



SUTURE

NEWSLETTER OF THE COLLEGE OF SURGEONS OF SRI LANKA

“Binding Surgeons Together”

“The next issue of SUTURE was planned for April 2020 but the rapidly evolving COVID 19 epidemic prompted the CSSL to issue this newsletter. This contains ideas and information picked up and expressed by members of the CSSL. The CSSL has not officially taken any particular view on these matters. It recommends that the members educate themselves on the virus and surgery related matters and make informed choices. Please be conscious of your own safety, the safety of all colleagues, safety of the patients, safety of your loved ones and community at large. Appreciate the work done by everyone around us including the appointed authorities and all workers and colleagues in essential services. Every epidemic ends. Meanwhile share your solutions put in place and your achievements with your fellow surgeons.



Dr Jayindra Fernando
President, CSSL”

From the CSSL office

- CSSL office functions online and offsite.
- CSSL office will read your emails and attend to your needs.
- All CSSL events are postponed. Look up the web for fresh dates.
- CSSL council met on the scheduled date as a web conference.
- AGM – new dates will be announced.

Inside this issue

Being pragmatic amid a pandemic – Surgeons role



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COVID 19 – Response at the TH Ratnapura



Reality check - From the philosophical to the practical



Some international guidelines for Surgeons



Is the surgical mindset a risk or a safety feature?



Life is more than surgery - KALUDIYA POKUNA



“Make use of your time to write up your abstract for the Closing date was scheduled for the 30th April.

If you need help or mentoring in this please write to the Secretary, CSSL”

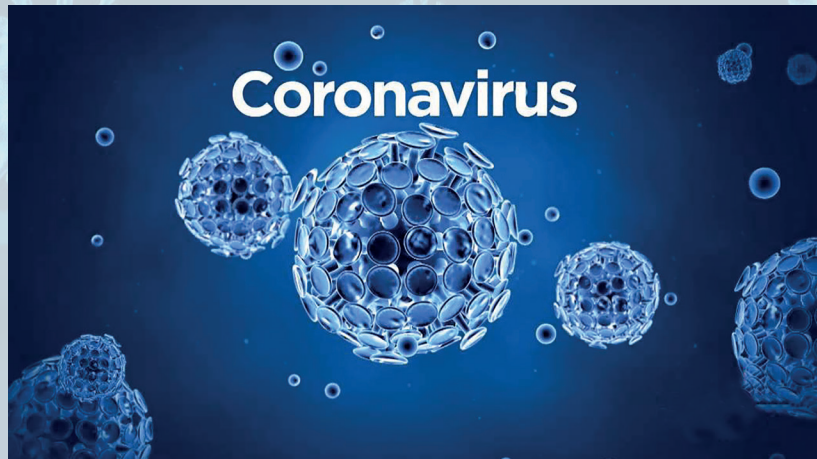
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Surgeons against COVID-19

Useful information for membership

The College of Surgeons of Sri Lanka would recommend practicing some of the suggested practices of The American College of Surgeons (ACS).

Each hospital, and surgeon should thoughtfully review all scheduled elective procedures with a plan to minimize, postpone, or cancel electively scheduled operations, endoscopies, or other invasive procedures until the peak of the epidemic has passed and can be confident that our health care infrastructure can support a potentially rapid and overwhelming uptick in critical patient care needs.

Immediately minimize use of essential items needed to care for patients, including but not limited to, ICU beds, personal protective equipment, terminal cleaning supplies, and ventilators. There are many asymptomatic patients who are, nevertheless, shedding virus and are unwittingly exposing other inpatients, outpatients, and health care providers to the risk of contracting COVID-19.

Time is of the essence. Please be vigilant and take a leadership role in your practice setting so that these recommendations begin to take hold immediately.

Ref – ACS (<https://www.facs.org/about-ac/s/covid-19/information-for-surgeons>)

For anesthesia management during this epidemic we recommend strict adherence to safety.

