



THE SRI LANKA JOURNAL OF SURGERY

August 2018 Volume 36, Issue Supplement S1 ISSN 1391-491X

ABSTRACTS OF THE
47th ANNUAL ACADEMIC SESSIONS - 2018
OF
THE COLLEGE OF SURGEONS OF SRI LANKA
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47th ANNUAL ACADEMIC SESSIONS - 2018 - YEARLY ISSN 1391-491X

e - journal ISSN 2279 2201

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Printed by
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Accepted abstracts

Acknowledgement

The Council of the College of Surgeons of Sri Lanka and the Editorial Board of the Sri Lanka Journal of Surgery wishes to acknowledge the following individuals who contributed immensely in the review process and the preparation of this supplement. The time and effort put in by them has made this task possible.

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The screenshot shows the homepage of the Sri Lanka Journal of Surgery. At the top, there is a navigation bar with links for Home, About, Contact, Content, and Research Integrity, along with a search bar, Log In, and Register buttons. Below this is a header section with the journal's name, 'Sri Lanka Journal of Surgery', and buttons for 'Start Submission' and 'Become a Reviewer'. The main content area is divided into two columns. The left column features a cover image of the journal with the title 'THE SRI LANKA JOURNAL OF SURGERY' and the date 'April 2016, Volume 50, No.2, ISSN 1390-491X'. Below the cover, there are social media links for Twitter, RSS, and a Journal Blog. The right column displays a list of 'LATEST ARTICLES' and 'POPULAR ARTICLES'. The first article is 'A hammer in an unusual place - anal assault' by Sharma et al., dated 20 Apr 2016. The second article is 'Primary bronchogenic carcinoma - is it a valid entity?' by Seneviratne & Fernando, also dated 20 Apr 2016. The third article is 'Thoracoscopic splanchnicectomy for the relief of chronic pancreatic pain' by Galsetiya & Pinto, dated 20 Apr 2016. Each article has a small thumbnail image and social media share icons.

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ABSTRACTS

ORAL PRESENTATIONS

Bartholomeuz best paper session

139- Supine Mini Percutaneous Nephrolithotomy (mPCNL): Novel surgical method of treating renal stones

Vodathi Bamunuarachchi, Chathura Hingalagoda, Yasuni Manikkage, Sajith Udurawana, Helinda Weerasekara, Chathuri Wickramasekara, Kushan Batuwangala, Niroshan Seneviratne
Sri Jayewardenepura General Hospital, Sri Lanka

Introduction and Objectives

Percutaneous Nephrolithotomy (PCNL) has become the gold standard, replacing open surgery for renal stone removal. Mini PCNL (mPCNL), uses 15Fr (5mm) diameter percutaneous tract to gain access to renal stone where laser fragmentation of the stone is done. We report the first ever Sri Lankan experience.

Methods

138 consecutive patients from January 2016 to April 2018 (27 months) from Sri Jayewardenepura General Hospital were enrolled. Diagnosis was confirmed by CT KUB. Patient demographics, stone demographics, outcome in terms of stone free rate and complications according to Clavien Dindo classification (CD) were analyzed.

Results

Mean age was 48years (range 22-73yr). Male: Female ratio was 7:3. Mean BMI was 25.6kgm-2.36.9% (n=51) of the patients were ASA grade II while the rest were ASA I. Mean stone diameter was 16.6mm. Mean stone density was 1064Hu. The majority of stones, 31.9% (44) were located in the renal pelvis, while 20.2% (28) and 18.8% (26) were located in upper ureter and lower group of calyces respectively. Complete stone free rate was 92.4%. Mean hospital stay was 3 days. Overall complications rate was 26.8% (n=37), out of which majority was CD class I. There was no wound related morbidity, renal loss, blood transfusions or deaths. Biochemical analysis of extracted stones (N=93) revealed majority (67.7%, n=63) to be calcium oxalate stones while 15.0% (14) were uric acid and 17.2% (16) were mixed stones.

Conclusions

mPCNL can yield favorable stone free rates whilst maintaining low wound related morbidity rates, and shorter duration of hospital stay.

36- Radio-frequency ablation of isolated calf perforator reflux; a simple and highly effective treatment for resistant venous ulcers

B Saseekaran, N Gunawansa
National Institute of Nephrology Dialysis and Transplant, Sri Lanka

Introduction

Isolated perforator vein reflux (IPVR) is a distinct form of venous insufficiency that is associated with resistant chronic ulceration. Conventional therapies for varicose veins become impractical and ineffective, rendering these patients a life of chronic disabling ulceration. Detailed imaging and identification of relevant perforators and selective ablation may offer hope.

Methods

A prospective case series (September 2015-February 2018) of all resistant venous ulcers (that failed to heal with regular strapping for >3 months) with no demonstrable truncal or junctional reflux but with IPVR on duplex imaging. Mixed ulcers (ischaemia, diabetes, and trauma) and deep venous reflux were excluded. Selective catheterization of perforators and Radio-Frequency Ablation (RFA) was done under local anaesthesia. Follow-up was with clinical assessment and duplex imaging to confirm obliteration.

Outcome was determined by Venous Disability Score (VDS) and overall healing.

Results

47 patients (51 limbs) were included. Mean follow-up was 9 months. Rate of successful perforator obliteration was 48/51 (91%) while 05 had recurrence of perforator incompetence (mean 4.2 months). Overall healing rate was 41/51 (80%); 32 ulcers having complete healing, 09 with reduction in ulcer size >50%. 10 showed poor response with either recurrence or persistence. Among those with successful obliteration, VDS showed a dramatic improvement from a median 4 (pre-treatment) to 1 post-treatment (P<0.05). There were no cases of deep vein thrombosis.

Conclusion

Selective ablation IPVR offers hope to numerous patients with chronic resistant venous ulcers. Once successfully obliterated, it contributes to a significant reduction in VDS as well as impressive ulcer healing rates.

134- Vaginal Reconstruction using sigmoid bowel

Introduction

G N S Ekanayake, Ushantha Dalpathadu,
L R P K B Udapamunuwa, E Udayakumara, Sanjaya
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Vaginal agenesis is mostly discovered when an adolescent present presents with amenorrhea. This represents 15% of patients with the problem. They suffer from a congenital disorder attributed to Mullerian duct agenesis in the foetus. Usual findings of this condition is absent uterus and vagina. However, a very short vaginal segment may be found. It is commonly known as the Mayer Rokitansky syndrome. The current treatment for this includes using a sigmoid conduit on a vascular pedicle that is brought down to perineum. 7 patients have successfully undergone this procedure. This study aims to assess post-operative outcome of the surgery.

Method

Patients suspected of having MRS was confirmed with laparoscopy and then the sigmoid colon is evaluated with flexible sigmoidoscopy. Six patients had only a sigmoid conduit placement using an isolated bowel segment. One patient had a splenic flexure mobilized to avoid tension on the anastomotic site. The complications of the procedure, functional difficulties were analyzed.

Results

There was one bladder puncture and one minor rectal injury which were related to the dissection in the perineum. Both were managed conservatively.

Five patients who are already married are satisfied with the reconstruction.

Two had a strictures that needed self-dilatation.

None of them considered the initial mucus discharge as a problem.

That settled in all of them during the first month following surgery.

Conclusion

This case series shows that the procedure is an acceptable reconstructive method with good outcome and a low complication rate.

32- Tibial Occlusive Arterial Disease in Patients with Chronic Kidney Disease; Saving the Limb and the Kidney

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Objective

The incidence of chronic kidney disease (CKD) has reached pandemic proportions across the world. Critical limb ischemia (CLI) in the CKD patient is a huge clinical challenge often culminating in major amputation or mortality. Surgical revascularization in these patients carries added challenges and risks with seemingly poor outcomes.

Methodology

A prospective single centre case control study (December 2014- December 2017) was done to evaluate the outcome of primary surgical revascularization for CLI in those with CKD (Group 1= eGFR 15-90), End Stage Renal Failure; ESRF (Group 2 = eGFR<15) and those with preserved renal function eGFR>90 (Group 3). All patients with tibial occlusive disease having no access to or had contra-indications to endovascular intervention were considered.

Those with overwhelming sepsis warranting primary amputation were excluded.

Results

149 consecutive surgical revascularizations were performed (Group-1, 62; Group-2, 28; Group 3, 59). The respective 6-month patient survival was (92%, 89% and 93%; $p>0.05$). The corresponding graft patency rates between Group-1 and 3 were (89%, and 96%; $p=>0.05$) while limb salvage rates (91% v 96%; $p>0.05$). Group-2 showed a significant decline in both graft patency (76%) and limb salvage (71%). Four patients (2 in Group-1, 2 in Group-2) had below knee amputations with a functioning graft due to advancing sepsis.

Conclusion

The presence of advanced CKD including ESRF should not be considered a limiting factor in surgical revascularization. While meticulous planning and care is needed to overcome the added clinical challenges, the resulting limb salvage rates have been excellent.

33 - Endo-Venous Laser Ablation of Sapheno-Femoral incompetence and Great saphenous reflux; 'One stop shop' or staged therapy for symptomatic varicose veins

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Introduction

Endo-Thermal Ablation (ETA) remains the standard of care for symptomatic Sapheno-Femoral incompetence and Great Saphenous Vein (GSV) reflux. Adjunctive treatment of associated below knee non-truncal reflux (NTR) can be by either foam ablation, avulsion or liquid sclerotherapy. The timing of this adjunctive therapy remains a matter of debate.

Methods

A prospective case control study was done (January 2011 – January 2018) to compare outcomes of performing adjunctive therapies concurrently with GSV ablation versus observation and selective intervention after 12 weeks. Those with recurrence after previous surgery or sapheno-popliteal disease were excluded. Selection for concomitant therapy versus staged therapy was based on patient preference after detailed discussion. All procedures were carried out by a single surgeon under standardized methods.

Results

2439 patients (3538 limbs; 1099 bilateral, 1340 unilateral) underwent GSV ablation during the study period. The mean follow-up was 28 (04-82) months. 217 limbs had no appreciable NTR and were excluded from the analysis. 2481 limbs had concurrent adjunctive therapies (Group-1) while the remaining 838 limbs (Group-2) had observation and staged therapy. The incidence of symptomatic NTR in Group-1 was 1.7% (12 weeks) and 3.9% (24 weeks). The corresponding 12-week rate in Group-2 was 64% ($p=0.03$). The overall GSV occlusion rate was 98% at 12 weeks and 95% at 24 weeks.

Conclusion

ETA provides excellent GSV ablation rates on follow up. Concurrent treatment of NTR as a 'one stop' treatment provides excellent outcomes and patient convenience. Observation and staged intervention is possible but results in a high rate of re-intervention.

31 - Dual Kidney Transplant from marginal deceased donors; two is better than one!

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Introduction

With increasing prevalence of End Stage Renal Failure, there is a diverging gap between demand and availability of organs for transplantation. A better organized deceased donor transplant (DDT) program in recent years has allowed us an alternative for patients who lack live donors.

Acceptance of Extended Criteria Deceased Donors (ECDD) and Dual Kidney Transplant (DKT) using marginal kidneys is another strategy to bridge this gap, with limited experience in Sri Lanka.

Methods

Single centre prospective study (January 2013-May 2017) of all DDT outcomes was done comparing results of DKT against standard single kidney transplants (SKT). A total of 71 DDT (60 SKT, 11 DKT) were performed. Organ allocation and decision regarding DKT/SKT was based on recommended standard clinical guidelines. Mean recipient ages were 43.2 ± 11.5 years (SKT) and 51.8 ± 9.6 years (DKT). All patients received protocol-based induction therapy and triple immunosuppression.

Results

Median follow-up was 26 months. The 1-year graft survival between the two groups was 94% vs 91% ($p>0.05$) respectively. The incidence of delayed graft function (DGF) was 26% (SKT) and 41% (DKT); $p<0.05$. Other end points such as patient survival, acute rejection, and mean hospital stay showed no significant difference. There were no peri-operative mortalities, major vascular or urological complications nor re-operations in this cohort.

Conclusions

Despite a higher incidence of DGF, DKT offers excellent results comparable to SKT in carefully selected recipients. Continuation of the practice allows maximal utilization marginal organs with successful outcomes from ECD.

48 - Correlation between inflation gas flow rate of pneumoperitoneum and post-operative pain after laparoscopic cholecystectomy

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Introduction

Laparoscopic cholecystectomy (LC) is one of the commonest elective abdominal procedures which has minimum post-operative morbidity. Creation of pneumoperitoneum is associated with many physiological changes and it is one of the factors associated with post-operative pain.

Objective

To determine the difference in post-operative abdominal and shoulder tip pain score among patients undergoing LC with high initial inflation gas flow rate and low flow initial inflation gas flow rates.

Methodology

The study was carried out in a single tertiary care unit on the patients undergoing LC. They were randomly allocated to 2 groups. Surgery was performed under general anesthesia in standard position and pneumoperitoneum was created with open technique with high CO₂ flow in one group and with low flow in the other group. Standard LC was performed. Patients who required conversion, operative time more than 90 minutes and patients who had intra operative complications were excluded from the study. Patients were given standard pain medication in first 24 hours and post-operative abdominal pain and shoulder tip pain were assessed with numerical scale after 24 hours. Results were analyzed with non-parametric median comparison method with a significance level of 0.05.

Results

There were 25 LC in the study group with 12 in high flow group and 13 in low flow group. Median pain score was 2.91, in high flow group was 4.57 and p value was 0.002.

Conclusion

Patients undergoing LC with high initial inflation flow rates had significantly higher post-operative abdominal and shoulder tip pain.

Free Paper Session 1

161 - Pre-Operative Ultra Sound Guided Needle Localization for Recurrent Thyroid Cancer; a Single Unit Experience

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Introduction

Ultra Sound Guided Needle Localization (USGNL) is a well-established practice in surgery for impalpable breast lesions but rarely used in impalpable recurrent thyroid cancer (RTC). Surgical exploration of such lesions and lymph node metastasis in neck is a challenging task for a surgeon because of the risk of recurrent laryngeal nerve (RLN) injury, loss of parathyroid and inability to find the exact lesion due to altered anatomy and fibrosis. This case series will look into the usefulness of pre-operative USGNL in surgical exploration of RTC performed at Apeksha Hospital between 2016–2017.

Method

We retrospectively analyzed associated morbidity and surgical success in seven patients who had neck recurrence in thyroid cancer and surgically explored following USGNL. All of them had differentiated thyroid cancer, previously subjected to total thyroidectomy and limited neck dissection. Recurrence was diagnosed by rising thyroglobulin, imaging and fine needle aspiration cytology. Once decision of exploration is made, USGNL was performed by the radiologist.

Results

Out of the seven, none of them had permanent RLN palsy (0%). Only one (14%) had clinical evidence of transient RLN palsy but recovered subsequently. All had pathologically proven malignancy or lymph node metastasis in surgical specimen and reduction of thyroglobulin levels (100%).

Conclusion and discussion

USGNL supported exploration of RTC can be considered as a safe, effective method of reducing operative morbidity with surgical success.

95 - Abdominal Ultrasound Scan (USS) in the diagnosis of Acute Appendicitis: an analysis based on gender and age.

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Abstract

Introduction

Imaging modalities available for the diagnosis of acute appendicitis are: USS, computed tomography (CT), and magnetic resonance imaging (MRI). USS is the first-line imaging test. The use of CT and MRI are limited due to cost and non-availability.

Objective

To assess the effectiveness of USS in the diagnosis of acute appendicitis based on gender and age.

Methods

A retrospective analysis of patients who underwent appendectomy in our surgical unit between October 2016 and March 2018. Mildly inflamed and inflamed appendices were considered as a positive histological diagnosis. USS findings were statistically correlated with positive histology. $P < 0.05$ was considered significant.

Results

Total of 146 patients underwent appendectomy. Mean age 27.12 years (range 6 - 76). 134 (91.7%) were histologically positive for acute appendicitis. 60 (44.7%) were diagnosed to have acute appendicitis by USS. 71 were male and USS was positive in 32 (45.1%). 63 were female and USS was positive in 28 (44.4%). There was no significant difference in the efficacy of USS between males and females ($P = 0.843$). 86 were above the age of 18 years and 46.5% had a positive USS, while 48 were below the age of 18 years and 41.7% had a positive USS. There was no significant difference in the efficacy of USS in the two age groups ($P = 0.863$).

Conclusion

There was no significant difference in the efficacy of USS in the diagnosis of acute appendicitis based on gender and age.

40 - Do we provide enough information to pathologist to obtain a quality report back? A simple intervention to enhance the quality of histopathology reports in a peripheral hospital.

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Introduction

Adequate clinical details should be provided to histopathologist to obtain a quality report. We experienced shortcomings in histopathology reporting due to deficiencies in patient detail provision.

Methods

Retrospective analysis of 100 histopathology specimen forms sent from surgical unit of Base Hospital Panadura was done. After identifying deficiencies new form including patient demographic details, contact number, clinical details, relevant blood and biochemical investigation results, clinical diagnosis, space for a line diagram of specimen with orientating stitches if possible and contact details of the person filled the form, was developed (Image 01). 100 new format forms were prospectively analysed to identify a change.

Results

Conventional forms designed for biochemical studies (Health 350) had been using as histopathology specimen forms as well. Percentages of properly written details were as follows; Patient demographic data - 87%, clinical history - 42%, relevant biochemical results - 8%, radiological findings - 2%, clinical diagnosis - 1%. Orientation or a line diagram of the specimen was not mentioned in any forms. For further clarifications, histopathology department had to contact or get down the medical officer who filled the form in 68%, delaying final report. After introduction of new format details received were as follows; Patient demographic data - 100%, clinical history - 100%, relevant biochemical results - 88%, radiological findings - 90%, clinical diagnosis - 96%. Line diagram with orientation stitches was included in all relevant specimens.

Conclusions

Considerable deficiency in clinical details provision with conventional forms was noted in our cohort. Simple intervention of introduction of a spaced, well formatted specimen form helped to overcome that deficit. This could be implemented in other hospitals as well.

168 - HSP Pathway-A dedicated pathway for accelerated diagnosis and treatment of cancer

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Introduction

District Base Hospital Rikillagaskada caters to the populace of the northern slopes of the central mountains which includes the general areas of Walapone, Hanguranketha, Hewaheta and Rikillagaskada. Since May, 2017, "Hadisi Shalya Praveshaya" (HSP pathway) - meaning accelerated surgical pathway- has been established for accelerated diagnosis and treatment of suspected cancers.

Methods

A dedicated nursing officer is appointed who records every patient suspected of having a cancer, including address and telephone numbers and patients are tracked thereon.

All the referrals from OPD onwards is done in different coloured (orange) set of forms and stakeholders are made aware to give priority and not to allow any delays. Patients get USS scans, FNAC and CT scans within one week of presentation to the surgical clinic. Pathology requests in orange forms are reported in priority and reports sent to the consultant surgeon (who oversees the process) via email to minimize delays.

Patients with confirmed cancer diagnosis are offered the due treatment within two weeks.

Results

112 patients with suspected cancer have gone through this pathway from May 2016 to May 2018. As a representative figure, patients with suspected thyroid cancer had reached the end point (i.e. the date seen by oncologist with the histology of thyroidectomy) in a mean time of 60 days.

Conclusions and Discussion

By HSP pathway the delays in cancer diagnosis and treatment had been minimized with no additional costs.

07 - Diagnosis of acute appendicitis: Does the position of the inflamed appendix affect the ALVARADO score?

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Introduction

Acute appendicitis is a clinical diagnosis. Imaging modalities (ultrasound) have low specificity and sensitivity. The ALVARADO scoring system aids in the diagnosis. Patients with acute appendicitis with the appendix placed retrocaecally had diagnostic difficulty due to absence of classic symptoms and signs. This study was conducted to determine the effect of the position of the appendix on the ALVARADO score.

Methods

Patients who underwent appendectomy during a period of nine months in a single unit at Colombo South Teaching hospital were selected. The Alvarado score was assessed pre-operatively in each patient and the position of the appendix was noted intra-operatively. The frequency distribution of different positions and the mean Alvarado score for each position was determined. Analysis was done to determine whether there was a significant difference between the mean Alvarado score of retrocaecally positioned appendices and the mean Alvarado score of other positions combined together.

Results

Sixty patients (33 males: 27 females, age range 5 to 68 years) were included. Frequency distribution of positions – Retrocaecal 53.3%, Pelvic 23.3%, Subcaecal 15%, Post-ileal 5% and Para-caecal 3.3%. Mean Alvarado score of each position – Retrocaecal 7.22, Pelvic 8.71, Subcaecal 8.78, Post-ileal 7.67, and Para-caecal 9.0. The combined mean Alvarado score of non-retrocaecal appendices was 8.64. Comparison of mean Alvarado scores between retrocaecal and non-retrocaecal appendices had a T test p value of 0.656.

Conclusion

Retrocaecally placed appendices had the lowest mean Alvarado score but no significant difference was noted between the mean values in this study population.

39 - Comparison of postoperative pain – robotic vs. laparoscopic procedures

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India

Introduction

Robotic Surgery is recently gaining prominence with more and more centers recognizing the benefits of the advanced surgical system. Improved dexterity improves convenience of use over laparoscopic surgery but the high initial costs compared to laparoscopy acts as deterrent. In this study, we compare postoperative pain in both laparoscopic and robotic patients.

Methods

We analysed 50 patients, 25 of whom had undergone a robotic surgical procedure and 25 had undergone a laparoscopic procedure. There were 15 male patients and 10 female patients in the robotic group and 8 male patients and 16 patients in the robotic group. All patients were intubated according to the same protocol and postoperative pain were charted at extubation, 6h, 12h, 18h and 24 hrs.

Results

Two patients had required postoperative inotropes in the robotic group and one in the laparoscopic group. There was decreased mean use of Fentanyl in the robotic group compared to the laproscopic group with greater need for Fentanyl in the postoperative period. Patients in the robotic wing were shifted out of the ICU faster than Laparoscopic patients with decreased use of paracetamol in the postoperative period and lesser pain scores at ambulation.

Discussion and Conclusion

Patients undergoing laparoscopic surgery have shown to have decreased pain and faster recoveries compared to equivalent open procedures. Patients undergoing robotic surgery have shown lesser analgesic need than patients undergoing laparoscopic surgeries, indicating that the greater cost could be offset by faster recoveries and lesser analgesic use.

150 - Pre-operative fasting duration of surgical patients in a tertiary care center- A clinical audit stage 1

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Introduction

Pre-operative fasting duration is exceeded from the standard recommendation in most surgical patients leading to significant unnecessary discomfort & adverse outcomes in intra and post-operative period.

Methods

A staged clinical audit was done to determine the duration of fasting of patients undergoing various surgeries & their existing co-morbidities (stage 1), to identify causes and find solutions suitable for our setting (stage 2) & to implement and evaluate those interventions (stage 3).

Stage 1 was done in an analytical cross-sectional format to assess the duration of fasting of patients undergoing elective and casualty surgeries at a tertiary care center. Findings were analyzed according to the patients' co-morbidities, age, surgery and mode of anesthesia.

Results

Fasting duration was evaluated in 167 patients undergoing elective & casualty surgeries. Patients undergoing emergency surgeries & patients fasting for reasons other than anesthetic requirements were excluded. Of our cohort 69(41%) underwent elective surgeries & 21(12.5%)/167 were under the age of 18 years. The mean duration of fasting was 15.3hours for solids and 14.8hours for clear fluids. These durations weren't significantly different in elective & casualty patients (14.3 & 16.0hours, $p>0.05$). Fasting duration of casualty patients had a wider range (6-28 hours). On average diabetic patients were fasting for 13.6hours preoperatively. Minor routine surgical patients were fasting the longest (18.2hours). Patients undergoing surgery under local anesthesia had a mean fasting duration of 7.2hours.

Conclusion

Pre-operative fasting duration at our unit is significantly higher than the recommendation. There are many practical reasons for this universal problem. A definite practicable strategy is needed to reduce the duration of over fasting of surgical patients.

Free Paper Session 2

109 - Laparoscopy versus open surgery for rectal cancer Resectirns - a base hospital experience

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Introduction

Curative resections of rectal malignancies have undergone a paradigm shift from open anterior resections (OARs) and abdomino-perineal resections (OAPRs) to laparoscopic anterior resections (LAR) and laparoscopic APRs (LAPRs). This study was conducted to compare the outcomes of laparoscopy with open techniques in total mesorectal excisions (TMEs) at a base hospital level.

Methods

A retrospective analysis on 46 patients with rectal cancers at Base Hospital Wathupitiwala from January 2015 to December 2017(3 years) was conducted. Short-term outcomes(Blood loss, ICU stay, mobilization, analgesics requirement, commencement of feeds, post-operative hospital stay), complications (anastomotic leaks, infections, etc) and oncological outcomes(resection margins, lymph node harvest) were compared in both modalities.

Results

30 laparoscopic surgeries (21 LARs, 9LAPRs) were compared with 16 open procedures (11 OARs, 5 OAPRs). All short-term outcomes mentioned were more favourable in laparoscopic arm but statistically significant differences were noted only in blood loss [176ml (mean) in laparoscopy vs 504ml (mean) in open (p value-0.003)] and in epidural analgesic usage [2.23days (mean) for laparoscopy vs 3.13days (mean) for open (p value-0.021)]. No significant differences were observed in complications. Lymph node harvest was not significant statistically [13.03 (mean) in laparoscopy against 10.5 (mean) in open (p value 0.201)]. Significant differences in distal resection margins were observed[28.62mm (mean) in laparoscopy and 27.18mm (mean) in open(p value-0.021)] but difference in achieving the circumferential resection margin>2mm was not statistically significant.

Discussion and Conclusions

Laparoscopy provide many short-term benefits in TMEs

compared to open procedures. However, the oncological outcomes were below expectations in laparoscopy. The utilization of laparoscopy for TMEs at base hospital level needs to be further analyzed using larger sample sizes.

88 - Efficacy of irrigation tubes in the management of para rectal cavities associated with fistula-in-ano

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Introduction

Surgical management of complex fistula-in-ano (CFA) associated with pararectal cavities is challenging. We hypothesised that healing of the pararectal cavities prior to dealing with the fistula tract leads to better outcome. We aimed to assess the efficacy of irrigation catheters in the healing of pararectal cavities associated with CFA.

Methods

A descriptive study was conducted at the Professorial Surgical Unit, National Hospital of Sri Lanka. Thirty-two patients with CFA with a pararectal cavity (detected by 2D-Endoanal ultrasoundography-EAUS) were included. All patients underwent examination under anesthesia (EUA) during which, insertion of an irrigation catheter into the pararectal cavity and tagging of the primary fistula tract with a drainage seton were done. Patients were advised to irrigate the cavity with antiseptic solution and were followed-up at three weekly intervals to assess cavity reduction.

Results

Majority were males (96.8%, n=31). Primary fistula tract in 26 patients (81.2%) was trans-sphincteric and intersphincteric in 6 patients (18.7%). Mean time of cavity contraction was 34.78(range: 21-112) days. Complete healing was seen in 87.5 %(n=28), with 3 patients (9.37%) being lost to follow-up and 1 patient (3.12%) having a persistent perianal fistula after 6 months of follow-up. Those who had complete healing were followed up for a median duration of 6(range, 3-20) months and there were no recurrences.

Conclusions

In the management of pararectal cavities, irrigation yielded satisfactory results. A case control trial with larger numbers and assessment of cavity size pre and post procedure by 3D-EAUS/MRI evaluation would be

necessary for more objective evaluation of the efficacy of this novel intervention.

124 - Determining the gut microbiota patterns associated with early stage CRC and late stage CRC

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Introduction

Colorectal cancer (CRC) is one of the biggest killers worldwide including Sri Lanka. As the role of the gut microbiome in the aetiology of CRC is emerging, we set out to determine the gut microbiota pattern in patients with colorectal cancer (CRC) to determine specific microbiota associated with CRC.

Methods

The pattern of 45 types of gut microbiota was determined in stool samples in 9 patients with early stage CRC (stage I & II), 15 patients with late stage CRC (stage III & IV) and 24 healthy, age matched controls, using a PCR array. Data was analyzed using the specific software for analysis of bacterial DNA quantification.

Results

Significant differences in gut microbiota patterns were seen in all CRC patients when compared to healthy donors (Hds), with *Bacteriodes fragilis* expression being 31.6 times higher and *Bacteroides thetaiotaomicron* and *Aeromonas* species being 7.5 times and 2.9 times higher respectively in patients with CRC when compared to healthy donors. However, the expression patterns of these microbes were similar in those with early stage CRC (stages I and II) and in those with late stage CRC (stages III and IV). The expression patterns of these microbes did not differ based on the gender of the patient, with age or with tumor location (recto sigmoid tumors vs other tumors).

