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OF

THE COLLEGE OF SURGEONS OF SRI LANKA

AND

JOINT INTERNATIONAL CONFERENCE WITH

THE ROYAL COLLEGE OF SURGEONS OF EDINBURGH

AND

THE SAARC SURGICAL CARE SOCIETY

September 10th - 13th 2025

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**September 10th - 13th 2025
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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 for the journal with 'Start Submission' and 'Become a Reviewer' buttons, and the SLJOL logo. The main content area features a large article preview on the left with the title 'THE SRI LANKA JOURNAL OF SURGERY' and a date of April 2016. To the right, there are sections for 'LATEST ARTICLES' and 'POPULAR ARTICLES', each listing recent articles with their titles, authors, and dates. At the bottom of the main content area, there are social media links for Twitter, RSS, and a Journal Blog, followed by a 'Current Issue' section.

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ABSTRACTS

ORAL PRESENTATIONS

OP9 Beyond the operating room: physical well-being and lifestyle practices among Sri Lankan surgical trainees

S A Jayasekera, D E C Hapuarachchi, O M D P Jayasinghe

National Hospital of Sri Lanka

Introduction

Surgical trainees in Sri Lanka are exposed to demanding work schedules that may negatively impact their physical health and lifestyle choices. This study assesses physical activity levels, nutritional habits, and overall well-being among surgical trainees in Sri Lanka. Investigating conformation to international health guidelines and identifying barriers to a healthy lifestyle were additional objectives.

Methodology

A cross-sectional study was conducted among postgraduate surgical trainees across both pre-MD and post-MD periods using a structured questionnaire comprising both quantitative and qualitative sections. Data were analyzed to assess physical activity against WHO recommendations, body mass index (BMI) classifications, dietary and hydration practices, and prevalence of metabolic risk indicators. Thematic analysis was performed on open-ended responses regarding strategies to improve trainee well-being.

Results

Among 40 respondents (mean age 33.7 years), 92.1% were male. Only 47.4% met WHO physical activity guidelines. Over 55% were overweight or obese. Fast food consumption was high, with 57.9% consuming it 2-4 times per week, and 68.4% reported drinking less than 2 liters of water per day. Diagnosed conditions included dyslipidemia (13.5%) and diabetes mellitus (2.7%). Thematic analysis revealed five key themes: time constraints, inadequate fitness infrastructure, lack of institutional support, low awareness among faculty, and unhealthy hospital food environments.

Discussion and conclusion

A significant proportion of surgical trainees in Sri Lanka fail to meet recommended health standards, increasing their risk for non-communicable diseases. Institutional reforms focused on structured rest, access to fitness facilities, and policy-level changes are urgently needed to support the physical well-being of future surgeons.

OP40 environmental sustainability in the operating room: perspectives of surgical trainees

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Background

The healthcare sector is responsible for around 5% of global greenhouse gas emissions, and the operating theatre (OT) accounts for 20–30% of hospital waste through high consumption of energy, water, pharmaceuticals, and single-use items. In this context, promoting sustainable surgical practices is vital. This study assesses the knowledge, attitudes, and perceived barriers among surgical trainees regarding environmental sustainability in the OT.

Methodology

A cross-sectional descriptive study was conducted using a self-administered questionnaire. Fifty-three surgical trainees participated. The questionnaire assessed their knowledge, attitudes, and perceived challenges related to sustainability in OT. Data was analyzed using descriptive statistics, independent t-tests and Chi-square analyses.

Results

Of the 53 respondents, 62% were males, with a mean age of 32.9 years. Most (77%) had more than one year of OT experience. Notably, 56% were not aware the OT as a high waste environment in the hospital setup, and 54% were unfamiliar with the concept of sustainability in OTs. A large majority (92%) had not received any education on the topic. While medical waste (90%), non-recyclables (84%), and anesthetic gases (58%) were commonly identified as pollutants, fewer acknowledged unused devices in a surgical packets (34%), water use (34%) and energy consumption (26%) as pollutants. Key barriers identified to implement sustainable measures included cost, lack of eco-friendly alternatives and poor recycling infrastructure.

Conclusion

There is a notable gap in awareness and training regarding sustainable surgical practices in OT. Targeted education is essential to foster environmentally responsible behavior among surgical trainees.

OP46 Assessment of risk factors contributing to the occurrence of inguinal hernias: a cross-sectional study in a tertiary care setting

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Post Graduate Institute of Medicine, Colombo,
Colombo South Teaching Hospital, Kalubowila

Introduction

Inguinal hernias, characterized by the protrusion of abdominal contents through the inguinal canal, are among the most common day-case surgeries in surgical units. Prompt identification and management are crucial to prevent significant morbidity. This study aimed to assess the risk factors contributing to the occurrence of inguinal hernias among patients presenting to a tertiary care hospital.

Methodology

A cross-sectional descriptive study was conducted in a tertiary care setting, involving 150 patients diagnosed with inguinal hernias. Data on demographics, hernia characteristics, and potential risk factors were collected and analyzed.

Results

The study population was predominantly male (96%), with a mean age of 55 years. Age distribution revealed 23.3% between 41–50 years, 25.3% between 51–60 years, and 41.3% aged 61 years and above. Right-sided hernias were most common (53.3%), followed by left-sided (32.7%) and bilateral hernias (14%). Identified risk factors included heavy weight lifting (61.3%), smoking (53.3%), chronic constipation (34%), chronic cough (30%), voiding lower urinary tract symptoms (32%), alcoholism (38%), family history of inguinal hernias (23.3%), obesity (16.6%), and diabetes (22%). Notably, 4.7% of patients with right-sided hernias had a history of appendectomy. Primary hernias accounted for 94% of cases, while recurrent hernias comprised 6%.

Discussion and Conclusion

The findings underscore the significance of modifiable risk factors such as heavy lifting, smoking, and chronic constipation in the development of inguinal hernias. Recognizing these factors is vital for early clinical assessment, guiding preventive strategies, and enabling timely surgical or medical interventions.

OP55 A retrospective audit on the quality of endoscopic documentation in a tertiary care unit

A H M A H Abayasinghe, Dasith K. Jayawickrama,
Ishan De Zoysa, Jayamini Kaushalya, Samitha
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National Hospital Sri Lanka

Introduction

Accurate and comprehensive documentation of endoscopic procedures is essential for clinical care, communication, and medico-legal purposes. This audit aimed to assess the quality of endoscopic reporting in our unit over a two-months period.

Methodology

A retrospective audit was conducted on all endoscopic procedures performed during January and February 2025. A total of 124 reports were reviewed, including Upper Gastrointestinal Endoscopy (UGIE, n=50), colonoscopies (n=40), and flexible sigmoidoscopy (n=34). Reports were assessed using a standardized checklist covering patient identification, endoscopist details, level of supervision, indication, sedation, bowel preparation (including Boston Bowel Preparation Scale), completeness of study, findings (including important negative findings), diagnosis, management and follow-up, photo documentation, and language quality.

Results

All reports included complete patient identification and documented indications. However, 5 reports (4%) lacked endoscopist details, and 57 (46%) omitted the level of supervision. Of the 74 lower GI procedures, only 43 (58%) included information on bowel preparation, and none applied Boston scoring. Eight colonoscopy reports (20%) lacked sedation details. Additionally, 24 reports (19%) did not mention study completeness, and 16 (13%) had inadequate findings, including 8 that failed to document important negatives. A total of 54 reports (43%) had no conclusion, and none included image documentation due to system limitations. Twenty-four reports (19%) lacked follow-up or management plans, and 38 (31%) contained grammatical or spelling errors.

Conclusion

This audit revealed significant gaps in the quality of endoscopic documentation, including omissions in clinical detail, procedural completeness, management and follow-up planning. An intervention involving trainee group discussions was implemented. A re-audit is planned to reassess improvements and reinforce adherence to documentation standards.

OP56 Reporting in endoscopy: the gap between global standards and local practice

P D J Kaushalya, M P M Perera, D P Wickramasinghe
Department of Surgery, University of Colombo

Introduction

Standardized documentation is essential for clinical quality assurance, safety, and continuity of endoscopic care. International societies, such as the ASGE (American Society for Gastrointestinal Endoscopy) and ESGE (European Society of Gastrointestinal Endoscopy), have established guidelines; however, local adherence remains unclear. This audit aimed to evaluate the quality of colonoscopy reports against recommended standards.

Methodology

Prospective cross-sectional study of consecutive colonoscopy reports at a tertiary-care center over 2 months, reviewing key parameters.

Results

Out of 264 records (males=146;55.3%), age and gender were documented in 98.1% and 99.2%, respectively. The majority of procedures were performed by senior registrars (29.5%) and registrars (27.3%). Documentation of consent and communication with the patient/family was absent in 100% of records. Bowel preparation was mentioned in only 28.8%, but not in 26.5%. Sedation type and dose were not recorded in 11.7% and 51.9% of cases, respectively. Pertinent negatives were missing in 70.5% of reports. Endoscopic interventions were documented in 15.2%, while pathology-specimen details were noted in only 13.3%. Follow-up advice was mentioned in 24.6% of cases, and management recommendations were present in 80.7%. Assistant's name was recorded in 33.7% of reports. No comorbidities, complications, photo-documentations or patient communication notes were documented.

Conclusion

The audit reveals substantial gaps in internationally recommended colonoscopy reporting standards, regarding consent, sedation details, and communication. These deficiencies highlight an urgent need to implement standardized reporting templates and reinforce documentation practices to improve patient safety and care continuity.

OP25 Quality of life after robotic TAPP and laparoscopic TAPP for ventral hernia repair: an observational study

Ayush Pachauri, Naveen Sharma, Mahendra Lodha, Manoj Gupta, Ramkaran Chaudhary
All India Institute of Medical Sciences, Jodhpur

Introduction

Robotic and laparoscopic TAPP (Trans Abdominal Preperitoneal repair) are minimally invasive techniques that aim to reduce postoperative pain and enhance recovery in ventral hernia management. Despite the robotic approach's technical advantages, patient-centered outcomes, particularly QoL (Quality of Life), remain understudied. This research utilizes the validated Carolinas Comfort Scale (CCS) to assess postoperative comfort and function.

Methodology

In a prospective observational study, 57 patients underwent ventral hernia repair: 32 with robotic TAPP and 25 with laparoscopic TAPP. Pain was assessed using the visual analogue scale (VAS) at 6 hours, 24 hours, postoperative day (POD)-7, and POD-30. QoL was evaluated at POD-30 using CCS. Data on operative duration, hospital stay, and complications were compared using appropriate statistical methods, with significance set at $p < 0.05$.

Results

Robotic TAPP provides improved short-term QoL, attributed to enhanced precision and reduced tissue trauma. Early postoperative pain and complication rates were similar across groups.

Discussion

The study confirms that Robotic TAPP enhances short-term QoL due to superior precision and minimized tissue trauma. Early pain reduction and absence of complications further support robotic advantages.

Conclusion

Robotic TAPP significantly improves short-term QoL compared to laparoscopic TAPP in ventral hernia repair, with comparable operative outcomes. Further multicenter studies are needed for validation of long-term outcomes and cost-effectiveness.

OP52 Correlation of thyroid imaging reporting, data system, fine needle aspiration cytology and postoperative histopathology in total thyroidectomy patients

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Introduction

Thyroid Imaging Reporting and Data System (TI-RADS) is designed to risk stratification of thyroid cancer and provides guidance in managing thyroid nodules based on their ultrasound features. We compared the TI-RADS and Fine Needle Aspiration Cytology (FNAC) results with the postoperative histopathology to determine their accuracy on diagnosis of malignant nodules.

Methodology

In this hospital-based descriptive cross-sectional study, data were collected from 207 consecutive patients who underwent total thyroidectomy.

Results

Study populations' median age was 49 ± 13.88 years with a female predominance (88.9%). The malignancy risk for TIRADS 3-5 were 24%, 50%, 88.24% and for Bethesda IV-VI were 20.0%, 70.4% and 93.8% respectively. FNAC demonstrated a higher sensitivity (90.24% vs 58.14%) but lower specificity (84.44% vs 92.68%) than TIRADS. Diagnostic accuracy, Positive Predictive Value and Negative predictive Value for TIRADS were 85.51%, 67.57%, 89.41% and corresponding values for Bethesda were 85.80%, 63.80% and 96.61% respectively.

Discussion and conclusion

High malignancy rates can be influenced by differences in ultrasound interpretation and referral bias inherent in a tertiary care setting. TIRADS is highly effective in ruling out malignancy in benign nodules. Almost similar diagnostic accuracies of TIRADS and FNAC emphasize the utility of TIRADS as an initial screening tool in thyroid nodule evaluation. Our findings suggest that FNAC may be appropriate for TIRADS 3 nodules irrespective of the nodule size, as a significant proportion were malignant.

OP15 Evaluation of the Clara cell protein in serum of patients of esophageal atresia with tracheo-esophageal fistula

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Introduction

Esophageal atresia with tracheo-esophageal fistula (EA-TEF) may lead to lung injury due to reflux of gastric content and saliva aspiration. Clara Cell Secretory Protein (CC10) is produced mainly by non-ciliated airway epithelial cells including bronchiolar club cells. It has been used as a marker for lung injury. This study was conducted to evaluate whether serum CC10 levels in EA-TEF patients could be used as a prognostic marker.

Methodology

This was a prospective observational study. The first blood sample from EA-TEF patients was taken on the day of admission. The second sample was taken on the day of operation. Then samples were obtained on postoperative days 3, 6, and 9 (total five samples). It was followed by the analysis of the samples.

Results

Twelve patients were evaluated during the study period of seven months. Two patients expired during the postoperative period. There was decline in the mean values of CC10 from pre-operative (0.684 ± 0.420) to the operative day sample of CC10 (0.641 ± 0.357), but it was statistically not significant. However, the decline in the values from the day of operation to postoperative days 6 to 9 were statistically significant. The survivors had lower post-CC10 Level means (0.4589) compared to those who died (0.6673).

Discussion and Conclusion

Cc10 may have a role as a potential biomarker in the patients of EA-TEF. It may be used as an adjunct to the clinical evaluation for prognostic purpose. Further prospective studies with more number of patients may substantiate our findings.

OP16 Intestinal malrotation in older children: early diagnosis and treatment insights

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Introduction

Intestinal malrotation is typically diagnosed in neonates, but its occurrence beyond infancy is often overlooked, leading to delayed diagnosis and severe complications. This study highlights five cases of late-presenting malrotation with significant morbidity and one mortality.

Methodology

A retrospective study was conducted over one year in the Department of Paediatric Surgery. Children beyond infancy diagnosed with intestinal malrotation were included. Clinical history, nutritional status, radiological findings, surgical management, and outcomes were analysed.

Results

Five children, aged 4 to 13 years, presented with chronic symptoms including recurrent abdominal pain, bilious vomiting, and malnutrition. All had been symptomatic for over a year, yet malrotation had not been previously suspected. Diagnosis was confirmed through imaging, and all underwent surgery. Four patients recovered postoperatively and were discharged in good condition. One child died due to bowel gangrene and sepsis, resulting from delayed diagnosis.

Discussion and Conclusion

Intestinal malrotation should be considered in children with recurrent abdominal pain, bilious vomiting, and poor weight gain. A high index of suspicion and timely radiological evaluation, especially upper GI contrast studies, are essential for early diagnosis. Delayed recognition can lead to catastrophic outcomes including volvulus and bowel necrosis. Surgical intervention is curative and should be performed promptly once diagnosed. Awareness among Surgeons and general practitioners is crucial to reduce diagnostic delays and improve patient outcomes.

OP33 Comparison of PULP, Boey, ASA, Jabalpur, and POMPP Scores in predicting 30-day morbidity in perforated peptic ulcer patients: an observational study

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Introduction

Perforated peptic ulcer (PPU) is a major surgical emergency with a high morbidity rate. Although a number of scoring systems, including Peptic Ulcer Perforation (PULP), Boey, ASA, Jabalpur, and Predictive Score of Mortality in Perforated Peptic Ulcer (POMPP), have been used to forecast results, little is known about how well they predict morbidity. The purpose of this study was to determine the best scoring method for forecasting 30-day morbidity following PPU repair.

Methodology

A prospective observational study was conducted at AIIMS Jodhpur involving adult patients (>18 years) with operative findings consistent with perforated peptic ulcers. Preoperative scores (PULP, Boey, ASA, Jabalpur, POMPP) were calculated. Postoperative complications within 30 days and length of hospital stay (LOS) were recorded. Statistical analysis involved ROC curve comparisons for morbidity prediction accuracy among different scoring systems.

Methodology

A prospective observational study was conducted at AIIMS Jodhpur involving adult patients (>18 years) with operative findings consistent with perforated peptic ulcers. Preoperative scores (PULP, Boey, ASA, Jabalpur, POMPP) were calculated. Postoperative complications within 30 days and length of hospital stay (LOS) were recorded. Statistical analysis involved ROC curve comparisons for morbidity prediction accuracy among different scoring systems.

Results

The study included 56 patients over 20 months. The PULP score demonstrated the highest accuracy (AUC=0.86) in predicting 30-day morbidity compared to Boey (AUC=0.74), ASA (AUC=0.78), Jabalpur (AUC=0.81), and POMPP scores (AUC=0.72). Higher scores significantly correlated with increased morbidity, prolonged LOS, and higher rates of postoperative complications, including surgical site infections and ICU admissions.

Discussion and Conclusion: In patients having surgery for PPU, the PULP score proved to be the superior indicator of 30-day morbidity, allowing for efficient risk stratification and perioperative care optimization. Regular use of this grading system will help to enhance clinical outcomes by guiding the level of perioperative care and assisting in the formulation of well-informed decisions about surgical techniques, including the viability of laparoscopic repair.

OP39 Presentation and surgical role in primary gastrointestinal lymphomas: experience from a tertiary center

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Introduction

Primary gastrointestinal lymphoma (PGL) is a rare malignancy, accounting for 1–4% of all gastrointestinal (GI) cancers. Its presentation is often non-specific, necessitating a high index of suspicion alongside appropriate endoscopic and radiological investigations to establish a diagnosis. This study reviews the clinical presentations and management strategies of PGL encountered over two decades in a tertiary surgical unit.

Methodology

A retrospective, descriptive study was conducted on 12 patients diagnosed with PGL between 2001 to 2023 at a single tertiary care center. Data regarding clinical presentation, site of involvement, histological subtype, and treatment modalities were analyzed.

Results

Of the 12 patients, 8 (66.6%) were male and 4 (33.3%) females. Most patients (83%) were above 35 years of age. The predominant presenting symptom was abdominal pain (73%), with other symptoms including anemia, vomiting, and abdominal masses. On clinical examination, 50% had a palpable abdominal lump. Tumor locations included the right colon (n=3), and stomach (n=1). Non-Hodgkin lymphoma was the most common histological type (64%), with one case of follicular lymphoma. All patients were initially treated with chemotherapy. Surgical intervention was required in selected cases: right hemicolectomy (n=3), small bowel resection (n=2), and splenectomy (n=2).

Conclusion

PGL can present at various GI sites with non-specific symptoms, making diagnosis challenging. While chemotherapy remains the cornerstone of treatment, surgical management is indicated in selected cases for diagnostic confirmation, management of complications, or residual disease.

OP43 Anatomical, physiological, and quality of life changes after laparoscopic Heller's Myotomy for Achalasia Cardia

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Background

Achalasia cardia causes dysphagia, regurgitation, chest pain and malnutrition, compromising patients' quality of life (QoL). While laparoscopic Heller's myotomy (LHM) with partial fundoplication is the operative gold standard, true success is now gauged by multidimensional QoL rather than symptom control alone. This study prospectively examined postoperative QoL trajectories after LHM.

Methodology

N=21 consecutive patients (mean age 38 ± 11 years) who failed medical therapy underwent LHM with Dor fundoplication between 2017 and 2021. Baseline evaluation employed the Eckardt score, Dysphagia-specific QoL (DsQoL) questionnaire, barium swallow and high-resolution manometry. The same questionnaires were completed on postoperative day (POD) 5, POD 14, three months, one year and three years; barium swallow and manometry were repeated at three months. Changes in clinical scores, lower-oesophageal sphincter (LOS) pressure and oesophageal calibre were analysed.

Results

The mean pre-operative Eckardt score was 6.05 ± 0.9 . It plummeted to 1.2 by POD 5 and improved further at POD 14 and three months. One-year scores remained low (1.0 ± 0.6). A modest rise at three years (1.7 ± 0.8) did not negate the highly significant reduction from baseline ($p < 0.001$). LOS resting pressure fell from 34 ± 7 mmHg pre-operatively to 9 ± 3 mmHg at three months; oesophageal diameter normalised in 81 % of patients. DsQoL domains mirrored these gains.

Conclusion

Laparoscopic Heller's myotomy with Dor fundoplication delivers durable symptom relief and sustained enhancement of physical, social and emotional QoL domains in achalasia cardia, affirming its long-term therapeutic value.

OP34 Effect of local Tranexamic acid in reducing axillary drain output post modified radical mastectomy: a randomized controlled trial

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Introduction

Excess drain output & seroma formation after Modified Radical Mastectomy (MRM) for Breast cancer is a known complication that increases hospital stay & morbidity. Fibrinolysis has a potential role in seroma formation, amongst other factors. This study aims to investigate the effect of local Tranexamic acid (TXA) in reducing axillary drain output after MRM.

Methodology

This single-centred randomized trial included 78 patients undergoing MRM. They were randomized into the Tranexamic acid and non-Tranexamic acid groups. Following MRM, a 20 ml solution of TXA in a strength equivalent to 500 mg was infiltrated in the axilla before skin closure. In the non-TXA group, 20 ml of normal saline was infiltrated. Cumulative drain output, day of drain removal, and day of serous conversion of drain fluid character were assessed. Patients were followed up at 1 month and 3 months for SSI and seroma formation, respectively.

Results

The study showed significant reduction in cumulative drain output (498.21 ml vs 391.79 ml; $p < 0.01$), day of drain removal (8.59 days vs 7.13 days; $p < 0.03$), and day of serous conversion (3.0 days vs 2.1 days, $p < 0.016$). However, there was no significant difference in SSI and late seroma formation in the two groups.

Conclusion

Application of local Tranexamic acid significantly reduces axillary drain output following MRM, leading to early drain removal and better early post-operative outcomes.

OP47 Challenges in implementing palliative careservices for breast carcinoma in developing countries

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Introduction

Breast carcinoma remains the most prevalent cancers among women globally, with a significant burden in developing countries. Despite advancements in treatment, many patients are diagnosed at advanced stages where curative therapy is limited, making palliative care essential. However, the implementation of palliative care services in these regions face multiple challenges.

Objectives

This study aims to identify the barriers to implementing effective palliative care services for breast cancer patients in developing countries, with the goal of informing future policy and practice improvements.

Methodology

Total 254 publications from PubMed, EMBASE, Cochrane, Google Scholar and Semantic Scholar databases were identified between 2000 and 2025. Bias assessment using GRADE guidelines for observational studies was done. Non-English studies, from developed countries and studies without full-texts were excluded.

Results

Key barriers identified include insufficient palliative care infrastructure and trained personnel, limited availability and accessibility of opioids due to regulatory and logistical constraints, sociocultural stigmas and misconceptions about cancer, pain relief, and death, inadequate financial support mechanisms, lack of national palliative care policies and weak integration into oncology and primary health systems; urban-rural disparities in service provision; and minimal context-specific research to guide culturally appropriate interventions. These factors collectively contribute to delayed initiation of palliative care, suboptimal symptom management, and compromised quality of life.

Conclusion

Palliative care for breast cancer in developing countries faces systemic, economic, and cultural challenges. Addressing these requires policy reforms, education, resources, advocacy, and culturally sensitive models. Integrating palliative care into national cancer programs is vital to improve outcomes and dignity.

OP50 Quality of life among patients following breast cancer treatment

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Introduction

The quality of life (QoL) of breast cancer survivors is greatly impacted by the long-term physical, emotional, and social difficulties they frequently face. The purpose of this study was to assess the QoL of patients following treatment for breast cancer and investigate the associated clinical and demographic factors.

Methodology

A cross-sectional descriptive study was conducted involving 89 breast cancer survivors who were attending follow-up clinics at Colombo South Teaching Hospital. The Core Quality of Life Questionnaire (QLQ-C30) and the Breast Cancer-Specific Module (EORTC QLQ-BR23) were used to gather data and evaluate quality of life.

Results

The mean age of the participants was 58.03 ± 13.42 years (range: 32–86), with the majority being married (92.1%) and postmenopausal (70.8%). Breast-conserving surgery was performed in 62.9% of the cases, and 82.0% of the patients had received adjuvant therapy. The mean total score on the QLQ-C30 was 45.25 ± 13.62 , indicating an overall moderate QoL. The mean scores for physical function, role function, emotional function, cognitive function, and social function were 9.15 ± 2.82 , 3.72 ± 1.41 , 18.89 ± 6.39 , 10.12 ± 3.93 , and 3.37 ± 1.15 , respectively. The mean scores for various factors, including body image, sexual functioning, future perspective, side effects from systemic therapy, breast surgery, were 5.87 ± 2.39 , 4.76 ± 1.77 , 1.62 ± 0.65 , 10.12 ± 3.59 , 5.81 ± 2.41 , respectively.

Conclusion

Breast cancer patients reported a moderate overall QoL post-treatment, with emotional and cognitive functions better maintained than physical, role, and social functions. Concerns about systemic side effects, body image in relation to breast were notable. These findings highlight the need for supportive care to improve physical and psychosocial well-being.

OP18 Clinical impact of CT first resuscitation protocol in severely injured trauma patients: a single-center retrospective cohort study

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Introduction

Although CT First resuscitation (CTFR) is not widely

adopted, more trauma centers in Japan are implementing it with the spread of hybrid emergency rooms (ERs), where CT, angiography, and surgery are available in one location. These systems enable rapid imaging and intervention without transferring the patient. However, evidence on patient selection, outcomes, and effectiveness remains limited. This study aimed to evaluate the clinical impact of CTFR and compare observed versus predicted mortality.

Methodology

We retrospectively reviewed adult trauma patients managed under the CTFR protocol at a Japanese tertiary center from 2018 to 2023. Demographic, physiologic, and injury data were collected. Mortality was predicted using TRISS methodology, which incorporates ISS, RTS, and age. Subgroup analyses were conducted by ISS severity, AIS region, and need for hemorrhage control interventions (laparotomy, REBOA, embolization).

Results

Among 284 patients, 76 (27%) received hemorrhage control interventions. Median time to CT was 13 minutes and to definitive intervention was 57 minutes. Overall mortality was 9.8%, significantly lower than the TRISS-predicted 15.6% ($p < 0.0001$). In patients with $ISS \geq 35$, observed mortality was also lower than predicted (34.6% vs. 54.3%, $p < 0.01$). Benefits were notable in patients with $AIS \geq 3$ chest or extremity injuries. These findings suggest CTFR may contribute to improved outcomes in selected high-risk patients.

Conclusion

CTFR enabled rapid diagnosis and timely treatment. Though not yet standard, it may be a practical strategy for hemodynamically borderline patients, especially in hybrid ERs where all interventions can occur in a single trauma bay.

OP22 Effectiveness of fibrinolytic therapy in traumatic hemothorax: a randomized trial of intrapleural streptokinase

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Introduction

Thoracic trauma contributes significantly to morbidity and mortality, accounting for 25% of trauma-related deaths. Retained hemothorax, defined as residual blood in the pleural cavity 24–72 hours after chest drain insertion, can lead to complications

like empyema and fibrothorax. While VATS is a standard approach, intrapleural fibrinolytic therapy offers a less invasive alternative. This study aimed to evaluate the efficacy of intrapleural streptokinase (STK) in managing retained hemothorax.

Methodology

This randomized controlled trial was conducted in the Department of Trauma Surgery, KGMU, from April 2024 to April 2025. Patients with isolated chest trauma and retained hemothorax were divided into two groups. The case group received intrapleural STK (250,000 units in 100 mL saline) on days 2, 3, and 4 after 48 hours of non-draining intercostal chest drain (ICD), with clamping for three hours post-instillation. The control group received standard care. Data included clinical history, radiological findings, hospital stay, ICD duration, complications, and need for surgery.

Results

The STK group showed significantly shorter resolution time (3.59 vs. 5.96 days, $p < 0.05$) and ICD duration. However, their hospital stay was longer (14.63 vs. 8.27 days, $p = 0.000$) due to delayed presentation. Surgical intervention was required in only 7.84% of STK cases, and fewer pulmonary complications were observed.

Discussion

Intrapleural STK proved to be a safe and effective modality, reducing the need for surgical intervention. It should be considered in selected trauma patients, particularly in late-presenting, clotted hemothorax.

