

Specialist in Focus:

Dr Ong Yew Kwang

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Dr Ong graduated from Trinity College Dublin, Ireland in 1998 with 2nd class honours. He began his general surgical training in 1998 and was accepted into the National Specialty Training program for Otolaryngology in 2002. He is currently a Consultant at the Department of Otolaryngology – Head & Neck Surgery, National University Hospital and an Assistant Professor at the Department of Otolaryngology, National University of Singapore.



Dr Ong provides outpatient and surgical care for general ear, throat and neck conditions. His main area of interest is Rhinology and he completed his fellowship in minimally invasive skull base surgery at the University of Pittsburgh Medical Center in 2010. His other clinical interest is functional septorhinoplasty, for which he did a mini-fellowship at the Asan Medical Center, Seoul, Korea.

Dr Ong is part of the department faculty involved in the teaching of medical undergraduates for their anatomy and ENT curriculum. He also lectures the dental, nursing and speech and language pathology students. He is a core faculty member of the ACGME ENT program at NUHS and member of the program's clinical competency committee and program evaluation committee. He is also the department facilitator for GP CME and department representative for JCI accreditation.

1) Why did you decide to specialise in Otolaryngology?

I had actually wanted to be a pilot as a child as I was fascinated by planes. Unfortunately, I developed myopia and so I had to ditch the idea.

Ever since I chose Medicine, I have always envisaged being both a surgeon and a physician.

Otolaryngology has a nice balance of both aspects. It is one of the few specialities that does not have a medical equivalent and so I get to reprise both roles.

I also like the wide scope of work that it offers. It has 7 different subspecialties: Otolology, Rhinology, Head & Neck, Paediatrics, Laryngology, Sleep Medicine and Facial Plastics. Each subspecialty is very different and requires a different set of skillset and technical abilities. Otology requires good microsurgical skills, head and neck surgery requires a good grasp of anatomy, rhinology requires good eye hand coordination for endoscopic sinus surgery. To be able to do all these well is challenging and I constantly strive to excel in every aspect of my work.

2) Who has had the biggest influence on your career?

My mother has been my biggest influence throughout my whole life. She has always placed the needs of her children ahead of her own. She urged me on in my work during my school days but never pressurised me. She always has words of encouragement during times of difficulty or failure.

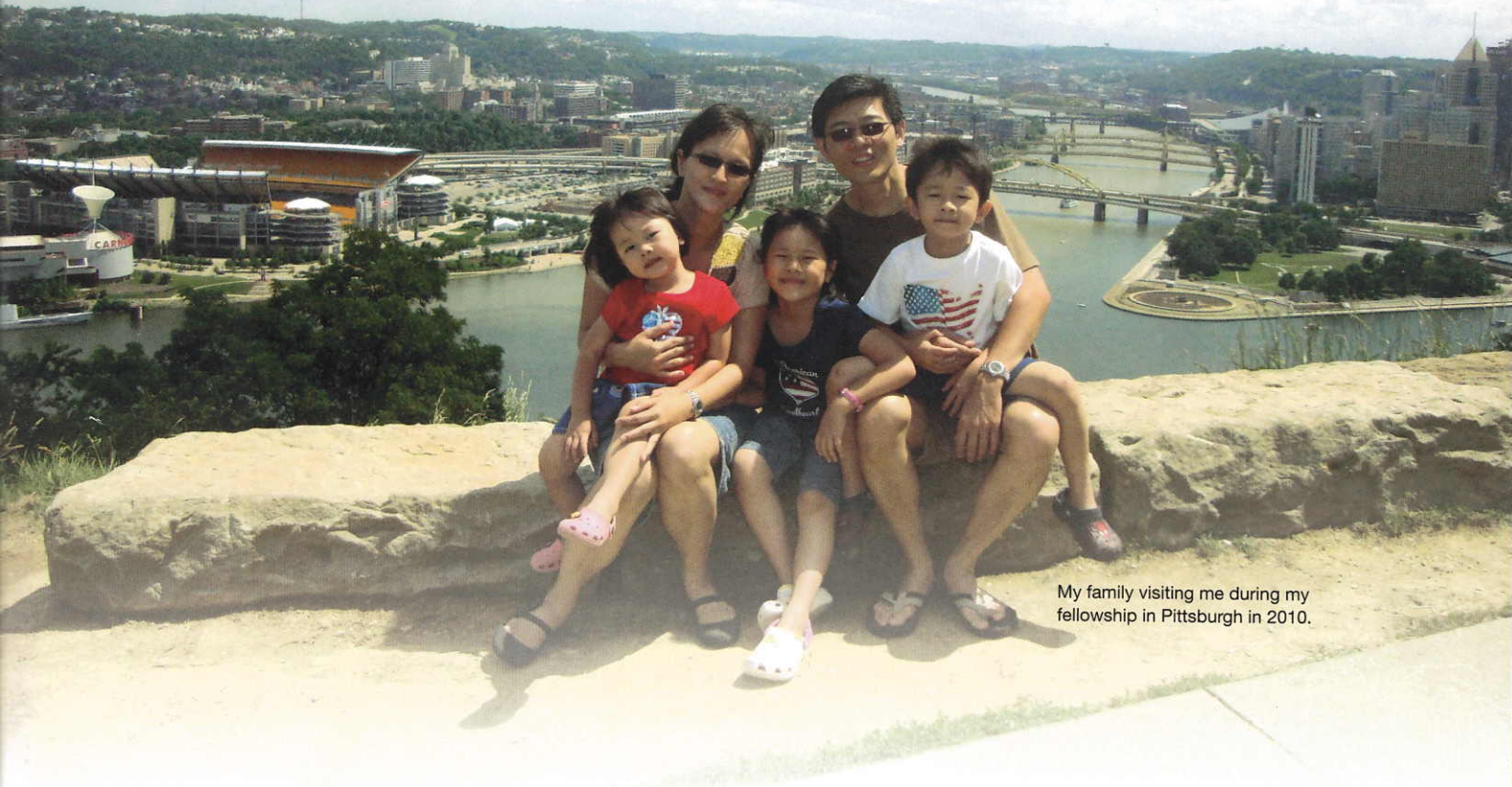
Though she does not have a high education background, she is the one who constantly reminds me the ethos, responsibility and moral obligations of being a doctor - to treat every patient, regardless of their background, as equal with dignity, compassion and respect.

