

# SUTURE

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## Empowering the future Surgeon in the service of humanity

Cover Story - Page 04

The 'sentinel' of accountability: Active integration of principles of clinical governance into surgical training

Pramodh Chandrasinghe Professor of Surgery, University of Kelaniya....Page 14

### From the Editors

To our readers, contributors, and the wider surgical community.... Page 18

### 'The Pulse' College Activities

The College of Surgeons has continued to engage in many educational capacity... Page 20

### Basic Surgical Skills Workshops for Medical Officers

The College of Surgeons of Sri Lanka, together with regional collaborators, successfully conducted... Page 34



# IN THIS ISSUE

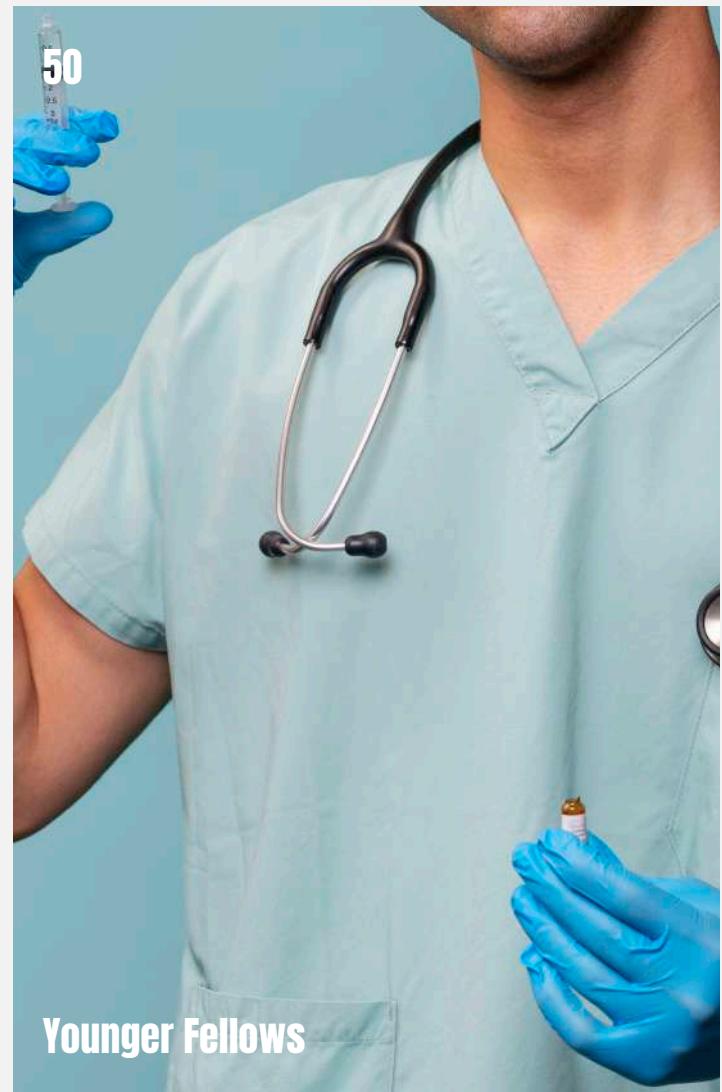
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COLLEGE ACTIVITIES

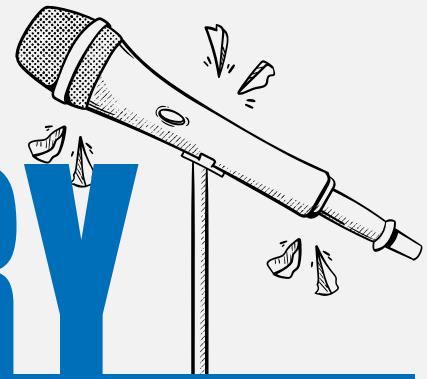


COVER STORY	4	YOUNGER FELLOWS	50
Cover story - SLSC 25	4	Sri Lankan overseas surgical training program: A collective perspective from a group of current overseas trainees - <i>Umesh Jeyarajah et al</i>	51
COUNCIL 2025	10	OFF THE SCALPEL	54
EDITORIAL	12	Chasing Spots : Photographing the elusive leopard in the jungles of Sri Lanka - <i>Pravin Wijesinghe</i>	54
Accountability and Clinical Governance in surgical practice <i>Pramod Chandrasinghe</i>	14	DID YOU KNOW???	56
FROM THE EDITORS	18	The brother surgeons <i>Thushan Gooneratne</i>	
'THE PULSE'	20	THE SURGEONS' CROSSWORD	60
COLLEGE ACTIVITIES		LETTERS TO THE EDITOR	62
FEATURES & NEWS	28	Historical Perspective on the Evolution of Neurosurgery in the World & Sri Lanka <i>Nadun Danushka</i>	62
Sub specialities activities	29	READERS COMMENTS	65
Trauma – The launch of the NTMC Course Manual	32	SCRUB IN FOR LAUGHS	66
From the provinces – Provincial chapters of the CSSL speak out	34	ANNOUNCEMENTS	69
INTERVIEWS / COMMENTARIES	40	OBITUARIES	70
Life beyond the operating theatre An interview with <i>Dr .Ajith De Silva</i>	42		
WOMEN'S CHAPTER	46		
Empowering women in Surgery: A step forward in Sri Lanka <i>Dr Udayangani Samarakkody</i>	46		





# COVER STORY



This year, the 54th Annual International Sri Lanka Surgical Congress was held at the Cinnamon Grand hotel, Colombo, from the 10th-13th of September, 2025.

Hosted by the College of Surgeons of Sri Lanka, this prestigious event was held in collaboration with the Royal College of Surgeons of Edinburgh and the South Asian Surgical Care Society (SASCS), bringing leading surgical minds from across the globe together.

Under this year's theme of "Empowering the future Surgeon in the service of humanity," the congress offered a dynamic platform for academic exchange, surgical innovation, and regional as well as global collaboration. This year the congress featured more than 100 resource persons from Sri Lanka as well as from the UK, Australia, Singapore, Malaysia, China, South Africa, New Zealand, Japan, India, Pakistan, Nepal, Maldives, USA, and Russia.

The inauguration ceremony was held on the 10th of September at the Oak Room, Cinnamon Grand Hotel. The Chief guest for the evening was Justice L T B Dehideniya, the Chairman of the Human Rights Commission of Sri Lanka.

The evening started off with the ceremonial procession entering the hall. Following the lighting of the traditional oil lamp, the gathering was addressed by this year's president of the College of Surgeons of Sri Lanka, Dr Duminda Ariyaratne. He

emphasized the importance of nurturing a generation of Surgeons equipped with the knowledge, skill, and compassion to meet the challenges of the rapidly evolving health care landscape in keeping with this year's theme. He further emphasized the importance of global collaboration in order to uplift surgical care worldwide by sharing clinical experiences and knowledge. The President of the Royal College of Surgeons of Edinburgh and the President of the South Asian Surgical Care Society (SASCS) congratulated the College of Surgeons of



He emphasized the importance of nurturing a generation of Surgeons equipped with the knowledge, skill, and compassion to meet the challenges of the rapidly evolving health care landscape in keeping with this year's theme



Sri Lanka for their continued commitment to academic development by fostering scientific dialogue, advancing surgical standards, and strengthening bonds of friendship beyond its borders through this Surgical Congress.

The chief guest, in his address, pointed out how medicine and Human rights law are closely intertwined and that while the law provides the framework for protecting the rights of patients, it is the medical profession that gives those rights their most tangible

meaning through care, compassion, and service to humanity.

The highlight of the evening was bestowing the Honorary fellowship of the College on eight of our Surgeons in Sri Lanka in recognition of their unwavering contributions and commitment to uplift the Surgical care delivered to every corner of this country. This also recognized their contribution to improving the Surgical education, thus molding our young surgeons to continue this care for years to come.



The highlight of the evening was bestowing the Honorary fellowship of the College on eight of our Surgeons in Sri Lanka in recognition of their unwavering contributions and commitment to uplift the Surgical care delivered to every corner of this country.



Honorary Fellowships were also awarded to the Presidents of the surgical colleges of England, India, Malaysia, Australia, Singapore, and the Maldives for their continued support and friendship with our college.

The evening ended with a splendid entertainment item showcasing the rich and diverse culture that Sri Lankan Dance has to offer.

The next three days were filled with a vibrant scientific program covering a wide spectrum of surgical fields through 22 Symposia, 9

Many networking events took place during the course of the 3 days, providing opportunities for collaboration

Plenaries, and 3 Master classes running in parallel. The program offered something for everyone. The 13 scalpel sessions held during the morning sessions offered small group discussions with leading experts in the relevant field. All subspecialty associations under the umbrella of the College of Surgeons of Sri Lanka contributed towards making this scientific program a rich one.

A special feature this year was dedicating half a day to exclusively discussing trauma care. This was held in collaboration with the Asia Collaboration for Trauma (ACT), the





“ This was held in collaboration with the Asia Collaboration for Trauma (ACT), the International Society of Surgery (ISS), and the International Association for Trauma Surgery and Intensive Care (IATSIC). ”

International Society of Surgery (ISS), and the International Association for Trauma Surgery and Intensive Care (IATSIC). Pioneers in the world of Trauma care shared their experiences on managing complex trauma-related situations involving the full spectrum of surgical sub-specialties from general surgery to Urological, Vascular, and Pediatric trauma, to mention a few. The sessions also delved into crucial topics shaping our future, including the training

and education of the next generation of Surgeons, the principles of green surgery, and the transformative incorporation of Artificial Intelligence into Surgical Practice and surgical training.

A new addition to this year’s programme was the iSCOPE video competition, where our budding surgeons got to showcase their laparoscopic skills.





92 Poster Presentations and 51 Oral presentations were held during the course of the three days.

92 Poster Presentations and 51 Oral presentations were held during the course of the three days, providing a platform for our young researchers to showcase their work. This year's "Dr R L Spittel Memorial Oration" was delivered by Professor Bawantha Gamage, who presented his thought-provoking work on "Metagenomic Analysis of Colonic tissues and stool microbiome in patients with colorectal cancer in a South Asian population."

The orator of the "SASCS Oration" was Dr



A new addition to this year's programme was the iSCOPE video competition, where our budding surgeons got to showcase their laparoscopic skills.

This year's "Dr R L Spittel Memorial Oration" was delivered by Professor Bawantha Gamage.



Lokesh Agrawal from India, who shared his research on " Current status of Metabolic and Bariatric Surgery in Metabolically Dysfunction-associated Steatotic Liver disease."

Unfortunately, the "Professor R A Navaratne Memorial Oration" was not delivered this year due to the untimely passing of the Orator for this year, one of our great surgical colleagues, Dr V. Sutharshan. Many networking events took place during the course of the 3 days, providing

The orator of the "SASCS Oration" was Dr Lokesh Agrawal from India.

opportunities for collaboration among regional and global surgical communities. The congress ended with the much-awaited "Trainees Night" which was held at the College premises. This provided a fabulous opportunity for the budding surgeons to mingle with their mentors and display their aesthetic talents and thoughts.

All in all, the Sri Lanka Surgical Congress 2025 was a resounding success. v



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# EDITORIAL

The 'sentinel' of accountability: active integration of principles of clinical governance into surgical training  
Pramodh Chandrasinghe





# THE 'SENTINEL' OF ACCOUNTABILITY:

## ACTIVE INTEGRATION OF PRINCIPLES OF CLINICAL GOVERNANCE INTO SURGICAL TRAINING

Pramodh Chandrasinghe

Professor of Surgery, University of Kelaniya.



**H**istorically, the practice of medicine has been held sacred in society and distant from the layman. The common man was distanced from the knowledge and was expected to maintain a blind faith in the healer's ability. However, with the evolution of society, the practice of medicine has become another service available at a price. This has resulted in the 'receivers' questioning the 'providers' of the service, as in any other. The supreme power of the 'healer' has diminished, and he has become answerable to the patients as well as the legal system. However, due to the complexity of clinical decision-making, it is a difficult task to keep health services under a set code of practice monitored by a third party. Thus, the question of 'who or what should govern the provision of healthcare' arose.



## Clinical governance is based on 7 pillars<sup>2</sup>:

This brought to life the concept of 'clinical governance'. Clinical governance describes a system where the healthcare systems are held accountable for continuous improvement of their services and standards of care through creating an environment where excellence in clinical care flourishes<sup>1</sup>. This concept was highlighted within the UK's National Health Service (NHS) following the Bristol heart surgery scandal.

An investigation at the Bristol Royal Infirmary revealed the lack of competencies, staff shortages, lack of leadership and 'cover-ups' of colleagues by the health staff after an anaesthetist raised concerns over high mortality rates amongst children undergoing heart surgeries.

1. Clinical Effectiveness – Ensuring healthcare interventions are evidence-based and result in positive outcomes.
2. Clinical Audit – Regular review of clinical practices and outcomes to ensure standards are maintained.
3. Risk Management – Identifying, assessing, and managing risks to patient care and safety.
4. Patient and Public Involvement – Involving patients and the public in decision-making and care processes.
5. Staff Management – Ensuring that healthcare professionals are well-trained, supported, and accountable.
6. Education and Training – Providing continuous learning and development opportunities for staff.
7. Information Management – Properly managing patient data and ensuring it is accurate, secure, and accessible.



This is a system, which is a participatory governing framework within the health care service itself, continuously improving the quality of care and being accountable to the patients.

In simple terms, this system ensures that patients experience a safe environment as the health care system focuses on improving the standards based on scientific evidence. Lay individuals who receive health care require an enormous amount of trust in the system, as they often have to agree to clinical decisions of which they have little or no understanding. This framework is what sets standards for patient care and is used for reference when the service is questioned.

In simple terms, this system ensures that patients experience a safe environment as the health care system focuses on improving the standards based on scientific evidence.

As surgeons, we practice in an environment where the stakes are high. Errors in judgment or execution could result in grievous injuries to the patients. The surgeon is responsible for the actions of his team members and, therefore, should maintain a clear line of command and strict guidance of their role. Therefore, as a team leader, the surgeon should be well aware and involved in putting the principles of clinical governance into practice.

The Royal College of Surgeons of England, in its clinical governance standards for surgical practice, states that

“

All surgical care team members must work within the limits of their competence. The scope of practice of the practitioner, their autonomy and level of supervision need to be agreed in advance and on a case-by-case basis with the responsible surgeon and ratified by the hospital management. It should reflect their training and experience while allowing for professional development and learning.”<sup>3</sup> It also goes on to state “Once qualified, practitioners within the surgical care team are responsible for keeping themselves up to date and maintaining competence in all areas of their practice. This should form the basis of a role-specific annual appraisal and continuing skills assessment, using the competencies outlined in the relevant curriculum or the AfPP competency toolkit (for surgical first assistants).

”

These statements highlight important aspects for a surgeon in training to develop insight into their skill levels and to ensure the continuous improvement and assessment of their competencies. These qualities are extremely useful when practicing independently as a surgeon.

Especially a young surgeon would easily be clouded by a newfound authority coupled with an element of ‘ego’ to challenge himself at the expense of patient safety. An experienced surgeon may develop a false sense of security and disregard the existing evidence. Therefore, whether

“

Develop insight into their skill levels and to ensure the continuous improvement and assessment of their competencies.

he or she is acting as per the principles of clinical governance needs to be self-reflective upon, prior to embarking on any procedure. All institutions need to periodically review their implementation of clinical governance principles and identify the deficiencies in order to improve them.

In a recent study published by Wijekoon et al,<sup>4</sup>, considering public healthcare facilities in Kandy district, Sri Lanka, they concluded that clinical audits, clinical effectiveness and staffing management activities are unsatisfactory. These are some of the areas that would have a direct impact on patient outcomes and need to be improved. The Ministry of Health in Sri Lanka has also published its Quality and Safety in Health Care policy, keeping in line with the principles of clinical governance.<sup>5</sup> This policy framework provides comprehensive guidance for clinical governance in local healthcare institutions.

The principles of 'clinical governance', especially pertaining to surgical practice, need to be given prominence in the surgical training curriculum and actively introduced during training to ensure the development of a responsible and safe surgeon. Ensuring the awareness of a governance system early in the career would minimise the occurrence of unpleasant encounters faced during independent practice and ensure a safe environment for patient care.

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# From the EDITORS



## A Note from the Editor: Fostering Dialogue, Upholding Principles

To our readers, contributors, and the wider surgical community,

Recently, the publication of an anonymous piece in the SUTURE on the sensitive topic of surgical workforce migration has sparked a valuable and passionate conversation. As the Editorial team, we want to thank every single person who engaged with the content, whether in strong support or thoughtful criticism. This engagement is a testament to a community that cares deeply about its present and its future.

The role of this newsletter is to be a forum for the surgical community—a place for education, updates, and, crucially, for dialogue.

Central to this mission is a commitment to freedom of expression, a principle we extend not just to our contributors but to our entire readership. This includes the fundamental right to critique the editorial team and the decisions we make. It is through this expression of a diverse range of views in a spirit of constructive exchange that we improve.

### Why Anonymity? A Delicate Balance



The decision to publish an anonymous article is never taken lightly. It is a journalistic practice reserved for situations where a topic of significant importance requires a level of protection for the author to speak candidly. The migration of our skilled surgical colleagues is one such complex, deeply personal, and often difficult topic. It touches on career aspirations, systemic challenges, and personal sacrifices. Even having promised anonymity, the editors found it extremely difficult to convince a migrated surgeon to pen his thoughts. The editor's goal was to create a safe space for a candid perspective that might otherwise remain unheard. It was a choice made to prioritise the message over the messenger, ensuring that a critical conversation could begin without fear of reprisal.

