



SUTURE

2024

NEWSLETTER OF THE COLLEGE OF SURGEONS OF SRI LANKA

"Binding Surgeons Together"

Inclusivity Equity Sustainability

Dr. S. M. M. Niyas
The College of Surgeons
of Sri Lanka



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President,
The College of Surgeons of Sri Lanka

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THE COLLEGE OF SURGEONS OF SRI LANKA

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FROM THE EDITORS DESK

Welcome dear readers to the 1st issue of the Suture for the year 2024.

This year under the stewardship of Dr S M M Niyas as President, he and his team have an exciting programme of activities scheduled for the year 2024. Under this years theme “Inclusivity, equity and Sustainability” we aim to unite all sections of our surgical community by taking the college to the various regions of the country and get all of our diverse surgical community involved in college activities. Many such programmes have been planned with this in mind.

We will also be travelling to the hill capital, Kandy where we will be organizing our flagship event of the year, the “Sri Lanka Surgical Congress 2024”. This will be held from the 11th -14th of September and work is underway to bring you a comprehensive programme, which will include renowned international faculty who will be joining our local experts in sharing their experiences in current developments in the field of surgery. As always this will be held in collaboration with the Royal College of Surgeons of Edinburgh and The SAARC surgical care society.

This issue will keep the members updated on the events we have had so far along the year. We hope that it will be an enjoyable read.

Thathya de Silva

SRI LANKA SURGICAL CONGRESS 2024



The College of Surgeons
of Sri Lanka



Plenaries
Symposia
Orations
Masterclasses
Free papers
Case discussions
Meet the experts
Workshops
Debates
Banquet
Trainees' night

Save the date!

SEPTEMBER 11th - 14th

The Grand Kandyan Hotel Kandy

ABSTRACTS OPEN APRIL 1ST 2024

Details at www.surgeons.lk

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President's address



The Chief guest, Professor Arjuna Aluwihare, Guests of Honour Professor Channa Ratnatunga, Professor Mohan De Silva and Dr Palitha Mahipala, outgoing President Professor Nandadeva Samarasekara, distinguished Past Presidents of the College, members of the council, representatives of the sister colleges, the Vice Chancellor of the University of Peradeniya Professor MD Lamawansa, Dean Faculty of Medicine University of Peradeniya Professor Vasanthi Pinto, distinguished invitees, dear friends, ladies and gentlemen. It gives me great pleasure to address you as the President of The College of Surgeons of Sri Lanka.

College Building

The College of Surgeons of Sri Lanka has grown and evolved from its inception, having commemorated its Jubilee year in 2021, it is now a multi-faceted, far-reaching organisation. From humble beginnings in its office at the SLMA, the college now functions out of this magnificent building, an unparalleled gift from the late Dr Noel and Mrs Nora Bartholomeusz to the surgical community of Sri Lanka. With its strong affiliations with Surgical colleges of the SAARC countries, the Colleges of Edinburgh, Glasgow, and England, as well as the Royal Australian College; The College of Surgeons of Sri Lanka has truly blossomed, taking Sri Lankan Surgery into the global arena. It is therefore my privilege and honour to continue onward on a path paved by past presidents and their councils, with the mantle of the 42nd President of the college.

I would like to thank my immediate predecessor, Professor Nandadeva Samarasekara and his council for the work put in towards maintenance and advancement of the college and its activities during the past year. Thank you.

Logo

Sri Lanka, in the past few years has faced many a crisis, from the COVID pandemic to the economic collapse. The impact of these catastrophes were felt in every sector and strata of society, government, industry and business. The ripple effects and aftershocks continue to pound a critically wounded economy and social fabric. The health sector has been no exception, with ever increasing strain on our ability to deliver healthcare to the public at large. We have endured much, and we as professionals have gone that extra mile to continue the delivery of services despite almost insurmountable odds. I am in no doubt that every surgeon and medical professional here has done so, gladly, for the sake of our patients and also for survival of the free health care system that for many years has given us all so much.

However, the time has come where we need to take stock of the situation, fully comprehend the enormous challenges that lie ahead, and develop strategies with which to face them. This cannot be done by you or I alone as individuals, nor even as like-minded groups working in isolation. It requires a cohesive, unidirectional effort of all, towards a common goal. The College of Surgeons of Sri Lanka I believe, has a pivotal role to play in this endeavour by ensuring that a robust plan is in place to guarantee that efficient surgical services are maintained island wide, and for all.

