

SUTURE

NEWSLETTER OF THE COLLEGE OF SURGEONS OF SRI LANKA

"Binding Surgeons Together"



PERSONAL PROTECTION FROM ANCIENT TO MODERN

A 17-century plague doctor and a surgical staffer ready for surgery on Covid patients

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Immediate Past President, The College of Surgeons of Sri Lanka



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Consultant Surgeon, Colombo East Base Hospital

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Professor Jayantha Ariyaratne
Senior Professor in Surgery,
General Sir John Kotelawala Defence University



Professor AH Sherifdeen
Emeritus Professor of Surgery, University of Colombo
Vice President, Colombo Friend in Need Society

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Founder President (SLACS)

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THE COLLEGE OF SURGEONS OF SRI LANKA

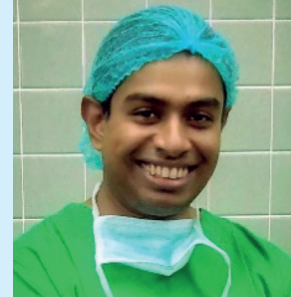
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From the Editors Desk



Another year continues under the yoke of the terrible SARS-Co-V 2 and like all citizens of the world we yearn for the return of our old freedoms. Yet we must make the adjustments imperative to keep ourselves and our countrymen safe. It is disappointing that in our Golden Jubilee year that the College remains compelled to conduct many of its activities on virtual platforms. Despite these constraints, it is heartening that the College has managed to conduct a wide array of activities especially with respect to surgical education.

As we report in the Suture, the College has conducted more than 20 programmes targeting surgical trainees including online lectures, Surg Ahead updates and workshops. In addition, there were several extremely successful webinars hosted in collaboration with other societies.

In this issue, Past president Dr Jayaindra Fernando reflects on the challenges of 2020, while Dr Duminda Ariyaratne discusses efforts of the College in developing guidelines for safe surgery during the pandemic. We also carry a special 'Beyond Surgery' feature from Professor A.H. Sherifdeen reminiscing his interactions with the Colombo Friend in Need Society.

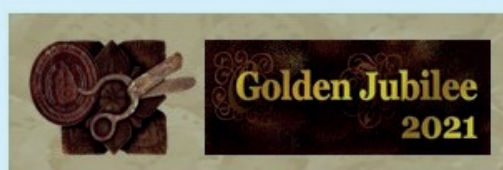
Our Annual Sessions are scheduled for November this year, and although we are still uncertain about the state of the country at that time, the College is leaving no stone unturned in order to ensure a memorable surgical congress.

We shall bring you all the updates from the upcoming events.

Until then Stay Safe!



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Sri Lanka Surgical Congress 2021

The Sri Lanka Surgical Congress (SLSC) of The College of Surgeons of Sri Lanka is considered the pinnacle event of the academic calendar for men and women of the knife in Sri Lanka. It is an event attended by luminaries in the world of surgery, both nationally and internationally. This year will be of special significance as it will also mark the Golden Jubilee of the college which was founded in 1971 by a handful of surgeons and has now grown to include more than six hundred of Sri Lanka's finest. It will not only be a celebration of 50 years of knowledge, science and camaraderie but also a doorway to a new era of advanced practice and technology in the field of surgery in Sri Lanka.

The sessions will be held in collaboration with The Royal College of Surgeons of Edinburgh and The SAARC Surgical Care Society from the 24th to 27th of November 2021 in Colombo. It is preceded by the pre congress work shops which serves as the prelude to the main event, where distinguished speakers from various surgical specialties would be invited to share their expertise including hands-on training sessions.

The congress will consist of plenaries, symposia, orations and free paper sessions and will endeavour to cover a wide spectrum of surgical topics. A platform would be laid for inter-disciplinary specialised discussions and real-time knowledge sharing which would be useful for the experienced surgeons as well as young trainees finding their feet in the science and art of surgery.

As the world grapples with the adversities of the COVID pandemic, The College of Surgeons has accepted the challenge of hosting this event in difficult circumstances. While prioritising safety of participants, the sessions will be held as a hybrid event, with limited physical and virtual participation.

