

# SING VISION<sup>®</sup>

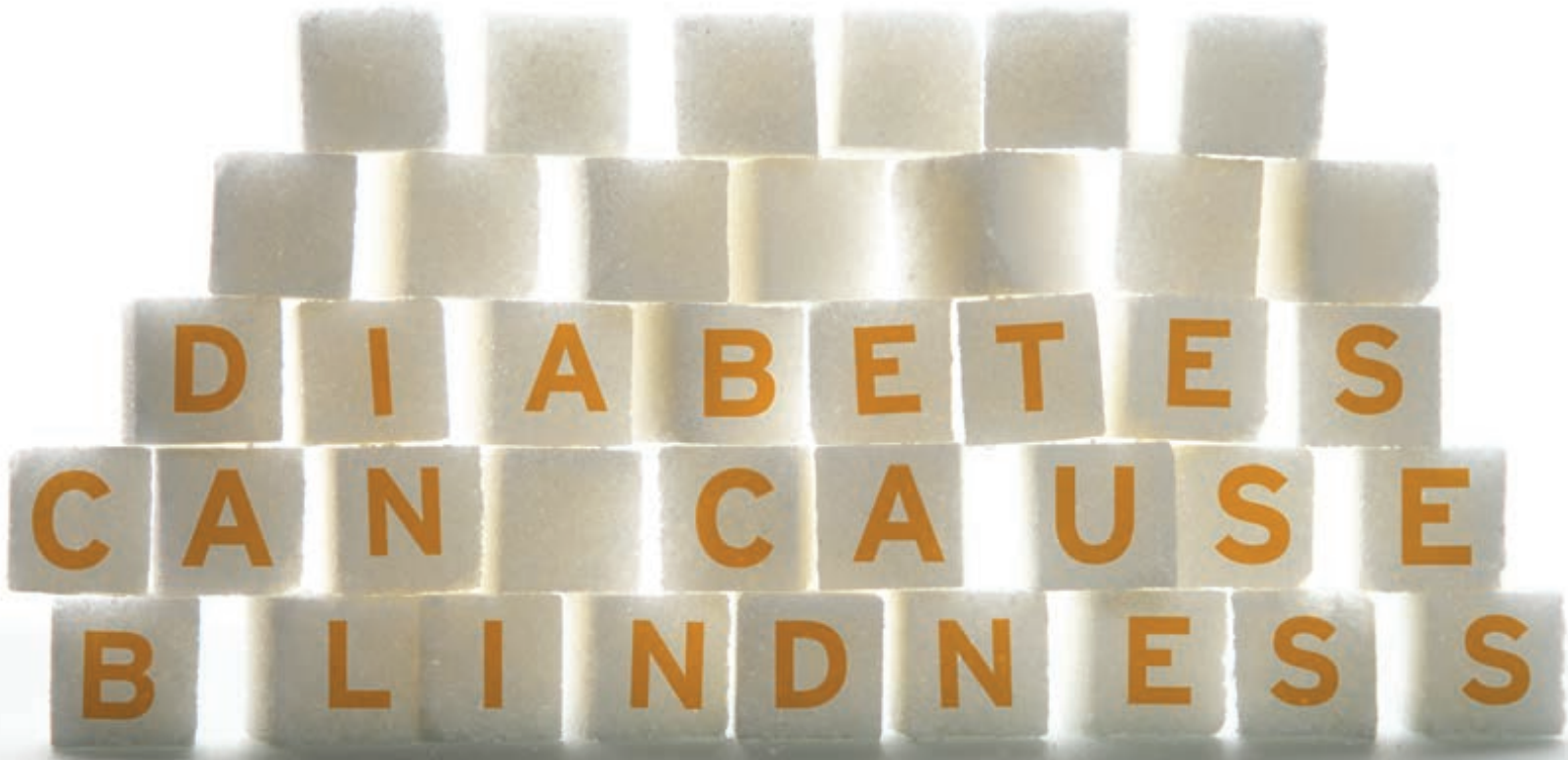
Tomorrow's Eye Care, Today<sup>®</sup> [www.snec.com.sg](http://www.snec.com.sg)

A publication of Singapore National Eye Centre

**SNEC SPOTLIGHT**  
OPTOMETRY  
SERVICE

**ALL ABOUT EYES**  
DON'T TURN  
A BLIND EYE

**HERE'S  
LOOKING AT**  
PAMELA CHAN



**50%** of Diabetics Are Not Aware

**2/16**

# Editor's Note

You are probably aware of the Ministry of Health's war against diabetes, which was declared in 2016 to much media coverage. Minister for Health Gan Kim Yong emphasised the importance of his ministry's effort by revealing to Parliament that the disease drains more than \$1 billion from the national coffers annually.

While complications from diabetes such as heart failure and kidney problems are well known, a large proportion – up to 50% – of the people with diabetes does not realise that diabetes can lead to blindness via an eye condition called diabetic retinopathy (DR). This information was gleaned from an interview with Professor Wong Tien Yin, the medical director of SNEC. Check out this interview in our Cover Story (page 8). Besides how DR develops, the feature also covers a screening programme called the Singapore Integrated Diabetic Retinopathy Programme (SiDRP), which should be reassuring for readers.

We would like to introduce you to the myriad duties and functions of our optometrists (page 4) so that you are familiar with the services you can expect from them at SNEC. Besides them, another person you ought to know is the inspiring Pamela Chan (page 18), who retired in June 2016 after 25 years with SNEC. Her outgoing personality was perfect for her role as a receptionist, but she was not always this way. Find out how being severely vision-impaired affected her.

Last issue, we announced the launch of VisionSave. The campaign has since received a shot in the arm through The EYE Ball, a gala fundraiser held on 19 November 2016. However, more needs to be done, and we look forward to your continued support. If you wish to make a contribution, find out how in the Save Our Sight! call-out in the Spotlight section (page 7).

