



SUTURE

NEWSLETTER OF THE COLLEGE OF SURGEONS OF SRI LANKA

"Binding Surgeons Together"



THE COLLEGE OF SURGEONS OF SRI LANKA

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President's Message



Dear Colleagues,

This is the second time during this year that I address you through the *Suture* – our newsletter. I present below my thoughts and observations on five aspects of the College activities.

Enthusiasm of the membership in college activities

I am delighted, and am sure you are too, to have experienced the participation of members at the College activities, especially in academic and training activities. This holds true for non-council members too, who have had to travel a long distance to different parts of the country to conduct training sessions. These sessions were for doctors and other health care workers. The enthusiasm shown by the surgeons in the periphery in coordinating the educational activities is encouraging. More than 40 workshops have been held so far, spread throughout the country, due to the dedication of the membership.

Annual Academic Sessions

The 46th Annual Academic Sessions was held successfully as a joint international conference with the Royal College of Surgeons of Edinburgh and the SAARC Surgical Care Society at the Grand Kandyan Hotel,

Kandy. The sessions had an attendance of 103 international delegates and 463 local delegates. Presidents and representatives of Colleges of ten countries decorated the event. The sessions covered a variety of surgical specialties with over 225 research paper presentations, which included 40 international research papers. The Annual Sessions was broadcast live by SLT Peo TV. A parallel Arts & Photography exhibition was also held during the sessions showcasing the talent of over 20 surgeons.

Unity among diversity

With the growing number of surgeons of different fields in the country, more specialty based associations have been established. I believe formation of these associations is desirable for the growth of surgery in the country as more specific academic and service improvement activities could be undertaken by these associations. However, if we forget that we are all surgeons and that we belong to one breed, our strength is likely to be weakened. The College has, therefore, taken active measures to interact more with associations, and as a major step, meetings have been held with the representatives of

associations. The College website will be linked to the sites of other associations or separate pages will be created for them. A common annual calendar of activities of all associations will also be made available in the web. The Annual Academic Sessions could also be used as a platform to give more significance to the activities of the associations. I see many advantages of synchronizing the annual sessions of all the associations with that of the College and held in one venue separately, or with the College.

International links

I represented the college at several international conferences and meetings with over ten National surgical bodies, during which in depth discussions were made on enhancing cooperation between the Colleges. The College of Surgeons of Malaysia has invited our College to be a partner in their annual academic sessions which will be held in May 2018 (11th – 13th). Several of us will be representing Sri Lanka and I invite as many as possible to attend the meeting to be held in Ipoh, Perak.

A team from the College visited The Royal Colleges of Edinburgh, Glasgow and London and had very useful discussions. Several

important decisions were made in relation to training, examination and academic collaboration.

The Association of Minimal Invasive Surgeons of India (AMASI) conducted a high end skills training program in Sri Lanka followed by a fellowship training. Over 25 surgeons of Sri Lanka attended their Annual Sessions in Kochi and were awarded fellowships by the AMASI.

The other countries with which we have had interactions, include, SAARC countries,

ASEAN countries, Australasia and USA. A chapter of our College was established in Australia and one in the UK will be established soon. The Royal College of Surgeons of Edinburgh would facilitate establishing one of its chapters in Sri Lanka.

College Finances

It is desirable to make the financial position of the College more stable. The funds available at its disposal are limited. A major repair/refurbishment of the College premises cannot be executed without scraping the

bottom of the college treasury. Hence, new measures need to be taken to improve our finances.

We can discuss more at the General Meeting scheduled for the 15th of December 2017.

The elections to the council of 2018 is due. I request you to come forward to join Dr Mahanama Gunasekara who has already commenced working.

**MD Lamawansa,
President 2017**

“The Story behind the 2017 College Souvenir: the Scalpel, Forceps and Scissors”

On the cover of this issue of the ‘Suture’ we carry the image of the unique souvenir presented to the delegates at the 2017 Annual Academic Sessions. The story of how this beautiful collector item consisting of scale replicas of an ancient set of surgical instruments used in medieval Sri Lanka came to be designed is an interesting one.

The existence of hospitals in the ancient Sri Lankan civilization is supported by independent textual, epigraphic, and archaeological evidence. Their gradual growth cannot be traced in stages but it is certain that towards the late Anuradhapura period (377 BC – 1017 AD) they had attained a fairly advanced stage. The remains of hospitals at Mihintale, Anuradhapura, Medirigiriya, Dighavapi, Dombegoda and Ritigala can be dated to this era.

The Alahana Pirivena Hospital at Polonnaruwa, Sri Lanka was a part of a large monastic complex founded somewhere between 1153 and 1186 AD. This is the only occasion when the purpose for which the instruments were used – namely a surgical one – could be deduced from the location of the artefacts and not just from their shape.

Three of the best preserved from the numerous excavated instruments are; the Scalpel, Forceps and Scissors, staples even a millennium later in the Matera Chirurgica.

