

IN THE REPUBLIC OF SINGAPORE
SINGAPORE MEDICAL COUNCIL INTERIM ORDERS COMMITTEE

Between
Singapore Medical Council

And
Dr Wong Kai Jie Isaac

... Respondent

Interim Orders Committee:

Adj A/Prof Lee Cheng (Chairman)
A/Prof Agnes Ng Suah Bwee
Prof Tan Puay Hoon
Ms Engelin Teh SC (Legal Counsel)

Counsel for the SMC:

Mr Chia Voon Jiet
Mr Jerald Tan
Mr Erik Nam
(M/s Drew & Napier LLC)

Counsel for the Respondent:

Ms Thanjit Kaur
Mr Orr Young Min
(M/s Donaldson & Burkinshaw LLP)

DECISION OF THE INTERIM ORDERS COMMITTEE

(Note: Certain information may be redacted or anonymised to protect the identity of the parties.)

Purpose of the Inquiry

1. This Interim Orders Committee (“**IOC**”) was appointed under section 59J(1) of the Medical Registration Act 1997 (“**MRA**”) (version as at 1 July 2022) to inquire into and determine whether an interim order under section 59L(1) of the MRA should be made against Dr Wong Kai Jie Isaac (“**Dr Wong**”).

The Medical Practitioner in question

2. Dr Wong is and was at all material times a medical practitioner registered under the MRA since 2 May 2008. Since 16 December 2019, Dr Wong was a practising doctor at The Artisan Clinic, 435 Orchard Road, #20-03 Wisma Atria Office Tower, Singapore 238877 (the “Clinic”).

Relevant facts giving rise to the Inquiry

3. On 1 April 2023, the complainant (herein referred to as the “**Patient**”), consulted with Dr Wong for the first time at the Clinic, where Dr Wong recommended that the Patient undergo a procedure involving the injection of Ellansé dermal fillers, manufactured by Sinclair Pharmaceuticals Limited (“**Sinclair**”). The Patient signed an “Ellansé Patient Consent Form” for the procedure.
4. The label on the packaging of the Ellansé dermal filler stated that the “*maximum annual dosage for Ellansé is 2ml*”. The Patient reported that Dr Wong injected a total dosage of 7ml of Ellansé dermal filler into her face in one sitting.
5. Afterwards, the Patient reported to Dr Wong that she suffered pain on the left side of her face. Dr Wong diagnosed the Patient with a vascular occlusion in the angular artery on the left side of her face after observing the discolouration of her left cheek.
6. Dr Wong then proceeded to inject hyaluronidase into the Patient’s face multiple times, in an attempt to reverse and/or reduce the effects of the vascular occlusion caused by the Ellansé dermal fillers.
7. From 2 April 2023 to 8 October 2024, the Patient consulted with Dr Wong on multiple occasions for follow-up consultations. These consultations were in relation to the side effects and/or complications reported to be experienced by the Patient after Dr Wong’s injection of Ellansé dermal fillers, which included:
 - 7.1. Persistent left facial pain;
 - 7.2. Neuralgia and neuritis; and
 - 7.3. Left facial angular artery stenosis.

8. From 2 April 2023 to 21 June 2023, Dr Wong continued to inject, among other things, hyaluronidase and/or steroids into the Patient's face at multiple follow-up consultations.
9. On 22 June 2023, Dr A was at the Clinic conducting a consultation with another patient. After Dr A's consultation, the Clinic staff brought Dr A to Dr Wong's consultation room, where the Patient was present. Dr Wong asked Dr A to join him at the consultation with the Patient to provide further input and advice on Dr Wong's management of the Patient.
10. During the 22 June 2023 consultation, Dr A obtained the Patient's consent and demonstrated to Dr Wong how to check for temporomandibular joint dysfunction.
11. After the consultation on 22 June 2023, Dr A also informed Dr Wong via text message that he was not certain if hyaluronidase injections would necessarily be helpful for the Patient.
12. After 22 June 2023, Dr Wong did not discuss the Patient's case with Dr A further.
13. From 22 June 2023 to 3 May 2024, Dr Wong continued to inject, among other things, hyaluronidase, growth factors, and/or steroids into the Patient's face at multiple follow-up consultations.
14. Apart from the side effects and/or complications reported to be experienced by the Patient in paragraph 7 above, the Patient also reported an adverse effect on her quality of life after Dr Wong's injection of Ellansé dermal fillers. In particular, the Patient reported:
 - 14.1. Chronic facial pain lasting for at least 19 months, which resulted in:
 - 14.1.1. High blood pressure;
 - 14.1.2. Changes in appetite leading to weight loss of over 20kg;
 - 14.2. Needing to attend multiple follow-up medical appointments, including undergoing nerve surgery to manage the facial pain;
 - 14.3. Loss of her employment; and
 - 14.4. Negative impact on her mental health.

15. The Patient consulted with Dr B, an ENT surgeon, on 13 June 2023, 28 June 2023, and 3 November 2023 in relation to the side effects and/or complications she experienced following the injection of the Ellansé dermal fillers by Dr Wong. Dr B's medical reported dated 20 January 2025 stated the following:
- 15.1. On 13 June 2023, Dr B conducted an examination of the Patient's face and noted, among other things, "*slight redness of the left cheek, with no obvious tenderness or swelling noted of the left cheek*". Dr B's first clinical impression was "*left sided otalgia possibly due to neuralgia as there was no ENT source of pain found*". Dr B's second clinical impression was "*left sided cheek fillers complicated by possible left facial vessel occlusions*".
- 15.2. On 28 June 2023, the Patient consulted Dr B after a CT angiogram of the face was ordered by Dr Wong. The CT angiogram was done on 20 June 2023 and was "*reported with features suggestive of left sided facial and angular artery severe stenosis/occlusion*". Dr B examined the Patient and noted that the "*slight redness of the left cheek remained status quo, with no tenderness or swelling of the left cheek*". Dr B's clinical impression was "*left facial artery and angular artery stenosis, and possible left sided Trigeminal and Glossopharyngeal neuralgia*".
- 15.3. At the 3 November 2023 consultation, the Patient consulted Dr B for a "*right mastoid effusion noted on MRI trigeminal nerve*" which was done on 14 September 2023. The report showed a "*non-specific small right mastoid effusion without overt bony destruction or Bezold abscess formation*". Dr B conducted an otoscopy examination and noted that the "*[r]ight mastoid region was not swollen or tender*". Dr B also reviewed the MRI trigeminal nerve images and noted a "*very small amount of fluid ... in the dependent part of the right mastoid*". Dr B's clinical impression was "*right mastoid fluid from possible previous upper respiratory tract infection or Eustachian tube dysfunction*", which Dr B opined "*was not clinically significant and did not require active drainage or management*" at that time.
16. The Patient consulted with Dr C, an anaesthesiologist, on multiple occasions since 21 July 2023. The Patient was referred to Dr C by Dr B and Dr D, a General Practitioner, after having consulted them for persistent facial pain after the Ellansé dermal filler injections by Dr Wong on 1 April 2023. Dr C's report dated 11 December 2024 stated the following:

- 16.1. Sometime in September 2023, the Patient consulted with Dr C who noted “*left facial pain in the V2 distribution*”, and “*some left nasolabial hyperpigmentation with mild allodynia and hyperalgesia in V2 and V3*”. No “*other skin changes in terms of duskiness or necrosis*” was noted by Dr C.
- 16.2. On 14 September 2023, as part of the evaluation for the Patient’s facial pain, “*a MRI Trigeminal nerve was done ... to exclude neurogenic causes for [the Patient’s] pain*”. Dr C noted that the MRI Trigeminal nerve “*did not reveal any trigeminal nerve compression nor lesions*”.
- 16.3. Dr C noted that the Patient underwent another CT angiogram on 8 March 2024 which was ordered by Dr Wong. The results of the CT angiogram documented “*the left facial and angular artery stenosis, grossly unchanged*” from the CT angiogram performed in June 2023.
- 16.4. Sometime in August 2024, Dr C noted that the Patient reported “*what seemed to be a plateau with regards to improvement with conservative measures*” and the “*pain was consistently present and common upper respiratory tract infections triggered severe pain flares*”. The Patient also reported “*feeling drained dealing with pain over the last 16 months*”.
- 16.5. Dr C noted that the Patient “*subsequently underwent a left trigeminal ganglion neuromodulation and nerve block*” on 30 August 2024 for pain control and experienced an 85% reduction in pain.
- 16.6. As at 11 December 2024, Dr C reported that the Patient’s symptoms “*remain well controlled*”, reported pain scores of “*2/10*”, and “*remains functionally well*”.
17. On or about 4 November 2024, the Singapore Medical Council (“**SMC**”) received a complaint from the Patient dated 4 November 2024 against Dr Wong. The Patient alleged, *inter alia*, that Dr Wong:-
- 17.1. Failed to explain key details of the procedure and to obtain her informed consent, such as by failing to explain the side effects and risks of using “*Ellansé*” dermal fillers prior to commencing treatment;

