

# Siloam

*Closer to You*



International Nurses Day

Clinical Governance

Kidney Stone

Lung Cancer

Prostate Cancer



International Quality • Scale • Reach • Godly Compassion

Jakarta • Lippo Village • Kebon Jeruk • Lippo Cikarang • Surabaya • Jambi • Balikpapan

# From CEO's Desk

## Highlighting Our Vision

It is with great pleasure and gratitude that I report the first quarter of 2011 has been a busy and productive period on our inspiring and social transformational journey. As I noted in the last edition of 'Siloam Closer to You,' due to your hard work and commitment, 2010 was an important year for Siloam; we embarked on our ambitious expansion plan, established the international quality benchmark in Indonesia and offered a number of affordable screening programs, products and services to over 100,000 people. The notable achievement in 2010 was the re-accreditation of Siloam Hospitals Lippo Village (SHLV) by the US based Joint Commission International (JCI) and our investments in state of the art medical equipment.

So far, 2011 has been just as busy and exciting as 2010. In the first quarter of 2011, by continuing to respond to our patient needs and demands, the consolidated revenue grew over 15% and patient visits by over 7%. The on going affordable mass health awareness campaigns on cervical cancer, breast cancer, lung health and heart screening symbolises Siloam's commitment to treat diseases at a critical stage and to also support public education and prevention through early detection.

During this quarter, we also launched Siloam Hospitals Jambi (previously Rumah Sakit Asia Medika, purchased in 2010) completing extensive renovations increasing the number of Clinic rooms and Beds and installing state of the art equipment such as 64 slice CT, 1.5 Tesla MRI, Mammography, Haemodialysis, Laboratory machines and upgrading the ICU, OT and ETC services. SH Jambi also became the first hospital in Indonesia to introduce filmless Radiology readings and Real-time Tele-medicine capability. The launch was attended by the Minister of Health dr. Endang Rahayu Sedyaningsih, MPH, Dr. PH, who was very appreciative of Siloam providing accessibility to International Quality healthcare services for the Jambi community, thus encouraging us to expand our vision across Indonesia.

Since its founding in 1996, our business model primarily targeted services to the middle and higher social strata. However over the last year, we have looked at innovative healthcare systems in emerging economies and concluded that a strategy of Reach and Scale will be a sustainable model, creating equity of access and affordability to contemporary health care to all segments of the population.

It is with this outlook that we have embarked on an ambitious journey to fulfill Indonesia's health needs, building this foundation from ground up. Capacity modeling from the Ministry of Health suggests that within the next 20 years, Indonesia will be in short supply of approximately 100,000 doctors and 150,000 hospital beds, which will place considerable pressure on the supply side. This predicted shortage is much higher in Indonesia when compared to our regional neighbours, Malaysia, Thailand and the Philippines.



**“Capacity modeling from the Ministry of Health suggests that within the next 20 years, Indonesia will be in short supply of approximately 100,000 doctors and 150,000 hospital beds, which will place considerable pressure on the supply side.”**

This gap calls on us to invest in training of quality doctors, nurses and other clinical specialists. It also supports the development of the first general hospital to be built by a private healthcare provider, Rumah Sakit Umum Siloam (RSUS), which is scheduled to open in July this year. RSUS will be located at the Siloam Hospitals Lippo Village site, and will partner with the Universitas Pelita Harapan's Faculty of Medicine to provide large 'Scale' general hospital services to Jamkesmas holders. It will also serve as a teaching institute for our clinical students, ensuring quality care to the public. The first phase will see the commissioning of 300 beds as part of the 2000 beds we envisage to grow to over the next 5 years. This is a tremendous responsibility in our journey of commitment and dedication to provide affordable and equitable healthcare regardless of economic status. As a leader in the healthcare sector in Indonesia, it is our integrity and belief that healthcare should be patient centered first and foremost.

On the 'Reach' aspect, over the next 5 years we have plans to open over 25 new hospitals in locations spreading from Medan to Jayapura. With this in mind, we eagerly anticipate the ground breaking and commissioning of a number of our new pipeline projects. Over the next 3 months we will celebrate the ground breaking of Palembang, Bali, Manado and Medan. Additionally in 2011, RSUS teaching hospital will open in July, followed by Siloam Hospitals Palembang in September in time for the SEA Games, and Siloam Hospitals Makassar in December. We will also expand Siloam Hospitals Lippo Cikarang, Siloam Hospitals Lippo Village and Siloam Hospitals Balikpapan with state of the art equipment and additional beds. Our plans also include the development of a new Balai Kesehatan Masyarakat (Balkesmas) close to RSUS, which will be free of charge to support primary care and community health education.