We were particularly grateful to see our esteemed Past President, Dr. Arjun Aluvihare, Dr. Narendra Pinto, engage with this piece through a published reply. (Their replies are "Publié tel quel" as a letter to the editor.) Similar strong views expressed by other senior consultants perfectly illustrate the dynamic ecosystem we strive to foster. Their comments do not stem from malice, but from a deep-seated passion and respect for this society, like a mother protecting her son at all costs. This protective instinct is the bedrock upon which our community was built and nurtured. We are grateful that our society is strong and progressive that it can host this robust exchange of views.

### Stewardship and the Courage to Listen



A further question arises: how do we balance this freedom to critique with our duty to the institution we represent? This is a tension we navigate as the editorial team. Anonymity is not a shield for defamation or unsubstantiated grievance. It is, rather, a tool to facilitate necessary introspection.

As an editorial board, we believe that a strong institution is one confident enough to examine its own challenges openly. Allowing for critical, constructive feedback—even when it is uncomfortable—is not an act that tarnishes our name. On the contrary, it burnishes it. It demonstrates a commitment to self-awareness, growth, and the well-being of every member of our surgical community. Ignoring difficult issues under the guise of "protecting our reputation" is a far greater risk; it allows problems to fester in silence. In a similar note, the RCS Bulletin published an anonymous article on harassment and misconduct at the workplace, to discuss deeply sensitive professional issues, precisely because the value of the message outweighs the need for a messenger.

### Your Feedback: The Sound of a Healthy Community

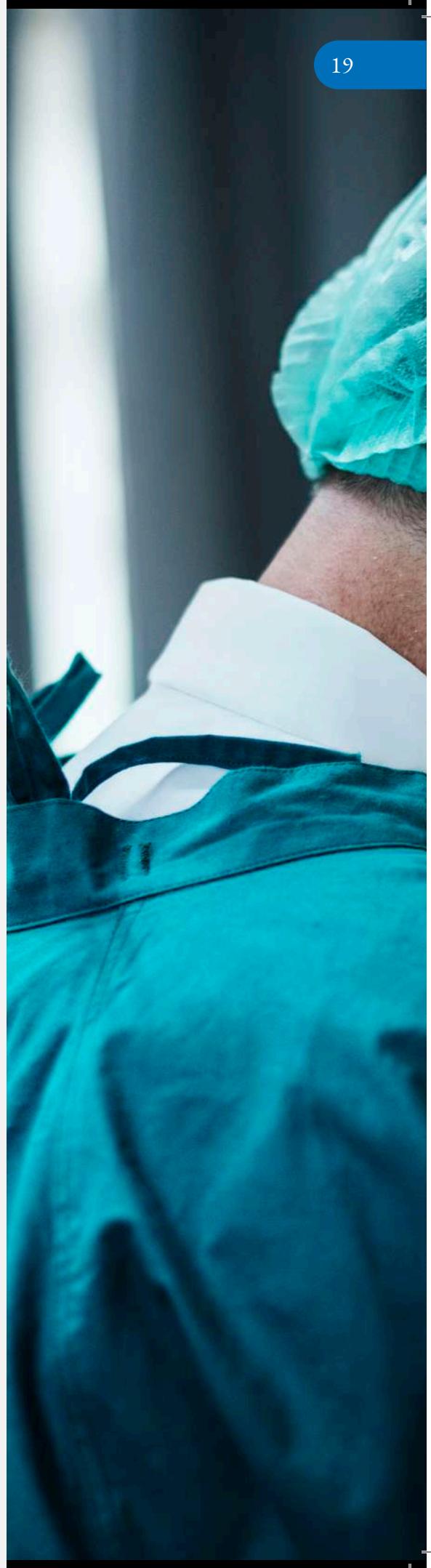


The criticisms raised are important, and we have listened. They rightly highlight the vital importance of transparency and accountability. A byline carries weight; it grounds an opinion in experience and invites direct, accountable discussion. The positive feedback, equally, underscored the value of creating a platform where individuals can speak freely on challenging issues.

How do we, as a community, best cultivate an environment where difficult conversations can happen respectfully and productively? Your reviews and comments and opinions will be a steward of that environment —to ensure this newsletter remains a vibrant, thought-provoking, and inclusive forum.

We will continue to strive to be a publication that is unafraid of difficult conversations, that respects the passionate protectors of our traditions, and that provides a voice for those with perspectives essential to our growth. Thank you for your engagement, your criticism, and your unwavering commitment to this society. Let us continue to build together.

Sincerely,  
Editorial Team



# ‘ THE PULSE ’ COLLEGE ACTIVITIES

The College of Surgeons has continued to engage in many educational activities from April to September. Despite having to bear the mammoth task of organizing a hugely successful annual academic session, the work continued unabated. This segment shares a snap shot of some work done.

Memorandum of  
Cooperation (MOC) between  
Royal College of Surgeons  
England and College of  
Surgeons of Sri Lanka

Emergency Sonography for  
Trauma Care (ESTC)

ATLS®

Surgical Education and  
Training Sessions (SETS)

National Trauma  
Management Course and  
Initial Trauma Care for  
Nurses

Decision Making in Major  
Trauma (DMMT)

Basic Surgical Skills course  
for Medical Officers  
Essential Skills of Surgical  
Professionalism. – 12th June

Pre-intern program  
16th June, NHSL OPD  
auditorium

International Edinburgh  
MRCS OSCE preparatory  
course

Common selection  
examination for surgical  
specialties preparatory  
workshop – July CSSL

## Memorandum of Cooperation (MoC) between Royal College of Surgeons England and College of Surgeons of Sri Lanka

The College of Surgeons of Sri Lanka is thrilled to announce the signing of a historic Memorandum of Understanding (MoU) between the College of Surgeons of Sri Lanka (CSSL) and the Royal College of Surgeons of England (RCS England). This landmark agreement signifies a renewed commitment to advancing surgical education, training, and patient care.

This MoC is not just a new beginning but a celebration of decades of successful partnership. From the first joint meeting in 1995 to the recognition of Sri Lanka's surgical training standards in 1996, our collaboration has been built on a foundation of trust and mutual respect.

This is a testament to the resilience and vision of both institutions. We are excited about the possibilities this collaboration holds for improving healthcare outcomes and empowering surgeons in Sri Lanka and beyond. The college is in

the process of exploring new avenues of joint research, knowledge exchange, and innovative training programs

The President and the council would like to thank everyone who has contributed to making this partnership a reality, including the presidents of both colleges and the Acting High Commissioner.



## Emergency Sonography for Trauma Care (ESTC)

The Course on Emergency Sonography for Trauma Care, organized by the College of Surgeons of Sri Lanka in collaboration with the Accident and Orthopedic Trauma Unit of the National Hospital of Sri Lanka, conducted two workshops in June at NHSL and in July at BH Homagama. Both courses were over-subscribed for the maximum 25 participants per course.



The course aimed to provide a valuable learning experience as well as hands-on experience on FAST, vascular access,



vessel assessment, use of USS for fluid resuscitation, etc. Course coordinators Dr. Mihira Bandara, together with their faculty, conducted the two successful workshops.



## ATLS®

The College of Surgeons of Sri Lanka is the sole provider of the ATLS® program in Sri Lanka. ATLS® provides a systematic, safe, and reliable method of training in the immediate management of severely injured patients.

The Intensive and interactive February ATLS course was conducted on 23rd-25th May at the College of Surgeons, where 16 participants (maximum accommodated) received comprehensive training in a range of skills essential for the immediate management of the trauma patient.

The May course was conducted by an expert faculty of surgeons and anesthetists and was led by Country chair Dr. Roshan Dassenaieke and course director, Dr. Mihira Bandara



## Surgical Education and Training Sessions (SETS)

The College of Surgeons conducted five Surgical Education and Training Sessions (SETS) during the second and third quarters. The SETS is a CPD-accredited training program conducted physically at the College of Surgeons Auditorium and is also transmitted live to Kandy, Peradeniya, Jaffna, Anuradhapura, Galle, and Batticaloa. Despite the Main congress

and pre-congress workshops, SETS coordinator Dr. Ranga Wickramarachchi managed to keep the trainee education program running extremely well attended, with 30-50 surgical registrars joining onsite.

The April SETS program was case-based discussion on Breast Cancer, whilst

a SETS program on benign breast disease was held in May. The month of July saw two SETS programs. One on Assessment of a thyroid nodule and the other a Case-based discussion on management of rectal cancer. The August SETS program was conducted on Haematuria. All resource persons involved in these SETS programs are deeply appreciated.



## National Trauma Management Course and Initial Trauma Care for Nurses

The 74<sup>th</sup> NTMC and 35<sup>th</sup> ITCN were conducted on 16-17<sup>th</sup> May; the 75<sup>th</sup> NTMC was conducted on 25-26<sup>th</sup> July; the 76<sup>th</sup> NTMC and 36<sup>th</sup> ITCN were conducted on 19-20<sup>th</sup> September; and the 77<sup>th</sup> NTMC and 37<sup>th</sup> ITCN were conducted on 17-18<sup>th</sup> October at the College of Surgeons of Sri Lanka with the participation of over 55 medical officers for NTMC and over 60 nurses for ITCN per course.

The National Trauma Management Course has been designed based on the guidance of the IATSIC (International Association of Trauma Surgery and Intensive Care). In partnership with the College of Surgeons of Sri Lanka NTMC and ITCN have been guiding healthcare professionals of Sri Lanka to empower them in the initial management of trauma.

Course director Dr. Kamal Jayasuriya and his mentor Dr. Ranjith Ellawala, Global chair, NTMC, together with the panel of resource persons, continue to conduct successful courses.

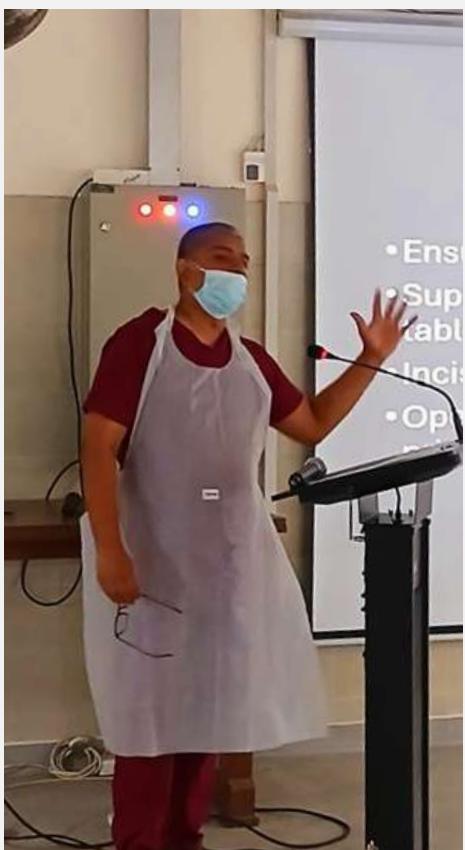


## Decision Making in Major Trauma (DMMT)

DMMT is an advanced trauma course conducted by the College of Surgeons for higher-level trainees as well as consultants in surgery, anaesthesia, intensive care, and emergency medicine. It's lecture and case-based, but also has a hands-on cadaveric dissection module where topics are discussed more comprehensively. Trauma laparotomy, emergency room thoracotomy, abdominal compartment syndrome, and damage-controlled resuscitation are some topics discussed at DMMT.

It is conducted both at the College of Surgeons Auditorium as well as the partner of the DMMT, the Department of Anatomy of the Faculty of Medicine, Colombo

DMMT coordinator, Dr. Kamal Jayasooriya, together with the multi-specialty resource persons conducted a very successful course



## Basic Surgical Skills Course for Medical Officers

To enhance the practical skills of medical officers, the College of Surgeons organized a series of one-day Basic Surgical Skills Courses across the island. This CPD-accredited program focuses on hands-on, practical training using wet tissues, allowing participants to practice critical techniques like skin suturing, knotting, anastomosis, and tendon repairs.

The course was successfully held at the following locations:

- **Peradeniya:** The series began on May 24th at the Skills Lab of the Faculty of Medicine, University of Peradeniya, in collaboration with the Department of Surgery, Peradeniya, and the Central chapter of the College of Surgeons.
- **Kegalle:** A second session was held on July 9th at General Hospital, Kegalle.
- **Mahiyangana:** The third session took place on July 26th at Base Hospital, Mahiyangana.

The course coordinator, Dr. Achala Samarasinghe, together with the regional coordinators, Dr. Senal Medagedara and Dr. Munipriya Wiliaarachchi, conducted extremely successful courses



## Essential Skills of Surgical Professionalism. - 12<sup>th</sup> June

This one-day course from the College of Surgeons, designed to refine the essential non-technical skills of the modern surgical professional, was conducted on the 12th of June. It focused on the core tenets of surgical professionalism—including communication, ethics, leadership, and teamwork—this intensive program equipped young surgeons with the critical competencies needed to excel in today's complex healthcare environment and provide the highest standard of patient care. Dr Jayaindra Fernando, conducted this course.



## Pre-intern program 16<sup>th</sup> June, NHSL OPD auditorium

Pre-intern program 16th June, NHSL OPD auditorium

## International Edinburgh MRCS OSCE Preparatory Course

On July 8th and 9th, the Royal College of Surgeons of Edinburgh held an intensive MRCS OSCE preparatory course in Colombo, Sri Lanka. The event was locally organized by the College of Surgeons of Sri Lanka and took place

at the ClinMARC facility within the National Hospital of Sri Lanka (NHSL).

Aimed at surgical trainees preparing for the challenging Part B MRCS examination, the course centered around

a series of mock OSCE stations. These simulations were designed to equip candidates with essential techniques, refine their clinical and communication skills, and ultimately build the confidence required for exam success.

## Common selection examination for surgical specialties preparatory workshop - July CSSL

The College of Surgeons organized a comprehensive preparatory workshop for candidates facing the newly reformed Common Selection Examination for Surgical Specialties. This recent change consolidates the previously separate entrance assessments for General Surgery, Ophthalmology, and ENT into a single, unified exam.

Held over six weekends from July 26th to August 30th, the program was specifically designed to address this

new format. It featured an extensive curriculum covering key topics and included mock viva voce sessions.

The workshop was led by an esteemed panel of resource persons under the direction of Dr. Rasitha Manathunga, Dr. Gayan Ekanayake, and Prof. Ajith Malalasekara. The program saw excellent, over-capacity participation, reflecting its critical need, and received overwhelmingly positive feedback from attendees.



## Communication skills station preparatory workshop - August 2025

In parallel to the same examination, the College of Surgeons conducted a preparatory workshop targeting the communication stations, where potential candidates were able to take part in scenario-

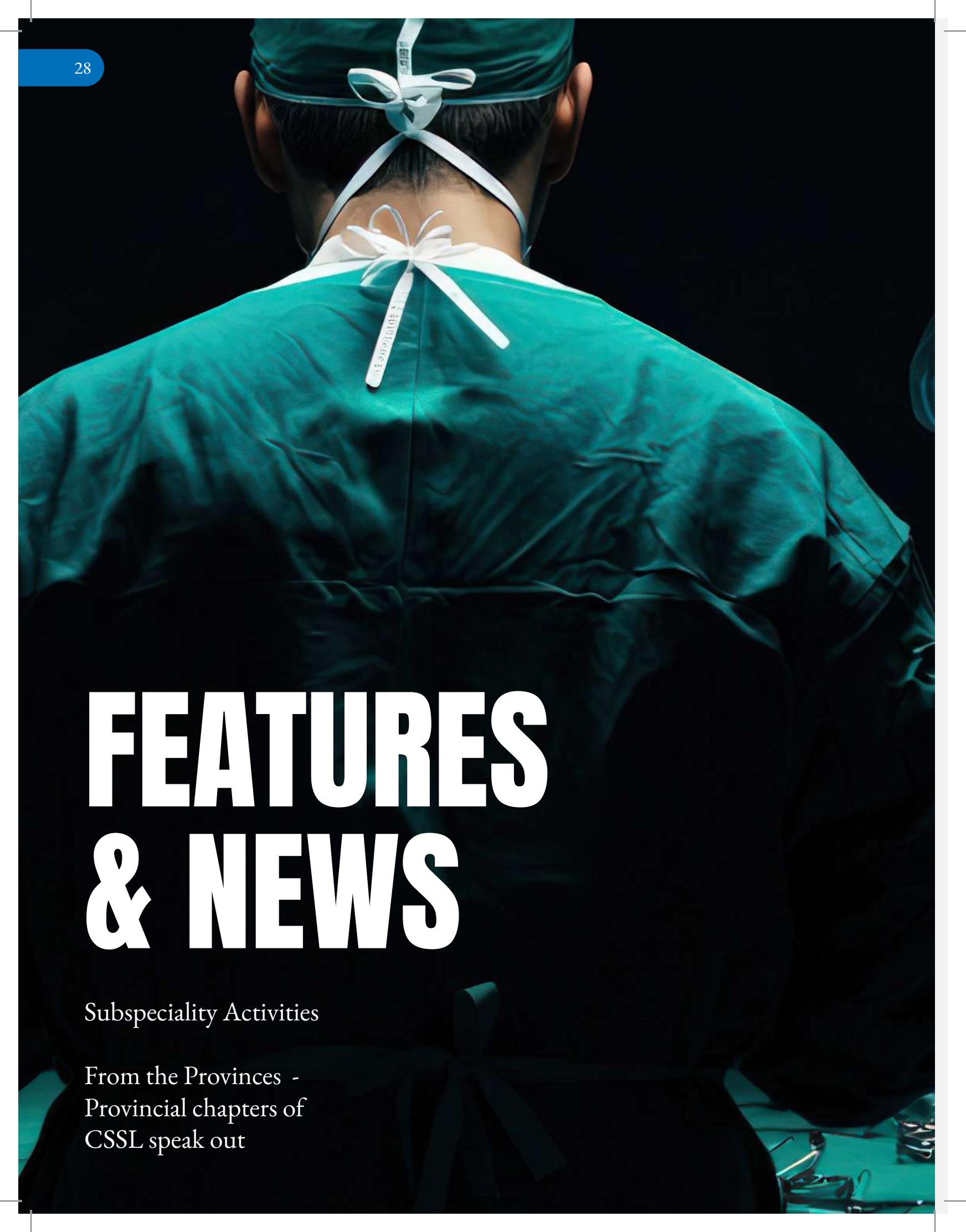
based mock examinations. Dr. Jayaindra Fernando, Dr. Minoli Joseph and Dr. Kanchana Wijesinghe were the resource persons conducting this workshop.