The president and council of The College of Surgeons of Sri Lanka takes great pleasure in inviting you to immerse yourself in the academia, knowledge and fellowship that is SLSC 2021 and hopes the congress will contribute to the growth of individual as well as collaborative output in the world of surgery.



The College of Surgeons of Sri Lanka

Looking Back to 2020



Dr Jayaindra Fernando
*Immediate Past President,
The College of Surgeons of Sri Lanka*

As president of the college of Surgeons of Sri Lanka, it is a unique human experience to work with many wonderful people who comprise the college membership and staff. The year of 2020 was obviously different and unprecedented due to the challenges imposed by the COVID pandemic.

The year as president was my 15th year in the council spread over 18 years. I was familiar with the organizational process of many college events. So were many of my council members who probably could have organized many events singlehandedly. COVID changed all that. We were down to the basics and drawing board in re-inventing many events including the annual congress.

Although the CSSL annual congress was planned for August as usual in a new venue of Shangri-La, for obvious reasons it was rescheduled for November as a hybrid congress with overseas resource persons joining online. With three weeks to go for the congress opening, the Brandix cluster of COVID cases was in full force. Holding a physical meeting at Shangri-La looked doomed.

It is with this background that I asked the congress committee to meet urgently. I resorted to the old fashioned 'flip chart' to list the 4 options and the pros and cons of each as expressed by the committee and office staff. One by one we excluded options till the virtual congress at the college option remained as a distant possibility. This decision was put to the council with a quick positive response. The great unknown at this point was the reaction of the sponsors. Balancing available resources and the costly necessities of running a congress was a delicate act.

Matters were to get worse before any positive product came out as the Western province was put under curfew. This brought in

a fresh set of challenges as the technical team was nominally unable to come to the college to run the virtual congress. I used the word nominally as the college members once again found solutions. The rest, as they say is history.

Looking back at my year of the presidency, the three weeks between the Brandix cluster and the end of the congress was a high point. With a background of the VUCA situation (volatile, uncertain, complex and ambiguous) the smiles, confidence, mutual reassurances, sharing of the moment, volunteerism and altruism of the college members, council, committees and staff is truly unforgettable.



The College of Surgeons of Sri Lanka is delighted to introduce a Facebook profile frame to mark its Golden Jubilee this year. This is expected to generate public awareness of this special landmark of the College.

I would like to make a kind request from our members (including Junior and Senior Affiliates) to update their Facebook profile pictures accordingly, if not done already.

Please find the link below to add the Facebook frame to your profile.

www.facebook.com/profilepicframes/?selected_overlay_id=251670122959736

Delivering Surgical Services During the Covid 19 Pandemic



Dr Duminda Ariyaratne
Consultant Surgeon,
Colombo East Base Hospital

COVID 19 pandemic had caused a tremendous impact on surgical services globally, and Sri Lanka is no exception. Sri Lankan surgeons encountered COVID- 19 infected patients right from the beginning. The pandemic has also caused severe intricacies in our resource-limited setup.

The surgical services of the country are burdened in the following aspects;

- Management of surgical patients with COVID 19
- Providing care for the emergencies and cancers of non-COVID infected patients
- Attending to overtly symptomatic benign surgical entities of non- COVID patients
- Management of minimally disturbing benign surgical diseases of the non- COVID

Having identified the potential threat to the services, the college of surgeons of Sri Lanka took commendable measures to mitigate the adversities of the pandemic right from its initial stages. The initial task was to form a subcommittee to look into the overall COVID surgical care of the island.

CSSL SURGICAL COVID 19 SUBCOMMITTEE

The surgical COVID 19 subcommittee was formed in May 2019 under the presidency of Dr Jayaidra Fernando. The committee comprised of Drs Mahanama Gunasekara, Nissanka Jayawardhana and the author. One of the main objectives of the committee was to formulate guidelines on surgical management of the pandemic.

