



SUTURE

NEWSLETTER OF THE COLLEGE OF SURGEONS OF SRI LANKA

"Binding Surgeons Together"

Message from the President.

As the calendar year, as well as my term of office as the president of the College of Surgeons of Sri Lanka nears its end, I express my sincere thanks for all the fellows, members of this college for their contributions and support to the college. Your dedication and altruism in the service to our community and the college has been exemplary. It is on your enthusiasm and support that I have been able to discharge my duties and leadership. It has been a great honour and a true pleasure to serve you.



Many events and news items are depicted in the last issue of the College newsletter, SUTURE. Council elections have taken place. I thank those who took the trouble to vote despite the difficulties of transport and postal delays. I congratulate the elected members. Members appointed by chapters and associations will be named soon.

Due to the restrictions on gatherings, the customary presidential induction will not take place. A suitable event will take place later. The president for 2021 would take office and responsibilities from me on Monday, 4th January 2021. I wish Prof Srinath Chandrasekara and his council of 2021 the absolute best and encourage them to take the College to greater heights.

Dr Jayendra Fernando,
President, College of Surgeons of Sri Lanka.

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THE COLLEGE OF SURGEONS OF SRI LANKA

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



From the Editors Desk



Welcome readers, to the final issue of the Suture for the year 2020. It has been an extraordinary year in which all our plans were completely subsumed by the Covid 19 pandemic. Nevertheless, the College of Surgeons was able to innovate with the times to keep its activities going in spite of the considerable difficulties.

The college successfully concluded its annual scientific sessions in November using for the first time a virtual platform. This issue carries the details. We also carry the second part of Dr Gamini Gunatilleke's reminiscences of his first posting in then rural Polonnaruwa while young surgeons Umesh Jeyarajah and Oshan Basnayake discuss the value of prehabilitation in surgery.

It was decided this year to publish the Suture as an e-news bulletin. Consequently, we have published five issues, the highest so far. In this, the editorial committee wishes to thank the persistence support and guidance of our outgoing President Dr Jayindra Fernando without whom this would not have been possible.

As we sign off 2020, we wish all our readers the compliments of the Season and a wonderful and safe New Year.

Dulantha de Silva, on behalf of the Suture editorial team

Next generation

Suture has now come of age to be the regular companion of surgeons across all ages. We take great pride in handing over a regular visitor to surgeons doorstep to the next generation of creators of suture. The suture that knitted the fabric of college membership is bidding good bye to 2020. This year we saw how remarkable and diverse the membership thinking could be. We believe this would continue to evolve further.

The wonderful leadership by the college president paved the way for the best year in terms of number of issues to be released so far. The creative input from Mr Ajith Jayamanne will be remembered fondly. Dr Dulantha De Silva deserves our appreciation for his job well done. The 'team suture' has set the bar to a new height.

Finally, we thank our readership for constructive criticism, love and support year long to achieve this milestone. Let's suture the jewel of the jubilee to our college's golden crown in the coming year.



Dr Gayan Ekanayake

Secretary
College of Surgeons
Consultant plastic Surgeon
National Hospital, Sri Lanka

Prehabilitation before major surgery: perspectives of surgical trainees



Oshan Basnayake, Umesh Jayarajah
Registrar in Surgery, Postgraduate Institute of Medicine, University of Colombo, Sri Lanka

Major surgery causes significant impact on homeostasis due to the metabolic response. The effects are further aggravated by post-operative complications leading to reduction of the functional capacity of the patient. Older patients who undergo surgery with reduced functional capacity tend to have poorer outcomes. The aim of prehabilitation is to shift the reactive approach to care towards a proactive model. Prehabilitation is a form of multidisciplinary healthcare interventions which aim to enhance an individual's functional capacity to enable him or her to

withstand a forthcoming stressor. Prehabilitation enables patients to build up the physiological reserve to withstand the impact of surgery and its complications. This process enables active participation of patients in their management plan.

