



SUTURE

NEWSLETTER OF THE COLLEGE OF SURGEONS OF SRI LANKA

“Binding Surgeons Together”

50th Anniversary Golden Jubilee The College of Surgeons of Sri Lanka

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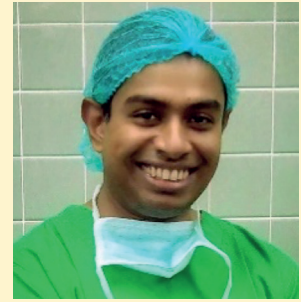
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From the Editors Desk



Dear Readers,

As 2021 draws to a close, the College despite the numerous challenges brought on by the Covid-19 pandemic, prepares to host its most significant event, Sri Lanka Surgical Congress 2021.

The Sri Lanka Surgical Congress marks the culmination of the Golden Jubilee Celebrations of the College, a significant milestone in the evolution of the college. The Surgical Congress will be ceremonially inaugurated on the 24th of November 2021 with sessions running on a hybrid format on the 25th, 26th and 27th of November. Among the highlights of the sessions will be the Dr Noel Bartholomeusz Memorial Oration, the Professor Milroy Paul Memorial Oration and the SAARC Oration. In addition to the main congress itself, a number of pre-congress and post congress workshops will mark the Golden Jubilee Sessions.

On the 20th of November, the College re-opened the refurbished College Premises, the Noel and Nora Bartholomeusz Foundation now fully geared to embrace the digital age. A new Surgical Museum will also be inaugurated on the 25th of November as well as the issuing of a commemorative stamp on the occasion of the Golden Jubilee.

In this edition of the Suture, we carry all the details of the upcoming surgical congress and other ancillary events. In a special feature, our of surgical pioneers Dr Indranee Amerasinghe reflects on a career as a woman surgeon, while Dr Bingumal Jayasundara looks at some unspoken facets of the Covid pandemic as impacting on surgical care in Sri Lanka. Marking the establishment of the Cleft-lip society, Plastic Surgeon Dr S Pragaash discusses the intricate process of cleft surgery.

As the challenges of Covid-19 continue to cast a shadow on our daily lives, may the spirit of innovation, courage and resilience that has guided our association over the last half century and indeed our profession over millennia still inspire us to succeed and flourish.

Dulantha de Silva on behalf of the Suture Editorial Committee



50th Anniversary
Golden Jubilee
The College of Surgeons of Sri Lanka



THE COLLEGE OF SURGEONS OF SRI LANKA



Message of the President on the Occasion of the Golden Jubilee Congress

It is with great pleasure that I write this message for the Golden Jubilee Surgical Congress of our College. Since its inception in 1971, The College of Surgeons of Sri Lanka has consistently engaged in educational and training programmes for its members, trainees and paramedics and contributed significantly towards their professional development. The college which has grown to a membership of over 600 during five decades has seen and contributed to the development of all internationally recognized specialties and sub-specialties, ensuring the provision of equitable quality surgical services in every province of this country. We have been able to retain the vast majority of the specialists over the last 3-4 decades which is reflective of the healthy working culture that prevails within the Sri Lankan National Health System.

As with the rest of the world, Sri Lanka has been affected severely by the pandemic this year. The College salutes the efforts of all surgeons across the country who continue to provide best possible services under challenging

circumstances, ensuring the safety of patients and health workers. Despite ongoing challenges, we have been able to accomplish most of our planned CME activities and educational programmes this year. Our digital transformation towards CME via virtual platforms and the high quality of our CME now attracts international participation.

This year, we have been able to fully restore our college house, The Noel & Nora Bartholomeusz Foundation to its past glory. The newly refurbished auditorium along with its state-of-the-art facilities is expected to serve as an attractive conferencing and educational hub for our sister colleges and others. A new building has been constructed to commemorate the Golden Jubilee which will house the newly established surgical museum and library. The college embarked on a digitization programme which includes high fidelity virtual conferencing facilities, upgrading of the website and commissioning of all new “CSSL apps” which will enable our members to interact with the college and peers more effectively.

The college embarked on a 10-year plan to assist the state in further developing trauma care services in the country. Significant progress has been made with this initiative and numerous improvements in policy and governance proposed by the college have been accepted by the Ministry of Health for implementation. The council appreciates the support and collaboration of the Director General of Health Services and the WHO in this initiative.

The college has set out on an ambitious plan to establish a model free care hospital as a referral center for kidney stone surgery through philanthropic contributions. Initial funding, approvals and plans have been confirmed. This project will provide the infrastructure and state-of-the-art technology for surgeons from different parts of the country to treat Kidney stone patients who are on long waiting lists. It is proposed that the center will be operational in the near future.

An accreditation and exit examination process for different specialties within surgery has

been a long-felt need for the surgical fraternity of Sri Lanka. For the first time in the history of our college, this year, the college has embarked on a new challenge and initiated this year, an Exit Certification programme compatible with international standards and quality. The pilot examination will be conducted in December 2021 with plans to expand this programme across all specialties in the future. We are confident that, with the vibrant QA culture enrooted in our higher education system, these examinations will receive international recognition in the future facilitating further international recognition of the quality of our specialist surgeons.