Guidelines for providing surgical care during the COVID-19 pandemic-The College of Surgeons of Sri Lanka

The main objectives of drafting a guideline document were:

1. Create uniformity in the care of COVID patients
2. Advise on management of COVID surgical patients based on current international guidelines and local expertise
3. Create a network of knowledge sharing among the surgical units of the country
4. Promote acquiring and modifying infrastructure facilities and other resources in the institutions
5. Ensure safety and security of the patients and the staff

6. Rational use of PPE's and other resources
7. Identify and set up referral centres regionally so that unnecessary transfers could be avoided
8. Instill confidence in the management of the disease amongst the surgical staff
9. Supporting the health authorities in controlling the disease
10. Facilitate coordination with the relevant units of the ministry of health
11. Collaborate with international professional bodies
12. Audit and research

Observations were taken from the international surgical colleges and the local surgical associations to formulate the text. The copies of the document sent for the information of the Ministry of Health administrative hierarchy.

Revised Guidelines for providing surgical care during the COVID-19 pandemic May 2021

Taking the new developments into consideration, the document was reviewed on the 12th of May 2021 and revised at the request of the current president, Professor

Srinath Chandrasekara and the council of the College. The document has three components

- Aims
- Classifications
- Recommendations

AIMS:

1. To minimise the morbidity and mortality of the surgical patients (Both COVID-19 and Non- COVID-19) due to the delay or denial of instituting treatment
2. To prevent or minimise the risk to the patients and the staff acquiring COVID-19
3. To support the stringent COVID-19 control program, the government and health authorities are currently carrying out.
4. To optimise the usage of PPE and other consumables which are required to manage the COVID- 19 patients to prevent a shortage of such resources.
5. To categorise surgical patients taking into consideration the COVID-19 status and Priority needs

CLASSIFICATION:

Classification is done on the patient categories and prioritisation of surgical procedures.

Categorising patients into five groups was done based on their PCR and Rapid Antigen Test (RAT) status. RAT is considered in this new document as a reasonably reliable index of active infective disease. Patients'

COVID symptomatology was taken as an important factor in interpreting RAT results.

- | | |
|-------------|---|
| Category 1. | PCR Negative patients |
| Category 2. | RAT Negative, asymptomatic patients |
| Category 3. | RAT Negative, but symptomatic or close contacts of COVID-19 |
| Category 4. | RAT positive patients, awaiting PCR |
| Category 5. | PCR positive patients |
- Prioritisation of surgical procedures was done into four types.
- | | |
|---------|--|
| Type 1: | Emergency surgical procedures (E.g. life, limb, or organ saving) |
| Type 2: | Oncologic electives |
| Type 3: | Non-oncologic electives associated with significant morbidity and mortality if differed. |
| Type 4: | Surgical procedures which could be safely delayed for six months or more |

RECOMMENDATIONS:

Recommendations made to address three issues.

1. Patient accommodation within the institution

2. Surgical procedures
3. Attire

Allocating designated areas within the institution

These areas are the wards, theatres and the HDU/ ICU.

All the patients should be screened with Rat before admission to surgical wards. In the wards, the following zones need to be created:

- PCR Negative zone
- Intermediate zone (Awaiting PCR screening)
- PCR Negative zone

Dedicated operating theatres are set up for COVID positive patients, whereas other surgery could be carried out in separate theatre/s.

In the ICUs and HDUs, four patient areas should be established. Until the PCR status is verified, RAT positive and RAT negative but symptomatic patients should be kept separate. RAT positive but awaiting PCR confirmation and PCR positive patients again should be isolated from each other.

Surgical procedures

The importance of carrying out emergency surgical procedures (Type 1) irrespective of COVID status is emphasised. Semi elective and elective procedures in the COVID patient could be deferred or modified based on universal guidelines.

Elective and semi elective procedures could be deferred

until the COVID status is confirmed.

Attire

PPE should be used to protect the staff and prevent transmission of disease. However, this has to be ethical and justifiable as there is a short supply of PPE.

