



SUTURE

NEWSLETTER OF THE COLLEGE OF SURGEONS OF SRI LANKA

“Binding Surgeons Together”

From the Editors desk

Welcome readers, to the 3rd issue of the Suture for 2020. Sri Lanka has been amid an unprecedented lockdown for the past ten weeks as the worldwide Covid 19 pandemic has changed the very nature of our life as we know it. For many of us as surgeons it has been an extraordinarily challenging time, as we struggle to maintain at least emergency surgical services while the entire country hides from this unseen enemy. It has also been a time for introspection and innovation.

In this issue, Dr Thayalan Ambalavanar reflects on our most potent strategy to counter the virus; the simple act of handwashing arising from Ignaz Semmelweis seminal observation nearly two centuries ago. We profile two of our colleagues Prof MD Lamawansa and Dr Prasanna Gunasena, who have been appointed to important posts in the country. Dr S Rajendra discusses the lessons learned in developing surgical training workshops with international collaboration while we also report on the e-learning activities being successfully employed by the college in response to the Covid 19 pandemic.

Whilst the Covid 19 pandemic has certainly extracted an extraordinary medical, economic and social toll on the world at large, it may have also impelled us to innovate, learn new skills, create new strategies and resurrect old ones. As we seek to emerge from this unexpected crisis, let us hope that some of these new skills learnt will drive forward our lives in a positive direction.

Dr Dulantha de Silva- lead, editorial team



Changing role of college newsletter

The pandemic and the tsunami of information circulated has blurred all the professional advice reaching the membership. Fortunately, the college had a tool that is trusted by the membership over the years. Our newsletter ‘SUTURE’ has embarked on a journey of transformation to a more regular visitor to your doorstep. On behalf of the college I would like to invite readers to share your creativity and ideas that could inspire the next generation.

Dr Gayan Ekanayaka,
Consultant Plastic Surgeon - NHSL, Hony Secretary, CSSL”



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Consultant Urological Surgeon,
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The Old Order Changes

Exploring the history of hand washing and the role of Surgeons



Dr. D. C. Ambalavanar,
Visiting Lecturer, Dept. of Surgery,
Faculty of Medicine, University of Jaffna.



If Ignaz Semmelweis was alive today, he would probably survey the world around with bemusement and amazement. To see that one of the two most important exhortations being made to the public by the WHO, every health body and government around the globe is about regular handwashing would make his jaw drop and eyebrows reach for the sky! Did it take nearly 170 years for the world to realize the importance of simple hand washing in healthcare would probably be what he would be asking himself.

Semmelweis was the Austrian physician who after being appointed in a hospital in 1847 realized from observation and

“The old order changeth yielding place to new.”-

Alfred Tennyson

analysis that the many deaths due to ‘childbed fever’, as puerperal sepsis was referred to then, was in fact caused mainly by the hospital doctors. Once Semmelweis identified a cause, he introduced strict handwashing rules in his maternity wards, making sure all medical staff washed their hands between patient examinations. This simple practice dramatically reduced the number of deaths, showing the importance of good hygiene. However, his recommendations were not accepted by his peers due to professional jealousy and ignorance.

It was not till the work of Pasteur and others regarding ‘germ theory’ that the possible importance of hand washing in reducing infection was understood. Joseph Lister who pioneered antiseptic surgery could not have made his epochal changes in surgical practice if not for such earlier understanding. It is no surprise that Ignaz Semmelweis is now considered the ‘father of infection control’. The coronavirus pandemic wreaking havoc around the world has upended many things. Man’s position of supremacy in the world order of living things has been humbled by an invisible

‘When I look back upon the past, I can only dispel the sadness which falls upon me by gazing into that happy future when the infection [puerperal fever] will be banished. But if it is not vouchsafed for me to look upon that happy time with my own eyes ... the conviction that such a time must inevitably sooner or later arrive will cheer my dying hour.’ -Ignaz Semmelweis

microbe. The virus has proven more effectively than anything possible how helpless we can be. It has also shown that wealth, power, social status, religion and caste make no difference in its rampaging path.