Discussion and conclusion

Patients with CRC have a very high expression of *Bacteriodes fragilis* which suggested that it could be involved in the pathogenesis of CRC, which should be further investigated.

99- Outcome and complications of trans-rectal ultrasound (TRUS) guided prostate biopsy

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Introduction

TRUS guided core biopsy is the gold standard for diagnosis of prostate cancer. Objectives of this study were to assess the outcome and complications of TRUS guided prostatic biopsy.

Methods

This was a prospective, descriptive study done at Urology and Radiology departments of Colombo South Teaching Hospital. All patients who underwent TRUS guided prostate biopsy between April 2016 and April 2018 were included in the study. Those who were negative for malignancy were followed up till their PSA levels became stable. If PSA continued to rise, repeat biopsy was done to exclude a missed malignancy.

Results

Out of the 162 patients studied 115 (71%) were above 65 years. Adenocarcinoma of the prostate was seen in 76 (46%) patients. Out of those positive for cancer, 78%, 17% and 5% had PSA of >20ng/dl, 10-20ng/dl and <10ng/dl respectively. Majority (97%) of adenocarcinoma patients had malignant or suspicious findings on rectal examination. Only 2 (10%) out of 20 patients with clinically benign but elevated PSA levels had a malignancy. Two patients who continued to have rising PSA levels during follow-up had re-biopsy and both of them had malignancy thereafter. Post-procedure complications include infection in 8 (4.9%), bleeding in 5 (3%) and urinary retention in 2 (1.2%) patients.

Conclusion and discussion

The rate of malignancy in patients with raised PSA but clinically benign prostates appears to be low in this cohort of Sri Lankan patients. Complication rates are comparable indicating appropriate antibiotic policy.

81 - The trends of colorectal cancer incidence in Sri Lanka from 2001-2010: Analysis of National Cancer Registry data

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Introduction

The incidence of colorectal cancer has been reported to have been increasing at an alarming rate in many Asian countries with two to four-fold increase in incidence over past few decades (1). We conducted this study to examine trends of colorectal cancer incidence in Sri Lanka.

Methods

A retrospective cohort evaluation of newly diagnosed patients with colorectal carcinoma in Sri Lanka during 2001–2010 was performed using population based data published from the National Cancer Registry. Trends in incidence was analysed by age and gender using Joinpoint regression software.

Results

A total of 7694 (male: female=1.02:1, mean age: 58.7 years) colorectal cancers were analysed. The WHO age-standardized incidence of colorectal cancer in Sri Lanka was observed to have significantly increased from 2.9 per 100,000 in 2001 (95% CI=2.64–3.16) to 6.08/100,000 in 2010 (95% CI=5.71–6.44); with an estimated annual percentage change (EAPC) of 8.9 (95% CI=7.5–10.4). Highest incidence of colorectal cancer was observed in 70-74-year group, with an incidence of 22 per 100,000. The proportional increase in incidence was greater for females (from 2.8 to 5.6, EAPC: 9.4, (95% CI=7.7–11.2), $p<0.05$ for trend) compared with males (from 3.02 to 6.62, EAPC: 8.5, (95% CI=6.9–10.2), $p<0.05$ for trend).

Conclusions

A significant increase in the incidence of colorectal cancer in Sri Lanka was noted similar to other Asian countries. Further studies including tumour stage and mortality may help better understand the disease burden and potential underlying reasons.

34 - Stability evaluation of 5% oily phenol solution used for sclerotherapy of hemorrhoids

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Introduction

In Sri Lankan setting, 5% Oily phenol injection is widely used as a sclerosing agent for the treatment of hemorrhoids. Accurate phenol concentration is important for the therapeutic efficacy. Stability evaluation of 5% oily phenol solution was carried out to determine whether the reduction of the concentration of the solution occurs during storage due to evaporation and to determine the most suitable type of fixed oil for the preparation among VCO and Olive oil.

Methods

Newly prepared oily phenol solutions were used for the stability evaluation. Twenty samples were prepared using VCO and Olive oil base. Ten solutions of each oil base were used as control and ten solutions as test. The bottles with test solutions were kept open and the control solutions were kept closed and opened only when a sample is obtained for assay. Assay test was done for each solution in 1st, 3rd and 5th month to determine the phenol concentration.

Results

Phenol concentration has been dropped, both in olive oil and VCO based test and control solutions. Concentration drop was higher in test solutions than control solutions. When comparing drop in phenol concentration between olive oil and VCO based solutions, it is higher in olive oil based test and control solutions.

Discussion and Conclusions

Reduction in phenol concentration in stored solutions occur due to reasons other than evaporation. Evaporation also contributes to the drop in phenol concentration in storage. VCO appears to be superior to olive oil as the oil base.

82 - The patterns of incidence and histological types of oesophageal cancers in Sri Lanka from 2001-2010: analysis of national cancer registry data

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Introduction

An increase in the global incidence of oesophageal cancer (EC) has been reported in the last decade. The majority are squamous cell carcinoma (SCC). However the incidence of SCC is decreasing, while the incidence of adenocarcinoma is on the rise. We conducted this study to examine trends of EC in Sri Lanka.

Methods

A retrospective cohort evaluation of newly diagnosed patients EC during 2001–2010 was performed using population-based data published from the National Cancer Registry. Trends in incidence was analysed by age and gender using Joinpoint regression software.

Results

A total of 10,626 (male: female=1:1.06, mean age: 62 years) EC were analysed. Of those, 1553(14.6%) were classified as non-specific neoplasm/carcinoma. Of the remaining 9073 patients, the majority (88%, n=7986) were SCC and 956(10.5%) were adenocarcinoma. The WHO age-standardized incidence was observed to have significantly increased from 5.78/100,000 in 2001(95%-CI=5.41– 6.16) to 6.23/100,000 in 2010(95%-CI=5.86-6.60); with an estimated annual percentage change (EAPC) of 2.5(95%-CI=7.5–10.4) with a greater proportional increase in males. WHO age-standardized incidence of SCC has increased significantly from 4.09/100,000 in 2001 to 4.97/100,000 in 2010 ($p < 0.05$ for trend, EAPC=3.6(95%-CI=0.9-6.3)) while incidence of adenocarcinoma showed greater increase from 0.33/100,000 in 2001 to 0.7/100,000 in 2010 ($p < 0.05$ for trend, EAPC=7.1 (95%-CI=2.1-12.4))

Conclusions

A significant increase in the incidence of EC in Sri Lanka was noted, particularly adenocarcinoma, with a greater proportional increase in males, which may be at least in part due to better reporting. Further studies including tumour stage and mortality may help in better understanding of the disease burden.

Free Paper Session 3

65- Injury pattern in abdominal trauma requiring laparotomy - One year descriptive analysis

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Introduction

The abdomen can be injured in many types of trauma. The purpose of this study is to provide an overview of the characteristics of patients with abdominal trauma and their intra-abdominal injury pattern found on exploratory laparotomy.

Methods

Details of laparotomies done in the accident service operating theatre, National Hospital of Sri Lanka during the period from 1st May 2017 to 30th April 2018 were extracted from operative record books.

Results

During the study period, 91 initial exploratory laparotomies were done. The age of the patients ranged from 16 to 79 years. Out of these 91 cases, 48 cases were in the age group of 21 to 40 years (52.74%). Forty nine laparotomies (53.8%) were due to blunt abdominal trauma and 42 (46.2%) were due to penetrating injuries. Most of the blunt injuries were due to road traffic accidents whereas most of the penetrating trauma were due to stab injury. The splenic laceration was the commonest injury (36.73%) resulted from blunt abdominal trauma followed by laceration in liver (26.53%), small intestine (20.41%), large intestine (2.04%), mesentery (6.12%) and bladder (6.12%). Penetrating injuries commonly resulted in small intestine laceration (28.57%), followed by laceration in liver (16.67%), large intestine (14.28%), diaphragm (7.14%) and stomach (4.76%). With these injuries, 69 patients (75.8%) recovered with single staged laparotomy.

Discussion and conclusion

Road traffic accidents and stab injuries were the main causes of abdominal trauma. Splenic laceration in blunt abdominal trauma and small intestine laceration in penetrating trauma were the most common injuries.

24- Evaluation of occupational injuries admitted to tertiary care surgical center in Sri Lanka

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Introduction

Workplace injuries causes significant morbidity & mortality among workers, which include minor soft tissue injuries to major limb amputation & death. We conducted this study to find out method & type of injury, knowledge & usage of safety methods & other contributory factors.

Methods

Eighty two patient who admitted with workplace injuries to the surgical casualty unit, Teaching Hospital Kandy from 01/10/2017 to 31/3/2018 were studied. Data collected using detailed questioner by principle investigator.

Results

From this admissions 91% were males & age range was 18 – 63 years (most patient were > 40 years). We observed several mechanisms of injury like instrumental cut 30%, Grinder cut 18%, cut injury from glass or roofing sheath 14%, crush injury 8.5%, burn injury 5%, fall or hit injury 20%, electrocution 1%. 50% of these patients had upper limb injuries with significant morbidity due to tendon, nerve or vascular injury, fracture & traumatic amputation of limb (4 cases) or fingers (8 cases). Others admitted with lower limb injuries 29%, face & head 4%, soft tissue injury 14%. 91% of patient had awareness regarding safety methods but only 12% of them has been used safety method at the time of injury.

Discussion & Conclusion

Workplace injury cause significant morbidity to working force of the country even without proper compensation. So we have to take proper action plan to educate working force regarding safety methods & importance of usage of those methods. For this purpose we should inform relevant authorities to take necessary action.

54 - Impact of covering footwear in preventing foot injuries in motorcycle related accidents

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Introduction

Foot injuries are one of the leading reasons for hospitalization following motorbike related accidents. Though wearing protective headgear is mandatory, wearing protective footwear is overlooked.

Methods

A prospective cross-sectional study was carried out in Accident Service at National Hospital of Sri Lanka between January 2018 to March 2018. Patients with foot injuries following motor bike accidents was analyzed (n=124). The group was divided in to 2 (A-wearing covering foot wear n=15, B-wearing non-covering footwear n=109). The injury patterns were analyzed using SPSS software in terms of abrasions & contusions, minor lacerations, degloving lacerations and fractures.

Results

Total number of patients with foot injuries were 124. Male to female ratio 1.39:1. Age range 16-67 (median 32). Group A contained 15 patients while B contained 109 patients. Falling off the motor bike was the commonest mechanism of injury A-73% (n=11), B-71.56% (n=78) (P=0.862). 86.67% (n=13) were riders in group A and 81.65% (n=89) in group B (P=0.981) Abrasions & contusions A= 80% (n=12), B=40.37% (n=44) (p=0.048). Minor lacerations, in A-nil, B-19.27% (n=21) (p=0.0034). Degloving lacerations in A-nil, B-22.01% (n=24) (p=0.0036). However, 20% suffered fractures in group A (n=3) and 18.34% (n= 20) in group B (p=0.453). There were no compound fractures in group A compared to group B which had 80% (n=16) (p=0.0035).

Conclusion

Majority of the soft tissue injuries can be prevented by wearing a pair of well covering footwear. Even though it does not prevent fractures it may render open fractures less likely.

160 - Comparison of current practice of initial cervical spine imaging in trauma with National Institute for Health and Care Excellence (NICE) guidelines - experience of a level one trauma centre in Sri Lanka

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Introduction

Traumatic cervical spine injury incidence is increasing in modern society, and imaging with plain x-rays routinely performed. There are guidelines on indications of c-spine imaging for a better cost-effectiveness. However, adherence to those accepted guidelines in local setting has not been studied to date.

Methods

Prospective analysis of patients undergoing C-spine imaging in the Accident services of NHSL was done and compared with NICE guidelines on C-spine imaging (February, 2016)

Results

130 patients, with 71% males, were studied. Mean age was 40 years (range-18-76) with 30.5% below 30 years. Neck pain was reported in 85.5%, restricted c-spine motion in 46.6% midline cervical spinal tenderness in 55.7% and focal neurological deficits in 11.5%. 52.7% had high energy trauma. When the age, injury mechanism, symptoms and signs of these patients were compared with NICE guidelines on C-spine imaging, the entire study population fell into the category of CT evaluation on admission. However, only 17.6% underwent CT on admission and a further 22.1% underwent CT C-spine after X-ray evaluation. All patients had undergone X-ray C-spine and 87% were normal (False negative rate – 30.4%). 46% of CT C-spine revealed C-spine injury (fractures -39%; subluxations - 39%; dislocations - 21%).

Conclusions and recommendations

No guideline or criteria had been used in initial cervical spine imaging in our cohort. NICE guidelines on c- spine imaging in trauma has a low threshold for CT, therefore cost-effectiveness should be evaluated. Further studies should be conducted to develop local guidelines on C-spine imaging considering demography, availability and cost-effectiveness.

45- Epidemiology and pattern of traumatic spinal column injuries presented to Accident Service of National Hospital of Sri Lanka

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Introduction

Incidence of Traumatic spinal injuries (TSI) is increasing in modern society. Motor vehicle crashes are the commonest cause found for TSI in western studies but epidemiological data of TSI patients in our setting is scarce.

Methods

Data on SI patients admitted to NHSL was collected from February-May 2018. Injury severity was classified with ASIA classification. ASIA A-C were considered as severe TSI.

Results

Ninety two included. Male: female was 9:1. Mean age was 44 years (range-15-74) 86% were transferred from local hospitals. Main etiologies were; fall from height- 67%, RTAs-31%. In RTA group 52% and 49% were due to motor bikes and three-wheelers respectively. 42% of the falls happened at industrial sites. 26% was under influence of alcohol at the time of injury and no difference observed between fallen and RTA groups ($p=0.599$). Anatomy of SI were as follows; cervical-47%, upper thoracic- 4.5%, lower thoracic-19.7%, lumbar- 27.3%, sacral-1.5%. 7% of patients had synchronous SI. 40% had severe (ASIA A-C) injuries. Injury severity was significantly more in cervical spine injury group ($p=0.003$). Rate of central cord syndrome was 11% among SI patients. Mortality rate was 6% and all had cervical injuries complicated with respiratory sepsis.

Conclusions and recommendations

Compared to West, fallen from height was the commonest cause of TSI in our cohort and significant number of patients were under the influence of alcohol at the time of injury. Cervical cord was affected in majority with a higher injury severity. Adherence to industrial safety measures and improving road etiquette would be beneficial to reduce preventable traumatic spinal injuries.

37 - A single center cross sectional study on effectiveness of conservative management of isolated medial malleolar fractures

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Introduction

Isolated Medial malleolar fractures are a common scenario in ankle injuries. Herscovici et al. divided this fracture in to four types as Type A-at the tip; B-between tip and the level of the plafond; C-at the level of the plafond and D-extending vertically above the plafond. It is controversial whether to do open reduction and internal fixation or conservative management with a plaster cast when it is an isolated fracture.

68 patients (Male=44, Female=24) who have undergone conservative management for type A, B, C fractures at National Hospital were evaluated for fracture healing and functionality of the foot at 6-9 months following the injury.

Methods

Patients were evaluated clinically and radiologically. For clinical evaluation Ankle-Hind foot scale (100 Points) by American foot and ankle society was used. Clinical evaluation was divided into 3 major categories; Pain, Function and Stability. For radiologic evaluation ankle anteroposterior, lateral and mortise views performed. Duration of immobilization of the ankle also recorded.

Results

64 Patients (94%) out of 68 showed radiological healing of the fracture. Mean Ankle-Hind foot score was 65/100(43-96). 3 patients showed non-union with severe pain and 1 patient showed ankle instability with talar shift which needed ankle and subtalar arthrodesis in due course. 54 (79%) patients had mild restriction of the hind-foot motion while 58(85%) patients showed mild restriction of combined plantar flexion and dorsiflexion. Mean duration of immobilization of ankle was 7.3 weeks. No Significant male female variation seen.

Discussion and conclusions

Isolated medial malleolar fractures show significantly high rates of union with conservative management with good functional outcomes. Mild residual problems in ankle motion may persist in >50% of patients too. Post procedure physiotherapy needs an improvement.

14 - Study on Prevention of Secondary Brain Damage during the transport of Road Traffic Accident (RTA) Patients Transferred to Tertiary care centre in Northern Province

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Introduction

Pre-hospital trauma care and proper patient transport can help minimize many instances of traffic-related mortality and morbidity.

Objective

To describe the extent of adherence of Basic and advance trauma life support protocols during the transport of RTA patients from peripheral hospitals to Tertiary care Trauma centre.

Methods

This Descriptive study was carried out among 86 Patients with Head Injury Following RTA transported from peripheral hospitals to Teaching hospital Jaffna during the period of year 2016.

Results

Total of 86 RTA patients With Head Injury who were transported from peripheral hospital were included in this study. Patients median age was 32.5, among them 68 % were male. 92% of them were transported by Ambulance and 68% Accompanied by a Doctor. Median distance of Transport was 86km and Median duration of transport was 48 minutes.

On Arrival GCS <8 in 36% of patients, among them 48% were Transported with protected airway. 96 % of the patients were transported with IV Cannula and IV Fluid. Cervical spine was stabilised in 86 % of poly trauma and head injury patients but 69% were transported without spinal board. 24 % of chest trauma patients Transported with IC Tube, among them 92% were clamped during transport.

Discussion and Conclusion

In our study we have found inadequate airway protection and clamping of IC tubes are the major pitfalls in Transport of trauma patients. Continuous training of basic and advanced life support measures along with improving intubation skills for peripheral hospital staff will improve the outcome in management of Head injury patients

Free Paper Session 4

80 - A hemipulp replant - Functional and aesthetic outcome.

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Introduction

Fingertip amputation is a very common scenario in general surgical casualty. Microsurgical replantation is the most appropriate method where feasible. It is a technically demanding procedure because of small caliber and thinner wall of digital veins, especially in distal tip amputations. However, our patient, a 20 year old female, had no suitable vein, but underwent artery only anastomosis. This is the first reported case of artery only hemipulp replantation in Sri Lanka. We decided to assess functional and aesthetic impact of the replant.

Methods

The suitability for replantation was assessed under microscopic magnification. Radial digital artery was anastomosed with 10 /0 polypropylene. However there was no suitable vein, therefore the nail plate was removed to facilitate bleeding from the nail bed. Digital nerves were coapted. There was neither bone nor tendon fixation needed. Hand kept elevated, heparinized saline swabs applied to remove blood getting congested in the replant. Patient satisfaction and the sensory return was mapped. Anesthesia type and operating-time was also documented.

Results

Patient regained aesthetic appearance (9 out of 10) and sensory return checked with two point discrimination. This was 3mm at 3months. Total time spent was 2hours.

Discussion

Several case series published by Koshima et al, Hattori et al, Kim et al, Akyurek et al describes technical difficulties of fingertip replants.

Conclusion

Replantation of a fingertip amputation can achieve an aesthetically pleasing and functionally near normal outcome, with a justifiable operating time, under local anaesthesia.

21 - Role of alternative therapy in management of partial thickness burn – experience with use of collagen dressing compared with paraffin gauze & silver sulfadiazine

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Introduction

Goal in the management of burn wounds is to obtain physiological closure in the shortest period of time. The wide variety of dressings are currently available for treatment of partial thickness but we consider factors like- effects on healing, ease of application and removal, dressing change requirements, cost and patient comfort

Methods

Patients (n=34) with partial thickness burns <20% BSA were divided in to two group- group-A (n=22) with Collagen dressing and group-B (n=12) with conventional dressing Paraffin gauze plus silver sulfadiazine from 2017 to 2018. Patients were followed up for clinical outcome until burns wound healed.

Result

Total of 34 Patients were divided into group A- (64.70%) and group- B (35.29%). The patients with age <10 year belong to group A & B was 81.81 % and 58.33% respectively. The healing of burn wound was in 59% cases within 3-7 days in group A, while 66.66% cases within 8-12 days in group B. The duration of required analgesia was less in group A (95.5% cases only for <2days) than group B (90.90% cases for > 6days).The numbers of dressing was single in 90.9% cases in group A while multiple dressing (50% cases 5 times, 41.66 case 3 times) needed in group B.

Discussion and conclusion

Collagen dressing has proven to be highly advantageous for burn patients especially for small areas of partial thickness of burns, pediatric age group, required less analgesia, no need of dressing change, better rate of wound healing.

77- Pre-auricular tag excision under sugar syrup anaesthesia

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Introduction

Pre-auricular tags are skin coloured, fleshy appendages represented as nodules or skin protrusions with or without a cartilaginous core located usually just in front of the tragus of the ear. The occurrence is 1.5% of population.

The commonest age of treatment is removal around one year under general anaesthesia. However, for the neonates, by using local anaesthesia facilitated by sugar syrup (2 ml of 25% sucrose solution).

Objectives

To analyse the outcome of the scar, parental and surgeon satisfaction in cases done under sugar syrup anaesthesia compared to general anaesthesia.

Methods

All the consenting patients with pre auricular tags were separated in to two groups based on the age. An interviewer administered questionnaire was used to record details on presentation. The scar assessment was done by two independent investigators using Vancouver Scar Scale, after 3 and 6 months of operation. Parental satisfaction on scar quality and hospital stay was also measured.

Results

Twenty two patients underwent preauricular tag excision under sugar syrup anaesthesia and equal number was compared with the group who underwent general anaesthesia.

The study found there is a significantly high parental satisfaction in pre auricular tag excision cases under sugar syrup anaesthesia compared to cases under general anaesthesia. Scar quality is significantly better in neonates compared with toddlers. (P value <0.05)

Conclusion

Preauricular tag excision can be performed in neonates under local anaesthesia facilitated by sugar syrup solution with the better efficacy avoiding a general anaesthesia, as a day case procedure.

129 - Outcome of vault and orbital remodeling for craniosynostosis

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Introduction

Craniosynostosis is the premature fusion of suture lines of the vault. This may restrict brain growth leading to elevated intra-cranial pressure and developmental impairment. Head shape abnormalities may cause issues with self-image. Surgery is the treatment of choice.

Methods

A preliminary retrospective study was conducted analysing 10 cases who underwent vault and orbital expansion. Outcomes were assessed with need for re-operation using Whitaker class, complication rate. Parental satisfaction was assessed using a questionnaire.

Results

Five patients underwent fronto-orbital advancement and 5 total vault remodelling. Mean age at surgery was 1 year and 3 months. 60% of cases were Whittaker class 1 and 2 with good to excellent results with no visible irregularities. Palpable irregularities were the main complaint in all but 1 case. Majority of parents thought head shape achieved good or excellent correction (n=9). 63.6% were satisfied and do not think further surgery is required.

Discussion

Operative techniques have evolved over the years with vault remodelling procedures done instead of traditional linear suture craniectomy giving better expansion, lower incidence of relapse with a better cosmetic outcome. Surgery is advocated between 6 months and 1 year as majority of brain growth occurs during the first year. These require extensive bony and soft tissue dissection leading to longer operative times and larger blood loss. An experienced anaesthetist is mandatory and intraop blood replacement is recommended.

Conclusion

Vault and cranio-orbito-facial remodelling provides the best functional and cosmetic results. Parent satisfaction and surgical outcomes were good according preliminary results.

75- Epidemiology of isolated hand injuries in a tertiary care centre in Sri Lanka

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Introduction

Hand injuries are common in young men. They constitute 10%-20% of all injuries, and account for about one fifth of all emergencies presenting to hospital emergency departments. Types of injuries vary from soft tissue injuries, fractures and partial or total amputations. The cost of treatment is high as some patients require reconstruction.

Objectives

Our aim is to study the epidemiology of isolated hand injuries among patients admitted to accident service, NHSL.

Methods

A descriptive study on 340 patients who had isolated hand injuries was done over a period of six month from October 2017. Studied variables included gender, age, occupation, dominant side, mechanism, protective equipment and anatomical location of hand injury.

Results

The male to female ratio was 9:1 ($p < 0.05$). The mean age was 32.7 years (range 16-74). 92% had dominant hand injuries ($p < 0.05$). 60 % ($n = 204$) were caused by machinery and heavy objects ($p < 0.05$). 51 patients (15%) had accidental domestic cut injuries. 37 (10.8%) injuries caused by road traffic accidents. 25 (7.3%) were caused by assault, and rest were burn (3.8%) and animal bite (2.9%). None of the occupational injury victims used any protective equipment. Zone I is the most commonly affected (52.9%) followed by zone II (23.5%).

Discussion & conclusion

In this study the most common mechanisms of injury were machinery and heavy object fallen and affect dominant hand. Adopting the use of gloves can decrease the risk of lacerations and punctures, but not crushing, fractures, avulsions, amputations or dislocations. A study with larger sample size will be beneficial to implement national policy to prevent hand injuries at workplace.

143 - The importance of routine repeat CT scan of head following mild to moderate traumatic brain injury (TBI) at neurotrauma unit of National hospital of Sri Lanka (NHSL)

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Introduction

Mild (GCS 13-15) to moderate (GCS 9-13) traumatic brain injury (TBI) accounts for 90% in head injuries. Our study was to evaluate the practice of repeating the NCCT brain in mild to moderate head injury when initial CT head was abnormal.

Methods

A prospective cross sectional study was carried out at the neurotrauma unit of NHSL from 1/2/2018 – 15/5/2018. All patients with mild to moderate TBI who had repeat CT for an initial abnormal CT of the head were recruited. Patients who underwent intervention just after the initial CT or had a pre-existing CNS disease or pathology were excluded from the study. Total of 80 patients were recruited.

Results

Of the 80 patients, 64 % ($n=52$) of repeat scans were done routinely prior to discharge. (72% due to unit policy, 28% due to elderly patients). Of the routine repeat scans 94% didn't show any radiological progression. The remaining 6% showed mild radiological progression which was not clinically significant. The remaining 36% ($n=28$) of repeat CT scans were done due for progressive neurological deficit. Of which 44% ($n=12$) showed worsening radiological features that altered the course of management (ICU admission, surgery etc.).

Discussion and Conclusion

As recommended by other studies, performing a routine repeat scan due to neurological progression is justifiable. However, doing a repeat scan as a unit policy to ensure patient safety doesn't seem to alter the management or costs. Thus, further studies are recommended to see if an individualized approach (depending on risk factors) is beneficial in deciding routine repeat CT.

118- Anatomical landmarks for safe retrosigmoid approach in endoscopic intracranial surgeries

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Introduction

Hematoma due to dural-sinus damage is a known complication when introducing trans-cranial endoscopes. Our objective was to identify a safe area based on anatomical landmarks in retrosigmoid approach.

Methods

A descriptive anatomical study was conducted on adult skulls. Distances to transverse and sigmoid sinuses on either sides were measured using fixed anatomical landmarks: asterion, inion and superior nuchal line. Measurements were standardized according to the cranial indices (cranial index = anteroposterior diameter/transverse diameter) of each skull.

Results

Thirty-two adult skulls (male: female = 22:10) were studied. Mean cranial index, width of transverse and sigmoid sinuses were 0.785 ± 0.045 , 9.1 ± 2.3 mm and 9.7 ± 1.2 mm respectively. Mean vertical distances from asterion and inion to the transverse sinus were 1.1 ± 3.4 mm and 14.7 ± 5.9 mm respectively. Posterior border of the sigmoid sinus was located 14.7 ± 5.9 mm, and 59.9 ± 7.4 mm anterior to asterion and inion respectively. T-tests did not show significant differences of these distances on either sides ($p > .05$). Pearson's correlations were insignificant between the measurements and the cranial indices ($p > .05$). In $>95\%$ of the times the sigmoid sinus was located ≥ 70.0 mm anterior to the inion and transverse sinus was located ≥ 15.7 mm superior to the superior nuchal line.

Discussion and conclusions

Dural sinus damage could be avoided in 95% of the times by introducing endoscopes at least 16mm inferior to the superior nuchal line and 70mm anterior to the inion. Asterion was an inconsistent landmark to avoid dural-sinus damage. However large scale studies and clinical correlations are necessary to confirm these anatomical landmarks.

Free Paper Session 5**93 - Detection of cancer cells with Artificial Intelligence for breast cancer Sentinel Lymph Node Biopsy**

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Introduction

The Sentinel Lymph Node Biopsy (SLNB) is the standard of care for the negative axilla. It is an important prognostic factor for early stage breast cancer but a time consuming procedure. The goal of our study was to create a fast and accurate Artificial Intelligence (AI) System to detect cancer cells in imprint Cytology in breast cancer SLNB.

Methods

34 positive and 37 negative slides of Imprint Cytology of SLNB were obtained from Cancer Institute Maharagama from 01/01/2017 to 30/04/2018. They were digitally photographed under magnification (x400), and a labeled data set of positive 1335 and negative 1436 images were created. Their colour variations were reduced by transforming them in to YUV colour model. Then spatial colour features, colour histogram features and shape related HOG features were extracted. A Support Vector Machine AI model was trained using those features. New Imprint Cytology images were fed to this AI model to detect cancer cells.

