

How do you keep him  
smiling for life?

## A Lifetime of Protection.

Your little one will be happy to know that he is well-protected for life.

You can seek to give him that lifetime protection by saving his precious cord blood stem cells. Such stem cells have been proven useful in the treatment of some diseases<sup>1</sup> such as certain cancers, inborn errors of metabolism, blood disorders and immunodeficiencies.

Isn't this what your precious little one needs the most?

Your baby's cord blood can only be collected at birth. Make the decision to save his cord blood with Cordlife.

Call **6238 0808** or visit [www.cordlife.com/sg](http://www.cordlife.com/sg) to find out more.

Reference: 1. List of diseases treated can be found at [www.cordlife.com/sg/treatable-diseases](http://www.cordlife.com/sg/treatable-diseases)  
2. Lee, HC, 2010, "The stem-cell hope", The Straits Times, 2 December, p.12.



LIKE US ON  
Facebook.com/cordlife

## Did you know?

“Stem cells, which have the potential to develop into some or all of the specialised cells in tissues and organs provide hope that they can replace damaged cells<sup>2</sup>.”

Singapore's first AABB accredited private cord blood bank.



Cordlife Singapore is  
**AABB Accredited**



[www.cordlife.com](http://www.cordlife.com)

DCR No. 1389 Ver-A-Apr 2012

# baby talk

THE NEWSLETTER  
FOR MOTHERS

2013 ISSUE 01

MICA(P) 123/07/2012



The  
Gift of  
*Life*




# EDITOR'S *NOTE*

WE WOULD LIKE TO START BY WISHING YOU A HAPPY LUNAR NEW YEAR! FEBRUARY 10TH, 2013 MARKS THE BEGINNING OF THE YEAR OF THE SNAKE.

According to ancient Chinese astrology, people born in the Year of the Snake are keen, intelligent and wise. They are great mediators and good at doing business. We wish you health, happiness and good fortune. Gong Xi Fa Cai!

It gives me great pleasure as editor to welcome you to our first issue of BabyTalk magazine quarterly for 2013 and we are proud to bring you an exciting new publication full of interesting news, helpful tips and clever advice from some local experts.

The main focus this month is new life and the role of responsible cord blood banking, a subject that is close to my heart as 2012 has been a year of inspirational acts of kindness, love and care, those are the thoughts we need to take with us as we usher in 2013.

We hope you enjoy this magazine as much as we enjoyed putting it together. Let us know your thoughts and be sure to come visit us at [www.cordlife.com](http://www.cordlife.com) for more of the latest integrative health news and stories. 

**Jason Wong, Editor**

#### SPECIAL THANKS TO OUR CONTRIBUTORS:

Dr Alex K H Ooi, MBBS, MMED (O&G), FRCOG, FAMS, FICS, MBA  
Choo Wan Ling, MBBS (Singapore), M.Med (O&G), FAMS  
Dr Wong Heng Fok, MBBS (Singapore), MRCOG (London, UK)



#### Cordlife Group Limited

1 Yishun Industrial Street 1  
A'Posh Bizhub, #06-01/09  
Singapore 768160

#### Contact

Tel: (65) 6238 0808  
Email: [editor@cordlife.com](mailto:editor@cordlife.com)  
Website: [www.cordlife.com/sg](http://www.cordlife.com/sg)  
Facebook: [www.facebook.com/cordlife](http://www.facebook.com/cordlife)

# CONTENTS

Issue 01 / 2013

page 03 feature story

## WE HAVE MOVED TO A'POSH BIZHUB!

page 06 feature story

## SHOULD BABY BOYS BE CIRCUMCISED AT BIRTH OR LATER?

page 07 health facts

## EDUCATIONAL MESSAGE BY CORDLIFE

page 09 health facts

## GYNECOLOGY AND THE BEAUTY OF LIFE

page 11 expert says

## THE GIFT OF LIFE

page 13 expert says

## VAGINAL INFECTIONS







# WE HAVE MOVED TO A'POSH BIZHUB!

Marking as another significant milestone in Cordlife's corporate history since being listed on the SGX mainboard in March 2012, Singapore's first private cord blood bank has moved its office and laboratory facility to a new location at A'Posh BizHub in Yishun. This new leasehold premises is a BCA Green Mark- GOLD Award winning building, which is ecological friendly and professes to provide an indoor environmental quality for a healthy and productive workplace for their tenant-owners.