The nature of the present pandemic has brought to prominence people in the healthcare system who were till now very much in the background and often underappreciated. Microbiologists, virologists, epidemiologists, infection control experts, laboratory staff and healthcare planners are very much in the forefront of the decision-making processes involved in battling this virus and reducing its spread. Even within the hospital systems there is a greater appreciation for the role of the nursing staff, healthcare assistants, porters and cleaners and the importance of a cohesive team in dealing with this crisis. Surgeons in particular, are used to the limelight and taking prominence within a healthcare system such as in our country. In the present crisis we are now taking a backseat and playing a supportive role. That is not a bad thing. It gives us an opportunity to reflect on many things among which is the hierarchical nature of our hospital system. Hopefully this present crisis will make

doctors more understanding and appreciative of the role of teamwork and a multidisciplinary approach to tackling the many health problems we face in this country.

Surgeons have to collectively also understand the key role we have to play in encouraging infection control in the environments we work in. How many of us practice hand washing before and after examining patients? Are we setting the right example for our surgical trainees, medical students and ward staff? Long after the present pandemic is over we will still be faced with the regular problem of drug resistant infections in our surgical wards. We are all too familiar with the difficulties we face as surgeons in tackling MRSA, ESBL infections and Carbapenem resistant infections, among others. These can be tackled only through the right leadership and examples in infection control and antibiotic stewardship set by us.

Medicine is not omnipotent. Being aware of our vulnerabilities is not a bad thing. As a surgical community we should use the present crisis as a wakeup call. A call to reappraise existing practices and to greater integrate our efforts in strengthening areas within the hospital system

and outside that will benefit all specialties, all patients and the wider community. Working with others we should ensure that medical administrators implement the recommendations that can reduce these problems in the future.

'When I look back upon the past, I can only dispel the sadness which falls upon me by gazing into that happy future when the infection [puerperal fever] will be banished. But if it is not vouchsafed for me to look upon that happy time with my own eyes ... the conviction that such a time must inevitably sooner or later arrive will cheer my dying hour.' -Ignaz Semmelweis

One hundred and seventy years on we have come full circle since Ignaz Semmelweis's pioneering efforts at infection control. The present pandemic provides unique challenges as well as opportunities. As surgeons let us strive to ensure that the 'old order' does indeed change for the better through our active participation and leadership.

This article is dedicated to the many unsung heroes of the healthcare system who are currently putting their personal safety and lives at risk while providing comfort and care to the many Covid-19 patients ■

Google Forms

I've invited you to fill out a form:

SUTURE feedback

Spend a minute and say something about SUTURE

FILL OUT FORM

[Create your own Google Form](#)

Workshop for surgical training:

Lessons learnt from international collaboration



Dr. S. Rajendra

*Consultant Surgeon and Senior Lecturer
Course Director, RCS surgical skill courses
Faculty of Medicine, Jaffna*



conscious awareness. The person playing the role as a teacher should keep in mind the ways adults learn. It is not what we teach, it is what the learner learns, which is important.

Surgical training workshops at Faculty of Medicine, University of Jaffna

The Department of Surgery, Faculty of Medicine has arranged workshops for surgical training with international collaboration. Faculty of Medicine, Jaffna became the regional centre for providing Royal College of Surgeons of England Basic Surgical Skills (BSS) Training and Core Skills in Laparoscopic Surgery (CLS) in 2019. The Department of Surgery has organized the International Cambridge Anastomosis Workshop in 2020. This article aims at sharing some valuable lessons learnt about organising a successful workshop.

a) Course design

It is important to have a crystal clear course design for a workshop. This will

contain information about content, program design, faculty members for teaching, facilities and equipment, suitable participant criteria, fees and material. The content will include the course content, learning outcomes, course format, assessment and pre course work. An effective course design ensures course organizers to be mindful of the range of issues that will impact on whether learners achieve the planned learning outcome.

b) Faculty Development

An experienced course director and an educator from the international faculty will organize a 'train the trainers' workshop (to develop a local faculty of teachers). This focuses on establishing the required standards for teachers teaching skills, assessment moderation and obtaining post course feedback. The minimum ratio of one faculty (trainer) to every four participants would be maintained during the workshop. Development of faculty and establishing a minimum ratio between faculty and participant are

