



# SUTURE

NEWSLETTER OF THE COLLEGE OF SURGEONS OF SRI LANKA

*"Binding Surgeons Together"*

**Celebrating 50 years of  
commitment to Surgical  
Excellence**

The logo of the  
Golden Jubilee  
celebrations of the  
College of Surgeons  
of Sri Lanka. Read  
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President, College of Surgeons of Sri Lanka 2021

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## THE COLLEGE OF SURGEONS OF SRI LANKA

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SUTURE Editors : Dulantha De Silva, Mohan Dias &amp; Gayan Ekanayake



## From the Editors Desk

Dear readers,

Welcome to the first issue of the Suture for the year 2021. This is a very special year for the College as it is our Golden Jubilee. While 2020 dealt us all an unprecedented challenge, we are proud that the College led by Dr Jayindra Fernando kept the flame of surgery burning amidst all obstacles. Now, there is possibly light at the end of the tunnel and we look forward to celebrating our Jubilee in grand style. We wish our new President Professor Srinath Chandrasekera the very best, as he leads Sri Lankan Surgery to the next milestone.

In this edition of the Suture, we look at inspiration behind the beautiful new logo for our Golden Jubilee Celebration. We listen to the wisdom of two of our stalwarts Professor Arjuna Aluwihare and Professor Mohan de Silva. Trainees, Randil Alwis and Jeevan Rankothkumbura report on the establishment of the new National Skin Donation Programme.

With several education programmes and workshops already completed, the new lessons learnt in dealing with the pandemic especially in delivering virtual and hybrid learning platforms seem to have served us in good stead. A future of opportunity awaits our profession.

**Dulantha de Silva, on behalf of the Suture editorial team**



### **THE COLLEGE OF SURGEONS OF SRI LANKA**

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Colombo 07  
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E-mail: collsurg@gmail.com

## **Notice of Annual General Meeting of the College of Surgeons of Sri Lanka**

**Date: Friday 19<sup>th</sup> March 2021**

**Time: 7.00p.m.**

**Venue:**

**College of Surgeons Auditorium**  
Noel & Nora Bartholomeusz Foundation  
No. 6, Independence Avenue,  
Colombo 07.

Resolutions to be taken up at the AGM should reach the College office on or before  
4:00pm on 01<sup>st</sup> March 2021.

**Dr Ranga E Wickramarachchi**  
Hony. Secretary

# Presidential Address



*The following is an edited version of the address made by Professor Srinath Chandrasekera at the Induction ceremony of the President of the College of Surgeons of Sri Lanka*

**Professor Srinath Chandrasekera**  
*President,  
College of Surgeons of Sri Lanka 2021*

It is a deep sense of honour and responsibility that I accept the highest office at the College of Surgeons of Sri Lanka. I thank the college of entrusting me with such a responsibility as president of the college this year when we mark our Golden Jubilee. I thank the outgoing council and president Jayendra Fernando for guiding me during these unprecedented times.

As you are aware, we have been compelled to move away from the usual ceremonial induction this year due to health and safety reasons but do hope that our fellows, members, friends and well-wishers are logged in live sharing the happiness of this milestone.

2021 is a very special year, as we celebrate the golden Jubilee of the College of Surgeons. Although the practice of allopathic surgery in Sri Lanka dates back centuries to Dutch colonial times, it was only in 1971, that the Association of Surgeons formed in the 60s with a membership of a handful of eminent surgeons, was transformed as the College of Surgeons of Sri Lanka.

There have been many factors that have contributed to the rapid growth of the College since

then and the impact it has had on quality surgical services and academia has been remarkable during this relatively short period. In the early days postgraduate training and accreditation in surgery was mostly based training in the UK for several years followed by the FRCS. The establishment of the Post-Graduate Institute of Medicine and the then Master of Surgery program in the late 70s enabled larger numbers of aspiring surgeons to take up basic surgical training locally. Small being beautiful, the PGIM programme ensured a single common pathway for Sri Lankan surgeons to obtain specialist training in a structured manner evolving to the highest possible standards. The College and its members have played a major role in providing every possible support to this endeavour in various ways. This included facilitation of structured training slots, provision of full exposure, local higher training in subspecialties and engagement of examiners from overseas for quality assurance.