- 17.2. Failed to refer the Patient to a specialist in a timely manner after observing that she suffered from pain and a vascular occlusion on the left side of her face;
- 17.3. Injected 7ml of Ellansé dermal filler into the Patient's face in a single sitting, which exceeded the maximum annual dosage of 2ml stated on the Ellansé product packaging;
- 17.4. Engaged in "off-label use" of various products by injecting "large amounts of steroids, hyaluronidase, growth factors, [and] ASCE exosomes" into the left side of the Patient's face; and
- 17.5. Caused neurovascular injury to the Patient's face and other forms of suffering to the Patient, including ongoing left facial pain persistent all the time through varying intensity over 19 months (as at the date of the Complaint), the Patient's loss of employment, negative impact to her mental health, and weight loss of over 20kg and development of high blood pressure due to the chronic facial pain.
18. The Patient also reported seeing many other patients at the Clinic who had suffered injuries or were otherwise harmed after undergoing procedures involving the injection of Ellansé dermal fillers.
19. The Complaint was referred to a Complaints Committee ("CC"), which is investigating the Complaint.
20. The SMC wrote to Dr Wong on 15 November 2024 informing him of the Complaint. The SMC investigator wrote to Dr Wong multiple times (16 occasions) between January 2025 and December 2025 to request for documents relating to the Complaint ("**Requested Documents**").
21. On or about 19 January 2026, by way of a letter, the CC referred the Complaint to the SMC for the appointment of an IOC under section 59J(3)(a) of the MRA.
22. Counsel for the SMC served the Notice of Inquiry by the IOC dated 15 June 2026 ("**NOI**") to Dr Wong by email and Advice of Receipt ("**AR**") registered post on 15 June 2026. Dr Wong signed and acknowledged receipt of the NOI delivered by AR registered post on 17 June 2026

23. On 12 August 2026, Counsel for the SMC tendered to the IOC the SMC's Written Submissions, Bundle of Authorities, as well as its Bundle of Documents all of which were dated 12 August 2026.
24. The SMC submits that pending the determination of the CC proceedings and, if the matter is referred to a Disciplinary Tribunal ("DT"), the DT proceedings, an interim order should be made against Dr Wong. The SMC seeks an order from the IOC that Dr Wong's registration as a medical practitioner be conditional on his compliance with the following conditions and restrictions for a period of 18 months pending the conclusion of the "*relevant proceedings*" as defined under section 59Q(2) of the MRA:-
- 24.1. Dr Wong must not offer and/or administer dermal fillers;
- 24.2. Dr Wong must not treat any patients in relation to any side effects or complications arising from dermal fillers, unless such treatment is an emergency lifesaving procedure and Dr Wong is the only available medical practitioner;
- 24.3. Dr Wong shall not administer or prescribe medications or products beyond the dosage and indications permitted by the Health Sciences Authority ("HSA") approved literature;
- 24.4. Dr Wong must inform the SMC of all places at which he practises or intends to practise; and
- 24.5. Dr Wong must inform any organisation or person employing him for medical work that his registration is subject to the above conditions.

("SMC's Proposed IO")

25. On the same day, Counsel for Dr Wong also tendered to the IOC, Dr Wong's Written Submissions, Bundle of Authorities, and Bundle of Documents all dated 12 August 2026.
26. In his Written Submissions, Dr Wong submits that a *prima facie* case has not been made out against him, an interim order is not necessary for the protection of members of the public, there are no potential adverse consequences if an interim order is not made, and there is no public interest in the making of an interim order against him. Accordingly, Dr Wong requests that the IOC decline to make an interim order against him. In the alternative, Dr Wong requests that any

interim restrictions on his registration take into account his vast experience as both a filler injector and speaker/trainer for Sinclair, and the fact that the dosage administered, injection technique and management of complications are all recommended and/or endorsed by Sinclair itself and DE1, a plastic surgeon with 27 years' experience.

27. On 24 August 2026, prior to the Inquiry Hearing on 26 August 2026, the IOC directed the SMC to provide information as to whether any other complaints or feedback had been received against Dr Wong, by 25 August 2026 at 5 p.m. In particular, the IOC requested for the following information:

27.1. Whether any other complaints or feedback had been received against Dr Wong;

27.2. If so, the number of such complaints or feedback;

27.3. The nature of such complaints or feedback; and

27.4. The current status of each complaint or feedback.

28. On 25 August 2026, Counsel for the SMC tendered to the IOC a summary table setting out information relating to five other complaints against Dr Wong received by the SMC, and SMC's Supplementary Bundle of Documents dated 25 August 2026 containing redacted copies of the aforementioned complaints.

29. On 26 August 2026, Counsel for Dr Wong tendered to the IOC Dr Wong's Supplementary Bundle of Documents dated 26 August 2026, containing documents in relation to four of the five other complaints against him. Counsel for Dr Wong also tendered to the IOC a bundle named "Medical Timeline of the Respondent" which sets out the chronological timeline of the events/documents relating to Dr Wong's medical issues. The IOC notes from SMC's written submissions dated 12 August 2026 that Dr Wong had not provided the complete set of Requested Documents. At the Inquiry Hearing on 26 August 2026, Counsel for Dr Wong updated the IOC that Dr Wong had since responded to the SMC investigator on 21 August 2026.

Framework adopted by the IOC

30. Section 59L(1) of the MRA states as follows:-

“**59L.**—(1) Subject to subsection (4), where, upon due inquiry into any complaint or information referred to an Interim Orders Committee, the Interim Orders Committee is satisfied that it is necessary for the protection of members of the public or is otherwise in the public interest, or it is in the interests of the registered medical practitioner concerned, that his registration be suspended or be made subject to conditions or restrictions, the Interim Orders Committee may make an order —

(a) that his registration in the appropriate register be suspended for a period not exceeding 18 months specified in the order (called in this Part an interim suspension order); or

(b) that his registration be conditional on his compliance, during a period not exceeding 18 months, with such conditions or restrictions specified in the order as the Interim Orders Committee thinks fit to impose (called in this Part an interim restriction order).”

31. From the aforesaid provision, it follows that the IOC can only arrive at a determination to suspend Dr Wong’s registration or to subject Dr Wong’s registration to conditions or restrictions, where it is satisfied that such an order is:-

31.1. necessary for the protection of members of the public; or

31.2. otherwise in the public interest; or

31.3. in the interests of Dr Wong.

(See the decision of the IOC for Dr Wee Teong Boo dated 9 May 2017 (“*Wee Teong Boo*”) at [9], the decision of the IOC for Dr Ler Teck Siang dated 7 March 2019 (“*Ler Teck Siang*”) at [11], the decision of the IOC for Dr Chan Herng Nieng dated 18 June 2020 (“*Chan Herng Nieng*”) at [17], the decision of the IOC for Dr Ong Kian Peng Julian dated 18 June 2020 (“*Ong Kian Peng Julian*”) at [18], the decision of the IOC for Dr Kay Aih Boon Erwin dated 19 June 2021 (“*Kay Aih Boon Erwin*”) at [14], the decision of the IOC for Dr Jipson Quah dated 23 March 2022 (“*Jipson Quah*”) at [23], the decision of the IOC for Dr Khoo Boo Kian dated 28 March 2022 (“*Khoo Boo Kian*”) at [12], the decision of the IOC for Dr Yang Ing Woei dated 9 March 2023 (“*Yang Ing Woei*”) at [13], the decision of the IOC for Dr Wong Siong Sung dated 23 May 2023 (“*Wong Siong Sung*”) at [19], and the decision of the IOC for Dr Kong Sim Guan dated 28 July 2023 (“*Kong Sim Guan*”) at [33].)

32. In arriving at its decision whether to impose an interim order, the IOC's task is to consider whether the allegations in any complaint or information referred to it, irrespective of their truth or falsity, justify the suspension or conditional registration of the medical practitioner. To determine this, a two-pronged approach is adopted (see *Wee Teong Boo* at [31]):
- 32.1. First, the IOC must assess the extent to which the medical practitioner poses a risk to the members of the public against an assessment of the potential adverse consequences if an interim order is not made against the medical practitioner.
- 32.2. Second, the IOC has to balance the interests of the medical practitioner with the interests of the public — making a determination proportionate to the perceived risk to members of the public and/or to protect the public interest.
33. As set out in *Wee Teong Boo* (and confirmed in *Ler Teck Siang* at [12], *Chan Herng Nieng* at [20], *Ong Kian Peng Julian* at [21], *Kay Aih Boon Erwin* at [16], *Jipson Quah* at [25], *Khoo Boo Kian* at [16], *Yang Ing Woei* at [17], *Wong Siong Sung* at [21], and *Kong Sim Guan* at [35]), the following principles are relevant to the IOC's determination of whether an interim order should be made and of the appropriate interim order to be made:-
- 33.1. The IOC's task is not a fact-finding one, nor is its remit to make any judgment on the merit of the criminal charges where allegations of criminal offences were involved (*Wee Teong Boo* at [32], *Ler Teck Siang* at [12.1]) or to make any judgment of the merits of the allegations in a complaint or the potential outcome of pending DT proceedings (*Chan Herng Nieng* at [20.1], *Ong Kian Peng Julian* at [21.1], *Kay Aih Boon Erwin* at [16.1], *Jipson Quah* at [25(a)], *Khoo Boo Kian* at [16(a)], *Yang Ing Woei* at [17(a)], *Wong Siong Sung* at [21.1], and *Kong Sim Guan* at [35(a)]). Applied to the present case, it is similarly not the IOC's remit to make a judgment on the merit of the allegations in the information referred to the IOC or the potential outcome of the pending CC proceedings, and, if the matter is referred to the DT, the DT proceedings.
- 33.2. The purport of section 59L(1) of the MRA is that the IOC must assess the risk of harm to members of the public, as well as what is in the public interest and what is in the medical practitioner's interests. The IOC must assess the gravity of the consequences of the risk (if it materialises) as well as whether the risk is high or low (*Wee Teong Boo* at [33], *Ler Teck Siang* at [12.2], *Chan Herng Nieng* at [20.2], *Ong Kian Peng Julian* at [21.2], *Kay Aih Boon Erwin* at [16.2], *Jipson Quah* at [25(b)], *Khoo Boo Kian* at

[16(b)], *Yang Ing Woei* at [17(b)], *Wong Siong Sung* at [21.2], and *Kong Sim Guan* at [35(b))].

