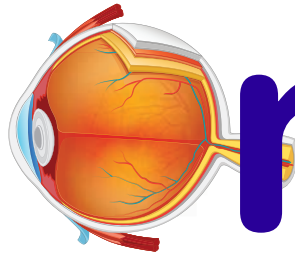


SingVision™

ISSUE 1 : 2013

A PUBLICATION OF SINGAPORE NATIONAL EYE CENTRE



SPECIAL APACRS ISSUE

The Ageing Eye

Common Age-related Eye Diseases and Conditions

What's Your EyeQ?

Strabismus in Children

New Senior Leadership Appointments at SNEC

MyEyeDrops Medication Reminder App



Free download!

An award-winning image of an iris from the Ophthalmic Imaging Department of the Singapore National Eye Centre



26TH APACRS
ANNUAL MEETING
SINGAPORE 2013

Pearls from the Orient

11 - 14 JULY 2013 | SUNTEC SINGAPORE CONVENTION CENTRE



SNEC Welcomes Faculty and Delegates of the 26th APACRS Annual Meeting



Dear Delegates and Friends,

The 26th APACRS meeting marks the return of this important conference to Singapore, where the 1st APACRS meeting was held in 1987.

SNEC is delighted to be the permanent secretariat of the APACRS and to support its wide range of activities in developing a forum for exchange of knowledge, skills, education, training and research in cataract and refractive surgery in the Asia Pacific.

I am also pleased to bring together the Asia Cornea Society and the Cornea Society to collaborate with APACRS and to present for the first time the Cornea Day in the APACRS programme in Singapore.

We welcome you to visit SNEC and look forward to interacting and establishing closer rapport with you, engaging in dialogue and fostering collaborations in pursuit of excellence in clinical care, education and research.

We hope that you will enjoy the meeting and gain new knowledge and insights while at the same time making new friends and experiencing the many delights of Singapore.

Professor Donald Tan
Medical Director, Singapore National Eye Centre
Chairman, Singapore Eye Research Institute
Executive Chairman, National Medical Research Council
President, Asia Cornea Society
President, Cornea Society

New SNEC Senior Leadership Appointments

To further enhance the breadth and depth of Singapore National Eye Centre's (SNEC) leadership and to advance the overall development of Ophthalmology in SNEC into a new chapter of growth, five new leadership appointments have been established with effect from 1 March 2013.



Professor Wong Tien Yin
Deputy Medical Director (Research), SNEC

Professor Wong Tien Yin has been appointed as Deputy Medical Director (Research), SNEC. This will be concurrent to his portfolios of Group Director, Research, SingHealth, and Director, Singapore Eye Research Institute. Professor Wong will support the Medical Director, SNEC in the formulation and implementation of strategies and policies to pursue and strengthen research initiatives to advance the research agenda of the Centre.

Dr Ian Yeo has been appointed as Deputy Medical Director (Education), SNEC. In this role, he will support the Medical Director in the development of a wide range of educational activities in the SNEC, facilitate academic collegiality both within SNEC and across SingHealth institutions, and deepen education collaboration and engagement amongst the SingHealth medical fraternity. This new appointment will be concurrent to his portfolios of Director, Medical Informatics at SNEC, and Programme Director of the Ophthalmology Residency at SingHealth.

Dr Ian Yeo
Deputy Medical Director (Education), SNEC



Dr Edmund Wong
Deputy Medical Director (Clinical Services), SNEC

Dr Edmund Wong, currently Head, Clinical Quality, SNEC, and member, SingHealth Clinical Governance & Quality Management (CGQM) has been appointed as Deputy Medical Director (Clinical Services), SNEC. Dr Wong will focus on SNEC's drive for clinical excellence and will support the Medical Director in the efficient and effective delivery of patient care services as well as in the planning and organisation of new clinical service developments.

Dr Doric Wong, currently Head, Vitreo-retina Service, and Chairman, Health Performance Office for Public Healthcare Institutions Committee, SNEC has been appointed as Vice Chairman, Strategic Planning Committee. Dr Wong will support the Medical Director to chart the strategic directions of SNEC and in the formulation and implementation of key clinical and management initiatives.