The pioneering excavations at Alahana Pirivena were done by Prof Leelananda Prematilleke of the University of Peradeniya. The surgical instruments discovered therein were first identified and described by Prof Arjuna Aluwihare, Emeritus Professor of Surgery, University of Peradeniya. Dr Sujeewa Thalagaspitiya – another product of Peradeniya and currently Head/Department of Surgery, Rajarata University- is carrying out similar work in relation to the ancient Mihintale Hospital. Thus, with the aim of shedding light on our ancient surgical heritage, The CSSL has created scale replicas of these artefacts for this year’s souvenir - which, in a symbolic gesture of continuity - have been re-cast using age-old techniques by the traditional metal craftsmen of Pilimalawa, Sri Lanka.

Annual Academic Sessions 2017

The 46th Annual Academic Sessions, the most important event of the CSSL calendar, was held with great success in Kandy from 16th to 20th August 2017.

There were a number of pre-congress workshops for doctors, nurses and other health staff leading to the main congress at the Grand Kandyan Hotel, Kandy.

The overseas delegates and the Council were welcomed to the Hill Country with a Kandyan dance show, a tour of a gem and jewelry museum followed by dinner on the 16th by the President at the beautiful Lake Club.

Many eminent speakers from many parts of the world comprised the Faculty, among whom there were a number of Presidents of surgical colleges and associations of SAARC countries, other Asian countries and the RCS Edinburgh.

The theme of this year's programme was "Surgical Care – Optime Maxime", the best for the most. Many lectures, plenaries, symposia and meetings which were well attended by surgeons and surgical trainees were presented highlighting this theme.

The inauguration ceremony was held on the 17th, with an audience exceeding 700 guests and delegates. Prof. Paul Norman, the Chief Guest delivered the congress lecture on Abdominal Aortic Aneurysms. Mr. Janaka Sugathadasa, Secretary of the Ministry of Health also addressed the gathering.

The College Banquet was given at the Earl's Regency Hotel, Kandy on the 18th. Over 400 guests participated in this formal affair.

The main academic sessions concluded on the 19th with the closing ceremony. Post-congress workshops were simultaneously held in Kandy and Colombo on the 20th, marking the end of the full programme.

Some of the pictorial highlights from the Academic Sessions:





Joint Sessions of the Hill Country Clinical Society and College of Surgeons of Sri Lanka

The Annual Academic Sessions of The Hill Country Clinical Society was held at DGH Nuwara Eliya on 4th and 5th May 2017 in collaboration with The College of Surgeons of Sri Lanka. This consisted pre-congress workshops on Trauma held on 2nd of May 2017 at The Faculty of Medicine, University of Peradeniya and on 4th of May 2017 at the District General Hospital Nuwara Eliya. Both of workshops were conducted by

1. Prof. Rene Zellweger (Specialist in trauma surgery and clinical Professor at School of Surgery and Pathology at the University of Western Australia, Consultant trauma and orthopaedic surgeon at Royal Perth Hospital, Perth, Western Australia)
2. Prof Micheal Wren (Specialist in Orthopaedic Trauma Surgery and Associate Professor, School of Surgery at the University of Notre Dame in Perth)

3. Mrs. Katrin Zellweger (Specialist in Physiotherapy and Rehabilitation)

The second workshop on 4th was based on Endocrine disorders and done by Dr.Charles Anthonypillai (Consultant Endocrinologist – TH Kandy) and Dr. Nimasari Ginige (Consultant Paediatric Endocrinologist – TH Peradeniya)

The chief guest of the sessions was Prof. M D Lamawansa, the President of the College of Surgeons of Sri Lanka. The Clinical Sessions on 5th May 2017 consisted of 9 lectures delivered by eminent speakers in their specialties. The workshop and the sessions had 80-100 participants each day and the Hill Country Clinical Society appreciates the support extended by the CSSL to make the event a success.



Honorary Fellowship Awards 2017

1. Dr Ranjan Dias, Immediate Past President College of Surgeons of Sri Lanka
2. Prof Mrs Neelkanthi Ratnatunga, University of Peradeniya
3. Prof Mrs Janakie Hewavisanthie, University of Kelaniya
4. Prof Sujatha Salgado, University of Kelaniya
5. Prof Paul Norman, University of Western Australia
6. General Parinya Thavichaigarn, President, The Royal College of Surgeons of Thailand
7. Dr Siva Misra, President, Association of Surgeons of India
8. Prof David Galloway, President, Royal College of Physicians and Surgeons of Glasgow
9. Prof M Alamgir, President, Society of Surgeons of Bangladesh
10. Prof. Abdul Razaque Shaikh, President Central, Society of Surgeons of Pakistan
11. Dr. Enrico Ragaza, President, Philippine College of Surgeons
12. Dr Tashi Dendup, Senior Representative of the Bhutanese Surgeons
13. Dr Mohamad Solih, Maldives, President of Association of Surgeons

Evolution of Surgery in Western Medicine and its impact on Surgery in Sri Lanka

In the second part of a continuing series on the Surgical History of Sri Lanka, senior surgeon Dr Philip Veerasingam, explores legacy of Dr Samuel Fisk Green on evolution of healthcare on the island

The first batch of medical students to graduate in Ceylon were the pupils of Dr Samuel Fiske Green of the American Mission in Jaffna. The Green hospital in Manipay and the FINS (Friends In Need Society) hospital in Jaffna were the pioneer medical training institutions in Ceylon 1847 - 1873.....