- 33.3. The fact that the allegations against the medical practitioner are of an extremely serious nature and the nature of the harm to the public (if true) are factors that may justify an appropriately robust order from the IOC. In assessing risk, however, the IOC will also consider whether the complaint and the charges arose from an isolated incident, and whether the doctor has remained free from complaints. The IOC will also give due weight to considerations of proportionality (*Wee Teong Boo* at [39], *Ler Teck Siang* at [12.3], *Chan Herng Nieng* at [20.3], *Ong Kian Peng Julian* at [21.3], *Kay Aih Boon Erwin* at [16.3], *Jipson Quah* at [25(c)], *Khoo Boo Kian* at [16(c)], *Yang Ing Woei* at [17(c)], *Wong Siong Sung* at [21.3], and *Kong Sim Guan* at [35(c))].
- 33.4. With regard to the public interest and the maintenance of public confidence in the medical profession in Singapore, the applicable test is as stated in the UK case of *NH v General Medical Council* [2016] EWHC 2348 (Admin) (at [12]): “[W]ould an average member of the public be shocked or troubled to learn, if there is a conviction in this case, that the doctor had continued to practice whilst on bail awaiting trial?” (*Wee Teong Boo* at [43], *Ler Teck Siang* at [12.4], *Chan Herng Nieng* at [20.4], *Ong Kian Peng Julian* at [21.4], *Kay Aih Boon Erwin* at [16.4], *Jipson Quah* at [25(d)], *Khoo Boo Kian* at [16(d)], *Yang Ing Woei* at [17(d)], *Wong Siong Sung* at [21.4], and *Kong Sim Guan* at [35(d))]. Applied to the present case, the question is whether an average member of the public would be shocked or troubled to learn that Dr Wong is allowed to continue practising medicine unrestricted, including administering dermal fillers, pending the conclusion of the relevant proceedings against him.
34. In addition, as the provisions of the MRA on interim orders are modelled after United Kingdom legislation, the IOC can take guidance from the UK General Medical Council (see *Wee Teong Boo* at [37]). It is relevant to refer to *Imposing Interim Orders: Guidance for the Interim Orders Tribunal, Tribunal Chair and Medical Practitioners Tribunal* published by the UK’s Medical Practitioners Tribunal Service in February 2024 (“**UK Interim Orders Guidance Note**”). Guidelines 23 to 25 from the section on “Test applied” are set out below:-

“Test applied

- 23** The IOT must consider, in accordance with section 41A, whether to impose an interim order. If the IOT is satisfied that:

- a in all the circumstances that ***there may be impairment of the doctor's fitness to practise which poses a real risk to members of the public, or may adversely affect the public interest*** or the interests of the practitioner;

and

- b after ***balancing the interests of the doctor and the interests of the public***, that an interim order is necessary to guard against such risk,

the appropriate order should be made.

- 24 In reaching a decision whether to impose an interim order an IOT should consider the following issues:

- a The ***seriousness of risk to members of the public*** if the doctor continues to hold unrestricted registration. In assessing this risk *the IOT should consider the seriousness of the allegations, the weight of the information, including information about the likelihood of a further incident or incidents occurring during the relevant period.*

- b ***Whether public confidence in the medical profession is likely to be seriously damaged*** if the doctor continues to hold unrestricted registration during the relevant period.

- c ***Whether it is in the doctor's interests*** to hold unrestricted registration. For example, the doctor may clearly lack insight and need to be protected from him or herself.

- 25 In weighing up these factors, the IOT must carefully consider the ***proportionality of their response*** in dealing with the risk to the public interest (including patient safety and public confidence) and the adverse consequences of any action on the doctor's own interests."

[Emphasis added]

- 35. Further, under section 35C(2)(b) of the UK Medical Act 1983 (1983 Chapter 54), a person's fitness to practise shall be regarded as "*impaired*" for the purposes of that Act by reason of, amongst others, deficient professional performance. It is not limited to considerations of physical or mental fitness.

The SMC's case in its Written Submissions

- 36. The SMC, in its Written Submissions, submits that the imposition of the SMC's Proposed IO on Dr Wong's registration is necessary for the protection of members of the public as should Dr Wong be allowed to continue practising without any restriction, there is a significant risk of harm to public health safety, and that the potential consequences of such risk are grave. The

SMC submits that Dr Wong failed to provide the requisite standard of care during the administration of dermal fillers or in managing the side effects or complications arising from the injection of dermal fillers, which would potentially lead to severe and/or adverse outcomes.

37. The SMC further submits that the imposition of the SMC's Proposed IO is in the public interest as there is a risk of public confidence in the standard of the medical profession being undermined if the allegations against Dr Wong, including that he failed to properly administer dermal fillers and/or appropriately address the side effects and/or complications the Patient subsequently presented with, are true.
38. Taking into account the risk of harm and the gravity of the potential consequences should the risk materialise, the SMC is of the view that it is necessary that Dr Wong's registration be subject to the SMC's Proposed IO, which are warranted and proportionate.

(1) An interim order is necessary for the protection of members of the public

39. It is the SMC's submission that there is a substantial risk of harm to members of the public if Dr Wong is allowed to practise unrestricted pending the conclusion of the relevant proceedings. The SMC submits that the risks of harm to Dr Wong's patients and members of the public include:-

39.1. Administration of dermal fillers above the maximum annual dosage:

39.1.1. The Patient reported that Dr Wong had injected 7ml of Ellansé dermal fillers into her face in one sitting, disregarding and exceeding the recommended maximum annual dosage as stated on the product packaging by over three times.

39.1.2. The SMC submits that Dr Wong ought to have known that the label of the packaging of the Ellansé dermal filler clearly stated that the "*maximum annual dosage for Ellansé is 2ml*" when administering the Ellansé dermal fillers on the Patient, and that injecting any product in excess of the recommended dosage increases the risk of harm to patients.

39.1.3. The SMC highlights the relevance of Guideline B5(9) of the SMC Ethical Code and Ethical Guidelines (2016 version) ("ECEG") as it concerns the

prescription of drugs or products in a manner that is “off-label”. The SMC submits that Dr Wong’s off-label use of the Ellansé dermal fillers is a *prima facie* breach of Guideline B5(9) of the ECEG.

39.1.4. The SMC also relies on paragraphs B5.8 and B5.8(c) of the SMC Handbook on Medical Ethics (“**SMC Handbook**”), which state that a doctor “*should generally offer medicines or treatments for their approved purpose*” and that “*Patients need to be informed and expressly give their consent (if they are able to do so) to the off-label use*”. The SMC points out that the available documents do not show that Dr Wong had informed or sought the Patient’s consent for the off-label use of the Ellansé dermal fillers.

39.1.5. In submitting that there is a real risk of causing harm to patients if Dr Wong was allowed to continue such off-label use of the dermal fillers without any restrictions, the SMC also relies on the Patient’s statement in the Complaint that she had seen “*many others injured with similar practices of overfilling Ellanse*” during her follow-up treatments at the Clinic, as well as on social media.

39.2. Vascular occlusions arising from the administration of dermal fillers by Dr Wong:

39.2.1. The SMC submits that there is a risk that there will be occurrences of vascular occlusions arising out of improper administration of dermal fillers by Dr Wong, given that after Dr Wong injected the Ellansé dermal filler into the Patient’s face, he later diagnosed her with vascular occlusion in the angular artery on the left side of her face after observing the discolouration of her left cheek.

39.2.2. The SMC also relies on the Patient’s report that it was Dr Wong’s “*poor technique or knowledge of facial anatomy*” that resulted in him injecting the Ellansé dermal filler directly into her facial artery, which then caused a vascular occlusion.

39.2.3. The SMC highlights that the vascular occlusion and/or artery stenosis on the left side of the Patient’s face was noted by both Dr B and Dr C in their respective reports.

- 39.2.4. The SMC emphasises that it is not the IOC's task to determine the truth or falsity of the allegation, but to instead, ascertain, among other things, the risk of harm to members of the public.
- 39.2.5. The SMC highlights that the Health Sciences Authority (“HSA”) stated in HSA Update No 3/2023 that “*blood vessel occlusion resulting in blindness is a known risk for all dermal fillers*”, and submits that there is a risk of harm to members of public arising from the Complaint against Dr Wong, since the improper administration of dermal fillers could cause vascular occlusions to current and/or future patients of Dr Wong.
- 39.3. Inappropriate treatment of the side effects and/or complications arising from the use of dermal fillers:
- 39.3.1. The SMC points out that from 2 April 2023 to 8 October 2024, Dr Wong continued to inject hyaluronidase into the Patient's face although Ellansé dermal fillers do not contain hyaluronic acid and cannot be broken down by hyaluronidase, as well as steroids and/or growth factors at multiple follow-up consultations on at least 19 occasions.
- 39.3.2. The Patient also reported that Dr Wong injected various brands of products which may only be approved by the HSA for topical application and not sub-cutaneous injections.
- 39.3.3. The SMC concludes from the above that there is therefore a risk that patients who experience side effects and/or complications arising from dermal fillers, including blood vessel occlusion, which is a known risk for all dermal fillers, may not receive the appropriate treatment from Dr Wong, which may in turn worsen the effect of these side effects and/or complications.
- 39.3.4. The SMC submits that in the present case, the Patient had presented with such a blood vessel/vascular occlusion following the injection of Ellansé dermal fillers.
- 39.3.5. The SMC submits that as a medical practitioner who administered such dermal fillers, Dr Wong ought to have known how to detect and appropriately treat

such side effects. However, Dr Wong appeared to have been unaware of how to detect this vascular occlusion. The SMC relies on Dr A's report, where Dr A had stated that Dr Wong had to consult with Dr A on "*whether there is an MRI vascular scan that could be used to detect a vascular occlusion ("VO") of the vessels of the face*". The SMC submits that this suggests that Dr Wong is unaware of diagnostic tools which can detect a known side effect arising out of the administration of all dermal fillers, and consequently, Dr Wong may be unable to independently manage the side effects arising from the use of dermal fillers.

