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SUTURE

NEWSLETTER OF THE COLLEGE OF SURGEONS OF SRI LANKA

"Binding Surgeons Together"

THE COLLEGE OF SURGEONS OF SRI LANKA

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Compiled By: Dr. Shehan Dyonisius

From the Editors Desk

Following a successful 2018, the College of Surgeons of Sri Lanka is ready to embark on striding towards the theme for the year 2019 “Access to Acceptable Care for All….. and Beyond”. Under the leadership of Dr. Nissanka Jayawardhana, the College of Surgeons of Sri Lanka already finds itself in the 2nd Quarter of the year. 2019 so far has been a very active and busy year at the College of Surgeons. 5 months into the year and the college has already conducted NTMC, ATLS & ERPM courses. In addition, there have been numerous guest lectures, workshops, SETS, and Symposia.

The flagship event of the College, the Annual Sri Lanka Surgical Congress, will be held from the 22nd-24th of August 2019 in the scenic city of Galle. We invite all of our members to join in making this event a success.

Dr. Shehan Dyonisius

President's Talk

at biennial congress of Global Initiative for Essential and Emergency Surgical Care

6-11 May 2019, Thailand

Dear distinguished guests, colleagues, ladies and gentlemen,

In spite of the many ambiguities we Sri Lankans face today and many uncertainties hanging in the air, we still consider ourselves lucky to be born in Sri Lanka and to live among many who love and cherish us and look up to us. The freedom of work, diversity of cases, friendly staff and grateful patients have made our work enjoyable as surgeons. I believe qualified, dedicated, skilled, experienced and knowledgeable teams along with the high literacy rate among the patients are responsible for the excellent health indices Sri Lanka is enjoying despite low budgetary allocations.

As you know the WHO concept of Universal Health Coverage (UHC) introduced in 2010, is defined as access to health services without a financial burden. Access to health encompasses physical accessibility, financial affordability, and socio-cultural acceptability which are essential in the delivery of equitable health care.

Sri Lanka being a country with free health and good health indices, accessibility to acceptable care is not far-fetched for us in comparison with other low and middle-income countries of the region. However, with a little effort and ingenuity, we can and must aim to reach beyond; towards excellence of care.

The government hospital system of Sri Lanka is well integrated. It consists of small peripheral units in the extreme periphery to the 3280 bedded National Hospital of Sri Lanka, in the capital, Colombo.

Specialised surgical care begins at the District Base Hospital level in Sri Lanka. We have 27 grade A District Base Hospitals, 19 District General Hospitals, Three Provincial Hospitals and 12 Teaching Hospitals with specialist care. There are also specialty hospitals for Cancer and Respiratory Diseases, where specialist surgical units are available. Vertical transfers and referrals of patients occur freely in this system. All of those units are manned by surgeons who are board-certified by the Postgraduate Institute of Medicine, the University of Colombo following six years of postgraduate training which includes a two-year training in a developed country such as UK or Australia. The uniformity of practice and high skill levels of surgeons are an advantage to us. The private hospitals are autonomous to a large degree, with a considerable variation in the standard of care, from very sophisticated to basics only.

The physical accessibility not only denotes the access to a surgeon, but also the availability of the necessary equipment, human resources and infrastructure needed for him to function effectively.

Appointing well-trained surgeons to stations, with unacceptable facilities would blunt their skills, make them frustrated, and lead them to leave the system. Sri Lanka is relatively a small country with motorable roads, a sound ambulance system and low-cost public transportation. We should concentrate on expanding the existing surgical units and fortifying them with the necessary infrastructure to serve the population effectively rather than haphazardly opening ill-equipped units without a master plan.

It is also possible to have a more efficient and cost-effective use of human resources, and equipment, by developing well-designed hospital clusters in the same geographical vicinity to share them.

I am happy that the Ministry of Health is seeking the College of Surgeons advice in making their decisions; such as surgeons cadre, required minimum necessary facilities, and quality assurance of surgical equipment and medicines. College opinions have maximum transparency and are given by panels of experienced and learned members with no vested interests.

