

CARING

SEPTEMBER/OCTOBER 2012
ISSUE 120

SEVEN DEADLY ERGONOMIC SINS

Flip to page 8 *(If you dare...)*

Falls Are you at risk?

Take the quiz on page 13

Persistent body odour,
thick armpit hair...
**and other embarrassing
questions answered!**

> PAGE 25

FROM HUNCH TO HUNK

> PAGE 7

CAREGIVER EXTRAORDINAIRE

> PAGE 18

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EDITOR'S NOTE

Stop Falling

The recent falls data from CGH's A&E had me worried. 65% of falls among the elderly occur at home, with the bedroom and living room being the most accident-prone zones. Perhaps it is because the elderly spend more time at home.

Not many of us bother to reorganise our homes as we age. Inertia and lack of knowledge are *not* valid reasons to remain status quo. Not when we bring to you an easy guide to fall-proof your home this issue (see page 8).

Truth is, every corner of your home is a potential danger zone for falls. That bunch of wires next to the TV, the pile of magazines in front of your sofa, the wobbly chair that you use for support...

Thank goodness these hazards can be easily fixed, and at low cost. Take our quiz on page 13 to find out if you are (still) at risk of falls. If so, try out those strengthening moves on page 14 designed by our physiotherapists.

We have also peppered this issue with inspiring personalities. Our healthcare assistant Johnson Ng bagged an award for outstanding service once again (page 5)! For those who don't already know, Johnson (his name tag reads 'Ng Hian Teck') is the chatty guy who takes care of patients waiting at the A&E. His thoughtful nature makes him an instant people magnet.

And then there's our spine surgeon who declares that nothing gets him more excited than fixing things, and erm, 'screwing' people (page 20). One of his most drastic surgeries to date includes straightening a 90-degree-hunched back (page 7).

But you don't need to be a healthcare staff to start making a difference. On page 18, find out what motivates someone to care for 'Ah Kong' – for over a decade now.

To care for others, we need to first care for ourselves. If you've been feeling achy in your neck and arms, learn how to nail the pain at our public forum on 15 September. Check out page 6 for more healthy living events. See you there!

Estelle Low
 Editor, CARING

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EMBRACING CHANGE

By Wong Sher Maine

“The world is moving so fast these days that the man who says it can't be done is generally interrupted by someone doing it.”

— Harry Emerson Fosdick, US clergyman



▲ Develop a sense of 'play' in all things you do, says motivational speaker Peter Ng.

While service “good enough for your own mothers” will be always a constant at CGH, motivational speaker Peter Ng said during the hospital's Quality Convention on 2 July that it is also important for hospital staff to “embrace change to embrace life”.

His message was in the context of the formation of the Eastern Health Alliance in November 2011 as a regional health system for people in eastern Singapore – consisting of CGH, St Andrew's Community Hospital, SingHealth Polyclinics and The Salvation Army Peacehaven Nursing Home – and the pace of organisational changes.

“When change happens, everyone at CGH must encourage and support each other by communicating, collaborating and coordinating,” he advised.

Those on the frontline, in particular, should not be afraid to initiate change. “Nobody knows the customers better than the people who serve the customers every day.”

In an animated presentation which drew peals of laughter from the crowd of nurses, administrative staff and doctors, Peter recounted how as he was about to dismiss his young and sassy personal assistant when she refused to take his instructions, she turned the tables on him by rightly pointing out that he had a pathetic Internet presence.

She later successfully revamped his website.

He said: “We as bosses need to embrace change, too. The younger generation also has a point of view.”

The Service Star



He never stops helping, never stops caring.

In the A&E department of Changi General Hospital is a tall elderly healthcare attendant, dressed in all-white with a mop of tinted hair.

The hair may be blonde, it may be red, but Johnson Ng, 62, stands out for another reason: he is one of the most outstanding service staff in the hospital and has left in his wake a trail of gushing compliments.

The 15-year CGH veteran, who is shy and hates attention, has just nabbed his latest service accolade from the hospital: a Single Act award for cleaning up a patient who had soiled his pants. Johnson would only say this, in Mandarin: “If you help others, others help you. I help sincerely from the heart.”

The former Ai Tong Primary school boy who grew up helping neighbours and friends – “My talent is in helping, not in studying” – loves that he gets to help every day. So much

that he reports to work up to two hours earlier and when he had a knee operation, returned to work after just a month even though he was given three months of medical leave.

His trademark greeting of “Hello, how may I help you?” must have been music to the ears of the hospital visitor who looked weak, whom Johnson brought to the food court to feed before sending home in a taxi (all at his own expense), or the visitor whose bag containing \$1,000 was found by Johnson and returned intact. His A&E colleagues also testify to how Johnson helps them out.

“He is an icon at A&E,” says the department's Senior Manager Vivienne Ho.

Along with Johnson, 29 other staff were given awards for their outstanding service during the Quality Convention. **Caring**



▲ Johnson Ng receives his Single Act Award from Human Resource Director Lilian Chew.

VOLUNTEER WITH CGH!

If you, like Johnson, enjoy helping others, you can sign up as a volunteer to befriend patients in clinics and wards, provide translation services, or help out with charity sales, health outreach events and administrative work.

Call 6850 2741 or email friends_of_CGH@cgh.com.sg for more information.

EVENTS AT CGH

15 SEP 2012

'Say Goodbye to Neck and Arm Pain!' public forum

2 to 4pm, auditorium, level 1

Pain in the neck and arms are common among housewives and office workers. Find out what causes the pain and what can be done to treat it. \$5.

To register, call 6850 2799 or email public_forum@cgh.com.sg by 13 Sep 2012.

27 TO 29 SEP 2012

Enhancing Growth from Trauma workshops and conference

9am, auditorium, level 1

Targeted at mental health professionals, the workshops (27 and 28 Sep) present the role of crisis intervention and how to facilitate post-traumatic growth, while the conference (29 Sep) covers topics on building emotional resistance, enhancing resiliency at the workplace and improving recovery after traumatic events.

Register at www.traumarecovery.com.sg/conference2012.html. Call 6850 4484 for more information.

3 OCT 2012

Pharmacy Day: Just ask! Know your medicines, get it right!

11.30am to 3pm, inpatient lobby

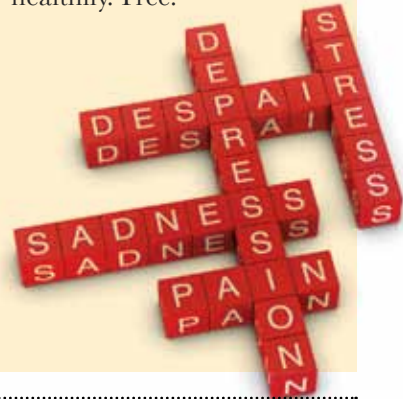
Learn about medication safety and get free medication and lifestyle counselling from pharmacists. From 3 to 7 Oct, enjoy free medication review and retail discounts on health and skincare products at CGH's Pharmacy A. Medication reviews by appointment only. Call 6850 1887 for more information.

12 OCT 2012

Depression: More than just the blues

10am to 3pm, inpatient lobby

Learn about the role of psychiatrists and pharmacological treatments for depression at a lunchtime talk (starting at 12pm) and how to build effective communication skills and express emotions healthily. Free.



DID YOU KNOW?



85% of patients with hip fractures (including 100-plus-year-olds) at CGH are now going under the knife to restore their walking ability, compared to just 60% in 2004. They are also getting discharged earlier, kudos to teamwork from orthopaedic surgeons, geriatricians and dedicated nurse coordinators.

5% – That's how much of your body weight you need to lose to score under the sheets, guys. A recent CGH-led study among obese men shows that shedding just 5% of body weight can improve sexual function and level of testosterone (male sex hormone). Another oomph reason to hit the gym!

OOPS!

The Jul/Aug 2012 issue of CARING (page 3) reported that CGH's charity HomeCare Assist raised more than \$140,000 in the last decade for over 1,200 needy patients. In fact, the amount was raised in the last year, not decade. We apologise for the error.



By Estelle Low

BACK TO NORMAL

▲ David with an X-ray of his spine before surgery.

A little more than a year ago, chicken rice seller Mr David Chua could barely see the light of day, let alone make eye contact.

At 35, his back was so crunched that he measured just two-thirds of his 1.65m frame. He was contented to sell chicken rice for 12 hours a day, even though he found it increasingly difficult to eat and breathe. David did not think he needed help as his dad also had a hunched back. At least, not until he started to vomit one day.