This document was published with the approval of the council of the college of surgeons. It had eliminated the room for ambiguity of decision making among the surgical teams of the country. Within a few weeks of the document being published, we saw an increase in surgery performed in peripheral and central hospitals. During the third wave, there was a marked reduction in patient numbers transferred from remote units to the central dedicated COVID centres-namely Colombo East Base Hospital and Base Hospital Homagama. NHSL and other teaching hospitals took over management of COVID patients, and dedicated ICU and HDU were created in almost all the teaching and provincial hospitals.

The council and the COVID subcommittee of the college of surgeons are closely monitoring and facilitating the COVID surgical care of the country. There are regular meetings of the committee with the president and the council.

We are happy to witness a commendable improvement and satisfactory service provision by the surgical teams of the country to the patients afflicted with this unprecedented global pandemic.



SAARC SURGICAL CARE CONGRESS

Annual Conference 2021 (25th & 26th September , 2021)

SAARC Surgical Care Society, <https://saarcsurgeons.org/>



PROGRAMME AT A GLANCE

ABC OF TRAUMA

ABDOMINAL EMERGENCIES (TRAUMATIC)

NON-TRAUMATIC ABDOMINAL EMERGENCIES

PELVIC AND OTHER SKELETAL EMERGENCIES

VASCULAR EMERGENCIES

UROLOGICAL EMERGENCIES

Two days conference with involvement of cutting edge articles and panel discussions by the experts in respective fields. Ideal opportunity for surgeons taking Acute Care surgical patients. Issues of management at different levels of care taking into account of DIVERSITY in geography, patient intake and outcomes in SAARC countries

CONTACT INFORMATION

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REGISTRATION DETAILS

GOOGLE FORM LINK

<https://forms.gle/xjSPQoVJuGxuef2R8>

OR SCAN THE QR CODE.





EDUCATION AND TRAINING

Online Teaching for Surgical Trainees

Managing Cervical Lymphadenopathy

Dr Mahanama Gunasekara
13 May 2021

Fundamentals in chronic wound management

Dr Mahinda Mallawatantri
20 May 2021

Intestinal Obstruction

Prof S Sivaganesh
27 May 2021

Day Surgery principles

Dr Sujeewa Thalagapitiya
30 May 2021

Case Scenarios in thyroid neoplasms

Dr Rasitha Manathunga/Dr Randima Nanayakkara
24 June 2021

All you want to know about tourniquets

Dr Indika Wijesinghe
30 June 2021

Basics of energy devices

Dr Ashan Fernando
8 July 2021

Getting to know your endoscope

Dr Buddhika Uragoda
10 July 2021

Surgeons' perspective on back pain

Dr Stravinsky Perera
12 July 2021

Abdominal Sepsis

Dr LRPKB Udupamunuwa
15 July 2021

Assessment of open fracture

Dr Shivantha Fernandopulle
21 July 2021

Basics of Laparoscopic Devices

Dr Buddhika Dassanayake
22 July 2021

Clinical application of Ultrasound in General Surgery

Dr Mihira Bandara
3 August 2021

Management of pressure ulcers

Dr Gayan Ekanayake
5 August 2021

Tendon Injuries

Dr Gayan Ekanayake
10 August 2021

Splenic Trauma

Dr Bingumal Jayasundara
12 August 2021

Case-based discussion on Benign Oesophageal Conditions

Dr Chathuranga Keppetiyagama
18 August 2021

Lower Limb Amputations

Dr T Gobyshanger
19 August 2021

Paediatric Abdomen

Dr Sisil Kumara
21 August 2021

Liver injuries

Dr Kamal Jayasuriya
24 August 2021

Burns

Dr Gayan Ekanayake
26 August 2021

Cinderella conditions of Anus

Dr Chinthaka Wijesurendere
31 August 2021

Surg Ahead CPD Programme

Surg Ahead Vol 3 2021: Management of a patient with head injury

Dr Saman Wadanamby
30 April 2021

Surg Ahead Vol 4 2021: Restoring hands with infection, soft tissue and nerve defects

