replace the expertise of qualified doctors, there are certain things we can do and certain home remedies we can apply to alleviate symptoms of such things as headaches, eye strain and indigestion, or just boost our general well-being. *Care for Life* shows how.

Headache

WHAT IS HEADACHE?

Defined as a pain in the head or upper neck, a headache is one of the most common causes of pain in the body. Because they stem from a variety of factors, they affect many people and choosing effective treatment is not always easy. New classification systems are being devised to define the different causes of headache which will help health care practitioners diagnose them more precisely and provide better treatment.

Sometimes the best cure for an illness is to prevent it. In today’s world, traffic jams, stress-induced jobs and noise pollution invite the onset of a headache and there are some things we can do to reject the invitation.

It begins with a healthy lifestyle and regular exercise, at least thirty minutes three times a week, as well as planning for delays and taking time to ‘smell the flowers’ – scheduling time to relax.

Headaches can be caused by sinus congestion which can be reduced by regularly eating spicy foods like curries or chillies to keep the mucous flowing and accelerating circulation. They can also be caused by a decline in blood



A headache is experienced by people of all ages. While many factors can contribute to this, there are also ways to prevent it such as by maintaining a healthy lifestyle.





The scent of lavender is not only fragrant but is also beneficial in calming the mind and easing headaches.

sugar levels – so eating at regular intervals and not going for long periods without food is recommended. However, the majority are caused by tension and stress.

HEALING BY HAND

A popular method is to massage the web of skin between the base of your thumb and your forefinger as this is the area, according to some, that is linked to parts in the brain from which headaches stem. Working in a firm concentric motion, massage the skin of both hands for several minutes until the pain clears.

SCENT OF RELIEF

Aromatherapy is often cited as a cure for various illnesses, including headaches, with lavender and peppermint oils being ideal for relieving tension and pain. You could try lying down in a cool, dark and quiet room gently massaging lavender oil on your forehead, breathing in the aroma. Or relax your headache-causing nerves by sniffing a sachet of peppermint oil. To further ease the

pain of a headache, try wringing out two wet peppermint tea bags and placing them on closed eyelids for five minutes.

TEA-TIME THERAPY

For a really problematic headache, a cup of rosemary tea may lessen the pain. Steep the dried herb in a cup of boiling water for ten minutes. After straining the mixture, drink. You can also try strong black tea to which has been added a few bruised cloves. As the tea contains caffeine and the cloves have anti-inflammatory properties, this blend is very useful for alleviating a headache.

SHOULD I CALL A DOCTOR?

If a headache grows more severe or if you are developing three or more headaches a week, or find you are taking over-the-counter medication on a regular basis, it is time to see a doctor. If there is a sudden agonising pain, especially if accompanied by blurred vision, get immediate help.

Eye Strain

WHAT IS EYE STRAIN?

Eye strain is caused by the straining of any of the eye's six muscles. Staring straight into the glare of a computer or TV screen can trigger lens exhaustion through constant and sustained focus. Switching off is one solution, but if the work is pressing or the programme too absorbing, there are some things you can try.

BLINK OF AN EYE

Blinking every few seconds to moisten the eyeballs and relax the eye muscles helps protect them from the harsh glare of the screens. Closing your eyes at regular intervals or looking at some greenery or faraway object for at least thirty seconds also helps. Especially when working on a task that requires close concentration, it is a good idea to take a break every twenty minutes. And get up and grab a drink during the advertisements!

LIGHTEN UP

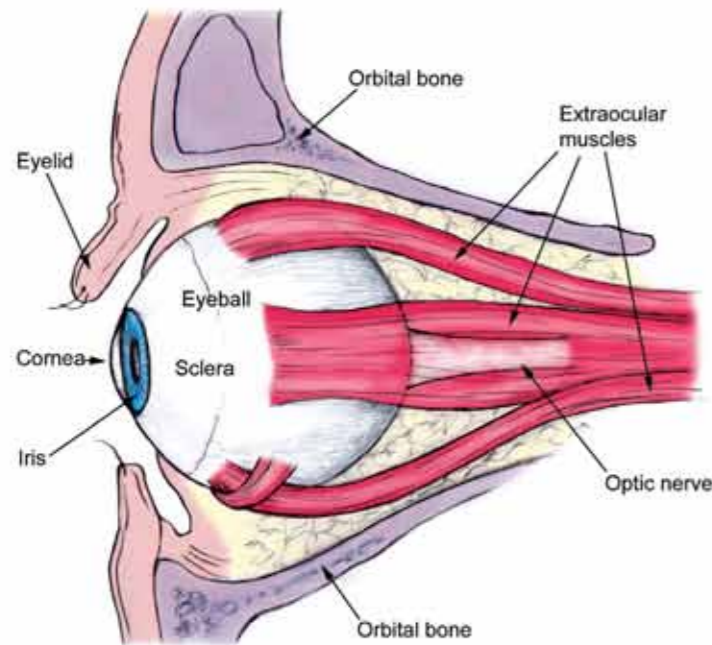
To avoid eye strain, make sure there is adequate lighting whenever you are reading. Avoid contrast by switching on all the lights in the room, and therefore reducing the narrowing and widening of pupil adjustment when you look up from the book. Do not work under flickering fluorescent lights as these can greatly increase eye strain.



Above: The eyes are the windows to the soul, thus, you should take care of them by reducing eye strain.

Left, bottom: The humble cucumber from your kitchen, can also help relieve eye strain, in addition to reducing puffiness in the eyes.





EYE STRAIN

This ophthalmological condition also called *asthenopia* occurs when the ciliary muscle tightens due to having focused on an object such as computer screen, for a prolonged time. The ciliary muscle is a ring of muscle in the eye's vascular layer that controls the eye's vision.



Improve the clarity of your screens by regularly cleaning or adjusting them and always ensure your eyes are at least 50cm away from the computer screen. Adjust the height of your chair or tilt your screen backwards so you are looking down on it.

CULINARY CURE

Cucumber slices on the eyes may also be used to relieve eye strain. Lie on your back with a slice on each closed eye for 2 to 3 minutes. You may also soak a hand towel in cool water. Wring it out and lay it over your eyes for 5 minutes for maximum relief. Another remedy is to rub your palms together until they grow warm, then gently place the heels of your hand over your closed eyes for a few seconds.

SHOULD I SEE A SPECIALIST?

If your eyes frequently feel strained and these home remedies do not seem to be working, or your vision becomes very poor or sensitive to light and you have developed dizziness or double vision, then it is high time to consult a specialist.

Indigestion

WHAT IS INDIGESTION?

Also known as *dyspepsia*, indigestion usually occurs when people eat too much or too fast, or if certain foods do not agree with them, and is more common in those who smoke, drink alcohol, are stressed or do not get enough sleep. It is often accompanied by heartburn, which is caused by stomach acid splashing into the oesophagus, leaving a sour or bitter taste in the mouth.

Indigestion is a common problem experienced by people of all ages. While clinically prescribed medicine is available, it can be treated using certain home remedies.

SPICE UP YOUR LIFE

One of these involves using ginger, an age-old remedy for relieving upset stomachs and quelling nausea. Ginger does have anti-spasmodic properties which are helpful in alleviating stomach cramps. You can eat a few pieces of candied root ginger or drink a cup of ginger tea, prepared by stirring a teaspoonful of freshly-grated ginger in boiling water. Steep it for 10 minutes and then strain before drinking.

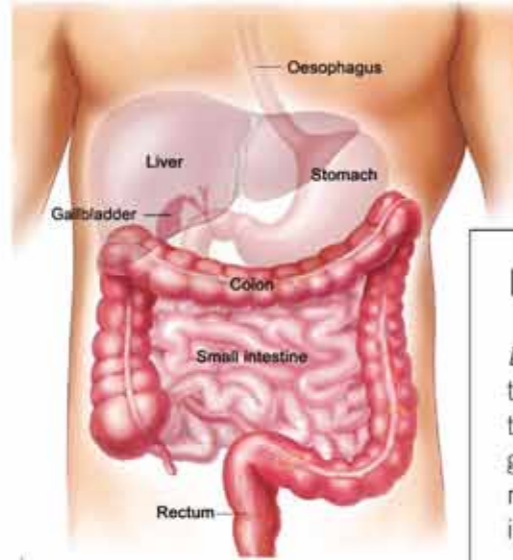
NEUTRAL ENVIRONMENT

To neutralise stomach acid, stir a teaspoon of bicarbonate of soda into a glass of water and drink. This helps to relieve wind in the stomach, and adding a few drops of lemon juice can help dispel the gas. There is one precaution: do not take bicarbonate if you are on a low sodium diet as it is high in sodium.



Previous page, bottom: With people becoming more technology-dependant, the possibility of straining the eyes also increases due to long periods of staring at a lighted monitor. To avoid this, take a short break from your computer or tv, every 20 minutes.

Above: Be careful not to eat too much and too fast as this could lead to feeling bloated. When experiencing indigestion, a popular Asian remedy is to prepare and drink ginger tea made from either fresh ginger slices, or ginger powder.



INDIGESTION

Dyspepsia happens when the muscles or the nerves that control the gastrointestinal tract-oesophagus, stomach, small intestine, gallbladder, and colon – do not function normally. It is the most common ailment of the intestines and is defined as abnormal digestion.

SOUR SOLUTION

Another way to relieve an upset stomach is to consume a sour substance, such as cider vinegar. Try a teaspoonful stirred in half a glass of water, especially after a large meal. If you don't have enough acid in your stomach, acidic substances can help digest food. To avoid too bitter a taste, add a little honey to sweeten the liquid.

SLOW FOOD

One of the chief causes of indigestion is wolfing down your food. When large chunks of food are consumed, more air is swallowed, contributing to the bloating of the stomach and flatulence. Eating too fast also hinders the digestive process because food doesn't get fully coated with saliva before heading down the throat. Also make sure to eat your last big meal of the day at least three hours before you go to sleep, as your digestive system works best when you are awake.

SHOULD I CALL A DOCTOR?

Indigestion can be the sign of a more serious health condition. If you experience appetite loss, vomiting, bloody stools, severe pain on the upper and lower right abdomen, as well as discomfort unrelated to eating, see a doctor to rule out the possibility of other illness. Seek medical attention immediately if indigestion is accompanied by shortness of breath, sweating, or pain radiating to the jaw, neck or arm.



Another solution to dyspepsia would be taking apple cider vinegar which is a good source of acid, enzyme and potassium.

Whether it's fascinating health facts, quizzical brain teasers or jokes that are bound to leave you in stitches, the *Funny Bone* proves that all things medical related need not be dull.

1 The amount of force you would need to use to squeeze a tennis ball is about the same amount of force your heart uses to pump blood throughout the body.

2 Even while you are at rest, the muscles of your heart work twice as hard as the leg muscles of a person who is running.



Out of the Bottle!

Patient: It has been three weeks since my last consultation and I still feel sick.

Doctor: Are you sure you followed the instructions on the medicine I gave you?

Patient: Of course. The label on the bottle said 'keep tightly closed'.

Real Lesson of the Story

In one of his lectures to his medical students, a Medical Professor tried to demonstrate the effects of alcohol on the nervous system. He dropped a worm into a glass full of gin and tonic. The worm squirmed for a few minutes and then died.

The Professor asked his students, "What can we deduce from that?"

"If you have worms, just drink alcohol," one of his students answered.



You're Beautiful

After a major operation, a patient was just waking up from anesthesia and his wife was sitting by his side.


His eyes fluttered open and he said, "You're beautiful!" and then he fell asleep again.

His wife was flattered and satisfied. A few minutes later his eyes fluttered open again but this time he said, "You're cute!"

Disappointed, the wife asked, "What happened to 'beautiful'?"

The patient replied, "The drugs are wearing off!"

THE DEADLY DENGUE



Some 2.5 billion people, nearly two fifths of the world's population, are at risk of contracting dengue. It is endemic in 100 countries and dengue infection cases are estimated by the World Health Organisation (WHO) to be 50 million across the globe every year, with a death rate of 2.5%. So, *Care For Life* puts your mind to the test about dengue, and don't let the mosquitoes bite you while you're thinking!

