

## About Prince Court Medical Centre

### Location:

Prince Court Medical Centre is located at the heart of Kuala Lumpur city at 39, Jalan Kia Peng, 50450, Kuala Lumpur.

### Ownership:

Prince Court Medical Centre is fully owned by Petronas, Malaysia's national petroleum company.

### Internal design:

It has a well-designed main atrium which appears more like a hotel lobby. With a variety of retail outlets, and a Concierge that arrange for shopping and sightseeing visits in the city, these luxurious touches help with the healing process post-treatment.

### Awards:

According to a study done by The Medical Travel and Health Tourism Quality Alliance, Prince Court Medical Centre has been listed as among the top 10 hospitals in the world for medical travel with the best treatment, care and management in year 2010.

### Aims:

Aims to offer comprehensive medical care and be the leading healthcare provider in Asia with its world-class facilities, innovative technology and excellent customer services.

### Facilities:

All the rooms in Prince Court Medical Centre are single bedded rooms and are equipped with 29-inch flat screen televisions, wireless internet access, sofa bed, à la carte room service, complimentary personal toiletries, hairdryer, bath robes, slippers, a security deposit box and coffee and tea-making facilities. Newspapers are delivered daily in the morning with no additional charge. Muslim prayer room is also available in Prince Court Medical Centre, located at the North Atrium on level 1. For those who would like to have quiet reflection and meditation, the 'Quiet Room' is also provided, which is an inter-faith room located at the North Atrium of the building on level B1.

### The people:

The dedicated medical and healthcare professionals will ensure that your stay is as comfortable and homely as possible. With the advance and latest healthcare technology, Prince Court Medical Centre is sure to provide you with the best clinical support that will meet your needs. The team comprising of an attending specialist, radiologist, laboratory technicians, pharmacist, physical rehabilitation therapist and dieticians and 24-hour nursing care will ensure you a comprehensive treatment and care.

### Charges:

The treatment and procedure varies according to the health condition of different individuals. Prince Court Medical Centre adheres to the Fee Schedule in the Private Healthcare Facilities & Services Act, 1998 and it's competitive when compared with other private hospitals in Klang Valley.



### Table of Room Types and Charges

#### Room Types

Room types	Charges (RM)
Standard Room	150
Premier Room	255
Junior Suite	600
Suite	1000
ICU/CCU/ICU Burns	480
Nursery special care (Neonatal)	130
Nursery special care (pediatric)	160

Charges are subject to change without notice.

"Prince Court Medical Centre has been listed as among the top 10 hospitals in the world for medical travel with the best treatment, care and management in year 2010."

### Corporate Social Responsibility (CSR)

Prince Court recognises the importance of achieving organisational success and at the same time pays tribute to its stakeholders, particularly the community as a whole. With emphasis on fundamental moral values like professionalism, compassion, integrity and teamwork, it strives to give back to the community and to raise awareness on various issues that affect society.

CSR acts to bring the underprivileged to the mainstream by instilling positive feelings like self-worth, confidence, usefulness, independence and togetherness in society through its clinical expertise. Prince Court actively reaches out to all people from all levels of society who are afflicted with rare diseases. It is believed that this programme will contribute to societal development as advanced healthcare can bring direct benefits to the community.

### Services and Specialties

- |   |   |
|---|---|
| 1. Anaesthesiology                        | 19. Neurosurgery                        |
| 2. Assisted Reproductive Technology (ART) | 20. Obstetrics & Gynaecology            |
| 3. Breast and Endocrine Surgery Services  | 21. Occupational Health Services        |
| 4. Burns Unit                             | 22. Oncology                            |
| 5. Cardiology                             | 23. Ophthalmology                       |
| 6. Dermatology                            | 24. Oral Health Centre                  |
| 7. Ear, Nose & Throat Surgery (ENT)       | 25. Orthopaedic & Spinal Surgery        |
| 8. Emergency Department                   | 26. Paediatrics                         |
| 9. Endocrinology                          | 27. Physical & Rehabilitation Medicine  |
| 10. Executive Health Screening Centre     | 28. Plastic Reconstructive              |
| 11. Eye & LASIK Centre                    | 29. Psychiatry                          |
| 12. Gastroenterology                      | 30. Radiology & Nuclear Medicine        |
| 13. General Surgery                       | 31. Respiratory Medicine                |
| 14. Haematology                           | 32. Rheumatology                        |
| 15. Internal Medicine                     | 33. Thoracic and Cardiovascular Surgery |
| 16. Lifestyle Modification Centre         | 34. Urology                             |
| 17. Nephrology                            | 35. Vascular Surgery                    |
| 18. Neurology                             |   |