Results

With artificial intelligence, we developed a system to detect cancer cells from imprint cytology. This AI detected cancer cells within 5 seconds after feeding the image to the system, with a sensitivity of 77% and a specificity of 74%.

Conclusion

This AI could be utilized to increase the efficacy of SLNB. The sensitivity and specificity could be further improved using a larger data set as AI is dependent upon a powerful representation of the underlying data. This system could be incorporated in to frozen sections to reduce the surgical time in SLNB.

29- Breast tomosynthesis as a tool in confirming negative surgical margins in non-palpable breast lesions

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Introduction

Breast cancer is a major cause of cancer related morbidity and mortality in India. Breast conservation surgery (BCS) is the treatment of choice for early breast cancer. In non-palpable lesions, even after a wire-guided localization of the lesion, it is difficult to assess the adequacy of surgical margins as the surgeon faces two main issues: to minimize the amount of breast tissue excised and also to obtain negative surgical margins. This study determines the accuracy of Digital Breast Tomosynthesis (DBT) along with specimen mammography to assess the surgical margins.

Methods

This is a prospective observational study that included 19 patients with non-palpable lesion identified on radiography. Pre-operatively the lesion was localized using a wire under ultrasound guidance. Intra-operatively the surgical specimen was sent for specimen mammography with DBT to assess whether the surgical margins were tumor free. If the margins were positive, the surgeon was advised to re-excise some tissue from the margin in question.

Results

DBT showed tumor at surgical margin in 3 cases of which 2 were confirmed histologically positive and tumor free margins in 16 cases of which 14 were confirmed tumor free histologically. This study yielded an accuracy of 84.21% (Sensitivity 66.67%; Specificity 87.5%)

Conclusion

Amer et al (2017) stated DBT gave an accuracy of 69% in assessing surgical margins. Digital Breast Tomosynthesis can be considered as an effective tool to assess surgical margins intra-operatively in order to reduce the duration of surgery and also the chances of a re-operation.

98- Five-year survival outcome of breast conservation surgery at the National Cancer Institute, Maharagama

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Introduction

A breast conservation strategy of wide local excision followed by whole breast radiotherapy is an alternative which is in clinical equipoise with mastectomy in localized breast cancer. However, clinicians and patients are slow to opt for this modality in Sri Lanka, due to concerns on increased risk of local recurrence. We sought to retrospectively review a cohort of patients treated with breast conservation at the National Cancer Institute, Maharagama (NCIM) to determine long-term outcome.

Methods

The clinic records of 37 patients treated with breast conservation surgery in 2013 at NCIM, were reviewed and data obtained on clinicopathological variables and outcome in terms of local and systemic recurrence.

Results

Complete data was available in 27 patients treated with breast conservation as 3 patients underwent subsequent mastectomy and 7 patients had defaulted follow-up. The mean age of the cohort was 41 years (range, 28-66). The mean resection margin was 3 mm (range, 0-8) while 5 (19%) patients had involved margins. Re-excision was performed in 12 (44%) patients. Only two patients (7%) developed local recurrence during five years of follow up and none of them had systemic metastases. Six patients (22%) developed systemic recurrence and the overall five year disease free survival in the whole cohort was 70%.

Conclusion

The data confirm that breast conservation surgery is safe in our setting with very low rates of local recurrence rates comparable to western data. High rates of re-excision reflects institutional practice at the time when wider margins were deemed to be essential.

157- Behavior of skin and soft tissue infections and the value of LRINEC score

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Introduction

Cellulitis is a common pathway of the presentation for numerous underlying skin and soft tissue pathologies. Severe infections like necrotising soft tissue infections also can present initially under the title of cellulitis. This study is about the demography of skin, soft tissue infections and value of LRINEC (Laboratory Risk Indicator for Necrotising Fasciitis) score in early discrimination of Necrotising soft tissue infections from cellulitis.

Methods

Prospective analysis performed on 50 patients admitted with the clinical presentation either or both of cellulitis and necrotising soft tissue infection to the single surgical unit at Base Hospital Balapitiya. Data was collected from mentioned surgical unit, Histopathology unit during the period from 1st of April to 15th of May 2018. Data analyzed using SPSS software.

Results

29 (58%) out of 50 were males and the 21 (42%) were females. Mean age was 58. 43 (86%) patients had lower limb involvement followed by 5 (10%) for upper limb. 14 (28%) had Lymphoedema out of 50. LRINEC score was equal or above 6 in 7 (14%) patients. 5 (10%) patients had confirmed necrotising fasciitis. Sensitivity of the LRINEC score was 80% and the specificity was 93.3%. Further analysis revealed significant association between LRINEC score and the diagnosis of necrotising fasciitis (P=0.0001)

Conclusion

Cellulitis is a common pathway of presentation for the numerous underlying infections. Usage of LRINEC score will aid the early diagnosis and management of necrotising soft tissue infections.

110 - Short term and long term weight reduction following laparoscopic Mini Gastric Bypass (MGB) surgery for morbid obesity.

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Introduction

Obesity is a pan-endemic health problem worldwide. Bariatric surgery is the currently available most effective treatment modality for morbid obesity. This study evaluates the weight loss success of laparoscopic MGB surgery in morbidly obese patients presented to a tertiary care referral centre.

Methods

28 patients who underwent laparoscopic MGB surgery over a period of four years were followed up to measure weight and Body Mass Index (BMI), six months and twelve months after the surgery. Weight loss success was evaluated by Percentage Excess Weight Loss (%EWL) and Percentage Excess Body Mass Index Loss (%EBMIL). Outcome is good if the %EWL or %EBMIL is 50-60%, excellent if it is >65% and failure if it is <50%.

Results

Mean pre-operative weight was 142.5kg and BMI was 42.92kgm². After six months, mean post-operative weight was 88.7kg with a mean %EWL of 64.88%. Mean post-operative BMI was 32.97kgm² with a mean %EBMIL of 55.52%. After twelve months, mean post-operative weight was 70.3kg with a mean %EWL of 85.98%. Mean post-operative BMI was 26.13kg with a mean %EBMIL of 93.69%.

Discussion

In our setting, laparoscopic MGB surgery in patients with morbid obesity characteristically offered good short term and excellent long term weight reduction results, acceptable for international standards.

23 - How efficiently is allocated theatre time utilized? – Experience from a peripheral surgical unit

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Introduction

The surgical unit of DGH Embilipitiya has a large patient load for both casualty and routine surgeries. Consequently there is a long waiting list for elective surgeries due to the limited operating theatre availability and the large amount of casualty surgeries. To find a solution to this problem, the utilization of the theatre time available was evaluated.

Methods

Theatre admission books were retrospectively analyzed to document the starting time of both the first and last surgery of the day for all surgeries conducted in 2017. Allocated casualty theatres functioned daily and a theatre for routine surgeries functioned twice a week from 8a.m. to 4p.m. The total duration of the time taken by surgeries was assessed against the theatre time available.

Results

The total theatre time allocated for casualty surgeries was 3616hours, out of which 2074hours and 5minutes was utilized for casualty surgeries (57.36%). 78hours of the year was allocated for routine surgeries, but only 644hours and 35minutes was utilized (68.84%).

Discussion

Efficient usage of theatre time available not only helps patients, but also is economically beneficial to the government. Our study has found that only 57% of the casualty theatre time and 68% of the routine theatre time available is efficiently utilized; demonstrating that the theater time available is not adequately being used. A major limiting factor in our study however was poor documentation of surgical ending times. Further studies to evaluate and find reasons behind this would be useful in order to maximize efficiency of theatre use.

Free Paper Session 6

152 - How successful are we in saving limbs by lower extremity bypass surgery - Three-year experience at teaching hospital, Karapitiya

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Introduction

Lower extremity arterial disease is increasing exponentially due to diabetes and aging population. For patients with critical limb ischemia (rest pain or tissue loss), where the limb is at risk of amputation, revascularization is a priority to restore perfusion and limit tissue loss. Following surgical intervention continuous wound care, graft surveillance, limb survival and overall survival is of paramount importance to evaluate the benefit of the intervention.

Methods

We retrospectively analyzed 190 patients who presented with critical limb ischemia (CLI) and successfully underwent a surgical bypass or endovascular procedure from January 2015 to April 2018 at vascular unit in teaching hospital karapitiya. Patients details, operative details, limb survival, graft survival and overall survival were documented in a unit data base was analyzed.

Results

Total number of patients were 190 (M-148, F- 42). Mean age was 65 years. Majority presented with infra inguinal disease (82% n=156) and 56% underwent fem-pop bypasses. 2.6% of patients treated with angioplasty. Mean duration of follow up was 14 (1-39) months. 30 days' mortality was 4.7%. Limb survival was 78% and graft patency was 85 % (death censored). 1year survival and >2-year survival was 84.8% and 74.3% respectively.

Discussion and conclusion

Limb survival, graft survival and overall survival following revascularization for acute limb ischemia in our study is encouraging and in par with international figures. Endovascular intervention for CLI is new but evolving.

151 - Descriptive analysis of patients undergoing open surgical repair of aortic aneurysms - Single Unit Experience

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Introduction

As the aging population is increasing incidence of aortic aneurysms is also rising. In addition asymptomatic aneurysms are incidentally detected in radiological studies. Open surgical repair (OSR) is a major surgical procedure which carries a 5% perioperative mortality rate. As endovascular aneurysm repair (EVAR) is not freely available majority of our patients are undergoing OSR.

Methods

Data were collected from the data base maintained by vascular unit in National Hospital of Sri Lanka. All the patients who underwent OSR for aortic aneurysm during the period of January 2016 to April 2018 included in the study.

Results

A total of 17 patients underwent OSR during this period. Mean age was 67.23 years (39-84) with majority male (16/17). Presentation was either symptomatic (5/17) or incidental finding. Out of this 15 had infra renal aortic aneurysm and rest were thoracic aortic aneurysms. Majority of the surgical repair was performed as elective procedure (15/17). All the infra renal AAAs were repaired with tube or bifurcated Dacron grafts and inferior mesenteric artery was reimplanted selectively. Supra celiac AAA required reimplantation of celiac, superior mesenteric inferior mesenteric and renal arteries. Average blood loss was 869ml (400-2000ml). 30 day perioperative morbidity include one trash foot, pseudoaneurysm due to deep seated graft infection and one superficial surgical site infection. Two mortalities were due to sepsis due to infected graft and exacerbation of COPD.

Conclusion

OSR of aneurysms can be safely performed in our set up and our perioperative morbidity and mortality are in par with international figures.

155 - Customized treatment plan with EVLA for LSV reflux with below knee tributaries

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Introduction

Endovenous laser ablation (EVLA) is a percutaneous technique that uses laser energy to ablate incompetent superficial axial vein primarily the long saphenous vein (LSV). LSV reflux commonly associated with multiple dilated superficial veins and are treated with phlebectomy (MSA) or chemical ablation (ST/foam injection). EVLA can be performed in an outpatient setting with local anesthesia with supplemental venous procedures.

Methods

Retrospective analysis was conducted in 350 patients with LSV reflux who underwent EVLA with or without supplemental venous procedures under local anaesthesia. Pre-operative clinical staging, customized treatment options, complications, vein closure rates and re intervention rates were documented and analyzed

Results

84% of patients presented with C4- C6 (CEAP) disease and 14% (52/350) were recurrent disease. EVLT alone, EVLT + foam injection, EVLT+MSA, and EVLT + foam injection+ MSA were done in 22%, 40%, 29% and 7% respectively. Mean follow up was 11 months (1-36). Overall complications of customized plan included skin pigmentation 5%, erythema 4%, hematoma 2%, thrombophlebitis 1.5% and SSI was <1%. There were no skin blistering or skin necrosis. LSV closure rate was 97% on repeat duplex. Re-intervention as a form of MSA or foam injection required in 6.3% of patients.

Discussion and conclusion

Patient oriented customized treatment strategy for LSV reflux is feasible in single setting under local anaesthesia with minimal complication and re-intervention.

126 - Outcomes of Lower Limb Arterial Bypass Procedures in Patients with Wound Ischaemia Foot Infection (Wifi) Wound 3: A Single Unit Experience

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Introduction

According to the Society of Vascular Surgery Lower Extremity Threatened Limb Classification System, risk stratification is based on three main factors that impact amputation risk and revascularization benefits: Wound, Ischaemia and foot Infection. Wound 3 is extensive, deep ulcer or gangrene involving forefoot/midfoot or full thickness heel ulcer with or without calcaneal involvement. It is an important predictor of outcomes following lower limb revascularization.

Methods

Retrospective descriptive analysis was performed on data of patients presented with wound 3 to professorial vascular unit, National Hospital from March 2017 to April 2018 who underwent lower limb bypass surgeries. Outcomes with regard to limb salvage, secondary amputation and mortality were analyzed.

Results

Out of 114 lower limb bypass surgeries 69 patients (60.5%) had wound 3. 40 (58%) patients had successful limb salvage while 16 (23.2%) underwent secondary amputations. 13 (18.8%) patients died within 6 months of surgery. Among surgeries there were 30 (43%) fem-pop bypasses, 32 (46%) pop-distal, 4 (5%) fem-distal and 3 (4%) aorto-fem bypasses. 12 patients underwent amputations due to ascending sepsis and 4 due to graft failure. Age, diabetes, hypertension, smoking, toe pressures and the type of bypass done had no significant association with the outcome in these patients.

Discussion and Conclusions

Majority of the patients who underwent lower limb arterial bypass procedures had extensive ulceration or gangrene. Successful limb salvage was possible in most of them. Secondary amputations were mainly due to septic complications. Further emphasis should be given to proper post-operative wound care.

141 - Lower limb bypass surgery among diabetic patients; should they be treated differently?

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Introduction

Research done to assess the outcome following bypass surgery for ischemic ulcers in diabetic patients reveal conflicting results. This study was done to assess the outcome of diabetic patients who underwent bypass surgery for ischemic ulcers over a period of two years in a single unit.

Methods

All patients with lower limb ischemic ulcers who underwent bypass surgery from January 2015 to January 2017 were included. Outcome variables were analyzed among diabetic and non-diabetic patients in SPSS 20.0. Chi square and Kaplan- Meier survival were used for the analysis.

Results

295 patients underwent bypass surgery during the period of the study out of which 84.4% had diabetes. Mean age of the sample was 65.4 years and 64.4% were male. Among patients with diabetes 46.6% underwent femoro-popliteal bypass, 48.2% underwent popliteal-distal bypass and the rest underwent femoro-distal bypass. Overall survival at one year in diabetic patients was 84.1%, whereas among non-diabetics it was 72.5% ($p=0.226$). Amputation free survival at one year in diabetic patients was 75.5%, and 70% among non-diabetics. ($p=0.942$)

Discussion and Conclusion

Our study reveals that diabetic patients perform better than non-diabetic patients following bypass surgery for ischemic ulcers, even though it is not statistically significant. Therefore diabetic patients should be treated with the intent of limb salvage with early active wound care. We hope to follow up the study further, to analyze the long term outcomes among diabetic patients.

145 - Limb salvage in lower extremity arterial disease: Experience from a tertiary centre

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Introduction

Lower extremity arterial disease (LEAD) is an emerging problem in Sri Lanka, though our data on prevalence of LEAD is scarce. Majority of our patients are detected in late stages of severe ischemia and ulceration. Limb salvage in these patients are extremely difficult considering their comorbidities. We present our experience on limb salvage in these patients.

Methods

A prospective study was conducted on all patients who underwent infra-inguinal lower extremity arterial bypass surgery during the period of January 2015 to December 2017 at professorial surgical unit National Hospital of Sri Lanka. Overall survival and amputation free survival was calculated using Kaplan Meier method.

Results

A total of 295 patients underwent lower extremity arterial bypass surgery. Majority (64.4%) of study population were male with a mean age of 65.04 years. Risk factors identified were Diabetes mellitus (84.4%), Hypertension (35.6%), Ischemic heart disease (13.5%) chronic kidney disease (7.5%) and smoking (26.1%). Out of this 137(34.1%) patients underwent femoral popliteal bypass, 145(35.1%) underwent popliteal distal bypass and 17(4.2%) underwent femoral distal bypass.

Overall survival at 30 days was 94.6% and at 1 year was 82.3%. The amputation free survival at one year was 88.7%. Although patients after femoral popliteal bypass survive better than popliteal distal bypass, this was not significant (p.375)

Discussion and conclusion

Outcomes following peripheral arterial bypass surgery in our unit is satisfactory and our overall survival and amputation free survival are keeping in standards with international figures.

83 - Does SINBAD classification for diabetes foot ulcers predict prolong healing as well as the risk of amputations?

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Introduction

Diabetes foot disease is a common surgical presentation associated with delayed wound healing, risk of foot deformity and amputations causing significant morbidity and mortality.

Methods

Patients who present with Diabetes foot disease to DGH Matara was selected to the study. Collected data were analyzed to verify socio-demographic and association factors for Diabetes foot disease. Wounds assessed according to SINBAD classification.

Results

Total of 45 patients ranging from age 33 to 82 were selected to the study. Mean age is 60.17. Majority of 66.6% were females. 53.3% majority are less than 10 years from diagnosis of DM. 57.8% of patients presented with foot ulcers and 35.6% with foot abscesses. 75.6% had positive mono filament test. 11.1% had no peripheral pulses. Majority of 51.1% patients does not use any foot ware. Only 17.8% had desirable glycaemic control on admission and 8.9% were septic. According to the NG19 Foot risk classification 22.2%, 44.4% and 33.3% falls respectively in to mild, moderate and high risk categories. 60% were discharged following wound debridement. Only one major limb amputation (2.2%) and 11 Minor amputations (24.4%). SINBAD score of 3 or more predicts a bad outcome in 20 patients and Sensitivity compared to clinical outcome is 90.9% and specificity is 63.63%. In respect to proposed amputation risk corresponds to a SINBAD score 4 or more, 70% sensitivity and 62.8% specificity.

Conclusion

SINBAD classification to predict outcome of diabetes foot ulcers carries good sensitivity and specificity. Proposed amputation risk, also carries a good sensitivity and specificity.

Free Paper Session 7

51 - Predicting outcomes of laparoscopic cholecystectomies: A retrospective five-year single-centre experience

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Introduction

Laparoscopic cholecystectomy, a common procedure within our General Surgical unit, is associated with various post-operative complications and increased length-of-stay (LOS), which may have a significant impact on morbidity and mortality.

Objective

To compare pre-operative patient factors with post-operative outcomes and identify predictors of prolonged duration of stay, and increased risk of post-operative complications.

Methods

Subjects underwent laparoscopic cholecystectomy at Werribee Mercy Hospital, Australia from 2013 to 2018. Data was collected retrospectively from electronic medical records. An extended LOS was defined as an inpatient admission more than two days and post-operative complications were based on ICD-10-CM criteria. Multivariable logistic regression was utilised to determine the interactive effect of pre-operative factors with unfavourable outcomes, adjusted for potential confounders.

Results

1606 patients were included in this analysis. Subjects had a mean age of 43.4, of which 32.2% were emergency admissions. The rate of bile leak was 0.1%, whilst the rate of conversion to open was 0.2%. The mean length of stay was 1.8 days. Variables in the multivariate model predicting an increased length of hospital stay comprised, older age ($p < 0.001$), emergency admission ($p < 0.001$), anticoagulant use ($p < 0.001$), acute pancreatitis ($p < 0.001$), atrial fibrillation ($p = 0.024$) and ischaemic heart disease. Post-operative complication events were statistically related to chronic obstructive pulmonary disease ($p < 0.001$), atrial fibrillation ($p = 0.008$) and emergency admissions ($p = 0.013$).

Conclusion

Identifying patients at risk for poor post-operative

outcomes may support surgeons in clinical decision-making. In our cohort, the complications of bile leak and conversion to open are far less common than usually quoted in the literature.

66 - Review of early outcome of percutaneous transhepatic biliary drainage (PTBD)

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Introduction

PTBD allows temporary relief of obstructive jaundice and is mostly used in malignancies. It may be used prior to definitive resection. It is preferred to ERCP and insertion of stent which may induce inflammation. PTBD is also used for palliation prior to later internalization.

Objective

To evaluate the safety and success of PTBD.

Methods

The patients with the indications mentioned over a period of one year underwent PTBD. The procedure was done with local anesthesia under ultrasound and fluoroscopic guidance. All were given prophylactic antibiotics. The indications, successful placement, complications and reduction of bilirubin levels were analyzed.

Results

There were 33 patients. 28 preoperative and 5 palliative. The preoperative were for malignancies except for one who had a benign stricture following hepatico-jejunostomy. Two were with CBD stones and severe cholangitis where RECP failed to stent. In one patient PTBD could not be placed. One patient underwent emergency laparotomy for a bile leak. All patients in pre op group underwent surgery after 2-3 weeks from procedure. The PTBD was left for about two weeks post op as the biliary decompression may be of use to improve the clinical outcome of the biliary anastomosis. In 4 patients with palliative PTBD internalization was done after few weeks.

Conclusions

PTBD can be placed with minimum morbidity for

preoperative decompression and palliation in obstructive jaundice. In the operative group it can be used for post-operative decompression until anastomosis is healed.

136 - Expansion of teams and adherence to strict guidelines results in better peri-operative outcome in liver transplantation

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Introduction

Liver transplantation (LT) is a complex challenging surgical procedure. This study evaluates how a newly started LT program evolved affecting patient outcome.

Methods

North Colombo unit has two distinct eras. From 2013 to 2015, 14 LT were done with limited number of team members (Era 1). After a lapse of one year, in 2017 liver transplantation was re started as a combined effort with an expanded team. 11 liver transplants were done (Era 2). All previous cases were reevaluated and protocols were set for organ preservation, intra operative care, postoperative immune suppression and management of sepsis.

Results

Pre-operative BMI (24 [16.89-28.76] vs 24.46 [19.08-32.05], $p=0.31$), age (50.5 [13-63] vs.45 [25-63], $p=0.61$) and MELD score (17[11-20] vs 16.5 [11-22] $p=0.635$) were similar. The incidence of pre-operative comorbidities were similar. Both groups had similar cold ischemic time (360 [90-540] vs 335[90-540] $p=0.159$) donor graft weight (1160 [350-1930] vs. 1120 [350-1930], $p=0.856$) total operating time was (12 [6.5-18] vs 10.3 [6-12] min $p=0.013$). There were 5 (35.7%) intra operative events in era 1 vs 2 (18.2%) in era 2. 4 (28.6%) patients in era 1 and 2 [18.2%] in era 2 had poor graft function. There were 12 (85.7%) post op complications in era 1 vs 9 (81.8%) in era 2. However 30 day mortality was 50% in era 1 compared to 18%.

Conclusion

Working with an expanded team reduced the intra operative events. Post-operative complications ended up with a favorable outcome.

61 - Hepatocellular carcinoma in Sri Lanka - experience of 550 cases with unique background.

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Abstract

Introduction

Hepatocellular carcinoma (HCC) is increasing globally. Non-alcoholic fatty liver disease (NAFLD) and alcohol are the commonest causative agents in Sri Lanka. This study is to determine the characteristic features of HCC in a large cohort of Sri Lankan patients with non-viral etiology.

Methods

The details of 550 consecutive HCC patients referred from 2012 to 2017 were collected prospectively to a database. Demographic data, clinical, biochemical details, etiology, comorbidities, tumor characteristics and type of treatment offered were retrospectively analyzed.

Results

Median age was 62.99 (12 - 88) years with male preponderance [$n=473$ (86%)]. Overall median BMI was 35.87 kgm⁻². Majority [($n=309$, 56 %)] had NAFLD induced cirrhosis followed by alcohol [$n=203$ (36.9 %)]. Tumour was single nodular in 233 (42.36%) while diffusely infiltrating in 92 (16.72%) patients. Diagnostic rise in serum AFP level (over 200 micrograms) was seen in 30.18%. Venous invasion was present in 28.53% patients [portal vein, hepatic vein and vena cava respectively in 136 (24.72 %), 9 (1.63%) and 12 (2.18%)]. Extra hepatic tumor spread was seen in 6.9% [lungs 20(3.63%), bones 4(0.72%), peritoneal 6 (1.09%) and metastases at other sites 8 (1.45%)]. Curative surgery was offered in 78 (14.18%). Tumour embolization was done in 192(34.9%) RFA in 34 (6.18%), alcohol injection in 42 (7.6%) and 204 (37.09%) patients were offered palliative care. Overall median survival of the group was 20.6 months.

Conclusion

In this cohort, most HCC are due to cryptogenic cirrhosis and aggressive at presentation. Screening of high-risk NAFLD patients, needs to be considered and further palliative care needs to be improved.

164 - Total Laparoscopic live donor nephrectomy: A comparison study between robotic arm assisted 3D laparoscopy and standard 2D laparoscopic donor nephrectomy

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Introduction

The outcome of a randomized study where 3D laparoscope held by a joystick-controlled robotic arm which is maneuvered by a single surgeon(3D) performing laparoscopic donor nephrectomy (LDN) is compared to standard 2D laparoscopic donor nephrectomy with a human assistant(2D).

Methods

Patients who underwent LDN between March 2015 to September 2017 at Sri Jayawardenapura General hospital were included. Transperitoneal approach via 4/5 ports (12mmX2, 5mmX 3) was used to dissect the kidney which was delivered through a mini pfannenstiell incision. A joystick controlled robotic arm system was employed to hold the 3D laparoscope in every alternative case, in place of the conventional 2D camera holding human assistant. The outcome of two groups was compared in terms of operative time, outcome, complications, postoperative hospital stay and surgeon's satisfaction using SPSS V 20.

Results

81 LDN were performed with 40 3D, and the rest in 2D. The two groups did not differ significantly in terms of age, sex, BMI, or ASA status. The operative time was slightly longer in the 3D group (158±28 min), which was not statistically significant. No conversions to open surgery. The two groups were comparable in terms of complications (p=0.08) and mean hospital stay.

Conclusion

The Robotic arm with 3D enables regaining of the hand-eye coordination allowing to perform LDN with greater precision, confidence, and safety. The robotic arm with 3D technology can be recommended for performing complex urological surgery in developing countries where there is only a handful of skilled camera holding assistants.

153 - Early experience in minimally invasive live-donor nephrectomy in teaching hospital Karapitiya

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Introduction

Laparoscopic donor nephrectomy (LDN) has developed as a less morbid alternative for the live donor. Difficulties in the Learning-curve with longer operative time are limiting factors for common use. However, LDN are considered a safe technique with many advantage over the open technique.

Methods

We retrospectively analyzed our early experience in LDN done during January 2018 to May 2108. Patients profiles, operative details and post-operative pain scores, complications, mobility, and hospital stay were documented and analyzed.

Results

Total number of LDN was 8. (M-5, F - 3). Mean age was 36 years and mean follow up was 2 months (1-4). Mean time for kidney retrieval was 3. 35 minutes and mean warm ischemia time was 6 minutes. Mean blood loss was 80 cc. All transplanted kidneys are functioning during the follow-up. Post-operative pain score in D0 and D1 was 5.5 and 3.25 respectively. 5/8 patients mobilized in D0. Mean hospital stay was 3.3 days and two patients developed supra pubic hematoma. There was no surgical site infection or incisional hernia during follow-up.

Discussion and conclusion

Although the procedural time is more than the standard open technique, LDN is a feasible less morbid procedure for live donors. Early experience in our setting is encouraging and mostly welcome by donors. Further improvement in operative time is expected with more experience.

108 - Chronic pancreatitis - a single unit experience

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Introduction

Chronic pancreatitis is a progressive fibroinflammatory

disease with high morbidity rate. The aim of this study is to evaluate the demographic, aetio-pathological, diagnostic and therapeutic measures related to patients with chronic pancreatitis in a tertiary care referral centre.

Methods

Descriptive analysis of 46 patients with chronic pancreatitis, who presented to our unit over a period of six months was done.

Results

Thirty four patients were males and 12 were females. Most patients presented with epigastric pain radiating to back and 3 were incidental. Most (n=23) patients gave a history of alcohol intake. Four had Pancreatic Divisum, 2 had possible hereditary pancreatitis. Main pancreatic duct (MPD) was dilated in 37 patients with multiple intraductal calculi (n=26) and single calculus in 11. There were 21 with endocrine failure, 08 with exocrine failure and 03 with both. Pancreatic pseudocysts were found in 18 patients. Thirty seven patients with MPD dilatation were managed with endotherapy of which 19 required extra corporeal shockwave lithotripsy (ESWL) prior to endotherapy. Minor papilla sphincterotomy done in 04 patients with pancreatic divisum. Three underwent wirsungo-jejunostomy. Others were managed conservatively.

Discussion

Wide spectrum of treatment options can be offered to symptomatic patients with chronic pancreatitis in our setting. These patients should be managed in tertiary care referral centre with multi-disciplinary approach. Further studies are required to assess the long term outcome.