Dr Dammika Dissanyake and Dr Thushan Beneragama
30 June 2021



EDUCATION AND TRAINING

Skills Training Courses

National Trauma Management Course

26-27 July 2021

Skills Lab, Faculty of Medical Sciences
University of Sri Jayewardenepura

NTMC Training the Trainers Course

9 August 2021

Skills Lab, Faculty of Medical Sciences
University of Sri Jayewardenepura

Emergency Sonography for Trauma Care

7 August 2021

TH Peradeniya

Organized by Central Chapter of CSSL

Webinars/Online Master Classes/Seminars

Safe laparoscopic cholecystectomy

Professor Mohan de Silva

8 April 2021

CSSL & SLAMADS

Laparoscopic Appendicectomy

Prof KB Galketiya

27 May 2021

CSSL & SLAMADS

Laparoscopic LAR & Perioperative care

Prof Bawantha Gamage

27 June 2021

CSSL and SLAMADS

Familiarisation of Mendeley reference management software for surgical trainees

Dr Pramodh Chandrasinghe/Dr Dileepa Ediriweera

27 June 2021

Master Class on laparoscopic operative techniques for the resection of colorectal cancer

Prof C Palanivelu (India)

30 June 2021

CSSL/KSM and University of Peradeniya

Internship: An insight into Surgery

16 July 2021

CSSL

Minimal Access Oesophagectomy

Dr Rasitha Manatunga/ Dr Chathuranga Keppetiyagama

8 August 2021

CSSL & SLAMADS

Urology Day

Organized by Uva Chapter CSSL

11 August 2021

PGH Badulla

Webinars/Online Master Classes/Seminars

ERPM Exam Preparation Course

Mock clinical cases

SJGH

New date to be notified

Essential Radiology for Surgeons

Lecture discussion on radiology for surgical trainees

Department of Radiology, University of Peradeniya & CSSL

May 8,15,23,29 2021

Teaching clinical surgery to medical students



Professor Jayantha Ariyaratne

*Senior Professor in Surgery,
General Sir John Kotelawala Defence University*

It has been the traditional practice of the medical schools teaching western medicine all over the world to impart a profound basic knowledge of clinical surgery to the medical students preparing themselves for their final MBBS examination. Gradual and methodical exposure of students to such elementary training ultimately produced capable junior doctors who could effectively and efficiently undertake the responsibilities of managing the patients in surgical wards.

With the advancement of technology, it appears as if there has been a change of attitude among the students towards the importance of fundamental surgery during their early clinical training. The students with inheritance of the right genes, motivation and opportunities tend to correct themselves within a short space of time the deficiencies they have. Unfortunately, the majority of them struggle for survival.

Most of the clinicians are of the opinion that sound initial training imparted to the majority of students will be highly productive. I firmly believe that it is our bounden duty to guide

those medical students during their early clinical training to enable them to pick up the elementary surgical principles as a matter of utmost importance. It is quite evident that there is a tendency for contempt for what is old. Nevertheless, the above policy is fruitful, and time tested. We all should strive hard to hand over the wealth of knowledge we have inherited from our teachers to the next generation as a matter of duty and priority.

Just before the commencement of the surgical ward work in the third year, during the orientation course it is mandatory to educate the students about their targets in the clinics, wards, theatres and the A&E Units. The universal fact that our wards are “Gold Mines”

pertaining to the case-load, workload and the case mix should be instilled in the minds of all the students. Their attitudes and the mindfulness need to be tuned to make the best use of the learning opportunities freely available in our surgical units. When the students are stimulated in the above manner, they tend to learn with an extraordinary enthusiasm which could be highly productive.

The teachers’ role is to pave the way for the students to stride the most fruitful academic pathway without any hindrance. The best policy is to treat those students who come to our wards as our own children.

If there is a will there is a way.



Recollections of My Association with the Colombo Friend in Need Society



Professor AH Sherifdeen

Emeritus Professor of Surgery

University of Colombo

Vice President, Colombo Friend in Need Society

Introduction

This Society was established in 1831 under the Patronage of Sir Edward Barnes. Since its inception the Colombo Friend in Need Society has upheld this tradition and the Head of State continues to be its Patron. It is run by a Board of Management and I have been the Vice President for over 25 years.