Ref – AA (<https://anaesthetists.org/Home/Resources-publications/Anaesthetic-Management-of-Patients-During-a-COVID-19-Outbreak>)

COVID19



Pramodh Chandrasinghe

Consultant General and Colorectal Surgeon
Colombo North Teaching Hospital, Ragama

Novel corona virus disease (COVID-19), is currently affecting 184 countries globally resulting in over 300,000 cases with more than 10,000 confirmed deaths as at now¹. As surgeons in Sri Lanka we are not yet called to fulfill service requirements in treating COVID-19 patients although it might be a matter of time.

It is imperative as doctors that we try to minimize the risk of contracting the virus. Although surgeons do not deal with patients with respiratory disease, a proportion of COVID-19 patients may present with gastrointestinal symptoms requiring surgical assessment². Therefore it is prudent to take precautions with the assumption that all patients are potentially infected. Athul Gawande, the infamous surgeon from Massachusetts, in an article on 'The New Yorker' stresses the importance of **using surgical masks and gloves (goggles if possible)** by health workers in *every patient contact*. This minimizes the risk of them being exposed and undergoing quarantine at a critical time as this³. Singapore and Hong Kong have successfully used these simple measures to minimize the effect on healthcare workers. Washing hands every 30 minutes

for 20 seconds with soap and water or using an alcohol based hand sanitizer with a concentration of 70% and avoid touching the eyes, nose and mouth is advised by the WHO. Avoiding transmission through 'bare below elbows' policy should strictly be implemented for all staff. All gatherings of more than 10 people should be cancelled and meetings and communications should be carried out using e-platforms as much as possible.

Try to keep the contact with the hospital setting to a minimum if your services are not required and be distantly available. As surgeons it is advisable to limit the surgical services for the emergencies and acute conditions. Freeing the burden on intensive care and anaesthetists, by cancelling non-urgent major surgeries, is already practiced at most institutes and is absolutely necessary. There is an unfulfilled need of implementing a policy decision and a standard protocol for cancer surgeries during the next few weeks.

All routine clinics should be cancelled for a period to avoid crowding at hospitals and save resources. Capacity building will be required at any given point and

all health care workers should be available to be deployed for this requirement.

Also not to be forgotten is the safety of your family and the team members. Take all precautions to prevent transmitting the disease to your loved ones at home. Removing the shoes and attire before entering, washing the clothes separately, having a bath before entering the house and cleaning your utensils such as the mobile phone frequently is advised. Minimise the contact with older parents and relatives as much as possible. As responsible professionals and citizens it is best to keep away from providing and sharing unsubstantiated, non-evidence based remedies and information on COVID-19 to the public. Avoiding panic and misconceptions amongst the masses helps in successfully fighting a pandemic.

Keeping yourself healthy both physically and psychologically is important during these times. Exercising, nutritious diet and avoiding alcohol and smoking are all recommended by the WHO as healthy living during COVID-outbreak.

During a time of chaos and catastrophe there is often

opportunity for improvement. As innovative professionals we should be exploring the possibilities of utilizing social media and other platforms to interact with our patients and colleagues. Some institutions have already started conducting distant clinical services. The College of Surgeons conducting their monthly council meeting online can be a sustainable initiative that could be used in the long run. We must also look

at sharing our unique experience and data on fighting COVID-19, with our global partners for collaborative research. As Atul Gawande says: 'The pandemic is global, its lessons are too'

References

1. World Health Organisation (WHO) Coronavirus disease (COVID-19) outbreak webpage ([https://experience.arcgis.com/experience/685d0ace-](https://experience.arcgis.com/experience/685d0ace-521648f8a5beeeee1b9125cd)

521648f8a5beeeee1b9125cd) (date accessed: 22/03/2020).