Our annual academic conference has been a focal point for interaction between our members and international experts for many years. This year too, The Sri Lanka Surgical Congress will be

co-hosted by the Royal College of Surgeons of Edinburgh for the 10th consecutive year and the SAARC Surgical Society since 2005. The college as the apex body of all surgical specialties in Sri Lanka, Sri Lanka Surgical Congress 2021 (SLSC) incorporates the inclusive vision of the college that covers all key areas of interest in all surgical specialties.

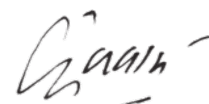
We are indeed honoured by the presence of the Presidents and senior delegates from the Royal Colleges of UK, Malaysia, and the SAARC region to celebrate our Golden Jubilee. We will be renewing our existing Memoranda of Understanding (MoU) with the Royal College of Surgeons of Edinburgh and the Royal College of Physicians and Surgeons of Glasgow during the deliberations. I am pleased to inform you that a new MoU with the College of Surgeons of

Malaysia will be entered into this year.

I take this opportunity to thank all the faculty members, resource persons, organizing committee, philanthropists, medical technology, and pharmaceutical industry who provided their unreserved support.

We at the college, together, will continue to strive to establish and maintain a culture of quality, standards and compassionate services to the nation.

I wish you all a pleasant congress and look forward to meeting you at the golden Jubilee celebrations.



Professor Srinath Chandrasekera

President, The College of Surgeons of Sri Lanka



Sri Lanka Surgical Congress 2021
Golden Jubilee
The College of Surgeons of Sri Lanka

In collaboration with  The Royal College of Surgeons of Edinburgh
 The SAARC Surgical Care Society

VIRTUAL CONFERENCE

25th to 27th November
Inauguration on 24th November

Symposia & Plenaries

- HISTORY OF SURGERY
- COLOPROCTOLOGY
- OESOPHAGEAL & PANCREATIC CANCER
- VASCULAR DISEASE
- SAARC SYMPOSIUM
- BREAST & ENDOCRINE
- THERAPEUTIC ENDOSCOPY
- TRAUMA
- UROLOGY
- TRANSPLANT
- SURGERY DURING COVID
- MINIMAL ACCESS SURGERY

Pre Congress Workshops
Meet The Experts Sessions
Free Paper Sessions on Friday 19th November 1-5pm

Dr Bartholomeusz Memorial Oration
Professor Milroy Paul Oration
SAARC Oration

For registration visit www.surgeons.lk

Grand Opening of the refurbished Noel & Nora Bartholomeuz Foundation



Day 01 - 25th November 2021

Time	Hall	Item	Details / Topic	Speakers
0700 - 0800		Meet the experts session		
0800 - 0820	A	Plenary 01	Current management of colonic polyps	Professor Punyangani De Silva
0820 - 0840	A	Plenary 02	Management of Head Injury Patients in non-neurosurgical units	Dr Nilaksha Kumarasinghe
0840 - 0900	A	Plenary 03	Impact of clinical practice guideline adherence on mortality from breast cancer in low- resource settings	Professor Cheng-Har Yip
0900 - 1000	A	Symposium 01	History of Surgery History of Surgery in Jaffna History of Surgery in Sri Lanka History of Surgery History of Surgery in India History of Surgery in Pakistan	Dr S Rajendra Dr Buddhika Dassanayake Mr Mike McKirdy Dr Santhosh John Abraham Professor Abdul Majeed Chudhry
1000 - 1020	A	Plenary 04	Should it really have been called Crohn's disease?	Professor Neil Mortensen
1020 - 1040			Tea	
1040 - 1155	A	Symposium 02	Limb Trauma Decision making and Soft tissue Reconstructive options In Limb salvage Damage control orthopaedics in limb trauma Management of bone loss in limb trauma Managing the vascular compromised lower limb	Dr S Raja Sabapathy Dr V Swarnakumar Ms Claire Edwards Dr Rezni Cassim
	B	Symposium 02A	Surgeon's role in Preservation of Renal Function Prostatic obstruction when to refer ? Obstructive uropathy - small ureteric stone ? Minimally invasive surgery for renal stones Nephron sparing surgery for renal cancer	Dr Thaha M Musthafa Dr Nishantha Liyanapathirana Dr Kalana Parana Palliya Guruge Dr Balasinham Balagobi
1155 - 1215	A	Plenary 05	Promoting the wellbeing of the profession	Professor Jackie Taylor
1215 - 1235	A	Plenary 06	Pre-therapeutic measurements of iodine avidity in papillary thyroid cancer and the associations with molecular and genetic findings	Professor Catharina Ihre Lundgren
1235 - 1300			Lunch / ACT Business Meeting	
1300 - 1400	A	Debate 01	Trainees need not to be trained in Open cholecystectomy in future	For : Professor Mohan de Silva Mr Chaminda Sellahewa Against : Professor Rowan Parks Dr Chinthaka Wijesurendere
	B	Symposium 03	Current concepts in Orthopaedic trauma management Damage Control Orthopaedics Primary fixation of open fractures Management of Bone loss Current concepts in distal radial fracture management	Dr Parakrama Dharmarathne Dr Niroshan Jayarathne Dr K Umopathy Dr Hiran Amarasekera
1400 - 1445	A	Bartholomeusz Oration	A journey towards ensuring Quality Higher Education in Sri Lanka	Professor Mohan de Silva
1445 - 1510	A	Plenary 07	Establishment of deceased donor program in Sri Lanka - lessons to be learnt from the Spanish model in establishing a structured deceased donor program in SL	Professor Marti Manyalich
1510 - 1520			Tea	
1520 - 1620	A	Symposium 04	The quest for R0 in pancreatic cancer surgery Importance of R0 resections in borderline resectable pancreatic cancer Role of imaging in borderline in resectable pancreatic cancer Neoadjuvant therapy for borderline in resectable pancreatic cancer – regimens, duration, assessing response Decision making & techniques in portal vein resection during pancreatico-duodenectomies SMA first approach – techniques & tips	Mr Nikolaos Chatzizacharias Dr Nilesh Fernadpulle Dr Eranga Ganewatta Professor Paula Ghaneh Dr Sadiq S Sikora Prof Shailesh Shrikhande
	B	Symposium 05	Radical antegrade modular pancreato-splenectomy (RAMPS) Vascular Surgery Case based discussions on acute limb ischaemia Case based discussions on chronic limb ischaemia	Mr Ravi Marudanayagam Dr Zahid Raza Dr Aruna Weerasooriya Dr Amanthana Marasinghe Dr Prasath Subramaniam Dr Rezni Cassim Dr Nalaka Gunawansa Dr Ranjuka Ubayasiri Dr Charitha Weerasinghe