Firstly, the provision of training in all subspecialties during the programme, enabled trainees to gain wider exposure unlike before. Following the MS (as it was then) initial higher training

was obtained locally, in different specialties such as orthopedics, urology, cardiothoracic, plastic etc. The trainees were then able to secure more focused and specialized training overseas.

During this period obtaining the FRCS or dual sponsorship through the Royal Colleges were mandatory to secure registration by the GMC. Further, the MS and later MD Surgery examination essentially included the participation of two senior examiners from overseas as a measure for external quality assurance, and such examiners were often from the UK, Australia and sometimes Singapore and New Zealand ensuring the highest level of scrutiny and standards together with international endorsement. Invitation of overseas examiners took place mostly through friendships of our senior surgeons, and links with the College and its members.

The surgical training programme grew in popularity exponentially and Sri Lanka has up to date produced over 600 specialist surgeons, most of whom are serving our people across the country. Today Sri Lanka can boast of providing specialist surgical access within 2 hours of travelling time from any corner

of the country, a remarkable achievement for a developing nation such as ours. We can be proud and grateful that overseas examiners participated in our biannual examinations without interruption for almost 40 years, despite a 30-year civil war and many adversities in Sri Lanka. It was only during the current pandemic and once before that we could not bring down overseas examiners for the MD examination in Sri Lanka. The high point in accreditation of postgraduate surgery was when the College together with the PGIM was able to satisfy the JCIE of the UK of the equivalence of standards of our MD to the MRCS. As a result, our graduates have been granted eligibility to obtain the MRCS without examination since 2017. This was a world -first and provision for direct registration of the MD at the General Medical Council UK soon followed, removing a significant barrier for local trainees to obtain higher training posts in the UK.

With the growing numbers and expertise in different specialties, the way forward for further development was for such specialties to have their own associations. The general surgeons as they were known before, themselves further developed their special interest programmes branching into areas of special expertise providing the milieu of specialist by day and generalist by night to patients across the country. Around the turn of the new millennium, separate associations and colleges emerged with increasing numbers adding new flavour and spirit to the surgical fraternity in

Sri Lanka. Significantly, most members of all such associations are members of the college as well and are represented in our council. Many of these associations conduct their affairs through the NNBF and its resources rendering the college a true surgical hub and a nucleus for growth.

The college has contributed significantly to continuing medical education in many ways. Our annual congress which was initiated as a small local meeting initially at the medical faculty and later the SLMA has grown to great heights with the transformation to an international meeting since 1995. Sri Lanka Congress is now a truly international, glamorous event with the participation of local and regional delegates. It is a remarkable achievement that the Sri Lanka Surgical Congress was, for the first time, conducted on a virtual platform last year. President Jayindra Fernando and his team deserves full credit for bracing up to the challenge of conducting the sessions despite a lockdown.

Whilst the family of surgery was thriving, the lack of infrastructure and an epicenter to grow from was a key drawback during the initial three decades. The magnanimous donation of the Bartholomeusz Foundation by Nora Bartholomeusz, the widow of the iconic surgeon Noel Bartholomeusz, has provided us with a home and a nucleus for growth. The untiring efforts of stalwarts such as Professor AH Sheriffdeen, Dr. Narendra Pinto, Mrs. Anne Ranasinghe and Dr. Wimala Navaratnam in this regard, have been etched

in the annals of the college. The Rajagiriya property which houses the SAARC headquarters was acquired at about the same time.

## International relationships

From the outset the college has maintained strong bonds with its counterparts regionally and globally. Many educational and professional activities conducted which have brought mutual benefits. These include links with the Royal Colleges of Edinburgh, Glasgow and England, the surgical fraternities of India, Pakistan, Bangladesh and the SAARC region, Malaysia and Thailand as well as the International Surgical Society. Many of this Colleges and their presidents along with eminent members are logged in today to share this golden milestone with us and I thank each one of you for your friendships, dedication and collaboration.