In response to the dynamic and complex changes and growth of the Indonesian population, Siloam has always taken the lead to traverse uncharted territory, expand and enhance evidence based clinical services. The belief that we can create social transformation through healthcare drives us to face the challenge of creating equitable access to affordable healthcare in Indonesia. Delivering this commitment will not be easy and we recognise the need to work with key stakeholders, including the public sector, suppliers and the community. I am confident that through your commitment, Godly compassion and Teamwork, we will turn these challenges into iconic achievements.

Blessings,

dr. Gershu Paul  
CEO of Siloam Hospitals Group

# From COMO's Desk



**“Compliance to these protocols require little effort, but can make a huge difference to patient safety. There are 23 clinical guidelines and 296 standardised protocols in place to manage and support clinical performance.”**

## Role of Clinical Governance in SHG Expansion

Clinical Governance provides healthcare organisations with a system that promotes an integrated approach towards management of inputs, process, structure and output. This improves the outcome of health service delivery, where staff work in an environment of greater accountability for clinical quality.

Clinical Governance consists of four main elements:

1. Human Resource System
2. Review of Clinical Practice
3. External Assessment of Practice
4. Commitment to Ongoing Education

### Human Resource System

The Human Resource system provides doctor credentialing and re-credentialing processes to fulfill medical practice standards and requirements. All SHG doctor candidates will go through a credentialing process; furthermore, doctors currently working with the Group must undergo re-credentialing every three years. To demonstrate progress with this element of Clinical Governance, SHG has so far achieved 100% compliance with the credentialing process for new doctors in all Siloam Hospitals.

To enhance medical practice standards, systems in place to ensure SHG doctors are credentialed for their scope of practice, enabling them to use their knowledge and skills according to their competencies.

### Review of Clinical Practice

Clinical Practices are reviewed on an ongoing basis to ensure improvements have been made, that the current program is functioning effectively and that the clinical practitioners meet the standards set by SHG. Some of SHG's reviews of Clinical Practice include: audits of medical records, strict procedures governing surgical patients, Infection Control and Workplace Safety awareness, and developing clinical guidelines and standardised protocols.

Our commitment to review Clinical Practice is demonstrated by our recent clinical audit on medical records and disease cases including Dengue Hemorrhagic Fever and Appendicitis.

Our strict procedures governing surgical patients have been implemented to ensure patient safety. The procedure is called 'Time Out' and must be completed by the surgery team prior to surgery by finalising the Surgical Site Marking Process with three mottos: Correct Patient, Correct Site and Correct Procedures. This practice is now a regular part of our Clinical Practice. Failure to complete the



Figure 1: SHG Clinical Quality Indicator Ytd March 2011



Time Out means that a surgeon is unable to hold a scalpel. “No Time Out, No Scalpel.”

Siloam Hospitals is also committed to increasing staff awareness in Infection Control and Workplace Safety. This is demonstrated by our Hand Washing protocols and the Patient Fall Alert awareness. Compliance to these protocols require little effort, but can make a huge difference to patient safety. Furthermore, there are 23 clinical guidelines and 296 standardised protocols in place to manage and support clinical performance. These protocols are actively accessed by each Siloam Hospital through our e-document system.

### External Assessment of Practice

To maintain our reputation as an innovative hospital that provides international quality services, the Siloam Hospitals Group understands the importance of external assessment and critique of our Clinical Practice. This form of review is actively sought through the use of external consultants in areas such as Infection Control, Clinical Protocols, Clinical Guidelines and Clinical Governance. This allows our clinical and management staff to obtain an unbiased perspective on specific areas of our practice that work well and areas that require improvement. SHG places significant importance on patient satisfaction and uses a Customer Satisfaction Index (figure 2) to determine this important form

of external assessment. The most recent Customer Satisfaction Index awarded SHG more than 85% satisfaction. A clear indicator of Siloam’s upmost commitment to external assessment is Siloam Hospitals Lippo Village being awarded re-accreditation by the Joint Commission International at the end of 2010.