1 Dengue virus can be transmitted by

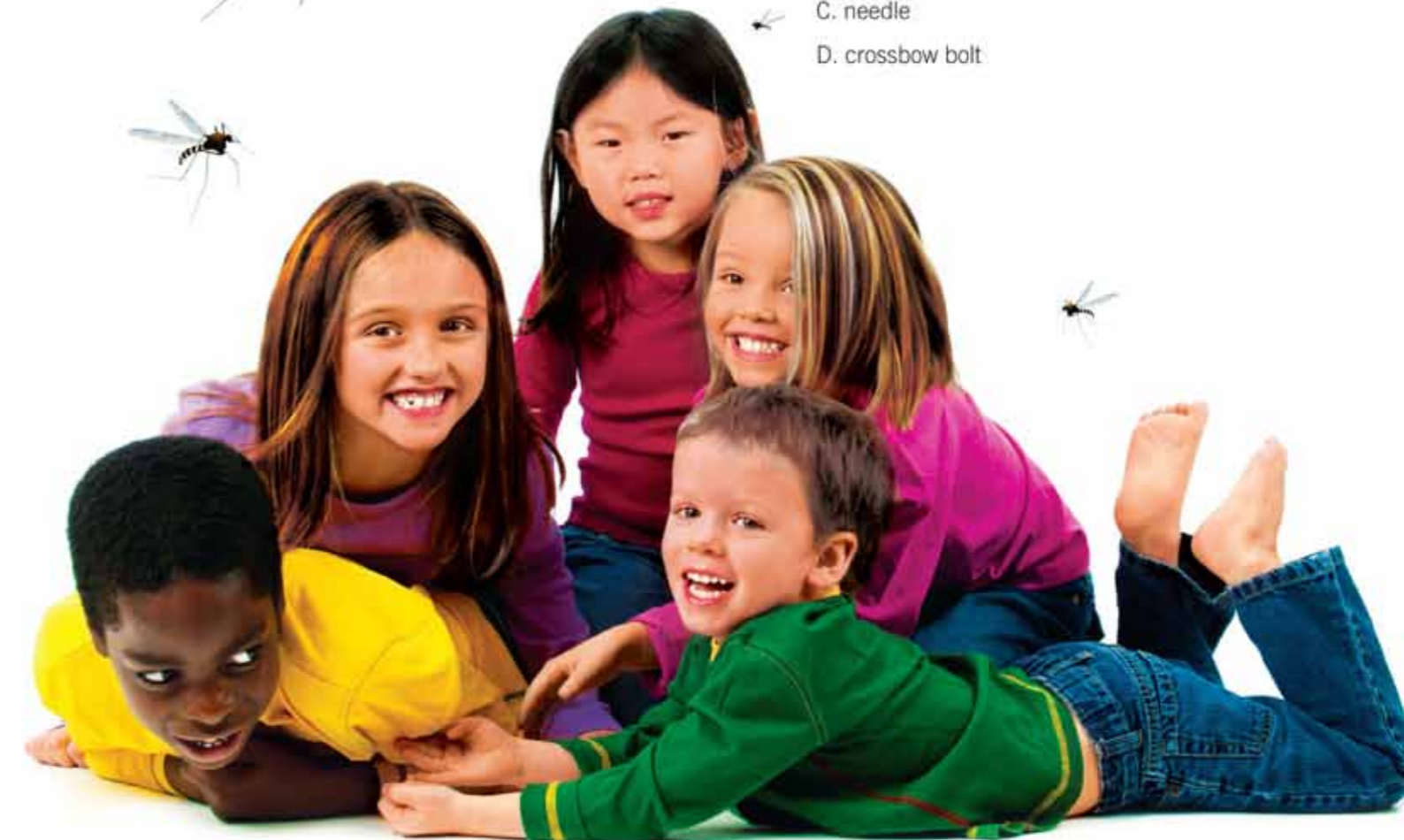
- A. Vampire bats
- B. Mosquitoes
- C. Fleas and ticks
- D. All of the above and every blood-sucking creature

2 Exactly which type of mosquito is the carrier of dengue?

- A. *Aedeomyia* mosquito
- B. *Anopheles* mosquito
- C. *Toxorhynchites* mosquito
- D. *Aedes aegypti* mosquito

3 The word "Mosquito" is from the Spanish and Portuguese for

- A. irritating
- B. little fly
- C. needle
- D. crossbow bolt





4 Is it only humans, or can other animals also contract dengue?

- A. Yes
- B. No

5 How is dengue diagnosed?

- A. Urine test
- B. X-ray screening
- C. Blood test
- D. Observation of the tongue

6 How many types of dengue are there?

- A. One
- B. Two
- C. Three
- D. Four

7 How long does it take for symptoms to appear after an infected bite?

- A. 1 month
- B. 4 to 7 days
- C. 2 weeks
- D. You wouldn't know till you see the doctor

8 Which is NOT a symptom of dengue fever?

- A. Sore throat
- B. Nausea
- C. Joint pains
- D. Pain behind the eyes

9 Dengue hemorrhagic fever has symptoms similar to dengue fever, plus any one or combination of the following, EXCEPT:

- A. Excessive thirst (dry mouth)
- B. Pale, cold skin
- C. Severe and continuous pain in the heart
- D. Bleeding from the nose, mouth and gums



10

The projects and measures carried out to fight dengue are mainly focused on.

- A. Pesticide
- B. Dengue vaccine
- C. Treatment
- D. Mosquito control



THE DENGUE DIAGNOSIS

1. **B** – Dengue can only be contracted from an infected mosquito, or via contact with the blood of a person who already has the disease.
2. **D** – The *Aedes aegypti* mosquito is part of the genus *Aedes* which is easily identified by its black and white striped legs and a lyre-like marking on its thorax. One of the approaches to combat dengue is by breeding *C. Toxorhynchites* larvae in the water, which then prey on other mosquito larvae. This eradication project was recently carried out in Selangor last year.
3. **B** – Literally, mosquito means “little fly” in Spanish and Portuguese.
4. **A** – Yes, animals can get dengue, if bitten by an infected *Aedes* mosquito. However this is rare because *Aedes* mosquitoes prefer human blood to animal blood. Also, it is hard to gauge whether an animal has dengue, as they are not affected by the virus.
5. **C** – A laboratory blood test is used to confirm dengue infection. Blood samples from the patients are sent to laboratories to test for the dengue virus in the blood stream, and also to detect antibodies generated in patients against the dengue virus.
6. **B** – Dengue is an acute flu-like fever caused by a virus. It occurs in two forms: dengue fever (DF) and dengue hemorrhagic fever (DHF).
7. **B** – The first symptoms of dengue occur about 4-7 days after being bitten.
8. **A** – Sore throat. You know you may have Dengue Fever when you experience a sudden onset of high fever, severe headache, pain behind the eyes which worsens with eye movement, body aches and joint pains as well as nausea or vomiting.
9. **C** – Pain in the heart. Symptoms of dengue hemorrhagic fever and shock not only include those of the milder dengue fever, but also any of the following hemorrhagic manifestations: severe and continuous pain in the abdomen, bleeding from the nose, mouth and gums or skin bruising, frequent vomiting with or without blood, black stools like coal tar, excessive thirst (dry mouth) and pale, cold skin.
10. **D** – Most efforts against dengue are directed against the mosquitoes, as the only way to prevent dengue virus transmission is to eradicate the disease-carrying mosquitoes. There is no specific treatment for dengue fever. There is also no vaccine to protect against dengue. Though progress is underway, developing a vaccine against the disease - in either its mild or severe form - is challenging.

Dengue Detectors

LABLINK

Dengue fever cases are on the rise, and when prevention is difficult, the next step is to know what symptoms need to be looked out for and get tested as soon as possible if they crop up. That's where Lablink comes in.

Lablink has played a vital part in KPJ Healthcare Berhad's vast medical services network ever since its establishment in 1991 and functions in managing all the hospital laboratories under the healthcare group. Having begun its work for KPJ Healthcare Berhad at KPJ Ampang Puteri Specialist Hospital in January of 1999, Lablink's specialty in laboratory as well as pathology services has allowed it to proudly add KPJ Tawakkal Specialist Hospital, KPJ Damansara Specialist Hospital, KPJ Ipoh Specialist Hospital, KPJ Perdana Specialist Hospital, KPJ Kuching Specialist Hospital and KPJ Seremban Specialist Hospital to its list of hospitals served. Lablink also oversees the laboratory at Nilai Cancer Institute.

When testing for dengue fever, laboratory results that signal its presence include low levels of white blood cells, increased amounts of mononuclear cells, low platelets and, more often than not, an elevated level of the enzyme serum aminotransferase. This diagnosis is usually confirmed via processes such as molecular nucleic acid detection, nucleic acid sequence-based amplification or serological testing combined with haematological and other laboratory findings. Lablink is fully

equipped and qualified to run the tests crucial to accurately diagnosing dengue fever. Combined with their commitment to provide clients with only the best services, there is no better option than Lablink.

For further details, turn to page 4 to find a KPJ Hospital with a Lablink-managed laboratory nearest to you.

Among other tests available, Lablink also runs crucial blood screenings to accurately diagnose the presence of dengue.



Medical Mysteries

The Case of the Dying Boy, and the River



ONE of life's most insidious experiences, is being suddenly struck by a life-threatening illness, when just days, if not moments before, one was healthy and active. Dr Melvin Raj – Gastroenterologist of KPJ Tawakkal Specialist Hospital recounts a case when a seemingly hale and hearty college boy, was dying before his eyes. Racing against the clock to save the patient, Dr Melvin Raj had only one clue – the boy had recently visited a river.

"HE CANNOT BREATHE!"

When Jack's* parents brought him to the hospital, his condition was serious. He was lethargic, suffering from an unusually high fever and had difficulty breathing. Furthermore, the whites of his eyes and skin were yellow from jaundice and he was coughing blood.

When an immediate chest X-ray revealed that he had pulmonary consolidation and haemorrhage – an acute bleeding from the lung, Dr Melvin and the other consultants immediately had him examined by an anaesthesiologist and transferred to the intensive care unit to prepare him for intubation. Meanwhile, his family was informed of his condition so they could be prepared for the worst. "Within four to six

hours, his condition deteriorated so rapidly that he had to be put on life support," said Dr Melvin.

HAVING A HUNCH

After inquiring about his recent activities and examining the symptoms, Dr Melvin began to suspect that Jack's condition may be leptospirosis, an infectious disease caused by a bacterium called spirochete. It is transmitted by animals to humans through water and soil contaminated with an infected animal's waste products. The most common source for this disease is rodents, but it is also carried by dogs, rats and cattle. According to Dr Melvin, leptospirosis is rather common and on the rise in the Southeast Asian region. "In Malaysia itself, there were roughly 1,200 cases documented as of 2009," he said.

There are several tests to diagnose leptospirosis and one of the methods is a serological test of the blood known as IgM Leptospirosis. However, the blood test requires at least a two day wait to obtain results. "Since time is of the essence, you have to make an educated guess and take immediate action. So, we put the patient on antibiotics from the start to prevent his condition from worsening," explained Dr Melvin.

*Not patient's real name.

"The early stages of the disease can manifest like a normal flu. The patient would feel feverish and have body aches."

– Dr Melvin

FAST FACTS

His experience as a gastroenterologist has taught Dr Melvin Raj to leave no stone unturned and not rule out the possibility of rare diseases before making a diagnosis. Here are some of his achievements:

Awards:

1999 – Excellent Service Award, State of Perak, Ministry of Health

2003 – Excellent Service Award, Kuala Lumpur Hospital, Ministry of Health

2003 – Federal Scholarship to pursue Fellowship in Advanced training in Gastroenterology in Melbourne, Australia

2005 – Trainer / Supervisor in Gastroenterology, Postgraduate Subspecialty Training, Ministry of Health, Malaysia

Membership:

Life Member – Malaysian Society of Gastroenterology & Hepatology

Present – Consultant Physician and Gastroenterologist, KPJ Tawakkal Specialist Hospital

Dr Melvin has also shared his expertise by contributing to several medical journals, including the *Journal of Gastroenterology and Hepatology*, *Digestive Endoscopy* and the *Medical Journal of Malaysia*.