The success of the program depends on individualization and regular assessment. Personalization depending on patients' ability leads to improved compliance and reduced adverse events. Regular assessment can provide motivational input and further modification depending

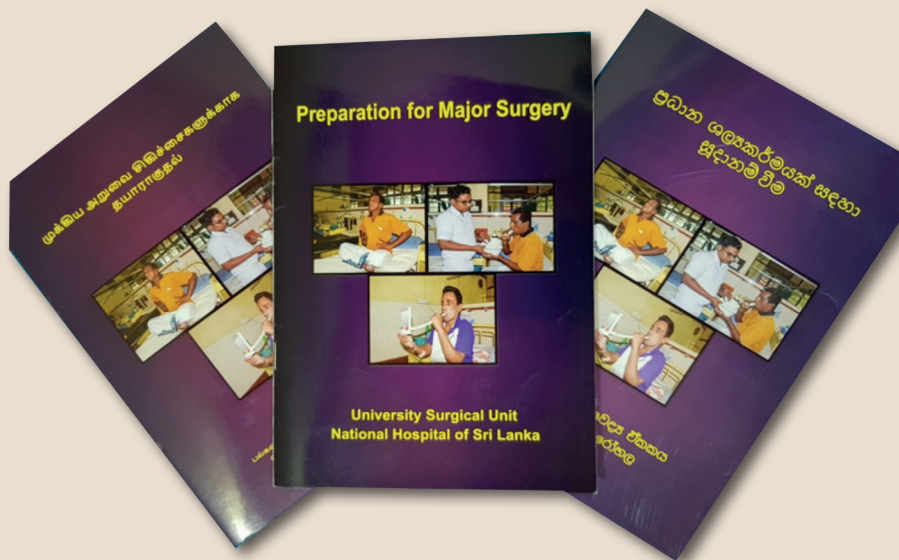
on individual circumstances and progress. The initial hypothesis was tested in animal models and later with randomized control trials. Systematic reviews and meta-analysis have shown reduced pulmonary morbidity and post-operative overall morbidity with no significant difference in length of hospital stay (1, 2).

Our perspective as surgical trainees

We first observed the benefits of such pre-operative preparation with exercise program during internship in the surgical unit. Patients who did daily exercises such as climbing stairs and walking during inward stay in the pre-operative period had a better recovery. During this period, we were unaware of the extent of practicing prehabilitation. We felt many pre-op patients were having reduced level of activity partly by the disease and partly by the psychological impact of the diagnosis and the sick role. Our perception was that the lack of insight of the concept among staff members was another limitation.

After we became surgical trainees, we decide to implement a similar program to bridge the





gap. Initially, we discussed the available evidence with critical analysis with our supervising consultants and got their approval for implementation of the program. We designed and published booklets in all three languages which were easily read and understood by the patients. The book was a guide for preparation for major surgery.

We conducted one to one interview with patients and with a relative where possible to give the specific instructions of prehabilitation with the aid of the booklets. The importance of regular aerobic exercises, respiratory conditioning with

breathing exercises, incentive spirometer, and steam inhalation were highlighted in an initial discussion. Introducing structured exercise program suitable for the Sri Lankan context such as brisk walking and climbing stairs was carried out in patients awaiting major abdominal surgeries. Apart from above, importance of nutrition, general care and psychological wellbeing were also discussed.

Our approach seemed to be accepted by the patients. They comprehended the given information well with the aid of interview and booklet. Regular reviews with follow-up

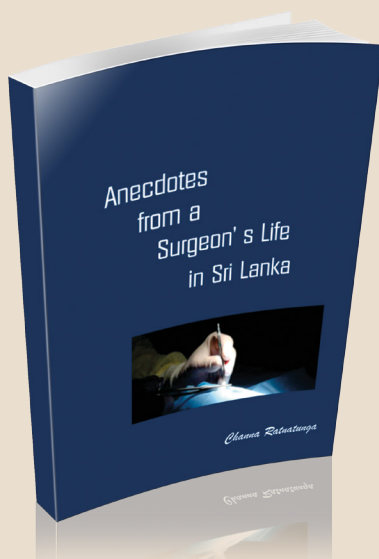
interviews and discussions were helpful. Patients were generally compliant with the program. The program gave them insight that their involvement was imperative towards the success of their treatment.

What we described is our experience as supervised trainees. A formally structured study with ethical clearance and robust record keeping may lead to a formal conclusion on the use of prehabilitation in Sri Lanka.

Acknowledgement: We wish to thank Dr S Sivaganesh, Senior Lecturer and Honorary Consultant Surgeon at Department of Surgery, Faculty of Medicine, University of Colombo for the guidance.