## The Editorial Team

### PUBLISHER

SINGAPORE NATIONAL EYE CENTRE  
WWW.SNEC.COM.SG

### EDITOR

LEE KAI YIN

### DEPUTY EDITOR

TRICIA TAN

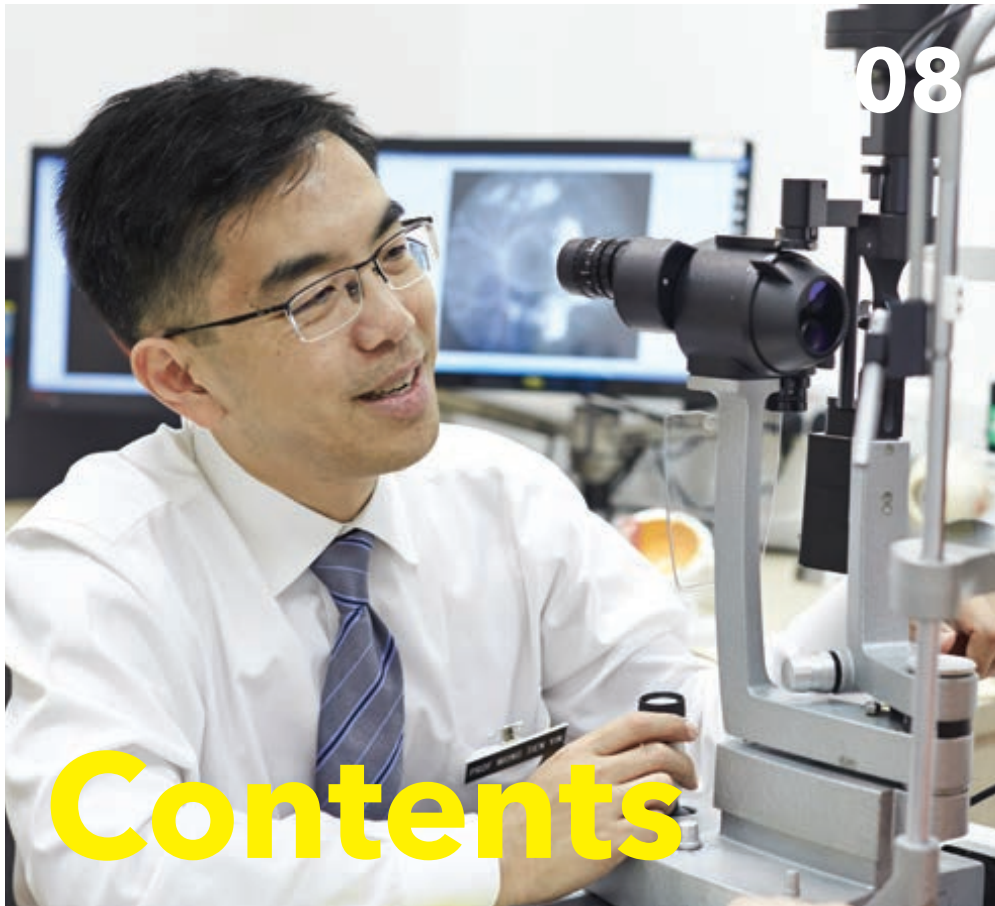
### CONTRIBUTORS

DR DANIEL CHUA  
DR LIVIA TEO  
DR ANDREW TSAI  
PROFESSOR WONG TIEN YIN  
HASLINA BINTE HAMZAH  
SHARMILA KANNAN  
KOTHUBUTHEEN MOHAMED FAROOK  
SLOW KA LIN  
LYNN TAN

### PUBLISHING AGENT

THINKFARM PTE LTD





08

# Contents

**02**  
EDITOR'S NOTE

**04**  
SPOTLIGHT  
• Optometry service  
• A boost for VisionSave

**08**  
COVER STORY  
Diabetic retinopathy:  
Screen, or risk blindness

**14**  
ALL ABOUT EYES  
Don't turn a blind eye

**16**  
Q&A  
What's wrong with my eyes,  
doc?

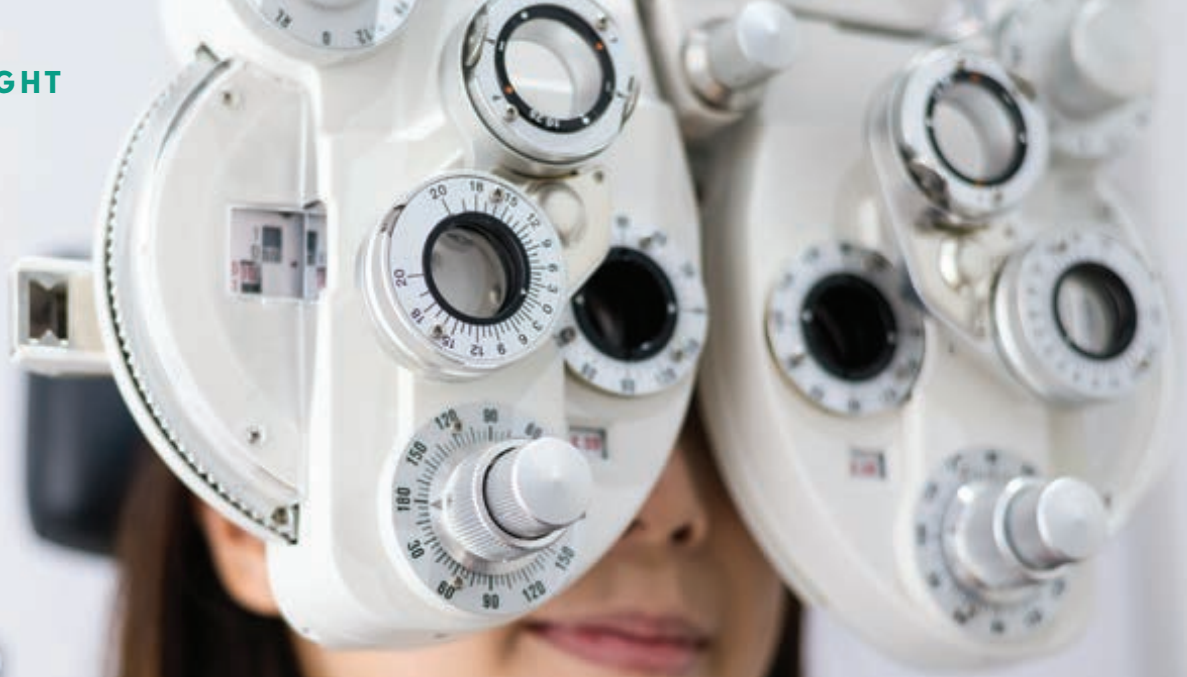
**18**  
HERE'S LOOKING AT  
Pamela Chan

**20**  
ALL YOU NEED TO  
KNOW

**14**



**18**



# OPTOMETRY SERVICE

SNEC optometrists work alongside ophthalmologists and nurses in a range of specialist roles to provide high-quality, integrated eye care. *SingVision* delves into what kind of work goes on here.