<http://1960medicalbatchcolombo.blogspot.co.ke/2012/12/email-sent-by-drdennis-alloysius.html>



Dr Samuel Fisk Green was born in Green Hills, Worcester, Massachusetts in 1822. To his father William E Green and mother Julia Plimpton, he was the 8th child of 11 children. After his schooling he was attracted to religion. In 1841 he went to New York and took employment at the Protestant Episcopal Board of Missions. During this period he got interested in the medical profession and gave up his employment and joined as a student in medicine. He graduated in 1845. In 1846, he offered himself to serve in American Mission and joined a team of missionaries as a missionary physician to go to Ceylon as an American Medical Missionary.

After a four-month trip from America, he moved to Ceylon via Madras Presidency in British India in 1847. He initially served at the ACM mission at the Batticotta Seminary. Although the locals were

reluctant use his services, eventually with his capability he became well known for his medical skills. As he attracted a lot of patients and it distracted Batticotta seminaries primary task of education, he was moved to another ACM mission station. Dr Green's First Hospital in Manipay, was in 1847, Jaffna, Ceylon.

Dr Samuel Green was a surgical giant of his days and was the first Visiting Surgeon of the Friend-in-Need Society Hospital. When he commenced surgery there was first just a trickle and then a flood of patients. This is well illustrated by quoting from a letter written by him to his brother John in January 1849. To quote,

'...the number on my register today is 2,544 (in 13 months). Many of these are surgical cases, one third of them or more. I have removed cataract several times, operated on strangulated hernias, amputated the arm once, removed several cancers, amputated fingers, toes, and portions of hands several times, treated a good many fractures and several burns, attended some very bad cases of childbirth... Last Monday I removed the left upper jaw and cheek bones for a cancerous fungus in the antrum filling the whole mouth and left nostril...'

Since Dr Green practiced abdominal surgery, it is likely that he brought with him the news about anaesthesia, first demonstrated at Massachusetts General Hospital on October 16th, 1846 by Morton.

At Manipay, in addition to providing medical services to patients who came in search of him, he established the first medical school to teach western medicine to the Tamil people of Jaffna, thus opening, Sri Lanka's first medical hospital and teaching facility that became known as Green memorial hospital. Green Memorial Hospital was managed by the Jaffna Diocese of the Church of South India (JDCSI) the successor organization of ACM. It celebrated the 150th anniversary of the Green Memorial Hospital, and the ACM medical mission, in October 1998.

First batch of medical students. 1850 - 1860



Medical students with Dr Mills.
Class of 1880, Green Memorial Hospital



Translating from English to Tamil

Initially when Dr Green appealed for assistance for the publication of some medical books in Tamil, the colonial government refused aid. But after a decade, the same government doubled its aid and also requested Dr Green to superintend the preparation and printing of Sanitary and Medical action related literature in Cholera times. Dr Green wanted to prepare the trained physicians to stay in their native villages to help the locals instead migrating to find work within the colonial administration.

To his utter dismay Dr Green found that the graduates from his school found lucrative practice outside Jaffna and left for greener pastures even overseas.

To circumvent this trend he started teaching medicine in Tamil. He was handicapped by the absence of Tamil books on western Medicine. Hence he started the massive task of translating English medical books into Tamil. To teach western medicine in Tamil, he had to coin technical terms in Tamil, translate western medical books into Tamil and write medical books in Tamil. This meant the development of medical and scientific Tamil as different from the established literary Tamil. There was also a need to write medical treatises in simple Tamil for the benefit of the common people – the layman.

The medical books he authored and translated are given below.

:-

- Text Books Cutter's Anatomy, Physiology and Hygiene, Second edition.204 pages.
- 1857 Maunsell's Obstetrics.504 pages.
- 1857 Druitt's Surgery.258 pages.
- 1867 Gray's Anatomy.838 pages.

- 1872 Hooper's Physician's Vade Mecum. 917 pages.
- 1872 Well's Chemistry. Daltons Physiology. 590 pages
- 1883 Warring's Pharmacopoeia of India 574 pages.
- 1884 Vocabularies Physiological Vocabulary.134 pages.
- 1872 Vocabulary of Materia, Diseases of Women and Children and Medical Jurisprudence.161 pages.
- 1875. Original treatises
 - A. The Eye 11 pages
 - B. The Ear 11 pages
 - C. The Hand 11 pages
 - D. The Foot 12 pages
 - E. The Skin 16 pages
 - F. The Mouth 12 pages
 - G. The Body 15 pages
 - H. Be Clean 4 pages
 - I. Hints for Cholera Time 20 pages
 - J. Government Tract on Cholera 11 pages
 - K. The Way of Health 4 pages
 - L. Work on the book in Anatomy, Physiology and Hygiene was done during the period 1852 -1854. The printing was carried out locally at Manipay.

Here is an overview of his pioneer undertakings and accomplishments at Manipay during the twenty-five year period 1847 - 1873.