Adult learning

Teaching practical skills is the purpose of a workshop for surgical training. Adult learners are independent and self directed. They value acquiring skills that integrates with their profession. They are interested to learn safe and effective techniques. They are motivated by internal drivers. The adult learners are initially unconscious about incompetence and become conscious about incompetence when faced with a challenging situation. The workshop for surgical training will have to make them conscious about competence and with subsequent hands on experience they become competent without

important for a learner – focused supervision. This is crucial for a trainee to learn and practice the correct technique or skill right from the beginning of his/her career.

c) Facilities and Equipment

Guidelines will be provided to create a safe and effective learning environment. This will include details about required animal tissue, suture materials and instruments for a table / a participant (trainee). The arrangement of the laparoscopic workstations with simulators is also available. The aim of this component is to create a similar environment like the operating session in theatre and facilitating the learning process.

d) Course format

A hand book and audio visual aid containing explanations for each of the practical procedures will be given in advance to the participants. They have to go through them and understand the principle (theory) behind each procedure. They will have to complete a pre course MCQ assessment on line with minimum 80% marks. This enables the participants to remember, understand, apply, analyse, evaluate and perform the practical procedure with accuracy (Bloom's taxonomy).

e) Teaching a practical skill

For teaching a surgical technique to the participant, the following four-stage approach will be used:

1. Demonstration:

A first demonstration by the teacher in real time without commentary.

2. Deconstruction:

A second demonstration by the teacher, deconstructing the skills in different steps, with full explanation and with regard to questions.

3. Comprehension:

The teacher demonstrates step by step, with commentary by participant.

4. Execution :

The participant demonstrates the steps with explanation.

The above technique makes sure the participant correctly understands and accurately performs each and every step in the practical skill.

f) Giving Feedback

Pendleton's model is used to give feed back to participants of the workshop. After completion of every practical skill by the participant, the supervising trainer in that working station will give the feedback about his / her performance. The steps followed in this model:

Make sure the participant is ready to receive feedback

Ask the participant what went well

Discuss with the participant what went well

Ask the participant what they think could have been done differently

Discuss with the participant what could have been done differently

Agree a SMART action plan- Specific, Measurable, Achievable, Relevant, and Time bound

This model focuses on the positive aspects first and then encourages participants to reflect and identify their zone of improvement. The trainers in the workshop help the participants to prioritize an action plan containing the necessary steps to improve on specific practical skills. This is a formative assessment where the participant completes an assessment and feedback form.

g) Assessment

The faculty (Trainer) conducts a formal Objective Structural Assessment of Technical Skill (OSAT). This is a summative assessment conducted at the end of the work shop. The participant knows, knows how, shows how and performs the professional skill (Millar's Triangle for competency testing). The marks obtained by the participant will guide to assess his/her level of competency in performing the practical skill.

Secretes of conducting successful workshop

Apart from focusing on the above detail about the workshop, punctuality of trainers and trainees, time management of each session of the workshop and dedication of the faculty members are prerequisites to run a successful workshop.

Professor MD Lamawansa:

Sri Lanka's New Ambassador to Russia



Dr. Narendra Pinto

*Past President, The College of Surgeons of Sri Lanka,
Past president, SAARC Surgical Care Society,
Past president, Sri Lanka Orthopaedic Association.*



Prof. Lamawansa

visited India, where the presidency had been stagnating for four years, followed by numerous visits to the other SAARC countries. As a result of his efforts, the Presidency was passed on to Sri Lanka.

Prof. M. D. Lamawansa, founder Dean of the Medical Faculty of Wayamba University, and current President of the SAARC Surgical Care Society, has ascended to the present height from a humble beginning as a lad from a tiny village deep inside the Matara District. He entered Ruhuna University from Weeraketiya Central College. His desire to become a doctor may have emanated from the activities of his family, headed by his fraternal grandfather who was a man for 'all seasons' in the village – a village headmaster, a native physician for snake bites and other illnesses, as well as an astrologer and soothsayer.

Prof. Arjuna Aluwihare, says of Lama, "He has enhanced surgical training all over and always faced problems and created opportunities with humility, skill, data, reliability and most vital, a smile generating good will and co-operation. He was and is an asset to the ordinary people

One fine evening in January, I received a pleasant phone call from Prof. Lamawansa, informing me that he had just been designated as the Ambassador to Russia! I was taken aback. I inquired as to whether he had accepted; his reply was affirmative. Having known Lama for years, I have no doubt that with his character, he would be capable of handling the mammoth challenge of representing Sri Lanka in one of the most powerful countries in the world. Prof. Lamawansa's appointment, an accolade of such magnitude, which brings

great honour to the College as well, cannot go unnoticed or unappreciated.