In this backdrop, may I introduce to you my theme for the year 2024, which is **Inclusivity, Equity and Sustainability**. Three ideals which will be our beacons and guiding principles.

The surgical community of Sri Lanka is a diverse group united by a commonality of training, skillset, and responsibility to provide surgical services to the general public. Though the burden of service delivery falls upon the surgeons within Sri Lankan shores, the responsibility of contributing to the upliftment of the profession fall on the shoulders of all trained in this country. I believe the college is the ideal umbrella under which to bring together all sections of the Sri Lankan surgical community. The college should represent and work towards the development of all surgeons, be they members or non-members, local or those overseas. The chapters will play a critical role in this endeavour, whereby I hope to take the college to the regions rather than vice versa. I will focus on enhancing the membership of the regional chapters to include all surgeons and thereby encourage them to come into the fold of the college. I will also endeavour to give voice to the challenges met by the regional surgeons and make every effort to put the full weight of the college behind them to facilitate their ability to work and serve at their optimum capacity. A young surgeon working on his own in a regional station with limited resources should have the confidence, that the college will be available to support him or her, in any way possible, to function - be it logistical, clinical or access to advanced facilities. Similarly, every surgeon in Sri Lanka should know and trust, that the college is with them and strengthening their hand. This ethos of 'inclusivity' should be fostered not only at the central college level, but it is my fervent wish that it will spread out to the chapters as well, helping create an encouraging work environment for all surgeons. I have already initiated this endeavour by visiting and discussing with the regional chapters both at a formal and an informal level, and the reception I have received has been **extra-ordinary** and very encouraging. Thank you very much, dear colleagues.

The overseas chapters of the college in the UK and in Australia have an energetic membership, eager to support and help the college and I hope to engage with them to work towards developing international collaborations, knowledge sharing and creating opportunities for surgeons in Sri Lanka to further enhance their training and skills set. Hand in hand with 'inclusivity' will be the principle of 'equity'. Equity for surgeons, as well as patients. The state healthcare network of Sri Lanka though expansive and structured is still unable to offer the same level of health care in all regions

Many surgeons working in regional hospitals often without the services of a regular anaesthetist or ICUs face enormous challenges in handling complex cases, though they are fully trained to do so. These limitations compel them to transfer complex patients to tertiary centres, leading to frustration, de-skilling and a waste of training. The college I believe can play a role in lending a hand to help these surgeons in their quest to improve infrastructure, facilities, and patient care at their stations. This could be achieved by the college helping them liaise with local authorities, the ministry of health, the private sector, and philanthropists of the area. . If regional surgeons have equal opportunity to practice their craft to their fullest capacity, they will no doubt be happier and more productive, encouraged to stay-on in Sri Lanka and serve our patients, who will be the overall winners. This will bring full circle the concept of equity, where patients island wide will have access to the best of care in their regions. The chapters and associations affiliated to the college will have a pivotal role to play in this, as will, organisations associated with surgical service delivery. The road to achieving this will not be straightforward, with many logistical hurdles, biases, agendas, and red tape to contend with. However, I strongly believe that if we keep our eyes steadfast on the end goal of equity for all, we can eventually get there.

In these trying times, we are faced with not only a shortage of funding and consequentially resources to deliver health care services, but also a looming crisis of diminishing trained human resources. Not only at the consultant level, but even among the grade medical officers and other health staff, we must open our eyes to the level of erosion of trained personnel to foreign shores. The numbers of surgeons migrating, trainees not returning from overseas training, the dwindling numbers of medical officers sitting for post graduate exams, interns not taking up post intern posts and even medical students not completing their internship are concerning. We need to look at the numbers and take stock of the current situation and trends, to be able to project the degree of the problem over the next few years. How do we function over the next 5 to 10 years? Is it sustainable? Can we deliver surgical care services to the country if we continue without remedial action now? Do we need to restructure our health delivery model, hospitals, and human resource allocation to account for the short falls in consumables, infrastructure maintenance, finances and trained human resources? Though it is the responsibility of the ministry of health to look at this, I believe it is the responsibility of the college to go into detail on this and advise the ministry on the course of action. I believe we owe it to our patients and to the health care system that has nurtured all of us to where we are today. The priority is to design solutions that are not only equitable but also sustainable over the next 5 to 10 years.

