



OUR YEAR AT A GLANCE

Dear Doctors,

As we reflect on 2025, it has truly been an eventful and transformative year for Thomson Medical Centre. We have continued to strengthen our partnerships with key insurance providers, enabling us to enhance accessibility and provide greater peace of mind for the patients and families we serve.

This year also marked our expansion into new and important specialties, including Orthopaedics and Oncology. These developments represent a significant step forward as we broaden the spectrum of care within our ecosystem, further supporting our vision of being a comprehensive and trusted healthcare partner.

Beyond clinical services, we have continued to invest in infrastructure, capability building, and collaborative initiatives that elevate the overall standard of care. Each milestone achieved this year has been made possible through the dedication, expertise, and unwavering commitment from our community of doctors.

As we move into the new year, we remain focused on strengthening our medical partnerships, investing in advanced medical services, and creating an environment where innovation and patient-centred care can thrive. We look forward to working closely with all of you as we build on the momentum of 2025.

Thank you for your continued trust, support, and commitment to our shared mission.

Warm regards,
Doctors Engagement Team
2025

TOP NEWS



August 2025, Iskandar Medical Hub

We are proud to announce our upcoming flagship development in Johor, spanning the Iskandar Development Region and Pengerang. This integrated project will feature a 500-bed hospital complemented by aged care facilities, post-natal and transitional care offerings, a life sciences office tower, a luxury hotel, a 47-storey premium residential tower, and more.

Known as Johor Bay, the 10.5-hectare development will be strategically located near the future Johor Bahru–Singapore Rapid Transit System (RTS) Link and ferry terminals connecting Johor to Batam and the Riau Islands in Indonesia. The RTS Link is slated for completion by end-2026, significantly enhancing cross-border connectivity.

With an estimated gross development value exceeding RM18 billion (S\$5.5 billion), Johor Bay will stand as one of the most significant private healthcare and real estate ventures on prime land in Southeast Asia.

TOP NEWS



06 October 2025, Thomson Medical Centre continues to advance its commitment to delivering quality, cost-efficient, and trusted specialist care for women, children, and families in Singapore.

As part of our partnership with AIA Singapore, Thomson Medical Centre has been recognised as a Partner Facility under AIA's network. Through this collaboration, AIA Shield policyholders and Corporate Solutions clients can access medical treatment and care at Thomson Medical Centre with enhanced convenience and a seamless billing experience.

This partnership represents another significant milestone in our ongoing journey to make value-based healthcare more accessible. Together with AIA Singapore, we are committed to delivering greater value and better health outcomes — enabling our patients to live healthier, longer, and better lives.

TOP NEWS



07 October 2025, Great Eastern Final Sprint 2025

We were thrilled to be part of Great Eastern's Final Sprint 2025, connecting with Great Eastern agents who share our passion for Empowering Life Journeys and striving for greatness.

As a Great Eastern Medical Concierge Care Partner, represented by our Group CEO, Dr Melvin Heng, Thomson Medical Group is proud to deliver accessible, quality, and cost-effective healthcare for women and families.

As we forge new connections, build on the foundation of trust, and explore new opportunities to deliver care, we are excited for how future collaboration and partnerships can elevate our standard of care for patients at Thomson Medical.

TOP NEWS



THOMSON MEDICAL DINNER & DANCE

17 October 2025, the management and staff of Thomson Medical came together for our highly anticipated annual Dinner & Dance, held under the inspiring theme “Superheroes.” The evening was a vibrant celebration of unity, strength, and spirit — with our #ThomsonFamily members arriving in creative and colourful superhero outfits that brought the theme to life.

The night began with lively red carpet moments and a spectacular superhero walk-in that set the tone for an evening filled with laughter, joy, and camaraderie. We were delighted to welcome not only our Thomson colleagues, but also our overseas guests, partners, and doctors who joined us to celebrate this special occasion.

Beyond the fun and festivities, the event carried a deeper meaning — it was a chance to recognise and honour our real-life superheroes: our #ThomsonAngels. These are the nurses, care teams, and support staff who embody compassion, courage, and dedication in all that they do, caring for our patients and their families every single day.

As the evening continued with dazzling performances, an exciting best-dressed contest, and a lively dance floor, the spirit of teamwork and appreciation filled the room. It was truly a night that reminded us of the power of collaboration and the heart that defines the Thomson Family.