## Datuk Dr Tan Si Yen



Datuk Dr Tan Si Yen

MBChB (Edinburgh), FRCR (London), MD  
Liverpool, FRCR, USAL, FAMS (Malaysia)  
Consultant Nephrologist & Internal Medicine

As a kidney specialist, Dr Tan runs nephrology, dialysis and transplant services for patients with kidney diseases. He graduated from the University of Edinburgh where he also subsequently had his training in treatment of patients with kidney diseases before completing his postgraduate training at the Royal Postgraduate Medical School in London. He was a consultant at the King's College Hospital, London, before returning to Malaysia in 1996 and joined Universiti Malaya as a Professor of Medicine for 13 years before

leaving to join PCMC in 2009.

According to Dr Tan, PCMC is the only private hospital that offers the full range of services for patients with end stage kidney failure. "Patients who suffer from kidney failure can opt to have treatments ranging from haemodialysis, haemodiafiltration, nocturnal haemodialysis, peritoneal dialysis and kidney transplant, a range of services that is uniquely available only in PCMC." The development of conventional haemodialysis services in PCMC was rapidly followed by the national

launch of nocturnal haemodialysis services in 2010 and till today PCMC remains as the only local medical institution which offers such services. Nocturnal haemodialysis has unique advantages for patients who need to utilise all the available office hours for work or school or who need a slower, gentler and longer hours of haemodialysis.

Dr Tan's pioneering achievements in nocturnal haemodialysis was accompanied almost simultaneously by his rapid progress in developing a renal transplant programme which until recently was routinely available only in government or university hospitals. The renal transplant team in PCMC achieved a new national milestone when it broke new boundaries by successfully performing the first ABO incompatible renal transplants locally. A procedure that is still not commonly available even in many developed countries, ABO incompatible transplants allow donors of different (otherwise incompatible) blood groups to become organ donors, which increases the available organ donor pool and is anticipated to increase organ donation rate. More recently, peritoneal dialysis which involves using the membrane within the abdominal cavity as a dialysis membrane, and a procedure which was otherwise routinely available only in government institutions was successfully introduced in PCMC, adding to the unique depth and breadth of renal replacement services patients of PCMC are able to enjoy and benefit from.

## Datuk Dr Sahabudin Raja Mohamed

Dr Sahabudin was the first doctor who brought robotic surgery technology into the country in 2003. He has been a consultant urologist for the last 25 years. According to Dr Sahabudin, urology deals with predominantly urinary systems, kidneys and prostate. In general surgery, 30% of the cases deal with urology. Seventy percent of the work urologists do revolves around kidney stone disease. Kidney stone disease is quite common and the majority of patients are young individuals.

Dr Sahabudin received his Masters degree from Universiti Kebangsaan Malaysia and was a Commonwealth Fellow in Bristol. He proceeded to do his speciality training in robotic surgery in Valencia at the University of Paris where he attended workshops and attachments relating to robotic surgery. "I went to learn the whole technique from the master of robotic surgery, Dr Mani Menon in Detroit. I was with him for two

months and we did training in all aspects of robotic surgery related to urology. Subsequently, I spent two weeks at the University of Ohio with Dr Anup Patel," says Dr Sahabudin. Till today, Dr Sahabudin still keeps up with the newer aspects and development of robotic surgery by attending courses and workshops in different parts of the world. The last workshop he went to was in Germany where a demonstration was held to show the latest modern techniques in robotic surgery.

Dr Sahabudin started his career as the Head of Urology at the Kuala Lumpur Hospital in 2003. He operated over 260 cases from the period of 2003 to 2007. "We used to hold workshops with Dr Mani Menon and his team who flew over," says Dr Sahabudin. He retired from government service in 2007 and joined PCMC as they bought a robot for him.