With nary a track record for falling ill, David decided to see his family

doctor and was referred to CGH's A&E, where tests did not show anything wrong with him. What shocked doctors was his 90-degree bent posture. An X-ray was done and David was referred to Orthopaedic Consultant Dr Chua Soo Yong.

"His is the most severe case I've seen," says Dr Chua, explaining that David's condition was caused by ankylosing spondylitis, a lifelong genetic disease that causes pain and progressive stiffness in the back. The disease strikes up to 1% of the population, with men being two times more susceptible than women.

Typical treatment calls for anti-inflammatory medication, regular follow-up by a rheumatologist and physiotherapy to teach patients exercises to strengthen back muscles, improve posture, increase flexibility and range of motion, and techniques to enhance breathing.

As David's vomiting resulted from indigestion caused by his hunched back, surgery was the only way to correct his posture. "He was having trouble eating and breathing. If he didn't have surgery, he could have died," says Dr Chua.

"I hardly look at myself in the mirror and was shocked to see my back so hunched."

– Mr David Chua, 37,
on his 90-degree curved spine

Four osteotomies (bone cutting surgeries) were performed – three smaller ones and one larger one which involved almost truncating the entire spinal column. Dr Chua had to make precise cuts in David's spinal column to remove the curved parts of his spine without injuring his spinal cord, and joining the cut ends with screws and rods. The single-stage surgery took about six hours.

To David, the operation was a breeze. He recalls: "There was no pain or discomfort. I could stand up and walk straight away the next day."

Life has been looking up for him. Come August, David plans to wed his Vietnamese girlfriend of five years. And he can now smile and look into her eyes. [aring](#)

DANGER! PIT FALLS IN YOUR HOME

By Estelle Low

As we get older, it is perfectly normal to start dreading the 'F' word: falls.

Like it or not, your risk of falling increases by at least 5% each year after you hit 65. Shrinking muscles, stiffer joints slower reflexes... You suddenly need lots more effort just to walk steadily. If you are a woman and single, divorced or widowed, you stand an even higher chance of tumbling. And we are not talking about falling while rollerblading in the park or jet-skiing. Tripping, slipping and losing balance while going about daily activities at home make up 65% of the falls among the elderly seen at CGH's A&E.

Beyond cuts and bruises, falls can cause fractures (your bones get more brittle with age), which spell the following: long hospital stays, costly surgeries and even long-term immobility. No more nice walks in the park and playing with grandkids.

On the plus side, falls are very much preventable, unlike sudden acute illnesses. Here, **Senior Occupational Therapist Pan Huimin** reveals the 'Seven Deadly Ergonomic Sins' and how to repent... ahem, avoid them.

SIN 1. SLEEPING TOO HIGH

Getting beauty sleep on an overly elevated bed may make you feel like royalty, but not for long if you have to gingerly inch your way out of bed every morning. As you age, your body mass shrinks and you may actually be an inch or two shorter than you used to be. If your feet are dangling from the bed as you sit on it, or if you find yourself struggling to get your early bird self out of bed every morning, your 'nest' is probably too high for you.

What should you do?

Ideally, you should be able to place both feet flat on the floor when sitting at the edge of your bed, with knees bent comfortably. If you do not have budget for a new bed, install rails on both sides of your bed so you can hold on to them (make sure they are firm enough for support) as you sit up and get out of bed. Bed rails also help to guard active sleepers from falling off. If you still have difficulty getting into or out of bed, seek advice from an occupational therapist.



SIN 2. GOING EASY ON LIGHTS

While we understand your intention to save the earth (and your bank account), it does not pay to scrimp on lights. Many cases of falls stem from insufficient or wrong lighting, or poorly located light switches.

What should you do?

Check that you can easily switch on a light from your bed when you get up at night. Otherwise, set up extra lights or lamps next to your bed. If you need to go to the toilet at night, install motion sensor lights (at around \$20 per light from hardware shops) along passageways. The lights should be just bright enough for you to see clearly, without causing glare or strain to your eyes. Allow time for your eyes to adjust when walking from lighted to dark areas and vice versa.





If you have trouble reaching things, DON'T be a hero. Ask someone for help.

SIN 3. STANDING ON A CHAIR TO REACH SHELVES OR CABINETS

It's just for a few seconds and you've done it a hundred times: grab a nearby stool, stand on it and fish out items from your overhead shelf. But chairs or stools are not made to provide balance for you to stand on *and* move. This is a common reason for falls – remember the news about domestic helpers falling to their deaths from high-rise buildings?

What should you do?

Steer clear of chairs with wheels and flimsy plastic stools. The keyword here is 'organise'. Place essential items such as rice, milk powder, utensils and cookware at waist level, in accessible places like racks, drawers or kitchen counters, so you don't need to climb, bend or reach too much for them. Get some help to rearrange your furniture and toss out unused pieces so that you have clear walking paths. If you really need to reach high places, invest in a stable step ladder with a wide base for support.

SIN 4. USING LOOSE MATS AND RUGS

Those batik printed mats from your Bali holiday may earn you admiring remarks, or you just *have* to display that daintily woven rug you got from the last garage sale. Or maybe you are just recycling those worn-out pajamas from five years ago as a bathroom mat. But here's the truth: these loose mats and rugs are dangerous because they can cause slips or falls that lead to sprains, fractures and ligament tears.

What should you do?

Most store-bought mats and rugs are not made of rubber or non-slip materials. Consider investing in non-slip mats especially for your bathroom. A non-slip mat is usually made of rubber with suction cups underneath that prevents it from sliding as you step on it. They are best placed in your bathtub or shower stall *and* outside it. You can also consider lining your entire bathroom with those mats to be extra safe. You can find them at pharmacies or shops selling home supplies. If you *must* salvage pretty (unsafe) mats or rugs, avoid placing them in common walking areas and use double-sided carpet tape to secure them onto the floor.

SIN 5. SITTING ON SOFT, LOW SOFAS

While a soft, low sofa may be super comfy to sink into for your favourite Korean drama, it can be difficult to get up from, unless you have strong quadriceps (the muscles in the front of your thighs) and abdominal strength! If your knees feel awkward while seated and you are struggling to stand up, the sofa is probably too low for you. Also, lounging on saggy sofas for too long can cause additional pressure on the hips due to lack of support, which can lead to fractures in some cases.

What should you do?

If your sofa has turned mushy after all these years, it's time to get rid of it. Remember: safety out-trumps comfort! Opt for solid chairs with firm armrests, and ensure you can place your feet flat on the ground when seated. Even if you're sitting on a well-supported chair, stand up and walk around every hour to relieve the pressure on your back and hips.

Don't cling onto nearby furniture for support, as they may be wet (eg. bathroom sink), or could topple or move (eg. chairs with wheels).



SIN 6. LETTING STUFF RUN WILD

Objects on the floor may contribute to the cosy, home-like environment you are used to. But it is no fun when you start tripping over television wires and cables, bags, books, socks etc., especially if your vision is poor. Anything on the floor (even your pet cat) can be an accident waiting to happen...

What should you do?

Get help to coil or tape wires and cables against the wall and away from walkways. Also, make sure your floor is clutter-free: store loose items in boxes and keep them out of your regular walking route as much as possible. Beware of roaming pets or young children. If your house feels like a zoo, designate spaces for them during the day so they won't trip you up.



SIN 7. WEARING SOCKS OR SLIPPERS

They protect your feet and keep them warm, but socks, slippers and shoes with slippery soles can also cause you to slip and fall. You don't want to find out the hard way!

What should you do?

Wear shoes with non-slip soles and low, broad and rounded heels. They give you enough support and allow you to 'feel' the ground as you walk. The front of the shoes should be wide and deep so that they fit you snugly. Buckles, Velcro straps and laces are useful to secure the shoes, but be mindful of laces when walking. If you have to wear socks, put on sandals with back straps, or covered shoes. [Caring](#)

Shopping tip: buy your shoes at the end of the day and always try on both sides to ensure a proper fit.

FALLS: ARE YOU AT RISK?

A quiz designed by CGH's fall prevention experts.

