

KIDNEY



WE WILL MEET AGAIN



BY SHERILYNN LOH

“Until death do us part,” a young couple eagerly said to each other on their wedding day. The newlyweds, Mdm Wong*, 18, and Mr Tan*, 28, were all set to have a house, three kids, and grow old together. That was 1966.

FOR BETTER, FOR WORSE

Mdm Wong grew up with Mr Tan, as neighbours on Orchard Road in the 1950s. Back in those days, having a good time was much simpler. “We used to play jump rope made out of rubber bands,” Mdm Wong recalled cheerfully. She compared how different Orchard Road was when she was a little girl, and reminisced the times she visited Capitol Theatre, which was a stone’s throw away from her home, to watch Cantonese movies with her friends.

The couple married when they found out that she was with child. It seemed as though life had it all planned out for a simple dishwasher like herself—marry a good husband who would take care of her, and stay home as a housewife to raise the kids—and she did not have to worry. Mr Tan became the sole breadwinner, because he did not want Mdm Wong to work while she was pregnant. Mdm Wong and Mr Tan had three children—a daughter and two younger sons—and hoped that they would grow up to be fine young adults. But instead, their eldest son became abusive towards them. “He has a very bad temper, and would scold all of us for no reason. I don’t know why,” explained Mdm Wong exasperatedly.

The family has since distanced themselves from him, and share an estranged relationship with him. Their eldest daughter, unfortunately, passed on when she was 48, because of her deteriorating health. “She used to bring me out to spend time together,” Mdm Wong said tearfully. “It just pains my heart to talk about it,” she added.

At that point in time, Mdm Wong, who was already in her mid-60s, was diagnosed with kidney disease. Her husband, Mr Tan, was unable to work due to old age. And her youngest son, Richard*, was the only person who could care for both of them.

IN THIS ISSUE



04

KDF FLAG DAY 2018

HAPPY NURSES’ DAY 2018

06

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FOR RICHER, FOR POORER

As the sole provider, Richard had to pay for Mdm Wong's medication, and feed three mouths in the family on a paycheck of \$1,300. It was a stretch for the whole family, and they have never had it easy with their finances.

But whatever Mdm Wong's family lacked in wealth, life provided through good relationships with her extended family and neighbours, charity and donations.

"Richard would apply for subsidies or find ways for us to use vouchers instead of cash to pay for food," Mdm Wong described. Her family pays for their necessities through donated vouchers as much as they can, so as to relieve Richard's financial burden.

On several occasions, Mdm Wong's extended family has provided her with assistance. They have purchased a wheelchair, because she was having difficulty walking for long periods and also paid for simple necessities and staples, like rice and canned food.

Closer to home, her neighbours have even offered her cooked food from time to time as a kind neighbourly gesture. "They [the neighbours] were celebrating and they came over to give me two whole chickens! That was a lot for my family," she exclaimed. She is thankful for whatever help her family can get, no matter how big or how small.

IN SICKNESS AND IN HEALTH

Despite the kindness of her family and neighbours, life has been unkind. The irreversible nature of kidney failure means that it can be delayed, but there is no cure and it will only worsen over time.

With a controlled diet that reduces her intake of sugar, oil and salt, and various prescribed medication, Mdm Wong managed to delay her condition for 20 years. Nonetheless, the inevitable happened.

In March 2017, Mdm Wong was hospitalised due to end-stage kidney failure. Under the doctor's orders, she had to undergo dialysis immediately to remove the excess water and waste inside her body. Upon her discharge, Mdm Wong was recommended to KDF, because of her family's financial situation. She is now on dialysis with subsidies from KDF.



As she began her dialysis treatment, Mdm Wong and Richard decided to put Mr Tan in a home for the aged. Having to juggle bringing Mdm Wong to the dialysis centre, taking care of Mr Tan at home, and working long hours proved too much for Richard. And this became the best decision for everyone.

Even though Mdm Wong joked about Mr Tan being in the home meant that they would quarrel less often, it was clear that she was saddened by the physical distance between them. "Whenever we fight, I would take a walk to calm myself down before coming back," Mdm Wong elaborated. That was the farthest they have been from each other since being married.

To spend time with Mr Tan, Mdm Wong would make trips down to the home on her non-dialysis days. But these trips took a toll on her. Slowly, the fatigue from dialysis and old age overwhelmed her, and her trips twice a week became once a week. And soon enough, she would not be able to make the trip anymore.