## Colombo Wound Meeting 2025

A joint meeting on wound care, organized by the CSSL and SLMA, was held at the College of Surgeons Auditorium on August 29, 2025. The event was strategically designed as a pre-congress workshop for

CSSL-25 and a post-congress workshop for the SLMA medical congress. Open to both doctors and nurses, the comprehensive one-day program explored the full spectrum of wound care topics. The meeting was

oversubscribed, with attendance exceeding the auditorium's capacity, marking it as a significant success. Dr. Yasar Abeywickrama coordinated the event.



# FEATURES & NEWS

Subspeciality Activities

From the Provinces -  
Provincial chapters of  
CSSL speak out

# SUBSPECIALITIES ACTIVITIES

## Academic and Training Endeavors of the Vascular Society of Sri Lanka (SLSVS)

The Vascular Society of Sri Lanka (SLSVS) continues to advance vascular education, training, and collaboration through a range of academic, professional, and social initiatives. Over the past year, the society has actively promoted clinical excellence and multidisciplinary engagement within the vascular community.

### Academic & Educational Activities

SLSVS maintained a strong academic calendar featuring monthly journal clubs, morbidity and mortality reviews, and expert talks aimed at fostering critical appraisal and reflective practice among vascular specialists and trainees.

The Society made significant contributions to the College of Surgeons of Sri Lanka (CSSL), including sessions on varicose veins through case-based discussions, acute limb ischemia via a pre-congress workshop, and lectures on diabetic foot disease management. Additionally, a dedicated session on damage control surgery in resource-poor settings highlighted the society's commitment to contextually relevant surgical strategies.

Hands-on surgical training was further enhanced through cadaveric workshops on vascular access dissections and vascular anastomosis, providing participants with invaluable practical exposure. The Regional Wound Care Symposium and Diabetic Foot Workshop expanded interdisciplinary collaboration, emphasizing evidence-based management and prevention strategies for limb-threatening conditions.

SLSVS also contributed to the Nephrology Pre-Congress Workshop (November), reflecting the society's growing engagement with allied specialties in optimizing vascular access and renal patient care. The upcoming



Annual Academic Sessions 2026 are expected to serve as the apex scientific forum for knowledge sharing, research presentation, and collaborative networking within the field.

### Professional Development and Sponsorship

Through the generous support of the CIC Group, two SLSVS members annually receive sponsorship for advanced educational programs, enabling continued professional growth and international exposure.

### Collaborations and International Engagement

SLSVS members are encouraged to join the Asian Society for Vascular Surgery (ASVS), strengthening regional academic ties. Notably, Prof. Mandika Wijerathne(

founder President of SLSVS) represented the Sri Lankan vascular fraternity as a speaker at the 2025 ASVS meeting.

### Leisure & Team-Building Activities

Recognizing the importance of collegiality and wellbeing, SLSVS organized a cricket tournament as part of the Surgical Meet Week (SMW) on 24th August at the Wesley College grounds, fostering camaraderie and teamwork among members.

### Conclusion

Through a balanced blend of academic rigor, skill-based training, and collegial engagement, the Vascular Society of Sri Lanka continues to shape the future of vascular surgery in the region, upholding its mission of clinical excellence, education, and collaboration.

# A Review of SLAMADS Activities (April - October 2025)

**A** The period from April to October 2025 was a time of significant activity, achievement, and profound reflection for the Sri Lanka Association of Minimal Access Surgeons (SLAMADS). Our community experienced both the rewarding fruits of our academic labour and a moment of deep, collective sorrow.

## A Time of Loss and Transition

It is with a heavy heart that we begin this report. The SLAMADS family was profoundly saddened by the sudden and tragic loss of our President, Dr. V. Sutharshan, while he was actively participating in a SLAMADS endoscopy workshop for surgical trainees on the 15th of August, 2025. His passing sent a shockwave through the entire surgical fraternity, leaving a void that will be deeply felt.

Dr. Sutharshan was a passionate advocate for minimally invasive surgery and a dedicated teacher. In accordance with our constitution, the Council elected Dr. Rasitha Manathunga, who was the President-Elect, to serve as the new President. We are confident that under Dr. Manathunga's leadership, we will honour Dr. Sutharshan's legacy by continuing to advance the mission he held so dear.

## A Vibrant Calendar of Academic Activities

A landmark achievement was the introduction of the Basic Laparoscopic Skills Workshop for Grade Medical Officers. Recognising the need to build capacity at the grassroots level,

this first-of-its-kind programme was met with tremendous enthusiasm. The first workshop was held in May 2025 at the District General Hospital in Matara, followed by a second in June 2025 at the District General Hospital in Nuwara Eliya. The positive feedback and high demand confirm the critical need for such foundational training.

In April 2025, we organised a highly specialised Live Surgery Demonstration Workshop on Oesophagectomy at the Teaching Hospital in Karapitiya, providing an invaluable opportunity for surgeons to observe advanced techniques in real-time. Our Monthly Live Webinars continued to be a cornerstone of our academic outreach, featuring a stellar lineup of local and international experts:

- **April 2025:** Dr. Mathula Hettiarachchi on "Scope of Minimal Access Surgery in Children."
- **May 2025:** Mr. Thusitha Hettiarachchi from UK discussed "Common Colorectal Pelvic Floor Disorders."
- **June 2025:** Dr. Sacheen Kumar from UK explored the "Management of Locally Advanced Oesophago-Gastric Cancer."
- **July 2025:** Mr. Shanaka Beneragama from UK delved into "Advances in Minimally Invasive Surgical Techniques in Vascular Surgery."
- **August 2025:** Mr. Ricky Bhogal from UK provided an update on the "Management of Primary and Secondary Liver Malignancies."
- **October 2025:** Dr. Kavinda Rajapaksha enlightened us on "Minimally Invasive Techniques in Plastic Surgery."

## Making a Mark on the International Stage

SLAMADS members have continued to elevate Sri Lanka's profile in the global surgical community by participating as resource persons at overseas conferences. Our

fruitful collaboration with the Association of Minimal Access Surgeons of India (AMASI) was further strengthened this year, with SLAMADS members contributing significantly as faculty at AMASICON 2025 at Jaipur India.

We are particularly proud to announce that, for the second consecutive year, Prof. Bawantha Gamage received a prestigious prize for the best laparoscopy video session

“ We conducted a highly practical Pre-Congress Workshop focusing on HPB, UGI, and Colorectal surgery, followed by four well-attended Breakfast Sessions on critical topics: "Safe Cholecystectomy," "The Unwell Patient after Bowel Anastomosis," "Hiatal Dissection," and "Esophagus."

The positive feedback and high demand confirm the critical need for such foundational training.

at an international forum, this time for a left laparoscopic adrenalectomy in a patient with situs inversus. This achievement underscores the world-class skill and innovation present within our association.

Team of SLAMADS members represented as resource personnel in the first ever Laparoscopic surgical conference held in Bhutan on 26th & 27th September 2025. Professor Bawantha Gamage in his speech at the inauguration ceremony mentioned that the SLAMADS under the umbrella of the College of Surgeons of Sri Lanka always prepared to offer training fellowships for Bhutan surgical trainees in MAS.

### **Profound Contributions to the Annual Academic Sessions 2025**

SLAMADS played a pivotal role in the success of the College of Surgeons' Annual Academic Sessions, organising a diverse and engaging programme.

We conducted a highly practical Pre-Congress Workshop focusing on HPB, UGI, and Colorectal surgery, followed by four well-attended Breakfast Sessions on critical topics: "Safe Cholecystectomy," "The Unwell Patient after Bowel Anastomosis," "Hiatal Dissection," and "Esophagus."

A major highlight was a dynamic Debate on the timely topic: "Robotic Surgery

Will Replace Conventional Laparoscopy in the Near Future." The session featured compelling arguments from proponents Dr. Jim Khan (UK), Dr. Mehan Siriwardena(Australia), and Dr. Sujith Wijerathne(Singapore), and the opposition, led by Dr. Tan Arulamparam(UK), Prof. Sumudu Kumarage, and our President, Dr. Rasitha Manathunga. The debate was expertly mediated by Prof. Mohan De Silva and Prof. B.G. Gamage.

Our dedicated SLAMADS Symposium, titled "Overcoming Barriers: Developing Laparoscopic Surgery in Resource-Limited Peripheral Hospitals in Sri Lanka," featured presentations from Dr. D. Rasnayake, Dr. Rajiv Nirmalasinghem, Dr. MAC Lakmal, and Dr. Senal Madagedara. To foster actionable change, officials from the Ministry of Health were invited, and the session was chaired by Prof. Bawantha Gamage and Dr. Rasitha Manathunga.

### **Pioneering New Initiatives**

In our drive to foster innovation and healthy competition, SLAMADS organised its first-ever Laparoscopic Video Competition, named "SLAMADS i-Scope." Open to surgical teams across Sri Lanka, the competition received about 15 high-quality submissions. An esteemed panel of judges, including Prof. Chelliah Selvasekar (UK), Dr. Varghese C. J. (India), and Dr. K.L. Fernando, selected the best five videos for a dedicated one-hour session at the congress, with the top three being awarded. This will be continuing as an annual event.

Further solidifying our commitment to structured training, we conducted a Basic Laparoscopic Skills Workshop for Surgical Trainees in October 2025 at the College of Surgeons Skills Lab. This course is now a mandatory requirement for surgical trainees to sit for the Part 2 Examination, and a comprehensive course manual has been developed to standardise the training.

Our Triannual Newsletter was released in August 2025 and continues to be a key channel of communication, also being featured on the ALSBGI website to ensure wide dissemination.

**A fund for trainees:** This was started in 2024 by Prof. Bawantha Gamage with

We extend our deepest gratitude to all our members, international collaborators, and the Council of the College of Surgeons for their unwavering support. We will continue to conduct impactful academic activities throughout the coming year

the vision of funding Sri Lankan surgical trainees to participate overseas MAS training programmes. Dr.Dhammadika Rasnayake further enhanced the fund by donating the money he won as the second prize of the iScope video competition 2025 at the SLSC. SLAMADS take this opportunity to invite well wishers and all the parties who wish to support this endeavor to contribute to raise the MAS training fund. Please contact Dr.Sanjeeve Samaranayake ,treasure of the SLAMADS for further information.

### **Looking Forward**

As we move forward, SLAMADS remains steadfast in its mission to promote excellence, education, and collaboration in minimal access surgery throughout Sri Lanka. We extend our deepest gratitude to all our members, international collaborators, and the Council of the College of Surgeons for their unwavering support. We will continue to conduct impactful academic activities throughout the coming year, building on the strong foundation we have laid together.

In our drive to foster innovation and healthy competition, SLAMADS organised its first-ever Laparoscopic Video Competition, named "SLAMADS i-Scope."

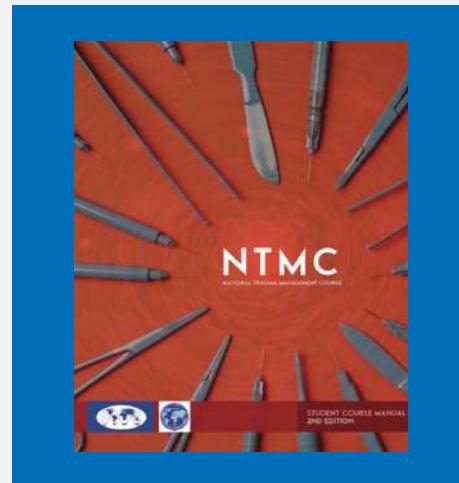
# Trauma - National Trauma Management Course Manual 2nd Edition Is launched

**T**he National Trauma Management Course (NTMCTM) was created within the International Association of Trauma Surgery and Intensive Care (IATSIC), an Integrated Society within the International Society of Surgery / Société Internationale de Chirurgie, based in Zurich, Switzerland, and with members in 109 countries globally.

The first NTMCTM in Sri Lanka was conducted in 2009 in Colombo, under the joint auspices of the College of Surgeons of Sri Lanka, IATSIC and the Academy of Traumatology (India).

The first edition of the NTMCTM manual was published in 2000. The 2nd edition of the NTMC manual is an updated version of the companion for the two-day NTMC course. Not only are the contents updated, but a few more chapters have been added to cover a broader range of trauma care. The manual consists of two parts.

The first has twenty-one chapters, and the second covers eight trauma skills. In addition to the twelve areas covered by the NTMCTM presentations during the course, nine more chapters have been included: Trauma in Pregnancy, Geriatric Trauma, Ocular Trauma, Damage Control, Abdominal Compartment Syndrome, Radiology in Trauma, Transfer to



Definitive Care, Non-Technical Skills, and Trauma & Law.

Eight headings that were not present in the first edition have been introduced in this volume: Pelvic Trauma, Major Incident Management, Thermal Injury, Trauma in Pregnancy, Geriatric Trauma, Ocular Trauma, Transfer to Definitive Care, and Non-Technical Skills. Each chapter begins with a set of objectives to be achieved alongside the knowledge gained from participating in the NTMCTM course. Each chapter concludes with a summary or

The event was graced by an assembly of world-renowned figures in surgery and trauma care, underscoring the manual's international significance.

take-home message presented as 'Pearls', and a list of references.

The second part of the manual provides step-by-step guidance on the eight trauma skills demonstrated in the NTMCTM course: Airway, Chest, Shock, Head injury, Spinal Motion Restriction, Limb Immobilisation Procedures, and Chest and Spinal Radiology. This course manual covers all the areas covered by the didactic lectures and the practical skills.

In a momentous occasion, the highly anticipated National Trauma Management Course (NTMC) Training Manual was officially launched at the Sri Lanka Surgical Congress 2025. The event was graced by an assembly of world-renowned figures in surgery and trauma care, underscoring the manual's international significance.

The launch ceremony was honored by the distinguished presence of Prof. Ken Boffard, Secretary-General of the International Society of Surgery (ISS), who presided over the proceedings online.

The Chief Guest for the event was Prof. Elmin Steyn from South Africa, who travelled to Sri



Lanka specifically for this landmark occasion. Prof. Steyn, along with the esteemed gathering of faculty, formally unveiled the manual to an audience of local and international delegates. The launch was further elevated by the participation of a global faculty of trauma experts, including:

- Prof. Manjul Joshipura (India), a pioneer in trauma systems development.
- Prof. David Zonies, President of the International Association for Trauma Surgery & Intensive Care (IATSIC).
- Prof. Timothy C. Hardcastle, Secretary of IATSIC.
- Prof. Raj Menon, President of the Asian Collaboration for Trauma (ACT).

This collective presence highlights a strong global endorsement for the NTMC Training Manual, positioning it as a critical resource

aligned with international best practices.

The manual is expected to standardize and elevate trauma care training across Sri Lanka, directly contributing to improved patient outcomes and strengthening the national healthcare system. The successful launch marks a new chapter in Sri Lanka's commitment to excellence in surgical and trauma care.

We, the contributors to the 2nd edition of the NTMCTM manual, hope that this new volume will broaden users' knowledge of trauma care, benefiting trauma victims worldwide.

*Ranjith Ellawala & Kamal Jayasuriya  
Editors-in-Chief*



The manual is expected to standardize and elevate trauma care training across Sri Lanka, directly contributing to improved patient outcomes



# FROM THE PROVINCES



## Central Chapter Basic Surgical Skills Workshops for Medical Officers

The College of Surgeons of Sri Lanka, together with regional collaborators, successfully conducted a series of Basic Surgical Skills Workshops for Medical Officers during May to July 2025. These workshops, held in Kandy, Kegalle, and Mahiyanganaya, provided valuable hands-on training on wet tissues and helped medical officers strengthen their core surgical skills.

### Executive council

- President - Vajira Jayasinghe
- Secretary - Achala Samarasinghe
- Secretary - Pulasthi Kanchana
- Treasurer - Sunanda Handiwaththage
- Editor - Kaushika Gunasekara

### Workshops Conducted

#### 1. Kandy (24th May 2025)

Conducted at the Skills Lab of the Faculty of Medicine, University of Peradeniya, this program offered structured training in essential surgical techniques with guidance from experienced faculty.

#### 2. Kegalle (9th July 2025)

Organized in collaboration with the Kegalle Clinical Society, the workshop at General Hospital Kegalle drew enthusiastic participation, ensuring exposure to practical surgical skill-building.

#### 3. Mahiyanganaya (26th July 2025)

Hosted at Base Hospital Mahiyanganaya, this workshop provided the same structured curriculum, extending advanced surgical training opportunities to medical officers in the region.





## Training Highlights

All three workshops focused on:

- Skin suturing and surgical knotting
- Bowel and vascular anastomosis
- Tendon repair
- Effective use of local anesthetics

The sessions emphasized accuracy, safety, and confidence in surgical practice while fostering collaborative learning



## Coordination and Acknowledgment

The series was coordinated by Dr. Achala Samarasinghe. Valuable support was also provided by Dr. Senal Chathuranga (Mahiyanganaya), Dr. Munipriya Willaraarachchi and Dr. Kamal Jayasuriya (Kegalle), who played key roles in organizing and facilitating the regional programs.

