



SUTURE

NEWSLETTER OF THE COLLEGE OF SURGEONS OF SRI LANKA

"Binding Surgeons Together"



Orchids in Bloom!
Beautiful flowers from the garden of avid orchid enthusiast Dr Ranjith Ellawala

Inside this issue

"Facing the Pandemic: A Surgeon's Experience"



Dr T Gobishanger
Consultant Orthopaedic Surgeon
Teaching Hospital Jaffna

Reminiscences of a time in Polonnaruwa as a young surgeon

Lessons and insights from six exciting years in a difficult posting (Part 1)



Dr Gamini Goonetilleke
Former Senior Consultant Surgeon
Sri Jayewardenepura General Hospital

Book Review

Insight to the NHS-UK

By Manjula Peiris



Reviewed by **Anuruddha M Abeygunasekera**,
Consultant Urological Surgeon,
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Book Review

'Adaraniya Corona' by Dr Samira Jayasinghe



Prof Mohan de Silva
Past President, College of Surgeons of Sri Lanka
Former Chairman, University Grants Commission
Former Professor of Surgery, University of Sri Jayewardenepura

Growing A Forest



Dr Gamini Buttipitiya
Senior Consultant Surgeon

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



From the Editors Desk



Welcome, to the fourth edition of the Suture for 2020. In spite of the constraints placed upon us by Covid 19, College activities have continued apace. We bring you details of these activities in this edition as we look forward to our main event the delayed annual academic sessions.

In this edition of the Suture, we have Professor Mohan de Silva reviewing the book 'Adaraniya Corona' by Samira Jayasinghe who has re-discovered his inner author amidst the pandemic. We also review Dr Manjula Peiris' guide to working in the UK health service 'An insight into the NHS UK'. We have Senior surgeon Dr Gamini Goonetilleke reminiscing his time as young surgeon in sylvan Polonnaruwa, while Dr Gamini Buthpitiya recounts how he nurtured a forest in an abandoned tea plantation in Loolkandura. From the Northern chapter, Dr T Gobishanger describes a caring social effort in response to the difficulties created by the Covid pandemic in Jaffna.

In November this year, the College will host its most Important event the Annual Academic Sessions. All of at the Suture, invite all of you to join us as we endeavour to keep the spirit of surgery strong despite challenges that surround us.

Dulantha de Silva, on behalf of the Suture editorial team



The College of Surgeons of Sri Lanka

49th Sri Lanka Surgical Congress

Plenary lectures and Symposia on
Endocrine Breast GI HPB
Trauma Paediatric surgery
Neurosurgery Urology
Plastic surgery

Training Leadership
Work life balance for surgeons

Regional surgeons' symposium
Free papers and posters
R A Navartne oration
SAARC oration
Ceremonial Inauguration
College Banquet

Thursday 5th and Friday 6th
November, 2020

Shangri-La Hotel, Colombo

www.slsc2020.surgeons.lk

“Facing the Pandemic: A Surgeon’s Experience”



Dr T Gobishanger

*Consultant Orthopaedic Surgeon
Teaching Hospital Jaffna*



Medical professionals are at the centre-stage in the COVID 19 pandemic. They are supported by various other categories: sanitary workers by disinfecting, public health workers by monitoring, security forces by mobilizing cases at ground level.

During the critical period our medical professionals took steps to address public welfare aspect while engaging in routine work.

The Teaching Hospital, Jaffna is the tertiary centre for the entire Northern Province. This stood the test of time and turmoil during the civil war that ended after 30 years in 2009. This experience prepared us to combat COVID 19.

The rehabilitation centre was converted as special Corona ward to treat cases and isolate suspected cases. The task force formed with all categories worked on triage, treatment, health education, staff welfare and training.

My role was initial set up, staff welfare and training. We met

physically as well as virtually regularly to discuss strategies. Surgical services were reorganized separately with theatre allocations being proportional to cases loads.

On a personal note, as an Orthopaedic surgeon, we were surprised to see more injuries due to domestic injuries than traffic accidents. As all were held home bound, many were trying some amateur work. People attempting to pluck coconuts, climb trees and restless kids ended at the hospital with various fractures including spinal fractures. We witnessed that the fall of elderly also has not reduced much.