1. He taught western medicine to Tamils in English.
2. He learnt the Tamil language and mastered it.
3. He prepared medical vocabulary in Tamil.
4. He wrote and translated medical books in Tamil.
5. He introduced Tamil as the medium of instruction for western medicine.
6. He guided his students to translate medical books into Tamil.
7. He edited and published medical books, over 4000 pages.
8. He wrote simple treatises in Tamil to educate the layman.

His fame spread to South India. He received orders for 134 copies of Anatomy Physiology and Hygiene from Thirunelvely in South India. The total works printed in Tamil amounts to 4500 pages. He was assisted in this massive task of translating into a language which was not his own, by Dr Danforth who belonged to the first batch of students, and later by Dr J Evarts. Both doctors were Tamils. Dr Danforth later obtained an honorary degree of Doctorate in Medicine of the college of Physicians and surgeons of New York on the recommendation of Dr Green. Dr Danforth succeeded Dr Green as Medical Superintendent.

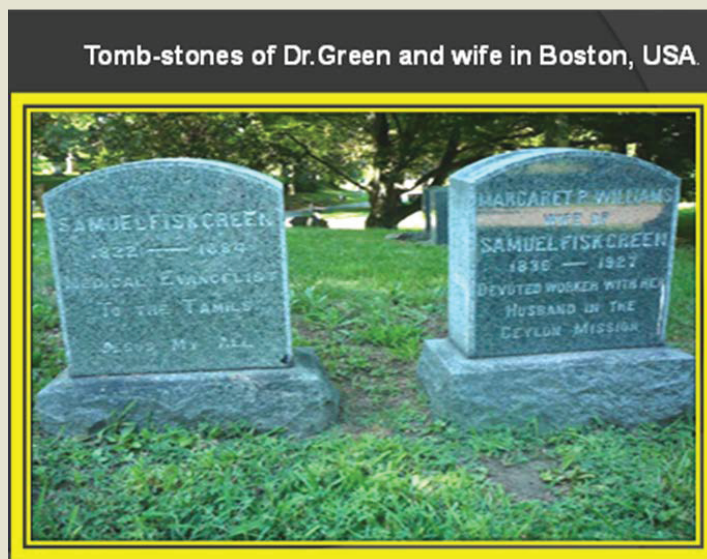
During the latter part of the nineteenth century Cholera, malaria and parangi were causing severe depopulation in the Wann. **Dr James Loos** who was the colonial surgeon for the Northern Province in his report ended thus: “ in connection with the establishment of Hospitals and dispensaries, I cannot refrain from adding a recommendation with the advantages of which I have been long and deeply impressed – the adoption of a plan for medical education in the island itself, for training an efficient class of medical practitioners who will scatter themselves over the country and displace the present class of ignorant quacks. This good work is to a certain extent, being carried out among the Tamils by Dr Green of the American Mission; but I think the benefits of improved medical practice deserves to be extended to other districts of the island and other classes of the community, and this is my opinion can be best accomplished by the establishment of a

medical school in Colombo.” This laid the foundation for the establishment of the medical school in Colombo and the death knell for the Manipay medical school. The Colombo Medical School was opened on the first of June, 1870. On the first of May, 1879, with Government sanction 7 students of the Manipay Medical School were nominated to follow a shortened 2 years course of studies at the School in Colombo. They were exempted from paying an entrance fee. Although these students had been trained in Tamil they had a fair knowledge of English, and probably the students also jumped at the idea of getting an English degree. This resulted in the closure of the Manipay Medical School. Dr Samuel Fisk Green passed away in his home in Massachusetts on the 28th of May 1884, 5 years after the Manipay medical school for which gave his life was closed down. He was so attached to the Tamils of Jaffna that in his last will he stated. Should I ever have a gravestone, let it be Plain and simple and bear the following Inscription viz:

SAMUEL FISK GREEN 5 1822 -1884 Medical Evangelist to the Tamils. Jesus my all

(<http://repo.jfn.ac.lk/med/bitstream/701/636/1/Dr%20Samuel%20Fisk%20Green's.pdf>)

Samuel Fisk Green working as an American Medical Missionary at Manipay, Jaffna, trained as doctors – Danforth, Waithilingam, Hitchcock, Mills, Paul, just to mention a few of the 115 that graduated between 1848 and 1879, from the Hospital at Manipay, Jaffna.



To be continued...

NTMC to the outstations

The National Trauma Management Course conducted by the CSSL was conducted outside Colombo for the first time. The programme was held in Trincomalee in September 2017 by a team headed by Dr. Ranjith Ellawala. The course was well attended by doctors and nurses from DGH Trincomalee, BH Kantale, BH Kinniya

and BH Muttur. There was one delegate from overseas as well.

Prof. MD Lamawansa, the President of the CSSL participated in the function. The local logistics were coordinated by Dr Kamal Jayasuriya, Consultant General Surgeon from DGH Trincomalee.



SRI LANKA JOINS ATLS – THE NEWEST MEMBER

Sri Lanka became the latest country to be certified as a member of the Advanced trauma life support (ATLS) family with the conduct of the first locally managed ATLS provider course held in November 2017. Previously an ATLS provider course was held in May 2017 with resource persons from Australia, Hong Kong and Malaysia which was followed by a ATLS trainer training programme.