UNTIL DEATH DO US PART

One Friday morning earlier this year, while Mdm Wong was halfway through her dialysis treatment, Richard entered the dialysis centre and said to her, "Mama, Papa is...gone." Grief overwhelmed her. A marriage of 52 years that has endured a son leaving, a daughter passing, the bad times, and even sickness, has come to an end on that fateful day when death does them a part.

The pain of losing her husband is still evident, and she is still coming to terms with it. There are no manuals, no instructions, and no part-II to marriage vows beyond death. Life has been unkind to her through and through, but the only solace for Mdm Wong is knowing that a bit of her husband still lives in Richard in the way he provides for her, like Mr Tan did when he was younger.

**All names have been changed at the patient's request for anonymity. Patient is not featured in any of the photos published.*

It is because of your donations that Mdm Wong is able to receive subsidies for her dialysis treatment. Continue to support patients like her by making a small contribution via the enclosed Business Reply Envelope. A little goes a long way for them. Alternatively, you may donate online at <http://kdf.give.asia/campaign/kdf-link>

Proteinuria



What is proteinuria?

Proteinuria is the condition where the urine contains an abnormal amount of protein.

How protein leaks in the urine?



Protein is found in the blood and usually is not present in the urine. Proteins are molecules that help in normal body processes such as enzymes, fighting infection (as antibodies), carriers of other substances and blood clotting. There are millions of tiny filters called glomeruli in the kidneys. As blood passes through healthy kidneys, the glomeruli filter the waste products. Proteins are large molecules and are unable to pass through the glomeruli into the urine. However, when the glomeruli are damaged by a disease process, proteins are then able to pass through them and escape into the urine.



Why is proteinuria dangerous?

Proteinuria is not a disease. However, it is an indicator that the kidneys have been damaged in some way. Protein should not appear in the urine in large quantities. Doctors usually say there is proteinuria if more than 150 mg per day is detected in the urine.

What causes proteinuria?



Some of the causes of proteinuria are:

- Primary kidney disease called nephritis**
- Secondary kidney diseases due to:**

- ➔ **Diabetes**
- ➔ **Hypertension or high blood pressure**
- ➔ **Cancers**
- ➔ **Pregnancy**
- ➔ **Medications**

Others

- ➔ **Excessive weight gain**
- ➔ **Heart failure**

Slightly higher excretion of protein may occur normally in certain circumstances such as pregnancy, during fever and after strenuous exercise. These are not clinically significant if the amount is only minimally raised and returns to normal levels soon after.



Are there different types of proteinuria?

There are essentially two types of protein: albumin which is a smaller molecule and globulin which is larger. When the disease is minor or early, albumin leaks out first. The quantity is then small and not detected by conventional methods used for detecting protein. This is called microalbuminuria implying that the amount leaked out is in small amounts. When the disease is more advanced, larger molecules other than albumin leaks out and we term this state collectively as "proteinuria".



Who are at risk of proteinuria?

People with diabetes, hypertension, or certain family backgrounds are at risk for proteinuria. In both type 1 and type 2 diabetes, the first sign of deteriorating kidney function is the presence of small amounts of albumin in the urine (microalbuminuria). As kidney function declines, the amount of albumin in the urine increases, and microalbuminuria becomes full-fledged proteinuria.

What are the signs and symptoms of proteinuria?



By itself, proteinuria causes a foamy or frothy urine. Patients may also say they see bubbles in the urine. If loss of protein is in very large quantities (more than 3 grams per day), a patient may have the nephrotic syndrome where he complains of swelling of legs, abdominal distention and breathlessness especially when lying down.

Look forward to the next issue of KDF Link where we will discuss more about proteinuria such as how to test for, and treat proteinuria.



Aside from student volunteers, Flag Day 2018 also saw organisations, such as Singapore Airlines and Standard Chartered Bank, and many individual volunteers coming together to lend a helping hand. One of our youngest individual volunteers this year is four-year-old Kalen. Together with his sister, Kalyn, and friend, Dave, who are both six this year, the trio joined us for a half-day shift with their mothers.

"We [the mothers] thought that it would be good exposure for the kids [to be Flag Day volunteers], because the kids have often been approached by volunteers asking for donations. We wanted them to try it out on their own too, and they were very excited," explained Amanda Lim, mother of Kalyn and Kalen.

As a form of appreciation from KDF, all volunteers were given a blue T-shirt bearing the tagline, "Extend Hope, Extend Lives." Volunteers could choose to wear it on the day itself, or keep it as a memento for their contribution. The tagline is part of KDF's lifelong promise to extend hope and lives of our needy kidney patients.

