



SUTURE

NEWSLETTER OF THE COLLEGE OF SURGEONS OF SRI LANKA

"Binding Surgeons Together"



THE COLLEGE OF SURGEONS OF SRI LANKA

No. 6, Independence Avenue, Colombo 7

Tel : 011 2682290/ Email: collsurg@gmail.com / Website : www.lankasurgeons.org

SUTURE Editors : Dulantha De Silva & Asela Senanayake

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College Calendar 2015

Month	Event	Date	Venue
January	Presidential Induction	17 January	CSSL
January	Symposium on Oesophageal Diseases	27 January	CSSL
February	Stoma Care Workshop	3-4 February	DGH, Nuwara Eliya
February	MRCOS OSCE Training Workshop	21 February	CSSL
March	Annual General Meeting	20 March	CSSL
March	Diabetic Foot Workshop		
March	Advanced Laparoscopic Colorectal Workshop		
March	Workshop on Infection Control for Nurses		
April	9th Death Anniversary of Mrs Nora Bartholomeusz	13 April	General Cemetery, Kanatte
April	Regional surgical meeting in Jaffna		Jaffna
May	MRCOS OSCE preparation course	25-26 May	CSSL
May	Hand Surgery Lectures	28 May	CSSL
May	Hand Surgery Workshop	29 - 30 May	CSSL
June	MD Surgery Part II examiners' Lecture		CSSL
June	Hand Surgery	12 - 13 June	CSSL
June	College Walk	28 June	CSSL
August	OSCE Examiner Training Course		CSSL
August	Soft Tissue Management Workshop	15 August	CSSL
August	Annual Academic Sessions	19-22 August	Water's Edge Hotel, Colombo
October	Regional surgical meeting in Galle		Galle
November	Dr. Noel Bartholomeusz's Death Anniversary	25 November	General Cemetery, Kanatte
November	Dr Noel Bartholomeusz Oration		

Cover photograph: A hidden gem from the College Collection

The cover photograph of this issue of the *Suture* depicts a section of the framed photograph entitled "Instruments found in the doctors grave in Colchester" donated to the College of Surgeons of Sri Lanka by Andrew May FRCS in August 2005. These medical instruments are part of an archaeological find excavated from what is thought to be the grave of an Iron-Age British druid in the village of Stanway, near Colchester, Essex. Druids were a kind of learned professional class in medieval Celtic society playing the role of priests, jurists, healers and diviners; A role somewhat akin to a *Gurunnanse* and Veda Rala in ancient Sri Lanka. The collection includes scalpels, sharp and blunt retractors, needles, a probe surgical saw, hooks and forceps. Sri Lanka's own medical heritage is replete with instances of the discovery of similar instruments, most notably at the site of the monastic hospital at the Alahana Pirivena in Polonnaruwa.



Spirit Of Teamwork



33rd PRESIDENTIAL ADDRESS - COLLEGE OF SURGEONS OF SRI LANKA -2015

The Chief Guest – Professor Michael Keighley, Guests of Honour – Professors Arjuna Aluwihare and Channa Ratnasinghe, Professor Mandika Wijeyaratne and the council of 2014, members of my council, friends and relatives.

The legacy I will inherit for this year is steeped in history and tradition and from its humble beginnings in 1971, where Dr. PR Anthonis was our founder President, this College has grown in stature to become a much respected organization in Sri Lanka. Sadly, giants of the likes of PR Anthonis and Noel Bartholomeusz have left us but other giants continue to live on and contribute to this society, and society at large, as it seems to me, until they will breath their last on this earth. Such, ladies and gentleman has been the dedication of these greats, two of who you witness up on stage – both of whom were my teachers at the Peradeniya Medical School. And many others have passed before us, people who were game changers during their time – the likes of Dr. Tony Gabriel and Dr. Lakdasa Dissanayake who popularized oncological surgery, Professor Dayasiri Fernando, who will be remembered for his efforts in the progress of intestinal surgery in this country. Then there are Drs. Yoheswaran, Zoysa and Jayaratne, workhorse health service surgeons, Professor Sheriffdeen – known for his pioneering work in renal

transplantation and vascular surgery in Sri Lanka, and the list is endless. To all those surgeons, too many to mention, who, above all, have worked tirelessly and trained us all to world class standards, Sirs, this talk is dedicated to you. This year we chose to welcome our guests differently from previous years; an orchid was pinned to each of our distinguished male visitors, to remind us of the benevolence of Dr Noel Bartholomeusz and his wife Nora. At a point in history, this was their home, and I am told the outside, where now concrete and cement meets your eye in whichever direction you choose to look in, was once a plethora of colourful orchids in bloom.