ATLS is a training program for medical providers in the management of acute trauma cases, developed by the American College of Surgeons. The program has been adopted worldwide in over 60 countries. Its goal is to teach a simplified and standardized approach to trauma patients. ATLS is now widely accepted as the standard of care for initial assessment and treatment in trauma centres.

ATLS programme was introduced to Sri Lanka by the College of Surgeons of Sri Lanka with funding support from the Ministry of Health with the objective of improving trauma care in Sri Lanka. Further, it provides Sri Lankan postgraduate trainees with the opportunity of obtaining an internationally recognized trauma management certificate prior to embark on overseas training.

Four ATLS provider courses are planned to be held each year with the next course scheduled to be held from 12th to 14th January 2018. So far, the programme has attracted many local and overseas applicants from different specialities including Surgery, Anaesthesiology, Emergency Medicine and Critical Care.

For details of registration and future programmes please visit:

<http://lankasurgeons.org/eng/index.php/education/workshops/225-advanced-trauma-life-support-atls-sri-lanka>

-Dr. Sanjeewa Seneviratne

SKILLS COURSE AND FELLOWSHIP EXAMINATION OF ASSOCIATION OF MINIMAL ACCESS SURGEONS OF INDIA (AMASI)

The inaugural Skills course and Fellowship examination of Association of Minimal Access Surgeons of India (AMASI) was conducted by the Department of surgery, Faculty of Medicine University of Peradeniya, facilitated by The College of Surgeons of Sri Lanka, from 12th to 14th of October 2017.

The **Association** of Minimal Access Surgeons of India was founded by Prof C Palanivelu, known worldwide for his pioneering and excellent work in minimal access surgery (MAS). The skills course and the fellowship examination are too designed with his leadership. Prof Palanivelu has committed immensely to train surgeons in MAS. His book in laparoscopic surgery which is a text and an atlas is an outstanding publication.

As the first step in working towards the fellowship of AMASI; FMAS, a two day live laparoscopic surgical workshop was conducted in Peradeniya in March 2017. The faculty was an expert team of six surgeons led by Prof Palanivelu. Prof MD Lamawansa was the key person from Sri Lanka, as the President of The College of Surgeons of Sri Lanka, to develop this collaboration. Dr Nissanka Jayawardane (President) and Dr Rohan Sirisena (Secretary) of Association of General Surgeons of Sri Lanka helped to organize the workshop.

The follow up two-day skills course was an intensive training program from 8 a.m. to 6 p.m. on two days conducted at the Faculty of

Medicine, University of Peradeniya, Sri Lanka. There were twenty-six video based lecture discussions and four hours of hand skills training. The third day was the fellowship examination consisting of 60 MCQs, 15 video quiz, Viva and hands skills examination. Seven eminent surgeons from different states of India were the resource faculty:

1. Dr Jugindra Sorokhaibam
2. Dr Deborshi Sharma
3. Dr Ishwar Hosamani
4. Dr Kalpesh Jani
5. Dr Laxmana Sastry
6. Dr Deepak Varma
7. Dr Himanshu Yadav

Thirty-eight surgeons registered for the course and fellowship examination.

The fellowships will be awarded at the annual conference of AMASI; AMASICON 2017 to be held in Kochi at Le Meridien Hotel from 26th to 29th of October 2017. Who are conferred with FAMS will be eligible to enjoy academic benefits of AMASI.

AMASICON will feature over 75 live surgery transmissions from three major hospitals, video based discussions and skills courses. The trade stalls will allow purchase of Text books, videos on MAS and laparoscopic instruments. Over 25 surgeons from Sri Lanka have registered for AMASICON.

Basic skills workshop for doctors

A workshop on basic technical skills aimed at surgical MOO and SHOO was conducted by the CSSL via the Kandy Chapter in November 2017. The two-day programme included lectures and discussions on the common skills required by the surgically oriented non-PG trainee doctors, and included a hands-on session on handling instruments, suturing techniques and surgical knot tying etc. Dr. SMM Niyas, Consultant Surgeon at TH Kandy and Dr. Manjula Peiris, Consultant Surgeon at TH Peradeniya coordinated the workshop, oversubscribed by doctors from hospitals around the country. Teaching sessions were conducted by many surgeons from peripheral stations, supported by advanced surgical trainees from Kandy and Peradeniya. Prof. MD Lamawansa delivering the inaugural address explained that this workshop would be the precursor to the surgical SHOO/MOO training that would be made compulsory to all newly appointed post-intern doctors in surgical units from next year. The Ministry of Health will support the programme to be held in each province along with the next post-intern appointment list.

The first successful trans-femoral lower limb transplantation in Sri Lanka

Limb transplantation is a recent addition to the transplant armamentarium. The first-ever lower limb transplantation (LLT) was done in 2006 in Canada, between conjoined (ischiopagus) twins. The second LLT was performed in Spain in 2011, and the third and the fourth were done in Turkey in 2012. The Sri Lankan case is the 5th successful LLT on record, carried out by a team led by Dr. Joel Arudchelvam, consultant vascular and transplant surgeon, Dr. Amila Shashanka Ratnayake, consultant plastic surgeon, and Dr. Nuwan Wijesinghe, consultant orthopaedic surgeon at TH Anuradhapura.