With aid from our volunteers, we raised a total of \$47,913.11 for KDF Flag Day 2018. In collaboration with Sheng Shiong Supermarket, a one-time coin exchange of the donated coins collected from the event was conducted.

KDF Flag Day 2018 would not have been possible without the generosity, support and help of our volunteers and donors. We would like to express our sincerest thanks to all volunteers and donors for their contribution towards Flag Day 2018's success, and we hope to see both familiar and new faces in 2019!

KDF FLAG DAY 2018

BY SHERILYNN LOH

Some 778 volunteers arrived bright and as early as 7:30AM at the various stations across Singapore for KDF's annual Flag Day on 7th July 2018. This year, five stations—Bishan, Jurong East, Serangoon, Tampines and Woodlands—were set up for Flag Day, and collections kicked off at 8AM and ended at 5PM.

Volunteers registered at their respective counters before setting off all around sunny Singapore with a collection tin, or bag, in hand and a meaningful purpose in mind—to help needy kidney patients raise funds.

A total of 26 secondary schools, two polytechnics and one private school joined in on our efforts. Some of these secondary schools have been volunteering for our Flag Day for three years in a row. These include Ang Mo Kio Secondary School's Girl Guides, Anglican High School's NCC, and Cedar Girls' Secondary School, Hai Sing Catholic School and Ngee Ann Secondary School's NPCC units. Our special mention goes to Anglican High School for having the most number of participants in the school category. On the tertiary level, Singapore Polytechnic's CLS Club deserves our special mention for their second year of participation, and for the most number of volunteers.

technology for more efficient rail maintenance

our rail network, making it easier for our engineers to detect and rectify faults.

We'll need the money, we'll do it, and together we'll see there!



\$

“ We [the mothers] thought that it would be good exposure for the kids [to be Flag Day volunteers], because the kids have often been approached by volunteers asking for donations. We wanted them to try it out on their own too, and they were very excited. ”



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Happy Nurses' Day 2018



Did you know that in Singapore, Nurses' Day falls on 1st of August?

This Nurses' Day, we spoke to five nurses across our dialysis centres to share their experiences and thoughts about their nursing journey thus far, and why they decided to specialise in renal care.



NAME: PETRA
18 YEARS OF NURSING EXPERIENCE
AND 17 YEARS IN A RENAL SETTING.
MAIN OFFICE

“ It really is a sense of achievement when you see that the patients place their trust in you to take care of them. Seeing their family members and their children grow up, it is like we are part of their family so there is an attachment to it, unlike in a hospital where patients come and go. ”

“ In a renal setting, it is very much like a big family as we get to see our patients three times a week. Our patients also very often treat us like we are their children or their grandchildren - we can talk about almost anything, and sometimes they even share their problems with us. It is as if I'd gained more family members. ”



A familiar face at the KDF Bishan Dialysis Centre, Petra started out as a ground nurse taking care of dialysis patients. The experience allowed her to interact with patients from all walks of life and enabled her to build a good rapport with them, which aided in the commencing of dialysis procedures for her patients easily.

Petra is not only a skilful nurse with extensive experience in difficult needling and buttonhole cannulation¹ technique. She is also equipped with comprehensive



NAME: JESLYN
16 YEARS OF NURSING EXPERIENCE
AND 15 YEARS IN A RENAL SETTING.
KDF BISHAN DIALYSIS CENTRE

Jeslyn vividly remembers an article that she read in primary school about a nurse, and how the white uniform left a lasting image of purity and meaning in her young mind.

In her teenage years, Jeslyn's good friend often shared snippets about her life as a nursing student, leading Jeslyn to be even more intrigued by the profession. This led to her eventual decision of making nursing her first choice for tertiary education, taking her first big step towards becoming a nurse.

After more than a decade in the profession, Jeslyn has met many sorts of patients along the way. She especially feels for those who are often alone at home and craves for care and concern. So on top of taking care of their clinical treatment, she makes it a point to pay more attention to them and chat with them, as she finds it rewarding and meaningful to bring happiness to her patients.

clinical knowledge.

More recently, Petra has taken on a new role as nurse educator, and is now responsible for training and educating KDF nurses to ensure a consistent standard of practice across KDF dialysis centres. What she always instills in the nurses under her care is that in order to deliver better care, they need to take the initiative to learn more about dialysis treatment, so that they can properly explain to their patients and help them understand their condition.