OP35 Evaluating the risk factors associated with road traffic accidents among motorcyclists presenting to the accident service at the National Hospital of Sri Lanka **V D Perera, D D M B Dodangoda, R Gnanasekaram** **The National Hospital of Sri Lanka**

Introduction

Road traffic accidents (RTA) are a serious public health issue in Sri Lanka. Motorcyclists accounted for the highest number of road traffic accidents with high morbidity and mortality. This study aimed to evaluate the risk factors associated with RTAs among motorcyclists presenting to the Accident Service at National Hospital of Sri Lanka.

Methodology

Descriptive cross-sectional study with 194 participants, used to explore the sociodemographic factors, motorbike usage patterns, driving behaviors, environmental crash factors, and injury profiles. A self-developed questionnaire was used for data collection.

Results

Among 194 patients, 83.51% were riders. The majority were male and the commonest age group was 20–24 years. 83.51% of patients had valid licenses. While motorbike-to-motorbike collisions were the most common cause of accidents (18.56%), street dogs also accounted for a significant proportion (11.34%). Reckless/negligent riding behavior like alcohol use or falling asleep was reported in 34.02%. Among them, a high rate (59.1%) sustained severe injuries. Most patients sustained fractures (68.04%) and abrasions/lacerations (80.92%), with 52.58% experiencing severe injuries. Significant associations were found between type of clothing and injury pattern.

Discussion and Conclusion

Clothing type significantly affected injury patterns and impacting treatment and recovery. Reckless/negligent behavioral factors are one main contributor to injury severity. Targeted public education, stricter law enforcement, and awareness campaigns are recommended. In addition, addressing environmental risks such as street dogs through municipal-level animal control measures is essential to improve road safety outcomes.

OP41 Comparison of Analgesic effect of Intra-pleural Injection vs Erector spinae plane infusion of Ropivacaine in Blunt trauma chest patients with Intercostal Drainage tube insitu- A Non Inferiority Randomised controlled Trial **Dr. Avinash Varma, Dr. Aamir, Dr. Ajitesh, Dr. P Kumar, Dr. S K Sahu, Dr. Upendra** **All India Institute of Medical Sciences, Bhubaneswar**

Introduction

This study compares the analgesic effect of Intra Pleural Injection (IPI) of Ropivacaine, with the current standard, continuous infusion of Ropivacaine into Erector Spinae Plane in cases of Blunt Trauma Chest (BTC) with Intercostal Drainage (ICD) tube in situ.

Methodology

Patients in Intrapleural Injection (IPI) arm ($n = 16$) received 30ml 0.25% Ropivacaine into pleural space through ICD every 8th hourly for 96 hours or till the removal of ICD tube, whichever is earlier. Patients in Erector Spinae Plane Block (ESPB) arm ($n = 16$) received continuous infusion of 0.25% Ropivacaine at 5ml per hour through the Erector Spinae Plane catheter for the same duration. Chest pain score at deep inspiration was assessed using the Visual Analog Scale (VAS) every 12 hours. Complications and failure rates associated with both procedures were also documented.

Results

The differences in the mean VAS scores between the two groups were not statistically significant. Minimal complications were noted in the intra pleural arm. In contrast, in ESPB arm, ESP catheterisation couldn't be done in 1 patient due to technical difficulties, 2 patients had a blocked catheter, and 3 patients had insomnia.

Discussion

While pain scores were comparable in both the groups; considering the minimal care required, fewer complications, a lower failure rate, and less reliance on technical expertise; Intra pleural analgesia can be an effective alternative to Erector Spinae Plane Block in low-resource settings.

OP26 Ergonomic challenges and physical fatigue among surgeons in Sri Lankan operating theaters

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Introduction

Physical fatigue is a significant occupational hazard for surgeons, often linked to poor ergonomics during surgery. In resource limited healthcare systems like Sri Lanka, these challenges may be intensified, potentially compromising surgeon wellbeing and surgical performance. This study assessed the prevalence of musculoskeletal discomfort and identified ergonomic barriers in local operating theaters.

Methodology

A cross-sectional study was conducted among 73 surgeons using a 19 item digital questionnaire. Data were collected on ergonomic setup, musculoskeletal symptoms, impact of discomfort and suggestions for improvement. Data were analyzed using descriptive statistics.

Results

Overall, 57% of respondents reported musculoskeletal discomfort during or after surgeries, with lower back pain (65%) and neck pain (55%) are the most common. A statistically significant association was observed between back pain and the unavailability of easily adjustable operating tables ($p = 0.01$). Other frequently cited ergonomic issues included non-adjustable monitors during laparoscopic surgery (34%) and lack of ideal self retaining retractors (26%). Awareness of anti-fatigue mats was low (13%). Suggested improvements included electronically adjustable operating tables (62%) and ergonomic training (28%).

Discussion and Conclusion

Musculoskeletal discomfort is highly prevalent among surgeons in Sri Lanka and is significantly associated with operating tables that are not easily adjustable. Improving the ergonomic design of operating theaters, particularly the adjustability of tables, proper positioning of monitors along with ergonomic training, may help reduce discomfort, enhance surgical performance, and support long-term surgeon well-being.

OP10 Outcomes of craniosynostosis surgery in a tertiary care hospital in Sri Lanka: a seven-year retrospective analysis

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Introduction

Craniosynostosis is a congenital disorder involving the premature fusion of cranial sutures, which can result in neurological impairment and developmental delays. Although extensively researched in high-income countries, there is a notable lack of data from resource-limited settings like Sri Lanka.

Methodology

This retrospective cross-sectional study was conducted at the Plastic Surgery Unit of the National Hospital of Sri Lanka and included 80 pediatric patients aged 3 months to 10 years who underwent craniosynostosis surgery between 2018 and 2024.

Results

Among the 80 patients analyzed, 71.2% were diagnosed with non-syndromic craniosynostosis. The majority underwent surgery between the ages of 1 and 2 years. Short-term complications were minimal, with only 3.8% developing scar infections. Notably, 42.5% of patients with preoperative developmental delays showed significant improvement post-surgery, while 55% retained age-appropriate developmental milestones. Cosmetic outcomes were highly favorable, with 62% rated as excellent and a mean satisfaction score of 8.32 ± 1.26 . Parental satisfaction was similarly high, with 85% of respondents describing outcomes as "better than expected." The average postoperative school performance was 81.98%. Intensive care unit (ICU) admission was required in 25% of cases, and 1.25% perioperative mortality was reported.

Discussion

The study underscores the safety and effectiveness of craniostylosis surgery in a resource-limited tertiary care setting. Despite delayed surgical intervention in some cases, outcomes were favorable across neurodevelopmental progress, cosmetic results, and parental satisfaction.

Conclusion

These findings emphasize the critical need for timely diagnosis, early intervention, and comprehensive multidisciplinary care to optimize patient outcomes.

OP53 Financial toxicity in patients with inflammatory bowel disease at the national hospital sri lanka: a cross-sectional study

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Introduction

Financial toxicity (FT) reflects the economic burden of illness and its treatment on patients and families. Sri Lanka, a lower-middle-income country, faces widespread financial hardship, with healthcare costs imposing significant challenges for patients with chronic diseases such as inflammatory bowel disease (IBD). This study evaluates FT among IBD patients at a tertiary-care centre using the 12-item Functional Assessment of Chronic Illness Therapy (FACIT-COST-Version-2) validated-questionnaire.

Methodology

A cross-sectional study of 132 IBD patients [Crohns Disease(CD)=68, Ulcerative Colitis(UC)=64] assessed demographics, education, and disease characteristics via interviews & records. FT was measured using the FACIT-questionnaire (higher scores = greater distress). Relationships were analyzed using Spearman's correlation and t-tests.

Results

The mean age was 40.55 years, with a balanced gender distribution (males n=65, females n=67). The majority (62.8%) had completed secondary education or higher. The mean FT score was 19.44, indicating moderate financial burden. FT was significantly higher in CD patients (mean = 20.65) compared to UC (mean = 18.16, p=0.049). Medication costs were the main financial concern for 75% of patients. FT scores correlated weakly but significantly with education

level ($\rho=0.229$, $p=0.008$) but not with age of onset or diagnostic delay (mean = 851 days). A notable proportion reported significant financial hardship (FT-12: 47%), and 35.6% attributed IBD to reduced satisfaction with their financial situation.

Conclusion

IBD imposes a significant financial burden, particularly on patients with CD. Targeted interventions to alleviate medication costs and address financial distress are essential to improve patient outcomes and quality of life.

OP14 Prevalence and associated factors of psychological distress among patients with chronic leg ulcers visiting surgical clinics in Sri Lanka

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Introduction

Chronic leg ulcers are known to be associated with considerable psychological distress, which may impede wound healing, reduce treatment adherence, and thereby complicate surgical outcomes. Despite this, psychological health is often neglected in wound care management in Sri Lanka. This study aims to determine the prevalence and associated factors of psychological distress among patients with chronic leg ulcers attending surgical clinics in Sri Lanka.

Methodology

A cross-sectional study was conducted in specialized wound-care clinics in Sri Lanka among 164 patients with leg ulcers lasting over 6 weeks. Psychological distress was screened using General Health Questionnaire-12; a locally-validated cut-off was used to identify significant distress. Sociodemographic, co-morbidity and ulcer-related data were collected via an interviewer-administered questionnaire.

Results

The cohort had a mean age of 61.2 years (SD 10.5), with 53.0% being male. Ulcer types included venous (48.8%), diabetic (36.6%), and pure arterial (14.6%). The mean ulcer diameter was 5.1 cm (SD 3.8); the mean ulcer duration was 28.5 weeks (SD 20.0). Significant psychological distress was identified in 73.8% of patients (95% CI 66.4–80.3). Significant associated factors were low household income ($p = 0.029$), ulcer size ≥ 5.1 cm ($p = 0.009$), and reduced mobility as perceived by the patient ($p = 0.010$). Reported pain, ulcer type, site, and duration were not significantly associated with distress.

Discussion & conclusion

The high prevalence of psychological distress in patients with chronic leg ulcers highlights the need for incorporating psychological assessment and intervention, guided by identified distress-associated factors, as part of multidisciplinary wound care in Sri Lanka.

OP23 Satisfied but unsafe: a paradox of satisfaction in diabetes-related foot care without adherence — a descriptive cross-sectional study in a tertiary care hospital in Sri Lanka

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Globally, diabetic foot complications affect 15–25% of diabetic patients, often leading to hospitalization and significant healthcare costs, emphasizing the need for preventive strategies. In Sri Lanka, diabetic foot ulcers are a major cause of hospitalization and amputations. This descriptive cross-sectional study was conducted over three months at a tertiary care endocrinology clinic to assess patient satisfaction with foot care services and adherence behaviors.

Data were collected from 267 participants (mean age 58.9 years; 71.5% female). Among them, 33.3% (n=89) had previously received treatment for foot wounds. A composite satisfaction score (Cronbach's $\alpha = 0.82$) indicated high overall satisfaction (mean = 3.2/4). Receiving foot care advice was significantly associated with daily foot checks ($p < 0.001$), with advised patients being 2.4 times more likely to adhere. Nonetheless, 34.5% of those advised did not follow foot care recommendations.

Reported barriers included long waiting times (40.4%), cost concerns (16.9%), and lack of awareness (28.5%). Regression analysis identified income ($\beta = 0.32, p < 0.01$) and education ($\beta = 0.28, p = 0.02$) as significant predictors of satisfaction. Cost-related barriers reduced adherence (OR = 0.67, $p = 0.03$). While interpersonal care was rated positively (87.2% hospitality satisfaction), only 55.4% practiced daily foot checks, and 9.7% used diabetic footwear.

Despite high satisfaction levels, adherence remains suboptimal, indicating a paradox in diabetes foot care. Addressing systemic barriers through targeted education, financial support, and improved follow-up is essential to bridge the satisfaction-adherence gap.

OP30 Effectiveness of Insole-corrected footwear for diabetic foot ulcer healing in a resource-limited setting

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Introduction

Diabetic foot ulcers (DFUs) are a major complication of diabetes mellitus, contributing to high amputation and mortality rates, particularly in resource-limited settings like Sri Lanka, where diabetes prevalence exceeds 23%. This study evaluates the effectiveness of insole-corrected footwear in DFUs management in a resource-constrained setting.

Methodology

The study was conducted at an insole modification clinic in Sri Lanka. Quality of life (QoL) was measured using the EQ-5D-5L scoring system across five domains (range 5–25; higher scores indicate poorer health).

Results

Thirty participants (mean age 61.67 years, 48.38% males) were followed up for a mean duration of 105 days. EQ-5D-5L scores indicated significantly improved QoL (mean difference: -1.33 ; 95% CI: -2.52 to -0.15 ; $p = 0.0285$). The infection rate while using insoles was 26.67%, and the wound recurrence rate was 6.67%. Median time to wound healing was 75 days. Kaplan-Meier analysis showed cumulative healing probabilities of 46.7% at 60 days and 76.3% at 210 days post-intervention. Mean pain scores (1-10 scale) showed a statistically non-significant increase ($p=0.37$). PROMs, rated on a 1–10 scale, indicated high satisfaction with comfort (7.67), fit (7.33), weight (8.06), and appearance (7.33), though usability issues such as poor shoe fit, water retention, and aesthetic concerns were frequently encountered.

Conclusion

The significant improvement in QoL and favourable wound healing outcomes highlight the potential of insole correction in DFU care within resource-limited settings. However, issues with shoe fit and unimproved pain scores emphasise the need for further refinement of footwear design to optimise patient outcomes.

OP44 Ischaemic time and graft survival in cadaveric and live donor renal transplantation – a retrospective study

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Introduction and objectives

Ischaemic time (IT) is a key factor in graft viability following renal transplantation. The objective was to assess whether the IT impacts patient survival, particularly when comparing outcomes between cadaveric kidney transplantation (CKT) and live donor kidney transplantation (LDKT).

Methodology

A retrospective cohort study was conducted using data from kidney transplants performed during 2023 to 2024. Data was retrieved from theatre registries. Patients were stratified by donor type and IT duration.

Results

A total of 34 kidney transplants were included, comprising 12 cadaveric (CKT) and 22 live donor (LDKT) transplants. The mean IT for CKT was longer i.e. 664.17 minutes (171–1201), while for LDKT it was 57.18 minutes (35–197). The median IT for LDKT was 49.00 minutes. Among LDKT recipients, 12 patients (54.54%) had an IT \geq 49.00 minutes. The mean follow-up duration for the higher IT group was 407.08 days and 383.5 days for the lower IT group. At follow-up, 50% of the patients in the higher IT group were alive compared to 90% in the lower IT group ($p = 0.074$). Although statistically not significant, it suggests a potential trend towards improved survival in patients with shorter ischaemic time. This trend was not observed among CKT recipients.

Conclusion

Although not statistically significant, the findings suggest that shorter IT may be associated with improved survival in LDKT recipients. Other studies also have reported worse outcomes with long IT. Therefore, reasons for such long delays should be evaluated and the IT should be reduced in order to improve graft survival.

OP27 Survival outcomes in renal cell carcinoma with inferior vena cava tumour extension: an ambispective cohort study

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Introduction

Renal Cell Carcinoma (RCC) that extends into the Inferior Vena Cava (IVC) is a rare presentation with an incidence around 4-10%. This study presents an analysis of demographics, pathological characteristics, and short-term surgical outcomes of such cases managed at a single unit at a tertiary care institution.

Methodology

This ambispective cohort study included patients who underwent radical nephrectomy for RCC with IVC tumour extension between January 2021 and May 2025 & followed up using electronic means. Tumour extension was categorized: Level 1 – limited to the renal vein; Level 2 – extension into the infrahepatic IVC; Level 3 – retrohepatic involvement; and Level 4 – supradiaphragmatic spread.

Results

A total of 22 patients were included. The mean age was 60.27 years (37-79), with males constituting the majority (68.18%). The majority of tumours were right sided (63.64%), and clear cell RCC was the predominant histological variant (88.23%). Tumour Extension included; 5(22.72%) patients each in Levels 1 and 2, 9 (40.91%) in Level 3, and 3 (13.63%) in Level 4. Follow-up ranged from 15-1565 days, with a mean duration of 683.4 days. At one month post-operation, the survival rate was 89.47%.

Conclusion

Despite the surgical complexity involved in treating RCC with IVC involvement, short-term survival outcomes appear promising. However broader studies with extended follow-up is necessary to better understand long-term prognosis.

OP38 A Decade of testicular cancer management: single tertiary centre experience with an insight into future directions

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Introduction

Testicular cancer predominantly affects young males and has a high cure rate. However, there remains potentially unmet needs in diagnosis, prognostication and treatment which still lead to rare but devastating treatment failures. This study aimed to evaluate outcomes and predictors of recurrence patients treated in a single tertiary centre.

Methodology

A retrospective review of inguinal orchidectomies performed for testicular masses between 2012-2023 was conducted. Clinical, histopathological, biochemical parameters were correlated to predict the treatment response, identify risk of progression and recurrence. Statistical analysis included univariate and multivariate testing using SPSS v30 (IBM Corp., NY, USA).

Results

Of 86 patients, 64 (74.41%) were confirmed to have testicular malignancy. Median age at diagnosis was 33 years (range 17–66 years), and median follow-up duration was 72 months (range 24–158 months). Histologically 58% (n=37) were seminomas, non-seminomatous GCT (n=13, 20%) and mixed GCT (n=7, 11%). Stage at diagnosis was 62.5%, 20% & 17.2% for Stage I, II and III respectively. Chemotherapy was administered in 31 (48.4%) patients of which 10 (15.6%) had Stage I disease. Retro-peritoneal lymph node dissection (RPLND) was performed in 11 (17.2%) patients for post chemotherapy recurrence. Seven (11%) patients had recurrent disease at the 3 years of which 2 had recurrence after initial diagnosis of stage I disease. Tunica albuginea invasion was significantly associated with an increased risk of recurrence (OR 6.27, 95% CI 1.21–32.47, p=0.029). Post-operative AFP level was the only significant predictor on Mann-Whitney U tests (p=0.020) to predict RPLND.

Conclusion

This decade-long review confirms excellent long-term outcomes for patients with testicular GCTs managed at a tertiary centre. Loss to follow-up remains a challenge,

emphasising the need for structured survivorship care. Predictive models utilizing large collaborative datasets may enable earlier, personalized interventions to prevent late failures.

OP42 Challenging the standard adult laparoscopic pyeloplasty: a retrospective comparative study of immediate and long term outcomes with a novel continuous barbed suturing technique

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Introduction

Pelviureteric junction obstruction (PUJO) affects ~1 in 1000 individuals. Dismembered pyeloplasty continues to be the gold standard management. While laparoscopic pyeloplasty (LP) has well-established, there is limited long-term data comparing different suturing techniques. This study presents the first comparative analysis of long-term outcomes between conventional vs. barbed-suture techniques.

Methodology

We analysed data from 50 adults who underwent laparoscopic pyeloplasty (LP) at a single tertiary care center over a 15-year period. Comparison was performed between the conventional (n=25) vs. novel barbed suture (n=25) techniques. Statistical analyses were carried out using univariate and multivariate methods, with SPSS v30 (IBM Corp., Armonk, NY, USA).

Results

Population age ranged from 20-79 years, and 56% were males. Mean follow-up duration was 92 months. Crossing vessel was identified in 48% of cases. Clinical improvement was observed in 94% of patients, but only 82% had functional imaging confirmation. Two patients experienced delayed recurrence of PUJO requiring re-intervention. Five patients developed ipsilateral renal calculi. Comparison of standard and barbed suture techniques showed no statistically significant differences in total operative time (211 vs 206 minutes, p=0.677), LOS (2.48 vs 3.2 days, p=0.079), or clinical improvement (p=0.717). Logistic regression and propensity score-matched analyses demonstrated presence of a crossing vessel, preoperative eGFR, BMI, and suture type weren't significant predictors of operative success.

Conclusion

This series represents the largest cohort of patients to have undergone a Laparoscopic Pyeloplasty using a novel continuous barbed suture. Analysis has demonstrated excellent and durable long-term outcomes, even in challenging cases. Most importantly this series has shown the use of barbed sutures was not inferior to conventional techniques, offering comparable results without compromising operative or postoperative outcomes

OP17 Prognostic Significance of hyponatraemia in patients with hepatocellular carcinoma: a retrospective analysis.

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Introduction

Hyponatraemia has emerged as a significant prognostic factor in hepatocellular carcinoma (HCC), with previous studies demonstrating its association with advanced disease stage, impaired liver function, and reduced overall survival, particularly in patients with cirrhosis. Serum sodium levels (Na⁺) have shown strong correlations with the Child-Pugh classification and laboratory parameters. This retrospective study aims to evaluate the prognostic significance of hyponatraemia in HCC patients.

Methodology

This retrospective study analysed clinical and biochemical data of HCC patients. Hyponatraemia was defined as serum sodium ≤ 135 mmol/L. Associations with prognostic markers were evaluated using descriptive statistics and comparative analyses. All the data were analysed using SPSS v23.

Results and Discussion

A total number of 150 HCC patients with a mean age of 63.86 ± 12.93 years. The overall prevalence of hyponatraemia was 35.3%, comprising 36.4% of males and 32.6% of females. Normonatraemia was observed in 64.7% of patients. Biochemical comparisons revealed that hyponatraemic patients had significantly higher mean direct bilirubin (3.07 ± 6.80 vs. 1.07 ± 2.90 ; $p = 0.018$), AST (86.40 ± 75.33 vs. 41.00 ± 34.64 ; $p < 0.001$), and ALT (61.69 ± 68.36 vs. 42.41 ± 63.77 ; $p = 0.009$). Differences in albumin ($p = 0.405$), total bilirubin ($p = 0.134$), and INR ($p = 0.076$) were not statistically significant. Sodium levels showed no significant association

with ECOG performance status ($p = 0.247$), ASA grade ($p = 0.247$), or Child-Pugh classification ($p = 0.201$) in this cohort.

Conclusion

Hyponatraemia in HCC patients is significantly associated with liver enzyme derangement, but not with clinical staging or performance status.

OP12 Comparison of surgical outcome and prognostic factors between pancreatobiliary and intestinal type of periampullary adenocarcinoma following pancreaticoduodenectomy

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Background

The exact origin and associated prognosis of periampullary adenocarcinoma might be challenging to determine, especially in bulky tumours, due to the destruction of normal periampullary anatomy and the extension of the tumour beyond a single periampullary structure. Periampullary carcinomas are typically divided into pancreatobiliary and intestinal types according to histological differentiation. The aim of this study was to determine the prognostic value of this histological differentiation by comparing various clinico-pathological prognostic factors and surgical outcome in periampullary carcinoma cases that underwent pancreaticoduodenectomy.

Methodology

From May 2018 to April 2021, 60 consecutive cases of periampullary carcinoma who underwent pancreaticoduodenectomy were included in this study. Cases were divided into two groups: pancreatobiliary and intestinal types. Various clinical and histopathological prognostic variables were analysed, and the association of these variables with pancreatobiliary and intestinal variants of periampullary carcinoma was determined using Chi-square and Fischer's exact tests.

Results

20 cases were included in the pancreatobiliary group, and 40 cases were included in the intestinal group. These groups were comparable in terms of age, sex, nutritional status, and bilirubin levels. Pancreatobiliary type was more frequently associated with nodal disease ($p < 0.01$), lymphovascular invasion ($p < 0.01$) and perineural invasion ($p = 0.018$). Post-operative morbidity was significantly higher in the pancreatobiliary group. ($p = 0.043$).

Conclusion

After pancreaticoduodenectomy, periampullary cancer of the pancreatobiliary type is linked to worse post-operative outcome and unfavourable histopathological prognostic markers. Therefore, after surgery, these cases should follow management algorithms with aggressive adjuvant therapy protocols.

OP20 Postoperative pain in 5 mm versus 10 mm epigastric port in minilaparoscopic cholecystectomy: a randomized controlled trial

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Background

This RCT evaluated whether postoperative pain in minilaparoscopic cholecystectomy is lower if a 5 mm port is used in the epigastrium compared to a 10 mm port, while keeping the total length of all four incisions at 25 mm. A procedure was described as “mini-laparoscopic cholecystectomy” if only one 10 mm port and three 5 mm ports were used.

Methodology

Seventy-two consenting adult patients were randomized equally to undergo minilaparoscopic cholecystectomy with either a 5 mm or 10 mm epigastric port. Postoperative pain was measured at 6 h, 24h, 7 days and 30 days using an 11-point numerical rating scale (NRS). Postoperative pain was compared using the independent samples median test. Operative time and complications were also recorded.

Results

The two groups were demographically comparable. The median (IQR) pain at 6 h in patients with 5 mm epigastric port was 4(5) compared to 6(4) in patients with 10 mm port in the epigastrium. This difference is statistically significant. Similar results, with marginally less postoperative pain in patients with 5 mm epigastric port was observed at 24 h, 7 days and 30 days of operation. Operating time and complications were similar in both groups.

Discussion

The difference in postoperative pain is statistically significantly different if a 5 mm port is used in the epigastrium compared to a 10 mm port and the large effect size suggests that the difference is clinically relevant. A 5mm port in the epigastrium obviates the need to suture close the sheath, which is often difficult owing to the oblique placement of this port.

Conclusion

Using 5 mm epigastric port decreases postoperative pain compared with 10mm after minilaparoscopic cholecystectomy.

OP31 Natural progression and management of branch-duct intraductal papillary mucinous neoplasms of the pancreas – systematic review

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Introduction

Branch duct intraductal papillary mucinous neoplasms (BD IPMN) are pancreatic cystic neoplasms which arise from the smaller ducts that branch off from the main pancreatic duct. They are mostly asymptomatic and diagnosis is made with imaging. The natural progression and management is of debate and this study aims to systematically review the available evidence.

Methodology

A systematic search of Pubmed/Medline and google scholar databases are carried out using specific keywords for articles published up to 2025 March. Studies describing patients with presumed or confirmed branch duct intraductal papillary mucinous neoplasms (BD-IPMNs) under surveillance and meeting predetermined inclusion criteria were analysed. Data on surveillance time, outcomes, malignancy risk and surgical yield were extracted.

Results

30 studies comprising a total of 12765 patients varying from 24 retrospective and 6 prospective studies were included. Studies showed a malignant BD IPMN risk of 4.51%, concomitant PDAC risk of 2.59% and other malignancies of 4.40% giving an overall malignancy risk of 11.51% with a median time to malignancy progression of 49.2 months. Out of the total population 9.12% underwent surgery based on worrisome features on imaging and found to have a surgical yield of 49.48%. No malignancies reported in non-surgical patients.

Discussion/Conclusion

Surveillance following diagnosis of BD IPMN is an effective way to identify malignancy. Overall malignancy risk among patients with BD IPMN was 11.51% with a median follow up duration of 55 months. High surgical yield supports the guideline driven criteria for resection in patients with worrisome features on imaging.

OP32 Comparative study between radiofrequency ablation & neurolytic block of splanchnic plexus in pancreatic cancer

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Introduction

Pancreatic cancer is frequently associated with severe, intractable pain that significantly impairs quality of life. This study compares the efficacy and safety of radiofrequency ablation (RFA) and neurolytic block in alleviating pain in patients with advanced pancreatic cancer.

Methodology

Study period (2021-2024) with total of 60 patients were enrolled and randomly assigned to receive either RFA (n=30) or neurolytic block using absolute alcohol (n=30). Pain intensity were assessed using the Visual Analog Scale (VAS) at baseline, 1 week, 1 month, and 3 months post-procedure. Secondary outcomes included opioid consumption, quality of life (QoL), and procedure-related complications.

Result

Group A- received 100% alcohol and Group B- received conventional radiofrequency ablation. This study shown a significant reduction in VAS scores in the both groups. however, the RFA group showed a more sustained analgesic effect at 3 months (mean VAS reduction: 5.8 vs 4.2, $p < 0.05$). similarly Opioid requirements were pronounced reduced and quality of life were better in RAF group. The procedure-related complications were minimal and comparable between the groups, though transient hypotension were more frequent in the neurolytic group (group A).

Discussion/Conclusion

Both RFA and Neurolytic block are effective for pancreatic cancer pain though RFA offers a longer duration of pain relief and greater opioid-reduction potential in cancer patients.

OP48 Impact of preoperative ECOG performance status on tumour characteristics and surgical eligibility in hepatocellular carcinoma

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Introduction

The Eastern Cooperative Oncology Group (ECOG) performance status is used to assess functional ability in cancer patients. This study aims to evaluate the relationship between preoperative ECOG score and tumour characteristics such as number of lesions, size, extra-hepatic spread, and eligibility for surgery among Hepatocellular carcinoma (HCC) patients.

Methodology

A retrospective analysis of 493 HCC patients from Hepato-Pancreatic-Biliary (HPB) clinic was conducted and data were collected using interview- administered questionnaires and clinical records. Then the data were analysed using chi-square tests and ANOVA in SPSS version 23.