The college though fortified with experienced, well-intentioned members; cannot on its own execute any programme, policy, or initiatives. It is dependent on the ministry of health, the primary care provider in Sri Lanka. Just like the health service, the ministry too has had its fair share of upheavals in the recent past and yet it has endured. Now ably supported by a team with seasoned professional administrators such as Dr Mahipala, we are confident that the ship will stabilise now, and sail true under its new captain. I can assure you the college will leave no stone unturned in supporting the ministry of health in delivering surgical services to the country. However, the college too vehemently hopes that the ministry will be receptive and work in partnership with the college for a common goal. Dr Mahipala, you and the ministry will have our utmost cooperation and we hope that you will treat the College as a trusted navigator, to help sail the uncertain seas of the next few years to come. I cannot stress, enough, the importance of partnership, receptiveness, and cooperation in this journey.

Trauma

Being a general surgeon myself and having worked in all parts of the country during my 39-year-surgical career, I am acutely aware of the importance and need for streamlined, efficient surgical care, especially for trauma. We always talk about and actively work towards enhancing the services for major trauma, which is very important to prevent mortality, but we often overlook or rather neglect the delivery of quality care for minor trauma. Often handled by grade medical officers in the hospital setting, and general practitioners in the community, I feel that the quality of care for minor trauma is an important area to enhance. Sometimes trivial or easily treatable minor traumatic injuries are sub optimally cared for, sometimes leading to catastrophic outcomes and much morbidity.

Enhancing training and also ongoing training of grade medical officers in hospitals and the community is an area that I wish to pursue through the College of Surgeons, and I hope the ministry will support the college in this endeavour.

Evolving Surgical Landscape

Though we face shortages in consumables, finances, and now even human resources, we must always be conscious of the fact that the surgical world is moving fast. Knowledge, technologies, and techniques are evolving at a frantic pace, and now with the digitalization and artificial intelligence integrating into every aspect of science and daily life, that evolution is only likely to increase. Despite our limitation in resources, we absolutely must keep our finger on the pulse, forge ahead with embracing new technologies and keep abreast of the rest of the world. Widespread Laparoscopic surgery in Sri Lanka was a pipe dream a mere two decades ago, now it is the rule rather than the exception.

This is thanks to the vision and perseverance of those surgeons who held the reins at that time. This year the college will partner with its affiliate organisations to ensure that its membership is kept abreast of the developments and offer workshops and training on the frontiers of surgery.

The foundations of a new digital infrastructure of the college was laid in the jubilee year 2021 and 2022. This year 'CSSL Digital' will build on these foundations to bring together these elements, aiming at enhancing, our virtual footprint, administrative archiving, accessibility, and links with industry. New ventures including the development of a digital portfolio and logbook for trainees and surgeons will be explored.

International Relations

The College has forged strong bonds with its sister colleges the world over. The first steps were taken when the annual academic sessions of the college were held in collaboration with the SAARC Surgical Association in 1996. Since then, our reach and scope has increased exponentially with landmark events such as the MoU with the Edinburgh College in 2011 and that with the Glasgow College in 2017. These have facilitated not only examiner training and the conduct of the MRCS examination in Sri Lanka, but also led to recognition of the MD(Surgery) by the GMC for direct registration. MD(Surgery) graduates now obtain the MRCS(Glasgow) without examination. These steps forward have translated into Sri Lankan surgical trainees gaining the privilege of direct application for training positions in the UK. The FRCS examination in Urology was successfully piloted with the Glasgow College, and we have commenced discussions to expand this programme to General Surgery and its special interest areas. Our ties with the SAARC colleges remain strong and continue to flourish, as do our links with the colleges of Australia, Malaysia, and Thailand. I am in close contact with all the above-mentioned colleges and we eagerly await to welcome them to the upcoming surgical congress. I am confident that this year too, we will be able to strengthen our international affiliations and programmes.

