



# SLMDA -UK

35<sup>th</sup> Anniversary



## Scientific sessions AGM and Dinner dance

Sunday  
April 30<sup>th</sup>  
2017

### Venue

Liverpool Football  
Club, Anfield

### Scientific sessions

Registration at  
8.00am

### Dinner Dance

6.30pm Drinks  
reception for  
7.30 pm start

### Proud to support

All profits will be  
used to fund  
SLMDA projects in  
Sri Lanka



Scientific session

at the  
Reds Lounge

Liverpool Football  
Club, Anfield

Dinner Dance  
at the  
Chemistry Lounge

Music by  
Frontline



This souvenir includes abstracts, speaker biographies and  
the programme for the evening Dinner Dance.

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# Welcome Messages

From the Out going President Dr Melanie Weerasuriya

Dear Colleagues and Friends,

It is indeed a great honour and pleasure to welcome you to the Annual Spring sessions followed by the Dinner Dance of the Sri Lankan Medical and Dental Association being held in the historic city of Liverpool this year. As my term ends, I can look back with pride at our many achievements during my tenure. This wouldn't have been possible without the help of my energetic and enthusiastic committee and of course, all of you who are part of the SLMDA. I have no doubt that my successor Dr Ruwan De Soysa will keep our proud organisation moving forwards with fresh initiatives. I wish him well.



I hope you enjoy the Scientific sessions and the Dinner Dance in the evening and thank you for your presence today

With best wishes,

*Melanie Weerasuriya*

From the President elect Dr Ruwan De Soysa

Dear Colleagues and Friends,

I am humbled by the great honour bestowed on me as your new President.



The previous year saw many new projects and continuation of older ones. As an Organisation, we are proud to have helped our Mother Country Sri Lanka, with the many projects commenced to support Undergraduate and Postgraduate Medical and Dental education in Sri Lanka. One of my first tasks as President will be to formulate an Action Plan for projects and other related activities in my year of office. I have no doubt that the Committee will be behind me all the way with their customary unstinted support. I must thank the

outgoing President Melanie for all the hard work she put in to the Association. Her organising skills were impeccable.

Enjoy the Scientific Sessions and relax and have fun at the Dinner Dance.

I look forward to seeing all of you again on September 30th when we have the Autumn Dinner Dance at Carden Park Hotel in Cheshire.

With best wishes,

*Ruwan De Soysa*

## 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 being held in the historic city of Liverpool at the World renowned Liverpool Football club. We are delighted to have Professor David A Warrell, Emeritus Professor of Tropical Medicine to deliver the Inaugural SLMDA Oration. We are also extremely pleased to have three eminent speakers, Prof I M Dharmadasa, Dr Mo Didi and Prof Jennifer Perera as guest lecturers. We are deeply grateful to them.

The enthusiasm and interest shown by young doctors to present their scientific studies at this meeting is most welcome. Their work was of high calibre and we are very pleased to have them presenting today. We wish them well in their careers.

We have an extra dimension to this meeting today in the form of a symposium by two senior administrators in the Health Ministry of Sri Lanka. We are looking forward to forging links with them and are very grateful to them for adding colour to the meeting.

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

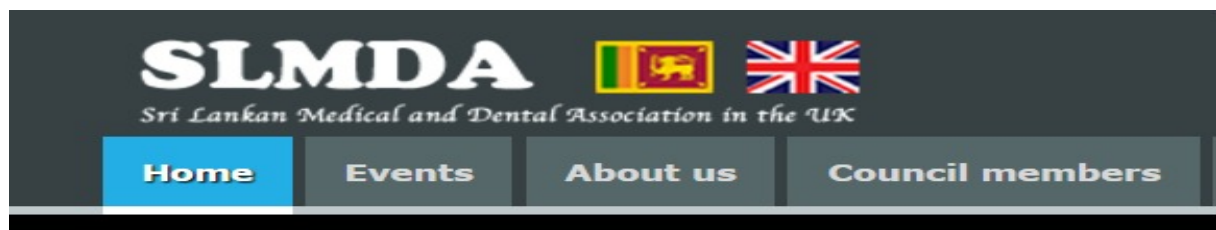
With best wishes,

*Supul Hennayake,*

*Mahendra Gonsalkorale*

*Udara Kularatne*

*Rasieka Jayatunga*



Please visit the SLMDA website. <http://www.srilankan-mds.org.uk/>

# SLMDA Scientific Sessions Programme

**08:00 Registration** at the Reds Lounge. Breakfast and tea served at the adjoining Sevens Lounge. (*Provided by SLMDA members and friends*)

## **09:00 Inaugural Ceremony**

- Welcome by Dr Melanie Weerasuriya, President SLMDA,
- Lighting the traditional lamp to the magul bera by distinguished stalwarts of SLMDA from the North West
- introduction to the programme, announcements by events organiser Dr Ruwan De Soysa.

## **Session 1: Trainee presentations**

Chairpersons: Dr Mahendra Gonsalkorale, Dr Lankanatha Alwis

**09:15 Gunatilleka K-** Do hospitals provide a healthy diet for growing children?

**09:30 Mahappuge, S.E.K;** Ishaq, S; Siau, K; Kawesha; A;- Surgically Managed Giant Colorectal Polyps: Eight year experience from a UK Centre.

