



An interview with Gastroenterologist Dr Jarrod Lee

Hepatitis is the inflammation or swelling of the liver caused by toxins or viral infections. There are types of hepatitis that are not severe and may not cause damage to the liver. Hepatitis B, however, is one of the serious kinds. Caused by Hepatitis B virus (HBV), it can lead to complications like chronic hepatitis, liver cirrhosis and even liver cancer. According to the World Health Organization (WHO), about 2 billion people in the world are infected with hepatitis B.¹

In Singapore, there is a hepatitis B carriage rate of 5% to 6%, and it is found mostly in the paediatric group, as well as in 40 to 49 year olds. In 1985, it became compulsory for babies born to mothers who are hepatitis B "e" antigen (HBeAg)-positive to be vaccinated.² Due to the introduction of the vaccine, there was a decrease of 60% on the number of cases of acute hepatitis B between the years 1989 and 1995. While most sufferers recover completely from the hepatitis infections, at least 10% can get chronic hepatitis which leads to death due to liver failure, and some become hepatitis carriers who can pass the virus to others. Although hepatitis B can be easily prevented by vaccination, still one in 35 adult Singaporeans is a hepatitis B carrier, according to the Health Promotion Board.³

Ezyhealth caught up with Dr Jarrod



Lee, Consultant Gastroenterologist at Jarrod Lee Gastroenterology & Liver Clinic located at Mount Elizabeth Novena Specialist Centre, to tell us more about this fatal disease.

How is hepatitis B transmitted?

Dr Lee: Hepatitis B is found in the blood and body fluids of infected people. In Southeast Asia, hepatitis B is most commonly transmitted at birth from mother to child. Hepatitis B can also be transmitted by sexual intercourse, and through contaminated needles and other skin-piercing objects. It is not spread by food or water, or by casual contact.

Are there any symptoms? How is it diagnosed?

Dr Lee: Symptoms associated with hepatitis include fever, fatigue, loss of appetite, nausea and vomiting, yellow eyes, dark urine, and abdominal pain. However, most people will not have any symptoms and hence will not know they are infected unless they get tested. In chronic hepatitis B, silent damage to the liver may occur over many years until the patient presents with liver cirrhosis or liver cancer.

Hepatitis B is diagnosed by a simple blood test that detects the virus. It cannot be differentiated from other causes of hepatitis by symptoms or general liver tests.

Who should get tested for chronic hepatitis B? Are some people more at risk than others?

Dr Lee: Hepatitis B is the most common cause of liver cirrhosis and liver cancer in this part of the world. If detected early, hepatitis B can be controlled to prevent these feared outcomes. The test is simple, accurate and affordable. Hence, I encourage everybody who has not been successfully vaccinated should be tested for hepatitis B. In Singapore, vaccination of newborns commenced in 1987.

The WHO identifies the following groups to be at high risk of hepatitis B infection:

- Household and sexual contacts of people with hepatitis B infection
- People who have multiple sexual partners
- Injecting drug users
- People who require or are exposed to blood or blood products frequently
- People interned in prisons
- Dialysis patients

These people should be tested for hepatitis B. If tested negative, they should be vaccinated for protection.

How do we control hepatitis B infection?

Dr Lee: In recent years, new drugs have become available for hepatitis B. These are safe, simple to take and effective. They can control the hepatitis B virus and delay or even reverse liver damage. I strongly believe in the old adage 'prevention is better than cure'. These new drugs have been proven to prevent liver cirrhosis and liver cancer, and to prolong over all survival. Hence, people infected with hepatitis B should see a liver specialist even when they feel well, so that the infection can be controlled and complications can be prevented.

Tell us a bit about your newly opened clinic?

Dr Lee: My clinic opened in Mount Elizabeth Novena Specialist Centre last year. My vision is to provide international standard healthcare that is both affordable and accessible. It is strategically located within the future healthcare hub at Novena, and has easy access by public transport and car. My pricing is openly benchmarked against other private and public hospitals, and I'm always looking for ways to add value to traditional

specialist services whilst keeping prices competitive.

As a 'next generation' private specialist, I am keen to incorporate 'next generation' technology into everyday practice. I incorporate the latest advanced imaging and techniques into traditional endoscopic procedures to improve the limits of diagnosis and early disease detection. My clinic employs a paperless system, and utilises the latest IT initiatives such as cloud services and even 'WhatsApp' to interact with patients and relatives, providing information and updating them in a timely manner. In the near future, I will adopt a mobile interactive platform using tablets to extend clinic services outside its physical location.

What do you consider most rewarding being a gastroenterologist?

Dr Lee: To be able to pursue my passion and help people at the same time is certainly the most rewarding thing to me. I am deeply passionate about Gastroenterology, my speciality. It is the perfect melting pot of thought, technology and technique. I get to solve difficult diagnostic dilemmas, utilise advanced imaging technology, and perform complex endoscopic procedures! It is this passion that leads me to contribute a quarter of my working hours to the public sector, where I perform complicated advanced procedures and train young doctors. I am also actively engaged in many professional groups to promote the development of Gastroenterology both locally and regionally. Outside of clinic work, I spend considerable time giving talks and writing articles to promote awareness of disease conditions in my speciality.

References:

1. <http://www.who.int/immunization/topics/hepatitis/en/>
2. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1398037/>
3. <http://www.hpb.gov.sg/HOPPortal/article?id=536>