Over the years, the college and its members have worked hand in hand with all stakeholders and relevant institutions for the improvement of surgical services and education. We as a college and individuals have risen to whatever situation of need, be it war, natural disaster or other calamity to provide the best we can for society.

Dear past presidents, council fellows and members, 2021 marks the Golden Jubilee of our College. The most significant way in which we can mark such a milestone would be to sustain if not enhance quality services to our patients. The key task at hand for surgeons both individually and as a college this year would be to do our utmost to deliver safe



surgical services to our patients during the pandemic.

Health education and creating awareness of significant surgical problems and its prevention is another key activity the College wishes to undertake during this year. Although these activities were intended to be in the form of a road show with the participation of our chapters in all provinces, it is likely that the same program will now need to be delivered more innovatively with the use of information technology. The College has already embarked on an ambitious project to

upgrade the IT infrastructure at the Batholameuz Foundation to a high level which will enable us to engage in virtual educational and health awareness programmes in a sustainable manner. Along with this, the College premises will be totally refurbished preserving its architectural beauty and character as in its day of glory.

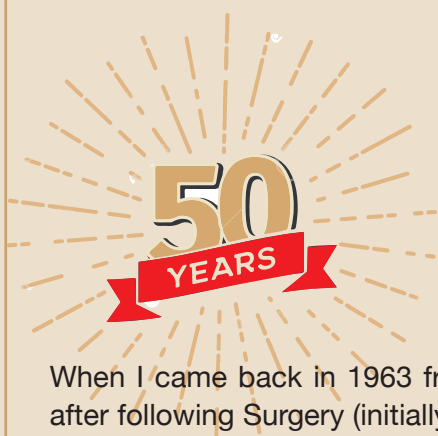
The Golden Jubilee is a milestone for us to look back and rejoice in our progress. At the same time, it is an important juncture for us to determine our directions towards the centennial. We have gained vastly from our diverse cultural

heritage and now possess new strengths and advantages which must be utilized for greater good. These include the high rate of English literacy, globally acceptable accreditation, vast amount of clinical learning opportunities and close links with our peers regionally and globally.

And indeed, the highest quality of surgical services we are capable of delivering, will be the new 'cinnamon and spice' that will make us attractive globally.

College should focus their vision towards making this a reality.

## Reflections on fifty years of the College...



When I came back in 1963 from UK after qualifying and then again even without a job in 1970 after following Surgery (initially with Dr Noel Bartholomeusz and Dr Dharmage) it was great to see the signs of and finally the College developing and being able to join it and later be President. It is excellent that the College aims to keep all surgeons 'together (even the subspecialty groups)' and I wish all would join! In my Presidency we created the situation that any regional or subspecialty group would automatically get a Council seat. This has been a great help in maintaining and building bonds and encouraging thinking of all aspects of Surgery even with disagreements. Moving into the present location was specially exciting with the generosity of Noel's wife and Professor Sherifdeen's help. Looking back from 1963 to now it is so exciting to see the technical, teaching (old and new ways) and ethical cooperation and interchanges of views amongst different groups of surgeons.

Long may this combination of diversity and togetherness flourish!



**Professor Arjuna Aluwihare**  
Emeritus Professor of Surgery  
University of Peradeniya

## From the College Album



*Pictures from the Golden Jubilee Presidential Induction Ceremony of the College of Surgeons of Sri Lanka at the Noel and Nora Bartholomeusz Foundation*