¹ The buttonhole technique benefits patients who have difficult veins or short vessel segments suitable for cannulation but unable to have rope ladder needling to rotate the site during each hemodialysis session. It is a technique of using dull needles to insert into the exact same spot on the patient's fistula, which will be less painful.



NAME: ANTONIO
21 YEARS OF NURSING EXPERIENCE
AND 13 YEARS IN A RENAL SETTING.
KDF BISHAN DIALYSIS CENTRE

Having over a decade of experience in renal care, Antonio often worries about his patients' health and well-being. To him, nothing is more comforting than when he sees his patients adhering to their treatment schedules and when their blood test results return normal with no complications.

Like a concerned family member, Antonio educates his patients continuously and patiently, giving them dietary advice and advice on how to better manage their health while on dialysis. It is the genuine concern he shows for his patients that built up the trust between them, making his patients more willing to heed his advice.

“ Back then, there was a lack of treatment and resources dealing with kidney failure in my home country. My uncle suffered from kidney failure and passed away due to poor treatment. That is one of the reasons why I switched from being an emergency nurse to one specialising in renal care. Besides providing care, I also spend time learning about the disease and prevention, so that I can educate, not just my patients, but the people around me. I love my role as a renal nurse and can't imagine myself doing anything else. ”



NAME: SULASTRI
32 YEARS OF NURSING EXPERIENCE
AND 4 YEARS IN A RENAL SETTING
KDF GHIM MOH DIALYSIS CENTRE

“ The biggest challenge I face as a nurse is overcoming the sadness of knowing that the patients I had cared for had passed on. Which is why I am always happy for patients who are able to make it. ”

After leaving school, Sulastri was unsure what to do so she decided to join her friend who wanted to be a nurse. Sulastri started her nursing journey at Mount Elizabeth Hospital in 1984, and it was there that she found the passion and joys of being a nurse.

In the past, especially in Asian countries, working as a nurse was often frowned upon, but her family had been very supportive and proud of her choice as they saw it as a noble job. Despite leaving the profession briefly to pursue her interest in hairdressing, she eventually found her way back to nursing as she finds life more fulfilling working as a nurse.

Although Sulastri has now been promoted to grandma, she still yearns to serve in nursing for many more years to come.

It was a difficult choice for Elvira to decide to come to Singapore to work, leaving her two young children behind. Moreover, when she just arrived, she was faced with a language barrier when communicating with older patients, but that did not stop her from providing the best care she could. To overcome the challenge, she picked up Malay by herself, and subsequently, Mandarin, just so that she could understand and communicate with her patients better.

Initially, Elvira chose to become a nurse as she wanted to provide a better life for her family. But the more she interacted and cared for her patients, the more passionate she felt about the job.

She eventually found her true calling when she began her specialisation as a renal nurse; having learnt about kidney failure and caring for patients on dialysis, it dawned on her that that was where she wanted to be. Today, Elvira has been a renal nurse for almost two decades!



NAME: ELVIRA
27 YEARS OF NURSING EXPERIENCE
AND 20 YEARS IN A RENAL SETTING.
KDF SAN WANG WU TI DIALYSIS CENTRE

“ Nursing is a tough job - you need to have a strong will and lots of patience. At the dialysis centre, we meet our patients regularly, so there is a continuity in communication and relationship building, and this bond is what I like and appreciate. ”

BRAND NEW LOOK & GOING DIGITAL!

Yes! KDF Link is now available in digital format. You can now enjoy reading our newsletter on your desktop, laptop, tablet or smartphone.

So for those of you who have been asking for it, now is a good time to make sure your email address is up to date.

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At the same time, we would also like to know what you think about our new look!

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YES NO NEUTRAL

What do you like about our new look?

- The clean and uncluttered look
- The layout and design of the articles
- The colour scheme used

What do you think can be improved on?

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We are looking for schools, companies and big-hearted individuals to adopt our charity Pledge Cards to raise funds for needy kidney patients.

This project is in conjunction with the KDF Charity Weiqi Competition 2018, to be held in November this year. Drop us a note if you are interested in getting your school or yourself involved in this project.