Also, I thank the members of the College of Surgeons for placing your trust in me as your 33rd President – a job I will not take lightly, and in return, I pledge to you a year filled with commitment to its fullest. Speaking of trust, ladies and gentleman, we must not forget the reason we are all here this evening, and that is to contribute in whichever way we could, to engage in academic dialogue for the rest of this year and beyond, and ultimately ensure the well being of our patients – this to us surgeons is the reason we have been placed on this earth – and I hasten to apologize to our dear spouses for our failure in communicating this to you when we married you! To the citizens of this world I say “we cannot achieve anything great without trust” and I beg you, my colleagues, to picture the patient who presents at your consultation chamber – you a total

stranger, and the patient, all willing to be examined from head to toe. Often, there will be discussion of aspects of life that your patients will choose to hide from their most trusted – people they’ve known for much longer than you! This is extraordinary and I urge you to keep this in mind at every patient encounter, because for us surgeons, this is not all. Most patients visiting a surgeon will also be prepared to place their lives in our hands, at times, being fully aware of the disastrous consequences that a surgical operation may entail. Surely, in such instances, there has to be a better word than trust. And we must respond, because that is what we are trained to do – lack of time, patient workload, other commitments, too few hours in the day, are all baseless excuses. In the word trust, of the nature I am referring to, it’s not only getting the operation right, it means much more – like walking your patient through the operative procedure, helping to allay fears and anxieties, and at times, placing a comforting hand on a shoulder. This, my friends, is what sets us apart from being the technical robots that we also are. For sure we all know that Sony and da Vinci will put us to shame in a purely technical exercise, and if we choose to lose the super-human touch that we now possess, in the future, I am afraid our patients will place their

trust in robots, not in you and not in me!. In an era where the lives of our trainees are dominated by the face of electronic communication devices, they seriously risk losing the skill of body language and the emotional maturity that a surgeon will need in the face of a very ill patient and the patient's relatives. Thus, I think, senior members of our society need to spend long hours, much more than hours spent teaching juniors how to operate, in entrenching the softer skills that are required of a surgeon – what our patients term “bed-side manner”.

If one cares to read a journal called “future medicine” it will become apparent that the way we teach and practice medicine will be hugely different from the present and most certainly from our past. It is likely that medicine and surgery will be taught on the electronic media and through authorised blogs. We will learn from everyone around us, including our patients, and hence futuristic directors of training programs will have to master the craft of information navigation and to teach our medical students and trainees to sift relevant from irrelevant. Statistical predictions, meta-analyses and multi-centred randomized trials are the order of our current day search for the evidence that lies before us. This has all changed in my time from the days I was a trainee to the present.

In this country, we surgeons are often over-worked. Our health service continues to be based on the colonial model of health service surgeon and teacher by day and private practice surgeon by night. To our corporate colleagues, I have to say, this is our answer to what you term “corporate social responsibility”, and I believe this is the only reason for such a wonderful healthcare service that prevails in Sri Lanka – we may not have Government Hospitals with 5-star service but all the

same, the less fortunate patient gets his deal, assured. Our doctors and surgeons, in this instance, have remained dedicated to their cause and are “nationalists” on par with those members of the armed forces that saw an end to our dreaded civil war. An interesting part of my last two decades in service of this nature has been has been my own individual experiment on the coping and adaptive skills of the human body. In an executive summary of a possible thesis, I would conclude “The harder one pushes this marvelous human form, the more it copes and the more it adapts”. That is, however, until you collapse, like some of my close colleagues who have departed this earth. The next experiment has got to answer the question “When do you stop? For me, it was when my good wife threatened to leave home!

Let's all think a minute about how we could better organize our surgical lives. What if we have nurse navigators who would walk a patient through the preparation for an operation, discuss pain control after operation – after all this is what most patients fear, perhaps even introduce a veteran patient to a prospective patient (hospital managers now call them clients- a term I despise because it implies a “business deal” to what has been known to us doctors as one of the most sacred and trusting emotional exercises). For many years, the Americans have had a category of healthcare workers called Physician Assistants who fulfilled this task, and now the British have Physician Associates. Physician Assistants will enable us to focus on the most critical bits of patient care and what's more, our nurses and past patients, in my experience, have been ever willing to bridge this gap.

It is my belief that this resource has been under-utilized in our part of the world in our quest for the satisfied patient. This ladies and gentleman, is the basis for this year's theme “The Spirit of Teamwork”. My Council and I request each of you, our members, to contribute to our development in the spirit of surgery.

So this year, we will plan to add this new dimension of nurse skills training to our already busy academic calendar – I am aware that nurse teams have worked hand in hand with our plastic surgeons and committed nurses work in spinal rehabilitation and in enterostomal therapy. While encouraging greater para-medical participation in the other specialties, through conducted courses, the College will plan to build generic skills among our nurse colleagues, such that there will be a common thread that could bead any chain!

