



HEARTTALK

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Dari Hati Ke Hati

YAYASAN JANTUNG SARAWAK
SARAWAK HEART FOUNDATION

Volume 7

KDN No.: PPK434/04/2013 (032273)

June 2013

HOSPITAL BAU (1990)



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Message From Editor

Greetings to all Friends of Sarawak Heart Foundation!

How time flies! We are already in the second half of 2013 and have celebrated 2 major festivities ie. the Chinese New Year on 10-12 February 2013 and the harvest festival, Hari Gawai on 1-2 June 2013.

The Foundation started the Year 2013 with a visit to the Sarawak General Hospital Heart Centre on 5 February 2013 to bring Chinese New Year cheers to the 55 patients there to lift up their spirits. This was followed by a Public Health Screening held at Plaza Merdeka in conjunction with Women's Heart Day 2013. The mall was packed with people lining up as early as 9.30 am to take advantage of the free health screening provided by the Foundation with the assistance of nurses and doctors of Sarawak General Hospital Heart Centre. Kudos to our faithful volunteers for their continued support!

Our main event for the first half of this year would have to be the Heart Week 2013 held in collaboration with Yayasan Jantung Malaysia from 3-4 May 2013 at Bintang Megamall. This year, the Foundation chose Miri to be the venue. As usual, the event consisted of public health screening, poster exhibitions, blood donation and various activities to liven up the atmosphere such as coloring contest, body building exhibition, martial arts exhibition, dance troupes from various dance schools and so forth. It was an exhilarating event. Apart from the public health screening, the Foundation also partnered with Dr Cheah Whye Lian and her team from University Malaysia Sarawak Campus on a research project to study the factors associated with inactivity among rural adolescents in Sarawak. A summary of the findings is set out in this issue of Heart Talk for your reading pleasure.

The Foundation have a line-up of activities for the second half of 2013 such as public health screening at Kota Samarahan, Sri Aman, Serian, Lundu and not forgetting our signature event, World Heart Day 2013 on 29 September 2013 at the Sarawak State Library in Petra Jaya. We look forward to see you all there!

Cheers!

Eric Lim Swee Khoon
Editor



**Chinese New Year
Visit to SGH Heart
Centre on 5/2/13**



**Women's Heart Day
@ Plaza Merdeka
on 9/3/13**



Sarawak Heart Foundation and Unimas Jointly Organised THE RESEARCH PROJECT - 'Factors associated with physical inactivity among rural adolescents in Bau District, Sarawak, Malaysia, Borneo – a cross-sectional study'

By, Dr. Cheah WL, Helmy H & Chang CT, UNIMAS

Presented at the 8th Asia Pacific Conference of Clinical Nutrition, Tokyo, Japan on 9-12 June 2013



In Malaysia, rural community showed a marked increase of metabolic syndrome at young age. One of the main contributing factors is physical inactivity which is an increasing trend that leads to sedentary lifestyle among children and adolescents. Thus, this study aimed to determine factors associated with physical inactivity among rural adolescents in a sample of rural schools in Malaysia. A cross-sectional study was conducted among 145 rural secondary students aged 13-15 years. Data on socio-demographic, health related, and psychosocial factors (perceived barriers, self-efficacy, social influences) were collected using a self-administered questionnaire. Anthropometric measurement was taken to generate BMI-for-age, while physical activity level was assessed using pedometers. The mean steps per day was 6251.37 (SD=3085.31) with male students reported to be more active (6699.67 steps, SD=2775.66 vs 6022.55, SD=2775.66) compared to female students. About 27% of the respondents were either overweight or obese, more among female students. There was no significant difference in terms of steps among males and females ($p=0.212$), as well as nutritional status (BMI-for-age) ($p=0.439$). Female

students consistently scored higher in most items under perceived barriers than males students, with three items reported to be statistically significant (lack in interest in physical activity, lack of skills, lack of knowledge on how to do physical activity). In addition, they also had significant lower scores in all items under self-efficacy compared to male students. Male students were more influenced by peers as compared to female students in physical activity ($p<0.001$), and they also were more satisfied with their body parts than female students ($p=0.047$). Higher body size discrepancy score was found among female students (1.29 ± 0.82) compared with male students (0.96 ± 0.89) was found to be significant ($p=0.034$, CI -0.639, -0.026). Physical activity level was low and almost one third of the respondents overweight and obese. Female students faced more barriers and have lower self-efficacy with regards to physical activity. Intervention is recommended to focus on reducing barriers while increasing support for physical activity. This is particularly important in improving the health status of the youth, especially among the females.