It is another major step in Cordlife's growth plan for its expansion phase of its business as the previous location was unable to house the growing number of more than 40,000 cord blood units. Thus, this strategic decision to purchase over 23,000

square feet of leasehold-owned estate helps the company maintain fixed costs and further unlock value for its stakeholders. Cordlife will no longer have any rental obligations for the next sixty years; this will warrant a more predictable growth and earnings for the company.

This new premise can potentially store up to 650,000 cord blood units which is coherent with Cordlife's expansion plans to capture the growing markets, both domestically and from its neighboring countries.

With the move, over 80 Cordlife's employees, including human resource, customer service, marketing channels, finance, quality control, information technology, regional business development consultants and laboratory will continue to be integrated under one roof for greater



“Expectant parents, the overall target audience of Cordlife will also benefit from this premeditated shift as rental saving will ensure its continuous pursuit of quality refinement and offering of competitive pricing over other alternative in the industry.”





productivity, efficiency and customer effectiveness. This includes nurturing and developing talent, and giving its people a whole host of opportunities to develop their careers in a modern and comfortable work environment.

A special project team was formed based on stringent selection criteria to manage this re-location process with the main purpose in administering a smooth transition without compromising the existing samples and disrupting Cordlife's daily operations. Tremendous effort was put into this project by the team in executing these plans.

In line with its projected forecast in the investment needed for the laboratory build-up, the new laboratory is set up in compliance to gold standards for cord blood banking; these include meeting the criteria set for both AABB re-accreditation and possibly FACT NETCORD accreditation. It will definitely enhance the overall assurance for Cordlife customers who have placed their trust in its quality standards all these years. **bt**



# SHOULD BABY BOYS BE CIRCUMCISED AT BIRTH OR LATER?



All over the world, the percentage of circumcised males is 30%. In the Philippines, 93% of our male population are circumcised. It does not come as a surprise then, that to a Filipino couple, it is no longer an issue as to whether their little boy has to circumcised or not, but, actually, WHEN is the best time to circumcise him. When I found out that I was having a little boy, 14 years ago, I went into an extensive research on whether I would have my baby circumcised at birth or wait at a later age. This is the same problem that many of my patients face on the last few weeks before they give birth...only if they are expecting a boy, of course! The first question I ask the parents is addressed to the Dad. Very often, the decision when to circumcise is based on whether Daddy was circumcised at birth or not. He usually wants his son either: (a) not to go through the trauma as he did OR (b) to go through the 'rite of passage' as he did...Like father, like son, they always say. Next, Mommy will ask me... "What is your opinion, Doc?" here is my answer. Readers are welcome to add to my knowledge since I am not a boy and I have never gone through the experience myself.

## CIRCUMCISION AT BIRTH: PROS:

- Cheaper (additional Php 10,000 to the Total Delivery Bill based on Asian Hospital rates 2011).
- "Less traumatic" for the child since he will not remember it (I think this is more accurately said as: less traumatic for the parents because they will not witness it happening, but nonetheless, it is still painful for a newborn, he just cannot complain or run away).
- No worries of being teased in school because he did it early.
- Less bloody.
- "Traumatic" for the newborn (even if we give a local anesthetic, there is no way for us to find out if he feels numb because he cries just the same. In fact, Doctors are more afraid of overdosing in anesthetic because it has more serious complications, so, sometimes we tend to give less).

- CONS:**
- Prone to infection since the urine and the feces may contaminate the wound especially if the diaper is not changed often.

## CIRCUMCISION AT A LATER AGE:

- PROS:**
- Easier to clean and less prone to infection since the child is older and more responsible.
- CONS:**
- More expensive (under General Anesthesia Php 30,000 or Local Anesthesia Php 15,000).
  - Traumatic for the child because of the psychological fear of the procedure (but according to my husband, it builds character).
  - Possible of being teased in school if done too late.
  - If you will notice, with these answers, the couple might leave my clinic more confused than ever. Because in all honesty, there is no definite right or wrong answer. The decision when to circumcise will still depend on both parents. The important thing is that they both agree to it.