Day 02 - 26th November 2021

Time	Hall	Item	Details / Topic	Speakers
0700 - 0800		Meet the experts session		
0800 - 0900	A	Bartholomeusz Prize - best oral paper session		
0900 - 0920	A	Plenary 08		Ms Clare McNaught
			The impact of the COVID-19 Pandemic on colorectal cancer diagnosis and treatment in the UK	
0920 - 0940	A	Plenary 09	NOTSS and Ophthalmological surgeon's life	Professor Lim Kean Ghee
0940 - 1040	A	Symposium 06	SAARC symposium - Challenges of surgical practice during the changing scenarios of COVID-19 pandemic	Professor Moudud Alamgir Dr Tashi Tenzin Professor Muhammad Farooq Afzal Dr Arunajith Peiris Dr Mohamed Solih Dr Jawid Barkazai
	B	Symposium 07	Cutting edge in therapeutic endoscopy Endoscopic interventions in chronic pancreatitis	Prof Nageshwar Reddy
			POEM; has it replaced laparoscopic cardiomyotomy Endobariatrics ; the new revolution in obesity management	Dr Niles Fernandopulle Dr Amit Maydeo
1040 - 1100	A	Plenary 10	Cluster system of hospitals	Dr Nissanka Jayawardhana
1100 - 1115		Tea		
1115 - 1135	A	Plenary 11	COVID-19 Guidelines of the CSSL and its impact on surgical services	Dr Duminda Ariyaratne
1135 - 1235	A	Symposium 08	Breast Surgery Dedicated breast clinic, a new responsibility for the General Surgeon in Sri Lanka Tips and tricks of imaging of the breast - An essential commodity for the Breast Surgeon Breast Cancer Services in Scotland during the COVID-19 pandemic	Dr Ajith de Silva Dr Pandula Hettiarachchi Mr Mike McKirdy
1235 - 1330	A	Symposium 09	Endocrine Surgery Paediatric Thyroid Nodules Post- operative management & decision making in thyroid cancer Embryological remnants of thyroid and their relevance in thyroidectomy	Mr Stephen Farrell Professor Amit Agarwal Professor Ranil Fernando
1330 - 1400		Lunch / General Surgeons' Meeting		
1400 - 1430	A	Debate 02	Organ preservation following Complete clinical response after Neoadjuvant treatment in Rectal cancer	For : Dr Niroshan Atulugama Against : Dr Nurad Josep Commentary by : Dr Guilherme Sao Juliao
1430 - 1450	A	Plenary 12	Management of peritoneal carcinomatosis	Professor Sarah T O'Dwyer
1450 - 1535	A	SAARC Oration	Renal stone analysis and metabloic evaluation in patients with nephrolithiasis - Do they add to epidemiological data or aid to tailor preventive medical therapy	Dr S Rajendra
1535 - 1545		Tea		
1545 - 1645	A	Symposium 10	Controversies and new concepts in rectal cancer management Place of HIPEC in colorectal cancer management Trans anal TME(TA TME) in low rectal cancer Targeted therapy in colorectal cancer Total neoadjuvant therapy (TNT) in rectal cancer	Mr Chelliah Selvasekar Mr Janindra Waruavitarne Professor April Roslani Dr Rodrigo Perez
	B	Symposium 11	Management of multiple trauma - multidisciplinary teams	