### Commitment to Ongoing Education

The Ongoing Education of our clinical staff is an integral part of maintaining their knowledge and contemporary skills, thereby empowering them to uphold Clinical Practice protocols and implement innovative solutions to clinical issues. If

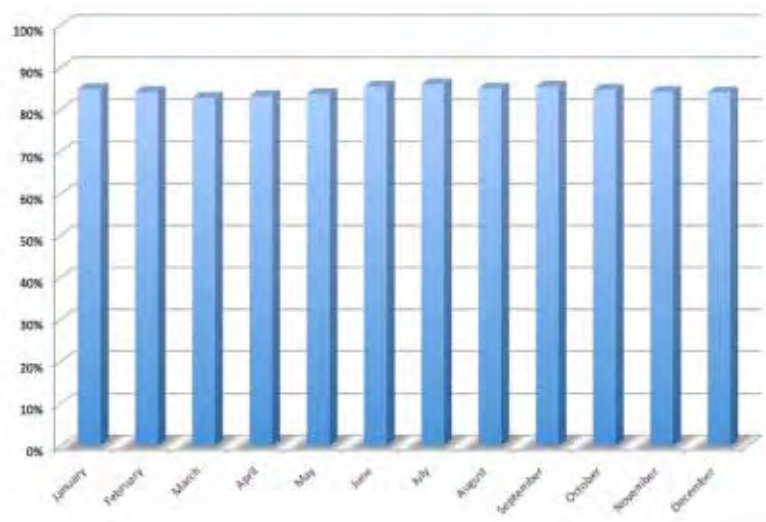


Figure 2: 2010 Customer Satisfaction index

clinical staff have the opportunity to develop understanding of new innovations, and the importance of specific protocols, this facilitates acceptance and active use of the protocol, which ultimately upholds patient safety.

SHG subscribes to the online database, EBSCO which provides our staff with access to more than 300,000 medical journals. The uptake in EBSCO has initially shown a positive trend in increased usage over the last few months.

The well-known Siloam Doctors Partnership Development Program (SDPDP) provides our specialists with benefits and privileges to support their professional growth. The program allows doctors to gain access to Continuous Medical Education (CME) programs by way of seminars and conferences in Indonesia and abroad.

# Closing The Gap : SHG Nursing – A Professional Career Path



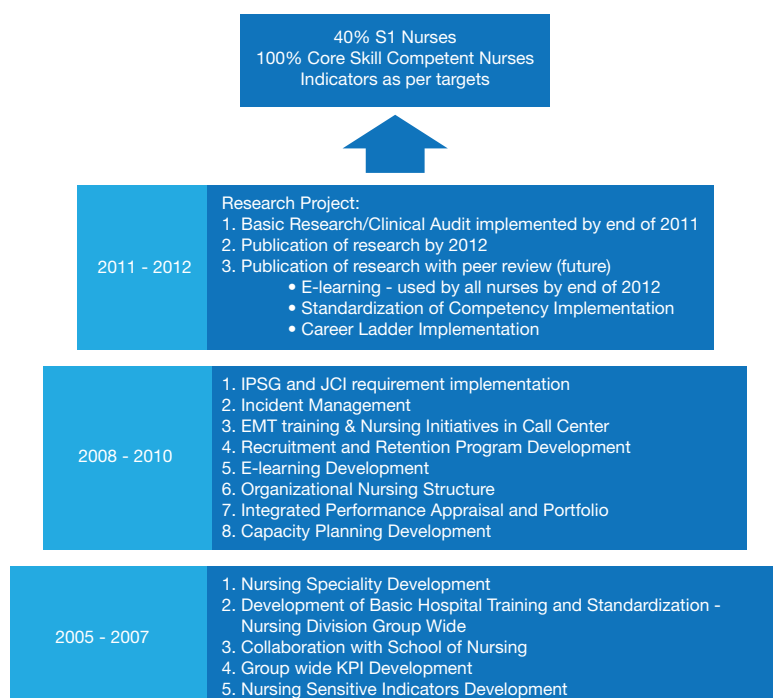
**“We will continue to close the gap of knowledge and skill deficit through tireless efforts to provide opportunities for our nursing staff.”**



On the 29th & 30th of April the SHG nursing leadership team from each of the Siloam hospitals organized an external Nursing Seminar at Lippo Village. The theme for the Seminar was “The Role of Nursing in a World Class Hospital” with an audience of approximately 250 nurses. This is just one example of how the nursing profession within SHG has matured over the past 6 years.

Nursing professionals in SHG, at all levels of experience, continue to advance their skills, competencies and knowledge through the many opportunities provided for learning and development. The growth of nursing as a professional career pathway in SHG since 2005 is demonstrated in the pyramid below. Our goal as you can see is professionalism and competency.

## SHG Nursing Professional Development 2005 - 2012



## SHG Nursing Qualifications

We believe that a qualified workforce will assist in the professional development of nurses. Our commitment to this is demonstrated through our provision of over 120 nursing scholarships to attend the UPH School of Nursing to gain their S1.

We will continue to close the gap of knowledge and skill deficit through tireless efforts to provide opportunities for our nursing staff. We also continue to acknowledge, congratulate and celebrate the successes of the nurses.