40. The SMC submits that the allegations made against Dr Wong are severe and pose a real risk of causing harm to his patients and/or to the members of the public. In this regard, the SMC refers to the Patient's report and/or diagnosis of suffering from (a) persistent left facial pain, (b) neuralgia and neuritis, and (c) left facial angular artery stenosis. The SMC also asserts that such harms may have also materialised for multiple other patients who, as reported by the Patient, have been "*injured with similar practices*" by Dr Wong.
41. The SMC further submits that Dr Wong was not proactive in referring the Patient to a specialist despite consulting the Patient on various occasions from 2 April 2023 to 8 October 2024, and despite not being aware of how to detect or appropriately address the side effects arising from dermal fillers, which did not appear to improve from Dr Wong's treatment by way of injections of hyaluronidase, steroids, and/or growth factors into the Patient's face.
42. The SMC concludes that there are therefore serious concerns and risks to the public arising from Dr Wong's management of the side effects arising from dermal fillers:-
 - 42.1. Dr Wong displayed his inexperience in diagnosing and treating the Patient's vascular occlusion but also failed to refer the Patient to a specialist over a period of 19 months despite the limited improvement in the Patient's condition;
 - 42.2. This is not a case where the side effects arising out of the use of dermal fillers were unforeseen or unknown; and
 - 42.3. This is not a case where the side effects were only limited or minor in nature, given that vascular occlusions arising from the use of dermal fillers can result in blindness.

43. The SMC submits that the information before the IOC suggests that Dr Wong was inexperienced in detecting and treating the side effects and complications arising from dermal fillers. The SMC further submits that it is also very concerning that Dr Wong had continued with injecting hyaluronidase and/or steroid injections into the Patient's face on multiple occasions despite Dr A's reservations that it may not be helpful for the Patient, which were communicated to Dr Wong.
44. Thus, it is the SMC's submission that there is a real risk of harm to Dr Wong's patients and to members of the public if Dr Wong was allowed to continue treating patients' side effects and/or complications arising from the use of dermal fillers without any restrictions. Accordingly, the SMC submits that an interim order subjecting Dr Wong's registration to the SMC's Proposed IO is necessary given the risk of harm and the gravity of the consequences if these risks were to materialise.

(2) An interim order is in the interest of the public

45. The SMC submits that the imposition of the SMC's Proposed IO on Dr Wong's registration is in the public interest. This is given that if the allegations against Dr Wong are true, and he failed to properly administer dermal fillers and/or detect and deal with the resulting side effects, there is a high likelihood and risk that public confidence in the standards of the medical profession will be seriously undermined if Dr Wong were to be given full liberty to practise unrestricted, while awaiting the determination of the CC, or, if an inquiry is to be held by a DT, the determination by the DT.
46. The SMC further submits that ensuring the applicable standard of care is provided to patients is important in upholding public trust and confidence in the medical profession. The SMC refers to the ECEG which states that members of the medical profession must ensure beneficence and non-maleficence, by upholding patients' welfare and best interests as their highest consideration, providing medical care that is competent, compassionate and of a quality that is accepted by the profession, ensuring that patients are not harmed or suffer minimum harm for maximum possible medical benefit, and working with colleagues where necessary and appropriate in ways that serve the best interest of patients.
47. Thus, the SMC submits that if the allegations against Dr Wong as contained in the Complaint are true, members of the public would be shocked to learn that a registered medical practitioner, who had failed to adhere to the maximum annual dosage limit when administering dermal fillers and thereafter also failed to appropriately treat the side effects arising from the administration

of such dermal fillers, was allowed to continue practising without restriction. The SMC highlights that such damage to public confidence in the medical profession would be further exacerbated if the allegation that there were multiple patients with similar injuries caused by Dr Wong's administration of dermal fillers was found to be true.

(3) An interim order is warranted and proportionate to the risk of harm to the public and of damage to public confidence in the medical profession

48. In view of the seriousness of the allegations against Dr Wong and the above-mentioned risks of harm to the public and of damage to public confidence in the medical profession, the SMC submits that an interim order, in the form of the SMC's Proposed IO, is warranted and proportionate.

49. The SMC submits that Dr Wong's alleged conduct reflects a lack of knowledge or skill in the administration of dermal fillers as well as the appropriate treatment of the side effects and/or complications arising from the use of dermal fillers.

50. The SMC submits that the protection of members of public from doctors who carry out elective aesthetic procedures, which are "*not medically necessary*", such as the injection of dermal fillers for aesthetic procedures, but do not apply their minds to providing proper care to their patients, potentially at the cost of their patient's health, is crucial. The SMC further supports its position by referring to the ECEG, which recognises that "[p]atients who seek aesthetic procedures may be more vulnerable than others". The SMC submits that this further heightens the need to protect these vulnerable patients from doctors who offer such aesthetic procedures without possessing the requisite skills to carry them out appropriately or treat the side effects/complications that may arise.

51. The SMC submits that the SMC's Proposed IO sought is proportionate because the conditions are no more restrictive than necessary to mitigate the risk of harm to the public or damage to public confidence arising from the Complaint against Dr Wong:-

51.1. The key restrictions on Dr Wong's practice are limited to (a) the offering and/or administering of dermal fillers, (b) independent treatment of any patient in relation to any side effects or complications arising from dermal fillers, and (c) adhering to the prescribed dosage and indications permitted by the HSA approved literature.

- 51.2. SMC emphasises that the SMC's Proposed IO is solely targeted at the matters arising from the Complaint, which involved the inappropriate administration of dermal fillers and treatment of the side effects or complications arising from dermal fillers, and do not preclude Dr Wong from administering and practising other forms of medicine, or administering lifesaving procedures for side effects or complications arising from dermal fillers where Dr Wong is the only available medical practitioner, pending the outcome of the relevant proceedings.
52. The SMC also submits that the other conditions in the SMC's Proposed IO are not intrusive or unduly burdensome on Dr Wong as they are administrative, and will enable the SMC to ensure that the risk of harm to the public is mitigated, as well as to monitor Dr Wong's compliance with the SMC's Proposed IO and ensure the protection of the public.
53. It is the SMC's position that while there may be some financial impact on Dr Wong arising from the imposition of the SMC's Proposed IO, this impact, if any, cannot outweigh the need to protect the public and the public interest.
- (4) The SMC's Proposed IO should be imposed for a period of 18 months**
54. The SMC submits that an interim order of 18 months should be imposed as the Complaint is currently still pending determination before the CC, which has not yet determined whether the Complaint should be referred to a DT for a formal inquiry.
55. The SMC refers to section 59M(1)(a) of the MRA, which provides that the IOC (or another IOC appointed in its place) must review the order within six months from the date on which the order was made and must, for so long as the order is in force, review the order at three-month intervals. The IOC may also review the order where new evidence relevant to the order has become available after the making of the order.
56. The SMC also refers to section 59N(1) of the MRA, which provides that at these review hearings, the IOC may revoke or vary the interim order that was previously made, replace an interim suspension order with an interim restriction order, or replace an interim restriction order with an interim suspension order. Thus, the SMC submits that, should further developments arise in the course of the proceedings against Dr Wong, this IOC or another IOC appointed in its place would have the opportunity to review the interim order imposed against the backdrop of such new developments.

57. That being said, the SMC highlights that under section 59N of the MRA, the IOC reviewing an interim order made under section 59L(1) does not have the power to extend the period for which the interim order has effect. The SMC explains that in the event that any interim order imposed on Dr Wong lapses before the relevant proceedings have concluded, Dr Wong will be allowed to practise unrestricted, and an application must be made to the General Division of the High Court under section 59P of the MRA to seek an extension of the interim order.
58. The SMC also points out that in any case, under section 59Q(1) of the MRA, any interim order made will no longer be in force once the relevant proceedings have concluded. Hence, it is the SMC's position that given the uncertainty of when the relevant proceedings will conclude, the maximum period of 18 months is appropriate, and will not result in any prejudice to Dr Wong.

Dr Wong's case in his Written Submissions

59. Dr Wong submits that there is no necessity for the imposition of an interim order as:-

59.1. A *prima facie* case has not been made out against him;

59.2. There is no risk of harm posed to the members of the public if he continues to practise medicine and there are no potential adverse consequences if an interim order is not made; and

59.3. There is no public interest consideration which would justify the imposition of an interim order, and any such order would in fact operate disproportionately against his interests.