Day 03 - 27th November 2021

Time	Hall	Item	Details / Topic	Speakers
0700 - 0800		Meet the experts sessions		
0800 - 0830	A	Plenary 13	Embarking on laparoscopic Whipple procedure - first hand experience	Professor C Palanivelu
0830 - 0900	A	Plenary 14	Preoperative workup of hilar cholangiocarcinoma	Mr Hassan Malik
			Pancreatic necrosectomy when and how?	Mr Asif Jah
0900 - 1015	A	Symposium 12	Current status and future of trauma management in Sri Lanka Opening remarks Trauma surgical training of HCWs Trauma registry systems Legislation and prevention Accident monitoring app Rehabilitation following trauma	Professor Srinath Chandrasekera Dr Ranjith Ellawala Dr Kirthi Abayajeewa Dr Mahanama Gunasekara SSP Traffic Police Indika Priyantha Hapugoda Mr Keerthi Kodituwakku Dr Narendra Pinto
1015 - 1100	A	Milroy Paul Oration	In the eye of the storm of a pandemic: surgical emergencies in the COVID-19 infected	Dr Duminda Ariyaratne
1100 - 1115		Launching of Golden Jubilee commemorative stamp		
1115 - 1130		Tea		
1130 - 1230	A	Symposium 13	Laparoscopy for the General Surgeon Management of chronic post herniorrhaphy pain: does laparoscopic approach help Thoraco- laparoscopic oesophagectomy: A non tertiary care set up experience Recent advances in laparoscopic complicated ventral hernia repair	Dr Udaya Samarajeewa Dr Rajendra Obayasekara Mr Himaz Marzook
	B	Symposium 14	Facial Trauma - towards an optimal aesthetic outcome The skin envelope - management of the soft tissues The foundation - building the facial skeleton The frills - reconstruction of the special areas	Dr Yasas Abeywickrama Dr Arunajith Amarasinghe Dr Gayan Ekanayake
1230 - 1300	A	Plenary 15	Communication with patients and family and the general public during the COVID-19 pandemic	Professor Mike Griffin
1300 - 1330		Lunch		
1330 - 1430	A	Symposium 15	Surgical management of esophageal carcinoma The best know when not to operate, patient selection and pre-operative preparations for esophagectomy Management of early esophageal cancers Place for neoadjuvant therapy in operable esophageal cancers	Dr Randima Nanayakkara Professor Mike Griffin Dr Umagowry Sarawanamuttu Dr Rasitha Manatunga
	B	Symposium 16	Minimal access esophagectomy in Sri Lankan setting Trauma symposium 3 Recent developments in Paediatric trauma Why paediatric fractures are unique? Chest trauma Outcome of early neurosurgical intervention after spinal cord injury	Professor Robin Paton Dr Sunil Wijayasinghe Mr P B Rajesh Dr Saman Pushpakumara
1430 - 1450	A	Plenary 16	How I became a Laparoscopic Surgeon	Mr Donald Menzies
1450 - 1550	A	Symposium 17	Solid organ Transplantation Need for SPK transplantation than kidney only transplantation for patients with end stage diabetic nephropathy Kidney transplantation from marginal donors - how extreme can we go What should be the financial model of a liver transplant service in Sri Lanka The progress and future of cadaveric liver transplant program in Sri Lanka	Professor Joana Ferrer-Fàbrega Dr Pedro Ventura Aguiar Professor Rohan Siriwardana Dr Ruwan Dissanayake
1600 - 1615		Closing Ceremony		



Sri Lanka Surgical Congress 2021

Golden Jubilee

The College of Surgeons of Sri Lanka



VIRTUAL
CONFERENCE

In collaboration with



The Royal College of Surgeons of Edinburgh

The SAARC Surgical Care Society

Pre - Congress Workshops

Laparoscopy for General Surgery

Date: 4th November

Time: 08:00am - 01.00pm

Venue: Online Zoom / Peradeniya

Registration Fee: Free

No of Participants: No Limit

Coordinators: Dr Arinda Dharmapala
Professor K B Galketiya
Professor Kalpesh Jani

Association of Minimal Access Surgeons of India (AMASI)

Sri Lanka Association of Minimal Access and Digital Surgeons

Oncoplastic Brest Surgery

Date: 12th November

Time: 09:00am - 05.00pm

Venue: Apeksha Hospital

Registration Fee: Free

No of Participants: No limit

Coordinators: Dr Kanishka De Silva
Dr Buddhika Ubayawansa
Dr Chaturani Dharmaratne

