



Sri Lankan Medical and Dental Association in the UK

SLMDA

**Spring Scientific Meeting
Programme and Abstracts
Sunday 6th May 2018**

**Holiday Inn, London Elstree
M25-J23, WD6 5PU**

2018

London





LIVE LIFE AT ITS PEAK

The Colombo skyline is changing, and in the heart of its uptown neighbourhood will lie a 50-storey modern marvel surrounded by the stunning ocean and lakefront views. Designed for livability and dipped in luxury, soon to take shape is **CAPITOL TWINPEAKS**.

A purely residential project will ensure the privacy and exclusivity desired by our discerning clientele. With a range of apartment sizes to suit every lifestyle and a flexible four-year-payment-plan, this is the time to invest. Prices of 2 bedroom units start as low as USD 260,000.

Through the successful partnership of Capitol Developers and Sanken Construction, both part of the prestigious Sanken Group, you are assured of the quality and durability which is the hallmark of all endeavours undertaken by these two dynamic companies. Timely delivery, high standards of construction and attention to detail are all backed by the trusted Sanken name. With added expertise of the P&T Group of Singapore as the architect, this stunning new property will be the epitome of luxury city living.

Design & Build
Sanken

Developed by
**CAPITOL
DEVELOPERS LTD**
(Member of the Sanken group)



CAPITOL TWINPEAKS

24, Staple Street, Colombo 2

HOTLINE: +94 770 788 788

Dishni: +94 778 693 787 Thivan: +94 777 406 266 Thakshi: +94 718 524 840
Deshapriya: +94 3465467 Thilaxsan: +94 767 260 141 Sachini: +94 772 276 490

E-MAIL : INFO@CAPITOLLK WWW.CAPITOLTWINPEAKS.COM



Annual Spring Meeting – Scientific sessions

Sri Lankan Medical and Dental Association in the UK

Sunday 6th May 2018, Holiday Inn, London-Elstree

Welcome Message from the Scientific Organising Committee

Dear Colleagues and Friends,

We are pleased to welcome you to the Annual Spring Scientific Sessions of the Sri Lankan Medical and Dental Association. We are delighted to have so many eminent speakers today and would like to express our sincere thanks to them for their time and effort.

The sessions afford a great opportunity for current and aspiring young doctors and dentists early in their careers, to present well prepared papers and posters, and it is pleasing to see them making use of it. As you can see, the range of subjects being covered is quite wide and we hope that you will find them useful and interesting. Their work was of high calibre and we are confident that this experience will help them to further their careers and we wish them well.

Please do take time to view the posters and discuss them with the presenters.

We have done our best to make this meeting be of high scientific value and hope that you will enjoy an educationally stimulating session today.

With best wishes,

*Supul Hennayake, Mahesh Nirmalan, Udara Kularatne
Mahendra Gonsalkorale, Rasieka Jayatunga*

SLMDA Scientific Sessions Programme

Date: Sunday 6th May 2018

Venue: Holiday Inn, Elstree, London, WD6 5PU

08:30- 08:55 Registration and coffee

08:55- 09:00 President's welcome

Session 1 – 09:00-10:05

Chair: *Mr Allistair Solomonsz and Prof D.Y.D Samarawickrama*

9:00-9:20 Current management of endometriosis - Mr Kirana Arambage, Consultant Obstetrician and Gynaecologist, John Radcliffe Hospital, Oxford University Hospitals NHS FT

09:20- 09:35 Trainee Presentation 1

Victims of child sexual abuse presenting to a District General Hospital in Sri Lanka

Dr Dilruksha Chandrasiri,

Specialty doctor in Obstetrics & Gynaecology, Wrexham Maelor Hospital

9:35- 9:50 Trainee Presentation 2

Novel evaluation of a laparoscopic appendicectomy virtual reality simulator using cognitive task analysis

Dr Ras Bharathan,

Subspecialty Trainee Gynaecological Oncology

Maidstone Hospital, Kent

9:50- 10:05 Trainee Presentation 3

360 degree virtual reality video for the acquisition of knot tying skills: a randomised controlled trial

Mr Sutharsan Yoganathan,

Core Surgical Trainee 2

Pennine Acute NHS Trust

North West Deanery

Session 2 – 10:05- 11:15

Chair: *Dr Roshan Perera and Mr Ajantha Jayatunga*

10:05- 10:35 Translational research in medicine: challenges & opportunities in the continuum from bench to bedside – Prof Shervanthi Homer–Vanniasinkam, Leeds Teaching Hospitals NHS Trust, Professor of Engineering & Surgery at UCL, and the Founding Professor of Surgery at the University of Warwick

10:35 -10:55 Cancer, mental health and end of life care workshops in Sri Lanka- Dr Asanga Fernando, Consultant Psychiatrist & Co-clinical Director of Simulation and Clinical skills, St George's University Hospitals NHS FT

10:55- 11:15 Obstructive sleep apnoea - Dr Parthipan Pillai, Chest Physician at Luton and Dunstable University hospital

11:20 -12:00 Tea and Poster Viewing

Session 3 – 12:00- 12:50

Chair: *Dr Veerasiri Punchihewa and Dr Andrew Nayagam*

12:00 -12:20 Childbirth and pelvic floor dysfunction – Mr Ruwan Fernando, Consultant Obstetrician and Gynaecologist, Imperial College NHSFT, London

12:20-12:35 Trainee Presentation 4

Using big data to explore health system costs: the impact of deprivation in Kent

Dr Wikum Jayatunga,
Public Health Registrar ST3
UCL Institute of Health Informatics, London

12:35-12:50 Trainee Presentation 5

Best way of managing major liver trauma

Dr Kaluthanthiri Patabandi Vidu Ruchira De Silva,
Specialty doctor (Registrar) in General Surgery
Diana Princess of Wales Hospital Grimsby