The ministry of health commenced a free pre-hospital ambulance service; a large project, with the help of the Indian Government which began in two of the nine provinces, Western and Southern in 2016, and now has extended to the Northern Province. This service which has revolutionalised the pre-hospital care and outcomes of all medical, surgical and obstetric emergencies will be gradually offered to the entire country.

Sri Lanka has got an entirely free public health with a cost share of 56% and the rest consisting of private health expenditure mainly out-of-pocket payments.

Our health expenditure is bound to increase in the future due to several reasons.

Firstly,

Rising income levels associated with the transition to middle-income status, with a greater expectation of more expensive treatment and higher service quality. Secondly,

meeting the health needs of the increasing ageing population

Thirdly,

the increase in non-communicable diseases (NCDs), related to an epidemiological transition.

I think providing an entirely free, tax-based state-run health service is too much to bear for a low middle-income country such as ours. As much as we make health affordable and easily accessible, we need to cultivate an attitude among the patients to value the service they are rendered. I have witnessed some patients throwing the medicines away given to them free of charge from government hospitals, while some insist on admission without an indication. We could always provide a better quality of care if we move to affordable, but a cost-sharing system, involving health insurance which would make the patient appreciate the value of the service he/she gets.

While on the topic of Affordability, one cannot forget the part of the National Medicines Regulatory Authority which has done a commendable job to significantly reduce the prices of some commonly prescribed medicines, cardiac stents and cataract lenses. I was privileged to witness, my colleagues in the board of the NMRA, carrying out an uphill task of regulation of one of the most challenging commodities of the world with much transparency and fairness.

The allopathic system of medicine, English language, attitudes and behaviour of a western doctor, alienate us from the rural community. As a surgeon who has worked in rural areas for most of my career, I have realised the value of merging and working with the local community, religious and political leaders, which not only would make the working environment pleasant but also would muster the support and acceptance in the activities and programs of patient care.

Methods of breaking bad news, handling bereavement, and other social interactions should be localised for acceptance and should not be from the west. We have close-knit families with generally strong family ties, which can be used in seamless care – the safe transition from hospital to home. However, there are instances that patients need more rehabilitation before being released to the home environment especially in situations such as spinal injury. The half-way home built in Awissawella, by the Sri Lanka Spinal Cord Network, is one such example. This project was fully supported by the religious, social and political segments of the area alike and is an excellent example for socio-cultural acceptance.

With the increasing longevity, and advancing science and technology, we would be facing a different set of problems, mainly related to non-communicable diseases: cardiovascular, neurological, renal, malignant, degenerative and endocrine, including Diabetes Mellitus. These facts would have to be considered in designing the policies of surgical training, infrastructure and human resource development. The policies should be patient-centric, placing the common interest above the individual. Need for mature, unselfish, far-sighted and progressive, approach of all the stakeholders, such as trade unions, academic bodies, bureaucrats and politicians, cannot be over-emphasised for us to move forward in health care.

Out of all disease entities, diabetes mellitus causes the second highest loss of Disability Adjusted Life Years (DALYs), with the most significant increase of 35% during the past ten years. Surgeons are involved in the management of many facets of this multisystem disease including the diabetic foot. We are happy to contribute in a significant manner to the programs organised by the Sri Lanka Diabetes and Cardiovascular Initiative, with the patronage of the Ministry of Health, Sri Lanka College of Endocrinologists, Sri Lanka Medical Association and D- Foot International Organization.

Another area that needs to be addressed urgently in Sri Lanka is trauma, especially which involves RTA where we lose a life every 4-6hours; the tenth cause of the loss of DALYs, which is associated with a severe socio-economic impact.

With emerging global terrorism, we should be well prepared for Mass Casualty Incidents. At this point, I must mention the commendable manner our health personal acted both in public as well as in the private sector following the recent unfortunate and brutal incidents, which minimised the preventable deaths and life-changing disabilities of the victims. The Colombo Accident Service, the most prominent trauma unit should take the lead in developing an efficient trauma care network in the country with proper disaster preparedness.