Sri Lanka Association of Surgical Oncologists

Critical Care Symposium

Date: 13th & 14th November

Time: 09.00am - 04.30pm

Venue: Hybrid / College of Surgeons Auditorium

Registration Fee: Rs 2000

No of Participants: 60

Coordinators: Dr Kirithi Abayajeewa
Professor Anuja Abeydeera
Dr Nuwan Ranawaka

Laparoscopic HPB Surgery

Date: 18th November

Time: 08.00am - 02.00pm

Venue: Hybrid / Peradeniya

Registration Fee: Free

No of Participants: No Limit

Coordinators: Dr Arinda Dharmapala
Professor K B Galketiya
Dr Mehan Siriwardana

Mater Hospital Brisbane

Sri Lanka Association of Minimal Access and Digital Surgeons

Pre congress Webinar - Organ Donation and Transplantation

Date: 21th November

Time: 02.00pm - 07.30pm

Venue: Hybrid / College of Surgeons Auditorium

Registration Fee: Free

No of Participants: No Limit

Coordinators: Dr Nirosan Seneviratne
Dr Sajith Udurawana
Dr Suchintha Thilakarathna

Organ Donation and Transplantation Foundation

Live Laparoscopic Workshop and Panel Discussion

Date: 23rd November

Time: 08.00am - 04.30pm

Venue: PMCK auditorium NH Kandy

Registration Fee: Free

No of Participants: No limit

Coordinators: Dr Chaturanga Keppetiyagama

Sri Lanka Association of Minimal Access and Digital Surgeons

Managing Critically Injured in Asia

Date: 24th November

Time: 08.00am - 02.15pm

Venue: Hybrid / UHKDU

Registration Fee: USD 10 / USD 5 / LKR 500

No of Participants: No limit

Coordinators: Dr Ranjith Ellawala
Dr Kamal Jayasuriya

Asian Collaboration for Trauma (ACT)

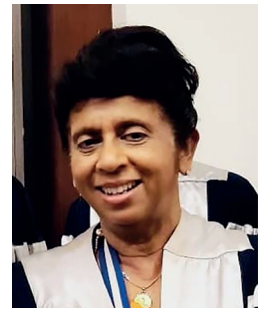
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Email : srilankasurgicalcongress2021@gmail.com

Visit: www.surgeons.lk

A perspective of a surgical career as a woman surgeon



Dr Indranee Amerasinghe

Consultant Surgical Oncologist

Past President, College of Surgeons of Sri Lanka

Reading history, British woman surgeons seem to have undergone trial by fire; to the extent that one women surgeon, Margaret Anne Bulkley (1789 -1865) wrapped her torso to look like a man for her entire career!

There has never been any such great gender discrimination in Sri Lanka and certainly not during my career. Today medical schools have more women than men and gender harassment is rarely highlighted in either direction.

Yet undoubtedly women choosing surgery as a specialty even in obstetrics and gynaecology is still less than one would expect. I had a father who was a surgeon and married again into a surgical family... my father-in-law was an obstetrician. So, my doing surgery never made any waves in the family circles.

As an intern house officer, I worked in two prestigious units In Colombo. One medical and one surgical. I knew I would have to make a decision since these were the only two fields which interested me; after considerable exposure to other fields during medical school clinical training. Both units had charismatic dedicated consultants who loved

what they did and were strongly academic. It was clear at the end of the year there was no doubt it was going to be surgery. I liked the definitive nature of diagnostic surgery... the solution to the clinical problem always had clarity.

There was hardly any discrimination at all during my surgical training. There were clashes with the occasional one or two consultants, but I expect all trainees experience this. During my British training there were great passionate discussions about gender discrimination with the women in surgical training who I met. It clearly was a different society and a different culture without doubt.

When the children came along there was within me a huge conflict for time. The training and life as a surgeon is so enjoyable, it is a world one could completely immerse oneself in. The actual surgery, the training, the teaching, the presentations, the medical socials add up to a pleasant busy life. With marriage and children, you fight so hard for free time to share with children and family. Children are tossed and turned by so many emotions as they grow, and childhood

can be turbulent. Even while being so conscious of this and trying so hard I am sure I missed something here and there.

I do not think this is particular or specific for a career in surgery. Actually In the surgical hierarchy there is great interaction with responsible senior trainees. There are other fields of professional work which are structured such that the top of the pyramid is very personalized and delegation restricted.

So why don't more women do surgery.?

Physical mass is not a criterion, it is more stamina and staying power. Surgery is a gentle skill and in the rigorous training course that skill is comfortably acquired. In every profession those women who want to work at the top of the pyramid are few. The ones who stick to it probably rely on flexi time and online skills. In surgery the operating theater is a magical world of its own which all surgeons cherish; but surgical time is not very flexible or user friendly.

In essence it also boils down to a woman's support structure. An understanding spouse is an absolute MUST. Additionally, fit

active parents to help out with the kids and access to a domestic would necessarily come into the mix when a woman decides on a career.

A great advance in the Sri Lankan scene was the one-year maternity leave given to women. This guaranteed freedom to women

to choose any field to work and match it with a family life.