1. I have had at least one fall or a near fall in the last six months. Yes No
(A near fall refers to a trip, slip or an episode where you may have lost your balance but did not fall.)
2. I have previously fallen because of sudden, unexpected fainting or blackouts. Yes No
3. I am taking four or more types of medication (excluding vitamins). Yes No
4. I am taking medication to help with my sleep or mood (eg. sleeping pills or antidepressants). Yes No
5. I have problem with my vision (eg. blurred vision even when wearing spectacles). Yes No
6. It has been more than 12 months since I had my eyes checked. Yes No
7. I have pain in my knees and/or feet when standing and/or walking. Yes No
8. I have numbness in my feet. Yes No
9. I have difficulty or feel unsteady when getting up from a chair. Yes No
10. I feel unsteady when walking. Yes No
11. I currently have, or previously have had the following: Yes No
 - a. Heart problem, blood pressure or circulation
 - b. Stroke
 - c. Diabetes
 - d. Parkinson's disease
 - e. Dizziness or faintness/fainting spells
 - f. Having to rush to the toilet or incontinence
 - g. I am NOT seeing a doctor for the above conditions
12. I do less than 30 minutes of physical activity in a day (eg. brisk walking, cycling, gardening, group exercise). Yes No

RESULTS

If you have answered 'yes' to at least one question, you are at risk of a fall. This could compromise your future independence and mobility. If you suffer from osteoporosis (thin bones), your risk of a serious injury if you fall is even higher.

Discuss your answers with a healthcare professional (doctor, nurse, physiotherapist and/or occupational therapist). Knowing and addressing your risk of falling is crucial to reduce injury and loss of independence.

⚠ Disclaimer: This quiz does not constitute medical advice. Readers should not act upon the information without seeking professional medical advice.



FIRST OF A TWO-PART SERIES

FALL INTO THESE MOVES

If you've fallen down at least once over the past year, don't blame your clumsiness for it. Falls are a telltale sign of weakening muscles and balance. Contrary to what people say, staying at home is not a long-term solution to prevent falls (proof on page 8).

Staying active and building strong muscles is. Try these exercises in the first of a two-part series to help you steer clear of falls. Moves by **Charlotte Amy Boyer** and **Grace See**, physiotherapists at Changi General Hospital.

What you need:
Comfortable clothes, supportive footwear, a chair with armrests and a sturdy table

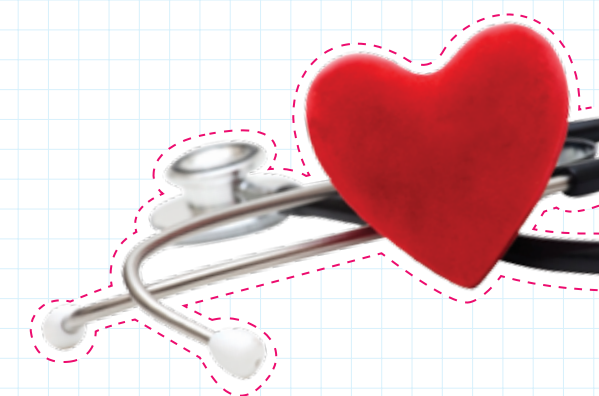
Before you start...

- ✓ Make sure you breathe normally throughout and rest in between each exercise.
- ✓ If you feel any chest pain, dizziness or severe breathlessness whilst exercising, stop immediately and contact your doctor.
- ✓ If you feel pain in any of your joints whilst exercising, stop, check your position and try again. If the pain persists, discontinue that particular exercise and inform your doctor or physiotherapist.

NOTE: If you've had a fracture within the last six months, please check with your physiotherapist before doing these exercises.

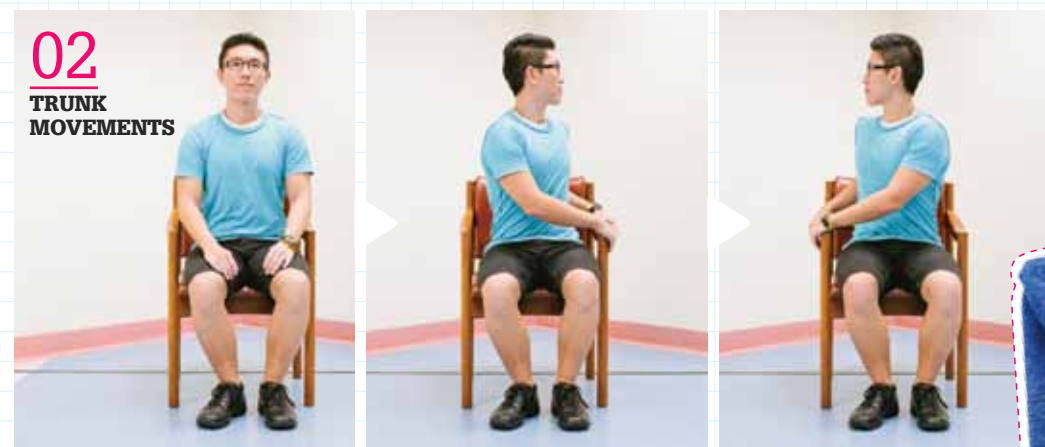
► **WARM UP**
exercises

Prepare your body for a workout.



01
MARCHING

▲ **Marching** March on the spot for two minutes. You can hold on to a table if you feel unsteady.



02
TRUNK MOVEMENTS

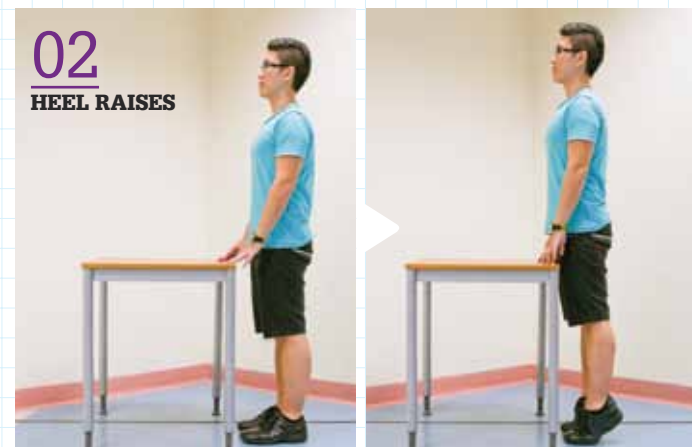
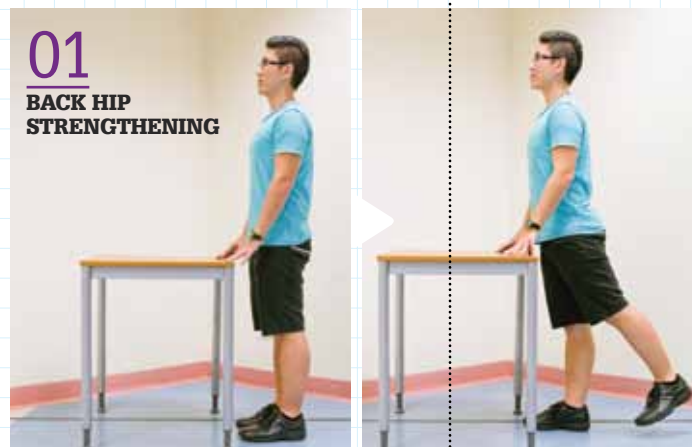
▲ **Trunk movements** Sit on a chair with your feet shoulder-width apart. Slowly turn to one side as far as you can without moving your feet and then turn to your other side. Repeat this five times. You can also do this exercise standing up with hands on your hips.



STRENGTHENING exercises

Work your leg muscles.

Back hip strengthening Stand tall with your feet shoulder-width apart and hold on to a table with both hands. Keep your knee straight and slowly lift your leg out behind you. Keep your body straight and do not lean forward. Hold for up to 10 seconds and lower back down. Repeat five to 10 times on each leg. *To progress, try adding ankle weights. Start with around 1kg and increase the weights until you can comfortably do 10 repetitions.*

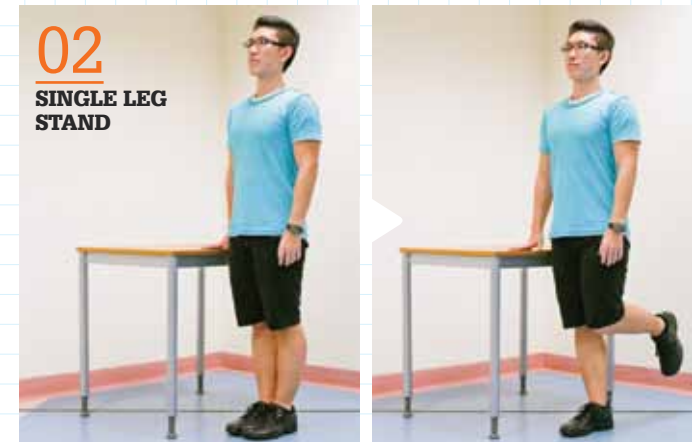


Heel raises Stand tall with your feet shoulder-width apart and hold on to a table with both hands. Slowly lift your heels off the floor as high as you can, keeping your body straight. Hold for 10 seconds and lower back down. Repeat five to 10 times. *To progress, try using only one hand to hold on and then without hands.*

BALANCE exercises

Build your stability.