Surgical Training

Postgraduate training in surgery forms one of the foundation stones of the surgical service of Sri Lanka for the past few decades, a burden ably shouldered by the PGIM. The college too has committed itself to supporting and enhancing the surgical training programme. The college hosts a number of courses such as ATLS, NTMC, DMMT, ESTC, HOLT as well as regular programmes such as SETS and Surg-Ahead focussing mainly on the trainees. The affiliate organisations of the college also play an enormous role in organising courses, workshops and training programmes which are heavily subsidised with the help of sponsorship as well as the good will of the resource persons, to make them affordable for the trainees. This year too, the college has already mapped out a packed calendar of events which will continue and develop this very important role of the college.

General Practitioners contribute enormously to surgical health service delivery at the community level. Therefore, similar to training postgraduates and grade medical officers in surgical units, it is essential that up-to-date knowledge and skills training is available to General Practitioners. We have already put in place a programme to offer this through the college. We also look forward to engaging and collaborating with the College of General Practitioners in enhancing this programme island-wide.

Skills laboratory and Museum

The infrastructure of the College premises has grown over the years. The skills laboratory of the college has long served as an incubator for young surgical trainees to learn and hone their skills. There are now moves to enhance this laboratory with expansion to facilitate cadaveric training. The newest jewel in the crown, is the jubilee surgical museum, which we hope to enhance with accurate archiving and displays, to preserve items of our surgical heritage for posterity. I hope to encourage a member, to take up the post of curator of the museum to oversee and lead this project.

Women in Surgery

'Women in Surgery' has been a phrase overheard in the halls of the Surgical Colleges the world over and in conferences in recent years. Stemming from a push to have a more inclusive and gender unbiased surgical fabric, more and more women are now seen to be taking up to a previously male dominated speciality. In Sri Lanka too, the numbers have been encouragingly growing each year, and with a predominantly female demographic in medical schools, this trend is likely to continue. The challenges of raising a family and balancing a demanding career in surgery are enormous, and given the current trends, it is timely to initiate a discussion on how we as a surgical community can help in this process. The college I feel is the only forum which can facilitate this discussion.

SLSC 2024 Banner

The Sri Lanka Surgical Congress (SLSC 2024) will be the flagship event of the college, and this year will return to the hill capital of Kandy. The arrangements for the conference have already gotten underway, with a fully-fledged 3-day international programme in the works. SLSC 2024 too will bear the theme of Inclusivity, Equity and Sustainability, and will feature items that will explore these principles in depth. I would like to introduce to you the logo and branding of the conference this year, which derives its design elements from the host city, reflecting its culture and heritage.

SLSC 2024 Logo

The College has now evolved into a very capable organisation thanks to the efforts of the giants that have come before us. Its strength lies in its diversity and the commitment of its membership to the college and to the advancement of surgical services in Sri Lanka. The college is the umbrella of many organisations and groups representing the entire spectrum of the surgical fabric of the country and these attributes uniquely position it to forge ahead with skills training, infrastructure development, policy initiatives and professional development serving surgeons and there by the patients, of Sri Lanka. I am humbled and honoured to have been given the mantle of leading this organisation in the coming year, and pledge to you that I and my council will spare no effort to achieve the goals I have presented to you today.

Thank you

Before I conclude, I would like to express my deepest gratitude on behalf of The College of Surgeons to the chief guest and guests of honour for gracing us with your presence today, sparing your precious time, and sharing your invaluable insights. Thank you, Sirs.

Professor M.D. Lamawansa; Past president and Vice Chancellor UOP, thank you for all your wisdom and guidance that reflects your wealth of experience. Likewise, Professor Vasanthi Pinto; Dean FOM UOP, thank you very much for all the generous assistance. I rely heavily on you both for the SLSC 2024, from 11th to 14th of September, this year.

Dr. Chathuranga Keppetiyagama, is more than a source of inspiration and support to me in his role as Secretary to the College. Thank you for taking up the post willingly, your visionary ideas, and your unwavering dedication.

A captain is nothing without his crew, and I have been immensely fortunate to have such a wonderful team to help me steer this ship through the year 2024. Whatever splendour and success we witness here today is due to the tremendous efforts of the college staff Mr.S.A.Dayananda, Miss.Amali Wijesooriya, Dr. Chathusha Wickramanayake, Mr. Hirun Dilshan. Thank you.

Today I stand before you on the shoulders of my teachers who lifted me up and shaped me. Words cannot convey the gratitude I feel for all my teachers who have mentored me at school, in the university, in internship, post-intern period, post-graduate training, my consultant period, and even today.