Contact Details:

Mr Dickson Loi at 6559 2652 or email: Dickson.loi@kdf.org.sg

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迎合今年11月将举办的KDF 2018年慈善围棋比赛, KDF筹款卡认捐也是该活动的筹款渠道之一。如果您的学校、公司或者您本人有兴趣认领筹款卡,请联络:

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向白衣天使致敬

译/蔡永馨
(Jemin Chua)

您知道8月1日是新加坡护士节吗？

其他国家通常选择弗洛伦斯·南丁格尔的诞辰日——5月12日庆祝国际护士节，但对新加坡来说，8月1日是护理学在本土开启可载入史册的日子，首次新加坡籍护士的招募以及培训就在此日。因此这一天被定为新加坡的护士节。

在今年护士节来临之际，本刊特别采访了五名在KDF洗肾中心服务的资深护士，请他们分享自己从事护理行业至今的心路历程。在此，谨以本文向所有护理工作致以崇高的敬意。



姓名: Petra
护士资历18年
肾病专科资历17年
KDF总部

“当病人由衷的信任你，放心让你照顾他们，那是一种无法言喻的成就感。看着他们的孩子渐渐长大，我们就像是一起经历岁月的家人一样，存在着一种牵绊。这与病人来来去去的医院环境大不相同。”

Petra是我们碧山洗肾中心的常驻孔，在洗肾中心从注册护士做起，兼顾护理以及透析治疗相关的各类事宜。丰富的临床经验，使得她能够与各行各业的患者进行互动，并与他们建立良好的关系，帮助患者轻松地开始他们的透析疗程。Petra不仅具备全面的临床理论知识，还是一位操作技术娴熟的护士，在针刺技术和纽扣穿刺法¹方面有着丰富的实践经验。

近期，Petra升级成为一名护理导师，肩负起指导、培训KDF护士的重责，致力于统一并提升KDF各洗肾中心的护理水平。Petra最常向学员灌输的观念是：要提高自己的护理水平，需要主动学习掌握更多透析相关知识，这样才能帮助病人了解他们的病情更好的配合治疗。

1，纽扣穿刺法是每次进针采用同样的穿刺点、角度、深度，重复穿刺两个月左右，可形成一皮下隧道，然后采用钝针穿刺隧道进行透析。此法可减少疼痛感，尤其适用于自体血管条件差无法用绳梯穿刺透析的病人。



姓名: Jeslyn
护士资历16年
肾病专科资历15年
碧山洗肾中心

“洗肾中心就像一个大家庭，毕竟一周要见三次面。病人也待我们如同自己的子女，有时闲聊，有时则向我们倾诉他们的烦恼，我们几乎无话不谈。正因为这样，我感觉自己好像多了许多家人。”

Jeslyn还清楚地记得自己上小学时读过一篇关于护士的文章。身着白衣，纯洁又有使命感的护士形象至今让她难忘。

上了中学，Jeslyn的好友常与她分享在护校学习的逸闻趣事，这让Jeslyn对护理这个专业越发感兴趣。到了择校深造的时候Jeslyn索性报考了护理专科，迈出了成为护士的第一步。

转眼间，Jeslyn加入护士行列已超过10年。过程中，她遇见形形色色的病患。她会对独居的病人格外关注些，临床治疗护理之余，她还主动对他们嘘寒问暖。她觉得如果自己多付出一点关心就能带给病人温暖与快乐，非常有意义。



姓名: Antonio
护士资历21年
肾病专科资历13年
碧山洗肾中心

在洗肾中心已经服务了十多年，最让Antonio牵挂的是他照看的病人。对他而言，只要病人遵循治疗方案，各项血液检查指标正常、没有出现并发症，最能让他感觉欣慰。

Antonio就像家庭中热心肠的长辈，常苦口婆心地督促他的病人注意透析过程中的饮食管理，并提供合理化建议改善体质。所谓精诚所至，金石为开，感受到Antonio的真诚和专业，患者们都很愿意听从他的劝告。

“

从前，在我的家乡肾功能衰竭的诊疗资源非常匮乏，我的亲戚就是因为肾衰竭治疗不当而去世。这件事促使我由一名急诊科护士转而成为肾脏科的专科护士。

现在，我在护理透析患者的同时，还不断学习肾功能衰竭的病因及其预防措施等相关知识，这样不仅可以教育我的病人，也能提醒身边的亲友。我非常喜欢护理这份工作，更热爱当一名肾病专科的护士。”



姓名: Sulastri
护士资历32年
肾病专科资历4年
锦茂洗肾中心

“

对我而言，当护士最大的挑战是克服病人去世时的悲痛。所以只要我的病人还健在，我都会为他们感到高兴。”

当年，刚从中学毕业的Sulastri对前途十分茫然，便跟随好友报读了护理课程。1984年她在伊丽莎白医院正式开始了自己的护士生涯，很快便从这个行业寻获了工作的热忱与喜悦。