**09:45 Ahmed, Akila; Dr Jayasekara, Piramanage;** Dr Wasala, Rani; Dr Plant, Gemma ; Dr Garcha, Katrina;- Re-audit on Medication Errors in Paediatrics

**10:00 Fernando, Iranthi;** Karunanayake, Aranjana; Paramanathan, Brunthiga; Kumara, Saman; - To Describe the Pattern of Somatic Growth and Growth Velocity of preterm infants During the First Three Months of Life in a Tertiary Care Centre

## **Session 2: Future projects**

Chairpersons: Prof. Mahesan Nirmalan, Dr Roshan Amarasena

**10:15** Guest speaker: Prof I M Dharmadasa, Professor of Electronic Materials & Devices at Sheffield Hallam University introduced by Prof Nirmalan. Topic - ***Solar energy applications for a Healthy Society.***

**10:45 Witana, Jaika** - 'Preserving the past for the future': Medical Museum of the College of Medicine, Colombo Sri Lanka

**10:55** Tea break and poster viewing. (*Tea, coffee and Biscuits by LFC*)

# SLMDA Scientific Sessions Programme

## Session 3: Health needs in Sri Lanka

Chairpersons: Prof. Devaka Fernando, Mr Supul Hennayake

**11:30** Guest speaker: Dr Mo Didi, Consultant Paediatric Endocrinologist, Alder Hey Children's Hospital, Liverpool, introduced by Dr Ruwan De Soysa. Topic - ***Congenital Hypothyroidism.***

**12:00 - 12:30** Short Oral presentations

- **Dolamulla S.S;** Perera, IR; Fernando, D; Gumber, A;- An assessment of inequality, availability and affordability of health care services in Sri Lanka
- Jayasundara Bandara, JMW; **Gajanayake, C;** Sudarshana, AT; Jeewaratne, P; Senaratne, S; Samarasekara, N;-Island wide brushing drill on the World Oral Health Day 2016
- **Gajanayake, C;**- Level of Patient Satisfaction on Non-Clinical Services in National Dental Hospital (Teaching), Sri Lanka (NDHSL).

## Session 4:

Chairpersons: Dr Ruwan De Soysa , Dr Niroshini Nirmalan

**12:30** Inaugural SLMDA Oration delivered by David A Warrell, Emeritus Professor of Tropical Medicine, Honorary Fellow of St Cross College University of Oxford, introduced by Dr Ruwan De Soysa. Topic - ***You'll never walk alone: collaborative Clinical Toxinology Research in Sri Lanka.***

**13:05** Guest speaker: Prof Jennifer Perera, Dean of the Colombo Medical Faculty, Chair and Professor, Department of Microbiology, introduced by Dr Niroshini Nirmalan. Topic: ***My vision for the Colombo Medical School: How the SLMDA can assist in realising the dream***

**13:35** Prize-giving, vote of thanks conducted by the organising committee

**13:45** Closing ceremony

Followed by Lunch and AGM

**14:00** Lunch (provided by SLMDA members)

## ORAL PRESENTATIONS

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## **Key speakers: Biographical notes (in order of appearance)**

**Dr Mo Didi**, Consultant Paediatric Endocrinologist, Alder Hey Children's Hospital, Liverpool. Dr Didi has been a consultant paediatric endocrinologist in the Trust from 1997. He is clinical lead for Endocrinology in the Trust. His main clinical interests are congenital hyperinsulinism, endocrinology in the transition period from childhood to young adult life and endocrine problems in survivors of childhood malignancy and brain tumours. His research interest has been in the thyroid gland, especially in the preterm and term infant. Specialisms include congenital hyperinsulinism, Endocrinology in the transition period from childhood to young adult life and Endocrinology in survivors of childhood malignancy and brain tumours.

**Prof I M Dharmadasa**, Professor of Electronic Materials & Devices at Sheffield Hallam University.

I M Dharmadasa (IMD) is the Senior Staff Grade Professor of Electronic Materials & Devices at Sheffield Hallam University in the UK and Head of the Electronic Materials & Sensors Research Group within the Materials and Engineering Research Institute (MERI).

His research activities focus on the development of a new generation of low cost, high efficiency solar cells. He has four decades of experience in both industry and academia and has secured six GB patents, based on novel process developments. He sparked scientific debate by proposing two new scientific theories concerning development of photovoltaic solar cells. IMD has published over 150 journal papers, 4 book chapters, single authored book on "Advances in Thin Film Solar Cells" and given over 250 conference presentations.

IMD graduated from the Univ. of Peradeniya in Sri Lanka. He won the Dr. Hewavitharana memorial prize for best performance for his Physics Special Degree in 1975, and joined the academic staff of the Physics Department in the Science Faculty at Univ. of Peradeniya. An open commonwealth scholarship award in 1977, led to his PhD thesis in 1980 at the Univ. of Durham (UK). He returned to his Lecturer post in Sri Lanka but a deep research interest generated by his PhD thesis led to his return to the UK in 1984, where he was an active solar energy researcher at Univ. College Cardiff and the British Petroleum Company (BP), before joining Sheffield Hallam University in 1990.