# The College of Surgeons of Sri Lanka

## Council 2021

President	Professor Srinath Chandrasekara
President Elect	Dr Satish Goonesinghe
Vice President	Professor D N Samarasekara
Imm. Past President	Dr Jayindra Fernando
Secretary	Dr Ranga Wickramarachchi
Asst. Secretary	Dr Kavinda Rajapakse
Treasurer	Dr Rezni Cassim
Asst. Treasurer	Dr Amila Jayasekera
Editor	Professor Ajith Malalasekara
Asst. Editor	Dr Gayan Ekanayake
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Past Presidents	Professor A P R Aluwihare Professor A H Sheriffdeen Professor Mohan de Silva Professor Ranil Fernando Professor K I Deen Dr Mahanama Gunasekara Dr Nissanka Jayawardhana
SAARC Surgical Care Society	Dr Narendra Pinto
Sri Lanka Association of Surgical Oncologists	Dr P Randima Nanayakkara
Sri Lanka Society of Gastroenterology	Dr Amal Priyantha
Neurosurgeons Association	Dr Nirukshan Jayaweera
Association of General Surgeons	Dr Mahinda Mallawatantri
Sri Lanka Orthopaedic Association	Dr Jeyakumar Janaathanan
Sri Lanka Association of Urological Surgeons	Dr Suren de Zylva
Sri Lankan Association of Paediatric Surgeons	Dr Chandima Suriyarachchi
Association of Plastic Surgeons	Dr Romesh Gunasekera
Association of Cardiothoracic Surgeons	Dr Mahendra Munasinghe
Sri Lanka Society for Vascular Surgery	Professor Mandika Wijeratne
Central Chapter	Dr S M M Niyas
Northern Chapter	Dr V Suthagaran
Southern Chapter	Dr Satis Wijemanne
Eastern Chapter	Dr S S Jameels
Wayamba Chapter	Dr Nishantha Jayasundare
Sabaragamuwa Chapter	Dr Kapila Mendis
Uva Chapter	Dr Niroshan Atulugama
North Central Chapter	Dr Sujeewa Thalaspitiya



# The story of transforming the Sri Lankan General Surgeon to a Specialist Surgeon



**Professor Mohan de Silva**

*Emeritus Professor of Surgery  
University of Sri Jayewardenepura*

## The Past, Present and the Future

Isaac Newton once said *'If I have seen further than others, it is by standing upon the shoulders of giants'*

The present achievements of the General Surgeons of Sri Lanka are a testimony to the contributions of such surgical luminaries during our time. Let me elaborate. Long years ago, very few were privileged to take the boat to the British empire and obtain surgical training. Having returned home by boat, they served the population to the best of their ability. Unfortunately, only rich and town folks were fortunate to receive their services.

As time went by, more opportunities opened up for Sri Lankan trainees for overseas training. Few gifted and exceptionally motivated general surgeons, on return from UK, took over the responsibility of establishing new systems from what they learnt to train young surgical trainees to propagate such services to those in need in the rest of the island. Professor Arjuna Aluwihare; Pediatric Gastroenterology, Professor A H Sheriffdeen; Vascular and Transplant Surgery, Professor Dayasiri Fernando, Gastroenterological Surgery;

Professor Channa Ratnatunge; Vascular Surgery and Dr Tony Gabriel; Oncological Surgery were some of the shining examples. They were real enthusiasts of what they did then and made a massive contribution to train surgeons on new techniques and practices. They were our mentors.

Soon, some such services were transformed into subspecialties. These were introduced in addition to stand alone subspecialties such as Orthopedic, Plastic, Urological, Neuro, Cardiac and Paediatric surgery. Those were the days, the expectations of patients were slowly changing from the time of the 'autonomous surgeon', an era when patients thought surgeons would always do the best for them and all complications were accepted as simply inevitable. Times have changed since and the present-day expectation is one of evidence based clinical excellence. Patient safety has overridden all other concerns.

To be in line with such expectations, many developed nations were changing their training programmes. Accordingly, Surgical Gastroenterology and Surgical Oncology were further refined to

train specialists with special expertise in Upper GI, Colo-rectal, Endocrine, Breast, Hepato-Pancreato-Biliary, and Trauma, to name a few. Sri Lankan surgical training, which was traditionally aligned with the British system responded in 2012. While maintaining the opportunities for trainees to enter the existing system, two significant changes were introduced into the General Surgery Training Programme. One was, increasing the duration of Post MS/MD Surgical training from two years to three years and the other was the introduction of a new system of Board Certification as General Surgeons with a special Interest in the above-mentioned areas. This dawned a new era for General Surgical Training in Sri Lanka.