2. Pan L et al. Clinical characteristics of COVID-19 patients with digestive symptoms in Hubei, China: a descriptive, cross-sectional, multicenter study. American Journal of Gastroenterology.
3. Atul Gawande. Keeping the corona virus from infecting health care workers. 21/03/2020. The New Yorker.

People of all ages can be infected by the new coronavirus (nCoV-2019).

Older people, and people with pre-existing medical conditions (such as asthma, diabetes, heart disease) appear to be more vulnerable to becoming severely ill with the virus.

WHO advise people of all age to take steps to protect themselves from the virus, for example by following good hand hygiene and good respiratory hygiene.



#Coronavirus

Does the new coronavirus affect older people, or are younger people also susceptible?



49th SILSC
COLOMBO 2020

Role of unsung heroes – the Virologists in the Covid crisis



Chathuranga Thisara Keppetiyagama

Consultant Gastroenterological surgeon at Teaching Hospital, Kandy



We the members of College of Surgeons of Sri Lanka appreciate the dedicated and committed work by our colleagues in other specialties during this Covid 19 crisis. This article is about one such group.

COVID 19 TESTING CENTRES

MRI,
NH Kandy
TH Anuradhapura
TH Karapitiya
FoM University of SJP
Microbiology Lab NCTH)

VIROLOGISTS ON THE FRONT

Prof Malik Peiris (HKU)
Dr Jude Jayamaha (MRI)
Dr Janaki Abeyenayake (MRI)
Prof Neelika Malavige (USJP)
Dr Rohitha Muthugala (NHK)
Dr Nayomi Dhanthararyana (THK)
Dr Saranga Sumathipala (THA)
Dr Nadeeka Janage (MRI - cover up NCTH)

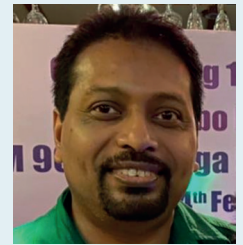
Covid 19 has caused a chaos in the world killing millions of patients and thousands of health care workers. Identification and treating is a huge task. Sri Lanka is one of the countries who has taken aggressive measures to control. Many physicians, doctors and other health care professionals in ETU, PCU, and emergency departments play a major role in dealing with this deadly disease.

When Corona isolated and was in state of epidemic, Dr Jude Jayamaha of the MRI contacted Prof Malik Peris, Professor of Virology in Hong Kong university and requested test kits. Prof Malik's unit is the main unit involved in SARS and Corona and he took immediate action to send test kits. Within a day of arrival of test kit, the Chinese lady admitted to IDH was tested positive. If Dr Jayamaha hadn't brought those kits, country would have been in a difficult situation today.

Then isolation centers were started and by first week of February, test reagents were imported on personal contacts by the two virologists in Sri Lanka from Prof Peris and Robert Koch Institute, Germany. These are the test kits still being used in the country and hopefully adequate to test till commercial ones are available. There were no commercially available kits produced at that time.

By mid February test kits were commercially available around the world. Sri Lanka has placed order even before developed countries due to foreseen actions of Virologists in our country. This test is not easy as it needs expertise and time. It takes about 4-5 hours to test a sample. Sri Lanka has tested 1280 people with 77 positive cases by 21st of March.

Facing the COVID 19 pandemic – Response at the Teaching Hospital Ratnapura



Dr Amila Jayasekera

Consultant General Surgeon,
Teaching Hospital, Rathnapura.
President, Rathnapura Clinical Society
Assistant treasurer,
The College of Surgeons of Sri Lanka

Teaching hospital Rathnapura prepared for the COVID 19 pandemic with the detection of the first positive Chinese patient in Sri Lanka. After several rounds of meetings with the director, deputy director, consultants, medical officers and all other subordinate staff categories, areas for isolation of suspected or positive COVID 19 cases were identified. Later the discussions were held with the public health sector, Minister of Health, Provincial and Regional Directors of Health Service as well.