Heel to toe stand Stand up tall and hold on to a table with one hand. Place one foot in front of the other in a straight line with your heel touching your toes. Try to maintain this position for as long as you can, aiming for 30 seconds. Repeat with the other foot in front. *To progress, try without using hands to support.*



Single leg stand Stand up tall and hold on with one hand. Lift one leg off the floor. Maintain this position for as long as you can, aiming for 10 seconds or more. Repeat with the other leg. *To progress, try without using hands to support.*

COOL DOWN exercises

Prevent stiff muscles.

Back of thigh stretch Sit on the edge of a chair and straighten one leg out in front with your heel touching the floor. Keep the other leg bent and lean on it with both hands for support. Make sure to keep your back straight. You should feel the stretch in the back of your straightened knee. Hold for 30 seconds and repeat on the other side.



Calf stretch Remain in the same position as before but hold on to the chair. Sit up and point your toes towards you. You should feel the stretch in your calf. Hold for 30 seconds and repeat on the other side.

Aim to do these exercises three times a week and go for a long walk at least twice a week to build your stamina.

It is normal for your muscles to feel sore and stiff for up to a few days after exercising. This should lessen as you get stronger and more familiar with the exercises.

CARING FOR 'AH KONG'

By Constance Nonis

Having to take care of one elderly person is tough enough. Imagine having to take care of three all at the same time, in the same house. It would be like running a mini eldercare home! That is what Ms Parliyah Tariyo Sasmito, 42, had to do when she started working for the Tehs in August 1999.

“At first they could still walk, but their health deteriorated over the years, and taking care of them has become even more challenging,” says Parliyah, referring to Mr Teh Seong Kang (whom she affectionately calls Ah Kong) and his wife’s condition. Unfortunately, Mrs Teh’s health deteriorated rapidly and she succumbed to her illness in 2002, leaving behind Ah Kong and his daughter who suffers from Alzheimer’s.

“It can be tiring taking care of them,” admits Parliyah who wakes up at 7am to go about her daily tasks of taking care of the elderly dependents and tidying the house. On most nights, she doesn’t sleep before 1am. “The only thing I keep thinking about is that I also have parents back home.

The Tehs are like my family, which is why I care for them like my own family,” says Parliyah.

Mdm Poh Choo, the Tehs’ daughter passed away in 2010 and Ah Kong, who is 102, is the only one left now. “I do everything for him,” says Parliyah who is always asking the doctor what else she can do to help improve Ah Kong’s condition.

“She is so dedicated and passionate when it comes to caring for Ah Kong,” says Ms Mei Zirong, Nurse Clinician of Ward 28 at Changi General Hospital, who has known Parliyah for the past four years. “It is not uncommon to see the caregiver just sitting by the patient’s side and letting the nurses take care of the patient, but not Parliyah. She is very hands-on and you can really see how passionate she is,” Ms Mei adds.

Caregivers like Parliyah play a very important role in the patient’s well-being. “Parliyah is important to Ah Kong because she gives him not only physical support but the emotional and psychological support he needs,” explains Ms Mei. [caring](#)

“The only thing I keep thinking about is that I also have parents back home.”

– Ms Parliyah Tariyo Sasmito, 42





"I like to screw people."

By Estelle Low

And he is not afraid of saying that to your face! Meet Dr Chua Soo Yong, Orthopaedic Consultant and Spine Surgeon, who gets a kick out of... mending bones. (What were you thinking?)

It is rare to meet a doctor smiling even after exiting a gruelling 10-hour operation. Even rarer when that same person has the energy to hold multiple conversations all at once with this reporter.

"Had your lunch?" he asks genuinely before answering a question. "What did you eat?" he quizzes in between his replies, "How long have you been working here?", "Do you like it?"... These are just some questions he raises within five minutes of our interview.

By the tenth minute, it is clear: Dr Chua takes every opportunity to turn the spotlight onto people he meets, throwing up casual questions to make them feel at ease.

"I enjoy interacting with patients, nice or nasty. They are my driving force," he says candidly.

It's been two years since his return from a work attachment in Toronto where he picked up advanced surgical skills from renowned orthopaedic surgeons and neurosurgeons to treat spinal deformities. Since his return, Dr Chua has fixed over 300 necks and backs in CGH – no mean feat! In his most drastic surgery so far, he straightened a young man's 90-degree hunched back by removing curved parts of the man's spine (see page 7).

CARING gets onto his back to learn more.

Why did you choose to be an orthopaedic surgeon?

I guess it stems from my character. I'm frank, no-nonsense and in-your-face, just like orthopaedic work. My work is similar to a carpenter's: if there's a problem, I'll fix it. I like seeing the effects immediately. It's gratifying.

Why specialise in spine surgery?

I find it a challenge to make the right diagnosis and determine the right operation for my patient. Back pain can become a very complex problem if it is not analysed correctly. Spine surgery is also technically demanding – one wrong move and patients can be paralysed for life.

What keeps you happy at work?

I like it that my job keeps me busy and challenges me all the time – I am never bored. Fixing spine problems may sound straightforward, but every case is unique. It also helps that my colleagues are very friendly and cooperative. We discuss problems openly and help each other with difficult cases. I certainly cherish this environment.

Of course, my patients give me the greatest satisfaction, especially when I can help them get better and improve their quality of life. Three out of four of them eventually become my friends.

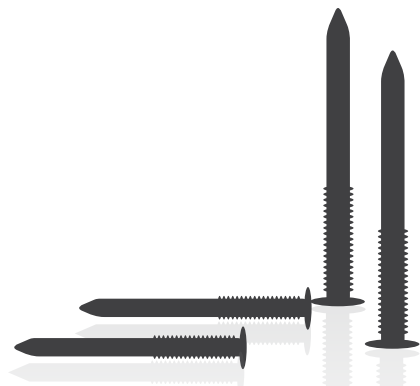
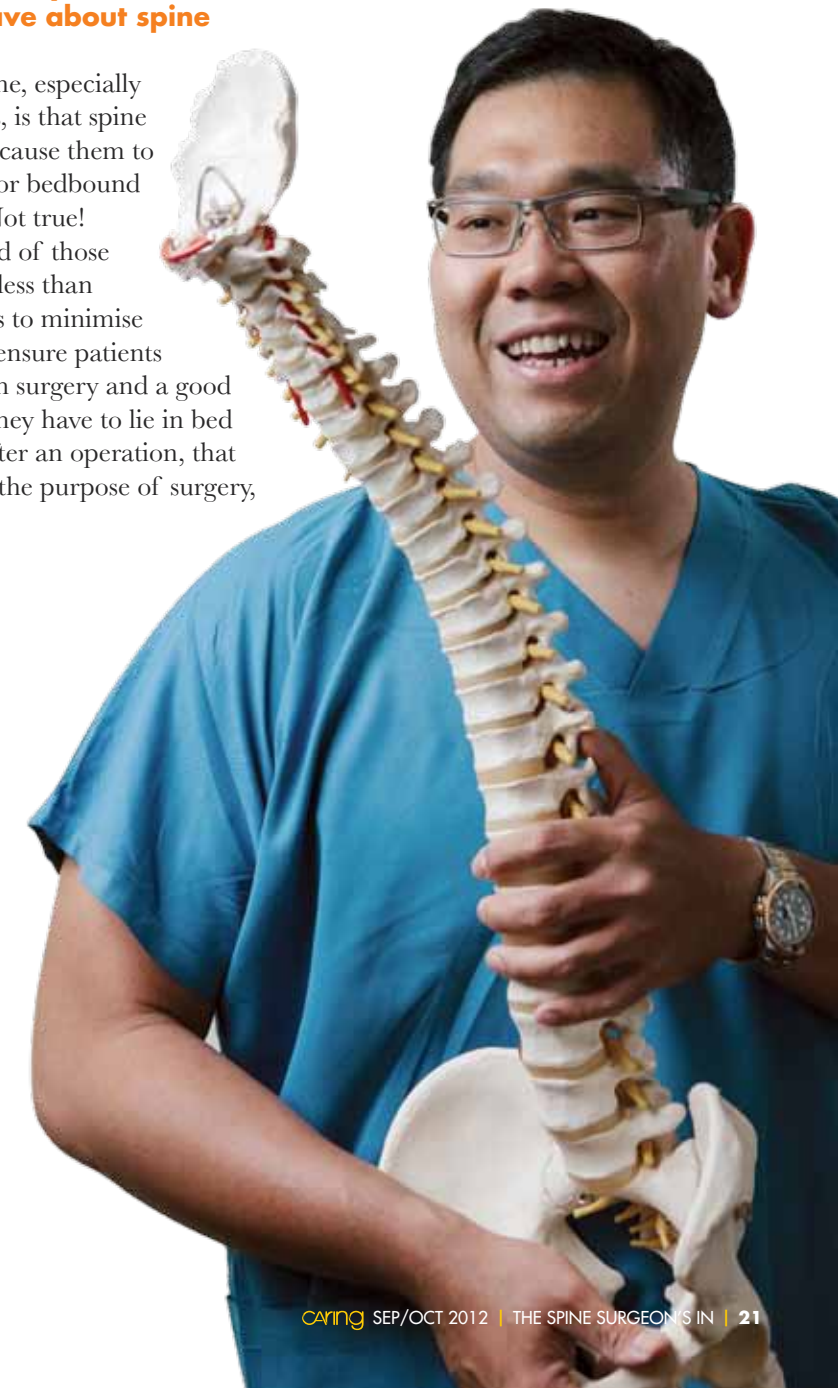
What's your most memorable case so far?