Dr Doric Wong
Vice Chairman, Strategic Planning Committee, SNEC



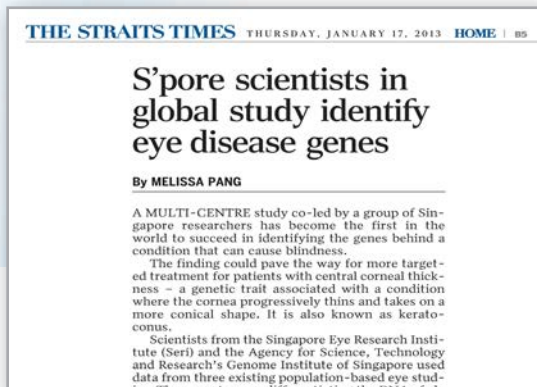
Associate Professor Chee Soon Phaik
Vice Chair, Clinical & Faculty Management of
Ophthalmology Academic Clinical Program (ACP)

Associate Professor Chee Soon Phaik, currently the Head of Cataract Service and Uveitis Service has been appointed as Vice Chair, Clinical & Faculty Management of the Ophthalmology Academic Clinical Program (ACP). Associate Professor Chee will support the Academic Chair in the championing of the academic agenda to advance clinical service and quality through medical education and research.



FIRST IN THE WORLD

Singapore scientists first to discover genes responsible for cornea blindness



Scientists at Singapore Eye Research Institute (SERI) and A*STAR's Genome Institute of Singapore have succeeded in identifying genes for central corneal thickness that may cause potentially blinding eye conditions. These eye conditions include glaucoma, as well as the progressive thinning of the cornea, which may eventually lead to a need for corneal transplantation.

The authors, including Professor Wong Tien Yin, Professor Aung Tin and Associate Professor Eranga Vithana from SERI, jointly led a multi-centre study involving 55 hospitals and research centres around the world. They performed a meta-analysis on more than 20,000 individuals in European and Asian populations. Their findings were published in the prestigious science journal, Nature Genetics in January 2013.

Central corneal thickness (CCT) is associated with potentially blinding eye conditions such as keratoconus, a condition where the cornea progressively thins and takes on a more conical shape that may eventually require transplantation. CCT has an estimated heritability of up to 95% and may determine the severity of one's glaucoma, helping eye doctors in identifying patients with high risk for progression. In the case of keratoconus, it is in fact one of the leading causes of corneal transplantation worldwide.

These observations interestingly suggest that most of the CCT-associated loci identified from populations of European descent are shared with Asian populations. These findings show that Singapore is well placed globally in eye and genetics research in finding causes for sight threatening conditions. In future, eye doctors can better manage such patients through genetic analysis, preventing regression of their conditions.

The Singapore team has had remarkable success identifying the most CCT-associated loci to date prior to this collaborative world-wide effort, by identifying six distinct genetic loci in two papers published in 2011 and 2012 via sample collections involving Singaporean Chinese, Indians, and Malays, as well as Beijing Chinese. However, none was found to be associated with common eye diseases like this study has now shown. Overall this new study identified a total of 27 associated loci, including six for the keratoconus.

World Health Ministerial Visit to SNEC



The World Health Summit Regional Meeting, held from 8 to 10 April 2013 at The Ritz-Carlton, Millenia Singapore, attracted about 900 health care policy makers, experts, and practitioners from 46 countries to discuss the issues and challenges in public health facing Asia.

On the sidelines of the meeting, four health ministerial delegates from Malaysia, Myanmar, the United Arab Emirates (UAE) and Oman visited the Singapore National Eye Centre (SNEC) on 8 April 2013. They were Datuk Dr Noor Hisham Abdullah, Director General of Health, Malaysia; Dr Pe Thet Khin, Union Minister for Health, Myanmar; H.E. Abdulla Ali Al Mahyan, Chairman, Sharjah Health Authority, UAE; and H.E. Dr Ali Talib Al Hinai, Under Secretary for Planning Affairs, MOH, Oman.



The delegation was welcomed and hosted by SNEC's Deputy Medical Directors, Dr Ian Yeo and Dr Edmund Wong together with Professor Ang Chong Lye, CEO of Singapore General Hospital. The visit included a tour of our ultra-modern facilities and operating theatres, presentations on our patient workflows, quality assurance programme as well as a 'live' cataract surgery performed by Associate Professor Chee Soon Phaik, Head of Cataract Service and Uveitis Service and Vice-Chair, Clinical & Faculty Management of Ophthalmology Academic Clinical Program.



New SNEC Mobile App For Glaucoma Patients

Glaucoma patients who forget to apply their eye drops now have a mobile app to help remind them.