College of Surgeons of Sri Lanka also runs few trauma courses including the popular ATLS.

Clinical governance has become a familiar and essential component of modern patient care all over the world. Education and training, clinical audit, clinical effectiveness, research and development, openness, risk management and information management being the main components of clinical governance. The aim of this would be to shift the responsibility of policy development, improvement and maintenance of adequate patient care; from individual healthcare professional to a group; consisting of health professionals, health administrators, patients, social groups, and other stakeholders.

The Health Ministry has promoted and promised to enforce the use of WHO-recommended Operating Theatre Check List in all government hospitals, which is welcomed by the Colleges of Surgeons and the Anesthesiologists of Sri Lanka. Proper patient management protocols such as early warning scores and multi-disciplinary team approach should be encouraged for good clinical governance.

We should also encourage the use of current surgical techniques such as minimal access surgery. The College of Surgeons of Sri Lanka runs many laparoscopy courses for surgical trainees, as well as for surgeons regularly.

Simulation-based training will allow us to gain new skills, and to consolidate and improve the existing ones without risk to the patients. Well-equipped modern training centers are a necessity in Sri Lanka.

Risk management with good incident reporting should be facilitated to identify the adverse events to determine the policies needed for better healthcare.

Bed management is another area we have to improve on. As we have consultant-dedicated bed space system, we would need a significant shift of mindset to implement good bed management practices.

The information technology, artificial Intelligence and automation, should be used in many aspects of health care such as data storage, retrieval, and transfer to good effect and many other areas such as research, innovations, bed management and distribution of medicines to achieve excellence in cost-effective, sustainable and affordable patient care.

Ethical practice is essential to achieve excellence in healthcare. It generally involves demonstrating respect for, vital moral principles that include autonomy, justice, beneficence, and non-maleficence, which give empowerment to the patient. Closer to our own culture, Sathara Sangraha Wattu or four elements of excellent service, described by the Buddha more than 2500 years ago, which are Dana, Piya Wachana, Artha Charya and Samanathmatha or in English, generosity, politeness, beneficence and equity describe the basic principles of medical ethics.

Trainees closely and carefully observe their trainers considering them as role-models and mentors. Therefore, it is our duty not only to engage in sound ethical practice but also to talk about it, often

showing the way.

We also need to be aware of the particular areas of modern ethical dilemmas we may be exposed to as surgeons, associated with human organ and tissue transplantation, good governance in medicines, increasing ageing population and research.

Better training given by dedicated and knowledgeable trainers, the advanced, up-to-date knowledge, technology and skills; more easily acquired with the internet access and other modern amenities, present-day trainees have a better chance of attaining a higher level of skills and knowledge quickly. However, clinical decisions based on experience tend to be more practical and accurate in seniors with adept judgement. We should promote the intermingling of these qualities for better patient care. The seniors should be encouraged to acquire new skills and knowledge while the young should be given every opportunity to improve their skills, knowledge and experience with functional inter-relationships. We should encourage active participation of the younger generation and seriously consider their views in policy making and future projects.

Ladies and gentlemen, the science and the art of surgery is expanding rapidly. Fast emerging new knowledge, technology and skills make it extremely difficult, for one individual to keep track of it all. On the other hand, the patients are more up to date as they have easy access to facts through the internet and other sources and are becoming more demanding. These facts would make old fashioned; 'head to toe' surgeon not only unrealistic but also dangerous. Increased inter-specialty corporation and special-interest training are most important to overcome this problem. With that happy note of unity and corporation, I will end my talk.

Dr. Nissanka Jayawardhana
President
The College of Surgeons of Sri Lanka

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Presidential Induction 2019

Dr. Nissanka Jayawardhana was ceremoniously inducted as the 37th President of the College of Surgeons of Sri Lanka on the 5th of January 2019 at the CSSL Auditorium. Dr. Jayawardhana serves as a Consultant General Surgeon at the National Hospital of Sri Lanka.