IMD is actively involved in the promotion of clean energy technologies for social development and the reduction of poverty. He helped establish and now leads an international Renewable Energy Promotional network (SAREP), which aims to accelerate the adoption of renewable energy technologies. He has designed, piloted and monitored "Solar Village" project, and this is now in the replication stage within and outside Sri Lanka.

IMD is a Fellow of the World Innovation Foundation and the UK Institute of Physics. He referees for over 14 international Journals, one of the Editors for Journal of Materials; Materials for Electronics and act as Guest Editor for several special issues in Journals, "Energies" and "Coatings". He also currently serves as an Assessor/panel member for The European Commission (EC) and an academic advisor for the Commonwealth Scholarship

development and the empowerment of rural communities. IMD is one of the founding members of the APSL-UK charity (Association of Professional Sri Lankans in UK), and has served as the Vice President for 5 years and the President for two years (2009-2011).

**David A Warrell**, Emeritus Professor of Tropical Medicine, Honorary Fellow of St Cross College University of Oxford.

Professor David Warrell is one of the world's leading figures in tropical medicine, and is the founding director of the Centre for Tropical Medicine and Wellcome Trust-Mahidol University Oxford Tropical Medicine Research Programme, Thailand. He has advised, among others, the British Army, the Foreign Office, the Royal Geographic Society and the World Health Organisation, on tropical medicine.

His most recent research focuses on the incidence, morbidity and mortality of snake bites in Africa, Asia, Oceania and Latin America; and on the clinical presentation, pathophysiology, treatment and prevention of envenoming by snakes and other venomous animals. The key component of snake bite treatment is provision of specific antivenom. New antivenoms for treatment of saw-scaled viper bites in Nigeria and of taipan bites in Papua New Guinea have been developed and have or are being clinically tested. Recent findings in India give support to the belief that snake bite is the most neglected of all neglected tropical diseases and deserves reprioritisation. This programme is aimed at producing evidence relevant to establishing the true status of snake bite as a public health problem.

Sir David is co-editor of the Oxford Textbook of Medicine (1983, 1987, 1996, 2003, 2010); Concise Oxford Textbook of Medicine (2000); Essential Malariology (1993, 2002); Expedition Medicine (1998, 2002); and the Oxford Handbook of Expedition and Wilderness Medicine (2008, 2015).

**Prof Jennifer Perera**, Dean of the Colombo Medical Faculty, Chair and Professor, Department of Microbiology.

Professor Jennifer Perera graduated from the Faculty of Medicine, University of Colombo in 1979 with second class honours. She joined the Department of Microbiology, Faculty of medicine, Colombo as a lecturer in 1980 and completed her postgraduate studies and became a Board certified Consultant in Microbiology in 1986 and is the chair and senior Professor of Microbiology since 2009. Currently She serves as the Dean of the 147 year old prestigious Faculty of Medicine, University of Colombo.

Additionally she holds a Postgraduate Diploma in Medical Education from the University of Dundee, UK, a postgraduate Diploma in Womens Studies from University of Colombo and an MBA from University of Wales. She was the President of the Sri Lanka Medical Association the apex body of all medical professionals in 2015. She has published widely and received numerous awards for her research including Presidential research awards.

She is a fellow of the National Academy of Sciences of Sri Lanka and Sri Lanka College of Microbiologists. She has served in many learned societies in different capacities. She has served as President of the Vaccine forum of Sri Lanka from 2012 – 2013, Sri Lanka Association for the Advancement of Science in Medical Veterinary and Dental section in

2000 and Sri Lanka College of Microbiologists in 2001. She represents Sri Lanka in the Asian Network for surveillance of Resistant pathogens (ANSORP) from 1996-to date

Currently she serves as a member of numerous National Committees which are responsible for policy decisions. She is chair of Research Committee on Biotechnology of the National Science Foundation and a member of the advisory Committee on Communicable Diseases of the Ministry of Health. She has served as a member of the National Committee on Women, National Health Research Council and National Research Committee.

## **TRAINEE - ORAL PRESENTATIONS**

### **Abstract O1:**

**Title:** Do hospitals provide a healthy diet for growing children?

**Quality improvement project.**

**Author:** Keshini Gunatilleka, FY1, Walsall Manor Hospital

**Background:** Healthcare professionals constantly emphasize the importance of a healthy diet. This audit intended to find out if this advice is practiced in hospital. Under or overnutrition in children can lead to consequences including obesity and constipation, which may contribute to a longer hospital stay. Obesity is a rapidly growing epidemic in the UK, with 31% of children being overweight or obese in 2014.

**Method:** 187 menus from two paediatric wards from a deprived inner city hospital were analysed in October 2014, to find out:

1. What food was on offer
2. Were these options healthy
3. What food was chosen
4. Who chose the food (child/parent/staff)?