TOP NEWS



28 October 2025, Through a newly signed Memorandum of Understanding (MOU) with HSBC Life Singapore, Thomson Medical Group is sustaining its momentum in bringing quality, cost-efficient, and trusted specialist care to more women, children, and families in Singapore.

Under this partnership, both organisations will explore initiatives to enhance access to specialist care through the network of accredited doctors at Thomson Medical Centre, and collaborate on women's health and family-focused programmes for HSBC Life policyholders and corporate clients.

The MOU, signed by Mr. Harpreet Bindra and Mr. Manu Tandon from HSBC Life, and Mr. S.M. Lee and Dr. Melvin Heng from Thomson Medical Group, marks a significant milestone in the shared commitment of both organisations to support the healthcare needs of the community and improve health outcomes for families across Singapore.

TCM and the Clotting System: Evidence-Based Insights into Herbal Effects of Bleeding



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A recent medical talk explored the effects of Traditional Chinese Medicine (TCM) on the coagulation system and potential bleeding risks. The session focused on gynaecological and postpartum care, highlighting “blood-activating” herbs such as Dang Gui, Hong Hua, Motherwort, and Panax notoginseng. While the Ministry of Health supports the integration of TCM through research and hospital programs, safety concerns, particularly regarding bleeding, remain relevant.

The session commenced with Physician Lee Hui Min from Thomson Chinese Medicine, who reviewed studies on how these herbs may affect bleeding, while Senior Consultant Dr. Linn Yeh Ching from Department of Haematology, Singapore General Hospital provided a contextual interpretation of the evidence presented.

Effects of Herbs on Coagulation Times (aPTT/PT/TT)

Studies in animal models have shown that some herbs can modestly prolong coagulation times. Li and Wang (2010) reported that Dang Gui increased thrombin time (TT) and Hong Hua increased both prothrombin time (PT) and TT in rats. The combination of these herbs with clopidogrel prolonged PT by 3–4 seconds, suggesting a potential additive effect.

Danshen studies provide additional context. Fan et al. (2010) demonstrated that intravenous salvianolic acid A (SAA) in rats had no significant effect on PT, aPTT, TT, or fibrinogen, whereas heparin significantly prolonged clotting times. Ren et al. (2020) observed striking prolongation of PT and aPTT at very high in vitro concentrations; however, these levels are not achievable in humans. Li et al. (2019) confirmed that oral administration of Danshen dripping pills produced plasma saponin levels in the nanogram per milliliter range, far below concentrations used in in vitro experiments.

Clinical studies support the safety profile of these herbs. Fung et al. (2017) conducted a double-blind, placebo-controlled cross-over study in healthy volunteers in Singapore, showing no changes in aPTT or PT after herbal administration. Xia et al. (2020) reported no significant differences in PT, aPTT, TT, or fibrinogen in over 400 women post-abortion treated with Motherwort. Wu et al. (2023) demonstrated that Panax notoginseng capsules did not alter PT or aPTT in a multicenter trial involving over 3,000 ischemic stroke patients. Meta-analysis of Taohong Siwu Decoction (Cai et al., 2024) and Panax notoginseng (Zhou et al., 2024) further confirmed the lack of clinically significant effect on coagulation markers.

In summary some herbs prolong coagulation slightly in animal models or at supratherapeutic in vitro concentrations, but no clinically relevant effects have been demonstrated in humans.

Effects on Bleeding Time

Experimental evidence suggests that bleeding time may be influenced by certain herb preparations. Lau et al. (2009) reported that steamed *Panax notoginseng* prolonged bleeding time in rats, while raw *notoginseng* did not. Li and Wang (2010) found that *Dang Gui* and *Hong Hua* increased TT without prolonging bleeding time on their own. In contrast, Tang et al. (2018) observed that the multi-herb formula *Zi Yin Tiao Jing* shortened bleeding time at higher doses, suggesting that balanced herbal formulas may partially counteract the blood-activating effects of individual components.

In summary, in the animal studies cited, some herbs may prolong or shorten bleeding time depending on formulation, dosage, and preparation method.