I come from very humble beginnings. My parents sacrificed everything to ensure we children could achieve our dreams. I'm sure mom and dad are looking down at us, proud of their little boy from Akurana who stands on this podium today. My paternal uncle, or "Periappa" as we called him, was a man of great vision and foresight. He instilled in us a passion to learn and motivated us to make a name for ourselves through academia. He believed in me when I dared not believe in myself. My family, many of whom are here today, have always taken great pride in my work and supported me through my journey as a surgeon. I love and cherish you all.

God has blessed me with three boys whom I am honoured to call my sons. It has been the joy of my life to watch them grow into the fine young men they are today.

Nazana, my soul-mate, my co-pilot, my constant companion. Nazana is everything but a doctor. She relieved me of all duties, except clinical and academia. She is a perfectionist and heavy critic. She is a wife, mother, excellent chef, accountant, driver, IT specialist etc. etc. Having learned the word "esophagus" as her first medical term when she was typing my case-book, now her medical jargon is much more than mine, having lived in a doctor-dominant family.

Thank you Nazey.

Dr S M M Niyas
President, CSSL.
2024

Induction of the 42nd President



ACTSSL – Begin Their Academic Year

The Association of Cardiothoracic and Thoracic Surgeons of Sri Lanka began their Academic year with the 2nd Annual Academic Sessions held at the Cinnamon Grand, Colombo from the 12th to the 14th of January 2024. The theme of this year's conference was "Advancing Cardiac and Thoracic Interventions: Exploring New Frontiers." The Academic Programme comprised of a comprehensive array of topics covering all aspects of Adult and Paediatric Cardiothoracic Surgery and Thoracic Surgery. An elite faculty of speakers, 23 Local and 12 Foreign, joined in sharing their knowledge and expertise during this two-day conference.



The Inauguration Ceremony of this academic meeting was held on Friday 12th January. Dr Sivathasan Kumaraswamy, a Sri Lanka born Cardiothoracic Surgeon currently working at The Heart, Lung & Vascular Centre of the Mount Elizabeth Hospital, Singapore was the Chief Guest.

The Dr Ravi Pillai Memorial Oration was delivered by Dr Panna Gunaratne, a Senior Consultant Cardiothoracic Surgeon retired from the Sri Jayewardenepura General Hospital and now practicing as a Consultant for Clinical Governance & Electronic Health Records at Hemas Hospitals PLC

On the topic of "Ethics, the Law & Cardiothoracic Surgery." Another highlight of the inauguration ceremony was the 'Lifetime Achievement Award' presented to Dr P Nimal Rajapaksa who pioneered many aspects of Adult Cardiothoracic Surgery and Thoracic Surgery and trained many Sri Lankan trainees in Thoracic and Cardiothoracic Surgery in the years gone by.



The Annual Sessions were well complimented by Six Satellite Workshops organized to update the knowledge of many categories of staff supporting the work of Cardiothoracic and Thoracic Surgeons. These included a Cardiothoracic Doctors' Symposium, a symposium for Nurses in Cardiothoracic and Thoracic Surgery, a workshop on Clinical Perfusion, a workshop on Minimally invasive cardiac surgery, a workshop on handling and maintenance of surgical instruments for theatre nurses and Decision Makers and a workshop on Echocardiography for surgeons and anaesthetists.



From its humble beginnings in 2014, the Association of Cardiothoracic & Thoracic Surgeons of Sri Lanka has grown and established itself to be the foremost Professional body upholding the care of Cardiothoracic and Thoracic surgical patients in the country. Further it has accomplished the position of a parent organization bringing all those practicing and connected to Cardiothoracic and Thoracic Surgery in the country under one umbrella.

Dr Malik De Soysa, Secretary - ACTSSL (Apr 2021 – Jan 2024)

“The importance of communication”



Speech as the Chief Guest at the Induction of Dr SMM Niyas as President of the College of Surgeons of Sri Lanka 2024

Professor Aluwihare, a past president of CSSL addressed the gathering after acknowledging the dignitaries at the head table and invited guests.

“Prof. Nandadeva Samarasekera who I think till we go out is still president, Dr Niyas, President elect, ladies and gentleman, council members, etc. It’s a privilege to deliver an address before Dr Niyas formally takes over the college. And thank you very much everybody for arranging this.”