This year too, we will have on-board the Royal College of Surgeons of Edinburgh, our invaluable academic partners, and the South Asian Association for Regional Co-operation (SAARC) Surgical Society, our co-partners, for which Sri Lanka is the focal point. This year I urge my council to consider courtship of the Royal Australasian College of Surgeons, and I shall tell you why: there are many similarities in our surgical societies – the Australians have the Royal Australasian College (RACS) which spearheads the future direction and planning of that country's surgical policies and General Surgeons Australia (GSA), a satellite organization of the RACS, whose role it is to plan and provide the bulk of surgical training for Australia's needs. I am told that the program is in its infancy but is progressing well. We have a similar organization for general

surgeons – the Association of General Surgeons, Sri Lanka (AGSSL), which seems perfectly poised to fit such a role. In future Sri Lankan surgery, experienced Sri Lankan surgeons outside regional centres will be called upon to deliver a greater deal of surgical training to fulfill the current national policy of increasing the number of surgeons in this country. Greater participation by our general surgeons will be expected in examinations in the surgical sciences to support an increase in the number of medical schools. Furthermore, since Sri Lanka seems a preferred hub for the MRCS and Inter-Collegiate FRCS examinations, the need for a larger pool of trained Sri Lankan examiners will arise. To our members, I say “Our strength must be rooted in our unity, while at the same time, respecting one another’s diverse areas of expertise” This way, we will remain custodians of future Sri Lankan surgery. In this respect, we need to learn from the bitter experiences of our British colleagues who lament their decision to reduce surgical trainee working hours. Quite honestly, to my mind, there is no alternative to the sweat and tears that a trainee is expected to shed in achieving one’s lifetime ambition of becoming a Master Surgeon.

Professors Keighley, Aluwihare and Ratnatunge, If the aim of your generation of surgical teacher was to produce a younger generation with greater skill and stamina, those able to perform surgical operations with admirable outcomes, that is, to perform “bread and butter” surgical procedures without complications and with minimal hospital stay, but to also perform the complex procedures in the patient who would have been previously relegated to the “surgical trash bin”, I say to your Sirs “You have achieved your lifetime goals”. Your

bar, we can only aspire to raise, and this I believe will be achieved with thoughtful pre-operative work-up, superb teamwork, which includes complex surgical operations being made safer by our colleagues in anaesthesia, and new developments such as surgical patient safety checklists. Needless to mention, team based decisions, not single authoritative surgical decisions as in previous times, will require a sea-change in our attitudes, because let’s face it, we surgeons have spent many hours in our lonely world, committed to our practices, patients and trainees, and made successful decisions throughout our lives. The change in surgical thinking is about to change forever and for the better, I believe, only if you the surgeon will choose to hold onto the controls, because, when things go wrong, and your team disperses, you will be left to make that lonely decision, as before! My friends, such is the basis for our theme in 2015 “the Spirit of Teamwork” because we surgeons need to work in teams, and if we can teach others how to adhere as a team when the going gets tough, our patients will benefit. In conclusion, allow me to thank my parents for rooting integrity, the value of honesty at any cost and the values of hard work and dedication. I will always remain grateful to my wife Shahanaz, my CEO, that is, my “Chief Everything Officer” for bringing up our two beautiful children and for not making me feel the guilt during my long hours away from home. Thank you ladies and gentleman and enjoy the rest of the evening.