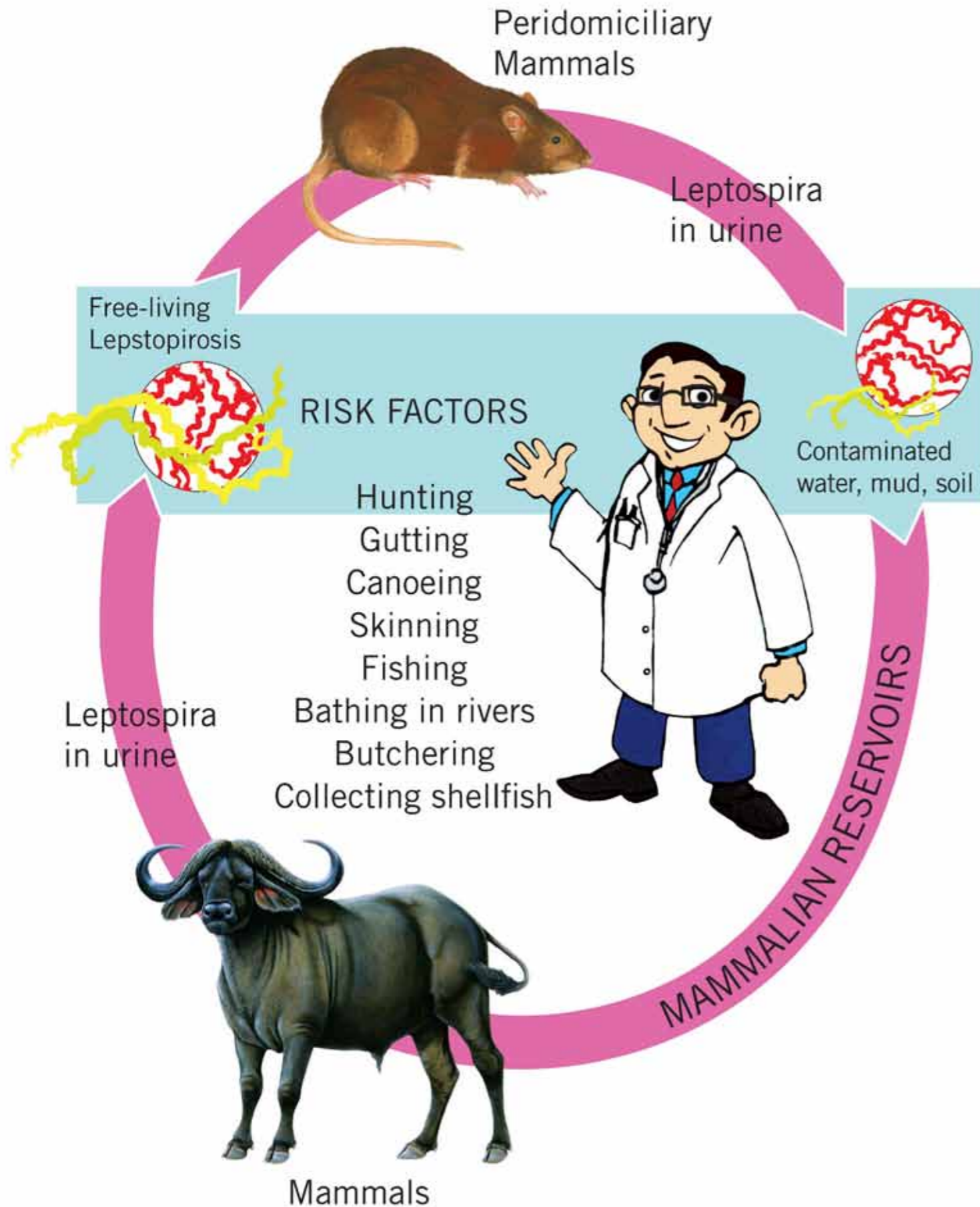


A RED HERRING

To confirm his suspicions, Dr Melvin administered a serological blood test for Leptospirosis. The test result was negative, but Dr Melvin's chose to follow a hunch as he knew that leptospirosis could be quite tricky to diagnose.

More than a mere hunch, the good doctor had realised that the young man's symptoms indicated the presence of not just the common form of leptospirosis, but a more rare and deadly form known as Weil's Syndrome.

"There are several factors that made me suspect leptospirosis. First, it was the



fact that he had an outing by the river. Secondly, it was the symptoms; a regular fever would not be so severe. Also, he has jaundice and showed abnormal liver function," he said.

"Most importantly, he was bleeding in the lungs. Extensive lung involvement is rare in cases of leptospirosis, except for the severe forms. Normally, there is only a limited kidney and liver involvement," explained Dr Melvin.

He insisted on another serological test, and sure enough, the results confirmed it was Weil's syndrome.

THE TURNING OF THE TIDE

Once the diagnosis was confirmed, Jack was quickly treated with the antibiotics to counter leptospirosis. Within 24 to 48 hours, his condition stabilised and he was removed from life support.

Although he no longer needed the ventilator's help to breathe, Jack's road to recovery did not end there; it had just begun. "He had lost a tremendous amount of weight and was very weak," Dr Melvin said. "He was given antibiotics for 10 days after being taken off breathing aid and two weeks of rehabilitation therapy before we could discharge him," he added.

Jack's rehabilitation, Dr Melvin explained, involved nutrition and working with a physiotherapist to learn to breathe properly again. "The problem is, most of us take breathing for granted. When you have an infection of the lung, you can only take shallow breaths. Physiotherapists have certain devices which can help

expand the lungs so patients are able to take deeper breaths," Dr Melvin said, elaborating on some of the treatment used for Jack.

Two weeks after Jack was discharged, he had fully recovered and was back to his normal routine.

GOING BACK TO BASICS

Looking back, Dr Melvin noted that Jack's case reminded him how important it is for every doctor to be thorough in his diagnosis. "We still have to be alert for uncommon diseases. If we simply assume everything is a common fever or viral infection, we may miss out on something crucial, and our patients could die," he warned.

In addition, the case also showed that, despite the numerous technological advancements in healthcare, nothing beats a doctor's careful examination of the patient – ranging from his physical health to his medical history and lifestyle, to make an accurate diagnosis.

"It is going back to the basics in medicine. As doctors, we must pay attention to the little clues – what was the patient doing recently, before he felt ill? By taking the extra time to listen and observe, we could catch these clues and ultimately save his life," said Dr Melvin.

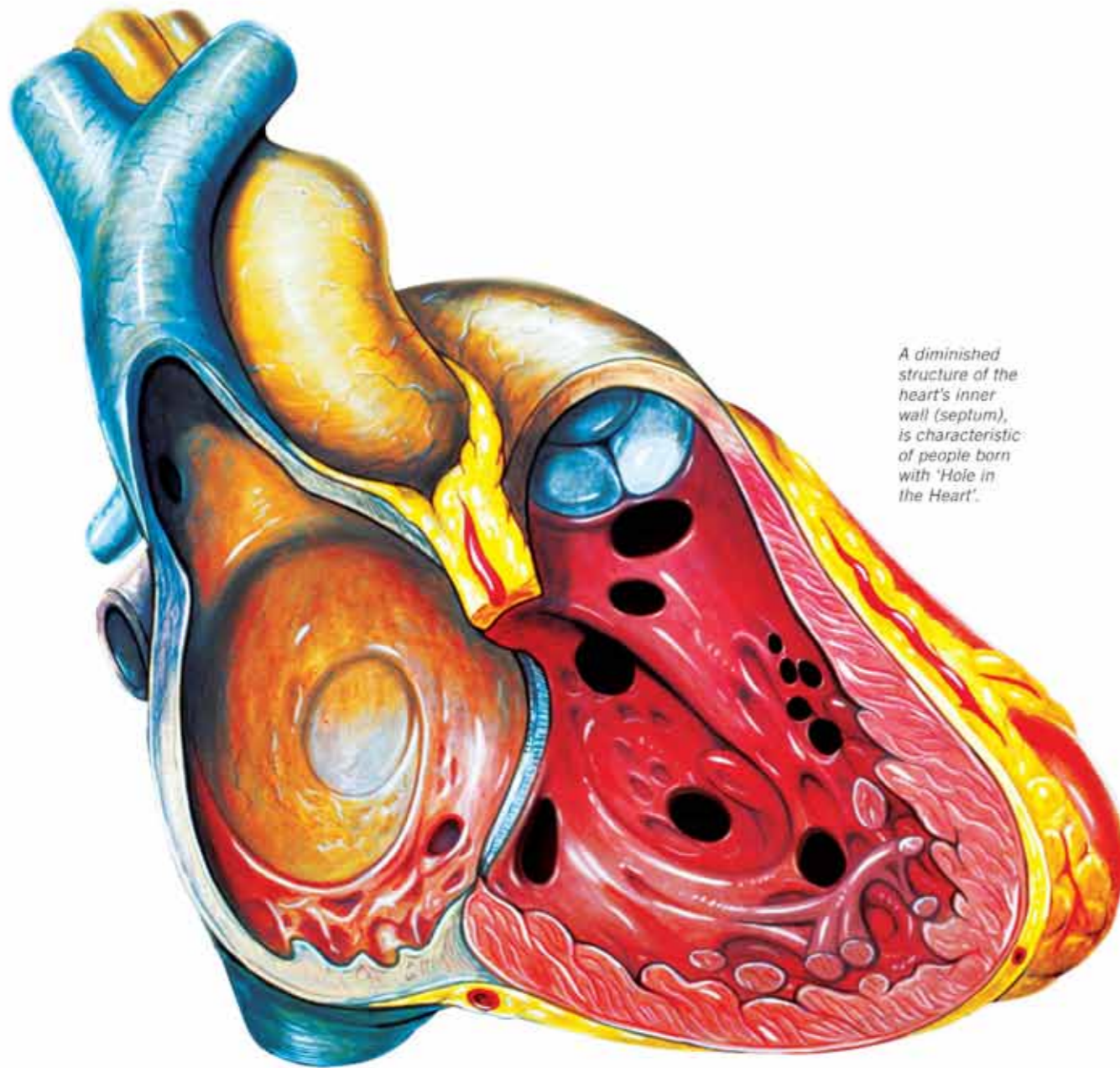
"And that, is what being a doctor is all about," he said with a smile.

Previous page: An infectious disease transmitted by the bacteria spirochete, leptospirosis is transmitted by animals to human via faecal matter and urine.



Hole In The Heart

Demystifying the Disease



A diminished structure of the heart's inner wall (septum), is characteristic of people born with 'Hole in the Heart'.

A variety of abnormalities can make themselves apparent at the time of birth, most often formed during the initial weeks of gestation in-utero. Spina bifida, cleft palate and clubfoot are but a few of the defects that can occur, often due to maladaptation of DNA or other genetic discrepancies. Other times, the consumption of certain medications or substances during pregnancy can contribute to these congenital defects. The 'Hole in the Heart' is one such example of these abnormalities.

Join *Care For Life* as we take an in-depth look at this disease and explore its underlying symptoms and the diagnostic and treatment options available to patients.

A congenital defect of the heart, 'Hole in the Heart' involves a diminished structure that restricts the normal flow of blood through the organ in question. Plaguing approximately 8 out of every 1,000 newborns, congenital heart defects cannot be prevented. Sources attribute its occurrence to development that deviates from its natural course during the earliest

weeks of pregnancy. Other sources attribute 'Hole in the Heart' to genetic predisposing factors such as Down Syndrome. In the bulk of cases, however, the true genesis of the disease remains unknown.

AN ANATOMICAL PERSPECTIVE

It helps to think of the heart as an apple, bifurcated into two sections and separated by an inner wall called the septum, which can be likened to the fruit's seed strip. The right side of the heart receives oxygen-poor blood from the body and pumps it into the lungs while the left side transfers oxygen-dense blood from the lungs into the body. The septum's role is simple but critical: to prevent the mixing of blood between both sides of the heart.

Below: Depending on the severity of the condition, people with this congenital defect may require surgical intervention.





Above:
One of the symptoms of people with ASD or VSD is that they are easily tired.

Below:
Thanks to the medical progress made to treat 'Hole in the Heart', rocker Bret Michaels recuperated well after undergoing a successful surgical procedure to normalise the blood flow between the chambers of his heart.

Symptoms of ASD and VSD

Apart from having heart murmurs that are associated with ASD, other symptoms of both ASD and VSD may include:

- Fast breathing or breathlessness
- Rapid heart rate
- A bluish tint to the skin, lips and/or fingernails (*cyanosis*)
- Easily tired
- Poor appetite
- Swelling in the legs, feet or abdomen

If a child is born with a hole in the upper two chambers of the heart (the atria), it is referred to as an atrial septal defect (ASD) while a hole in the lower two chambers (the ventricles) marks it as a ventricular septal defect (VSD). The size of the defect and its location is a direct correlation of its effects on the heart's function. Large defects correspond with breathing complications and fatigue while small defects are usually associated with heart murmurs.

While these defects can exist in a spectrum ranging from mild to severe, all cases require constant monitoring by both parents and medical professionals to prevent their worsening. Less complex cases can be effectively managed with medication and routine follow-ups while more serious ones necessitate surgical intervention. However, in 75% of mild cases, the child 'grows out' of the defect and their heart resumes its normal functioning.

FAMOUS PERSONALITIES

Several decades ago, people with this disease had a lesser chance of survival. One famous personality of the early 1990s with this disease was Bollywood film icon Madhubala (born Mumtaz Jehan Begum Dehlavi). She passed away at the age of 36 after chronic battles with a lifelong heart problem, which was diagnosed as VSD after she coughed up blood on stage in 1950. She suffered with the disease until her death in 1969, unable to get the requisite treatment as none was available at the time.