This VERY IMPORTANT piece of information might help you decide whether to circumcise your tiny bundle of joy at birth or not... My two sons were NOT circumcised at birth. So there! **bt**



## Incidence rate of stem cell treatable diseases

Lymphoma is one of the top 10 cancers afflicting Singaporeans<sup>1</sup>.  
2 to 3 in 1,000 children are diagnosed with Cerebral Palsy<sup>2</sup>.  
20 to 40 children are diagnosed with Type 1 Diabetes<sup>3</sup>.  
Clinical trials successfully treating children with Cerebral Palsy<sup>4</sup> and Type 1 Diabetes<sup>5</sup> – currently treatable only with the child's own cord blood stem cells – have shown promising results.  
Many diseases are now treatable using cord blood stem cells and possibly more in the future<sup>6</sup>.

## Chances of using stem cells

1 in 217 chance that a person may need cord blood stem cells for treatment in their lifetime<sup>7</sup>.  
8 cord blood units were released for transplants and therapeutic applications by Cordlife Group.

## Higher chance of finding a match within the patient's family

60% of cord blood transplants by ViaCord were from siblings. 40% were for self-use<sup>8</sup>.  
25% chance of a 100% match between siblings. A perfect match is required for bone marrow transplants, but not in cord blood transplants<sup>9</sup>.  
\$27,000 is the minimum cost of buying back a donated cord blood unit in Singapore, if it is still in storage<sup>10</sup>.

## Availability of stem cells

50% of all donations to a public cord blood bank are normally discarded for various reasons<sup>11</sup>.  
100% - your accessibility to your privately stored cord blood stem cells.

# An educational message on private cord blood banking

brought to you by **cordlife**   
one chance, one choice.

## These are just some of the reasons why we believe in responsible private cord blood banking.

### Cerebral palsy baby helped by cord blood

- Reported in *The Straits Times* in HOME NEWS section on Thursday, December 3, 2009 Pg B6

"Our daughter Georgia was diagnosed with cerebral palsy (a type of brain injury that has no known cure), as a result of being stuck in the birth canal at childbirth... She was the first in Singapore to be infused with her own cord blood stem cells... We truly feel that we have used Georgia's stem cells at the right time and for all the right reasons... We, like the many other parents around the world who are trying stem cell technology, are seeing results. And, we like all those other parents, will continue to consider stem cells as part of Georgia's future therapy program."<sup>12</sup>

- Louise Conn, mother of Georgia Conn (Louise decides to use Georgia's stored umbilical stem cells for Georgia's own cerebral palsy treatment)

### Leukaemia boy saved - by baby sister

- Reported in *The Straits Times* in PRIME NEWS section on Thursday, July 1, 2004 Pg 6

"A 3-year old boy, Ryan Foo was diagnosed with leukaemia. His parents had banked his younger sister's cord blood with Cordlife (a trusted family cord blood bank in Singapore with AABB accreditation) and then it was transplanted into him. Ryan was given the maximum chance of success because his sister's cord blood stem cells were a 100% match to his. Ryan's condition has shown a significant improvement and he is able to attend school now."<sup>13</sup>

Call **6238 0808** now to learn more about how you can protect your family's health.

### Sources:

<sup>1</sup> National Cancer Centre Singapore. Cancer information: Cancer statistics. Website. [www.nccs.com.sg](http://www.nccs.com.sg). Assessed November 5, 2012.

<sup>2</sup> Cerebral Palsy Organisation website. <http://cerebralspalsy.org/about-cerebral-spalsy/prevalence-of-cerebral-spalsy>. Assessed November 5, 2012.

<sup>3</sup> Diabetes Society of Singapore. Diabetes Singapore.

<sup>4,5</sup> ViaCord website. [www.viacord.com](http://www.viacord.com). Cord Blood Registry website. [www.cordblood.com](http://www.cordblood.com). Assessed November 5, 2012.

<sup>6</sup> Full list of diseases can be obtained from Cordlife information pack.