Last November, I operated on a 16-year-old boy whose right leg was paralysed after his bicycle was knocked down on the road. He had also completely lost sensation in his

left leg when I saw him. After a four-hour operation to decompress his spinal cord and stabilise his spine, he regained control of his lower limbs gradually. Within two months, he was back to sailing, his favourite sport, and won a major sailing competition thereafter. Thanks to surgery and ample rehabilitation at CGH, he recovered very quickly and can even run now.

What is one myth that patients have about spine surgery?

A common one, especially for older folks, is that spine surgeries will cause them to be paralysed or bedbound indefinitely. Not true! The likelihood of those happening is less than 1%. My job is to minimise that risk and ensure patients have a smooth surgery and a good outcome. If they have to lie in bed for months after an operation, that would defeat the purpose of surgery, right? [CARING](#)





THE MEN DO GET IT

By Associate Professor Tan Su-Ming

When Mr Y entered the room and saw me, he wore a look of surprise. I introduced myself and offered him a seat. He glanced around nervously before sitting down. Once he appeared settled, I asked him the reason for his visit. He shifted uncomfortably in his seat and mumbled something about discovering a breast lump.

Mr Y is a middle-aged man with high blood pressure, diabetes and a 'weak' heart. He was on a host of medications to control his medical problems, which he dutifully brought to show me.

He was referred for a lump that had developed behind his right nipple. It occasionally ached and that was how he discovered it.

Men have breasts. However, their amount of breast tissue is usually very small. The bulk of the breast tissue is situated behind the nipple to 'prop' it up. Without breast tissue, all men would have inverted nipples.

'Man boobs' (gynaecomastia) is a harmless condition and most men are not even aware that they have it. But it may occasionally be painful and sometimes, enlarge to become socially embarrassing. That happens when there is an increase in the breast tissue due to various causes.

During puberty, it is usually due to a surge in testosterone (male sex hormone) and estrogen (female sex hormone) that sometimes results in the growth of breast tissue. Over time, the testosterone 'overtakes' the estrogen and the excess breast tissue will recede on its own.

In elderly men, when andropause (drop in testosterone level) occurs and their estrogen level becomes relatively

higher than their testosterone level, their breast tissue may be enlarged.

In certain cases, excess fat contributes to the size of the lump, so losing some weight may be all that is needed. In fact, gynaecomastia due to unknown causes is the most common scenario.

Other causes include medication such as for stomach ulcer disease, high blood pressure, 'weak' heart, psychiatric conditions, street drugs like heroin, marijuana, and alcohol. However, not everyone experiences the side effect of gynaecomastia with these medications.

Less common causes of gynaecomastia include thyroid conditions, liver and kidney dysfunction, testicular tumours and certain hormonal imbalances.

In gynaecomastia, the patient may notice breast enlargement behind the nipple, at times, with one side bigger than the other.

"So, what is it?" Mr Y asked anxiously. "Mammogram? Isn't that for women?"

The gold standard for detecting gynaecomastia is a mammogram, though this could be technically challenging for men, given their relatively small amount of breast tissue. An ultrasound of the breast and/or needle biopsy can also clinch the diagnosis. To exclude other causes, blood tests and scans may be performed. If there are other suspected causes, further investigations will be done.

Most men are more embarrassed with the fact that they have developed a breast problem than the problem itself.

Mr Y was no exception. After a thorough clinical assessment and exclusion of other causes, his condition was found to be due most likely to his medication.

"It's not cancer?" he asked, relieved.

"Do I need an operation?"

Treatment is based on the underlying cause and patient's symptoms. There is no oral or topical medication that can remove gynaecomastia; the only option is surgery. The risks include having surgical scars (the length depends on the size of the lumps), body fluid formation after surgery within the wound, recurrence of the condition and asymmetry (as breast tissue is unevenly distributed, it is surgically difficult to gauge the exact amount to remove). If the gynaecomastia is small and does not cause problems to the patient, surgery is not required.

I advised Mr Y to only undergo the knife if his gynaecomastia interferes with his daily or social activities. He was visibly delighted as he had no intention of having surgery. He thanked me and exclaimed: "Just wait till I tell my wife!" *Caring*



Associate Professor Tan Su-Ming is the Director of Breast Centre and Chief of General Surgery at Changi General Hospital.

ASK AN EXPERT

Got a burning health question? Or a boggling medical condition to unravel? Let our experts flesh it out for you. Email caring@cgh.com.sg with your full name, and 'Ask An Expert' as the subject header.

Q: I have been having recurring constipation over the past six months, and I take laxatives to clear my bowels every three or four days. Eating lots of vegetables and fruits does not help. Should I go for a colonoscopy to find out whether there is blockage in my colon?

Your symptoms suggest that you may be having chronic constipation, which is defined as having less than three bowel movements a week over six months or more. People with chronic constipation may also experience other symptoms such as excessive straining, a sensation of incomplete bowel movement, a sensation of obstruction and sometimes the need for digital means to remove their stools.

Lifestyle changes such as eating more fruits and vegetables are the most common dietary approaches often used by patients. In addition, one should ensure adequate fluid intake and exercise regularly. When diet and lifestyle measures do not work, most individuals would try over-the-counter laxatives. These generally work by increasing the fluid content of stools, hence increasing stool bulk and improving the ease of defecation.

As you mentioned that lifestyle changes and over-the-counter laxatives have not provided relief to your symptoms, you should seek medical attention. Your doctor would be able to assess your situation, evaluate your symptoms and advise you on the next most appropriate step. Depending on each individual, a colonoscopy may be required. This is best discussed with your doctor.

Dr Daphne Ang
Gastroenterology Consultant, CGH



Q: Recently, I felt very giddy and encountered numerous bouts of fainting spells, which I have not experienced before. I took a blood pressure reading and found that it was above 150-160 and 90-96. I went to see a doctor and was put on blood pressure medicine for two weeks. Please advise what I should do next.

From your history of giddy spells with elevated blood pressure readings, you may have symptomatic hypertension.

If it is due to primary hypertension (forming 90 to 95% of hypertension cases), you should work with your doctor to lower your blood pressure to a safe level, which can cut your risk of stroke, heart, vascular and kidney damage. If your condition is due to secondary hypertension (ie. caused by another medical condition), your doctor would refer you for further evaluation by a specialist.

You should commit yourself to lifestyle changes to improve your blood pressure reading and overall health. This includes quitting smoking, upping your level of physical activity, maintaining a healthy body mass index (18.5 to 22.9kg/m²), reducing your intake of salt, cholesterol and saturated fats, and increasing your intake of potassium, commonly found in fresh fruits and vegetables. Of course, be compliant with your medication and follow-up appointments.

Dr Gerard Leong
Cardiology Consultant, CGH



Q: I'm a 22-year old female. Since puberty, I've been having persistent body odour despite taking showers twice a day. I also have thick and bushy armpit hair, similar to a male's. How can I cure these problems?

The armpits contain a large number of sweat glands. Sweat is actually odourless, so body odour occurs when bacteria on the skin breaks down the sweat and secretions from the sweat glands.