When a woman chooses any career, she has a fairly holistic concept of what it means in terms of commitment. She also knows all about the birds and the bees and has a tenacious concept of what type of family life she would

like to create with her partner. Hence many women would look long and hard at their support structure prior to committing.

Finally... if the mix is right, and the commitment is real, a woman could have a very rewarding life as a career surgeon

Update on Online teaching for surgical trainees

Started as a substitute for much loved SETS program during the pandemic, the online teaching for surgical trainees has become one of the most successful programs run by the college. It is credited to Dr Jayindra Fernando for starting the program during his presidency. We explored the possibility of this to fill a void in formal surgical education.

College council guided the program to be developed into a structured program. This gave the trainees to seek a level playing field while getting the training in different units. Thus, giving them the exposure to surgeons of different calibre. They are expected to follow the format of case-based discussions. The discussion starts as a simple case and evolves into more complex scenario. The technical series is designed to discuss most of the important surgical equipment that a trainee would come across. The expectation is to produce a surgeon who knows what he needs when it comes to ordering this equipment.

The college did not reinvent the wheel since the STEP course gave us the guide what to teach. This was a course designed by the RSCE during the last decade. The team that delivered these topics came from every province of the country. This reflected the college initiative of provincial chapters playing a major part. All those who contributed were volunteers that rose up to the occasion. We as organizers has no words thank them for the dedication and time spent on preparing and delivering.

The topics selected would be refined in the coming year and would be conducted as a course that requires registration at the college. The time of delivery may be a fixed to allow trainees to organise their schedules ahead of the program. We hope the future of this program would be a shining example of equitable surgical education for trainees.

Gayana Ekanayake

Unspoken facets of a pandemic:



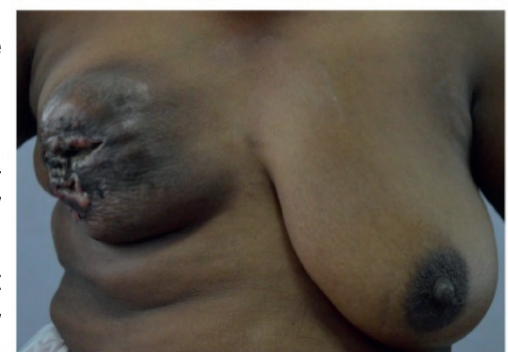
Dr Bingumal Jayasundara
Consultant Surgeon

Human civilization is passing through a time gap that has never been experienced in the past. There have been world wars, droughts, famines epidemics and pandemics; but most probably nothing disturbed the mankind like the current Covid-19 pandemic. The worst pandemic that we could recall was the Spanish flu, which was experienced for almost over ten years beside the first world war. At that time, intercontinental travel was mainly by the sea, global communication was very much limited to post and western medicine was primitive. Therefore, the human needs were basic and the expectations were limited. At the doorstep of the second decade of the twenty first century, Homo sapiens whom were planning to conquer the universe were hit badly by the current pandemic. Industries, economies, education and travel modalities collapsed and health systems got overburdened. When world richest economies of the globe got shaken with this, the fate of Sri Lanka, a third world low-income country is understandable. Over the last century, people of Sri Lanka have struggled for the independence, experienced two youth insurgences and battled out a thirty year of terrorism. There

has not been good long-term policy planning and execution in all almost every field including the healthcare delivery structure. When you are a part of such health care delivery system that has been hit by a catastrophe like the Covid-19 pandemic, ones who have survived need to raise for the others.

The pandemic did near completely disturb the day today life among the Sri Lankan public. People were reluctant to reach hospitals or health care assistance for months with the fear of acquiring the flu. As a result, the surgeons have been experiencing advanced malignancies much frequently than ever before. Kamalawathi, Dhanalechchimy, Fareeda Begam and Rani were four ladies who presented with fungating breast cancers within a month after lifting the second lockdown of the island.

Sirisena seeya, with a fungating thyroid malignancy invading trachea and oesophagus was brought forcefully to the hospital by his children after the third





lockdown as he was afraid to get to a hospital in the fear of the flu. Dharmalingams' fungating foot melanoma had spread to the lungs and groin with ulceration by the time he reached the surgeon. Many potentially straight forward surgical cases got complicated and had poorer outcome due to presentation delays. Dozens of cases of appendicitis, presented late to the surgeons with gangrenous perforation and abscess formation as during pre-McBurney era. Number of cases with diabetic foot complications and peripheral vascular disease that lost tissue, mainly due to the delay in presentation has been high. Such concerns due to patient presentation delays were frequent among all surgical specialties. Surgical routines got very much negatively affected during the pandemic when surgical units and staff had to be mobilized for Covid patient management. As elective surgical routines got cancelled or postponed, Piyasena who was scheduled to have his hernia surgery in May 2020, would still be bearing the hernia.