Session 4 – 12:55 - 13:45

Chair: *Dr Udara Kularatne and Mr Supul Hennayake*

12:55-13:15 Improving acute care outcomes in Sri Lanka and beyond: can you help? Dr Rashan Hanniffa, University College Hospitals London

13:15- 13:45 Implications of Dr Bawa-Garba Case for the Medical Profession, Dr Jeeves Wijesuriya, Chair BMA Junior Doctors Committee

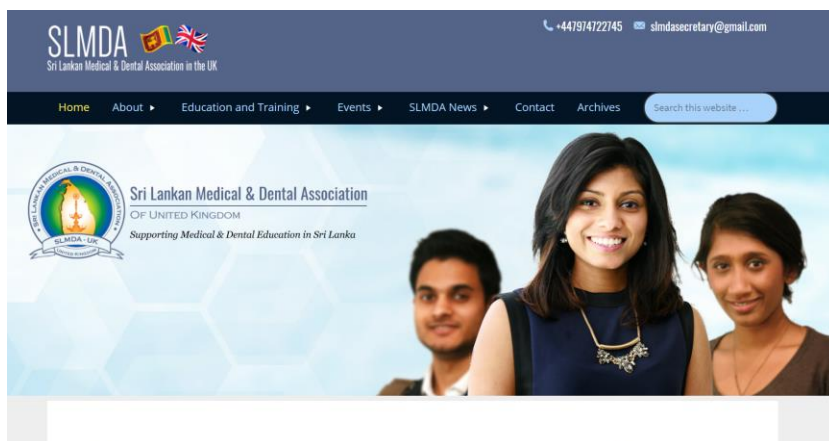
13:45- 14:00 - Awards and closing

14:00 - 14:30 - Lunch

14:30 - Annual General Meeting (Members only)

KEEP IN TOUCH- PLEASE ACCESS THE ALL NEW SLMDA WEBSITE

<https://www.srilankan-mda.org.uk/>



Key speakers: Biographical notes (in order of appearance)

Dr Kirana Arambage is a Consultant Gynaecologist and Obstetrician and works at the BSGE accredited Endometriosis Care and Research (CaRe) Centre, John Radcliffe Hospital, Oxford University Hospitals NHS Foundation Trust, which is one of the busiest endometriosis centres in the UK. He is an Honorary Senior Clinical Lecturer at the University of Oxford and the Lead for Gynaecological Endoscopic Simulation Training at the postgraduate deanery, contributing to both undergraduate and postgraduate medical education.

Dr Arambage graduated from the University of Sri Jayawardenapura, Sri Lanka. He completed his postgraduate medical training in Oxford, London and Eastern postgraduate deaneries in the UK. He has trained in Advanced Gynaecological Laparoscopic and Hysteroscopic surgery. Kirana is a senior council board member of the British Society for Gynaecological Endoscopy (BSGE) and chairs Awards and Bursaries subcommittee. He is on the medical advisory panel of the charity Endometriosis UK, which gives a lot of support to women with endometriosis and pelvic pain.

Kirana is a co-author for the latest Cochrane review of the surgical treatment of endometriosis, European/RCOG guidelines on the management of distension media in operative hysteroscopy and consent for laparoscopic surgery. He has chaired and presented in many national and international conferences.

Professor Shervanthi Homer-Vanniasinkam is a consultant vascular surgeon at Leeds Teaching Hospitals NHS Trust, Professor of Engineering & Surgery at UCL, and the Founding Professor of Surgery at the University of Warwick.

She has an established and enviable track record of national (Universities of Leeds, London and Warwick) and international (Harvard, Yale, Singapore, India, Sri Lanka) collaborative research over two decades. She has published extensively (>130 papers and several book chapters, including in the latest edition of *'Bailey & Love's Short Practice of Surgery'*) and holds a number of grants (several £million to date).

As a renowned clinician-scientist, her expert views and active participation is sought by a number of UK (e.g. Innovate UK, EPSRC, Wellcome) and international (e.g. Harvard) organisations and academic institutions. She is Sub-Dean of the Leeds Medical School, the founding director of the novel UK medical student scholarship programme, EXSEL, and continues to be passionate about, and keenly interested in, undergraduate and post-graduate education.

Dr Asanga Fernando BSc (Jt Hons), MBBS, MRCPsych, FHEA, PG Dip (Clin Ed) is a Consultant Cancer Liaison Psychiatrist & Clinical Co-Director of Simulation and Clinical Skills at St George's University Hospitals NHS Foundation trust. He was recently awarded a fellowship by the World Psychiatric Association around educational interventions to improve management of mental and physical health co-morbidity. His teams were shortlisted for both the National Macmillan and HSJ awards in 2017. He has a strong interest in clinical leadership, policy and quality improvement, and sits on the London wide 'Transforming Cancer Services Team'. He has previously worked on national mental health policy and commissioning guidance at NHS England, and is a keen teacher, advocate and medical educator. Dr Fernando works with organisations and individuals to promote reconciliation in Sri Lanka, and is an executive committee member of the Sri Lankan Psychiatrists Association in the U.K. He is also a school trust governor.

Dr Parthipan Pillai MBBS, LMSSA (Lond), FRCP (Edin & Lond), Europ Dip in Resp Med, PgCert in Med Edu (UCL/RCPL), FHEA (Fellow of Higher Education Academy), graduated in Jaffna, Sri Lanka and worked as a house officer and senior house officer in Colombo before coming to England in 1991. He did the final year MBBS course again in Dundee and re-qualified in 1993. After his junior doctor training periods both at St Gorges' hospital in London and Leeds he became a consultant in 2000 and he has been working as a Chest Physician at Luton and Dunstable University hospital since 2002. He is the Clinical Director for the Respiratory Department.

His main interests are Medical Education, Non- Invasive Ventilation, Obstructive Sleep Apnoea and Tuberculosis.

