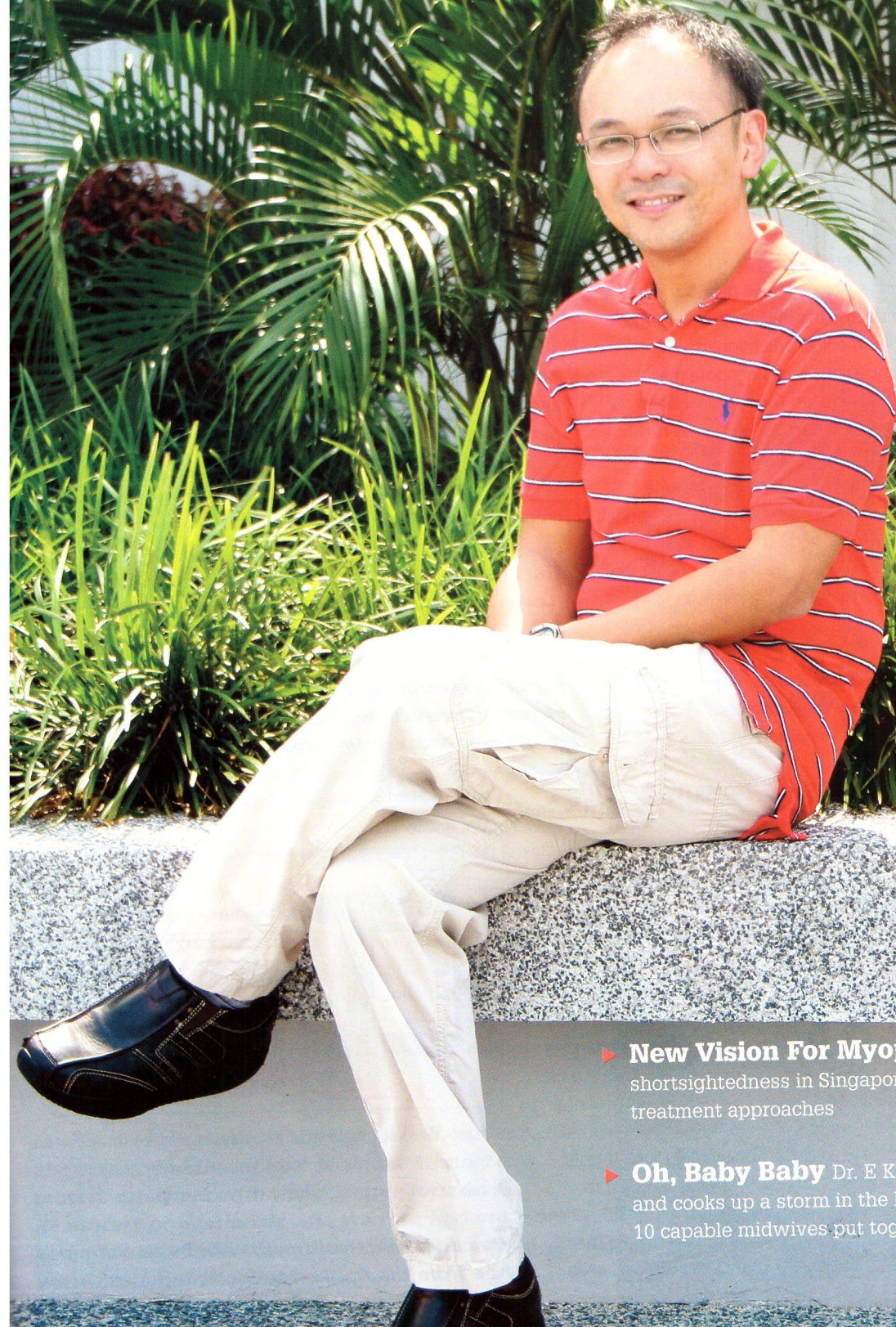


medical express



▶ **New Vision For Myopia** Battling shortsightedness in Singapore with new treatment approaches

▶ **Oh, Baby Baby** Dr. E K Tan delivers babies and cooks up a storm in the kitchen. This gynae is 10 capable midwives put together.