This manual worker would still be suffering the discomfort of the hernia in addition to

the economical shattering experienced due to the lost job. There will be more than enough stories like this to tell. None of us did ask for this pandemic but we were sucked into the flood. Some known to us, may be intimately attached to us might have been drowned in the flood of the pandemic. However, many of us have been able to battle the flood out up to now. It is highly unlikely that this pandemic to end for at least another couple of years and we will have to live with it. We cannot let the virus burnout ourselves and we have to let the virus to burnout. Our surgical lives have been shaken and equilibrium set points have been altered by the RNA virus as never before. Now

it is the high time for all surgeons to get together and ease out the bondage made on our surgical lives by the pandemic to move forward. That will ensure better surgical patient care outcomes as the community emerge out of the clouds of the catastrophe that enclosed our personal and professional lives for almost two years. One would do this with ease and another may find difficult. May be, a word of encouragement from a colleague or a helping hand from a friend is what is needed in the process. Let us move forward out of the pandemic than been a victim of it. That will surely help many Dhanalechchims and Piyasenas all around the island.

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Golden Jubilee
2021

For Updates : www.surgeons.lk
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The Masterpiece- The Cleft Lip



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Cleft lip repair has been documented for more than 3000 years, however only in the past 50 years it has become more refined and team oriented with improvements in outcome. A gradual and incremental advancements in surgical techniques have resulted in improved appearance and function of patients with cleft lip and palate. In addition, advances in pediatric and neonatal anaesthesia and intensive care contributes much to this improvement. Cleft care is now concentrated in specialized, high-volume centers with multidisciplinary care to best serve cleft patients and their families.

The cleft surgery is regarded as technically demanding job for cleft surgeons to eliminate the stigmata of 'cleft look' from patients born with cleft lip and palate. Similarly, the role played by palatal surgery dictates the speech quality of the patient.

Many surgical techniques for cleft lip repair have been described, and various modifications are

reported from time to time. Earlier repairs simply sutured the edges together with considerable postsurgical scars and scar contractures leaving poor cosmetic outcome. With the advancement of techniques most of the cleft lip repairs advocate use of local flaps to disrupt the forces of scar contraction and to lengthen the lip at the desired anatomical region. Regardless of the techniques used, the primary goal is to achieve lip height on cleft side to match the noncleft side.

In the early 20th century LeMesurier (1) described the use of quadrilateral flaps, but these techniques resulted in discarding a substantial amount of lip tissue leaving a disrupted philtral anatomy. Tennison (2) changed the use of quadrilateral repair to a modified form of Z-plasty just above the vermilion border of the lip. The disadvantage is a nonanatomic zigzag scar which lead to challenging secondary revisions because the Z-plasty is in the middle of the lip.

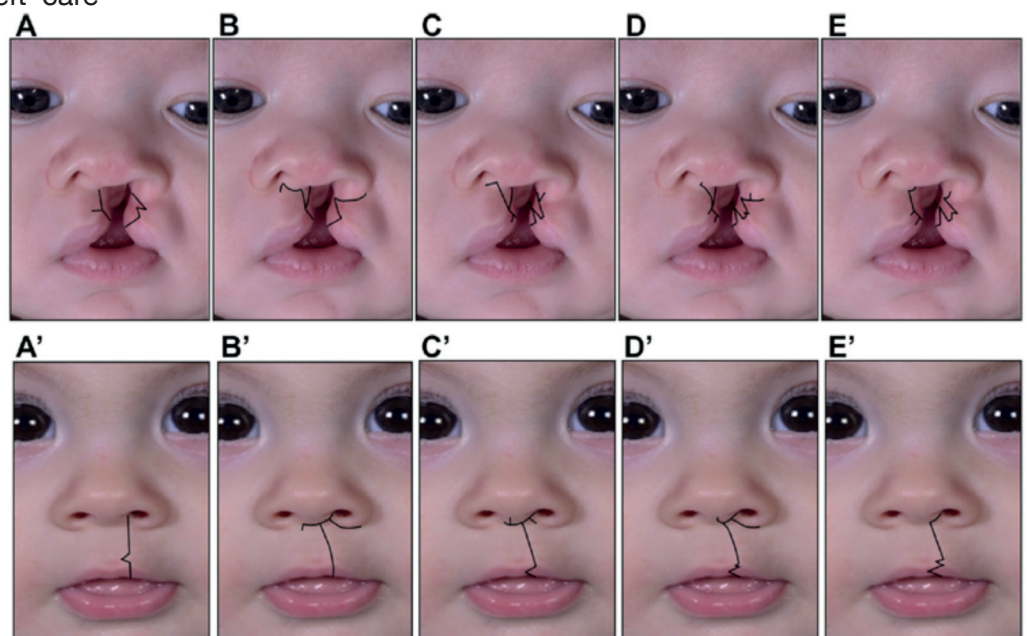


Fig 1. Unilateral cleft lip markings. Preoperative markings on top row and postoperative pattern of closure on bottom row.

A & A'- Tennison-Randall repair, B & B'- Millard repair, C & C'- Mohler repair, D & D'- Mulliken repair, E & E'- Fisher repair.