PCMC is currently the only private hospital which does robotic surgery and it is a one-stop centre for prostate disease.



Datuk Dr Sahabudin Raja Mohamed

MBBS (Malaysia), Fellowship in Urology (UK), FRCR (Mal), Commonwealth Fellowship in Urology (UK), Master of Surgery (General) (UK), Commonwealth Fellowship in Urology (UK), Fellowship International College of Surgeons (ICSM) (Malaysia), Consultant Urologist, Min's Health & Robotic Surgery

"I went to learn the whole technique from the master of robotic surgery, Dr Mani Menon in Detroit"

- Datuk Dr Sahabudin Raja Mohamed



## Dr Deepak Singh

Originally trained as an orthopaedic surgeon, Dr Deepak started off in the spine unit during his days at Universiti Malaya. Claiming himself to be a local product, he did his MBBS at Universiti Malaya and proceeded to do government service in Muar and Terengganu before coming back to do his masters at Universiti Malaya. Joining Universiti Malaya for the third time but as a lecturer, he was promoted to Associate Professor before joining Prince Court. Dr. Deepak is specialised in every aspect of spine surgery including Microscopic

"My father was in public health and we used to go visit the rural health clinics. We thought it was a lot of fun, so both of us became doctors."

— Dr Deepak

Spine Surgery (Munich), Endoscopic Spine Surgery with laser application in spine surgery (Korea) and a short fellowship in new techniques in open spine surgery and pain management for the spine (Brisbane).

Dr Deepak was inspired to be a doctor by his father. "My father was in public health and we used to go visit the rural health clinics. We



Dr Deepak Singh

MBBS & MCh, Universiti Malaya  
 Resident Orthopaedic Surgeon at  
 Prince Court Medical Centre

thought it was a lot of fun, so both of us became doctors," says Dr Deepak.

Dr Deepak explains how most patients will be afraid to see a spine doctor because of fear to undergo surgery. "What we do at Prince Court Medical Centre is we try our level best not to do surgery for every patient. We try to find out what is really troubling the patient and if the nerves are not involved and the situation is not bad enough, then we try other means to manage the

pain such as medication and pain management procedures. If we are unable to do that, then only we start talking about surgery. That is the thinking that we promote here at Prince Court," says Dr Deepak.

Providing a safe environment for the patient also remains at the top of the list for Dr Deepak. "I feel that the environment here is better than the university hospitals. That's the reason why I came here," says Dr Deepak.

## Dr Mohd Faisal Jabar



Dr Faisal Mohd Jabar

F.Med.Sci. (Hons) (UK), BM, BS (UK), FRCS (UK)  
 General & Laparoscopic Surgery

As one of PCMC's pioneer doctors, Dr Faisal's speciality is laparoscopic surgery pertaining to the gastrointestinal tract and he does operations such as weight loss surgery, obesity surgery, fundoplication, gastrectomy, laparoscopic surgery as well as gallbladder and pancreaticobiliary surgery.

He won a scholarship to study medicine abroad at the University of Nottingham and

completed his fellowship FRCS in 1997. He then proceeded to work in England for eight years before coming back to Malaysia to join Universiti Putra Malaysia as a specialist surgeon before joining PCMC in 2007. "As one of the doctors who helped build PCMC from the beginning, I saw this baby grow from the ground and it was a very exciting time for me as this was the third hospital I helped to set up," says Dr Faisal.

He says that superficially, the hospital may look as if it caters to those who are well-off but that is certainly not the idea. "I like to think of this hospital as an iconic hospital. The idea is to create this hospital from the ground with all the state-of-the-art facilities but at the end of the day the personnel is more important than the instruments. PCMC may look expensive but we still stick to the same MMA guidelines and is a lot cheaper than what people may expect," says Dr Faisal.

"Private practice has a very holistic approach. You're involved from the very beginning and look after the patients from A to Z."

— Dr Mohd Faisal Jabar

He points out that PCMC is one of the hospitals that offer very comprehensive equipment and aftercare service sufficient to take care of patients from the very beginning to the end. "Private practice has a very holistic approach. You're involved from the very beginning and look after the patient from A to Z," says Dr Faisal. He proudly declares that PCMC has a track record of minimum morbidity and mortality in the last five years.