The recipient was a 32 year old male who lost his lower limb at thigh level (AKA) following an accidental vascular injury one year ago. He expressed his willingness to undergo LLT, and a suitable donor, a 52 year old male who had a spontaneous intra-cerebral haemorrhage resulting in brain death, became available in July 2017. The limb length and other characteristics matched, in addition to the usual leucocyte cross matching compatibility.

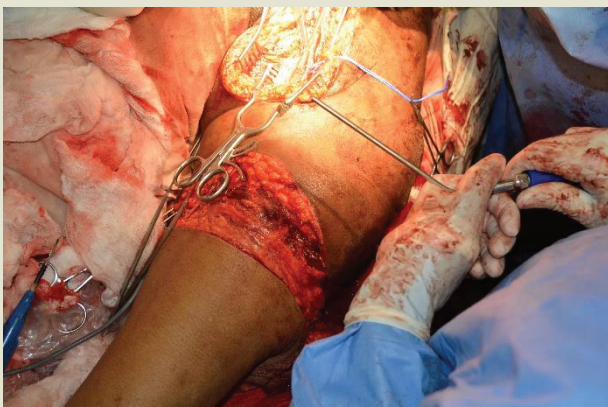
The donor left lower limb was prepared for harvesting. A circumferential incision was made at mid-thigh level along a pre-marked line, determined by the lengths of the recipient's amputation stump and the donor thigh. Major vessels of the limb, including the greater saphenous vein, were dissected up to the level of common iliac vessels. The limb was then cold perfused through the common iliac artery with 40 C Histidine-Tryptophan-Ketoglutarate (HTK) solution. Muscles were divided at the level of incision and the sciatic nerve was mobilized up to the sciatic notch and divided. The femur was divided about an inch inferior to the skin incision.

Recipient's amputation stump, bone, nerve and the vessels were prepared for transplantation. The femurs of the donor limb and the recipient were trimmed at appropriate levels after matching the height and knee joint level. Femoral plating was done with a 10 hole dynamic compression plate. The donor vessels were anastomosed next to the recipients' common femoral vessels at a higher level, in an end-to-side fashion, and the limb was re-perfused to achieve distal pulses immediately. The sciatic nerve was anastomosed next followed by the muscle. The patient was closely monitored post-operatively for reperfusion effects.

On the first post-operative day the limb swelled and the intra-compartmental pressure rose to 28 cmH₂O, necessitating a lateral single incision fasciotomies on the thigh and the leg. Three months after surgery, the patient is gaining knee joint movements and partial weight bearing is done under supervision.

The challenges faced during this procedure were many. This is the first time limb transplantation was attempted in Sri Lanka, Therefore the techniques were not well described and had to be carefully designed. No immunosuppression protocols were readily available for this type of a transplant, and a lot of planning had to be done in this regard. Rehabilitation and psychological support are also not well developed in the country. However, even with these restrictions, the early and intermediate success of the surgical procedure and the patients' satisfaction makes LLT a viable option in willing patients in the future with acceptable risks.

**By Dr. Joel Arudchelvam,
Consultant Vascular and transplant Surgeon
Teaching Hospital Anuradhapura**



Pioneering cardiac transplantation in Sri Lanka

The first ever heart transplantation in Sri Lankan medical history was successfully performed in the cardiothoracic unit of Kandy Teaching Hospital on 7 July 2017. A 37 year old mother of two who was in end-stage cardiac failure received a new lease of life with a donor heart of a young man who was brain dead due to injuries suffered from a motor traffic accident. The cardiac transplant team was led by Dr. Anil Abeywickrama, a cardiac surgeon with a special interest in transplantation, and Drs. Muditha Lansakara and K. Gnanakanthan, the other two cardiac

surgeons from Kandy. They were supported by a large group comprising specialists in anaesthesia, cardiology, microbiology, cardiac electrophysiology etc. and their teams. Professor Stephen C. Clark, Head of cardiac transplantation at the Freeman Hospital, Newcastle Upon Tyne, UK, was flown in for expert advice and supervision of the complex procedure. With the success of the first ever heart transplant in the country the team will be looking forward to establishing cardiac as well as cardio-pulmonary transplantation in the future.



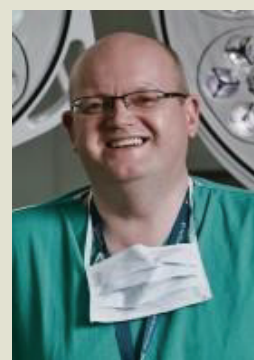
Dr. Anil Abeywickrama



Dr. K Gnanakanthan



Dr. Muditha Lansakara



Prof Stephan Clark

CME Activities for 2017

Date	Theme	Organizer	Venue
February 2017			
23 rd	Improvement of Quality Care, Patient Safety and Communication	Dr Susantha De Silva	TH Kurunegala
23 rd	Breast Reconstruction, Flaps & Sentinel Node Biopsy	Dr Nissanka Jayawardena	BH Wathupitiwala
March 2017			
14 th & 15 th	Laparoscopic GI Surgery Workshop	Dr Janaka Ekanayake	TH Peradeniya
23 rd & 24 th	NTMC	Dr Ranjith Ellawala	CSSL, Colombo
27 th	Laparoscopic Colorectal Surgery	Dr Sujeewa Thalaspitiya	TH Anuradhapura
April 2017			
19 th	Abdominal Emergencies Wound Care	Dr P Jeepara	TH Batticaloa
May 2017			
4 th	Management of Trauma	Dr P A U S Samaraweera	GH Nuwara Eliya
4 th & 5 th	Basic Laparoscopic Skills Workshop	Dr Udaya Samarajeewa	CSSL, Colombo
15 th - 21 st	ATLS	Dr Kirthi Abeyjeewa	CSSL, Colombo