He went on to speak to the audience about the importance of the art of communication.

“I was going to talk about communication with relation to surgery and medicine and life in general. Now Mohan has given part of my talk because he referred to communication quite a lot. Chester and I between us have given another part of it. Because you can see that there is a visual aspect to indicating that both of us have got difficulties in walking. Nothing to do with anything that anybody says. So communication includes words, visual things, audio things and all other aspects. And I think that remains very important in surgery.

When we go to deal with patients, our ability or otherwise, when we look at them and see their reactions, their relatives reactions to the general place they happen to be, is a very valuable part of communication they give to us, which we have to be able to handle and translate in to what we are going to do with them and tell them. Equally, our behavior and our attitudes will be interpreted by the patient and either frighten them or give them and the relatives some degree of reassurance. So the non-verbal sides of these encounters are extremely important.

Then of course is the verbal side of the encounters, not to say that that is not important, but the words we use and how we use it, they make a difference, but they are interpreted by the patient while they are looking at us and I think that is well worth remembering. The same is true when we deal with colleagues and the same is true when we deal with students. That the words are not the only part of the communication. The words are important and the sentences are important, and if you look at the many of the medical books and look at any book in fact, the importance of the word in the sentence, all these things are taken in to consideration in conveying a message or not conveying a message.

I’m not going to go in to great detail now but I want to only leave with you the fact that Niyas is a good communicator, that is important. But also leave with you the value of considering communication as being a skill, an extremely valuable skill that has to be mastered and maintained, be in our relationship with other and with our patients. I think I’m going to stop there because if I stop now you are likely to remember the word “communication” and that he said it and stopped.”

Professor Aluwihare concluded his speech by wishing the new president for a fruitful year ahead.

“Surgery is all Attitude”



Speech as the Guest of Honour at the Induction of Dr SMM Niyas as President of the College of Surgeons of Sri Lanka 2024

Professor Channa Ratnatunga, a past president of CSSL addressed the gathering. Acknowledging the dignitaries at the head table and invited guests, he commenced his speech by reiterating his relationship to the incoming president.

“I have known Dr Niyas as a medical student, surgical trainee, colleague and fellow teacher and examiner. He knows what it is to serve in single man and two man stations having served at Matale, Polonnaruwa, Palale, Kurunegala and Matale again before coming to National Hospital Kandy. I can assure the College he is both executive and effective, rest assured he will be a good president. More on a personal note he has always kept in touch with me and I appreciate this quality.”

He went on to talk about the attitudes and attributes necessary to become a surgeon and to practice surgery. He did so using a colourful anecdote from early in his career.

“What is it an Octagenarian like myself, can say to an erudite audience like yourself? that maybe both pragmatic and useful to you. Risking sounding somewhat quixotic I would like to recount an anecdotal experience, that may be pertinent on an occasion such as this.

Five decades ago, I was on a course at the Royal College of Surgeons, Sir Harry Platt (Surgery for recurrent shoulder dislocation fame) was billed to talk to us. Suddenly, the happy chatter of youth stopped, a pin drop silence ensued. In walked a very distinguished looking gentleman, with piercing eyes, he scanned all of us sitting expectantly in the tiered lecture hall of the Royal College of Surgeons of England; drinking it all in, he walked up to the podium with measured step, and said “Surgery is all Attitude” and then abruptly, walked out- and that was it. An hour’s lecture in four words! Of all the lectures I have listened to since, this remains engraved in my memory. Many a time have I pondered on the wisdom of this home-truth. It was in the latter stages of my career that it struck me of the underlying meaning i.e. the wisdom of this truth. Life is a long innings. You will be beset with many a problem, related to your surgery, career, your personal life and in later years your health. Many would be the decisions you will have to take related to them. In the cold light of reality, it would be you and you alone who will have to make the final decision. If you take all the challenges that you may face in the future with the correct positive attitude, you can take any vicissitude that life throws at you, as a challenge and you will cease to be stressed, become mentally strong, more determined and probably morally more circumspect. This will augur for a greater success in your life as a whole.

I now think what he meant by surgery was not the customary diagnostic skills, knowledge based decision skills, hand skills we tend to acquire with experience, but I thought it encompassed as well, a more protean group of attitudes we as surgeons acquire over the passing years. Let me enumerate a few.