## Dr Muhammad Azrif Ahmad Annuar

As a consultant oncologist, Dr Azrif treats people with cancer with either chemotherapy or radiotherapy. Patients who have undergone the removal of the actual tumour are then referred to him for further treatment to improve their chances for cure or to eradicate the cancer completely.

Dr Azrif did his medical degree in UK and internal medicine postgraduate qualification

"So you marry the science and art of medicine. You see the human spirit in oncology and that is very inspiring. The mix of science and seeing patients struggle, then survive to tell their triumphs is a very humbling experience for me."

— Muhammad Azrif Ahmad Annuar



**Dr Muhammad Azrif Ahmad Annuar**

MBBS (UK), FRCS (UK), Member of the Royal College of Physicians (UK)  
Certificate of Completion of Specialist Training (UK)  
Consultant Clinical Oncologist

before joining the clinical oncology programme at the prestigious Christie Hospital in Manchester for six years. Returning to Malaysia in 2007, he joined UKM Hospital for three years before working at PCMC. "The plan was to set up a hospital with the latest technologies and be able to offer access to these technologies to the people. They bought all the sufficient equipment for the cancer centre, so that attracted me to join PCMC," says Dr Azrif. With Petronas as PCMC's backer, Dr Azrif had high expectations in the hospital as Petronas projects all involved high standards in technology such as KLCC and Putrajaya.

He explains that two years ago, PCMC bought a tumour therapy machine which is a specialised machine for radiotherapy. What the machine does is it enables the doctor to localise the tumour and then delivers the radiation quite precisely to the tumour, thus sparing critical organs that are located near the tumour.

As an oncologist for nearly 12 years, Dr Azrif speaks about how oncology has a nice mix of high-tech and science but also includes a human element because patients who have cancer need a lot of counselling. "So you marry the science and art of medicine. You see the human spirit in oncology and that is very inspiring. The mix of science and seeing patients struggle, then survive to tell their triumphs is a very humbling experience for me," says Dr Azrif, smiling.

## Dr Yap Yee Guan

As a consultant interventional cardiologist, Dr Yap's main clinical expertise are interventional cardiology particularly in complex coronary intervention, device therapies including single and dual chamber pacemaker, biventricular pacemaker and ICD implantations, as well as percutaneous closure of atrial septal defect and patent foramen ovale. As the pioneer in percutaneous closure of patent foramen ovale for patients with cryptogenic stroke and migraine

with aura in Malaysia, Dr Yap is a regular speaker at cardiology meetings held around the world.

Dr Yap graduated with BMedSci (Hons) and MBBS degrees from the University of Nottingham, United Kingdom in 1992. After completing his housemanship at the Nottingham University Hospital and Southampton General Hospital, United Kingdom, he underwent cardiology and general medical training as a Senior House Officer at the Cardiothoracic Centre, Liverpool and St

George's Hospital, London. He then obtained the Membership of the Royal College of Physicians of the United Kingdom before gaining entry into the UK Higher Medical Specialty Training in Cardiology and General Medicine from 1997 to 2005. He did his sub-specialisation in interventional cardiology and complex pacemaker/ICD therapy at St George's Hospital London and obtained his postgraduate doctorate of medicine from the University of London during the same period.

Returning to Malaysia in 2006, Dr Yap was offered to head the Cardiology Unit as an Associate Professor of Cardiology and Internal Medicine at Universiti Putra Malaysia before being promoted to head of the Department of Medicine. He joined PCMC in 2007 as a consultant interventional cardiologist and is one of the pioneer doctors who helped to establish the cardiology unit.

"We are the unique hospital that offers pin-hole surgery by inserting a double-disc umbrella-like device into the hole in the heart to treat patients with cryptogenic stroke and migraine with aura. The Amplatzer umbrella-like device will be screwed onto a catheter, which will be inserted into the vein in the groin, right up to the right top chamber of the heart. Once the catheter reaches the hole between the top two chambers of the heart, the Amplatzer device will be opened up like an umbrella and pulled back against the septal wall, closing the hole between the two atria like a clam-shell, hence, preventing any clot from travelling from the right to the left side of the heart causing a stroke," says Dr Yap.