Called *MyEyeDrops*, it allows users to select their medications from a list with accompanying photographs for easy identification. They can then set reminder alerts to apply the correct drops to the correct eye, at the right time.

Because glaucoma – a disease that causes damage to the optic nerve – is a chronic condition, patients stay on medication for life. But they often forget to apply the eye drops.

With this app, patients and/or their caregivers are now able to better comply with the application of often multiple eye drops at different intervals throughout the day. There are additional functions for appointment reminder and medication top-up.

MyEyeDrops launched by the Singapore National Eye Centre (SNEC), is believed to be Singapore's and the world's first free glaucoma eye care app.

At SNEC, we continuously explore new and innovative ways and the use of technology to help manage our patients' eye conditions better. The introduction of this app is our commitment to enhance patient care and provide better value-for-money to our patients in terms of aftercare service as the apps extend patient care beyond the clinic walls and empower patients to better manage their disease, especially in between their clinic visits.



MyEyeDrops

FREE!

App specially designed for Glaucoma patients and caregivers



(Available for iPhone and iPad)

Download NOW!

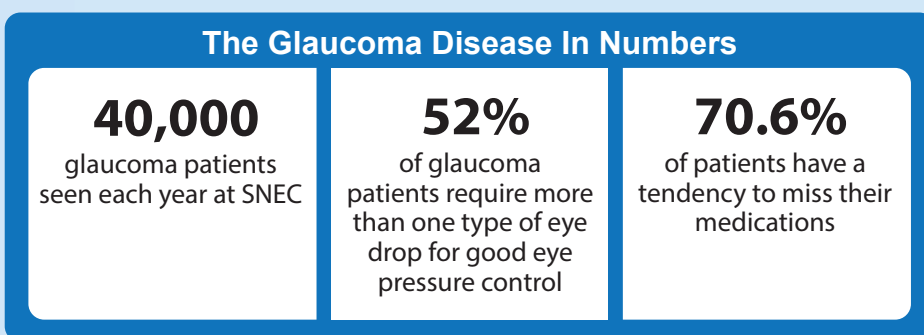


**3,000
downloads
and still
counting...**



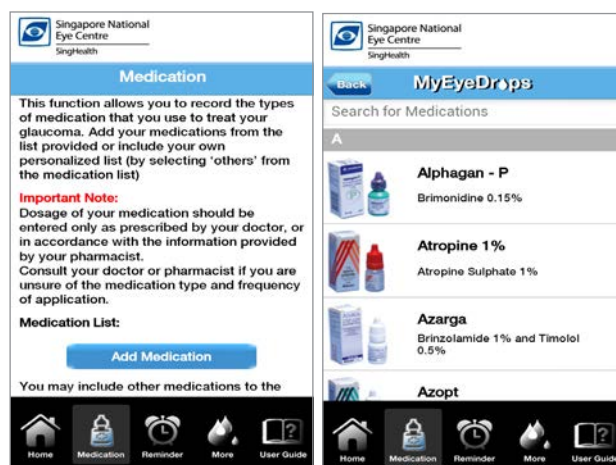
MyEyeDrops Unique Features:

- Reminds patients to put the eye drops or take their medication at the right time
- Indicates the correct eye drops for the correct eye
- Shows patients the correct way of putting eye drops through a video
- Allows patients to listen to instructions through an audio function
- Allows multiple users and caregivers to be alerted of the reminders
- Allows users to customise various functions and settings



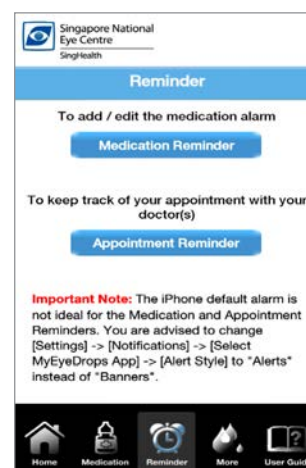
Add Medication

- Tap on the 'Medication' icon in the home page
- Scroll down the screen and tap 'Add Medication'
- Choose the medication prescribed to you by your eye doctor
(For other medications, scroll down the screen and select 'Other Medications')
- Select the prescription balance with SNEC (if any), which eye is the medication for and the frequency
- Tap 'Save' to save the information



Medication / Appointment Reminder

- Tap on 'Medication Reminder' to add/edit the medication alarm or 'Appointment Reminder' to keep track of your appointment with your doctor(s)
- 'Medication Reminder' will list the medications that you need to instill or consume each day
- To add an appointment under 'Appointment Reminder', tap 'Add Appointment'. Select which profile it is for and set the date, time and location
- Tap 'Save' to save the information



SNEC Building: Major Makeover Completed

Major upgrading works were carried out at the Singapore National Eye Centre (SNEC) since July 2012. The extensive renovation has given a refreshed look to the SNEC building facade and main entrance.



