



GIVING A NEW LEASE OF LIFE

ARMED WITH AN IN-DEPTH KNOWLEDGE OF SPORTS MEDICINE AND WELL TRAINED IN ROBOTIC SURGERY, DR ALAN CHEUNG MINIMISES THE PAIN SUFFERED BY ORTHOPAEDIC PATIENTS WITH HIS CLINICAL SKILLS AND COMPASSIONATE Demeanour.

Born and raised in the UK, Dr Alan Cheung names anatomy as his favourite subject when he was studying at University College London Medical School. Fascinated by the structure of the human body, he particularly enjoyed surgical disciplines such as orthopaedics, whereby an intervention or procedure can result in instantaneous and dramatic improvement for a patient.

Early in his career, Dr Cheung worked at the prestigious Royal

National Orthopaedic Hospital in Stanmore, where he was greatly inspired by his teachers Mr Ian Bayley and Mr Simon Lambert's surgical skills and holistic approach to patient care.

Later, Dr Cheung practised emergency medicine at St Thomas' Hospital in South London, an area with a large population of homeless and drug-dependent individuals. During this period, he treated patients from all walks of life, gaining fulfilment from helping those in need. His

training was completed with a Fellowship at the Royal Prince Alfred Hospital in Sydney, Australia.

The tutelage by competent surgeons, as well as the exposure to a high volume of cases, helped build the confidence and skills that Dr Cheung possesses today. "What I learned from my best teachers is that you can't see patients as an X-ray or a limb. You have to see them as a whole person and show that you understand their problem," he says.

After coming to Singapore, Dr Cheung became an Orthopaedic Surgery Consultant at Ng Teng Fong General Hospital. He was also an international Advanced Trauma and Life Support instructor, and a former clinical lecturer at Yong Loo Lin School of Medicine at the National University of Singapore. This year, the accomplished doctor started private practice at Singapore Medical Specialists Centre based in Paragon.

ROBOTIC AID

Dr Cheung is a specialist in sports injuries of the knee, hip and shoulder, and an expert in adult joint reconstruction and replacement of these areas. He is also trained in general trauma (adult and paediatric) and management of musculoskeletal tumours.

Significantly, Dr Cheung is skilled in several robotic surgery techniques — specifically the MAKOplasty, Navio and Robodoc systems — in knee and hip replacement to achieve excellent, consistent and reproducible results. He particularly endorses the MAKOplasty system for its accuracy and safety. According to this seasoned surgeon, robotics is the future of total joint replacement surgeries, and he is excited to offer this service to his patients. At the moment, however, the human touch is still a crucial component in achieving an optimal outcome.

The skilful doctor is regularly invited to teach other surgeons from the Asia Pacific region on joint replacement and advanced arthroscopic techniques. After teaching on the first Cadaveric Arthroplasty course for hip and knee replacement in Myanmar recently, Dr Cheung has been invited to return and speak on Robotic Surgery at the ASEAN Arthroplasty Association

conference in November. To keep abreast of cutting-edge technologies, he travels to the United States every year to attend an annual orthopaedic conference.

WORK WITH PASSION

Since young, Dr Cheung has had a penchant for sports — he played for Cambridge Rugby Club, trains in a variety of martial arts including Brazilian jiu-jitsu, and enjoys golf and off-piste skiing.

As an orthopaedic surgeon, he usually meets patients in the Emergency Department or in the clinic after they are injured. This inspired him to obtain a Sports Medicine diploma from the Faculty of Sport and Exercise Medicine, UK, which allows him to prevent an injury or treat athletes from the time of injury and through to their eventual recovery.

At the same time, he is a member of the US-based Association of Ringside Physicians and is training as a pitch-side physician for events such as Rugby Sevens. A ringside physician is responsible for deciding whether a fight can go on. In the ring and after the fight, Dr Cheung assesses and treats fighters who are injured. He has provided medical support for events such as One FC and Thrive Championship.

SPEAK FROM EXPERIENCE

Despite suffering multiple shoulder dislocations in his youth, Dr Cheung did not seek medical advice, which affected his flexibility and sporting activities. Now, he wants to provide appropriate care and treatment for patients at an early stage of injury so that they do not have to go through the pain without any help like he did.

"Once you are injured, you may be sidelined for weeks and that disrupts your fitness, confidence and even your mental health. So it is important to prevent injury and get excellent medical care when you get injured."

MAKING A DIFFERENCE

Having grown up in the West, Dr Cheung makes it a point to understand and appreciate Asian cultures, and to tailor the treatment to the patients' preferences and beliefs.

To correct the misconception that joint replacement surgery is a painful procedure, good communication with the patients and their families is of paramount importance. He believes in building trust with his patients, explaining the risks, benefits and limitations of surgery, as well as managing expectations.

In his practice, Dr Cheung adopts modern approaches, such as minimally invasive surgical techniques (small incisions), gentle handling of tissues, regional and local infiltration anaesthesia, and multimodal analgesia protocols (a group of analgesics that provide a strong painkiller effect, but the dose can be reduced to lessen side effects). He also works closely with a multidisciplinary team to offer enhanced recovery for the patient whereby pain is minimised and manageable.



His aim is to let the patient stand immediately following surgery and walk soon after, which can greatly improve the patient's confidence and recovery compared to lying on the hospital bed. Some patients can be discharged just one day after partial knee replacement.

In partial knee replacement, the ligaments, nerves and muscles of the joint are preserved. Thus, the patient often recovers quickly and can resume motions such as squatting and kneeling. Some may even be able to play certain sports like golf.

In total knee replacement, a patient usually has degeneration affecting all parts of the joint. More of the bone is removed and the procedure may take longer to recover from. Furthermore, the surgery is designed primarily to relieve pain and not return full function of the joint. However, it will restore the patient's ability to perform daily activities without agony.

"There is no better feeling than when a patient — who was in severe pain and could hardly walk — smiles and strides into my clinic several weeks later to thank me for making a big difference to his life."

AT YOUR SERVICE

An extensive range of orthopaedic consultation and treatment services are available at Dr Cheung's clinic.

Adult Reconstruction

- Partial and total knee replacement
- Total hip replacement
- Robotic knee and hip surgery
- Total shoulder replacement/ resurfacing
- Reverse total shoulder replacement
- Revision joint replacement
- Advanced revision techniques

Hip

- Arthroscopy (minimally invasive keyhole surgery)
- Labral tears
- Cam/pincer lesions
- Snapping hip syndrome
- Hip pointer injury, hip flexor strain, hip stress fracture
- Hip bursitis
- Hamstring strain/tear
- Thigh strain

Knee

- Arthroscopy
- Arthroscopic ligament reconstruction
- Meniscal injury
- Cartilage injury
- Patellar tendonitis, Quadriceps tendonitis (tendon inflammation)
- Iliotibial band syndrome
- Hoffa's Fat Pad syndrome
- Patella instability
- Anterior knee pain syndrome
- Patella (kneecap), tibia (shin bone) and femur (thigh bone) fractures

Shoulder and upper limb

- Arthroscopy
- Subacromial decompression
- Rotator cuff repair
- Biceps tenotomy (tendon release), tenodesis (reattachment of tendon)
- Stabilisation
- Labral repair/debridement
- Capsular plication
- Mumford procedure
- Reconstruction of acromioclavicular joint
- Clavicle (collar bone) and humerus (upper arm bone) fractures
- Multidirectional (habitual) instability
- Carpal tunnel syndrome
- Ulnar nerve impingement
- Tennis elbow
- Trigger finger
- Tendinopathies of wrist and elbow

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