I have had the privilege of associating Lama since 2002, as members of the Council of the College. Way back in 2009, during my tenure as the President of the College, Prof. Arjuna Aluwihare directed Prof. Lamawansa to canvass to bring the presidency of the SAARC Surgical Care Society (SAARCSCS) to Sri Lanka and rejuvenate the organization, which had been lying dormant at that time. Without hesitation, Lama

of this country and elsewhere, not just to so-called VIP's." According to Prof. Rathnatinga, "Lama started and executed the Paediatric Transplant programme at Peradeniya. He has an intrinsic desire to learn & train, and as a person is always straightforward and an asset to the unit".

In the University of Peradeniya he ascended gradually to become the Chair Professor, and Head of the Department of Surgery and Subsequently the Dean of the Faculty of Medicine. As the Head of Surgery, he expanded further on an already well-established department to create a twelve-

member strong academic unit. His colleague, Prof. K. Galketiya admires him as "One of the best clinicians, teachers and administrators. Even though he is known as a strict teacher among students, in reality he has a kind-hearted personality and is a helpful person".

As the President of the College of Surgeons of Sri Lanka in 2017, he spent a good deal of his tenure to raise the rank of the College in the international fora, implementing far reaching structural changes, developing comradeship and engaging the periphery through a two-way process.

He is the third surgeon to represent the country as an Ambassador; Dr. M. V Peiris, Orthopaedic Surgeon and a Minister in the 1965 government under late Hon. Dudley Senanayake was appointed the Ambassador to the USSR with the cabinet reshuffle. More recently Dr. D. D. Ranasinghe served Malaysia as Sri Lanka's Head of Mission.

Prof. Lamawansa has many years of Surgery left on him. Our fervent wish is that he will eventually return to us with the expertise of the new frontiers, to further propagate and nurture the cause of Surgery. The how of which is best known to him.