(1) Application of the Relevant Legal Principles

60. Dr Wong's submission with regard to the framework to be adopted by the IOC and the principles applicable to the IOC's decision under section 59L(1) of the MRA is essentially in line with those set out at [30] to [35] above.
61. Additionally, Dr Wong highlights that while the framework set out above was subsequently endorsed and adopted in every IOC decision following *Wee Teong Boo*, the IOC's decision in

Kay Aih Boon Erwin introduced a preliminary threshold that the IOC must cross before the aforementioned framework can be applied.

62. It is Dr Wong's position that the IOC must first be satisfied that a *prima facie* case has been made out against him before it goes on to consider whether an interim order is necessary, and that the threshold has not been crossed in the present case.

(2) A *prima facie* case has not been made out

63. Dr Wong submits that the allegations in the NOI are manifestly incredible and ill-founded, premised on facts and/or assumptions which are demonstrably wrong, and are bound to be rejected in a Disciplinary Tribunal hearing.

64. Dr Wong submits that although it is not within the IOC's remit to determine the merits of the allegations, the IOC may and should assess the nature of the allegations as well as the available evidence available to it in determining whether a *prima facie* case exists. Dr Wong cites the English case of *Martinez v General Dental Council* [2015] EWHC 1223 (Admin) ("**Martinez**"), which is cited in *Yang Ing Woei*, where the English High Court held that the allegations will need to be treated as disclosing a sufficient case unless they are manifestly incredible or are otherwise bound to be rejected at a final hearing. Where it is contended that the allegations present only a misleading snapshot of the overall picture, the IOC must do its best, based on the evidence available at the time, to assess whether that contention is made out.

65. It is Dr Wong's position that a fuller review of the evidence in this case shows that the NOI provides a misleading snapshot of the entire picture which does not withstand scrutiny.

(a) There is no maximum annual dosage for Ellansé

66. Dr Wong submits that the premise that the maximum annual dosage for Ellansé is 2ml is incorrect and relies on a letter from Sinclair dated 10 November 2025 that:-

- 66.1. When the Ellansé dermal fillers were registered in Singapore in 2016, Sinclair included a label indicating the maximum annual dosage of 2ml on the packaging for Ellansé S and Ellansé M to comply with the HSA's regulatory requirements that such products specify a stated maximum annual dosage. However, Sinclair does not specify a maximum annual dosage in many of the other countries where Ellansé is distributed;

- 66.2. The stated maximum annual dosage of 2ml in 2016 was based on the clinical evidence available at the time. In particular, Sinclair’s clinical data then was limited to studies where the subject patients received up to 2ml of Ellansé. Since 2016, the body of available clinical evidence has expanded, including updated clinical data involving the injection of increased volumes of Ellansé;
- 66.3. According to Sinclair Data on File: Toxicological Assessment Report (Ref: C32365) conducted on Ellansé, the maximum recommended overall dose for a single treatment session is 12ml. This figure does not constitute a strict toxicological threshold as the toxicological report did not explicitly assess doses exceeding 12ml. Instead, the 12ml figure was selected based on expert consideration by Sinclair’s key opinion doctor advisors at that time as a reasonable safety-based estimate, rather than a strict toxicological threshold; and
- 66.4. Sinclair acknowledges that the final treatment volumes should be determined by the treating physician, having regard to the individual characteristics of each patient and the physician’s clinical judgment.
67. Given Sinclair’s explanation above, Dr Wong contends that there is no clinically supported maximum annual dosage. He contends that Sinclair, as the manufacturer of Ellansé dermal fillers, has itself indicated that a dose not exceeding 12ml per treatment session is safe. Dr Wong also relies on the fact that Sinclair has since revised its Singapore packaging to state “*The maximum annual dosage for Ellansé is 12 ml*”.
68. Dr Wong explains that Sinclair’s position that there is no one-size-fits-all maximum dosage for patients is supported by several case studies and materials, such as:-
- 68.1. Dr Lin Shang-Li’s peer-reviewed case report published in 2018 featured on Sinclair’s website, where he used 12ml of Ellansé on an Asian patient; and
- 68.2. Sinclair’s Ellansé Expert’s Guide (“**Ellansé Expert’s Guide**”) published in March 2022, provides maximum volume recommendations for each of the different parts of the face which, when aggregated, amount to a total volume of 16.9 ml. The guide also featured three case studies in which a total of more than 7ml of Ellansé dermal filler was injected into each patient.

69. Dr Wong also relies on the report by DE1, an experienced plastic surgeon and injector, where he states that medical literature (which were published before Dr Wong treated the Patient on 1 April 2023) supports Ellansé volumes well in excess of 7ml for full-face rejuvenation:-
- 69.1. De Melo et al's guidelines for Ellansé injection volumes across the face total more than 17ml;
- 69.2. Ellansé Expert's Guide recommends maximum volume recommendations for each different part of the face which total 16.9ml per face; and
- 69.3. A retrospective study of 1,111 Ellansé treatments by Lin and Christen recorded that 25 patients received more than 20ml of Ellansé, with no complications serious enough to suggest that such volumes ought not to be permitted.
70. Dr Wong further relies on the opinion of DE1, as set out in his report, that:-
- 70.1. The total volume of filler required for whole-face rejuvenation should not be dictated by a rigid formula or fixed upper limit. Rather, the appropriate volume should be assessed with regard to the individual patient's facial anatomy, the extent of volume deficiency, and the areas and degree of facial sagging;
- 70.2. It was both reasonable and clinically desirable for Dr Wong to administer the required volume in a single treatment session, rather than dividing the total dose across multiple sessions. This is because, as the injector progresses from one area of the face to another, he can make more accurate real time judgements of the appropriate amount and precise location for injection, before normal post-treatment swelling develops;
- 70.3. The treatment of a superior part of the face may reduce the volume of filler required in an inferior part of the face, thereby allowing for more efficient usage of the filler, and result in a reduced overall total dosage. This is a well-known filler injection principle that is also reflected in the recommendations contained in the Ellansé Expert's Guide at page 83; and
- 70.4. DE1 therefore concluded that the 7ml administered by Dr Wong, which was distributed across the different areas of volume loss identified during consultation, was well below the recommended and clinically acceptable limits and was appropriate for the Patient.

71. Dr Wong submits that, in light of Sinclair's confirmation that there is no maximum annual dosage of Ellansé, together with DE1's opinion that the dosage administered by Dr Wong was appropriate, a foundational fact underlying the allegations has been disproved.

(b) Dr Wong's administration and dosage of Ellansé was appropriate

72. Dr Wong submits that the SMC has failed to explain or particularise, or provide any evidence on, how his administration or dosage of Ellansé dermal fillers was inappropriate, and that the location, depth and dosage of Ellansé he administered were appropriate and followed the guidelines set out in the Ellansé Experts' Guide. Thus, Dr Wong submits that the allegation that the Patient's side effects and complications resulted from the inappropriate administration of Ellansé dermal fillers falls away.

73. Dr Wong also submits that the occurrence of a known complication does not mean that the medical practitioner acted inappropriately during the procedure. Dr Wong further relies on DE1's report where DE1 opined that:

73.1. The total volume of Ellansé injected would not have made a difference to the risk of vascular occlusion that occurred in the Patient's left nasolabial area;

73.2. He is unable to find fault with Dr Wong's injection technique; and

73.3. Dr Wong performed the same injection near the right nasolabial fold and no complication was experienced.

(c) The hyaluronidase allegation is misconceived

74. Dr Wong submits that the SMC's case seems to be premised on the proposition that hyaluronidase was not an appropriate treatment because Ellansé dermal fillers, which do not contain hyaluronic acid, cannot be broken down through hyaluronidase. He submits that this proposition appears to originate from Dr A's medical report, which was produced without the benefit of contemporaneous case notes. Dr Wong further submits that there is no evidence before the IOC of Dr A's experience in administering Ellansé dermal fillers or in the treatment and management of complications that may arise from the same.

75. Accordingly, Dr Wong submits that SMC's position is founded on the erroneous assumption that hyaluronidase could serve no legitimate therapeutic purpose in treating the Patient's vascular occlusion. Dr Wong contends that this is directly contradicted by Sinclair's own clinic guidance and DE1's expert report. In this regard, Dr Wong emphasises that DE1 is a very experienced plastic surgeon with 27 years of plastic surgery experience, and is well-versed in the administration of Ellansé dermal fillers, while Dr A has 6.5 years of plastic surgery experience.
76. Dr Wong explains that, in this context, hyaluronidase is not administered to dissolve the Ellansé fillers. Rather, it is administered as a treatment for the vascular occlusion. Dr Wong relies on the Ellansé Expert's Guide which recognises hyaluronidase's therapeutic mechanism for a vascular occlusion and recommends hyaluronidase injections as a treatment for vascular complications since they increase vascular permeability and offer a vasodilator effect. Dr Wong further refers to Zaresharifi et al's 2025 case report and Shahrier Nazari et al's 2026 paper, both of which identify hyaluronidase as one of the first-line treatments for vascular occlusion following Ellansé injections.
77. In further support of his position, Dr Wong relies on DE1's opinion that the immediate local injection of hyaluronidase is an important measure in the immediate and early management of vascular occlusion following filler injection, which focuses on preventing the potentially catastrophic consequence of skin and soft tissue necrosis. DE1 further observed that the use of hyaluronidase in the treatment of vascular occlusions is well supported in peer-reviewed medical literature and is recommended in Ellansé's Expert Guide. Accordingly, Dr Wong submits that his prompt injections of hyaluronidase were appropriate.
78. Thus, it is Dr Wong's position that the SMC's premise that hyaluronidase does not have a role in treating a non-hyaluronic acid filler complication is wholly flawed and erroneous.