“*The optometrist’s role has expanded tremendously in recent years, extending from being “lens fitters” or “clinical technicians” to managing primary eye care needs of patients.*

*Ms Siow Ka Lin,  
Optometrist Lead, SNEC*

**T**he greatest misconception of optometry service is that optometrists are solely prescribing glasses and contact lenses for patients. In reality, their role has expanded tremendously in recent years, extending from just being “lens fitters” or “clinical technicians” to managing primary eye care needs of patients, involving in research and conducting public education to meet the changing needs of the population.

## PRIMARY EYE CARE

As the population ages, age-related eye diseases increase proportionately, with more patients presenting conditions such as cataract, age-related

macular degeneration, diabetic retinopathy, and glaucoma.

## What they do

### SNEC Primary Eyecare Clinic (PEC):

To work alongside eye-trained physicians to co-manage patients with stable to moderate eye conditions in diabetes and glaucoma. Optometrists here are trained in clinical skills like interpreting visual field charts, retinal photos, and optical coherent tomogram images.

## COMPLEX REFRACTION

With the high proportion of myopia in the Singapore population, there has always been a high demand for refraction service.

“  
*With SEER, we can help patients use their remaining vision effectively to lead a decent quality of life.*  
 Ms Lynn Tan,  
 Optometrist, SNEC

**What they do**  
**SNEC Refraction Clinic @ Health Promotion Board** (under the National Myopia Prevention Programme): To screen preschoolers and primary school children for myopia, amblyopia, squint, and any abnormality of the eyes.

**Saturday Optometrist Refraction Clinic:** To provide glasses prescription for children aged 8-12 years who do not require medical consultation.

### LOW VISION CARE

A person with low vision has reduced visual acuity contrast, sensitivity and/or significantly

obstructed field of vision. Such vision cannot be corrected with prescription glasses, contact lenses, or medical intervention.

### What they do

**Low Vision Clinic:** To offer people with different levels of vision impairment the benefits of low vision devices to maximise their remaining vision whenever possible.

### SEnior Eye Rehabilitation (SEER) programme:

To provide free vision rehabilitation service for patients with low vision. Targeted at those aged 50 years and above, SEER aims to help the patient use his remaining vision effectively to lead a decent quality of life. The assessment includes a consultation, and prescription and dispensing of optical devices such as handheld magnifiers, telescopes, assistive technology and sensorial adaptive devices. Visual skills trainings and adaptive therapies may also be provided to maximise function, safety, and independence of the individual.

### RESEARCH ROLE

Research is at the heart of SNEC's efforts to prevent and treat blindness, low vision, and major eye diseases common to Singaporeans and Asians. There are optometrists like Mr Kothubutheen Mohamed Farook, who earnestly supports the research teams at the Singapore Eye Research Institute by running clinical trials, coordinating among patients, investigators, sponsors and regulatory bodies, and authoring research papers.

### HUMANITARIAN WORK

Among the optometrists in SNEC are humanitarians like Ms Lisa Ong, Ms Lim Mun Ching and Mr Kothubutheen Mohamed Farook, all of whom constantly apply their skills and training to provide eye care to the underprivileged. They are passionate in organising local community eye screenings and overseas missions, and participate extensively in other community events by performing eye exams and conducting eye care talks to create awareness.



*SNEC Optometry Service team*

“  
*It pains me to learn of people struggling to get basic eye examinations done. I feel blessed when I serve the underprivileged.*

*Mr Kothubutheen Mohamed Farook, Senior Research*

*Optometrist, SNEC (Winner of Meritorious Service Award 2016)*

# A boost for VisionSave

The EYE Ball 2016 contributed significantly to a cumulative quantum of almost \$3.7 million so far for our VisionSave campaign.

**H**eld at the St Regis Singapore on 19 November 2016, the gala raised about \$500,000 for VisionSave, while the John Jacob Ballroom was jam-packed with more than 390 friends, donors and supporters of Singapore National Eye Centre (SNEC) and Singapore Eye Research Institute (SERI). Besides contributing towards a good cause, guests got to experience an evening's worth of entertaining programme conceived by Singapore music icon Dick Lee, who is also the Ambassador of VisionSave. Besides Lee, other celebrities who actively contributed to the success of the event include Rany Moran, Alemay Fernandez and Nikki Muller, who was the emcee for the evening.

The 2016 edition also saw the launch of the Visionary Award, which recognises the efforts of an individual that has culminated in societal benefits for Singapore and beyond. The very first recipient of this prestigious prize was Professor Tommy Koh, Singapore's ambassador-at-large.

The EYE Ball is an annual fundraising gala jointly organised by SNEC and SERI. The 2016 organising committee was chaired by Adjunct Associate Professor Ho Ching Lin, Director, Strategic Development and Philanthropy, Ophthalmology & Visual Sciences Academic Clinical Programme. "It is quite staggering to know that 50% of the global burden of blindness resides here in Asia, and these numbers would certainly increase with the advent of the silver tsunami," she says, underlining the importance of events such as The EYE Ball.



# VisionSave

Not everyone can afford an intervention to save his or her eyesight. VisionSave hopes to address this gap.