Effects on Platelets and Aggregation

Multiple studies have assessed whether herbs induce thrombocytopenia or inhibit platelet function. Xia et al. (2020) reported no significant changes in platelet counts with *Motherwort* in post-abortion patients. Lyu et al. (2025) observed no changes in platelet counts or other hematological parameters in women with melasma treated with *Lutai Danshen Baishao* granules. Wu et al. (2023) similarly found no platelet changes with *Panax notoginseng* capsules.

Regarding platelet aggregation, Lau et al. (2009) found that steamed *notoginseng* inhibited aggregation, while raw *notoginseng* had less effect. Fan et al. (2010) demonstrated that *Danshen* prevented ADP-induced platelet aggregation in vitro. Fung et al. (2017) reported minor reductions in arachidonic acid-induced aggregation in healthy volunteers, primarily in a few participants, without associated bleeding.

None of the herbs reviewed were found to cause thrombocytopenia. A reduction in platelet aggregation was observed in the cited in vitro studies and occasionally in clinical studies; however, these findings were not associated with any reported bleeding events.

Fibrinolysis

Studies indicate that some TCM herbs enhance fibrinolytic activity. Zhang et al. (1994, 1995) showed that *Panax notoginseng* NR1 increased plasminogen activator activity and reduced plasminogen inhibitor activity in human endothelial cells. Guo et al. (2021) reported that *Danshen* restored fibrinolytic activity in hyperlipidemic mice, reducing the pro-coagulant state. Zhou et al. (2018) found that *Zhi Xiong* capsules improved fibrinolysis at high doses, without significant increases in bleeding.

In studies cited, herbs can promote fibrinolysis in experimental models, but this does not translate into a clinically meaningful increase in bleeding.

Clinical Bleeding Outcomes

Clinical trials consistently show that TCM formulations do not increase bleeding risk. Yu, Wang, and Zhang (2024) found that Sheng Hua Decoction post-partum reduced blood loss and minimized hemoglobin decline. Chen et al. (2018) reported that Motherwort combined with oxytocin significantly reduced postpartum hemorrhage and adverse events compared with oxytocin alone. Li et al. (2018) tracked over 30,000 patients using intravenous panax notoginseng and reported a very low incidence of bleeding complications.

In the evidence presented, TCM formulations used for postpartum care or arterial thrombotic disease do not increase clinical bleeding risk; some may even reduce blood loss.

Effects on Thrombus Formation and Hemorheology

Animal studies show that Dang Gui and Hong Hua mildly inhibited arterial thrombus formation and significantly reduced venous thrombus weight (Li & Wang, 2010). Danshen inhibited thrombus growth dose-dependently, though less potently than aspirin (Fan et al., 2010). Herbs are also shown to improve hemorheology by reducing blood viscosity and enhancing red blood cell deformability (Fan et al., 2010; Yu et al., 2014; Zhou et al., 2024).

Clinical Relevance

Dr. Linn emphasized that clinical significance depends on the magnitude of coagulation derangement. Using established guidelines for platelet transfusion or perioperative management of aspirin and clopidogrel as benchmarks (Estcourt et al., 2016; Douketis et al., 2022; Keeling et al., 2016), most of the commonly used herbs presented did not produce changes sufficient to cause bleeding. Most concerning findings are restricted to in vitro or supratherapeutic animal studies.

Key Caveats:

- Herb–drug interactions: caution with warfarin or direct oral anticoagulants (DOACs).
- Impaired liver or renal function may increase herb accumulation and bleeding risk.
- Rare idiosyncratic reactions remain possible.

Conclusion

Emerging evidence suggests that TCM herbs labelled as “blood-activating” or “blood stasis-resolving” may aid fibrinolysis, reduce thrombus formation, and improve hemorheology without causing significant bleeding. Experimental studies show potential anticoagulant and antiplatelet effects at supratherapeutic concentrations. Clinical trials generally support their safety at standard therapeutic doses, especially in postpartum and cardiovascular settings. However, further rigorous studies are needed to clarify their effects on hemostasis and interactions with conventional anticoagulants.

Written by: Jun Negoro / TCM Physician Thomson Chinese Medicine

We have distributed the TCM Confinement Survey card to clinics to support our shared understanding of postpartum recovery among new mothers. We would appreciate your kind support in encouraging participation. If your clinic has not received the card, please contact us at tcm_usq@thomsonmedical.com.