(d) Source of allegations

79. Dr Wong submits that in *Kay Aih Boon Erwin*, the IOC found the *prima facie* threshold to be met where four well-respected paediatricians who had themselves treated the same children in that case came forward with a formal complaint. Dr Wong contrasts this with the present complaint, which originates from a single patient who is a medical layperson with no prior clinical knowledge of dermal fillers, appropriate dosage or appropriate treatment for filler-related complications.

80. Dr Wong submits that in the present case, the factual premises underlying that single lay complaint are incorrect, and a *prima facie* case has not been made out. Thus, Dr Wong submits that no interim order is necessary and the inquiry need not go further.

(3) An interim order is not necessary for the protection of members of the public

81. Notwithstanding his submissions above, Dr Wong nonetheless submits that even if the IOC were to take the view that a *prima facie* case is made out, an interim order is not necessary as he does not pose a risk of harm to members of the public and there would be no adverse consequences if he continues to practise medicine unrestricted.

(a) Risk of harm to members of the public

82. It is Dr Wong's position that he poses no risk of harm to members of the public.

(i) *The dosage administered was appropriate*

83. Dr Wong submits that the 7ml of Ellansé dermal fillers he administered was well within acceptable limits, as established by Sinclair's own guidance and the medical literature. Therefore, Dr Wong submits that there is no proper basis to characterise the dosage he administered as posing any risk of harm to the Patient, much less to members of the public generally. Dr Wong further submits that his position is reinforced by Sinclair's own acknowledgement that the appropriate treatment volume is properly a matter for the treating physician's clinical judgment, and that his exercise of that clinic judgment, which has been endorsed by DE1, cannot found a finding of risk to the public.

(ii) *The incidence rate of vascular occlusions caused by dermal filler procedures is extremely low and Dr Wong's incidence rate is on the low end of the range*

84. Dr Wong relies on DE1's opinion that the 7ml of Ellansé that he injected, as opposed to 2ml, would not have made a difference to the risk of vascular occlusion, and DE1's assessment of the incidence rate of vascular occlusions caused by dermal filler procedures to be between 0.0024% to 0.04%. Dr Wong submits that his estimated incidence rate in respect of all fillers from 2018 to 2026 is 0.0051% (1 / 19667), which is well on the lower end of DE1's estimated rate.

85. Dr Wong also relies on a 2020 peer-reviewed paper by Alam et al, where it is stated that *“physicians injecting fillers for more than 5 years had 70.7% lower odds of occlusion than those who were less experienced. For each additional injection per week, the odds of occlusion decreased by 1%”*. On this basis, Dr Wong submits that he has been a filler injector since 2012 and has injected almost 20,000 fillers from 2018 to 2026, and therefore poses less risk as compared to other filler injectors.
86. Dr Wong’s position is that given how rare the complication of vascular occlusion is, and taking into account the above, he poses no risk of harm to members of the public.

(b) Dr Wong’s treatment and management of the Patient’s complications was appropriate

87. Dr Wong submits that, upon diagnosing the Patient’s vascular occlusion, he responded promptly and appropriately, and that his management of the Patient’s condition is supported by DE1 expert opinion:-
- 87.1. Dr Wong promptly injected hyaluronidase and triamcinolone, which was the recommended immediate measure for vascular occlusion according to the Ellansé Expert’s Guide and peer-reviewed medical literature. DE1 opined that this was carried out promptly and appropriately.
- 87.2. The triamcinolone component exerted an anti-inflammatory effect, thereby reducing tissue swelling and facilitating decompression of the affected blood vessels. Dr Wong submits that this is a recognised and appropriate treatment supported by the published literature.
- 87.3. On 1 April 2023, Dr Wong immediately referred the Patient to Dr E, who holds a Master of Medicine in Family Medicine and a Diploma in Diving and Hyperbaric Medicine, and is [designation redacted] in Institution A. Dr E arranged for the Patient to undergo 9 sessions of hyperbaric oxygen therapy between 1 and 11 April 2023, in order to hyperoxygenate the ischaemic tissue and facilitate healing. Dr Wong submits that this was likewise a recognised and appropriate treatment measure. Dr Wong highlights that Dr E’s practice focuses on the treatment of ischaemic conditions, and that he is arguably one of the few doctors in Singapore with this specialised area of practice. Dr Wong accordingly characterises Dr E as a “specialist” in this field adept in treating the

Patient's vascular occlusion, notwithstanding that he does not hold a specialist degree or accreditation in the field.

- 87.4. Dr Wong subsequently administered growth-factor treatments over the following months, which he submits is a measure supported by published clinical studies as facilitating wound healing and tissue repair following vascular occlusion. Dr Wong also administered one session of exosome therapy, which he submits is similarly supported in the literature as enhancing wound healing. Dr Wong relies on Zareharifi's 2025 case report and Shahrier Nazari's 2026 paper, which support growth-factor treatment as one of the recommended treatments for Ellansé-related vascular occlusion. DE1 likewise opined that growth factor treatment and/or exosome treatment is appropriate.
- 87.5. Dr Wong monitored the Patient's condition on an ongoing basis, arranging two interval CT angiograms and performing bedside ultrasound evaluations of the affected vessels. He also prescribed supportive analgesia.
- 87.6. Dr Wong consulted his colleague, Dr A, sought and obtained his advice on imaging and diagnosis, and arranged for Dr A to assess the Patient in person together with him. DE1's opinion is that this amounted, in substance, to a referral and was appropriate and adequate in the circumstances. Dr Wong submits that a formal referral was not necessary and, in any event, would not have made a material difference to the outcome, as the eventual diagnosis of trigeminal neuralgia fell outside the scope of a plastic surgeon's expertise.
88. Dr Wong submits that he has therefore demonstrated that he is able to manage filler-related complications expediently and appropriately, including making prompt referrals to the relevant treating specialists and/or doctors. Accordingly, Dr Wong submits that it cannot be said that his management of the Patient's complications was inappropriate or poses any risk of harm to members of the public. Dr Wong further highlights that the Patient continued to seek follow-up appointments with him as her pain was not well-controlled, and requested that Dr Wong treat her pain.

(c) Patients are advised of risk before administration

89. Dr Wong submits that as a seasoned trainer of other doctors in the administration of Ellansé dermal fillers, he is well aware of potential complications and how to treat them as it is a routine lecture component as requested by Sinclair. He further submits that it is part of his standard clinical practice to inform every patient of potential risks, side effects and complications before treatment.
90. Dr Wong's position is that he has met the standard of care in relation to his duty to advise the Patient under section 37 of the Civil Law Act 1909:-
- 90.1. Dr Wong highlights that the Ellansé Patient Consent Form which the Patient signed on 1 April 2023 before the procedure records that he explained the planned procedure to the Patient, including the “*advantages, disadvantages, risks and benefits*”, and also states that complications, while not anticipated, could include: “*Poor cosmetic result, extrusion, infection, folds or lines, possible further treatment, swelling, nodule formation, allergic reaction, inadequate augmentation*”.
- 90.2. Dr Wong points out that he advised the Patient that side effects include, amongst others, bruising and swelling for 5 to 7 days. Dr Wong also states that he advised the Patient that the risk of vascular occlusion is 0.001%, although this was not documented in his case note.
- 90.3. Dr Wong therefore submits that as he fully informs each patient of the potential complications that may arise from Ellansé dermal fillers and obtains the informed consent of the patients before administering the Ellansé dermal fillers, it cannot be said that he poses a risk of harm to the members of the public. Dr Wong highlights that each patient (or member of the public) is given the opportunity, after being informed of the potential complications, to decline the treatment, and that he does not induce or otherwise influence patients to proceed with Ellansé treatment, beyond advising when it is, in his clinical view, the appropriate treatment for the patient's presenting concern.
- 90.4. Dr Wong also submits that the above applies to the subsequent treatment of the Patient's complications. Dr Wong explains that the Patient was separately advised on 1 and 2 April 2023 of the purpose, indications and potential side effects of hyaluronidase and triamcinolone injections, and she signed a further consent form to that effect.

91. In light of the above, Dr Wong submits that even if the allegations against him are true, the risk of harm against members of the public is minimal, as each patient is fully informed of the risks and voluntarily elects to proceed on that basis.

(d) Dr Wong is a skilled Ellansé injector and trainer

92. Dr Wong submits that he has developed a high level of skill in relation to the injection of Ellansé dermal fillers over the years:-

92.1. He has been administering Ellansé dermal fillers since it was registered by HSA in 2016, and has administered 14,874 Ellansé dermal fillers, and 19,667 dermal fillers in total, from 2018 to 2026.

92.2. Prior to administering Ellansé dermal fillers, Dr Wong had performed numerous dermal filler procedures from 2012 to 2018 at three other clinics .

92.3. Dr Wong is a highly qualified and internationally accredited trainer of other practitioners in the use of Ellansé.

92.4. Dr Wong has been an accredited international Ellansé (as well as Maili (Hyaluronic Acid) Filler) trainer since 2016 (since Ellansé was available in Singapore) and has, over the past decade, conducted many overseas Ellansé dermal filler training workshops for Sinclair. He is a member of the 1st Asia Ellansé Advisory Board, recipient of the “Sinclair APAC Trainer 2021” and “Sinclair APAC KOL Trainer 2025” awards and speaker at international conferences on several topics including full-face rejuvenation and injection techniques. The clinic which Dr Wong founded, The Artisan Clinic, was awarded “Sinclair Top Ellanse Clinic” in 2023, 2024 and 2025, and “Sinclair APAC Top 50 Clinics” for 2021 2022, 2023, 2024 and 2025.