<sup>7</sup> Nietfeld JJ, Pasquini MC, Logan BR, Verter F, Horowitz MM. Lifetime probabilities of hematopoietic stem cell transplantation in the U.S. *Biol Blood Marrow Transplant*. 2008;14:316-322.

<sup>8</sup> ViaCord website. [www.viacord.com](http://www.viacord.com). Accessed November 5, 2012.

<sup>9</sup> National Marrow Donor Program website. [www.marrow.org](http://www.marrow.org). Accessed November 5, 2012.

<sup>10</sup> Eve Yap (November 4, 2012). Public or private bank? *The Sunday Times*.

<sup>11</sup> Channel News Asia. (February 18, 2009). Public cord blood bank doubles number of transplants.

<sup>12,13</sup> Cordlife website. <http://www.cordlife.com/sg/en/successful-cases>. Assessed November 5, 2012.

Singapore's first AABB accredited private cord blood bank.



Cordlife Singapore is  
**AABB Accredited**



[www.cordlife.com](http://www.cordlife.com)



# GYNECOLOGY AND THE BEAUTY OF *LIFE*

Stem-cell technology and applicability is advancing rapidly and its storage is insurance, in that you hope never to need its potential, life-giving, benefits. But the practical reality of the ability to correct a disease by progenitor cells is a stark reminder of how fragile human creation itself is and how prevalent it is we take our bodies for granted when in good health.

When asked to pen an article, I reflected on my experiences in the course of my work and decided to do something basic, non-academic for a change, on an appreciation of the beauty that emanates from the wonder of nature, life.

My pursuit of a career has seen that career become a part of my life — over 30 years on and still loving every moment of it. Managing the problems of patients and the attendant interaction with them and their relatives who come along for their visits, have both been the inspiration and source of a lifestyle philosophy.

The sleepless nights delivering a baby, performing caeserians or major pelvic surgeries can be worrisome but what in life is entirely not so? Stress is a necessity of and gives meaning to



life. Patients who embrace and utilize it to bring about good outcomes handle their problems much better. Those who desire a “stress-free life” grapple for an unattainable goal, which often delays recovery from illness. Stress is perceived — even simple acts are very stressful to some whilst a breeze to others. By taking the latter attitude, positivity predominates.

In the course of healing illness and managing difficult transitions, I sense that many patients also wish to look and feel good. This led to my incorporating simple life-enhancing protocols for

body and mental wellbeing. My sub-interest in keyhole surgery also led me to include liposuction/fat transfer to my range of services — a natural adaptation of a main surgical discipline of working through small openings for a major outcome.

An oft-heard admonition of “age is but a number” is indeed a good attitude to adopt. Patients who take action to manage their hot flushes, tissue laxity, loss of libido, wrinkles, pigmentation, aches and pains, loss of hair, fat in unwanted places, etc besides health issues, and are steadfast

in facing up to them, are much better off. Patients who tend to grumble about already reaching 50, 60, even 40 and do nothing to resolve the problems that brought about the conclusions, seem to be locked in disgruntlement. However, those with realistic expectations and are mindful that any medical and life-style advances applied are only to defer the inevitable effects of ageing, (which nevertheless, is a gain in itself) are happier in life.

This one life we have, fraught with dangers and problems, is also filled with much joy and rewards. There

is no necessity to push to the limits of indulgence and keeping up with the Joneses. Needs for living a life to its fullest are simple, easily attained and readily enjoyed by keeping a positive mind and a gratitude for the many mercies we receive from moment to moment. Talking about “needs” brings me to the other two ingredients of youthfulness.

“Stress is a necessity of and gives meaning to life. Patients who embrace and utilize it to bring about good outcomes handle their problems much better.”



Patients who understand that a car needs its cylinders greased, tyres inflated and tank filled, lead a fuller life of less illness by regular, effective (and targeted if for shaping) exercise. This is vital as we age. Mine is gym work of cross-trainer, stretching and crunches. Choose one that suits you and always find the time to fit exercise into your schedule. It will certainly make you feel (release of endorphins) and look good besides the proven health benefits. Even those among my younger patients who do not exercise face more difficulties in both delivering babies and undergoing major surgery. Further, these patients tend to be overweight, a situation with its own set of issues. The body's ability to handle such stresses is compromised and this is magnified in the case of older patients. We tend to be less active and expend less as we age and thus, older means more exercise please!