Keyword : Physical activity, adolescent, rural



Healthcare and cardiology training abroad – What's Up In the Land Down Under

It is every Malaysian doctor's dream to broaden one's horizons and have a once in a lifetime experience to travel abroad and observe how medicine is practised in a developed country. For a cardiologist it is no different and I had been fortunate enough to have the opportunity to have a year's fellowship training from the year 2011 in the Royal Adelaide Hospital, South Australia. It is certainly a breath of fresh air having a prior medical career spanning clinical practice from the urban tertiary hospitals of West Malaysia to the rural hospital in Kota Marudu, Sabah and of course inclusive of the stint the Sarawak General Hospital Heart Centre since 2008.

The present Royal Adelaide Hospital is located on the northern most part of the city square and is next to the Botanical Gardens, the historic University of Adelaide and a walk away from the Central Railway station. It is an old establishment having humble origins and has been in existence since 1840 though it has since undergone various extensions and renovations. It is very near the site of the new hospital costing just under AUD 2 billion with work already underway and expected to open in 2016. Taking a stroll along the this road during peak morning hour one cannot help but notice the contrasts of old heritage buildings, urban blocks of residences and commercial buildings bathed in a sea of power dressed office executives, students, cyclists and joggers alike with a meandering traffic of cars, buses and trams to complete the picture.

My stint came at time when Australia was riding on a wave of a mining boom and had successfully fended off recession while the rest of Europe was mired in economic turmoil. That coupled with the fact that Australia having one of the best healthcare systems in the world became a backdrop to the start of my fellowship experience. Healthcare spending fortunately had been kept steady and I had come to experience a truly first world healthcare from the information systems, clinical processes, new advances in the clinical practice and research in interventional cardiology as well as an emerging imaging tool in the form of cardiac magnetic resonance imaging.

As a matter of fact healthcare in Australia consists of a private and public sector financially made possible by both the Medicare alongside private insurance. Contribution towards this healthcare insurance is

mandatory for everyone above a certain income bracket. However in general unlike healthcare in Malaysia it does seem less dichotomous as public hospitals do accommodate for patients with private funding if they so choose and naturally because of this too the quality of service is less heterogeneous. In fact, the public hospitals there are held in high regards as the best brains and talents stay on in the system and having strong affiliations to universities they serve a fertile platform to pursue academic research and provide cutting edge medical care.

The lively academic environment within the department was apparent as there were many fellow trainees doing various subspecialities of cardiology or post doctorate degree within the department. Ours was a small group but truly multinational spanning 3 other continents and 7 countries. There are ample investments by the state too in animal research and there exists the LARIF (Large Animal Research and Imaging Facility) where I very fortunate to observe firsthand how sheeps and rabbits were anaesthetised before undergoing MRI, angiogram and ultrasound artery scans all in the name of research.

In terms of clinical service it is indeed impressive and the patients there are very fortunate in that there is very little financial limitation as to what degree of medical care a patient can avail to if required barring the lack of expertise. Novel and expensive therapies like the keyhole aortic valve replacement surgery without a chest incision or medically known as transcatheter aortic valve implantation, new device treatment for blood pressure control (renal denervation) and left atrial appendage and patent foramen ovale closure devices for stroke prevention in patients with a certain heart conditions are all available though some only purely within the realm of research by virtue of being still in clinical testing and not yet approved for general use. Even day to day use expensive investigative devices like pressure wires, cardiac ultrasound, MRI and CT scans or and therapeutic devices like drug eluting stents, pacemakers and defibrillators can be used without much restriction as long as is justified clinically.

As far as the infrastructural support is concerned, the clinical resource portals of the hospital and university are well developed and updated and in fact most if not all of the academic work and references can be done online. Terminals are conveniently located

in key areas and along the corridors in the hospital wards for data entry and retrieval. The electronic medical record system is well integrated and is such that vital medical records and investigations of a particular patient such as Xray films and blood tests can be accessed from any terminal of a public hospital throughout the state as they share the same hospital information system and database.

Well trained and professional medical staff are the norm and some senior ones are in fact empowered to perform certain clinical duties that in other countries including Malaysia are done by doctors. For instance the trained cardiologynurseintheEmergencyDepartment or paramedic from a satellite hospital is given the authority to activate the catheter lab in the case of suspected heart attack. Even the various support systems in clinical care such as pre operative precautions, fall prevention, medication errors, occupational health safety, area risk management are well evolved. With facilities and clinical services of such high standards it is not surprising that the patients put their absolute trust in the doctors and the healthcare system and my anecdotal encounters with patients have been mostly very pleasant ones.

Last but not the least the training was also an opportunity to travel to a completely new place, to meet new friends and learn of a different culture. I learned of the ‘Aussie rules football’, of mid week ‘cheeky pints’, mandatorily charred meat, sometimes kangaroo on the Australian ‘Barbie’ grill and of various music and food festivals held ever so often in the ‘City of Festivals’. Particularly unforgettable would be the experience of madly pedalling to the hospital in the cold dark winter morning for a heart attack emergency call. These invaluable life experiences and lessons that I had gained along the way have been possible only because of the decision to venture beyond my comfort zone.