He always had a passion for medical education and assessment, and he was an undergraduate Sub-Dean/Tutor for University College London Medical School for 6 years and has contributed extensively to both teaching and assessing students and regularly organising final year MBBS examinations. He obtained the Postgraduate Certificate in Medical Education (University College London/ Royal College of Physicians London) in 2014.

He has been a MRCP PACES examiner for more than 10 years, at UK and overseas centres, and has conducted the role of Chair Examiner at both and he is a host examiner in the UK.

He is the Deputy Director of Examination for Royal College of Physician Edinburgh, Regional Advisor Eastern region for the RCPE and mentor for registrars and new consultants for the RCPE.

Dr Ruwan Fernando MBBS and MS (O & G) University of Colombo and MRCOG(1997) and FRCOG (2013). He was awarded a Doctor of Medicine degree from Keele University for the thesis titled

“Management of Obstetric Anal Sphincter Injuries” in 2005. He has won several prizes including Harold Malkin Prize for the Best Original Research awarded by the RCOG in 2006. He has published over 50 peer reviewed papers and is the principal author of the RCOG guidelines on Management of 3rd and 4th degree perineal tears.

Ruwan is a Consultant Obstetrician and a Urogynaecology Subspecialist at Imperial College Healthcare NHS Trust, St Mary’s Hospital, London and the co-director of the Urogynaecology Subspecialty Training Programme at St Mary’s Hospital, London. He is also an Honorary Senior Lecturer at the Imperial College, London. He is a member of the RCOG Guideline committee, FIGO Pelvic Floor Dysfunction group and the International Continence Society Ethics Committee.

Dr Rashan Haniffa MBBS (Colombo), FRCA (UK), MRCP (UK), PG Diploma in Clinical Trials (University of London), DPhil (PhD) University of Oxford (awaiting supplication), FFICM Final (written)

He is National Institute of Health Research (UK) Clinical Lecturer in Intensive Care Medicine, University College London Hospitals, UK and Founding Trustee and Chairman, Network for Improving Critical Care Systems and Training (www.nicst.com) - a collaboration to improve acute and critical care systems and training in resource-limited settings.

After working as House officer, NHSL, Sri Lanka (Aug 03 - Aug 04), and as a Research Assistant, Faculty of Medicine, University of Colombo, Sri Lanka (Feb 03 - Aug 03), he held many prestigious positions including Clinical Fellow, Anaesthesia, Royal Marsden Hospital, UK (May 11 – Aug 11), Research Physician - Centre for Tropical Medicine, University of Oxford and Mahidol Oxford Tropical Medicine Research Unit, Bangkok, Thailand from Aug 2011- August 2017.

He has won many awards and prizes including the Intensive Care Society (UK), Research Gold Medal Award 2016/17 for strategies to improve critical care outcomes in resource limited settings and the Intensive Care Global Rising Star – ANZICS/ Baxter & Pfizer - awarded by the Australia New Zealand Intensive Care Society- 2015/16.

Among many research grants awarded to him are several National Science Foundation research grants including “The burden of CKD/CKDu on dialysis units in Sri Lanka” (Dec 2016), “Development of a web-based live updated cancer patient system” (Dec 2006), “Develop, implement and assess effectiveness of a Rapid Response System utilizing an Early Warning Score for a District General Hospital” (April 2016).

He has been an invited speaker at many International meetings and he has a host of publications in reputed journals.

Dr Jeeves Wijesuriya MBBS and BSc in Medical Education.

He graduated from Barts and the London School of Medicine and Dentistry in 2013 with MBBS and BSc in Medical Education. He is currently an academic GP trainee in east London and is completing a Masters degree in Medical Education. He is the chair of the BMA Junior Doctors Committee and is passionate about improving the quality of training and was one of the lead negotiators on the 2016 Junior Doctor Contract.

INDEX OF ABSTRACTS

No:	Title and Authors	Page
1	Victims of child sexual abuse presenting to a District General Hospital in Sri Lanka	
	<i>Dr Dilruksha Chandrasiri</i> , Specialty doctor in Obstetrics & Gynaecology, Wrexham Maelor Hospital	
2	Novel evaluation of a laparoscopic appendicectomy virtual reality simulator using cognitive task analysis	
	<i>Dr Ras Bharathan</i> , Subspecialty Trainee Gynaecological Oncology, Maidstone Hospital, Kent	
3	360 degree virtual reality video for the acquisition of knot tying skills: a randomised controlled trial	
	<i>Mr Sutharsan Yoganathan</i> , Core Surgical Trainee 2, Pennine Acute NHS Trust, North West Deanery	
4	Using big data to explore health system costs: the impact of deprivation in Kent	
	<i>Dr Wikum Jayatunga</i> , Public Health Registrar ST3, UCL Institute of Health Informatics, London	
5	Best way of managing major liver trauma	
	<i>Dr Kaluthanthiri Patabandi Vidu Ruchira De Silva</i> , Specialty doctor (registrar) in General Surgery, Diana Princess of Wales Hospital Grimsby	