Initially it was essentially a soup kitchen designed to feed the indigent and destitute. Later, with the building of two wards, it became a "Transit Hostel" to house and feed patients from outside Colombo. Since 1985, perspectives changed. The demand on the Transit Hostel dwindled. The Society took on the responsibility of providing low-cost prostheses for amputees. To date over 30,000 prostheses and orthoses have been provided free of charge to the recipient. The cost of production of a Below Knee prosthesis is around Rs.16, 000.00 and of an Above Knee prosthesis is around Rs.20, 000.00. Funds are collected from donations, mostly donated on birthdays, anniversaries etc. or in memory of a loved one.

To understand why and how I

became a life member, I need to explain in brief my beginnings as a surgeon and my interest in artificial limbs.

In 1969, when I was a Lecturer in Surgery at the Colombo Medical Faculty, I was getting ready to proceed to the UK to pursue post graduate studies and to sit for the FRCS examination. My professor, Professor R.A. Navaratne asked me whether I was planning to specialize in any field and I promptly said, "Orthopedic Surgery, Sir". This was because Dr. T.N. Shanmugalingam, a leading orthopedic surgeon at that time used to repeatedly tell us students that orthopedic surgery was mostly reconstructive surgery and that all other types of surgery was mostly amputation surgery. Professor Navaratne shook his head and said "No, it is too specialized a subject to be part of the Department of Surgery". So I opted for "Vascular Surgery" which was mainly involved with reconstructing and restoring blood flow to limbs and organs thereby preventing gangrene. Gangrene which would have necessitated amputation!

In 1970, I returned to Ceylon (Sri Lanka), fully qualified and well

trained, with much enthusiasm. However I was appalled to note that awareness of this specialty was woefully inadequate amongst doctors. Blood flow to limbs gets interrupted when arteries supplying blood to limbs get narrowed or blocked often due to atherosclerosis. Sudden interruption to blood flow occurs when arteries are blocked by clots or when arteries are damaged after trauma – traffic accidents, violence with swords or sharp instruments, or trap gun injuries. In this situation emergency surgery must be performed within 6 to 8 hours or gangrene would set in and amputation would be the outcome. Within a short time, as doctors became more aware, patients were referred to me from all parts of the country, and I was kept busy attending to them. The civil war which started around 1983, the bomb blasts and gunshot/ artillery and mortar injuries added to this burden of work and kept me working through many a night.

Unfortunately, not all patients were sent to us within the 6 to 8 hour salvageable period and a fair number had gangrene and had to undergo amputation to save their lives. These amputees needed artificial limbs (prosthesis)

for their rehabilitation. The Orthopedic Clinic at the General Hospital, Colombo, now The National Hospital of Sri Lanka, had a prosthetic workshop and turned out two limbs a month. They were hampered by non-availability of materials in those days of austerity.

I was looking for an institution or organization which would help, manufacture prostheses faster and at an affordable rate. A junior doctor told me that a Professor P.K.Sethi, from Jaipur, India, who had won a "Guinness Award" for "Scientific Achievement, for "inventing" a low cost foot piece and prosthesis suitable for barefoot users and for walking on uneven terrain had visited Ceylon and lectured to audiences. I was also told that the Colombo Friend in Need Society was preparing to send staff to Jaipur for training with the intention of setting up local workshops to manufacture these prostheses.

I found the Society headquarters in February 1985, on a Saturday morning, to find a lady seated at a desk holding her head with both hands, deep in thought. I introduced myself and she jumped up with arms outstretched remarking "my prayers have been answered"! Her account in the 1990, 5th Anniversary issue reads as follows: "February 1985: Dr.A.H.Sheriffdeen of the Faculty of Medicine – University of Colombo walked in one Saturday morning when Mrs. Swarna Ferdinand was watching the Workshop building coming up. He introduced himself to her and said "My services are available to you. There is a great need for a low cost artificial lower limb and I