在那个年代，尤其在亚洲国家，护理工作是被歧视的行业。但Sulastri的家人却认为那是份崇高的职业，非常支持她的选择，并以她为荣。Sulastri曾中途转行，从事她感兴趣的美发行业。但很快又重返自己的老本行，她觉得自己更胜任当一名护士，护理工作让她更有成就感。

今年是Sulastri入行的第32个年头，虽然已升任祖母，可以享受天伦之乐，但她仍愿意继续在临床一线为病人服务。



姓名: Elvira
护士资历27年
肾病专科资历20年
三皇五帝（牛车水）洗肾中心

“

护理是一项艰辛的工作，我们既要有坚强的意志，又要有十足的耐心。在洗肾中心，我们通常一段时间内会接触同一批病人，感情便通过持续的相互了解一点一点培养出来。病人和护士之间能有深厚的情感纽带维系，在我看来是非常难能可贵的。”

当年，Elvira痛下决心留下两名年幼的孩子，只身离乡背井来新加坡打工，只为了让家人过上更好的生活。工作伊始，她面临语言障碍，尤其是与年长患者沟通困难，但这并没有阻止她为患者提供最好的照顾。为了能够更好地了解她的病人，与他们交流顺畅，Elvira也积极学习马来语和华语。

当初加入护士行列只是为了讨生活，但在接触护理专业并开始照顾病人之后，Elvira发现自己越来越喜欢这份职业，真正的转折点是在她成为肾病专科护士之后。当她接触到肾功能衰竭患者并开始护理透析患者，赫然有了使命感，从此Elvira兢兢业业，在洗肾中心一呆就是20年！



除了学生义工，今年的售旗日我们也看到企业社团参与其中，例如新加坡航空公司、渣打银行，还有许多自发来的志愿者。今年最小的义工是4岁的Kalen，他和六岁的姐姐Kalyn以及他们的朋友，同样六岁的Dave组成三人小义工团，在妈妈的带领下完成半天的街头募款。

为感谢大家的辛劳付出，KDF特别向每位义工赠送一件蓝色T恤衫，衣服上印有“传递希望，延续生命”的英文标语。这一标语也正是KDF对贫困肾病患者许下的承诺。

在大家的共同努力之下，KDF 2018年售旗日共筹款\$47,913.11元。这次筹款收到的所有硬币都与昇松超市直接作一次性兑换，为我们省去银行手续费。

感谢所有义工的热心帮助、善翁的慷慨解囊，让我们的2018售旗日圆满成功，我们期待与新老朋友们相约在2019年！

2018年7月7日，778名义工走上街头参加KDF一年一度的售旗日。为帮助KDF筹款，有的义工早上七点半就赶到了报到点。今年的售旗日共设立五个报到点，分别在碧山、裕廊东、实龙岗、淡滨尼和勿兰。

为期一天的售旗筹款从早晨八点开始一直持续到下午五时。义工们手提筹款袋或捧着捐款罐走上烈日高照的新加坡街头，只为一个目标：为需要帮助的肾病患者筹集洗肾医药费。

本次活动获得26所中学、2所理工学院和1所私立学校的大力支持。其中一些学校已经连续三年参加KDF的售旗日，这当中有宏茂桥中学的女童子军、圣公会中学的全国学生军团（NCC）、四德女子中学、海星天主教中学以及义安中学的学生警察团（NPCC）。

圣公会中学共有46名学生参加本次售旗，是所有学校中参与人数最多的一所。在大专院校中，我们要特别感谢新加坡理工学院的化学与生命科学俱乐部，这是他们第二年参加KDF的售旗日，也是本次活动中义工人数最多的团体（共141人）。



KDF 2018 售旗日

译/鲁旭
(Shelley Lu)

technology for more efficient rail maintenance

our rail network, making it easier for our engineers to detect and rectify faults.

We'll need the money, we'll do it, and together we'll see there.