Apart from these surgical commitments the lockdown gave new problems to us. There were approximately 28 cancer patients, around 60 other patients with their bystanders found stranded at the hospital. All these individuals were given cooked meals for 45 days from 22nd March 2020. Their problems did not end there. Some were daily wage earners who could not make a living to afford travel back. We answered their needs by providing dry rations and

transport arrangements to return home. These public welfare efforts were amply supported by a non-governmental organization called Yar! Aid.

Another aspect that developed was the welfare of the hospital staff who found difficulties in purchasing daily essentials. The supplies arrived at the hospital without the middleman and in bulk stocks that gave a fair price at a discount. The purchasing ability was boosted by providing welfare fund money that came through an easy deduction system from the salary.

Staff were served cooked meals: prepared under strict hygiene protocols. We made sure the meals are both satisfying and delivered on time.

Under these circumstances, we worked with our fullest efforts to overcome the COVID19 situation as the team ‘Teaching Hospital of Jaffna’ with the support of the Director, staff and fellow medical professionals. Also, we received tremendous support from many kind-hearted people and institutions through various ways to deliver this assistance to the needy people.

HBP and Upper GI Workshop

HBP and Upper GI workshop

This will be a Live transmission from Australia

Dr Mehan Siriwardana (HPB surgeon)

Dr Shin Yeung (HPB surgeon)

Dr Chung Won Upper (GI and bariatric surgeon)

Dr Jonathan Lau (Anaesthesiologist)

Date: 23rd October 2020

Venue: Department of Surgery, Faculty of Medicine Peradeniya

Upper GI Workshop

This workshop will be a live transmission from India organized by The Association of Minimal Access Surgeons of India. Surgical procedures planned- Laparoscopic splenectomy, Laparoscopic fundoplication, and Laparoscopic Heller's cardiomyotomy.

Prof C Palanivelu, Gem Hospital (Coimbatore)

Dr Roy Pantakar, Zen Hospital (Mumbai)

Date: 30th October 2020

Venue: Department of Surgery, Faculty of Medicine Peradeniya

REGISTRATION PROCEDURE

****Await for further details**



Book Review

'Adaraniya Corona' by Dr Samira Jayasinghe

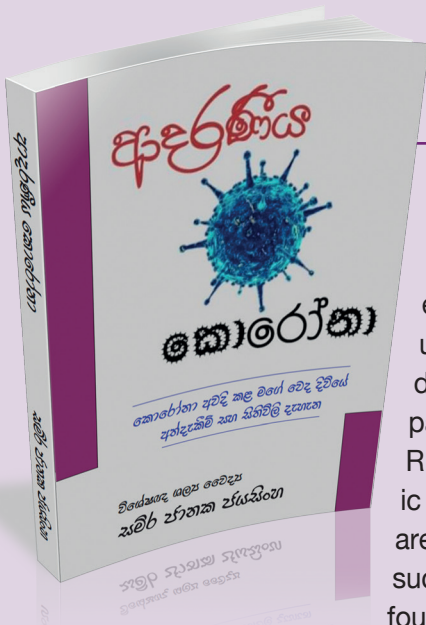


Prof Mohan de Silva

Past President, College of Surgeons of Sri Lanka

Former Chairman, University Grants Commission

Former Professor of Surgery, University of Sri Jayewardenepura



There is indisputable scientific evidence that genetic evolution has made us, who we are today. Viruses are tiny particles of DNA or RNA, the same genetic material which we all are made of. Recently, such a tiny particle was found to have created an extremely successful, unique survival strategy by acquiring capability to survive outside a human cell for longer period. Impact of this new survival strategy, unprecedented in the history of evolutionary tactics of the viral kingdom was massive to mankind and was like an invasion from outer space seen in 'star-wars' documentaries. Corona closed the entire planet, an experience no one has ever witnessed during modern times.