will help you in any way possible". That was the first spontaneous offer received from a surgeon and it brought in confidence that this work was going to win the support of other world-class eminent surgeons too like him". She continues "Mrs. Ferdinand says that Professor Sethi had warned her "Be prepared for opposition from Western qualified medical men- maybe this technology demystifies their work. It did happen in India". We are proud to record that that most Western qualified medical personnel, the most eminent surgeons and doctors, psychologists, physiotherapists etc. welcomed the advent of a low-cost artificial limb, easy and quick to turn out with locally available raw materials, by simple local craftsmen. Many of them told us what a difference it was to be able to say to a person before amputation, "Don't worry, in a couple of months you'll be back on your two feet with a Jaipur limb" We are deeply indebted to Sri Lanka's medical profession which supported us to the hilt, forming the backbone of our programme."

Branches were set up in Galle, Kandy and Jaffna all of which have now become independent Societies to serve their respective populations. The program took off to a flying start thanks to the dedication, commitment and hard work of Mrs. Swarna Ferdinand, Project Manager, Jaipur Foot Programme and Hon. Secretary, CFINS, Ms. Jeanne Samuel, Assistant Project Manager, Jaipur foot Programme, and the energetic Production Manager, Mr Laksiri Mellawa. We are indeed thankful to them for their infectious enthusiasm and drive, which energy has sustained the programme over the last 36 years.

So much for limb production. A rehabilitation programme should offer besides physical support, further support in the form of recreation, income generating activity support and counselling and psychological support.

In 1990 Mrs Swarna Ferdinnand, Ms. Jeanne Samuel and I as Chairman, discussed the possibility of running a Sports Festival for Jaipur Limb users



Fig: Limbs developed for programme

as part of their rehabilitation therapy. With the help of some Rotarians, we organized a sports festival to include track and field events, cycling and archery. Someone suggested that we call it AIDEX, probably standing in to mean 'Aiding the Ex-abled'. It was a huge success and the participants requested that this be an annual event in the CFINS calendar. This sports festival was held every year with a break of two years until 2019. Unfortunately, it could not be held in 2020 or 2021 due to the Covid 19 outbreak.

In 1988, with the assistance of World Vision, a self-employment scheme was inaugurated to give financial assistance to amputees. Unfortunately, this scheme could not be sustained due to civil disturbances in the country. Around 2002 I had drawn up an ambitious scheme to rehabilitate the poor in the country, centered on rehabilitation of Jaipur limb users with assistance with self-employment projects. I had hoped that this culture would spread within the villages and communities that these amputees lived in. I appealed to various institutions for support but had only one response. It was from Mr. Ken Balendra, who persuaded the business institution of which he was chairman to donate Rs. 2 million as part of their CSR activities. A Project Officer was recruited, and applications were called for and processed. A one-day workshop conducted by an officer from EDB was organized to give the recipients an idea as to how to identify a sustainable project, perform a SWOT analysis, costing, marketing and accounting and finally making a profit from their projects. We have

been supported generously by the MJF Charitable Foundation which also gives a monthly allowance to schoolchildren using the Jaipur limb. We have indeed come a long way.

I end quoting Professor Sethi's letter sent to us in 1990, on the 5th anniversary celebrations of the launch of the Jaipur Foot programme:

"The Jaipur Foot programme launched by the Colombo Friend in Need Society has exceeded my wildest dreams. To win over

a traditionally orthodox medical profession, to involve the country emotionally into every aspect of amputee rehabilitation, to set up a network of limb fitting centres in the major towns of your country and change the grim prospects an amputee faced when I went to Sri Lanka 1983 into a much more hopeful future, and more importantly, to create a second line of dedicated leadership who are inheritors of the value-system so central to the concept of 'Jaipur Foot', is indeed a remarkable achievement by any standards".



Sri Lankan Association of Colorectal Surgeons (SLACS)



Dr. Wasantha Wijenayake
Founder President of SLACS

Last day of July 2021 made history in the calendar of Sri Lankan surgeons with the inception of SLACS – Sri Lankan Association of Colorectal Surgeons. Even though colorectal surgery has a long-documented history dating beyond 3150BC to Nile Valley in Egyptian civilisation it did not secure its due recognition in Sri Lankan surgery until the PGIM specialty board of surgery recognized ‘colorectal surgery interest’ of general surgeons.