\$

“我们(这群妈妈们)觉得这(当售旗义工)对孩子们是一次很好的体验, 因为之前都是义工向他们要捐款。这次我们想让他们自己尝试当义工, 他们都非常兴奋。”

”



\$



\$



蛋白尿(上)

什么是蛋白尿？

尿液中的蛋白质含量异常。

蛋白质是如何渗漏到尿液中？

通常蛋白质不存在于尿液中而是存在于血液中。蛋白质是维持人体正常运作的分子，它协助酶素分泌和血液凝结，帮助抗感染（是我们体内抗体的一个成分），也能在人体内携带其他物质。

肾脏中有成千上万个很微小的过滤器，叫肾小球。当血液通过健康的肾脏时，肾小球会将废物过滤。由于蛋白质属大分子，一般不会通过肾小球而进入尿液中。然而当肾小球因疾病受损时，蛋白质就能穿过这个防线而渗漏到尿液中。

为什么蛋白尿是危险的？

蛋白尿不是一种疾病，但它是显示肾脏在某种程度上已经受损的一种症状。蛋白质不应该大量出现在尿液中。如果一天的尿液中蛋白质超过150毫克，医生就会诊断为蛋白尿。

蛋白尿是怎么造成的？

以下是一些造成蛋白尿的因素：

a) 原发性肾疾病，称为“肾炎”。

b) 由以下疾病所引发的继发性肾疾病：

- 糖尿病
- 妊娠
- 癌症
- 高血压
- 药物

c) 其他：

- 体重过重
- 心脏衰竭

蛋白质的排出量在一些情况下会稍微提高，例如：妊娠，发烧或做激烈运动后。若尿液里的蛋白含量只有微量的提高且能在过后迅速回复正常，这种情况是不能被诊断为蛋白尿。

蛋白尿有哪些不同的种类？

蛋白质本身可分为两种：小分子的“白蛋白”和大分子的“球蛋白”。在病症初期，“白蛋白”会先渗漏入尿液中。但其数量少，普通的检验方式不容易验得出，这种病症称为微量白蛋白尿意味着渗漏出的蛋白量很小。但当病症加剧时，“球蛋白”也会跟着一起渗出，这种症状即可称为“蛋白尿”。

哪些人是属于蛋白尿的高风险群？

那些患有糖尿病、高血压或拥有家族史的人士都有患蛋白尿的风险。

对于一型和二型糖尿病患者，少量的白蛋白出现在尿液中是显示肾功能逐渐衰竭的最早症状。随着肾功能进一步衰竭，蛋白渗漏量就会增加，微量白蛋白尿就会进而成为蛋白尿。

蛋白尿有哪些征兆与症状？

蛋白尿会使尿液产生泡沫，病患也许会形容说尿液中出现泡沫。如果蛋白质大量的流失（一天超过3克），病患也可能会随即患上“肾变病综合症”，出现足部水肿，腹部膨胀以及呼吸困难（尤其是在躺着时）的一些症状。

下一期的《肾析简报》将继续带您深入了解蛋白尿，例如怎么检验蛋白尿以及如何鉴定其严重性。敬请期待。

Mdm Wong 一家三口虽然缺乏经济来源，但基于她的好人缘，不论是远亲还是近邻，或是慈善团体都对他们伸出了援手，他们的生活才过得去。

“Richard会为我们申请不同的津贴；我们在购买食物时，会想尽办法用礼券支付，尽量不用到现金。” Mdm Wong 叙述道。为了减轻Richard的负担，他们一家三口都尽量使用慈善团体分发的礼券添购家中的必需品。

Mdm Wong的亲戚也会偶尔帮助他们。因为Mdm Wong之前提过自己行动不便，不能长时间行走，他们就购买了一台轮椅送给她。除此之外，他们还会为Mdm Wong一家购买如白米和罐头食品之类的必需品。

Mdm Wong的邻居也会时不时和她分享煮好的食物。“他们（邻居）当时在庆祝节日，就给我送来了两只鸡！真的好多！”她开心地回忆道。Mdm Wong表示，亲戚朋友的援助无论大小，都让她感激不尽。

无论健康或疾病

Mdm Wong一家虽然得到亲戚和邻居的善待，但她却缺乏老天的眷顾。慢性肾衰竭虽然可以用药物缓和病情，但它无法治愈或逆转，时间久了，病情可能恶化，只能透过洗肾延续生命。Mdm Wong通过药物和饮食的控制，减少了糖、油和盐份的摄入，才得以把病情延缓20年。但该有的总归要来。

去年三月，Mdm Wong因肾衰竭入院，在医生的指导下，她必须立刻进行透析治疗，排出体内多余的水分和毒物。出院后，Mdm Wong因为家境贫困，在社工的推荐下获得KDF的津贴，如今在我们旗下的洗肾中心进行透析治疗。

开始洗肾后，Mdm Wong和小儿子Richard便决定把Mr Tan 送进安老院。考虑到Richard既要接送Mdm Wong洗肾，又得赶回家照顾Mr Tan，再加上工作时间又长，让Mr Tan 住进安老院由专人照顾成了最妥善的安排。