Name:	Age	BHT	Ward	COVID-19 - Check List for Surgical Patient	Surgical Procedure:		
PRIORITY LEVEL OF SURGICAL DECISION				WARD NURSING OFFICER'S PREOP CHECK LIST			
1	Emergency surgery (Life/Limb/Organ saving)			Informed written consent	Taken Not taken		
2	Oncologic elective			Skin preparation	Yes No		
3a	Non-oncologic elective with high morbidity & mortality			Area preparation	Yes No		
3b	Non-oncologic elective with high morbidity			Clean clothes	Yes No		
4	Day case and other non-urgent surgery			Cap	Yes No		
ASSESS COVID-19 STATUS				Mask*	Yes No		
A	Recent overseas travel within 1 month or history of being quarantined			Leggings	Yes No		
B	Close contact with a confirmed/suspected COVID-19 patient/quarantined person during last 14 days prior to onset of symptoms			Jewellery	Removed Not removed		
C	History of travel to or residence in a COVID-19 high transmission area in Sri Lanka			Dentures	Removed Not removed		
D	Acute respiratory symptoms (cough/sore throat/SOB)			INVESTIGATION REPORTS			
E	Fever (without another infective focus)			Grp & DT	CXR* ECG CBS Urine Sugar		
F	Acute pneumonia			Other X-rays	USS CT MRI 2D Echo		
G	Acute respiratory distress (RR>30, SpO ₂ <90%) without a definite cause			Other reports			
<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 2px solid red; padding: 5px; margin-right: 10px;">Suspected case <small>(Obtain medical opinion)</small></div> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid red; border-radius: 50%; padding: 2px 5px;">A/B/C</div> <div style="font-size: 12px;">+</div> <div style="border: 1px solid red; border-radius: 50%; padding: 2px 5px;">D/E</div> </div> </div> <div style="display: flex; align-items: center; justify-content: center; margin-top: 5px;"> <div style="border: 1px solid red; border-radius: 50%; padding: 2px 5px;">F</div> </div> <div style="display: flex; align-items: center; justify-content: center; margin-top: 5px;"> <div style="border: 1px solid red; border-radius: 50%; padding: 2px 5px;">G</div> </div>				Patient kept fasting from			
<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <div style="border: 1px dashed orange; border-radius: 50%; padding: 5px;">COVID-19 Suspected</div> <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px dashed orange; border-radius: 50%; padding: 5px;">Not Tested</div> <div style="border: 1px dashed orange; border-radius: 50%; padding: 5px;">Tested</div> </div> <div style="border: 1px dashed orange; border-radius: 50%; padding: 5px;">COVID-19 Confirmed</div> <div style="border: 1px dashed orange; border-radius: 50%; padding: 5px;">Test Negative</div> </div> <div style="text-align: center;"> <div style="border: 1px dashed orange; border-radius: 50%; padding: 5px;">COVID-19 Unlikely</div> </div> </div>				Premedication:			
Special medical orders carried out:				Vital signs at			
				PR	RR BP Temp		
				I.D. Band	Attached Not attached		
				Patient sent to	OT at with		
					BHT O.C. File Other items		
				Ward N.O. sending the patient	OT N.O. receiving the patient		
* COVID-19 Special Patient Preparations							
AT THE OT BEFORE PATIENT IS TAKEN INSIDE				PERSONAL PROTECTION EQUIPMENT			
RECONFIRM COVID-19 STATUS							
COVID-19 Confirmed/Clinically Likely				A			
COVID-19 Tested Negative/Clinically Unlikely				B			
Mode of Anaesthesia or Surgical Procedure likely being an AGP** (Aerosol Generating Procedure)				C	D		
<div style="display: flex; justify-content: center; gap: 20px; align-items: center;"> <div style="display: flex; align-items: center; gap: 5px;"> <div style="border: 1px solid red; border-radius: 50%; padding: 2px 5px;">A</div> <div style="font-size: 12px;">+</div> <div style="border: 1px solid red; border-radius: 50%; padding: 2px 5px;">C</div> </div> <div style="border: 1px solid red; border-radius: 50%; padding: 2px 5px;">Full PPE Kit indicated</div> </div> <div style="display: flex; justify-content: center; gap: 20px; align-items: center; margin-top: 5px;"> <div style="display: flex; align-items: center; gap: 5px;"> <div style="border: 1px solid blue; border-radius: 50%; padding: 2px 5px;">B</div> <div style="font-size: 12px;">+</div> <div style="border: 1px solid red; border-radius: 50%; padding: 2px 5px;">C</div> </div> <div style="border: 1px solid red; border-radius: 50%; padding: 2px 5px;">Intermediate Protection***</div> </div> <div style="display: flex; justify-content: center; gap: 20px; align-items: center; margin-top: 5px;"> <div style="display: flex; align-items: center; gap: 5px;"> <div style="border: 1px solid blue; border-radius: 50%; padding: 2px 5px;">B</div> <div style="font-size: 12px;">+</div> <div style="border: 1px solid orange; border-radius: 50%; padding: 2px 5px;">D</div> </div> <div style="border: 1px solid red; border-radius: 50%; padding: 2px 5px;">Standard Protection</div> </div>							
PERSONAL PROTECTION EQUIPMENT							
Type of PPE		Anaesthetist		Surgeon		Scrub Nurse	
Full PPE Kit							
Gown							
Double Gloves							
Visor/Goggles							
Plastic Apron							
Surgical Masks (Single/Double)							
Boots							
ADDITIONAL PROTECTION DEVICES							
Barrier Intubation Chamber		Available		Unavailable			
Smoke Evacuator/Suction		Available		Unavailable			
Anaesthetic AGP → Endotracheal intubation/extubation, Mask ventilation, Supraglottic airway insertion/removal, Open suctioning, Nebulisation *Surgical AGP → Surgery with high speed devices (i.e.: bone drills, pulse lavage), Surgery involving the airway (i.e.: tracheostomy) ****Intermediate Protection → Gown, Double Gloves, Visor/Goggles, Boots, Impermeable apron extending beyond upper border of boots, Two surgical masks <small>Based on Guidelines by College of Surgeons of Sri Lanka - Guidelines for Providing Surgical Care During the COVID epidemic (April 2020) and College of Anaesthesiologists & Intensivists of Sri Lanka - Interim guidelines on intubation of a suspected or positive patient with COVID-19 (April 2020)</small>							