INDEX OF POSTERS

No:	Title and Authors	Page
1	'Breaking the spell – the truth about Cerebral Amyloid Angiopathy'	17
	Dr Mumtaz Mooncey, Elizabeth Smith, L. Alwis, S. Sethuraman, A. Asokanathan. Luton & Dunstable Hospital	
2	Bladder paraganglioma presenting in pregnancy as an incidental mass on a first trimester scan	18
	Dr Navaneetham Nanthakrishna. Intensive Care Medicine, Royal Berkshire Hospital	
3	Re-audit of Colposcopy patient satisfaction survey	19
	Dr Shugufa Dinarkhail, FY1 Psychiatry rotation. Diana Princess of Wales Hospital	
4	An Audit looking at the monitoring of patients on antidepressant medication for depression	20
	Dr Indula Bopitiya, FY1 Doctor, Basildon University Hospital	
5	Patients knowledge of Diabetes Mellitus in the teaching hospital in Kandy	21
	Sayuni Fernando, Year 12 Student, Wolverhampton girls' high school.	
6	How does Media and the Internet Influence patient presentations in Primary Care	22
	Dr Sarah Manohar, Accident and Emergency Foundation Year 2 Doctor, Queen Elizabeth Hospital, Birmingham	
7	An unusual case of ileocolic intussusception in an adolescent child secondary to a low grade mucinous neoplasm of the appendix	23
	Dr Rashad Jurangpathy , ST3 Clinical Radiology, West Midlands Deanery	
8	Do the mothers have the correct perception of their obese/ overweight children? ; A cross sectional study in a tertiary care hospital, Sri Lanka.	24
	Dr P.S.C Jayasekara, Clinical fellow Paediatrics – SWBH Hospital, Department of Women And child Health, Sandwell, West Bromwich	
9	An opinion survey on job satisfaction among healthcare professionals - A project during work experience	25
	Sethara Alwis, Thushini Anthony, Year 11 student and Year 12 student. Aylesbury High School, Aylesbury and Arnold King Edward's, Blackpool	
10	Laparoscopic Vs Open Para Umbilical Hernia(PUH) Repair	26
	Dr Kaluthanthiri Patabandi Vidu Ruchira De Silva, Specialty doctor (registrar) in General Surgery, Diana Princess of Wales Hospital Grimsby	
11	The Effect of Gastrostomy Insertion on Long-Term Pulmonary Function in Children with Cystic Fibrosis: A Systematic Review	27
	Shani De Soysa, Fourth Year Medical Student, University of Cambridge	

JUNIOR FORUM - ORAL PRESENTATIONS

Abstract O1: Analytical study and literature review

Title: Title: Victims of Child Sexual Abuse Presenting to a District General Hospital in Sri Lanka

Presenter: *Dr Dilruksha Chandrasiri*, Specialty Doctor in Obstetrics & Gynaecology, Wrexham Maelor Hospital.

Introduction: Incidence of child sexual abuse (CSA) is increasing worldwide. There is little data on CSA in the North Western Province of Sri Lanka.

Objectives: To describe the demographic and medico-legal findings of victims of sexual abuse aged less than 16 years and to identify factors associated with positive findings on medical-legal examination.

Methods: This cross-sectional analytical study, analysed 132 victims, referred by authorities to General Hospital, Chilaw, which was the main referral centre for such incidents in the Northwestern Province of Sri Lanka from the years 2012 to 2014.

Results: Mean age of the victims was 13.1years. Main types of abuse were penetrative (61.4%), intra-crural (39.4%) and anal sex (10.6%). The perpetrator was known in 94%. Places of offence were offender's habitat (55.3%), victim's home (23.5%) and secluded areas (11.4%). A positive history of penetrative sex (OR =15.3; 95% CI 5.6-42), chronic sexual abuse (OR=4.8; 95% CI 2.2-10.5) and time lapse in reporting to authorities (OR=4.4; 95% CI 2.0-9.4) were significantly associated with presence of conclusive medical examinations findings. Children were less likely to be willing partners in intra-familial abuse compared to extra-familial abuse where the child was sometimes a willing partner, (OR=0.2; 95% CI 0.07-0.5). Adverse psychological outcomes were observed in 16.7% (n=22).

Conclusion and Recommendations: Most children in this study were victims of statutory rape and majority of children knew the perpetrator. Unstable family background, poor socioeconomic status and relationships with males at a young age made children more vulnerable. A positive history of vaginal/anal penetration, number of abusive incidents and time lapse for presentation were associated with positive examination findings. These findings can be used in relevant awareness programs in future. Further studies are needed in Sri Lanka to understand the true prevalence and complex demographic interactions, which could be risk factors for abuse.

Abstract O2: Original research

Title: Novel evaluation of a laparoscopic appendicectomy virtual reality simulator using cognitive task analysis

Presenter: *Dr Ras Bharathan*, Subspecialty Trainee Gynaecological Oncology, Maidstone Hospital, Kent.

Background: Simulation based training has numerous benefits. Particularly in high volume, resource-limited settings, simulation can be a useful adjunct in dissemination skills.

Aim: Validate the LAP Mentor (Simbionix™) laparoscopic appendicectomy (LA) virtual reality simulator including the novel use of Cognitive Task Analysis (CTA).

Method: Thirty-two novices and nine experts (>100 LAs) performed two simulated LAs. Expert consensus questionnaire guided face validity assessment. Construct validity was evaluated using dexterity metrics, masked assessment of surgical quality using the OSATS global rating scale, and mental workload from two validated tools: the NASA-TLX and SMEQ. Content validity was assessed using CTA-derived questions encompassing eight essential operative steps and four decision points. Ten novices performed eight further LAs for learning curve assessment.

Results: The simulator demonstrated face validity across all domains. The experts performed the procedure quicker (median time 361 vs. 513 seconds, $P=0.0039$) with fewer movements ($P<0.0001$). This correlated with higher OSATS scores (median 33.5 vs. 22.4, $P<0.0001$) and less mental demand in both the NASA-TLX ($P=0.012$) and SMEQ ($P=0.0034$), indicating construct validity. Considering content validity, the essential technical and non-technical steps were evident. Learning curve after plateaued after the 7th session for time.

Conclusions: The LAP Mentor demonstrates face, content and construct validity for LA, thus it can be used as an effective tool in surgical training. Task repetition leads to achievement of expert benchmarks.

Abstract O3: Research project

Title: 360 degree virtual reality video for the acquisition of knot tying skills: a randomised controlled trial

Presenter: *Mr Sutharsan Yoganathan*, Core Surgical Trainee 2, Pennine Acute NHS Trust, North West Deanery.

