# DR LIM ING RUEN

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Before I decided on rhinology as my subspecialty in my work as an ENT specialist, I considered other subspecialties including otology. However, I settled on rhinology as problems like allergic rhinitis, sinusitis and sleep apnea are getting increasingly common, and I wanted to be in a position to able to help those afflicted with these conditions. As the socio-economic status of people has improved over the decades, people are more concerned about their quality of life.

Snoring and sleep apnea are two of the most common problems I treat. Snoring is closely related to obesity as weight gain increases the adipose collection in the upper airway which, in turn, leads to a higher chance of developing a blocked/obstructed airway during sleep. This, in turn, can lead to sleep apnea, and the majority of obese people have sleep apnea. A person with sleep apnea stops breathing more than five times an hour, with each episode lasting about 10 seconds. If this happens often enough over a period of time, the person has a higher risk of heart disease and stroke, memory deficit, and metabolic problems. The typical sleep apnea patient complains of snoring when sleeping on his/her back and intermittent choking attacks. Daytime symptoms include chronic tiredness, headaches, the inability to concentrate and memory loss.

To diagnose a person with sleep apnea, doctors would first perform an upper airway endoscopy. The patient would then go for an overnight sleep study to find out the severity of the sleep apnea – mild, moderate or severe – before options for treatment are discussed. Options include non-surgical treatment such as weight management and the use of a CPAP, a small pressure device that pushes air in through the nose during sleep and surgical treatment, which would be more likely in the case of pre-existing anatomical problems such as a deviated septum or enlarged tonsils.

In my training as a rhinologist, I went for one-year clinical fellowship in Pennsylvania that specifically focused on advanced sinus surgery. When does someone need to go for advanced sinus surgery? Well, advanced sinus surgery is used in more serious sinus cases such as in the removal of benign tumours in the sinuses or in the decompression of the orbit for patients with Graves' eye disease (thyroid eye disease).

The industry has created a range of instrumentation to help doctors in advanced sinus surgery. Other than endoscopes, one useful and advanced tool is the stereotactic computerised 3-D navigational tracking system. This system is an intra-operative tracking device like a GPS device in a car. It allows us to track the tip of an instrument onto a CT scan in three different planes in real-time during surgery. The system is usually used for revision sinus surgery, complex skull base cases or orbital procedures.

The most challenging operation I have performed so far is a surgical orbital decompression for Graves' eye disease for a patient referred by an ophthalmologist. The patient had started developing increased pressures in the eyes and her eyes were protruded because the soft tissue in the eye balls had swelled up. I had to do surgery to remove the medial wall of the orbit, and let the eyes decompress into the nose. After the surgery, her eye pressure was well controlled and her vision improved. Other challenging cases I have handled include those where foreign bodies (such as fish bones) have migrated elsewhere in the body. It is cases that these that contribute to my job satisfaction as an ENT specialist.