Main Entrance Expansion. Refreshed Building Facade.

The main entrance of the SNEC building has been extended and transformed. Designed with patients and their caregivers' interest in mind, the increased capacity for more vehicles to drop off and pick up passengers will improve accessibility to the SNEC. The extended car porch offers patients an easy and convenient access to our facilities, and also allows for higher traffic volume and smoother traffic flow around SNEC.

The SNEC building facade has been updated with a new cladding with design patterns using the shape of the eye, injecting a new life and a fresh look to the 20-year-old building. What's more, the iconic design is now visible to thousands of patients and visitors each day.



New Lobby

Expect to be enamoured by our lobby's new ambience and atmosphere when you walk through the doors of SNEC.

Brightly designed with modern and age-friendly features in lightings, colours and signage, the newly-renovated lobby creates an accessible and comfortable environment for our patients.

The new design concept features a clearly visible Information Counter where patients and visitors can seek assistance, have easy access to wheelchairs and information, and also a specially installed LED panel to keep patients and visitors updated on the happenings at SNEC.

A KEEN EYE FOR CHARITY



Throughout the world, there are many charities dedicated to helping people with sight-loss and eye health problems. At the Singapore National Eye Centre (SNEC), we share the same passion and commitment. We support community eye screenings and undertake regular outreach programmes, in Singapore and overseas.



In January 2013, as part of SingHealth's delegation to Myanmar, we extended our outreach programme by providing charity eye screening to the villagers of Kayin Chaung and its neighboring villages. As part of the trip, the SNEC team comprising Dr Anshu Arundhati (Consultant, Cornea Service) and Dr David Goh (Consultant, Glaucoma Service) also visited No.1 Defence Services General Hospital's Eye Department and Yangon Eye Hospital to impart knowledge and share experiences with the junior ophthalmologists.



The unmet need for eye services in Kayin Chaung village presented more than 200 people with varied eye diseases during the 3-hour screening by Dr David Goh. Some villagers were referred to Yangon Eye Hospital for further treatment and management, while others were prescribed with eye medications.

This charitable effort was just another step towards SNEC's goal of extending good eye care services to the poor and elderly!



- 1 & 3 Eye screening conducted by Dr David Goh for patients with varied eye diseases
- 2 More than 200 people waited patiently for their eye checks
- 4 SingHealth delegation at Kayin Chaung Hospital

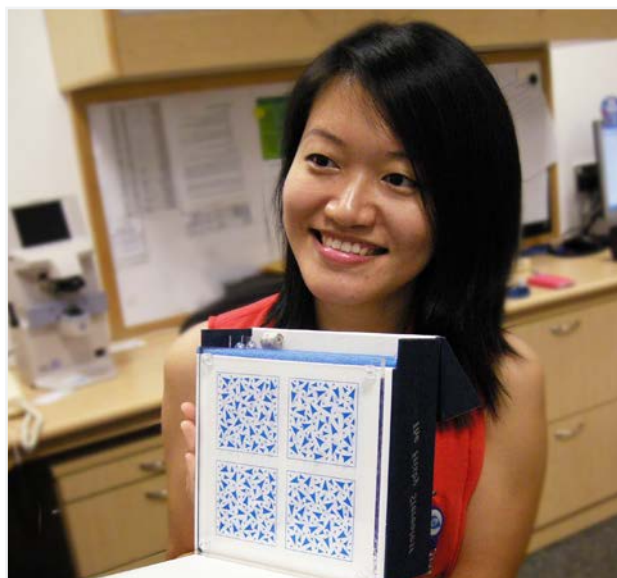
SEEING IS BELIEVING

Our eyes may be small compared to the other body organs, but their structure is incredibly complex and their function, priceless. In the same way, orthoptists play a valuable role in the healthcare industry. Meet Karen Zhang, a 29-year-old Orthoptist at the Singapore National Eye Centre (SNEC) to find out more about her work and what keeps the light in her eyes shining.