TCM Confinement Survey

*Your experience matters &
we'd like to understand more.*

This survey helps us understand
how specific confinement practices may impact your
postpartum well-being and recovery.

Scan to take a short 3-minute survey



All responses are confidential.

Should you need any TCM support,
feel free to contact us at 9476 6625
we're here to help.

Thank you for your time!



A Neighbourly Approach to Female Urology: Common issues, tips, trips and precautions



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I recently gave a CME in August on Female Urology as a newcomer to the Thomson Medical family, which is pretty daunting, given the extensive amount of experience I am speaking to. Nevertheless, I thought it would be a good avenue to put a face to a name and to understand your closest neighbour's approach to the female urinary tract, which has many overlaps but also subtle differences.

Women experience kidney, bladder, and urinary conditions at different stages of life — from young adults to pregnancy to menopause. While these issues can be uncomfortable or even embarrassing to talk about, they play a significant role in our quality of life, as we need to void multiple times daily. Modern urology offers effective, medication and minimally invasive solutions that can improve their voiding experience, which is magnified numerous times a day. As good neighbours do, it means recognising potential issues early and knowing that help is just a phone call away.

Common Female Urological Conditions

1. Kidney and Adrenal Disorders

Women can develop kidney stones, infections, and sometimes benign or cancerous growths in the kidneys or adrenal glands. Kidney stones, for instance, are more common than most realise — affecting up to 9% of women. They cause severe flank pain, nausea, and can recur if not properly managed. Risk factors include dehydration, obesity, and a diet high in salt or oxalate. In pregnancy, stones can cause urosepsis and pose additional challenges and require coordinated care between obstetricians, neonatologists, and urologists. While small stones can be left alone, stones bigger than 3mm may shift during pregnancy and cause unnecessary distractions to an already life-changing phase of our patients' lives.

While interventions are avoided during pregnancy, ladies who are in their reproductive phase in their lives should not have stones and would benefit from a workup preventively. Since my arrival, we have started endoscopic surgery for kidney stones, retro-grade intra renal surgery with the Thulium laser platform. With the recent addition of a semi-rigid ureteroscope, we can now offer emergent endoscopic stone surgery at Thomson Medical Centre.

Adrenal disorders are pervasive in women, particularly when they are pregnant and have constant oversight of their blood pressure. Elevated blood pressures requiring multiple medications (>2 medications) and low potassium are hallmark signs for Conn's syndrome, which are curative post-partum.

2. Bladder and Voiding Problems

The female bladder can be affected by infections, cancers, and functional issues, such as overactivity. Recurrent urinary tract infections (UTIs) are common in females, which are easily managed in the general population but slightly more complex in the pregnant population. Choices in antibiotics, symptomatology, including burning, urgency, cloudy or bloody urine, and pelvic discomfort, are magnified during this period and are unsettling. Good hydration, prompt treatment, and preventive strategies are key to avoiding recurrence.

3. Urinary Incontinence

Urinary leakage is one of the most frequent — and most under-reported — problems in women. It comes in several forms:

- **Stress incontinence:** Leakage during coughing, laughing, or exercise, often related to childbirth or obesity.
- **Urge incontinence / Overactive bladder (OAB):** A sudden, strong urge to urinate, sometimes with leakage.
- **Mixed incontinence:** A combination of both.
- **Overflow and functional incontinence:** Often due to weak bladder muscles or difficulty reaching the toilet in time.

Incontinence can significantly affect quality of life, causing embarrassment, anxiety, and social withdrawal. Fortunately, effective treatments exist, including bladder training, physiotherapy, pelvic floor exercises, medications (such as mirabegron or tolterodine), and minimally invasive procedures like Botox injections, which are available in the armamentarium for a urologist.

When Surgery Becomes Necessary

As surgeons, surgeries are unavoidable. In complex cases, when the abdomen is hostile, large or aggressive pathology, endoscopic and laparoscopic surgery result in urinary injuries. Preoperative stent placement is a precise method for identifying the ureter and minimising complications. This is particularly important in the post-radiation field. Injuries can still occur in the best of times, but know that your friend, the urologist, is always here to help.