The isolation area is under the supervision of Consultant Respiratory Physician and the Consultant Physicians. Up to the 25th of March, 3 Corona positive patients were detected in TH Rathnapura. To minimize exposure to all health care staff from these patients as well as asymptomatic patients, following measures have been taken in TH Rathnapura from 16. 03.2020.

All the routine operations and procedures have been cancelled indefinitely. This includes all surgical specialties, gynecology, gastroenterology, respiratory and radiology. Patients will be informed regarding the resumption of routine activities later.

All the casualty surgical admissions, operations and procedures will continue as usual together with other specialties.

Following management of the casualty surgical problems, patients are referred to the nearest local hospital for further follow up.

It was decided that the main specialties Medicine, Surgery, Obstetrics and Pediatrics together with Anesthesia to be divided in to 3 separate teams. These 3 teams will work in rotations of one week each so that only one team will be exposed at a time. All medical officers and subordinate staff of these specialties have also been divided accordingly.

All the clinics will be carried out and drugs will be issued for three months for long term follow up patients. The clinic staff will also work in rotation and patients will be spaced out according to guidelines.

Health education messages have been arranged via the public address system and as leaflets in the OPD and Clinic areas. The clinical society has distributed leaflets via supermarkets, banks and other public institutions. It has arranged a vehicle with a speaker to go around the Rathnapura town and suburbs to deliver health messages regarding prevention of COVID 19.

All the regional hospitals were requested to minimize transfers to TH Rathnapura and be ready to accept our non-Corona ICU patients in the event of exceeding

our hospital ICU capacity. The Accident and Emergency building was selected to receive all Corona related admissions separating them from other emergency admissions. Some of the medical wards were evacuated to surgical subspecialty wards and the subspecialty patients were sent to general surgical wards to make room for COVID 19 suspected patients.

All staff who has direct contact with patients are given face masks and advised and trained on proper hand washing, distancing and no touch techniques. All staff in isolation unit and taking suspected transfers will be wearing full PPE and regular disinfection of clinical areas is carried out according to microbiological guidelines. As there is a shortage of face masks, it was decided to prepare some cloth masks in the hospital and get the help of some regional manufacturers for the balance.

Any staff members exposed to positive patients are sent on home quarantine for 14 days. (One of my Senior House Officers is on home quarantine now due to exposure to the first patient.) All positive Corona patients will be transferred to Infectious Disease Hospital, Colombo. We will be assessing the situation daily and make necessary changes to the existing plan.

Reality check of Covid 19. From the philosophical to the practical



Prof Ranil Fernando

Professor of Surgeon, Faculty of Medicine, University of Kelaniya
Past president, CSSL

The philosophical

The world and humanity today is considered to be very advanced. The emphasis is on growth, power and individuality. The buzz words are Nano technology, robotics genetic engineering, artificial intelligence and cyborgs. Undoubtedly these advances have made significant contributions enhance human existence. The higher echelons of society are seeking divinity. The downside is that the human race has forgotten the some fundamental moral values. Truth, honesty, civic consciousness, equity, humility, love, family values, unity and kindness are not given much thought in the fast moving world of today.

In the face of this tiny particle called Covid 19, aforesaid

current values of power, growth seems so insignificant. Power, growth and technology did not offer any protection. The current epidemic calls on a reality check for all of us. This is the time to stop and think of real values in life. If humans can balance the advances and the real values that matter then the human existence will undoubtedly be enhanced and the world will become a much better place to live in. May be going back to practical basics is a way to start off.

The practical

As surgeons asepsis is critical for best outcomes in surgery. There is a tendency in recent times to disregard simple but hallowed traditions of theatre discipline. The proper wearing of a mask is often ignored by

some doctors; they tend to walk outside theatre wearing theatre shoes which increases the risk of theatre infection. The theatre cap is worn haphazardly which again increases the risk of contamination.