Prospects are brighter for 'Hole in the Heart' sufferers nowadays as a wide range of interventions are available to address the problem. Rocker Bret Michaels underwent surgery last year to repair the hole in his heart, which doctors diagnosed following his mild stroke in 2010. With a



Above:
Many children who are born with 'Hole in the Heart' will not show any symptoms of having this disease and go on living normal and active lives.

closure device permanently implanted to normalise blood flow between the two chambers of his heart, he recuperated well after the surgery and has resumed working since.

DIAGNOSIS AND TREATMENT

Chest X-rays and the Transthoracic Echocardiogram with Doppler imaging are among the methods used to detect if a 'Hole in the Heart' is present. The latter utilises ultrasound images to pinpoint the condition of the heart's valves and measure the flow of blood through the chambers. For patients over 40 for whom surgery is recommended, a coronary angiography is the preferred method of diagnosis.

A non-surgical option also exists, which utilises a catheter-based technique to repair the defect. This procedure is especially beneficial for children, and has an excellent success rate in treating mild defects. Compared with regular surgical operations, the catheter-based technique requires minimal down-time, irrespective of routine check-ups to monitor the patient's progress.

A MANAGEABLE DISEASE

Though 'Hole in the Heart' defects are a lifetime affliction, they can be dramatically improved through surgical intervention, medication or catheter-based therapy. The take-home message is that many children born with this disease go on to live normal, active and productive lives. In fact, for a lot of individuals, the symptoms are easily tolerated and do not become apparent until their late teens or until they reach middle-adulthood.

With a wide range of treatment and diagnostic options available, KPJ hospitals are staffed with skilled cardiac specialists and equipped with some of the latest in infrastructure to provide immediate assistance for patients with 'Hole in the Heart', and their families. Proper medical treatment coupled with the right nutrition, routine medical check-ups and a healthy lifestyle emphasising light, regular exercise is crucial to managing this disease and living an active, balanced life.



A Matter of The Heart

Dr Abdullah Haron on coronary artery bypass surgeries



BYPASS surgery has come a long way since it was first performed in the 1960s. *Care For Life* speaks to a leading practitioner in the cardiac field, Dr Abdullah Haron, Cardiothoracic Surgeon from KPJ Johor Specialist Hospital about coronary artery bypass surgery – a procedure that has become the most common operation in cardiology centres worldwide.

DOWN TO EXPERIENCE

Though Dr Abdullah Haron has been in the medical field for close to 35 years, he admits that it was not a voluntary career choice, with factors such as social pressure as a science stream student and the subsequent awarding of a medical scholarship directing the young Abdullah towards this challenging line of service. Dr Abdullah, who graduated from University of Malaya and received his training in Edinburgh, displayed an inherent aptitude for heart surgery, leading to him becoming a key authority on the treatment of heart disease today.

Since his introduction to the medical line, Dr Abdullah has since risen to become one of the foremost heart bypass surgeons in the country.

Though lack of interest might initially have been the case, his impressive resumé and the diversity of roles he has undertaken in his career are testament to a change of “heart”. He has been involved in academia as a lecturer in University Kebangsaan Malaysia and was made an honorary fellow and registrar in England and Australia. Dr Abdullah’s experience abroad has made him highly regarded in the local scene, and he now serves as a full time consultant with KPJ Johor Specialist Hospital.

In fact, Malaysia’s two surviving former Prime Ministers have gone under his knife for bypass surgeries. He was part of the team of surgeons who operated on Tun Dr Mahathir bin Mohamad, and was the main surgeon for Tun Abdullah Ahmad Badawi’s bypass surgery.

WHAT IS A CORONARY BYPASS?

To give a basic idea of what bypass surgeries entail, Dr Abdullah explained the role of the heart. “The heart acts as a pump and all body tissues depend upon it to receive oxygen. If the heart stops beating, all tissues will follow suit and stop functioning.”

When the arteries that carry blood to the heart have narrowed or become blocked, bypass surgery is done to ensure the heart receives adequate blood supply. “Because arteries are small blood vessels, operating on them would require meticulous stitching to render good results in the long run,” said Dr Abdullah.

CONVENTIONAL METHODS

A natural question following this explanation would be whether the heart would still be beating during the operation. As we found out from Dr Abdullah, the heart and the lungs are stopped during the surgery via the use of a heart-lung machine. However, he added that nowadays there are ways by which a bypass can be conducted without the use of this machine.

Dr Abdullah asserted that such modern procedures are best done by surgeons who make it their routine practice to do away with the conventional machine for bypass surgeries.

However, Dr Abdullah maintained that the conventional method is “still the best”.

COMMON TARGETS

In general, bypass surgery is for adults and most commonly for males who are over forty. “This is a disease primarily afflicting adults. The youngest I have seen was a 10 year old patient who had a family history of high cholesterol,” said Dr Abdullah.

As that rare case occurred when he was still training in Australia, he stated that it is different in this day and time. “The advent of cholesterol-lowering agents has helped reduce such cases, compared to before” he said.

In closing, *Care For Life* asked Dr Abdullah about how he keeps himself up to date with the latest developments in his field. “The standard answer is this: to keep reading.” He added that as far as bypasses are concerned, “from the surgery aspect, I have been practising in more or less the same manner as I have done years ago.” And we have no doubt that this consistency is the reason why Dr Abdullah is one of the most sought-after bypass surgeons in the country.

FAST FACTS

One of Dr Abdullah’s prominent patients was his namesake, former Prime Minister Pak Lah. Below are but a few of his many credentials.

- 1977 – MBBS, University of Malaya
- 1984 – FRSC, Edinburgh
- Registered Practitioner of Malaysian Medical Council and General Medical Council UK
- 1978 – 1992, Lecturer, University Kebangsaan Malaysia
- 1980 – 1983, Clinical Registrar, University of Manchester, England.
- 1987 – 1988, Clinical Registrar, Cardiothoracic Surgery, Melbourne and Sydney, Australia.

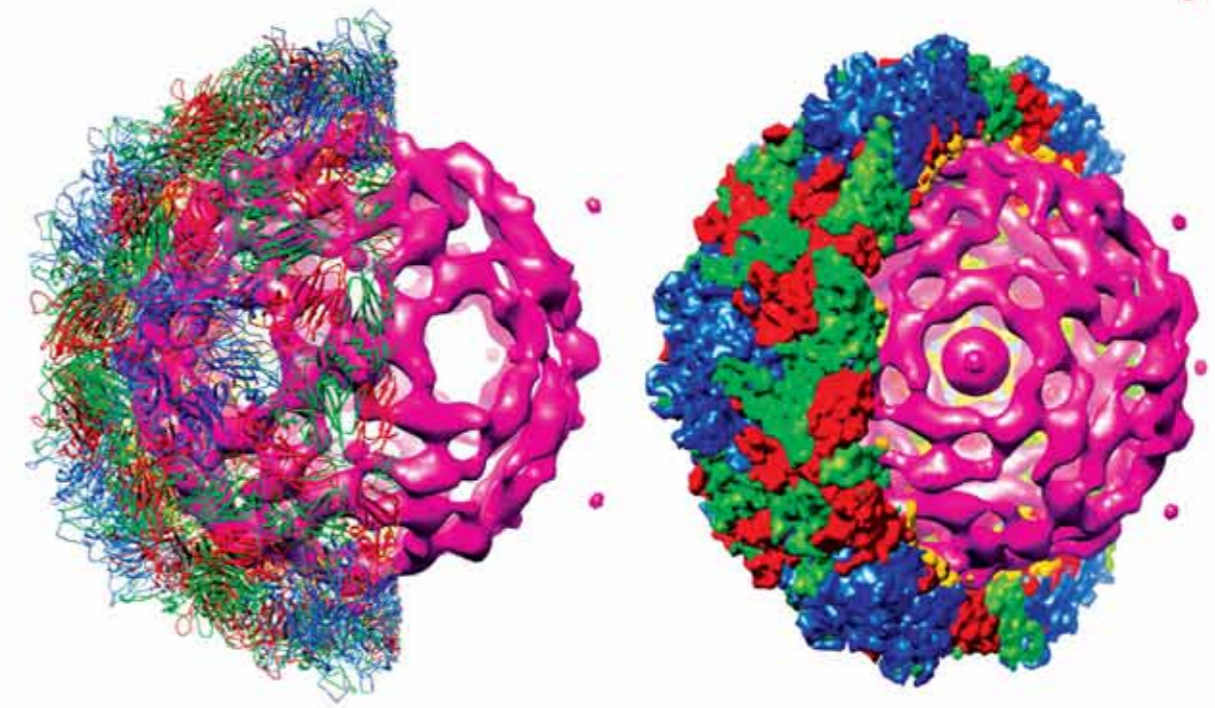
Lung Cancer

Gasping for Air

OUR lungs serve a principle function of exchanging gasses between the air we breathe and the blood by filtering out carbon dioxide and oxygenating the blood stream. Lung cancer, also known as *bronchogenic carcinomas*, is a condition characterised by uncontrolled cell growth in the tissues of the lungs, forming malignant tumours. The cancerous cells can spread beyond the lungs in a process called metastasis, and while this can occur in any part of the respiratory organ, most lung cancers develop in the bronchial tubes, which are major airways branching from the trachea and entering the lungs.

Studies by Centres for Disease Control and Prevention in the United States have shown that one of the main causes of lung cancer is smoking, with most diagnosed cases attributed to long-term tobacco use.

The ability to breathe is crucial to life, but it is often taken for granted. Keeping your lungs healthy and smoke-free will go far in helping you live a happy and long life.



CELLULAR ABNORMALITIES

Lung cancer is generally classified into two types, based on the microscopic appearance of the tumour cells: non small-cell lung cancer (NSCLC) and small-cell lung cancer (SCLC). The former, which is the more common of the two, accounts for roughly 80% of all lung cancer cases and is observed among smokers and non-smokers alike. SCLC, on the other hand, is strongly related to cigarette smoking and only occurs in approximately 1% of non-smokers. This type of cancer spreads more rapidly compared to NSCLC.

The distinction between these two primary types of lung cancer is important because they differ in terms of the way they grow and metastasize, as well as requiring different treatment options.

There are also rarely occurring types of lung cancer such as bronchial carcinoids, which are characterised by small tumours that secrete hormone-like substances, and cancers that occur in supporting lung tissues.

Additionally, cancerous tumours in other parts of the body can spread to the lungs, which are one of the sites most susceptible to metastasis, through

the bloodstream, lymphatic system and nearby organs. Conversely, lung cancer can metastasize to other parts of the body, particularly the adrenal glands, liver, brain and bones.

NO SPECIFIC VICTIM

Based on World Health Organisation (WHO) statistics, smoking kills an average of five million people each year worldwide, roughly one in 10 adults. This annual death toll is estimated to rise up to eight million by 2030.

In Malaysia, the numbers are not any less alarming as according to statistics by the Heart Foundation of Malaysia, there are currently three million smokers in the country who smoke an average of 14 cigarettes a day. Of these, 93% are adults while the remaining are minors under the age of 18. What is even more worrying is the fact that the number of smokers is increasing despite efforts to educate the public on its health hazards.

Not surprisingly, the Health Ministry of Malaysia has revealed that cancer is one of the leading causes of death in Malaysia and that lung cancer is the most common type, accounting for 12% of cancer-related deaths last year.

A recently discovered virus, the Seneca Valley Virus-001, has been found to be harmless to healthy human cells but is able to infect specific cancer cells, including small cell lung cancer. Image © Scripps Research Team



Top: Lung cancer is the forming of malignant tumours as a result of uncontrolled cell growth in the lung tissues. The disease normally develops in the bronchial tubes, which are major airways branching from the trachea into the lungs.

Above: Although smokers are at greater risk of contracting lung cancer, the disease knows no specific victim. Breathing in tobacco smoke and polluted air can also take its toll on the lungs.

The possibility of contracting lung cancer, however, should not be taken lightly by non-smokers. As tobacco smoke contains 4,000 chemical compounds, constantly inhaling second-hand smoke from nearby smokers, known as passive smoking, is an established risk. Figures from US sources show that passive smoking claims some 3,000 lives due to lung cancer each year.

Also according to US studies, aside from cigarette smoke, frequent exposure to air pollution, asbestos, radiation, radon gas and industrial chemicals, is also known to heighten the probability of contracting lung cancer by as much as 20%. Aside from these external factors, a family history of lung cancer also puts one at risk.

KNOWING THE SIGNS

As a cancerous tumour grows in the airways, it may obstruct airflow, resulting in shortness of breath, wheezing and chest pain. Furthermore, most tumours are rich in blood with a fragile surface, which can lead to the tumour bleeding into the airways and cause a patient to cough up blood.