Karen was initially unaware of what Orthoptics meant. When she first heard of the term, she did research and found out that it was all about visual dysfunctions and eye abnormalities such as amblyopia (lazy eye), strabismus (squints), and diplopia (double vision). Given her inherent interest in science and the healthcare profession, she thought that was a field she could see herself excel in the long run.

“When I took up the SNEC Orthoptics Scholarship, I was sent on a 2-day attachment with SNEC to gain some exposure. It was this attachment that sealed the deal – I had the opportunity to observe the Chief Orthoptist, Mr Linley Seenyen, and felt inspired by the way he interacted with and managed his child patients. They would come in to the clinic crying and screaming, but leave afterwards somehow in the best of spirits,” said Karen.

The majority of her patients are young children, so working with them definitely requires some degree of patience and child behaviour management skills. Though challenging, she said she always has fun as every clinic session feels like a play session!



Karen holding a Frisby (Near) Stereotest to check patient's stereoscopic depth perception

Children are often scared and could be in tears by the time they enter the paediatric clinic, so Karen's immediate task would be to calm them down, show them different toys and cartoon videos to alleviate their apprehensions, and slowly gain their trust. Once they have settled down sufficiently, she would coax them into following simple instructions and proceed with the eye examination.

An orthoptist's work involves carrying out a number of clinical tests to assess the patient's binocular visual functions and the eye problem, after which she would work with the ophthalmologists to formulate a suitable treatment plan.

For instance, if a child patient is diagnosed with a lazy eye, she would recommend patching and counsel the parents accordingly. Similarly, if a patient complains of a squint, she would determine whether it is a genuine squint, measure the squint angle with specialised equipment, and thereafter refer the patient to the squint specialist for surgery or recommend the use of less invasive orthoptic treatment such as eye exercises.

“We also make use of optical aids such as prisms to deviate light in the correct orientation such that it helps a patient with binocular vision fuse the image together,” Karen added.

“SNEC did a great job preparing scholars to meet the rigours of a career in healthcare. Every scholar is sent on an attachment to his department of choice to better understand the actual job scope he is committing to. Thereafter, attachment programmes are organised on an annual basis for scholars to return during their vacation breaks and translate their newly-learnt knowledge into practice.”

WHAT'S YOUR EYEQ?

Do you have a boggling eye condition? Or some burning questions related to your eye health?

Email feedback@sneq.com.sg with your full name, using 'What's Your EyeQ?' as the subject header, and we will get your questions answered.

Q Over the last eight months I noticed my six-year-old child's left eye would not always look in the same direction as his right eye would focus. Is there something wrong with this?

Your child may have what is known as strabismus or squint eye.

Squint or strabismus is a condition where the two eyes are misaligned; that is, one eye looks straight and the other eye appears to look away. This condition can happen at any age. The squinting eye can turn inwards (convergent), or outwards (divergent), or one eye can be higher than the other.

When a child has a constant squint, he or she may develop amblyopia (lazy eye). The condition may also limit binocular vision or stereovision (3-dimensional vision).

Examples of Squint Eyes



Strabismus can be due to a disorder of the brain's co-ordination of the eyes, a disorder of one or more of the muscles controlling the eye, or a disorder within the bony-orbit around the eye. It can also occur if vision in one eye is poor (for example, due to lazy eye, cataract or other abnormalities within the eye). For this reason, it is important that you bring your child for an eye examination if he or she has a squint.

Treatment

If there is existing amblyopia (lazy eye), then this condition must be treated first. This can be achieved by patching the good eye, so that the child is required to use the 'lazy' eye. When vision is normalised, the child will use each eye equally and the squint will alternate between the eyes.

For a young child with a constant squint, the condition can be corrected with surgery to realign the eyes and allow binocular and 3-dimensional vision to develop. For a child with intermittent squint, surgery is not as urgent as he or she is capable of binocular vision some of the time.

Some squints can be caused by uncorrected long-sightedness (hyperopia) or short-sightedness (myopia). Glasses can sometimes reduce or completely eliminate the squint and the need for surgery. It is important to seek early treatment for good outcomes.