As to eating well, well, it is not about how rich or expensive but picking natural foods with reduced calories and fat. It does not mean being choice-restricted as there is indeed a large range of good food. Can be tough for a start and to maintain but once in place, makes for more gain, health and youthfulness. Many patients who do well also look at taking supplements, avoiding medicines and vitamins wherever feasible. And, oh yes, quit smoking and reduce alcohol intake!

Be positive, exercise regularly and eat well. These, along with managing disposition and self-image, will go a long way to reducing incidence of and speeding recovery from illness. **bt**



**Dr Alex K H Ooi**  
MBBS, MMED [O&G], FRCOG,  
FAMS, FICS, MBA.  
Gynecologic Minimal Access  
Surgeon

**Dr Alex K H Ooi Clinic & Surgery for Women**  
3 Mount Elizabeth, Mount  
Elizabeth Medical Centre,  
#11-07, Singapore 228510



# THE GIFT OF LIFE



## FROM CONCEIVING TO DELIVERING

Having a baby is truly remarkable. From mutual love that creates new life, to the very first kick in your belly and ultimately to the climacteric birth of your baby, the journey is nothing short of a miracle. While your joy is immense, it is only natural to have concerns at any point during this life changing experience. For instance, you may be anxious to conceive, or could be apprehensive about childbirth.

## DIFFICULTY IN CONCEIVING: ARE THERE SIMPLER TREATMENTS BEFORE IVF?

As a woman ages, her chances of

conceiving are slimmer, particularly above the age of 35. For women, the common causes of infertility include: ovulation problems, blocked or unhealthy fallopian tubes and endometriosis. For men, absent, insufficient or defective sperms due to hormonal and genetic disorders, heavy smoking, varicocoele and infections may also hamper fertility. Treatment would involve resolving the abnormalities and individualizing therapies to obtain the simplest, cheapest and safest modality with reasonable success.

Options would include:

**1. Better understanding of the fertile period**  
Knowledge and timing of the fertile period is essential, coupled with

frequent sexual intercourse. Timed sex with ovulation – predicted from urine tests and a good menstrual calendar – may improve conception rates.

- 2. Treating underlying hormonal disorders**  
80—90% of women achieve ovulation once hormonal abnormalities are corrected, increasing the chance of conception. This can be achieved with fertility drugs ranging from oral medications to injections to boost ovulation.
- 3. Intrauterine insemination**  
Chances of conception can be further improved with intrauterine

insemination in cases where there is mild sperm defect. This is a simple procedure where washed sperms are flushed into the womb at the time of ovulation.

- 4. Corrective surgery**  
Depending on the damage to the fallopian tubes, tubal surgery may be helpful. Success of pregnancy following tubal surgery is variable. Compared to IVF, surgery is a one time treatment with a higher potential for long term fertility. Surgery in endometriosis improves fertility rates but not back to normal levels.

- 5. IVF**  
Simpler options should be considered first before IVF but it may be needed for severely damaged fallopian tubes, significant endometriosis and considerable sperm abnormalities. Concerns surrounding IVF include cost, psychological, emotional and physical stress, higher risk of multiple pregnancies and premature birth. Successful conception hinges on a myriad of factors concerning both partners. Do seek medical consultation if you and your partner are unable to conceive after having regular, frequent, unprotected sex for a year.



## IS MY BABY NORMAL?

With increasing educational and socio—economic status, there is a trend towards deferred child bearing. The problems associated with late motherhood pregnancy include maternal and fetal problems.

Firstly there is an increased risk of miscarriage. There is also an increased risk of chromosomal abnormalities. The most common chromosomal abnormality is Down's syndrome, which can be screened for in all pregnant women.

This screening test can be done between 11 —13+ weeks of pregnancy via a blood test and ultrasound scan to measure the neck fold thickness and

looking for the nasal bone. It does not carry any risks to the fetus. This allows mothers the time to make an early choice about the pregnancy should an abnormality be detected. Confirmatory tests for Down's syndrome include amniocentesis which can be performed between 16—20 weeks gestation or the chorionic villus sampling which can be performed from the 11th week. Both confirmatory tests however are associated with a small risk of miscarriage.