**Dr Yap Yee Guan**

MMedSci (Hons), MBBS (Hons) (UK), FRCR (UK), Cardiology & Int Med, Eur Cardiol (Europe), AM (UK), FRCGlasg, FRCPEd (UK), FRCPLond, FRCR (Hong Kong), SCAR (USA), FAH (USA), FAC (USA)  
United Kingdom Postgraduate Medical Education & Training Board Certificate of Completion of Training in Cardiology (UK) Internal Medicine (UK) (UK)  
United Kingdom General Medical Council Specialist Registrar in General & Interventional Cardiology and General Internal Medicine  
Consultant Interventional Cardiologist



## Dr Seri Suniza Sufian

As one of the first Malaysian gynaecologist to be trained in Urogynaecology, Dr Seri says that it is a relatively new field in Malaysia and urogynaecological problems usually occur in women especially in the elderly age group. With a sub-speciality in women's health such as pelvic floor problems, urinary incontinence and menopausal health, Dr Seri says that PCMC is the first private hospital in Malaysia that offers Urogynaecological services.

Graduating from Universiti Malaya in 1990, she did her Masters in Obstetrics & Gynaecology at Universiti Kebangsaan Malaysia and worked in Hospital UKM as a Specialist from 1997 until she decided to pursue a sub-speciality in Urogynaecology. She was posted to Sheffield where she worked for a year and completed her Fellowship before coming back to Malaysia in 2002. Securing the position as an Associate Professor and Head of Urogynaecology Unit in Hospital UKM, she established the first



**Dr Seri Suniza Sufian**

MBBS (Medicine) (UK Malaysia), Clinical Fellow in Urogynaecology (Sheffield), MChD in O.G. (UK Malaysia), Clinical Fellow in Urogynaecology (Sheffield), Consultant, Obstetrics & Gynaecology

Urogynaecology unit in a teaching Hospital in Malaysia.

She joined PCMC in 2008 and was given the task to set up and expand the Urogynaecological services. Together with the strong support she receives from a certified Women's Health Physiotherapist at PCMC, women with pelvic floor problems and urinary incontinence will receive the first line conservative treatment of pelvic floor rehabilitation.

For the surgical management of pelvic floor problems "PCMC offers sling surgery which is a minimally invasive surgery where patients do not have to undergo major and lengthy operative procedures for urinary incontinence and pelvic

organ prolapse. Synthetic materials are used to sling up the bladder as well as to strengthen the pelvic floor. It's a new technique that comes with shorter stay, less invasive, good outcome and reduced recurrence rate.

Dr Seri became interested in Urogynaecology because it's a common problem which is often neglected and women suffer in silence due to embarrassment. "I wanted to provide the opportunity for all women to be treated. I've been actively involved in educating the women and trying to get them to come for treatment via educational programs, public talks and forums" says Dr Seri.

"PCMC offers sling surgery which is a minimally invasive surgery where patients do not have to undergo major and lengthy operative procedures."

— Dr Seri Suniza Sufian

## Dr Harjit Kaur



**Dr Harjit Kaur Perdamen**

MBBS (India), MCh (UK), FRCS (Ireland), Fellowship in Breast Surgery (Australia), MCh (UK), FRCS (UK), Fellowship in Breast Surgery (Australia), Consultant, Breast & Endocrine Surgery

As a breast endocrine surgeon, Dr Harjit deals with all kinds of breast problems in both male and female from simple breast pain and lumps to breast cancer and gynecomastia in males. She also deals with endocrine organs involving problems related to the thyroid and parathyroid glands, as well as the adrenal glands as these are hormone-producing glands in the body and diseases pertaining to them may require surgery.