Many young enthusiastic surgeons entering the programme embraced the new system by becoming a 'Specialist during day-time and Generalist at night'. This system helped them not to shun away of their national responsibility of attending the traumatic and non-traumatic surgical emergencies during unsocial hours while maintaining their specialist interest in their respective special interest areas. They were also legally allowed



to perform surgical procedures outside their special interest for which they were trained with a quality assured surgical training programme. Acceptance of Sri Lankan MD Surgery for the Membership of a British Royal College (MRCS) without an examination is a testimony to the quality of the Surgical training programme and a salute to the commitment of the Sri Lankan Postgraduate training system and the trainers.

New technological expertise such as Laparoscopic Surgery and Endoscopic Surgery soon followed and was embraced by the new generation. Today, it is heartening to see workshops on such advance techniques being organized by enthusiastic general surgeons well away from the capital city. Emergence of the Association of General Surgeons of Sri Lanka, Sri Lanka Association of Minimal Access and Digital Surgeons and

Sri Lanka Society of Breast Surgeons are most welcoming signs of what to expect from these young enthusiasts in the future.

Change is inevitable. It is the rate of change that matters. Elena Roosevelt once said 'Progress is made by those who believe in the beauty of their dreams'. The dream of the Sri Lankan General Surgeon of today has blossomed into being a true specialist.



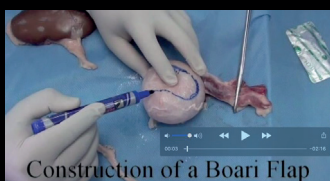
## Management of upper urinary tract injuries Hands on workshop

ORGANISED BY  
THE COLLEGE OF SURGEONS OF SRI LANKA  
&  
SRI LANKA ASSOCIATION OF UROLOGICAL SURGEONS

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Construction of a Boari Flap



Ureteroureterostomy

# A new chapter in surgical management of acute phase burns wounds



**Randil de Alwis & Jeevan Rankothkumbura**

*Senior Registrars in Plastic Surgery*

Sri Lanka became one of the countries that offers patients the opportunity to donate skin after demise. The National Skin Donation programme will embark on a public education campaign to spearhead a new wave of organ donation. This follows the same path as the eye donation. This article will explore the surgical science behind cadaveric skin availability for saving severe burns.

Allograft on an excised burn has many benefits. Faster healing, restoration of normal physiology, better pain control and cost effectiveness are only some of them. Skin allograft application is the last step of a multi-stage process, which includes selecting a donor, skin harvesting, microbiological and serological screening, transportation of harvested skin to the skin lab, processing and storage.

Donors can either pre-register in the National Skin Donation Programme or relatives can give consent after demise. Donor details are recorded in a paper-based and an electronic data recording system and a unique donor serial number with a barcode is issued. The most eye-catching feature of skin donation is that any person can

donate skin. Blood group, type of the skin, colour of the skin, all are immaterial. But serological screening for HIV, Hep B and C and Syphilis is done. Deceased donors who are diagnosed with major cancer, active systemic infection, autoimmune diseases related to the skin and connective tissues and mechanically damaged skin are excluded. Well-trained harvesting teams gets information from the donor data bank. Skin is eligible for harvesting within 12 hours after death in non-refrigerated bodies and up to 24 hours in refrigerated bodies.

Skin is harvested from bilateral lower limbs and back, under aseptic conditions so the disfiguration of the body is negligible. Skin is prepared with chlorhexidine and a battery-operated dermatome is used to harvest 400-800 µm-thick skin which is incubated with normal saline. Multiple skin samples are taken for microbiological screening at this point. Donor sites are dressed in such a way that the fluid does not soak onto the surface. Harvested skin is transported in a special transport medium which contains saline and a mixture of antibiotics, to the skin laboratory where the processing takes place. Although

an absent bacterial growth after 7 days in both aerobic and anaerobic culture medium is considered bacteria negative skin, fungal negative skin needs absent fungal growth after 21 days of incubation in Sabourad agar.