Medical conditions like gestational diabetes and hypertension are more common in older mothers. Older mothers may also tend to have more problems in labour. Although childbearing at an advanced maternal age is associated with higher risks to the pregnancy, these risks can be managed with close surveillance during the pregnancy and during the labour period to reduce potential complications. **bt**

“With increasing educational and socio-economic status, there is a trend towards deferred child bearing. The problems associated with late motherhood pregnancy include maternal and fetal problems.”



**Dr Choo Wan Ling**  
Consultant Obstetrician & Gynaecologist  
MBBS (Singapore), M.Med (O&G), FAMS  
**Dr Choo Wan Ling**  
Women Clinic Pte Ltd  
6 Napier Road, Gleneagles Medical Center, #08-15/16  
Singapore 258499

# VAGINAL INFECTIONS

Many women unknowingly suffer in silence. In this article, Dr H.F Wong share with us his insight into Vulvovaginitis, or commonly known as vaginal infection in women.

## THRUSH/FUNGUS

When doctors say “yeast,” we usually mean a fungus named *Candida albicans*. It's common on the skin and can be found in the gastrointestinal tract anywhere from the mouth to the anus.

*Candida* lives harmlessly in the vagina in as many as one in five healthy women of childbearing age without causing any symptoms. Most of the time, a healthy vaginal environment and the normal immune system probably keep the harmless yeast from overgrowing and causing vaginitis. A yeast infection results when there's too much yeast. It overwhelms the vaginal defense system.

Yeast infections produce a spectrum of symptoms. In general, the more intense the itching and redness, the greater the number of yeast organisms present. For some women, secretions predominate, with profuse discharge that sticks to the vaginal wall in thick white patches or white plaques. This is sometimes called vaginal thrush. Odor is not a usual complaint, though *Candida* causes a yeasty smell for some women.

This problem can usually be diagnosed simply with a pelvic examination where the vaginal discharge is swabbed and sent for culture.

Treatment is usually a combination of vaginal pessaries on the market from one to seven days. We usually give a anti—fungal/steroid cream to reduce local itchiness as well. If you have recurrent or persistent fungal infections, these can be a challenge to treat and you would need to see your GP or gynaecologist to confirm the diagnosis and ensure it is not a different condition such as bacterial vaginosis, which is as common as fungal infections.



## BACTERIAL VAGINOSIS (BV)

This problem is as common as yeast/thrush or fungal infection and presents as vaginal discharge (may be yellow green in contrast to white discharge in yeast infection) as well. The difference between fungal infections and BV is that the discharge in BV tends to be foul smelling with a fishy odour and they are the number one cause of funny odours. You can also get some soreness and some irritation around the vulva from it.

Most of the time, we can confirm the diagnosis by obtaining a vaginal swab and sending it off to the laboratory. In the meantime, we usually order

some vaginal pessaries or even oral medication for 7 — 10 days to treat the condition. The usual organisms are *Gardnerella* and *Trichomonas* infections.

BV is not considered a sexually transmitted infection but rather an imbalance in the bacteria normally found in the vaginal in the same way like a yeast infection. You should see a gynaecologist or GP for treatment.

## SEXUALLY TRANSMITTED DISEASE (STD)

There is a whole lot of STD to be described but we shall briefly describe the common ones below.

## HERPES INFECTION

Herpes simplex virus (HSV) infections are very common worldwide. HSV—1 is the main cause of herpes infections that occur on the mouth and lips, including cold sores and fever blisters. It is transmitted through kissing. HSV—1 can also cause genital herpes, however; HSV—2 is the main cause of genital herpes. HSV—2 is contracted through sexual contact. You may be infected with HSV—1 or HSV—2 but not show any symptoms. Often symptoms are triggered by exposure to the sun, fever, menstruation, emotional stress, a weakened immune system, or an illness.

There is no cure for herpes, and once you have it, it is likely to recur; however, some people may have one outbreak and then never have another one.