To reduce body odour, try the following:

- Use an antiperspirant regularly
- Use an anti-bacterial cleanser to wash your body to help reduce the amount of bacteria on your skin
- Wear fresh clothes daily rather than re-using clothes worn the day before
- At work or in school, consider using wet tissue to clean off sweat on the armpits regularly
- Consider shaving off your armpit hair. Thick armpit hair potentially traps more sweat and bacteria, worsening body odour

Treatments to reduce sweating include botox injections (the effect lasts for four to six months, after which injections need to be repeated), iontophoresis (passing a low current of electricity through the sweaty areas), oral medication to reduce sweat glands activity and surgery to inactivate or remove sweat glands in the armpits.

The nature of your armpit hair and number of sweat glands is genetically determined. If over-the-counter antiperspirants do not work and the sweating problem interferes with your daily activities, consult a dermatologist.

Dr Wang Yi Shi
Dermatology Consultant, CGH



Q: I've been coughing for the past five months. I have been taking medication prescribed by my family doctor but it is not helping. Recently, I saw traces of blood in my mucus. I've been smoking for over 10 years now. Could this be a sign of cancer?

Cough is one of the most common symptoms in adults seeking medical treatment in an outpatient setting. Acute cough is a new onset of cough lasting less than three weeks, and is most commonly due to an acute respiratory tract infection or exacerbation of an underlying chronic respiratory condition such as asthma or chronic obstructive pulmonary disease (COPD).

Cough lasting longer than three weeks is termed sub-acute cough and if longer than eight weeks, chronic cough. Chronic cough could either be dry or phlegm-producing. Related symptoms include frequent blocked nose or runny nose, heartburn or gastric reflux into the mouth and wheezing or breathlessness. Infectious causes of chronic cough are usually associated with fever.

Common causes of chronic cough include post-nasal drip, gastroesophageal reflux (GERD), post-infectious cough and asthma. Other rarer but more sinister causes are tuberculosis and lung cancer.

Smokers have a higher risk of developing lung cancer. If you have experienced weight loss, loss of appetite or blood in the sputum (mucus), seek medical attention immediately. Chronic cough can be effectively treated after the underlying cause is determined.

Dr John Law
Associate Respiratory Medicine Consultant, CGH



EAT SHOOTS AND LIVE

By Magdalin Cheong

If there's one veggie all doctors recommend, it is asparagus. Use it to spruce up a boring meat dish. Get creative!

Mention the word 'asparagus' and most people will agree that it is great to have as part of their meal. Asparagus is easy to prepare as it can be lightly stir-fried, boiled or used in salads and soups.

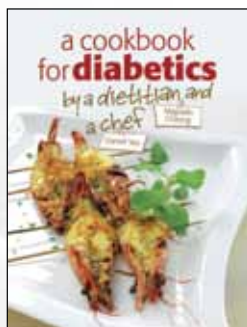
Asparagus is especially rich in dietary fibre, potassium and antioxidants yet low in calories, making it an excellent choice for the weight-conscious. It is also known to contain high levels of a nutrient glutathione, which is believed to fight against free radicals that are believed to cause age-related diseases.

The antioxidants in glutathione also help protect blood vessels and may have cancer-fighting and anti-inflammatory properties, though there is no specific evidence to show that asparagus can reduce cancer per se.

Many vegetables including asparagus can be used in a macrobiotic diet, which emphasises the use of grains, fruits and vegetables instead of dairy, high-fat and meat products. A diet high in fruits and vegetables is recommended as they contain plenty of fibre and antioxidants, which are essential for good health.

So, where possible, include these crunchy stalks in your meals and help to ensure everyone in the family is eating adequate vegetables and which they enjoy! *Caring*

Magdalin Cheong is Chief Dietitian and Assistant Director of Dietetic and Food Services at CGH.



This recipe was first published in **A Cookbook for Diabetics by a Dietitian and a Chef.**



CHICKEN AND ASPARAGUS ROLLS WITH PEANUT MAYONNAISE

Lean chicken breast is a good source of protein. These tasty, nutritious chicken and asparagus rolls prove that a low-fat dish need not compromise on taste! Serves four.

Preparation time: 30 minutes

What you need

| | |
|---------------------------------------|----------------------------|
| Chicken breasts (skinned) | 4, about 100g each |
| Salt and ground black pepper | to taste |
| Gelatine powder | 4 levelled tsp |
| Chilli flakes | 1½ tsp |
| Seaweed | 2 sheets, each cut in half |
| Thai asparagus (trimmed and blanched) | 4 |
| Low-fat mayonnaise | 4 tbsp |
| Peanut butter | 2 tbsp |

Method

- Using a sharp knife, butterfly chicken breasts to approximately 0.5cm thickness. Season with salt and pepper, then sprinkle with gelatine powder and chilli flakes.
- Place a sheet of seaweed on top of each chicken breast. If seaweed is too large, trim or fold to fit. Place a stalk of asparagus in the centre, then roll chicken up like a Swiss roll. Wrap tightly with aluminium foil to help rolls retain their shape.
- Steam chicken rolls over high heat for about 7 minutes, or until chicken changes colour. Remove from heat.
- In a mixing bowl, combine mayonnaise and peanut butter until well-mixed.
- To serve, unwrap chicken rolls and slice. Chicken can be served warm or at room temperature, with peanut mayonnaise on the side.

Per serve

| | |
|---------------|---------|
| Calories | 235kcal |
| Carbohydrates | 6.4g |
| Fat | 11.5g |
| Cholesterol | 60.3mg |
| Fibre | 0.6g |



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(surname in block letters) (Prof/Dr/Mr/Mrs/Ms)
(姓氏以正楷书写) (教授/博士/先生/女士/小姐)

Full Name 全名 NRIC/Passport No. 身份证/护照号码

Address 地址 Postal Code 邮区

Tel (Home) 电话(住家) Mobile No. 手机号码 Email 电邮

Date of Birth (DD/MM/YY) 出生日期(DD/MM/YY) Nationality 国籍

Marital Status 婚姻状况 Race 种族

Occupation 职业

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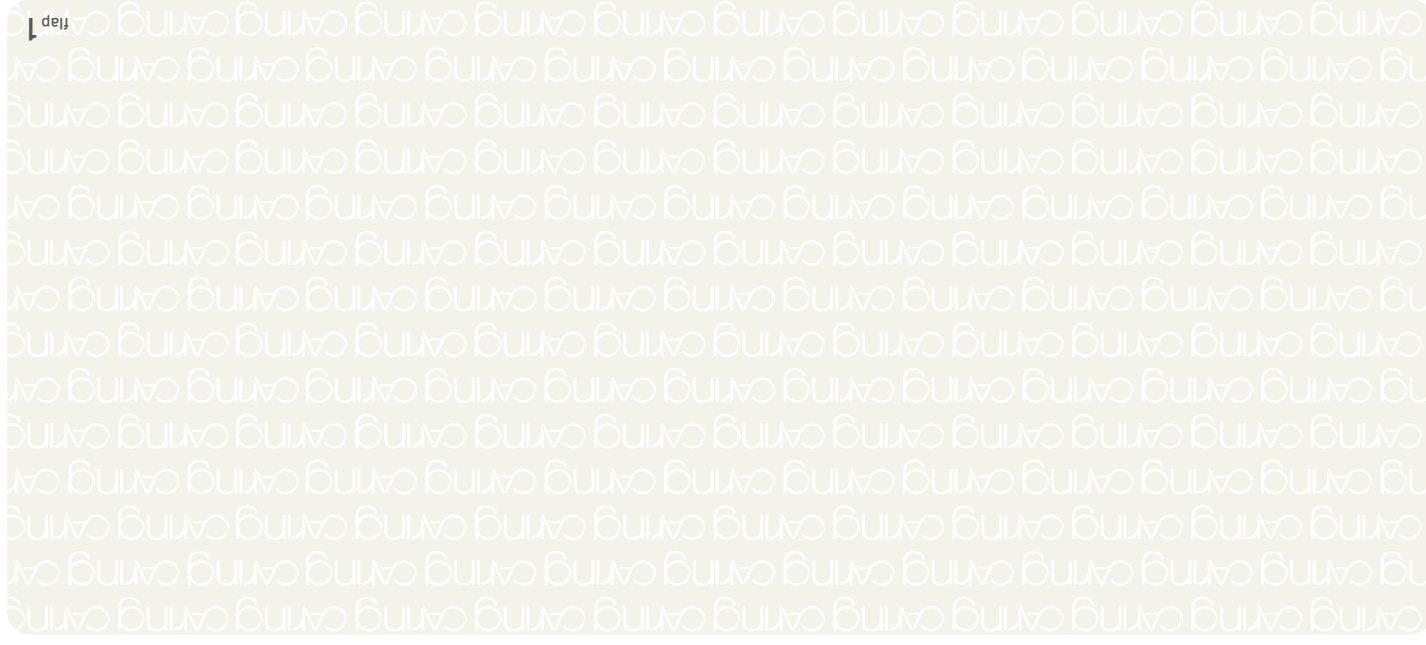
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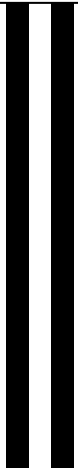


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flap 2

Do not staple.
Glue all sides firmly.