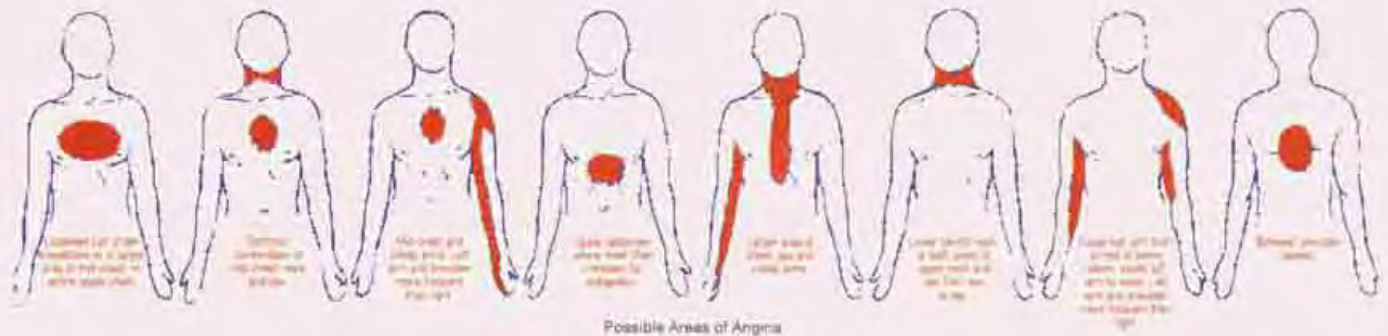
Having graduated from Kasturba Medical College in Manipal, India for her basic medical education, she did her Masters of Surgery in Universiti Kebangsaan Malaysia before proceeding to complete her FRCS in Ireland. She worked as a surgeon at the Ipoh General Hospital (now Tuanku Bainun Hospital) before pursuing her career as a breast and endocrine surgeon where she did her training for four years. Subsequently, she did a full breast

fellowship at the Royal Perth Hospital in Australia which involved reconstructive surgery and sentinel node biopsy. Upon her return, she worked at Putrajaya Hospital for a few years before joining PCMC.

PCMC is the only private hospital to perform the complete sentinel node biopsy procedure. It is the gold standard for breast cancer management now and it involves a special technique using radioactive substance to identify the lymph nodes that are involved with cancer cells. Patients only get a small scar as surgery is minimally invasive. Patients are also spared from having unnecessary complications associated with radical surgery in their armpits when it's not necessary. Dr Harjit also performs breast reconstruction after mastectomy. Her venture into breast surgery took place when she was the only lady surgeon serving at the Ipoh General Hospital. "As time went by, I realised the seriousness of this disease in women. A lot of women required mastectomy and they never had the option for reconstruction given to them because of the lack of plastic surgical services at that time. Patients were losing their breast and it affected them psychologically. It was my aim to become a competent breast surgeon to help offer immediate reconstruction as best as possible. Here at PCMC, I work closely with the plastic surgeons as well for complicated cases," she says.



## Minimising the risk of a heart attack



Many people think that angina, the commonest symptom of coronary heart disease (CHD) which is usually caused by atherosclerosis (narrowing or hardening of the coronary arteries due to accumulation of plaque), only occurs in the left chest region. This is actually untrue. According to Consultant Interventional Cardiologist of Prince Court Medical Centre, Dr Shanker V. Moorthy, angina sometimes occurs in other unusual sites as illustrated in the table above.

"When the pain occurs in the jaw, some patients mistake it as a dental problem and go to see a dentist. Sometimes, patients are wrongly diagnosed as having acid reflux when the pain occurs in the upper part of the abdomen," Dr Shanker notes.

"To determine if one has angina, it is very important to ascertain, when the pain occurs and what makes the pain better or worse. Angina in the early stages is worse when one exercises and is relieved when one rests or takes certain medications." Dr Shanker stresses that another important sign of undetected CHD is erectile dysfunction (ED). "ED may be the first sign of underlying CHD in about 30 to 40 percent of male patients. Not knowing that their condition may be associated with CHD, these men go to see a urologist only and do not always undergo a thorough assessment to look for possible CHD," he says.

"Besides angina, other symptoms of CHD could be shortness of breath on exertion and frequent fatigue. These symptoms are commoner in diabetics whose heart nerves are damaged by the diabetes and therefore they cannot feel any anginal discomfort. Less common symptoms of CHD are palpitations and syncope (blackout). Left untreated, severe CHD can lead to heart failure. The signs of heart failure are swelling of both legs and fluid in the lungs. Patients with fluid in the lungs will experience shortness of breath on exertion or especially when they lie flat. Hence they have to sleep on two or three pillows.