Free Paper Session 8

87 - Clinical outcomes in a cohort of patients with T1 high grade urothelial bladder cancer not receiving intravesical Bacillus Calmette-Guerin: a 15 year experience

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Introduction

The standard treatment modality which can reduce the

risk of progression in high grade-pT1 (T1-HG) bladder cancers is intravesical Bacillus Calmette-Guerin (BCG) therapy. The objective of this present study was to evaluate the clinical outcomes of recurrence, progression and survival in patients with T1-HG/G3 detected after primary transurethral resection of bladder tumour (TURBT) that did not receive intravesical BCG due to non-availability.

Methods

Patients with primary T1G3 (WHO 1973)/T1-HG (ISUP/WHO-2004) tumour, formed the retrospective study cohort studied at a urology unit, at the National Hospital of Sri Lanka between January-2000 and December-2014. All patients underwent TURBT without BCG treatment (due to non-availability). The recurrence free survival, progression free survival and overall survival were endpoints.

Results

A total of 83 patients (males=76, 91.6%) were found to have T1-HG tumours during the 15-year study period. Median age was 67 years. Eighteen (21.7%) were lost to follow up after the first surgery. The median follow up duration of the rest was 18.3 months (IQR: 5.9-44.8 months). Of those who were followed up 48/65(73.8%) developed recurrence and 19/65(29.2%) developed progression of the disease. The median duration of the first recurrence was 4.7 months (IQR: 2.9-17.1 months) and progression was 18 months (IQR: 5.6- 42.2 months). The overall survival was 39(60%) more than 1 year, 12(18.5%) more than 5 years, and six (9.2%) more than 10 years.

Conclusion

T1-HG bladder cancers not treated by intravesical BCG after the initial TURBT demonstrate an unduly high rate of recurrence and greater propensity to progression into muscle invasive bladder cancer.

46 - Management of the renal cell carcinoma in von Hippel Lindau syndrome: A report of four cases

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Introduction

von Hippel Lindau (VHL) syndrome is a rare disease

characterized by haemangioblastomas of the central nervous system, retina and multiple visceral tumours, commonly manifest as renal cell carcinomas (RCC), phaeochromocytomas, pancreatic tumours and cystadenomas in epididymis or broad ligament. Management of bilateral, multiple RCCs in patients with VHL is challenging and must be weighed between preservation of renal function and adequate oncological clearance.

Methods

Four patients with VHL syndrome treated at the Urology department of the Colombo South Teaching Hospital between 2011 January to 2017 December were retrospectively analyzed.

Results

All patients were men with bilateral renal tumours (mean age = 29). Two of them had multifocal renal tumours bilaterally and other two had unilateral multifocal tumours. Three patients had a family history and all the patients had either haemangioblastoma of the brain or retinoblastoma or both. One patient underwent radical nephrectomy and partial nephrectomy of other side. He had temporary renal impairment post operatively requiring hemodialysis for three weeks. Second patient underwent bilateral nephron sparing surgery (NSS). Next two patients had one sided NSS and radio frequency ablation (RFA) of the other side. Three patients developed small renal lesions during follow up and underwent RFA successfully. All patients have a serum creatinine value less than 2mg/dl and are tumour free at present.

Conclusion

VHL Patients with bilateral renal tumours can be managed with a combination of NSS and RFA. This preserves the renal functions and avoid the invasive renal replacement therapy with transplantation while achieving good cancer control.

148 - Do we need complex urodynamics? A comparative analysis of clinical and advanced urodynamic diagnosis of lower urinary tract dysfunction

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Introduction

Urodynamic studies are the definitive tests available to determine the etiology of lower urinary tract dysfunction especially when clinical diagnosis is in doubt.

Objective

This study compares the clinical and advanced urodynamic diagnosis of patients with lower urinary tract dysfunction and presents its relevance in clinical practice.

Methods

Fifty cystometrography and pressure flow studies were performed from December 2016 to May 2018 on selected patients with lower urinary tract symptoms (LUTS) whose clinical diagnosis was uncertain or prior to surgical intervention. Clinical diagnosis was made by a consultant based on symptomatology and simple urodynamics. Advanced urodynamic study was performed using Medica SAU.

Clinical and post urodynamic diagnosis was compared.

Results

Mean age was 48.4 years (06 -86 years) with male preponderance 70% (35). Advanced Urodynamic studies confirmed/optimized the pre-operative management in 66% (34) of the patients whereas it changed the diagnosis in 20% (09). It was inconclusive in the rest. Out of the thirteen patients assessed prior to kidney transplantation 4 had functionally small capacity bladder and underwent bladder retraining. Out of 10 females with mixed incontinence, 3 underwent Trans Obturator Taping and rest were given supportive treatment. Two patients who were on anticholinergics were found to have normal EMG findings. Six out of seven patients with mixed LUTS had evidence of lower urinary tract obstruction and were treated surgically.

Conclusion

Advanced urodynamic studies help to confirm or modify the clinical diagnosis in complex lower urinary tract dysfunction and is crucial in decision making especially prior to surgical treatment.

43 - Retrospective case series in fistula-in-ano in females

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Introduction

Fistula in ano (FIA) is a common anorectal disease. It is uncommon in female than in male. 90 percent of those origin in anal crypt glands. Incidence varies from 1.04 to 2.32 per 10000 population in published series. Purpose of this study is to assess the risk factors and the outcome in FIA in female who have undergone treatment from September 2011 to August 2016.

Method

Retrospective study. All the female patients underwent treatment for FIA during above mentioned period were included. Data collected from operative records, patients case records. Patients were interviewed over the phone. p value less than 0.05 was considered as significant.

Results

Study population was 43. There are 43.5 % of females with BMI above 25kg/m², and 63% more than 23kg/m². P value is <0.01. 46% of ladies in the current study were having prolonged sitting for defecation. P value is <0.05. 11.62 % had fissure in ano. P value is <0.05. 22 and 13 female patient's simple fistula underwent fistulotomy and fistulectomy respectively. Two recurred. Incontinence were not reported. All fistulotomy patient needed only one procedure.

Conclusion

In female, FIA is an uncommon and a minor disease. Overweight, prolonged sitting for defecation and fissure in ano are risk factors for fistula in ano. Normal vaginal delivery is not a risk factor. Most of the FIA in female can be effectively treated with simple fistulotomy. Recurrence and post-operative incontinence were rare.

162 - Fixation of traumatic fractures of ribs in a peripheral, low-resource setting

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Introduction

Rib fractures account up to 10% approximately, of all admissions to major trauma centers, and have a high index of mortality and morbidity. Internal fixation of these ribs has shown to improve the prognosis, reduce pain, complications & the hospital stay. However, this is performed only in major trauma centers, due to limited resources.

Methods

We present 5 cases, where patients had multiple rib fractures with severe pain and respiratory distress or patients with flail segments who needed respiratory support. Fracture ribs were fixed using 2mm, 6-holeplates used for dental and OMF procedures and 8-10mm self-cutting screws, post-operative pain score and respiratory supports were measured as outcome variables. Out of 5 patients 3 were fixed with 3 plates one with 4 plates and one with 5 plates, four patients under general anesthesia and one unfit patient under local anesthesia. All patients had an intercostal tube inserted on admission. At the time of surgery fracture sites were reduced with towel clips and held in place by tissue forceps.

Results

Marked reduction of pain (Mean pain score of 8 to 3) & a significant clinical improvement was observed in a majority of non-ventilated patients, whereas the ventilated patients required lesser ventilator supports post operatively. All non-ventilated patients returned to their normal lives within 2 weeks.

Conclusion

Internal fixation of ribs markedly reduces the pain, complications and hospital stay. Although performed only in tertiary trauma centers It can be performed in peripheries with available resources.

28 - Demographic, and Clinical characteristics of chest trauma in Sri Lanka – a multicenter study conducted at National Hospital, Colombo South Teaching Hospital and North Colombo Teaching Hospital

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Introduction

Our objective was to correlate patterns of thoracic trauma with demographic factors and clinical outcome in Sri Lanka.

Methods

A prospective study was conducted in five leading teaching hospitals from 1st June 2017 to 31st August 2017. Subjects with thoracic trauma were followed up during the hospital stay. Morbidity and mortality were used as the dichotomous outcome variable in a logistic regression analysis.

Results

Of 171 patients, 71.9 % (n=123) were males. Mean age was 45.8±17.9 years. Majority (39.2%, n=67) were from National Hospital Sri Lanka. Automobile accidents were the commonest (62.6%, n=107), followed by falls (26.9%, n=46), assaults (8.8%, n=15) and animal attacks (1.2%, n=2).

Blunt trauma: penetrating trauma ratio was 145:26. Injury patterns were rib fractures (80.7%, n=138), haemothorax (44.4%, n=76), pneumothorax (44.4%, n=76), lung contusion (22.8%, n=39), flail-segment (15.8%, n=27), tracheobronchial injury (7.0%, n=12), diaphragmatic injury (2.3%, n=4), Thoracic vascular injury (2.3%, n=4), cardiac contusions (1.1%, n=2) and esophageal injury (0.6%, n=1).

Ninety-nine (57.9%) had extra-thoracic injuries. Majority (63.2%, n=108) underwent operative management including intercostal tube insertion (60.8%, n=104), wound exploration (6.4%, n=11), thoracotomy (4.1%, n=7), rib reconstruction (4.1%, n=7) and Video-Assisted Thoracoscopic Surgery (2.9%, n=5). Pneumonia (10.5%, n=8), bronchopleural fistulae (2.3%, n=4), trachea-oesophageal fistulae (1.8%, n=3), empyema (1.2%, n=2) and myocardial infarction (1.2%, n=2) were posttraumatic complications.

Mean hospital stay was 15.6±18.0 days. In-hospital mortality was 11 (6.4%). Results of the binary logistic regression analysis with five predictors [age, gender, mechanism of injury (automobile, fall, assault), type of trauma (blunt or penetrating), extrathoracic injuries] indicated that automobile accidents (OR:0.11) and having extra-thoracic injuries (OR:3.4) were significantly associated with morbidity and mortality [$\chi^2(8, n=171)=24.3, p<.05$] explaining between 13.3% (Cox and Snell R-square) and 23.1% (Nagelkerke R-square) of variance.

Discussion and Conclusions

Rib fractures, haemothorax and pneumothorax were the commonest trauma patterns. Automobile accidents and having extra-thoracic injuries were associated with a high morbidity and mortality.

02 - Clinico pathological analysis of thymic masses – A single centre study at National Hospital for Respiratory Diseases (NHRD).

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Introduction and Objectives

This study describes clinico-pathological analysis of Thymic masses operated at National Hospital for Respiratory diseases, Welisara (NHRD) during 2017.

Methods

A descriptive cross sectional study was conducted among all the patients with thymic masses referred to department of surgery NHRD for surgical intervention during the period of 1st January to 31st December 2017. Standard histological stains and immunohistochemical stains were used on excised specimens. Patient's clinico pathological data were obtained from the data base at Department of pathology NHRD. All patients underwent neurological assessment by a Neurologist prior to surgery.

Results

33 patients presented with thymic masses all presented as anterior mediastinal masses and 57.5 % (19) were males with male to female ratio of 1.3:1.0. Only 3 (9.09%) patients presented with clinical features of myasthenia gravis and rest of the patients presented

with respiratory symptoms and incidentally detected mediastinal masses on routine investigations.

Following are the major histological types of excised thymic masses. (Thymic Hyperplasia-1(3.03%), Thymoma A - 1(3.03%), Thymoma B1 - 10(30.3%), Thymoma B2 - 9(27.27%), Thymoma B3 - 2(6.06%), Thymoma AB-1(3.03%), Thymic carcinoma-5(15.15%), Thymic cysts -4(12.12%). All 3 patients who were operated for myasthenic symptoms recovered from symptoms without residual effects on follow-up at 2 weeks post operatively.

Discussion and conclusions

The most common histological subtype of thymic mass is type B thymoma (63.63%). Majority presented as anterior mediastinal masses without myasthenia gravis symptoms (90.91%).

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Discussion and conclusions

The most common histological subtype of thymic mass is type B thymoma (63.63%). Majority presented as anterior mediastinal masses without myasthenia gravis symptoms (90.91%).

POSTER PRESENTATIONS

01 - A descriptive analysis of patients diagnosed with familial adenomatous polyposis (FAP) who underwent total colectomy at a tertiary care centre

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Introduction

Familial adenomatous polyposis (FAP) is a genetic disorder transmitted in an autosomal dominant pattern which is characterised by hundreds of adenomas in the rectum and colon, with an almost inevitable progression to colorectal cancer. This study was undertaken to describe the characteristics of demographical and pathology data in a series of patients undergoing total abdominal colectomy from a single tertiary care centre.

Methods

A retrospective analysis of 7 patients who underwent total colectomy at the University Surgical Unit of National Hospital of Sri Lanka between 2009 to 2016 was carried out. Pathology records of 7 consecutive patients were studied.

Results

7 patients were assessed (male: female: 4:3) with a mean age at the time of surgery was 31.86 years (SD±9). The majority of the patients (n=6) had polyps distributed along the entire length of the colon. Four patients had prominent single polyp while another two and one patient had two and four prominent polyps respectively. The mean distance from ileocecal junction to the prominent polyp was 393mm. And the largest polyp of the study population was 65x25x20mm. The histology in the majority was tubular adenoma with low-grade dysplasia (n=6) followed by one moderately differentiated adenocarcinoma.

Discussion and Conclusions

Based on this preliminary experience, we believe early detection of FAP and implement of preventive treatment of neoplastic lesions in the colon will likely become an appealing option in the management of patients with FAP.

03- An audit on general thoracic surgical services available for Adolescent and paediatric population in Sri Lanka. Study done at Lady Ridgeway hospital for children (LRH) and National hospital for Respiratory Diseases (NHRD)

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Sri Lanka

Introduction

Paediatric thoracic surgery is an advanced subdivision of general thoracic surgery which manages disease conditions in the thorax in children and adolescents.

Objectives

To evaluate general thoracic surgical services available for paediatric and adolescent group of patients in Sri Lanka. Assess the clinical outcome at 2 weeks posts operatively with regards to mortality.

Methods

All Patients at or less than eighteen years of age operated at LRH and NHRD by Thoracic surgeons from 1st of January 2017 to 31st of December 2017, were included for the study. Data were collected from the operative registries and patients clinical records at LRH and NHRD.

Results

All together 89 children were operated during the study period. Age categories are as follows; Neonates (n=1), Infants (n= 4), 1yr to 5yrs (n=11), 5yrs to 12yrs (n=20), 12yrs to 18yrs (n=53). During the period there have been 39 Axillary thoracotomies done for 3 Pneumonectomies, 15 Lobectomy and lung resections, 8 mediastinal Mass excisions, 4 Decortications and 9 Explorations. There have been 3 Sternotomies and debulking of mediastinal masses. Considering minimally access surgeries, 10 underwent Endoscopic surgeries (Mediastinoscopy n=5, Rigid Bronchoscopy n=5) and there have been 24 Video Assisted Thoracoscopic Surgeries (Decortication n=3, Thymectomy n=1, Excision/Biopsy of lung masses n=10, Bullectomy and Pleurectomy n= 10). On post-operative follow up at 14 days mortality was zero.

Conclusion

Thoracic surgery in paediatric and adolescent children is a challenging sub division in cardiothoracic surgery. Wide range of surgeries were done with good outcome during the study period at LRH and NHRD.

04- Clinico-pathological analysis of pulmonary metastasis from extra pulmonary malignant tumours – An observational study at National Hospital for Respiratory Diseases (NHRD).

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National hospital for respiratory diseases Welisara, Sri Lanka

Introduction and Objectives:

This study describes clinico-pathological analysis of pulmonary metastasis from extra pulmonary malignant tumours.

Methods

A descriptive cross sectional study was conducted among all the patients with pulmonary metastasis from extra pulmonary malignant tumours (EPMT) detected and managed at NHRD in 2017. Standard histological stains and immunohistochemical stains were used on biopsy specimens.

Results

Altogether 396 patients with lung tumours were detected during the study period and 32(8.08%) patients presented with pulmonary metastasis from EPMT. Among the metastatic deposits in the lungs from EPMT, majority was from colorectal adenocarcinomas (n=9, 2.3%) followed by deposits from soft tissue sarcomas (n=8, 2.0%). Rest of the histological analysis follows. Adenocystic Carcinoma -1 (0.3%), Breast adenocarcinoma -5 (1.3%), Cartilagenous (Chondroid-chordoma) -1 (0.3%), Malignant thymoma -1 (0.3%), Ovarian adenocarcinoma -2 (0.5%), Parotid carcinoma -1 (0.3%), Renal cell carcinoma-2 (0.5%), Thyroid follicular carcinoma- 1 (0.3%) and Urothelial carcinoma -1 (0.3%).

Nine (2.3%) patients had the unusual rare presentation of endobronchial metastasis from EPMT and presented with clinical and radiological features of obstructed bronchial tree as the primary clinical presentation.

Conclusion

Pulmonary metastasis from EPMT signify stage IV disease of a malignant tumour. Metastasectomy has a survival benefit in most of these cases provided that the primary tumour has been controlled and no other extra pulmonary site of involvement. Endobronchial metastasis is a rare presentation of EPMT Stage IV

disease. Endobronchial resection/ablation along with stenting gives better symptomatic treatment and palliative outcome in such cases.

05- Histopathological analysis of Lung and Pleural tumours at National hospital for respiratory diseases at Welisara (NHRD) – The primary centre for surgical management of thoracic tumours in the country.

I H D S Pradeep, Yasith Mathangasingha, SAU Perera, Ramani Punchihewa, WL Karunarathna, S Handagala, D Rasnayake, S Illangame
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Introduction and Objectives

This study describes pathological analysis of lung and pleural neoplasms.

Methods

A descriptive cross sectional study was conducted among all the patients with lung and pleural tumours who has undergone biopsy and histopathological analysis during the period of 1st of January to 31st of December 2017. Computerised tomography (CECT) were done in all Patients prior to biopsy.

Results

Of 396 patients, 252 (63.6%) were males with age range of 8-93 [mean (SD) = 58.4 (\pm 13.3)] years. Majority (n=324, 81.4%) had lung tumours and 72 (18.2%) had pleural based tumours. Malignant neoplasms were found in 373 (n=94.2). Hamartoma (n=13, 3.3%) and Schwannoma (n=3, 0.8%) was the commonest benign lung and pleural tumour respectively. Adenocarcinoma (n=124, 31.3%) and malignant pleural mesothelioma (n=6, 1.5%) was the commonest primary malignant lung and pleural tumour respectively. Colorectal adenocarcinomas (n=9, 2.3%) was the commonest metastatic lung lesion. The sensitivity, specificity, positive and negative predictive values of CECT in discriminating malignant lung and pleural tumours were 94.6%, 90.9%, 99.3%, and 54.1% respectively. Statistically the age of patients with benign lung neoplasms (mean = 51.3 \pm 17.4 years), was less compared to the malignant pleural tumours and primary malignant lung tumours. There was statistically significant association between gender and the type of lung tumour [χ^2 (5,396) = 27.463, p=.000] represented by male predominance in primary malignant lung tumours.

Discussion and conclusions

Adenocarcinoma was the commonest primary lung tumour with male predominance. CECT has a poor negative predictive value in discriminating malignant neoplasms of lung and pleura.

06- Patient's knowledge about orthopaedic implants used for the fracture fixation-Are we addressing it?

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Introduction

Patients who were treated for fractures with open reduction and internal fixation are increasing with time. With the increase in the population, the demand for the removal of the hardware is being increased too. Patients should be made aware about the implant that they are bearing. This study is to analyse patient's knowledge about the orthopaedic implants which they are bearing

Methods

This study was carried out at Orthopaedic unit, Teaching hospital Batticaloa by using an interviewer administered questionnaire on patients who have undergone open reduction and internal fixation for limb fractures and listed for removal of the implant. Collected data was analysed using SPSS.

Results

The study population (n=198) followed up for 16 months. 98.5% (n=195) of them were satisfied about the treatment which has been provided. Majority of patients (88%, n=174) revealed that, they were unaware about the implant which was used in fixation of the fracture. Among the reasons for the removal of the hardware, pain was the commonest cause (37%, n=73). Patients' false beliefs also common (51%) in the study population and it is significantly high (P=0.0001) in patients who were not informed about the hardware that was used to fix the fracture.

Conclusion

Patients' false beliefs about the implant in situ are also a reason for the request for removal of the hardware. Education about the implant which has been used may help to reduce patients' false beliefs.

08- Correlation between acute appendicitis and American association for the surgery of trauma anatomic severity grading

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Introduction

Acute appendicitis is a common cause for abdominal emergency. Even though it has heterogeneous clinical presentation and outcome, it is diagnosed clinically and supported by inflammatory markers and imaging. The preferred treatment of choice is appendectomy. The objective of the study was to determine the outcome of appendicitis in relation to anatomic severity grading.

Methods

A retrospective analysis was conducted over period of one year in single surgical unit at Teaching hospital Jaffna. Data were collected from bed head ticket and direct inquiry from patients.

Results

Overall, 124 patients (46% female) were identified with a median age of 30(9-66) years. Appendectomy was laparoscopic in 52.4% and open in 47.6. AAST grades included: Normal (n = 15, 12.09%), I (n = 60, 48.38%), II (n = 20, 16.12%), III (n =12, 9.6%), IV (n = 13 10.48%), and V (n = 4 3.2%). The overall complication rate was 8% and was comprised by superficial surgical site infection (n = 8, 6.4%), organ space infection (n = 2, 1.6%), and readmission (n = 3, 2.4%). Complications were associated with AAST grade IV (n=8, 6.4%) and V (n=2, 1.6%), Median duration of stay increased with AAST grade.

Discussion and Conclusion

Most of the patients were admitted with AAST grade I and II. Increasing AAST grade incrementally corresponds with patient outcomes including increased risk of complications and severity of complications. AAST grading system is useful in predicting the outcome of acute appendicitis.

09- Comparison of extended cervico-mastoid with cervico-mastoidfacial incision for parotid surgery

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Purpose

To compare the functional and cosmetic outcome of parotid surgery using extended Cervicomastoid and cervicomastoidfacial (modified Blair's) incision with or without sternocleidomastoid obliteration.

Methods

Patients with benign parotid tumours underwent parotidectomy (superficial/total) via cervicomastoidfacial (modified Blair's incision) and extended Cervico-mastoid incision with or without sternocleidomastoid obliteration. Patients were followed for 6 months to 1 year following surgery. Information on the basis of symptoms, patient satisfaction, subjective Frey's syndrome, retroman-dibular and pre-auricular depression and scar was studied on a 0-5 visual analogue scale (VAS) and analysed.

Results

Out of total 39 parotidectomies, 18 (46%) were operated via cervicomastoidfacial (modified Blair's) incision without sternocleidomastoid reconstruction, 11 (28%) via extended Cervico-mastoid incision with sternocleidomastoid flap reconstruction and 10 cases (26%) were operated via cervicomastoidfacial incision with sternocleidomastoid flap reconstruction. On the basis of visual analogue scale satisfaction level in patients operated via cervicomastoidfacial incision without sternocleidomastoid flap reconstruction was less in comparison to patients operated via extended Cervico-mastoid incision with sternocleidomastoid flap reconstruction.

Discussion

The cervicomastoidfacial incision (modified Blair's incision) is frequently used for parotid surgery which offers excellent surgical exposure to the parotid gland, but leaves a visible scar in pre-auricular area. Alternatively a more cosmetic Extended Cervico-mastoid incision can be considered along with sternocleidomastoid flap reconstruction to prevent the Frey's syndrome.

Conclusion

Extended Cervico-mastoid incision is cosmetically better as there is no facial scar. In addition obliteration of

parotid defect using sternocleidomastoid muscle flap gives excellent cosmetic as well as functional outcome in terms of retromandibular depression and Frey's syndrome.

10 - Shaheed Procedure: new surgical technique in the management of chronic calculous pancreatitis

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Introduction

Chronic calculous pancreatitis characterized by progressive fibrosis and loss of exocrine and endocrine function. Pain predominant symptoms, Intractable hampers activities, unresponsive to drug treatment. Aetiology multifactorial. Surgical treatment combination of resection and decompression. New technique convenient, no bleeding, morbidity less, mortality zero.

Methods

Prospective study in Bangobandhu Sheikh Mujib Medical University, private hospital. Study period from Jan. 2010 to December 2017. Total case 116. Male 66 and female 50. Age ranges 15 to 54 yrs. Come from low socio-income group, non-alcoholic.

Description of technique

The transverse colon with its mesocolon pulled upwards. A longitudinal incision exposed the whole length of the pancreas. Anastomosis made at antero-inferior surface most dependent part. Incision over MPD reach very close to duodenal wall about 1 cm from it. Incision reach near to hilum of spleen in dilated duct. All fragments of stone, inflammatory mass, any stricture band with calcification removed. Whole length of duct become single unobliterated channel. The jejunal loop selected for anastomosis 5-6 cm away from DJ flexure, hold by two Babcocks forceps. At anti-mesenteric border jejunum opened by scissors. Using 3-0 PDS anastomosis starts from tail towards head. No roux-en Y anastomosis. Single anastomosis; Shorter operating time; Bleeding minimum; Morbidity and mortality zero; No internal herniation; No attack of pancreatitis; Pain recurrence 3-4%; Exocrine, endocrine function preserved; Splenectomy, removal of tail of pancreas not done.

Results

Total case 116. Malignant cases not included. Total

follow up period 7 yrs. Pain recurrence only 3-4 % only.

Conclusion

Small number case, single centre.

12 - Evaluation of emergency laparotomy in tertiary care surgical centre in Sri Lanka

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Background

Laparotomy is a one of the commonest surgery performed in the general surgical ward and emergency laparotomy indicated for peritonitis, intestinal obstruction, intra-abdominal visceral injury.

We conduct this study to find out causes for emergency laparotomy with special attention on malignancy.

Methods

All patient who underwent emergency laparotomy in a single surgical unit in Teaching Hospital Kandy during 01/04/2017 to 31/10/2017 were retrospectively analysed using records and intraoperative findings.

Results

The study population was 42 (male 60% & female 40%) & age group was 35-78 years. Of these laparotomies, 33 patient had non-malignant findings like perforated bowel, adhesions, organ injury due to trauma, pancreatitis, obstruction due to diaphragmatic hernia, ruptured appendix, etc. and 9 patients had clinically malignant growth at colon with or without peritoneal or liver metastases. Of these 9 patient 5 patient had macroscopic peritoneal or liver metastases and 1 patient had bowel perforation with local infiltration to adjacent tissues. We have observed that 7 patient were less than 60 years of age and 8 patient had symptoms that are suspicious of carcinoma of the colon (per rectal bleeding, loss of appetite).

Conclusion

Undiagnosed colonic cancer is a significant contributory factor for acute abdomen and most of them had been symptoms suggestive of colonic malignancy, without taking medical advices. So it's important to educate society regarding symptoms & signs of colonic malignancy for early detection of colonic malignancy.

13 - Clinico-pathological analysis of mediastinal masses at National hospital for Respiratory Diseases (NHRD) – Prime centre for surgical management of Mediastinal tumours

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Introduction and Objectives

This study describes pathological findings of mediastinal masses among Sri Lankans.

Methods

This was conducted as a descriptive cross sectional study and histo-pathological analysis done by means of excision or guided biopsy using standard histo-pathological stains in all the patients with mediastinal masses referred to NHRD from 1st of January to 31st of December 2017.

Results

Out of 139 patients, 80 (57.6%) were males. Age range is 8-75 [mean (SD) = 42.8 (\pm 17.0)] years. Majority (65.5%, n=91) were excision biopsies. Anterior mediastinum was the commonest site with 49.6% (n=69), the superior mediastinum 20.1% (n=28), the middle mediastinum 15.1% (n=21) and the posterior mediastinum 14.4% (n=20). Commonest mass was lymphoma (n=27, 19.4%; Non-Hodgkin n=20, Hodgkin n=7) followed by thymic tumours (n=22, 15.8%; benign n=16, malignant n=6), germ cell tumours (11.5%, n=16), metastatic deposits (10.8%, n=15) developmental cysts (8.6%, n=12), inflammatory masses (7.9%, n=11), neuroectodermal tumours (5.8%, n=8), soft tissue sarcomas (2.9%, n=4), leiomyoma (0.7%, n=1), spindle cell tumor (0.7%, n=1), plasmacytoma (0.7%, n=1). There is statistically significant difference in the distribution of age among different types of masses [Welch's F (7,139) =10.09, p=.000]. Statistically the age of patients with Germ cell tumours (mean=29.7 \pm 11.5years), developmental cysts (mean=38.8 \pm 16.5years) and lymphomas (mean = 34.0 \pm 15.7 years) were less compared to the rest of the study population. There were no significant association between gender and the type of mediastinal mass, [p=.48].