**Results:** Chicken nuggets were the most popular dinner choice, with 60% of children choosing a fried meal. 75% of children chose a meat or fish option, whereas options containing vegetables were seldom chosen. For sides, salads were rarely ordered, whereas crisps/quavers/wotsits were chosen 50% of the time by children and 75% of the time by staff (for children). Potatoes were the most popular side, with chips being twice as popular as mash. The fruit options available were apples, oranges and bananas. Staff chose fruit more often than children for dessert.

**Conclusion:** This study suggests that children do not receive a healthy diet in hospital. Healthy diets should be introduced while in hospital to develop an awareness of healthy eating, especially if obese. The final objective is to ensure that children meet their nutritional requirements, allowing for a quicker recovery and discharge from hospital.

### **Abstract O2:**

**Title:** Surgically Managed Giant Colorectal Polyps: Eight year experience from a UK Centre

**Authors:** Mahappuge, S.E.K; Specialist Registrar in Colorectal and General Surgery, Ishaq, S; Siau, K; Kawesha. Russells Hall Hospital, DGHNSFT, Dudley, West Midlands

**Purpose/Background:** Giant colorectal polyps (3cm or above) carry an associated malignant risk of approximately 40%.Surgical resection is considered when endoscopic mucosal resection (EMR) is unsuccessful.

**Methods/Interventions:** We performed a prospective case series of patients over 8 years in a district general hospital with tertiary EMR expertise. Polyp size was measured with an open snare. Standard classifications used. Patients were included in the study if they had giant polyps diagnosed endoscopically, but deemed unresectable or had failed EMR. Standard segmental resections were performed by surgeons. We assessed the demographics, polyp characteristics, indications, time to surgery, malignancy risk, postoperative complications, length of stay and histology. Data were collected from patient records and hospital databases.

**Results/Outcome(s):** Thirty eight patients (n=38) were included (24 males).The mean age was 73.7 years (range 28-90).The majority of lesions were left sided (58%). The mean polyp size was 53mm(range 30- 160mm). Thirty six(95%) were Kudo type IV. The majority of patients were ASA-2(n=23; 60.5%) while12( 31.5%) were ASA-3. The indications for surgical referral included: difficult position/non-lifting(n=22; 58%), suspicious histology and/or imaging(n=14; 37%), failed multiple EMR(n=1) and FAP(n=1). The mean interval between colonoscopy and surgery was 136 days(range 13-357). Surgical resections consisted of the following: right hemicolectomy(n=16; 42%)(8 laparoscopic), left hemicolectomy(n=1; 3%), anterior resection(n=13; 34%),5 laparoscopic), laparoscopic abdomino-perineal resection(n=2), panproctocolectomy(n=1) and transanal excisions(n=5, 13%). Seven(18.4%) patients required a second surgical procedure. two patients had a permanent stoma. The mean duration of postoperative hospital stay was 6.1 days. In the 90-day postoperative period, no deaths were observed. But surgical complications occurred in 9(24%) patients comprising of deep vein thrombosis(n=2), surgical site infection(n=1), ileus(n= 2), adhesive obstruction(n=1) and relaparotomy(n=3). The prevalence of neoplasia on surgical histology which were initially benign from endoscopic biopsy was 15/38(39.4%) of which 7/15(46.7%) were Dukes A

**Conclusions:** Surgical management of giant polyps carries high morbidity, prolonged length of stay and increased overall cost of treatment. However, malignant lesions were detected in 39.4% which would otherwise have been considered benign

### **Abstract O3:**

**Title:** Re-audit on Medication Errors in Paediatrics

**Authors:** Ahmed, Akila; Dr Jayasekara, Piramanage ; Dr Wasala, Rani; Dr Plant,Gemma ; Dr Garcha, Katrina. Sandwell and West Birmingham NHS Trust

**Objectives:** Medication errors are common among paediatric patients. Such errors may potentially leads to serious outcomes. The objectives of this audit were as follows.

To evaluate the prescription errors in the department of Paediatrics in accordance with BNFc 13 prescription standards by auditing prescription charts

To analyze medication errors according to the type of errors and severity by using trust incident reporting system.

Comparison of the outcomes after implementation of 12 multidisciplinary action plans which were put in place following the previous audit in 2013/2014

**Methods:**The data of prescription errors were extracted using prescription charts of the 3 paediatric wards of the Sandwell and West Birmingham NHS Trust during the last 3 months of year 2016. The data of medication errors of the year 2016 were obtained from the trust incident reporting system and those were analysed according to the type of errors ie; Prescription, administration and dispensing and also according to the severity.

Data were compared with year 2013/ 2104 results.

**Results and discussion:** Within the study period total of 134 prescription charts were analysed.

#### **Abstract O4:**

**Title:** To Describe the Pattern of Somatic Growth and Growth Velocity of preterm infants During the First Three Months of Life in a Tertiary Care Centre

**Authors:** Fernando, Iranthi; Karunanayake, Aranjan; Paramanathan, Brunthiga; Kumara, Saman; MTI Trainee.

**Introduction:** Preterm babies have immature systems making them vulnerable to diseases and suboptimal growth. Extra uterine growth restriction remains as a serious problem in this population, and there may be associations with adverse neuro developmental outcome.