## Impact

Each workshop received strong participation, with available slots quickly filling up. Certificates and CPD points were awarded, further enhancing the professional value of the sessions. By expanding access to structured surgical training, the College continues to contribute meaningfully to the advancement of surgical standards across Sri Lanka.

# Central Chapter Advances Surgical Training and Fellowship

## Surgical Skills Workshop for SHOs - Peradeniya (24th May 2025)

The Central Chapter conducted a Surgical Skills Workshop for Senior House Officers (SHOs) at the Skills Lab, Faculty of Medicine, University of Peradeniya. The program was designed to equip junior doctors with essential skills as they begin their surgical training.

The hands-on training on wet tissues focused on:

- Skin suturing and surgical knotting
- Bowel and vascular anastomosis
- Tendon repair
- Effective use of local anesthetics

The interactive format allowed participants to practice under close supervision, building accuracy and confidence in surgical techniques.

Certificates and CPD points were awarded, further adding professional value to the workshop.



## Annual General Meeting - Central Chapter (22nd August 2025)

The Central Chapter also held its Annual General Meeting (AGM) on 22nd August 2025 at the Grand Kandyan Hotel. The event brought together members from across the region for an evening of reflection, discussion, and fellowship.

During the AGM, the new office bearers of the Central Chapter were appointed, who will guide its activities in the coming year. The meeting was followed by a fellowship dinner, providing members with an opportunity to strengthen collegial ties and share future directions for collaborative initiatives.

The programs were coordinated under the leadership of Dr. Achala Samarasinghe, with the support of faculty members and trainers from Kandy and Peradeniya. Their

contributions ensured the smooth delivery of high-quality training that benefitted all participants.



# Northern Chapter

The College of Surgeons of Sri Lanka – Northern Chapter, under the leadership of Prof. S. Gobishangar, President, during the period of April – September 2025, conducted a series of academic, clinical, and technology-driven programmes in collaboration with national associations and academic institutions, aiming to strengthen surgical education, research, and hands-on training in the Northern Province.

## Executive council

- President - Dr. S Gobishangar
- Secretary - Dr. S. Vinojan
- Treasurer - Dr. S Majooran
- Editor - Dr. V. Thanushan

## HPB Surgery Workshop

### “Enhance your skills in Hepato-pancreato-biliary surgery”

The HPB Surgery Workshop was held on 24th April 2025 from 8.00 a.m. to 4.00 p.m. at the Clinical Training & Research Block Auditorium, Faculty of Medicine, University of Jaffna. It was jointly organized by the Sri Lanka Hepato-Pancreato-Biliary Association the College of Surgeons of Sri Lanka – Northern Chapter, and the Department of Surgery, Faculty of Medicine, University of Jaffna.

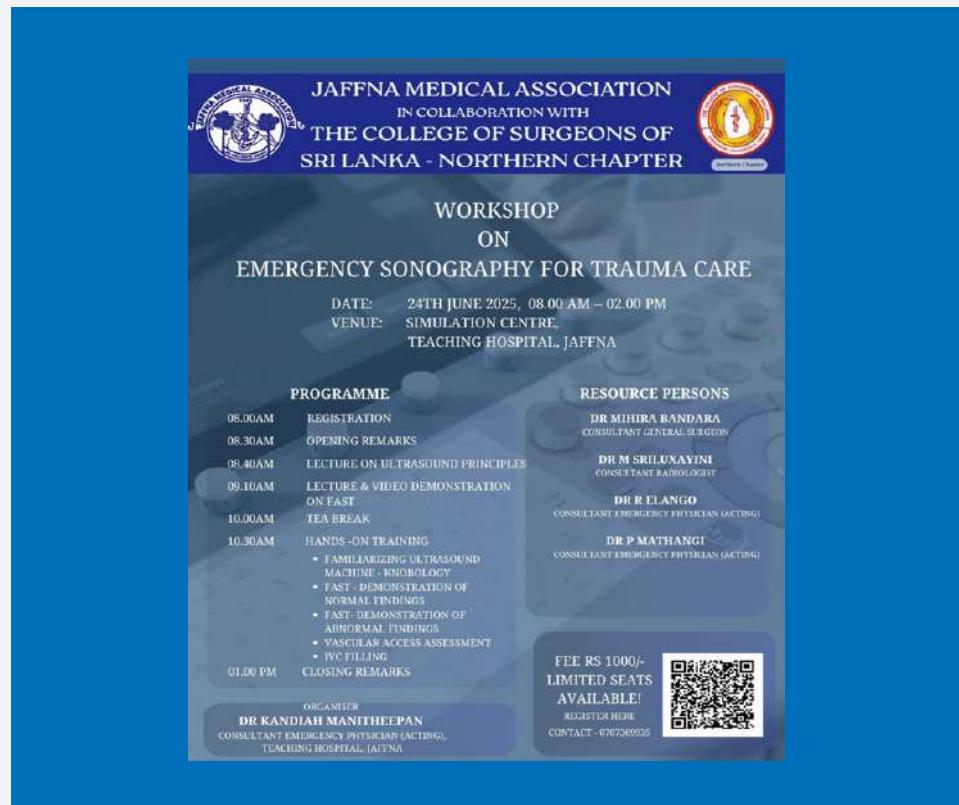
The workshop included lectures on surgical planning, liver mobilization, portaldissection,livertransection, and biliary and pancreatic anastomoses, followed by practical demonstrations on liver mobilization, Portal dissection hepatico-jejunostomy and pancreatico-jejunostomy techniques. It was Coordinated by Prof. S. Gobishangar. Fifteen surgical trainees and consultants participated in the event, with resource persons from several leading surgical units across Sri Lanka.



## Workshop on Emergency Sonography for Trauma Care

On 24th June 2025, a Workshop on Emergency Sonography for Trauma Care was conducted at the Simulation Centre, Teaching Hospital, Jaffna. This program was organized by the Jaffna Medical Association in collaboration with the College of Surgeons of Sri Lanka – Northern Chapter.

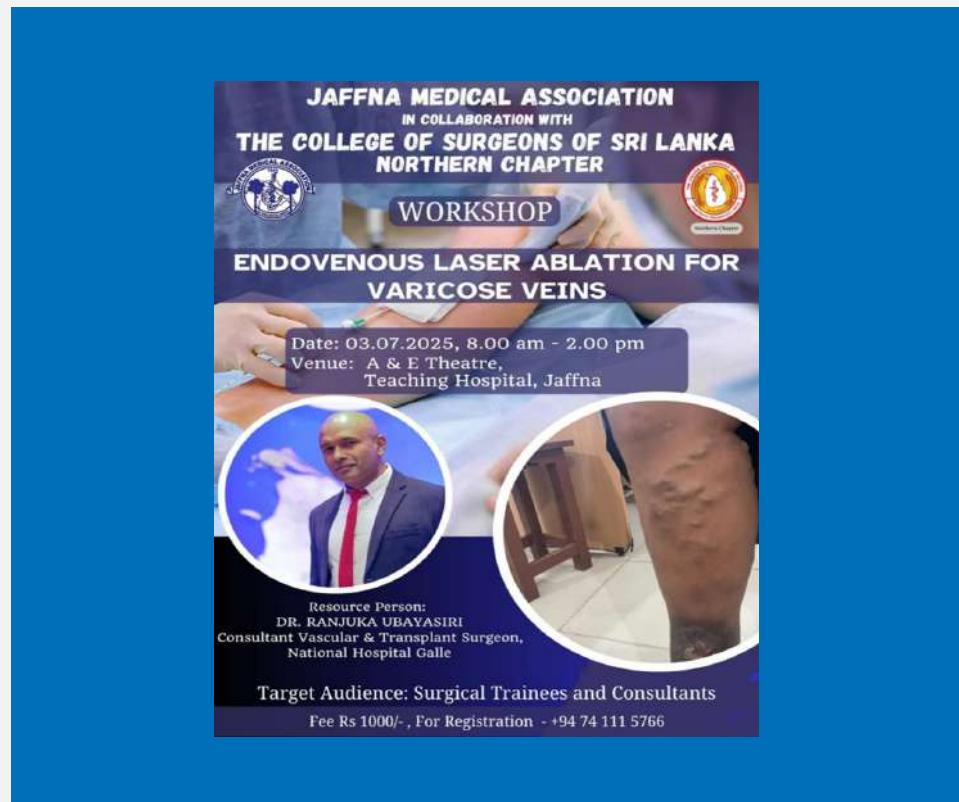
The sessions covered the principles of ultrasound and FAST (Focused Assessment with Sonography in Trauma), including lectures, video demonstrations, and hands-on training on ultrasound machine controls, FAST examination, and vascular access assessment. The event was organized by Dr. Kandiah Manitheepan, Consultant Emergency Physician (Acting), Teaching Hospital, Jaffna, with support from experts representing surgical and radiology disciplines. 16 participants attended the workshop.



## Workshop on Endovenous Laser Ablation for Varicose Veins

The Workshop on Endovenous Laser Ablation for Varicose Veins was held on 3rd July 2025 from 8.00 a.m. to 2.00 p.m. at the Accident & Emergency Theatre, Teaching Hospital, Jaffna. It was organized by the College of Surgeons of Sri Lanka – Northern Chapter.

The session was conducted by Dr. Ranjuka Ubayasiri, Consultant Vascular and Transplant Surgeon, National Hospital, Galle. Surgical trainees and consultants gained valuable exposure to the principles and practical aspects of laser ablation for varicose veins through live demonstrations and discussions. 20 participants attended this workshop.



# Workshop on “AI for Medicine - Empowering Research and Education in the Digital Era”

On 5th July 2025, the Workshop on AI for Medicine was conducted at the Clinical Training and Research Block Auditorium, Faculty of Medicine, University of Jaffna, organized by the College of Surgeons of Sri Lanka – Northern Chapter.

The resource person, Dr. T. Uthayasanker, Senior Lecturer, Department of Computer Science & Engineering, University of Moratuwa, conducted sessions on artificial intelligence applications in medical research, data analysis, education, and ethical AI use. The workshop provided participants with valuable insights into integrating digital technologies in

healthcare and medical research. 110 participants attended the workshop.

During the latter part of the year Northern Chapter CSSL successfully conducted a series of academic and practical workshops covering advanced surgical skills, emergency imaging, vascular procedures, artificial intelligence in medicine, and its annual scientific sessions. These initiatives, supported by resource persons from multiple centres across Sri Lanka, reflect the Chapter’s continuous commitment to enhancing surgical education, professional development, and collaborative learning in the region.

**THE COLLEGE OF SURGEONS OF SRI LANKA NORTHERN CHAPTER**

**Workshop on AI FOR MEDICINE**

*“Empowering Research and Education in the Digital Era”*

**Date & Time:** 05.07.2025, 8.00 am - 12.00 noon  
**Venue:** Auditorium, Clinical Training & Research Block, Faculty of Medicine, University of Jaffna .  
 (Near to Clinical complex of Teaching Hospital Jaffna)

**Resource person:**  
**Dr. T. Uthayasanker**  
 Senior Lecturer,  
 Department of Computer Science & Engineering,  
 University of Moratuwa.

- Introduction to AI
- AI in Research & Writing
- AI in Medical Data Analysis
- AI in Medical Education
- Responsible AI

For further details, contact us: 070 736 9935, csslnorthernchapter@gmail.com

## Scientific Session - Northern Chapter 2025

The annual Scientific Session of the College of Surgeons of Sri Lanka – Northern Chapter was held at the Northgate Hotel, Jaffna, on 4th July 2025, with its inauguration ceremony taking place on the evening of 3rd July.

The scientific programme included abstract presentations, five plenary sessions, and four symposia featuring

distinguished speakers from various institutions across Sri Lanka. One hundred and fifty participants, including consultants, trainees, and medical officers from the Northern Province, attended this academic gathering, which served as a valuable platform for sharing clinical experience and recent research advancements.



**THE COLLEGE OF SURGEONS OF SRI LANKA NORTHERN CHAPTER SCIENTIFIC SESSION**

**Date:** 4th July, 2025  
**Venue:** Northgate Hotel, Jaffna

**AGENDA**

**PLenary Lecture 1**  
 07.30 AM – 08.00 AM: Short presentations  
 08.00 AM – 08.30 AM: Registration

**Symposium 1: BREAST MALIGNANCY**  
 08.45 AM – 09.00 AM: Ancillary management in breast cancer  
 09.00 AM – 09.20 AM: Immunotherapy in breast cancer  
 09.20 AM – 09.40 AM: Molecular biomarkers and its impact on the breast cancer

**Plenary Lecture 2**  
 09.45 AM – 10.00 AM: Deparapment of surgery  
 10.00 AM – 10.30 AM: Tea Break

**Symposium 2: NECK PARK**  
 10.30 AM – 10.50 AM: Central spondylosis and reflexopathy: How to manage  
 10.50 AM – 11.00 AM: Disease codes synthesis: Standard Protocols

**Plenary Lecture 3**  
 11.10 AM – 11.30 AM: Critical spondylosis and reflexopathy: How to manage  
 11.30 AM – 11.45 AM: Disease codes synthesis: Standard Protocols

**Plenary Lecture 4**  
 01.45 PM – 02.00 PM: Advances in breast cancer  
 02.00 PM – 02.20 PM: Endocrine management of breast cancer  
 02.20 PM – 02.40 PM: Immunotherapy in breast cancer

**Symposium 3: LOWER ABDOMINAL PAIN**  
 02.45 PM – 03.00 PM: Endo prosthesis in lower abdominal pain  
 03.00 PM – 03.20 PM: Endo prosthesis in lower abdominal pain  
 03.20 PM – 03.40 PM: Endo prosthesis in lower abdominal pain

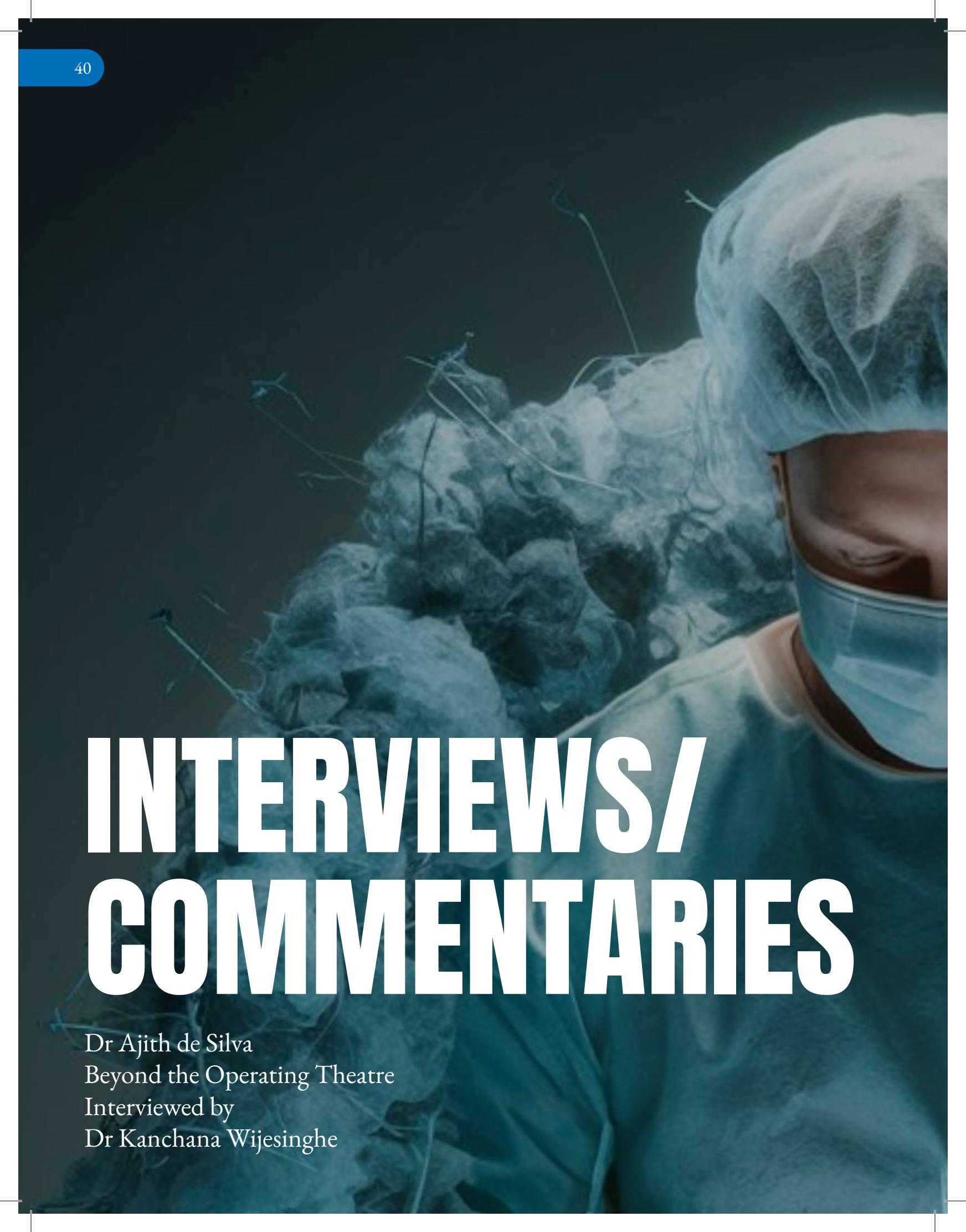
**Plenary Lecture 5**  
 03.45 PM – 04.00 PM: Advances in breast cancer  
 04.00 PM – 04.20 PM: Endocrine management of breast cancer

**Symposium 4: ALTERED BOWEL HABITS**  
 02.10 PM – 02.30 PM: Endo prosthesis in lower abdominal pain  
 02.30 PM – 02.50 PM: Endo prosthesis in lower abdominal pain  
 02.50 PM – 03.10 PM: Endo prosthesis in lower abdominal pain

**Plenary Lecture 6**  
 03.10 PM – 03.30 PM: What should be tested?  
 03.30 PM – 03.50 PM: When no operation is in order  
 03.50 PM – 04.10 PM: How to manage  
 04.10 PM – 04.30 PM: Closing remarks

For further details, contact us:  
 070 736 9935  
 csslnorthernchapter@gmail.com

REGISTRATION  
 Visit here

A surgeon in a blue surgical gown and mask is performing surgery on a patient. The patient is covered in blue surgical drapes. The surgeon's hands are visible, holding surgical instruments. The background is a dark, blurred operating room.