Despite the glowing picture that is portrayed of the healthcare in Australia there is certainly every possibility we too can achieve these healthcare standards within the Ministry of Health in Malaysia with the right endeavours and dedication from the ground level up, adequate resource allocation from the policy makers and having visionary and capable leaders at all levels of management. There



Royal Adelaide Hospital, North Terrace on a Sunday autumn morning.

are in fact many of the aforementioned capabilities and technologies that are already available in varying degrees in the Sarawak General Hospital Heart Centre from information technology to clinical research to the provision of various clinical services such as advanced cardiac imaging and renal denervation for hypertension. There will always be room for improvement and we hope to improve and expand on these services and look forward to future collaborations with the Sarawak Heart Foundation in the years to come to in ways and means that will ultimately benefit the cardiovascular health of the people of Sarawak.

Dr. Chua Seng Keong

Cardiologist

Department of Cardiology

Sarawak General Hospital Heart Centre



An anaesthetised rabbit prior to undergoing an angiogram and sheeps outside the MRI room at the LARIF (Large Animal Research and Imaging Facility), Gilles Plain, South Australia.



Down time down town with consultant, the author (second from right) and fellow colleagues from different countries.

HEART SURGERY IN SARAWAK

John Chan Kok Meng
FRCS CTh, Consultant Cardiothoracic Surgeon,
Sarawak General Hospital Heart Centre



The Sarawak General Hospital Heart Centre in Kota Samarahan

Almost all heart surgery in Sarawak is performed at the Sarawak General Hospital Heart Centre in Kota Samarahan. This regional cardiothoracic referral centre, which opened in 2011, receives referrals from the entire state of Sarawak. The two cardiothoracic surgeons here perform 2-3 heart operations in two operating theatres every day, supported by a team of cardiologists, anaesthetists, perfusionists, medical officers, medical assistants and nurses. The waiting list for elective heart operations is about 3-4 months although more urgent cases and inpatient referrals are prioritised and performed much quicker. This modern heart centre is fully air-conditioned and most patients have their own individual rooms with private facilities. The surgical equipment is comparable to that in developed countries and is constantly being upgraded through generous support from the Ministry of Health.

The most common operation done here is coronary artery bypass graft surgery, also known as CABG. This operation is performed in patients with severe narrowings or blockages of their coronary arteries i.e. the blood vessels supplying the heart. This occurs due to coronary artery disease, which is fairly common in Sarawak, attributable to our rich diet, lack of exercise, and also hereditary genetic factors. Recent studies in the past year have showed that in patients with severe coronary artery disease, particularly if it involves more than two coronary vessels, CABG offers the best chance to live longer and improve symptoms of chest pain, discomfort or difficulty in breathing.

Heart valve surgery is also very commonly performed here. Rheumatic heart disease is still common in Sarawak and many younger patients are affected by this condition which causes narrowing and leakage of the heart valves. Older patients also suffer from heart valve disease, in this case due to

old age degeneration. When the aortic valve, which separates the heart from the rest of the body, needs to be treated, it is usually replaced with an artificial valve, either a metal valve in younger patients or an animal valve in older patients. Another heart valve, called the mitral valve, separates the heart from the lungs. When this needs to be treated, it is repaired whenever possible, but sometimes when it is too badly damaged, it has to be replaced with an artificial valve.

Heart surgery is, of course, major surgery and carries some risks. The risk of the operation depends on the general condition of the patient, and also how advanced the heart disease is, and how badly damaged the heart already is. These are always discussed in detail with the patient and family. Generally, heart surgery is usually only offered to those who are expected to show long term benefit from the surgery, i.e. at least beyond five years and more. Many patients present quite late for surgery, when the heart is already quite big and weak. Surgery is still possible in some of these patients but the risk is much higher compared to a patient who presents earlier before significant damage has been done to the heart function. It is therefore important to see your doctor or cardiologist early if you feel unwell with chest pain, discomfort, or difficulty breathing, so that these can be properly investigated.

Most patients stay in hospital for about a week after their heart operation, including 2 days in the intensive care or high dependency unit. The full recovery is about 2-3 months, for the chest bone to heal completely, and for the patient to fully get their strength and energy back again, and feel the benefits of the surgery. During this time, they can walk around and do most things but must avoid lifting anything heavy.



MIRI HEART WEEK: 3- 4 MAY 2013 BINTANG MEGAMALL, MIRI



The Miri Heart Week was organized by the Sarawak Heart Foundation in collaboration with the Heart Foundation of Malaysia from 3-4/5/13 @ Bintang Megamall, Miri. The launching ceremony was officiated by YB Tan Sri Dato Sri Dr. James Jemut Masing, Minister for Land Development.