What VisionSave will provide:

- Financial assistance to cash-strapped patients who require medical and surgical procedures to save their sight
- Public education/community outreach
- Medical education
- Research and innovation
- Infrastructure/capacity-building

These steps will go a long way to:

- Salvage sight for those already experiencing vision loss
- Protect the eyesight of people at risk of vision loss
- Raise awareness of avoidable blindness

To fulfil these noble intentions, VisionSave needs \$25 million by 2020. Thus far, \$3.7 million has been raised. Part of that amount can be attributed to our fundraising gala, The EYE Ball, which received overwhelming response from friends, donors and supporters of SNEC/SERI. While we are grateful for the generous contributions, there is still a long way to go. Read on to know how you can play a part in this national drive.




**Save  
Our  
Sight!**

Make a corporate, personal or anonymous donation to the VisionSave campaign at [www.visionsave.sg/donate](http://www.visionsave.sg/donate)

Every contribution regardless of size counts in the fight against blindness.





“  
*We can probably prevent  
diabetic retinopathy  
blindness and eliminate it  
in Singapore,  
but we need a team  
approach... this includes  
general practitioners, eye  
care professionals such  
as optometrists, family  
members, employers,  
and so on.*

*Professor Wong Tien Yin,  
SNEC Medical Director*



# Diabetic Retinopathy: Screen, or Risk Blindness

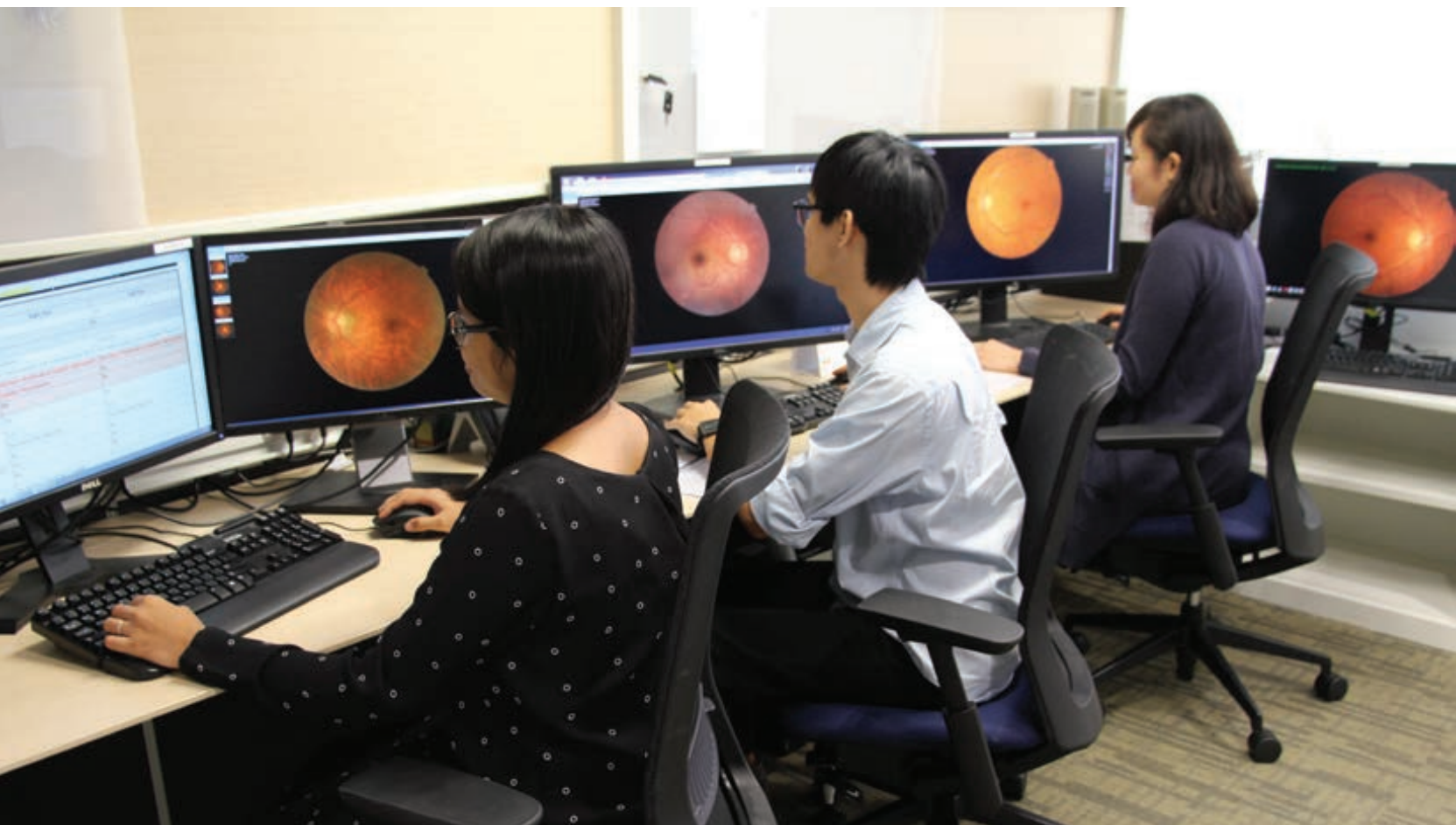
Nearly 500,000 people aged 18 and above in Singapore have diabetes. Diabetes can lead to eye complications such as diabetic retinopathy (DR), a major cause of irreversible blindness.

**S**hockingly, about 50% of persons with diabetes do not know that they are at risk of losing their vision from this condition. According to a study by the Singapore Eye Research Institute published in the *British Journal of Ophthalmology*, one in three persons with diabetes has DR, but five out of six people who have DR are not aware that they have it.

This lack of awareness is partly because DR does not present any symptoms until it is advanced. This gap in knowledge, stresses Professor Wong Tien Yin, Medical Director of SNEC, is multi-dimensional. "Many patients do not know that diabetes leads to vision loss, and many do not know how to get their eyes screened."