“ *In most cases of strabismus in children, the cause is unknown. In more than half of these cases, the problem is present at birth or develops shortly after birth. Strabismus cannot be prevented, but it can be corrected with early intervention.* ”



Dr Quah Boon Long

Head and Senior Consultant
Paediatric Ophthalmology & Adult
Strabismus Service

THE AGEING EYE

Common Age-related Eye Diseases and Conditions

Of your five senses - sight, hearing, touch, taste and smell - which one would you be most afraid of losing? If you are like most people, the answer is probably your ability to see. Despite this, many people often neglect to visit an ophthalmologist for routine eye checks as they get older. In this feature, we focus on four common disorders that pose the greatest threats to vision after age 40: cataract, age-related macular degeneration, glaucoma and diabetic retinopathy. These conditions affect different parts of the eye. If they are not detected early and treated, they can lead to vision loss and even blindness.

CATARACT

Over 80% of people aged 60 and above have some form of cataracts.

It is a condition in which the clear lens of the eye becomes cloudy with age, preventing sufficient light rays from entering the eyes and impairing vision. As a result, vision becomes blurred.

The rate of progression for cataracts is variable. Some factors that may speed up the progression of cataracts include prolonged UV light exposure, long-term use of certain medications and medical conditions such as diabetes.

Cataracts cannot be cured with medications.

In the earlier stages of your condition, you can adopt lifestyle adjustments such as changing your spectacle power, using a magnifying glass to read or improving the lighting in your home to improve your vision.

Surgery is required when the condition starts to interfere with your daily activities. Cataract surgery is a painless, safe and effective procedure. During the surgery, the clouded lens is removed and replaced with a clear lens implant. It is performed as a day surgery without general anaesthesia but with topical anaesthesia.

Once a cataract has been diagnosed, regular review is important to assess its progression and to find out if surgery is needed.

AGE-RELATED MACULAR DEGENERATION (AMD)

It is a chronic irreversible medical condition that afflicts the central portion of your field of vision due to the damage to the retina (back of the eye). In Singapore, AMD affects about 7% of the population aged 40 years and above.

AMD is one of the leading causes of blindness in those over 50 years old. Smokers have a two to four times higher risk of developing AMD compared to non-smokers.

The condition can make it difficult to read or recognise faces, although enough peripheral vision remains to allow you to continue with most of your daily activities. However, activities like driving and reading will be affected.

AMD comes in two forms: dry and wet. 90% of AMD patients suffer from the dry form. Dry AMD results in slow progressive loss of central vision. The wet form commonly results in advance visual loss within a short period of time, due to bleeding and swelling within and under the central retina.

There is no treatment for dry AMD although magnifiers can help with reading. For people with wet AMD, treatment options such as laser surgery, photodynamic therapy and anti VEGF medications are available to help slow or stop the progression of the disease. The damage is, however, irreversible.

GLAUCOMA

Glaucoma accounts for 40% of blindness in Singapore.

Known as the 'silent thief of sight', glaucoma is often asymptomatic (i.e. vision is still preserved) in the early and moderate stages. Visual loss occurs only when the disease condition is advanced.

Glaucoma is usually caused by raised fluid pressure in the eyeball. This raised eye pressure is due to an imbalance between the production and drainage of fluid within the eyeball. Over time, this raised eye pressure damages the optic nerve and visual loss ensues.

There are two main types of glaucoma - primary open angle and closed angle glaucoma. They are both characterised by an increased eye pressure as well as the presence of optic nerve damage and visual field loss. Acute angle closure glaucoma is a subtype of primary closure angle glaucoma. It is an ocular emergency and needs medical attention immediately.

Glaucoma cannot be cured, but it can be successfully controlled in most cases. Treatment depends on the type and severity of glaucoma. Your eye specialist can help control glaucoma by prescribing eye drops in a bid to lower the eye pressure. Laser treatment is also another alternative for certain types of glaucoma and it is aimed at increasing fluid drainage out of the eye or opening up the drainage angle in the eye with angle closure glaucoma. Surgery is only considered when eye drops and/or laser treatment fail to control the eye pressure.

DIABETIC RETINOPATHY

Diabetic retinopathy is one of the most common complications seen in people with diabetes. After 20 years of diabetes, most diabetics will develop this complication of some degree.

The high sugar levels result in damage to the blood vessels in the retina.

There are usually no symptoms in the early stages of diabetic retinopathy. The vision may not change until the disease becomes severe. An eye examination is often the only way to diagnose changes in the vessels of your eyes, and screening is recommended for everyone suffering from diabetes.