3) Are there any exciting new developments in the treatment for nose and sinus problems?

The most exciting new development in endoscopic sinus surgery is the advent of the minimally invasive skull base surgery. This is a collaboration with the neurosurgeon to remove skull base tumors and some brain lesions such as pituitary tumours and meningioma entirely through the nose. This pushes the limit of traditional endoscopic sinus surgery beyond just treating nose and sinus problems. It avoids the morbidity of an open cranial surgery and the patient has a shorter hospital stay and faster recovery. Patients are surprised that there are no facial or scalp incisions despite the extent of the surgery involved.

4) Are there any interesting projects you are currently working on?

My aim is to develop a minimally invasive skull base surgery centre in NUH, which is not only known nationally but also recognised as a regional centre of excellence and referral centre. This is a big undertaking as it involves a paradigm shift from performing traditional open cranial surgery.



My family visiting me during my fellowship in Pittsburgh in 2010.

It is a technically demanding team surgery. Both the otolaryngologists and neurosurgeons need to be well-trained in the endoscopic anatomy of the skull base. But we have developed good understanding with our neurosurgical colleagues and I am optimistic that we will be able to take this field to greater heights.

5) What do you enjoy most in your current practice?

I love many aspects of my jobs. Making my patients well and knowing that I have helped them give me the biggest satisfaction. I am happy whenever my patients tell me that I have solved their problems. But, I realise that at times it is not all about solving their medical problems, a listening ear is sometimes all that they need. I have become friends with several of my patients and their families.

Being in a teaching hospital also means that I have the privilege to help teach the next generation of doctors and otolaryngologists in training. Apart from sharing my experiences with them, I also hope to inculcate in them the right set of values. Knowing that I have a part to play in influencing some of their decisions in their careers is indeed gratifying.

6) What are the important milestones and achievements that you are most proud of?

The otolaryngology training programme was a competitive programme and it took me some time before I was admitted. It was thus an important milestone for me when I eventually completed it and became an otolaryngologist. I also felt blessed that I was able to further my fellowship training in my favourite subspecialty.

Another important achievement was completing my first marathon in 2010. I have completed a few more races since then and I hope to be able to do one every year.

7) What do you enjoy doing in your free time when you're not taking care of patients?

I enjoyed long distance running. It takes my mind off work and help me relax. I spend my weekends with my family. Whenever time permits, I bring them out for walks and nature trekking. This is a time when the whole family bonds and shares the fun and joy.

8) Any personal heroes or models?

All my patients are my heroes. They have taught me many things that I don't learnt from textbooks including strength, preseverance, resilience and humility.

In the face of illnesses – especially terminal illness – I have learnt that everyone becomes equal regardless of their social status or wealth. My patients showed tremendous courage in dealing with their illnesses and the effects of their treatments. This makes me even more determined to do my best to help them.