And there are other factors. "Managing diabetes is complex for patients. They need to take their medication regularly, they are asked to control their sugar, and now they have been told to check their eyes, kidneys, feet, weight and so on. So while we may feel that eye screening is important, to the patient, there are many aspects of life that they need to manage. Furthermore, a lot of them are working-age people and have to take time off from work, and their poor eyesight may also be affecting their work. So there is a socio-economic dimension to diabetes, and it is not so straightforward in that if you get diabetes, you get your eyes screened, and you solve DR," says Prof Wong.

It begins with creating awareness, and having a robust system to screen for DR.



*Trained readers at the imaging lab analysing eye images for signs of DR.*

### **What is diabetic retinopathy, and how is it connected with diabetes?**

Diabetes is a condition where the body does not produce enough insulin (or some tissues are not responsive to insulin) to convert sugar to energy, leading to a build-up of sugar in the blood. This leads to tissue and organ damage and a number of complications, including DR, the leading cause of new blindness in working adults in developed countries, including Singapore.

DR is a disorder of the blood vessels in the retinas of patients with diabetes mellitus. It first manifests slowly over the years as background retinopathy. This is the early stage, when tiny blood spots or fatty deposits appear on the retina. Most patients are asymptomatic. Left untreated, the condition develops the formation of new and fragile blood vessels known as proliferative retinopathy. In this condition, new blood vessels grow on the surface of the retina and

optic nerve. These immature blood vessels tend to rupture and bleed into the cavity of the eye. Scar tissue can also form from the ruptured blood vessels, and can contract and pull on the retina, causing retinal detachment and vision loss.

In other cases, patients may develop swelling in the central region of the retina, a condition known as diabetic macular edema (DME), which is now responsible for most of the visual loss in diabetics. Furthermore, new vessels can grow on the iris and cause another condition called glaucoma (see *Other Diabetes-related Eye Conditions*, page 13), which itself can lead to blindness.

The risk of DR increases with the duration of diabetes. About 60% of patients who have had diabetes for 15 years or more will have some blood vessel damage in their eyes. Some of these patients are at risk of developing blindness. Other risk factors

include poor diabetes management, high blood pressure, and co-existent vascular diseases such as stroke and heart disease.

In the early stages, DR usually has no symptoms, and when symptoms start to manifest – blurred vision and the appearance of ‘dark clouds’ in the field of vision – it is a sign that the disease has already reached a severe stage.

“Most people who have diabetes tend to be asymptomatic, and are therefore not really interested in knowing about possible complications. Thus, we must reach out directly to those with diabetes,” says Prof Wong. “Family physicians and GPs need to be more involved, and must ask their diabetic patients if they have ever had their eyes checked, and when was the last time they had a check, and so on. Optometrists must also play a role – if the client does not volunteer the information – whether their

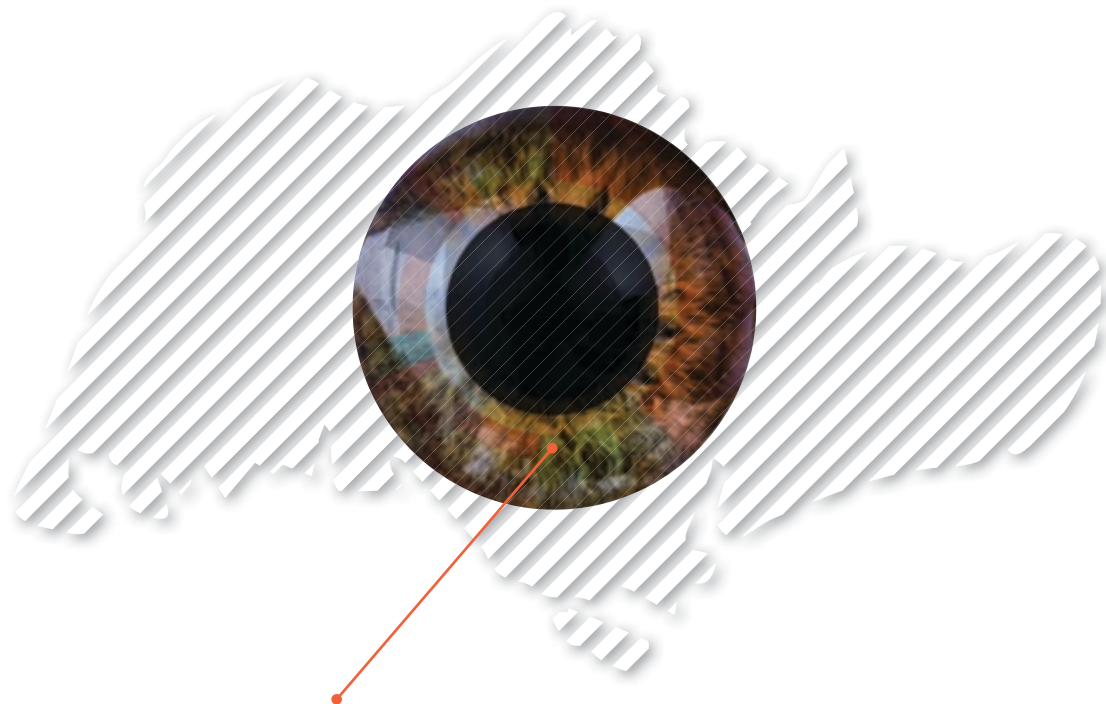
customers are diabetic, whether they have been screened for DR, and then either have the screening test done or refer the patient forward for the appropriate check.”

“In fact,” stresses Prof Wong, “we can probably prevent DR blindness and eliminate it in Singapore, but we need a team approach. And the team includes GPs, eye care professionals such as optometrists, family members, employers, and so on. The team must cover the spectrum of a diabetic’s touchpoints.”

The basic message is: if you have diabetes, you need regular eye screening for DR.