**Kemal I Deen MD MS FRCS
President College of Surgeons
of Sri Lanka 2015.**

MD (Surgery) Exam Preparatory Courses

MD Part I Course

Commences

May 2015

CSSL, Colombo

MD Part I Course

Commences

September 2015

CSSL, Colombo

MD Part II Course

Commences

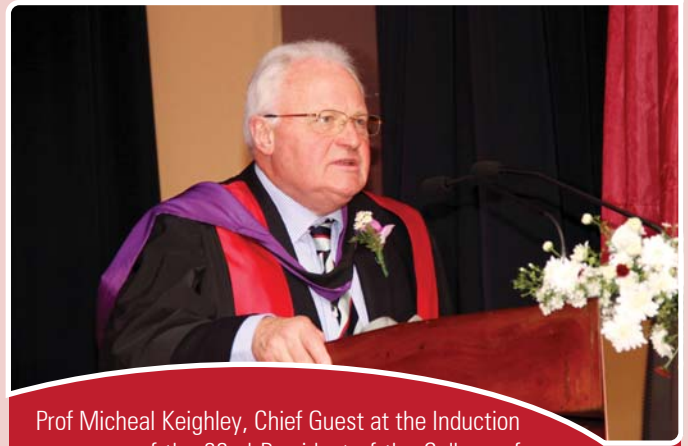
September 2015

CSSL, Colombo

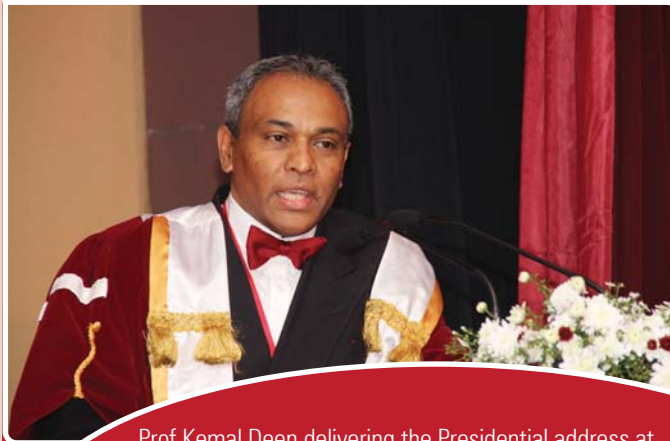
From the College Album



Induction of Prof Kemal Deen as the 33rd President of the College of Surgeons of Sri Lanka by outgoing president Prof Mandika Wijeyaratne



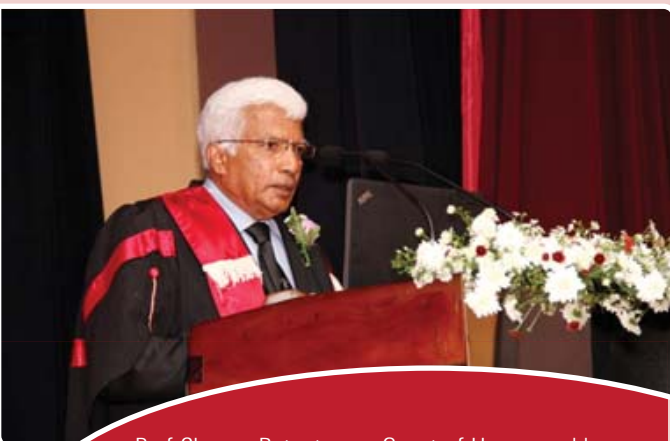
Prof Micheal Keighley, Chief Guest at the Induction ceremony of the 33rd President of the College of Surgeons of Sri Lanka addresses the assembly



Prof Kemal Deen delivering the Presidential address at the 2015 induction.



Prof Arjuna Aluwihare, Guest of Honour lighting the oil lamp at the 2015 induction

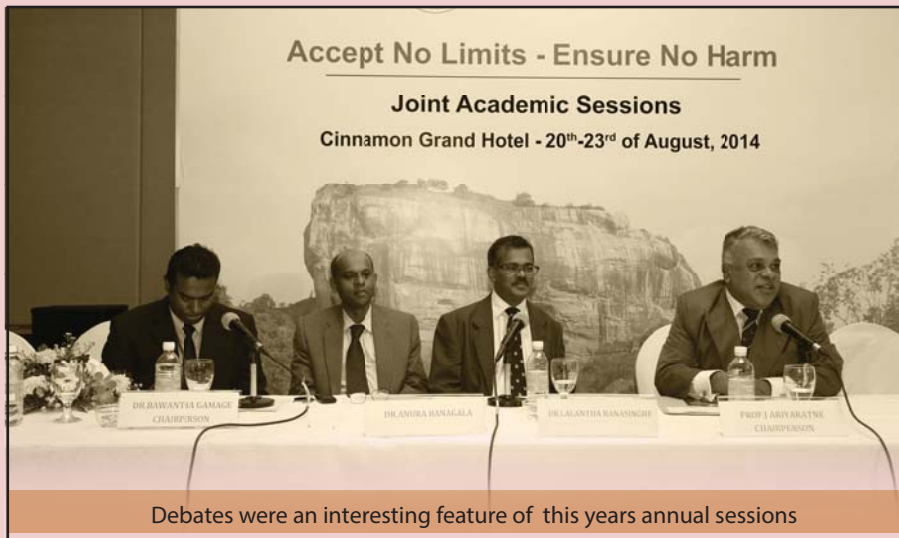


Prof Channa Ratnatunga, Guest of Honour, addresses the gathering at the 2015 induction



Dr Gamini Goonetilleke presenting a valuable collection of books on War Surgery and other fields to the College.

2014: In Retrospect Outgoing President Prof. Mandika Wijeyaratne reviews the year gone by . . .



2014 ended and I am grateful to all those who participated and contributed to college activities making it yet another memorable year. 'Accept no limits-ensure no harm' was the theme for 2014.

The theme seemed to have lent itself to some thought, and was described as provocative and even contradictory by some. I believe the theme achieved its purpose which was to make our members, particularly its juniors and associate members pause, and think. After all we must realize that getting through surgical disease is like having to walk on a high wire, variation in height reflecting the extent of disease and type of pathology. The patients cannot do it themselves. They need help. Our job as surgeons is to walk our patients through, towards symptom relief and good health. This can be quite risky at times, but a necessity. We love the challenge. This is what sets us apart from the rest. Safety is paramount. The safety harness is ours for the benefit of our patients. We need to have the best harness, one that is tried and tested, updated at all times. This is what the college provides us with, i.e. Continuing Medical Education & peer support.