**Objectives:** To determine the relationship of weight gain, linear growth and head growth with gestational age.

**Methodology:** This is a longitudinal study conducted in a tertiary care neonatal unit in Sri Lanka. The main objective of the study is to describe the behavior of somatic growth and growth velocity of preterm babies over three months period. Ethical clearance was obtained from the hospital ethical review committee, and parent consent was obtained before the first assessment. We selected preterm patients admitting to neonatal intensive care (POA < 35wk). Patients with congenital anomalies, chromosomal anomalies, grade 3 and 4 intraventricular hemorrhages and out born patients were excluded from the study. Growth parameters of 81 patients were collected during the period of study.

**Results:** Total sample of 81 patients. Majority (69%)was in the 30-35 POA. The lowest was (2.4%) in the 26 weeks of POA. According to the results of bivariant analysis the association between weight gain, linear growth and head growth with gestational age were (Pearson correlation (PC) -0.275, P value 0.013), (PC -0.125, P value0.266) and (PC 0.072, P value 0.522 ).

**Conclusion:**Only the weight gain had a significant negative association with gestational age.

## **Future Projects**

### **OFP1:**

**Title:** Preserving the past for the future': Medical Museum of the College of Medicine, Colombo Sri Lanka

**Author:** Witana, Jaika. Consultant Audiovestibular Physician, Alder Hay Children's NHS Foundation Trust.

Whilst museums are a cultural norm in many societies, an accepted means to preserve history, science and the arts, medical museums take precedence in providing the public, the future generations with education, inspirations and challenges. In Sri Lanka creation of a Medical museum has been long overdue.

A venture to preserve all archivable material artefacts in Sri Lankan medical sphere be it historical, that which is our heritage or that pertaining modern western medical science is planned. A systematic method of cataloguing and collecting, medical equipment, books and literature, preserving images, photographs, paintings and significant documents is proposed. Renovation of the existing portraiture and painting new portraits of medical dignitaries in appropriate media is to be commissioned. Film and digital recordings are also to be preserved. Selection of portrait painters from a cohort of contemporary artists from Sri Lanka will ensure promotion of local artists giving them due recognition in society.

The museum would be under the joint chairmanship of two curators, one based in Sri Lanka and one based abroad. An executive board is to be appointed with a parallel formation of a support charity for the museum (with a board of Trustees, to act as non executives)

A building has been earmarked in the Colombo Faculty campus grounds. Collection and cataloguing of material is due to commence.

The presentation at the SLMDA Spring Scientific Meeting is a means to educate, appeal for support and funding for the venture.

## **Health Needs Sri Lanka Presentations**

### **OHN1:**

**Title:** An assessment of inequality, availability and affordability of health care services in Sri Lanka.

**Authors:** Dolamulla SS, Perera IR, Fernando D, Gumber A. Sheffield Hallam University.

Despite of a lower and middle income developing country, health status of Sri Lankans is on par with developed countries. However, the current healthcare system has not well geared to significant impact on narrowing down health inequalities, improved services and financial protection in catastrophic health expenditure. The main objective of this study was to assess perceived inequality, availability and affordability of health care to achieve universal health coverage (UHC) in Sri Lanka and strategizing issues for futuristic development.

A pre-tested, validated, web-based questionnaire was used to gather data among purposively selected health care managers in January 2016. Six focus group discussions (FGD) were held in three different themes among same participants by using a FDG guide. Issues were identified by nominal group technique method and related strategies were mapped by brainstorming.

The valid response rate was 96% (98 of 105) and 81% of respondents agreed that current health care delivery model had lapses. The mapped main thematic areas were mal-distribution of human resources (HR), underutilisation of primary care and overcrowding of tertiary care services, and high out of pocket payments. Main strategies were introduction of rational HR policy, system integrated referral system, and evidence based diversification of healthcare resources according to demand and utilisation such as sharing and outreaching and financial joint venture with corporate insurance, private sector, NGOs and foreign missions.

While consolidating improvements in health status and achieving UHC, futuristic strategizing of health care services incorporated into new national health strategic master plan had become a timely need.

## **OHN2:**

**Title:** Island wide brushing drill on the World Oral Health Day 2016

**Authors:** **Jayasundara Bandara JMW**, Gajanayake C, Sudarshana AT, Jeewaratne P, Senaratne S, Samarasekara N- National Dental Hospital (Teaching), Ministry of Health, Sri Lanka], Charles Clifford Dental Hospital, Sheffield

**Background:** Sri Lanka was known in the global health map as a country with good health indicators. However, dental caries has been a problem with the lifestyle changes and urbanization. Water fluoridation and milk fluoridation still not happening in Sri Lanka.

**Aim:** To inculcate the habit of twice a day tooth brushing into preschool and primary school children in Sri Lanka. .

**Methods:** The project was funded and supported by the Ministry of Health Sri Lanka and the World Dental Organization (FDI). A country wide mass brushing drill with 100,000 student participants was organized. To get the maximum effect participants were selected from all parts of the country. Brushing drill was conducted in all 25 health districts in 1674 centres with 100,850 students.

School and preschool teachers were educated and trained as instructors, posters and banners were distributed and special programmes were conducted before the event. On the date, at the same time (10.00am) children started the brushing drill. They were given the brush and a set of stickers which would be pasted on a board when they are brushing the teeth (rising sun for the morning and moon for the night).