The importance of the proper use of a mask is brought home very clearly by the current corona pandemic. It is a good opportunity for surgeons the reexamine all aspects of theatre discipline and ensure that the discipline is maintained at least during their theatre lists so that they will have personal protection and the patients will receive the best possible care. Let us all resolve to adhere to strict theatre discipline. Likewise there are other aspects of basic practice to look at.



<https://www.surgeons.lk/clinical-guidelines/guideline-for-endoscopy-centres-in-covid-19-epidemic/>

A guideline for endoscopy centres in Covid 19 epidemic

By Prof Mohan de Silva

Some international guidelines for Surgeons facing the Covid 19 epidemic



Dr Amila Rathnayaka
Consultant General Surgeon
Military Hospital, Colombo

While the CSSL has not identified a specific course of action, it would be good to look at what is happening internationally through the Guidelines

<https://www.facs.org/covid-19/clinical-guidance/triage>

<https://www.rcseng.ac.uk/coronavirus/joint-guidance-for-surgeons/>

<https://www.bsg.org.uk/covid-19-advice/endoscopy-activity-and-covid-19-bsg-and-jag-guidance/>

<https://www.cms.gov/files/document/31820-cms-adult-elective-surgery-and-procedures-recommendations.pdf>

<https://www.sages.org/recommendations-surgical-response-covid-19/>

Intercollegiate General Surgery Guidance on COVID-19

Emergency Surgery <ul style="list-style-type: none">- Test all for COVID-19- Treat all as +ve- CT thorax in last 24 hours- Add CT thorax if having CT abdo	Planned Surgery <ul style="list-style-type: none">- Risk assessment for COVID-19- Greater risks of surgery- Consent- Risk-reducing strategies (e.g. stoma)	PPE <ul style="list-style-type: none">- PPE for all laparotomies- Unless COVID-19 negative (beware false negative)- Include eye protection- Practise donning & doffing
Theatre <ul style="list-style-type: none">- Minimum staffing levels- All staff PPE including visors- Stop +ve pressure ventilation- Smoke extraction- Intubation / extubation in theatre	Laparoscopy <ul style="list-style-type: none">- Generally should not be used- Filters etc. difficult to implement- Appendicitis: open / conserv.- Cholecystitis: conserv. / cholecystostomy	Endoscopy <ul style="list-style-type: none">- Emergency only- Follow guidance from BSG- Upper GI endoscopy requires full PPE

Full guidelines available: [AUGIS](#) [RCS Ed](#) [Royal College of Surgeons in Ireland](#) [RCS](#) [Royal College of Physicians and Surgeons in Sri Lanka](#)

Is the surgical mindset a risk or a safety feature?



Prof Mohan de Silva
Past president, CSSL

Most, if not all of us have to visit hospital daily or regularly. As doctors we have no choice but to respond to the need. Considering the extremely contagious nature of the virus, we have to be mindful of one salient fact and that is, **all of us are equally vulnerable.**

Doctors, especially surgeons are known as risk takers and 'not good' patients. This is probably because our work patterns and daily experiences have made us 'acclimatized' to think that we are immune. However, there is a good side to be a surgeon.

There are **two attributes** of a surgeon which can be extremely useful and handy to protect ourselves, our families and others getting infected from us while serving the needy. We are trained for this. **One** is that during our day to day work, when we make decisions regarding the lives of our patients, at all times we are **trained** to **consider worst clinical scenarios and outcomes.** **Second** is that we are all **trained** to adopt **check list approach in surgery**

In our day to day practice, we always consider that the safety of our patient overrides all other concerns. We must apply the same principle to protect ourselves and our families so that we are all there to look after our patients.

Therefore, my plea to all of you is

- 1. Consider everyone you meet at work, every equipment you use, not only our theatre equipment or endoscopes but pens, paper, your wrist watches, steering wheel of your car, floor of your dash-board and surfaces you work or walk and your clothing and shoes after days' work as infected with Covid- 19 and**

not potentially infected. This is the worst clinical scenario and outcome.