To put a pen on paper and select right words to justify the title 'Adaraniya Corona' (Loving Corona) is no easy task. Having read this book, I am of the opinion that Samira has achieved this task brilliantly and with ease. As he mentioned in the cover page, during this unique period; the world-wide lock down time, corona opened up a new wave of thought processes in his brain to add to his life experiences. This may have happened to many of us but to put such feelings and experiences in an easily readable fashion is no easy task and a challenge even to most seasoned writers. I found the book an easy read, becoming more and more interesting and fascinating as I continued and did not want to close till I came to the last page. Such write ups are usually achieved by expert writers.

Now let me focus on few specifics of the book.

As I see, Samira in his own unique style has taken a walk down his memory lane, selected a set of memories, some of which are very nostalgic and sensitive and woven a fabric together with the events that were unfolding locally and globally during the time of Covid. Some stories are particularly interesting. He has brilliantly fused the story of the death of Portuguese billionaire and President of the Santander Bank, Antonio Pira and the comment made by his grieving daughter; 'we are a wealthy family, but my father passed away alone, suffocating, looking for something free which is air, while all our money stayed at home', to the reduced global Carbon Dioxide levels and loss of the previously observed hole in the ozone layer over Australia. Stories of pride of lions roaming in roads, high seas without ships, sky without planes, empty business class compartments in grounded planes and leopards who are known to be reclusive animals roaming in Belihuloya keeps the readers alive. The way he has narrated the death of a poor little girl Jamlo Madkam who died of starvation after a walking 150 miles expecting to reach the arms of her mother near Bhandarpal village in Bijapur, India on the morning of April 18, brought tears to my eyes. These are a few of many such stories, which are not only fascinating but to me is also educational to both young and old readers of the realities of wealth, life and death. The aspect of life and death comes out particularly well in the chapter that compares marriage and death ceremonies.

In conclusion, in this brilliantly laid down book, Samira in his own simple style has managed to impress both young and old readers, how meaningless of the never-ending desire for acquisition of wealth in a touching language.

PRE-CONGRESS WORKSHOP – SRI LANKA SURGICAL CONGRESS 2020

Emergency Sonography for Trauma Care (ESTC)



Organized by

The Central Provincial Chapter

On behalf of

The College of Surgeons of Sri Lanka

Date	Wednesday 28 October 2020
Time	8am – 2pm
Venue	PMCK Auditorium, National Hospital Kandy



Open for **Medical Officers and PG Trainees** providing acute trauma care

Registration limited to 20 participants

Objective Knowledge and skill development with hands-on training on the theoretical and applied aspects of ultrasonography with emphasis on eFAST to aid decision making in the acute management of trauma

COURSE COORDINATORS

Dr. Mihira Bandara | Consultant General Surgeon
Dr. Mohan Dias | Consultant General Surgeon

ORGANIZING SUPPORT

Dr. Dilshan Gunasena | Senior Registrar in General Surgery
Dr. Kaushika Gunasekare | Senior Registrar in General Surgery
Dr. Anjana Abeyasinghe | Registrar in Surgery
Dr. Sivamynthan Sivakumaran | Registrar in Surgery

FACULTY

Dr. Lalith Gamage | Consultant Radiologist
Dr. Mihira Bandara | Consultant General Surgeon
Dr. Isuru Gayan | Senior Registrar in Emergency Medicine
Dr. Buddhika Herath | Senior Registrar in Emergency Medicine
Dr. Harendra Hewapathirana | Senior Registrar in Emergency Medicine
Dr. MGMA Bandara | Senior Registrar in Emergency Medicine

Course Fee

Rs. 3000

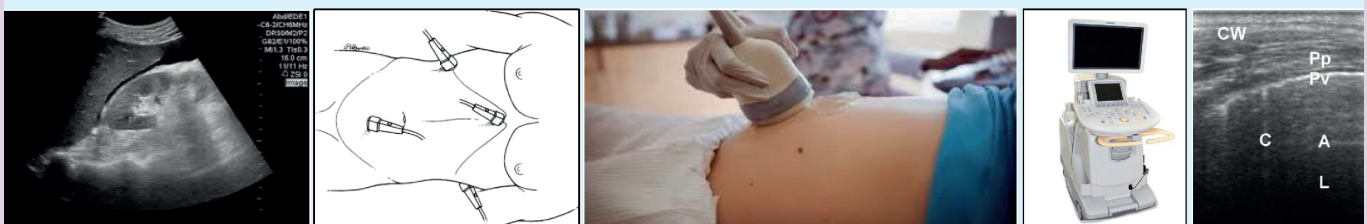
Refreshments and lunch provided

Pre-registration required

<http://bit.ly/ESTC2020KANDY> or



Contact **0714988912** | **0777379483** for details



Reminiscences of a time in Polonnaruwa as a young surgeon

Lessons and insights from six exciting years in a difficult posting (Part 1)