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A Book by Dr Channa Ratnatunga

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Reminiscences of a time in Polonnaruwa as a young surgeon



Lessons and insights from six exciting years in a difficult posting (Part 2)

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

Improving the Operating Theatre: I was informed of a project by the Japan International Cooperation Agency (JICA) to supply equipment to upgrade rural hospitals. I made use of this opportunity and submitted my requirement through the relevant channels to JICA. The officials of JICA made an on-site evaluation and decided to supply the following new equipment – operating table, operating theatre lamp, spot lamps, diathermy machine, anaesthetic machine, sucker machine and also a flexible upper gastrointestinal endoscope. Surprisingly, they also decided to upgrade the Mortuary with Cold Room facilities although I was not sending too many to rest in peace in the cold room of the mortuary.

Getting more beds for the wards and other improvements: The influx of more patients required more beds. Many had to be on the floor. More beds were added to the male ward. An unused building donated by a philanthropist was converted to the female ward with 30 beds and the female ward was converted to a Paediatric ward with 15 beds. At this stage, most of the

requirements in the surgical wards had been met. Many organisations and businessmen in the area came forward to support me in various projects such as painting, improving toilets, supplying mattresses, pillows, bed sheets, tables, cupboards etc.

Surgical problems: the Surgical problems encountered were many and included hernias of various types and sizes, goitres, cancers of various organs, kidney stones, abdominal emergencies, and injuries caused by trap guns, by wild animals such as bear, wild buffalo and elephants, by agricultural machinery, stabs, assaults, burns and, in addition to those caused by road accidents. Half of the workload was related to trauma.

Year 1985 exposure to new problems as war breaks out in the Eastern border of the country - Treating War Victims: a learning experience

As a medical student or as a doctor, I was never taught nor did I study about war injuries, their implications or the principles of their management. We grew up and learnt medicine and surgery

during peaceful times when these were not seen. The initial exposure to these gruesome circumstances was dreadful and horrendous. It was my duty to attend to these casualties as they came into hospital. Suddenly one morning in February 1985, six victims of a landmine blast were brought to the Polonnaruwa Hospital. They were soldiers of the Sinha Regiment of the Sri Lanka Army. Three were dead on admission with mutilated bodies. The others had major injuries. It was my duty to attend to the three who were injured. Following the basic principles of surgery, I knew I had to save life first and then save the limb afterwards. I attended to them to the best of my ability with the basic facilities and staff that were available to me.

This was just the beginning. With time, there was more and more violence and more casualties being admitted to the hospital. We had to be prepared as a team to attend to any number and any type of casualty that was brought in. My staff at the hospital gave me full support. We learnt about Triage, which is the sorting of casualties and their treatment according to the severity of the injury. We also learnt how to

attend to mass casualties. Being the most senior doctor there at that time I was the Triage Officer and I had to decide the priorities of care.

Military Ward in Polonnaruwa Casualty Management at the Base Hospital in Polonnaruwa was going on smoothly. I promoted the idea of establishing a Military ward to the Commander of the Sri Lanka Army. That was accepted and a special ward was built adjoining the main hospital. This was opened in November 1986. An Intensive Care Unit with two beds was also set up mainly for the service personnel injured in the conflict. As the war intensified more and more services personnel injured in conflict were admitted to the hospital. They included Injuries caused by high velocity weapons such as the T56 machine gun, antipersonnel mines, landmines, claymore mines and bomb blasts and other home-made terrorist weapons.

The explosion of bombs caused mutilating injuries and devastation. Many casualties were admitted simultaneously. Some were in a state of shock, others were dead on admission. There were also victims with burns caused by the heat generated by the explosion. These were extensive burns and the patients were admitted in a state of shock, requiring urgent and active resuscitation. Shrapnel incorporated in the explosive device or those from the surrounding areas like pieces of glass, wood, brick, masonry etc, caused penetrating injuries of the body affecting the head, trunk and the limbs; These, too, required urgent surgery. The management

of war injuries at this base hospital was a learning experience. It was a case of learning on the job and educating myself and others in my team about the correct management of these injuries by reading journal articles on war injuries. This no doubt added to my surgical experience which I would not have gathered in any other hospital except in a hospital treating war casualties.

Transformation of hospital Starting from scratch during a period of six years, much development took place in the hospital. The recognition of the hospital by the Sri Lanka Medical Council for training of Interns was a significant change. Only a few patients needed transfer out of the hospital for highly specialised care. An Endoscopy

facility, too, was set up. The setting up of a special military ward and the management of war casualties added extra impetus to this hospital. The presentation of scientific papers, publications and orations from data collected at this hospital brought recognition not only to the Consultants, but to the hospital as well.