Results

Majority were male (72.4%). ECOG performance status was: 0 in (53.1%), 1 in (38.9%), 2 in (5.1%), 3 in (2.6%), and 4 in (0.2%). The average liver lesion size was 4.4 ± 26.84 mm, with no significant among ECOG groups [$F(4) = 0.243$; $p = 0.914$]. Solitary lesions were present in 64.5%, while multiple lesions in 35.5% [$\chi^2(4) = 7.638$; $p = 0.106$]. Extra-hepatic spread was seen in only 1.2%. Surgical eligibility significantly varied with ECOG status ($\chi^2(4) = 48.169$; $p < 0.001$), indicating that higher ECOG scores were strongly associated with inoperability. These findings suggest that preoperative ECOG performance status may serve as an important factor in assessing surgical suitability in HCC patients.

Conclusion

Preoperative ECOG performance status showed a significant association with surgical eligibility in hepatocellular carcinoma patients, with higher ECOG scores correlating with reduced operability. However, no significant relationship with tumour characteristics. These findings show the importance of preoperative functional status in surgical decision-making for HCC management.

OP49 Association of preoperative AFP and liver function parameters with tumour characteristics in hepatocellular carcinoma

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Introduction

Alpha-fetoprotein (AFP) is a widely used tumour marker, with elevated preoperative levels correlating with larger tumour size, vascular invasion, and poor differentiation. Liver function tests (LFTs) and INR reflect hepatic reserve and influence prognosis and treatment decisions. Recent studies have shown that high AFP levels are associated with aggressive tumour behaviour. However, the combined association of AFP and liver function parameters with tumour characteristics remains underexplored, especially in South Asian populations, where region-specific data are limited.

Methodology

This retrospective analysis was conducted on HCC patients attending HPB clinics. Preoperative AFP, LFTs, and INR were statistically correlated with tumour features using Pearson correlation, ANOVA, and chi-square tests.

Results and Discussion

A total of 493 hepatocellular carcinoma (HCC) patients were analysed (72.4% male, 27.6% female). Mean ALT, AST, and ALP levels were 40.7, 46.8, and 84.8 U/L, respectively. Pearson correlation revealed no significant associations between liver function parameters and tumour size. Liver lesions were solitary in 64.5% and multiple in 35.5%. Mann–Whitney U tests showed no significant differences in liver parameters between solitary and multiple lesions. ANOVA showed a significant difference in INR across liver lobe involvement ($p = 0.031$), though post hoc analysis was not important. Extrahepatic spread was significantly associated with elevated AST ($p = 0.015$), ALP ($p < 0.001$), and total bilirubin ($p = 0.025$), whereas other markers showed no significant association.

Conclusion

These findings suggest that preoperative liver parameters have limited predictive value for intrahepatic tumour characteristics, but certain markers may indicate extrahepatic disease progression.

OP45 Isolation, characterisation, and functional role of Cancer-Associated Fibroblasts (CAFs) in pancreatic ductal adenocarcinoma: insights from an Indian cohort

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Introduction

Pancreatic Ductal Adenocarcinoma (PDAC) remains one of the most lethal cancers in the world, with low survival rates and low therapeutic effectiveness. One of the defining histopathological characteristics of PDAC is its high stromal content, particularly cancer-associated fibroblasts (CAFs), which play significant roles in tumor development, immune regulation, and drug resistance. This research explores the biological characteristics and functional relevance of CAFs isolated from human PDAC tissues.

Methodology

Fresh PDAC tissue samples were obtained during resection procedures in aseptic conditions. Histopathologic confirmation was the gold standard that established the diagnosis and tissue suitability. Fibroblasts were grown by the outgrowth technique and kept on standard culture media. Molecular and functional assays assessed their tumour-supportive and immunomodulatory functions.

Results

CAFs derived from PDAC tissues showed tumour-promoting activity, enhancing cancer cell survival and an immunosuppressive tumour microenvironment. Although prior literature recognises the function of CAFs in PDAC biology, our preliminary data suggest the existence of functionally heterogeneous subtypes with possibly divergent roles on tumour-infiltrating immune cells. The present study aims to deconstruct these subtypes and ascertain their role in disease progression and drug resistance.

Discussion and Conclusion

Considering the heterogeneity of geography and ethnicity in tumour biology, our search is targeted towards Indian PDAC patient-derived CAFs. Data on CAF heterogeneity and coordination with immunological factors can potentially reveal new stromal targets to personalise the therapeutic strategy in PDAC. These results have potential implications for regional, as well as international, strategies in fighting this formidable cancer.

OP11 Colonoscopy outcomes: completion rates and factors associated with incompleteness among patients who have undergone colonoscopy in a selected teaching hospital

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Introduction

Colonoscopy is the gold standard for diagnosing and managing lower gastrointestinal diseases. Incomplete colonoscopies reduce diagnostic accuracy and increase repeat procedures. Despite extensive global research, data on Sri Lankan colonoscopy completion rates remain limited. This research was conducted to assess the completion rate of colonoscopy among patients who have undergone colonoscopy at the selected Teaching hospital and factors associated with incompleteness of colonoscopy.

Methodology

A hospital-based descriptive cross-sectional study was conducted among patients undergoing colonoscopy at the teaching hospital. Data was collected using an interviewer-administered questionnaire and procedural records, assessing patient demographics, comorbidities, procedural characteristics, and completion status. Statistical analysis was performed using SPSS, with associations analyzed using chi-square tests, considering a p-value <0.05 as significant.

Results

Out of 216 colonoscopies performed, 85.6% (n=185) were complete, while 14.4% (n=31) were incomplete. The primary indication for colonoscopy was diagnostic (84.7%, n=183), followed by therapeutic (10.2%, n=22) and preventive (5.1%, n=11) respectively. Among incomplete colonoscopies, 54.8% (n=17) were due to patient-related factors, 45.2% (n=14) due to setting-related factors, and none were due to endoscopist-related factors. Inadequate bowel preparation was the most significant predictor of incompleteness (p=0.004). Although age, gender, BMI, pain levels, and previous surgeries showed variations in completion rates, they were not statistically significant.

Discussion and Conclusion

The colonoscopy completion rate (85.6%) was comparable to global standards but below the recommended benchmark of ≥ 90%. Inadequate bowel preparation was the leading cause

of incompleteness, emphasizing the need for improved patient education and standardized bowel preparation protocols.

OP19 South Asian practice and adherence to guidelines in the management of Acute Severe Ulcerative Colitis

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Introduction

Acute severe ulcerative colitis (ASUC) is a medical emergency that requires coordinated care from a multidisciplinary team for reducing morbidity and mortality.

Methodology

This is a cross-sectional study (online survey) carried out among 169 clinicians treating UC from 24 countries.

Results

Of the 169, most were from South Asia (n = 120, 71%) and specialized in gastroenterology (139/169). Initial management primarily relied on clinical assessment and basic investigations. While all clinicians utilized imaging within the first 48 hours (abdominal X-ray: 115/169), cross-sectional imaging (CT/MRI) was significantly less common among South Asians (p < 0.01). Flexible sigmoidoscopy was the preferred endoscopic tool (130/169) with no regional differences. Non-South Asians predominantly used the Mayo Endoscopy Score (MES) (42/49), whereas South Asians used both MES (64/120) and the Ulcerative Colitis Endoscopic Index of Severity (54/120) in comparable proportions (p < 0.001). About half of the clinicians followed ECCO guidelines, with no significant regional difference (p = 0.58). The Truelove and Witts criteria were the most used for disease severity assessment (106/169), with a higher preference among South Asians (p = 0.04). Intravenous corticosteroids were the primary first-line therapy (160/169, 94.7%), while immunosuppressant use remained low. Infliximab was the preferred biologic for rescue therapy (116/169). Despite similar treatment strategies, therapeutic drug monitoring for biologics was largely absent among South Asians (p < 0.01).

Discussion and Conclusion

The survey highlighted variations in the clinical management of ASUC in South Asian region. These findings suggest the need for tailored guidelines for the management of ASUC in South Asia.

OP28 Longitudinal comparison of colorectal cancer survivorship in a cohort of Sri Lankan patients: analysis of outcomes over 25 years

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Introduction

Survival in colorectal cancer (CRC) has improved globally with survivorship posing new challenges. This study compared survival in two cohorts of Sri Lankan patients across two decades.

Methodology

Total of 714 patients with CRC were compared: Group A (425), 1996 to 2010 (rectal cancer-RC, 276 [65%] and colon cancer-CC, 149 [35%]) vs Group B (289), 2011 to 2020 (RC, 165 [57%] and CC, 124 [43%]). Overall (OS) and disease-free survival (DFS) for the entire group, and RC and CC were compared. Histological characteristics of the specimens were compared for the two periods. In a subset of 100 (RC-65, CC-35) QOL in the physical and emotional component (PC & EC) domains were evaluated.

Results

OS was better for post-2010 vs. pre-2010 ($P < 0.001$); three and five-year survival for post-2010 were 75% (95%CI: 69.9% - 82.2%) and 68% (95%CI: 61.5% - 76.0%) versus 67% (95%CI: 62.9% - 72.1%) and 59% (95%CI: 54.3% - 64.2%) for pre-2010. This is due to better OS and DFS for RC but not CC. QOL was comparable for RC vs CC in both domains. 69% reported organ dysfunction, 30% alteration in lifestyle and 7% low mood.

Discussion

RC survival in post-2010 enhanced due to advances in surgery, imaging and multidisciplinary care. The healthcare system needs to focus on long-term care for survivors.

Conclusion

Higher survival in RC post-2010 contributed to overall improvement in CRC survival. Better RC, OS and DFS correlate with specimen quality. This may be attributed to the improvement in preoperative planning and technique post 2010.

OP29 An alarming rise in colorectal cancer incidence in Sri Lanka from 2010 – 2021

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Introduction

Colorectal cancer (CRC) is the third most common cancer in Sri Lanka. While-early detection carries favorable outcomes, a rising incidence poses a significant health challenge. This study aims to analyze the national trends in CRC incidence and identify the high-risk population groups.

Methodology

Latest CRC incidence data from the Sri Lankan National Cancer Registry for the 12 years (2010–2021) were analyzed. Patients were categorized into age groups; 0–19, 20–39, 40–59, ≥ 60 years. Trends were analyzed using the Mann-Kendall trend test, and Annual Percentage Change (APC) using Joint Point Regression.

Results

Among 25,935 CRC patients 50.7% were females, CRC as a percentage out of all cancers has increased from 6.38% to 8.19%. A significant upward trend in the incidence was observed during the period ($\tau = 0.82$, $p < .05$; $APC = 9.33\%$, $p < .05$). Females showed a sharper rise ($APC = 9.65\%$, $p < .05$). Incidence increased significantly in those ≥ 40 years (40–59: $\tau = 0.73$, $APC = 11.6\%$; $p < .05$, ≥ 60 : $\tau = 0.79$, $APC = 5.96\%$; $p < .05$), with higher APC in the 40–59 group compared to $60 \geq$ years ($p = 0.03$).

Discussion and Conclusion

The incidence of CRC has rapidly risen in Sri Lanka, in all age groups above 40 years and in both sexes, with a female preponderance over the past 12 years. The results emphasize the need for age-stratified screening programs and targeted health interventions beginning at age 40 for at-risk populations.

OP36 Polyp detection rate in colonoscopy and its association with bowel preparation: a retrospective analysis

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Introduction

The quality of bowel preparation is a critical factor influencing the diagnostic yield of colonoscopy, particularly the detection of polyps. This study aimed to evaluate the association between the Boston Bowel Preparation Score (BBPS) and the polyp detection rate (PDR) in patients undergoing colonoscopy.

Methodology

This was a retrospective analysis of colonoscopy records. Data on BBPS and polyp findings were extracted. BBPS was categorised as adequate (≥ 6) or inadequate (<6). The overall PDR was calculated, and comparisons were made between BBPS categories and the presence or absence of polyps. An independent t-test was used to assess differences in mean BBPS.

Results

A total of 302 were analyzed. Majority were males (51.7%). Mean age was 57.31 ± 13.41 years. The overall polyp detection rate (PDR) was 25.8%. Most Polyps were located in the Descending Colon (20.4%) and Ascending Colon (19.4%) followed by the Rectum (16.5%) and Sigmoid Colon (15.5%). Ileo-cecal intubation rate was 99.0%. The mean Boston Bowel Preparation Score (BBPS) for the entire cohort was 8.00 ± 1.07 , with 98.3% of preparations classified as adequate ($\text{BBPS} \geq 6$). Among patients with polyps detected (25.8%), the mean BBPS was 8.31 ± 0.93 . In No-polyp group (74.2%) with the mean BBPS was 7.90 ± 1.10 . An independent t-test revealed a statistically significant difference in mean BBPS between patients with and without polyp detection ($t=2.953; p=0.003$).

Conclusion

Higher Boston Bowel Preparation Scores were significantly associated with increased polyp detection, highlighting the importance of optimal bowel preparation for colonoscopy.

OP37 Management of congenital pouch colon - our experience

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Introduction

Congenital pouch colon (CPC) is a rare variant of anorectal malformation, primarily seen in the Indian subcontinent, accounting for 5–15% of cases in India. Management protocols vary across institutions. We present our 15-year experience in managing CPC cases.

Methodology

A retrospective study was conducted from January 2009 to 2024. Patient records were reviewed for demographic data, clinical features, investigations, operative details, postoperative events, and surgical outcomes. Follow-up ranged from 6 months to 4 years after the final procedure.

Results

A total of 189 CPC cases were managed over 15 years, with a male-to-female ratio of 6:1 (157/32). Preoperative diagnosis using abdominal radiograph was successful in 81% (152/189) of cases. Initial surgical interventions included window colostomy (140 cases), colostomy (25), and ileostomy (24). Of these, 150 patients completed all stages of surgery, while 4 patients died post-initial surgery due to severe sepsis and associated anomalies. The remaining 35 are awaiting further surgical stages. Among the 150 completed cases, coloplasty using our technique was performed in 104 complete pouch cases, while 46 partial pouch cases underwent excision with colonic pull-through. Follow-up showed no colonic dilatation, with satisfactory bowel control and age-appropriate growth and development in all completed cases.

Discussion and conclusion

Three-stage surgery remains the standard protocol: initial diversion, followed by coloplasty with abdomino-ASARP, and finally stoma closure. Proper technique and experience are key to favorable outcomes. Excision is not always necessary in complete CPC. Well-executed coloplasty offers favorable results with fewer complications.

OP51 Colonoscopy screening uptake at a tertiary care centre: demographic and perceptual barriers

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Introduction

While colorectal cancer (CRC) screening is recommended internationally (American Cancer Society guidelines; adults ≥ 45 years), Sri Lanka lacks a national screening program. This study evaluated demographic factors & perceptions influencing colonoscopy uptake at a tertiary care centre, identifying key barriers to potential screening implementation.

Methodology

We analyzed one year of data on demographics, healthcare access, insurance status, and CRC family history. Colonoscopy perceptions, risk knowledge, and screening attitudes were evaluated using chi-square, logistic regression, and Kruskal-Wallis tests.

Results

Cohort comprised 500 participants (54% aged ≥ 45 years; median age 47 years; 50.6% male). The median distance to the nearest healthcare-facility was 4km. 18.2% had medical insurance, 23.6% had previously undergone colonoscopy, and 13.2% had a family history of CRC. Adults ≥ 45 years were twice as likely to perceive colonoscopy as harmful (33.3% vs. 15.7%, OR=2.68, $p < 0.001$). Knowledge gaps varied by marital status (unmarried recognized smoking risks better: 57.1% vs. 41.3%, $p = 0.005$) and education (higher education correlated with accurate risk identification, $p < 0.01$). Participants with prior colonoscopy demonstrated superior awareness of gender (71.2% vs. 51.3%, $p < 0.001$) and hereditary risks (56.8% vs. 40.6%, $p = 0.002$). Gender disparities emerged, with females reporting greater procedural embarrassment ($p = 0.004$) and pain ($p = 0.006$). Logistic regression identified belief in early detection benefits (OR=3.11, $p < 0.001$) and CRC fear (OR=1.77, $p = 0.012$) as key predictors of screening willingness.

Discussion and Conclusion

Age-eligible adults (≥ 45 years) face significant screening barriers without a national CRC program. Targeted education on screening benefits and hereditary risks could facilitate future program implementation.

OP57 How many nodes are enough? adequacy of lymph-node yield in a Sri Lankan colorectal-cancer cohort

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Introduction

Adequate lymph-node yield (LNY) is a cornerstone of accurate colorectal cancer (CRC) staging, with international guidelines recommending retrieval of ≥ 12 lymph nodes. This study assesses the adequacy of LNY in a Sri Lankan tertiary-care setting and explores clinicopathological factors associated with suboptimal node harvest.

Methodology

A retrospective study was conducted on 52 CRC resection specimens from cases performed by a single surgeon in the tertiary care setting. Data collected included age, gender, tumour location, T and N stage, neoadjuvant therapy, and total LNY. An adequate LNY was defined as ≥ 12 nodes. Associations with clinicopathological variables were assessed using Binary logistic regression.

Results

Among 52 patients the mean age was 62.3 ± 13.4 years, and 61.53% ($n = 32$) were males. Most of the cases were Anterior Resections (55.76%, $n = 29$). The median LNY was 10.5 (range: 0-26). Overall, 48.07% of cases achieved the ≥ 12 -node benchmark. Binary logistic regression ($n = 46$) revealed that Rectal Tumour Location (OR: 3.00, $p = 0.007$), Neoadjuvant Chemoradiotherapy (OR: 3.00, $p = 0.020$), and Age (OR: 1.16, $p = 0.007$) were significantly associated with inadequate LNY (< 12). Early pT Stage, Sex, and Lymph-node positivity showed no significant association. Despite lower yields in some subgroups, nodal metastases were detected in 36.5% of cases.

Conclusion

Rectal tumour, neoadjuvant therapy, and age significantly influence inadequate LNY. Other factors were not significant, highlighting multifactorial etiology. These findings highlight the need for context-sensitive benchmarks and reinforce the importance of surgical-pathological coordination to optimize staging accuracy in LMIC settings.

OP1 Staging laparoscopy in malignancies – a way forward in utilization of surgical resources

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Introduction

Staging laparoscopy (SL) is a key tool in preoperative assessment of abdominal malignancies, especially in low-resource settings where imaging may underestimate disease burden. It enables direct visualization of the peritoneal cavity, aiding in detection of occult metastases and preventing unnecessary major surgeries in patients with advanced disease.

Methodology

A retrospective descriptive study was conducted in a single surgical unit, over a period of 18 months. 40 patients who underwent SL for suspected abdominal malignancies were included in the study. Data on demographics, indications, operative findings, histology and impact on surgical decision-making were collected. The primary outcome was to identify the proportion in whose SL altered the surgical plan due to presence of previously undetected metastatic disease.

Results

Out of 40 patients 55% (n=22) were male and 45% (n=18) were female. SL mostly done for cholangiocarcinoma 30% (n=12), followed by pancreatic cancers 22.5% (n=9). Peritoneal metastases were found in 50% (n=20), liver metastases in 42.5% (n=17), omental deposits in 20% (n=8), and malignant ascites in 47.5% (n=19). Additional to malignancy related findings adhesions were seen in 15% (n=6), and liver parenchymal changes in 32.5% (n=13), mainly cirrhosis and cholestasis. In majority of the cases (n=25), planned curative surgery was avoided based on laparoscopic findings.

Discussion and Conclusion

Staging laparoscopy identified previously unrecognized metastatic disease in more than half of the cases and significantly influenced surgical decisions. Routine use of SL specially in hepatobiliary and pancreatic cancer is strongly recommended in resource-limited settings to optimize oncologic care and avoid non-therapeutic laparotomies

OP2 Patterns of dyssynergic defecation in Sri Lanka: a manometry-based study

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Introduction

Dyssynergic defecation (DSD) is a functional disorder involving impaired pelvic-floor coordination during defecation. While widely studied in Western populations, Sri Lankan data are underrepresented.

Methods

A retrospective analysis was conducted on 79 patients who underwent anorectal manometry (2023-2024) for suspected defecatory dysfunction. DSD subtypes were classified using Rao's criteria. Gender distribution, clinical presentation, age stratification, and anorectal pressure parameters (resting-pressure [RP], maximal squeeze-pressure [SP]) were analyzed. Fisher's exact test assessed gender-subtype associations; Kruskal-Wallis test compared pressure differences across subtypes.

Results

The cohort (mean age 46.4±20.8 years) had a slight female majority (54.4%), with chronic constipation as the primary indication (79.7%). DSD Type-1 was most common (49%), followed by Type-3 (32%), Type-2 (11%), and Type-4 (8%). 64.1% of Type-1 cases within over 50 age-group. The 18–50 age-group comprised 33%(n=26), while 14%(n=11) were under-18. Gender distribution varied significantly across subtypes (Fisher's exact test=8.805,p=0.028), with Type-1 more prevalent in males (59%), Type-3 in females (64%), and Type-4 exclusively in females. Mean RP (83.5 mmHg) and maximal SP (175.6 mmHg) did not differ significantly between subtypes. DSD-type was not significantly associated with rectal prolapse(6%) or gender.

Conclusion

This study is the first study focusing on dyssynergic defecation patterns in a Sri Lankan cohort. DSD Type-1 was the most common presentation, particularly among older adults. Gender distribution varied across subtypes, with a significant association. Future studies, including long-term follow-up data, are necessary to assess the effectiveness of biofeedback and other therapeutic interventions.

OP3 Efficacy of axillary dead space closure combined with local triamcinolone versus standard of care in reducing axillary drainage in breast cancer patients undergoing axillary lymph node dissection: Interim analysis of a randomized controlled trial

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Introduction

Excessive &/or prolonged drainage following axillary lymph node dissection(ALND) is a common complication, often resulting in extended hospital stays and delayed wound healing. Although various techniques have been employed to minimize drainage, none have demonstrated optimal outcomes. We hypothesized that axillary dead space closure using quilting sutures, combined with the topical application of triamcinolone to the axillary dissection bed, would reduce cumulative drain output and the duration of drainage.

Methodology

Forty patients with breast cancer planned for ALND for breast carcinoma were randomized into two groups: the intervention group (quilting sutures with application of triamcinolone to the axillary bed) and the control group (standard of care). Quilting sutures using Polyglactin 0 were applied to appose the latissimus dorsi to the dorsolateral edge of the pectoralis major. The cumulative axillary drain output and the duration of drainage were compared between groups.

Results

The study included 40 patients with a mean age of 53.3+ 15.8 years and a mean BMI of 24.2+ 4.17 Kg/m². 25 patients had received neoadjuvant chemotherapy. 23 patients were cN0/ycN0, while 17 had cN1/ycN1 status at the time of surgery. 21 patients underwent mastectomy, and 19 had breast-conserving surgery. The mean cumulative axillary drain output in the intervention group was 416+ 284 ml, compared to 635+ 417 ml in the control group(p = 0.062). Drains were removed significantly earlier in the intervention group (8.8+ 4.9 days versus 12.7± 6.7 days; p = 0.04).

Discussion and conclusion

Dead space closure, combined with the local application of triamcinolone, significantly reduced the duration of axillary drainage after ALND.

OP4 Robotic resection of choledochal cyst with Roux-en-y Hepaticojejunostomy in adults: a single centre experience and lesson learnt

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Introduction

Robotic surgery offers a safe and feasible option for choledochal cyst(CDC) resection with bilio-enteric anastomosis, providing better short-term outcomes in adults. This study presents a series of patients undergoing complete robotic CDC excision with Roux-en-Y hepaticojejunostomy (RYHJ), guided by indocyanine green(ICG) dye and supported with a video vignette.

Methodology

A total of 16 patients who underwent robotic CDC excision between January 2017 and December 2024 were prospectively analyzed. Preoperative evaluation included routine blood tests and MRCP. ICG dye (0.2 mg/kg) was administered approximately 18 hours before surgery. Procedures were performed using the da Vinci Xi robotic system. Robotic ports were aligned just below the umbilicus, with a 12-mm assistant port between the camera and the left robotic arm (R4). CDC dissection and excision were followed by intra-corporeal RYHJ and jejuno-jejunostomy. Firefly mode™ enabled ICG fluorescence imaging to aid in biliary anatomy delineation and precise dissection.

Results

Of the 16 patients, 14 were female with a median age of 21.5 years (range 13–57). CDC types included Ia (6), IVa (5), Ic (3), II (1), and one mixed (Ic + VI). The median operative time was 360 minutes, docking time 20 minutes, console time 330 minutes, and blood loss 50 ml. No intra-operative complications occurred. The median hospital stay was 4 days. One patient experienced mild acute pancreatitis postoperatively, managed conservatively.

Conclusion

Robotic surgery is a valuable approach for CDC resection, enhancing precision in complex dissections and reconstructions. Firefly mode™ offers an added advantage in visualizing biliary and vascular structures.

OP5 Diagnostic delays of colorectal cancer in Sri Lanka: patient-system barriers and gender disparities

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Introduction

This study characterizes colorectal cancer (CRC) in Sri Lanka, focusing on diagnostic-delays (patient/system barriers) & disease trends to identify unmet needs in a low-middle income country.

Methodology

Retrospective analysis of CRC patients diagnosed at a tertiary center (2024-2025). We evaluated patient-delay (symptom onset to healthcare-seeking) and system-delay components (first contact to diagnosis). Clinical parameters included demographics, symptoms, tumor features, and staging.

Results

The study included 179 CRC patients (58.1% male, mean age 60.92 years), mostly ASA-2 (56.4%). Median total diagnostic-delay was 122 days [patient-delay (symptom onset to healthcare-seeking): 40 days]. System-delays varied by entry point: General practitioner (GPs) (39.5 days, n=37) vs traditional practitioners (123 days, n=15). Specialist-referral to endoscopy took 23 days; endoscopy-to-surgery intervals differed by treatment (Directly-surgery: 33 days; neoadjuvant-chemoradiotherapy(NCRT): 139 days). Rectal bleeding was most common (37%), while abdominal pain predominated in sigmoid tumors (45.9%). Systemic symptoms included loss of appetite (53.6%) and >5% weight loss within 6 months (43%) at diagnosis. Tumors were mainly rectal (31.9%) and sigmoid (23.1%), with descending colon tumors exclusively male (0.03%). CT-staging (n=109) showed 36.7% AJCC(American Joint Committee on Cancer) staging IIIB. Histopathology revealed moderately-differentiated adenocarcinoma (33.1%), with all poorly differentiated cases (n=5) in males.

Conclusions

Prolonged diagnostic-delays, especially with traditional practitioner first contact, reveal systemic and cultural barriers. Male predominance in aggressive subtypes highlights gender disparities. Urgent needs include public health interventions, streamlined referrals, gender-specific research & early detection programs.

OP8 A cross-sectional study of factors associated with arteriovenous fistula failure among haemodialysis patients at a tertiary care hospital in Sri Lanka

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Introduction

Chronic kidney disease (CKD) has become a significant global burden, with a doubling in its prevalence in recent years. Haemodialysis is the major treatment modality for end-stage renal failure. Arteriovenous fistula (AVF) is the preferred long-term vascular access due to superior survival, lower infection rates, and fewer complications. This study aims to analyze factors influencing AVF failure.

Methodology

A cross-sectional descriptive study was conducted among 108 chronic haemodialysis patients at a tertiary care hospital. Data were collected via a semi-structured interview using a validated questionnaire and patient records. Statistical analysis was performed using Microsoft Excel 2016 and SPSS with Fisher's exact test and binary logistic regression.

Results

Among 108 patients (mean age 52 years; SD = 10), 30.6% experienced secondary AVF failure. AVF failure was significantly higher among farmers (51.4%) compared to unemployed patients (12.1%, $p = 0.003$). Patients who received post-surgical exercise education from consultants had higher AVF maturation rates (79.4% vs. 55.6%, $p = 0.011$). AVFs created post-emptively had a higher failure rate (38.6%) compared to pre-emptively created AVFs (15.8%, $p = 0.016$). Binary logistic regression revealed that patients with only primary education had 162.7 times the odds of AVF failure compared to those with collegiate education (AOR = 162.728, $p < 0.011$).

Discussion and Conclusion

Level of education, occupation, and post-surgical patient education were the most significant factors associated with AVF failure. Variables such as smoking, duration of post-surgical arm exercises, and pre-operative venous mapping did not show significant association.

POSTER PRESENTATIONS

PP1 The role of ICG near infrared fluorescence imaging in laparoscopic cholecystectomy: a RCT

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Background

Near-infrared fluorescence (NIRF) imaging using indocyanine green (ICG) enhances biliary visualization during laparoscopic cholecystectomy (LC). This study aimed to compare NIRF-assisted LC with conventional LC in terms of operative efficiency and safety.