Genital herpes present with multiple painful blisters and ulcers around the vulva and perineum (area immediately next to the vagina) and in serious cases, may have trouble even passing urine because of pain.

In many instances, your doctor is able to make the diagnosis of herpes from examining you without additional tests. If your doctor is not 100% certain, however, then he or she may take a sample from the blisters to test for the virus.

Treatment for genital herpes: Antiviral medicines may help shorten the duration of a herpes outbreak and suppress recurring outbreaks. We give oral tablets and topical antiviral cream for 1 week. Some patients require admission due to the level of pain from the ulcers.

## CHLAMYDIAE

Chlamydia is a common sexually transmitted disease (STD) caused by the bacterium, *Chlamydia trachomatis*, which can damage a woman's reproductive organs. Even though symptoms of chlamydia are usually mild or absent, serious complications that cause irreversible damage, including infertility, can occur “silently” before a woman ever recognizes a problem. Chlamydia also can cause discharge

from the penis of an infected man.

Chlamydia is the most frequently reported bacterial sexually transmitted disease, especially in young girls, in the United States.

Any sexually active person can be infected with chlamydia. The greater the number of sex partners, the greater the risk of infection. Because the cervix (opening to the uterus) of teenage girls and young women is not fully matured and is probably more susceptible to infection, they are at particularly high risk for infection if sexually active.

Chlamydia is known as a “silent” disease because the majority of infected people have no symptoms. If symptoms do occur, they usually appear within 1 to 3 weeks after exposure.

In women, the bacteria initially infect the cervix and the urethra (urine canal). Women who have symptoms might have an abnormal vaginal discharge or a burning sensation when urinating. If the infection spreads from the cervix to the fallopian tubes (tubes that carry fertilized eggs from the ovaries to the uterus), some women still have no signs or symptoms; others have lower abdominal pain and fever.

In women, untreated infection can spread into the uterus or fallopian tubes and cause pelvic inflammatory disease. This happens in about 10 to 15 percent of women with untreated chlamydiae and may lead to problems later on with fertility.

Chlamydia can be easily treated and cured with antibiotics. A single dose of azithromycin or a week of doxycycline (twice daily) are the most commonly used treatments.

When we discover any STD, contact tracing of the male partner is also needed and all sex partners should be evaluated, tested, and treated.

## GONORRHOEA

Gonorrhea is a sexually transmitted disease (STD). Gonorrhea is caused by *Neisseria gonorrhoeae*, a bacterium that can grow and multiply easily in the warm, moist areas of the reproductive tract.

In women, the symptoms of gonorrhea are often mild, but most women who are infected have no symptoms. Even when a woman has symptoms, they can be so non—specific as to be mistaken for a bladder or vaginal infection. The initial symptoms and signs in women include a painful or burning sensation when urinating, increased vaginal discharge, or vaginal bleeding between periods.

Gonorrhoea can lead to pelvic inflammatory disease (PID.) PID can lead to internal abscesses (pus—filled “pockets” that are hard to cure) and long—lasting, chronic pelvic pain. PID can damage the fallopian tubes enough to cause infertility or increase the risk of ectopic pregnancy.

Again, easily diagnosed by taking a vaginal swab. Easily treated with antibiotics. See your gynaecologist for treatment.

## GENITAL WARTS

Genital warts are usually asymptomatic, but depending on the size and anatomic location, they can be painful or itchy or just embarrassing cauliflower like growths. They usually occur outside the vagina and anus. Sometimes, they can appear in the vagina and around the cervix.

Diagnosis of genital warts is usually clinical, made by visual inspection.

External warts (outside of the vagina) can be treated with a topical cream applied for 3 times/per week for 6—12 weeks. Internal vaginal warts or warts that fail to respond to topical cream may require laser vaporisation, a day surgery procedure done under general anaesthesia. **Dr**



**Dr Wong Heng Fok**  
Consultant Obstetrician  
& Gynaecologist,  
Urogynaecologist  
MBBS (Singapore), MRCOG  
(London, UK)  
**Thomson Women's  
Clinic (Tampines)**  
Blk 503, Tampines Central 1,  
#01-289, Singapore 520503