After a month, data were collected to see the improvement.

**Results:** Children who brushed their teeth twice a day has increased from 21.5% to 78%. 99.5% children brushed their teeth at least once a day.

**Conclusions:** Twice a day tooth brushing can be inculcated as a good habit in the children by providing the knowledge and right environment.

## **OHN3:**

**Title:** Level of Patient Satisfaction on Non-Clinical Services in National Dental Hospital (Teaching), Sri Lanka (NDHSL).

**Authors:** **Gajanayake, Chandana;** Overseas Management Fellow [Senior Medical Administrator, Director National Dental Hospital (Teaching), Ministry of Health, Sri Lanka], Charles Clifford Dental Hospital, Sheffield

**Background:** NDHSL is the largest dental hospital in the country and it caters to about 800 patients a day. After the establishment of directorate of healthcare quality and safety, there is a drive towards patient satisfaction in the country.

**Aim and purpose:** To measure the level of patient satisfaction among the patients who visit to the NDHSL for OPD care.

**Materials and method:** This study evaluates the satisfaction of patients, during their interaction and treatment in the NDHSL. The satisfaction was measured in the 5 dimensions of service quality; tangibles, reliability, assurance, responsiveness and empathy. To derive the objective, the research model had 5 dimensions that explain the patient's satisfaction (dependent variable). A self-administered questionnaire with a Likert's scale was used for measurements.

**Results:** 92.4% had responded and it is evident that majority of the patients are satisfied with the non-clinical services provided at the Dental Hospital. However, there is a difference

in level of satisfaction in different dimensions. Out of the 5 dimensions empathy (1.91) and responsiveness (1.99). were the worst

Summary and conclusions: As patients are satisfied with the service provision Dental Hospital it can be used as a benchmark for other institutes in the country. Though the patients are satisfied with the non-clinical services, there are areas to be improved. Healthcare managers can use these data to improve their institutions. Policy makers can find the expectations levels of the patients and address those.

## **TRAINEES – POSTER PRESENTATIONS**

### **Poster 01**

**Title:** *Post percutaneous coronary intervention (PCI) Takotsubo Cardiomyopathy.*

**Author:** Ratnayake EC. , Clinical Fellow in Cardiology, Worcester Royal Hospital.

**Background:** Takotsubo Cardiomyopathy is a rare, stress induced syndrome causing a transient reduction in left ventricular function characterized by apical ballooning and basal hypercontractility. We report a case in a patient one day following percutaneous coronary intervention for a non-ST elevation myocardial infarction (NSTEMI)

**Case Report** – A 71 year old female presented with ischaemic chest pain and ECG changes suggestive of a NSTEMI. Coronary angiography revealed significant stenosis of the left anterior descending artery and percutaneous coronary intervention was successfully performed. The patient was transferred to coronary care unit for observation. The next day she developed further chest pain and ECG changes, prompting repeat angiography which revealed a patent stent. Left ventriculography performed revealed characteristic changes of Takotsubo Cardiomyopathy with apical ballooning. The patient was transferred back to CCU and had an uneventful recovery the next day and discharged home.

**Discussion** – Takotsubo cardiomyopathy is usually attributed to psychological stresses possibly causing a catecholamine surge. Here we report a rare case induced by the physical stress of an acute coronary syndrome following successful revascularization. The syndrome should be considered in the differential diagnosis of recurrence of chest pain following an acute cardiac event.

### **Poster 02**

**Title:** *A Survey on Dental Anxiety Among Different Demographics.*

**Author:** Mahalekam, Isara; Year 12 Student, King Edward VI Camp Hill School for Boys,

Dental anxiety and phobia are very common issues. Approximately half of UK adults have a fear of dentists, 12% of these suffer from an extreme dental anxiety. It is known that visiting the dentist is ranked number one for making people nervous, even more popular than heights. After seeing people with real dental anxiety during work experience at a dental practice, I decided to look into how people around me felt about visiting their dentist and any specific procedures that caused anxiety.

To carry this out, I used a questionnaire made by University of St Andrews (Modified Dental Anxiety Scale) and added extra questions to also try and assess the demography of those who are anxious. The original questionnaire was marked out of 25, any score of 19 or above was classed as 'Dentally anxious/phobic'.

My data contained 82 different people, of these approximately 17% were dentally anxious compared to the national average of 12%. I found that there is no correlation between

ethnicity, however my results showed that proportionately, the majority of people who were anxious (>19 score) were between the ages of 25 and 50. All of those who were dentally anxious were also needle phobic.

The results drawn from the survey indicate that there is no correlation between having a dental phobia and being part of any set group, such as ethnicity or employment status. However, the higher proportions of people in older groups expressing dental anxiety may suggest people develop an aversion to dentist over time.