The Takeaway

Female urology covers a broad spectrum — from simple UTIs to complex kidney and bladder disorders. Many of these conditions overlap and may require a multidisciplinary approach involving gynaecologists and urologists. Early planning leads to better outcomes, fewer complications, and improved quality of life. Should your patient wish to have a brief discussion or corridor consultation, please do not hesitate to reach out to us — we are only a phone call and a short 10-minute drive away.

Life Beyond Cancer Treatment: Advances in Breast Cancer Surgery



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Breast cancer has long been the most common cancer among women in Singapore. It accounted for 29.6% of total female cancer cases from 2018-2022, according to the Singapore Cancer Registry Annual Report 2024 [1]. Fortunately through a good national screening programme and public awareness, most of the cancers are detected at an early stage. Between 2018-2022, 88.8% of the breast cancer cases were Stage 1-3 at presentation where treatment is rendered with a curative intent and breast surgery plays an important role. With increasing incidence of breast cancer in young women below 40 years of age, and improvement in survival following optimal treatment, minimising the impact of treatment on a patient's quality of life become the focus in current advances in breast cancer surgery.

Mastectomy is Not the Only Option

Breast conserving surgery, where only the breast cancer and a margin of normal tissue is removed, is feasible when the breast cancer is not extensive and the patient is suitable for adjuvant radiotherapy. Many studies have shown that the overall and disease-free survival rates of breast conserving surgery are equivalent, if not better than those of mastectomy in selected patients [2,3].

Oncoplastic breast surgery involves reshaping or repairing the surgical defect following breast cancer removal in order to maintain, or even improve the aesthetic appearance of the breast. This group of surgical techniques can be broadly categorised into volume displacement techniques and volume replacement techniques [4]. In volume displacement techniques, the patient's remaining breast parenchyma is mobilised and reapproximated to recreate a rounded breast. In certain cases, excess skin can be excised and the nipple position can be adjusted to create a breast lift effect. In patient suffering from macromastia, excess breast parenchyma can be removed together with the breast cancer, leaving the patient with a lighter and younger appearing breast. Breast reduction can improve physical function, alleviate pain, reduce skin complications and enhance a patient's body image and mental health [5]. Contralateral breast symmetrisation surgery can be performed concurrently. In volume replacement techniques, the breast defect is refilled with a neighbouring chest wall fascio-cutaneous flap such as the anterior or lateral intercostal artery flap, lateral thoracic artery flap or thoracodorsal perforator flap [6]. The choice of flap is often dependent on the location of the breast defect. These flaps have low morbidity and usually only add an additional 1-2 hours to the operating time.

Minimally-invasive Mastectomy

When the breast cancer is extensive or a patient has pathogenic genetic mutation putting them at a higher risk for recurrent breast cancer, mastectomy will have to be performed. However, through the laparoscopic or robotic platform, mastectomy can now be performed through a 4-5cm scar which can be placed at inconspicuous positions such as the axilla, lateral chest wall or inframammary line. With this minimally-invasive approach, it allows scars to be hidden, has a lower nipple or skin necrosis rate, better visualisation of the surgical field and faster recovery [7]. There are also health economic studies which showed the value of minimally-invasive mastectomy to be comparable to the conventional mastectomy despite higher upfront surgical cost [8]. The breast reconstruction options such as free flap, pedicled flap or implant are not limited by the use of minimally-invasive mastectomy.

Sensory Preserving Mastectomy

There is increasing evidence that shows that maintaining good sexual satisfaction improves a patient's quality of life, and preservation of nipple and skin sensation following mastectomy is important for a patient's sexuality. This can be achieved by neurotisation of the nipple areolar complex through conservation of the intercostal nerve endings on the chest wall and coapting (connecting) them to the nipple base or skin flap using autologous nerve or nerve graft. Neurotization of the nipple areolar complex during nipple sparing mastectomy shows promising results of improved postoperative nipple sensitivity [9,10].

We believe that excellent surgical skills are only one part of exceptional care. We emphasise a multidisciplinary approach to breast cancer treatment, where our breast surgeons work hand in hand with dedicated breast radiologists and pathologist to deliver accurate diagnoses, comprehensive care, and effective treatment for every patient.

Together, we're committed to improving women's health and advancing breast care through teamwork and compassion.

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