92.5. Dr Wong has published extensively as a scientific author, 27 peer-reviewed publications to date. A few of these papers are on facial anatomy and filler injection technique guides.

92.6. Dr Wong has a high patient satisfaction rate from patients who have received Ellansé fillers from him, and he has garnered 59 5-star Google reviews from such patients on The Artisan Clinic’s Google page listing.

93. Dr Wong thus submits that the above demonstrate that the risk he poses to his patients or any members of the public is markedly lower than that of an ordinary practitioner, and that the risk of harm to members of the public, if any, is greatly minimised by his skill and experience.

(4) There are no potential adverse consequences if an interim order is not made

94. Dr Wong's position is that there is no potential adverse consequence that an interim order could sensibly guard against:-

94.1. Dr Wong submits that there is no reliable evidential basis for characterising the Patient's complications as a "potential adverse consequence" that is liable to recur in other patients in the absence of an interim order. Dr Wong submits that the SMC has not provided any particulars or evidence establishing that the Patient's complications resulted from any deviation on his part from an appropriate dosage or administration of the Ellansé dermal filler. Dr Wong further highlights that Sinclair's guidance and DE1's expert evidence establish that the volume he administered was clinically appropriate, and that the Patient's vascular occlusion was not attributable to any fault in his injection technique or the dosage administered.

94.2. In relation to the allegation concerning the administration of hyaluronidase, Dr Wong submits that an interim order would not serve any protective purpose, as his management of the Patient's complications was appropriate and clinically sound, based on various published medical literature, independently supported as appropriate by DE1, and prevented the development of any skin or soft tissue necrosis.

(5) There is no public interest in the making of an interim order against Dr Wong

95. It is Dr Wong's position that any interim order made against him would be disproportionately adverse to his interests when weighed against the interests of the public.

(a) The allegations and the nature of harm to the public are not grave

96. Dr Wong submits that the allegations against him are not of a sufficiently serious nature to warrant an interim order, and that the nature of the harm to the public, even if the allegations made against him are true, is not grave. He contrasts the present case with previous IOC decisions, such as *Chan Herng Nieng*, *Ong Kian Peng*, and *Ler Teck Siang*, which involved dishonesty and criminal conduct reflecting grave harm to the public. Dr Wong submits that such

conduct is of an entirely different order from the present allegations, which concern alleged clinical shortcomings in administration of treatment and management of complications.

97. Dr Wong further submits that the most analogous precedent to the present case is *Kay Aih Boon Erwin*, which concerned allegations of prescribing medication to paediatric patients without scientific basis. Nonetheless, Dr Wong submits that the allegations in *Kay Aih Boon Erwin* are much more serious than those in the present case, as *Kay Aih Boon Erwin* involved paediatric patients under the age of seven, a particularly vulnerable segment of the public with high risk of suffering damage from the prescription of those drugs.

98. As opposed to the abovementioned decisions, Dr Wong submits that the present allegations are less serious as they involve neither dishonest nor criminal or sexual misconduct, but at most clinical negligence and/or incompetence, in respect of a single adult patient who was informed of and consented to the risks of treatment, and who has since substantially recovered.

(b) An average member of the public would not be shocked if Dr Wong continued to practise

99. On the applicable test in assessing public interest and the maintenance of public confidence, Dr Wong submits that an average member of the public will not be shocked or troubled to learn that he has been allowed to practise pending a DT hearing, as:-

99.1. The present case against Dr Wong originated from a single lay patient's complaint, as opposed to a complaint by specialists, the Ministry of Health, the police or the courts.

99.2. A member of the public would be cognizant of the fact that this is a single case among the many patients to whom Dr Wong has administered Ellansé dermal fillers over his career. The Patient's complications have since been substantially resolved and Dr Wong's own management did not exacerbate them, and, on DE1's evidence, Dr Wong's treatment prevented any lasting tissue damage.

(c) Any interim order would be disproportionate to Dr Wong's interest

100. Dr Wong submits that any interim order made against him would operate disproportionately against his interests, when weighed against a risk to the public that is, on the evidence, negligible if not non-existent:-

- 100.1. The Patient's vascular occlusion did not arise as a result of any alleged wrongdoing on Dr Wong's part. The Patient had been advised of the risk of this complication, which could have occurred even if Dr Wong had administered only 2ml of Ellansé. The risk of vascular occlusion is an inherent risk associated with the appropriate administration of Ellansé dermal fillers.
- 100.2. In these circumstances, Dr Wong submits that it would be disproportionate to his interests to impose an interim suspension order, as the allegations against him, even if true, are neither as serious nor as harmful to the public as those considered in the four IOC decisions which he has referred to.
- 100.3. Dr Wong also submits that a restriction order limiting him to a fixed maximum dosage per patient would likewise not be an appropriate or proportionate alternative. The Ellansé packaging was updated in 2026 to state a maximum annual dosage of 12ml, and both Sinclair's evidence and DE1's expert opinion confirm that the appropriate dosage in any particular case is properly a matter for the treating physician's clinical judgment, having regard to the individual patient's anatomy, rather than a fixed formula. Restricting Dr Wong to a fraction of the volume now recognised by Sinclair and the relevant medical literature as safe and appropriate would therefore be arbitrary and would not correspond to any genuine risk to the public. Dr Wong submits that any restriction order would be disproportionately harsh.
- 100.4. Dr Wong estimates that approximately 95% of his revenue is derived from the administration of Ellansé dermal fillers. He therefore submits that the imposition of any interim order would have a catastrophic impact on his livelihood.
101. In the circumstances, Dr Wong submits that no interim order should be made against him. In the alternative, Dr Wong requests that any interim restrictions on his registration take into account his vast experience as both a filler injector and speaker/trainer for Sinclair, and the fact that the dosage administered, injection technique and management of complications are all recommended and/or endorsed by Sinclair itself and DE1.

The Inquiry Hearing

(1) Summary of Issues in Contention

102. At the Inquiry Hearing (“**Hearing**”), Counsel for both parties submitted on the following issues:-
- 102.1. Whether the Complaint discloses a *prima facie* case, given Dr Wong’s position that the 2 central factual premises – a 2ml maximum dosage, and hyaluronidase having no role in treating an Ellansé occlusion – are wrong.
 - 102.2. Whether the Ellansé maximum annual dosage label (2ml at the time of treatment, since revised to 12ml) reflected a genuine regulatory ceiling, and what the HSA's 2026 change-notification approval actually approved.
 - 102.3. Whether Dr Wong's use of hyaluronidase and steroids to treat the vascular occlusion – on a filler that is not hyaluronic-acid based – reflected a lack of skill, or was an appropriate, guideline-supported emergency response.
 - 102.4. Whether Dr Wong's overall diagnosis and management of the complication (including consulting Dr A without a formal referral letter) demonstrates competence or a lack of it.
 - 102.5. The relevance and evidential weight – at the *prima facie* stage and separately at the risk-assessment stage – of 5 additional complaints against Dr Wong disclosed by SMC shortly before the hearing.
 - 102.6. Whether Dr Wong poses a real, ongoing risk to the public sufficient to justify an interim order.
 - 102.7. The scope, clarity and proportionality of the interim conditions sought – in particular conditions (a)/(b) (which Dr Wong says amount to a *de facto* suspension) and condition (c) (an open-ended dosage-compliance condition reaching all medications, not only dermal fillers).
 - 102.8. The significance, if any, of Dr Wong's delay (January–December 2025) in responding to the SMC investigator's document requests.
 - 102.9. Whether some lesser or alternative condition would adequately address any risk, as against the broader conditions sought by SMC.

(2) *Prima facie* case

Whether the Complaint discloses a prima facie case, given Dr Wong's position that its two central factual premises – a genuine 2ml maximum dosage, and hyaluronidase having no role in treating an Ellansé occlusion – are wrong.

SMC's position

103. The *prima facie* threshold is a very low one: it is only not crossed where a complaint is manifestly incredible, frivolous, or bound to be rejected at a final hearing (Martinez v General Dental Council; Kumar v General Medical Council; Howells v General Medical Council).
104. The *prima facie* assessment looks only at this Complaint and Dr Wong's answer to it. The five other complaints are not needed to cross the threshold, though they reinforce the credibility of the present Complaint.
105. On that basis, this Complaint, taken alone, plainly crosses the low threshold.

Dr Wong's position

106. No *prima facie* case is made out as the Complaint rests on two factual premises that are wrong: (i) that there is a genuine 2ml maximum annual dosage for Ellansé, and (ii) that hyaluronidase has no role in treating an Ellansé-related vascular occlusion.
107. Both premises are said to be disproved by the manufacturer's own materials and by DE1's expert evidence.
108. This position was maintained by Dr Wong even after SMC disclosed the five other complaints, although it was later clarified that the IOC should not disregard those complaints outright – only that they should not affect the *prima facie* analysis of this Complaint.

(3) The 2ml / 12ml Ellansé dosage limit

Whether the Ellansé maximum annual dosage label (2ml at the time of treatment, since revised to 12ml) reflected a genuine regulatory ceiling, and what the HSA's 2026 change-notification approval actually approved.

SMC's position

109. At the time of treatment, the product label stated a maximum annual dosage of 2ml. Dr Wong administered 7ml in a single sitting – more than three times that figure – knowingly.
110. The relabelling to 12ml only followed a change-notification process completed in March 2026, after the treatment and after the Complaint, so it does not excuse the conduct at the time it occurred.
111. Whether 7ml was clinically safe is a separate question from whether Dr Wong knowingly exceeded a clearly stated regulatory limit; it is the latter that concerns the SMC.