A man in a dark suit, white shirt, and red striped tie stands in front of a large, intricate bronze relief sculpture. The sculpture depicts a woman holding a child, surrounded by various symbols and patterns. The man is looking directly at the camera with a slight smile.

Oh, Baby, Baby.

Dr. E K Tan delivers babies and cooks up a storm in the kitchen. This gynae is 10 capable midwives put together.

By Cheryl Koh

Most men will find their greatest satisfactions in achieving yet another rung in their career or probably, scoring a free kick on the fields. Dr. E K Tan is different – he belongs to quite a special breed of men. He takes us by surprise when he shares, “I feel the greatest satisfaction when I get to meet the happy parents and their babies, years after delivering them!”

A Consultant at NUH’s Women’s Centre and Programme Director for NUHS Obstetrics & Gynaecology Residency Programme, Dr. E K Tan goes on to share, “It is really nice when parents keep in

Dr. E K Tan: I am one of the delivery suite consultants. I look after mothers in labour, ensuring the safe delivery of their babies. In addition, I am also the obstetrics risk management co-chairperson, managing high risk obstetric cases in the unit, ensuring the highest standards of maternity care at NUH. Because of my fetal maternal medicine background, I have sessions in the Fetal Care Centre where I perform Nuchal Translucency ultrasound scans for Down Syndrome Screening, fetal anomalies scan and amniocentesis for pre-natal diagnosis. I also ensure the maintenance of high standards of training for

medicine, benign gynecology, reproductive endocrinology and gynecology oncology. Because of my interest in babies and deliveries, I have chosen a career path in maternal fetal medicine, looking after both high risk and low risk pregnant mothers, ensuring that the babies stay healthy inside the mothers’ tummies, and the safe arrival of babies.

EHB: Share with us your journey to becoming an Obstetrician.

Dr. Tan: I went to medical school in Manchester in 1992 and graduated with honors in 1997. After graduation, I worked in several senior house officers

“It is really nice when parents keep in touch, and send me gorgeous pictures of their babies.

It is all the more gratifying when these parents return for the care of their subsequent pregnancies.”

touch, and send me gorgeous pictures of their babies. It is all the more gratifying when these parents return for the care of their subsequent pregnancies.” Yet a Gynae’s job not all’s a bed of roses, he continues. “Most scans are normal, although on some occasions, I am required to break bad news to the parents if the scan shows a serious problem.”

As we come to end of the interview, Dr. Tan tells of a touching, meaningful bit, “Most couples are not aware how lucky we are to be born alive and healthy, and how great our mothers are. Witnessing some of the complicated emergencies and difficult childbirths make me realize how lucky I am to be born healthy, how great my parents are, and make me appreciate the sacrifices my parents have made for me and my brother.”

Ezyhealth & Beauty: What does your job as an Obstetrician entail?

Obstetrics & Gynaecology junior doctors. I am into obstetric emergencies drills training for junior and senior doctors and have taught doctors in UK and Australia.

EHB: What inspired you to take up Obstetrics?

Dr. Tan: When I was a medical student and was very fortunate to have inspiring teachers (both doctors and midwives). The obstetric medical student posting was very enjoyable and I enjoyed the deliveries and thrills of bringing cute babies into the world. I also had excellent mentors during my postgraduate training in England and Scotland who inspired me and provided the career guidance and education into the specialty. Obstetrics & Gynaecology is one of those subjects with a good blend of medicine and surgery which I enjoyed. It is also a very broad specialty, encompassing a wide spectrum of subspecialties including maternal fetal

O & G posting throughout UK including Manchester, Liverpool, Bristol and Aberdeen. I also had formal training in Family Planning and Contraception, and became a Diplomate of the Faculty of Family Planning (DFFP, UK) in 2000. I obtained my qualification MRCOG (Membership of the Royal College of Obstetricians and Gynecologist) in 2001, and entered advanced specialist training as a specialist registrar in the West of Scotland (Glasgow) in 2002.