Dr Gamini Goonetilleke
*Former Senior Consultant Surgeon
Sri Jayewardenepura General Hospital*

In the first part of a two-part article, senior surgeon Dr Gamini Goonetilleke recounts the challenges faced in setting up a surgical unit in Polonnaruwa

I was then 32 years old, just returned after qualifying as a Fellow of the Royal College of Surgeons (FRCS) and a post graduate training in the UK. After a short spell as the Resident Surgeon of the Accident Service of the General Hospital Colombo, I asked for a transfer from this unit. I was offered the post of Consultant Surgeon at the Base Hospital, Polonnaruwa.

I was in two minds. I had never worked out of Colombo and I was warned that Polonnaruwa was infested with Malaria. Moreover, there was also the danger of being exposed to wild elephants. Some even said that this might be considered a punishment transfer. It was only the encouragement given by my friend, batch mate and colleague, the late Dr B F S Samaranayake (Sam) who was the District Medical Officer (DMO) at Base Hospital, Polonnaruwa that made me finally take the plunge.

I had no idea what my future would be. One thing however, I was sure. The people and their

welfare would be uppermost in my mind.

Some aspects of history and health care systems in Polonnaruwa

Polonnaruwa, the medieval capital of Lanka, occupies an eastern location in the



dry zone of the North Central Province. The famous Kings who ruled Polonnaruwa include Vijayabahu I, Parakramabahu I and Nissankamalla. Artefacts found during excavation

include surgical instruments such as probes, scalpels, scissors, forceps, lancets and also medicinal troughs. These medical and surgical artefacts are important for the studies of the hospital and health care systems of ancient Lanka. It also implies that the ancient Kings made sure that medical and surgical facilities were made available for the people in the area. For centuries, the District remained neglected with an

abundance of forest and wild animals. The restoration of the reservoirs, dams and irrigation canals saw the dawn of a new era. The Minneriya colonization scheme was inaugurated in

1933 leading to the settlement of farmers for cultivation. The total land area was 804,000 acres of which 10,862 acres was under cultivation in 1982. According to the census of 1981 the population of the District was 261,563. The district had three main hospitals, Polonnaruwa, Hingurakgoda and Medirigiriya. None of these hospitals had surgical facilities till the end of the 1970's. Those needing surgery had to travel to Matale or Kandy. The District Hospital of Polonnaruwa was upgraded to a Base Hospital in the late 1970's without improving the facilities but with the appointment of three specialists, a Surgeon, a Physician and an Obstetrician/Gynaecologist. No anaesthetist was employed.

Move to Polonnaruwa - Initial problems - living facilities & other issues

I travelled to Polonnaruwa on the Uthayadevi train starting at the Colombo Fort railway station on its way to Batticaloa. The journey took six long hours with several stops on the way. On arrival at the Polonnaruwa railway station I was met by my friend Sam who took me to the hospital. He offered me a room in his quarters for my living, but I declined that kind offer as I did not want to be a burden on him and his family. I accepted a room in an old dilapidated building adjoining the hospital. The facilities within the room were less than basic. There was no choice. I spent six months in this room until the official Surgeon's quarters were repaired and renovated. Travel to Colombo once in two months or so, was by bus or train and that took six to eight hours. My

salary was Rs 2200/= per month. I was entitled to private practice, but there was no Nursing Home to perform surgery. It was only a Consultation practice, the fee per patient being Rs 25/=.