There were a total of 738 people doing health screening and 48 for the blood donation. The 2-days program included a health talk, children's coloring, healthy cooking demonstration and various fundances, body building and martial arts-wushu and karate which had attracted large crowds. About 2500 people visited and took part in Miri Heart Week.



Many thanks to YBhg Dato Lau Siu Wai, Bintang Megamall, Ms Jackie Tan, Dr. Jack Wong, Director of Miri Hospital, Mr. Tony of Nestle, 3A Pharmacy, Tecsen, all the various performers and SHF's EWC members and working team who had contributed and participated towards the Miri Heart Week a great success.



MIRI HEART WEEK @ BINTANG MEGAMALL, MIRI on 3- 4 MAY 2013



Healthy Recipe

Golden Rice (serve 4) Preparation Time: 30-30 min

Ingredients
200g uncooked rice, 50g broccoli, 1 tbsp raisins, chicken stock, 10g sliced ginger, Ingredient A (cut into cubes): 100g pumpkin, 100g french bean, 100g carrot.

Method

1. Add washed rice, chicken stock, ginger and Ingredient A into rice cooker.
2. Cook the rice for 20-30 minutes.
3. Garnish with broccoli and raisin, ready to serve.

Energy	209kcal
CHO	44.3g
Protein	4.5g
Fat	0.2g
Dietary Fibre	2.5g

Savory Oatmeal Chicken Lettuce Wrap (serve 4) Preparation Time: 25 min

Ingredients
200g boneless and skinless chicken breast meat, 50g water chestnut, 60g piece carrot, 100g corn kernel, 12 leaves butterhead lettuce, 1 tbsp minced garlic, 1/2 cup sliced onion, 2 tbsp olive oil, 2 tbsp raisin, 4 tbsp breakfast cereal, 1/2 tsp salt, 1 tbsp oyster sauce, 1 tsp white pepper, 2 tbsp unsalted cashew nut

Method

1. Wash and cut the chicken breast meat into chunk, marinate with oyster sauce and white pepper.
2. Peel and cut the water chestnut and carrot in to small cubes
3. Warm the oil in pan, saute garlic and onion for 1 minute. Add in carrot and water chestnut, cook for 1 minute.
4. Add in marinated chicken breast. Stir fry until cooked.
5. Add in corn kernel. Cook for 1 minute and add some salt.
6. Add raisin and turn off the fire.
7. Serve the dishes over lettuce leaves, sprinkle with cashew nuts and breakfast cereals.

Energy	246kcal
CHO	22.9g
Protein	15.5g
Fat	10.0g
Dietary Fibre	2.9g



Energy Boost (serve 4) Preparation Time: 10 min

Ingredients
520g watermelon, 8 tbsp instant oats, 500ml low fat milk, 6 pieces prune

Method

1. Blend all the ingredients.
2. Serve cold.

Energy	192kcal
CHO	29.7g
Protein	9.7g
Fat	3.7g
Dietary Fibre	2.4g



Healthy Cooking Demonstration by Dietary Department, Miri Hospital



Donation of 25K from Hornbill Hash House to SHF on 18/5/13



Health Screening @ Bau Hospital on 22/6/13



Up Coming EVENTS

- 18/8/13 HEALTH SCREENING @ SUMMER MALL, KOTA SAMARAHAN
- 29/9/13 WORLD HEART DAY @ TAMAN PUSTAKA NEGERI SARAWAK
- 12/10/13 HEALTH SCREENING @ SRI AMAN
- 26/10/13 HEALTH SCREENING @ SERIAN
- 9/11/13 HEALTH SCREENING @ LUNDU



SARAWAK HEART FOUNDATION
(383498-P)

"FRIEND OF THE FOUNDATION" FORM

HOW CAN YOU HELP?

If you are someone who is caring and would like to help Sarawak Heart Foundation, you can register as a "Friend of the Foundation" (as a volunteer to help in the various projects undertaken by the Foundation from time to time and especially with fund-raising)

Passport
Size

Please fill in the below and send to us.

Thank You.

Full Name :

IC/ No. :

Address :

Tel. No. : Fax No. :

E-Mail : H/P No.:

Date :

Please specify how you can help? (eg. driver, food runner, general worker, exercise instructor, dancer, mc, photographer etc.)

Sarawak Heart Foundation

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SARAWAK HEART FOUNDATION
(383498-P)

DONATION FORM

Full Name :

Address :

Tel. No. : Fax No. E-Mail

PAYMENT

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[] Bank Draft For RM

For Direct Remittance, please bank into **HSBC A/C No. 322-148842-101**

(Please fax or email the bank-in slip to Fax: 082-258303)

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All donations are tax exempt. Ref. JHDN
01/35/42.51/179-6.4381