# INTERVIEWS/ COMMENTARIES

Dr Ajith de Silva

Beyond the Operating Theatre

Interviewed by

Dr Kanchana Wijesinghe



**DR AJITH DE SILVA:**

# BEYOND THE OPERATING THEATRE



Interviewed by Dr Kanchana Wijesinghe

Dr. Ajith De Silva is a retired general surgeon who has made significant contributions to the field of breast surgery in Sri Lanka. He has pioneered in establishing the Sri Lanka Society of Breast Surgeons to uplift the breast surgical care provided in Sri Lanka.

In the month of October, dedicated to breast cancer awareness, I met him at his estate in Kurunegala, actively nurturing his pineapple plantation.

In this exclusive interview, Dr Ajith De Silva shares his story.



**Sir, taking a trip down memory lane, what was your inspiration for becoming a surgeon?**



It was during my third year of medical faculty, on my very first clinical appointment, that I met Dr. K. Yogeshwaran, a renowned Consultant Surgeon at NHSL. I was profoundly inspired by not only his clinical acumen and surgical mastery but also his immensely humble nature. In that moment, the path became clear: I decided to dedicate myself to a career in surgery.



**In the latter part of your career, you chose to tread on a new avenue. You embarked on taking up breast surgery. What inspired that particular change in direction?**

Over the last few decades, breast surgery has undergone a rapid transformation globally. We've seen major shifts, from treating benign diseases like idiopathic granulomatous mastitis primarily with intra-lesional steroid injections instead of surgery, to the widespread adoption of breast-

conserving surgery and oncoplastic breast surgery over traditional mastectomy.

Motivated by these advancements, I focused on uplifting breast surgery standards in Sri Lanka. I dedicated myself to training senior registrars in these

specialized techniques while learning alongside them. This commitment culminated not only in mentoring several highly skilled specialists but also in the successful establishment of a dedicated Breast Unit and a vital Multidisciplinary Team (MDT) at the National Hospital of Sri Lanka.



**Was it a challenging task? How did you stay up-to-date on the latest advancements in breast surgery management and surgical techniques?**

It was certainly challenging; Adapting to change, especially as one gets older, is always a challenge. However, I never stopped prioritizing learning. I stayed current by actively attending

workshops and conferences and being ready to depart from traditional practices. I even learnt from my peers and my own junior trainees who returned with fresh expertise from

overseas training. Looking back, the entire effort was immensely rewarding, as the ultimate benefit to our patients made every challenge worthwhile.



**You are the founder president of Sri Lanka Society of Breast Surgeons. What was your vision in establishing this?**

The continuous evolution of medicine makes it essential for every surgeon to be well-informed. My vision for the Sri Lanka Society of Breast Surgeons (SLSBS) was therefore two-folds:

First, to serve as a central platform that actively improves surgeons' knowledge and mastery of new techniques, while also providing an accessible forum to discuss and resolve clinical challenges in breast surgery.

Second, and most critically, to translate this improvement into practice. SLSBS primary goal is to ensure that every patient with breast disease in Sri Lanka, irrespective of their diagnosis or geographic location, receives care that consistently meets the best-practice standards.



**You faced a deeply personal challenge when you had to battle cancer yourself. Given your experience on both sides of the surgical table, would you be willing to share how you navigated that journey and what insights it brought to your professional life?**

That is indeed a very personal topic, but one I feel it's important to discuss. Facing cancer myself completely reshaped my surgical practice and my approach to patient care. I will mention the salient points.

I learned firsthand that a patient often hears only 10% of what a doctor says after a cancer diagnosis. Yes, it is very true and I request my surgical fraternity to obsessively focus on the quality of patient interaction; delivering clear, empathetic, and repeatable communication. We must

constantly work to simplify complex jargon and ensure the patients truly understand the path forward.

Empathy for the small things: I realized patients don't just fear the disease; they fear the entire process. I realized the profound weight of the "small things"—the long waits, the uncomfortable scans, the simple lack of a warm blanket. My focus shifted to realizing that surgical care extends far beyond the scalpel and must encompass the entire human experience.

As a patient, the seamless coordination of the Multidisciplinary Team was no longer an academic concept; it became my lifeline. It solidified my belief that the MDT—the standard we fought so hard to establish via SLSBS—is actually the only way to deliver truly holistic and effective cancer care.

Ultimately, being a patient taught me that my greatest contribution wasn't just my surgical skill, but my ability to give the patients hope, clarity, and control in a moment where they feel they have none.



**You are known for advising your junior doctors that retirement planning should begin in their early 40s. Beyond this crucial financial wisdom, what are other valuable, non-clinical tips you would offer to young surgeons to help them build a sustainable and rewarding career?**

Yes, I strongly advocate few non-clinical tips for young surgeons to build a fulfilling and sustainable career.

Firstly, Financial foresight is very important. Plan for the Future Now. You will reach that stage before you know it. Invest wisely and ensure you have a robust financial backup plan, especially for your health. A proactive approach to finances is the greatest gift you can give your future self.

Secondly, work hard, but do not compare. In the competitive world of medicine, comparison is truly the enemy of contentment. Throughout my career, I focused on working hard and honestly and helping my peers; never comparing or competing with them. Your work should be a reflection of your commitment to your patients, not a race against others.

Personal wellness is also of utmost importance. Enjoy life and travel

before your limbs start to groan and your mind dims away. Your health and opportunity for adventure are finite. Take time to step away, see the world, and enrich your life.

And finally, the most valuable lesson of all: Learn to give up when your role is done. Knowing when to hand over the reins is a sign of wisdom, not weakness, and it ensures the continuity and strength of the next generation.



## If you could go back in time and give your young self some advice, what would it be?

Looking back, one advice I would give myself is to let go of rigid expectations and develop the flexibility required to face any circumstance in life. Also, perhaps nudge myself a

bit to cultivate a deeper sense of mindfulness and presence, finding happiness in all routine activities, no matter how small. Most crucial of all, make more time for family, for my

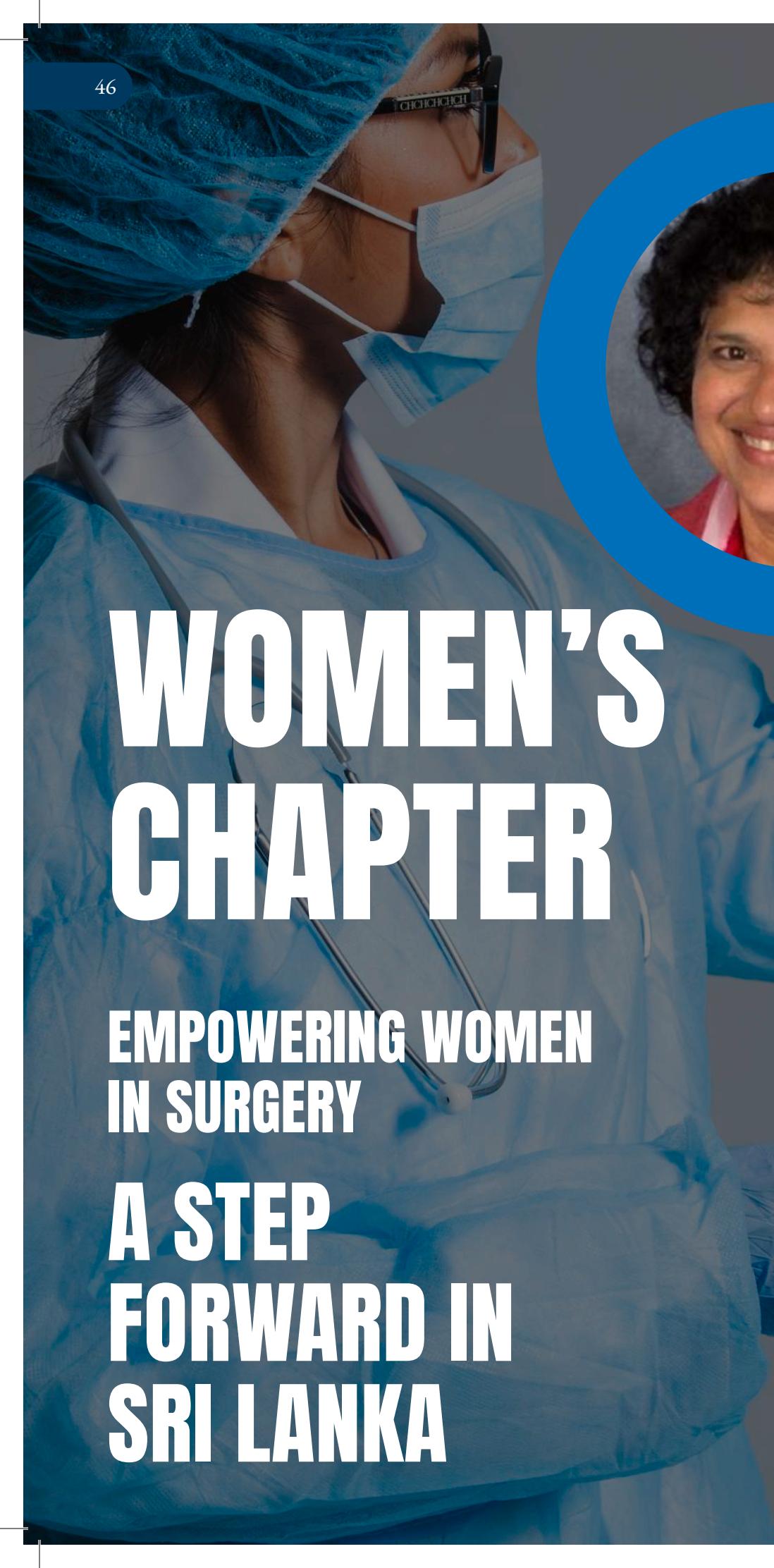
young self will one day realize that they are the bedrock of my well-being and deserve undivided attention.

Dr. Ajith De Silva concluded by offering his heartfelt thanks to the College of Surgeons of Sri Lanka.

**'I am truly honored to receive a Fellowship from the College, and I especially thank Dr. Duminda Ariyaratne, the President and my dear friend. This recognition means a world to me, particularly after more than 25 years dedicated to the field of surgery.'**

On that profound note, I took leave from Dr. Ajith De Silva and his biggest supporter, his wife, Dr. Disna De Silva, carrying with me many invaluable lessons for my own journey as a young surgeon.





# WOMEN'S CHAPTER

## EMPOWERING WOMEN IN SURGERY

### A STEP FORWARD IN SRI LANKA



Dr. Udayangani Samarakkody  
MBBS, MS, DCH, FRCS, FRACS,  
MClinEd, DipLapSurg, FCSSL  
Consultant Paediatric Surgeon &  
Paediatric Urologist,  
Waikato hospital, Hamilton, New Zealand



# Surgery is Not a Glass Ceiling: Who is a 21st Century Surgeon

They say, "A surgeon must have a lady's hand and a lion's heart". Why not find a lady with a lion's heart? Dr Ranjitharsini Vaseeharan MBBS, MD, MRCS. Consultant Paediatric Surgeon, Jaffna Teaching Hospital and I visited Jaffna Medical Faculty on the 16th of September 2026 on behalf of the Women's forum of the College of Surgeons of Sri Lanka to address the medical students to inspire them to take up surgery as their future career. More importantly we were keen on the female students to consider surgery

More importantly we were keen on the female students to consider surgery as their chosen career to take the field of surgery in Sri Lanka to the next level.

as their chosen career to take the field of surgery in Sri Lanka to the next level. We chose to speak about a subject very close to our hearts: "Surgery is not a glass ceiling: Who is a 21st Century Surgeon?" The following are the excerpts from the two presentations.

Paediatrics is about the care of children, while surgery is about healing them

through operations. Those two vocations meet in Paediatric Surgery as a calling that demands not only technical skill but also compassion, patience, and welfare of the whole family.

Children are not simply "small adults." They cannot explain what is wrong with them; the sickest child is silent and lifeless. Their physiology and anatomy vary enormously — from a premature baby whose hand is smaller than your nail, to a 13-year-old adolescent taller than me. You cannot treat these two patients in the same way.

We are emphasising on Paediatric Surgery here only because we are Paediatric Surgeons. There are many other interesting branches of surgery such as Adult General Surgery, Orthopaedic Surgery, Vascular Surgery, Neurosurgery, Cardo-thoracic surgery, Plastic and Reconstructive Surgery, Ophthalmology and Otolaryngology. Each of those



disciplines can also branch into niche areas like endocrine surgery, colorectal surgery so on and so forth.

The operating theatre is a high-risk environment. Surgery involves complex technology, fast-paced decision-making, and absolutely no margin for error. Even the smallest lapse can have catastrophic consequences. Yet, this is also where we find ourselves most alive. When operating, one enters a state of "flow" — fully immersed, forgetting time, focused

They entrust us with their lives, and we must offer compassionate, ethical care. Second, to our juniors: every incision and every suture we make is a learning opportunity for someone.

solely on the patient before us. It is a space where skill, concentration, intellect and purpose meet.

Being a surgeon is not only about the operations. It comes with immense responsibilities. First, to our patients: they entrust us with their lives, and we must offer compassionate, ethical care. Second, to our juniors: every incision

and every suture we make is a learning opportunity for someone. Our conduct — professional, moral, and human — shapes the next generation of doctors. Third, to our community: we serve on committees, regulatory bodies, and

I recall being part of Sri Lanka's first renal transplant as a young doctor. This experience taught me how collaboration can transform what once seemed impossible into routine practice.

professional associations, shaping the systems that govern healthcare. I recall being part of Sri Lanka's first renal transplant as a young doctor. This experience taught me how collaboration can transform what once seemed impossible into routine practice. And finally, there is volunteering. This is a duty rather than an optional extra. Whether it is collecting scarce surgical supplies for Sri Lanka, or negotiating overseas training opportunities for young doctors, these small acts ultimately benefit patients.

Surgical aptitude may come naturally, but passion and perseverance are essential. Without passion, burnout is inevitable. Our craft demands constant honing through workshops, conferences, and new techniques. But the pace and stress may take their toll. Prolonged high stress can become a surgeon's "new normal," endangering both physical and mental health. To survive and thrive, we must build resilience — and that means finding balance. For me, it might be walking, meditation, or sport. For others, it may be art, music, or simply time with loved

Surgical aptitude may come naturally, but passion and perseverance are essential.

ones. What matters is preserving the self while serving others.

We have the privilege of performing many types of paediatric surgery, from neonatal procedures to trauma cases. But one story stands apart: the separation of pygopagus conjoined twins. This is the pinnacle of a paediatric surgeon's career.

The babies shared pelvic bones and organs, and their operation required 55 professionals — paediatric, orthopaedic, neurosurgical, plastic surgical, and anaesthetic teams, supported by nurses, technicians, and laboratory staff. Theatres were prepared meticulously,





confidentiality preserved, and every detail planned. What stays with us is not only the successful outcome but the spirit of teamwork. A surgical achievement of this magnitude is the collective result of skill, discipline, and trust.

Yet, when I looked at the team photograph from that day, I noticed I was the only female surgeon. This reflects a wider problem. More than half of today's medical students are women, yet only about 5% of surgical specialists in Sri Lanka are female. This imbalance means that society is missing out on the strengths women bring to surgery. Studies have

shown that patients of female surgeons often experience lower complication rates and lower 30-day mortality. I believe qualities such as approachability, kindness, and attentiveness contribute to these outcomes.

The future must be different. Women surgeons are forming networks — from Sri Lankan women surgeon's forum to international surgical forums — to support and mentor one another. In my own college, the Royal Australasian College of Surgeons, a women's surgery group is thriving. It is, truly, a good time to be a girl in surgery.

**This imbalance means that society is missing out on the strengths women bring to surgery.**

To the young women sitting in our lecture halls today, our message is simple: surgery is not a glass ceiling. Do not hold back from pursuing it. Fifty percent of the brightest graduates must not be lost to the surgical profession. Society deserves your skill, your compassion, and your leadership. At the end of the day, surgery is more than a career. It is a privilege. The joy of healing, the fulfilment of seeing a sick person restored to life, and the

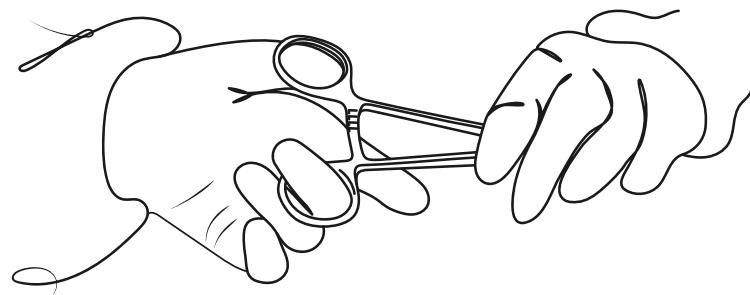
To the young women sitting in our lecture halls today, our message is simple: surgery is not a glass ceiling. Do not hold back from pursuing it.

instant gratification of a patient walking out of hospital cured — these are rewards beyond measure. This is why we do what we do. And this is why we urge the next generation, especially young women, to claim their place in surgery. Together, we can shape a future where healing knows no glass ceilings.