QUALIFICATION	CONSOLIDATED % 2006	CONSOLIDATED % 2011
SPK / High School or SPRG High School	17,2%	5,2%
D3 / Diploma	74,0%	73,8%
D3 / Diploma-Midwifery	0,5%	7,1%
S1 / Bachelor of Nursing & Ners Profesi	3,0%	12,5%
Total number of hospitals	4	7
Total nurses	820	1317



# Nursing Research at Siloam

Congratulations to our Nurse on their research work...

Researchers	Hospital	Description	Relevant comments from findings
Rina, Supitri	SHKJ	Diabetic Patient fasting for endoscopy	Diabetic patients are requested to fast for 12 hours (instead of 6) prior to procedure due to slower gastric emptying
Lia Kartika	SHLV	Implementation of Early Warning score	There is greater compliance in implementing Early Warning Score when nurses are more experienced and motivated
Nunik, Mariance, Titi	SHLV	Use of "white cloth" to reduce phototherapy time on newborns	White cloth does reduce phototherapy time in well babies suffering from hyperbilirubinemia
Ice, Maria, Ratih	SHLV	Use of petroleum jelly on pressure ulcers	Use of jelly for non-financial patients is cost effective and results are positive
Aditya, Dody, Erin, Lastiur	SHLC	E-Learning & access to case studies	Nursing motivation affects nurses learning
Maria, Martha, Maysura	SHSB	Nurse compliance of 5 Rights in medication delivery	Education does raise awareness and compliance
Imelda, Esther, Mariaty	SHLC	Effect of patient education on fluid restrictions for haemodialysis patients	Patient become more as expected. More research is required
Dian Astari	SHJB	The Effect of Pain Management Training	Training does have an impact on staff awareness & management of moderate pain levels
Isniani	SHJB	E-Learning versus hardcopy learning (EMT Training)	The satisfaction of E-Learning is greater then hardcopy learning
Shinta, Megawati, Fransisca	SHLV	Effectiveness of a Medication Education Program	Greater research required to determine best method for improving education effectiveness
Ni Wayan Wirayanti	SHKJ	Application of transparent dressing	Use of transparent dressing reduces incidence of pressure ulcers



## Development of Rumah Sakit Umum Siloam (RSUS)

Responding to the needs of education in Indonesia, particularly in the medical field, University Pelita Harapan (UPH) has been working together with Siloam Hospitals Group to develop Rumah Sakit Umum Siloam (RSUS). This is part of our commitment in bringing the social transformation in Indonesia, through healthcare and education. We are determined to educate doctors to be highly competent, qualified and ready to respond to the growing needs of healthcare in Indonesia.

Without compromising the quality of healthcare, Siloam Hospitals aim to provide affordable healthcare to the lower-economic class society. Quality of health services itself should always be supported with ongoing education and research<sup>1</sup>, stated dr. Andry, CEO of Siloam Hospitals Lippo Village (SHLV). Rumah Sakit Umum Siloam is part of SHLV and it's operations will be primarily under the management of SHLV. Clinical education is essential for medical students to be able to interact directly and

solve real problems with patients. Quoting Sir William Osler, the Dean of UPH Faculty of Medicine, Prof. dr. Eka Julianta Wahjoepramono, Sp. Bs said, He who studies medicine without books sails an uncharted sea, but he who studies medicine without patients does not go to sea at all<sup>1</sup>.

Rumah Sakit Umum Siloam will open with 300 beds in July 2011 and this capacity will expand to 2000 beds by 2014. Will also have it's own UGD and operating theatres. Development plans also include a new Balai Kesehatan Masyarakat (Balkesmas) centre, to be located near the RSUS, which will provide free primary care and community health education.



## Acute Pain Management

Erwin joined Siloam Hospitals Group since last December with his excellent medical education achievements from faculty of medicine Atma Jaya and residency training program in Anesthesiology in Manila, his role is to provide anesthetic care, pain management and intensive care with emphasis on patient safety. He is anesthesiologist in both Siloam Hospitals Kebon Jeruk and Siloam Hospitals Lippo Cikarang.

Considering the importance of anaesthesia in any procedure and also the high risk for the occurrence of morbidity and mortality rates, Erwin is also well-trained in bio medical equipment and to monitor changes in blood pressure, breathing or electrolyte balances. His role is to keep the patient properly sedated while the physician performs surgical procedures or other treatments.

With anesthesiologist expertise especially in Critical Care, Neuro Anesthesia and Regional Anesthesia, Erwin is developing an integrated acute pain management unit in Siloam Hospitals Lippo Cikarang, This service will further improve the comfort of patients especially in post-operative period, where complaints of pain will be handled with proportionate and comprehensive care.