While these and other symptoms such as bone pain, fever, fatigue, appetite loss and weight loss are associated with lung cancer, they are non-specific symptoms that can also be attributed to other illnesses, making lung cancer difficult to detect in its early stage. Furthermore, lung cancer symptoms may change at the onset of metastasis. As such, anyone experiencing such symptoms should undergo a comprehensive medical check-up.

A lung cancer diagnosis starts with an examination of a person's medical history and physical health for a thorough assessment of the individual's risk factors as well as to look for the presence of symptoms.

When lung cancer is suspected, the patient will have to undergo a medical imaging procedure, whether a form of X-ray or scan, to detect the presence of a tumour or in some cases, tumours. If any abnormality in the lungs is detected, a sample of the cells will be taken for testing through a procedure called a biopsy. Should a test verify the presence of a malignant lung tumour, treatment will depend on the state of the tumour and stage of the cancer as well as the patient's general health.

The best cure for lung cancer is surgery. A single tumour with little or no spread to nearby tissues can be surgically removed, but in more severe cases, a lung transplant may be needed. Besides going under the knife, chemotherapy with or without radiation therapy may be recommended, either before or after surgery. In some cases, surgery may be out of question, so chemotherapy and radiation to the chest will be the only treatment administered.

Eating a healthy diet full of antioxidants can help eliminate free-radicals in the cells of the body, which lowers one's risk of cancers in general.



In most KPJ hospitals, the latest technologies are available to enable oncologists to precisely diagnose and effectively treat lung cancers. Knowing the importance of early diagnosis, KPJ hospitals also offer special cancer screening packages.

While early detection and medical attention are crucial, one can significantly reduce the risk of lung cancer by leading a healthy lifestyle, not smoking and avoiding second-hand smoke and polluted environments.

A Man of Many Talents

Dr Shah AJ Ajma'in, Radiologist and Medical Director of Puteri Specialist Hospital, Johor Bahru



AS dedicated to his craft as he is to his role as the Medical Director of Puteri Specialist Hospital, Dr Shah AJ Ajma'in speaks to *Care For Life* about his journey in the field of radiology, and his commitment in providing healthcare of the highest quality possible.

ROOM FOR EXPLORATION

Upon graduating from Universiti Kebangsaan Malaysia (UKM) in 1991, Dr Shah was posted to Sultanah Aminah Hospital in Johor Bahru. Always fascinated with machines and gadgets and being introduced to radiology quite early in his career, he developed passion for Roentgen's imaging discovery. After acquiring the basic skills in imaging and diagnosing diseases within the human body, Dr Shah later felt the need to develop his skills in greater depth. He enrolled in a post-graduate programme at UKM in 1994, emerging 4 years later with a Masters in Radiology. Equipped with the necessary qualifications, expertise and experience, he began his career with Puteri Specialist Hospital (PSH) began in 2001, and he hasn't looked back since.

Dr Shah cites that his interest in radiology also stems from the fact that it is a very broad field with considerable room for sub-specialisation. "Radiology traverses a range of disciplines within medicine, and I have the opportunity and privilege to interact with patients of all ages, from the newborns to the very old. I get to use different

modalities or tools to assist my work such as X-Rays, Ultrasound, CT Scans and MRIs to detect the presence of tumours and other pathological abnormalities," he enthuses. While the most basic tool continues to be the X-Ray machine, more sophisticated diagnostic imaging modalities are used depending on the body part or organ involved and the symptoms and signs presented.

"When you spend your days looking at presentations of abnormalities in the body which includes images of life threatening masses, you tend to view life a little differently," Dr Shah confides. "You tend to appreciate the little moments for what they are, and take pleasure in life's simplest gifts."

IN SUPPORT OF INNOVATION

According to Dr Shah AJ Ajma'in, the field of radiology has seen considerable innovation in recent years, the most impressive of which he feels is the use of radio-frequency ablation (RFA) to destroy some types of cancers especially tumours in the lungs, liver and kidney. Once a diagnosis is confirmed, a needle-like probe is placed inside the tumour percutaneously under imaging guidance and radio-frequency waves are passed through it. This eventually results in the tumour's destruction, without the need for surgical intervention.

Dr Shah acknowledges that his interest is geared more towards interventional efforts such as biopsies and the draining of abscesses containing pus due to infection. The advantage of such procedures over surgical ones is that patients are less apprehensive about having to undergo treatment under local anaesthesia. The procedure usually leaves only a small scar. Patients tend to recover faster and do not have to endure a prolonged stay in the hospital.

PAVING THE PATH FOR HEALTHCARE

Since his appointment to the post one year ago, Dr Shah finds himself juggling a number of responsibilities between his radiology practice and his position as Medical Director at Puteri Specialist Hospital. Apart from overseeing the quality of healthcare across various departments

together with the consultants, he is also frequently called upon to deliver talks to boost staff morale.

In keeping abreast of the quality of healthcare services, he acknowledges, "We need to keep up with the changing climate of healthcare, and to accommodate patients who are more well-read and well-informed. We have made significant headway in these endeavours here at PSH, and are continuously upgrading our skills and services to fulfil the high expectations of our clients."

A pioneer amongst private medical centres in Johor Bahru, PSH has been awarded the 'Baby Friendly Initiative' by the Ministry of Health earlier this year, an achievement of which the physicians, the staff and the hospital feel exceedingly proud of, given the hospital's relative size.

The hospital has also begun efforts to be more senior-citizen friendly by creating special lanes to give them priority, and also in ensuring that staff are always on hand to provide the necessary assistance. Furthermore, its accessible location and the physicians' strong ties with the community mark it as more than just a medical centre – rather an institution very much a part of the local culture.

In closing, Dr Shah reiterates the importance of keeping abreast of the latest in health and medical technology, as well as the need for hospital staff to keep patient requirements foremost in their minds, in order to meet growing consumer demand. His dedication in upholding the standard of medicine, not just in Puteri Specialist Hospital but the public at large, marks Dr Shah AJ Ajma'in as a credit to the country's healthcare industry.

FAST FACTS

The following are but a few of Dr Shah AJ Ajma'in's credentials:

- 1991 – Posted to Hospital Sultanah Aminah, Johor Bahru
- 1994-1998 – Master of Medicine (Radiology), Universiti Kebangsaan Malaysia
- 1998-2000 – Consultant Radiologist, Hospital Sultanah Aminah, Johor Bahru
- 2000 – Received the award of 'Setia Mahkota Johor' by the late Sultan Iskandar
- 2000-present – Joined Puteri Specialist Hospital, Johor Bahru as Consultant Radiologist
- 2011-present – Appointed as Medical Director of Puteri Specialist Hospital, Johor Bahru

Insomnia

An Affliction Of Old Age

SLEEPLESS nights punctuated by endless tossing and turning, knowing your body craves rest and dreading the incessant ring of the alarm-clock that heralds the start of another day of yawns and heavy eyes. Short periods of sleep broken unceremoniously as you find yourself awake, envious of your partner who slumbers in blissful repose beside you. Counting infinite sheep leaping over numberless stiles as the sky lightens to the soft blush of dawn outside your window. If any of these sounds familiar, then there's a high likelihood that you suffer from insomnia.

Join *Care For Life* as we walk you through the intricacies of insomnia with a special focus on how this sleep disorder afflicts the elderly.



Insomnia is defined as "difficulty in initiating or maintaining sleep, or both", and results in a person experiencing a compromised quantity and/or quality of sleep. An affliction that affects an estimated 30 – 50% of the general population at any given time – of whom 10% suffer chronic sleeplessness – insomnia is most often triggered by external situations, though it can be exacerbated by underlying pathology as well.

Stress, domestic pressures and traumatic events can all contribute to short-term insomnia while co-morbid conditions such as anxiety or depression can prolong the problem, leading to chronic or long-term insomnia. Though the disorder afflicts people of all age groups with equanimity, studies have shown the incidence of sleeplessness increases with age, targeting the elderly as a particularly vulnerable group.

PHYSICAL TRIGGERS

Insomnia in those of advanced age is most often triggered by four main factors: physical, mental and behavioural complications, as well as substance/drug consumption. Underlying medical problems such as bladder retention difficulties and acid reflux are two of the most common culprits in sleeplessness for this group of individuals. As the elderly often suffer from reduced bladder capacity and weakened digestive systems, it would be wise for them to avoid consuming copious amounts of liquid before bed, as well as minimising their intake of spicy food.

Other physical complaints involve cardiac disease and asthma, as sufferers can experience late-night palpitations and breathing difficulties that obstruct sleep.

Furthermore, the elderly are prone to joint disease such as arthritis, and frequently experience back problems, both of which can contribute to excruciating pain and make uninterrupted sleep a challenge. Holistic therapists recommend a light massage with soothing lavender oil before bed, to both alleviate the pain and prepare the body for a good night's rest, as lavender has been shown to have relaxing qualities.

MENTAL CONTRIBUTORS

Mental factors that can contribute to the onset of insomnia include psychological afflictions such as anxiety and depression, both of which are prevalent amongst the geriatric community. Erik Erikson, a renowned developmental psychoanalyst, claims that individuals aged 65 and above go through a stage referred to as 'Ego Integrity Vs. Despair', in which people of advanced age look back on their life and feel either accomplishment or despair.

Below: Renowned for its relaxing and soothing properties, lavender essential oil applied to the body's pressure points encourages a good night's sleep.



FAMOUS INSOMNIACS IN HISTORY



1. **Napoleon Bonaparte** – sleeping less than 4 hours each night, Napoleon learnt to live with his condition while managing to build an empire.
2. **Marilyn Monroe** – the actress relied on sleeping pills to help her sleep over the years till her death in 1962.
3. **Margaret Thatcher** – purported to need only 4 hours or less of sleep at night, this former British Prime Minister is well-known for her motto 'Sleep is for wimps' as a cover up for her insomnia.
4. **Alexandre Dumas** – after trying most remedies to help him, he resorted to late-night strolls which finally helped him to sleep through the night.

Those falling into the latter category can also experience a loss of personal identity brought about by the obliteration of certain life roles, thus adding to the pervading sense of meaninglessness experienced. The death of loved ones and contemporaries can be yet another factor which contributes to a pronounced awareness of one's mortality, leading to a lot of contemplation regarding how much time one has left in this world. Alone or in combination, these issues are often responsible for triggering insomnia in the elderly.

BEHAVIOURAL FACTORS

Behavioural factors contributing to disturbed sleep patterns among geriatric patients also include an inactive lifestyle, which disrupts the production of hormones required for proper sleep. Co-morbid conditions such as arthritis lead to reduced mobility and decreased motivation to exercise, further exacerbated by irregular mealtimes which place the body in a false state of alertness.



BIOCHEMICAL CONTRIBUTORS

Finally, insomnia in the elderly can be caused by excessive consumption of caffeine and certain kinds of medication. A number of antidepressant medications and stimulants – such as the libido booster Viagra – can affect one's metabolism and reduce production of the hormone melatonin, both of which are important in regulating sleep cycles. Patients suffering insomnia might – after routine consultation with their doctors – want to make the necessary adjustments to their dietary and medical routines in an effort to restore their circadian rhythms (daily rhythmic activity cycle) to a happy equilibrium.

A SLEEP SOLUTION

Those suffering the often-frustrating effects of insomnia could also turn to the Damansara Specialist Hospital's renowned Sleep Study Centre for relief. At this reputed establishment for the diagnosis and treatment of a range of sleep-related disorders including insomnia, the centre's personnel are well-placed to attend to your healthcare needs.



Previous page, below: Choose the right type of pillows and mattresses for support as studies show that the quality of bedding has a direct influence on the quality of sleep.

Left: Exercise is essential to regulate the consistency of the body's hormones, which facilitates better sleeping patterns.

HOME REMEDIES FOR INSOMNIA

1. **Before bedtime** – have a small portion of foods containing tryptophan like turkey or chicken slices, banana or drink a glass of milk before going to bed. Tryptophan encourages serotonin production, which helps you to sleep.
2. **Herbal infusion** – make yourself some herbal tea such as camomile to help you relax.
3. **Essential oils** – dilute some lavender oil in an oil carrier or dab some jasmine scented oil onto your wrists before bed. The aroma can help you sleep better through the night.
4. **Adopt a bedtime routine** – try waking up and going to bed at the same time each day. As your body adapts to this routine, you will tend to fall asleep faster.
5. **Bedroom preparations** – keep the bedroom cool, dark and ideal for a good rest under the covers. If you prefer, have some soothing and calming music in the background to help you drift off to sleep.