Departure from Polonnaruwa After working for over six years, the time had come for me to leave Polonnaruwa. It was heart-breaking to say the least. From Polonnaruwa I was transferred to the Base Hospital, Gampaha and thereafter to Sri Jaywardenepura General Hospital where I served for 21 years before retirement in 2014.

Dr Gamini Goonetilleke, was Senior Consultant Surgeon at the Sri Jaywardenepura General Hospital and Post Graduate Medical Centre when he retired in 2014

This article is based on a lecture delivered to the Postgraduate Surgical trainees at the Trainees day Program held on 3rd March 2020 at the Auditorium of the Karapitiya General Hospital (Teaching) Galle



President and council were appreciative of the hard work done by the office team of Mr S A Dayananda (Administrative manager), Ms Amali Wijesooriya (Assistant manager) and Dr Chathusha Wickramanayaka, during this year of the pandemic.

Dr B G N Rathnasena, Honorary Fellow of CSSL



College of Surgeons of Sri Lanka congratulates Dr B G N Rathnasena on being awarded the honorary fellowship of the college for a long period of service to the college and the community.

Citation:

Bowlane Gedara Nimal Rathnasena, graduated from the university of Peradeniya with his MBBS and the MS (Surgery) in 1991 April. He obtained the Fellowship of the Royal College of England in 1994. He proudly served in provincial hospitals of the country and during his last decade at the MOH was a consultant at the Teaching hospitals of Ragama and finally at NHSL from where he retired.

He was a council member of the CSSL from 2000-2012, serving as its Vice President in 2013,2014 before he prematurely opted out of the higher designations of the college. He was the President of the Association of General Surgeons, 2013- 2016 and the Chairman – Board of Study in General Surgery 2013-2015. He was also the President, Association of Medical Specialists 2015-2017.

He was also the President of the Government Medical officers Association 2005/2006 and held these difficult posts with much integrity and professionalism.

He has been a committed undergraduate and postgraduate teacher. He has been a regular contributor to bedside teaching during surgical appointments of medical students throughout the country. He has trained many surgical registrars and senior registrars and was a highly sought-after PG trainer during his career.

He has published widely on thyroid, hepatobiliary and colorectal disorders, and has encouraged his trainees to do so as well. His scientific work led to him being awarded the Presidential Research Award in 2014 for conducting outstanding medical research in Sri Lanka.

Hepato-Pancreato-Biliary was his special interest. He pioneered

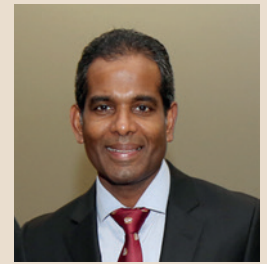
common bile duct laparoscopic exploration in Sri Lanka and this experience was presented at the – International Hepato-Pancreato-Biliary Association and at the College of Surgeons Annual Scientific Sessions in Kandy where it was awarded the prestigious Bartholomeusz award.

He prides himself in having been a provincial surgeon and wishes his honorary fellowship award to be a tribute made to a surgeon who worked in the periphery. He worked tireless and diligently in the provinces, and worked at “tertiary centre level” in these hospitals. For e.g., he performed the first liver resection in Chilaw BH in 2002

He credits Prof Arjuna Aluvihare as the Inspiration for him to take on surgery; and the person who motivated and guided him throughout his surgical career.

Sri Lanka Surgical Congress 2020

The first Virtual Annual Sessions of the College



Prof Ajith Malalasekera
Congress 2020 chairman.

The Sri Lanka Surgical Congress 2020 was a touch and go situation. Initially planned for August 2020 the COVID 19 pandemic ensured that the conduct of the sessions was going to be daunting and challenging unlike any other year. If the first wave necessitated a postponement, the second wave prodded the organisers to evolve rapidly in dealing with the ever-changing restrictions imposed by the government.

Up till 4 weeks prior to the scheduled date of the sessions, the plan was for the sessions to be held on site at Shangri-La with international resource persons joining us via the net. Two weeks prior to the sessions the imposition of strict curfew within the western province made the president of the college make a bold decision to go completely online with the consent and



support of the council. Within a few days, with the support of the event organising team, plans were made at a breath-taking pace to make the switch from an on-site session to an online program. Resource persons were entrusted with arranging recordings of their presentations, while the local presenters and

chairpersons were taken through the process of dealing with the technicalities of the online system.