Discussion and conclusions

Germ cell tumours, developmental cysts and lymphomas were commonly found

15 - Correlation of clinical outcome with intraoperative neuro-monitoring of spinal tumors of thoracic region – Our experience

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Introduction

The goal of treatment for spinal tumors of thoracic region is complete removal with minimal postoperative neurological deficit.

Methods

According to the extension of spinal tumor we divided patients into two groups-A-spinal tumours only. B - Spinal tumors with neuro-foraminal and mediastinal extension. We reviewed clinical outcome with intraoperative neuro-monitoring of spinal tumors of thoracic region from 2012 to 2016.

Results

Forty three patients were analyzed (group A and B- 93% and 6.97% cases respectively). In both groups spinal tumors were common in male (67.5 % and 66.6 % in group A & B respectively). Intraoperative neuro-monitoring used in all cases and help in complete removal of tumor. The posterior midline approach of surgery were used in all cases (100%) in group A while in group B anterior (thoracotomy) and combined approach in 33.3% cases each. We find that the complete neurological recovery in 97.5 % in group A and 100 % in group B.

Discussion and Conclusions

Hinojosa et al find that neuro-monitoring may help to minimize postoperative motor deficit by avoiding or correcting spinal cord tumor manipulation and modifying surgical technique during tumor resection. We concluded that the correlation of changes in transcranial motor evoked potential and electromyography on corresponding muscles help in nerve root identification and complete removal of spinal tumors without any postoperative neurological deficit. Spinal tumors having extension to neuroforaminal /mediastinal are very rare and their complete removal needs correct preoperative diagnosis and single or two stage surgical approach.

16 - Diabetic foot ulcer recurrence: descriptive study of epidemiology and risk factors

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Introduction

Ulcer recurrence in diabetic patients increases the risk of serious foot infection and amputation.

Methods

Diabetic patients presenting with secondary foot ulcers during a period of nine months to a single unit at Colombo South teaching hospital were included. Socio-demographic data, ulcer characteristics, time interval between primary & secondary ulceration (Recurrence interval-RI) and risk factors - glycemic control, anemia, neuropathy & osteomyelitis were analyzed. Chi-square test was used to assess for a significant association between ulcer recurrence and risk factors.

Results

Sixty two patients (30 males: 32 females, age range 36 to 80 years) were identified with a recurrence. The duration of the secondary ulcer ranged from 1 week to 1 year (mean 4 months) of which 59.7% were on the plantar aspect while 40.3% were located on the dorsum of the foot and digits. Eighteen patients (29%) had a recurrence within the 1st year, 19(30.6%) within the 2nd year and 8(12.9%) within the 3rd year. The recurrence interval (RI) ranged from 6 months to 9 years. Risk factor assessment – 59.7% had poor glycemic control, 53.2% had neuropathy, 62.9% were anemic and 24.2% had osteomyelitis of the foot. Neuropathic and anemic patients had a lower mean recurrence interval. Mean recurrence interval was lower among plantar ulcers (28.7 months) compared to patients with non-plantar ulcers (36.6 months). Significant association was noted among recurrence of plantar ulcers and presence of neuropathy ($P < .05$).

Conclusion

Diabetic patients with neuropathy and anemia had a higher risk of recurrence of foot ulcers.

17 - Modified cobbling needle for stab avulsions of varicose veins- an alternative

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Background

Stab avulsions of varicose veins call for finer instruments to optimize the aesthetic outcomes and minimize tissue trauma. Use of fine artery forceps and vein hooks are the main techniques practiced. We explored our experience with the use of the modified Cobbler's needle for varicose vein avulsions. This idea evolved over time from a primitive trial with an ordinary bicycle spoke wire, to the present product of an affordable device made of orthopaedic Kirshner wires.

Methods

This is a prospective study, where patients who undergo multiple stab avulsions alone or in combination with SFL or SPL are analyzed. A 3-5mm size longitudinal incision is made in spinally anesthetized patients in order to introduce the modified cobbler's needle. The vein is then exteriorized and caught with an artery forceps to avulse. The number of attempts and successful stab avulsions are then recorded.

Results

Total of 140 stab avulsions were attempted in consecutive 37 patients. A total of 117 (83.6%) stab avulsions were successful. However 23 (16.4%) required further extension of the incisions to catch the vein.

Conclusion

The modified cobbler's needle is an effective way of attempting stab avulsions. While this simple instrument can be locally made, the aesthetic outcome and its cost effectiveness make this device suitable to use.

18 - The learning curve of laparoscopic anterior resections in a peripheral hospital of Sri Lanka

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Introduction

Laparoscopic colonic surgery has been around for more than 25 years, but yet it is not widely conducted in peripheral hospitals around Sri Lanka. With the recent introduction of this technique to our surgical unit, the efficiency and the complications of laparoscopic anterior resections (LARs) for rectal carcinoma were analysed.

Methods

A retrospective analytical study of 9 LARs done in the past 2 years was conducted. The time duration, blood loss, any early post-operative complications and the conversion rate were evaluated.

Results

The mean age of patients undergoing a LAR was 61.4 years old. The average time duration was 315 minutes and the conversion rate was 33.3%. Of the 9 surgeries the average blood loss was 292.8ml. 66% of the surgeries did not result in any early post-operative complications, but in 1/3 of the surgeries complications such as ileus and fever were reported.

Discussion

A laparoscopic approach offers the same surgical results as an open procedure, but with the benefit of reduced post-operative pain and hospital stay. We compared our results to those reviewed by Krane et al [1], and found that the average time duration for the LARs was longer, but the total blood loss and conversion rate was similar. Our small sample size was a major limitation and so a longer study time period for future study will be useful. In conclusion, our study found that despite the steep learning curve, LARs could successfully be conducted in peripheral hospitals.

19 - Demography of forearm fractures presenting to accident service unit – (ASU) colombo south teaching hospital (CSTH)

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Accident Service Unit, CSTH

Introduction

Forearm fractures are a common presentation to emergency departments worldwide. Forearm serves a fundamental role in upper limb function. The dexterity of upper extremity depends on optimally functioning forearm, wrist and the carpus. Fractures of forearm bones can disturb the smooth functioning of the hand and thus can be debilitating.

Methods

Records of patients, who admitted to the ASU-CSTH with forearm fractures were analyzed retrospectively for retrieval of data with regards to socio-demographic data, mechanism of injury, associated other injuries, risk factors for fractures and details of the fracture.

Fractures were classified according to the ICD system.

Results and Analysis

A total of 55 patient records were analyzed. A slight male predominance was noted in the study group (Male: Female ratio 1.29:1). Mean age was 20.3 years (Range 3-95). Majority of cases were following an accidental fall (43%) followed by falls from a height (25%). Thirty six percent of cases (n=20) had associated injuries in other regions except for the forearm fracture. The individual fracture that most number of cases had sustained was ICD S52.531/ S52.531 commonly known as Colles's fracture. Minority of cases had sustained bilateral forearm fractures (n=2). Fractures occurring in the dominant hand was 38%.

Conclusion

Forearm fractures commonly occur in younger age group with a male predominance and are common in non-dominant side. They commonly occur at home following minor accidents. The results are in contrast with the common belief that forearm fractures occur in older females.

22 - Prospective analysis of 199 patients with history of road traffic accidents admitted to surgery unit B GHP (General Hospital Polonnaruwa) for 3 months period from 01 February 2017

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Introduction

Road traffic accidents (RTA) is a preventable cause for injury, morbidity and mortality.

Objective

To identify causes of injury in regional area to launch preventive strategy.

Methods

We analyzed all patients admitted with RTA history to surgery unit B from 01/02/2017 for 3 months. Rajarata University gave ethical clearance. We analyzed age, sex, occupation, vehicle, accident, time, and body area injured with severity, cause, contributory factors and safety equipment use.

Results

There were 199 patients. Male 146 (74%); female 53 (26%). Age range 18 months - 76 years (mean male 33; female 35). There were 152 (78%) motor bicycles, 20 (10%) three wheelers, 08 (4%) push bicycles, 05 (3%) tractors, 04 (2%) cars and 02 (01%) buses, 03 (02%) other. Causes for accidents included wrong driving technique (other than high speed) 87 (44%), high speed 28 (14%), wrong driving of opponent vehicle 21 (11%), animal crossing road 36 (18%), mechanical failure 11 (6%), poor road 11 (06%).

Body area involved were head 89 (48%), face 57 (31%), limbs 126 (67%), abdomen 20 (11%), chest 16 (09%) and neck 02 (01%). There were 118 (59%) drivers/riders. 70 (35%) passengers and 11 (06%) pedestrians. There were no driving license for 22/84 (30%) and no helmet for 26/120 (22%). Alcohol was involved in 37 (18.6%) cases. There were 23 (12%) overloaded vehicles. There were 34 (17%) fractures. 2 underwent laparotomy. 2 Hourly analysis showed highest number of accidents taken place around 5pm with number of 41 (21%).

Conclusion

Commonest vehicle was motor bicycle (78%). Wrong driving technique is the main cause. High speed and animal crossing the road is responsible in >30% of cases. RTA preventive method implementation should be maximum around 5pm in this area. 18.6% drivers using alcohol and 30% driving without license is not acceptable and strict legislations are needed.

25 - Analysis of single unit experience of oesopagogastroduodenoscopy (OGD) at PGH Badulla

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Introduction

OGD is an important diagnostic and therapeutic procedure, which is invasive and now becoming widely available around the country. We conducted this analysis to find out data on findings of OGD with special interest on clinically malignant findings.

Methods

All patient who underwent OGD in a single surgical unit in PGH Badulla during 01/05/2017 to 30/04/2018 were retrospectively analysed using records and findings during procedure.

Results

Out of 611 patients 328 (53%) were male. 51% patients more than 60 years of age, 36% between 40-60 years, 12% were 20–40 years & 1% were less than 20 years of age. 544 (89%) patient had gastritis features, 20 (3%) had oesophageal varices, 21(3%) had normal study and 31 (5%) had clinically malignant growth in pharynx(2), esophagus(25) & stomach(4). Patients with oesophageal growth presented with dysphagia & features of iron deficiency anemia (2). Out of 25 patients (age range were 48 to 81years) with oesophageal growth 16(64%) were males & 9 (36%) were females and 15 (60%) were Sinhala & 10(40%) were Tamil.

Discussion & conclusion

Most of the patients who has underwent OGD had gastritis and significant proportion of patients had oesophageal carcinoma. Furthermore according to the population distribution (Sinhala 73%, Tamil 20.9% in Badulla) Tamil peoples have relatively high percentage of oesophageal carcinoma. There are several risk factors like Anaemia, malnutrition, alcoholism among them. So we have to conduct further study to elicit risk factors & organize proper action plan to minimize those risk factors.

26 - Is the fastest mode of transportation, the safest? – Knowledge and practice of extrication and transportation of suspected spinal trauma patients admitted to Accident Service of the National Hospital
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Introduction

Proper patient transportation is mandatory to prevent secondary damage in spinal injury (SI) patients. Pre-hospital care data on methods of extrication and transportation of SI patients is scarce in our setting.

Methods

SI patients and care givers were interviewed to evaluate knowledge and practice, admitted to emergency department of the National Hospital of Sri Lanka (3 months period). Injury severity was classified with ASIA classification.

Results

Ninety two patients were included. 80% were transferred from local hospitals (by government ambulances). Male: female was 9:1. Mean age was 44.1

years (range-17-76). 69% of the injuries were following fall from a height and rest were due to road traffic accidents. 48% had severe impairment (ASIA A-D). 78% had symptoms suspicious of spinal injury just after incident. Only 3 patients (3.2%) were properly extricated with log rolling from the site of injury and rest of patients or care givers were aware of neither proper extrication methods nor spinal injury symptoms. 88% were transported to hospital by three wheelers. Median number of 02 people have traveled with the victim at the backseat; patient was kept on their laps in transversely bended position. 6 patients (6.5%) were transported by an ambulance or a lorry with a rigid board. All caregivers wanted to transport patients as quickly as possible. Three-wheelers were used due to wider availability.

Conclusions

Knowledge and practice on extrication and transportation of SI patients, despite of majority being symptomatic after SI, were largely suboptimal in this cohort. Awareness programs on basic rescue and transport in SI should be incorporated into public health prevention campaigns.

30 - Enhanced Recovery after Colorectal Surgery (ERAS) protocol in Sri Lanka – An assessment of current practice of colorectal surgery among general surgical units

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Introduction

ERAS is an evidence based practice aiming speedy postoperative recovery. Assessment of current practice is important as barriers to the introduction of naive evidence-based clinical care practice do exist, and one of the factors is the surgeon.

Methods

A modified version of anonymous, self-administered questionnaire developed based on ERAS protocol and used in similar Polish study was distributed to either the consultant or the registrar of respective surgical units.

Results

Seventy two participated. Pre-surgery patient education is practiced in all units. 60% prefers open surgery. 73% and 69% utilize mechanical bowel preparation (MBP) routinely before elective colonic and rectal surgeries respectively. Adherence to steps of ERAS are as follows;

preoperative carbohydrate loading-21%, DVT prophylaxis preoperatively with subcutaneous enoxaparin-28%, restrictive intra venous fluids during surgery-41%, routine use of naso-gastric tube-49%, abdominal drains-61%. Opioid analgesics were used in 87%. Median postoperative day of drain removal is 3 (Range 2-7 days) and catheter removal is 3 (range 1-7 days). Median postoperative days of starting oral clear fluids and solids are day 3 (range 1-5) and day 5 (range 1-7) respectively. Patient mobilization starts on postoperative day 2 (range 1-6). Median postoperative day of discharge is day 7 (range 4-14 days). No significant difference found between open and laparoscopy groups.

Conclusions

Level of practice of crucial elements of ERAS protocol is still low among Sri Lankan surgical community according to our data. Disseminating knowledge on ERAS among surgical units in the form of National guidelines on ERAS protocol would be beneficial as ERAS protocol has a proven benefit in postoperative recovery.

35 - Is there a difference in neck of the femur fracture type according to gender and age?

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Introduction

Neck of the Femur fracture is a common presentation in geriatric population & main underline cause is Osteoporosis. Management options depend on age, activity level, type of fracture etc.

Methods

Prospective data analysis was performed on 69 consecutive admissions with neck of the femur fractures in a single Orthopaedic unit at NHSL from 01st of May 2017 to 01st of October 2017.

Results

63 were female and 6 were male. Commonest immediate cause was accidental fall (53), ten patients admitted following a fall due to complication of underline medical illnesses & 4 patients presented following road traffic accidents. 38 patients presented with injury occurring at bedroom & 4 patients presented following falls at bathroom. Extracapsular NOF# was the commonest type among females (71.4%) while Intracapsular NOF# was common in males (66.7%).

Majority of patients (42) were beyond 70 years. Extracapsular NOF# was the commonest type beyond 50 years. (50-70 years – 56%, >70 years – 76%)

Discussion

Neck of the femur fracture is a common presentation especially among geriatric population. Extracapsular NOF# are common in females & Intracapsular NOF# are more common in males in this study. Both types of fractures increase with age and Extracapsular NOF# more prevalent with increasing age.

38 - The value of routine skull x-ray to detect fractures following minor head injury at Accident Service Unit (ASU) of National Hospital of Sri Lanka (NHSL)

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Background

Minor head injuries (GCS 13-15) are common following trauma. CT scan of the head has largely replaced skull x-ray in recent guidelines. However, skull x-rays still appear to play a role in local centres. This study was carried out to determine the importance of routine skull x-ray following minor head injury.

Methods

A descriptive cross-sectional study was carried out on all patients admitted to the ASU of NHSL with minor head injury following trauma from 1/7/2017 – 31/7/2017 (1 month). Sample size was 295.

Results

Of the 295 patients, 54.23 % (n=160) had skull x-rays for minor head injury and medicolegal purposes. Out of 160, 3.75 % (n= 6) patients had skull fracture on both skull x-ray and CT head. Remaining 45.76 % (n=135) had skull x-rays taken only for minor head injury. Of which 1.48% (n=2) had suspected skull fracture on x-ray. However, both fractures were not seen on CT scan of head with bone window. Irrespective of skull x-ray findings, 288 patients (97.62%) were admitted for head injury observation.

Discussion and Conclusion

Skull x-ray remains a justifiable imaging modality for medicolegal purposes in a resource poor setting. However, it is not justifiable to do routine skull x-rays merely for minor head injury, as it doesn't alter the future course of management or alter hospital admission rates to be cost effective.

41 - Dietary Factors Associated with Leading Cancer Types in Sri Lanka: A Cross Sectional Study

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Introduction

Food habits are known to determine cancer incidence in various countries. Our objective was to describe dietary factors associated with leading cancers in Sri Lanka.

Methods

A descriptive cross sectional study was conducted among 105 randomly selected patients with breast (n=30), oropharyngeal (n=30), colorectal (n=30) and lung (n=15) cancers referred to National Cancer Institute, Sri Lanka from February to July 2016. Dietary and lifestyle factors such as level of physical activity, smoking and alcohol consumption before the diagnosis was made, were assessed using an interviewer administered questionnaire. A multinomial logistic regression model was fitted to assess the dietary factors with given cancers.

Results

Of 105 patients, 55.8 % (n=67) were males. Mean age was 53.5±11.9 years. Majority (28.6%, n=30) were from Gampaha district. After adjusting for potential confounders like age, gender, smoking, alcohol consumption, betel chewing, physical activity and first degree family history of a cancer, the type of cancer was associated with a high fat diet (p<.05) and a low carbohydrate diet (p<.05). Addition of eight predictors to the model significantly improved the fit between model and data, χ^2 (54, n=105) = 185.1, Nagerkelke R^2 = .888, p = .000. Patients who consumed a high fat diet was associated with higher odds of having colorectal cancers (odds ratio = .02, p.012). Fibre content, red meat, protein level, citrus fruits and vegetables were not significantly associated with the cancer type.

Discussion and Conclusions

Dietary habits were associated with certain types of cancers in Sri Lanka. Colorectal cancer was two times commoner in patients who consumed a high fat diet compared to those who consumed low amount of fat.

42 - Impact of diabetes mellitus on hepatocellular carcinoma without underlying hepatitis infection

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Introduction

Non-alcoholic fatty liver disease (NAFLD) has become a major health concern worldwide, surpassing the incidence of Hepatitis B and C, and becoming the leading cause for hepato-cellular carcinoma (HCC). The present study evaluates the impact of diabetes (DM) in a cohort of patients with NAFLD related HCC.

Methods

From January 2013 to January 2017, 523 HCC cases were referred. Three patients with viral hepatitis were excluded. The remaining patients were divided into 2 groups based on their diabetic status (282 diabetics, 241 non diabetics). Baseline parameters, alcohol status, tumour characteristics, treatment and outcome were compared.

Results

Demographic factors were similar. There were more alcoholics among non-diabetics (53.13 % vs. 43.67 %, P < 0.001). Significantly higher proportion of cirrhotics were seen among diabetics (86.56% vs. 73.56%, P = 0.05). Diabetics had a lower serum albumin level (median 8.54 vs 5.97 p=0.032), higher Childs – Pugh score (median 6 vs 6, p= <0.001) and a higher MELD score (median 12 vs 11 p=<0.001). Non-diabetics had significantly higher invasion of portal vein, hepatic vein and IVC (total tumour diameter, mean non-diabetics 7.7cm, vs 6.8cm, p=0.048). Larger proportion of non-diabetics were offered palliative care. Overall survival was similar in the two groups.

Conclusion

Comparatively similar overall survival was observed in non-diabetics despite having poor prognostic tumours, which may be related to better background liver status.

44 - Management of tibial bone loss/shortening with monoplane rail fixator system

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Introduction

The standard treatment modality which can reduce the risk of progression in high grade-pT1 (T1-HG) bladder cancers is intravesical Bacillus Calmette-Guerin (BCG) therapy. The objective of this present study was to evaluate the clinical outcomes of recurrence, progression and survival in patients with T1-HG/G3 detected after primary transurethral resection of bladder tumour (TURBT) that did not receive intravesical BCG due to non-availability.

Methods

Patients with primary T1G3 (WHO 1973)/T1-HG (ISUP/WHO-2004) tumour, formed the retrospective study cohort studied at a urology unit, at the National Hospital of Sri Lanka between January-2000 and December-2014. All patients underwent TURBT without BCG treatment (due to non-availability). The recurrence free survival, progression free survival and overall survival were endpoints.

Results

A total of 83 patients (males=76, 91.6%) were found to have T1-HG tumours during the 15-year study period. Median age was 67 years. Eighteen (21.7%) were lost to follow up after the first surgery. The median follow up duration of the rest was 18.3 months (IQR: 5.9-44.8 months). Of those who were followed up 48/65(73.8%) developed recurrence and 19/65(29.2%) developed progression of the disease. The median duration of the first recurrence was 4.7 months (IQR: 2.9-17.1 months) and progression was 18 months (IQR: 5.6- 42.2 months). The overall survival was 39(60%) more than 1 year, 12(18.5%) more than 5 years, and six (9.2%) more than 10 years.

Conclusion

T1-HG bladder cancers not treated by intravesical BCG after the initial TURBT demonstrate an unduly high rate of recurrence and greater propensity to progression into muscle invasive bladder cancer.

47 - Paddy field injuries affecting farmers in Anuradhapura

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Introduction

Anuradhapura situated in North Central Province. Paddy cultivation is a foremost occupation for several generation. Even though less awareness on self-protecting actions causing unexpected occupational injuries. Most of these injuries are treated at Teaching hospital Anuradhapura, which is the tertiary hospital situated in center of Anuradhapura.

Objectives

Aim of our study to find out the type of injury, gender, age group, educational level, hospital stay and disability among paddy field workers who admitted to a surgical unit.

Methods

This retrospective study conducted on paddy field injury victims in later half of 2017 in a single surgical unit, Teaching hospital, Anuradhapura. Snake bite, poisoning and other envenomation excluded in this analysis.

Results

During study period 72 workers affected and treated by a single surgical unit and none of them used gloves or boots. Among them 42(58%) were males and 30(42%) females. 68 % have completed grade 8 and can read and write. Common age group was 41-50 years. Common injury caused by shovel (hand plough) at toes and dorsum of the foot (36%). Next common injury was harvesting-knife cut, occurred during harvesting (21%). This was the common injury among females (56%), common site was non dominant hand. Slipped and fall, fracture, wood prick injury, dog bite were occurred in small percentage. One victim was treated for elephant attack another one trap gun blast injury. Average hospital stay was 2 days.

Conclusions

Most of the paddy field injuries can be avoid by proper awareness programmes and wearing boots and gloves.

49 - Oesophageal mobilization by thoracoscopy and minimal access transhiatal approaches; a comparison of ventilator parameters

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Introduction

Three stage oesophagectomy involves mobilization of stomach, thoracic oesophagus and cervical oesophagus. When performed by minimal access morbidity is reduced. Oesophagus may be mobilized by thoracoscopy or through the hiatus.

Objective

Comparison of peri-operative ventilator parameters

Methods

In patients undergoing minimal access oesophagectomy thoracoscopic mobilization was done for mid oesophageal tumours. The lung was partially collapsed using a capnothorax of 8mmHg while ventilating with a single lumen tube. For lower tumours it was performed via the hiatus after the stomach was mobilized laproscopically with an insufflating pressure of 14mmHg. Respiratory parameters assessed during surgery were capillary pulse oxymetry, air way pressure and end tidal CO₂. Post-operative ventilatory support was recorded.

Results

20 patients underwent thoracoscopy and 15 transhiatal. The mean volume of CO₂ utilized for insufflations were similar. The end tidal CO₂ showed higher values during thoracoscopy. The air way pressures were relatively low during thoracoscopy. All transhiatal patients were extubated immediate post op. Five of thoracoscopy group were ventilated overnight. Two in this group required reintubation after developing respiratory tract infections. One of them died after two weeks with multi-organ failure. One patient of transhiatal group developed an anastomotic leak which healed with conservative management.

Conclusions

The per-operative respiratory parameters are comparable in both groups even though right lung is partially collapsed during thoracoscopy. Post-operative respiratory outcomes were better in the transhiatal group.

50 - Prophylactic antibiotics for long bone fracture open surgeries with implant in patients housed in mixed wards and surgeries performed in operating theatre shared with other specialities

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Introduction

Antibiotic abuse is seen in Orthopaedic trauma surgery. None of the antibiotic guidelines has been validated in the setting where fracture surgeries are done on patients housed mixed with infected open wound patients and surgeries performed in the operating theatres shared with other specialities.

Methods

All patients who are above 18yrs, gave consent and underwent implant fixation surgery for fractures following trauma were enrolled. Immunocompromised, on antibiotics for other reasons and open wound patients were excluded. Patients were given 1500mg Cefuroxime 15min prior to inflation of tourniquet /skin incision and followed by 3 doses of 750mg every 8 hourly.

Strict sterility precautions were followed at all levels. Patients were observed for local and systemic features of surgical site infection at one, two, four and six weeks after surgery.

Results

Out of 175 patients studied, 53% (n=92) were males. Mean age is 58.5yrs. Mean waiting time for surgery 4.5 days. Mean duration of surgery 75mn. Sixty two percent of the surgeries were without tourniquet and the average blood loss is 150ml. All wounds healed well without getting infected except one which had superficial infection and treated successfully with antibiotics.

Conclusion / Discussion

Cefuroxime loading dose followed by three doses is suitable prophylactic antibiotic regime in Orthopaedic long bone trauma open surgeries with implants usage. This regime is more favourable in elderly patients with renal impairment where Gentamicin as per the National Antibiotics Guidelines cannot be used. But long term follow up for delayed presentation of deep prosthetic infection is necessary.

52 - What do patients think about informed consent in surgery? A qualitative study in a tertiary care hospital

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Introduction

The objective of this study was to assess the patients' attitudes and perceptions on surgical informed consent.

Methods

A qualitative study was conducted in a single surgical unit in National Hospital of Sri Lanka from January to May 2018. The protocol of the study conformed to the Declaration of Helsinki. Patients undergoing elective major surgeries were recruited using non probability purposive sampling. Interviews were conducted in depth in their native language. A semi-structured questionnaire was used to elicit the accounts of their perceptions on surgical consent. Interviews were recorded and fully transcribed. Interviews were conducted according to the grounded theory until the saturation of the themes.

Results

Thirty patients (Male: female=12:18) were assessed. The mean age was 41±9 years. A major proportion was Sinhalese (50.0%, n=15). Majority underwent total thyroidectomy (36.7%, n=11) and laparoscopic cholecystectomy (26.7%, n=8). Patients were afraid to ask questions from doctors since doctors were "busy", "short-tempered" or "stressed-out". They found it easier to communicate with the nurses. Patients admitted that having a bystander while obtaining the consent would relieve their stress. They wanted doctors to emphasize more on food and lifestyle changes that are necessary following surgery. Patient suggested educational leaflets to be distributed at the clinic before getting admitted to the procedure. Majority did not like to watch educational videos because they were "scared" to look at surgical dissections and blood.

Discussion & Conclusions

Doctors should be vigilant to modify the surgical consent taking procedure according to the patient's background, their wishes and cultural norms.

53- An easy approach to the appendix, modified Lanz incision compared to classic McBurney's

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Introduction

Appendicectomy is a frequently performed abdominal surgery. Though laparoscopic appendicectomy has become the latest trend still open appendicectomy is widely practiced & found to be difficult in 20% of the times.

Methods

A retrospective analysis of 102 patients who underwent appendicectomy between 01/11/ 2015 to 31/09/ 2016 at NHSL Ward 29, 23 was done. After excluding laparoscopic appendicectomies 85 open appendicectomies were selected. Post-operative outcomes of modified Lanz and classic McBurney's approach were compared using SPSS software. In the modified Lanz group, a 3cm transverse incision was placed 2cm medial to the right anterior superior iliac spine.

Results

Study population consists of South Asians. Male to female ratio 1.3:1; age 14-61years (median 19). 95% (n=81) had an Alvarado score >5. 70.59% (60) had uncomplicated appendicitis. Out of 60, 56.67 % (n=34) had mini incision open appendicectomy. 43.33 % (n=26) McBurney's approach. Base of the appendix was located at the site of the incision in 100% of the modified Lanz group and was located inferiorly in 100% of the classic Mc Burney's group. Incision was extended in 6% of the modified Lanz group (n=2), 38% in McBurney's group (n=10) (p=0.0034). Both groups had Clavien Dindo grade 1 post-operative complications; 5.8% (n=2) in modified Lanz group & 3.8% (n=1) in McBurney's group (p=0.935). Pain score in both group was less than 5.