In the year gone by the college continued with an ever increasing CME program. It's SETS programme and college lectures were primarily

aimed at our next generation and continued with vigour.

In March we hosted the Singapore diabetic foot team for a joint meeting which attracted a full house of junior doctors and nurses during the day. Thereafter specialist surgeons got together for an interactive session which was highly commended for its educational value.

In April we were fortunate to have the RCSE basic surgical skills team led by Mr Bill Thomas who contributed immensely by partnering with our faculty to conduct the regular Peradeniya Basic Surgical Skills course for our beginner registrars. We then went over to Anuradhapura to conduct a similar program for the senior house officers in surgery from all parts of the country, particularly the north and east. This was greatly appreciated by a category of surgical staff that actually carries out quite a volume of surgery without any formal training.

In May, we held a joint meeting with Jaffna medical Society. A plane load of surgeons from Colombo went across and it was a great opportunity for all to interact, educate and exchange ideas. The fellowship was also unforgettable. We thank Dr Raviraj and his team for the arrangements.

Bleeding is such a general problem that it challenges all medical specialties. The first national meeting on critical bleeding chaired by Dr Ellawala was a great success. This meeting brought together a vast multidisciplinary group over two days with record number of registrants. We plan to make it a biennial event.

Surgical master classes in advanced laparoscopic bariatric and colorectal surgery were conducted by experts from abroad together with local experts. These sessions were very popular among practicing surgeons who wanted to move on from laparoscopic gallbladders.

The academic highlight was of course the annual academic meeting in August, a joint meeting with the Royal College of Surgeons, Edinburgh. Professor Michael J Gough, former president of the Vascular Society of Great Britain and Mr Ian Ritchie, President, Royal College of Surgeons Edinburgh and Dr Rakesh Verma, President SAARC Surgical Society were in attendance. The meeting lasting three days was well attended with 300 registrants at the main event and another 250 nurses attending a lecture series on organ transplantation at the Surgery Department auditorium Colombo. Reluctantly, we embarked on parallel sessions in order to cover the length and breadth of surgery and this was greatly appreciated. Debates were entertaining and highly educative. At this meeting we initiated the Noel Bartholomeuz prize for the best research paper. The prize session was unique where the top 6 papers from over a 100 submissions were presented in a competitive, charged atmosphere.

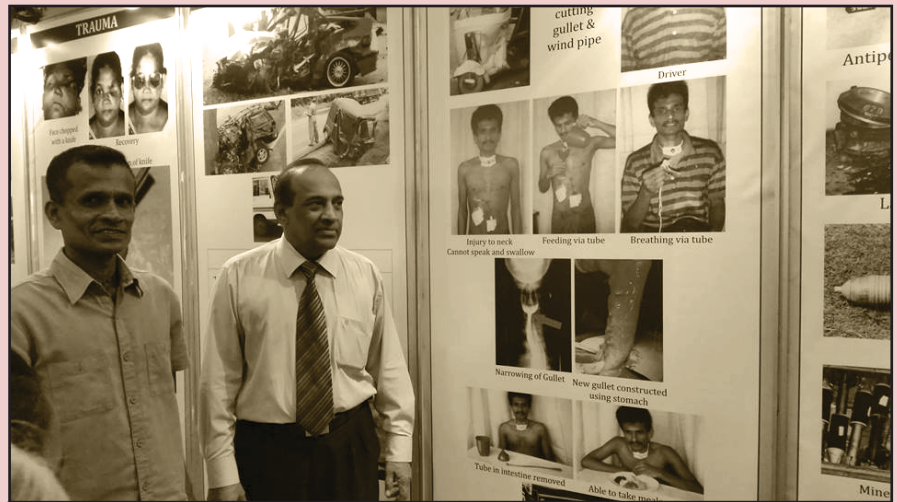
The winner also gets the opportunity to present his work at the annual meeting in Edinburgh this year. I

believe the meeting achieved its goals i.e. knowledge transfer, share experience, network and fellowship at the highest level.

The college continued to host the MRCS Examinations for the English and Edinburgh Colleges throughout the year and the interactions with those visiting examiners was very useful. Furthermore, this year we were most fortunate to be able to host the international intercollegiate Fellowship examination of the Royal Colleges in October. This was only the second such examination and I thank Professor Ranil Fernando for coordinating all the relevant aspects. The experience gained from assisting at this examination was most invaluable.

2014 also saw the return of the Orchid house to our college premises in memory of Dr Noel Bartholomeusz. We were fortunate to have Dr Mrs Navaratnam open the orchid house during the annual sessions.