Erwin is also active in Pelita Harapan University as a lecturer, developing a concept of modern medical education curriculum that will sharpen not only the cognitive abilities, but also the motor skills of the medical students in the Clinical Skills Center.



**Erwin Mulyawan**  
Specialist Anesthetist



# Kidney Stones in Adults

“Kidney stones (also called nephrolithiasis or urolithiasis) affect approximately 12 percent of men and 5 percent of women by age 70.”

Fortunately, treatment is available to effectively manage most stones. In addition, you can take steps to prevent kidney stones from recurring.

## How Do Kidney Stones Develop?

A kidney stone can form when substances such as calcium, oxalate, cystine, or uric acid are at high levels in the urine. Stones can also form if these substances are at normal levels. Their substances form crystals, which become anchored in the kidney and gradually increase in size, forming a kidney stone.

Typically, the stone will move through the urinary tract and is passed out of the body in the urine. A stone may cause pain if it becomes stuck and blocks the flow of urine. Large stones do not always pass on their own and sometimes require a procedure or surgery to remove them.

## Kidney Stone Symptoms

1. Pain - Pain can occur in the flank (the side, between the ribs and the hip) or the lower abdomen.
2. Blood in the urine - Most people with kidney stones will have blood in the urine (hematuria).
3. Gravel - You may pass "gravel" or small stones in your urine.
4. Other symptoms - Other kidney stone symptoms include nausea or vomiting, pain with urination, and an urgent need to urinate.

## Asymptomatic kidney stones (without symptoms)

Many people with kidney stones have no symptoms. These kidney stones are usually found when an imaging study (such as an ultrasound, x-ray or CT scan) is performed for other purposes.

## Kidney Stone Diagnosis

Kidney stones are usually diagnosed based upon your symptoms, a physical examination, and imaging studies. Ultrasound. An ultrasound can also be used to detect kidney stones, although small stones or stones in the ureters may be missed. However, ultrasound is the procedure of choice for people who should avoid radiation, including pregnant women.

## Kidney Stone Treatment

Treatment of kidney stones depends upon the size and location of your stone, as well as your pain and ability to keep down fluids. If your stone is likely to pass, your pain is tolerable, and you are able to eat and drink, you can be treated at home.

If you have severe pain or nausea, you will need to be treated with stronger pain medications and IV fluids, which are often given in the hospital.

## If The Stone Does Not Pass

Stones larger than 9 or 10 millimeters rarely pass on their own and generally require a procedure to break up or remove the stone. Several procedures are available.

1. Shock wave lithotripsy (SWL) - This is the treatment of choice in many patients who need help passing a stone. Lithotripsy is particularly good for stones in the kidney and upper ureter.
2. Percutaneous nephrolithotomy (PNL) - Extremely large or complex stones, or stones resistant to shock wave lithotripsy, may require a minimally invasive surgical procedure to remove the stone. In this procedure, small instruments are passed through the skin (percutaneously) into the kidney to remove the stone.
3. Ureteroscopy - Ureteroscopy is a procedure that uses a thin scope, which is passed through the urethra and bladder, into the ureter and kidney. It is often used to remove stones blocking the ureter, and sometimes for stones in the kidney.

## Kidney Stone Prevention

After you have a kidney stone, you should have blood and urine tests to determine if you have certain health problems that increase the risk of kidney stones.

If you passed and saved the stone, it should be analyzed to determine the type of stone. Based upon these test results, one or more of the following may be recommended:

1. You may be given a medication to reduce the risk of future stones.
2. Drink more fluids to decrease the risk of another stone. The goal is to increase the amount of urine that flows through your kidneys and also to lower the concentrations of substances that promote stone formation. One expert recommends drinking enough fluid that you make about 2 liters of urine per day.
3. You may be advised to make changes in your diet; the changes recommended will depend upon the type of kidney stone you have.

# Grand Opening of Siloam Hospitals Jambi



The Grand Opening Ceremony was attended by hundreds of government bodies members, health services department officials and recognized business leaders. Sitting on the front line (from left to right): Jambi Governor Drs. H. Hasan Basri Agus, MM (HBA) and wife, Indonesian Minister of Health dr. Endang Rahayu Sedyaningsih, MPH, Dr. PH, Founder and Chairman of Lippo Group DR. Mochtar Riady. Husband of Indonesian Minister of Health Reanny Mamahit and CEO of Siloam Hospitals Group dr. Gershu Paul.



Indonesian Minister of Health dr. Endang Rahayu Sedyaningsih, MPH, Dr. PH signed the stone, accompanied by Jambi Governor Drs. H. Hasan Basri Agus, MM (HBA) and DR. Mochtar Riady.