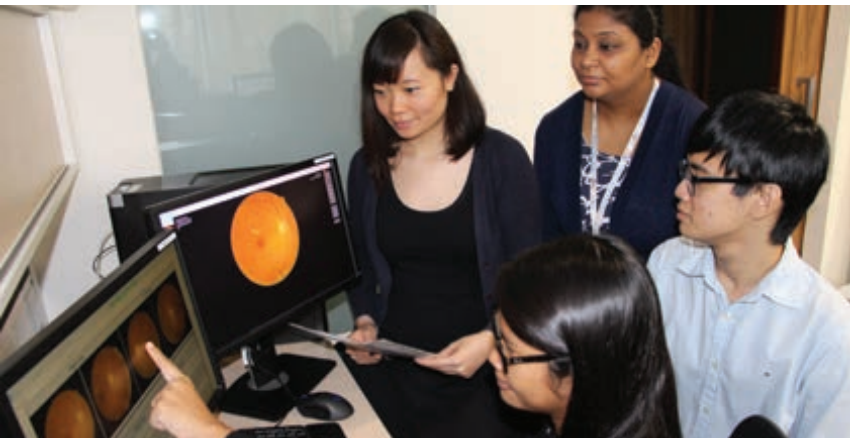
#### **When and how often to screen?**

The minimum frequency of such screening should be at least once a year. The 95% who have type 2 (adult onset) diabetes should start screening from the time they are diagnosed, and do it annually for the rest of



**50% of Diabetics  
Are Unaware of Blindness Risk**

# HOW DIABETIC RETINOPATHY PROGRAMME SCREENING WORKS



The patient visits any polyclinic\* (image-capture site) to be screened

\*polyclinics are under SiDRP

Images are transmitted to the imaging laboratory via a secure, web-based platform. A centralised team of accredited trained readers analyses them

Results are generated within a day (often within the hour) for the patient's clinician to assess. Based on the findings, this medical professional will make the appropriate referrals for tertiary eye care

*SiDRP took about six years to get to where it is now. It is very sophisticated, and we were very careful to not miss out those with severe DR.*

*It has a lot of built-in checks and balances, and we made sure the IT infrastructure was foolproof. It is very robust.*

their lives. For those diagnosed young (type 1 diabetes) including children, screening is recommended within five years of diagnosis. Says Prof Wong, "If every diabetic patient can do this, we can eliminate DR."

### **Help is at hand**

In the past, screening for DR was a long and inconvenient process. It was mainly done at an eye clinic, hospital, or the polyclinic. This could take a few hours because of waiting time. Diagnosis was often delayed because the images could take days to be analysed, and the feedback to patients may only be given at the next appointment weeks or months later.

Thanks to the Singapore Integrated Diabetic Retinopathy Programme (SiDRP), screening is now a more efficient procedure. Rolled out in 2010, SiDRP

has, to date, captured more than 100,000 eye images from diabetic patients at the polyclinics. Each image is taken using a retinal camera operated by trained nurses. The images are sent to centres where they are reviewed by trained readers, who generate a report within a day (often within the hour). The report is sent to the patient's doctor, who will refer the patient to an eye specialist if necessary.

"SiDRP took about six years to get to where it is now. It is very sophisticated, and we were very careful to not miss out those with severe DR. It has a lot of built-in checks and balances, and we made sure the IT infrastructure was foolproof. It is very robust," explains Prof Wong.

#### **How DR is treated**

In advanced DR, laser treatment is used to seal abnormal leaking blood vessels. Small bursts of laser energy can seal leaking vessels and form tiny scars inside the eye. The scars reduce new vessel growth and cause existing ones to shrink and close. Laser treatments are usually carried out in an outpatient setting and are not painful. They do not require special preparation or hospitalisation.

For cases with swelling in the central region of the macula (DME), injections of medicine that use a tiny needle can be performed, also in an outpatient setting without special preparation or hospitalisation. Such injections have been shown to reduce DR blindness and improve vision, but must be done regularly over a course of a few years.

Advanced cases with bleeding and scar tissue formation would occasionally require surgery, such as a procedure called vitrectomy.

#### **Take-home message**

"It's always better to check regularly and to not ignore symptoms. People with loss or changes in vision must seek help. The biggest problem? People are not aware and come in too late."

## OTHER DIABETES-RELATED

# EYE CONDITIONS

Besides DR, diabetes can also cause other eye problems, such as cataracts and glaucoma.

### CATARACTS

This condition occurs when the normally clear lens of the eye becomes opaque or cloudy. It is usually caused by ageing, but diabetics develop it earlier because of a biochemical reaction between a specific enzyme and glucose. For optimal vision, the lens needs to be clear, so having cataracts means experiencing blurred vision or glare. Cataracts can be corrected surgically – the cloudy lens is removed and replaced with an artificial lens – but diabetics tend to have a harder time, with a more challenging recovery and possible spin-off conditions.

### GLAUCOMA

This occurs when there is unusually high pressure inside the eye. This damages the optic nerve, which in turn can lead to loss of vision. Diabetics are three times more likely to develop glaucoma, especially when they are over 40. They are also more likely to contract a rare form of glaucoma in which abnormal blood vessels grow on the iris, blocking the flow of fluid and raising pressure. Treatment options include special eye drops, laser procedures, medication or surgery.

# Don't turn a blind eye

**T**he gift of vision is a precious one, yet we frequently take our sense of sight for granted. Very often, poor habits contribute to poor vision, which is why it only takes a bit of mindfulness and practice to ensure that your eyes serve you well for a long time. Here's a checklist to act as a daily reminder to be nice to your window to the world!

## **Be regular**

Only an eye specialist or trained optometrist can spot problems before things take a serious turn, so schedule and stick to regular eye check-ups – even if you've had a clean bill of health for your peepers previously.





### Sun's up, shades out!

Remember when your mother constantly reminded you to not stare at the sun? She has a point: ultraviolet rays from the sun can cause long-term harm to the eyes as they damage the lenses. So always leave the house with some form of protection, such as a cool pair of sunglasses or a handy umbrella.

### Smoking is bad for you... and your eyes

Add this into the ever-expanding list of downsides to smoking: increased risk of cataracts and other sight-threatening eye diseases, such as macular degeneration. Time to stub out? You bet!

### Good contact lens habits

Contact lenses are a godsend for millions of people worldwide requiring vision correction, but too much of a good thing can be bad. Prolonged wearing of contact lenses and inappropriate methods of cleaning them can increase your risk of developing corneal ulcers, which may lead to corneal scarring or even blindness.