September saw another unique event at the college premises. On his retirement our past president Dr Gamini Goonetilleke held a surgical photographic exhibition. The general public, particularly the school children who attended the exhibition in large numbers were greatly appreciative of



'A Pictorial Journey of Surgery'- an exhibition of surgical photographs by Dr Gamini Goonetilleke drew interested crowds of school children and the general public.

In 2014 we took steps to go beyond continuing medical education and look at other areas that are important contributors towards quality of our surgical services.

With that in mind the college fully supported the implementation of the WHO surgical safety check list. Its use is still dependent on the interest and insistence of the surgeon in charge and institutions have failed to make it mandatory.

Furthermore we have worked hard on getting audits in to the system, and now the ministry of health has allocated funds for a comprehensive Electronic Medical Record system which is being implemented shortly.

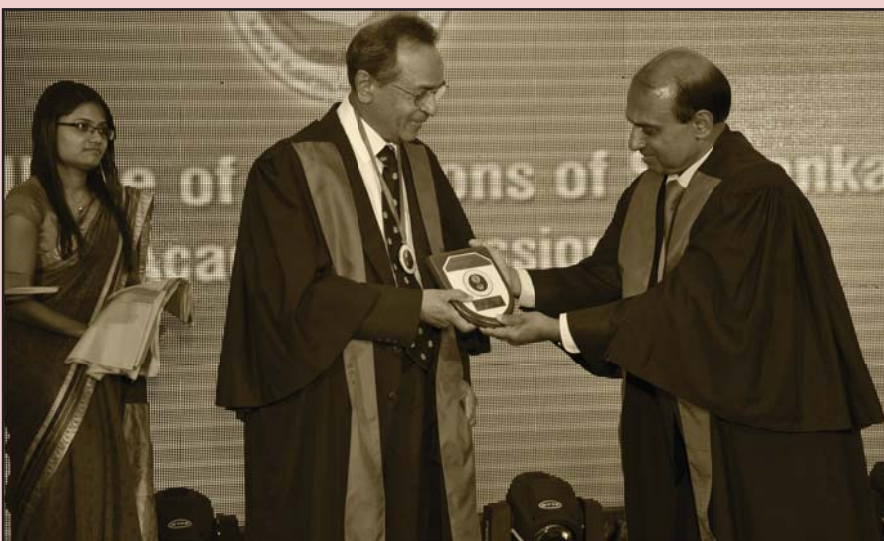
certificate form. The data will enable all surgical deaths to be looked at in a meaningful manner and for necessary improvements to care be instituted.

Progress in such areas are painfully slow, but the longest journey starts with a single step, and I am proud that the first steps have been taken and we will continue the journey. I thank Dr Sridharan from the quality assurance directorate in the MOH for all the support extended and we will continue to work together.

In the sports arena the College of Surgeons retained its unbeaten record in cricket and I hope our new members will join the team and keep up the high standard and enthusiasm.

Finally I must thank all those industry sponsors for working closely with college and supporting all our activities. The College staff has been wonderfully supportive, efficient and enthusiastic throughout and we truly appreciate them.

Let me conclude by wishing our new president, Professor Kemal Deen and his council all the very best in the coming year.



Prof A.H. Sheriffdeen receiving the 'Icon of Surgery' award at the 2014 Annual Sessions.

this unique opportunity to witness surgical pathology and procedures as seen through the eyes of an eminent surgeon.

Further, a surgical death review form was initiated by our college. It has now been developed and is being added on to the current death

Are we surgeons or builders?

Duminda Ariyaratne, Consultant Surgeon

I sit down to write this article exhausted after a laparoscopic cholecystectomy with the rundown laparoscopic set of the Base Hospital where I work. The camera has poor view, the clip applicator wouldn't close tight as the clip size doesn't match and the scissors refuse to cut! Operating theatre lamps are no brighter than moonlight; substandard wall tiles fall apart from the operating room walls- and this list can go on and on.!!

I am sure most of my colleagues reading this introductory paragraph must be telling themselves "so, is this news? This is commonplace in the periphery" Similarly, this would bring back memories to the senior surgeons as to how they themselves had to struggle developing infrastructure facilities of the stations they served in the yester years. This situation has become the accepted norm so much so that whenever a frustrated newly qualified surgeon complains about his predicament of lack of facilities at any surgeons' gathering, senior colleagues would promptly remind him of how this is the case by tradition and hush the poor fellow down!

The tiresome battle of the peripheral surgeon with the hierarchy to obtain material to treat surgical patients is more pitiful now. Few decades back, the armamentarium of instruments needed to perform most surgeries could have been limited. Procuring these, would not have been as difficult as it is today, given that everything came from the line ministry and was also relatively inexpensive. However, acquiring modern-day equipment involves a huge financial commitment for a small provincial health budget.