Background: 360 degree virtual reality (VR) video is an exciting and evolving field. Current technology promotes a totally immersive, 3-dimensional (3D), 360 degree experience anywhere in the world using simply a smart phone and virtual reality headset. The potential for its application in the field of surgical education is enormous. The aim of this study was to determine knot tying skills taught with a 360-degree VR video compared to conventional 2D video teaching.

Material and methods: This trial was a prospective, randomised controlled study. 40 foundation year doctors (first year postgraduate) were randomised to either the 360-degree VR video (n=20) or 2D video teaching (n=20). Participants were given 15 minutes to watch their allocated video. Ability to tie a single handed reef knot was then assessed against a marking criteria developed for the Royal College of Surgeons, England, (RCSeng) Basic Surgical Skills (BSS) course, by a blinded assessor competent in knot tying. Each candidate then underwent further teaching using Peyton's four step model. Knot tying technique was then re-assessed.

Results: Knot tying scores were significantly better in the VR video teaching arm when compared with conventional (median knot score 5.0 vs 4.0 $p=0.04$). When used in combination with face to face skills teaching this difference persisted (median knot score 9.5 vs 9.0 $p=0.01$). More people in the VR arm constructed a complete reef knot than in the 2D arm following face to face teaching (17/20 vs 12/20). No difference between the groups existed in the time taken to construct a reef knot following video and teaching (median time 31.0s vs 30.5s $p=0.89$).

Conclusion: This study shows there is significant merit in the application of 360-degree VR video technology in surgical training, both as an independent teaching aid and when used as an adjunct to traditional face to face teaching.

Abstract 04: Original research

Title: Using big data to explore health system costs: the impact of deprivation in Kent

Presenter: *Dr Wikum Jayatunga*, Public Health Registrar ST3, UCL Institute of Health Informatics, London.

Background: Despite the vast literature on health inequalities in the UK, there has been little research into the cost impact of such inequalities on local health and social care systems. Innovations in public health data science now make it possible to explore the drivers of health and social care expenditure at a patient level, and across sectors of care.

Methods: Kent's public health team has developed a 'whole population' database that links patient-level data across primary care, secondary care, social care, mental health care and community care. GLM regression was used on a sample of 323,401 residents in Kent over the age of 55 to estimate the impact of area deprivation on annual mean per capita costs.

Results: After adjusting for age and gender, there was a significant increase in mean annual costs across each deprivation quintile, with an increase of £437 between the most deprived and least deprived quintiles ($p < 0.001$, 95%CI £399-£474). Additionally adjusting by count of diagnosed conditions demonstrates that the relationship is largely mediated by increased morbidity in deprived populations.

Conclusions: There is a large increase in costs for patients living in more deprived areas, which is largely explained by increased health needs. Hypothetically, if this social gradient in costs was eliminated, such that the Kent population over 55 had the same mean costs as the most affluent quintile, this would result in cost savings of £109m, equivalent to 15% of the current system wide costs in this population.

Abstract O5: Research Project

Title: Best way of managing major liver trauma

Presenter: *Dr Kaluthanthiri Patabandi Vidu Ruchira De Silva*, Specialty Doctor (Registrar) in General Surgery, Diana Princess of Wales Hospital, Grimsby.

Objective: The liver is the most frequently injured solid abdominal organ following blunt and penetrating injuries. Hence, liver injuries contribute to high mortality and morbidity. Therefore, early diagnosis and pacesetting treatment would minimise the morbidity, mortality and hospital stay. Furthermore, the main modalities of management protocols are surgical (hemodynamically unstable) and non-surgical (hemodynamically stable).

Method: 153 patients from 20 to 80 years of age who had liver trauma were analysed retrospectively. Thereafter, 89 out of 153 were managed non-surgically. Similarly 64 patients underwent surgical management. Furthermore, 34 were managed with packing and rest were managed with resection, suturing, haemostatic agents like gel foams, Surgicel and glues.

Results: 21 out of 89 patients, those who were managed non-surgically, had undergone surgery and subsequent packing due to failure in non-surgical management. Moreover 12 out of 30 patients who had undergone surgery without packing ended up in complications like DIC, sub hepatic abscesses, biliary fistulae and 6 died due to sepsis. However 5 out of 34 patients developed complications following packing and none of them died.

Conclusion: Thus, using packing alone has shown statistically significance (Chi test 105.3 with df 2: $p < 0.001$) when compared to surgical management without packing, it has been confirmed that packing has improved the outcome of major liver trauma.

JUNIOR FORUM – DISPLAYED POSTER PRESENTATIONS

Abstract P1: Case report

Title: 'Breaking the spell – the truth about Cerebral Amyloid Angiopathy'

Presenter: *Dr Mumtaz Mooncey*, Elizabeth Smith, L. Alwis, S. Sethuraman, A. Asokanathan. Luton & Dunstable Hospital.

Background: Cerebral Amyloid Angiopathy (CAA) is a common stroke mimic amongst the elderly population. It is defined as the deposition of amyloid plaques within the walls of arteries, which can present as 'Transient Focal Neurological Episodes (TFNE)', or 'Amyloid Spells'. These are characterised by spreading paraesthesia, lasting a few minutes. Typical MRI appearances demonstrate microbleeds, leukoaraiosis and superficial siderosis¹. The Boston CAA Group² created guidelines to aid diagnosis, in terms of likelihood. There are four categories, ranging from; 'Possible CAA' (considered on patient age, presentation, MRI result), to 'Definite CAA' (only confirmed on full post-mortem examination).

Case study: 85 year old female referred to TIA clinic following an episode of self-resolving right arm paraesthesia of 5 minutes duration. MRI showed microbleeds and superficial siderosis. She continued to have similar episodes, and discussion at Radiology MDT led to a diagnosis of probable CAA, (the patient was commenced on Levetiracetam). Clopidogrel and Atorvastatin she was taking were stopped to reduce risk of bleeding. On review six months later, she remained stable with no further amyloid spells.