Conclusion

Modified Lanz incision provides easy access to the base of the appendix compared to the classic McBurney's approach and with lower incision extension rates with no significant change in post-operative complications and pain.

55- Traumatic amputations: a single center experience.

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Introduction

Extremity injuries are a common presentation to accident and emergency services which sometimes lead to amputations. Their diverse etiologies range from domestic to occupational and road traffic accidents (RTA). We assessed the amputations in a Sri Lankan trauma center.

Methods

A retrospective cross sectional study was carried out in Accident & Emergency Service of National Hospital of Sri Lanka (NHSL) Colombo, from January to March 2018 (3months). All patients who had amputations following extremity injuries were included. Data was analyzed using SPSS (version 24) descriptive statistics and associations explored with Chi square.

Results

80 Amputations were performed in patients with a median age of 44(17-78). Males were predominant as 5.67:1. There were 34(42.5%) major and 46(57.5%) minor amputations. Of the major amputations, 44.1% (15) below knee, 26.5% (9) above knee, 14.7% (5) above elbow and 14.7% (5) below elbow amputations were performed. Regarding minor amputations, 52.2% (24) finger, 23.9% (11) forefoot, 23.9% (11) toe amputations were done. Significant associations were noted between occupational injuries with upper limb major ($p= 0.021$) and minor ($p=0.003$) amputations and road traffic accidents with major lower limb amputations ($p= 0.036$).

Conclusion

Traumatic amputations are a significant concern in the NHSL Accident Services Department. More emphasis should be paid on implementing safety regulations aiming to prevent occupational & RTA related extremity trauma.

56- Retrospective histopathological analysis of thyroidectomy: a single unit experience

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Introduction

Thyroidectomy is a common surgery performed for array of thyroid diseases. The objective of this study was

to analyze the histopathological characteristics of surgically treated thyroid diseases.

Methods

A retrospective descriptive study was done using histology reports of patients who underwent thyroidectomy in a tertiary care surgical unit during the years 2015 and 2016.

Results

There were 354 cases of which 312(87.9%) were female and 43(12.1%) were male. The ages ranged from 16 to 82 years with a mean age of 46.5 years. Total thyroidectomy (54.5%) was the most common procedure performed. Purely benign diseases were seen in 290 (81.9%) patients which mainly composed of Multi nodular goiters (57.5%), Thyroiditis (25.2%), Colloid nodules (16.2%) and Follicular adenomas (10.7%). Cases of thyroiditis comprised of Lymphocytic (56.2%), Hashimoto's (38.5%) and focal thyroiditis (5.3%). Sixty four (18.1%) patients had malignancies comprising of Papillary (68.8%), Follicular (20.3%), Anaplastic (2%), Medullary cancers (1%) and Lymphoma (1%). Two patients had both Papillary and Follicular cancer. Variants of Papillary cancer observed were classic (20.8%), follicular (14.6%), oncocytic (2%) and microcarcinoma (14.6%). Seventy seven (21.8%) patients had two pathologies detected out of which 23(29.9%) had a malignancy. Eight (2.3%) patients had three pathologies of which 6(75%) had a malignancy.

Conclusion

Significant proportion of patients undergo thyroidectomy for benign diseases. The association of multiple pathologies with increased risk of malignancy needs be evaluated with further studies.

57 - A review of Choledochal cyst excision

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Introduction

Choledochal cyst is an uncommon biliary abnormality. There are several types of choledochal cysts. They carry a risk of development of complications such as stone formation, ascending cholangitis and malignant transformation. Surgical excision with bilio enteric reconstruction or liver transplant are carried out as treatment options.

Objective

Evaluate outcome of choledochal cyst excisions

Methods

Retrospective analysis of data

Results

During past 4 years 8 underwent choledochal cyst excisions, out of which 7 were females. Age range; 13 – 40. They presented with pain or obstructive jaundice and one patient was pregnant. Two needed pre-operative decompression and one underwent ERCP. The pregnant patient had external biliary drainage. 4 were operated by open approach and 5 by laparoscopy. In latter 2 required conversion due difficulty of posterior wall dissection. Both these patients had recent episodes of acute cholangitis. Seven cases were reconstructed using Roux en Y loops and one had hepatico gastrostomy. Out of the three patients who had successful laparoscopic excision, two underwent laparoscopic reconstruction ending up with a very small incision done to retrieve the specimen. Analgesic requirement was less in the total laparoscopy patients. All recovered well except one who developed a bile leak. This was managed with reopening, drainage and laparostomy. There was no mortality.

Conclusion

Laparoscopic excision is possible and has less post-operative pain with better cosmetic outcome. However the dissection may be difficult with risk of bleeding specially in patients with a history of cholangitis.

60 - Familial papillary thyroid carcinoma

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Abstract**Background**

Papillary carcinoma of thyroid (PTC) presents in sporadic or familial forms. Familial papillary thyroid carcinoma (FPTC) is a rare form of papillary carcinoma, it is aggressive more than the sporadic counterpart. Awareness of FPTC and optimal clinical approach to it is not well established. There are primary and secondary criteria for diagnosing FPTC. A hereditary predisposition to PTC is considered if both primary criteria or one primary criterion plus three secondary criteria are met. The following account is of a family with familial papillary thyroid carcinoma

Methods

Two patients from the same family with PTC were identified and criteria applied.

Results

Index patient was a 25y lady who underwent total thyroidectomy and nodal clearance for PTC. Her mother who was 51 y old also diagnosed as PTC and a total thyroidectomy was done. The grandmother and grandmothers' sister of the index patient also had a history of neck malignancy. The 25 y lady had multifocal disease with a T4 tumor. The mother had a T3 lesion without nodal involvement. There are no other siblings in the family.

Conclusion

1. The above 2 patients constitute a family with FPTC.
2. Awareness of the entity of familial papillary thyroid carcinoma is important.
3. Screening of siblings is mandatory in FPTC.

62 - Characteristics of female victims of violence admitted to a surgical casualty in a peripheral hospital in Sri Lanka

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Introduction

Women are often victims of violence in South Asian region but only few seek medical advice. While domestic violence is a recognized fact, other causes are also evident. Data on this aspect could be utilized to plan preventive strategies.

Methods

Prospective study including a qualitative component was conducted 2018 among females admitted due to violence to surgical casualty unit of Base hospital, Panadura from December 2017-April.

Results

9.8% of the admissions to female surgical casualty per month were following violence. Ninety Seven women participated. Mean age was 34 (range 22-76 years). Ethnicity of the participants were; 68%-Sinhalese, 24%-Muslims, 8%-Tamils. 36% were affected by neighbor/immediate family disharmony and the rest (64%) were following domestic(partner) violence. 92% were married and out of that 68% had married before age of 20 years. 78% had studied up to O/L's. 59% were housewives. Majority had soft tissue injuries and

severity was more in domestic violence group. Partner alcohol abuse was 71% in the same group. 38% and 13% were recurrent admissions in domestic violence and neighbor disharmony groups respectively. Sexual abuse was reported in 1%. 35% had sought legal help previously. No ethnicity difference of responses was seen. No community or hospital social support was and they believed it would be useful.

Conclusions

Domestic violence was not the only cause as about one third were victims of neighbor/immediate family disharmony in this cohort. Educational level is comparatively higher in this cohort compared to literature. Social supportive programs would be beneficial and their willingness to participate and satisfactory educational level may be an added advantage for the success of such programs.

64- Laparoscopic Paediatric Inguinal Hernia Repair

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Introduction

Laparoscopic surgeries, including repair of inguinal herniae, especially in adults, has become a popular option. However, the trend for its application in paediatric herniorrhaphy has been much slower. Our study utilised the extra-corporeal method to encircle the internal inguinal ring. The aim of the study was to introduce a modification to the existing extra-peritoneal high-ligation of the patent processus vaginalis (PPV) and to assess the outcome.

Methods

The study was carried out in the Provincial General Hospital at Ratnapura, Sri Lanka, between February, 2017 and March, 2018. There were 16 patients in all, between ages 3 and 12 years. A 5mm umbilical camera port for creating a pneumoperitoneum and a 3mm skin incision over the internal inguinal ring of the affected side were used, to introduce a non-absorbable suture, encircling the PPV. Retrieval of the suture was via a more lateral tract, but from the same skin incision, and ligated extra-corporeally.

Results

The study included 16 patients. One required converting to open procedure due to bleeding. Twelve of the

patients were followed up with no complications.

Discussion

Laparoscopy allows for minimal tissue handling and good visualization. It is also possible to access the opposite side groin for excluding bilateral herniae. Post-operative pain is less and recovery is faster. Disadvantages are that the procedure requires intraperitoneal access and needs more resources and equipment.

Conclusion

Laparoscopic inguinal herniotomy in a child is an available option with low rates of recurrence and faster recovery, and also an improved cosmetic outcome.

68 - Analysis of upper gastrointestinal endoscopic findings in patients presenting with upper gastrointestinal symptoms

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Introduction

Upper gastro intestinal endoscopy (UGIE) is frequently performed procedure in surgical and gastrointestinal units. Study aim was assess the endoscopic finding in patients with upper gastro intestinal symptoms.

Methods

Descriptive analytical study was conducted at provincial general hospital Rathnapura from December 2017 to May 2018. Seventy nine patients who undergone UGIE examination. We observed macroscopic features from oesophagus to duodenum.

Observed features were oesophageal candidiasis, oesophageal varis, oesophageal growth, pan gastritis, antral gastritis, bile reflux, stomach growth, hiatus hernia, gastric ulcers, duodenitis. Data was analysed with SPSS.

Results

Majority were male 48 (60.7%). Mean age was 55.92 (15-84). Oesophageal candidiasis 2 (2.5%), oesophageal varis 1 (1.3%), oesophageal growth 5 (6.3%), lower oesophagitis 4 (5.1%), pan gastritis 27 (33.2%), antral gastritis 7 (8.9%), bile reflux 9 (11.4%), stomach growth 3 (3.8%), hiatus hernia 4 (5.1%), gastric ulcers 2 (2.5%), duodenitis 1 (1.3%), and duodenal ulcers, normal study 12 (15.2%)

Discussion and conclusion

Around 85% of symptomatic patients had macroscopic pathology and finding of growth rate is 10.1%. UGIE examination for symptomatic patient is a viable option to diagnose upper gastrointestinal pathology.

69 - Value of intraoperative cerebro-spinal fluid (CSF) sampling in ventriculo-peritoneal shunting for non-infective cerebral pathology

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Introduction

Ventriculo-peritoneal shunt related central nervous system infection is a significant issue in clinical practice. This creates a massive burden to the patient as well as the health care system due to its considerable morbidity, mortality and the cost of care. Therefore preventive strategies are always followed during shunt procedures. Intraoperative CSF sampling to rule out pre-existing infections is practiced by most surgeons during shunt procedures even for non-infective cerebral pathology. The objective of this study is to describe the value of intra-operative CSF sampling for microbiological evaluation in ventriculo-peritoneal shunting for non-infective cerebral pathology.

Methods

64 patients who underwent VP shunt insertion for non-infective cerebral pathology were included in the study. Patients with infection related shunting were excluded. Pyogenic culture of intra-operatively sampled CSF was reviewed.

Results

31, 21 and 12 patients have undergone shunting for congenital hydrocephalus, hydrocephalus secondary to intracranial neoplasms and normal pressure hydrocephalus respectively. 13 patients (20%) had positive culture reports but only 2 of them developed shunt related central nervous system infections during the period of post-operative hospital stay. The 2 patients with postoperative infection had gram negative sepsis, but their intra-operative samples had gram positive organisms.

Conclusion

Routine intra-operative CSF sampling for pyogenic culture during ventriculo-peritoneal shunting for non-infective cerebral pathology seems to have no

significant influence on patient's management. Therefore this practice can be avoided to cut down unnecessary cost and workload.

70- Oesophageal mobilization by thoracoscopy and minimal access transhiatal approaches; a comparison of per-operative indices

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Introduction

Three stage oesophagectomy involves mobilization of stomach, thoracic oesophagus and cervical oesophagus. When performed by minimal access morbidity is reduced. Oesophagus may be mobilized by thoracoscopy or through the hiatus.

Objective

Comparison of per-operative indices

Methods

In patients undergoing minimal access oesophagectomy thoracoscopic mobilization was done for mid oesophageal tumours. The lung was partially collapsed using a capnothorax of 8mmHg while ventilating with a single lumen tube. For lower tumours it was performed via the hiatus after the stomach was mobilized laparoscopically.

The display of anatomy, time of dissection, blood loss and conversions were evaluated.

Results

20 patients underwent thoracoscopy and 15 transhiatal. In transhiatal approach the dissection was kept along the oesophagus and descending thoracic aorta was well visualized. In thoracoscopy all related anatomy; trachea, bronchi, aorta and azygous vein which is divided were well visualized. The mean time of surgery was 210 min in transhiatal and 300 min in thoracoscopy. However in thoracoscopy positioning semi-prone and changing to supine and changing monitor position adds about 30min. The blood losses were not measurable. One case was abandoned in thoracoscopy as it had local infiltration. One needed laparotomy for completion in the transhiatal group.

Conclusions

For mobilization of oesophagus thoracoscopy and transhiatal approaches are safe when selection is based

on tumour location. Thoracoscopy has the advantage of better anatomical display but need partial lung collapse and allows to assess resectability.

71- An app for breast cancer: do patients want one?

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Introduction

Whilst digital technology has progressed exponentially its adoption in health care is poor. This survey intends to elicit patients' views on a mobile app for breast cancer.

Methods

All patients attending a tertiary care breast unit, for 2 weeks, in December 2017 were given a questionnaire. Questions included; age, willingness to use a breast app and desired features. Statistical significance was assigned to a P value <0.05 (SPSS v21).

Results

411 questionnaires were returned. 35 % (142) were from patients under follow up for breast cancer (BC) and 65%(268) were patients attending for other reasons (NBC). 52% of CP and 23% of NBC patients > 50 year.

Table 1: Details of smart phone ownership, willingness to use an app and its features.

	BC (%)	NBC (%)	P value
Smart phone ownership	103(72.5)	217(84)	<0.01
Willingness to use a app	88(62)	152(60)	0.501
Would use this feature:			
Appointment reminder	126(89)	249(93)	0.32
Surgery date notification	119(84)	249(93)	0.04
Mammogram appointment	125(88)	246(92)	0.34
Chemotherapy appointment	115(81)	238(89)	0.13
Contact breast care nurse	125(88)	248(92.5)	0.29
Access to written information	113(79.5)	233(87)	0.17
Access to websites	113(79.5)	234(87.5)	0.12
Sharing experience	113(79.5)	222(83.5)	0.53

Conclusion

Our survey shows that there is an appetite for a breast app amongst patients. Half the patients were > 50yrs and even in this cohort 2/3 wanted to use the breast app and ≥80% wanted to use the features. There is an unmet need for breast cancer apps that needs to be addressed.

72- Day Surgery inguinal hernia mesh repair under local anaesthesia

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Introduction

Inguinal hernioplasty is worldwide well established Day-case procedure; aim is to assess safety, feasibility and patient satisfaction.

Methods

Prospective descriptive study, data collection 24 months. Inguinal hernia patients with ASA grades I, II included, operations by single surgeon. Structured tool collected demographics, ASA grading, hernia type, per-post-op details/ complications, satisfaction.

Results

Total 47 patients operated, 43(91%) male and 36(76%) right side hernia. 36(76%) in 41-50 and rest in 51-60 years age group. 34(72%) had pre-op pain score 3-4/10, post op pain score in 2 weeks was the same. 13(27%) had pre and post op pain scores 4/10 and 2/10 respectively. One small haematoma managed conservatively. All patients Very satisfied with type of anaesthesia, duration of stay and pre and post-op analgesia. 40(85%) very satisfied with overall care, 7 were satisfied. Pre-op surgical information and post-op review rated very satisfied by 41(87%) and 6(12%) were satisfied. 38(80%) satisfied with recovery at home and 6(12%) very satisfied. 26(55%) recommended same care to family member. At 3 months 17(36%) were very satisfied, 24(51%) satisfied and 6(12%) fairly satisfied with the Day-case procedure.

Discussion and conclusions

We were able carryout the inguinal hernia mesh repair under local anaesthesia with minimal complications and significant patient satisfaction. We recommend more subject recruitment and multi-center study to develop dedicated day-case surgical units in Sri Lanka.

73 - Parathyroidectomy: experience of a single unit **N P N Karunaratne, M H P Godakandage, LA Ranasinghe** **General Surgery Unit, National Hospital of Sri Lanka**

Introduction

Parathyroid adenoma being the most common cause of primary hyperparathyroidism; parathyroidectomy has evolved from 4-gland exploration to focused parathyroidectomy. Being the culprit for a wide range of ailments, hypercalcaemia is the most common cause for which a parathyroid pathology is pursued.

Methods

Patients who underwent parathyroidectomy by a single surgeon from April, 2014 to April, 2018 in a single unit were included in the study. Patients' presentation, imaging and post-operative complications were analysed.

Results

A total of 11 patients underwent parathyroidectomy for symptomatic hyperparathyroidism. 7 out of 11 were females. Mean age at diagnosis was 48 years. 5 of them presented with recurrent bilateral nephrolithiasis, 3 with pathological femur fractures. Two were being treated for psychiatric illnesses.

All of them had elevated ionized calcium and elevated PTH levels with normal urinary calcium. The parathyroid adenoma in 8 patients out of the 11 were localized using ultrasound scan. Other 3 underwent sestamibi scan; one of which revealed an ectopic parathyroid adenoma behind the right sternoclavicular joint.

All underwent focused parathyroidectomy through <4cm incision. Two of them were performed under local anaesthesia. Correlation between the actual site of the gland and image localization was 100%. Intraoperative PTH monitoring was not performed. Five (5) out of 11 patients developed post-operative transient hypocalcaemia on day 2 after surgery.

Conclusion

Primary hyperparathyroidism embodies diverse presentations. Parathyroid localization by imaging studies is an important prerequisite for successful focused parathyroidectomy. The predominance of single gland disease has led the focused parathyroidectomy to be more popular.

76- Thoracic wall reconstruction can we plate flail chest in a district general hospital?

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Introduction

Flail Chest Injury is not uncommon in general surgical practice. It can be isolated or part of poly trauma. Immediate fixation of the ribs can reduce prolonged ventilation and post injury pneumonia. We have introduced an innovative, minimally invasive rib fixation technique that can be done at any general surgical setting. We have introduced the mesh plate used for cranioplasty for this fixation of ribs. This study explores outcome following the initial case series.

Methods

Our unit has so far operated on 4 cases due to severe flail chest injuries. In this study we have analyzed the severity of injury, injury plating pattern, post-operative complications. Study was done on patients operated from 2016 January to 2018 May.

Results

Unilateral Flail Chest Injuries – 3
 Bilateral Flail Chest Injuries – 1
 Multisegment plating (comminuted fractures) - 2
 Manubriosternal disjunction - 1
 Sternocostal disjunction (Bridging plates) – 1
 Referral Source – 100 % ICU
 Extubation after 48 hours – 100%

Conclusion

This new method is extremely successful with early extubation and is indicated in: Multisegment plating (comminuted fractures), Manubriosternal disjunction, Sternocostal disjunction (Bridging plates).

79- Ptosis correction - What can you tell your patient?

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Introduction

Partial or complete ptosis is a correctable surgical entity that many surgeons come across. Commonest presentations of ptosis is congenital Levator Palpabrae Superioris (LPS) aponeurosis not properly attaching to tarsal plate. 'Marcus-Gunn phenomena' (MGP) has an aberrantly innervated LPS. This is related to jaw movements. LPS dystrophy can lead to a non-contracting LPS, this and the former needs external

mechanism of elevated lid. Thus variable nature of LPS function, the first surgery may not yield the expected result. This study is on the overall performance of surgical treatment to re-write the consent forms to give a realistic picture.

Methods

Data was from the craniofacial database to identify the number of patients, pathology, re-surgery rate. The study included all the patients (20) operated by the senior author from 2013 to 2018 May. (Paediatric-11 adults-9)

Results

Congenital LPS detachment (excluding dystrophy)-11, Readjustment rate-02; MGP-05, Revision rate-01; Post traumatic ptosis (only LPS plication)-3, failure rate-0; LPS dystrophy 3, LPS plication failure rate 66%, frontalis sling failure rate 0/2, readjustment rate 0/2.

Conclusion

Patients may need to be told about the surgery are: it has a good success rate if it is simply re attachment, with a 20% chance of readjustment; has a risk of doing a different type of procedure if LPS is found to be dystrophic; need the consent at the outset to do a palmaris longus (PL) frontalis sling if plication failure; LPS excision with PL sling may also need re adjustment occasionally.

84- The trends in the incidence and histology of gastric cancers in Sri Lanka from 2001-2010: Analysis of National Cancer Registry data

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Introduction

Varying patterns in incidence of gastric cancer (GC) have been reported from different parts of the world. We conducted this study to examine trends of GC incidence in Sri Lanka.

Methods

A retrospective cohort evaluation of newly diagnosed patients with GC in Sri Lanka during 2001–2010 was performed using population based data published from

the National Cancer Registry. Trends in incidence was analysed by age and gender using Joinpoint regression software.

Results

A total of 2438 (male: female=2.8:1, mean age: 59.2years) GC were analysed. Of those 359 (14.7%) were classified as non-specified neoplasm/carcinoma. Of the remaining 2079 patients, the majority (84.2%, n=1751) were adenocarcinoma/its variants and 9% (n=187) were squamous cell carcinoma (n=187, 9.0%). The WHO age-standardized incidence of GC in Sri Lanka was observed to have significantly increased from 1.06 per 100,000 in 2001 (95%-CI=0.9–1.21) to 1.84/100,000 in 2010 (95%-CI=1.64–2.05); with an estimated annual percentage change (EAPC) of 7.9 (95%-CI=6.0–9.8). Highest incidence was observed in 65–69-year group (7.3/100,000). The proportional increase in incidence was greater for females (from 0.5 to 1.1, EAPC: 8.9, 95% CI=5.3– 12.6), p<0.05 for trend) compared with males (from 1.71 to 2.72, EAPC: 7.9, 95% CI=6.0–9.8), p<0.05 for trend).

Conclusions

An increase in the incidence of gastric cancer in Sri Lanka was noted specifically in females which could be at least partly due to better diagnosis and reporting.

Further studies including tumour stage and mortality may help in better understanding of the disease burden and potential underlying reasons.

85- Does all patients with haemorrhoids need flexible Sigmoidoscopy to exclude synchronous lesions; Single unit experience in a tertiary Care centre.

SS Sooriyaarachchi, S Tilakaratne
National Hospital of Sri Lanka

Introduction

Bleeding haemorrhoids are common presentation to surgical units, but further evaluation is demanded due to rising incidence of colorectal malignancies. Therefore a routine flexible sigmoidoscopy is performed in each patients to exclude synchronous lesions.

Methods

All Patients present with per-rectal bleeding after consenting were selected to the study. Questionnaire inquiring symptoms, complications and sigmoidoscopy findings were noted. Data was analyzed by SPSS version 23.

Results

Total of 220 patients selected to study ranging from age 20 to 78. Mean age is 50.69. 60% patients were males. 30.9% patients were below the age 40 years. Of them 19:15 were respectively males and females and 47:29 in more than 40 years age group. 30% patients presented with lump at anus, 28.2% with per rectal bleeding and 40.9% with both above symptoms. Majority cases fall into grade II haemorrhoids 50.9%. Grade I, III and IV respectively 18.2%, 20.9% and 10%. 34.5% has a family history for haemorrhoids. Only 21.8% were aware of possible association to malignancy. During Flexible sigmoidoscopy 2 patients from <40 age group had histologically confirmed malignant lesions in rectum and 2 inflammatory lesions suggestive of IBD. In >40 age group found 12 malignant rectal lesions, 6 higher malignant lesions and 4 benign polyps. In respect to malignancy in both age groups, P value is 0.0338, test is statistically significant.

Conclusion

Routine evaluation with flexible sigmoidoscopy in >40 age group is helpful in detecting synchronous lesions. However in <40 age group, only a selective endoscopy would be adequate.

89- Knowledge of patients regarding symptomatic haemorrhoids, available treatment modalities and Assessment of post procedural pain: single unit experience in a tertiary care Centre.

S S Sooriyaarachchi, S Tilakaratne
National Hospital of Sri Lanka

Introduction

Although it is common presentation, most of the patients seem lacking knowledge on basic information regarding haemorrhoids.

Methods

Patients who present with symptomatic haemorrhoids after consenting were selected to the study. A questionnaire focusing symptoms, available treatment options and objective assessment of post procedural pain used to collect data. Analyzed by SPSS version 23.

Results

Total of 220 patients from age 20 to 78 were selected to the study. Mean age is 50.69. 60% patients were males. 30% patients presented with lump at anus, 28.2% with per rectal bleeding and 40.9% with both above

symptoms. 68.2% patients were seeking medical help because of either per rectal bleeding or lump at anus, 10% due to prolapsed and thrombosed haemorrhoids and 21.8% due to afraid of a malignancy.

Majority cases fall into grade II haemorrhoids; 50.9% (n=112). Grade I, III and IV respectively 18.2% (n=40), 20.9% (n=46) and 10% (n=22). 27.3% were aware of availability of STD injection therapy, 20% about banding and 40.9% about surgery. Grade I disease managed by phenol injection; 26/34 (76.4%) had only a mild pain. Grade II and some of grade III disease managed by banding therapy. 12/154 (7.79%) has severe pain.

Grade IV and several grade III disease managed by surgical haemorrhoidectomy under spinal anaesthesia. 16/24 (61%) has experienced severe post-operative pain amenable to opioids.

Conclusion

Basic awareness regarding haemorrhoids and interventions is not satisfactory in the study group. Need patient awareness programs arranged and intense post-operative pain management protocols. Patients who present with symptomatic haemorrhoids after consenting were selected to the study. A questionnaire focusing symptoms, available treatment options and objective assessment of post procedural pain used to collect data. Analyzed by SPSS version 23.

92 - A single center descriptive study on Injury pattern of violence against women by intimate partners

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Introduction

Violence against women is a worldwide problem across all cultures, races, socioeconomic levels and educational levels. Women seeking medical care is far less than actual number of victims. In this study 73 women who were physically abused by their intimate partners and presented to accidents service at National Hospital during March and April 2018 were allocated.

Methods

Injury history was taken from 63 women who were able to communicate. Forensic records of all of them were analyzed for injury pattern and the weapon used. Time from the beginning of relationship to incident also recorded.

Results

Most of the injuries were in the category of non-grievous hurt and 62 out of 73(84%) women had maxillo-facial injuries.52(71%) of them had multiple contusions, abrasions and minor lacerations on the face.47(64%) of them had upper chest and upper arm injuries.25(34%) of them had abdominal injuries with 8 cases of solid organ injuries.56(76%) had upper limb injuries most are defense injuries which included 16 cases of ulnar shaft fractures.12(16%) had lower limb injuries with 4 cases of tibial shaft fractures.57(78%) of them assaulted by hand. Other weapons as wooden roads, knives etc., used the in rest.6 ICU admissions and 3 deaths,1 due to setting fire after pouring petrol and 2 due to stab on chest reported.65(89%) cases reported within first two years of relationship.

Discussion and conclusions

Violence against women by intimate partner is a complex entity which needs further research including the social, physical and psychological aspects of it. In most cases repeated violence could be prevented by proper counselling of both partners.

94 - Laboratory Risk Indicator for Necrotizing Fasciitis (LRINEC) score: How useful is it in clinical practice?

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Sri Jayewardenapura General Hospital, Sri Lanka

Abstract

Introduction

Necrotizing fasciitis (NF) is a rapidly progressing infection which causes necrosis leading to systemic complications and potentially death. Early clinical differentiation from cellulitis is essential to plan surgical management. LRINEC score is a tool developed to predict the risk of developing NF based on six parameters at the time of presentation. C-reactive protein (CRP), total white cell count, haemoglobin, serum sodium, serum creatinine and glucose.

Objective

Determine the effectiveness of the LRINEC score in predicting the risk of developing NF in patients with skin and soft tissue infections.

Methods

A retrospective analysis of patients admitted to our surgical unit between January 2017 and February 2018. Patients were categorized as having Low, Intermediate or High Risk of developing NF based on their LRINEC

score. This was statistically correlated with a true diagnosis of NF. $P < 0.05$ was considered significant.

Results

Total of 194 patients. Mean age 63.25 years (range 13-96). 176 (90.7%) had cellulitis while 18 (9.3%) had NF. 153 were categorized as low risk, 21 intermediate risk and 20 high risk according to the LRINEC score. In the high risk group 40% had NF while 60% had cellulitis. In the intermediate group 23.8% had NF while 76.2% had cellulitis and in the low risk group only 3.3% had NF while 96.7% had cellulitis. ($P < 0.001$)

Conclusion

LRINEC score is an effective tool to predict the risk of developing NF in a patient with skin and soft tissue infection.