19 th and 20 th	Basic laparoscopic surgical skills and suturing	Prof Nandadeva Samarasekara	Department of Surgery Colombo
24 th	Wound Care	Dr D A N Dunusinghe	PGH Badulla
27 th	Soft Tissue Management	Dr Thushan Beneragama	CSSL, Colombo
June 2017			
3 rd & 4 th	Workshop on Hand Surgery	Dr Kolitha Karunadasa	CSSL, Colombo
16 th & 17 th	Basic Surgical Skills Workshop for SHO	Dr Rezni Cassim	CSSL, Colombo
22 nd	Soft Skills	Dr Sujeewa Thalaspitiya	TH Anuradhapura
30 th	Definitive Trauma Care	Dr Ranjith Ellawala	CSSL, Colombo
July 2017			
1 st	Wound Care Workshop	Dr Yasas Abeywickrama	CSSL, Colombo
10 th & 11 th	NTMC	Dr Ranjith Ellawala	CSSL, Colombo
15 th	Instrument Handling, Sterility and Safety for Theatre Nurses	Dr Jeewantha Ratnayake	TH Peradeniya
19 th	Best Practice & Safety in the Operating Theatre for Nurses	Dr Gayan Ekanayake	TH Kurunegala
29 th	Endoscopic Ultrasound Workshop	Dr Sumudu Kumarage	Browns Hospital Ragama
August 2017			
6 th - 8 th	Hepatobiliary Masterclass	Prof Aloka Pathirana	CSSL, Colombo
12 th & 13 th	Critical Care Workshop	Dr Kirthi Abayajeewa	CSSL, Colombo
12 th	Endoscopy & Laparoscopy for Nurses	Dr C.T Keppetiyagama	TH Kandy
14 th	Stoma Care for Nurses	Dr C.T Keppetiyagama	TH Kandy
15 th	Colorectal Masterclass	Dr Bawantha Gamage	CSSL, Colombo
16 th	Live Laparoscopic Hepatobiliary Workshop	Prof K B Galketiya	TH Peradeniya
16 th	Live Laparoscopic Oesophageal Surgery	Dr C.T Keppetiyagama	TH Kandy
16 th	Hands on Training of Diabetic Foot Disease	Dr Charitha Weerasinghe	TH Kandy
18 th	Hands on Training of Diabetic Foot Disease for Nurses	Dr Charitha Weerasinghe	TH Kandy
20 th	Non-Technical Skills for Surgeons	Dr Manjula Peiris	CSSL, Colombo
September 2017			
9 th	Abdominal Wall Closure Workshop	FOM, Peradeniya	FOM, Peradeniya
11 th	ITCN	Dr Ranjith Ellawala	GH Trincomalee
11 th & 12 th	NTMC	Dr Ranjith Ellawala	GH Trincomalee
18 th - 23 rd	Laparoscopic Surgery Workshop	Dr Kanchana Edirisinghe	TH Kandy
October 2017			
4 th	Diabetic Foot Ulcer Management	Dr K Weerawardana	GH Polonnaruwa
9 th & 10 th	NTMC	Dr Ranjith Ellawala	CSSL, Colombo
19 th	Wound Care Workshop	Dr P Obeysekera	GH Hambanthota
20 th	Wound Care Workshop	Dr Charitha Weerasinghe	BH Embilipitiya
20 th & 21 st	Laser Venous Ablation	Dr Charitha Fernando	TH Kandy
21 st	Communication Skills	Dr Arinda Dharmapala	TH Peradeniya
21 st	Microvascular Surgery	Dr Kavinda Rajapakse	01 - CSSL, Colombo 02 - NHSL
28 th	Skills Training Course for SHO	Dr S M Niyas	Kandy
November 2017			
3 rd - 5 th	ATLS	Dr Kirthi Abeyjeewa	CSSL, Colombo
16 th	Wound Care, Diabetic Foot Care Workshop	Dr M Mallawathanthri	GH Kuliypitiya
	Arterial Surgery Workshop	Prof Mandika Wijeratne	CSSL, Colombo
29 th	Diabetic Foot Care Workshop		DGH Matara
TBC	Skills Training Course for SHO	Dr J Jeyaruban	TH Batticaloa
December 2017			
7 th & 8 th	Basic Laparoscopic Skills Workshop	Dr Udaya Samarajeewa	CSSL, Colombo
7 th & 8 th	Bariatric Surgery	Dr Thejana Wijeratne	CSTH, Kalubowila
13 th	Thyroid Diseases & Wound Care	Dr Roshan Dassanayake	GH Ratnapura