Handing over of Presidency

The Chief Guest of the occasion was Prof. Kemal I Deen. The two Guests of Honour were Prof. Asita De Silva and Dr. Panduka Karunanayake. In addition, the occasion was graced by the Council and members of the College and Dr. Jayawardhana's teachers, colleagues and relatives.


President, Vice President, Chief Guest and the Guests of Honor

The theme for the year 2019 "Access to Acceptable Care for All .... and Beyond" was elaborated in the Presidential address by Dr. Nissanka Jayawardhana.

Dr. Mahanama Gunasakera the outgoing president, Prof. Kemal I Deen, Prof. Asita De Silva and Dr. Panduka Karunanayake spoke at the ceremony. The vote of thanks was delivered by Dr. Amila Jayasekara, secretary of the CSSL.

Chief Guest—Prof. Kemal I Deen delivering his speech

The Easter Sunday Attacks

The 21st Of April will forever be etched in Sri Lanka's history as one of its darkest days. Eight suicide bombings by a radical terrorist group, targeting places of worship and hotels in the areas of Negombo, Colombo and Batticaloa saw the abrupt end of 253 innocent lives. With more than 500 civilians injured at the time of the explosions, hospitals were inundated with men, women and children who sustained varying severity of injuries. This sudden influx of patients saw hospitals overburdened.

Despite the darkness, the light of humanity, fellowship and compassion shined through. These are some of the experiences of doctors at the most affected hospitals. It conveys the importance of mass casualty rehearsals, the importance of regular trauma workshops like ATLS and NTMC. Most importantly ,these experiences reflect what it truly means to be Sri Lankan. How during moments of disaster we unite together.

This note was sent to the CSSL by Dr Ranjith Perera who was on duty and later joined by Dr Rajasekaram, surgeons at Negombo, on behalf of the whole surgical and management team who attended the disaster management at DGH Negombo

The massacre in Negombo on Easter Sunday (21st April, 2019)

The above incident kept us very busy attending to the mass casualty. We had 102 deaths following this unfortunate incident and most of them were dead by the time they were brought.

We don't have proper statistics as to how many patients were brought as the number of patients brought in a short time exceeded the capacity to document. Today after 72 hours, only 17 patients are still being treated in the hospital.

The magnitude of the disaster was such that it was at an unmanageable level and therefore we were not able to coordinate it up to our expectations. However the triage team, the Ministry of Health, our hospital staff and the community in Negombo are happy about the way we handled the situation.

All categories of health staff helped in this needy situation irrespective of it being a Sunday. It must be really appreciated that the doctors including various categories of surgeons from neighboring hospitals in the region actively participated in the management of the disaster. Even other specialty consultants and doctors from other hospitals contributed for this successful performance.

Please convey through the College our heartfelt thanks to the surgeons who helped and who inquired to volunteer services whenever necessary.

We had a post event discussion today in order to take steps to minimize the lapses and improve the system which may be useful at any moment to our hospital.

We will appreciate if the CSSL and MOH could coordinate all over the country for all of us to get prepared for disasters of such a magnitude.

Sincerely,

The Surgeons of DGH Negombo.

DISASTER MANAGEMENT AT TEACHING HOSPITAL BATTICALOA DURING THE EASTER SUNDAY ATTACK

21st of April 2019 was an unfortunate day for all Sri Lankans and Batticaloa once again received the mass casualties following a brutal terrorist attack. During the 30 year war which ended in 2009 such events were very common. 2004 Tsunami was another tragedy which bought mass casualties. Although we rehearsed several times at the Emergency Department in the recent past, the real emergency of a mass casualty broke in yesterday (21/ 04/2019).

The explosion at the Zion church happened around 8.50 am. Since this place is less than a kilometer away from the Hospital, Dead bodies and injured patients were bought immediately. The time for the preparation at the Accident and Emergency was very minimal. It took some time for us to realize that it is a bomb blast. Initial stories were Gas explosions or Transformer explosion because the first admission came with a burn.