96-Serum total bilirubin and C - reactive protein (CRP) in the diagnosis of Acute Appendicitis.

J D Prasad, G A A Harischandra, S A Gunawardena
Sri Jayewardenapura General Hospital, Sri Lanka

Introduction

Several biochemical markers have been used to aid in the diagnosis of acute appendicitis such as white cell count (included in the Alvarado score) and CRP. Serum Total Bilirubin has been recently suggested as a more specific marker.

Objective

To determine the significance of Serum Total Bilirubin and CRP levels in the diagnosis of acute appendicitis.

Methods

A retrospective analysis of patients who underwent appendicectomy in our surgical unit between October 2016 and March 2018. Serum Total Bilirubin and CRP levels at the time of presentation were analyzed. A CRP value of < 6 and Total Bilirubin value of 1.2mg/dl or below was considered normal. $P < 0.05$ was considered significant.

Results

Total of 146 patients underwent appendicectomy. Mean age 27.12 years (range 6-76). 123 patients had CRP done at time of presentation. 111 were histologically proven to be appendicitis and CRP was elevated in 93 (83.8%). Histology was normal in 12 cases and CRP was elevated in 8 patients (66.7%). Therefore CRP level was not significant in diagnosing Acute Appendicitis ($p = 0.142$).

98 patients had Total Bilirubin levels done at the time of presentation and 86 were histologically proven to be appendicitis. 16 among them had high bilirubin levels (18.6%). 12 were histologically normal and none had elevated bilirubin levels. However there was no statistical significance in the use of bilirubin in diagnosing acute appendicitis ($p=0.102$).

Conclusion

Serum Total Bilirubin and CRP levels were not significant in the diagnosis of acute appendicitis.

97- Phantom rectal syndrome after abdominoperineal resection - A unit based retrospective study

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Background

Phantom rectal syndrome (PRS) is a rare and a poorly understood area where patients with a background of Abdominoperineal resection (APR)/similar dissection develop symptoms arising from the resected bowel. Symptoms are either painful or non-painful. This descriptive study attempts to explore the prevalence and the burden of these symptoms.

Methods

This descriptive study was conducted at Colombo North Teaching Hospital amongst patients who underwent APR. Interviewer based questionnaire was administered to a total of 30 surviving patients within past 5 years.

Results

Out of the 30 patients, 33% had sensation arising from the resected distal bowel. And out of those with symptoms, 80% of patients had painless symptoms and only 20% of patients had intermittent painful rectal symptoms.

All patients who had such symptoms had undergone the surgery at an age less than 55 years Laparoscopic surgery had 35% risk of PRS compared to pure open procedure which is 30%. 80% patients are staged II B Only 20% of patients with symptoms have sought emergency medical attention and symptoms objectively halved with regular analgesics. Reassurance at clinic level was received by all patients and the perturbations to activities of daily living was minimal afterwards.

Conclusion

Phantom Rectal Syndrome is a common but poorly addressed complication of perineal surgery in APR. And the likelihood increases with younger age group, perirectal involvement. We feel a thorough explanation of the possibility of phantom rectal symptoms preoperatively and post operatively is required and will improve symptoms.

100- Three wheeler crashes: experience in a base hospital in Kandy District

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Introduction

Three wheeler crashes cause significant morbidity of its victims but little research has been conducted to study the outcome of these victims.

Methods

Cross sectional descriptive study done in surgical casualty department of Base Hospital Gampola from 01.08.2017 to 31.01.2018, analyzed the casualty admissions in relation to three wheeler crashes.

Results

Total number of 55 admissions were analyzed and 40 (72.7%) were males and 15 (27.3%) were females. Mean age of male patients was 32.9 (± 14.8) yrs and 35.5 (± 19.2) yrs for females. Most of the incidents happened during 12.01pm to 6.00pm (Males 45% and females 46.7%). Commonly injured body area in males was pelvic girdle and lower limbs (60%). Head (53.3%) was the commonest area injured in females. Majority of these injuries were superficial (Males 59.2% and females 53.3%). 15% of male patients were under influence of alcohol. Transfer rate to tertiary care center in males was 17.5% and 13.3% in females. The most vulnerable age group in three wheeler crashes in males is 19 – 40 yrs (47.5%) and in females it is over 40yrs (46.7%).

Conclusion

Young male adults are more affected in three wheeler crashes and lower limbs are more vulnerable to get injured. Comparatively females were less affected and most of victims are over 40yrs and they sustain head injury. In addition significant percentage of patients needed tertiary care because of these accidents.

101 - An occupational injury caused by hand held angle grinder - A descriptive study

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Introduction

Hand held angle grinder is a commonly used power tool by metal workers, welders, masons handling tiles and automobile mechanics. It is an electric motor fixed to a rotating disc, weighing about 1.5-2kgs. It is designed to operate with both hands. Wearing protective gears is recommended by the manufacturers. Injuries caused by this tool are mostly disabling type and affects economically productive population thus their socioeconomic status and the national productivity.

Methods

This is a retrospective descriptive study conducted at National hospital accident service over 5 months. Forty-one patients were assessed by a study investigator. History, clinical examination and Investigations were interpreted and intra-operative findings were documented and categorized. Patient's working experience and the use of protective gear are considered.

Results

Mean age was 39.3 years (SD 12.8) and the median duration of experience was 10 years. All were males. The commonest injury was combined injury 51.2% (21) followed by amputations 19.5% (8) and combined injury with amputation 12.2% (05). 68.3% of the workers (28) were self-employed and 31.7% (13) were company employed. Contact with uncontrolled grinder was the commonest cause for injury (41.5%) 17 followed by entanglement with grinding objects (17.1%) 07 and projected broken discs (12.2%) 05. 92% (38) of the workers didn't use protective equipment. 75.6% of the time (31) injury occurred when non-dominant hand was used to hold. There was no significant difference in the severity of the injury and the work experience in chi square ($p=0.112$).

Discussion

Following manufacturer's recommendation could have prevented majority of these injuries. A national authority should pay attention to increase awareness. Increased number of data would provide better picture about the gravity of this occupational hazard.

102- Adequate attention paid for consent taking? An operating theater experience

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Introduction

For surgeries, the consent is a vital requirement. Surgeries are done without consent would consider causing hurt or grievous hurt under local law. Penal Code section 80-86 defines how a surgeon can be exempted from such an offence. Consent includes explaining the disease, management options, complications finally a legal agreement between two parties.

Methods

This study is a prospective descriptive study to analyze the consent taking conducts at NHSL in three routine theaters questioning 127 patients, studying their clinical notes over 3 months, aged above 18 years with sound mind.

Results

7 patients (5.5%) hadn't written consent. 18 patients (14.2%) weren't aware the site of incision. 115 patients (90.5%) weren't told other options. 16 (12.6%) patients weren't aware the complications. 102 patients (80.3%) not told anesthesia complications whereas 30 (23.7%) about general surgical and 60 (47.2%) specific complications. 30 patients (23.7%) consent taken within 6 hrs prior to the surgery, 73 (57.5%) within 24 hrs and 24 (18.9%) before 24 hrs. 56 patients (44.1%) consent was taken by intern doctor whereas 10 (7.9%) by nursing officer, 38 (30%) by medical officer and 23 (18.1%) by post-graduate trainees. In 98 cases (77.2%) mother language is used, 23 (22.8%) 2nd language is used. 118 patients (92.9%) didn't know either the name or the position of the consent taking person. 112 cases (88.2%) no chance given for clarifications. 110 cases (91.7%) only patient was signed whereas in 10 cases (8.3%) both doctor and patient were signed and no case found where the witness was signed.

Discussion

More attention should be paid for the components of the consent taking & implicating a check list is suggesting. Suggest filling WHO check list in all surgeries. More data would have given the real picture in the hospital.

103- Indications for red cell transfusions in selected general surgical units of a tertiary hospital

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Introduction

Red cells transfusions are required for surgical patients in elective and emergency circumstances. Over the past couple of decades, the indications for transfusions have shifted towards a more restrictive approach. This prevents inappropriate use of a limited resource and minimises transfusion related morbidity and mortality. The objective of this study was to identify current practice in general surgical units.

Methods

This descriptive cross sectional study was conducted in selected general surgical units over 3 consecutive months using patient records.

Results

196 patients were recruited of which 79.08% (n=155) were elective transfusions while 20.91% (n=41) were emergency transfusions. The main indications for elective transfusion were wound healing 52.2% (n=81) (including diabetic foot wounds) and pre-operative optimization 21.4% (n=34). Of the emergency transfusions 31.7% (n=13) were for intra-operative bleeding. Only a single (0.5%) febrile non-haemolytic reaction (FNHTR) was reported for the whole group.

Discussion and Conclusions

Red-cell transfusions are currently recommended for asymptomatic patients with chronic anaemia when the Hb <7g/dL. Most elective transfusion recipients in this population had asymptomatic anaemia and a Hb > 7g/dl indicating a tendency for over transfusion. However, recommendations must be tailored to special circumstances such as those with ischaemic heart disease and diabetic foot sepsis where impaired compensatory mechanisms for oxygen delivery confound the picture. The small study population and non-documentation may account for the low incidence of FNHTR compared to published figures of 1-5%. A balanced approach maximising oxygen delivery and minimising complications is advised for red cell transfusions.

104 - Elective blood transfusions in surgical patients with chronic kidney disease (CKD)

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Introduction

The rising incidence of diabetes has resulted in larger numbers of patients with diabetes and diabetes related complications in surgical wards including those with chronic kidney disease (CKD). Red cell transfusions in these patients increase the risk of allosensitization with attendant poor outcomes after renal transplantation. This study examines transfusion practices among surgical patients with CKD.

Methods

A descriptive cross sectional study was carried out in selected general surgical wards of a tertiary hospital. All patients who received elective red cell transfusions over 3 consecutive months in selected general surgical wards, including those with CKD were recruited.

Results

17.4% (n=27) of those transfused had CKD. Of them, only 18.51% (n=5) had a pre-transfusion blood picture. In those without symptoms of anaemia, 44% (n=12) were transfused for wound healing and 34% (n=9) for pre-operative optimization. Only 14.8% (n= 4) received leucocyte-depleted red cells transfusions. 14.8% (n=4) had oral iron supplementation without concomitant use of erythropoietin.

Discussion and Conclusions

Red cell transfusions in asymptomatic CKD patients should be undertaken with caution because of the dangers of sensitisation. These results show deviation from best practice. A blood picture is essential to determine the type of anaemia in CKD patients and institute appropriate therapy. When iron deficient, it is recommended to combine erythropoiesis stimulating agents with iron; in the oral form for non-dialysed and IV form for dialysis dependent CKD patients. Where required, transfusion of leucodepleted red cells is recommended. The importance of establishing national guidelines is emphasized.

105- Threshold for elective red cell transfusion in surgical patients at a Sri Lankan tertiary hospital and comparison with guidelines

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Introduction

Elective red cell transfusions are indicated in circumstances that require improved tissue oxygenation. Adherence to guidelines minimises transfusion related morbidity and mortality and wastage of limited resources. This study surveys local practice in selected surgical units.

Methods

This is a descriptive cross sectional study of all patients (n=155) who received elective red cell transfusions over 3 consecutive months in selected general surgical wards.

Results

Most, 73.5% (n=114) transfusions occurred at a haemoglobin (Hb) of 7-10 g/dL, while 26.55% (n=41) occurred at a Hb < 7 g/dL. None occurred at an Hb >10g/dL. Mean units transfused for an Hb <7g/dL was 2.07 (SD = 0.959) and a Hb of 7-10g/dL was 1.59 (SD = 0.831). Most, 85.16% (n=132) did not have pre-transfusion blood pictures. Microcytic hypochromic anaemia was the commonest 56.52% (n=13) finding on a blood picture.

Discussion and conclusion

In the absence of ischaemic heart disease, a restrictive pattern of blood transfusion (Hb<7g/dL) is recommended for asymptomatic surgical patients. However, most patients transfused for pre-operative optimization and wound healing in this study were asymptomatic but had an Hb between 7-10g/dL. The number of units transfused per patient to achieve the recommended Hb range was within acceptable limits. The low rate of pre-transfusion blood pictures in elective circumstances impedes identification of the aetiology of anaemia and may result in inappropriate therapy. National guidelines will contribute to rationalise the use of red cell transfusions.

106- Immunohistochemical profile and its association with other prognostic variables in a cohort of breast cancer patients presenting to the National Cancer Institute, Maharagama.

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 H D M I C Dharmaratne, P Abeygunasekara,
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Introduction

Although the prognostic and predictive utility of oestrogen receptor (ER), progesterone (PR) receptor and her2-neu expression in breast cancer has been well established, few studies are available in the local setting. More recently Ki67 proliferation index has emerged as a robust prognostic biomarker resulting in its incorporation into routine analysis. We conducted a retrospective review to determine the profile of immunohistochemical parameters and its association with common prognostic variables.

Methods

The immunohistochemistry reports of breast cancer patients presenting to the National Cancer Institute, Maharagama between 2016 and 2017 were reviewed and data obtained on age, histology, type of surgery, grade and results of immunohistochemical analysis. Patients with incomplete results were excluded from the analysis. Associations between pathological variables and immunohistochemical profile were tested using the Chi-Squared test.

Results

818 patients were included in the analysis. The mean age was 57 years (range 23-94). 503 (61%) patients had hormone sensitive tumours while 160 (20%) showed overexpression of Her2/neu and 260 (32%) patients triple negative tumours. Tumour showing her2/neu overexpression and triple negative tumours were associated with high grade (p <0.001). A high ki67 proliferation index was also associated with triple negative and her/2-neu positive tumours (p<0.001). There was no association between immunohistochemical profile and age (p=0.38) or type of surgery (p=0.41).

Conclusion

The immunohistochemical profile of breast cancer in our cohort is comparable with regional data. Although ki67 proliferation index is associated with expression of

hormone receptors and her2/neu, our data confirm its importance as an independent prognostic factor.

107- Effectiveness of extracorporeal shock wave lithotripsy (ESWL) in treatment of chronic pancreatitis

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Introduction

Obstruction of main pancreatic duct (MPD) with upstream intra-ductal hypertension and dilatation due to calculi may contribute to the pathogenesis of pain in chronic pancreatitis. ESWL has a place whenever ductal obstruction cannot be primarily relieved by pancreatic sphincterotomy and stenting.

Methods

Nineteen patients with symptomatic chronic pancreatitis with MPD obstruction due to calculi who presented over a period of six months were referred to Teaching Hospital Karapitiya for ESWL. Six had only a single calculus while others were having multiple calculi. Effectiveness (Disruption of calculi) of treatment was assessed after ESWL by Endoscopic Retrograde Cholangio-Pancreatography (ERCP).

Results

In twelve patients, successful MPD stenting was possible after first ESWL. All patients with single intraductal calculi and six patients with multiple calculi were included in this group. Six of remaining seven with multiple calculi were successful after the second attempt of ESWL. One required pancreatico-jejunostomy. Mean waiting time for ESWL was 22 days. No serious complications were recorded following ESWL.

Conclusion

Although ESWL is not widely available in Sri Lanka, it is a safe and effective adjunct with acceptable waiting time, irrespective of the distance between the two hospitals, for the treatment where primary endotherapy was not successful. It increases the success rate of non-surgical treatment of patients with chronic pancreatitis. May need multiple attempts where stone burden is high.

111 - Descriptive Analysis of thyroid carcinoma; a single unit experience

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Introduction

The incidence of thyroid cancer is increasing worldwide. The goal of our study was to report the incidence of thyroid cancer with the histological variation and to find out the distribution of histological patterns with regards to age and sex in the Sri Lankan population.

Methods

We conducted a retrospective study. Data was obtained from Cancer Institute Maharagama from 01/01/2016 to 30/ 02/ 2018. Data was analyzed with regards to histopathological types, age and sex.

Results

A total of 89 patients were analyzed. Out of them 21 were males and 68 were females. The most common type was papillary carcinoma (77.15%) and among the papillary carcinomas classical type (42%) was the commonest. The incidence of follicular carcinoma was 7.86%, Hurthle cell carcinoma was 6.74%, anaplastic carcinoma was 4.61% and poorly differentiated was 3.6%. Anaplastic and poorly differentiated were more common in females (n=7) than males (n=2) and majority (88.8%) was between the 60 to 80 year age group. Majority of papillary carcinomas were found in 20 to 40 year age group (n=28), while the second peak was in 40 to 60 year age group (n=19).

Conclusion

Among the Sri Lankan population the male to female ratio of thyroid cancer is 1:3.2 with the most common type being the papillary carcinoma while anaplastic and poorly differentiated were found in the older age group. Further studies with larger samples are necessary to understand the histological subtypes and also help to maintain a detail cancer registry.

112 - Major morphological variants of ampulla of Vater as seen from endoscopy and their prevalence

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Introduction

Endoscopic retrograde cholangio-pancreaticography (ERCP) is a commonly used tool in diagnosing and treating pancreatic and biliary tract pathologies. It is well-known that the size and the morphology of Ampulla of Vater vastly influence the access to biliary and pancreatic tracts and in deciding various modes of access. In this study we aim to identify major morphological variants of Ampulla of vater and their pattern of distribution in the population.

Methods

193 virgin ampullae were visualized during ERCP and its morphological characteristics were appreciated by 05 experienced endoscopists. Accordingly they were categorized in to 4 major categories based on a recently validated classification.

Results

Among the 193 subjects (98 females and 95 males) age ranged from 11 to 87 years (mean 53.49+/- 17.07). Type I or classic type was present only in 32% (62) of the subjects. Small/flat type ampulla (type II) was observed in 30.05% (58) caeses. 19 subjects (9.8%) had bulging or type III ampulla, while 33 (17.07%) showed ridged or type IV variant. Type I and II showed equal gender distribution, while type III and IV showed female predominance.

5 cases were excluded due to significant inter-observer variation, while 16 were classified as borderline morphologies between classic type and other types.

Among the 66 subjects who had common bile duct calculi, no significant deviation from general pattern of distribution was observed.

Conclusion

Effects and associations of these morphological variants on biliary and pancreatic cannulation and pathologic conditions of pancreatobiliary tract need to be further studied.

113 - Quality of discharge instructions and patient's perception of after hospital care plan

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Introduction

Comprehensive and individualized discharge instructions are a critical entity of continuation of care following hospital discharge. However such a standardized format or protocol is currently not available in Sri Lankan context. The quality of discharge information is highly dependent on individual health care personnel. In this study we aim to qualitatively assess the comprehensiveness and patients' perception of existing after hospital care plan on a tertiary care hospital.

Methods

We have interviewed 105 patients soon after discharge or during their first follow up visit, who have undergone a major surgical procedure or had a lengthy hospital stay. Quality of discharge instructions was assessed with reference to the standards taken from Department of Health, United Kingdom. ("Discharge from hospital: pathway, process and practice"). Patients' perception was assessed using a modified version of Patient Continuity of Care Questionnaire (PCCQ).

Results

Vast majority of discharge plans had addressed all the critical areas at least briefly. Major pitfalls were found in 1) Lack of pre-discharge planning (85%), 2) Lack of involvement of patient/ carer in discharge planning (73%), 3) Inadequate time spent on giving discharge instruction (mean=4 mins), and 4) Unavailability of discharge instructions in native languages.

Despite above pitfalls, majority of the sample were satisfied with their discharge plans (76%). Lack of satisfaction was seen mainly in high income and low education level groups and patients with chronic debilitating wounds.

Conclusion

Results indicated the need for national and institutional level intervention to implement and monitor the quality of after hospital care.

114- Brachial artery flow calculation is a reliable method of Arterio Venous Fistula (AVF) flow measurement

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Introduction

Monitoring the AVF's are needed to predict future risk of failure. Measuring the venous flow by Doppler Ultrasound is the standard method of monitoring. However venous flow varies due to turbulence, variation in diameter and compression by the probe. This can be overcome by measuring the flow at the inflow artery. In this study we have analyzed AVF flow rates measured at inflow artery.

Methods

This is a descriptive cross sectional study. Patients undergoing HD through native AVF's at the Teaching hospital Anuradhapura were included. Patient demography, duration of AVF, dialysis access venous, inflow arterial and contralateral arterial flow and diameter were measured using Doppler ultrasound. These measurements were repeated 3 times at different level of vessels. Flow rate at the AVF vein was varying by large numbers on repeated measurements whereas Inflow arterial flow did not vary. Therefore inflow arterial flow in both limbs was obtained. Fistula flow was calculated by subtracting contralateral from the ipsilateral brachial arterial flow.

Results

31 patients were included. 24 males and 7 females with a Mean age 51.2 years (24 –65) commonest dialysis access was Brachio Cephalic (63.3). mean follow-up was 20.2 months (1-108) Mean diameter of the AVF vein at one inch from the anastomosis was 0.64 cm (0.36 –1.12). Median AVF flow (using brachial arterial flow) was 933.5 ml/min (392– 2028).

Conclusion

Measurement at inflow artery gives a reliable and reproducible way of measuring AVF flow. Median flow of the patients were 933.5 ml/min which is a good flow rate in our population.

115 - Pattern of extremity vascular trauma presented to accident service of National Hospital of Sri Lanka

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Introduction

Extremity vascular trauma (EVT) carries significant morbidity and mortality leading to limb loss and death. A study was conducted to evaluate incidence, common mechanisms of injury, injury patterns and outcome of these patients presented to NHSL.

Methods

Retrospective analysis of data on EVT patients admitted to accident service of NHSL from December /2017 to April/2018 was carried out.

Results

Fifty eight were included, male: female was 97:3. Mean age was 29 ranges from 14 to 67. Mechanisms of injury were RTA-38%, self-inflicted cut-22%, Accidental cut-17%, assaults-12%, fallen from height-12%, trap gun injuries-3%, animal bites-2%. Injury patterns were sharp cut-47%, blunt trauma-47% and penetrating-6%. Upper limbs (UL) were affected more than lower limbs (LL), 59% and 41% respectively. Sites of upper limb injuries were; brachial artery-19%, radial-15%, ulnar arteries-7%, both-15%. In lower limb, popliteal artery injured in-21% and femoral artery-19%, femoral vein-2%. Self-inflicted cuts were the commonest cause for UL-EVT (39%), whereas motor vehicle collisions were the commonest cause for LL-EVT (79%). Bone fractures seen in-24% in UL and 75% in LL, all tendons, nerves, muscles involved in-28%. Five primary B-K (Below-knee) amputations were due to mangled limb and none due to isolated EVT. 58% underwent end to end anastomosis, 28% RSVG (Reversed Saphenous Vein Graft), 8% thrombectomy, primary suturing-6%. Re-exploration done in-5% and no failures or amputations after vascular repair in this cohort reported.

Conclusions and Recommendations

Majority of EVT were due to motor vehicle collision and self-inflicted cuts with a male predominance. Majority of EVT were amenable for repair with good post-operative reperfusion. Further studies are needed to evaluate long term outcome and complications.

116 - Analysis of flexible sigmoidoscopy findings in relation to lower gastrointestinal tract symptoms

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Introduction

Flexible sigmoidoscopy is an important diagnostic and therapeutic tool in lower gastrointestinal tract (GIT). Even though it is an invasive procedure it can be carried out in outpatient department setting and less complications rate compared to colonoscopy. The objective of this study is to analyze the finding of flexible sigmoidoscopy in relations to lower GIT symptoms.

Methods

A retrospective analysis was conducted over period of five month from November 2017 in a single surgical unit at District general hospital, Kalutara. Data were collected from bed head ticket and clinic records.

Results

Overall, 110 patients (59% male) were investigated with a median age of 42 (21-72) years. Presenting symptoms were per rectal bleeding 45 (40%), abdominal pain 30 (27%), altered bowel habit 10 (9%), lump at anus 8 (7%), constipation 6 (5%), peri anal pain 5 (4%) and other 6 (5%). During this study period we detected malignant tumour 6 (5%), polyps 4 (3.6%), haemorrhoids 36 (33%), colitis 8 (7%), diverticula 3 (2.7%) and normal in 53 (48%). No major complications were documented during this period.

Conclusions and discussions

In our study, we detected any lesion in 52% of cases without major procedural complications. Even though hemorrhoid (36) was major finding we detected 6 malignant lesions. Flexible sigmoidoscopy can be used as primary investigation in lower GIT symptoms but further control trials are needed to support the use of flexible sigmoidoscopy as a screening tool.

117- Acute hand burn outcomes in relation to socioeconomic, demographic and management strategies: a prospective study in patients referred to burns unit of the National hospital of Sri Lanka

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Introduction

A poorly managed hand burn could result in total loss of

activities of daily living and cause significant effect on the victim's life. There are no published studies for long term follow-up outcomes and management strategies for hand burns in Sri Lanka. This is the first prospective study done in the Burns unit of National hospital of Sri Lanka in this aspect.

Methods

An interviewer administered structured data sheet used. Demographic, details of hand burn injury, management strategies and long term outcomes analysed.

Results

27 patients were included. 14 were males. 70% (n=19) were in 19-40 years age group. Average follow up period was 11 months. Electrocutation caused burns in 8 while kerosene oil in 5. Most of the burns (n=21, 78%) were accidental. Severe burns occurred in half of the group (total burn surface area >20%). Majority were right hand dominant (n=26). All had individual finger dressings, POP back slabs, elevation of hand within 24 hours from burn and active mobilization of hand. 7 had excision and skin grafts to dorsum of hand and fingers. None had disabilities. 4(11%) developed nail bed deformities and minor finger web contractures. 18% (n=5) demonstrated reduction in grip strength less than 50% normal for the age and gender. Scar scores improved on average 6.19 to 3.11.

Conclusion

Majority achieved satisfactory outcome in long term with the strategies followed up at the unit. These accidental injuries best avoided as causing significant impact on the country's workforce.

123- Conservative management of extra capsular neck of femur fracture in Post-menopausal female; short term outcome

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Introduction

Extra capsular fracture neck of femur is an osteoporosis defining fracture which can be managed surgically or conservatively.

Objectives

Osteoporotic fractures are an important public health problem due to significant morbidity and mortality and the socioeconomic burden. Our aim is to assess the

complications such as infection, deep vein thrombosis, mal/nonunion in conservatively managed extra capsular neck of femur fracture in post-menopausal female.

Methods

Prospective analytical study on 46 patients conservatively managed extra capsular neck of femur was done over the period of four months from January 2018 at NHSL. The patients were reviewed at orthopedic clinic in 6 week and in 3 months. Infection (skin, respiratory and urinary tract), union (clinical and radiological) and reason for conservative management were assessed and recorded.

Results

Mean age was 76.5 years. Fifteen patient (32%) had pressure sore eight (17%) had lower UTI. Although the infection rate was high, 71% (n=33) patient achieved fracture union at the end of 3 months. Eight patient (17%) had nonunion, five patient (10%) had mal union. Reasons for conservative management were identified as not giving consent for surgery, anaesthesia issue (ASA iii/above), problems in medical optimization, late presentations and non-displaced fractures.

Discussion & conclusion

Conservatively managed extra capsular neck of femur fracture patients are prone to skin respiratory, and urinary tract infection which increase the morbidity and mortality. Therefore attention should be given on prevention of infection and early detection. A larger sample size would be beneficial to compare the outcome with surgically managed patients

125- Bariatric /metabolic surgery for morbid obesity; our early experiences

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Introduction

In recent years, morbid obesity has emerged as a serious public health threat. Obesity is associated with multiple complications and related comorbidities. Bariatric surgery is an effective method for producing weight loss in obese patients in both the short and long term. Long-term studies show the procedures cause significant long-term weight loss, recovery from diabetes,

improvement in cardiovascular risk factors, and a mortality reduction from 40% to 23%. Current evidence suggests that bariatric surgery could be appropriate for those with a BMI of 35 to 40 with no comorbidities or a BMI of 30 to 35 with significant comorbidities.

Methods

15 morbidly obese female patients (mean age 37.4 years) and BMI of at least 40 who attended our surgical clinic and underwent Sleeve Gastrectomy between July 2017 and February 2018 were included in the study. All were examined by a multidisciplinary team and offered weight reduction surgery. Clinical data were collected from the patients through an interviewer administered questionnaire. Patients were reviewed post-operatively, at monthly intervals to record the follow-up data.

Results

15 patients underwent bariatric surgery with no post-operative complications except for one patient who had mid dysphagia for 3 weeks. The median follow-up period was 6 months. The weight loss ranged from 57 to 22 kg. Bariatric surgery resulted in significant reduction in mean percent excess weight loss (29.9) in a median of 6 months.

Conclusion

The study shows that weight loss surgery significantly reduced overall comorbidities and the development of new health-related conditions in morbidly obese patients.