'New practices and waiting times'

Initially, may I dare to congratulate the Sri Lanka Surgical College Council and the Ministry of Health for maintaining dialogue on matters surgical! But this note is the result of three recent 'statements'. First the Lancet Report on Global Health referring to the figures suggesting that of the world population of about 7 Billion, about 5 billion people did not have access to surgical services. The second is the series of very welcome comments in many of the letters circulating amongst members of the Association of the General Surgeons of Sri Lanka about using money provided by the Ministry of Health not just for 'high tech' equipment but also to ensure the spread of basic services across the country with more beds, anaesthetists and theatre facilities- for 'the common man's common surgical problems'. The third was the remarks in the excellent oration dealing with urological procedures for stones delivered at the last college sessions, in which while describing laser and other very modern treatment for renal and ureteric stones the author referred to the reduced hospital stay and perhaps positive impact on waiting times that the modern methods produced. A fourth reminder that came a few days ago was the opposite- at a recent lecture in Kandy when I referred to a lecture I gave in 1995 to the Association of Surgeons in Great Britain referring to the then situation that hospital morbidity and mortality of the treatment of prostatic disease by urological surgeons was better than if general surgeons were involved, the community mortality and morbidity from prostatic disease was less in areas in which at least some of the prostatic operations were done by general surgeons as people waiting for the 'perfect surgeons and equipment' were dying of infections and other issues relating to very long waits with catheters, undiagnosed cancers and so on; in response to a question at the lecture on October 25th the young UK urologist said that although today all prostates were dealt with by urologists the community consequences of waiting were almost as bad as 22 years ago- with catheters in for over a year and associated issues! Interestingly in many of the non-paying wards of the country in which the young urologist worked patients had Liquid crystal TV screens, cubiced beds (not open wards), loads of administrators/ secretaries etc.

I copy here a few notes from the Lancet Global report (to be found at [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(15\)60160-X/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(15)60160-X/fulltext)). First part of the introduction 'The urgent need for surgical care in the world's poorest regions is widely unrecognized. In 2010, an estimated 16.9 million lives (32.9% of all deaths worldwide) were lost from conditions needing surgical care. This figure well surpassed the number of deaths from HIV/AIDS (1.46 million), tuberculosis (1.20 million), and malaria (1.17 million) combined.' Each year, at least 77.2 million disability-adjusted life-years (DALYs) could be averted by

Arjuna Aluwihare (Emeritus Professor of Surgery, University of Peradeniya)

basic, life-saving surgical care. As with so many global health challenges, the burden of untreated surgical conditions falls heaviest on individuals living in low-income and middle-income countries (LMICs). Within LMICs, people with the lowest income, those living in rural areas, and those who are marginalized fare the worst.

Although, on average, one procedure is done per ten people living in high-income countries each year access to an operating room is out of reach for billions of people worldwide. In the absence of surgical care, common, easily treatable illnesses become diseases with high fatality rates. Yet because conditions needing surgical care have diverse causes—including infection, cancer, injury, and disorders relating to reproductive, maternal, and child health—their impact has been poorly captured within present epidemiological frameworks that focus on disease causes, not treatment needs. Death and disability from conditions needing surgical care in LMICs have received little attention. This is not merely unjust; failure to recognize and address the substantial human and economic toll of untreated surgical conditions in LMICs slows progress towards a diverse range of health and development goals.'- and so it goes on with details of GDP and operations per 100000 people and so on- please look it up!

The Ministry of Health Sri Lanka and WHO reports show our status- for example about 10000/100000 were admitted in 2015 with 'surgical' ailments- 4500 after trauma! (more details in the Ministry report) Government health expenditure being 1.66% of the per capita annual GNP of US Dollars 3644, our operation rate in 2012 was at 89USD/capita 2912/100000/year which is quite good and the best in the region by far! The US rate if the income was the same would be much worse indicating higher costs there and the disparities that exist. In the newsletters from the London, Edinburgh and Glasgow Surgical colleges there are regular comments on waiting times, staff issues and surgical delay worsening and such like. (http://www.health.gov.lk/moh_final/english/public/elfinder/files/publications/AHB/2017/AHB%202015.pdf and <http://www.who.int/bulletin/volumes/94/3/15-159293/en/> and for example <https://www.rcsed.ac.uk/news-public-affairs/news/2016/july/fines-for-missing-waiting-time-targets-removed>).

Dare I plead that we will continue to be willing to engage with the Ministry and others concerned even getting involved in financial/ equipment/ staffing etc. administration so that our population's- rich and poor-access to surgical services remains quick and readily available, and up-to-date for abscess, wounds, and all more complex ailments needing cheap or costly equipment and different levels of surgical training.

All members and fellows,

The council has decided to communicate with members ONLY through emails with effect from 1st January 2018, except for those who are above 65 years by January 2018, with whom communication will be continued using conventional mail.

Any member/fellow who would like to receive conventional letters are kindly requested to make a request to the College.

If any member/fellow who are above 65 yrs who would like to use email for communication are kindly requested to inform us (I am sure there are many seniors members who are better at emails than the younger crowd !)

**Prof. MD Lamawansa
President 2017**

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