Providing we adhere to the requisite 6-8 hours recommended by health professionals for optimum functioning, humans spend as much as one-third of their lifetime asleep. Given that sleep is such a critical component for physical, emotional and psychological balance, it is vital that all of us – irrespective of age – respect our body's need for rest, and not sacrifice either the quality or quantity of sleep required. Insomnia, though frustrating, is not incurable. With the right dietary and lifestyle changes, we can ensure our bodies are nourished by adequate sleep, and in so doing, gear us up to meet the day with freshness and vigour.



SLEEP STUDY CENTRE

KPJ Damansara Specialist Hospital

Care For Life looks at the Sleep Study Centre in KPJ Damansara Specialist Hospital (DSH) to find out how it is the answer for those whom sleep eludes.

TROUBLE SLEEPING

Many people do not know much about Sleep Centres, even though the concept is not new in Malaysia. In fact, the Sleep Disorder Centre in KPJ Damansara Specialist Hospital was set up in 1997 to address the reality in which a significant part of the population are robbed of their sleep by disorders such as periodic leg movement, sleep paralysis, nocturnal epilepsy and particularly Obstructive Sleep Apnea (OSA).

Sleep apnea is a condition where breathing during sleep is restricted, sometimes completely cut off due to blockage in the airway. One form of this is Obstructive Sleep Apnea which is associated with loud snoring interrupted by silence and followed by gasps. The low oxygen level during sleep will cause the heart to work harder and the patient deprived of deep sleep.

GETTING THE ZZZ

Patients who come to the sleep centre will first undergo an overnight sleep test, in which an assessment of the patient's sleep pattern is conducted via a computerised

polysomnography which is one of its kind in Malaysia. Different treatments are prescribed depending on the severity of OSA in the patient. 90% of the cases however are treated with the Nasal Continuous Positive Airway Pressure (CPAP) which is the most effective as well as the most common treatment for OSA.

The CPAP device acts like a blower to keep the upper airways open by delivering pressurised air through a nose mask. The Sleep Centre's specialist will determine and adjust the machine's pressure level to suit each patient. The device is to be worn by the patient at home during sleep for a trial period, after which, the patient is then put through a repeated sleep study to evaluate the improvements.

The KPJ Damansara Specialist Hospital Sleep Centre has been relocated to a new section in the hospital, and has been upgraded recently with the installation of some of the most up-to-date amenities.

To be reopened again in April, the KPJ

Damansara Specialist Hospital Sleep Centre will surely bring more restful slumber to those who need it.



Stop Snoring, Start Snoozing

Dato' Dr Zainudin Md. Zin on the dangers of Obstructive Sleep Apnea



WHEN someone is “snoring away” in bed, it does not necessarily mean he or she is deep in sleep, in fact, it might mean the opposite. This general misconception of sleep is clarified by Dato' Dr Zainudin, a Physician and Respiriologist who heads the KPJ Damansara Specialist Hospital's (DSH) Sleep Study Centre.

THE SLEEP DOCTOR

Dr Zainudin took an interest in sleep study when he was a Professor of Medicine in University Kebangsaan Malaysia (UKM). When he first started to specialise in Respiratory Medicine about 25 years ago, the medical profession had only just begun to recognise Obstructive Sleep Apnea as a medical condition. As more work and research were carried out, it became clear that OSA was a real medical problem rather than mere inconvenient

Dato' Dr Zainudin Md. Zin is one of the country's foremost respiratory physicians in treating Obstructive Sleep Apnea, having planned and started up the sleep centres for Damansara Specialist Hospital and Universiti Kebangsaan Malaysia in 1997 to treat this ailment.

loud interrupted snoring. Fascinated at the onset, he began to learn more about the disorder by attending short courses and an attachment at Glasgow Royal Infirmary and University College Hospital in London. By 1996, he had devised and planned the sleep centre for UKM and KPJ Damansara Specialist Hospital simultaneously as he decided to shift from academia to practice in Damansara Specialist Hospital.

WHAT KEEPS YOU AWAKE?

“Though snoring may be part of normal sleeping physiology, when people snore intermittently but loudly, it is not normal at all,” reveals Dr Zainudin. Loud snoring interrupted by pauses and gasps for air is a sign of Obstructive Sleep Apnea (OSA), a condition that disrupts the patient's quality of sleep, causing excessive daytime sleepiness and poor concentration.

In normal cases, when a person with OSA lies down, the back of the tongue may sometimes come too close to the wall of the pharynx – the part of the throat situated immediately behind the mouth and nasal cavity. When a person sleeps, the muscle of the tongue relaxes – thereby closing off the air passage. This blockage takes place for short periods of time, but its frequency is enough to disrupt the quality of sleep. The intermittent blockages causes fluctuations in heart rate, blood pressure and oxygen levels throughout the night, thus preventing the OSA patient from going into deep stages of sleep, causing him or her to wake up feeling tired the next day. “So although the person may be sleeping, he or she is not resting at all” says Dr Zainudin.

CAUSES AND TREATMENT

Typically, people who are afflicted with OSA are either born with narrow airways, have large tonsils, or are obese. Obesity is a factor because excess fat can further narrow the air passage to cause blockage.

At the Sleep Centre in KPJ Damansara Specialist Hospital, there are 3 types of treatment for OSA depending on the severity. One of them – the Nasal Continuous Positive Airway Pressure (CPAP) is the most effective as well as the most common. According to Dr Zainudin, the main bulk of cases, whether moderate or severe, can be treated with CPAP. The CPAP device acts like a blower to keep the upper airway open by delivering pressurised air through a

nose mask that is to be worn throughout the night. It has rendered very good outcomes for OSA patients.

For the milder form of OSA, a custom made device called the dental splint can be inserted into the mouth during sleep, as it extends the jaw forward by a few millimetres, enough to create more space at the back of the tongue. Surgery is an option too, albeit a not so common one. According to Dr Zainudin, this is because the area of the blockage in the airway can occur at many levels, rendering unpredictable surgical results.

However the exception is, if Sleep Apnea is caused by large tonsils, surgery is a very effective treatment. In fact, Sleep Apnea in children is commonly remedied by tonsillectomy.

KPJ Damansara Specialist Hospital has since been raising awareness among the public about the medical aspects of snoring that can be life-threatening. With a smile on his face, Dato' Dr Zainudin Md. Zin points out that it is most rewarding to see bleary-eyed OSA patients change from their lethargic, sleep-deprived state to re-energised people who can start living life to the fullest with new found energy, after a few sessions of CPAP therapy.

FAST FACTS

Dato' Dr Zainudin – a Physician and Respiriologist at KPJ Damansara Specialist Hospital specialises in sleep study, treating patients suffering from a variety of sleep disorders including that of Obstructive Sleep Apnea (OSA). Here are some of his achievements:

- 1986-1988 – Research Fellow and Honorary Registrar Chest Department, University College Hospital and Brompton Hospital, London.
- 1988-1991 – Lecturer and Chest Physician, Respiratory Unit, Department of Medicine, Universiti Kebangsaan Malaysia.
- 1996-1997 – Professor of Medicine (Respiratory) and Consultant Chest Physician, Department of Medicine, Universiti Kebangsaan Malaysia.
- Current appointment: Consultant Physician, Internal and Respiratory Medicine, KPJ Damansara Specialist Hospital.

A Testimony to Care

AS Malaysia's leading private healthcare provider, KPJ Healthcare Berhad has not only established a reputation on the local front, its hospitals and services are also sought after by medical tourists as well as expatriates. In this issue, *Care For Life* meets expatriates from Indonesia and the Middle East to discover their reasons for choosing KPJ as the choice to better healthcare.



After his satisfactory experience with KPJ Johor Specialist Hospital, Pak Richard wants to get the word out so more people in need will benefit from the healthcare excellence of the KPJ hospitals.

It's All About Trust



ALTHOUGH Pak Richard is no stranger to the KPJ Healthcare Berhad name, he witnessed their medical care excellence for himself when his sister was diagnosed with lung cancer in 2006. "My family has always trusted KPJ hospitals, so when my sister was ill, it seemed like a natural choice to get her admitted to KPJ Johor Specialist Hospital," said Pak Richard.

After being disappointed with the unsatisfactory service of private healthcare providers in his home country of Indonesia, Pak Richard and his family decided to head abroad for his sister's treatment – a move which turned out to be one of the best decisions his family ever made.

"The doctors are much more experienced and capable. We felt confident every step of the way, from consultation to diagnosis and treatment," he said. Sure enough, after three years of being placed under the care of the doctors at KPJ Johor Specialist Hospital, his sister's condition stabilised.

Although she eventually succumbed to the disease a year later, Pak Richard still feels very grateful to the dedicated healthcare providers who never gave up on his sister until her very last breath. "What really sets KPJ Johor Specialist Hospital apart from other medical institutions is the empathy of the doctors, nurses and staff members," he explained. "They are unconditionally supportive of their patients. Even though things appeared bleak, they continued to encourage

my sister and buoy her hopes," he added.

After his experience with KPJ Johor Specialist Hospital, Pak Richard now acts as a health tourist agent, referring patients from Indonesia to the hospital. "I am very grateful for the quality of medical care that my sister received from the hospital, which is why I want to spread the word about KPJ Healthcare Berhad to others who could benefit from their services," Pak Richard said.

"Each time I refer a patient here, the hospital never fails to deliver. Even when I call at midnight to report an emergency case, there are always staff available to attend to the patient's needs," said Pak Richard, impressed with the dedication shown by the consultants and staff of KPJ Johor Specialist Hospital.

World Class Care

Treating Major and Minor Ailments



H.E. Mohamed Mohamed Al Rabea at the global business forum.

CHOOSING KPJ

Mr Al Rabea was in Malaysia as one of the key speakers at the recently held Malaysia Global Business Forum. However, a persistent ear-ache threatened to disrupt his participation in the forum, so he immediately sought treatment at KPJ Tawakkal Specialist Hospital. He was referred to an Ear, Nose and Throat (ENT) specialist and was particularly impressed by the knowledge and clinical

CONSTANTLY

improving on the levels of service and facilities of all hospitals within the network, KPJ Healthcare Group has been treating patients from all walks of life, including the more prominent members of society. Recently, KPJ Tawakkal Specialist Hospital had the honour of providing treatment to the Secretary General of the Council of Arab Economic Unity, H.E. Mohamed Mohamed Al Rabea.

judgment of the doctor attending him and the care of the nurses. Mr Al Rabea was very happy with the treatment that effectively eliminated the pain in his ear.

When asked why he chose KPJ Tawakkal Specialist Hospital, Mr Al Rabea replied that he had been following and admiring KPJ Healthcare's progress since 1986, and he was confident that any hospital in the group would efficiently attend to his condition.



His Excellency Mohamed Mohamed Al Rabea (third from left) with other foreign delegates and KPJ management staff. They include His Excellency Premdoot Doongoor – High Commissioner Designate of the Mauritius High Commission (second from left), and Dr Munirah Khudri – CEO of KPJ Tawakkal Specialist Hospital (fourth from left), and Rafeah Ariffin, Senior General Manager of Group Marketing and Communications KPJ Healthcare Berhad.

While at KPJ Tawakkal Specialist Hospital, Mr Al Rabea was given the opportunity to visit various departments and be introduced to various members of the management and nursing teams. He was also shown the state-of-the-art equipment and was briefed on the healthcare services provided. Commenting on his experience, Mr Al Rabea said he was most impressed with the sheer number of nurses employed by the hospital, the number of beds and the medical equipment that was available.

EXCHANGING OF IDEAS

In the short time he was at KPJ Tawakkal Specialist Hospital, Mr Al Rabea still managed to share with the management his experience in the healthcare sector. He was particularly interested in the growth plans of KPJ Healthcare and firmly believes that high-impact projects such as those of KPJ Healthcare Berhad can have an equal impact and benefit to the Arab world. While doctors from Arab countries are well-respected worldwide, they are usually based in government hospitals or have

established themselves in small private practices. This is unlike Malaysia where comprehensive healthcare establishments especially private hospitals, are expanding rapidly. Mr Al Rabea opines that it would be good to share this mode of healthcare expansion with his Arab counterparts.

As well as receiving treatment at KPJ Tawakkal Specialist Hospital, H.E. Mohamed Mohamed Al Rabea not only had his condition relieved but was also able to share knowledge and ideas with the hospital's management team. His was a very positive experience, and a prime example of how medical tourism can not only enhance one's health but also to contribute to the healthcare sector's development both locally and internationally.

Unwavering Commitment to Excellence

The Nurses of Puteri Specialist Hospital

There is no doubt that being sufficiently equipped with the fundamental knowledge of medical care and a deeply caring and compassionate attitude, is essential for success in the nursing profession. But a true sense of accomplishment, as the nurses of **Puteri Specialist Hospital** unanimously agree, is achieved when one is able to apply one's valuable knowledge for the benefit of others.