Prasanna Gunasena

A colleague's perspective of the new chairman of State Pharmaceuticals Corporation



Dr Ruvini Abeygunaratne
Consultant Neurosurgeon



I must admit that before I moved back to Sri Lanka a few years ago to work as a neurosurgeon at Lanka Hospitals, I'd never met Prasanna Gunasena. I was slightly worried as I was looking for a colleague to be able to work with, as a team, as resident neurosurgeons. This isn't to say that I hadn't heard of Prasanna and his well-earned reputation of being a skilled spinal surgeon, but I was more interested in what sort of person he was to work with

and I'm sure he would have had the same reservations regarding me, a female neurosurgeon, trained in the UK, a colleague's wife to boot! What I did know was that as a professional and a good human being his reputation preceded him. My own father, the late Dr. D.G.A. Abeyguneratne, was extremely proud that Prasanna had been educated at his own school, Nalanda College and my mother-in-law praised his involvement at

her local temple in Mount Lavinia. I also gathered that he enjoyed acting and singing, so overall, I was looking forward to working with Prasanna.

The reality is that we came together, as a team, with our anaesthetist, Dr. Loranthe Samarasinghe, and it works extremely well for us. I attribute this to several reasons. Prasanna loves his spines, I am interested in cranial work which mainly involves tumour surgery. And even though he is more senior than me and with a great deal more experience, we discuss cases together and the interaction between us gives the best outcome for our patients who love him because he is kind, thorough in his explanations and ethical. The patient and their individual circumstances are taken into consideration when discussing surgery and we always discuss the best mode of treatment, together, when it concerns tumour surgery. We have tried to keep the cost down for the patients and we operate together giving the patient the advantage of two consultants working together, as they say two pairs of eyes are better than one. Actually, we have three pairs of eyes as Loranthe always keeps a very close eye on us both!

It's not to say that he doesn't have some faults. These could be his singing in theatre on occasion or the slew of very bad jokes that keep us entertained during long cases! Like any healthy team, we don't always agree on everything, but our occasional disagreements are never around the management of our patients. We share the same values and constantly have the patients' best interests at heart.

Prasanna's services to our patients and to Sri Lanka has recently expanded with his appointment as the Chairman of the State Pharmaceutical Corporation which has made a normally extremely busy individual even more so. Being a health care professional, he has always led with his focus on the welfare of people so it's not surprising that he is providing these services with the efficiency and urgency needed given the current pandemic. Prasanna is a stickler for transparency and abiding by the rule and I have no doubt that he is the best person for the job. I am also grateful that he continues to balance his clinical practice with his new demanding position as it would have been a loss to us all if he gave up one for the other. It's a joy and privilege to work with a gentleman, a loving family man who enjoys the simple things in life, has a good working relationship with his colleagues, is a skilled and competent surgeon and above all, a good human being. ■



In appreciation

The College of Surgeons of Sri Lanka marks its appreciation of the life and services to the nation and the college, of Dr Serozsha A S Goonewardena MBBS (Peradeniya) MS(Col) FRCS (Eng), Dip Urol (Institute of Urology, University of London), retired senior consultant urological surgeon, National Hospital of Sri Lanka. He passed away on the 10th of March, 2020.

Dr Goonewardena was a pupil of Royal College Colombo and an alumni of Peradeniya Medical Faculty. He was awarded the Fellowship of the Royal College of Surgeons of England and went on to become the first urological surgeon in Sri Lanka to be board certified as a specialist by the Postgraduate Institute of Medicine, University of Colombo in August 1991.

Starting as the consultant urological surgeon at Karapitiya Teaching Hospital, Galle he retired as the most senior urological surgeon at NHSL. He was a co-founder of the Sri Lanka Association of Urological Surgeons (SLAUS) becoming its President in 2008. He will be remembered and appreciated as the Editor of the *Sri Lanka Journal of Surgery*, and the *Sri Lanka Journal of Urology*.