Processed skin is rarely discarded. Positive culture for poly-resistant bacteria and tetanus are few examples. Some samples are retreated and re-screened. The method of storage is depends on preservation technique. Cryopreservation is the most popular technique worldwide among burn surgeons as it preserves skin viability to a greater extent. In Sri Lanka, harvested skin is cryopreserved until they are used. Antibiotic treated, microbiologically and serologically screened, processed skin is frozen to -196 °C in liquid nitrogen in special containers. Skin preserved in this way can be used for nearly two years. When there is a need for allograft, stored skin is thawed, prepared and issued with donor detail.

Cadaveric skin grafting has revolutionized the acute burn management in Sri Lanka by many ways. Along with the technique of skin allograft, research will open new gates to optimize burn management.

# Should I be questioned?



**Professor Rohan Siriwardana**

*Professor in Surgery  
University of Kelaniya*

***The following contribution was first published in the Sunday Times of 7th March***

I can remember facing my first viva when I was a medical student in 1998 – I was sweating, trembling and did not realize the time passing. I was trembling due to the fear of questions and fear of the examiner. It's ironical that the questions that were asked at my first viva "What is wrong with the patient", I still keep hearing after 10 years of becoming a surgeon and professor.

Now I hear the same question from my patients. But I am on a different wicket. I have the authority like the examiner who questioned me and I answer with authority. I realized that I answer the same question with different degrees of authority depending on the person who questions me. Should we be questioned as doctors?

When I was a medical student, I remember my village relatives asking me questions about their health during my New Year visits. It gave me a sense of importance and the seed of ego, which I did not realize at that time. Later becoming an intern and a trainee surgeon, that sense of importance kept boosting my ego. Power kept on increasing as I climbed the ladder. Looking back now, I realize that my answers to the same question changed with

time and the person who asked the question.

The power that a doctor gets is different to a politician. If I don't like a politician I can turn my back on him/her and vote for someone else or simply be silent. I have seen how authoritative I can be even to the most powerful people when they are sick. When someone is sick he becomes a patient – "one who suffers". When you suffer, you are helpless, irrespective of your social class, wealth or power.

Once I received a phone call from an unknown patient while on holiday with my family. He started asking various questions about his sick relative. After answering a couple of questions, I thought 'why is this guy troubling me when I am on holiday' and cut the line rudely. My son noticed this and asked me 'would you react the same way if it was an important person?' I was really embarrassed.

During my first few years with this newly gained power, I started developing an ego and losing my insight. Once I was treating a farmer in the intensive care unit, doing all I could for him medically. But his condition was not improving. His anxious brother

began asking too many nagging questions that I answered only with one or two words. The desperate family wanted another opinion and I lost my control and reacted with anger.

I had a similar patient who was connected to the government. My reaction to the same type of questions with this patient was different. Looking back it makes me really embarrassed. When a patient comes to me how low is it to have double standards. If this self-importance and egoistic behaviour continues it internalizes and I can't imagine where it would take me by the time I am close to retirement.

Later I realized that it's important to answer the questions. The depth of the actual answer can vary depending on the patient's background. Most of our patients do not actually seek depth but simple words of reassurance and to be shown that they are being looked after. Sometimes even when the outcome is death, people do not complain if they have been well informed. Allowing questions also helped me to think twice before taking a decision. Sometimes due to the fear of questions I started taking a voluntary second opinion just



to make sure I was on the correct track.

There is a downside to allowing questions. You start getting more and more questions. Sometimes these questions are actually annoying even to the calmest doctor. The same question being asked by three family members one after another is not uncommon. But the real downside is that you become popular among patients as a 'nice' doctor. This brings

more patients because it's hard to find a doctor who spends some time with the patient. I have experienced this. When I started getting more patients, I was travelling from one hospital to another, wasting time on the road.

This led to another deadly catch – 'money'. Money becomes an addiction when there is no upper limit to it. More money means less time spent on answering questions. I started thinking of

the next patient before I finished one. This was the problem that I had in the middle of my practice. I was again lucky to realize this, thanks to the guidance I had.

Now I am trying to find a balance between the two. After 10 years of practising as a surgeon, for me it's ego and money that lies between the questions and answers. I can write about me. But how much it can be generalized is up to the reader to decide.