NOORATIKAH CHULAN
Chief Nursing Officer

"Caring for patients requires a creative approach that is also in accordance with the hospital's policies and procedures," Nooratikah summed up her philosophy. Having been with Puteri Specialist Hospital since becoming a qualified nurse in 1995, she is glad that her personal principles match that of the management's.

"Puteri Specialist Hospital, as part of the KPJ Healthcare Berhad's group of hospitals, is a pioneer for the Hospital Information Technology System with the successful implementation of the Clinical Information System, known as K-CIS, which allows clinical services to be ordered online. We are using technological innovations to improve patient-care," Nooratikah cited.

Although she has come a long way in her career, Nooratikah has never once lost sight of the most satisfying aspect of being a nurse, "During the early days of my career, I attended to many paediatric cases where I ended up developing a close relationship with the patients and their parents, a lot of whom I still know by name when they visit the hospital years later."

FARIDAH BINTI AHMAD DAUD
Deputy Chief Nursing Officer

"As nurses, we must recognise that not all patients are the same. Therefore, we must seek to understand the individual predicament and emotional state of each patient we attend to," Faridah said.

With such commendable interpersonal skills and sensitivity towards the needs of patients, it is no wonder that Faridah was assigned to the VIP ward for most of her nursing career to date. The highlight of her 18 years as a nurse, she recounted, was being appointed as one of the staff nurses to care for the late Sultan of Johor, Sultan Mahmud Iskandar Al-Haj, in 2010 when the monarch chose Puteri Specialist Hospital as his place for recuperation.

For Faridah, there is only one thing that matters the most at the end of the day, regardless of whom she was assigned to care for, "There is a sense of accomplishment in seeing patients come in with illnesses and leaving the hospital in good health. It makes all the energy expended towards caring for them worthwhile."



ELLY HASNITA HASSAN
Infection Control Officer

Before being appointed to her current position, Elly had over 10 years of experience in the Intensive Care Unit which taught her the importance of a strong foundation of knowledge in human physiology. "We deal with patients with various kinds of diseases. How we care for them makes all the difference," she said.

Having assisted with a lot of critical cases throughout her career, she also acknowledged that the human aspect of nursing is equally important. "Patients also require us to understand their situation. What they need is empathy, not sympathy," noted Elly.

In addition to caring for patients, Elly finds that her knowledge about medicine and dealing with diseases has had an additional benefit in her personal life. "I am often the one my family members and friends call when they need health-related advice. Equipped with the knowledge, I am able to point them in the right direction when it comes to seeking medical attention. The fact that I am able to offer care and guidance to my patients as well as loved ones makes nursing a very fulfilling career," she concluded.



MARINA SULAIMAN
Nurse Instructor

17 years ago, Marina recalled that she never wanted to become a nurse. When she professed an interest in becoming a teacher just like her two siblings, her mother insisted that she try her hand at a career in the medical field. "I was reluctant at first, but after being exposed to nursing, I gradually developed an interest in the profession," she said.

Not only has Marina found a new passion in nursing, she has also managed to fulfil her teaching ambition when she was promoted to a nurse instructor in 2005. "As an instructor, I meet many students who are like me when I first started my training. That is why we include a lot of hands-on work in our nurses' training programme. This is to provide student nurses an opportunity to apply the theoretical knowledge they have learnt and expose them to the positive aspects of a nursing career. We want to show them that what they do does make a difference," Marina said.

WONG CHAN LIEN
Urology and Orthopaedic Ward

For Chan Lien, being a nurse was a childhood ambition. "My mother was a nurse. I remember seeing her and her colleagues in their white uniforms when I was a child, and I knew from then this was going to be the career path for me," she said.

Being in the nursing profession for more than a decade now, Chan Lien believes that knowledge and interpersonal skills are equally important aspects to being a nurse. "Without the strong people skills and knowledge in medical care, you cannot perform on the job. You must know what you do as well as being able to empathise with the patients you care for," she emphasised.

Of course, just like her mother and the rest of her colleagues, the most fulfilling aspect of a nursing career for Chan Lien is going the extra mile in caring for patients. "I go on home visit as part of the KPJ Home Care service. Watching patients' health improve and hearing them thanking me personally just motivates me to keep doing my best."



Driven by KPJ Healthcare Berhad's core values of professionalism, courtesy, integrity, safety and continuous improvement, the experienced nurses at Puteri Specialist Hospital remain steadfast in their desire to provide the best for their patients.



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New Hospital On The Block

Dato' Dr Sivamohan on
KPJ Klang Specialist Hospital



ADDING to KPJ's network of 20 hospital nationwide is the newly built KPJ Klang Specialist Hospital which is scheduled to open its doors this coming April. As the new Medical Director for this hospital, Dato' Dr Sivamohan, who is also a Consultant Obstetrician & Gynaecologist speaks to *Care For Life* about what lies on the horizon for the new hospital.

A CAREER INSPIRATION

Although he had always planned to do medicine, Dato' Dr Sivamohan never intended to specialise in gynaecology. After completing his medical course in India on an ICCR (Indian Council of Cultural Research) scholarship, he applied to Hospital Klang for his housemanship stint. Having heard that the doctor who headed the Obstetrics & Gynaecology (O&G) department was "a terror", he had hoped that he would not be assigned to that department but fate decreed otherwise. However, the "terror" unexpectedly turned out to be an inspiration for him to switch his specialisation course.

He went on to do his post-graduate studies in Obstetrics and Gynaecology (MRCOG) in the UK under the JPA scholarship, working in several well-established hospitals before returning to Malaysia in 1986. In 1990, Dr Sivamohan was awarded the prestigious British Commonwealth Medical Foundation Scholarship in the UK, to further his sub-speciality interest in Gynae-Oncology. In addition to his clinical interests, Dr Sivamohan also pursued a Masters in Healthcare Management (MSc) from the University of Wales Swansea in the UK.

Today, Dr Sivamohan utilises his clinical expertise in his role as an obstetrician and gynaecologist in KPJ Damansara Specialist Hospital, where he has been practising for the last 15 years, while his management skills are utilised as the Medical Director of the newly built KPJ Klang Specialist Hospital.

AT THE HELM

Speaking about KPJ Klang Specialist Hospital, Dr Sivamohan revealed that the hospital, when opened, aims to create niche services and "Centres of Excellence" some of which are for Women's Health, Cardiac Services and Minimally Invasive (Laparoscopic) Surgeries.

As Dr Sivamohan puts it, KPJ's philosophy is that wellness is not just about the absence of disease, but also about the mental and physical well-being of a person. From this grows the tertiary level of healthcare services that the hospital will strive to provide. This includes first class nursing care and facilities, interactive activities, wellness clubs, and seminars, thereby connecting all levels of people in the hospital with the community.

Previous page:
Appointed as the first Medical Director of the newly built KPJ Klang Specialist Hospital, Dato' Dr Sivamohan has big plans in store for this new venture.

"We intend to make the hospital a community-based hospital, working closely with the GPs as well as several NGOs, the ACMAR Group – which is the developer of Bandar Baru Klang – and in particular with the Klang Executive Club.

"In line with Continuous Professional Development (CPD) we intend to organise weekly medical presentations, talks and case discussions by our resident doctors and medical staff. GPs and fellow Consultants from KPJ hospitals will be invited to attend and participate in this," explains Dr Sivamohan.

There is a dedicated website (www.kpjklang.com), which is accessible by the general public and medical professionals. GPs will be able to connect to the Consultants at KPJ Klang Specialist Hospital via the electronic media, and referrals, appointments and communications regarding patient care can be made online. KPJ Klang Specialist Hospital will also be introducing the Electronic Medical Records (EMR) using KPJ Clinical Information System (KCIS) to remain connected to patients and health care providers.

ACCREDITATION AND HEALTH TOURISM ASPIRATIONS

KPJ Klang Specialist Hospital has been identified as a potential Health Tourism destination under the ETP (Economic Transformation Programme). Apart from the unique architectural design and state-of-the-art facilities, its ideal location and close proximity to KLIA and major hotels are additional strengths. Thus, Dr Sivamohan aims to get the hospital accredited by both the Malaysian Society for Quality in Health (MSQH) as well as JCI (Joint Commission International) to help further the hospital's healthcare tourism presence.

KPJ Klang Specialist Hospital is perfectly synchronised with KPJ's purpose and standards as Malaysia's largest private healthcare provider, and strives to be at the top of the ranks in the group as well as the country. Its Medical Director confidently asserts, "There are many challenges in a new hospital and there will definitely be some hiccups along the way. Our strength lies in the quality of our services and professionals."

FAST FACTS

Dato' Dr Sivamohan – Medical Director and Consultant Obstetrician & Gynaecologist of KPJ Klang Specialist Hospital not only oversees the medical operations of the hospital but also specialises in Gynae-Oncology. Here are some of his credentials:

- 1979 – MBBS, Kasturba Medical College, University of Mysore
- 1986 – MRCOG (UK)
- 1990 – Fellowship in Gynae-Oncology (UK)
- 1997 – MSc in Healthcare Management (Swansea)
- 2000 – Fellow of the Academy of Medicine (FAMM)
- 1995-present – Joined KPJ group in 1995 and is currently based at KPJ Damansara Specialist Hospital
- 2010 – Appointed Medical Director of KPJ Klang Specialist Hospital
- Served as the Honorary Secretary of the College of O&G, Academy of Medicine, Malaysia for 6 years and is currently a council member.
- Awarded the Darjah Dato' Seri Negeri Sembilan from HRH Ruler of Negeri Sembilan as well as the Darjah Dato' Paduka Mahkota Perak from the Sultan of Perak, both carrying the title of 'Dato'.



One of the latest additions to the KPJ Group – KPJ Klang Specialist Hospital.

The Rise of A Hospital

Beyond the Doors of A New KPJ Hospital

PRISTINE yet with a sense of warmth. Equipped with state-of-the-art medical facilities, but manned by staff with the utmost in professionalism and characterised by their sense of care. These are what a KPJ hospital is all about. *Care for Life* goes behind the scenes of the newly completed KPJ Klang Specialist Hospital, and finds out how a hospital is built from ground up, and more importantly, what is that secret factor that makes a KPJ hospital, the epitome in professionalism and care.



Working as a team to prepare the nurses' workstation prior to the official opening of the hospital.

MORE THAN A BUILDING

Few people are aware of the long hours and hard work that go into conceptualising, building, and operating a new hospital. An engineer with 15 years of experience in the healthcare field, Yahaya bin Hassan is the Managing Director of Healthcare Technical Services (HTS) – a consultancy company wholly owned by the Johor Corporation and responsible for the construction of KPJ Healthcare's facilities. His extensive knowledge of the operational requirements and flow of hospitals and experience with the engineering of KPJ Ampang Puteri Specialist Hospital, KPJ Damansara, KPJ Perdana, among others, was instrumental in his selection as Project Head responsible for the planning and engineering task force at KPJ's new medical centre, the KPJ Klang Specialist Hospital.

"Building a hospital is so much more complex than any other type of building due to its additional structural components and systems, the authorities' stringent requirements and very specific user necessities, which involve patients, staff, doctors and visitors," he said. The KPJ Klang Specialist Hospital project, in particular, was challenging. The site was

formerly an ACMAR Group hospital project abandoned in the middle of construction, Yahaya and his team were handed the job of transforming the existing hospital plan, following a series of requirements imposed by the Ministry of Health, in line with the recently instituted Private Healthcare Act.

SAFETY COMES FIRST

Safety and hygiene are the most important features to bear in mind when planning a hospital. Very specific rules and regulations set by the Ministry of Health, as well as the Malaysian Society for Quality in Health (MSQH), must be followed to ensure the safety of patients, staff and visitors and also to maintain the quality standard of the hospital. In order to achieve this, "the most important thing is to have a clear separation of the sterile and dirty areas of the hospital, ensuring that there is no crisscross of flows of materials, patients and staff at any point in time," said Yahaya.

In addition to this, emergency measures must be taken into account and careful consideration be given to the ventilation and pressure systems in clinical areas to guarantee the protection of patients at all times. Failure to impose any of the standard

measures outlined by the Ministry of Health and the Private Healthcare Act will result in the denial of a Hospital License and impede the hospital's operation, even if the building is fully constructed.

Yahaya summarised his team's role at KPJ Klang Specialist Hospital: "as planners and builders, we will make sure that the environment is safe and comforting for everyone: the colours are soothing and cheerful for the patients, especially children, and the facilities are relaxing and friendly to keep doctors, staff, patients and visitors at ease throughout their stay at KPJ Klang Specialist Hospital."