### **Poster 03**

**Title: *Heart To Heart- An Analysis of Maternal Mortality Reports in the UK and Sri Lanka.***

**Author: Jayasooriya G**, Sp. Registrar in Anaesthesia, Imperial School of Anaesthesia, London  
The World Health Organisation reports that approximately 830 pregnant women die per day.<sup>1</sup> The majority of these deaths occur in low resource settings and a significant proportion are preventable. Sri Lanka has long been quoted as the success story for countries of similar socio-economic stature.<sup>2</sup>

The maternal mortality rate in Sri Lanka has almost halved from 60 to 32 (per 100,000 live births) over the last 20 years.<sup>3</sup> A structured surveillance system provides the foundation for accurate and efficient analysis of data with timely dissemination. This together with political and institutional commitment to improving maternal wellbeing are considered some of the reasons for achieving this feat. In comparison, the current maternal mortality in the UK is 8.5 (per 100,000 maternities)<sup>4</sup>.

Despite differences in mortality rate, what is striking are the similarities in maternal mortality trends and patterns of causation in the two countries. Whilst causes of death traditionally associated with pregnancy (e.g. haemorrhage/ pre-eclampsia/ thromboembolism) have diminished, others such as cardiac disease have come to the forefront.

Heart disease in pregnancy remains the elephant in the (obstetrician's) room. Of UK mothers dying from cardiac causes 77% did not have any cardiac history. To impact on maternal mortality in any significant way both countries need to focus efforts on identifying and modifying risks in this category.

With the comparable nature of reports produced in the UK and Sri Lanka, we are presented with a unique opportunity to share data and experiences, and collaborate towards a common goal of global maternal health.

### **Poster 04**

**Title: *UPSTART – Training medical students in the recognition and treatment of critically unwell patients using the ABCDE approach.***

**Author: Parker, Rebecca**; ST4 Anaesthetics, James Cook University Hospital, South Tees Hospital, NHS Foundation Trust.

The assessment of critically unwell patients using an ABCDE approach is well recognised and taught in the UK. However this method is not widely used in Sri Lanka. The aim of the project was to introduce a structured approach to the recognition, assessment and

management of unwell patients to final year medical students at Rajarata University, Anuradhapura.

**Methods:** A 1 day course was delivered to 180 medical students at Rajarata University. The course comprised an introductory lecture, 5 small group workshops on ABG analysis, sepsis, shock and fluids, airway management and NEWS. Application of the ABCDE approach was consolidated using low fidelity simulated clinical scenarios. Participants also received course manual. The students were asked to complete pre and post-course questionnaires regarding their confidence in 15 domains related to the course.

**Results:** The questionnaire demonstrated improved confidence in all domains. The feedback was positive and the course well received. 100% of participants would recommend the course to other students and doctors. Mean improvement in confidence scores over all domains was 5.70. Greatest improvements were seen in recall and appropriate initiation of sepsis

**Discussion:** The feedback was positive and reflected perceived improvement in knowledge and skills from the students. There was no formal assessment of knowledge or skills. However, the focus of this course was to allow the students to develop in confidence and facilitate their transition into the role of junior doctors. UPSTART also introduced novel learning methods: simulation and interactive workshops. The course has been incorporated into final year curriculum.

#### Poster 05

**Title:** *Does Intra-operative Cholangiography reduce the Post Cholecystectomy Readmission rate?*

**Authors:** Mahappuge, Shasika Eranda Karunadasa, SpR in General Surgery; Sellaheewa, Chaminda; Ranathunga, Sajith; Nuzair, Nizam; Ravinath, Gunasiri; Russell's Hall Hospital, Dudley.

**Introduction:** The role of Intra-operative Cholangiography (IOC) during laparoscopic cholecystectomy is widely debated and clinical evidence for and against is commonly observed. NICE emphasize the need for large, high-quality trials to address clinical questions about the benefits of IOC.

**Objective:** Is to find out whether IOC reduces the 28 day readmission rates.

**Methodology:** This retrospective study was done in a District Hospital in UK. Data were collected from case notes and computer data base. Consecutive patients were included over the period of 2 years. Readmission is defined as patients getting admitted within 28 post procedure days due to any related complication/s. Patients with deranged LFT, dilated duct, abnormal MRCP, clinical evidence of choledocholithiasis were included in the IOC group. The comparison was made between IOC coded and IOC none coded elective laparoscopic cholecystectomy groups.

**Results:** Over the last 2 years total of 834 patients underwent elective laparoscopic cholecystectomies. Out of which 214 (25.6%) had IOC. Twenty eight day readmission rate for IOC group is 14/214 (6.5%) whereas the number for the non IOC group is 80/620 (12.9%). There is statistically significant ( $p < 0.05$ ) reduction of readmission rates among IOC group.