Indonesian Minister of Health dr. Endang Rahayu Sedyaningsih, MPH, Dr. PH officially opened the Siloam Hospitals Jambi by cutting the ribbon.



# JAMBI EMAS EXPO 2011

The Jambi Emas Expo 2011 is an integrated promotion activity, developed by the regional government in Sumatera and local business leaders. As a region with rich diversities, the Expo was expected to stimulate the development of more local economic activity. The Expo was held at the Jambi Province Taman Rimba ground from 1-7 April, and accommodated the local business promotion activities. Siloam Hospitals Jambi (SHJB) participated in the event, providing various activities at our new Expo stand including: health counselling, blood sugar and blood pressure tests for over 40's. These activities were well-received and the check-up target of 50 people per day was achieved. SHJB Expo staff reported high public enthusiasm, shown by the amount of people attending with the stall and the many questions asked about medical equipment, doctors practice, referrals, medical check-up prices and others.

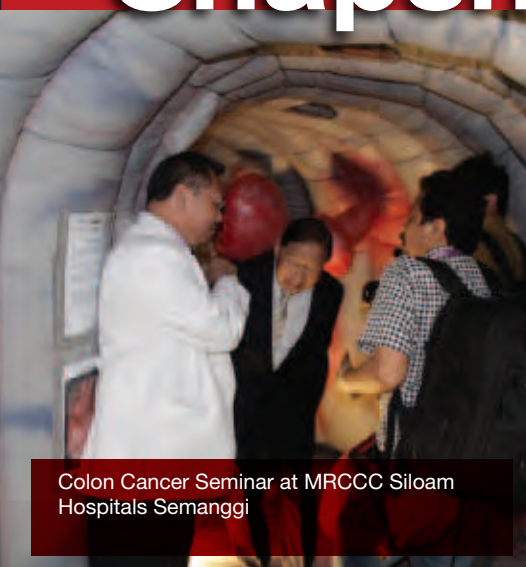


The Jambi Emas Expo 2011 visitors' enthusiasm to try the free health mini check up at the SHJB stand



The SHJB stand at the Jambi Emas Expo 2011

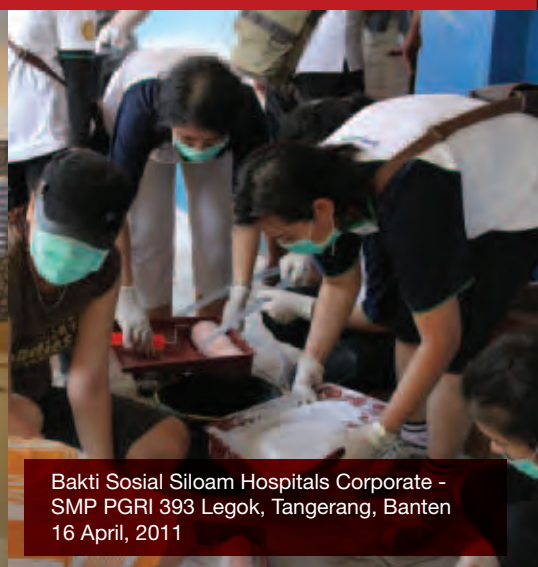
## Snapshots



Colon Cancer Seminar at MRCCC Siloam Hospitals Semanggi



Siloam Hospitals Kebon Jeruk Urology Center opening ceremony officiated by Founder and Chairman of Lippo Group Dr. Mochtar Riady.



Bakti Sosial Siloam Hospitals Corporate - SMP PGRI 393 Legok, Tangerang, Banten 16 April, 2011



Minister of Women's Empowerment and Child Protection Linda Amalia Sari, S.IP and Minister of Health dr. Endang Rahayu Sedyaningsih, MPH, Dr. PH were going to release the lanterns on the 34th anniversary celebration of Yayasan Kanker Indonesia (YKI) on 9 April 2011.



Fun Bike MRCCC



CEO of SHLV dr. Andry was giving explanation to the surveyor team during the national reaccreditation process on end of March 2011.



## Visit of Swedish Minister for Health and Social Affairs

On 6th April 2011, MRCCC Siloam Hospitals Semanggi (MRCCC SHS) was honoured to welcome the Swedish Minister for Health and Social Affairs HE Goran Hagglund. The Lippo Group Founder and Chairman DR. Mochtar Riady spoke about Siloam Hospitals Group's plan to install Gamma Knife in Siloam Hospitals Lippo Village (SHLV). The Gamma knife is a Swedish-made, advanced medical equipment used to treat brain cancer through stereotatic surgery and will be the first one in South East Asia.