If you have early-stage retinopathy, controlling your blood sugar level, blood pressure and cholesterol can prevent the disease from getting worse. If the retinopathy becomes severe, laser treatment may be required. For the more advanced cases where there is bleeding into the eye, scar tissue formation and retinal detachment, other surgical procedures such as vitrectomy may be necessary. Surgery is the last resort to save the eye. Injections of medication into the eye to control swelling or new vessel growth are given in selected cases.



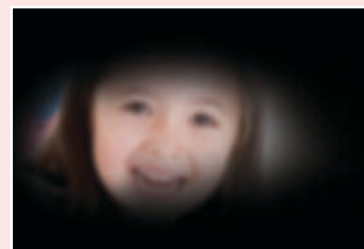
Normal Vision



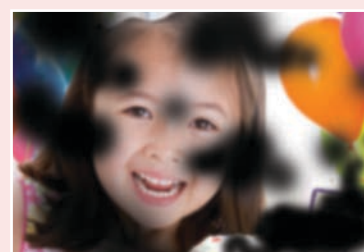
Vision affected by cataract



Vision impaired by AMD



Vision impaired by glaucoma



Vision impaired by diabetic retinopathy

GET AN EYE EXAMINATION

Early detection and treatment can help save your sight. So even if you are not experiencing vision problems, you should get an annual eye examination. This is one of the best things you can do to protect your sight. Call (65) 6227 7266 or email to appointments@sne.com.sg to make your appointment.

CONGRATULATIONS!

PROMOTIONS



Dr Gemmy Cheung
Senior Consultant
Vitreoretinal Service
With effect from 1 May 2013



Dr Jean Chai
Consultant
Cornea Service
With effect from 1 May 2013



Dr Marcus Ang
Associate Consultant
Cornea Service
With effect from 13 June 2013



Dr Shamira Perera
Senior Consultant
Glaucoma Service
With effect from 1 May 2013



Dr Laurence Lim
Consultant
Vitreoretinal Service
With effect from 1 May 2013



Dr Yong Kailing
Registrar
With effect from 1 July 2013

ALCON RESEARCH INSTITUTE 2013 AWARD



Professor Aung Tin
Deputy Executive Director, Singapore Eye Research Institute
Head (Research, Education and Development) and Senior Consultant
Glaucoma Service, Singapore National Eye Centre

SINGHEALTH AND GCEO EXCELLENCE AWARDS



Outstanding Educator Award

Dr Ian Yeo
Deputy Medical Director (Education)
Senior Consultant, Vitreoretina Service



Outstanding Clinician Researcher Award (Special Mention)

Dr Gemmy Cheung
Senior Consultant
Vitreoretina Service



Outstanding Nurse Award (Special Mention)

Ms Aw Ai Tee
Senior Nurse Clinician
Nursing Day Ward



Outstanding Allied Health Professional Award (Special Mention)

Ms Chen Li Yu
Principal Ophthalmic Investigation Specialist
Electrophysiology (ERG)



Outstanding Ancillary Staff Award (Special Mention)

Ms Daisy Bernadette Joseph
Senior Appointments Assistant
Appointments

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FOR PUBLIC

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- **LASIK and ReLEx® smile**
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WHEN

Wednesday, 24 July 2013

TIME

6.30pm - 8pm

WHERE

Auditorium, Level 4, Tower Block, SNEC

To register:

Call: 6322 8822 (office hours)

Email: events@snec.com.sg

FOR OPHTHALMOLOGISTS / OPHTHALMOLOGY TRAINEES

Check out www.snecmeetings.org for more details

- **26th APACRS Annual Meeting**
– Pearls from the Orient

WHEN

Thursday – Sunday, 11 - 14 July 2013

WHERE

SUNTEC Singapore International Convention and Exhibition Centre

- **An Intercontinental Perspective of Pediatric Ophthalmology & Strabismus**

WHEN

Sunday - Tuesday, 14 - 16 July 2013

WHERE

SUNTEC Singapore International Convention and Exhibition Centre



APPOINTMENT BOOKING

TEL: (65) 6227 7266

FAX: (65) 6227 7290

Email: appointments@snec.com.sg

Website: www.snec.com.sg

GP HOTLINE

TEL: (65) 6322 9399

SNEC LASER VISION CENTRE

TEL: (65) 6322 8891

FAX: (65) 6226 3403

Email: laservisioncentre@snec.com.sg
Website: www.sneclaservisioncentre.com.sg

OPENING HOURS

Mondays to Fridays

8.30am to 5.30pm

Saturdays, Sundays & Public Holidays

No clinic sessions

**CONSULTATION IS
BY APPOINTMENT ONLY**

Disclaimer:

The features and stories in SingVision are provided for informational and educational purposes only. The answers you receive from SNEC specialists are not intended to be a substitute for individual medical advice in diagnosing or treating an eye problem. Please consult with your doctor about your specific eye condition and/or concerns.