### Healthy life, healthy eyes

Regular exercise and a nutritious diet filled with leafy greens and fruits are the cornerstone of a healthy lifestyle. They also help to prevent macular degeneration, one of the leading causes of permanent vision loss.

### Shield your eyes

When engaging in sports (squash, badminton, etc) and activities (carpentry, etc) that could lead to eye injuries, it is vital that you wear protective goggles. You'll never know when a stray wood chip may land in your eye – ouch!

### Have a break

Take a short break from the computer every 20 minutes or so to prevent eye strain. The rest of your body will thank you as well!



# What's wrong with my eyes, doc?

## Q How do I manage ingrown eyelashes?

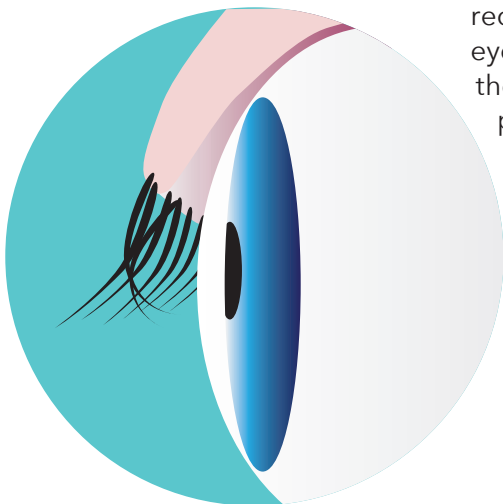
Ingrown eyelashes are an uncomfortable condition in which the eyelash grows inward towards the eye. This causes eye irritation, with a constant, foreign-body sensation. In severe cases, the condition can lead to infection, corneal scarring or even vision loss.

There are several possible causes for ingrown eyelashes, such as inflammation, past eye infections, and abnormal eyelid formation. Removing these problematic eyelashes

is a straightforward procedure that should be performed by eye specialists using a pair of fine forceps – do not attempt to remove them yourself as you risk injuring your eye.

In some cases, the entire eyelid may turn inwards, causing the eyelashes to rub against the eyeball. This condition is called entropion, and is more common in older people as eye muscles and tissues weaken with age. To treat this, surgery may be required to tighten the eyelids in order to return them to their original positions.

If it becomes a recurring problem, electrolysis, which permanently stops the eyelashes from growing, may be an option.

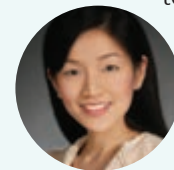


## Q I'm finding it hard to drive at night because I can't read road signs clearly. What could be the problem?

First of all, it's important to get your eyes checked by an optometrist for refractive errors, such as astigmatism, short- and far-sightedness. These conditions can be easily remedied with prescription lenses.

However, if refractive errors are not the cause, two other conditions could be. The first is cataracts, which cause light to scatter, making vision cloudy. Cataracts also make the eyes more sensitive to glare from headlights. The other possible reason making it difficult for you to read road signs at night is something called night blindness, a genetic condition.

We urge you to consult an eye specialist to get to the root of the problem, as it is dangerous to drive with compromised vision.



**Dr Livia Teo**  
Consultant  
Oculoplastic Department, SNEC



**Q** My mum recently had cataract surgery. My friend, who is slightly older than I am (I am 40), is showing early signs of the condition. I understand that the most common cause of cataracts is age. I know I can't stop getting older, but can I delay the onset of cataracts?

A cataract is a clouding of the lens in the eye, affecting vision in that eye. Most cases are related to ageing. Although there are no proven methods to prevent the development of cataracts as one gets older, there are known risk factors, which can be controlled.

Prolonged exposure to ultraviolet (UV) rays found in sunlight has been associated with cataract formation. Therefore, wearing sunglasses when outdoors may help to delay the onset or retard the progression of cataracts. Choose sunglasses with lenses that block close to

100% of both UVA and UVB rays. The lenses should also be large enough to cover your eyes all around, including the sides. The choice and depth of the colour of the lenses do not determine the level of UV protection, so feel free to exercise your personal preference on these two aspects of the sunglasses.

Health conditions such as diabetes can also affect the progression of cataracts, and good glycaemic status control is recommended. Smoking and alcohol use have also been found to affect cataract progression. Hence, lifestyle modifications may reduce the rate of cataract formation.

There are no supplements or pills that have been shown to be effective in preventing cataracts, but a balanced diet rich in fruits and vegetables has shown varying results in delaying the progression of cataracts.



## **Q** I see hundreds and thousands of floaters all at once. Is this serious?

Floaters are often described as dots or spots drifting in your field of vision. They come in different shapes such as dots, lines, cobwebs or rings, and are most noticeable in bright environments or against a pale background.

Degeneration of the vitreous gel results in clumping of protein fibres, which make up the vitreous gel, casting shadows on the retina, thus producing an impression of seeing floaters. Degeneration and shrinkage of the vitreous gel is a normal change that occurs with age, usually occurring between 45 and 75 years, but can happen at any age. The onset of floaters may be accompanied by flashes of light, which are caused by the vitreous gel rubbing or pulling on the retina. They can be a small flash in one spot, or there can be several flashes across a wider area of vision.

A sudden increase in the number of floaters, possibly accompanied by light flashes or peripheral (side) vision loss, could indicate a retinal detachment. This occurs when any part of the retina (the eye's light-sensitive tissue) is lifted from its normal position at the back wall of the eye. Floaters may also be due to bleeding in the eye, either from the shrinkage of the vitreous or from abnormal blood vessels found in persons with diabetes. If untreated, bleeding from abnormal blood vessels can also lead to severe vision loss.



Hence, if you have any recent onset of floaters or flashes, you should see an eye doctor early for a check.

---

**Dr Daniel Chua**  
Associate Consultant  
General Cataract & Comprehensive  
Ophthalmology Department, SNEC

# PAMELA CHAN

**Her vision may have been severely affected, but through perseverance and support from those around her, Pamela Chan found independence and her voice in life. She tells *SingVision* how she went from despondence to hope.**

**BY FIONA CHEN**

**P**amela's memory belies her petite stature – it is huge! Her recollections spare no detail, describing events animatedly as if they happened only yesterday.