Dr Wong's position

112. The 2ml figure was a labelling artefact from 2016, inserted only to satisfy a HSA requirement to state some figure, based on then-available and limited clinical data – it was never a clinical ceiling.
113. Sinclair's own toxicological assessment, expert's guide, and peer-reviewed literature support dosages of up to 12ml per session, and the label has since been revised accordingly.
114. In response to questions from the IOC, it was clarified (after taking Dr Wong's instructions) that the HSA email relied on approved the manufacturer's application to change the label from 2ml to 12ml – it is not a freestanding HSA finding that 12ml is the clinically mandated maximum dose.

(4) Use of hyaluronidase and steroids on a non-hyaluronic-acid filler

Whether Dr Wong's use of hyaluronidase and steroids to treat the vascular occlusion – on a filler that is not hyaluronic-acid based – reflected a lack of skill, or was an appropriate, guideline-supported emergency response.

SMC's position

115. The SMC points out that the Complaints Committee was concerned that Dr Wong's use of hyaluronidase – which does not dissolve Ellansé, a non-hyaluronic-acid filler – to treat the occlusion suggested a lack of understanding of the product and reflected the lack of competence and experience in the overall risk assessment.

Dr Wong's position

116. Hyaluronidase is not used to dissolve the filler itself, but to increase vascular permeability and reduce vasospasm – a recognised first-line emergency treatment for filler-related vascular occlusion.
117. This is supported by the manufacturer's own 2022 expert's guide, which pre-dates the treatment, and by DE1's expert evidence. The contrary premise is said to originate from Dr A's own expressed uncertainty, and he is not said to be an Ellansé expert.

(5) Competence in diagnosing and managing the complication

Whether Dr Wong's overall diagnosis and management of the complication (including consulting Dr A without a formal referral letter) demonstrates competence or a lack of it.

SMC's position

118. Based on Dr A's account, no formal referral was made, and Dr Wong remained the patient's treating doctor throughout. This, combined with the need to consult Dr A at all, is said to reflect insufficient experience in managing this complication.

Dr Wong's position

119. Dr Wong diagnosed the vascular occlusion the same day and promptly treated it; he arranged hyperbaric oxygen therapy, CT angiograms, bedside ultrasound monitoring, a joint assessment with Dr A, and onward specialist referrals (ENT, pain management, RF ablation) – resulting in an 85% reduction in the patient's pain and full engagement throughout.
120. DE1's evidence is that bringing in Dr A for a joint assessment constituted a referral in substance, and that a formal referral letter would have made no difference since the eventual diagnosis (trigeminal neuralgia) fell outside a plastic surgeon's remit in any event.

(6) Weight to be given to the five additional complaints

The relevance and evidential weight – at the prima facie stage and separately at the risk-assessment stage – of five additional complaints against Dr Wong disclosed by SMC shortly before the hearing, pursuant to the IOC's direction.

SMC's position

121. While not needed to establish the prima facie case, the five additional complaints are directly relevant to the risk assessment: they allege similar over-dosing (6–25ml) and adverse effects, and several have already been recommended to be referred to a Disciplinary Tribunal by their own Complaints Committees – showing this is not an isolated incident.

Dr Wong's position

122. When asked whether the five cases referred to by the SMC should factor into the IOC's decision as to whether members of the public needed to be protected, Counsel for Dr Wong recognised that the consideration of whether the doctor has remained free from other complaints does work into the principles of whether an interim order should be made, and what the interim order is. However, Counsel submits that these other complaints should carry no weight in the risk assessment: none of them allege vascular occlusion which is the serious complication at issue in this case; doses of 6–25ml in those cases caused no comparable harm, undermining any suggestion that higher dosage equates to higher risk; none has resulted in a Disciplinary Tribunal finding on the merits; and several were lodged in a short window shortly after Dr Wong's own harassment and POHA proceedings against one complainant, raising a question over their motivation.

(7) Overall risk to the public and the applicable legal test

Whether Dr Wong poses a real, ongoing risk to the public sufficient to justify an interim order.

SMC's position

123. The applicable test is whether an average member of the public would be shocked to learn that the doctor continued practising unrestricted pending a finding against him. Given the serious, elective, and vulnerable-patient context of aesthetic dermal filler work (ECEG B10) and the Complaints Committee's own concerns, that test is said to be met.

Dr Wong's position

124. Dr Wong's own vascular-occlusion incidence rate (approximately 1 in 14,874–19,667 treatments) sits at or below published literature ranges and well below the manufacturer's own

published adverse-event rate. His experience, credentials, and the patient's substantial recovery show no elevated risk, and the previous IOC decisions in which interim orders were made are distinguished as involving dishonesty or criminal conduct rather than a single clinical complication.

(8) Scope, clarity and proportionality of the proposed conditions (a)–(c)

The scope, clarity and proportionality of the interim conditions sought — in particular, conditions (a) and (b) (which Dr Wong says amount to a de facto suspension) and condition (c) (an open-ended dosage-compliance condition reaching all medications, not only dermal fillers).

SMC's position

125. The conditions are proportionate and not a suspension: Dr Wong may continue to practise generally, and is only restricted from administering, or treating complications of, dermal fillers.
126. Condition (c) is deliberately broad, covering all medications and not only fillers, because the underlying concern — a doctor knowingly exceeding a stated maximum dosage — is a general one. On questions put by the IOC, Counsel accepted that the drafting could be made clearer.

Dr Wong's position

127. Conditions (a) and (b) amount, in substance, to a suspension: dermal filler work, predominantly Ellansé, makes up around 95% of Dr Wong's practice.
128. Condition (c) is vague (an undefined 'HSA-approved literature'), disconnected from a complaint that concerns only Ellansé, and would include routine medications that are entirely unrelated to the alleged conduct.

(9) Delay in responding to the SMC investigator (January–December 2025)

The significance, if any, of Dr Wong's delay (January–December 2025) in responding to the SMC investigator's document requests.

SMC's position

129. The outstanding documents are not needed for the IOC's decision today; they were raised only to give context for how the complaint reached the IOC, and can be revisited at the statutory six- and three-monthly reviews if they become relevant.

Dr Wong's position

130. The delay is explained by a documented period of serious health issues suffered by Dr Wong over that period — cardiac investigations, injuries from a fall, and a later ankle injury, totalling 53 days' medical leave. Dr Wong apologised unreservedly for the delay, while submitting that it is immaterial to the risk assessment.

(10) Alternative or lesser conditions

Whether some lesser or alternative conditions would adequately address any risk, as against the broader conditions sought by SMC.

SMC's position

131. Counsel was asked to consider whether paragraph 4(c) of SMC's Proposed IO should be amended or adjusted as the same referred to medications or products in general and not just dermal fillers.
132. Counsel informed the IOC that the SMC maintained its position that the original proposed conditions at paragraph 4(c) should be imposed.

Dr Wong's position

133. By way of a written email from his Counsel, Dr Wong proposed, inter alia, that for a period of 12 months, (i) Dr Wong shall not administer more than 12 ml of Ellansé to a patient annually, unless approval is first sought from Dr F, with that approval documented contemporaneously in the patient's clinical records; (ii) if approval is given by Dr F, the patient must be advised by Dr Wong of the dosage being above the dosage stated on the product packaging label and the reasons for exceeding the dosage and must consent to the same before Dr Wong proceeds with treatment; and (iii) where a patient presents with a vascular occlusion arising from the administration of Ellansé, Dr Wong shall immediately refer that patient to a MOH-accredited plastic surgeon for assessment and/or treatment.

(11) Outcome (for reference)

134. The IOC ordered interim conditions for 18 months, or until conclusion of the Part 7 disciplinary proceedings if sooner: Dr Wong must not offer or administer dermal fillers (a); must not treat any filler-related side effects or complications except as an emergency life-saving procedure where he is the only available practitioner (b); may only administer products within the dosage and indications permitted by HSA or the manufacturer's specifications (c, as ultimately worded); must disclose all practice locations to SMC (d); and must inform any employer of these conditions (e). The IOC directed that anonymised grounds of decision be published in due course.

Decision of the IOC

135. In applying the framework as set out in [30] to [35] above, and having fully considered all the facts and circumstances and the respective submissions of the parties, both written and oral, the IOC is satisfied that a prima facie case has been made out against Dr Wong; and that it is necessary for the protection of members of the public and in the public interest that the following order is made.
136. That with effect from 26 August 2026, the registration of Dr Wong as a medical practitioner is to be made subject to the following conditions or restrictions, for a period of 18 months or until the conclusion of the proceedings against Dr Wong under Part 7 of the MRA, whichever is sooner:
- 136.1. Dr Wong must not offer and/or administer dermal fillers;
- 136.2. Dr Wong must not treat any patient in relation to any side effects or complications arising from the administration of dermal fillers, unless such treatment is an emergency lifesaving procedure and Dr Wong is the only available medical practitioner;
- 136.3. Dr Wong shall only administer products within the dosage and indications permitted by the HSA or in accordance with the manufacturer's specifications;
- 136.4. Dr Wong must inform the SMC of all places at where he practises or intends to practise;
and

136.5. Dr Wong must inform any organisation or person employing him for medical work that his registration is subject to the above conditions.

Publication of Decision

137. The IOC orders that the Grounds of Decision be published with the necessary redaction of identities and personal particulars of persons involved.

Dated this 26th day of August 2026.