# YOUNGER FELLOWS

Sri Lankan overseas surgical training program:





# SRI LANKAN OVERSEAS SURGICAL TRAINING PROGRAM:

## A COLLECTIVE PERSPECTIVE FROM A GROUP OF CURRENT OVERSEAS TRAINEES

Dr. Umesh Jeyarajah

### ► Overview of the System

Sri Lanka's surgical training protocol mandates that surgical trainees undergo 1

to 2 years of compulsory overseas training at recognized centers—commonly in the UK, Australia, Singapore, or New Zealand—as part of their pathway to Board Certification in general surgery and other surgical subspecialties. However, there have been debates if this is

actually useful because of several ongoing issues. As a group of trainees currently undergoing overseas training, this is our take on the pros and cons of overseas training.

### ► Pros of Overseas Training

#### **Exposure to advanced systems and technologies**

Training overseas in a developed centre allows access to modern surgical systems, simulation technologies, robotic platforms, and exposure to diverse procedural paradigms that may not be available locally in Sri Lanka. Further, rapid live access to radiology imaging enhances their skills in interpreting advanced imaging technologies.

#### **Experience in working as per international standards and subsequent knowledge transfer**

Sri Lankan trainees gain insights into up-to-date clinical governance, research standards, and holistic, well-coordinated surgical practice, morbidity and mortality assessments. They may be in a position to bring these

practices back to Sri Lanka, enriching local training and patient care.

Rapid live access to radiology imaging enhances their skills in interpreting advanced imaging technologies.

#### **Networking, collaboration, and career opportunities**

Overseas exposure fosters valuable networks with international peers and mentors, paving the way for research partnerships and future collaborative opportunities. However, this may not be available to all trainees depending on various factors such as their current position and availability of research in their respective centres.

#### **Exposure to a different epidemiology of surgical diseases**

Sri Lankan trainees are exposed to common “Western” diseases such as complex diverticulitis, complex bariatrics with complications etc. The trainees gain a different perspective and experience in managing these diseases and their complications.

## Personal growth and broader perspectives

Immersion in a different healthcare environment cultivates adaptability, communication skills, cultural competence, and resilience. Many trainees return with a renewed sense of purpose and a broadened worldview.

## Understanding the systems and intricacies

Less frequently, Sri Lankan trainees get opportunities to act in a supervisory role, coordinating rosters and activities engaging in a leadership role.

## Leisure, travel, work life balance

Opportunities for paid leaves, better overall pay allowing flexibility and time for travel and leisure, spend time with family and enjoy life outside of work.

Immersion in a different healthcare environment cultivates adaptability, communication skills, cultural competence, and resilience.

## Better financial prospects

With paid jobs, trainees have a greater opportunity to earn and save money compared to local training where they typically cannot supplement their income with private practice.

## Sri Lanka training becomes comparable to international standards

Unlike in various neighboring countries, Sri Lankan training is generally considered to be in par with international standards owing to the surgical training in Sri Lanka. This also paves way for healthy relationships and collaboration between surgical colleges in Sri Lanka and overseas.

# Challenges and Drawbacks

## Brain Drain and Retention Risks

A subpopulation of trainees decides not to return, despite bonds, contributing to the loss of invested talent. This has been a rising issue with the Sri Lanka economic crisis. Also, working in remote peripheral Sri Lankan centres with suboptimal living conditions, potentially away from family with lack of resources does not seem inviting. Furthermore, working through the inefficiencies of the ministry staff to arrange transfers, placements and any potential perks that the surgeons are entitled to has been unpleasant.

## Specialist Shortages

With the experience in overseas centers on excellence, it is easier to obtain permanent posts in these high resourced countries leading to migration and specialist shortages.

## Cultural and Professional Adaptation

Working in a new system like the UK's NHS or other Western institutions can be stressful. Trainees must quickly adapt to expectations around teamwork, communication, governance, and documentation—all while avoiding burnout.

A substantial proportion of trainees are unable to find jobs within their period of training

## Reintegration and Systemic Mismatch

Despite learning new techniques and technologies, returning surgeons may struggle to implement new practices if infrastructure, resources, or administrative support are inadequate. Local systems may lag behind the advanced environments they trained in, thus rendering the training potentially not very useful. Furthermore, the new perspectives and training obtained may gradually fade away with time if not being utilized in the local setting.

## Inability to obtain suitable jobs

It is challenging to obtain positions equivalent to senior registrar level in overseas centres due to ongoing competition. Thus, a substantial proportion of trainees ultimately settle down with a junior surgical position doing oncalls and assisting in minor operations which is likely unrewarding with minimal contribution towards learning. Moreover, many are not able to obtain positions pertaining to their subspecialty which is also very competitive even by the standards of local trainees in their respective countries.

## Financial and Time Costs

Trainees are directed to find their jobs overseas which requires logistical planning, getting through additional English exams, interview, logistics, travel, and potential stress. Meanwhile, local healthcare systems may suffer from the temporary absence of those specialists. A substantial proportion of trainees are unable to find jobs within their period of training and end up working in resource limited peripheral locations in Sri Lanka in acting consultant positions leading to delays in overseas training and subsequent board certifications.

## Conclusion

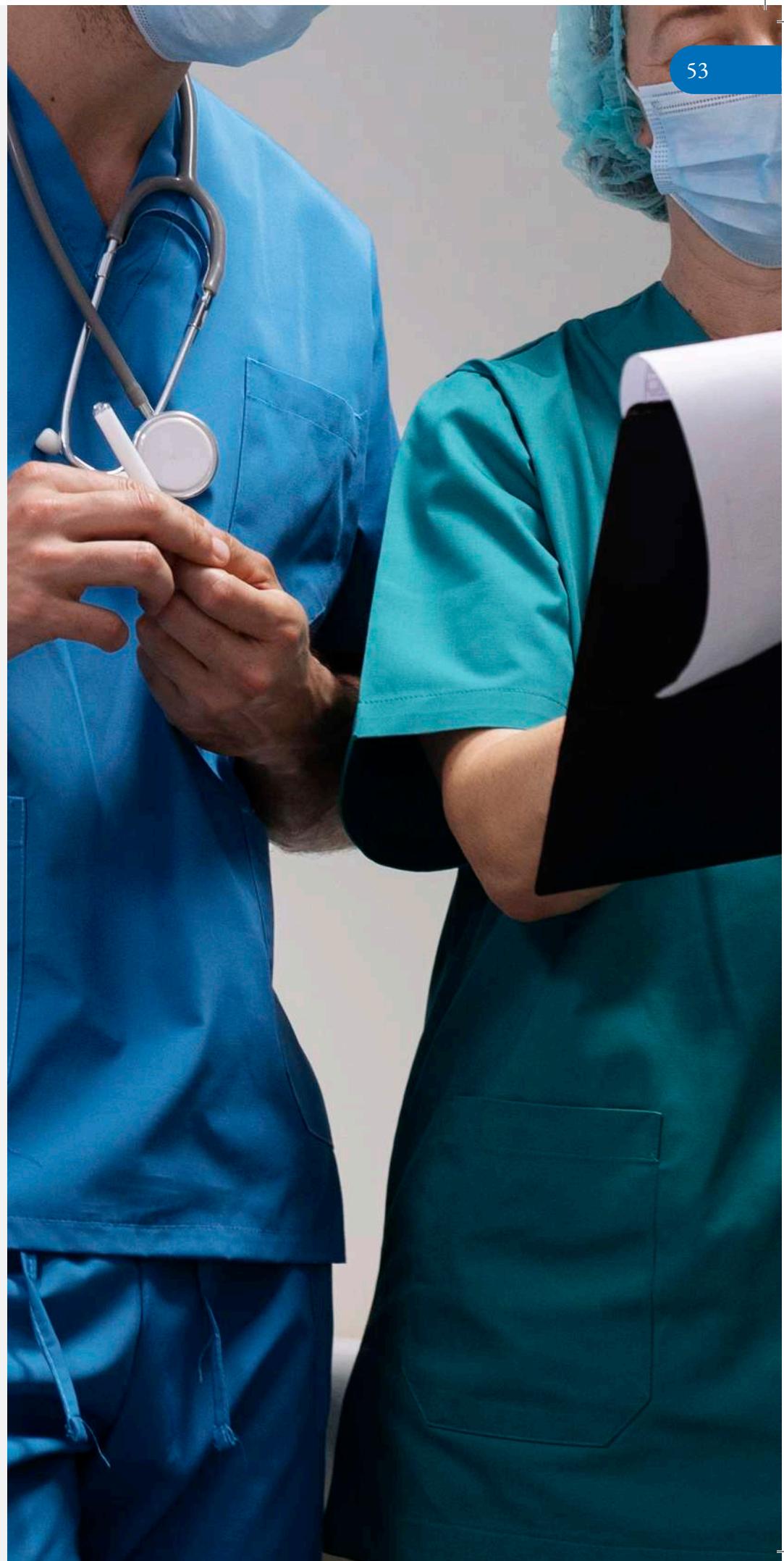
In summary, we can postulate a wide array of pros and cons in overseas training. However, it is apparent that these are influenced by many factors such as centre of training, case volume, number of trainees and staff, income and expenses, and position of employment which are vastly variable.

Obtaining skills, exposure and hands on experience is also dependent upon the supervisors, staff and working environment, personal circumstances (where living with family or in solitude)

“  
This may be  
facilitated by  
establishing forums  
with overseas trainers,  
local trainers,

and the efforts and hard work invested by the trainees. All in all, despite certain limitations and short comings, overseas training does provide more benefit to trainees and surgical services in Sri Lanka.

However, we believe efforts can be taken to facilitate trainees to obtain more favorable jobs overseas in a timely and streamlined manner which we believe is one of the major shortcomings in the current overseas training program. This may be facilitated by establishing forums with overseas trainers, local trainers, current overseas trainees and local trainees with regular online discussions. This may provide opportunity for local trainees to collaborate with their potential future overseas trainers and secure jobs early in their training.

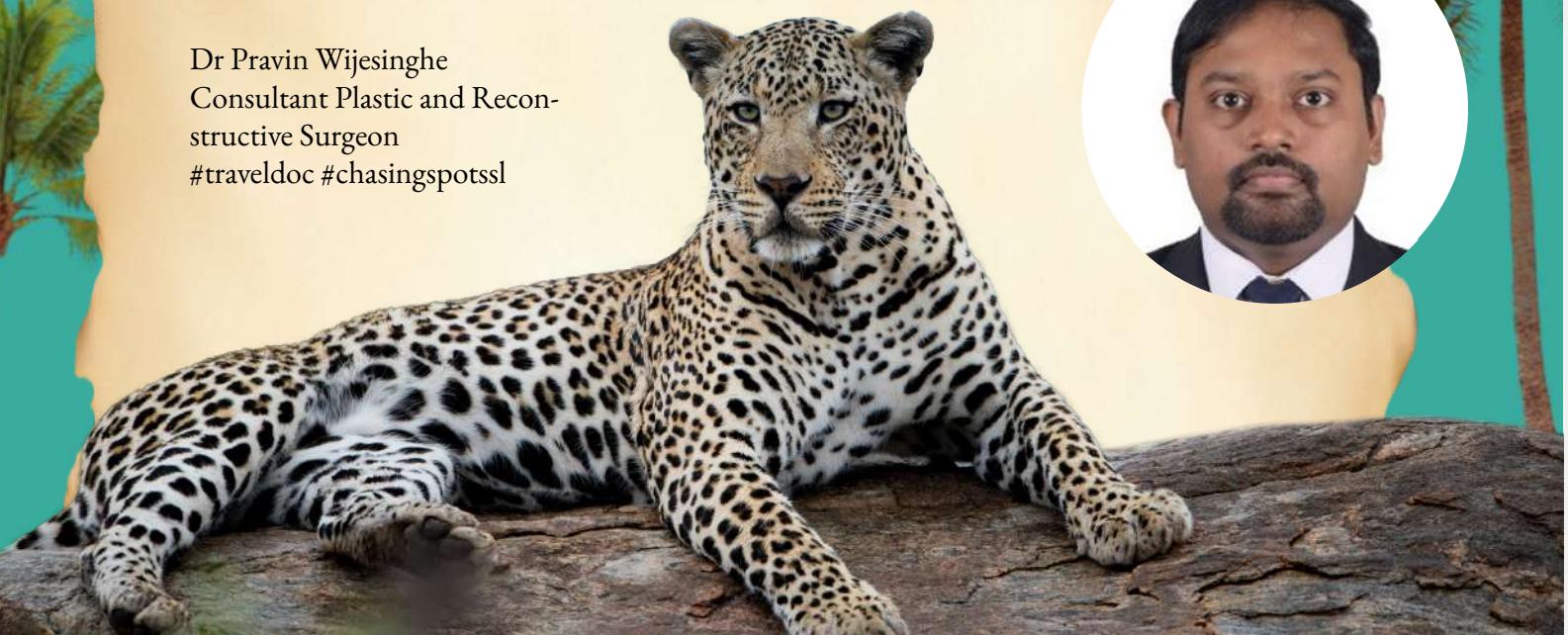


# “Off the Scalpel”

## CHASING SPOTS

PHOTOGRAPHING THE ELUSIVE LEOPARD IN  
THE JUNGLES OF SRI LANKA

Dr Pravin Wijesinghe  
Consultant Plastic and Recon-  
structive Surgeon  
#traveldoc #chasingspotssl



## The Beginning - A Surgeon's Escape

I still remember that first sighting in 2012 vividly. A training registrar with a rare break in my schedule, my first visit to Wilpattu, the closest national park to Colombo. An early morning mist curled above the forest floor as the jeep rolled quietly along a winding track. There, draped lazily across the sturdy branch of a Palu tree, was the dominant male leopard of Panikkavillu. We stared at it in glee for the next 2 hours. And from the very first moment I pressed the shutter, I knew something within me had shifted. In that instant, I was hooked, hook, line and sinker, drawn irrevocably into the world of the leopard.

Ever since that day I have looked for any opportunity to escape into the wild, between the demanding shifts as a plastic surgeon in a peripheral hospital. Although the work was always rewarding, I found myself searching for solace amidst the chaos of daily casualties. Sri Lanka, with its quilt of national parks, each a sanctuary of untamed beauty, became my escape, my refuge.

## The Allure and the Challenge

Leopards are masters of camouflage, ghosts among the lush undergrowth and ancient trees. Their sightings are the exception, not the rule. Days can slip by in the wild with only hints of their presence: a pugmark in the sand, the distant alarm call of a deer, or a flash of tawny fur melting into the green tapestry. But therein lies the magic. That challenge is what beckons me over and over again. Each unsuccessful moment a lesson in humility and patience.

Wildlife photography is not an easy passion to pursue. The hobby is expensive, not only in terms of time and travel but also in the slow, deliberate acquisition of the perfect photographic kit. Building my arsenal has been a journey in itself. I started with an entry level Nikon camera and a basic lens, my kit gradually evolving in tandem with my skills. Over the many years, I invested in telephoto lenses, sturdy tripods, camouflage gear, and, most importantly, an unwavering sense of persistence. The perfect shot, the one that captures not just the leopard's form but its enigmatic spirit, is elusive.

## The Healing Wilderness

These escapes into the wild have been the

perfect cure for my overworked mind. As the park entrance disappears behind you so does the signal column in your phone. In the chorus of cicadas, bird calls and the rustle of the long grass, I find clarity. The tension of the operating theatre and the daily grind recede amidst the tangled vines and sun-dappled clearings. The mental relaxation is profound, and I return to my patients with renewed vigor and calm.

## A Growing Fraternity

What began as a solitary pursuit has, over the years, blossomed into a vibrant brotherhood. Every year consultants from different specialties, have joined me on these expeditions. Drawn by the siren call of the wild, we have forged bonds that transcend the walls of our hospitals. Together, we share triumphs and frustrations, stories of rare encounters, laughter over simple meals and the silent awe as the spots materialise, however briefly, on a distant field. This camaraderie is a reward in itself. We learn from one another, not just about photography and animal behaviour, but about life, resilience, and the art of letting go. In the wild, professional titles fall away; we are simply fellow travellers, united by a shared devotion to these magnificent creatures.

## Beyond the Lens and Into Leadership

In our visually driven era, the allure of capturing the perfect wildlife image, especially of charismatic species like leopards, draws many into the heart of national parks. Yet,

the act of photographing wildlife should not stop at the pursuit of the iconic shot. Photographers, especially those with influence or professional standing, must recognize their role as storytellers and stewards. An evocative image can do more than inspire awe. It can ignite curiosity, compassion, and concern for the conservation of endangered species. Photos taken with sensitivity and respect for the animal's wellbeing can serve as powerful ambassadors for wildlife, conveying the fragility and beauty of these creatures to audiences far beyond the reach of the parks themselves. We must lead by example.

## In My Horizon

More than a decade since that first sighting in Panikkavillu, the thrill has not faded. If anything, it has deepened, layered with the wisdom of experience, the humility of missed shots, and the gratitude for each fleeting glimpse of those golden eyes in the half-light. The journey has taught me to embrace uncertainty, to savour the process rather than the outcome.

Wildlife photography in Sri Lanka is not for the faint of heart. It is a test of patience and reverence for the natural world. It demands early mornings, late nights, and the willingness to return empty-handed. But for those who persist, the rewards are immeasurable—not just in images captured, but in moments lived, friendships kindled, and souls healed.