Methodology

A single-center, randomized controlled trial enrolled 70 patients undergoing elective LC, randomized into two groups: NIRF-assisted LC (Group A) and conventional LC (Group B). Group A involves the iv injection of the dye, followed by illumination of the target area with near-infrared light at 785 nm. The dye fluoresces upon excitation, and this emission is captured by an infrared-sensitive charge-coupled device camera with a dynamic range of 54 db. It is equipped with a band-pass filter that selectively transmits light at the dyes peak emission wavelength of 830 nm, ensuring precise detection. [fig.2] The primary outcome was total operative time. Secondary outcomes included time to Critical View of Safety (CVS), intraoperative complications, postoperative outcomes, and biliary anomaly detection.

Results

Mean operative time was lower in Group A (76.54 ± 30.11 min) than Group B (86.00 ± 25.02 min), though not statistically significant ($p = 0.158$). Time to CVS demonstration and intraoperative complications were comparable. Biliary anomalies were identified more frequently in Group A (8.57%) vs. none in Group B ($p = 0.239$). No bile duct injuries or ICG-related adverse events occurred. No bile duct injuries or adverse ICG reactions occurred.

Conclusion

ICG-NIRF imaging enhances intraoperative visualization and may assist in recognizing complex biliary anatomy. Selective use in high-risk cases or training settings is recommended over routine application.

PP2 Surgical management of nonhepatic malignancy in cirrhotic patient; perspective beyond Nihilism!!

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Introduction

Surgery in cirrhotic patients with non-hepatic malignancy (NHM) is viewed with nihilism due to high mortality rates upto 25%. We present a positive perspective for their management.

Methodology

Data of patients with cirrhosis presenting with NHM who underwent surgery during period of January 2017 to December 2022, was analysed. Parameters recorded were Child Turcot Pugh (CTP) and Model for End stage Liver Disease (MELD) scores, intraoperative parameters, perioperative morbidity (Clavien Dindo classification), mortality and hospital stay.

Results

38 patients of cirrhosis underwent surgery for NHM including colorectal, upper GI and periampullary malignancy. Six patients required emergency surgery. 26 patients had CTP grade A, 13 patients had grade B and 11 patients had grade C. Mean MELD score was 9.5 ± 4.2 . Mean operating time was 4.6 ± 2.4 hours with mean blood loss of 305 ± 150 ml. Median blood transfusion requirement was 2 (1-5) PRBC. Overall morbidity was 26% but major morbidity (Clavien Dindo > 3) seen in 5 patients (12.5%) only. Perioperative mortality occurred in 2 patients (5%) with CTP grade C. Median hospital stay was 14 (7-28) days. Emergency surgery had more morbidity ($n=2,33\%$) and mortality ($n=1,16\%$) ($p<0.001$).

Conclusion

The factors associated with poor outcomes in cirrhotic patients undergoing surgery for non-hepatic malignancy are emergency surgery, higher CTP grade and MELD score. Meticulous perioperative management can lead to excellent results and we need to shun nihilistic attitude for these patients.

PP3 Satisfaction on pain management in patients admitted with acute abdominal pain to the surgical wards of Colombo South Teaching Hospital and the factors associated with their satisfaction.

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Introduction

Pain management satisfaction acts as the cornerstone of modern healthcare; it influences overall patient satisfaction and quality of care. The aim of this study was to assess patient satisfaction with pain management and its associated factors among those admitted with acute abdominal pain to the surgical wards of Colombo South Teaching Hospital (CSTH).

Methodology

A descriptive cross-sectional study was carried out among 404 patients selected through systematic random sampling. Data were collected using a pre-tested questionnaire covering sociodemographic details, pain relief methods, hospital conditions, and therapeutic factors. Data were analyzed using SPSS software.

Results

A majority of patients reported a high pain intensity on the Visual Analogue Scale (90.4%) and the average satisfaction reported was 7.62/10. Gender proved to have a significant effect, with males reporting a lower satisfaction than females ($p=0.024$). Doctor-patient interaction showed a significant positive correlation with satisfaction ($p < 0.001$), while nursing staff showed no significant association ($p = 0.40$). Hospital-related non-pharmacological factors such as staff courteousness ($p=0.032$), hospital amenities ($p<0.001$), and cleanliness ($p<0.001$) showed strong association levels. Combination therapies (46.3%) showed better satisfaction scores ($p=0.033$) compared to single-agent treatments.

Discussion and Conclusion

Both pharmacological and non-pharmacological elements influence pain management satisfaction. Improving doctor-patient communication, hospital facilities, and therapeutic approaches can improve patient experiences. Since hospital environment and staff interaction play a significant role in patient satisfaction, implementing educational programs for healthcare providers and improving hospital infrastructure is vital for better pain management outcomes. Further, combination therapy is also an important option in pain management.

PP4 Randomised control trial for comparing postoperative pain in patients undergoing Transabdominal preperitoneal (TAPP) Inguinal hernia repair: Transversus Abdominis Plane (TAP) block before peritoneal incision vs. Transversus Abdominis Plane (TAP) block after peritoneal incision closure
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AIIMS Jodhpur

Introduction

TAPP is one of the most common laparoscopic procedures performed for inguinal hernia today. Although effective, it is associated with postoperative pain. The TAP block is used for analgesia, but the optimal timing of its administration- before peritoneal incision or after peritoneal closure remains uncertain. This trial tries to answer that question.

Methodology

This RCT included 53 patients undergoing elective TAPP repair, randomized into:

Group A: TAP block before peritoneal incision

Group B: TAP block after peritoneal closure

VAS pain scores were recorded at 1 hour, 6 hours, 24 hours and 7 days postoperatively. Statistical comparisons were made using t-test.

Results

Time Point

Group A (Mean \pm SD)

Group B (Mean \pm SD)

p value (p) is mentioned below:

At 1 Hour

A- 3.12 \pm 1.16

B- 2.76 \pm 1.27

p-0.2910

At 6 Hours

A-2.01 \pm 1.13

B-1.92 \pm 0.78

p-0.7396

At 24 Hours

A-1.71 \pm 0.88

B-1.62 \pm 0.95

p-0.7245

At 7 Days

A-0.48 \pm 0.62

B-0.57 \pm 0.68

p-0.6202

Discussion

No statistically significant differences in pain scores were observed between the groups.

Conclusion

TAP block is effective for postoperative analgesia, but its timing-before or after peritoneal incision does not significantly alter pain relief hence it could be administered at any point of time based on surgeon's preference.

PP5 Spectrum of surgical management of spinal injuries – an audit from a single Neurosurgical center

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Introduction

Spinal injuries necessitating neurosurgical interventions are less common compared to injuries managed non-operatively. Unstable fractures, presence of neurology are basic indications for surgery. The objective of our study is to describe the wide range of spinal injuries and neurosurgical interventions offered to these patients.

Methodology

A descriptive analysis was done on spinal injury patients who underwent surgery between May 2024 and April 2025. Patients who were managed non-operatively were excluded. The spinal injuries were categorized according to the site and surgical interventions for each patient were counted accordingly.

Results

Patients included 59. Male : female ratio was 7.37:1. Median age was 58 years (range 17 – 80). Majority (43) had cervical spine injuries (72.8%) with unique site being C3 – C6 level. Remaining 16 patients (27.2%) had thoraco lumbar injuries with the commoner site being T12 – L2 level. Posterior cervical fixation with decompression was the commonest procedure performed (37.2%) and anterior cervical discectomy and fusion (30.2%) was the second highest in the cervical spine injury group. Four patients underwent cervical corpectomy and fusion with expandable cages. Five had 360° cervical fixation and another four had C1-C2 fixation with one patient underwent occipitocervical fixation. All thoracolumbar injuries were managed with transpedicular screw fixation with posterior decompression.

Conclusion

The majority of patients had mid cervical spine injury managed mostly with posterior cervical fixation and decompression.

PP6 Study of head injury demographics and an audit on timeliness of head injury observation in patients at National Hospital of Sri Lanka (NHSL)

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Introduction

Head injuries are a major contributor to trauma-related hospital admissions and fatalities in Sri Lanka, with the National Hospital of Sri Lanka serving as the country's primary tertiary care and referral center for such cases. One of the objectives of the study was to profile the demographics and clinical characteristics of patients undergoing HIOC to improve clinical care.

Methodology

A retrospective clinical audit was conducted using a data abstraction tool, by structured review of patients' medical records from wards and ICUs during the time period from April 28, 2025, to May 08, 2025.

Results

A total of 110 head injury patients were analyzed, with a male predominance (70%, n=77) and a mean age of 46.6 years (± 20.05). Falls were the most common cause (43.6%, n=48), followed by road traffic accidents (31.8%, n=35) and assaults (22.7%, n=25). Among falls, 43 cases were due to same-level incidents. Out of the total, 91.8% (n=101) sustained mild head injuries (GCS 13–15). Direct admissions accounted for 78.2% (n=86), while 21.8% (n=24) were transfer-ins. Regarding injury-to-admission time, 77% (n=85) of patients arrived within 3 hours, with an average delay of 2 hours and 20 minutes. The mean delay in injury to head injury observation commencement is 5 hours and 35 minutes.

Conclusion

This audit concludes that the overall mean delay of 5 hours 35 minutes from injury to the commencement of structured observation contrasts with the existing recommendations to start in less than 2 hours. Such delays can postpone the detection of early neurological deterioration, potentially impacting patient outcomes.

PP7 A Comparative study on outcomes following autologous and Titanium mesh cranioplasties: a two-center experience.

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Introduction

Cranioplasty is the surgical modality employed to reinstate the contour and continuity of cranial vault defects thus elevating both the aesthetic and neurological function. Though numerous materials and techniques have emerged over time, ideal reconstructive material for calvarial reconstruction remains a topic of debate. The objective was to compare patient satisfaction in terms of aesthetic outcome and complication rates following autologous versus titanium mesh cranioplasties in 2 units in 2 different hospitals in Sri Lanka.

Methodology

A prospective cohort study was conducted on 67 patients who underwent cranioplasty using either autologous bone or titanium mesh. Aesthetic satisfaction was assessed using structured questionnaires, and patients were monitored for six months postoperatively for complications including surgical site infection (SSI), hydrocephalus, seizures, and other adverse events.

Results

Of the 67 patients, 54 were male and 13 female. Thirty-two underwent autologous cranioplasty and 35 received titanium mesh. Five patients were lost to follow-up. Among the autologous group, 87.5% reported satisfactory aesthetic outcomes compared to 71.4% in the titanium mesh group ($p < 0.05$). Complications in the autologous group included SSI (6.25%), hydrocephalus (3.1%), seizures (6.25%), and complete graft resorption (6.25%). In the titanium mesh group, complications included SSI (2.85%), hematoma (5.7%), and mesh exposure (2.85%).

Conclusion

Autologous cranioplasty yielded superior patient satisfaction regarding aesthetic results, thus it may be preferable for patients prioritizing cosmetic outcome. Although complication profiles varied, no significant difference in overall complication rates was noted between the two groups.

PP8 Accidental intra-arterial cannulation, avoid the anatomical landmarks: experience from a single vascular and transplant centre

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Introduction

Accidental intra-arterial (AIA) cannulation and injection of drugs can lead to significant morbidity. The actual incidence of these events is likely underestimated due to underreporting.

Methodology

This study included consecutive cases referred to a single vascular and transplant unit.

Results

A total of 11 patients were analysed. The mean age was 47.15 years (range 7–79). 6 (54.54%) were males. Ten (90.91%) presented following AIA injections, while one (9.09%) had an incidentally recognised and promptly removed AIA cannulation. Among those who had AIA injections, 60.00% (n=6) received intravenous antibiotics, 30.00% (n=3) inotropes, and 10.00% (n=1) multiple drugs. The radial artery was the site of injection in 7 (70.00%) cases, and the brachial artery in 3 (30.00%). Of the 7 cases of accidental intra-arterial injections involving the radial artery, 2 patients (28.57%) exhibited anatomical variations, including early radial artery deviation toward the dorsal aspect of the forearm. Notably, 42.86% (n=3) of radial artery cannulations occurred at the first dorsal interosseous web space or anatomical snuffbox. Complications included digital gangrene in 6 (54.54%), hand or forearm gangrene in 3 (27.27%), and transient arterial spasm in 2 (18.18%).

Discussion and Conclusion

This study demonstrates that AIA cannulations predominantly involve the radial and brachial arteries. Accidental radial artery cannulations were frequently located at the first dorsal web space or the anatomical snuffbox. Consequently, cannulation sites on the medial aspect of the elbow and lateral aspect of the hand (lateral to the second metacarpal) should be avoided. Recognition of arterial anatomical variations is essential to minimise the risk of AIA events.

PP9 Outcome and healthcare costs of patients diagnosed with Nonspecific Abdominal Pain (NSAP) Presenting as General Surgery Admissions.

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Introduction

Nonspecific Abdominal Pain (NSAP) is a prevalent yet diagnostically challenging condition, accounting for 5–10% of emergency department admissions. These cases often lead to extensive investigations, prolonged hospital stays, and substantial healthcare utilization and costs, especially within the National Health Service (NHS).

Methodology

This retrospective observational study aimed to assess diagnostic tests, recurrence rates, long-term outcomes, and healthcare costs for NSAP patients at an NHS District General Hospital. Data were gathered from 1,171 patients diagnosed with NSAP over ten years, including demographics, surgical and pain history, diagnostic investigations, differential diagnoses, recurrence rates, and two-year follow-up outcomes. Healthcare costs were calculated from the latest NHS data.

Results

The mean age was 46.3 years, 62% were female, and the mean hospital stay was 1.74 days. Half had no recorded differential diagnosis, and 71.2% remained undiagnosed after two years. The overall recurrence rate was 33.4%, occurring in clinic visits (7.4%), GP encounters (1.4%), and hospital readmissions (23.3%). Recurrence was higher (53.1%) in those later diagnosed commonly as colorectal or upper gastrointestinal disorders during follow-up. CT imaging reduced recurrence (16.7%) versus non-CT patients (35.8%), while ultrasound had minimal effects. Mortality was 4.7%, with malignancies causing 2.1%. The mean hospital stay cost was £600, basic investigations £60, and recurrence-related costs exceeded £110,000.

Discussion

NSAP remains complex, with high recurrence and costs. CT imaging (£300) enhances diagnostic accuracy, reducing re-presentations and overall management costs. Standardized evaluation protocols and structured follow-up pathways are essential to improve patient outcomes and healthcare efficiency within the NHS.

PP10 Deflux procedure for symptomatic VUR

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Introduction

The aim of this study was to review the outcome of Deflux procedure (DP) performed over a 1 year period in a single institution and assess its effectiveness in reducing the incidence of Recurrent urinary tract infections (RUTI) in children with vesicoureteric reflux (VUR).

Methodology

Electronic medical records of 15 patients who underwent DP between Jan 2023 and Dec 2023 at Women's and Children's Hospital, Adelaide were retrospectively reviewed. Data collected including demographics, severity of VUR, Indication for DP and symptom resolution 1 year after the procedure.

Results

The mean age was 6 years, and 80% were girls. 53% had bilateral VUR and 20% had duplex systems. The indication for 93% of patients was recurrent Urinary tract infections. 24 ureters treated; none had Grade I reflux, 6 Grade II, 5 Grade III, 7 Grade IV, and 1 Grade V.

Discussion

The overall success rate of the procedure was 60%. Out of the 40% of patient who did not have the symptom relief, 50% had Grade IV-V VUR.

Conclusion

We conclude that the DP is effective in prevention of RUTI but the failure rate is higher when the reflux grade is IV and V in children with VUR.

PP12 Pharmacological Optimization of Hemoglobin in Anemic Patients Undergoing Surgery for Colorectal Cancer and its Clinical Outcomes: A Systematic Review and Meta Analysis

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Introduction

Preoperative anaemia is associated with adverse postoperative complications. Optimizing haemoglobin levels leads to improved outcomes. This meta-analysis aimed to systematically evaluate pharmacological strategies for haemoglobin optimization and to assess associated clinical outcomes.

Methodology

A systematic search using PubMed, Medline and CENTRAL databases was conducted on randomized control trials (RCTs) that intervened pharmacologically in anaemic patients undergoing surgery for colorectal carcinoma. The Cochrane RoB 2.0 tool was used for risk of bias assessment. Data on the effect of pre-operative haemoglobin optimization on post-operative complications and blood transfusion requirements were assessed through meta-analysis.

Results

Eight RCTs involving 934 participants, were included. Pharmacological interventions that significantly improved preoperative hemoglobin levels included intravenous (IV) iron and high-dose recombinant erythropoietin. Postoperative complications assessed using the Clavien-Dindo Classification (Grade II and above) were reduced in the treatment arms, with a pooled relative risk (RR) of 0.4 (95% CI: 0.2-0.8, I² = 0.0%). Blood transfusion rates were significantly lower in treated patients, with a pooled RR of 0.69 (95% CI: 0.52- 0.91, I²= 0.0%). Subgroup analysis showed a stronger protective effect with IV iron (RR= 0.65, 95% CI; 0.39-1.09) compared to erythropoietin (RR=0.70, 95% CI; 0.50-0.98).

Discussion and Conclusions

Pharmacological optimization of haemoglobin, particularly with IV iron and high-dose erythropoietin improves preoperative hemoglobin levels and reduces post-operative transfusion rates and postoperative complications. Further standardized research is needed to confirm these findings.

PP14 Impact of socio-demographic factors on post-operative outcomes following ERAS-implemented laparoscopic colorectal surgery

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Introduction

This study investigated the statistical significance of patient age and gender on two critical post-operative outcomes: surgical complications and hospital stay. Understanding these demographic influences is vital for enhancing patient care and optimizing resource allocation in surgical settings.

Methodology

This was a retrospective study involving consecutive patients who underwent colorectal surgeries in state and private hospitals over 12 years. Statistical analysis was conducted via SPSS version 23.

Results

Two hundred and twenty-one surgeries were included. Performed surgeries were Anterior Resections (64.7%), Sigmoid Colectomies (19.9%), Right Hemicolectomies (11.3%), Abdominoperineal Resections (9.5%). The observed conversion rate was 15.8% (n=35). Age was a statistically significant predictor for complications (p=0.020, OR=1.021), showing a modest 2.1% increased odds per year. Gender had no significant association with complications (Chi-square = 2.09, p=0.148). However, age was not significant for blood transfusions (p=0.882). but gender was statistically significant for blood transfusions (χ^2 (6) = 6.396, df = 1, p=0.011). For hospital stay, age was also significant (p=0.030, β =0.05), predicting a 0.05-day increase per year, but explained only 5% of variance (R-squared=0.05). Gender showed no significant impact on hospital stay (t=-1.152, df=148, p=0.250).

Discussion and Conclusions

These findings highlight the multifactorial nature of surgical outcomes, suggesting that comprehensive multivariable analyses incorporating additional clinical factors are needed for robust predictive models.

PP15 Knowledge on stoma care among nursing officers in a surgical department of a tertiary care hospital

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Introduction

Stoma care is a specialized area in surgical nursing which directly impacts patient outcomes and quality of life. This study aimed to assess the knowledge and confidence of nursing officers on stoma care in a surgical department of a tertiary care hospital.

Methodology

A cross-sectional study was conducted among nursing officers using a structured questionnaire after obtaining informed consent. Data on demographic variables (age, gender, service duration, surgical ward experience), frequency of stoma care exposure, knowledge of stoma including types of stomas and site marking, complications, prior training, personal confidence, and involvement in patient education were collected.

Results

A total of 72 nursing officers participated, including 12 males, age range from 27 to 57. Most had over 15 years of service and an average of 8 years in surgical specialties. On

average, they encountered three stoma patients per month. While 56% (n=40) recognized the importance of preoperative stoma site marking and 44% (n=32) had sound knowledge on site marking principles, only 11% (n=8) had performed it themselves. Sixty percent (n=43) were aware of early and late stoma complications. Forty percent (n=29) had attended prior training. Just over half (52%, n=38) reported confidence in handling stoma care independently. Sixty-eight percent (n=49) expressed interest in future educational programs, and 74% (n=53) routinely provided discharge advice to patients with stomas.

Discussion and Conclusion

Even though nursing officers demonstrated moderate knowledge of stoma care, gaps remain, particularly in hands-on practices such as site marking. Increased opportunities for structured regular training and workshops are needed to enhance skills and confidence in this vital area.

PP16 Faecal Immunochemical Testing (FIT) for occult blood in patients with lower gastrointestinal symptoms

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Introduction and Objectives

FIT is now established worldwide as a screening test for Colorectal carcinoma. FIT can also be used to selectively fast track symptomatic patients for colonoscopy, since many patients present with vague and non-specific symptoms. This study aims to evaluate the relationship between FIT results and colonoscopy findings in a cohort of symptomatic patients.

Methodology

This descriptive cross-sectional study was carried out in a surgical department of a tertiary care hospital in Sri Lanka. A structured data collection sheet was used. FIT positivity and colonoscopy findings were recorded and analyzed.

Results

Among 157 participants, 49.0% (n=77) were male and 51.0% (n=80) were female. FIT was positive in 68.8% (n=108) and negative in 31.2% (n=49). Among FIT-positive patients, 49 (45.4%) had normal colonoscopy findings, compared to 32 (65.3%) FIT-negative (p=0.021). Adenocarcinomas were detected in 16 (14.8%) of FIT-positive patients and 1 (2.0%) FIT-negative patient (p=0.021). Adenomatous polyps were seen in 23 (21.3%) FIT-positive and 6 (12.2%) FIT-negative patients (p=0.160). Hyperplastic polyps in 4 (3.7%) FIT-positive and none among FIT-negative (p=0.304). Diverticuli were present in 5

(4.6%) of FIT-positive and 4 (8.2%) FIT-negative (p=0.457). Haemorrhoids in 3 (2.8%) FIT-positive and 3 (6.1%) FIT-negative (p=0.375). Inflammatory changes in 8 (7.4%) FIT-positive and 3 (6.1%) FIT-negative (p=1.000).

Discussion and Conclusions

There was a significant association between FIT positivity and Adenocarcinomas. This study supports the role of FIT to selectively fast track symptomatic patients for colonoscopy.

PP17 Knowledge, attitudes, and barriers to the adoption of artificial intelligence among medical officers at a tertiary care hospital

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Introduction

Artificial intelligence (AI) plays a significant role globally in the healthcare sector by enhancing diagnostic accuracy, maintaining a smooth workflow, and supporting better clinical decision making. However, adoption in AI in lower-income countries like Sri Lanka remains limited due to systemic challenges. In this study, we assess the knowledge, attitudes, and barriers to AI adoption among medical officers.

Methodology

A cross-sectional study was conducted using a 24 item digital questionnaire. Total of 64 medical officers participated. The survey assessed knowledge, attitude, barriers to AI adoption, and potential solutions.

Results

Among the 64 participants, 91% were aware of AI chatbots, but only 48% had used them for medical purposes. Awareness of advanced diagnostic tools and scribing applications was 32% and 25%, respectively. Overall, 78% believed that AI could improve healthcare, with junior doctors showing significantly more positive attitudes towards AI (p=0.01). The main barriers identified are poor AI infrastructure (79%), limited knowledge on its implication of medical practice (75%), high cost (68%) and concerns about AI reliability (42%). Suggested solutions included the establishment of AI infrastructure in hospitals (73%), affordable AI solutions (71%), and better access to training (51%).

Discussion

Overall, the majority of medical officers showed a positive attitude toward AI. But their awareness of advanced AI tools was limited. Even though the willingness to adopt AI was evident, institutional readiness remains insufficient, revealing an implementation gap. Integrating AI into medical

education and national policy planning is essential to enable sustainable adoption in Sri Lanka.

PP18 Surgical management of complex colorectal fistulas: experience with laparoscopic and open techniques
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Introduction

Colorectal fistulas are rare but challenging conditions, often arising from a range of benign and malignant pathologies. Management is complex and frequently delayed due to limited access to imaging and specialized surgical expertise in resource-limited settings. This study aims to evaluate the etiology and surgical outcomes of patients undergoing operative treatment for colorectal fistulas in a tertiary care unit.

Methodology

A retrospective, descriptive analysis was conducted on 33 patients treated surgically for colorectal fistulas between 1999 to 2022. Clinical data regarding etiology, surgical approach, complications, and long-term outcomes were reviewed.

Results

The most common cause of colorectal fistulas was diverticulitis (n=9, 28%), followed by pelvic malignancies (n=8, 24%) and fistulas secondary to vaginal deliveries (n=4, 12%). Other etiologies included familial adenomatous polyposis (n=3, 9%) and Crohn's disease (n=2, 6%).

Laparoscopic surgery was performed in 18 patients (55%), while 15 patients (45%) underwent open procedures. Postoperative complications were observed in 6 patients (18%), with no significant difference between surgical approaches. One patient (3%) died within 30 days postoperatively. On long-term follow-up, only 4 patients (12%) experienced recurrence of the fistula.

Conclusion

Despite their complexity, colorectal fistulas can be effectively managed surgically, with favorable short- and long-term outcomes. Laparoscopic surgery is a safe alternative to open surgery when expertise is available, offering comparable results. Early diagnosis, appropriate patient selection, and timely intervention are key to optimizing outcomes in this challenging clinical scenario.

PP20 Total Extra Peritoneal (TEP) vs Trans Abdominal Pre Peritoneal (TAPP) approach in inguinal hernia repair; Surgical trainee experience in a peripheral hospital in Sri Lanka.

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Inguinal hernia is a common surgical condition worldwide. Laparoscopic repair is considered a viable alternative to open Lichtenstein repair due to its minimally invasive nature. The two standard laparoscopic approaches are Total Extra Peritoneal (TEP) and Trans Abdominal Pre Peritoneal (TAPP) repair. This retrospective, single-center study compares TEP and TAPP surgeries performed by surgical trainees in the periphery of Sri Lanka. Demographic data, operative time, intraoperative complications, and short-term outcomes (on postoperative days 1, 10, and 30) were analyzed. Out of the 38 cases reviewed, 22 underwent TEP repair and 16 had TAPP surgeries. Two patients were female, both in the TAPP group. In the TEP cohort the median age was 57 years and 50 years in the TAPP group. Bilateral repairs were performed in three TEP and one TAPP case. The average operative time for unilateral repair was 130 minutes in TEP approach while TAPP averaged at 150 minutes. Intraoperative complications included one inferior epigastric arterial injury in the TAPP group and five accidental peritoneal breach (22.7%) in the TEP group. One TEP procedure required conversion to open surgery. Postoperative complications in the TAPP group included one inguinal hematoma needing evacuation and four cases of pneumoscrotum (25%) in the TEP group. Only one patient from the TEP group reported groin pain at postoperative day 30. In line with the global trend of moving towards minimal access surgery more focus should be given to laparoscopic hernia repair. Further research is essential to expand its role in routine surgical care.

PP21 Shifting demographics of upper gastrointestinal tumors: a comprehensive analysis with emphasis on Gastroesophageal Junction (GOJ) Tumors

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Aims

This research aims to analyze upper gastrointestinal (GI) findings, focusing on the prevalence, characteristics, and emerging trends of tumors. The primary objectives include elucidating the distribution of GOJ tumors and exploring potential associations with demographic factors such as age, gender, and cigarette smoking.

Methodology

This study, conducted in a tertiary care hospital in Sri Lanka, involved the retrospective analysis of 48 upper GI endoscopy cases. The study period spans 3.5 years. Data collection included detailed information on patient demographics, such as age, gender, and cigarette smoking history. The study design employed a retrospective observational approach. Descriptive statistics was applied to summarize the demographic characteristics.

Results

Preliminary findings from the analysis of 46 esophageal tumors revealed a notable incidence of tumors located at the gastroesophageal junction (GOJ), constituting 24 cases (52.17%). Notably, squamous cell carcinoma constituted 26 (56.52%) within the cohort. 18 were Adeno carcinomas, and 2 were poorly differentiated. The average age of the patients is 66, ranging from 39 to 84 years. There were 32 males and 14 females. Among the GOJ tumours, the majority were Siewert I - 10 (41.6%), and Siewert II and III tumours were 7 (29.1%), respectively. Smoking status was revealed only in 18 patients, and 10 (55.55%) of them had significant exposure.

Conclusion

This analysis sheds light on the shifting demographics of upper gastrointestinal tumors in Western province, notably emphasizing the prevalence and characteristics of GOJ tumors. The significant incidence of GOJ tumors challenges conventional perceptions, highlighting the need for region-specific insights into upper GI malignancies.

PP22 Disease burden and outcomes in chronic limb-threatening ischemia : insights from a Sri Lankan tertiary care cohort

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Introduction

Chronic limb-threatening ischaemia (CLTI) is the end stage of lower extremity arterial disease, associated with high morbidity, mortality, risk of amputation, poor quality of life and a increased healthcare costs. In Sri Lanka, where diabetes and other vascular risk factors are becoming more prevalent, data on the burden and outcomes of CLTI remain limited. This study aimed to evaluate the disease burden, clinical outcomes and short term mortality among CLTI patients at a tertiary care centre.