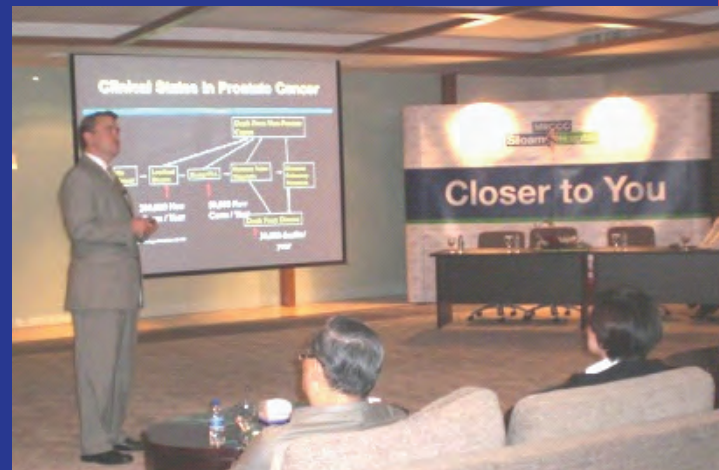
DR. Mochtar Riady also discussed the knowledge sharing plan between the specialists at Siloam Hospitals and New Karolinska, a new teaching hospital being built in Sweden. The collaboration is in line with the Rumah Sakit Umum Siloam, under construction in Lippo Village. Sweden is considered one of the world's most advanced countries in healthcare research and development.



CEO of Siloam Hospitals Group, dr. Gershu Paul, Swedish Minister for Health and Social Affairs, HE Goran Hagglund, Swedish Ambassador for Indonesia, HE Ewa Polano, and Founder of Lippo Group, DR. Mochtar Riady, on hospital facility tour at MRCCC.

## Recent Management of Cancer in Men & Women with UCSF Medical Center Specialists

On 7th April 2011' Siloam Hospitals in collaboration with the University of California San Fransisco's (UCSF) Medical Center held a seminar on "Recent Management of Cancer in Men & Women." The seminar held in MRCCC SHS was attended by more than 60 participants.



Dr. Charles Ryan, a cancer specialist (oncologist) from UCSF Medical Center, was speaking about "Recent Approach on Prostate Cancer".

The seminar, presented by two cancer specialists from the UCSF Medical Center, the director of Gynecologic Oncology dr. John Chan who talked about "Recent Management of Ovarian, Cervical & Uterine Cancer", and dr. Charles J. Ryan, who specializes in genitourinary tract and lung cancer, talked about "Recent Approaches to Prostate Cancer". Presentation were also done by a few local specialists, Dr. dr. Laila Nuranna SpOG Onk (K), Dr. dr. Imam Rasjidi SpOG Onk (K) and dr. Rachmat Budi Santoso SpBU (K).

UCSF Medical Center is one of the US.'s top 10 hospitals, recognized throughout the world for their innovative patient care, advanced technology and pioneering research.

# Cervical Cancer

Cervical cancer can be cured when early detected and can be prevented. Cervical cancer is a malignancy in the lining of the cervix. Cervix is located at the lower part of the uterus (womb) connected to the vagina. Cervical cancer can be cured when early detected and can be prevented.

## Cause and Risk Factors

WHO stated that more than 90% of cervical cancer is caused by Human Papilloma Virus (HPV). Several risk factors related to cervical cancer:

- Having sex at an early age
- Having many sex partners
- Having many pregnancies
- Having frequent infections in the genitals
- Smoking

Risk factors can increase the chance of getting cancer, each type of cancer has different risk factors. Having risk factors does not mean that you will get the cancer.

## Signs and Symptoms

Early cervical cancer and pre-cancers often have no signs or symptoms. Symptoms often do not start until the cancer is at late stage and has spread to nearby areas.

Several warning signs and symptoms:

- Abnormal vaginal bleeding such as bleeding after sex or after menopause
- Bleeding and spotting between periods
- Smelly discharge from the vagina, mixed with blood

These symptoms are not specific for cervical cancer, it can be caused by other diseases. See a doctor when you have these symptoms to find out what's wrong.

## Early Detection

### Pap Smear

Pap smear is a simple, quick and painless test that detects abnormal cells in the cervix. A doctor will take a cervical swap, process the slide and check under the microscope to see if there are abnormal cells. Pap smear can be taken any time except you are having menstrual period. It is recommended for all women to begin annual pap smear after they start having sexual intercourse, or minimal every 3 years. Menopause women who have 3 normal pap smear in a row, may choose to stop having the test.

### Thin Prep

Thin prep is similar to regular pap smear, but using a different way of processing the slides. Abnormal cells can be seen better using this method.