"An alarming fact is the first presentation of CHD in almost 30-40 percent of people is a heart attack or sudden cardiac death. This means one in every three persons is only aware that he/she has a heart problem when he/she suffers a heart attack which is sometimes fatal. It used to be thought that the more severe the narrowing (stenoses) within the coronary artery



is, the higher the chances of getting a heart attack. This is not true. Due to the instability of plaque within the stenoses, about 70 percent of patients who suffer a heart attack have less than 50 percent narrowing."

Dr Shanker adds that one will not experience any symptoms with a mild or even moderate narrowing. So, when one experiences the symptoms mentioned above, one should immediately consult a cardiologist because it could mean there is significant coronary artery stenoses. "This is especially important when one has cardiovascular risk factors - meaning if one is above a certain age (50 for women and 40 for men), has a family history of heart disease, high blood pressure, diabetes, smokes, is overweight and leads a sedentary lifestyle. The more risk factors one has, the higher the risk," Dr Shanker emphasises.

### Early Detection Saves Lives

Conventional methods of screening for CHD include a detailed medical history, thorough physical examination, blood tests, treadmill stress test and echocardiogram. According to Dr Shanker, these tests are sometimes not adequate enough, especially for patients in the high-risk group. "The stress test, which is a functional assessment of the heart, only shows whether the heart is getting enough oxygen during exercise. So, the results of the stress test can be "normal" even if one has significant coronary heart disease.

"The availability of newer non-invasive tests such as the computed tomography angiogram (CTA) allows us to detect very early disease.

"Performed by a CT scanner, the CTA is a simple test that firstly measures the amount of calcification in the wall of the coronary artery. The higher the score, the higher the probability of underlying atherosclerotic plaque. The second part of the CTA is a virtual angiogram which allows us to look within the artery and detect very early disease. This procedure involves a small but safe dose of radiation and injection of contrast medium. It can be performed within 5-10 minutes and is an excellent modality for ruling out coronary artery disease. With the availability of this non-invasive test, the number of patients undergoing diagnostic coronary angiography which requires hospitalization and the insertion of a catheter under local anaesthesia - has dropped," he notes. Nevertheless, Dr Shanker stresses that patients should only be advised to have the CTA after being first assessed by the cardiologist.

"Early and regular screening is crucial because it not only allows us to detect if risk factors, signs or symptoms are present. Once risk stratification has been done, the patient will be advised accordingly. By controlling and/or treating their risk factors, the chances of them getting cardiovascular disease in the future can be reduced significantly. "In some individuals depending on the severity of the coronary stenoses and if only clinically indicated, coronary balloon angioplasty, stenting or coronary artery bypass graft surgery may also be recommended," he says.

SYMPTOM	FACTS
• Jaw or neck pain	Could be anginal
• "Heartburn"	Could be anginal
• Breathlessness on exertion	Possibly angina equivalent
• Erectile dysfunction	May be associated with CHD
• Hypertension	Silent disease in the majority
• High cholesterol and early diabetes	Most often goes undetected unless tested for

Early and regular screening can prevent cardiovascular disease and related death.



# Treating Sinusitis



Using the balloon sinuplasty system, a guide catheter and a flexible wire is gently inserted through the nostril to access the targeted sinus. Next a sinus balloon catheter is advanced over the wire.

The sinus balloon is positioned across the blocked opening and gently inflated.

The balloon sinuplasty system is removed, leaving an open sinus passageway and restoring normal drainage and function.



**Datuk Dr. Kuljit Singh**

Consultant ENT Surgeon  
Singapore, Malaysia, USA, (USA) HMS

diagnosed with sinusitis prefer to suffer their whole life than seek treatment with medication. However, a new breakthrough procedure introduced by ENT doctors may change the decision and fate of sinusitis sufferers.