Methodology

This retrospective cohort study included 64 patients diagnosed with CLTI between November 2024 to May 2025 at the Vascular Surgical at Colombo North Teaching Hospital, Sri Lanka. Clinical and demographic data were extracted from hospital records. Disease burden was assessed based on co-morbidities, severity, need for revascularization or amputation and 30 day mortality. Data were analysed using descriptive and comparative statistics.

Results

The mean age was 76 years and 70% were males. Diabetes mellitus was present in 92%, of patients, with hypertension (67%) , dyslipidaemia (56%) and smoking (51.6%) also common. Ischaemic heart disease was observed in 21.9%, often with moderate-to-high cardiac risk (EF<50%). Revascularization was performed in 43.1% of patients, while others underwent wound care or amputation. Major amputations occurred in 10.9% with a 30 day mortality rate of 14.1%.

Conclusion

CLTI poses a significant health burden in Sri Lanka. Early detection, optimisation of co-morbidities and public health strategies are essential to reduce limb loss and mortality in this population.

PP23 Adrenalectomies performed by a single team - long term experience

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Introduction

Laparoscopic adrenalectomy has become the gold standard surgical treatment for most adrenal tumours. The objective of this study is to analyse the socio-demographic and surgical patterns of adrenalectomy cases performed over 11 years.

Methodology

Retrospective analysis of the data of all the adrenalectomy surgeries carried out by a single surgical team from March 2014 to March 2025 in both state and private healthcare settings in Sri Lanka was performed. Descriptive statistics were used to present the socio-demographic patterns and surgical details and analyzed using SPSS version 26.0.

Results

The total number of 42 adrenalectomies had been performed. Male: female ratio was 1:1.86. The mean age at diagnosis was 43.5 years (range: 14 - 77 years). Most of the surgery procedures were Laparoscopy (76.2%), whereas 16.7% of Open surgeries and 7.1% of Laparoscopy converted to open surgery cases. Majority of the cases (58.33%) were right adrenalectomies. All Laparoscopy cases were performed with lateral trans peritoneal approach while all of them needed 4 port access with three 5mm ports and two 10mm ports. Blood loss was minimal in all cases (<50ml). No major post-operative complications were noted (Clavian-Dindo 3 or above) in the first 100 days. Average post-operative stay of open surgeries was 4 days while that's of laparoscopic surgeries was 3 days. Benign Adrenal Adenoma was the most common histological finding (78.57%).

Discussion and Conclusions

Laparoscopic approach of adrenal tumour is feasible with no major complications further studies with long term outcomes and follow-up will be helpful.

PP24 Bridging the gap: patient perception vs. clinical diagnosis of constipation in a sri lankan cohort

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Introduction

Constipation is assessed using the Rome IV (R-IV) criteria. However, patients often perceive constipation differently from clinical criteria, leading to over- or under-diagnosis and inappropriate treatment.

Methodology

A cross-sectional study of 501 participants (51.1% female) at a tertiary care centre assessed bowel habits via questionnaire. Participants were categorized into 4 groups by perception & R-IV fulfillment. Pearson's Chi-square tests & logistic regression analyzed associations, adjusting for gender, physical activity, stool consistency, & manual maneuvers.

Results

36% of participants perceived constipation, while only 25.5% met R-IV criteria ($\chi^2 = 12.77$, $p < 0.001$) for functional constipation. Discrepancies were notable: 23.6% perceived constipation without meeting criteria (Group-1), 13.0% met criteria without perception (Group-2), 12.6% fulfilled both (Group-3), and 50.9% neither (Group-4). Manual defecation maneuvers were reported by 20.8% of participants, with digital evacuation (49%), bidet use (32.7%), and water enemas (31.7%) being the most common. Logistic regression model ($\chi^2 (5) = 60.222$, $p < 0.001$; Nagelkerke $R^2 = 15.5\%$) showed manual maneuvers increased constipation likelihood (OR=5.17, $p < 0.001$), while softer stools (Bristol Scale) reduced it (OR=0.85, $p = 0.009$). The model correctly classified 70.7% of cases, with no significant effects from gender, activity, or water intake ($p > 0.05$).

Conclusion

Discrepancies between patient perception and Rome IV criteria show the need for integrated diagnostic approaches to optimize constipation management. In resource-limited settings, this mismatch risks inappropriate laxative use, under-treatment, or delayed intervention, underscoring the importance of objective assessment alongside symptom evaluation.

PP25 Surgical success, systemic setbacks; analyzing recovery after appendectomy in rural Sri Lanka

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Introduction

Laparoscopic appendectomy (LA) is recognized as the gold standard for uncomplicated appendicitis due to superior recovery metrics. However, open appendectomy (OA) remains prevalent in low-resource settings. There is a paucity of data on recovery and return-to-activity outcomes in Sri Lanka, particularly in socioeconomically disadvantaged populations. Our main objective was to compare recovery indices between LA and OA.

Methodology

A prospective cohort study was conducted on 50 patients who underwent appendectomy over six months at a peripheral hospital. Variables included demographics, symptom duration, inflammatory markers, intraoperative findings, postoperative pain score (Visual Analogue Scale), hospital stay and days to resume normal activities. ANOVA and Pearson correlation were used for statistical analysis.

Results

Mean age was 28.4 ± 14.6 years with male preponderance (60.4%). LA was associated with lower postoperative pain (3.0 ± 1.7 vs 4.6 ± 1.9 , $p < 0.05$) and shorter hospital stays (1.6 ± 0.6 vs 3.2 ± 1.1 days) compared to OA. Return to normal activity averaged 17.3 ± 7.4 days for LA and 20.8 ± 6.7 days for OA. Older age correlated with delayed recovery; females reported higher pain ($p = 0.012$). WBC and CRP levels did not predict recovery. OA was performed due to lack of laparoscopy access (40%), limited expertise available (33%), or evidence of complicated appendicitis (31%). No complications exceeded Clavien-Dindo Grade II.

Conclusion

Despite LA's clinical advantages, recovery duration in this cohort exceeded regional norms, suggesting foundational barriers such as limited patient education and absence of standardized recovery pathways. A national audit is necessary to quantify economic impacts and usher in development of disease-specific recovery protocols.

PP26 Atypical presentations of cryptogenic brain abscesses in immunocompetent adults: a case series

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Introduction

Brain abscesses are rare, life-threatening infections typically linked to identifiable sources such as sinusitis, otitis media, or trauma. Cryptogenic abscesses, occurring without any apparent cause, present diagnostic challenges—especially in immunocompetent individuals—often mimicking neoplastic lesions.

Methodology

We reviewed cases of adult patients admitted to a tertiary neurosurgical unit over 2 months with radiologically suspected neoplastic lesions later confirmed as cryptogenic brain abscesses. Clinical features, imaging findings, surgical interventions, histopathological results, and outcomes were reviewed.

Results

Three immunocompetent adult males (aged 38–71) presented with subacute neurological symptoms such as headache, confusion, or altered behavior, with no history of trauma, systemic infection, or local infective foci. Neuroimaging revealed ring-enhancing lesions in various cortical regions, initially suggestive of glioblastoma or metastasis. All patients underwent craniotomy and lesion excision. Histopathology confirmed cerebral abscesses in all cases, with no evidence of malignancy. Full courses of intravenous antibiotics were administered postoperatively. All patients had favorable recoveries, including one who required decompressive craniectomy for cerebral edema.

Discussion and Conclusions

Cryptogenic brain abscesses may present atypically and mimic malignancies, even in immunocompetent adults without identifiable risk factors. Neuroimaging alone may be misleading, underscoring the importance of surgical biopsy and histological confirmation. Early diagnosis, appropriate surgical management, and targeted antibiotics are crucial for positive outcomes.

PP28 A Descriptive study on postgraduate surgical trainees' awareness, understanding, and perceptions of artificial intelligence in healthcare

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Introduction

Artificial Intelligence (AI) is transforming healthcare, impacting diagnostics, treatment, and personalized care. This study aimed to assess postgraduate trainees awareness, understanding, and perceptions of AI in clinical practice, identifying educational gaps and readiness for integration.

Methodology

A descriptive cross-sectional survey was conducted among postgraduate medical trainees using a structured questionnaire. It covered AI awareness, understanding, tool familiarity, perceived benefits, concerns, and interest in AI education. Responses were analyzed using descriptive statistics.

Results

Most participants (96.88%) were aware of AI in healthcare, but their average self-rated understanding was limited (2.78/5). Online platforms were the main knowledge source, with formal education contributing only 3.12%. A significant majority (90.62%) believed AI could aid decision-making, yet only 6.25% had formal AI training. Interest in structured AI education was high (90.62%). Concerns included AI accuracy (65.62%), ethics (56.25%), and privacy (43.75%). Most trainees (71.88%) rejected the notion that AI could replace doctors.

Discussion and Conclusions

Despite high awareness, trainees limited AI understanding highlights a critical need for formal education and practical training. Digital medias prominent role in information dissemination underscores the importance of accuracy. Findings emphasize the urgent need to integrate AI into postgraduate medical curricula, address ethical concerns, and foster experiential learning to prepare future clinicians for safe and effective AI utilization in healthcare.

PP29 Vacuum-assisted closure in Fournier's gangrene: a case series comparison demonstrating improved outcomes over standard debridement

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Introduction

Fournier's gangrene (FG) is a life-threatening necrotising infection of the perineum that requires aggressive surgical management. While traditional treatment involves debridement with delayed resuturing or secondary healing, vacuum-assisted closure (VAC) therapy offers a promising alternative. This case series compares outcomes between VAC therapy and standard wound care in FG.

Methodology

A total of 10 male patients with FG were analyzed. Five consecutive patients treated prospectively with VAC therapy post-debridement (VAC group) were compared with five retrospectively reviewed patients managed with standard debridement and conventional wound care (Standard group). Outcomes measured included time to wound closure, duration of hospitalization, need for reoperation, and complication rates.

Results

All five VAC-treated patients demonstrated complete wound healing without major complications. Median time to wound closure was significantly shorter in the VAC group (26 vs. 47 days), as was hospital stay duration (17 vs. 30 days). VAC patients required fewer reoperations (mean 1 vs. 3), and none experienced wound breakdown or recurrent infection, in contrast to three complications in the Standard group.

Conclusion

VAC therapy resulted in faster, complication-free recovery in all 5 patients, outperforming standard debridement in key clinical outcomes. Further prospective studies with larger cohorts are recommended to support these findings and encourage wider adoption in urologic practice.

PP30 Carotid endarterectomy: the need to minimise treatment delays, experience from a single vascular and transplant surgery centre

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Introduction

Carotid endarterectomy (CEA) is a recognised surgical procedure for significant carotid artery stenosis. This article delineates the results of CEAs conducted within a singular vascular and transplant facility.

Methodology

Retrospective data were gathered from all CEAs conducted in 2024 by an interviewer-administered questionnaire, omitting non-contractable cases.

Results

In 2024, 22 CEAs were performed, of which 3 cases (13.64%) were excluded due to loss to follow-up. The mean age of the cohort was 66.75 years (range 42-80). The mean follow-up period was 229.53 days, with no reported mortality. The average interval from symptom onset to Doppler confirmation of significant carotid stenosis was 49.74 days (range: 3–213 days), and the average interval from Doppler confirmation to surgical intervention was 20.05 days (range: 5–61 days). Adverse outcomes observed during the perioperative and follow-up periods included one case of myocardial infarction (5.26%) and cranial nerve injuries, involving the marginal mandibular nerve (n=3, 15.79%), hypoglossal nerve (n=2, 10.53%), and greater auricular nerve (n=2, 10.53%). Graft site-related complications comprised wound infections (n=2, 10.53%), thigh paraesthesia (n=2, 10.53%), and thigh hematoma (n=1, 5.26%).

Discussion and conclusion

CEAs demonstrated 100% survival among medically optimised patients, with no reported cerebrovascular accidents in the follow-up duration. Notable delays were identified in the treatment timeline, i.e. in Doppler imaging (49.74 days) and surgical intervention (20.05 days), highlighting the need for system-level interventions to expedite care. Alternative conduit options, such as the external jugular vein, should be considered to mitigate the complications of the graft site.

PP31 Comparative study of LICAP vs modified LICAP flap technique in breast conserving surgery: surgical and aesthetic outcomes

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Background

The lateral intercostal artery perforator (LICAP) flap helps replace the excised tissue in breast conserving surgery for breast cancer. This study compares the surgical and aesthetic outcomes of the LICAP and modified LICAP flap techniques.

Methodology

Data on all LICAP and modified LICAP flap breast reconstructions performed between 2023 to 2024 were compared. The overall surgical outcomes and aesthetic outcome were analyzed using descriptive statistics, independent t-tests and Chi-square analyses.

Results

The mean age of the patients was 47.4 years. The LICAP and modified LICAP flaps were performed in 18(42.8%) and 24(57.2%) patients respectively. The mean tumor size was 4.4cm in LICAP and 2.6cm modified LICAP group with a statistically significant difference. The mean operative time for LICAP surgery was 96 minutes while that of modified LICAP was 68 minutes. Average LICAP flap dimensions were 18?×?12 cm and for modified flap 8 x 12cm respectively. All patients had oncological safe margins in both groups. Donor site morbidity was significantly higher in the LICAP flap group with wound dehiscence seen 33.3% of patients. There was no loss of flaps in both techniques. Scar visibility was higher in LICAP technique compared to modified LICAP technique with higher aesthetic outcomes in the modified LICAP group.

Conclusion

Our study demonstrates that modified LICAP flap technique is also a suitable option for UOQ malignant tumors with lower morbidity and higher aesthetic outcomes in comparison to LICAP technique. LICAP technique is more suitable for wider excisions requiring wider tissue replacement.

PP32 Audit on preoperative investigation practices in routine general surgery: are we overutilizing tests?

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Introduction

Preoperative investigations are essential for evaluating surgical risk. But excessive testing increases costs & delays without improving outcomes. This audit evaluates adherence to the College of Anaesthesiologists and Intensivists of Sri Lanka (COAISL,2022) guidelines for preoperative testing in routine general surgeries.

Methodology

Retrospective audit of 39 patients undergoing elective surgeries at a Professorial Surgical-Unit from April-May 2025 was conducted. Data on patient demographics, ASA status, surgery grade and preoperative tests were compared against COAISL recommendations. Overutilization was defined as tests ordered despite guideline exclusion.

Results

Audit showed widespread overutilization of preoperative investigations, especially among low-risk patients. Among ASA-1 patients (n=6), 67% underwent unnecessary tests such as ECGs & full blood counts (FBCs) for minor or intermediate surgeries, contrary to guideline recommendations. For ASA-2 patients (n=25), 72% had non-indicated tests, including ECGs (44% of cases) & FBCs (68%), despite no clinical justification. Renal function tests were performed in 64% of ASA-2 intermediate surgery patients without risk factors for acute kidney injury. 2D-echocardiography was overused in 50% of ASA 2 and 3 patients lacking cardiac symptoms. In contrast, ASA-3 patients (n=8) showed better adherence (25% overutilization), primarily limited to unnecessary 2D-echos. Overall, high-risk patients (ASA-3) undergoing major surgery largely followed guidelines, while low-risk cases (ASA 1 & 2) accounted for most deviations, highlighting a systemic trend toward excessive testing in routine procedures.

Conclusion

Significant overutilization of preoperative tests occurred, especially in low-risk patients. A COAISL-aligned checklist could reduce redundant testing & costs, while improving efficiency.

PP33 Randomized controlled trial comparing postoperative pain in patients undergoing Transabdominal preperitoneal (TAPP) Inguinal hernia repair: Transversus Abdominis Plane (TAP) block before peritoneal incision vs. Transversus Abdominis Plane (TAP) Block after peritoneal incision closure

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AIIMS Jodhpur

Introduction

Laparoscopic TAPP is a good technique for management of inguinal hernia. Transversus abdominis plane (TAP) block has been used for decreasing postoperative pain after TAPP. This RCT was conducted to determine the optimal time of administering the TAP block administration for better postoperative pain control after TAPP.

Methodology

Patients between 18-75 years of age were randomized to 2 groups: those who received TAP block before peritoneal incision (Group B) and those who received the block after peritoneal incision (Group A). We compared VAS pain score at 1hr, 6 hr, 24 hr, and 7 days postoperatively.

Results

Fifty men and 3 women were included in the study. The 20 bilateral hernias were equally divided among groups. The table of results is attached.

Discussion

While the postoperative pain score at one hour is statistically lower when TAP block is administered before peritoneal incision, the difference does not appear clinically relevant. All patients experienced only mild pain in the postoperative period.

Conclusion

The timing of TAP block does not have a major impact on postoperative pain after TAPP for inguinal hernia.

PP35 Pediatric robotic surgery in a developing nation- where do we stand beyond the first 150 cases – a single surgeon experience

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Introduction

The first pediatric ROBOTIC procedure was done in 2002, a pyeloplasty. The changes adapted to make this platform not only safe but also OBTAIN good outcomes, EVEN in our tiniest patients, including infants, are reviewed based on experience with more than a hundred and fifty cases.

Methodology

Consecutive cases of pediatric Robotic procedures carried out in children under 15 years were recruited.

Results

Non Urological cases included thoracoscopic cases including diaphragmatic hernias, abdominal cases like choledochal cysts, pancreatic pseudocysts and lateral pancreato-jejunosotomy among others, a total of about 34 cases. 115 consecutive ROBOTIC urological surgeries in children were carried out using Da Vinci Xi platform, viz 67 pyeloplasties, 21 extra-vesical reimplantations, 14 ureteroneocystostomies for Vesico-Ureteral Junction obstruction/ectopic ureters, four uretero-ureterostomies for duplex systems etc. The overall mean age was 4.75 years (range 1 month to 14 years); however, for pyeloplasty, median age was 33 months (2.75 years), the youngest being 1 month. Only two adrenalectomies were converted. Only 1 case of pyeloplasty had a leak which necessitated PCN (2 more conserved).. Recurrence in 1 PUJO, and asymptomatic persistent reflux in 3 reimplants was seen. A 98% success rate i.e 66/67 pyeloplasties, with a complication rate of 11.94% was found. A decrease in time to feed and hospital stay was noted in abdominal cases.

Conclusion

Robotic Platform especially in reconstructive procedures is an Enabler of Complex and Advanced Minimal Access Surgery. The Learning Curve is relatively short. Good Results are Possible Safely at all ages.

PP36 Robotic-Assisted Laparoscopic Pyeloplasty (RALP) in children with complex Pelvi Ureteric Junction Obstructions (PUJO) - a retrospective study

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Introduction

Robotic-assisted laparoscopic pyeloplasty (RALP) for Pelvi Ureteric Junction Obstructions (PUJO) is being increasingly utilised even in children. Complex PUJO, i.e PUJO associated with ectopic/malrotated/Duplex kidneys, giant hydronephrosis (HDN), recurrent PUJO, etc., increase the procedures complexity many fold. We aim to assess the outcomes of RALP in children with complex PUJO.

Methodology

All RALP patients from December 2018 to May 2024 in children with a complex PUJO were included. Patients were analysed regarding sex, age, compli factors, operative parameters, and postoperative outcomes. All patients had a minimum follow-up of six months.

Results

Thirty-One complex PUJO underwent RALP from December 2018 to May 2024 (Right-17, left-14); 6 girls and 25 boys (median 78 months, IQR 12-108), the youngest a 5-month-old with giant hydronephrosis. Fifteen with Giant HDN (48%), 7 redo (22.5%), 3 with crossing vessel (9.6%), two patients each of ectopic kidney, malrotated kidney (6.4%), one patient each of duplex kidney, cross-fused ectopia (3%). The mean docking and mean operative time were 3.6 and 144.4 minutes. 14 patients had no drain inserted (45%). Mean hospital stay was 3.2 days. Three patients had post-operative urinary tract infection (9.6%). 90.3% patients had stable or improved split renal function, 93.5% patients had reduction in TPD post surgery. Overall success rate of RAL pyeloplasty was 96.8%. One had recurrent PUJO (3%). Compared to historical straight forward RALP the safety outcomes, cosmesis are similar and hospital stays slightly increased by 1 day, Key elements of a safe successful outcome is anticipation of complications and planning.

Conclusion

Our study shows that with an experienced team, even complex PUJO in children can safely undergo RALP with good outcomes.

PP37 Financial toxicity of chronic diabetic wounds in a lower middle-income country

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Introduction

Financial toxicity of diabetic wounds refers to the objective or perceived excess financial strain experienced by patients, families, and healthcare systems due to the high cost of managing chronic wounds. Our Study mainly focus on financial toxicity on patients.

Methodology

This study is a cross-sectional study involving 66 patients with chronic diabetic wounds coming to the General Surgical clinic in a Tertiary care hospital, between January 2025 to May, 2025.

Results

Financial toxicity is 86.4% where majority have agreed that diabetic wounds causes financial burden. 54.5% of people seek private sector treatment for wound care despite the availability of public non-fee-levying healthcare. Monthly out of pocket expenditure for wound management is Rs 15,181.00 per person including travelling cost. Majority of patients (81.8%) had some sort of financial support, mainly by relatives and family.

Discussion

Although many studies evaluate the financial burden of chronic diabetic wounds on the economy of the country, there is scarcity of data in literature on how it affects the patients. In a local study done on 144 patients shows, total of Rs. 14, 936 per person as a hospital expense and Rs. 1811 per hospital visit which shows similar results.

Conclusion

This study shows that financial toxicity is substantial in our population living in a lower- middle income country. Therefore, improving health care facilities and health education to prevent the morbidity in diabetes is essential.

PP38 Living with a stoma: patient perceptions, satisfaction, and reversal readiness – a cross-sectional study

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Introduction

Living with a stoma affects patients physically, emotionally, socially, and financially. Understanding these experiences is crucial for improving care and guiding decisions regarding stoma reversal.

Methodology

A descriptive cross-sectional study was conducted among 30 stoma patients (20 males, 10 females). A structured questionnaire evaluated complications, psychosocial and financial impacts, and attitudes toward stoma reversal.

Results

Of the participants, 66.7% had colostomies and 33.3% ileostomies. Financial burden was reported by 53.3%. Common complications included bad smell (70%) and leakage (50%), while infection (16.7%) and prolapse (13.3%) were less common. These issues were evenly distributed across genders. In terms of expectations of body image after reversal, 73.3% expected a positive change, 16.7% a very positive change, and the rest remained neutral. None expected a negative change. Social life enhancement following reversal was anticipated by 96.7%, and 90% valued restoring normal bowel function. However, 13.3% feared surgical complications. Only 43.3% had a good understanding of reversal's risks and benefits. Healthcare support was rated as neutral by 73.3% and positive by 26.7%, pointing to a potential need for better counseling and education. Despite challenges, 86.7% said they would accept a stoma again if necessary, acknowledging its life-saving role.

Discussion and conclusion

While stoma patients face multiple challenges, they generally view the intervention positively and are open to reversal. Strengthening education and support systems is vital to improving patient coping and informed decision-making.

PP39 Trauma burden among motorcyclists in Colombo: a comparative analysis of riders and pillion passengers

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Introduction

Motorcycle crashes are a growing cause of injury and death in low- and middle-income countries, including Sri Lanka, where motorcycles are a popular transport mode. Despite this trend, limited data exist on injury patterns among motorcycle users. We aimed to compare injury characteristics between riders and pillion passengers and hypothesised that head and limb injuries are most common.

Methodology

This retrospective cross-sectional study included 107 motorcycle crash victims presenting to the Accident and Orthopaedic Service at the National Hospital of Sri Lanka over a one-month period. Data on demographics, crash type, injury location, severity (Abbreviated Injury Scale), and outcomes were collected.

Results

Collisions with other vehicles and self-falls were the most frequent crash types. Helmet use was high, and pillion gender distribution was equal (11 males, 11 females). A total of 210 injuries were recorded, averaging 1.96 injuries per patient. Riders had more lower limb (65.9%), upper limb (55.3%) and head (43.5%) injuries. Pillion riders had more head (54.5%) and lower limb (54.5%) injuries. Riders were more prone to multiple limb injuries, likely due to falls and entrapment. 5.6% of victims required ICU care, mostly riders.

Conclusion

Head and limb injuries dominate motorcycle-related trauma. Riders experience more extremity injuries, while pillion riders have comparable rates of head and limb injuries. Despite widespread helmet use, injury burden remains significant, underscoring the need for broader protective strategies beyond helmets, including limb protection and improved road safety.

PP40 Laparoscopic appendectomy in children with complicated appendicitis- a retrospective analysis from a developing nation

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Introduction

Laparoscopic surgery is frequently used for appendicitis, though its role in complicated cases, such as perforated appendicitis and appendicular abscess, is still debated.

Methodology

We analyzed cases of acute appendicitis surgery over three years, with a minimum six-month follow-up. We evaluated procedure duration, conversion rates to open surgery, resumption of oral intake, hospital stay duration, postoperative complications, and 30-day readmission rates. Out of 219 surgeries for acute appendicitis, 142 were complicated. Of these, 113 patients underwent laparoscopic surgery and 29 had open surgery. The mean age was 9.7 years for laparoscopic patients and 7.4 years for open surgery. The average operative time was 102 minutes for laparoscopic and 87 minutes for open. Oral intake resumed in 1.3 days post-laparoscopy versus 2.2 days for open surgery, with hospital stays averaging 4 days compared to 8.9 days. Six laparoscopic cases were converted to open surgery. Complications occurred in 3.5% of laparoscopic cases and 45% of open cases, with readmission rates at 3.5% and 20%, respectively. Prolonged ileus was seen in 3.5% (laparoscopy) versus 17.2% (open), and intra-abdominal collections were 6% and 7%, respectively. Of the 106 simple appendicitis who underwent laparoscopic appendectomy, no conversions, no post operative collections, ileus or SSI were encountered, with a 1.9% readmission rate. Mean hospital stay was 1.7 days.

Discussion

Laparoscopic appendectomy for complicated appendicitis leads to shorter hospital stays, quicker recovery of oral intake, and lower complications compared to open surgery.

Conclusion

We believe that Laparoscopy is a safe and effective first-choice treatment for all appendicitis cases in children, both simple and complicated.

PP41 Spectrum of surgical procedures done for brachial plexus injuries and their functional outcomes: a retrospective cohort analysis at an apex referral hospital in 2024

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Introduction

Brachial plexus injuries (BPI) are debilitating injuries, causing significant functional impairment, particularly in young and active individuals. These injuries commonly arise from high-energy trauma, especially road traffic accidents.

Methodology

A retrospective study was conducted at the Plastic Surgery Unit. All consenting patients with traumatic BPI who received surgical intervention in 2024 were included (n=24).

Results

All patients were male with a mean age of 33.04 years. 37.5% sustained injuries to their dominant upper limb. The most common mechanism of injury was motorcycle accidents (83.3%). Global BPI were observed in 58.3%. The median time from injury to surgical intervention was 10 weeks. The most common direct nerve transfers are Spinal Accessory Nerve to Supraspinatus nerve for shoulder abduction (62%) and Oberlin transfer for elbow flexion (21%). Sural nerve grafts were done in 45.83% with the contralateral C7 nerve root as the most common donor. Occupational therapy was initiated immediately following the first surgery in 83.3%. The average 6-month postoperative QuickDASH score was 51.88. Moderate to severe chronic pain was reported in 21% of patients. 62.5% of patients are satisfied with the outcomes following surgery. A total of 45.83% of patients returned to work, with a mean time to return of 11 weeks following surgery.

Discussion

Even though BPI are challenging to reconstruct, we have several surgical options in our arsenal of interventions, including direct nerve transfers, nerve grafts, free functional muscle transfers, and arthrodesis of joints.

Conclusion

Despite the injury and disability, almost half of the patients in our cohort have returned to work early. Timely referral and early intervention may further improve our outcomes.

PP42 Single-blinded randomized controlled trial comparing traditional vs oncoplastic mastectomy closure techniques in preventing lateral dog-ear deformity

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Introduction

Lateral dog-ear deformity is a common postoperative contour issue following mastectomy, potentially affecting patient comfort and aesthetic satisfaction. Oncoplastic mastectomy techniques, which integrate oncologic safety with reconstructive principles, aim to improve cosmetic outcomes. This study presents findings from a randomized controlled trial comparing traditional and oncoplastic techniques regarding lateral dog-ear formation and related outcomes.

Methodology

A single-blinded randomized controlled trial was conducted among female patients with histologically confirmed breast carcinoma requiring mastectomy with either curative or palliative intent, without immediate reconstruction. Patients were stratified by tumor stage and body mass index (BMI). Outcome measures included scar position relative to the anterior axillary line, incidence and severity of lateral dog-ear deformity, operative time, postoperative complications, and patient-reported satisfaction.