## HPV Test (Human Papiloma Virus)

It can be done along with pap smear test to know whether the women is infected by HPV.

## Colposcopy and Targeted Biopsy

Colposcopy will be done if the result of pap smear shows abnormal cells, this test will confirm and usually targeted biopsy will be done at the same time.

Final diagnosis is based on the result of histopathology from the specimen taken during a biopsy and reported by a pathologist.

## Prevention

Most Cervical cancer can be prevented, there are several ways to prevent this disease:

- Avoid risk factors like having sex at an early age, having many sex partners and smoking.
- Get a HPV vaccine to protect against HPV type 16 and 18 (cause 70% of cervical cancer).
- Get a pap smear regularly, cervical cancer can be prevented if found at a pre-cancer stage and treated correctly.

## Treatment

By having pap smear regularly, pre-cancer or early cancer can be detected before it grows to a later stage. Cervical cancer at this stage can be cured until 100%. Treatment methods like cryosurgery and cauterization can be done without doing a hysterectomy (removing the uterus). If Cervical cancer is diagnosed at a later stage, hysterectomy is the only option followed by chemotherapy and/or radiation therapy. While very late stage cervical cancer can only be treated by radiation therapy or chemotherapy to prevent the further spread of cancer, surgery is no more a choice.

**Early Cancer Detection Program available at  
MRCCC Siloam Hospitals Semanggi:**

- **Cervical Cancer Vaccination Promo**  
Rp 1.368.000 (3X Vaccinations)
- **Pap Smear**  
Rp 88.000

**BOOK NOW  
500181**

# Congratulations on The Azima Award!

The SHSB Infection Control team effort has been awarded first winner of AstraZeneca Infection Management Award (Azima Award). The award was won based on two Experience Papers submitted to the Azima Award Committee for the contest.

List of the Azima Award winners:

- 1st : Siloam Hospitals Surabaya (score 87.5)
- 2nd : RSUD Dr. Soetomo Surabaya (score 76)
- 3rd : RS Jantung Harapan Kita Jakarta (score 75)



## Surabaya SDPDP Gathering

The Surabaya SDPDP Gathering, held in Grand City Surabaya was a festive occasion, attended by 150 doctors.

Couples were encouraged to come dressed in harmonious outfits, as there was a prize for the most harmonious couple among offer felicitations

The gathering was also attended by CEO of Siloam Hospitals Group (SHG) dr. Gershu Paul and COMO of SHG dr. Grace Frelita who thanked the doctors for their ongoing commitment and support. Award were given to doctors who had shown / made innovation and contribution to Siloam Hospitals Surabaya (SHSB). Award winner were :

- Quality Improvement : Djoko Roeshadi, Prof. Dr. SpOT (K)
- Being Fair & Excellent Team Work : Abdus Syukur, Prof. dr. SpB – KBD
- Best All Around Performance to The Hospital : Hadi Susatyo, dr. SpPD. MARS
- Promising New Doctors : F. Siusanto Hadi, dr. SpB – KBD
- Innovation in Service Delivery : Agustinus Iskandar, dr. SpS

The appreciations were given to Djoko Roeshadi, Prof. Dr. SpOT (K), the Chairman of Infection Control Committee SHSB and R. Juwono, Prof. dr. SpPD – KTI, the Chairman of Medical Advisory Board SHSB.



# Live Healthy Without Tobacco

Observing the high smoker population in Indonesia, we need to know the dangers of tobacco smoke, to both active and passive smokers. Tobacco smoke contains 4000 chemical components. Most of those components are highly toxic and can cause cancer.

80-90% of lung cancer is caused by tobacco. Tobacco has been known to cause 25 diseases including chronic lung disease, lung cancer and other cancers, heart disease, stroke, etc. Tobacco smoke causes respiratory DNA cells damage. Nicotine itself is not a carcinogen but it is highly addictive to smokers. Research implies that tobacco-associated diseases cause death in 50% of all regular smokers.

**An active smoker is someone who smoked more than 100 cigarettes during his lifetime and is still currently smoking or has quit smoking less than one year ago.**

A passive smoker is someone who inhales tobacco smoke from a cigarette smoker. Tobacco smoke that is inhaled by passive smoker is more dangerous compared to tobacco smoke that is inhaled by an active smoker.

Some of the effects of smoking:

Eyes: macular degeneration

Hair: hair loss

Skin: premature aging, wrinkles

Brain: stroke

Mouth: cancer

Lung: infection, chronic obstructive lung disease, lung cancer

Heart: coronary heart disease

Stomach: pancreas

Bladder: cancer

Bones: osteoporosis

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