GOVERNING A HOSPITAL

Charged with overseeing the whole process of planning, construction and operation of the hospital since the beginning, a hospital's General Manager must be able to juggle a wide variety of tasks. With over 20 years of experience in both public and private healthcare, former staff nurse Zaharah Osman joined KPJ Healthcare in 1995 and rose through the ranks to be appointed General Manager of KPJ Klang Specialist Hospital, acknowledging her clinical background, administrative knowledge and leadership capability.

Although she participates in all the processes at KPJ Klang Specialist Hospital, such as working closely with the engineers and contractors to ensure that the hospital meets the standard requirements, Zaharah's duties before the start of hospital operations lie mainly in recruiting personnel and developing policies and procedures to govern the facility, in addition to sourcing all of the medical equipment.

SECURING MEDICAL MACHINERY

Zaharah works closely with the biomedical engineering consultants when procuring medical equipment, as they are experts. As technology changes very quickly, it is important for a new hospital to invest in cutting-edge equipment capable of



Top and Above: Some of the equipment and machines such as the ones above are carefully sourced and selected from various suppliers.

providing the best means for the healthcare professionals to care for their patients.

Clinical equipment suppliers from all over the world come to introduce their products, bringing catalogues and explaining in detail the specifications and operational aspects of each machine. To help her in selection and ensure the quality of the expensive materials, Zaharah



visits already established KPJ hospitals, searching for the most useful machines, and interviewing the medical consultants as well as other hospital employees to note their preferences and dislikes. After careful consideration, Zaharah selects a minimum of three options of each piece of equipment to present to the hospital's Board of Directors, who must make the final selection. Purchasing and installing the equipment follows, always under her watchful eye.

Although it is crucial to have appropriate facilities and quality equipment, without its medical consultants, nurses and other crucial members of staff, a hospital is merely a building. Employing competent doctors, intelligent and compassionate nurses and skilled radiographers, pharmacists, physical therapists and dieticians, as well as proficient managers and administrators is vital to the proper functioning of a healthcare facility. Outsourced functions also have to be recruited, such as laboratory, housekeeping, laundry and general and clinical waste management services.

THE HEART OF THE MATTER

After advertising the job vacancies, Zaharah is in charge of evaluating applications. She noted that there are a staggering number of applicants vying for positions at KPJ Klang Specialist Hospital, adding that most candidates referred to KPJ's sterling reputation as a top healthcare provider and its programmes for professional enhancement and career advancement as the main reason for their interest. After analysing each applicant's qualifications and professional experience, she will set up an interview in order to make the final selection.

Noting that nurses comprise 60% of the total manpower at KPJ Klang Specialist Hospital, Zaharah Osman believes that they are indeed the heart of the hospital, being accountable for the care of patients throughout their stay at the facility – usually

spending a longer amount of time with them than the patients' doctors. "Nursing is an art as well as a science," she proclaimed. "I believe there should be a healthy mix of junior and senior nurses on staff at the hospital – the spirit of youth and innovation of the younger nurses should be present, as well as the experience and knowledge of the senior nurses who can teach the juniors, who should constantly be improving themselves." Nevertheless, she maintains that every single person on staff is equally important in the ensuring the successful operation of a hospital.

All personnel recruited by Zaharah must go through a process of orientation when beginning work at the hospital, in order to familiarise themselves with the KPJ mission, the hospital's policies and procedures, their job description and the many systems they will have to work with such as the hospital software and information systems.

Making sure that the hospital's policies and regulations are followed, as well as regularly monitoring and evaluating staff performance and each department's achievements is also part of the General Manager workload, to make certain that the investment made by the hospital pays off. "We are dealing with patient's lives here, so it is my job to ensure that everything is in perfect shape, as any mishap could result in a tragedy," she concluded.

ENGAGING THE COMMUNITY

With top notch facilities in order and an extraordinary workforce in place to provide the most professional healthcare to its patients, *Care For Life* next spoke to the KPJ Klang Specialist Hospital's Medical Director Dato' Dr Sivamohan – a specialist in Gynae Oncology working with KPJ since 1995 – about his vision for the facility and the plans already in order to make it a first-class tertiary-level hospital. "It is our aspiration to be the preferred healthcare provider, and my personal aspiration is to make KPJ Klang the brightest jewel in the

KPJ Group of Hospitals," he stated.

KPJ Klang Specialist Hospital is intended to be a community-based hospital, working closely with the General Practitioners (GPs) in the area as well as several NGOs including Rotaract Clubs, the AMCAR Group and, in particular, the Klang Executive Club. The hospital's marketing team has conducted extensive market surveys, population demographics and studies of the community's expectations for the hospital in order to ensure that the facility meets the demands of the community and its higher goals. Several publicity campaigns have been organised by the management team and many more are sure to follow.

The KPJ Klang Specialist Hospital aims to offer around 150 GPs, as well as the insurance industry and a series of multinational companies, 'privilege cards' to encourage them to make full use of its facilities and services. The KPJ Klang Specialist Centre's website is also designed to facilitate public awareness, and its interactive features allow for patients and GPs to make online appointments and referrals, as well as to receive replies directly from the hospital's medical consultants. "This portal will serve as a tremendous tool for the promotion of our doctors and the interaction with local GPs and patients," remarked Dr Sivamohan.

A HEALTH TOURISM HUB

In line with the company's Continuous Professional Development programme designed to enhance the medical staff's expertise, weekly medical presentations by KPJ Klang Specialist Centre's resident doctors will be organised and participation is strongly encouraged, as it also counts towards the Continuing Medical Education (CME) points. Furthermore, the KPJ University College, which has recently been granted University College status will be adding a Medical Faculty to its already prominent Nursing School, with the seasoned medical professionals of

Previous page: All staff at KPJ Klang Specialist Hospital are fully trained and equipped to provide the best care possible to patients.



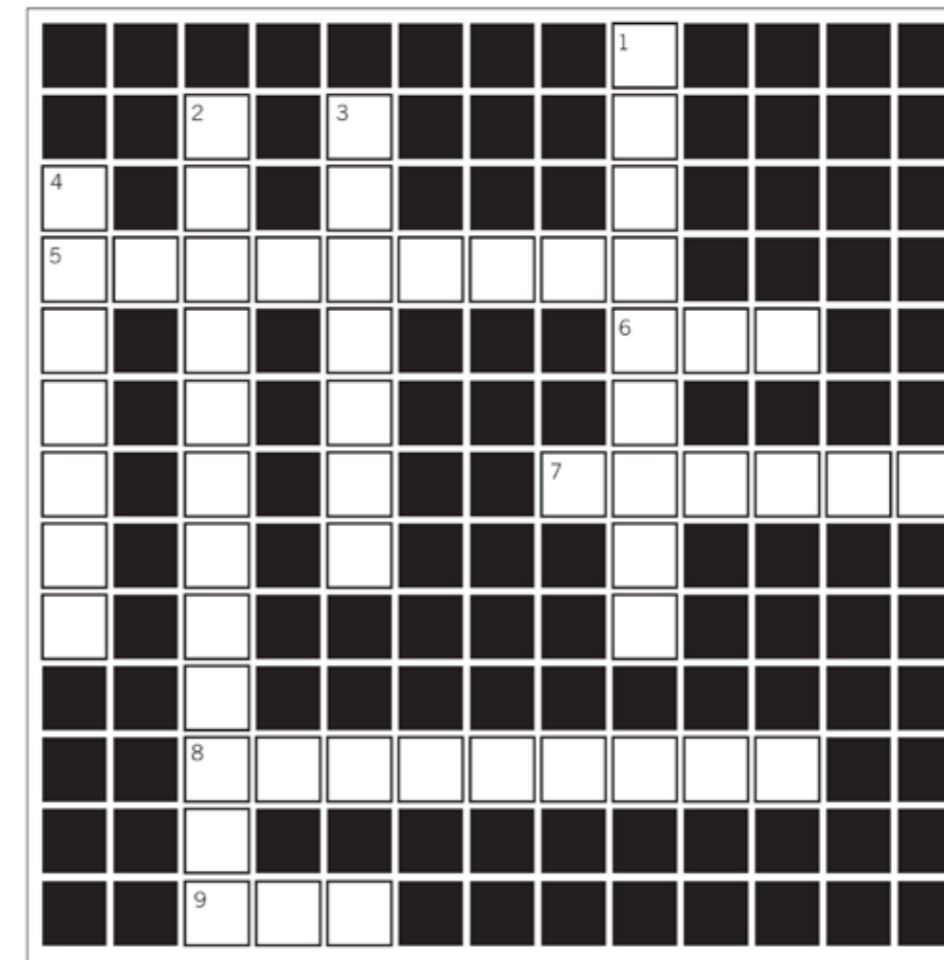
Thriving hospitals are founded on the commitment and efficiency of their staff at all levels.

KPJ's hospitals volunteering as lecturers and researchers. This adds to the prestige of KPJ Klang Specialist Hospital, enhancing its personnel's practice and greatly contributing to the first-rate care of the facility's patients.

In addition to this, KPJ Klang Specialty Hospital is one of the hospitals identified by the Malaysian Government in the Economic Transformation Programme as a potential leading Health Tourism Facility in the country. Equipped with a team of medical doctors specialising in a vast array of clinical fields including neurosurgery, paediatrics, orthopaedics, oncology, obstetrics and gynaecology, nuclear medicine, nephrology, rheumatology and cardiology, among others, the hospital seeks to be accredited both nationally and internationally via the MSQH and the JCI – symbols of quality that will undoubtedly attract more visitors interested in seeking healthcare on Malaysian shores.

From engineering to meet strict safety and hygiene conditions to commissioning the equipment and employing staff to manage the operations of the facility, the KPJ Klang Specialist Hospital has been equipped with all the necessary components to become the foremost healthcare centre in Malaysia. This newest addition to KPJ's thriving group of hospitals has all the elements of a success story, built upon the basics of providing efficient and compassionate healthcare to patients in a very conducive environment.

Answer this crossword puzzle and find out if you need to bone up your knowledge about joints, muscles and bones.



Across Clues

- 5. The inflammation of the joint.
- 6. The human skeleton has more than _____ hundred bones.
- 7. Muscle in front of the arm.
- 8. The condition where there is an abnormal sideways curvature of the spine.
- 9. The human body has more than _____ hundred muscles.

Down Clues

- 1. Muscles found at the back of the thigh.
- 2. A disease people commonly get as they age which results in a decrease in the amount of bone in the skeleton and a deterioration in the bone structure.
- 3. The condition where there is decrease in muscle mass.
- 4. Nutrient found in dairy products like milk and cheese that together with Vitamin D, is helpful in keeping the bones healthy.

Across Answers: 5. Arthritis 6. Two 7. Biceps 8. Scoliosis 9. Six
Down Answers: 1. Hamstring 2. Osteoporosis 3. Atrophy 4. Calcium



KPJ HEALTHCARE BERHAD (247079-M)
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Care for Life



KPJ HEALTHCARE CORPORATE MILESTONES

KPJ's VISION

The Preferred
Healthcare Provider

KPJ's MISSION

Deliver Quality
Healthcare Services

CORE VALUES

Safety
Courtesy
Integrity
Professionalism
Continuous Improvement

1. The largest network of hospitals with a network of more than 20 hospitals in Malaysia and 2 in Indonesia
2. First healthcare provider in Malaysia to be listed in Bursa Malaysia's Main Board
3. Provides quality services through the strength of more than 800 medical specialists and 8,000 staff such as nursing, paramedic, pharmaceutical, technical and management services.
4. Turnover of RM1.65 billion and a market capitalisation of more than RM2 billion ending 31 December 2010
5. More than 2,500 licensed beds nationwide and 10 new sites have been identified to build new hospitals
6. Malaysia's first healthcare provider to introduce Islamic Real Estate Investment (REIT)
7. Innovative and creative approach through Malaysia's first network of charity clinics and hospital, Klinik Waqaf An-Nur and Hospital Waqaf An-Nur
8. An integrated healthcare company, supported by subsidiaries to provide complete and holistic healthcare services
9. KPJ was listed as Bursa Malaysia's Top 100 Companies in 2010
10. Winner of the Frost & Sullivan Healthcare Service Provider of the Year Award 2011
11. Winner of the Malaysian Institute of Directors' Innovative Leadership in Globalisation Award 2011 for the Healthcare Category
12. Received the award for The Best Performing Stock (Highest returns to shareholders over three years) from The Edge Billion Ringgit Club in July 2011
13. KPJ's education arm has been awarded University College status in 2011 and is now known as KPJ International University College of Nursing and Health Sciences (KPJIUC)