The triage at the A and E was led by Dr.T.R.Nimalaranjan (Consultant Surgeon) who was on call along with the two Consultant Anaestetists namely Dr.S.Mathanalagan and Dr.Yogananth. Although it was a Sunday following a long weekend holiday the hospital authorities were able to brought enough doctors, nurses and other health staff within an hour. When I arrived at the A&E, I was surprised to see that each patient is attended by at least one doctor and two nurses.

There were a total of 69 admissions. Majority was having penetrating shrapnel injuries and some had flash burn in addition. 04 patients died in the R room due to inevitable injuries to head, chest and abdomen in spite of resuscitation. Out of this four, three were children which was very heartbreaking. Another 26 dead bodies were also bought but they were triaged out. All 03 operating theatres at the A and E, the ENT theatre and a routine theatre were opened immediately for operating (5 tables). 02 Emergency Laparotomies, One Thoracotomy, Few Neck explorations, Fasciotomies, and many compound fracture cleaning were some of the immediate procedures we did. One child needed a clavicle division to ligate a laceration on subclavian vein. Two patients were transferred to TH Kandy and TH Anuradhapura for Neurosurgical care. Two children had evisceration of eyes due to penetrating injuries.

Existing patients in the Intensive Care Units were transferred out to ICUs at DGH Ampara to clear Emergency beds. Dr.V.Jeevathas (Consultant ENT surgeon), Dr.N.Jayaratne (Consultant Orthopaedic surgeon), Dr.A.Madushanka(Consultant OMF surgeon), Dr.W.Wijayasiriwardana (Consultant eye surgeon) and Dr.R.Ramesh (Consultant Physician) did their maximum to safeguard the lives of this unfortunate. I was surprised to see Dr.Salakianathan, who is a Senior Consultant Surgeon at United Kingdom and a member of the CSSL came in to do a Neck exploration.

I should not forget the services by Dr.Anton Swarnan (Senior Registrar, NHSL) , Surgical Registrars Dr.Harikrishanth, Dr.Kokulan, Dr.Kovoor, Dr.Pakeerathan, Dr.Arulprasanth, Dr.Sivakaran and Dr.Kalaventhan. Some of them are not working at the TH Batticaloa but were on holiday with their families and quickly responded to the emergency call. Dr.Kalaranjini, Director TH Batticaloa coordinated all the activities with no time for preparation.

Although it's an unfortunate event and should never happen in this country again, it gives a feedback for our performances. The importance of continuous updates on ATLS and NTMC courses for all surgeons in this country became very obvious on this day.

Thank you,

Dr.S.Branavan
Consultant General Surgeon
Council Member (Eastern Chapter)
College of Surgeons of Sri Lanka

Advanced Trauma Life Support (ATLS)

The 4th Provider (Student) ATLS course was successfully held on the 22nd, 23rd and 24th of February at the College of Surgeons of Sri Lanka premises. The event was a great success with 16 participants attending the three-day course. The workshop, conducted in association with ATLS Sri Lanka, provided participants with a safe and reliable method for immediate management of injured patients. The course taught how to assess a patient's condition, resuscitate and stabilize him or her, and determine if his or her needs exceed a facility's capacity. It also covers how to arrange for a patient's inter-hospital transfer and assure that optimum care is provided throughout the process. If you don't treat trauma patients frequently, an ATLS course provides an easy method to remember for evaluation and treatment of a trauma victim.

National Trauma Management Course (NTMC)

The National Trauma Management Course (NTMC), an IATSIC recognized course which trains doctors regarding acute trauma care was successfully organized by The College of Surgeons of Sri Lanka during the months of January and March.

Interactive Discussion

The 34th course, held in January, was conducted at College of Surgeons premises in Colombo with the participation of 58 candidates. It was an activity-packed course which included lectures, skill stations, injury simulations, interactive discussions and assessments regarding commonly encountered trauma scenarios. Participant's favorite skills station, the chest tube insertion station on a rack of goats ribs, was also organized at both the NTMC courses in Colombo and Trincomalee.