Discussion: Recognition of CAA through MRI is key to reducing mortality. Management of these cases is often complex, and referral to specialist services can aid in overcoming therapeutic challenges. Considering CAA as a differential for Transient Ischemic Attacks (TIA)¹, can prevent inappropriate use of antiplatelets and anticoagulants. CAA can lead to an increased risk of spontaneous intracerebral haemorrhage and cognitive impairment in the elderly¹, emphasising the importance of identifying this condition.

References:

- 1) Illsley A, Ramadan H, Cerebral Amyloid Angiopathy: a transient ischaemic attack mimic, Journal of the Royal College of Physicians, June 2014, volume 14, issue 3, 255 – 259.
- 2) Greenberg S M, Charidimou A, Diagnosis of Cerebral Amyloid Angiopathy, Stroke AHA Journal, April 2018, volume 49, issue 4.

Abstract P2: Case report

Title: Bladder paraganglioma presenting in pregnancy as an incidental mass on a first trimester scan

Presenter: *Dr Navaneetham Nanthakrishna*. Intensive Care Medicine, Royal Berkshire Hospital.

Case report: This 32 year old lady was found to have a 23 X 17mm bladder mass incidentally identified on a first trimester scan. Urine showed mildly raised normetadrenaline and no metastases were identified on MRI. The patient had two previous normal pregnancies. Despite normotension, low dose alpha blockade was used to try to prevent marked BP fluctuations, however the patient was non-compliant. The patient attended in spontaneous labour at 40+5, an epidural was sited and labour progressed normally. Two minutes after delivery the mother experienced sudden severe headache and BP was recorded as 151/62 mmHg. Headache and BP improved without treatment and syntocinon was given (rather than syntometrine which includes ergotamine and can cause hypertensive crises). Mother and daughter were discharged on day 2 post-delivery with the patient on prazosin 5mg bd. She is shortly to be seen by endocrinology and urology for planned resection of the paraganglioma.

Prevalence of paraganglioma in the urinary bladder is <1% and those associated with pregnancy are extremely rare. Recommended management is based upon case reports. Traditional recommendation is that vaginal delivery is best avoided due to risk of hypertensive crisis from active labour. Although bladder paragangliomas often present with hypertension and symptoms of catecholamine excess our case is consistent with a small case series highlighting pregnancies with paragangliomas may be at lower risk of adverse outcome than those with pheochromocytomas (Wing JCEM 2015). This rare case exhibits a positive outcome due to early recognition, investigation and initiation of treatment with a multidisciplinary approach.

Abstract P3: Audit

Title: Re-audit of Colposcopy patient satisfaction survey

Presenter: *Dr Shugufa Dinarkhail*, FY1 Psychiatry rotation, Diana Princess of Wales Hospital.

Report: The patients are invited to attend for colposcopy in Diana, Princess of Wales hospital when indicated by cervical screening results. The provision of our service has been assessed yearly by Colposcopy Quality Assurance through the use of patient satisfaction surveys. We strive to provide high quality patient centred care and implement improvements indicated by patient feedback.

The patient satisfaction survey was handed out to patients who attended the colposcopy clinic from January to March 2017 and a total of 107 responses were received. The survey involved 15 core questions and additional suggestion boxes. The patient feedback rated the service as excellent and would recommend the service to friends and family. All participants had confidence in the colposcopist and particularly valued the reassuring and comforting environment.

This poster presentation will focus on the results of this years' patient satisfaction survey and compare with the previous year's results in order to assess whether the service provided in the colposcopy clinic continues to be satisfactory.

Abstract P4: Audit

Title: An Audit looking at the monitoring of patients on antidepressant medication for depression

Presenter: *Dr Indula Bopitiya*, FYI Doctor, Basildon University Hospital.

Background: Depression is a growing health burden in current society, with one in five people affected in their lifetime. Prescriptions of anti-depressants in the UK have risen by 8.5% per annum, despite their many side effects, including increased suicidal ideations. Consequently, NICE guidelines state doctors should review patients commenced on antidepressants within 2 weeks or 1 week if they are less than 30 years old, to assess for any suicidal thoughts.

This audit aims to compare the practice at Chapel Street GP Surgery, Billericay, against NICE guidelines and propose recommendations to improve patient safety.

Methods: Patient data was obtained using the computer programme, *SystmOne*. Out of all patients prescribed an antidepressant for depression between 01/01/2015 to 30/08/2016, 40 patients were randomly selected. The date of first review after starting anti-depressants was documented.

Results: We found that 42% of patients 30 years and older were not reviewed within 2 weeks and 71% of under 30 year olds were not reviewed within 1 week. The average time taken for people, 30 years and over and less than 30 years, to be reviewed were 16.7 days and 13.1 days respectively.

Conclusion: The reason for this inadequate prescription review can be multifold, such as a lack of guidelines awareness, and lack of patient cooperation with appointments. Suggestions for improvement include a pop up on *SystmOne* reminding GP's to schedule appointments within the recommended time frame, educating GP's about guidelines through meetings and posters, and educating patients about serious anti-depressant side effects via leaflets, leading to improvement in appointment attendance.

Abstract P5: Research-questionnaire report

Title: Patients knowledge of Diabetes Mellitus in the teaching hospital in Kandy

Presenter: *Sayuni Fernando*, Year 12 Student, Wolverhampton girls' high school.