Directory of Specialists

CATARACT SERVICE

Head & Senior Consultant
Assoc Prof Chee Soon Phaik

Senior Consultant
Dr Ti Seng Ei

GENERAL CATARACT & COMPREHENSIVE OPHTHALMOLOGY SERVICE

Head & Senior Consultant
Dr Peter Tseng

Senior Consultants

Clin Prof Ang Chong Lye
Prof Aung Tin
Dr Cordelia Chan
Dr Chan Tat Keong
Dr Gemmy Cheung
Dr Audrey Chia
Dr Choo Chai Teck
Dr Sonal Farzavandi
Dr Ho Ching Lin
Dr Aliza Jap (SNEC – CGH Eye Service)
Adj Assoc Prof Lee Shu Yen
Dr Lim Li
Dr Yvonne Ling
Dr Audrey Looi
Dr Ranjana Mathur
Adj Assoc Prof Jodhbir Mehta
Dr Shamira Perera
Dr Quah Boon Long
Adj Assoc Prof Seah Lay Leng
Prof Donald Tan
Adj Assoc Prof Louis Tong
Dr Sharon Tow
Dr Wang Jenn Chyuan
Dr Doric Wong
Dr Edmund Wong
Prof Wong Tien Yin
Adj Assoc Prof Tina Wong
Dr Ian Yeo

Consultants

Dr Anshu Arundhati
Dr Jean Chai
Dr Anita Chan
Dr Chan Choi Mun
Dr Chan Jin Hoe
Dr Elaine Chee
Dr Jocelyn Chua
Dr Allan Fong
Dr David Goh
Dr Daphne Han
Dr Alicia How
Dr Rahat Husain
Dr Khor Wei Boon
Dr Laurence Lim
Dr Lim Lee Hooi
Dr Zena Lim

GENERAL CATARACT & COMPREHENSIVE OPHTHALMOLOGY SERVICE

Cont'd
Consultants

Dr Loh Boon Kwang
Dr Loo Jing Liang
Dr Sunny Shen
Dr Daniel Su
Dr Eugene Tay
Dr Morgan Yang

Associate Consultants

Dr Marcus Ang
Dr Boey Pui Yi
Dr Elaine Huang
Dr Desmond Quek
Dr Gavin Tan
Dr Livia Teo

CORNEAL & EXTERNAL EYE DISEASE SERVICE

Head (Clinical Service & Education) & Senior Consultant

Dr Lim Li

Head (Research) & Senior Consultant

Adj Assoc Prof Jodhbir Mehta

Senior Consultants

Dr Cordelia Chan
Prof Donald Tan
Dr Ti Seng Ei
Adj Assoc Prof Louis Tong

Consultants

Dr Anshu Arundhati
Dr Jean Chai
Dr Khor Wei Boon

Associate Consultant

Dr Marcus Ang

GLAUCOMA SERVICE

Head (Clinical Service) & Senior Consultant

Dr Ho Ching Lin

Head (Research, Education & Development) & Senior Consultant
Prof Aung Tin

Senior Consultants

Dr Aliza Jap (SNEC – CGH Eye Service)
Dr Shamira Perera
Adj Assoc Prof Tina Wong

GLAUCOMA SERVICE

Cont'd
Consultants

Dr Jocelyn Chua
Dr David Goh
Dr Alicia How
Dr Rahat Husain
Dr Daniel Su

Associate Consultants

Dr Boey Pui Yi
Dr Desmond Quek

NEURO-OPHTHALMOLOGY SERVICE

Head & Senior Consultant

Dr Sharon Tow

Senior Consultant

Prof J F Cullen

Consultant

Dr Loo Jing Liang

OCULAR INFLAMMATION & IMMUNOLOGY SERVICE

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Senior Consultant

Dr Gemmy Cheung

Consultant

Dr Anita Chan

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Head & Senior Consultant (Oculoplastic Service)

Dr Audrey Looi

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Associate Consultant

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