Chest Tube Insertion Skills Station

The Trincomalee course, the 35th NTMC course, was conducted in Trincomalee in association with the Trincomalee Clinical Society. A large turnout of 59 highly enthusiastic participants also attended the Trincomalee Course. *(Photos on the next page)*

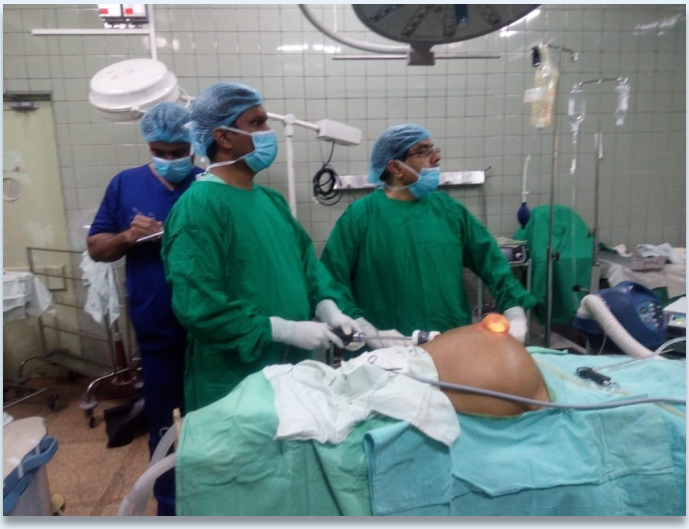
More NTMC Courses are to come, with the next course to be held on the 25th and 26th of June .

Photographs from NTMC Trincomalee

Atlas Laparoscopic Hernia Workshop

On the 27th and 28th of January 2019, the College of Surgeons of Sri Lanka organized the Atlas Hernia Workshop on Laparoscopic Hernia Repair. The workshop, done in collaboration with Dr. Sudhir Kalhan and Dr. Mukund Khetan from Sir Gangaram Hopsital, New Delhi, saw the participation of 11 consultant surgeons and 4 senior registrars, a great success. After lectures briefing the participants regarding laparoscopic hernia repair, participants were able to watch a live demonstration of these techniques by the guest Surgeons on actual patients.

Participants with Guest Surgeons Dr. Sudhir Kalhan and Dr. Mukund Khetan



Live demonstration of laparoscopic hernia repair techniques

Meetings With International Bodies

Meeting with Council Members from the Royal College of Surgeons Glasgow

12th February 2019

Meeting with the CEO of TanTockSeng Hospital Singapore

3rd April 2019

MRCS (Glasgow) without examination and GMC recognition for MD Surgery now a reality

Unprecedented international recognition for Sri Lankan surgical postgraduates

The Royal College of Physicians and Surgeons of Glasgow recently granted the privilege of obtaining the MRCS (Glasgow) without examination to those successful at the MD Surgery examination. This unprecedented privilege for Sri Lankan postgraduates has been a result of recent improvements in the quality of training and assessment of the MD surgery program to international standards.

The College of Surgeons (CSSL) in an initiative to obtain international recognition for our postgraduates were able to introduce the Joint Committee of Intercollegiate Examinations (JCIE) of the UK to the PGIM. An extensive assessment carried out by the JCIE found the MD Surgery examination to be of international standards. Following this encouraging report, the CSSL initiated high level dialogue with the Royal College of Physicians and Surgeons of Glasgow (RCPSG) culminating in a MoU for the award of the MRCS Glasgow to MD Surgery graduates without examination. This ongoing program between the RCPSG and CSSL further supports the MD examination by sponsoring one of the two overseas examiners and an assessor for the MD exam along with several ongoing initiatives to train assessors and examiners.

The Royal College of Glasgow further extended their goodwill towards Sri Lanka by successfully sponsoring our application to the General Medical Council to recognize MD Surgery Colombo as a directly registrable qualification.