- 2. Create your OWN SAFETY CHECK LIST and make sure to implement with absolute precision.**

My personal feeling is that when you write your OWN CHECK LIST for this purpose, it should start from the time you leave home to hospital or to collect food for your family to the time you eventually sit and start relaxing with your family after hard day's work.

It is worth reminding ourselves that this check list is not only about cleanliness. Check list is rigid repetition of an agreed process. **Please take care. Your safety is paramount to all.**



"CSSL is grateful to the members who sent in article within 48 hours of the notice and to Mr Ajith Jayamanne for the design and page set up in an extremely short time."

KALUDIYA POKUNA (Black Water Pond)



Dr Sudhira Herath

Consultant General Surgeon,
Teaching Hospital, Karapitiya

Life is more than surgery, Sri Lanka is more than hospitals. Sudhira Herath, who's interest has been to travel and write, explores one cultural gem and its heritage.

Kaludiya Pokuna is situated at a distance of 1.3 km from the Mihintale junction. It can be reached by returning to the sand path in the eastern direction of Mihintale-Galkulama road (A-9), after retracing the steps along the sand path leading to the monastery. The pond was constructed by King Mihindu IV (898-914 A.D.) and offered to the community of monks. There is evidence, however to suggest the existence of a natural pond here prior to that.

According to legends, King Sadhātissa (B.C.165-150) visited Kaludiya Pokuna when Arahat Kalabuddharakkitha was preaching Kālakarāma Sutta (Virtue of the Buddha). It was a 'Kaluwara Poya' (last day of the waning Moon), under a Kaluwara (Ebony) tree, on a 'Kalugal Asana' (stone seat), near Kaludiya Pokuna. By the time the king

visited, monk has already started Dhamma sermon. He did not go to front not wanting to interrupt the acolytes.

It was an overnight Dhamma Sermon. The following morning, since the king approached the Arahat and made his obeisance. The king said "until your Dhamma Desana I was not aware that the Lord Buddha was possessed of so much of virtue." Arahat Kalabuddharakkitha replied "look at the bird flying. Is it the sky or the space covered by the bird is more?" King replied "Sir, definitely the sky is more." Then the King requested "Sir, Could you elaborate more?" "See the leaf of paddy. Look at the paddy field. Which is more?" "Sir, obviously the paddy field is much more." "Sir, I need further elucidation." Arahat replied "for sure I know that



***Stairway leading to Kaludiya Pokuna
The natural vegetation on either side of the flight of steps refreshes the air.***

you understood the virtue of the Lord Buddha. Now you are simply questioning to fulfill your voracious appetite for wisdom.”

The water is clear and colourless though it is called Black Water Pond. The water is seen black due

to the colour of the rock and the aquatic plants. Kaludiya Pokuna is fairly large ponds. It might have been used for bathing. Surrounding monasteries, caves, bo-tree houses, meditation halls and Seemamalakas suggest that this had been a forest hermitage.



Door.
The stupa is behind
There is a beautiful door built in brick and stone pillars at the entrance to the pond



The Stupa of Kaludiya Pokuna is built in brick. It is small in size .The moulded plinths are visible. Four Lotus - seats are found in the four directions. The stupa is built on a stone platform. The stone columns seen would have been that of either a monastery or a chapter house. (Uposathaghara)



Ruins of a monastery

A meditation cubicle can be seen in the western direction when one walks from the door at the entrance to the south. Drip ledges are cut on the rock. The cubicle has been formed with stone pillars placed horizontally and perpendicularly. It could have been as well an image house.



Meditation cubicle

Any item in the OT or ward can be a risk



Dr Gayan Ekanayaka
Consultant Plastic Surgeon
NHSL
Hony Secretary, CSSL

The safe way to treat the BHT in the theatre is to keep it in one place on a trolley that can be disinfected. Clean gloves. Pen attached to a saline tube. All these can be disinfected.