Minimal access has become the standard of operations of the abdomen and the thorax. Endoscopy is the first line investigations of the GI tract which even the so called A grade Base hospitals are unable to offer their patients. People are now speaking of robotic surgery- while most surgeons in the provincial hospitals are compelled to work with instrument sets of the last century! Couple of months back at the college walk, a senior colleague told me that he was more a builder than a surgeon in his surgical career! In the sense, he had been struggling with the authorities to improve the infrastructure facilities of the stations he worked. Each time the tiring process becomes fruitful he said, time had been up for him to move to the next station!

It has become a vogue to put up surgical units at every corner of the island at a time in which even the developed countries are contemplating centralization of the surgical services. Politicians and administrators believe that it is the duty of the young surgeon to work in these suboptimal units with what he has. Some believe that it is the responsibility of the surgeon to build the unit that he wishes to work in! Unsatisfied junior surgical colleagues, who would probably have just returned from overseas training, sees no way of bringing at least the basic technology to his practice. He only considers himself extremely lucky if he gets the suture material and the instruments to clear the emergency work load. Recently, there had been an appointment of an acting surgeon to a station where there was nothing but the foundation stone laid to build the operating

theatre!!

One might argue that it is the economic situation of a developing country that is to blame. This is not entirely true. It was in news that the Hon. Minister of Health has stated that out of Rs 3 billion meant for developing the service, only one billion has been utilized. The remains are to be returned to the treasury. The question is why we can't pressurize the ministry to put this money to provide basic surgical facilities to the peripheral units. It is only reasonable that general surgical units should be equipped with at least laparoscopic and endoscopic facilities and a workable theatre if the service of a specialist is deemed necessary. Until the existing units are of an acceptable standard, it is futile to open new units in every nook and corner of the country. If we don't insist on acceptable working standards how can we deliver quality service? It is high time that we- the College of Surgeons, take with took proactive role in boosting infrastructure facilities working with the Ministry of Health.

We surgeons are trained to operate and are committed to the clinical and related administrative work. It is becoming more and more difficult to do what previous generations of surgeons have done to equip and construct. Building units is the job of the administrators and ministerial hierarchy. We ought to help them with their work, but let us not waste our time over-burdening ourselves with their work to render them jobless!

EDUCATION AND EXAMINATIONS

Surgical Education & Training Session (SETS)

GI Surgery Workshop
24 January 2015

Cardiothoracic Surgery
21 February 2015

Oncology for Surgeons
14 March 2015

Upper GI Surgery
25 April 2015

Soft Tissue Sarcomas & Skin Malignancies
16 May 2015

Best Practices in Abdominal Wall Closure
6 June 2015

Vascular Anastomosis Hands On Workshop
18 July 2015

Diseases of the Large Bowel
August 2015

Urology
12 September 2015

Paediatric Surgery
10 October 2015

Transplant Surgery
14 November 2015

Critical Care for Surgeons
12 December 2015

Skills Training Courses

National Trauma Management Course
12-13 March 2015
May 2015
September 2015
November 2015

Hands on Laparoscopic Training (HOLT) Course
August 2015
October 2015
December 2015

Examinations

MRCS Part A
7 January 2015
CSSL, Colombo

MRCS Part A
21 April 2015
CSSL, Colombo

MRCS Part A
8 September 2015
CSSL, Colombo

MRCS Part B (RCS England)
5-7 June 2015
National Hospital of Sri Lanka

MRCS Part B (RCS England)
November 2015
National Hospital of Sri Lanka

Stoma care workshop in Nuwara Eliya

A three day stoma care work shop organized by the Hill Country Clinical Society in collaboration with the Stoma Care Association of Sri Lanka (SCASL) was held during the first week of February 2015 at the General Hospital, Nuwara Eliya. Both medical and nursing staff from hospitals in the district attended the programme. The workshop was initiated by the two consultant surgeons from Nuwara Eliya, Duminda Gunewardena and Percy Dias.

The programme consisted of nine sessions with a series of lectures and live demonstrations . A number of college members attended the programme as resource persons including the College President who was present to extend his support for this outreach programme. Specialist stoma care nurses from the Sri Lanka Association of Enterostomal Therapists coordinated the event. The event tied up with the island-wide initiative of the SCASL to provide training in stoma care to nurses and develop a professional network to improve patient care especially in the outstations.

College president Prof. Kemal Deen, in his address stressed the importance of 'team work' in patient management, which is also the college theme for 2015, and the value of trained support staff in this

regard. The participants and the faculty had a memorable experience owing to the hospitality of the hosts, coupled with the welcoming weather and the scenic beauty of the region.