There is a slight tremor in her voice each time she describes the numerous gestures of kindness she received throughout her long tenure at the Singapore National Eye Centre (SNEC), and the gratitude she still feels. After 25 years of dedicated service, Pamela bade a fond goodbye to colleagues there in June 2016.



### Losing her sight

Pamela was struck by not one but two eye diseases: glaucoma and retinitis pigmentosa. The first eventually robbed her of sight in her right eye. The second has reduced her vision in the other eye to less than 30%.

"I started experiencing pain in my eyes when I was in my early 30s, but I did not think much of it," she says. "It was only when I found it hard to read that I went to see a doctor, and that was when I received the bad news."

Due to her deteriorating vision, Pamela had to leave her job as an accountant. "I called the Singapore Association of the Visually Handicapped (SAVH) for advice," she recalls. "Through them, I received training in telephone switchboard operations." But a backend role as a switchboard operator at SNEC did not appeal to the outgoing Pamela, who wanted her natural abilities to be put to use. Her determination saw her rising to the frontline as a receptionist, a role she took on for the rest of her SNEC career.

### One day at a time

Coping with poor vision was difficult for Pamela. "I cried frequently when I found out, but I did not want to give up," she says about that dark period. But working at SNEC gave her renewed strength. "In the beginning, I was introverted and was always looking down and avoiding people. Slowly, I gained confidence as I got assigned more responsibilities and learned new things. I even started to chat and joke with my colleagues."

*When I was dancing with my husband, I heard someone say, 'Wow, Pamela can dance!' I was so proud of myself!*

Recalling a memorable incident, Pamela reveals that she attended her first SNEC Dinner & Dance only after five years with the organisation. She even engaged in some fancy footwork with her husband on the dance floor. "When I was dancing with my husband, I heard someone say, 'Wow, Pamela can dance!' I was so proud of myself!"

### Supportive colleagues

Pamela's voice is full of warmth and gratitude when relating anecdotes about her interactions with doctors, nurses and non-medical staff. "I will never forget the kindness from everyone at SNEC, including the late Professor Chew Sek Jin, the first Medical Director of Singapore Eye Research Institute. Even though I wasn't working under him, his thoughtfulness really touched me. I remember how he got me a computer that could display bigger fonts when I was working in the library!"

Pamela also speaks affectionately about her immediate co-workers, whom she describes as helpful and supportive. "Sometimes, I would feel negative about myself and my work, but my colleagues would always compliment my efforts. They really motivated me," she insists. "I'm really grateful to SNEC and to Ms Charity Wai, its Chief

Operating Officer. Without them, I could never imagine myself flourishing in a career for more than two decades."

### Keeping busy upon retiring

Now that she has retired, Pamela spends her time gaining knowledge by attending workshops – she is learning to use the iPad – and listening to the radio.

What advice would she offer people undergoing what she has and continues to go through? "Never give up," she says. "Always look for resources and have experiences that would improve your life. Corporations can play a part too; I hope more companies can offer the visually impaired roles in their organisations."

**Glaucoma is a disease of the eye, in which the eye pressure is high, and causes damage to the optic nerve.**

**Retinitis pigmentosa is a progressive degenerative inherited disease affecting the retina's ability to respond to light. This condition results in gradual vision decline, beginning with decreased night vision and loss of peripheral vision.**

**SNEC manages common eye conditions such as cataracts, age-related macular degeneration, diabetic retinopathy and glaucoma, as well as more complex and rare issues such as retinitis pigmentosa.**

# SNEC provides eye treatment for the full spectrum of eye conditions:

- General Cataract & Comprehensive Ophthalmology
- Cataract Subspecialty
- Corneal & External Eye Disease
- Glaucoma
- Neuro-Ophthalmology
- Ocular Inflammation & Immunology
- Oculoplastic
- Paediatric Ophthalmology & Adult Strabismus
- Refractive Surgery
- Medical Retina
- Surgical Retina



#### Where we are

11 Third Hospital Avenue  
Singapore 168751  
[www.snec.com.sg](http://www.snec.com.sg)



#### Opening Hours

8:30am to 5:30pm  
Mondays to Fridays  
No clinic sessions on  
Saturdays, Sundays and  
Public Holidays



#### Visit us

[www.snec.com.sg](http://www.snec.com.sg)



#### Valet service:

- Valet service is available for SNEC patients at \$3.00. Parking charges of \$0.036 per minute (or \$2.16 per hour) applies on top of the valet parking fee.
- Operating hours:  
7:00am to 5:30pm  
Mondays to Fridays

## SNEC Branches

#### SNEC Alexandra Branch (SNEC Eye Clinic/C Clinic)

378 Alexandra Road  
Block 28 Level 2  
Alexandra Hospital  
Singapore 159964  
Tel: 6379 3500  
Fax: 6379 3519

#### SNEC Balestier Branch

363 Balestier Road  
#02-00 ParkwayHealth Day  
Surgery and Medical Centre  
Singapore 329784  
Tel: 6258 5866  
Fax: 6258 4877

#### SNEC Eye Associates

6A Napier Road #02-39/40  
Gleneagles Hospital  
Annexe Block  
Singapore 258500  
Tel: 6835 1188  
Fax: 6835 1009

#### SNEC Eye Clinic @ CGH

2 Simei Street 3  
Singapore 529889  
Tel: 6850 1450/6850 1470  
Fax: 6784 8718/6544 0087

#### KK Women's & Children's Hospital (Clinic E)

100 Bukit Timah Road  
Singapore 229899  
Tel: 6394 1930/6394 1931  
Fax: 6394 1929

## GP Hotline

Hotline: 6322 9399

A dedicated line for GPs attending to patients with eye conditions.

## Consultation by appointment:

Tel: **6227 7266**

Email: [appointments@snec.com.sg](mailto:appointments@snec.com.sg)