## PRACTICE GAPS IN PAEDIATRIC SURGERY



# SURG-AHEAD

CSSL CPD Program

Vol 2  
2021

PRACTICE UPDATES FOR SURGEONS



### SPEAKERS

**Dr Pushpakumara Jayawardane**  
**Dr Mathula Hettiarachchi**

### MODERATOR

**Prof Malik Samarasinghe**

**Thursday 25<sup>th</sup> March, 2:30 pm**  
**Zoom Meeting details will be notified**

Participation in this session will carry *one* CPD point *per hour*  
Visit <https://www.surgeons.lk/college-zoom-symposium> for further details

# Inspirations from a glorious past:

## The story behind the Jubilee logo

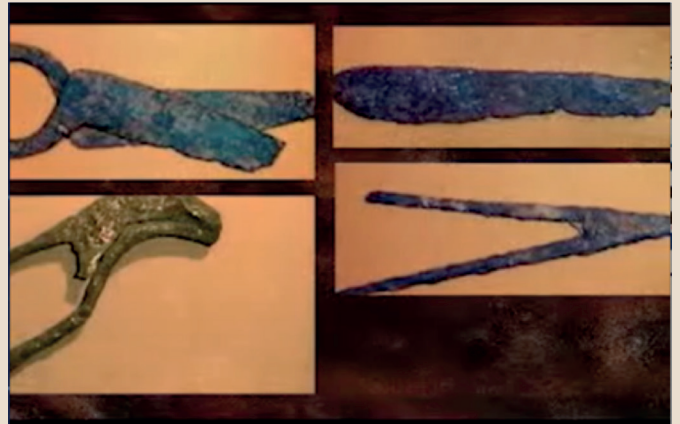
Science meets Art even as the resonance of a gloried past nurtures the present stature of the College. The Ancients illuminate the verity of today. The traditional and the tradition provided succour and relief and will continue in vital service toward our community, in this culture nourished by a heritage of craftsmanship.

We reach in while we also reach outwards, building on relationships, extending our techniques and technologies as we advance beyond our golden jubilee year of The College of Surgeons Sri Lanka. This Science is not new- in fact there is proof with ample evidence that the Art and Craft of Surgery was practiced in this island nation, with flair and finesse for well over a millennium. The focus of the ancients was on care of the stricken - alleviation of pain was priority, rather than mere incisions, blood-letting and extractions. Hospitals where surgical care was provided - indeed fully fledged facilities for the care of the sick - existed and flourished in the ancient Kingdoms of Anuradhapura and Polonnaruwa.



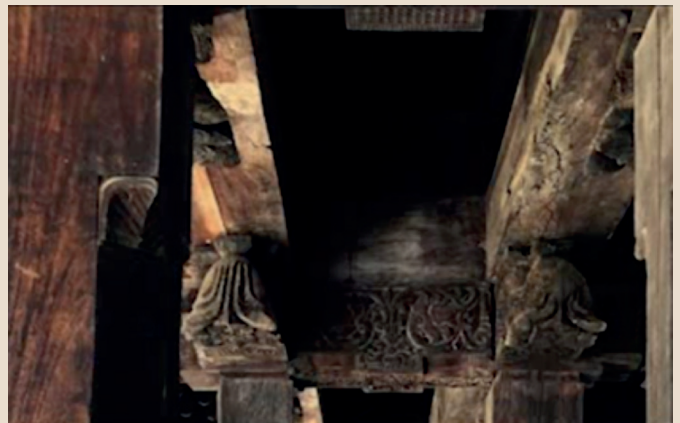
*The Hospital Complex at Mihintale, dating back to 200 BC, is renowned as the first of its kind recorded in the World.*

The resemblance to the modern instruments excavated from the Alahana Pirivena complex archeological site is notable. Used nearly a millennium ago, instruments such as the scalpel, forceps and scissors, shed a compelling light on the sophistication in surgical practice possessed by those giants among healers centuries ago. The creative response to meeting a challenge is another



vital element in the field of Surgery. Science, Craftsmanship and Art combined not only in the creation of those ancient instruments of healing, but also in other aspects of Sri Lanka's heritage.