127- Distraction osteogenesis for skull and facial skeleton - analysis of different distractor devices and outcomes

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Introduction

Augmentation of the facial skeleton has rapidly evolved following application of the principle of distraction osteogenesis. It is used to expand the cranio-facial skeletal to correct proportions. Devices used are many and unique. This paper intends to introduce the developments in craniofacial surgery to the general surgical audience.

Methods

This is retrospective descriptive study, includes all cases of skull and facial skeleton distraction done during the

period of 2012-2018 at NHSL (n=15). Outcomes were assessed by success of distraction and complication rate.

Results

Rigid external distractor (RED frame) (n=5) - success rate 80% Midface advancement (n=4) ; Relapse =0, Long-nose deformity=1, fixation failure=1 Monoblock advancement(n=1); no complications or relapse Spring cranioplasty (n=7): Sagittal synostosis (n=3), Posterior vault expander(n=4);no complications, 1 distraction failure (inadequate osteotomy).Cranial distractor (n=4):Posterior double distractors (n=3) and Distractor, spring combination (n=1)-no failures

Discussion

The first craniofacial distractor was used in 1997. Since then many internal and external devices have been available to expand the cranium, midface and mandible. It provides better outcome and reduced infection. Gradual distraction remodels the soft-tissue envelop, improves breathing and protects the eye. Removal is easy as well once the purpose is served.

Conclusion

Correction of craniofacial proportions are done using distractor devices. Success rates are high with minimal complications. Rigid external distractor frame needs a rigid bone anchoring to prevent breakthrough. Inadequate craniotomy is the commonest failure in older children when these children undergo vault expansion. Familiarity of the conditions and options available for treatment is important for timely referral.

128 - "Surgeon's 4th Eye"; Introducing a new hand held wireless endoscopic device for visualize hidden spaces during surgery

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Introduction

Instruments expand the limits of surgery. From the Hippocratic era, adding new equipment helped in accurate diagnosis with a good surgical outcome. Still visualizing in to hidden spaces of body is a challenge. Available devices are complicated, expensive and not ready made. We introduce a new wireless, portable device which can be used by many surgical specialties.

Methods

The new device was developed using a CMOS camera, malleable body, a power source and a wifi transmitter. Visualization is through an android device or a laptop computer. The compact unit can be kept by the side of instrument trolley. It can be sterilized chemically and life compatible. The effectiveness is assessed by using it in a cadaver and also through a survey with a questionnaire among surgical specialties includes neurosurgery, ENT surgery, General surgery, OMF surgery, Oncosurgery and anaesthesiology.

Results

It was successfully used in a cadaver to visualize hidden spaces. Majority of the survey group (84%) think it's a useful surgical device.

Conclusion

The new device can be used as a tool to visualize hidden spaces in various aspects of surgery.

130- Lesions of nasal cavity, paranasal sinuses and nasopharynx -An analysis over 3 years at a tertiary care setting

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Introduction

Lesions involving nasal cavity (NC), paranasal sinuses (PNS) and nasopharynx consist of a wide variety of inflammatory, non-neoplastic and neoplastic lesions. Even though they are common in Sri Lanka proper data is scarce. The aim of this study is to determine various histopathological patterns of NC, PNS and nasopharyngeal lesions, their relative distribution with regard to age and sex in our setting.

Methods

A retrospective analytical study was carried out in all patients who underwent biopsies of the above lesions presented to ENT unit at National Hospital of Sri Lanka from 1.1.2015 to 31.12.2017.

Results

238 patients underwent biopsies and the commonest site was the NC (51.06%) followed by the PNS (43.9%). Male to female ratio is 1.38:1. 79.8% were non-neoplastic, from which 88.9% were inflammatory and 7.3% were fungal, where mucormycosis and

rhinosporidiosis being the commonest. Out of the neoplastic conditions (20.8%), 54.1% were benign, with inverted papilloma being the commonest (42.3%), commonly seen in 6th and 7th decades with a male predominance, followed by angiofibroma (15.3%). Squamous cell carcinoma is the commonest malignancy (40.9%), common in 7th and 8th decades with a male predominance, followed by adenocarcinoma (18.18%), adenoid cystic carcinoma (9%) and non-Hodgkin's B cell lymphoma (9%).

Discussion and Conclusions

Internationally benign and malignant neoplasms are more common in 4-5th decades and 5-6th decades respectively. But in our study both benign and malignant neoplasms were found approximately two decades later in life. This may be due to the late presentation hence we recommend a thorough ENT examination at the earliest presentation of nasal symptoms.

133- Relationship between personal safety gears and the extremity injuries due to motorcycle accidents

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Introduction

Mortality due to road traffic accidents increases each year in Sri Lanka where 30% were motorcycle accidents. Available research findings are based on police data. This study explores dependence of extremity injuries of motorbike riders with safety gear they were wearing.

Methods

Demographic and clinical data from 410 motorcycle riders admitted to the orthopedic wards in Teaching Hospital Kurunegala with extremity injuries due to motorcycle accidents were collected for six months using consecutive sampling method. Patients who consented for the study were interviewed using a semi-structured questionnaire. Ethical approval was obtained from Hospital Ethics Committee. Data were analyzed using SPSS software.

Results

56% of patients had a single injury and 70% had closed fractures with the majority of injuries in the right hand side. Distal radial fracture is the most common upper extremity injury (12%) and Tibial fracture is the most common lower extremity injury (23%). 60% of the

accidents are low impact accidents where slip and fall (26%) is the most common accident type. Chi square analysis shows associations between footwear and foot injuries and safety jacket and upper extremity injuries.

Discussion and conclusions

This study shows that using safety gears can minimize the injury occurrence and severity of injuries in motorcycle accidents especially for low impact accidents. However few people were wearing safety gears for riding motorcycles (shoes 19%, jacket 10%, gloves 1% and protective lower clothing 17%) because Sri Lanka doesn't have proper standards and legislations for this.

137- Single centre experience in laparoscopic pyeloplasty

Kushan Batuwangala, Chathura Hingalagoda, Yasuni Manikkage, Sajith Udurawana, Helinda weerasekara, Chathuri Wickramasekara, Vodathi Bamunuarachchi, Niroshan Seneviratne

Sri Jayewardenepura General Hospital Sri Lanka

Objective

Laparoscopic pyeloplasty (LP) has been developed as a minimally invasive alternative to open pyeloplasty for the treatment of ureteropelvic junction obstruction (UPJO). This is a preferred method in terms of reduced morbidity and better cosmesis when compared to open surgery.

Methods

Retrospective review of 13 patients treated at Sri Jayewardenepura General Hospital from March 2014 to December 2017, was done. All had flank pain with radiological findings of UPJO and impaired drainage on diuretic renal scan. All underwent LP via 3/4 ports (size of ports incisions 10mm and 5mm). Outcome was assessed clinically and with diuretic renogram at 6 months.

Results

Mean age was 38 (17-61), male to female ratio was 2:1. The mean operating time was 160 min. Median hospital stay was 4 days. There were no conversions to open method. There were no blood transfusions. All patients' symptoms were resolved, with 85 % (11) patients showing improvement of the eGFR. However two required laser endopyelotomy who failed to demonstrate a satisfactory improvement at follow up.

Conclusion

Although LP is technically demanding, offers excellent symptomatic relief and renal preservation in a minimally invasive fashion with low morbidity emerging as a viable option replacing open surgery.

140- Ordering computed tomography in intoxicated patients with head injury: is it always necessary?

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Accident service unit, National Hospital of Sri Lanka

Introduction

Alcohol intoxicated patients regularly present to accident service unit following head injuries (HI). They have reduced mental states that can resemble traumatic brain injury (TBI) and are regularly undergoing computed tomography of brain (CTB). We sought to evaluate the necessity of CTB and evaluate the safety of deferred CTB in these patients which can minimize radiation exposure and unnecessary imaging.

Methods

A retrospective study was conducted on clinically alcohol intoxicated patients undergoing CTB for HI at accident service unit, NHSL from 1.4.2018 to 31.4.2018. Indications to order CTB (NICE guidelines), on admission GCS, GCS after 6 hours, findings on imaging and outcomes were assessed.

Results

Out of 148 patients imaged, 146 were males and two were females. Mechanism of injuries were: 47 assaults, 36 falls and 65 road traffic accidents. 102 patients had indications for urgent CTB within one hour according to NICE guidelines. The rest of 46 patients had GCS of 13-15 on admission. In that category 29 patients (63.04%) had normal GCS after 6 hours and none had TBI in CTB. Rest of 17 patients (36.95%) had GCS of <15 after 6 hours and two had positive intracranial findings but did not require neurosurgical interventions (statistically insignificant, p value is 0.1314).

Discussion and conclusions

Routine CTB in alcohol-intoxicated patients with reduced GCS levels of 13-15 on admission is of low clinical value. Deferred CTB can be safely practiced provided that the monitoring of these patients is feasible with available facilities.

142- Associated factors of culture positivity among patients with clinically suspected acute septic diabetic wounds presenting to Colombo East Base Hospital

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Introduction

Septic wounds increase the morbidity and mortality of diabetic patients and must be treated vigorously.

Objectives

To determine culture positive rate and its associations with selected factors among patients with diabetic wounds admitted to Colombo East Base Hospital.

Methods

A descriptive cross-sectional study was done using secondary data of initial hospital presentation of 134 diabetic patients with septic wounds whom were selected with convenient sampling. Inclusion criteria included a hospital admission between January to April 2018 at the study setting. Data collection was done by the investigators using a pre-tested data extraction form. Mann-Whiney-U test and Chi square test were used in analyzing the association of culture positivity with selected factors.

Results

The median (IQR) age of the participants was 58 (47 to 67). Among the participants, 38.8% (n=52) were males and 62.2% (n=82) were females. Satisfactory glycaemic control achieved only by 41.8% (n=56) of participants and 36.6% (n=49) had other medical co-morbidities. Thirteen tissue cultures and 121 swab cultures had been taken. Culture-positive rate was 62.7% (n=84). Culture positivity was higher among males [p<0.001, OR= 4.77 (2.06 to 11.05)]. It was not influenced by the age (p=0.46), sugar control (p=0.65) or other co-morbidities (p=0.22). The most common organisms were; coliform (15.7%), pseudomonas (14.9%) and staphylococcus (11.2%). Most were sensitive to clindamycin (n=34), ciprofloxacin (n=24) and gentamicin (n=22).

Conclusion

Culture positivity is higher among males irrespective of age, co-morbidities and sugar control. Empirical treatment advisable with broad spectrum antibiotic combinations. More research must be encouraged.

146 - Asymptomatic gallstones - relevance to Sri Lanka
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Sri Lanka

Introduction

Presence of gallstones in the absence of symptoms or complications, known as incidental or asymptomatic gallstones, poses a challenge to both the clinician and the patient. Prevalence of gallstones varies around the globe and it has been less common among Asians. The prevalence of gallstones or the incidence of symptoms or complication among Sri Lankans has not been reviewed. The study was carried out to clarify those and to review our approach to patients with asymptomatic gallstones.

Methods

A PubMed search in English literature with MeSH terms 'cholelithiasis' AND 'Sri Lanka' yielded only 12 publications. Another PubMed search from 2013 (last 5 years), using MeSH terms 'asymptomatic' OR 'incidental' AND 'gallstones' OR 'cholelithiasis' yielded 203 publications. Cochrane database and cross references from the previous articles were searched.

Results

Data from Sri Lanka is absent in published literature regarding prevalence or incidence of symptoms or complications. The prevalence and natural history of gallstones vary geographically and among various ethnic groups. One to 4 % of incidental gallstones become symptomatic annually. In long-term follow up (beyond 15 years) 80% of gallstones remain asymptomatic. Large (> 1 cm) or multiple stones are more likely to become symptomatic or complicated.

Discussion and conclusions

Majority of gallstones are asymptomatic. Few patients develop symptoms or complications during follow up. Therefore expectant management is generally appropriate. These are extrapolations from data from western countries. We need studies from Sri Lanka to make more accurate decisions regarding our patients.

147 - Unreconstructable lower limb vessels in chronic limb threatening ischaemia: Is it the end? Initial experience

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 M S M Cassim, M Wijeratne
Professorial Vascular Unit, National Hospital of
Sri Lanka

Introduction

Even though several treatment options are available for patients with different stages of lower extremity arterial diseases (LEAD), there are no options available for patients with unsuitable for rescue or reconstructive interventions. There are conflicting evidence regarding the prostaglandins (PGE1) in the management of patients with chronic limb threatening ischaemia (CLTI). We present our initial experience with PGE1.

Methods

Prospective study was conducted among patients with CLTI and unsuitable vessels for reconstructive procedures who received PGE1 infusion during the period of January 2017 to March 2018 in professorial surgical unit National Hospital of Sri Lanka. We give 4 cycles of PGE1 and every cycle consists of 100 micg of PGE1 dissolved in 100ml normal saline infused over 8 hours for 5 days.

Results

During this period 9 patients received PGE1 infusion. Mean age was 62.7years (49-73), with majority are males (7/9). Wound ischaemia was confirmed by Toe pressure (<60mmHg). The indication in all the patients was failed bypass or angioplasty. Mean duration of follow up was 6.4months. During this period ulcer was completely healed in 4 patients and in 4 patients ulcer showed evidence of healing. One patient had a stable dry gangrene. No one required amputation.

Discussion and conclusion

Our initial results showed satisfactorily outcome with PGE1 infusion. To make a conclusion we need a study with larger population. Recruitment of patients for this study also will be less as most of our patients receive endovascular or open surgical revascularization procedure. Other limitation in our set up is cost.

149- A retrospective analysis of a cohort of primary hyperparathyroidism - a single unit experience

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M Gunawardena, A Arulprashanth, M Nandasena,
A Swarnan, N Wijerathne, B D Gamage
Colombo South Teaching Hospital, Sri Lanka

Introduction

The commonest cause of hypercalcemia in healthy outpatients is sporadic single parathyroid adenoma. Surgical removal is the only cure for the above. This study was designed to analyze a cohort of primary hyperparathyroidism.

Methods

Patient database maintained on biochemically proven primary hyperparathyroidism in a single surgical unit over a 2 year period was analyzed retrospectively.

Results

Out of 20 patients there were 15 females. Mean age of the sample was 50.3. At presentation 40% had urinary stone disease, while 10% had pancreatitis. Evidence of osteopenia or osteoporosis was found in 40% and half of this group had presented with a fragility fracture. Radiological evidence of a Brown tumour was found only in one patient and none had osteitis fibrosa cystica. All had elevated PTH levels. Evidence of an adenoma was detected in 50% of ultrasound scans while 60% were detected on CT scans. Sestamibi scintigraphy was positive in 70%. Majority were managed with single gland parathyroidectomy (75%), while 4 patients underwent removal of three and a half glands and one needed bilateral inferior parathyroidectomy. Post-operative hypocalcaemia was detected clinically in 20% and biochemically in 35% while PTH level was normalized in all. Histologically adenoma was found in 90%, one patient had hyperplasia and one had carcinoma.

Conclusion

A combination of reliable biochemical and radiological investigations can detect aetiology of hypercalcaemia and could be managed surgically effectively.

154- Hepatic resections for malignant liver tumor - experience from vascular and transplant surgical unit at teaching hospital, Karapitiya

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Vascular and transplant unit, Teaching Hospital Karapitiya, Sri Lanka

Introduction

Malignant tumor within the liver (primary or secondary) is the most common indication for hepatic resection. Hepatocellular carcinoma is the most common primary hepatic malignancy and can occur in the context of inherited or acquired conditions. Perioperative outcomes for hepatic resection have improved due to better understanding of the segmental anatomy, improved surgical technique and perioperative anesthesia. In Sri Lanka liver resection has become an established procedure in few centres only.

Methods

A retrospective analysis was conducted in 18 patients who underwent hepatic resection in teaching hospital karapitiya from 2016 to May 2018, Records were reviewed for patients details, preoperative Child Pugh score, surgery type, operative time; intraoperative blood loss, intra operative USS usage, postoperative morbidities, mortalities, length of stay and histology were analysed.

Results

Primary indications for resections confirmed with histology were hepatocellular carcinoma (HCC) (N=11), metastatic colorectal cancer (N=4), cholangiocarcinoma (N = 1). Mean age was 62 years, perioperative child Pugh score was 6.44. Anatomical resection done in 77%. Intra-operative USS mapping done in 100% of patients. There was 1 perioperative (30-day) mortality (3.5%) and no intraoperative mortalities. Complications included bile leak 5.5% (N=1), liver insufficiency in 11% (N=2), basal pneumonia (N=2) and renal insufficiency (N=2) and Surgical site infection (N=3). Average hospital stay for all resections was 9.2 days. Mean operative time was 3h and 50 minutes, in histological assessment background cirrhosis seen in 66% of specimen while negative margin achieved (N=15) in 83%.

Conclusions

Liver resections can be performed with low mortality/morbidity and with acceptable negative margins and hospital stay in Teaching Hospital Karapitiya

156- Two year outcome of bariatric surgery in the periphery of Sri Lanka

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Introduction

Obesity is associated with increased risk of hypertension, diabetes, dyslipidemia, coronary heart disease and stroke. Bariatric surgery is most effective treatment for obesity in terms of long term weight loss and improvement in obesity related co morbidities.

Objective

The aim of this study was to analysis two year outcome of bariatric surgery which include weight loss, remission of co-morbidities and complications of surgery.

Methods

This prospective descriptive study was carried out in district general hospital Trincomalee and Polonnaruwa. All patient who underwent Roux-en-Y Gastric Bypass and sleeve gastrectomy were recruited between 2013 and 2016 and followed up until April 2018.

Results

This study includes 25 patients who underwent bariatric surgery. Age range were 21 to 53 year, 92% were women, Mean BMI was 41.5(SD± 2.1) and Mean weight was 105.1(SD± 17.4). At base line, 48% had diabetes, 44% hypertension, 24% dyslipidemia and 12% subfertility. Two year after surgery, mean actual weight loss was 41.1kg (SD± 12), corresponding to percentage of excess body weight of 93.9%. Diabetes, hypertension and dyslipidemia were completely resolved in all the patient. Three patients with subfertility became pregnant within two year of surgery. Two patients were identified with superficial surgical site infections and fat necrosis.

Conclusion and discussion

Bariatric surgery results in greater weight loss and more effective remission of obesity related co morbidities. More information is needed about long term durability of co morbidity control and complications after Bariatric surgery.

159- Assessment of the adequacy of cervical spine plain x-ray exposure in a trauma setting experience at the accident service of the National Hospital of Sri Lanka
M R Ileperuma, M A C Lakmal, S J Jayasinghe
Accident Services, National Hospital of Sri Lanka

Introduction

Cervical spine assessment is an early crucial step in current trauma resuscitation guidelines. X-ray is the commonest imaging modality used to evaluate the cervical spine. However, the adequacy of cervical vertebrae exposure in cervical spine x-ray has not been studied.

Methods

Prospective analysis of data on exposure of Cervical spine x-rays on patients suspected with C spine injury was performed at the Accident service of the National Hospital of Sri Lanka in May of 2018.

Results

130 patients, with 71% males, were included. Mean age was 40 years (range-18-76; SD=14.72) with 30.5% below 30 years. X-ray imaging of cervical spine were as follows; Cervical x-ray AP-68.7%, lateral -94.7%, open-mouth -4.6%, swimmer's views-3.8%. C1 to C4 were clearly visible in 99.2% lateral view x-rays with C5, C6, C7 and T1 visualised in 71.8%, 23.7%, 6.1% and 0.8% respectively. 44.3% needed repeat x-rays. 12.2% of initial x-rays and 13.8% of repeated x-rays revealed skeletal injury, all of which required CT. 46% of CT cervical spines revealed skeletal injury. Routine anteroposterior views did not add further details to findings of lateral view, and open-mouth view was ordered as necessary.

Conclusions and recommendations

Visualization of lower 4 cervical vertebrae (C5-C7) and cervico-thoracic junction was unsatisfactory and more than one third needing repeat x-rays merely due to lack of exposure, which resulted unnecessary patient mobilisation, wasting of time and resources. Dialogue with radiographers on technique of cervical spine x-ray exposure would be helpful identify factors for poor exposure.

163- A retrospective analysis of a cohort of laparoscopic adrenalectomy patients - a single unit experience

K Wijegunawardane, M Gunawardena,
A Arulprashanth, M D Jayawardene, M Nandasena,
A Swarnan, N Wijerathne, B D Gamage
University Surgical Unit – Colombo South Teaching Hospital, Sri Lanka

Introduction

Laparoscopic adrenalectomy was first described in 1992, and has become the gold standard for the removal of benign functioning and non-functioning tumors of the adrenal gland <12 cm. This study was designed to analyze a cohort of patients who underwent laparoscopic adrenalectomy in University surgical unit – CSTH

Methods

Database maintained on patients who underwent laparoscopic adrenalectomy in a single surgical unit over a 3 year period was analyzed retrospectively.

Results

Out of 17 patients there were 11 females. Mean age of the sample was 48 years. Commonest presentation was uncontrolled hypertension with hypokalaemia (35%). Other presentations include headache and palpitations (23.5%), and abdominal pain (17.5%), while 23.5% presented with incidentalomas. Contrast enhanced CT (CECT) scan of abdomen was performed in all and showed 10 adrenal adenomas, 3 pheochromocytomas, and 1 adrenal carcinoma. Majority (82%) were right sided tumours. Laparoscopic adrenalectomy was performed on all 17 patients successfully. Majority of patients (88%) had histology compatible with CECT findings whereas 2 patients were found to have inflammatory pseudo tumours histologically.

Conclusion

Laparoscopic Adrenalectomy is a safe and effective procedure in management of secretory and non-secretory adrenal tumours.

165- Assessment of injury pattern and imaging modalities used in suspected traumatic cervical spinal injury patients presented to Accident service of the National Hospital of Sri Lanka

M R Ileperuma, M A C Lakmal, S J Jayasinghe
Accident Services, National Hospital of Sri Lanka

Introduction

Traumatic cervical spine injury incidence is increasing, with RTAs being the commonest cause in western literature. However, epidemiological data including imaging and cervical collar use in local setting is scarce.

Methods

Data on patients admitted to accident service of NHTL with suspected c-spine injuries were evaluated.

Results

130 patients (with 71% males) were included. Mean age was 40 years (range-18-76) with 30.5% below 30 years and 69.5% direct admission. Main aetiologies were falls-40.5%, RTAs-43.5%. There were no significant differences among age categories when compared with proportion of falls and RTAs. Clinically, 85.5% reported neck pain, 46.6% had restricted c-spine motion, and 55.7% had cervical spinal tenderness. Only 11.5% had focal neurological deficits. 52.7% had painful distracting injuries. 63.4% of men were under alcohol influence at the time of injury. Cervical x-ray AP (68.7%), lateral (94.7%), open-mouth (4.6%) and swimmer's views (3.8%) were obtained. 87% reported normal x-ray findings (False negative rate of 30.1%). Cervical spine CT was done in 38.5%. Only 12.2% x-rays revealed skeletal injury compared to 46% of CTs (fractures -39%; subluxations -39%; dislocations - 21%). 69.2% were on cervical collars (41.8% on hard collars).

Conclusions and recommendations

Similar to west, RTAs were the commonest cause of traumatic cervical spine injury in our cohort. A majority of males were under alcohol influence at the time of injury. X-rays were the commonest type of imaging modality with 30.1% false negative rate. Further studies are needed to develop criteria on c-spine imaging based on symptom evaluation and injury pattern.

166- Alarming epidemic of thyroid cancer in the northern slopes of central mountains

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Introduction

District Base Hospital Rikillagaskada caters to the populace of the northern slopes of the central mountains which includes the general areas of Walapone, Hanguranketha, Hewaheta and Rikillaga-skada. Since the second half of year 2017, this area has witnessed an alarming increase of differentiated Thyroid cancer.

Methods

Analysis of Histology records of all the Thyroidectomies done since the second half of year 2015.

Results

A total of 127 thyroidectomies done. Half yearly analysis shows the rates of thyroid cancer as,

2015 Jul-Dec; 0% (none out of 8)

2016 Jan-Jun; 6.25% (1 out of 16)

2016 Jul-Dec; 11.11% (2 out of 18)

2017 Jan-Jun; 11.76% (2 out of 17)

2017 Jul-Dec; 13.89% (5 out of 36)

2018 Jan-May; 21.87% (7 out of 32)

All the patients with malignancy are females of 30-50yrs age group and most of the cancers are differentiated malignancies of follicular variety.

Conclusions and Discussion

From low incidence of thyroid cancer in 2015, in three years it has increased to a level that one out of five thyroidectomies prove to be malignant. This is highly unusual and warrants urgent attention to find out how it affects the rest of the country and the causes behind.

167- A comparative study of endoscopic thyroidectomy via axillary and breast approach (ABA) vs bilateral axillary and breast approach (BABA) for treatment of thyroid tumors: from tertiary care hospital in India

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Endocrine Surgery, Sanjay Gandhi Post Graduate Institute of Medical Sciences, Lucknow, Uttar Pradesh, India

Introduction

Endoscopic thyroidectomy (ET) allows to remove thyroid tumor from, remote site, and provide excellent cosmetic outcome. Various endoscopic approaches have been performed and their applications have been recently extended. The Aim is to compare the appropriateness & outcome of ET via Axillary and Breast Approach (ABA) vs Bilateral Axillary and Breast Approach (BABA) for the treatment of thyroid tumors.

Methods

Total 98 patients with thyroid tumors were operated endoscopically in our unit. 46 underwent ET via ABA and 52 via BABA. Outcomes and post-operative complications, were compared between two groups.

Results

Unilateral lobectomy (UL) in 37 patients (80.44%) of ABA and 25 (48.08%) in BABA group. Bilateral total thyroidectomy (TT) in 03 patients (6.52%) in ABA and 25 (48.08%) in BABA group. Mean tumor size, 4.03cm in ABA vs. 5.84cm in BABA group. Mean operative time in ABA was longer than BABA group (243 min vs 187 min, for TT; and 143 min vs 126min for UL). Mean hospital stay was 4.5 days in BABA vs 2.49 days in ABA. Two converted to open in BABA group vs. six in ABA group. Two in each group had temporary hoarseness of voice. Temporary hypocalcaemia in all case of TT of ABA group vs. 21% in BABA group. Cosmetic outcome was excellent during 06 month follow-up in both the group.

Conclusions

We believe that endoscopic thyroidectomy through ABA and BABA have role in treatment of selected thyroid tumors; however BABA endoscopic thyroid surgery approach is more appropriate for the large goiters.

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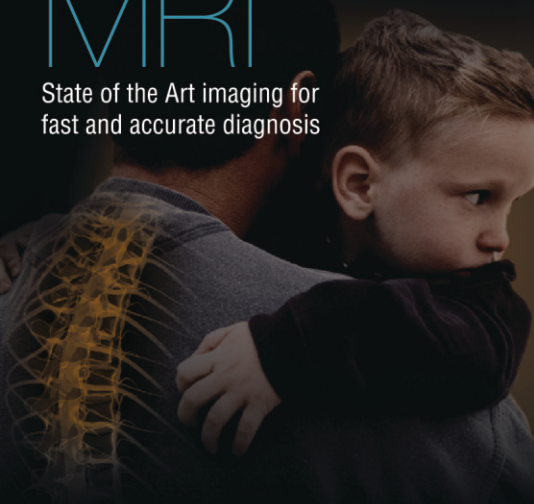


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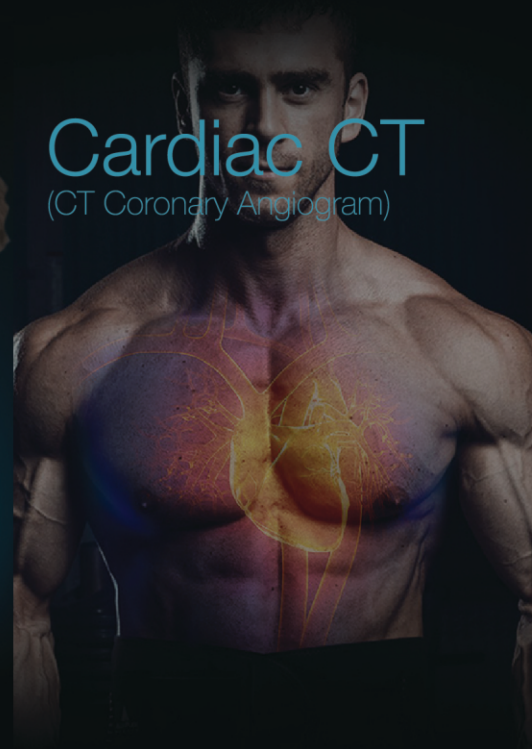
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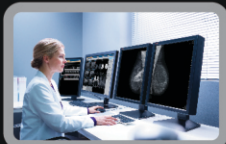
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