Ajith Malalasekera

Editor in Chief, Sri Lanka Journal of Surgery
Urological Surgeon

Online learning for surgical trainees:



The need of the hour

Dr Ranga E Wickramarachchi
Senior Lecturer in Surgery,
Consultant Urological Surgeon,
General Sir John Kotelawala Defence University

Surgical training is all about changing the practice for a better outcome. Surgeons are very much capable of adapting to changes and handling chaotic situations reasonably well within the context of available resources. In the trauma setup “damage control surgery” is an ideal example of such rational practice by the surgeons.

With the emergence of Covid-19 pandemic, social distancing measures became inevitable and this affected traditional teaching and learning activities throughout the globe at each and every level. A wide variety of online teaching-learning methods became the standard of practice. The College of Surgeons of Sri Lanka had been conducting number

of regular teaching sessions for surgical trainees including SETS, Surgical Symposia, and workshops. However amidst ongoing pandemic they all came to a standstill and the only practically viable option was to shifting online teaching.

With a better understanding of Zoom; a videotelephony and

Table 01: Online teaching for surgical trainees- detailed programme

Date and time	Category	Topic	Resource person	Trainee Participation
02.04.2020 (19:00)	Case based discussion	Epigastric pain and chronic pancreatitis	Prof Aloka Pathirana	N/A
08.04.2020 (16:00)	Mini Lecture discussion	Haematuria and RCC	Dr Anuruddha Abeygunasekera	42
15.04.2020 (15:00)	Theory- Essay	Supraclavicular mass	Prof Mohan de Silva	70
17.04.2020 (15:00)	Case based discussion	Surgical diseases of the breast	Dr Sanjeewa Seneviratne	67
20.04.2020 (15:00)	Theory- Essay	Haemorrhagic shock	Prof Mohan de Silva	N/A
21.04.2020 (18:00)	Operative Surgery	Vascular Surgery	Prof Mandika Wijeyaratne	79
24.04.2020 (15:00)	Theory- Essay Operative Surgery	Haemorrhage in thyroid surgery Excision of submandibular gland	Prof Mohan de Silva Prof Mohan de Silva	80
28.04.2020	Clinical case discussion	Neurosurgery	Dr Saman Wadanamby	N/A
01.05.2020	Theory	Trauma laparotomy	Prof Mohan de Silva	N/A

online chat service through a cloud-based peer-to-peer software platform used for teleconferencing, telecommuting, distance education, and social relations, the initiative to apply the same for teaching of surgical trainees especially targeting those who are sitting for very next MD part II examination came from one of our own members Prof Aloka Pathirana, at the Faculty of Medical Sciences, University of Sri Jayewardenepura. Later College of Surgeons of Sri Lanka took the responsibility of facilitating this in a formal manner by subscribing for Zoom, which enabled utilize most of its added features with no restriction of duration to 40 minutes. Google classroom has also being used simultaneously in order to share updates on teaching sessions, reading material and other online resources for learning, among the trainees. Sharing of meeting ID and password of each session is through emails and updates in WhatsApp group.

Finding resource persons never became an issue as many senior and experienced College members came forward voluntarily to give their maximum to trainees. Initially it was decided to conduct one session per week, but due to popular demand from both trainees and trainers, sooner this was increased to twice a week and at times three times a week. Clinical case based discussions, mini lecture presentations, discussion of essay questions, conducting operative surgery viva etc. (table 01) were some of the aspects covered for the benefit of trainees sitting for their MD Surgery Examination in near future. Resource persons from overseas (Sri Lankan Surgeons based in Australia) have also shown their enthusiasm to contribute to this and contributions from surgeons away from Colombo will also be easy to arrange through this system. All the teaching sessions are recorded and saved in cloud by the College for future references.

Feedback from the beneficiaries; surgical trainees is also much encouraging as shown by their initial responses to online surveys. Trainees' active participation is higher in this method, compared to face-to-face traditional teaching and they tend to ask questions more often in order to clarify their doubts from the trainer when the opportunity is given.

Guidance and support from the President and Secretary of the College of Surgeons of Sri Lanka in improving this teaching-learning platform linking in to the College website is noteworthy and alerts and updates of the said programme are regularly uploaded in the website. Much needed technical support is provided by Mr Eardley Norton at the College Office from the very beginning, later joined by Dr Chathusha (Demonstrator) sharing the workload.