These recent developments have been amongst the foremost achievements in the field of postgraduate surgery in Sri Lanka since the introduction of our own postgraduate surgical training program.

The CSSL acknowledges with gratitude the immense contributions of Professor David Richens former chair JCIE, Professor David Galloway President of the Royal College of Physicians and Surgeons of Glasgow (2015-18), Dr. Steve Graham CEO RCPSG, The Board of Study in Surgery and the Director PGIM for their untiring efforts which enabled these milestone achievements for Sri Lanka.

A high-level delegation led by the incumbent President of the Royal College of Physicians and Surgeons of Glasgow Prof. Jackie Taylor and Vice President Prof. Hany Eteiba recently visited the CSSL to discuss possibilities of further enhancing mutually beneficial academic programs.

It would not be fair if we do not mention the tremendous contribution made by Prof. Srinath Chandrasekera, who was well supported by Dr. Ranjan Dias, Prof. M D Lamawansa and Dr. Mahanama Gunasekera. We are also grateful to Prof. Janaka De Silva, the director of PGIM for his incredibly supportive role played in this regard.

'Access to Acceptable Care for All.... and Beyond'

SRI LANKA SURGICAL CONGRESS 2019

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College Members	LKR 10,000.00	LKR 12,000.00	LKR 5,000.00
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Trainees	LKR 4,000.00	LKR 5,000.00	LKR 2,000.00

For registration, reservations, further details & support, please contact
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Sri Lanka.
Tel/ Fax: +94 11 2695080 / +94 11 268 2290
Email: annualsessions@gmail.com
Web: www.surgeons.lk

SETS, Symposia and Lectures

16th February SETS— Diseases of the Breast

20th February Lecture— Surgical Training in the UK

28th February Symposium—Updates on Oesophageal Cancer

9th March SETS—Updates on Colorectal Surgery

Workshops

Skills Training for Trauma Care Embilipitiya

27th and 28th February 2019





Annual Academic Sessions of the Northern Chapter

"The Annual Academic Sessions of the Northern Chapter of the College of Surgeons of Sri Lanka was held on the 21st & 22nd March 2019"

I am extremely delighted to bring it to the notice of the CSSL fellows & members about the recent academic sessions of the Northern Chapter of the CSSL recently. Activities were planned according to this years theme of CSSL `Access to acceptable care for all…. And beyond'

Inauguration of the sessions took place at Hotel Green Grass, Jaffna on the 21st evening.

President, Northern Chapter Rep. , Chief Guest and the Guests of Honor

Ms Susan hill, Senior vice president of the Royal College of Surgeons of England was gracing the occasion as the chief guest and she stated how she has managed her work to life balance as a consultant vascular surgeon and a mother of three children. Dr. K.S. Perera *(Senior Consultant Surgeon)* and Mr. Andrew Miles *(Consultant Colorectal Surgeon, UK)* were the guests of honour. The whole surgical community was happy and thankful to the president, past president, president elect and the other members of the CSSL for taking the trouble of travelling to the North and actively involving in the sessions.

The highlight of the inauguration was the first Dr. Maillo Ganesaratnam memorial lecture delivered by Dr. S.Rajendra on the topic of `The history of surgery in Jaffna'. The whole audience were surprised to see the early start of the surgical history in the country has started in Jaffna and also many of the legends of surgery in the country started their carrier at the Jaffna teaching hospital. The inauguration ended with a Jaffna style dinner and cocktail.

Dr S. Rajendra delivering the Dr. M Ganesaratnam Memorial Lecture

There were two days of academic events. The evening of the 21st and the morning of the 22nd .

This time there were locally and internationally renowned speakers of great caliber providing excellent lectures on some of the basic and advanced topics regarding the present practice and future practice of surgery.

The free paper sessions were chaired by Ms. Susan Hill and Mr. Andrew Miles. The two best papers were presented with a cash prize of hundred US dollars each. This was an annual sponsorship from Prof. Sivamynthan in memory of his parents, the late Prof. Vithiananthan *(Former Vice chancellor, University of Jaffna)* and his wife.