Vibrant expressions of this confluence are evident in many locales of Medieval Sri Lankan art. Murals, sculpture and ornate edifices in places of worship demonstrate that creative approaches to architecture were embarked on, and there is one place in particular which merits a closer look.



That is Embekke, which deserves recognition as a national heritage. This amalgamation of Sri Lankan art, science and craftsmanship comes alive in wood at Embekke. This most significant adornment, the drooping lotus that crowns the ornate columns of Embekke, is the Pê-kada. This carved capital intervenes between the pillars and the roof beams and is the point where the vertical meets the horizontal.



What better symbol than the Pe-kada to inspire the theme for the Golden Jubilee of the College of Surgeons of Sri Lanka?



Archeology proves beyond doubt that we indeed have benefited from the sterling commitment and service of those gone before us. Much like the pe-kada, which rests in glory at the summit of the carved columns of Embekke, we stand on the shoulders of a surgical heritage spanning millennia. Like the Pe-kada, the College is the Great Intermediary – the device that lets this great pillar of Surgery branch into the beams, the rafters, and ultimately completes the roof of surgical care in Sri Lanka. Similar with the pekada, it exemplifies a happy union of art, science and craftsmanship marching with one purpose.



The petals of the pekada - each unique - represent the many disciplines in the community of surgeons of Sri Lanka. Urology, Plastic Surgery, Orthopedics, Neurosurgery, Paediatric Surgery, Cardiac Surgery, Oncology, Vascular Surgery. These Specialties that

have blossomed in Sri Lanka over the years remain integral with the College and find fitting symbolism in the carved wood.

The four lotuses created by the intersecting blocks of the Pe-kada blossom in all four direction of the compass, representing Surgeons of the College who interconnect with each other to serve all corners of the isle.

Their sustained effort is to build on experience in order to complete this shelter of surgical care to our key stakeholders, the patients everywhere. The crafted lines and fashioned grooves - each a unique and individual - depict the diversity, talent and the individual response in meeting patient needs.

Each adjusting and adapting to challenges with skill and flair despite constraints or limiting circumstances. Withal, like the columns of Embekke, the College of Surgeons Sri Lanka have withstood the weathering process and matured, and thus continue on into the future, shaped by the heritage of this island, upholding the health of its inhabitants.



AS WE APPROACH OUR GOLDEN JUBILEE, THE “LOTUS AND THE SCISSORS” POINT TOWARDS THE HORIZON..... SYMBOLISING OUR QUEST AS A NATION FOR EXCELLENCE IN EDUCATION, INNOVATION AND HEALING.



# EDUCATION AND TRAINING

## ONLINE TEACHING FOR SURGICAL TRAINEES

Benign Oesophageal Conditions (Dr Rukman Sanjeewa)  
9 February 2021

Peripheral Vascular Diseases (Dr Amila Weerasekera)  
24 February 2021

## SKILLS TRAINING COURSES & WORKSHOPS

### **National Trauma Management Course (NTMC)**

18 & 29 February 2021  
18-19 March 2021  
CSSL Auditorium

### **Advanced Trauma Life Support (ATLS)**

26-28 February 2021  
21-23 May 2021  
CSSL Auditorium

### **Laparoscopic Hernia Workshop**

5 March 2021  
TH Batticaloa

### **Emergency Sonography for Trauma Care (ESTC)**

25 March 2021  
Neurotrauma Auditorium NHSL

### **Vascular Anastomosis Techniques**

– Hands on Workshop  
5-6 March  
Department of Surgery  
University of Colombo

### **Laparoscopic Cholecystectomy**

– Hands on workshop (SLAMADS)  
12 March 2021  
TH Peradeniya

## SURG AHEAD- CONTINUING PROFESSIONAL DEVELOPMENT

### **Surg Ahead Vol 1 2021 – Management of Varicose Veins (Dos and Don'ts)**

25 February 2021  
Online

## EXAMINATION PREPARATION COURSES

### **ERPM Exam Preparation Course (Clinical)**

25 March 2021  
Sri Jayewardanapura General Hospital

Dates of events and examinations provided are only tentative. Please contact the College office for final confirmation.