Millard's rotation advancement repair (3) advocates that all available tissue to be rearranged for nasolabial construction with minimal tissue discard. No other technique has been widely adopted and modified than Millard's rotation advancement. Rotation-advancement has several drawbacks. The scar is not the anatomic mirror image of the philtral column in the upper half of the lip and it also introduces excessive scar at the base of the nose and a long incision around the base of the nose produces an obvious scar. Several noteworthy modifications now provide cleft surgeons a variety of tools to

anatomic subunits, eliminating scars on or below the columella. This technique relies on direct anthropometry and requires identification of 25 anatomic landmarks. Although it requires extensive attention to detail, this technique emphasizes anatomic geometry rather than surgeon experience to produce reliable results.

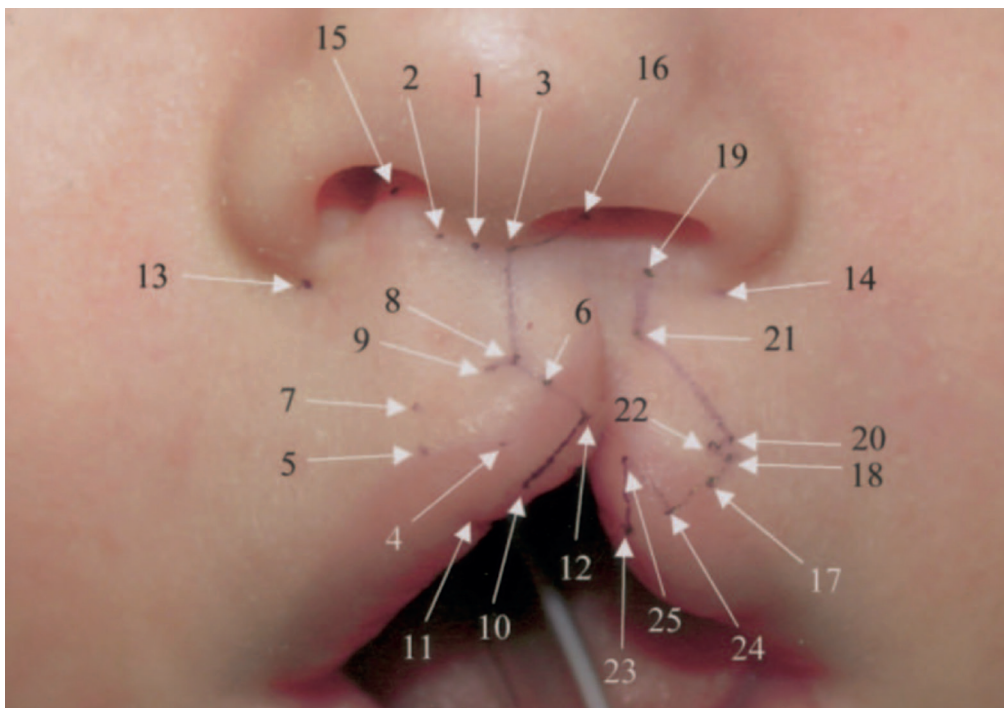
The cleft lip repair techniques can be accompanied by techniques of primary rhinoplasty. The potential risks of a primary rhinoplasty such as iatrogenic injury to skin envelope and cartilages.

Repair of cleft lip and correction of corresponding cleft nasal deformity is a challenging undertaking. The plan of care and choice of operative technique are dependent on the cleft phenotype and surgeon's expertise. Regardless of the particular technique chosen for repair, the surgeon should be able to understand and follow each foundational principles to give a best possible care to the patient.

References:

- 1- LeMesurier AB, Hare Lips and Their Treatment. Whitefish, MT: Literary Licensing LLC, 2012.
- 2- Tennison CW. The repair of the unilateral cleft lip by the stencil method. *Plast Reconstr Surg* 9:115, 1952.
- 3- Millard DR Jr. A radical rotation in single harelip. *Am J Surg* 1958;95(2):318-22.
- 4- Fisher DM. Unilateral cleft lip repair: an anatomical subunit approximation technique. *Plast Reconstr Surg* 116(1)-61-71, 2005.

Markings for unilateral cleft lip repair- Fisher anatomical subunit technique



Primary nasal correction

customize the desired elements of nasolabial repair, thus majority of worldwide cleft centers use some variation of rotation-advancement to repair unilateral clefts

Fisher (4) recently introduced a geometric repair that places the line of closure between

Conclusions

The cleft lip repair should be definitive with correction of the nasal deformity during the labial repair to establish a satisfactory foundation for future growth. However, minor revisions to the volume of the vermillion can be safely performed later.



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It is hereby notified that elections to the Council of the College of Surgeons of Sri Lanka will be held on **16th December 2021**.

Nominations are invited from the membership for office bearers of the Council. Nominations should be proposed and seconded by College members. Nominations should be enclosed in sealed envelopes marked **COUNCIL ELECTIONS** on the top left hand corner and posted to reach the College office before **4.00 pm on 17th November 2021**. Posts available for nomination are as follows. Please check the College of Surgeons' website for further details: www.surgeons.lk

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