Results

The mean patient age was 61.35 years. Tumors were more often right-sided (60%) and located in the upper outer quadrant (55%). All oncoplastic cases had scars confined medial to anterior axillary line, whereas scars in the traditional group extended beyond it ($p < 0.001$). Lateral dog-ear deformity was significantly more prevalent in the traditional group (77.7%, $p = 0.002$), with deformities ranging from 0.5 cm to 4 cm. Higher BMI correlated with increased deformity incidence. No significant difference was observed in operative time. Seroma and hematoma rates were 27.3% and 9%, respectively, with no intergroup differences. Patient satisfaction with scar appearance was significantly higher in the oncoplastic group ($p = 0.016$).

Conclusion

Oncoplastic closure significantly reduces lateral dog-ear deformity without increasing operative time or complications, supporting its use in mastectomy.

PP43 Re-evaluating the role of biopsy in the management of BIRADS-3 Breast Lesions

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Introduction

In the United States, 17% of the BIRADS-3 lesions undergo biopsy. Biopsy recommendations for BIRADS-3 lesions in Sri Lankan settings are limited.

Methodology

Retrospective analysis of 628 BIRADS-3 lesions (from 2020-2022 at National Hospital-Colombo) categorized based on ultrasonographic and mammography findings were histologically analyzed following core-biopsy. Histological malignancy-proven patients underwent breast conservative surgery or mastectomy.

Results

BIRADS-3 mean age 45.3years(SD±15.8). Of the 628, 18(2.9%) were histologically inconclusive and 513(81.7%) were benign. 97(15.4%) lesions were malignant. BIRADS-3 benign histology mean age 43.7years(SD±15.6), while malignant histology mean age was 53.3years(SD±13.8). Malignant lesions were invasive ductal carcinoma-NST 61(62.9%), ductal carcinoma in-situ 14(14.4%), invasive lobular 11(11.3%), invasive mucinous 4(4.1%). Of malignant lesions(31/97) maximum size was 18.6mm. Nottingham grades(73/97) were grade I:29(39.7%), grade II:30(41.1%) and grade III:14(19.2%). Immunohistochemistry was: ER positive: 77.0%(57/74), PR positive: 65.3%(47/72), HER2 positive: 14.1%(10/71) and Ki67 >20%: 69.8%(37/53).

Discussion and Conclusions

BIRADS-3 in breast screening carries a malignant potential higher than a benign breast lesion, but less than 2%. Malignancy rate in this cohort is higher than the typical <2% risk of malignancy for this category. Additionally, those with malignant histology were older than those with benign histology. This indicates the need to evaluate the guidelines for biopsying BIRADS-3 lesions.

PP45 Risk factors and exacerbators in inflammatory bowel disease in a sri lankan cohort: implications for surgical patients

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Introduction

Inflammatory Bowel Disease (IBD) often progresses to requiring surgical intervention. Identifying modifiable risk factors and exacerbators is critical for optimizing perioperative outcomes.

Methodology

A cross-sectional study of 132 IBD patients (2023-2025) in a tertiary-care centre used interview-administered questionnaires and medical records to assess demographics, lifestyle factors, and disease-related triggers.

Results

Among 132 patients, 68 (51.5%) had Crohn's disease (CD) and 64 (48.5%) had ulcerative colitis (UC). The mean age of onset was 29.5 years. A family history of IBD was present in 6.1% of patients. Smoking before disease onset was more prevalent in UC (31.2%) compared to CD (19.1%). Urban residency was reported by 43.9% of the cohort. NSAID use was more frequent in UC (20.3%) than CD (10.3%). Most patients (82.6%) used tap water as their primary water source, while 19.7% had frequent childhood Gastrointestinal infections (UC=23.4%, CD=16.2%). Appendicectomy before disease onset was more common in CD (12.1% of all IBD patients; 81.2% had CD). Among females, 17.9% used oral contraceptives. Stress in IBD (37%), wheat-containing foods in CD (20.6%), and spicy foods in UC (18.8%) were the top exacerbators.

Discussion and Conclusions

Appendicectomy before disease onset was observed more frequently in CD (81.2% of cases), raising questions about its possible relationship with disease onset. Alongside NSAID use and smoking, these modifiable factors may also influence surgical candidacy and postoperative outcomes. Preoperative optimization should address these risks.

PP46 Advancing precision in rectal cancer care: outcomes of robotic-assisted surgery

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Introduction

Robotic-assisted surgery has revolutionized rectal cancer treatment by enhancing surgical precision, dexterity, and visualization. It plays a vital role in guiding further clinical management.

Methodology

This retrospective study evaluates the outcomes of robotic rectal cancer resections performed using Da Vinci Xi robotic system between June 2022 and March 2025 in a single surgical department. All patients underwent preoperative rectal MRI and were reviewed in a colorectal multidisciplinary team meeting. Data on physical status, preoperative treatment, intraoperative findings, and postoperative outcomes were collected and analyzed.

Results

A total of 68 patients underwent robotic resections: anterior resections (n=41), abdominoperineal resections (n=20), Hartmann's procedures (n=3), and proctocolectomies (n=3). The cohort included 62% males and 38% females, with a mean age of 65.5 years (range: 35–85) and a mean BMI of 29.6 (range: 18.7–44.5). ASA classification: 13% ASA I, 54% ASA II, and 29% ASA III. Mean hospital stay was 5.7 days (range: 2–22). Based on Clavien-Dindo classification, 60% had uncomplicated recoveries, while 11% experienced Grade I, 10% Grade II, and 19% Grade III or higher complications, including two postoperative deaths. Neo-adjuvant therapy was given to 51% of patients; 57% of those undergoing low anterior resection received a defunctioning ileostomy. Histopathology confirmed invasive rectal cancer in 94%, with 90% achieving clear resection margins.

Conclusion

Robotic rectal cancer surgery demonstrates favorable outcomes with low complication rates and short hospital stays. The advanced technical features of the robotic system support high-quality, oncologically sound resections, reinforcing its role in modern colorectal surgery.

PP47 Assessment of wound care knowledge among nursing staff in a tertiary care setting

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Introduction

Effective wound care is essential for optimal patient outcomes and reducing complications. As frontline caregivers, nurses play a key role in wound management. This study assessed wound care knowledge among nursing staff in a tertiary care hospital to identify knowledge gaps and the need for educational resources.

Methodology

A cross-sectional survey was conducted among 110 nursing staff using a ten-item multiple-choice questionnaire on wound care principles. Demographic data (age, service years, ward, and wound handling frequency) were collected. Descriptive statistics summarized knowledge scores. Pearson correlations assessed associations with demographics. Open-ended comments provided qualitative insights.

Results

The mean age was 27.1 years (SD = 4.8), with 88.2% having less than five years of service. The mean knowledge score was 9.34 (SD = 0.93), with a median of 10. All respondents correctly identified dressing change frequency, and 99.1% addressed documentation accurately. However, 17.3% misunderstood protective dressing use, and 18.2% misinterpreted Povidone-Iodine's role. While 78.2% supported having a wound care reference guide, only 40% had read such material. Weak positive correlations were noted between knowledge and both age ($r = 0.13$) and service duration ($r = 0.14$). Feedback highlighted a need for better alignment between theory and practice.

Discussion and conclusion

Nurses demonstrated strong foundational knowledge, though specific gaps exist. There is a clear demand for standardized educational resources. Structured training and reference tools could improve wound care quality. Further research should evaluate educational interventions' impact on clinical outcomes.

PP48 A Clinical audit on patterns of falls and fall-related injuries: associated factors and injury severity
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Introduction

Falls are a significant cause of trauma-related morbidity. This audit aimed to analyze the patterns, contributing factors, and injury severity of fall-related injuries at a tertiary trauma center.

Methodology

The study was conducted at the Accident Service Unit, National Hospital of Sri Lanka. Data from 100 patients were collected using a structured Google Forms questionnaire. Variables included demographics, fall mechanisms, injury details, and outcomes.

Results

Participants ranged from 13 to 91 years, with a mean age of 47.92 ± 20.39 years; 66% were under 60. Males accounted for 83% of cases. ASA category 1 was most common (65%). Most falls occurred during the day (74%) and at home (56%), with 40% of those in bathrooms. Workplace and public falls were 16% and 28%, respectively. Falls from standing height made up 70%; 50% of non-standing falls were ≤ 10 feet. Causes included accidental (57%), fainting (9%), seizures (5%), alcohol (3%), walking issues (2%), and poor balance (4%). Environmental risks included unsafe floors (19%), poor lighting (8%), and unsafe roofs (5%). Injury Severity Score (ISS) was minor in 81% of cases. Management included ORIF (32%), observation (31%), POP cast (14%), and one case of damage control surgery. Most patients (92%) recovered fully; 5% had disability.

Conclusion

At NHSL, falls mainly involved younger males at home with minor injuries. Safety-focused preventive strategies are essential.

PP49 Short term survival outcome of live vs cadaveric donor renal transplantation- a single unit experience.
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Introduction and objectives

Kidney transplantation (KT) offers the most effective long term renal replacement therapy for patients with end stage renal disease. In Sri Lanka, resource constraints and organ availability continue to influence transplant practices. This study was conducted to evaluate and compare short term survival outcomes of live donor (LD) and cadaveric donor (CD) kidney transplants in a single unit providing insight into local practice patterns and informing future transplant care strategies.

Methodology

A retrospective analysis was conducted on patients who underwent KT at a transplant unit at the National Hospital of Sri Lanka, between 2023 and 2024. Data was obtained from the theatre registry and analyzed for survival trends.

Results

42 KT's were included (26 LD, 16CD). Mean follow-up was 305.5 days. Overall survival at 2 weeks was 97.6% (LD:100%, CD: 93.75%; $p > 0.05$). Survival from one to six months post-transplant was 92.5%, 92.1%, 92.12%, 91.12%, 84.84%, and 82.75%, respectively. LD recipients showed consistently higher survival (six-month: 94.11%) versus CD recipients (66.67%) with the difference nearing statistical significance ($p = 0.054$). Pneumonia was the leading cause of death (9 out of 11 deaths; 81.8%)

Conclusion

Live donor KT was associated with better short-term survival compared to cadaveric KT, though the difference was not statistically significant – likely due to small sample size. The decline in survival beyond the fourth month may reflect reduced follow-up and lapses in safety precautions. Future studies with larger sample sizes and longer follow up are recommended to validate these findings.

PP50 Initial outcome analysis of Biodegradable Temporizing Matrix (BTM) for Complex Wound Reconstruction

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Introduction

Biodegradable Temporizing Matrix (BTM) offers a solution for complex wounds with exposed bone, tendons, or joints where conventional grafting is not feasible. Traditional flap reconstruction is costly, bulky, and prolongs hospital stay, while skin grafts may result in contractures and pigmentation. BTM has shown favorable results internationally and is now introduced in Sri Lanka.

Methodology

An initial clinical evaluation was conducted at Army Hospital from January to May 2025. Four patients with soft tissue defects underwent BTM application followed by granulation and split-thickness skin grafting. Inclusion criteria included wounds with exposed bone or tendon. Demographics, wound characteristics, surgical details, and complications were recorded. Serial postoperative photographs were taken and reviewed.

Results

Cases included a scalp wound with exposed skull, a dorsal foot wound with exposed repaired extensor tendons, a post-burn scar contracture and toe deformity, and a hypertrophic elbow burn scar restricting extension. TBSA ranged from <1% to 7% (median <1%). All wounds achieved 100% graft take with no infections or matrix rejection. Tendon adhesion was assessed via toe mobility and showed full motion compared to the other foot. Skin was pliable, stretchable and less pigmented than conventional grafts.

Discussion and Conclusions

BTM (LKR 50,000 per 10×10 cm) is a cost-effective alternative to flap surgery (>LKR 1,000,000), reduces hospital stay, and suits day-case procedures. Early outcomes support BTM as a safe, functional, and aesthetically favorable option for complex wound reconstruction.

PP51 Knowledge, attitudes, and practices regarding surgical informed consent among intern medical officers in teaching hospitals: a multi-center cross-sectional study

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Introduction

Surgical informed consent (SIC) is essential for ethical medical practice and patient autonomy. Intern medical officers (IMOs) are frequently responsible for obtaining consent, yet they may lack formal training and standardized practice.

Methodology

A descriptive cross-sectional study was conducted among 42 IMOs from three teaching hospitals in Sri Lanka. Data were collected using a structured, self-administered questionnaire assessing demographics, knowledge of SIC principles, confidence, consent-related practices, communication barriers, and awareness of legal implications.

Results

The mean age of respondents was 28.2 years, with females comprising 59.5%. Most (95%) correctly identified that SIC should include discussion of risks, benefits, and alternatives. Only 19% had received formal training on SIC during their internship. Despite this, 81% felt confident in explaining surgical procedures. Approximately 76% reported they “always” or “often” obtained SIC themselves. Communication barriers were reported by only 19% of respondents. Additionally, 86% agreed that informed consent improves patient trust, and 91% believed that IMOs should receive more training. Awareness of legal issues related to SIC was limited (19%).

Conclusion

Intern medical officers actively engage in the SIC process and display positive attitudes and confidence despite limited formal training. The relatively low rate of communication barriers is encouraging, yet the lack of standardized instruction and limited awareness of medicolegal aspects highlight an educational gap. Introducing structured SIC training into internship programs is recommended to ensure consistency, improve patient communication, and enhance legal protection for junior doctors.

PP52 Rectocele: incidental or important? observe or operate?

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Introduction

Rectocele, an important component of ODS, is a type of posterior pelvic organ prolapses, results from weakening of recto vaginal septum allowing the anterior wall of rectum to herniate into the posterior vaginal wall. Most of the time patient presents along with anal fissure, hemorrhoids, RRI, masking the typical symptoms of rectocele. So, they are easily be overlooked. If conservative approach fails lastly surgical options are approached.

Methodology

This is a retrospective study conducted in Bangladesh, at a tertiary care hospital and a private set up from December 2022 to November 2024 at the colorectal unit. The study population was all the patients who had symptomatic rectocele following failed conservative treatment during the study period. At least 6 months follow up has been compiled.

Results

Among 170 patients studied, 5% had rectocele alone, but rectocele accompanying primary hemorrhoids - 34%, fissure in ano in 67%, RRI / RAI in 44% cases. Among the patients, 70 cases had posterior colpoperineorrhaphy, 65 levatoroplasty, 31 STARR procedure and 3 Sacrococcygeal suspension. Pain levels at various postoperative intervals remain the most in Levatoroplasty while the post op ODS score was best in this procedure at 3 months. Only 1 experienced SSI, 10 experienced liquid incontinence initially, but improved gradually.

Discussion and Conclusions

All the procedures should be individualized, as all procedures may not fit for all patients. As it is very important and common component of ODS, its management is crucial to get optimum result in any benign proctology surgery.

PP53 Evaluating the necessity of routine histopathological analysis in uncomplicated cholecystectomy specimens: a resource-limited setting perspective from Sri Lanka

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Introduction

Gall bladder malignancy (GBM) is rare that carries a very poor prognosis. Cholecystectomy is established as the gold-standard treatment for symptomatic gall stones. The aim of the study was to assess the incidence of GBM and evaluate the necessity of routine histopathological analysis of uncomplicated cholecystectomy specimens.

Methodology

Pathology laboratory data of gall bladder specimens over a period of 5 years (2018 to 2023) from 3 major hospitals in Sri Lanka were analyzed retrospectively.

Results

A total of 1,034 cholecystectomy specimens were analyzed, with a mean patient age of 47 ± 15 years; one-fourth were aged 31–40 years. The majority were female ($n=696$, 67.3%). Most surgeries were performed for biliary colic (70%), followed by acute cholecystitis (20%), chronic cholecystitis (6%), and asymptomatic gallstones (1.3%). Surgical volume peaked in 2019 ($n=232$, 22.4%) and 2023 ($n=275$, 26.6%), with a noticeable decline during the COVID-19 pandemic years. Laparoscopic cholecystectomy was performed in approximately 80% of cases. Histological analysis revealed benign pathology in 99.7% of cases, predominantly chronic cholecystitis, while malignancy was identified in only 3 cases (0.3%) - tubular adenoma with low grade dysplasia in 2/3 (0.2%) and invasive gallbladder cancer in 1/3 (0.1%). Most histology reports (78.8%) were issued within 4 weeks post-surgery.

Discussion and Conclusion

GBM was rare, found in only 0.3% of cases. A selective approach to histopathological examination may be considered given the low incidence, offering cost-effectiveness and reduced pathologist workload. However, routine analysis enables early detection, which improves prognosis with timely surgical intervention.

PP54 Paediatric renal injury; single centre experience.
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Introduction

Renal laceration is an uncommon but significant urological injury resulting from blunt or penetrating trauma in the paediatric age group. Conservative management according to ATOMAC guidelines is well established and this single centre retrospective review aims to evaluate the Grade of renal lacerations, associated complications, need for blood transfusions, invasive interventions and length of hospital stay.

Methodology

A retrospective review was conducted on patients diagnosed with renal lacerations at Womens and Children's Hospital Adelaide from May 2023 over 22 month period. Data collected by reviewing the Electronic medical records.

Results

A total of 16 cases of renal lacerations were identified. Mean age was mean 11yrs. All the lacerations were blunt in nature with 73% of lacerations were sustained by Male children. 56% of lacerations were Grade 3 with Grade I,II,IV being 6.25%,18%, 12.5% respectively. Haematuria seen in 69% of patients and 12.5% had urine leak. 31% of patients had renal laceration in addition to Splenic or liver laceration. None of the isolated renal laceration patients received blood transfusions nor had interventions. Average length of hospital stay in patients with isolated renal lacerations was 3 days.

Discussion/ Conclusions

This study highlights the fact that most of the isolated renal lacerations can be safely managed conservatively by adhering to ATOMAC guidelines and a short period of in hospital observation.

PP55 Outcomes of oncoplastic breast surgery at a government tertiary cancer centre in a developing country: it is possible

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Introduction

Oncoplastic breast surgery (OPS) is the preferred approach of treatment for many breast cancer patients with comparable surgical, oncological and survival outcomes. OPS has a huge potential in, but no study has been conducted till date to quantify the surgical, oncological, cosmetic, and quality of life (QoL) outcomes of OPS in the country.

Methodology

This was a prospective study conducted among 48 consecutive patients with breast cancer, at a government tertiary cancer centre, who met the inclusion criteria for OPS from March 2021 to June 2022. Multiple socio-demographic, tumour, surgical outcome, cosmesis and QoL related data were collected and analysed using SPSS.

Results

Most patients had T2 and N1 disease (79.2%), with a median age of 40 years. The mean pathological tumour size was 20.38 (+11.54 mm). 15% of patients had post-operative complications. Most of them had a good to excellent cosmesis with a median score of 13. 62.5% were highly satisfied with their body image. Post-operative complication was associated with body image ($X^2= 4.227$ (df=1); $p = 0.039$). Cosmesis had significant association with pre-operative T stage ($X^2 = 4.785$ (df=1); $p = 0.028$) and post-operative complications ($X^2=5.296$ (df=1); $p = 0.021$).

Conclusion

The study results suggest that OPS could be a feasible approach for patients with a comparable surgical outcome, acceptable complication rate, excellent cosmesis and satisfactory quality of life, even in a resource-poor setting, in short term. Though, further randomised, multicentre studies with larger sample sizes and comparison groups are required to validate these findings.

PP56 Comparison of the difference between PADLI and Hartmann's procedure in Emergency surgery for left-sided colonic perforation

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Introduction

Colonic perforation constitutes a life-threatening surgical emergency. While Hartmann's procedure (HP) remains standard approach in hemodynamically unstable patients, primary anastomosis with diverting loop ileostomy (PADLI) is increasingly preferred in selected cases.

Methodology

We conducted a retrospective review of patients who underwent emergency surgery for left-sided colonic perforation at a single institution between 2014 and 2024. Patients were categorized according to the surgical procedure. Demographic characteristics, clinical status at presentation, intraoperative findings, and postoperative outcomes were compared between the two groups.

Results

Ninety-seven patients were included (PADLI: n = 9; HP: n = 88). PADLI was more often frequently performed in younger and hemodynamically stable patients. The stoma reversal rate tended to be higher in the PADLI group compared to the HP group (55.6% vs. 26.1%). The time to stoma closure was significantly shorter in the PADLI group (106 vs. 193 days; $p = 0.021$), as was the operative time required for closure (131 vs. 242 minutes; $p = 0.001$). High-output stoma was more frequently observed in the PADLI group; however, all cases were successfully managed with medical therapy. Mortality and overall complication rates showed no significant differences.

Discussion and conclusion

PADLI may offer advantages in selected patients with stable hemodynamics and favorable intraoperative conditions, providing the potential for earlier and less complex stoma closure. Conversely, HP remains an appropriate option for critically ill patients. Surgical decision-making should be guided by a comprehensive assessment of the patients physiological status, the degree of intra-abdominal contamination, and the timing of surgery.

PP57 An audit of Head Injury Observation Care (HIOC) Practices at the National Hospital of Sri Lanka (NHSL)

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Introduction

Traumatic brain injury (TBI) remains a major cause of global morbidity and mortality. Prompt and systematic neurological observation is vital for early detection of clinical deterioration. This audit evaluated Head Injury Observation Care (HIOC) practices at NHSL against established standards to identify areas for improvement.

Methodology

A retrospective review of 110 patient records from neurosurgical wards, ICUs, and the neurosurgical ETU was conducted, covering the period from April 28 to May 08, 2025. Data on adherence to observation frequency, completeness of documentation (including GCS, pupils, limb movements, vital signs, and signatures), and justification for extending HIOC beyond 24 hours were analyzed.

Results

Among patients, 21.8% were transfers from other hospitals; 83.3% of these lacked HIOC documentation at transfer. Limb movement documentation was absent or infrequent in 92.7% of records, and 90% of charts lacked practitioner signatures. HIOC was extended beyond 24 hours in 21.8% of cases, with 58.3% lacking clinical justification, and only 16.7% resulting in interventions.

Discussion and Conclusion

The audit revealed significant gaps in documentation, transfer continuity, and justification for prolonged observation. Targeted improvements are needed, including standardization of transfer protocols, enhanced documentation practices, and evidence-based criteria for HIOC duration to optimize neurocritical care at NHSL.

PP58 Epidemiological characteristics of inflammatory bowel disease in central Sri Lanka; a university hospital registry-based study

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Introduction

Inflammatory bowel disease (IBD) is a chronic gastro-intestinal disease consisting of ulcerative colitis (UC) and Crohn's disease (CD). North America has the highest prevalence of IBD whereas South Asia, Africa and the Caribbean have the lowest. Sri Lankan data is scarce and the prevalence is estimated to be 8 per 100,000 population. This study aims to describe the epidemiological characteristics of IBD in central Sri Lanka.

Methodology

Registry data from 36 newly diagnosed cases of IBD from 2020 to 2024 at Department of Pathology, University of Peradeniya were selected. Association of IBD type with age/sex, clinical presentation, relative frequencies of IBD types and anatomical distribution of IBD were analyzed.

Results

The average age of the population was 42.116 years with 18 patients from each sex. Patients with UC comprised 75% of the study population followed by CD (16.67%). Nearly 60% of UC cases were above 40 years whereas all CD cases were less than 40 years old; and this was statistically significant ($P=0.011$). 80% of patients with UC presented with per rectal bleeding, while intestinal obstruction (66.7%) was the most common presentation in CD. Left colon and rectum was involved in 84.61% of UC whereas CD mostly involved the ileo-cecum.

Discussion/Conclusion

IBD is uncommon in central Sri Lanka with UC being the more prevalent type. UC was more evident in older patients whereas CD was observed exclusively among young. UC predominantly involved the left colon and rectum, while CD was mostly observed in the ileocecal region.

PP61 Fifteen Year Histopathological Review of Breast Neoplasms at a Tertiary Care Center in Southern Sri Lanka

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Introduction

Breast cancer is the most prevalent cancer among women in Sri Lanka and has been the leading cause of cancer-related deaths in females for over a decade. Despite the high burden, region-specific long-term data on histopathological patterns remain limited.

Methodology

In a retrospective study, data from consecutive patients who underwent breast-related surgical procedures over the last 15 years (2010-2024) were analyzed. The demographic and pathological data were collected using histopathology reports.

Results

A total of 1,804 specimens were analyzed: 425 malignant (76%) and 1,379 benign (24%). Out of the malignant specimens, 78.9% ($n=339$) had ductal adenocarcinoma, 5.9% ($n=25$) had lobular adenocarcinoma, 2.8% ($n=12$) had micropapillary carcinoma. Mean age at diagnosis was 59.99 ± 12.68 years (ranging from 28-93 years). Most, (53.2%) had undergone unilateral mastectomy, and the rest had undergone lumpectomy (39.8%), and Wide Local Excision + Axillary Clearance (7.1%) Nottingham gradings showed 30.4%, 41.6%, 12.5%, of carcinomas in grade 1 to 3 respectively.

Conclusion

This retrospective analysis highlights that intermediate-grade invasive ductal adenocarcinoma is the predominant histological subtype of breast cancer in Sri Lankan women. It emphasizes the ongoing burden of breast cancer and supports the need for targeted screening and treatment strategies tailored to the local demographic and pathological pattern.

PP62 A study on Catheter Associated Urinary Tract Infections(CAUTI) in surgical patients at a DGH hospital in Sri Lanka

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Introduction

Urinary catheterization is a common procedure performed in surgical patients. But if the standard techniques and management principles are not followed can lead to many complications and create additional morbidity to the patient. This study assesses the Urinary catheterization and its outcome in surgical patients in sub urban Sri Lanka.

Methodology

All the surgical Patients who required urinary catheterization Over 6 months (October 2024- March 2025) at a DGH Hospital (3 units) were included. Patient demographics, indication for catheterization, technique and associated complication (UTI) were evaluated.

Results

127 patients (median age-25 years; range 21-84; females 52.7%) underwent urinary catheterization. 70.8% (n=102) were free of any free co- morbid conditions. 17.3% (n=22) were having DM. 51.1% (n=65) patients had been catheterized for monitoring purposes and 16.5% (n=21) due to prolonged immobilization. 24.4%(N=31) was due to acute urinary retention on admission and 7.8% (n=10) due to postoperative urinary retention. Catheter Associated Urinary Tract Infection (CAUTI) Prevention bundle strictly followed only in 13.4% (n=21). Average duration of catheterization is 5.6 days range (1 -19). 18.9 % patients (n=24) developed culture Proven UTI (E. coli -9, Klebsiella spp.-3, proteus-3, Candida spp.-5 Pseudomonas- 2, Mixed growth -2) Further 16.5% (n=21) developed culture negative UTI. Average duration of IV antibiotics 3.2days; Range (2 -19 days). Average duration of hospital stay was 5.6 days (range - 3-19 days)

Discussion and Conclusion

Higher incidence of CAUTI with less adherence to CAUTI prevention bundle in surgical patients at the DGH level in Sri Lanka. Health education with increased awareness will lead to improve the outcome and reduce the morbidity.

PP63 Management of traumatic deep venous injuries of the limbs. a single centre experience from a vascular and transplant unit.

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Introduction

Venous injuries of the limbs (VIL) occur in approximately 20% of all limb traumas. The optimal management of deep venous injuries remains debated, particularly regarding the choice between ligation and repair. This study presents a series of deep VIL which were repaired.

Methodology

Patients who underwent repair of VIL between January 2015 and May 2024 were included in the study, with cases lacking complete data excluded. All patients selected for venous repair had a Mangled Extremity Severity Score (MESS) lower than seven and were hemodynamically stable at the time of the procedure.

Results

Nineteen patients were included. 12 (63.16%) were males. The mean age was 39.70 years (range: 4–77). VIL were caused by iatrogenic causes (38.46%), trap gun-related trauma (30.77%), and road traffic accidents (23.08%). The most commonly injured vein was the popliteal vein (n=9, 47.37%), followed by the external iliac (n=5, 26.32%), femoral (n=4, 21.05%), and axillary vein (n=1, 5.26%). Lateral venorrhaphy was the most frequent repair technique, performed in 10 cases (52.63%), followed by thrombectomy alone in 3 (15.79%), autologous interposition grafting in 3 (15.79%), autologous saphenous vein panel/spiral grafting in 2 (10.53%), and PTFE interposition grafting in 1 patient (5.26%).

Discussion and Conclusion

Venous ligation was historically performed in the management of VIL during wartime. However, it is associated with the development of venous hypertension, which leads to complications like limb amputation. It is therefore recommended that VIL are repaired when the patient is hemodynamically stable and related soft tissue and bony injuries are not extensive.