Throughout the development of surgery from scalpel of Susrutha to modern robotic automated surgical interventions colorectal surgery as a specialty contributed immensely leading in the forefront.

There was a need for standardizing, streamlining and quality assurance of colorectal surgical care to deliver most up to date, safe and appropriate care for patients with colorectal disease. Traditionally colorectal surgery was limited to diseases of colon, rectum and anus until advanced colorectal services came into the picture to manage advanced colorectal cancers, intestinal failure complications, complex abdominal hernias, functional bowel diseases and hostile abdomen. Today colorectal surgical specialty deals with all benign and malignant surgical problems anatomically

spanning from ligament of Treitz at duodenojejunal flexure to anus, including the peritoneal cavity pelvis and the abdominal wall.

With the inception of SLACS we are planning to introduce an intense quality training program for colorectal surgeons to improve their skills and to collaborate with PGIM, College of Surgeons of Sri Lanka and AGSSL to streamline and improve standards of colorectal surgical training of post graduate colorectal surgical trainees. There is a seat reserved in the council for a representative of colorectal surgery training in the capacity of senior registrar to recognize their needs and facilitate their training program.

SLACS planning to introduce national registries for colorectal diseases including colorectal cancers, inflammatory bowel disease, familial and hereditary colorectal conditions including FAP. This may help in carrying out national audits to improve quality of care and make necessary amendments to standards in achieving desired output as well.

Building a cohesive and cooperative working environment among surgical colleagues of the specialty in delivering optimal patient care is one other aim of the association. Carrying out well planned quality research work with national level contribution of interested

members of the association to deliver impactful contribution at global arena of colorectal surgery would be another future goal of SLACS. Association will be getting involved in another aspect of patient management with relevant stake holders to develop national guidelines and protocols in the management of various conditions and diseases of colorectal surgery.

The aim of all these endeavors is to ensure delivery of best quality care for our patients at every level of their management in our hands. To fulfil this aim it is imperative to obtain inputs of various specialists and professionals. Conducting regional or national MDTs with the expert input and contributions in their respective specialties to provide guidance and development of skills especially in budding surgeons through the association will contribute immensely to this aspect.

Collaboration of similar organizations in countries in the region, Asia, Europe and in West will be carried out with opening opportunities for Sri Lankan surgeons and trainees as well. With all these objectives in mind as the founder president of the SLACS, I would like to invite all the surgeons with an interest to join with us by becoming members of the association to deliver best patient care to your patients.



30 August - 3 September 2021

The international Society of Surgery (ISS/SIC) presents

VIRTUAL SURGICAL WEEK

Jointly organized with the Integrated Societies and Participating Societies



International Society of Surgery ISS
Société Internationale de Chirurgie SIC
and its Integrated Societies

IAES - International Association of Endocrine Surgeons
IATSIC - International Association for Trauma Surgery and Intensive Care
IASMEN - International Association for Surgical Metabolism and Nutrition
BSI - Breast Surgery International
ISDS - International Society for Digestive Surgery
ASAP - Alliance for Surgery and Anesthesia Presence

Save the date

#VSW2021
isw2021.org



Golden Jubilee

The College of Surgeons of Sri Lanka

50th Sri Lanka Surgical Congress

24th - 27th November 2021

CALL FOR ABSTRACTS AND ORATIONS

Closing date extended to – 31st August, 2021

* ABSTRACTS OF CLINICAL / RESEARCH PAPERS

Online submissions will only be accepted

* ORATIONS

- Professor Milroy Paul Oration
- SAARC Oration (*This is open to surgeons from South Asia*)

Abstracts of the Oration should be submitted to the email given below

Abstract and Oration submission guidelines are available at

<http://www.surgeons.lk>

The College of Surgeons Office: 6, Independence Avenue, Colombo 07

Tel/Fax: +94 11 2695080 / 2682290

Email: srilankasurgicalcongress2021@gmail.com