Many meetings of the organising team and the college office were held in preparation of the sessions. One of the biggest hurdles that required navigation





sessions began with the free paper sessions. The Congress got into rhythm very smoothly, and it was heartening to see many surgeons and trainees flocking to the College office to help and join in the conduct of the academic sessions online.

While strictly adhering to health guidelines, the participants at the college enjoyed themselves thoroughly. The national and international resource panel ensured a very vibrant scientific program ranging through many specialities and also dealing with non technical spheres such as competitive sport and surgery, anatomy of a disaster and the decision making in the quest for Everest. The Royal College of Surgeons of Edinburgh and the SAARC Surgical Care Society joined as collaborators of this meeting. The meeting was adorned with two exceptional orations.

There were many learning points from this meeting. These included the scope for improvements at the College in IT facilities, connectivity within the college premises and the broadband access; slashing of costs by joining internationally renowned experts on an online basis; the valuable role that trainees could and should play in the organising and conduct of the sessions; ensuring online platform for our sponsors. With next year bound to be tainted again with COVID 19 restrictions, the challenges overcome by the college and the experiences gained should be invaluable to the College as we look forward to the dawning of its 50-year Golden jubilee celebrations.

was the funding of the sessions. The college treasurer as well as the president and secretary, and the manager administration

dove headlong into the task and convinced the sponsors to support the college in whatever way during these difficult times.

They adapted the online program and did a marvellous job of giving the sponsors valuable airtime, ensuring that the College was able to conduct the sessions in a financially viable manner.



On the day prior to the commencement of the sessions a “dress rehearsal” was conducted at the college office with the participation off a small group of organising team members. Many drawbacks especially the poor quality of the broadband connection was noted and this led to many remedial measures being taken at the eleventh hour. Come next day morning the



CSSL Congratulates the new dean of faculty of medicine, University of Sri Jayawardenepura, Prof Aloka Pathirana

Senior Professor A. Aloka Pathirana was appointed as the new Dean of the Faculty of Medical Sciences, University of Sri Jayawardenepura with effect from 17th November 2020. He obtained his MBBS degree from Faculty of Medicine, University of Colombo in 1990 and joined the Department of Surgery, Faculty of Medical Sciences at the University of Sri Jayawardenepura as a probationary lecturer in 1996.

He obtained his Masters in Surgery from University of Colombo in 1997 and he has also received his FRSC from Royal College of Surgeons of England, United Kingdom in 1998.

He was appointed as chair professor in July 2020. He was also appointed as Head, Department of Surgery in June 2020 and performed administrative responsibilities till he assumed duties as Dean, Faculty of Medical Sciences.



CSSL Congratulates the new dean of faculty of medicine, University of Moratuwa, Prof Ranil Fernando

Senior Professor of Surgery and head of department, Faculty of Medicine University of Kelaniya. He is a past president of this college and continues to be active organising many programs.

After obtaining the FRCS he came back to Sri Lanka in 1992 and have worked in the Faculties of Medicine Ruhuna and Kelaniya for 26 years. His main interest is Surgical Endocrinology. Medical Education in general and changes in Medical Education in particular are also of interest to him.

He has delivered several orations including the R. A Navaratne oration, R.L Spittel Oration, Henry Rajaratnam Oration, Padmashree S Vittal Oration, Dr M.P.M Cooray oration as well as several Memorial Lectures.

Well Published with a Books and over 50 publications in international and national journals. Awarded a PhD for the Thesis on the Epidemiology

of goitres in Sri Lanka. He is a member of several editorial boards including the World Journal of Endocrine Surgery- the Ceylon Medical Journal and the Journal of Surgery - Open Access.



Professor Ranil Fernando M.S. FRCS FRCS(Eng)FCPS (Pakistan)FASI(India) FCSSL(Sri Lanka) PhD (Col)

The Dr Noel Bartholomeusz Memorial Oration and Fellowship awards ceremony - 12th December 2020



Traditional garlanding of the busts of *Dr Noel Bartholomeusz* and *Mrs Nora Bartholomeusz* was done at the start of the event.

Congratulations to *Dr Bingumal Jayasundara* on his delivery of the *Dr. Bartholomeusz Memorial Oration* which was successfully held at the *College of Surgeons Auditorium*.