PP64 Congenital bladder diverticulum in children: clinico- radiological profile and surgical outcomes
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Introduction

To highlight the spectrum of presentation and management of congenital bladder diverticula in children at our center

Methodology

Records of 21 patients with congenital bladder diverticula managed from 2006-2024 were retrospectively reviewed. Children with secondary diverticula were excluded. Cases were initially managed with catheterization, intravenous fluids and antibiotics started after taking urine for culture sensitivity. Renal function along with routine hematological investigations were done. Radiological evaluation were done initially with ultrasonography of urinary system and latter VCUG was done after urine was sterile. Cases were analyzed with respect to demographic profile, clinico- radiological findings, management and follow-up.

Results

Mean age of presentation was 3 years (6 months to 7 years). Presentations were recurrent urinary tract infections (n=5), dysuria and straining during micturition (n=3), urinary retention (n=5), and dribbling of urine (n=3). Ultrasound KUB, Renal scan and voiding cystourethrography was done in all cases. Twelve had diverticulum on right side and nine patients on left side. Three had ipsilateral high grade reflux (grade IV-V) on VCUG. Cystoscopic confirmation done before a definitive procedure. Open surgical excision of diverticulum was done in all. Ureteral reimplantation was done simultaneously in three patients. Resolution of symptoms was seen in eleven of twelve patients. Average follow-up period was three and half years. There was no recurrence.

Discussion/Conclusion

Diagnosis of bladder diverticula requires a high index of suspicion. Primary bladder diverticulum is an uncommon pathology in children. Ultrasound and voiding cystourethrography are mandatory along with cystourethroscopy. Open surgical approach provides good results.

PP66 Pattern and associated factors of spinal trauma: a preliminary survey
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Introduction

Spinal trauma is a global health concern with serious personal and economic impacts. In Sri Lanka, data on injury patterns remain limited. This preliminary survey aimed to assess patterns and associated factors of spinal trauma at the National Hospital of Sri Lanka (NHSL) Accident Service.

Methodology

A retrospective review of 38 confirmed spinal trauma cases admitted to NHSL was conducted. Data were collected via a structured Google Form, covering demographics, injury mechanisms, clinical details, imaging, complications, and management. Descriptive statistics were used for analysis.

Results

The mean age was 46 years (median: 52), with males comprising 84.21% of cases. Falls (57.9%) and road traffic accidents (34.2%) were the leading causes. Most injuries occurred in non-occupational settings (76.32%), on weekdays (68.42%), and during daytime (55.26%). Alcohol use and pre-existing spinal disease were uncommon. The cervical spine was most frequently injured (60.53%), followed by thoracic and lumbar regions. Dislocation/subluxation (42.11%) and vertebral fractures (39.47%) were common. ASIA D (39.47%) and E (31.58%) were the predominant neurological grades. MRI was performed in 97.37% of cases. Pain was the most frequent acute complication (44.74%). Conservative management was used in 65.79% of cases; surgeries were generally planned within four days. Most patients (97.37%) were transfers from other hospitals.

Conclusion

Falls were the most common cause of spinal trauma, with cervical spine injuries dominating. The findings underscore the importance of prevention strategies, improved early care, and streamlined referral systems in Sri Lanka.

PP67 A study on preoperative hyponatremia, risk factors and outcomes in patients undergoing major surgery : a single unit experience.

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Introduction

Preoperative hyponatremia is associated with an increased risk for postoperative complications. Diabetes mellitus and thiazide diuretics are known risk factors for preoperative hyponatremia. Risk factors and complications of preoperative hyponatremia have not been clearly defined in our population. Hyponatremia was defined as serum sodium of <135 mEq/l

Methodology

This retrospective study conducted at a tertiary care hospital aimed to identify the risk factors for preoperative hyponatremia and the complications related to hyponatremia. 50 consecutive patients who underwent major surgery at the university surgical unit were included. Post-operative complications were graded according to the Clavien–Dindo classification. Data was obtained retrospectively from medical records and analysed using SPSS v 27.

Results

60% were male. 42% were in the age range 49-59. 84% had undergone elective surgery. Mean pre-operative sodium was 137.4 mEq/L (SD 6.875). 28% were hyponatremic. The incidence of preoperative hyponatremia was significantly increased in diabetics (26% vs 26%, $p=0.0003$), diuretic users (10% vs 4%, $p=0.006$) and antiepileptics (10% vs 6%, $p=0.018$). Postoperative risk of SSI (8% vs 4%, $p=0.025$) and AKI (6% vs 2%, $p=0.029$) was significantly increased in those with preoperative hyponatremia. There was a statistically significant correlation between the risk of complications and the coexistence of diabetes and hyponatremia. (p value=0.032).

Conclusion and recommendations

Diabetes mellitus, use of diuretics and antiepileptics are risk factors for preoperative hyponatremia, which is associated with an increased risk of SSI and AKI. We recommend optimization of serum sodium levels prior to surgery to reduce postoperative complications.

PP68 The use of intralesional corticosteroids in idiopathic granulomatous mastitis: a systematic review

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Introduction

Idiopathic granulomatous mastitis (IGM) is a chronic inflammatory breast disease with no standardized treatment approach. Emerging evidence supports the use of intralesional steroid (ILS) injections and topical steroids, yet international consensus on management remains lacking. This systematic review evaluates the effectiveness of ILS in treating IGM.

Methodology

A systematic review was conducted following PRISMA 2020 guidelines, searching PubMed, Cochrane Library, Google Scholar, and citation chains up to June 15th, 2023. Eight studies were included, and methodological quality was assessed using the modified Downs and Black Scale. Subgroup analysis by treatment modality was performed, with complete clinical response as the primary outcome.

Results

The review included 397 patients with IGM (mean age 35.7 years; lesion size 27.5 mm). Of these, 184 received ILS treatment. The ILS group demonstrated a high complete clinical response rate of 92.8%, with a mean response time of 2.6 months. Reported complications from ILS were minor, including hematoma, skin atrophy, and hyperemia. Unlike systemic corticosteroids, ILS avoided side effects such as weight gain and hirsutism. Notably, the recurrence rate was significantly lower in the ILS group (6.6%) compared to oral steroids (25.8%) and surgery (26.3%).

Conclusion

ILS appears to offer superior outcomes in terms of response rate, treatment duration, and recurrence, with fewer side effects than systemic steroids or surgery. Nonetheless, further comparative studies with standardized treatment protocols are required to determine the optimal ILS regimen for IGM.

PP70 Demographic and clinical profile of patients undergoing Laparoscopic cholecystectomy at DGH Hambantota: a one year retrospective review
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Introduction

Laparoscopic cholecystectomy is the gold standard for the treatment of symptomatic gallstone disease. Understanding local outcomes and complication rates is essential for quality improvement and benchmarking against international standards.

Objectives

To describe the demographic profile, indications, conversion rates, and complications of patients undergoing laparoscopic cholecystectomy at District General Hospital, Hambantota over one year period.

Methodology

A retrospective descriptive study was conducted on all patients who underwent laparoscopic cholecystectomy from 1st of December 2023 to 30th November 2024. Data were collected from operating theatre records and bed head tickets. Variables analyzed included age, sex, indication for surgery, conversion to open surgery and complications such as bile leak or common bile duct injury.

Results

A total of 57 patients underwent laparoscopic cholecystectomy during the study period. The majority were female (n=41, 71.9), and the most represented age group was 31-50 years (n=29, 50.9%). The most common indication was acute cholecystitis (n=28, 49.1%) followed by chronic cholecystitis (n=15, 26.3%) and biliary colic (n=14, 24.6%). Four cases (7.0%) required conversion to open surgery. One case (1.8%) involved a CBD injury, which was successfully repaired intraoperatively. No postoperative readmissions or re-interventions were recorded.

Conclusion

Laparoscopic cholecystectomy performed at DGH Hambantota demonstrates a high success rate with low conversion and complication rates. Acute cholecystitis was the leading indication. These findings are comparable to global standards and supports the safety and effectiveness of the procedure in this setting.

PP71 Evaluation of patient knowledge and postoperative pain outcomes among surgical patients at the District General Hospital, Horana, Sri Lanka.
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N Wanigasinghe

Introduction

This study aimed to determine patient knowledge and postoperative pain outcomes, addressing the limited research on pain management awareness among surgical patients in Sri Lanka.

Methodology

This descriptive cross-sectional study was conducted among 134 surgical patients (mean age 51.28 ± 13.96 years) using validated tools, including the American Pain Society Questionnaire, to evaluate knowledge and pain outcomes.

Results and Discussion

A total of 67.2% of participants recognised the application of pain scales, 56.7% understood the risk of drug addiction, 77.6% were aware that side effects of pain medications might be treated, and 94.8% recognised the efficiency of non-pharmacological pain relief approaches. 17.2% recognised the difference between acute and chronic pain. 56% of subjects were given general anaesthesia, whereas 44% received spinal anaesthesia. The average postoperative pain score was 3.34 ± 1.14 , and the average severe pain score was 5.87 ± 1.58 . There was no statistically significant difference in the lowest ($p = 0.188$) or highest ($p = 0.193$) pain scores between the two anaesthesia methods. Average pain scores during specific activities within 24 hours postoperatively were 3.75 ± 1.27 for falling asleep, 3.75 ± 1.20 for staying asleep, 3.65 ± 1.15 for activities out of bed, and 3.57 ± 1.15 for activities in bed. Moreover, 98.5% of patients reported using non-pharmacological methods for pain relief, with massage being the most commonly used technique.

Conclusion

The study determined moderate patient knowledge regarding postoperative pain management, extensive use of non-pharmacological treatments, and no significant differences in pain outcomes between anaesthesia methods.

PP72 A three-month audit of extensor tendon injuries in the upper limb: insights from an apex referral hospital

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Introduction

Extensor tendon injuries make a significant contribution to upper limb disability in trauma. We have explored the demographic patterns of patients with these injuries, which may contribute to the care of these patients.

Methodology

A retrospective analysis was conducted on patients who presented with hand extensor tendon injuries to the accident service of an apex referral hospital over the first 3 months of 2025 (n=73).

Results

The study cohort predominantly consisted of male patients (93%), with a mean age of 37.6 years. Injury to the dominant hand was reported in 40% of the patients. Occupational injuries were the most common cause of injury (33%), followed by accidental cut injuries (29%). Anatomically, Zone III was the most commonly affected (23%), followed by Zone V (15%). Thumb involvement was relatively uncommon, seen in only 14% of the patients. Multiple digits were affected in 34% of the cohort, and fractures were associated with 29% of the injuries.

Discussion

Extensor injuries predominantly affect the young, working-age male population. The study reflects the high-risk nature of manual labour and their exposure to hand trauma. In this cohort, over one-third of patients sustained injuries involving multiple fingers, and nearly one-third had associated fractures, which warrant further disability and complex reconstruction.

Conclusion

Our findings reflect the need for better occupational safety measures to prevent extensor tendon hand injuries.

PP73 Prevalence of young-onset colorectal cancer in the South Asian region: a systematic review and meta-analysis

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Introduction

Rise in the young-onset colorectal cancer (yCRC) has become a global issue. However, data from the South Asian region remains scarce and fragmented.

Methodology

MEDLINE, EMBASE, Scopus, Web of Science, ScienceDirect, and WHO Index Medicus were searched for peer-reviewed publications between January 1, 2000, and July 31, 2024, that reported prevalence data on adult (aged ≥ 18 years) yCRC in South Asian countries. Eligible studies included observational studies and epidemiological studies. A meta-analysis was performed using a random-effects model to calculate pooled prevalence estimates. Subgroup, sensitivity, and moderator analyses were performed, while the risk of bias was assessed using the Joanna Briggs Institute checklist. The PRISMA guidelines were applied.

Results

Out of 27 eligible studies (N=9388), 24 studies with 3003 yCRC were included. The most common age cutoff was <40 years. Pooled overall prevalence was 32.7% (95% CI: 27.6%–38.2%). Country-specific pooled prevalence was highest in India (38.2%), followed by Pakistan (31.1%) and Sri Lanka (21.3%). 42.5% were classified as colon cancers, while 35.2% were rectal, and the prevalence increased from 22.4% (pre-2000) to 37.7% (2010–2019). With moderator analysis, year of publication accounted for 16.38% of heterogeneity. No publication bias was detected (Egger's test $p = 0.8084$; funnel plot symmetric). Sensitivity analysis, excluding high-risk studies, did not significantly affect prevalence estimates.

Discussion and Conclusions

yCRC burden in South Asia is significantly high, compared to global rates. Substantial variation was observed across countries, tumour sites, and periods. The highest prevalence is from India, with a rising trend in the region.

PP74 Evaluation of microbiological patterns in chronic diabetic foot ulcer infections in patients presenting to a peripheral hospital in Sri Lanka

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Somanayake

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Diabetes Mellitus (DM) is a major non-communicable disease, with one in five adults in Sri Lanka having diabetes or pre-diabetes. DM affects multiple organ systems and leads to serious complications, including diabetic foot ulcers (DFUs). DFUs affect up to 25% of diabetic patients during their lifetime and lower extremity amputation in a diabetic patient is preceded by a foot ulcer in 85% of cases. Understanding the pathophysiology and microbiology of DFUs is important for effective treatment. A single-center cross-sectional study was conducted to assess the microbiological patterns of chronic DFU infections. Data were collected from diabetic patients presenting with an infected lower extremity wound lasting more than two weeks, undergoing wound debridement with cultures taken as indicated. Among 37 patients, 68.6% were male and 31.4% female, with a median age of 62.5 years. Positive cultures were found in 88.57% of cases. Of these, 48.39% were mono-microbial and 51.61% poly-microbial. Eight bacterial types were identified, with 78% being gram-negative and 22% gram-positive. The most common isolate was *Proteus* species (32%), followed by Coliform (20%) and *Klebsiella* (18%). Among gram-positive organisms, *Streptococcus* species was most frequent. At the time of sampling, 22.86% of patients were on antibiotics. The emerging predominance of gram-negative aerobes over gram positive bacteria in chronic diabetic foot ulcers shows the importance of moving towards antibiotics with broader gram-negative coverage for treatment. Larger scale and more comprehensive studies are needed to develop antibiotic policies for the evolving microbial patterns of the region.

PP75 Delivering peripheral angioplasty care in resource-limited setting: experience from Colombo North Teaching Hospital, Sri Lanka

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Introduction

Peripheral angioplasty is a critical endovascular option for managing patients with chronic limb threatening ischemia (CLTI). However, delivering this care in resource-limited setting poses significant challenges. This study describe the experience of Colombo North Teaching Hospital, Sri Lanka's in providing peripheral angioplasty under such constraints. The study evaluate the feasibility, clinical outcomes and challenges of delivering peripheral angioplasty in a resource-limited hospital.

Methodology

A retrospective case series analysis was conducted on patients undergoing peripheral angioplasty at Colombo North Teaching Hospital between November 2024 to May 2025. Data on patient demographics, disease burden, procedural success, clinical outcomes and complications were collected and analysed. Descriptive analysis was used to evaluate feasibility and effectiveness.

Results

Thirty patients underwent peripheral angioplasty during the study. About 60% had tibial disease who required limited number of sizeable angioplasty balloons. Majority of the procedures were performed using reused balloons and equipments. Procedural success was achieved in terms of target inline flow in 60% of cases. The Limb savage rate was 86% and a 30 day mortality was 10%. Challenges like limited equipment and staffing were addressed by modifying protocols and multidisciplinary teamwork.

Conclusion

Peripheral angioplasty can be effectively delivered in resource-limited settings with careful planning and adaptation. Despite infrastructural and logistical challenges, Colombo North Teaching Hospital was able to deliver safe and effective vascular interventions. This experience highlights the potential for similar institutions to provide quality endovascular care with limited resources.

PP77 Evaluation of safety of sutureless thyroidecomy in peripheral surgical unit in Sri Lanka

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Introduction

Thyroidectomy is one of common neck operation with curative intension for benign and malignant thyroid diseases. The safety and efficacy of suture less thyroidectomy have been confirmed by many studies. Further, it has major positive impact on post operative recovery and cost. This study performed to find out safety of suture less thyroidectomy in peripheral surgical centre.

Methodology

We have analysed outcome of suture less thyroid surgery retrospectively. Bipolar diathermy was used for all thyroid surgery.

Results

One hundred twenty suture less thyroidectomy were performed during 16 months period, which include 72 total thyroidectomies, 23 right and 17 left hemi thyroidectomies and 8 completion thyroidectomies. Study population age range between 27 and 72 years and comprises 14 male patients and 106 female patients. Drain was not inserted for all thyroidectomies. One hundred eighteen patient were discharged on first post operative day and three patients were stayed more than one post operative day. Post operative day 1 calcium level has done on all patients. Five patients (4.1%) developed hypocalcaemia which include one patient with hungry bone syndrome. One patient (0.8%) has developed reactionary bleeding. Two patients have developed transient recurrent nerve palsy. There were no surgical site infections.

Discussion and conclusions

Bipolar diathermy dissection is safe, effective, useful and time preserving alternative method to the traditional ligation technique for thyroidectomy. It is also important to reduce the cost of thyroid surgery.

PP80 Results of patients undergoing follow-up Lower Gastrointestinal Endoscopy (LGIE) following laparoscopic colorectal surgery - a retrospective analysis

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Introduction

Colorectal Cancer (CRC) is the third most common cancer worldwide and the second leading cause of cancer-related deaths worldwide. LGIE is vital in diagnosis and follow up after surgery.

Methodology

This is a retrospective observational study. Data from 141 follow-up lower gastrointestinal endoscopies of 97 consecutive patients who had undergone lower gastrointestinal endoscopies at both state and private healthcare settings during 10 years were analyzed.

Results

Out of the 141 follow-up Lower Gastrointestinal Endoscopies, 80.8% (n=114) were Colonoscopies whilst the remainder were Flexible Sigmoidoscopies. The average follow-up period of the cohort was 24 months (Range:1-20). Majority of the cases were Laparoscopic Anterior Resections (64.94%, n=63) followed by Laparoscopic Sigmoid Colectomies (12.37%, n=12). Overall Polyp Detection Rate was 16.31% (n=92). 32% of detected polyps were found in Sigmoid Colon followed by the Transverse Colon (28%). Most of the Polyps detected were singular in number (76%) and 8% were detected near the Anastomotic Site. Average detection period of Polyps was at 26 months post-operatively (Range:1-92). Strictures were detected in 8.51% (n=12). Leaks and bleeding have not been observed. Diverticulosis was noted in 4.25% (n=6), the majority of which were located in the Ascending Colon. Diversion Colitis was detected in 2.83% (n=4). Malignant lesions/Recurrences were found in 2.12% (n=3) all of which were following Laparoscopic Anterior Resection Surgeries.

Discussion and Conclusion

Colonoscopies represent an instrumental mode of follow-up in the patients who have undergone minimal access colorectal surgeries in the detection of complications, polyps, recurrences and other gastrointestinal conditions.

PP81 Clinical outcomes and safety of parathyroidectomy: a retrospective analysis

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Introduction

Parathyroidectomy is the treatment for parathyroid tumours, and primary hyperparathyroidism. This study evaluates the clinical outcomes, safety, and effectiveness of parathyroidectomy in patients with primary hyperparathyroidism

Methodology

Retrospective analysis of the data of all the parathyroidectomy surgeries carried out by a single surgeon of from March 2014 to March 2025 in both state and private tertiary settings was performed. Descriptive statistics was used to present socio-demographic patterns and surgical details and analyzed using SPSS version 26.

Results

Thirty five parathyroidectomies had been performed. Male: female ratio was 1:1.69. The mean age at diagnosis was 49.43 ± 17.01 years (range:15-79 years). Majority of the cases were performed on the left inferior gland (42.8%, n=15), followed by right inferior gland (20.0%, n=7). Minimally invasive parathyroidectomy was possible in 35.3% and the rest was done using a color incision. Blood loss was minimal in all cases (<50ml). Average post-operative stay of patients was 2 days. Benign Parathyroid Adenoma was the histological finding in all the cases. Intra-operative PTH level was checked in 28.57% of cases to confirm the adequacy of excision The mean ionized calcium level on post-operative day 01 was 4.14 ± 2.35 mmol/L, compared to 3.16 ± 2.06 mmol/L on post-operative day 02. A paired t-test showed that this difference was not statistically significant ($t(8) = 1.53, p = 0.164$).

Discussion and Conclusions

Parathyroidectomy is safe with minimal complications, short hospital stay in this cohort. Benign adenoma was the commonest finding; calcium levels improved postoperatively without statistical significance.

PP82 Pre-operative stoma siting and its role in reducing healthcare burden

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Introduction

Stoma creation is frequently required in colorectal surgeries, both elective and emergency set ups. Although lifesaving, stomas are associated with complications that may significantly affect the patient's quality of life. Pre-operative stoma siting by trained personnel is a critical step to reduce these complications, yet its implementation remains suboptimal in resource-limited settings like Sri Lanka. This study aims to assess the impact of pre-operative stoma siting on post-operative outcomes.

Methodology

A retrospective descriptive study was conducted over a 05-year period. Data on surgical context, pre-operative stoma counselling and siting, and post-operative complications—especially occurrence of parastomal hernia—were collected and analyzed.

Results

A total of 137 patients were included, comprising 85.4% (n=117) permanent and 14.6% (n=20) temporary stomas. 27% (n=37) stomas were created during emergency surgeries, and 73%(n=100) during elective procedures. Of the elective group, only 28%(n=28) patients underwent pre-operative stoma siting. Among those without proper siting(n=109), 24 developed parastomal hernias, compared to only one in the properly sited group.

Conclusions

Pre-operative stoma siting significantly reduces the incidence of complications such as parastomal hernias. Despite its importance, this practice is inadequately implemented in our setting. Establishing standardized protocols and improving access to stoma care teams could enhance patient outcomes and reduce the long-term healthcare burden.

PP83 The patterns of spinal injuries presenting to the only neurosurgical center in a province – the experience of a single neurosurgeon

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Introduction

Spinal injuries are much common among low-middle income countries like Sri Lanka. Twenty percent of major spinal injuries will have a second injury at another level. The objective of our study is to describe the unique patterns of spinal injuries with correlation to mechanism and occupation of patients.

Methodology

A retrospective analysis was done on patients admitted with spinal injuries between October 2024 and May 2025. Patterns of spinal injuries were categorized according to the site, and mechanisms of injury, circumstances and CT/MRI diagnosis in each case were identified separately. Correlations of these factors to the patterns of injury were analysed statistically.

Results

Patients included 78. Male: female ratio was 34:5. Median age was 56 years. (Range 17 – 80). Majority (59) had cervical spine injuries (75%) with unique site being C3 – C6 level. Remaining 19 patients (25%) had thoraco-lumbar injuries with the commoner site being T12 – L2 level. Fall was the main mechanism (75%), out of which 57.6 % were ground level falls and the remainder were falls from height. Eleven patients (14%) suffered falls while at work. Road traffic crashes (RTC) comprises 19.2% and only four patients sustained assaults. More than half (64%) had background degenerative spine disease in cervical spine injury group.

Conclusion

The most unique pattern was mid cervical spine injury and significant correlation was found with falls.

PP84 Efficacy of Intraoperative Cholangiogram (IOC) as an alternative for imaging studies for detection of common bile duct stones: experience from a single surgeon in Sri Lanka.

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Introduction

Common bile duct (CBD) stones can cause life-threatening complications if left undetected. This study evaluates the experience of a gastroenterological surgeon in Sri Lanka on the utilization of preoperative ultrasonography (US) and IOC during laparoscopic cholecystectomy (LC) to detect CBD stones for over 7-year duration.

Methodology

This retrospective study analyzed 25 patients who underwent LC with IOC for gallstone disease from 2019 to 2025. The study reviewed epidemiological data and investigation findings. IOC identified CBD stones and positive cases underwent ERCP. Sensitivity was assessed, and detection rates were compared using McNemars test.

Results

The majority of participants were female, 76% (n=19), with a mean age of 40.40 years (19-66). Among them, 76% (n=19) experienced biliary colic, 16% (n=4) gallstone pancreatitis, and 8% (n=2) acute cholecystitis. Preoperative US showed that 8% (n=2) had a dilated CBD, but only 1 case demonstrated an actual CBD stone by IOC. IOC revealed 28% (n=7) had CBD stones, and in 1 case (14.29%), the stone was flushed during the IOC. In the other 6 cases (85.71%), postoperative ERCP confirmed the presence of stone/s in all 6 cases. IOC had 100% sensitivity in detecting CBD stones, while US showed 14.29%. However, the difference in detection rates between US and IOC was not statistically significant (p=0.058).

Conclusion

Due to its limited sensitivity, US alone is not reliable for detecting CBD stones. While the difference in detection rates between US and IOC may not be statistically significant, IOC remains the superior modality with perfect sensitivity.

PP86 Assessment of awareness of diabetic foot care among diabetic patients in a tertiary care hospital in Sri Lanka

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Introduction

Diabetic foot disease includes a range of complications such as neuropathy, peripheral arterial disease, and infections, all of which are associated with chronic hyperglycemia. If left unrecognized or poorly managed, these conditions can lead to ulcers, gangrene, and eventual limb amputation, significantly reducing quality of life and increasing healthcare burdens.

Methodology

A cross-sectional descriptive study was conducted among 138 diabetic patients attending a tertiary care hospital in Sri Lanka. Data were collected using an interviewer-administered questionnaire assessing knowledge, practices, and prior education regarding diabetic foot care.

Results

Of the participants, 52.2% were male and 47.8% female. Awareness of complications included: neuropathy (70.1%), ulcers (76.4%), gangrene (41.7%), amputations (79.5%), toe deformities (43.3%), infections (63%), and corns/calluses (40.9%). Only 24.6% had received formal education on diabetic foot care. Healthy practices were suboptimal: 65.9% washed feet daily, 18.1% used moisturizers, and 23.2% practiced proper footwear use. Arterial duplex scans had been performed in 17.4% of patients, with 7.2% undergoing vascular interventions. Notably, 87.7% expressed interest in attending a diabetic foot care workshop.

Discussion and Conclusion

The findings indicate moderate awareness of diabetic foot complications but poor adherence to preventive practices. Structured education programs are essential to bridge knowledge gaps, promote healthy foot care habits, and reduce the incidence and burden of diabetic foot complications on both individuals and the healthcare system.

PP87 Histological variations of post operative specimen of appendix in background of conservative management of acute appendicitis

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Introduction

Conservative management of acute appendicitis is becoming popular. This is an attempt to reduce surgery for resolving appendicitis treating with antibiotic . We analysed appendectomy specimens of patients who failed during conservative management.

Methodology

We have collected histological data of random post operative appendectomy specimens analysed by 2 pathologists analysis since August 2021 to May 2025. We managed all the admitted patients with suspected appendicitis using conservative. Decision to perform appendectomy was made on Alvarado score, Ultrasound(US) scan finding, clinical picture of patients with SIRS(Systemic Inflammatory Response Syndrome) score. Conservative therapy was abandoned with deteriorating or no improvement within 24 hours.

Results

We have collected data of 74 patients. There were 52(70%) male and 22(30%) females. 12(16%) of the cases showed no inflammation. One case showed malignant metastatic deposits. -08(11%) cases were ruptured appendix with distorted anatomy and one mass formation. Average length of excised appendix was 6.0 cm with range 3.0-13.0 cm. 11of 12 non inflamed appendix showed sub mucosal lymphoid hyperplasia and one showed oesinophilic appendicitis. 04(05%) case showed faecoliths. All the patients recovered and discharged both operated and non operated groups without any morbidity.

Discussion/Conclusion

12(16%) cases showed non inflamed appendix which showed sub mucosal lymphoid hyperplasia or eosinophilic appendicitis. However these patients showed clinical features of acute appendicitis. We recommend for more specific pre operative diagnostic investigations beyond US scan to detect sub mucosal lymphoid hyperplasia and eosinophilic appendicitis without inflammation, to abolish operating for non inflamed appendix.

PP88 Comparative study of minimally invasive technique for abdominal cancer pain management
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Introduction

Abdominal cancer mainly Hepatobiliary and pancreatic malignancies are very frequently associated with intractable cancer pain in their advance stage of diseases where oral analgesic effect become less and may require higher doses that leads to toxic side effect.

Methodology

Study period 2022-2024 that includes image guided technique for pain management in the pancreatic and hepatobiliary cancer. Patient were randomly divided in group A- 25 patients, received celiac plexus block with 30 ml of 100% alcohol in both side of plexus under fluoroscopic control. In group B- 25 received celiac plexus neurolysis with 30 ml of 100% alcohol under ultrasound guided then we compared the pain relief by VAS score , consumption of opioids ,any side effect and quality of life.

Results

Both groups were showed the greater pain relief in long time but fluoroscopy guided VAS score was 6 at one month,7 at two month 7 at and three month with decrease dose of analgesia comparably with USG guided technique showed longer duration of pain relief with VAS Score 5 at one month,6 at two month and 5 at 3 month and less consumption of opioids ,less side effect with good quality of life .