Do not staple.
Glue all sides firmly.

tear here

Do not staple.
Glue all sides firmly.

勇于接受改变

作者 黄诗棉

为病患提供优质的服务一向是樟宜综合医院员工们不变的宗旨。就像在急诊部门工作的黄显德一样，始终秉承着乐于助人的态度。但在这同时，员工们也必须在其他方面做出改进，勇于接受改变。

虽然“好的配得上自己母亲”的服务始终是樟宜综合医院的不变指标，但激励演讲师黄彼得在7月2日的质量大会上指出，医院里的员工也必须意识到“勇于接受改变其实相当于欣然面对生活”的重要性。

他的这一番话是针对2011年11月创立的东部医疗联盟，其成员包括了樟宜综合医院，圣安德烈社区医院、新加坡保健集团诊疗，以及救世军安乐之家疗养院。作为一个为新加坡东部居民服务的医疗组织，他提示医院的员工必须正视由于联盟的形成而带来的组织结构变化。

他说：“当改变来临时，在医院工作的每一个人都应该通过沟通、合作以及协调来激励和扶持彼此。”

那些站在前线的员工尤其不能对做出改变产生恐惧。“没有人比每天服务顾客的前线员工更了解顾客们。”

彼得在他生动逗趣的演讲里给众多的护士、行政人员和医生们描述他辞退自己年轻又时髦的助理时的有趣过程。原本被认为是一个不听从上司指示而即将被辞退的助理小姐，反而一针见血的说中了彼得在网络世界里没有名气。

助理小姐最后替彼得改良及更新他的网站。

他说：“身为老板的我们，也必须勇于面对改变。年轻人也有自己的看法。”

“现今世界进展如此之快，即使有人说是不可能做到的事，话音未落，通常已经有人在做了。” - 美国牧师福斯迪克

服务界之星

在樟宜综合医院的急诊部门里，有一位身材高大，染得一头金发，身穿全白衣裳的长者护理人员。

虽然头发时而染成金黄色，时而染成鲜红色，但这并不是62岁的黄显德特别出众的原因：他是医院里其中一位服务表现杰出的员工，获得无数的表扬和赞美。

这位在医院里工作了15年的资深员工个性害羞，不爱出风头，他也刚再次获得院方颁发的服务奖状。他是凭着一位失禁的病患清理粪便而获得个人杰出服务奖状。对此，显德轻描淡写的带过：“你若帮助他人，他人也会帮助你。我打从心底愿意帮助他人。”

这位爱同小学的校友从小就喜欢帮助邻居和朋友。他说：“我的才艺是帮助他人，不是念书。”他非常享受每天都能够帮助到他人，甚至每天提早2小时上班。而且动完膝盖手术后，原本可以休3个月病假的他，1个月后便回到工作岗位。

他的招牌问候“你好，我能帮到你什么吗？”，听在这些接受过他帮助的人耳里，有如美丽的旋律。为了帮助一位突然感觉晕眩的探访者，显德自掏腰包，买东西给他吃，并送他回家；另有一回，显德捡到一个装有1000



他从未停止帮助和关怀他人。

元的包包后，拾金不昧，物归原主。此外，多位同事也分享了显德热心助人的事迹。

急诊部门高级经理何碧贤说：“他是我们急诊部门的活招牌。”

和显德在质量大会上一同获得杰出服务奖状的还有其他29名员工。Caring

小心！家中“危机四伏”

记者 刘淑颖

当我们越渐年长，就越害怕“跌倒”二字。

过了65岁后跌倒的风险每年增加至少5%。从肌肉收缩、四肢僵硬到反应变慢，您会突然发现要走得平稳需要费更多的力气。如果您是女性并且单身、离婚或者丧偶，跌倒的风险还要更高。我们在这里指的“跌倒”并不是在运动如滑轮或乘水上摩托时的那种“跌倒”，而是在家中进行日常活动时被绊倒、滑倒以及失去平衡。在家中跌倒的老年人就占了樟宜综合医院急诊部总老年人病例的65%。

除了皮外伤，跌倒也可能导致骨折（骨骼会随着年龄的增长而变得脆弱），接踵而来便是长期住院、昂贵的医药费以及更长期的行动不便。到公园里散步或和儿孙们一起玩要将变得非常困难。

但值得庆幸的是，跌倒不像突发急病，它其实是可以预防的。在这里，高级职能治疗师潘慧敏告诉我们人们所常犯的“7成人及工程缺失”，以及如何避免重犯。

缺失1. 睡床位置过高

在一张较高的床休息固然能让您有皇室般的感受，但如果您每天早上都得小心翼翼的下床，这表示这个高度可能不适合您。随着年龄的增长，您的体质会收缩而且高度有可能比过去短1至2寸。如果您坐在床上时双脚无法着地，或者必须费很大的力气才能起身，这表示床的高度可能过高了。

怎么办？

最理想的情况是当您坐在床边时双足可以平放在地面上，膝盖舒服的弯曲。如果您是时候更换张新床但是资金有限，可以考虑在床的两侧安装横杆，这样可以支撑您坐起来然后安全的下床。注意横杆必须安装牢固，能够支撑您的体重。床杆也有助于预防睡觉时动作过大者从床上跌下。如果您有上下床方面的障碍，建议您向职能治疗师寻求援助。



缺失2. 过分省电，室内照明不足

环保的意识和节俭的美德虽然非常可贵，但我们在这里不建议您节约用灯。许多跌倒的案例是由于室内灯光不足或电源开关位置不理想而导致的。

怎么办？

做一个简单的测试：您夜里起来时是否可从床上轻易的打开照明？如果不可以，建议您在床边安装多几盏灯。如果您夜里起来需要如厕，可考虑在走道两侧安装动作感应灯。感应灯可在五金店购买，价格在每盏\$20左右。灯光的照明度应该恰到好处，既能让您看得清楚又不刺眼。给眼睛一些时间适应照明度的转换，如从有照明的厕所走回熄了灯的睡房。





如果您够不着高架上的物品，不要逞强。寻求他人帮助。

缺失3. 攀爬椅子来拿取储存在高处的物品

虽然只是几秒钟的时间，您也重复过这个动作无数次了：抓一把放置在附近的凳子，站上去然后从头顶上方的架子取下想要的物品。但是凳子和椅子的构造其实并不足以平稳的让您站上去，更别说是站着时移动位置。这是导致跌倒的一个常见因素。相信大家还记得多名女佣失足坠楼身亡的新闻吧？

怎么办？

千万别攀爬带轮子的椅子和那些不结实的塑料凳子。关键在于恰当的整理您的物品。把那些常用的物品如米、奶粉、锅碗瓢盆等等储藏在腰部高度的架子、抽屉或厨房柜台。这样您无需攀爬或弯腰也能够拿到这些物品。找人来帮您重新摆设家里的家具，同时把那些没有用途的物品给清除掉，让走道更宽敞。如果您必须爬到高处取下物品，建议您购买一台坚固的梯子。

缺失4. 暗藏危机的松动小地毯

您从巴厘岛度假时买回来的蜡染地毯或在跳蚤市场里淘到的精致小毛毯，可能让您赢得宾客们的赞赏；又或者您为了环保再利用穿了多年的破旧睡衣为浴室地毯。但事实是这些松动的小毛毯或地毯潜伏着让您滑倒的危险，最终导致扭伤、骨折和韧带脱臼。

怎么办？

一般在商店里售卖的小毛毯和地毯都不是用橡胶或防滑材料所制造的。花点小钱投资防滑地毯将让您的浴室安全许多。防滑地毯的底部一般由橡胶制造，具备粘吸功能，从而固定地毯的位置，让您安全的踩踏。放置防滑地毯的最佳位置是在浴缸和浴室的里面和外面。您也可以考虑把整间浴室铺满防滑地毯以策安全。防滑地毯可在药房或家居用品店找到。如果您一定要陈列那张漂亮（但非防滑）的小毛毯，避免将它放置在经常出入的走道上，并使用专门适用于地毯的双面胶带来固定地毯的位置。