Pramodh Chandrasinghe





NATIONAL TRAUMA MANAGEMENT COURSE MARCH 2015



IATSIC

Organized by The College of Surgeons of Sri Lanka

- ◆ A two day course on initial management of trauma
- ◆ Developed by **International Association for Trauma Surgery and Intensive Care (IATSIC)**
- ◆ Useful for surgeons, anesthetists and all doctors
- ◆ **Compulsory for surgical post-graduates** Pre- interns are eligible to apply

Course format

- ◆ Lectures
- ◆ Skills
- ◆ Injury simulations-case scenarios
- ◆ Discussions
- ◆ Post course assessment

Faculty

Dr.Ranjith Ellawala (Director)
Dr.Narendra Pinto
Dr.Lalantha Ranasinghe
Dr.Mahanama Gunasekara
Dr.P Udapamunuwa
Dr.Jagathi Perera
Prof.Aloka Pathirana
Dr.Kirithi Abayajeewa
Dr.Maithrajee Premaratne
Dr.Bawantha Dilshan Gamage

Dr.H L Duminda Ariyaratna
Dr.Thamasi R Makuloluwa
Dr. B N S Jayawardhana
Dr. Sameera Janaka Jayasinghe
Dr. Renuka Mahanama
Dr..A H M Gamini B Abayasinghe
Dr.Haritha Mahesh Dharmakeerthi
Dr.Sujeewa Priyantha Bandara Thalaspitiya
Dr. Nilmini Wijesooriya
Dr.Prasanga Palihawadana

Date - 12th and 13th March 2015

**Venue — The College of Surgeons of Sri Lanka, Noel & Nora Bartholomeusz
Foundation, No. 06, Independence Avenue, Colombo 07**

For further details

Contact -College of Surgeons of Sri Lanka, Tel—011 2682290/2695080
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- ◆ Course fee: Medical officers- Rs 5000.00 Consultants - Rs 6000.00
- Closing Date—06th of March**

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Dr. Rohan Siriwardana
Secretary, College of Surgeons of Sri Lanka

Symposium on Oesophageal Disease

Sri Lankan surgeons and trainees had the rare opportunity of interacting with three world experts in oesophageal disease management at the recent symposium held at the College of Surgeons auditorium on the 26th of January 2015. In attendance were three distinguished Professors from the Keck School of Medicine, University of Southern California, Tom R DeMeester, William Dengler and Parakrama Chandrasoma.

Professor DeMeester, an acknowledged world authority in oesophageal cancer surgery and the pioneer of oesophageal pH monitoring in reflux oesophagitis traced the history of surgical management for oesophageal cancer from its traditional origins to the latest innovations in management in his lecture "Management of Oesophageal Cancer in 2015".

Sri Lankan-born Prof. Parakrama Chandrasoma, internationally famous for his textbooks on pathology, outlined the pathological manifestations of GORD and Barrett's oesophagus, one of his key areas of expertise.

This was followed by a panel discussion on the management of gastro-oesophageal reflux disease involving the three distinguished overseas visitors, moderated by Prof Ishan de Zoysa, Dilani Lokuhetty and Bawantha Gamage.



Prof Tom DeMeester



Prof Para Chandrasoma



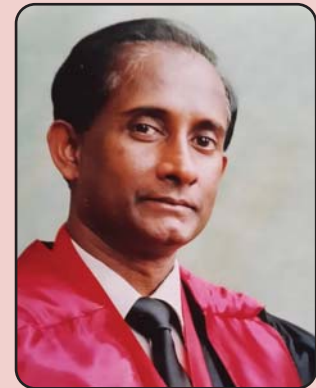
Dr William Dengler



Prof Mohan De Silva appointed UGC Chairman

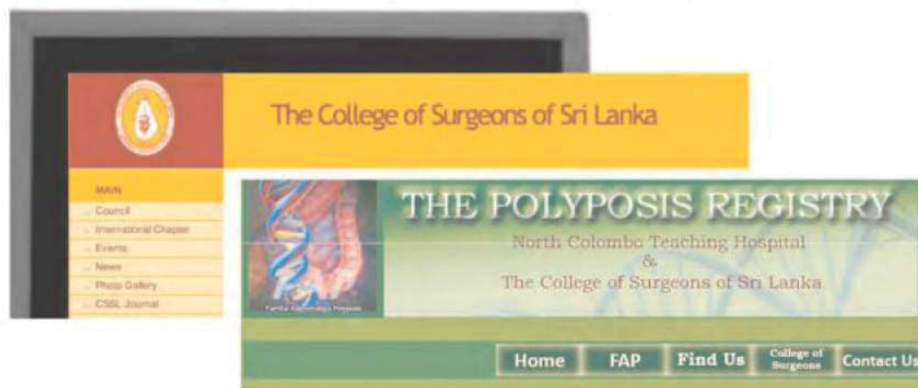
Former President of the College of Surgeons and Professor of Surgery at the University of Sri Jayewardenepura Prof. Mohan de Silva has been appointed as Chairman of the University Grants Commission.

The Suture congratulates Prof de Silva on this well-merited appointment, and wishes him every success as he takes up his new role in a challenging era for Sri Lankan higher education.



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