Visit to the hospital / hospital facilities

The DMO accompanied me to the hospital and introduced me to the staff. The male ward had 40 beds and the female ward 10 beds. There were more patients than the number of beds. The waiting list was long as the surgeon working there had left without a replacement. There were no Medical Officers in the ward. The House Officers were Registered Medical Practitioners (RMP). There was a small lab which could only do two investigations, namely urine full report and full blood counts. The Blood Bank was primitive and so was the Radiology section. Only Plain X-rays could be done. The operating theatre had an old operating table, a dim light and a old Boyle's anaesthetic machine. However, the nursing and other staff members were very enthusiastic, keen to work and promised to extend their cooperation.

Work begins

I started work and performed ward rounds and held clinics daily to gather patients for surgery. Surgery was also started on a low key under local anaesthesia. With time, more and more patients were getting admitted to the surgical ward. I was called "Sargen mahattaya" by the people. I was on call in the surgical wards 24/7. Surgery

was done on a daily basis so that there was no waiting list. Whatever I could not manage was transferred by ambulance to hospitals at Matale and Kandy many miles away.

In the absence of proper facilities for investigations, I had to practice what every budding doctor learns in Medical College – take a good history and examine the patient well. That will give a correct diagnosis on most occasions. It also reminded me of Lord Platt who said: "if you listen to your patient long enough, he/she would tell you what is wrong" thus demonstrating the value of what is called bedside medicine.

Institutional development

Equipment: The surgical workload increased and I realized the need to improve the facilities. When I visited Colombo, I went to the main Health Department Stores and the Bio Medical Engineering Department to look for the necessary equipment. They felt sympathetic towards me and asked me to select whatever I wanted and sign the invoice which later had to be counter signed by the DMO on delivery to the hospital. In this way, I got a lot of equipment which included a new diathermy machine and cords, sucker machine and tubes, nasogastric tubes, catheters, endo-tracheal tubes, surgical instruments, orthopaedic nails, plates and screws, stationery etc. to be delivered to the hospital.

Learning Anaesthesia: Some patients needed to be anaesthetised for surgery. There was no Anaesthetist and I was not competent to do that job. So

I decided to follow a crash course in Anaesthesia with a Consultant Anaesthetist in Colombo for two weeks. I learnt regional blocks, spinal anaesthesia, tracheal intubation and some aspects of general anaesthesia which would suffice for me. I started operating after anaesthetising my patients when necessary. Intravenous thiopentone was used to induce anaesthesia which was maintained with halothane, oxygen and nitrous oxide for the duration of the surgery. It was indeed a risk, but risks had to be taken. I collected the data on my experience in this field and submitted a paper for the Annual Sessions of The College of Anaesthesiologists. The title of the paper was "The Role of a Surgeon as an Anaesthetist". That first academic paper that I submitted to a medical association ended in the dust bin of history.

Junior Medical Officers: There was a dire need for junior

Medical Officers to assist me and once again repeated request did not produce any results. This was because Sri Lankan doctors did not want to work at the Polonnaruwa Hospital. The Department of Health finally had to appeal to the World Health Organisation (WHO) to get down overseas doctors to fill the gap. They selected doctors from Burma for a period of two years and sent them to the Polonnaruwa Hospital. There was an Anesthetist as well in the Burmese team. This suited me well although they did not understand Sinhala.

Recognition by the Sri Lanka Medical Council: In the mean time, the three Consultants collected the data regarding the clinical work carried out at the Polonnaruwa Hospital and submitted the data to the Sri Lanka Medical Council for recognition of the Polonnaruwa Hospital as a hospital for training of Intern House Officers. Recognizing

the fact that a wide variety of patients were being treated at this hospital, they accepted our proposal. Overseas qualified doctors who had completed the Act 16 examination of the Sri Lanka Medical Council were sent initially. This was after the departure of the Burmese doctors. Later on doctors from local medical schools were appointed to Polonnaruwa Hospital for their internship training. Since then Intern House Officers were appointed on a regular basis and ward work progressed smoothly. Interestingly one of these house officers decided to embark on training in Anaesthesia after Internship and came back to serve the Polonnaruwa hospital as a medical officer in Anaesthesia. That problem, too, was solved. There were occasions when he had to be on leave and my knowledge of Anaesthesia became useful under those circumstances.

To be continued.....