Congratulations to the 4 members who were conferred College Fellowships.



Professor Demonge Joseph Anthony
MBBS, MS, FRCS(Edin), Professor & Head in Department of Anatomy, Faculty of Medicine, Colombo
Chairperson in the Board of Study in Basic Medical Sciences, PGIM, Colombo, Consultant Surgeon.



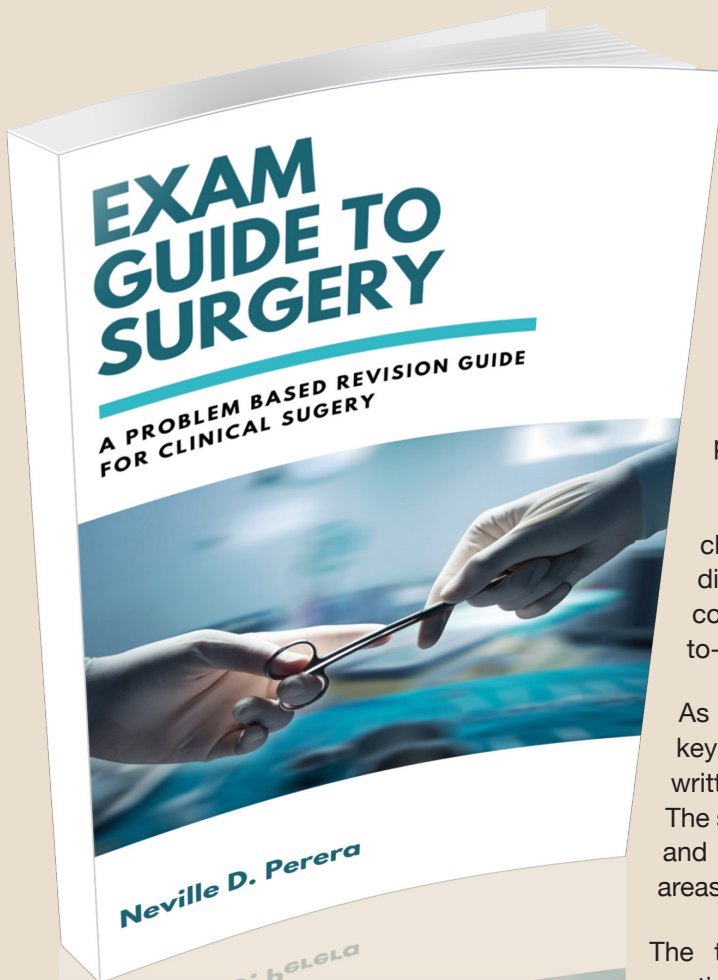
Dr Tennakoon Mudiyansele Dimuthu
Chrishantha Tennakoon
MBBS(SJU), MS(Colombo), Consultant Orthopaedic Surgeon, Lady Ridgeway Hospital



Dr Mohan Udayashantha Dias
MBBS(Peradeniya), MD Surgery(Colombo), Consultant General Surgeon, National Hospital of Sri Lanka, Kandy.



Dr Gankande Kankanamlage Sumith
Priyankara Premarathna
MBBS, MS(Surgery), Consultant General Surgeon, Base Hospital Balapitiya.



Medical students and surgical post graduates (PGs), having gone through a vigorous training in clinical practice, are flooded with a vast amount of factual and practical knowledge over several years and are then tested within a period of a few hours at the final examination.

It is disheartening to encounter candidates with excellent theory knowledge, struggling in the clinical component due to their lack of preparation.

It is a special art to be well prepared for the clinical examinations which focus on the student's diagnostic, analytical and interpretational skills in common clinical scenarios encountered in day-to-day surgical practice.

As problem-based learning (PBL) has become the key feature in all modern curricula, this book is written and arranged in keeping with said format. The subject matter is tabulated to facilitate recalling and revising of important and commonly tested areas in surgery, closer to their final examination.

The targeted users who are preparing for the practical surgery component in MBBS, MD(Surgery), MRCS and Medical council qualifying exam (ERPM) are expected to have a reasonable basic surgical knowledge to gain the maximum benefit of this book, by recapitulating their knowledge during the last lap of their study period and showcase their clinical skills at the examination for an impressive and successful outcome.

Professor Neville D. Perera

MBBS(Col); MS (Col); FRCS (Eng.); FRCS (Edin); Dip. Urol (Lond); FCSSS(Hon)

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