The free paper sessions

I strongly believe, that this time, the Northern Chapter has taken the annual activities to the new heights and this will definitely help in regional surgical development and in the overall nation's pride.

Dr. V. Sutharshan
Chapter representative, CSSL
President, Northern chapter

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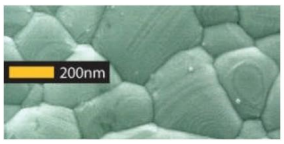
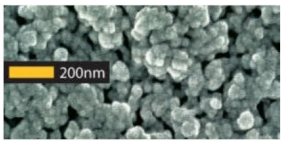
Better silver

ACTICOAT with SILCRYST™ Nanocrystals is an antimicrobial barrier dressing coated with Nanocrystalline silver†.



Magnification of normal silver

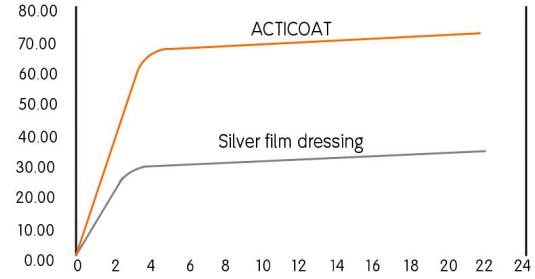


Magnification of nanocrystalline silver

Rapid destruction, dynamic silver release

ACTICOAT acts faster *in-vitro* than other forms of silver, killing bacteria in as little as 30 minutes[1,2,3,4]

ACTICOAT releases the antimicrobial power of silver within the dressing and also to the wound bed, without inhibiting wound healing



Adapted from Reference 1

References

1. Wright JB et al. Wounds 1998;10(6):179-188.
2. Yin HQ et al. J Burn Care Rehab 1999;20(3):195-200.
3. Wright JB et al. Am J Infect Control 1998;26:572-577.
4. Wright JB et al. Am J Infect Control 1999;27:344-350.
5. Tredget EE et al. J Burn Care Rehab 1998;19:531-537.
6. Data on file.

Sustained protection, wide spectrum coverage

Sustained release of silver provides an antimicrobial barrier, reducing the risk of colonisation and preventing infection[5]

Antimicrobial barrier maintained for at least 3 days with ACTICOAT and up to 7 days with ACTICOAT 7[6]

Effective in-vitro against more than 150 types of pathogens[6]

Pathogen type	Examples
Gram -ve bacteria	*Ps. aeruginosa, P. stutzeri, E. cloacae, E. aerogenes, E. coli, K. pneumoniae, B. cepacia*
Gram +ve bacteria	*S. aureus, S. epidermidis, E. faecium, E. faecalis*
Antibiotic-resistant bacteria	Methicillin-resistant *S. aureus* (MRSA), vancomycin-resistant *E. faecium* & *E. faecalis* (VRE), multi-drug resistant *B. cepacia*
Fungal organisms	*C. glabrata, C. albicans, C. tropicalis, S. cerevisiae*

ACTICOAT is effective in the reduction of bacterial load in wounds.

Instructions for use

Day 1

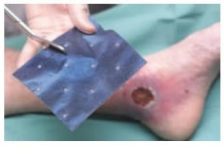
Moisten

Remove ACTICOAT from package and moisten with sterile water (do not use saline). Leave to drain on a sterile field for approximately 2 minutes.

Moisten

Cutting

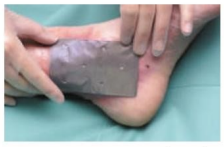
Cut ACTICOAT to appropriate size and shape



Cut

Application

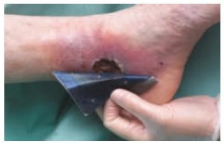
Cover site with ACTICOAT blue side down. Apply a secondary dressing and, if necessary moisten to maintain a moist wound environment



Apply

Removal

If necessary, soak dressing to facilitate non-traumatic removal. Re-apply ACTICOAT as needed.



Remove

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