Introduction: The purpose of this study was to investigate how much accurate diabetic knowledge is possessed by the patients who come to the teaching hospital in Kandy, Sri Lanka. In order to evaluate and investigate the knowledge of the patients, a survey of questions, all about the knowledge of Diabetes, was handed out to find an accurate representation of their knowledge. The questionnaire was prepared a month in advance of visiting the diabetic clinic teaching hospital in Kandy. The questionnaire consisted of seven questions which targeted areas such as knowledge of treatments, complications and daily routine. The questionnaire had been completed by 121 patients out of a total of 150 patients. Therefore, there were limitations such as lack of cooperation from patients and having a small sample of results. The questionnaire proved to be beneficial as the results produced illustrated that while most conveyed that they have had a formal education, yet the questionnaire also proved that the majority didn't have a substantial knowledge of Diabetes. Furthermore, the questionnaire illustrated the patients having an appreciation for a diabetic educational class in the questionnaire. Subsequently, this project will be advantageous in assisting with the development of individualised diabetes education.

Abstract P6: Research- questionnaire report

Title: How does Media and the Internet Influence patient presentations in Primary Care

Presenter: *Dr Sarah Manohar*, Accident and Emergency Foundation Year 2 Doctor, Queen Elizabeth Hospital, Birmingham.

Objective: To look at factors which influence presentations of patient to General Practitioners and how the internet and media play a role in forming patients perceptions regarding their illness prior to seeing a GP. It also looks at the clinicians' awareness of asking ICE during a consultation.

Methods: Collected data involving 62 patients in one general practice in Kings Norton, Birmingham involving 6 doctors ranging from FY2 – Qualified General Practitioner from January to March 2018. The patients were offered to complete the questionnaire containing 15 questions prior to seeing a doctor if they were above the age of 18 and had capacity. The questionnaire was then repeated after the consultation. The information was then anonymised and analysed after all the data was collected.

Results: 93.5% of patients involved used either a form of media or internet prior to seeing their GP. The most concerning and least reliable source was celebrity personalities and the internet with 86.1% and 77.4% of patients stating they would not trust the information provided. Only 22.6% of patients were asked about their ideas, concerns and expectations and 91.9% stated that they would have felt significantly more satisfied with their consultation if asked these questions by their clinician.

Conclusion: Patients are significantly influenced by media and the internet but do not inform their GP regarding this unless prompted. Many ideas and concerns are as a result of information gathered prior to speaking to a GP. Clinicians rarely ask about ICE and as a result patient satisfaction is not optimised.

Abstract P7: Case report

Title: An unusual case of ileocolic intussusception in an adolescent child secondary to a low grade mucinous neoplasm of the appendix

Presenter: *Dr Rashad Jurangpathy* , ST3 Clinical Radiology, West Midlands Deanery.

Report: Ileocolic intussusception classically presents between the ages of 3 months and 3 years, with the lead point usually being lymphoid hyperplasia. Lead points can, however, be pathological in nature, such as a Meckel's diverticulum or intestinal polyp. We present an unusual case of ileocolic Intussusception in an adolescent child secondary to a low grade appendiceal mucinous neoplasm. This particular 14 year old girl presented with an 8 day history of colicky right sided abdominal pain. An initial abdominal ultrasound demonstrated a static right-sided bowel segment that was exhibiting a target sign. Prior to any form of intervention, a CT scan was performed for further clarification. This CT showed a 3cm cystic lesion at the region of the caecal pole, which appeared to act as a lead point for a short intussusception of proximal appendix, short segment of terminal ileum and associated caecal pole into the ascending colon. The patient subsequently underwent surgical exploration, which demonstrated that this cystic lesion was in fact at the base of the appendix. A limited right hemicolectomy with complete excision of this cystic lesion was performed as ultimate treatment, with subsequent histology determining this cystic lesion to be a low grade appendiceal mucinous neoplasm. This unusual case of intussusception highlights the need to fully investigate cases of intussusception in patients that are outside the typical age range of presentation, to ensure that there is no pathological lead point that would alter/negate the standard management for an intussusception.

Abstract P8: Cross sectional study

Title: Do the mothers have the correct perception of their obese/overweight children? ; A cross sectional study in a tertiary care hospital, Sri Lanka.

Presenter: *Dr P.S.C Jayasekara*, Clinical Fellow Paediatrics – SWBH Hospital, Department of Women and Child Health, Sandwell, West Bromwich.

Authors: Jayasekera P S C¹, Fernando C M P², Rajindrajith S², Paranamana S¹, Fernando P¹, T Vipulanayaka¹, Muthusamy M K¹, Puliayadda T M N K¹.

1. Colombo North Teaching Hospital

2. Department of Paediatrics, Faculty of Medicine, University of Kelaniya

Introduction: Overweight and obesity in children is currently an epidemic across the globe. However, the perception of the problem is poor among care takers of children. Though many studies have been conducted on obesity, the literature on maternal perception and their determinants of their obese children is sparse.

Objectives: To study, (1) the accuracy of the maternal perception of their children with overweight and obesity, (2) the maternal demographic and social factors associated with the accuracy of the perception.

Methods: Three hundred and ten (310) obese/overweight children admitted to Colombo North Teaching Hospital were recruited for the study. BMI was documented in all subjects. Perception of their child's weight status were assessed among their mothers using a pre-tested, interviewer administered questionnaire. The data were analysed using SPSS 20.

Results: Of 310, 63% (n=195) were obese and 37% (n=115) were overweight. One fourth (25%) of the mothers underestimated their children's weight. Girls (32.3%) were underestimated more than boys (20.0%), ($P < 0.0001$). Mothers who were more than 40 years underestimated the weight less compared to younger mothers ($p=0.005$). Accuracy of maternal perception demonstrated an inverse relationship with the family income ($P= 0.002/\text{odd } 0.063$). Employed mothers underestimated the weight of their children (36.1%) more than those who were unemployed (21.1%), ($p < 0.0001/\text{odd } 7.420$).

Conclusion: The maternal perception of their children being overweight or obese was poor. Moreover, girls were more underestimated and maternal age, employment status and family income were main determinants of their perception.