Discussion /Conclusion

In our experience both groups are equally good for abdominal cancer pain management but in advance stages USG guided technique is not preferable due to distorted abdominal structured.

PP89 An audit on management of acute appendicitis in district general hospital in Sri Lanka
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DGH Matara

Introduction

Acute Appendicitis (AA) is the most common GI surgical condition encountered in Surgical casualty. This audit assesses AA from the diagnosis to its final outcome including the complications at the peripheral hospital level in Sri Lanka.

Methodology

All the patients who under went Emergency appendicectomy over 6 months (October 2024 to March 2025 at a District General Hospital (DGH) 3 Units were included. Patient demographics, clinical features, imaging details, operative findings, Histopathology and surgical outcomes were evaluated.

Results

155 patients (Median age 26; Range 5-65; Males 51.7%) underwent emergency appendicectomy. Alverado score of > 7 was recorded 71.6% (n= 111) patients. All the cases were done as open surgeries 98.7%(n=153) Patients had symptoms for more than 24 hours. 100% patients underwent USS Abdomen Only in 29.0 % (n= 45) patients acute appendicitis confirmed by US Scan. 22.6% had suggestive features while in majority (48.3%) appendix couldn't be visualized. 9.1%(n=14) had a perforated appendix. Average surgery duration is 25min. (Range 15 min-1 hour). Negative appendicectomy rate was 6.4% (n=10) Histopathological assessment of the surgical specimen confirmed negative for appendicitis in further 1.29% (n=2) patients. The complication rate was 37.9 % (n=56) Clavien-Dindo - grade I –49, grade II –4, grade IIIa – 2). The median hospital stay is 2 days (Range 1- 7 days)

Discussion and Conclusions

100% ultrasonography usage with limited value, a fairly high rate of superficial incisional surgical site infection, no use of laparoscopic approach in management of AA at peripheral hospital level in Sri Lanka. A multi Centre audit will help in better identification of management strategies and their surgical outcomes which could be different before developing a national Guideline for AA.

PP90 Laparoscopic e-TEP Rives Stoppa ± TAR for ventral hernia: initial experience & technical pitfalls

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Introduction

Ventral hernias specially incisional & recurrent incisional hernias are difficult to treat. Evidence seems to suggest that retromuscular mesh hernioplasty that is Rives Stoppa repair has got more advantages over other procedures. We report here 59 cases of ventral hernias which were dealt by enhanced view totally extraperitoneal Rives Stoppa ± TAR technique with technical pitfalls in 3 cases.

Methodology

Laparoscopic e-TEP Rives Stoppa ± TAR done in 59 patients February 2021 to December 2023. Among 59 patients 21 were infraumbilical incisional hernia, 13 were recurrent incisional hernia, 17 were paraumbilical hernia & 8 were umbilical hernia. All the patients were female. e-TEP Rives Stoppa done in 29 patient, e-TEP & RT. sided TAR-15, e-TEP & LT. sided TAR-8, E-TEP & Bilateral TAR in 7 patients. Average defect size was 4 cm in e-TEP & 8 cm in e-TAP TAR. Average time was 2hrs in e-TEP, 3 hrs in e-TEP with unilateral TAR & 3 & ½ hrs in e-TEP with bilateral TAR. Pitfalls: Accidental entry in to peritoneal cavity during midline crossover observed in one case & managed by going further up & making a fresh midline crossover. In another case during optical trocar entry accidental entry in the subcutaneous space instead of retrorectus space & subsequently SCOLA done. SEA injury occurred in one case & managed by diathermy coagulation.

Results

No intraoperative complication was observed. Postoperative period was uneventful. Patients discharged on fourth POD. Mild post operative pain observed in few cases & managed by regular dressing. Mesh infection found in 1 case & could salvage the mesh by regular dressing & partial mesh excision. No recurrence found till now.

Conclusion

Laparoscopic e-TEP Rives Stoppa ± TAR probably one of the best solution in ventral hernia repair with the following benefits: 1. pain is very less than other procedure 2. no foreign body in the peritoneal cavity 4. cost is less because of using regular mesh & avoiding tacker. 5. recurrence rate is less.

PP91 Pre-operative anxiety and coping strategies in adults awaiting elective surgery – a cross-sectional study in a surgical unit of a tertiary care center

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Introduction

Preoperative anxiety is a common and often distressing experience among patients undergoing surgery. It can influence perioperative outcomes and recovery. Understanding the prevalence of anxiety and the coping strategies employed by patients is essential for developing effective psychological and perioperative support.

Methodology

A descriptive cross-sectional study was conducted among 133 adult patients awaiting elective surgical procedures at a tertiary care center. The sample comprised 70 females and 63 males; 73 were scheduled for surgery under general anesthesia (GA) and 60 under spinal anesthesia. The Amsterdam Preoperative Anxiety and Information Scale (APAIS) was used to assess anxiety levels, with a combined score (Sum C) ≥ 11 indicating significant anxiety. Coping mechanisms were categorized as either problem-focused or emotion-focused.

Results

The mean anxiety score was 8.63. Significant preoperative anxiety was observed in 30% of females and 28.6% of males. Anxiety prevalence among those undergoing general anesthesia was 31.5%, while it was 26.7% among those receiving spinal anesthesia. Married individuals (29.8%) and patients with children (30.6%) reported higher anxiety than their unmarried (26.3%) and childless (24%) counterparts, respectively. Those with comorbid conditions showed a similar prevalence (29.7%) compared to those without (28.9%). Employed individuals had slightly higher anxiety (30.3%) than the unemployed (28.4%). Regarding coping strategies, 45.3% of patients sought online information (problem-focused), while emotion-focused methods included distraction and positive thinking (65.5%), and use of anxiolytics (51.1%).

Discussion and Conclusions

This study reveals a substantial prevalence of preoperative anxiety among adult surgical patients and illustrates a range of coping strategies employed. The findings emphasize the need for personalized preoperative counseling and support interventions to address anxiety and improve patient experiences and outcomes during the surgical process.

PP92 Complex fistula management: interval tightening of rubber seton and regular wound dressing ensure better outcome.

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Background

Anorectal abscess and fistula in ano commonly encountered in a Colorectal surgery clinic. Complex fistula are described by ACRS as high transsphincteric, anterior located fistula female and multiple tract. In this case series, we aimed to present the treatment strategies and outcomes of 50 patients with complex fistula-in-ano, highlighting the importance of proper anatomical delineation, internal opening identification, and preservation of sphincter function. Objectives- The presented prospective study underscores the effectiveness of interval tightening of a rubber seton in combination with regular wound dressing for the management of complex anal fistulas.

Methodology

This prospective study was conducted at Surgery Department of Tertiary level hospital from January 2024 to December 2024. The patients were admitted with complex fistula included in this study. This prospective study was included 50 patients with complex fistula those needed loose or cutting seton depending on their fistula conditions were follow up at subsequent 2 weeks, 1 months, 2 months and 3 months periods to study the outcome of rubber seton implementation.

Results

Wound healing and recurrence are crucial outcomes to evaluate in complex fistula management. In our study, the overall wound healing rate was excellent, with 92% of cases showing good wound healing at the three-months follow-up. However, three cases (8%) experienced delayed wound healing and recurrence, requiring further surgery after proper evaluations and adequate time intervals.

Conclusion

The use of rubber setons with interval tightening, along with regular wound dressing and patient education on continence maintenance, proved to be effective strategies in our series.

PP93 Colorectal cancer-related financial toxicity in Sri Lanka: insights from a lower middle-income country

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Introduction

Financial toxicity (FT) refers to the financial burden imposed by a cancer diagnosis on patients, families, and society. This study examines FT in Sri Lanka, where healthcare is predominantly public and non-fee based.

Methodology

A cross-sectional study of 200 randomly selected colorectal cancer patients at the National Cancer Institute Sri Lanka (NCISL) was conducted, with participants interviewed 6–24 months post-diagnosis.

Results

The mean age was 61.6 years (SD 12), and 58% were male. Over half (56.5%, n=113) had stage 3 or higher cancer. FT was highly prevalent (85%), driven by travel (77.5%), supportive medications (73.5%), out-of-hospital investigations (73%), and active treatment (65%). Private consultations were sought by 28% (n=56), primarily to consult a preferred oncologist or obtain additional treatment information (43% each). Compromises in food (47%) and education (26%) were common, with 37% resorting to private loans, 46% losing properties, and 27% losing work. FT was significantly higher in chemotherapy patients (P = 0.03). Financial aid was available to 72.5% (n=145), primarily from family and relatives (86%).

Discussion and Conclusions

FT is substantial among colorectal cancer patients in Sri Lanka, with many compromising basic needs despite access to public healthcare. A significant proportion (28%) seek private care, highlighting gaps in public services. Addressing FT requires targeted financial support and improved access to comprehensive cancer care.

PP95 Occurrence and outcome of elephant-cracker related blast injuries: a retrospective descriptive study at teaching hospital Batticaloa

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Noushad

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Background

Elephant crackers (Ali Wedi) and improvised explosive devices (IEDs) are frequently used in rural Sri Lanka to deter elephants in areas affected by human-elephant conflict. However, these devices are often mishandled, leading to accidental explosions and severe injuries. Despite the frequency of such incidents, there is limited local data on their health impacts.

Methodology

This retrospective descriptive study analyzed 21 consecutive patients who sustained blast injuries due to elephant crackers or IEDs and presented to Teaching Hospital Batticaloa over a three-year period (29 March 2022 to 27 March 2025). Data were collected from hospital records and included demographic information, type of explosive used, injury characteristics, surgical interventions, anesthesia type, antibiotic use, and length of hospital stay. Descriptive statistics were applied for analysis.

Results

All patients were male, with a mean age of 37.05 ± 12.82 years, and 85.7% were under 50 years. Most injuries (71.4%) occurred at night, and 85.7% were caused by elephant crackers. The hands were the most affected area (81.2%), frequently resulting in partial or complete finger amputations. Major plastic surgical procedures were required in 62.5% of cases. Additional surgical specialties involved included ENT, oral and maxillofacial, gastrointestinal, and orthopedic surgery. General anesthesia was used in 75% of cases, and 93.75% of patients received intravenous antibiotics, typically for six days. The average hospital stay was 6.6 days. No deaths or ocular injuries were reported.

Conclusions

Blast injuries from elephant crackers and IEDs represent a preventable health hazard in conflict-prone areas. Community education, safer deterrent methods, and policy reforms are essential to mitigate these.

PP96 Visceral artery aneurysms in pancreatitis and post-ERCP duodenal perforation: a one-year case series

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Introduction

Visceral artery aneurysms (VAAs) are rare but life-threatening complications of pancreatitis and Post ERCP duodenal perforation. Prompt recognition and timely intervention are critical to reduce morbidity and mortality.

Methodology

We retrospectively analyzed four patients diagnosed with VAAs over a one-year period (November 2023–November 2024) at a tertiary surgical unit. Cases included aneurysms associated with acute or chronic pancreatitis, and one case following ERCP. Clinical presentation, imaging findings, interventions, and outcomes were reviewed

Results

Among four patients (ages 28–38 years, three males), three developed VAAs in the context of acute or chronic pancreatitis, and one following ERCP. One patient had a splenic artery pseudoaneurysm within a necrotic collection from necrotizing pancreatitis, successfully treated with coil embolization. Two patients with gastroduodenal artery aneurysms presented with hemosuccus pancreaticus and were managed with early interventional radiology. A female patient developed a pancreaticoduodenal artery aneurysm rupture following ERCP-induced duodenal perforation, requiring emergency surgery. All patients survived, though one had a prolonged ICU stay with postoperative complications.

Discussion and Conclusion

VAAs, though infrequent, must be considered in patients with pancreatitis or post-ERCP complications presenting with unexplained gastrointestinal bleeding or hemodynamic instability. CT angiography is essential for diagnosis. Minimally invasive embolization is the mainstay of treatment, while surgery is reserved for hemodynamically unstable cases. A multidisciplinary approach and early vascular imaging are vital for optimal outcome.

PP97 Predictors and patterns of complications following pediatric gastrostomy: a retrospective cross-sectional analysis

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introduction

Gastrostomy-related complications are common in pediatric patients and can impact clinical outcomes. This study aimed to analyze complication patterns and identify predictors to support improved management strategies.

Methodology

A retrospective cross-sectional study was conducted at a tertiary pediatric care center from May 2023 to May 2024. Data from patients who underwent gastrostomy were analyzed using SPSS v27.

Results

A total of 105 patients (mean age 6.7 ± 4.39 years; 49.5% female) were included. Cerebral palsy (41.9%) and global developmental delay (20.0%) were the most common diagnoses. PEG was the most frequent procedure (54.3%), and 78.1% had a permanent ostomy. Nutritional support was the main indication (96.2%). Early complications included skin excoriation and granulation tissue; late complications involved tube leakage, dislodgement, and blockage. No cases of peritonitis or tube migration were reported. Multinomial logistic regression analysis revealed that birth weight ($p = 0.007$), age at surgery ($p = 0.037$), diagnosis ($p = 0.044$), tube type ($p = 0.004$), and tube size ($p < 0.001$) were significant predictors of complication type. The odds of developing complications increased with lower birth weight and older age at surgery. Gender, gastrostomy type, and duration were not significant. The final model was significant ($\chi^2 = 90.431$, $df = 40$, $p < 0.001$; Nagelkerke $R^2 = 0.666$). Kaplan-Meier analysis showed that the median time to first complication was 1–2 months post-procedure, with the highest risk in the early postoperative period.

Conclusion

Complications after pediatric gastrostomy are frequent and largely occur in the early postoperative period. Identifying key predictors enables risk stratification and informs individualized, proactive care. Further research into targeted preventive strategies is warranted to optimize outcomes.

PP98 The presence of pre-existing degenerative cervical spine disease vs neurological deficits following traumatic cervical spine injuries – Is there an association?

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Introduction

Degenerative cervical spine disease is one of the commonest presentation to a Neurosurgeon, being second only to corresponding lumbar spine disease. The objective of our study is to find any association between background degenerative cervical spine disease and the presence of neurological deficits following cervical spine injuries.

Methodology

A retrospective analysis was done on patients admitted with cervical spine injuries between October 2024 and May 2025. Patients were categorized according to the presence of pre-existing degenerative cervical spine disease and neurological deficits following traumatic cervical spinal injuries. The association of these two were analysed statistically. P value of less than 0.05 was considered as statistically significant.

Results

Patients included 59. Male: female ratio was 50:9. Median age was 56 years. (Range 17 – 80). Thirty eight patients had background degenerative spinal disease (65%) and most (43) had neurological deficits following trauma. Thirty three had both degenerative changes and neurological deficits following trauma (56%) whereas only five had degenerative changes without neurological deficits (5%). The presence of neurology without degenerative changes in cervical spine was noted in ten patients (17%). Both background degenerative changes and neurological deficits were absent in eleven patients (18.6%).

Conclusion

The significant association was found between pre-existing degenerative cervical spinal disease and the presence of neurological deficits following traumatic spinal injuries. ($P = 0.002$)

PP100 Descriptive study of hand injuries at Teaching Hospital, Anuradhapura
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Introduction

Hand injuries are a very common presentation in the region of Anuradhapura, largely due to the areas reliance on agricultural and industrial occupations. These injuries can lead to significant functional limitations and socio-economic impact. However, structured data describing injury patterns, anatomical involvement, and management strategies in rural, resource-constrained settings remain limited. This study aims to provide a descriptive overview of fracture and tendon injuries to support clinical training, improve outcomes, and inform future public health strategies.

Methodology

A descriptive observational study was conducted over a three-month period at Teaching Hospital, Anuradhapura. Data were obtained from two prospectively maintained registries: one capturing hand fracture cases and another recording tendon and nerve injuries. Parameters analyzed included age, number of fingers involved, anatomical region of injury, nerve involvement, mechanism of injury, and treatment modality.

Results

Among all injuries analyzed: 43.3% were fractures, while 56.7% were tendon-related injuries. The median age of patients was 36.5 years. Closed fractures accounted for 65.4%, and open fractures made up 34.6%. The most affected anatomical regions were the metacarpal (MC) and proximal phalanx (PP), each contributing 34.6% of fractures. The index finger (IF) was the most frequently injured digit. 15.4% of fracture cases involved multiple fingers. K-wire fixation was the most common method of managing open fractures, followed by ORIF. 40% of fractures were due to road traffic accidents, and 55% of all injuries were related to crush injuries caused by agricultural machinery. In the tendon injury group: the most commonly injured tendon was the Flexor Carpi Ulnaris (FCU), representing 42.9% of clearly documented tendon injuries. FDP (Flexor Digitorum Profundus) injuries were most frequently associated with the Ring Finger (RF) at 35.7%, followed by equal distribution among the Index (IF), Middle (MF), and Little (LF) fingers (each at 21.4%). The median nerve (MN) was the most frequently affected nerve. 21.6% of tendon injury cases involved the nail bed region (NBR).

Discussion

The study highlights key injury trends in a rural Sri Lankan setting, where hand trauma is predominantly related to occupational hazards such as agricultural machinery and road traffic incidents. The prevalence of closed metacarpal and proximal phalanx fractures, and the high rate of index finger involvement, reflect typical mechanisms of impact in manual labor. In tendon injuries, the Flexor Carpi Ulnaris (FCU) was notably the most affected, underscoring its vulnerability in gripping and repetitive force tasks. The high proportion of FDP injuries involving the ring finger is also noteworthy.

Conclusion

This study provides critical baseline data on hand injury patterns in Anuradhapura, Sri Lanka. With agricultural machinery and road traffic accidents identified as leading causes of injury, targeted occupational safety measures and public health interventions are needed. Strengthening structured documentation and refining clinical management protocols will further enhance patient outcomes and surgical training in similar settings.

PP101 Comparison of scoring systems of appendicitis with respect to diagnosis of patients – a prospective observational study

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Introduction

Acute appendicitis is a common surgical emergency all the world. There are various scoring systems available to aid in the diagnosis of appendicitis encompassing clinical, biochemical and occasionally radiological parameters each having its own sensitivities, specificities and predictive values. Early and accurate diagnosis of acute appendicitis is required to avoid negative laparotomies.

Aim

To compare the 9 different scoring systems of acute appendicitis with respect to its specificities, sensitivities, predictive values and its diagnostic accuracies with either histopathologically proven acute appendicitis in operated cases or CT grading in non-operative cases. The scoring system used were Alvadro score, RIPASA, Appendicitis inflammatory response score, Tzanakis score, Ohmann score, Eskelinen score, Karaman score, Lintula score, Fenyo-Lindberg score and CT severity score. Minimum sample size calculated was 68.

Inclusive criteria

Patient with clinical diagnosis of acute appendicitis >18 years were included which was confirmed by histopathological examination in operated cases or CT grading in non-operative cases.

Exclusion criteria

Patients with acute appendicitis with age <18 years or with pregnancy were excluded from the study. This prospective, single blinded observational study was conducted from July 2021 to June 2023 at Department of General Surgery at AIIMS Bhubaneswar, Odisha, India.

Result and Conclusion

111 patients were included in the study and were analyzed statistically. RIPASA score had a better sensitivity, specificity and positive predictive value amongst the 9 different scoring system, Fenyo- Lindberg score had the highest correlation with both intraoperative grading and CT grading, indicating a strong positive relationship which aligns well with assessments made with intraoperative evaluation and CT scans.

PP102 To Determine the proportion of early cholecystectomies in patients of acute calculus cholecystitis at a tertiary care center: an observational study

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Introduction

Acute calculous cholecystitis is a common surgical emergency with variable surgical timing practices across institutions. Early cholecystectomy within 7 days of symptom onset is recommended in recent literature for reducing morbidity, yet delayed or interval cholecystectomy remains a frequent practice in India. This study evaluates the prevalence of early cholecystectomy and associated outcomes in patients admitted with acute calculous cholecystitis at a tertiary care center.

Objective

To determine the proportion of patients undergoing early cholecystectomy (≤ 7 days from symptom onset) and evaluate associated clinical profiles, surgical parameters, and complications.

Methodology

A prospective observational study conducted at AIIMS Jodhpur from July 2023 to December 2024. All adult patients diagnosed with acute calculous cholecystitis were enrolled. Demographic, clinical, surgical, and outcome data were collected. Tokyo classification and Nassar operative difficulty grading were applied. Data analysis was performed using SPSS v25 with descriptive statistics and inferential tests (Chi-square, t-test) applied at $p < 0.05$ significance.

Results

Among 63 patients, 34 (54.0%) underwent early cholecystectomy, while 29 (46.0%) had interval surgeries. The majority were female (58.7%) with age group 46–60 years being most common. Pain (95.2%) and nausea (81.0%) were frequent symptoms. Tokyo classification showed 55.6% with mild and 44.4% with moderate disease. Laparoscopic surgery was performed in 88.9% cases, with 9.5% conversion to open. Mean hospital stay was 6.4 days. Postoperative complications were rare (6.3%) and no mortality was observed.

Conclusion

Over half of the patients underwent early cholecystectomy with favorable outcomes. This supports the feasibility and safety of early surgical intervention in acute calculous cholecystitis and highlights the need for institutional guidelines to reduce delays.

PP103 Histopathological predictors of surgical approach and nodal involvement in breast cancer: a retrospective cohort analysis

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Background

Lymph node (LN) involvement is a key prognostic factor in breast cancer, influencing treatment decisions and outcomes. Identifying clinical and pathological predictors of LN metastasis can aid in better risk stratification and personalized management.

Method

This retrospective cohort analysis included 304 breast cancer patients diagnosed between 2010 and 2024 at a tertiary care center in the Southern Province. Data were collected from histopathology reports, including IHC markers (ER, PR, HER2), Nottingham grade, tubule formation nuclear

pleomorphism, mitotic activity, tumor size and extent, lymphovascular invasion, tumor-infiltrating lymphocytes, presence of in situ components, and number of lymph node dissected and number positive for metastasis.

Results

Lymph node metastasis was detected in 96 (31.6%) patients with breast cancers. Mean age of the patients were 59.99 ± 12.68 years. Most common tumor type was invasive ductal carcinoma (85.5%) and Nottingham tumor grades were distributed as follows: Grade 1: 35.9%, grade 2: 49.3%, grade 3: 14.8%. By binary logistic regression, independent predictive factors of LN involvement were, age (OR=1.036; 95% CI: 1.013-1.060; $p=0.002$), Nottingham grade of tumor (OR=1.511; 95% CI: 1.018-2.242; $p=0.041$), tumor size (OR=1.516; 95% CI: 1.039-1.287; $p=0.008$).

Conclusion

Age, tumor size, and Nottingham grade were independent predictors of lymph node metastasis in breast cancer. Older age, larger tumor size, and higher Nottingham grade were significantly associated with increased risk of lymph node metastasis in breast cancer patients.

PP104 Negative appendicectomy rate in a tertiary care hospital in Sri Lanka, a clinical audit Sathika gunarathna, Nishantha Mendis, Madivilage General surgery unit, NHSL, Colombo

Introduction

Appendicitis is one of the commonest causes of emergency surgery worldwide. In a low- and middle-income countries mortality rates can be significantly higher. This audit aims at finding the Negative Appendicectomy Rate (NAR) in a tertiary care hospital in Sri Lanka.

Methodology

All patients who were surgically managed for acute appendicitis between January 2025 and May 2025 at General Surgical Unit in Tertiary Care Hospital were included. NAR is calculated using the patients who undergo surgical removal of the appendix with normal appendix on histology.

Results

There were 43 Acute Appendicitis patients included in the study with the Mean age of 28 years. Male to female ratio is 1.04:1. The NAR was 20.93% with female predominance where female NAR is 33.3% while male NAR is 9.09%.

Discussion

An audit done at a local hospital reported a NAR of 10.2% which is lower than our study. However, literature shows mixed data with higher NARs in some European countries (In UK, 21.2%). Our results are consistent with global trend of females exhibiting higher NARs where often attributed to gynaecological conditions.

Conclusion

NAR in this study is within the acceptable range found in the literature which need further improvement in clinical diagnosis. Therefore, local studies are needed with larger sample size and to determine the use of Biochemical and Radiological imaging to reduce the NAR.

PP105 Surgical approach to sigmoid esophagus in end-stage

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Introduction

Achalasia cardia is a rare motility disorder characterised by failure of the lower oesophageal sphincter to relax and absent oesophageal peristalsis. Advanced cases can lead to a "sigmoid oesophagus," a severely dilated, tortuous oesophagus that poses significant surgical challenges. This case illustrates the complexities of managing end-stage achalasia with a sigmoid oesophagus and the need for tailored approaches.

Case Description

A 28-year-old female with no comorbidities presented with post-prandial retrosternal pain and worsening dysphagia (solids more than liquids) over 10 years, accompanied by weight loss and weakness. Dietary modifications were initially effective, but severe dysphagia developed in the last month, prompting diagnostic work. Chest X-ray and HRCT revealed a dilated oesophagus filled with retained food. Upper GI endoscopy and oesophageal manometry confirmed achalasia cardia. Despite severe oesophageal deformity, a weakly functional oesophagus, and poor nutritional status, laparoscopic Heller's myotomy with Dor's fundoplication was chosen over oesophagectomy after thorough preoperative assessment. The postoperative course was uneventful, with gradual dietary progression and discharge on POD-5. At 3-month follow-up, the patient reports normal

eating with mild residual dilation on CXR.

Conclusion

This case underscores the gradual presentation of achalasia, the importance of comprehensive diagnostic evaluation, and the need for individualised surgical planning.

Laparoscopic Heller's myotomy effectively addressed the patient's needs, though residual oesophageal dilation highlights the importance of clinical outcomes over radiological findings.

PP106 A Rare Case of adult-onset Hirschsprung disease presenting as sigmoid volvulus

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Hirschsprung disease (HD) is a congenital condition caused by the absence of ganglion cells in the distal bowel, resulting in functional intestinal obstruction. While it typically presents in neonates and children, adult-onset Hirschsprung disease (AHD), defined as diagnosis after 10 years of age, is exceedingly rare and frequently under-recognized. Adults often compensate for the functional defect, leading to non-specific symptoms and delayed diagnosis. One unusual manifestation of AHD is sigmoid volvulus, secondary to chronic colonic dilatation and dysmotility.

We present the case of a 24-year-old woman who arrived with acute abdominal pain, distension, and absolute constipation. Examination revealed tachycardia, diffuse abdominal guarding, and exaggerated bowel sounds. Radiography demonstrated the classical coffee-bean sign, suggesting sigmoid volvulus. The patient had a history of three similar episodes over six months, each relieved by flatus tube insertion. This episode was also managed by decompression, with immediate symptom relief. A rectal biopsy with immunohistochemistry confirmed the diagnosis of Hirschsprung disease. Definitive surgery was advised but deferred due to lack of consent. This case underscores the importance of maintaining a high index of suspicion for AHD in adults with recurrent bowel obstruction or lifelong constipation. Early identification is key, as timely surgery can prevent life-threatening complications such as volvulus and enterocolitis while improving long-term outcomes. Prompt surgical intervention remains the mainstay of definitive management, supported by appropriate postoperative care.

PP107 Small bowel tumours: exploring the rare entity from a regional centre – retrospective ten-year analysis of 267 cases of 2011-2021 timeline

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Aim

To analyse the epidemiology of various small bowel tumours from the data containing details of patients admitted in a tertiary referral regional centre requiring surgical interventions.

Methodology

We analyzed the small bowel tumours operated and diagnosed at Department of Surgery between 2011 and 2021. All the cases were analysed with reference to Type of tumours, distribution, grade of tumours, gender distribution and clinical presentations using detailed proforma from Pathology registers, case records and tumour registry. Data was collated and analysed.

Results

Total number of cases diagnosed as small bowel tumours from the year 2011 to 2021 is 267. Maximum number of cases was in the year 2019 (43 cases). On analyzing the data, malignant tumors exceeded benign ones, constituting 61% of the total cases.

Yearly distribution of cases is given in the table below. Most common type of tumour is adenocarcinoma accounting for about 36% of total cases. Other common types are GIST, Neuro endocrine tumours, polyps, adenomas, lymphomas, hyperplasia's and metastasis.

Discussion

The incidence of small bowel neoplasms is rising - may in part be due to small bowel lesion identification in an increasing number of cross-sectional imaging studies performed for other indications, as well as increased use of advanced imaging techniques to assess specifically for small bowel disease.

Conclusion

The difficulty in establishing early definitive diagnosis and treatment of small-bowel cancers is a challenge that must be met if improved results are to be obtained. Therefore, knowledge of the epidemiology of the disease and an increased clinical suspicion can be useful in earlier diagnosis of the disease when it is more amenable to treatment and possible cure.