The attitude of not giving up on a patient, irrespective of the difficulties encountered at surgery.

The attitude of not reacting to the 'flack' that inevitably follows the death of a patient irrespective of who is responsible for it.

The need for a compassionate attitude towards a patient, irrespective of how dire the circumstances are. Especially, if delicate communications are needed.

The reality and the responsibility one carries, that the human being under your knife, has by choice has entrusted you with his life, to undertake his surgery.

These attitudes stood me in good stead through the latter stages of my career, since I learnt to have an insight into wisdom Sir Platt's words. These attitudes will augur for greater success in your life as a surgeon. I recommend them to you this evening."

Professor Ratnatunga concluded by wishing the new president and College every success in 2024.

Safety to patients and safety to surgeons – A continuing challenge



Surgical practice in Sri Lanka has changed and newer technologies have enhanced the care and wellbeing of patients. Gone are the days of the autonomous surgeon. The safety to patients override all other concerns. It is important to appreciate this not only to improve the patient care but equally is important for surgeons wellbeing, in this era of increasing litigations. Therefore, all surgeons must learn not only procedural skills but also the skills of clinical reasoning and decision making and communication skills prior to, during and after surgery.

I wish to share my personal views and experiences based on 37 years of handling elective and emergency situations including trauma in peripheral and teaching hospital settings and in the fields of war; a surgical practice grounded in common sense and later cemented by my personal and collective experiences by touching upon three aspects.

1. The value of **clinical decision-making** regarding management of surgical patients
2. The value of **communication** with patients
3. Responding to **adverse events related to surgery**.

Surgeons inflict trauma. Surgical craftsmanship is a science and an art which takes time to master. A young surgical trainees first task is to learn how to operate, then when to operate and as time goes by, when not to operate and finally how to handle complications. Trainees start dreading complications as soon as they take the very first steps in surgery. Complications or threat of complications exponentially increase the stress associated with surgical practice. Complications corrode the real pleasure of surgical life. However, complications are an integral part of surgery. In fact, all invasive procedures are associated with either potential or actual complications.

Other medical specialties produce as many complications if not more. But surgical complications are much more visible. When a physician forgets to prescribe aspirin and the patient dies of a cerebro-vascular event everyone shrugs shoulders but when an old man dies following anastomotic leak after a colectomy for cancer the surgeon immediately comes under scrutiny. After operating the whole night for a ruptured abdominal aortic aneurysm and second laparotomy for intestinal ischaemia, it is a challenging task to break bad news to grieving relatives that the patient has passed away. Therefore, the practice of surgery is a practice of gut-based medicine.

All surgeons have complications. More operations means more complications. Complications and deaths are woven into the fabric of surgery. Hence the well-known surgical aphorisms “Those who don’t operate don’t experience complications”. Good surgical judgement comes from experience and experience comes from poor surgical judgement.

Therefore, preoperative strategic planning, the most appropriate and the safest approach which may not necessarily be the best approach to that individual patient is the chief intellectual task which is more important than the surgeons technical skills.

Mr. Charles Saint a surgical giant of his era once said I quote,

“Poor judgement is responsible for much bad surgery including the withdrawing of operations that are necessary or advisable, the performance of unnecessary or superfluous operations and the performance of inefficient, imperfect and wrongly chosen ones”.

So, fate of patients depends on how well surgeons think and what surgeons do before during and after an operation. Mishaps occur all the time even to the best of hands. How readily they are dealt with is what really matters for the outcome.

Therefore, defining indications for an operation, tailoring the most appropriate operation to that patient and if the patient is unfit, critical consideration of the alternatives are the main intellectual tasks for a surgeon.

Communicating in a language understandable and palatable to the patients and their relatives with clarity before any operation is as important, if not more important. The risks inherent to the index operation should be critically and analytically balanced with the risk of not performing that operation. The patient and relatives must be proactively involved in this decision-making process in the present era. Adequate time must be spent for this vital aspect before embarking on any surgical procedure. The trust and the confidence that develops with such consultations which also involves listening to all their concerns, however trivial that may be is extremely important. This becomes particularly useful when handling complications. What eventually matters is the outcome. The outcome is, physically and psychologically satisfying to the patient and relatives even following an unexpected complication.

Therefore the communication skill is a vital skill for surgeons.