Pre Congress Workshop

The College of Surgeons of Sri Lanka

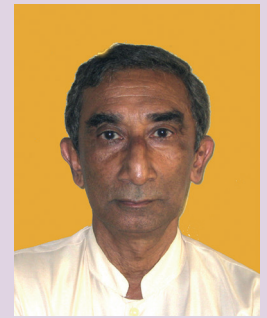
In collaboration with the
Association of Plastic Surgeons of Sri Lanka



Hand Surgery Workshop 2020

<p style="text-align: center;">Day 01 Saturday 3rd October 2020 7.30 am - 3.30 pm</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">7.30 am – 8.00 am</td> <td>Registration</td> <td></td> </tr> <tr> <td>8.00 am – 8.20 am</td> <td>Introduction</td> <td>-Dr Dulip Perera</td> </tr> <tr> <td>8.20 am – 8.40 am</td> <td>Assessment of the Injured Hand</td> <td>-Dr Kolitha Karunadasa</td> </tr> <tr> <td>8.40 am – 9.00 am</td> <td>Functional Anatomy of the Hand</td> <td>-Dr Kapila Mendis</td> </tr> <tr> <td>9.00 am – 9.20 am</td> <td>Hand Fractures and Dislocations</td> <td>-Dr Dhammika Dissanayaka</td> </tr> <tr> <td>9.20 am – 9.40 am</td> <td>Flexor Tendon Injuries</td> <td>-Dr Praveen Wijesingha</td> </tr> <tr> <td>9.40 am – 10.00 am</td> <td>Extensor Tendon Injuries</td> <td>-Dr Arunajith Amarasingha</td> </tr> <tr> <td>10.00 am – 10.20 am</td> <td>Morning Tea</td> <td></td> </tr> <tr> <td>10.20 am – 10.40 am</td> <td>Nerve Injuries</td> <td>-Dr Sasanka Rathnayaka</td> </tr> <tr> <td>10.40 am – 11.00 am</td> <td>Soft Tissue Cover in Hand Injuries</td> <td>-Dr Thushan Beneragama</td> </tr> <tr> <td>11.00 am – 11.20 am</td> <td>Paediatric Hand Injuries</td> <td>-Dr Amila Siriwardena</td> </tr> <tr> <td>11.20 am – 11.40 am</td> <td>Finger Tip injuries</td> <td>-Dr Kavinda Rajapaksha</td> </tr> <tr> <td>11.40 am – 12.00 pm</td> <td>Amputation and Replantation</td> <td>-Dr Gayan Ekanayake</td> </tr> <tr> <td>12.00 pm – 12.20 pm</td> <td>Surgical Exposures in Hand Trauma</td> <td>-Dr Yasas Abeywikrama</td> </tr> <tr> <td>12.20 pm – 1.00 pm</td> <td>Lunch</td> <td></td> </tr> <tr> <td>1.00 pm – 1.20 pm</td> <td>Hand Infections</td> <td>-Dr Sathis Wijemanna</td> </tr> <tr> <td>1.20 pm – 1.40 pm</td> <td>Hand Burn</td> <td>-Dr S Selvaganesh</td> </tr> <tr> <td>1.40 pm – 2.00 pm</td> <td>Late Reconstruction of Injured Hand</td> <td>-Dr Thushan Beneragama</td> </tr> <tr> <td>2.00 pm – 2.20 pm</td> <td>Dressings for the Injured Hand</td> <td>-Dr Kavinda Rajapaksha</td> </tr> <tr> <td>2.20 pm – 2.40 pm</td> <td>Local and Regional Anaesthesia for Injured Hand</td> <td></td> </tr> <tr> <td>2.40 pm – 3.00 pm</td> <td>Hand Therapy</td> <td>-Dr K Elancheliyapallavan</td> </tr> <tr> <td>3.00 pm – 3.30 pm</td> <td>Case discussion – Moderator</td> <td>-Ms Kaushalya Gayamali -Dr Praveen Wijesingha</td> </tr> </table> <p style="text-align: center;">Trainees - Rs. 2,000 Therapists /Nurses- Rs. 1,000</p>	7.30 am – 8.00 am	Registration		8.00 am – 8.20 am	Introduction	-Dr Dulip Perera	8.20 am – 8.40 am	Assessment of the Injured Hand	-Dr Kolitha Karunadasa	8.40 am – 9.00 am	Functional Anatomy of the Hand	-Dr Kapila Mendis	9.00 am – 9.20 am	Hand Fractures and Dislocations	-Dr Dhammika Dissanayaka	9.20 am – 9.40 am	Flexor Tendon Injuries	-Dr Praveen Wijesingha	9.40 am – 10.00 am	Extensor Tendon Injuries	-Dr Arunajith Amarasingha	10.00 am – 10.20 am	Morning Tea		10.20 am – 10.40 am	Nerve Injuries	-Dr Sasanka Rathnayaka	10.40 am – 11.00 am	Soft Tissue Cover in Hand Injuries	-Dr Thushan Beneragama	11.00 am – 11.20 am	Paediatric Hand Injuries	-Dr Amila Siriwardena	11.20 am – 11.40 am	Finger Tip injuries	-Dr Kavinda Rajapaksha	11.40 am – 12.00 pm	Amputation and Replantation	-Dr Gayan Ekanayake	12.00 pm – 12.20 pm	Surgical Exposures in Hand Trauma	-Dr Yasas Abeywikrama	12.20 pm – 1.00 pm	Lunch		1.00 pm – 1.20 pm	Hand Infections	-Dr Sathis Wijemanna	1.20 pm – 1.40 pm	Hand Burn	-Dr S Selvaganesh	1.40 pm – 2.00 pm	Late Reconstruction of Injured Hand	-Dr Thushan Beneragama	2.00 pm – 2.20 pm	Dressings for the Injured Hand	-Dr Kavinda Rajapaksha	2.20 pm – 2.40 pm	Local and Regional Anaesthesia for Injured Hand		2.40 pm – 3.00 pm	Hand Therapy	-Dr K Elancheliyapallavan	3.00 pm – 3.30 pm	Case discussion – Moderator	-Ms Kaushalya Gayamali -Dr Praveen Wijesingha	<p style="text-align: center;">Day 2 Sunday 4th October 2020 8.30 am - 12.30 pm</p> <p style="text-align: center;">Hands on session on Tendon Repair Nerve Repair Fracture Fixation Anatomy Wound Debridement Hand Therapy</p> <p style="text-align: center;">(Limited to 30 Participants) Trainees - Rs. 3,000</p> <p style="text-align: center;">At The College of Surgeons of Sri Lanka premises No. 6, Independence Avenue, Colombo 7.</p> <p style="text-align: center;">Online Registration available on www.slsc2020.surgeons.lk</p> <p style="text-align: center;">Course Coordinators- Dr Thushan Beneragama, Dr Kolitha Karunadasa</p>
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Growing A Forest