SLSC 2020
COLOMBO SRI LANKA

www.slsc2020.surgeons.lk

The Sri Lanka Surgical Congress 2020 will be rescheduled

The new closing date for oration and abstract submission is

31st July, 2020



THE COLLEGE OF SURGEONS OF SRI LANKA

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Guidelines for essential surgical care during the Covid epidemic College of Surgeons of Sri Lanka

Aims:

1. To minimize the morbidity and mortality of the surgical patients (Both Covid and Non –Covid), due to the delay or denial of instituting treatment.
2. To prevent or minimize the risk to the patients and the staff acquiring Covid 19.
3. To optimize the usage of PPE and other material.
4. To classify surgical patients taking Covid status and Priority needs in to consideration

Classification

Covid status - Patient categories: -

- Category 1. Covid status is unknown, non-suspected patients
Category 2. Covid suspected patients
Category 3. Covid positive patients

Prioritization - The types of surgical procedures:

Type 1: Emergency surgical procedures E.g. life, limb, or organ saving

Type 2: Oncologic electives

Type 3: Non-oncologic electives

3 (a) Associated with high morbidity and mortality if not urgently attended
E.g.: Complicated cholelithiasis, critical limb ischemia, aortic aneurysm etc.

3 (b) Associated with high morbidity but not mortality
E.g. uncomplicated yet symptomatic inguinal hernia, Multinodular goiters with pressure symptoms, Abdominoplasty etc.

Type 4: Day case surgery and other Non-urgent surgical procedures

Recommendations.

Recommendation 1 - Allocating designated areas within the institution

It is advisable to have designated areas within the institution for separate Categories of patients (depends on Covid status) whenever such allocation is feasible. This includes wards, ICUs, and Operating rooms

- A) Surgical wards should be free of Category 2 and 3 patients – they must be managed in designated wards allocated for the purpose
- B) There should be a dedicated operating theatre for emergencies. Larger hospitals must have more than one theatre allocated for this purpose in order to isolate the emergency theatre if the need arises.
- C) There should be designated theaters allocated for Type 2 and 3 patients. Category 2 and 3 patients should not be taken to these theaters unless a new policy is declared. (Mass casualty incident, escalation of the epidemic etc.)



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- D) ICU beds must be allocated preferably in a separate location for Type 2 and 3 patients. Category 2 and 3 patients should not be taken to these ICUs unless a new policy is declared. (Mass casualty incident, escalation of the epidemic etc.)

Recommendation 2 - Types patients and procedures

- A. Priority must be given to Type 1 (emergency) procedures and should be attended to with minimal delay.
- B. Emergency surgical care should not be unduly deferred for laboratory confirmation of Covid status, and such instances should be considered Covid positive for all practical purposes.
- C. Whenever possible non-surgical management strategies or modified procedures recommended in the international guide lines may be adopted to minimize contamination. Such modifications should be evidenced based and should not compromise outcome of the disease
- D. When ICU admission is indicated for Type 1, care should be taken not to jeopardize the Covid control measures.
- E. All Type 2 and 3 patients must be in category 1 (Minimal risk of viral transmission)
- F. When Type 2 and 3 patients are in category 2 and 3 (Covid status) the procedure must be delayed until the doubt is cleared clinically or by laboratory testing

Recommendation 3 - Attire for the surgical and anesthetic teams.

- A) All general precautions must be taken to prevent spread of the communicable diseases which should be strictly adhered to. This includes use of surgical masks, goggles or glasses, impermeable apron which goes beyond the upper border of the surgical boots (no slippers or sandals), and the surgical gowns with gloves.
- B) The attire of the anesthetic team should be according to the guidelines issued by the Sri Lanka College of Anesthesiologists
- C) Special precautions such as full PPE, special masks, visors may be used for Category 2 and 3 patients
- D) Type 1 procedures should not be delayed because a particular type or brand of PPE is not available
- E) Demand for PPE should be ethical, justifiable and subject to availability
- F) Use of available special resources for personal protection such as full PPEs must be done sparingly as such material is in short supply worldwide.

Prepared for the College of Surgeons of Sri Lanka by Dr Mahanama Gunasekara, Dr Nissanka Jayawardhana and Dr Duminda Ariyaratne – April 2020.



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Cambridge Anastomosis Workshop

1st – 3rd February 2020

at Skills Lab, Faculty of Medicine, University of Peradeniya