Many studies have been done on the science of communication. Researchers have identified three basic communication modes. First is the words used. This has an impact of around 7%. The second is the tone of voice or the way the words are conveyed. The impact of this mode is around 38 %.

The third is the body language, or the non-verbal element. This element has a staggering 55%.

However, communicating with a surgical patient is a special skill. This is because patients are worried, scared of pain and sometimes of death. They may also be highly stressed following the discovery of a sinister pathology like cancer. So, the surgeons responsibility is much more than that of the patient. Every word used, tone of the voice, the way the words are handled, and the body language may be read by the individual in need differently, when compared to a normal communication.

Also a surgeon when confronted with a complication not only has to manage the problem with the stress which comes with it but also needs to find answers to several pertinent questions which the patient and the relatives may be seeking answers for.

The common questions often asked are, what is the cause of this complication or how did this happen? Is it an error of judgement? Is it a technical mishap? Was this operation indicated at all? Was the risk of undertaking this operation sufficiently weighed with the risk of not operating on this patient, before embarking on surgery?

If the surgeon had provided answers to some such questions during the preoperative consultation and has already gained the trust and the confidence of the patient and the family, it would become very helpful at this stage to be on the same page with them.

On the other hand, many complications are created by **system failures in complex hospital environments** where a team of people; anesthetists, interns, postgraduate trainees, nurses, medical officers, technicians all get involved in the management of complex surgical problems. Therefore, there is always a possibility of a system failure which may contribute to adverse outcomes. Hospital environment is a complex environment like aviation.

Although the system failure may be the source of the problem, the fact is that patient's legal responsibility is vested with the surgeon.

Therefore, surgeons must get involved in clinical decision making, and lead and guide the team. The surgeon must be vigilant of mishaps that may occur at all times, anticipate them and take steps to prevent them by making decisions at every step before, during and after the operation. This is crucial to the outcome.

No surgeon willingly produces complications. Equally important is, when making decisions specially regarding complex situations, surgeons must inculcate the habit of discussing with trusted colleagues. Complex situations and surgeries in today's context are best handled by two surgeons. Also, early honest discussion with the patient and the family is important when faced with a complication. Obtaining a second expert opinion will be useful not only for decision making but also as a damage control tool when handling complications.

Surgeons must never look down at colleagues when in trouble. Never criticize colleagues. As surgeons we are not immune to such situations while working in a high-risk environment. Surgeons must rally together in the face of such adversity and help to navigate the colleagues and the patients out of troubled waters.

In conclusion the message is, together we succeed to serve our patients and ourselves better during the practice of this most wonderful and probably the best and most satisfying profession in the world, surgery.

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***COLLEGE ACTIVITIES IN THE FIRST
QUATER***

NTMC January 2024



Meeting with the Northern Chapter of the College of Surgeons of Sri Lanka



Webinar- Science and current practice of Bariatric surgery



WEBINAR

Science and current practice of Bariatric Surgery



Dr.Senarath Werapitiya
MBBS MS FRCS
Consultant General Surgeon
Specializing in Baraiatric Surgery

 GUEST SPEAKER

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Initial Trauma Care For Nurses




NTMC February 2024



SETS -February 2024



Surg Ahead Volume 2



SURG-AHEAD
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VOL 1
2024


PRACTISE UPDATES FOR SURGEONS

Management of Burns

Dr Yasas Abeywickrama
Dr Gayan Ekanayake
Dr Sellakuddi Selvaganesh

Moderated by *Dr Oshan Basnayake*

Wednesday February 28th, 2024
at 8.00pm



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the meeting


Basic Surgical Skills Course for Surgical SHOs – Batticaloa



Uva Chapter of the College of Surgeons of Sri Lanka & Uva Clinical Society- Lecture



Surg Ahead Volume 2




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PRACTISE UPDATES FOR SURGEONS

Mastering Breast Cancer
Case Based Discussion

Dr Kanishka de Silva
Dr Chathurani Dharmarathne
Dr Nuradh Joseph
Dr Lakmalie Paranehewa
Dr Priyanka Abeygunasekara

Moderated by *Dr Anuja Kumarasinghe*
Dr Heshan Siriwardena



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Thursday March 28th, 2024
at 8.00pm

Meeting ID : 816 5589 9250
Passcode : 619608