### Symptoms & Treatment

Prince Court Medical Centre ENT specialist Datuk Dr Kuljit Singh explains that sinuses are actually air cavities within our skull which get filled up with fluid, thus becoming painful for the patient. Headaches and extreme facial pain are some of the symptoms that are caused by sinusitis. Medication is one of the common treatments for sinusitis. That includes nasal spray, antibiotics and nasal wash with salt water. Otherwise, a CT scan will be done and if the nose is blocked then a procedure will be necessary. Patients have the option of undergoing one of these two procedures, functional endoscopic sinus surgery (FESS) or a balloon sinuplasty. The functional endoscopic sinus surgery is an old-fashioned surgery and patients take a longer time to recover because it can cause a lot of bleeding. There had been past cases where patients were admitted to the ward for many days and sometimes the recallus rate reach a high number.

### Balloon Sinuplasty

On the other hand, a balloon sinuplasty is a new method where a balloon is inserted into the nose to open up the sinuses. This new procedure is fast and patients can expect to be discharged from the hospital the next day to resume work and daily life. "We open the sinuses with the balloon and we drain the fluid out. What patients get is a faster procedure, better recovery, lesser recurrence all at just a slightly higher cost," says Dr Kuljit.

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- Datuk Dr. Kuljit Singh

### What is Sinusitis?

Sometimes a nose block, runny nose and clear secretion may be more than just a common cold. Do you wake up every morning sneezing your eyeballs out and your nose secretes a clear substance? Many people will be quick to jump to the conclusion that they are experiencing sinus problem but contrary to popular belief, what they may be experiencing instead is what ENT (Ear, Nose, Throat) doctors name allergic rhinitis caused by allergies. On the other hand, if your nose discharges a yellow green substance and you start experiencing a lot of facial pain, the symptoms point towards sinusitis. Most people





Relieva Solo Pro sinus Balloon Catheter is a non-compliant balloon that is engineered specifically for dilating the sinus ostium

### Who Can Contract Sinusitis?

If your elderly Indian neighbour or middle-aged Chinese friend has sinusitis, there is no reason to worry as sinusitis does not recognise any race and can affect anyone. Age is also not a factor in determining sinusitis but it occurs less often in younger children because the sinuses are not well developed yet. Sinusitis is seen more in adults because of the environment they are in, they have more symptoms after many years of allergy and inflammation in their nose. Children may seldom have sinusitis but

Age is also not a factor in determining sinusitis but it occurs less often in younger children because the sinuses are not well developed yet. Sinusitis is seen more in adults because of the environment they are in, they have more symptoms after many years of allergy and inflammation in their nose.

they may experience ear infection at the same time. Surgery is usually not necessary because children respond to medication quite well. Otherwise, the balloon sinuplasty is a good option as it dilates the opening of the nose and does not involve removing the bones.

### Functional Endoscopic Sinus Surgery vs Balloon Sinuplasty

There are still patients who opt for the older surgery FESS as it also depends on the surgeon and hospital. Sinusitis does not pass



Relieva Luma Sinus Illumination System enables transcatheter identification of device tip for confident confirmation of sinus access

through inheritance and is mainly related to the surrounding environment and allergies. Dr Kujit recommends using balloon sinuplasty as it doesn't involve any risk because it assists in opening up the natural opening as compared to other surgeries which involve more risks such as eye complications and skating into the brain. Balloon sinuplasty usually takes about 20 to 30 minutes and patients will be discharged the next day free to resume their daily activities.

### Rhinology Summit 2012

Prince Court Medical Centre together with InterContinental Hotel will be playing host to the annual Rhinology Summit taking place on Feb 24 and 25, 2012. Doctors will take a break from their usual practice to exchange ideas,

debate, and participate in workshops and live surgery. "During the Rhinology Summit 2012, we will be doing minimal invasive sinus surgery using advance techniques and high technology," says Dr Kujit. Those to be operated on are poor patients from government hospitals. They are given the chance to undergo the surgery which usually costs quite a sum. Two American speakers and surgeons will be attending and giving lectures as well as demonstrating the live surgery at Prince Court Medical Centre. The Rhinology Summit is usually attended by delegates from neighbouring Asian countries as well as a few countries from Europe. During the conference, doctors will also be demonstrating the latest techniques in ENT, such as for sleeping and snoring.