The 6 years in Glasgow was the best moment in my training. I underwent a period of fetal medicine special skills training at Southern General Hospital and Queen Mother’s Hospital in Glasgow, obtaining the joint RCOG / RCR (Royal College of Radiologist) advanced diploma in obstetric ultrasound in 2007, and completing the RCOG Advanced Training Skills Module (ATSM) in Fetal Medicine in 2008. In addition, I also completed

the RCOG Special Skills Module in Gynecological imaging in 2008.

I am also accredited by Fetal Medicine Foundation UK to provide nuchal translucency scans as part of the first trimester Down syndrome screening and had completed 2 cycles of audits and recertification successfully. I have been teaching the MOET course (Management of Obstetrics Emergencies and Trauma) for ALSG (Advanced Life Support Group UK) since 2003, and instruct doctors in both UK and Australia. I also train the trainers for the MOET course, and instruct trainers on the GIC Generic Instructor Course.

While going through the ABCs of CPR resuscitation, it is important to go tilt the mother with a pillow underneath the right hip, as CPR is less effective when the pregnant mother lies flat on her back.

I missed the sumptuous hawkler fare Singapore has to offer, and I finally returned home in 2008, joining NUH as an obstetrician and gynecologist.

EHB: You've taught life-saving skills for obstetric emergencies in Australia and Europe. Do share a few useful tips readers could use.

Dr. Tan: In any emergencies where the pregnant mother is unconscious and the heart has stopped pumping, it is important to know that baby's survival depends on adequate resuscitation of the mother. While going through the ABCs of CPR resuscitation, it is important to go tilt the mother with a pillow underneath the right hip, as CPR is less effective when the pregnant mother lies flat on her back. Lying back causes the enlarged pregnant uterus to compress against the body's blood vessels, making resuscitation more difficult.

EHB: What are the most common

problems patients come to see you with?

Dr. Tan: At the NUH Women's Clinic, I see a mixture of both obstetrics and gynecology cases. I look after mothers with low risk pregnancies favoring normal and natural birth, as well as high risk pregnant mothers with diabetes, previous pregnancies loss, and other medical problems. In addition, for gynecology, I look after women who come for well woman screens, including PAP smear, gynecology ultrasound and mammogram. Other common gynecological problems include menorrhagia (heavy periods), pelvic pain and menopausal symptoms.

I aim to offer my gynecology patients a 1-stop service, by having examination and scans done on the same day by myself, minimising any need for return visits, unless the condition requires.

At the Fetal Care Centre, I perform obstetric scans for pregnant mothers. Most scans are fortunately normal, although on some occasions, I am required to break bad news to the parents if the scan shows a serious problem. Some patients come for amniocentesis usually for advanced maternal age and raised risk of Down Syndrome, and I try my very best to put them at ease while performing the procedure.

In delivery suite, I look after laboring mothers with a team of medical and midwifery staff, ensuring that the mothers stay healthy during labor and deliver healthy babies smoothly.

EHB: As a consultant in the Obstetrics and Gynaecology department, what is your advice

to expectant mothers and their families?

Dr. Tan: In the rat race pursuit of qualifications and paper chase, many couples are leaving childbirth till too late an age, when fertility dwindles and IVF success is lower. Couples should start early when planning for families.

Expectant mothers should see an Obstetrics & Gynaecology specialist early to book their obstetric care. This is to ensure any high risk obstetric factors are identified and possible remedies to reduce the risk are provided. Mothers planning for pregnancies should start taking folic acid as they plan for pregnancy, and continue for the first 12



weeks of pregnancy. Folic acid reduces the risk of having a baby born with a defect of their spinal cord such as spina bifida.

EHB: What do you do in your free time? Any hobbies?

Dr. Tan: I like to unwind at the end of the day by doing 40 laps in an Olympic size swimming pool. I try to do my 40 laps in 45 minutes at least 4 times a week, although job commitments prevent me from doing so sometimes. I swim so that I can enjoy my food – I am also a good cook having had a repertoire of recipes while staying overseas in the UK. I have contributed recipes to British Council Cook Books for students studying overseas in the UK. I also enjoy photography, and trips to places of interest locally and abroad, with both my dad (a cultural medallion award photographer) and brother (an Obstetrics & Gynaecology specialist as well), to capture beautiful scenery and people. **ehb**