Mdm Wong虽然开玩笑说把Mr Tan送进安老院之后，他们就不会一直吵架了，但她的眼神却透露了感伤和寂寞。“以前我们吵架的时候，我就会到外面走走，冷静之后就回家。” Mdm Wong 解释道。所以，自两人结婚以来，Mdm Wong和Mr Tan从未离对方那么远过。

为多陪陪老伴，Mdm Wong会特地在不需要洗肾的时候到养老院看望Mr Tan。但是，毕竟年事已高，洗肾过后又会相当疲惫，每周两次的探访渐渐变成了每周一趟。再过不了多久，Mdm Wong想去也没法再去了。

至死不渝

今年年初的一个星期五早晨，Mdm Wong正在洗肾便看到Richard缓缓步入洗肾中心。“妈，爸爸他……走了。” Richard简短的说道。面对这一噩耗，Mdm Wong悲痛欲绝，哭不成声。在52年的婚姻里，夫妻两人携手挨过了与大儿子断绝关系的辛酸，失去女儿的悲痛，也一起经历过贫困和疾病，但那天早上，一切画上了句点。死亡迫使两人永别。

Mdm Wong 至今还在努力接受失去丈夫的现实并试图克服心中的悲痛。这世上没有一本手册、没有指导书、连结婚誓言也没有续篇告诉我们另一半离世后的生活将如何继续。Mdm Wong的一生经历了一次又一次的煎熬和坎坷，但让她欣慰的是，Richard继承了父亲的优点，对Mdm Wong关怀备至，就像Mr Tan年轻的时候一样。

*声明：为尊重病患的隐私及个人意愿，文中所采用的姓名皆虚构，照片主角也非受访病患。

因为有您的慷慨解囊，Mdm Wong才能通过KDF的洗肾津贴受惠。若您有意捐款，请用随本刊所附的回执信封寄来善款，继续为Mdm Wong和其他肾病患者减轻医疗负担。您也可以到以下网站捐款：<http://kdf.give.asia/campaign/kdf-link>。

报

简

析

肾



执子之手， 与子偕老



译/盧珽德 (Sherilynn Loh)

“从今时直到永远…… 我将爱着你，至死不渝。”一对年轻的新人在婚礼上同声道出了神圣的誓言。年仅18的新娘Mdm Wong* 和28岁的新郎Mr Tan* 已准备好开启人生的新篇章，共同憧憬着属于两人的家和未来的三名子女，一起白头偕老。当时是1966年。

无论顺境或逆境

上世纪50年代初，住在乌节路的Mdm Wong和Mr Tan是青梅竹马的邻居。当年的生活可说非常简单。“小时候，我们把橡皮圈一圈连一圈编成跳绳的绳子，就能玩得很开心了！”Mdm Wong愉快地回忆道。她分享着自己小时候的乌节路和现在的差别，也回想起曾经与三五好友到家附近的首都剧院看广东片的美好时光。

Mdm Wong 和 Mr Tan是先有后婚，但这个意外却好似命运早已给Mdm Wong设好的安排。她当时只是一个洗碗女工，能嫁给一个既有责任感又愿意照顾她的好丈夫，专心当个家庭主妇相夫教子，也算是种幸福。为了不让Mdm Wong挺着肚子出外打工，Mr Tan更一肩扛起了所有的担子。

他们的小家庭逐渐扩大，先有了大女儿慢慢地又增添了两个儿子。两口子对三个孩子最大的期许是希望他们能够长大成才。但不幸的是，大儿子却展现暴力倾向。“他的脾气非常暴躁，会无缘无故的骂我们。我也不知道为什么。”Mdm Wong无奈地解释道。

从那之后，他们一家便不再与大儿子联络，与他的关系也因此疏离了。他们的大女儿则在48岁那

年不幸患重病去世。“以前，她经常带我出去，陪我到处走走，”Mdm Wong眼眶含泪哽咽道。“一想起（这些往事）…… 我的心就很痛！”

当时，Mdm Wong已经66岁，已被诊断患上初期肾衰竭。丈夫Mr Tan 因年老无法继续工作，所以小儿子Richard*成了二老唯一的依靠和家里的经济支柱。

无论富裕或贫穷

身为家中唯一的支柱，单身的小儿子Richard 每个月\$1,300的收入除了要负担Mdm Wong的医药费，还得供养父母并支付自己的生活费。这对他来说是个非常重的负担，在经济上更是无法应付。

本期看点



KDF 2018 售旗日



向白衣天使致敬

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