Abstract P9: Opinion survey

Title: An opinion survey on job satisfaction among healthcare professionals - A project during work experience

Presenter: *Sethara Alwis and Thushini Anthony* Year 11 student and Year 12 student, Aylesbury High School, Aylesbury and Arnold King Edward's, Blackpool.

Background: Working as a 'Health Care Professional' (HCP) in the NHS seems challenging based on information about unsociable hours and litigation issues broadcasted in media. This may be discouraging to a young person thinking of a career as a HCP. As senior school students aspiring to have a career in Medicine, we set out to carry out an opinion surveys on job satisfaction among HCPs during our work experience attachments in a District General Hospital and in a GP surgery.

Methods: We designed a questionnaire with 10 questions on work satisfaction, work-life balance, ideas on their choice of profession etc. 55 HCPs volunteered to complete anonymised questionnaires. 2 were incomplete; rest from 29 doctors and 24 others were analysed, comparing senior HCPs (With more than 10years experience) vs juniors and GP surgery based HCPs vs hospital based HCPs. Trends were observed without statistical analysis.

Results and discussion: More than half (54%) of juniors, predominantly in hospital setting, are stressed with work load and 32% of seniors feel this way. Almost one third of juniors (35%) and seniors (31%) believe they have no time to socialise, again more in hospital practice. 77% of senior HCPs have job satisfaction and in juniors this is 55%, yet most of HCPs are happy about their choice of profession (70%) and would not change jobs (65%). 70% of seniors believe that current working environment is better compared to past. Better pay, more social activities and altering expectations of juniors are suggestions by senior HCPs.

Abstract P10: Research study

Title: Laparoscopic vs Open Para Umbilical Hernial(PUH) Repair

Presenter: *Dr Kaluthanthiri Patabandi Vidu Ruchira De Silva*, Specialty Doctor (Registrar) in General Surgery.

Objective: In order to compare the operative time, post-operative complications and duration of hospital stay in both Laparoscopic and open PUH repair are of paramount importance. This is because, most of the hospital management believe that they had higher expenses for laparoscopic repair when compared to open repair.

Method: In this retrospective study, 302 patients between 30 to 60 years of age including both males and females from National Hospital of Sri Lanka, have been analysed. Thus, 150 out of 302 patients underwent Laparoscopic repair whereas the rest underwent open repair. Furthermore, all the procedures were performed by experienced surgeons. Thereafter, operative time, post-operative complications, duration of hospital stay and surgical expenses have been documented.

Results: Mean operative time of 46 minutes had been observed for open repair in contrast to 25 minutes for laparoscopic repairs. In comparison to 4 patients with post-operative wound infections following open repair, none of the laparoscopic group had developed wound infections. Except one patient, all others were discharged on a day case basis following laparoscopic repair. Even though, 133 patients following open repairs were discharged on day 2 and 15 patients were on day 3, 4 patients with wound infections were hospitalised for five days or more. Eventually, two patients underwent removal of the mesh.

Conclusion: After analysing data (Chi test 105.3 $p < 0.001$) performing laparoscopic repair has shown a statistically significant economic benefit with regard to overall expenses, when compared to open repair.

Abstract P11: Literature review

Title: The Effect of Gastrostomy Insertion on Long-Term Pulmonary Function in Children with Cystic Fibrosis: A Systematic Review

Presenter: *Shani De Soysa*, 4th Year Medical Student, University of Cambridge School of Clinical Medicine.

Authors: Hera Asad(1), Tavishi Kanwar(1), Shani De Soysa(1), Usmaan Ahmed(2), Haroon Ahmed(1)

(1) University of Cambridge School of Clinical Medicine, Cambridge, UK

(2) BHR Hospitals, NHS England, UK

Aims: Cystic fibrosis (CF) patients' experience weight-maintenance problems, hence gastrostomies are routinely used to ameliorate nutritional status. We aimed to qualitatively assess the effect of gastrostomies on long-term lung function in CF children through reviewing the literature from the past 30 years.

Methods: PubMed and Cochrane libraries were used with the search strategy: (paediatric or children or young or adolescent or infant or neonat*) and (cystic fibrosis) and (gastrostomy or PEG) and (lung or pulmonary) and (function or death or mortality or FEV or FVC or exacerbation or transplant).

Results: Seven retrospective cohort studies are included in the review. The commonest indicators of pulmonary function are percent-predicted forced expiratory volume in one second (ppFEV1) and percent-predicted forced vital capacity (ppFVC). Three studies showed a positive effect, three found no significant improvement and one showed a decline in lung function due to increased pulmonary exacerbations.

Conclusion: The current literature depicts an uncertain long-term impact of gastrostomy on pulmonary function in CF children. Potential reasons include: small cohort sizes; lack of an exclusively paediatric demographic and an insufficient follow-up period. Additionally, literature in this area is sparse, consisting of retrospective cohort studies only. We recommend careful consideration of the appropriateness of gastrostomy on a case-by-case basis, given the lack of convincing evidence and the impact on quality of life that this intervention may have. Although RCTs are unlikely, comparison with countries where gastrostomies are not the norm and larger prospective cohort studies are needed to provide a robust evidence base to guide future practice.

NOTES:

PREMIUM GERMAN KITCHENS LTD

PGK



nobilia®

nolte
KÜCHEN



020 3903 7835

Unit E-4, Bounds Green Industrial Estate, London, N112UD.
info@pgkltd.co.uk, www.pgkltd.co.uk



Right in the heart of Colombo you'll find Havelock City – with unparalleled views, high-end retailers, an exclusive clubhouse, unbeatable entertainment and over 7 acres of lush garden space.

You can own a part of the city with the assurance that your investment is well taken care of by our experienced property management team. Standing out in the cityscape, we are the only fully integrated development with 18 acres of space you can truly call your own – a space you can call home.



HavelockCity
A CITY WITHIN A CITY

To book your home in the city please call +94 77 2 505 100
www.havelockcity.lk