Dr Gamini Buthpitiya
Senior Consultant Surgeon

Since 1989 I have attempted to forest five hectares of abandoned tea land at Lookandura after nearly 100 years of growing tea, the land was fallow, with hardly a topsoil, of a pH of 4.5. The land had a 30° slope with four seasonal stream beds.

Creating a topsoil with mulch and the initial soil retention work took 4 to 5 years. Starting at the stream beds and gradually extending further, Kumbuk and Sooriya Mara were planted. Overtime endemic and naturalized trees and shrubs were introduced into the rest of the land.

The attrition rate for planted trees was as high as 70% in the first year. This was due to destruction by animals and drought. Wildfires started by humans on the adjacent land, spread in and caused extensive destruction on three occasions. In 2002, a massive landslide starting on the slope above the property went through three acres of the land.

At present there is a thick forest canopy of tall trees around three stream beys which have year-round water flow. Now, the forest floor in these areas is dark. The land in between has sparse tree

cover. There is an abundance of birds and butterflies, hare, porcupine, mouse deer and herd of wild boar. Leopard has been spotted on and off and a sambar once.

There are over sixty species of tall and medium trees and a large number of shrubs and small tree varieties. This contrasts with the monoclonal tea or pine on the adjacent properties. There are no



buildings on the land not even a hut.

Nissanka and Muthubanda and their wives and I did all the work on this project. There was no romanticism about the project, but backbreaking hard work with repeated major setbacks.

The one thing I learnt was patience.