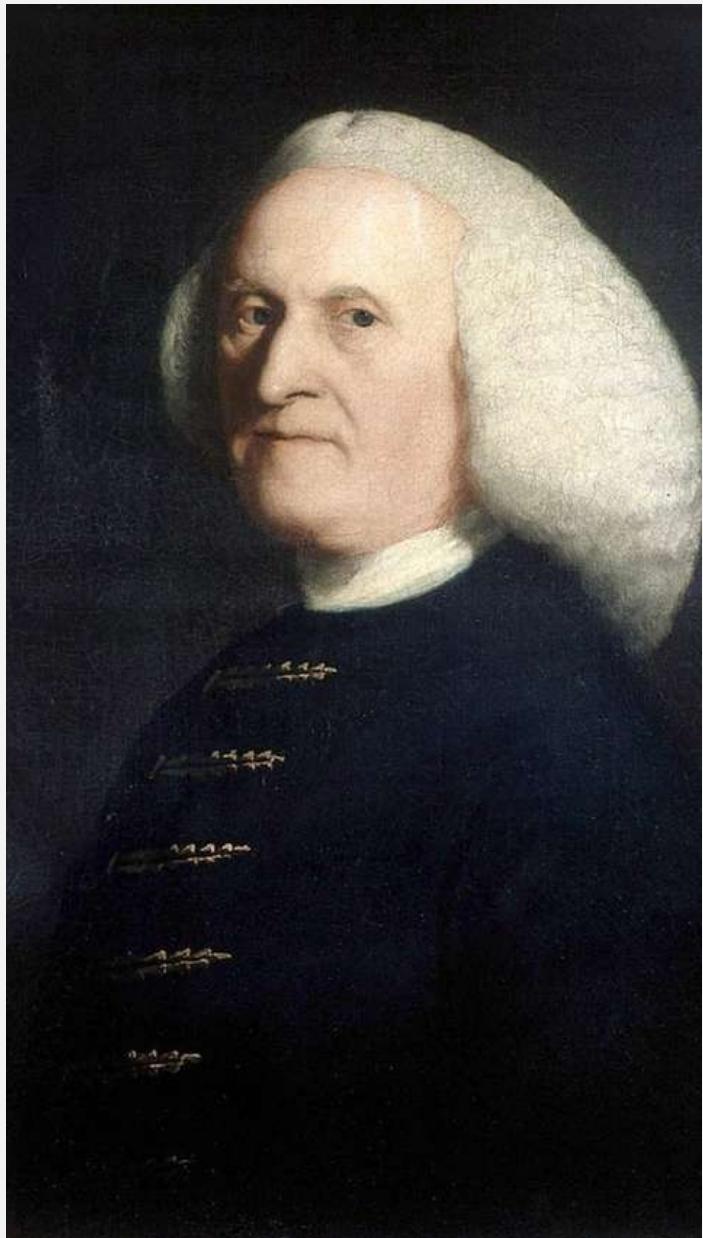


# # Interesting Facts DID YOU KNOW?

## BROTHER SURGEONS

The segment is contributed to the SUTURE by

Dr. Thushan Gooneratne  
Senior Lecturer in Surgery  
Department of Surgery  
University of Colombo





## Two Brothers, Two Dispositions

William was born in 1718, seventh of ten children. John, born a decade younger in 1728 was the tenth. They were born on the family farm, Long Calderwood. Five of their siblings died in childhood. Their father was fifty-five when William was born, and took great interest in his son, but when John came into the world their father was sixty-five, and pretty

much ignored his youngest child.

Their personalities and paths diverged early. William was a studious and ambitious young man, sent to the University of Glasgow to become a clergyman. He chose medicine instead, apprenticing with the prominent physician William Cullen.

John, by contrast, was a poor student, likely dyslexic, and unable to read until his teens. He ended his formal schooling at thirteen, rejecting books in favor of what he called "the volume of the animal body." He roamed the countryside, dissecting every animal and plant he could find, developing an intuitive, hands-on genius that would define his career.

## Conquering London and Founding a School

William moved to London at twenty-two and quickly established himself. He studied under great anatomists and, upon his return from the continent, was determined to elevate London's standard of anatomical teaching. In 1746, he started a school of anatomy and surgery that became the first medical school in London.

Meanwhile, the eighteen-year-old

John, tired of country life, wrote to his brother asking to become his assistant. William agreed, and upon John's arrival after a four-hundred-mile journey on horseback, gave him a human arm to dissect. John's work was so meticulous that William immediately recognized his exceptional talent. John adopted a life-long habit of sleeping only four or five hours a night and within six months, surpassed William as a dissector. Their

amicable and productive association would last twelve years.

William was a success in society: handsome, kind-hearted, an elegant dresser. John was William's opposite in appearance and manner: only 5'2", a casual dresser who refused to wear a wig, with unkempt red hair and a thick Scottish accent.

## The School of Anatomy and a Surgical Revolution

The Hunters' School, situated in Covent Garden, was a huge success, offering students a rarity: a fresh cadaver for each. This required a constant supply of bodies, sourced from the gallows or, more notoriously, from "resurrectionists" who snatched them from fresh graves. Neither Hunter was ever prosecuted for this grisly but essential trade.

John Hunter's approach to surgery was revolutionary. He believed in operating only when absolutely necessary. His most famous innovation was for popliteal aneurysm. Instead of the standard, brutal amputation, he ligated the healthy femoral artery in the thigh, in the anatomical space now known as Hunter's canal. The leg was saved through the development of

collateral circulation. This was the result of his lifelong practice of anatomical study and experimentation. His famous retort to theoretical discussion was, "Why think it? Why not do the experiment?" He is rightly credited with elevating surgery from the deprecatory status of "barber-surgeon" to the level of a respected scientific profession.



## The Collector and The Feud

Both brothers were insatiable collectors. William amassed over 50,000 anatomical specimens, a library of 14,000 books, and the world's largest private coin collection. He willed it all to the University of Glasgow. John amassed over 15,000 items. He purchased property in Earl's Court, building a house, museum, and quarters for a menagerie of live animals—

including leopards, bulls, and a buffalo he used to pull a wagon—all for his experiments.

A bitter dispute, however, shattered their partnership. William and John fell out over which of them had first discovered that the placental circulation was separate from the mother's. This led to

an estrangement that was never resolved. William died following a stroke in 1783. Though there was no reconciliation, John eased his brother's last days by fitting him with a catheter. John did not attend the funeral but later publicly acknowledged William's great contributions.





## John Hunter: The Relentless Inquirer

John's career was a torrent of inquiry. He served as an army surgeon during the Seven Years' War, an experience that led to his seminal *Treatise on the Blood, Inflammation and Gunshot Wounds*. He advocated against the common practice of wide wound excision, urging instead cleansing, removal of foreign material, and controlled bleeding.

His curiosity was boundless. He experimented with transplantation, moving the spur of a cockerel into its comb and a human tooth into a rooster's comb. He wrote the first scientific book

on dentistry, coining the terms incisors and molars. He performed the first artificial insemination on a woman whose husband had hypospadias. He even studied bone growth by implanting metal pieces in the bones of young animals.

Some of his experiments were perilously self-directed. To settle a debate on venereal disease, he inoculated himself with pus from a patient, inadvertently contracting both gonorrhea and syphilis (the patient had both), leading to a long-held but incorrect belief that they were a single disease.

One of his most notorious acquisitions was the skeleton of the "Irish Giant," Charles Byrne, who stood 7'8" tall. Terrified of being dissected, Byrne arranged to be buried at sea in a lead coffin. Upon his death, Hunter bribed the funeral party with 500 pounds, replaced the body with stones, and secured the skeleton, which remains in the Royal College of Surgeons. A century later, Harvey Cushing would examine the skull and find a pituitary tumor, explaining Byrne's acromegaly.

## Legacy and an Untimely End

John's marriage to Anne Home, a poet, was attended by Captain Cook and Sir Joseph Banks, but not by William. His patients included Prime Minister William Pitt, from whom he removed a large facial cyst in six and a half minutes, and Lord Byron, whose club foot he treated. He advised his students not to take notes, as "knowledge is always changing."

His quick temper, however, proved fatal. He suffered from angina and knew he was "at the mercy of any rascal who provoked

[him] to anger." In 1793, during a heated argument at St. George's Hospital, he collapsed and died. He was buried first at St. Martin-in-the-Fields, but in 1859 was re-interred in Westminster Abbey. A plaque placed by the Royal College of Surgeons reads simply: "John Hunter, the Father of Scientific Surgery."

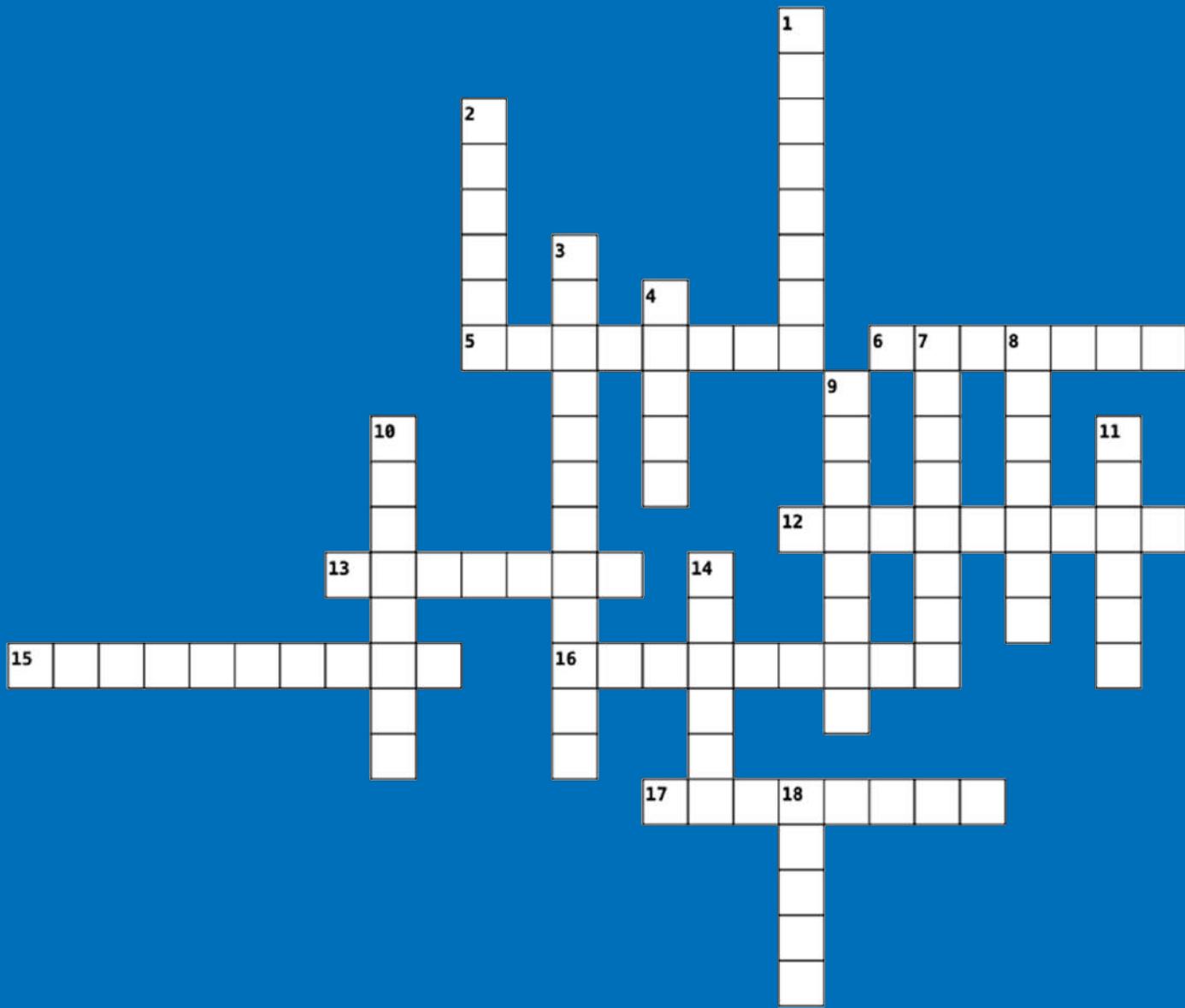
His great museum was purchased by the government and forms the historic core of the Hunterian Museum at the Royal College of Surgeons, though a significant

portion was tragically destroyed by a German bomb during the Blitz.

The legacy of William and John Hunter is the legacy of modern surgery itself. Their insatiable curiosity, grounded in meticulous anatomy and bold experimentation, transformed surgery from a crude trade into a scientific discipline, and their spirit of inquiry continues to inspire every surgeon who follows in their footsteps.



# THE SURGEONS' CROSSWORD

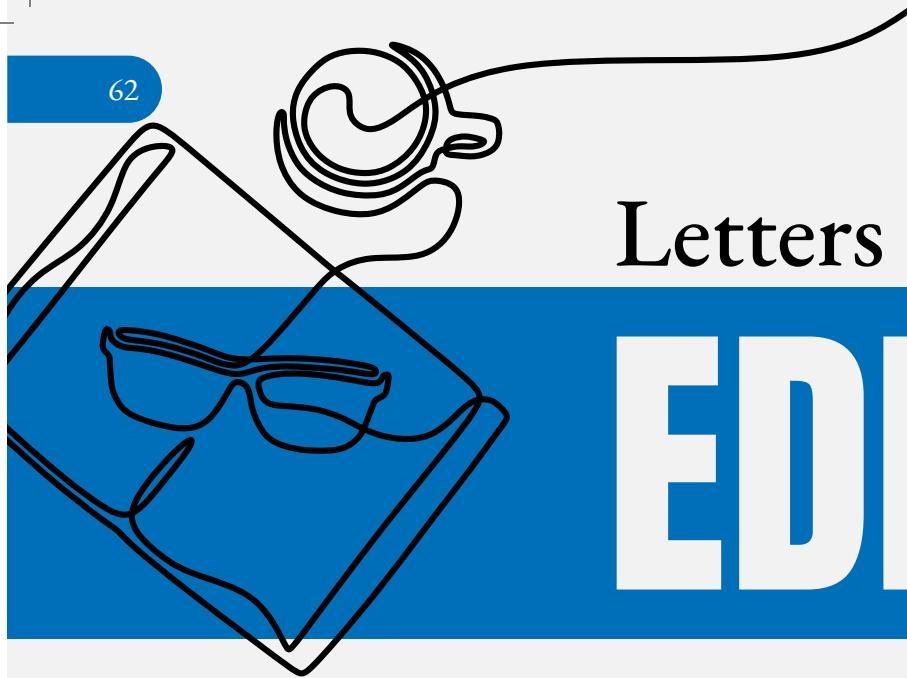


## Across

5. A common surgical suction device designed to clear the operative field
6. Hip flexor arising in the greater pelvis
12. The earliest practice of antiseptic surgery
13. Abdominal wall hernia located anywhere other than inguinal and femora
15. Solution for pollution in surgery
16. An optical device for minimally invasive diagnosis and surgery
17. An instrument used to cut or drill out a circular section of tissue

## Down

1. A device facilitating fluid drainage or access to internal cavities
2. Operative technique that allows external drainage of an organ
3. A suture type characterized by less infection risk
4. A Landmark trial comparing bypass versus angioplasty in severe limb ischaemia
7. A thread used to tie off a vessel or a duct
8. COX-1 irreversible inhibitor
9. Precise surgical opening
10. Bone traversed in minimally invasive pituitary surgeries
11. Instrument exploiting stimulated emission of radiation for precise tissue effects
14. A device that creates a port in minimally access surgery
18. Tibial plafond fracture



## Letters to the

# EDITORS

## HISTORICAL PERSPECTIVE ON THE EVOLUTION OF NEUROSURGERY IN THE WORLD & SRI LANKA

### GLOBAL EVOLUTION OF NEUROSURGERY

#### Ancient and Prehistoric Origins

The earliest known neurosurgical procedures date back thousands of years to prehistoric times, when trepanation—the oldest surgery ever recorded—involved drilling or scraping a hole into the human skull. Archaeological evidence from multiple regions including Europe, South America, and Africa shows survival rates for trepanation, suggesting it was a therapeutic intervention for head

trauma or spiritual purposes. Ancient Egyptian medical papyri, such as the Edwin Smith Papyrus (circa 1600 BCE), describe traumatic brain injuries and surgical approaches, representing some of the first recorded medical texts related to neurosurgery (1,2). Similarly, early Indian Ayurvedic literature documented brain trauma treatment methods around 1000 BCE (1).

#### Renaissance and Anatomical Foundations

The Renaissance period in Europe marked a major leap forward in understanding neuroanatomy. Pioneers like Leonardo da Vinci and Andreas Vesalius produced detailed anatomical drawings and descriptions of the brain, cranial nerves, and blood vessels, challenging earlier misconceptions. These works laid

the foundation for neurosurgery by enhancing surgical precision and safety. Despite limited anesthesia and antiseptic measures, rudimentary skull surgeries continued during this period, often linked with trepanation for epilepsy or mental illness (2).





Dr. Nadun Danushka

Senior Registrar in Neurosurgery

Holding an MD in Surgery and an MSc in Applied Statistics (Colombo) he aims to combine clinical expertise with advanced analytical skills as he contributes to the field of neurosurgery.

## Birth of Modern Neurosurgery

Modern neurosurgery took shape in the early 20th century, largely credited to Harvey Cushing (1869–1939), an American surgeon known as the "father of modern neurosurgery." Cushing

revolutionized brain tumor surgery by developing techniques to reduce intraoperative bleeding, using X-ray imaging preoperatively, and championing the importance of intracranial pressure

monitoring. His meticulous operative methods and patient-centered care greatly reduced surgical mortality rates and set standards still followed today (2,3).