**Conclusion:** IOC reduces 28 day readmission rate after elective laparoscopic cholecystectomy therefore we recommend considering IOC for all elective laparoscopic cholecystectomies

# PROGRAMME

**1830: Arrival of guests and drinks reception at the 5th floor of the New Stand, Chemistry Lounge. Photo opportunity with the Champions League Cup.**

**1930: Guests take seats**

**1945: Special item by a Liverpool based Sri Lankan Dance troupe**

**2000: President's speech**

**2015: Dinner served.**

**2145: Dance**

**2245: Raffle**

**2300: Dance**

**0100: Carriages**

## VOTE OF THANKS

*The President and committee members wish to thank*

- Everyone who sold tickets
- Management of The Liverpool Football Club
- Gold sponsors, Havelock City Apartments
- *Frontline* for their fantastic music
- Our Raffle prize donors
- Our Advertisers for contributing to the Souvenir
- The Scientific Committee
- All Past Presidents and their spouses, and friends, for a great job helping to manage the event and provide breakfast and lunch.
- All spouses of current committee members
- All who helped with the decorations
- Each and everyone of you present tonight
- The Editor of the Souvenir, Dr Mahendra Gonsalkorale
- All others who contributed to this event

**On with the Dance....**  
**Dance music by the Fabulous Frontline!**  
**Watch out for the girls with Raffle Tickets**



**Raffle Prizes**

## New SLMDA investments in the field of medical education 2015-2017

Mahesh Nirmalan, Melanie Weerasuriya and Ruwan de Soysa

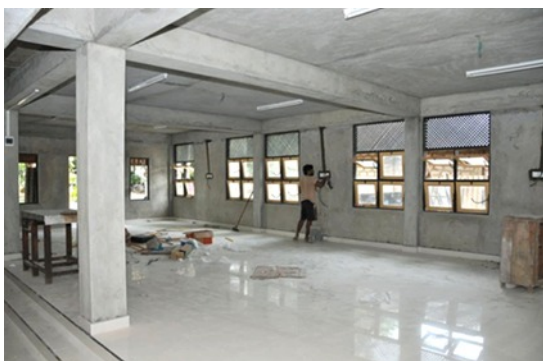
In the past two years the SLMDA has sponsored some key projects that have had a positive impact on the day-to day experience of countless medical students in Sri Lanka.

(1) Annual Book donations to all Medical libraries.

(2) We have sponsored two water purification plants that now supply safe drinking water to the medical students at Rajarata University (Saliyapura campus). The project is now complete and the total investment made by the SLMDA was £5000.



(3) The SLMDA also sponsored an extension to the student canteen at the Jaffna Medical Faculty. The current canteen was originally designed for a much smaller cohort of students who were admitted to this campus. However due to the dramatic increase in student numbers, the current canteen lacked basic facilities and space for all its current intake of students. This situation was highlighted to the visiting SLMDA delegation by the Dean Dr S Raviraj in 2015. The SLMDA has made a total investment of £5000 (with a further contribution of £4000 from an anonymous SLMDA member, making the total investment by the SLMDA to £9000). This project is also now complete and the new premises will be declared open formally in the very new future.



(4) The SLMDA council has further approved an additional investment of £10,000 for establishing the concept of "Green campuses" in Sri Lanka. This is a new and exciting initiative in the field of Higher Education in the country and the council, after careful

deliberations, selected the Saliyapura campus (Rajarata Medical faculty) as the first campus to receive this investment. The SLMDA Council is working with the Dean, Professor Sisira Siribaddane to ensure all future savings made to the current electricity bills, by moving to solar energy will be reinvested towards achieving a carbon neutral campus in the country.

(5) Computer units to the Peradeniya Dental Faculty (£6000). This request is currently under active consideration by Council.

These were only possible because of the generous donations/support from our members and well-wishers. Please continue to support us. Your support will change opportunities, attitudes and achievements.

## SOME NOTABLE LANDMARKS OF THE SLMDA (UK)

SLMDA is the oldest Sri Lankan professional association in the UK. The inaugural meeting was held at the Ceylon Tea Centre in London on Saturday the 27th March 1982 with Dr Seetha Siriwardena in the chair

The original aims of the Sri Lanka Doctors Association as it was called then, were to help Sri Lankan medical schools and to create a forum for the SL doctors to exchange academic ideas and social pleasantries.

The first Christmas Dance held on the 31st December 1982 was attended by a massive gathering of 454

The SLMDA was recognised as a registered charity (No:800821) by the UK Charity Commissioner in 1990. Also in the same year, SLMDA held its first Dinner Dance outside London, in Warrington, Cheshire

The first Annual General Meeting and Scientific Meeting held outside London was in Bisley, Surrey in 2003.

The first Dinner Dance of the SLMDA was held on the 26th of June 1982 at the Cunard International Hotel in London. Ticket price was £12.50.

The first academic meeting was held on the 19th of March 1988 under the aegis of Dr Punchihewa and Dr Izmeth.

# SLMDA Autumn Dinner Dance

## CARDEN PARK HOTEL CHESTER

There will be sufficient rooms for everybody. Check for price deals for accommodation nearer the date.  
For Saturday, 15 rooms reserved for £160 per couple  
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# Saturday SEPTEMBER 30th 2017



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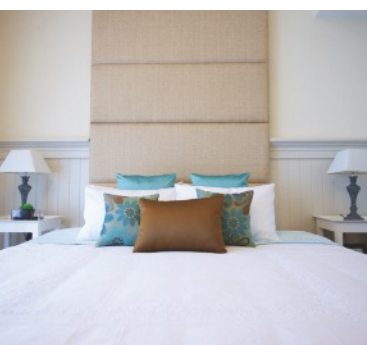
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Souvenir designed and prepared by Mahendra Gonsalkorale