PRE CONGRESS WORKSHOP

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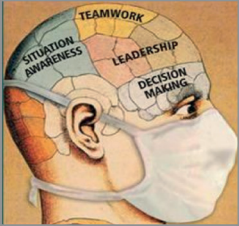


NON TECHNICAL SKILLS FOR SURGEONS

DATE: 15th October 2020
TIME: 2.30pm to 5.30pm
VENUE: College of Surgeons, Sri Lanka

Register online at www.surgeons.lk
Consultants 2,000/-
Trainees 1,000/-

Faculty Team Leader
Dr. Simon Patterson Brown
Conducted by
The Royal College of Surgeons,
Edinburgh



Tel. and Fax: +94 11 269 5080 Email: collsurg@gmail.com

Book Review

Insight to the NHS-UK

By Manjula Peiris



Reviewed by **Anuruddha M Abeygunasekera**,
Consultant Urological Surgeon,
Colombo South Teaching Hospital, Kalubowila
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INSIGHT TO THE NHS-UK

By Manjula Peiris

164 pages;

Price – not mentioned

Author publication; 2016

ISBN 978-955-43328-0-5



Dr Manjula Peiris

Overseas training is a mandatory component for board certification as a specialist in surgery by the Postgraduate Institute of Medicine (PGIM). Most postgraduate trainees in surgery believe MD part II examination is the biggest hurdle in their surgical career. Within few years after passing the part II examination many of them change their minds when they encounter the problems and difficulties of IELTS examination, finding overseas jobs which are accredited by the PGIM Board of Surgery, obtaining visa to the country of training, getting foreign leave approved from the Health Ministry and getting the family organized for foreign travel and living etc. Getting acclimatized to the health delivery system of the foreign country is yet another challenge once they start working overseas. The situation is made worse as there is no designated person or officer to help and advise the trainee on these complex and

unfamiliar issues. Only a few will have access to get advice from someone who has just returned from overseas training but even such advice will be sketchy and easily forgotten. The overseas training manual for postgraduate doctors titled '*Insight to the NHS-UK*' written by Manjula Peiris (MP) fills this void and provides an exceptionally comprehensive guide on best ways to address these problems encountered by surgical trainees who aim to visit UK.

After completion of foreign training and getting board certification most of us pay little attention to guide trainees in waiting to go abroad and share our experience due to lack of interest in helping others. I, myself conveniently forgot that I had to visit the health ministry 21 times to get my foreign leave approved in 1998 before going to UK and never tried to rectify those shortcomings in the system! However, MP has taken the trouble to document lessons he learnt through experience in detail and compile a book for the benefit of those who are awaiting travel to the UK for foreign training. The result is a comprehensive account covering 15 topics starting from the job application process to board certification by the PGIM.

He has covered even topics like visa application, taxation in UK etc which would be very valuable in a practical sense to the trainees. It is written in simple English with clarity. Author has acknowledged that with time, some of the regulations and circumstances would change and I hope MP will keep updating the book to include such changes. It is essential that the College of Surgeons of Sri Lanka and the PGIM should support such future editions as MP has chipped in to share the responsibility of those two institutes.

After reading the book I was surprised that there was no chapter on 'How to pass the IELTS' examination. May be MP is planning to write a separate book on that! I hope this book by MP will persuade trainees who have visited other countries like Australia, Germany and Singapore also to publish their experiences for the benefit of those who plan to have their foreign training in those countries. Alternatively, they can add chapters that are different to UK into this book itself. PGIM should provide every trainee who plans to visit UK with a copy of this valuable book. That will be an encouragement to a young surgeon and a university academic like MP.



Pre Congress Workshop



Ministry of Health

49th Surgical Congress The College of Surgeons of Sri Lanka 2020

In collaboration with the Education, Training and Research Unit,
Ministry of Health

4th ANNUAL MINI CONGRESS ON WOUND CARE



Venue:

College of Surgeons of Sri Lanka Auditorium
No.6, Independence Avenue
Colombo 7

Date:

TBA

Contact details:

TBA

Participants:

Doctors and Nursing officers

NCPD Points: 5

Convenors:

Dr Yasas Abeywickrama
Dr Charith Weerasinghe

AWAIT DETAILS