Figure 1: Trepanation



Figure 2: Da Vinci's drawings on intracranial nerves and vessels

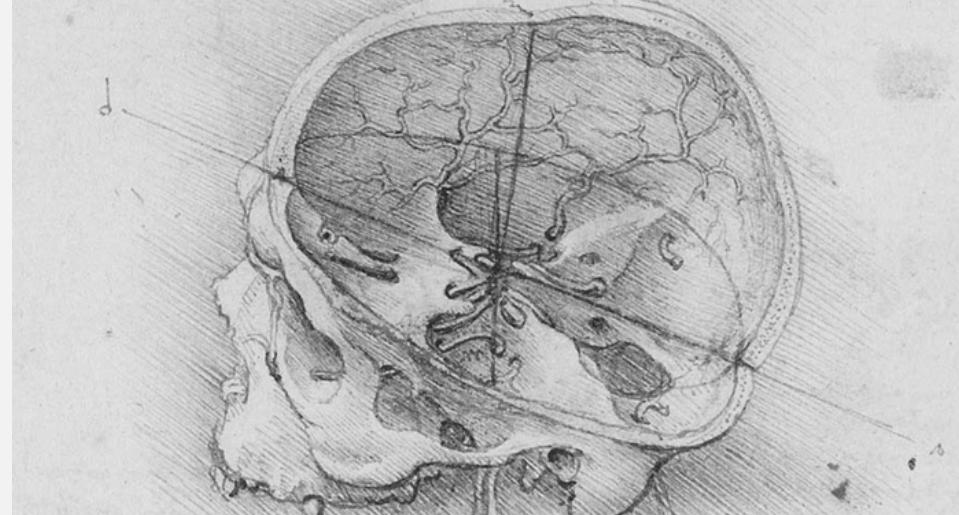


Figure 3: Harvey Cushing

## Advancements in Neurosurgical Technology

The introduction of computed tomography (CT) in the 1960s and magnetic resonance imaging (MRI) in the 1970s revolutionized diagnostic capabilities, allowing neurosurgeons to visualize brain structures non-invasively and plan surgeries with unprecedented accuracy (2). Microsurgical techniques developed by pioneers such as the late Prof. M. Gazi Yasargil

enabled delicate dissection of cerebral tissue under the microscope, significantly enhancing surgical outcomes and minimizing patient morbidity (3).

Further developments included functional neurosurgery with treatments like deep brain

stimulation for Parkinson's disease, stereotactic radiosurgery, and neuroendoscopy, reducing the invasiveness of procedures (4). The 21st century has added innovations like robotic-assisted surgery and intraoperative imaging, plus the rise of molecular neurosurgery, which targets neurological disorders at a genetic level (3).

## NEUROSURGERY IN SRI LANKA: HISTORICAL DEVELOPMENT AND PROGRESS

### Origins and Pioneering Leadership

Sri Lanka's neurosurgical history is distinctly marked by Dr. Shelton Aloysius Cabraal, FRCS, who, after specialized training in general surgery in the United Kingdom, returned to establish the first dedicated neurosurgery unit at the General Hospital Colombo in 1956. This 12-bed unit, which later became part of the National Hospital of Sri Lanka (NHS), was heralded as one of the most advanced in South Asia at the time. Under Dr. Cabraal's leadership, the unit introduced complex procedures including skull base surgeries, setting a high standard in neurosurgical care for the region.

In 1959, the unit was upgraded to 64 bedded wards, a dedicated neurosurgical theatre, and ICU in the Bandaranayake building at NHS. The second unit commenced in Jaffna in 1960 by Dr. Subramaniam. Unfortunately, he passed away in 1987,

leading to the closure of the unit. Dr. S. C. Abeysooriya opened the third neurosurgical unit when he was appointed to General Hospital Kandy in 1972. Another unit was opened at the Institute of Neurology at the General Hospital Colombo by Dr. Lal Gunasekara in the late 1980s, who introduced microneurosurgical techniques into routine practice. The first CT scanner was installed in 1988 at General Hospital Colombo as a donation from the German government. Subsequently, Dr. Colvin Samarasinghe pioneered the installation of the first MRI machine in 2000. In 1996, Dr. Sunil Perera was appointed to NHS. He introduced advanced techniques in spinal and cranial surgeries. Functional neurosurgical procedures such as Deep Brain Stimulation for Parkinson's disease were started in 2002 under his vision.

In the early 2000s, there was a marked

increase in traumatic brain injuries due to war conflicts, road traffic accidents, and other causes.

The National Hospital in Colombo was receiving approximately 10,000 admissions with traumatic brain injury (TBI) annually, of which around 3,000 were severe TBI cases. Over 3,000 surgeries for TBI were performed, and nearly 2,000 deaths due to TBI were recorded. In this context, the Neuro Trauma Centre at NHS was built at a cost of 2.5 billion rupees, jointly funded by the Governments of Saudi Arabia and Sri Lanka. It was commissioned in 2010. The Neurotrauma Centre at the NHS has 320 beds, including 66 ICU beds, 36 HDU beds, and 12 ETU beds. It also has a 40-bedded spinal injury Unit and a 40-bed Rehabilitation Unit, 8 operating theatres with the best equipment, and separate MRI and CT imaging facilities (5).

### Challenges and Future Directions

While Sri Lanka has made great strides, challenges persist, including the need for wider geographic distribution of specialized services and incorporation of newer technologies within resource constraints. Continuous international collaboration and investment in training and infrastructure remain critical to

maintaining and expanding high-quality neurosurgical care nationwide (6).

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# READERS' COMMENTS

Dear College,

I write a short response to the anonymous 'Migrated surgeon's perspective' in the recent 'SUTURE'.

I read with interest and concern the article entitled 'A migrated surgeon's perspective' in the recent 'Suture'. The author - unfortunately anonymous - raises many genuine concerns and issues. But still I think he forgets one important point - in my opinion, that being - we will be better looked after long term by our country than any other!

I am a SriLankan, a medical graduate from Cambridge University and the Royal London Hospital in England, and able to get any internship job I might have applied for. I chose to return for internship to Sri Lanka as I felt that I (and in due course my family) would be better looked after here than anywhere else. I now feel that was correct- I have been a Professor of Surgery, Head of my University, in charge of all the universities, Head of the surgeon's college, etc., and my wife worked here, and the children have done well. I trust my family and I have also helped the people of Sri Lanka. The country has looked after me very well- I cannot imagine a better 'solution' elsewhere! I am one of the millions the country has to care for - and while we work, if we can help the country to care for others - that is an honour and privilege given to us. I am also aware of the immense contributions to this country that many surgeons/ trainees have provided amongst many difficulties and opportunities! So, I dare advise current generations - base yourselves in Sri Lanka!

Thank you,  
 Arjuna Aluwihare  
 Past President  
 College of Surgeons of Sri Lanka

Dear Editor,

With reference to the controversial anonymous article published in the last edition of Suture, I was reminded of the late U.S. President John F. Kennedy's famous words: "Ask not what your country can do for you; ask what you can do for your country."

Secondly, I was wondering whether we, as a profession, place enough emphasis on cultivating empathy, gratitude, and a sense of responsibility in our trainees?

Thanks  
 Dr Narendra Pinto  
 Past President  
 College of Surgeons of Sri Lanka

# SCRUB IN

*for laughs*



Five doctors went on a duck hunt: A GP, a physician, a radiologist, a surgeon and a pathologist. As they settle into their position ducks start to fly over them.

- The GP aims their gun but doesn't shoot as the first duck passes by saying 'these could be ducks, could be geese, heck could even be a flying squirrel - I need a second opinion -- looks over at the physician and says - what do you think?'
- The Physician aims their gun but also doesn't shoot, letting the second duck pass by saying 'I think it's a duck, but I'm not sure it's a duck - or what type of duck - could be mallards, could be white-headed - .. we should also consider possibilities such as a hypertrophied sparrow or a n atrophied ostrich - we need to be sure'
- The radiologist quickly scanned the situation and mumbled - " It can be a duck, sparrow or an ostrich or even a hen... however, please correlate clinically
- The surgeon confidently cocks their gun and fires blindly at 5 animals flying overhead, then as the feathers and bloody mush rain down upon the group, the surgeon turns to the pathologist and says 'go check if those were all ducks'
- The pathologist ..slowly carefully approached the bird and said..... "specimen inadequate"



What is 12 inches long, pink and hard in the hands of a surgeon?  
*ECG.*

What do you call 2 surgeons looking at an ECG?  
*A double blind trial.*

### Ten Commandments of Surgery

- I. Thou shalt not hurry up and wait
- II. Thou shalt not interrupt the count
- III. Honor thy circulator and surgical technologist, so that thy case may be smooth and turnovers shift
- IV. Remember the TIMEOUT, keep it holy
- V. For medical students: Thou shalt pull thy OWN gloves
- VI. Thou shalt not bear false witness of 'emergency' to bump other cases
- VII. Thou shalt not covet thy neighbor's headlight, thy neighbor's stools, nor thy neighbor's lead or anything of thy neighbors.
- VIII. Thou shalt not commit gross contamination
- IX. Thou will work what we got and thou will like it
- X. Thou shalt not blame anyone but anaesthesia for anything





How do you hide a dollar from an ER doc?  
*You put it in the chart.*

How do you hide a dollar from an orthopedic surgeon?  
*You put it in a book.*

How do you hide a dollar from a neurosurgeon?  
*You give it to his kid.*

How do you hide a dollar from a plastic surgeon?  
*You can't.*



## Crossword Answers (from page 56-57)

# Announcements

## Join the College of Surgeons of Sri Lanka

"Chirurgiae Progressus Causa" — For the advancement of surgery in Sri Lanka



### What is the College?

Established in 1971, the College of Surgeons of Sri Lanka (CSSL) is the apex professional body for surgeons in Sri Lanka, representing all surgical disciplines and affiliated subspecialty associations.

### Membership Categories & Who They're For

Category	Eligibility	Fee (One-time)
Full Member	Board-certified specialists and Consultant surgeons	Rs. 50,000
Senior Affiliate	Trainees with MS/MD, not yet board-certified	Rs. 5,000
Junior Affiliate	Trainees who passed Part I of MS/MD or MRCS	Rs. 1,000
Associate Member	Overseas surgeons collaborating with CSSL	Varies

### Why Senior Surgeons Should Join

- Prestige and influence in shaping surgical standards.
- Opportunities to lead training and governance.
- Participation in international exchange programs.
- Contribute to healthcare equity and policy advocacy.

### Why Newly Qualified Surgeons Should Join

- Fast-track academic engagement and recognition.
- Access to research help desk, clinical guidelines, and journals.
- Exclusive courses and workshops with international certification.
- Networking and mentorship opportunities.
- Voting rights and leadership development for Senior Affiliates.

### Member Benefits at a Glance

- Academic and professional advancement.
- Professional recognition and legitimacy.
- Career and leadership opportunities.
- Access to CPD courses and certified workshops.
- International reach and fellowship programs.

## Join the College Today!

Visit [www.surgeons.lk](http://www.surgeons.lk) to review categories and download the application form. Make your impact - learn, lead, and advance surgery across Sri Lanka.

Contact: No. 6 Independence Avenue, Colombo 07  
+94 11 2682290 | [cssl@lankasurgeons.org](mailto:cssl@lankasurgeons.org)

# Obituaries



Dr. V. Sutharshan – A Luminary of Laparoscopic Surgery and a Pillar of the Surgical Fraternity A brilliant Consultant Surgeon at Teaching Hospital Jaffna, Dr. Sutharshan was not just a surgeon but a visionary, a pioneering force, and a dedicated teacher whose untimely demise has left an irreplaceable void in the surgical landscape of Sri Lanka.

Dr. Sutharshan was a surgeon of exceptional calibre, renowned nationally for his immense skill and expertise in laparoscopic surgery. He was a true pioneer in the Northern Province, fearlessly venturing into complex surgical terrain. It was under his skilled hands that many difficult and advanced laparoscopic procedures were performed for the first time in Jaffna, bringing cutting-edge, minimally invasive care to the people of the region and elevating the standard of surgical practice. His work demonstrated that excellence knows no geographical bounds and inspired a generation of surgeons to aim higher.

His contributions extended far beyond the operating theatre. A passionate academic, Dr. Sutharshan believed fervently in the sharing of knowledge and the collective advancement of the profession. His leadership was instrumental in guiding several key academic bodies. He served with distinction as the President of Northern Chapter of College of Surgeons of Sri Lanka, Jaffna Medical Association and the Sri Lanka Association of Minimal Access and Digital Surgeons, where he tirelessly worked to foster dialogue, learning, and innovation among his peers.

As an educator, he was unparalleled. He dedicated himself to nurturing the next generation of surgeons, training countless postgraduate surgical trainees with patience and wisdom. To medical students, he was an excellent teacher who could demystify complex surgical principles, making them accessible and engaging. His commitment to education was further evidenced by his active participation in both undergraduate and postgraduate examinations, ensuring the upholding of high standards for future doctors and specialists.

Dr. Sutharshan was also the driving force behind numerous seminars and workshops on a wide array of surgical management including trauma care, minimal access surgery and surgical endoscopy. His impeccable organisational skills and zeal for collaborative learning made these events a significant success, providing invaluable platforms for continuous professional development across the island.

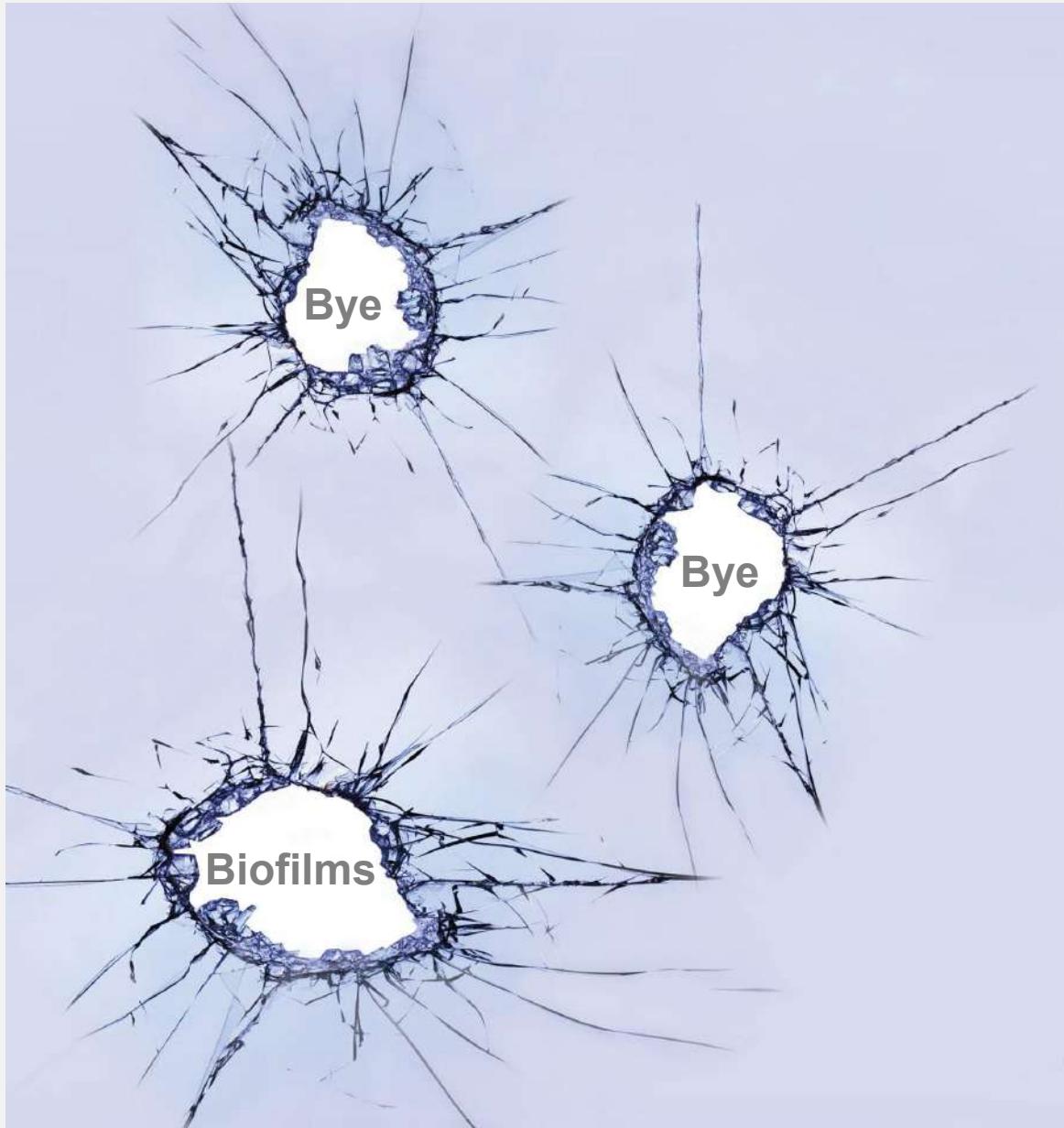
To us at the College of Surgeons of Sri Lanka, Dr. Sutharshan was more than a member; he was a pillar of our community. His insightful contributions, unwavering dedication, and gentle yet firm presence enriched every discussion and endeavour.

We have lost not only a master surgeon but also a great leader, a generous mentor, and a wonderful human being. His legacy, however, will continue to live on in the skills he imparted to his trainees, the patients whose lives he transformed, and the advanced surgical protocols he established in Jaffna.

Rest in Peace my dear friend, Dr. Sutharshan. Your scalpels are still, but your lessons continue to cut through the darkness, guiding us forward.

Prof. S. Rajendra  
Teaching Hospital Jaffna

# Sponsors Advertisement



60% of chronic wounds contain a biofilm<sup>1</sup>, which could delay healing. IODOSORB's unique 4 in 1 action has been shown to disrupt and substantially eradicate mature biofilms of *P. aeruginosa* (*in-vitro*)<sup>2,3</sup> and also accelerate wound healing.<sup>4-9</sup>

Unlike the biofilm, the results are clear to see.

 **smith&nephew**

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# SUTURE