缺失5. 坐在既矮又软绵绵的沙发上

瘫坐在松软的矮沙发上观赏您最喜爱的韩剧，感觉固然非常舒坦，但是要从沙发起身的时候可就不容易了，除非您有强壮的腿肌和腹肌。如果您坐在沙发时，膝盖感觉不适，而且起身时非常困难，那您家沙发的高度可能太低了。除此之外，由于缺乏支撑，长时间瘫坐在松软的沙发上将让臀部承受额外的压力，甚至可能导致骨折。

怎么办？

如果您的沙发在使用多年后开始变得松软，这表示该是时候更换一台新沙发。切记安全胜于舒适！选择用料结实并且备有坚固扶手的座椅，同时确保您在坐着时双足能平放在地面上。就算您是坐在一张支撑完善的座椅，还是应该每小时起身走动一下以缓解背部和臀部的压力。

切勿使用周边的家具为支撑点，它们可能湿滑如浴室的洗手盆，或者倒下和移动如备有轮子的椅子。



缺失6. 杂物太多

放置在地上的物品虽然能够营造一个温暖窝的环境，但是它们也潜伏着绊倒您的风险，如电视机的电缆、包包、书本、袜子等等。如果您的视力不好，风险就更高了。任何放置在地上的物品，甚至是您家的宠物猫，都有可能酿成意外。

怎么办？

找人帮忙把电缆和电线有条理的卷起来或贴在墙壁上，关键是别将它们乱放在地上。除此之外，时时确保地上没有放置杂物。将杂物存放在箱子里，尽可能的远离您和家人经常出入的走道。如果您的家像个繁忙商场，常有宠物和小孩子出入，可以考虑给他们设立一个活动专区，这样便可以减低他们将您绊倒的风险。



测试您跌倒的风险有多高

樟宜综合医院的预防跌倒专家们设计的小测试。

1. 在最近的6个月里，我曾经跌倒一次或险些跌倒。
(险些跌倒指的是绊倒、滑倒或失去平衡，但最终没有跌倒。) 是 否
2. 我曾因无故昏倒或暂时性昏迷而跌倒。 是 否
3. 我目前服用4种以上的药物（不包括维他命）。 是 否
4. 我目前服用药物来帮助睡眠问题或控制情绪，如安眠药和抗忧郁药物。 是 否
5. 我的视力有问题，就算戴眼镜，还是视力模糊。 是 否
6. 我已经超过12个月没有检查视力了。 是 否
7. 当我站立或行走时双足或膝盖会感觉疼痛。 是 否
8. 我的双足有麻痹的感觉。 是 否
9. 当我从椅子站起来时，感觉困难或不平稳。 是 否
10. 当我走路时，感觉不平稳。 是 否
11. 我目前有或曾经有过以下病症：
a. 心脏、血压或血液循环问题
b. 中风
c. 糖尿病
d. 帕金森症
e. 头晕或昏倒
f. 经常急着上厕所或失禁问题
g. 我并没有因以上病症而寻求医生意见 是 否
12. 我每天的运动量不超过30分钟。这里的运动指的是快走、骑脚车、园艺、集体运动等等。 是 否

缺失7. 只穿袜子或拖鞋走路

袜子和拖鞋虽然能够保护和温暖您的双足，但也存在着让您滑倒的风险。

怎么办？

这应该是您最轻易能够做到来减低跌倒风险的一件事：选择圆形鞋跟的防滑鞋。鞋子穿上时，应该给予您足够的支撑让您有双足“着地”的感觉。最好是鞋头的形状宽大并且深厚，大小感觉刚刚好。扣环、尼龙贴和鞋带虽然有助于固定鞋子，但要注意在走路时鞋带松脱的危险。如果穿着袜子，最好穿上附有鞋尾扣带的凉鞋或不露脚趾的鞋子。 [caring](#)



购物小贴士：买鞋的最佳时间是下午，而且别忘了左右鞋都要试穿以确保鞋子真正合穿。

测试结果

如果您对以上测试的任何一道问题回答“是”，那您便有跌倒的风险。跌倒后将可能导致行动以及生活上的问题。如果您患有骨质疏松症，因跌倒而重伤的风险将更高。

请尽早寻求医疗人士的专业意见，如医生、护士、物理治疗师或职能治疗师。提高您对跌倒风险的认知，并正视这个问题，将有助于帮助您减低受伤的几率，同时避免丧失独立生活的能力。

⚠ 免责声明：此测验不构成医疗意见。如有需要，请征求医生的专业意见。

吃芦笋养生



作者 张爱桃

芦笋是备受医生推荐的蔬菜。用它来搭配一道平平无奇的菜肴，发挥你的创意吧！

一提到“芦笋”二字，大多数的人都会认同它是有益且烹调简单的食材。芦笋可清炒、水煮，也可搭配沙拉或用来煲汤。

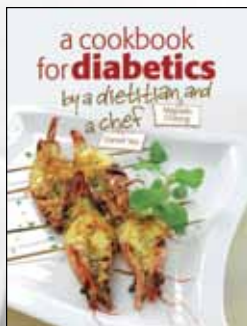
芦笋含有丰富的膳食纤维、钾以及抗氧化素，也是热量低的蔬菜，所以非常适合关注体重的食客。此外，芦笋也含有很高的谷胱甘肽（glutathione），一般相信这是可以对抗自由基的营养素。

蕴含在谷胱甘肽里的抗氧化素也能够帮助保护血管。虽然目前没有明确的证据显示，芦笋能够减少癌症的发病率，但这些抗氧化素相信含有抗癌以及抗发炎的特质。

许多蔬菜包括芦笋都被选用来搭配长寿膳食，这种膳食强调以五谷、水果和蔬菜来代替乳制品、高脂肪以及肉类食品。一般被推荐的饮食都包括大量的蔬菜水果，因为它们含有丰富的纤维和抗氧化素，是促进健康体质的重要元素。

因此，尽可能每天或固定的在您的餐食里加入这些爽口的绿枝，同时也能让您的家人享用且摄取足够的蔬菜。caring

张爱桃是樟宜综合医院的营养与餐饮服务部门营养师主任及助理处长。



该食谱的首版刊登在 **A Cookbook for Diabetics by a Dietitian and a Chef.**

更正
在《关怀》2012年7/8月刊的梨炖鸡汤食谱里（36页），其中一种材料应为“无花果”，而不是“罗汉果”。我们的营养师证实使用罗汉果并不会影响此汤的营养价值，也不会对健康造成任何不良的影响。谨此致歉。

鸡肉芦笋卷配花生蛋黄酱

鸡胸肉是摄取食物蛋白质的一个不错选择。以下给大家推荐的鸡肉芦笋卷不但营养丰富，美味可口，而且证明了低脂肪的食物也可以很美味。食谱为4人份量。

准备时间：30分钟

材料

| | |
|--------------|------------|
| 鸡胸肉（去皮） | 4片，每片约100克 |
| 盐和黑胡椒粉 | 少许 |
| 明胶粉 | 4茶匙 |
| 辣椒干片 | 1.5茶匙 |
| 紫菜 | 2片，每片切半 |
| 泰国芦笋（修剪后过热水） | 4棵 |
| 低脂蛋黄酱 | 4汤匙 |
| 花生酱 | 2汤匙 |

煮法

- 将鸡胸肉切成约0.5公分厚的蝴蝶形状。用盐和黑胡椒粉调味，然后撒上明胶粉和辣椒干片。
- 将切好的半片紫菜盖在鸡胸肉上面。若紫菜片太大可将它修剪或折起。将一颗芦笋放在中间，然后紫菜带鸡肉一起卷起（类似瑞士蛋糕卷）。用铝箔把肉卷紧紧包好以固定形状。
- 用高温将肉卷蒸约7分钟或至鸡肉熟透，然后取出。
- 将蛋黄酱和花生酱搅拌均匀。
- 上桌前将鸡肉从铝箔中取出，切片。这道菜可热食或温食，以花生蛋黄酱为配浆。

每一份量含有

| | |
|-------|--------|
| 卡路里 | 235大卡 |
| 碳水化合物 | 6.4克 |
| 脂肪 | 11.5克 |
| 胆固醇 | 60.3毫克 |
| 纤维 | 0.6克 |



摄影 / MARSHALL CAVENTISH