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Cover Story...

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NEWS

PRESIDENT'S MESSAGE

Dear Members,

I pen these lines with a mixture of humility and fulfillment, consequent to our 130th Anniversary International Medical Congress. The programme encompassed many relevant areas for today's practicing doctor and eager scientist alike. A multitude of topics ranging from a more modern concept on the scientific basis of chronic NCDs to an evidence-based pragmatic approach to the practice of medicine were specially selected. In particular, patient perspectives were prioritized - patient engagement being our theme. A patient support group was formalized with emphasis on the psycho-social aspects of coping with chronic disease from adolescence. A forum was created for civil society to express their views on public expectations of the medical profession. End of life issues and palliation was also addressed by our energetic Task Force. These were meant to catalyze fresh avenues of discussion and deliberation in the years ahead.

We had a record number of registrants; exceeding a thousand from many disciplines of healthcare in Sri Lanka and the region. The feedback from delegates and resource persons alike makes us, the organizing committee, extremely happy. On behalf of the Council I express our heartfelt gratitude to all resource persons for their presence, participation and high quality contributions throughout the two pre congress workshops and the four full days of continued deliberations. The proceedings enabled the audience to acquire new knowledge and be inspired into suitable action that no doubt would benefit our healthcare systems. The speakers helped enhance the sessions immeasurably. Their ready cooperation to upload lectures for member access will no doubt further enhance our active CPD certification programme. Our honoured guests included President of the British Medical Association, the Chair of the British Fertility Society and high level officers of the Chinese Medical Association, alongside incumbent President of the Commonwealth Medical Association. We were very proud to be in partnership this year with the National Science Foundation, which provided the platform to initiate dialogue on a new vista of research opportunities on the microbiome and metabolomics. The Ministry of Health supported us immeasurably with numerous symposia. Symposium topics ranged from primary care, chronic NCDs, obesity and metabolic risks, COPD, neurology, school health and wound care to implementation of food based dietary guidelines, data management and audit, research ethics, safe prescribing, unethical advertisements, medico-legal issues and women's health. The WHO country office encouraged us to re-charge our batteries in our attempts to reduce death and disability from road traffic crashes.

As the oldest national medical association in Autralasia, the SLMA unifies all sectors of the medical and allied health professions. I call this a happy cohesive inclusivity. Being an apolitical, non-trade union and a not for profit organization we have the unique capacity to play a strong advocacy role. We always encourage appropriate changes to be made within our health systems - in partnership with the Ministry of Health and related organizations. Health services, its organization and delivery are indeed complex, and not just a one man show. All players need to come together in order to win the game. This was personified by the spread of congress plenaries, seminars and workshops. The annual congress of the SLMA is where all the players, be it physician, surgeon, obstetrician, paediatrician, psychiatrist, public health expert, administrator, lead of a funding organization, basic scientist, and this year members of the public and media.....just everyone came together to exchange views, agree and disagree, learn from one another, network, shape the future, and above all, enjoyed themselves. The galaxy of speakers, local and from overseas did just this by sharing their experience and expertise beyond all expectations. Their presence and interaction in judging scientific communications inspired our young medics and scientists alike, and I hope enabled the building of strong and sustainable collaborations across borders and within our country.

I am so pleased that many expert committees and professional bodies also joined hands to address priority areas. I encourage our younger members to take leadership in these new vistas of health research, management and care delivery. To all our partners and sponsors I extend a warm appreciation for your unstinting support. There was a multitude of doctors and scientists from all parts of the country whose submission of excellent research papers as orations and free papers were of very high quality. To those who were not so successful I felicitate them. I am certain that your experience gained during the conference will further enhance your pursuance of the science of Medicine and Health. It would be remiss of me not to recall the multiple reviewers led by the CMJ editorial group for their ready support for the initial selection process. Our reviewers have worked tirelessly to have an objective and transparent system of selection and to ensure the publication of oral and poster abstracts in the CMJ supplement. The CMJ is the oldest medical journal of Australasia with a matching age to that of the SLMA. This supplement brings back fond memories on how strongly we lobbied for this over 13 years ago, when I was a young secretary of SLMA under the eagle eye of then president Prof Ravindra Fernando!

The Doctors' Concert 2017 was simply super and memorable. The concert was single handedly arranged by maestro medical musician Dr. Christo Fernando. On behalf of the Council of the SLMA - all I can say is a simple THANK YOU to all performers. The multiple talents of high quality displayed in many forms of music and drama proved so effectively that we doctors indeed have a humane and beautiful side to our lives.

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PRESIDENT'S MESSAGE...

Thank you from the bottom of my heart for your time, commitment and ready participation. There was no doubt that the exciting social schedule of the entire congress helped our foreign guests to relax, enjoy the splendor of Sri Lankan culture and savor the flavor of our traditional hospitality.

What of the Congress outcomes? This conference was certainly not just another "talk shop". We intend to formulate a set of recommendations termed as the 'SLMA Statement'. The SLMA statement will be based on the discussions during the conference; will focus on key recommendations on today's need for change in health systems and research priorities of Sri Lanka. I hope, this will prove to be a benchmark for the future. I invite all of you to get involved in its development.

I wish to place on record the sterling quality of the leadership and commitment of our Scientific & Organizing Committee that has worked tirelessly over the past months. This was personified by the many words of appreciation received. I quote a senior academic: "The orations, symposia and plenaries were an academic connoisseur's delight. The free papers reflected the ability of the SLMA to attract the work of the finest researchers in the country. The honoured guests were of such eminence and ability that it was an intellectual treat to listen to their ideas on the direction of future medicine. The doctors' concert provided so much variety and creativity that we were left awe struck. Thank you for making us as a part of this brilliant all round effort." All credit goes to the organizers – whose capabilities were reflected by the multifaceted talents of members of the Council, the CMJ and SLMA newsletter editorial teams and our very own SLMA staff and supporters. They all worked as a single team and ensured that every aspect of the congress was looked into with precision and care. The congress co-chair and secretary general gave their due attention to every detail and in particular liaised well with the honorary treasurer and assistant treasurer who gave leadership to the complex financial management. We cannot forget the multitude of sponsors for the congress and throughout the year. Their adherence to ethical norms and practices is much appreciated.

Thank you one and all, for ensuring that SLMA remains a national lead in the sphere of health.

Yours truly,
Chandrika Wijeyaratne
President SLMA

INAUGURATION OF THE 130TH ANNIVERSARY INTERNATIONAL MEDICAL CONGRESS AND THE SLMA ORATION 2017

The Inauguration of the 130th Anniversary International Medical Congress and the SLMA Oration 2017 was held on the 13th of July 2017 at the Grand Ballroom, Galadari Hotel, Colombo. The Chief Guest at the occasion was Professor Adam Balen, Professor of Reproductive Medicine and Surgery at the Leeds Teaching Hospitals, United Kingdom, while Professor Pali Hangin, the President of the British Medical Association was the Guest of Honour. Two distinguished members of the SLMA, Dr A T W P Jayawardena and Professor Wilfred Perera were awarded honorary life memberships in honour of the services rendered to their respective fields in medicine and to felicitate the immeasurable contributions made towards the SLMA. The much revered SLMA Oration 2017 was delivered by Professor Neelika Malavige of the Centre for Dengue Research, Faculty of Medical Sciences, University of Sri Jayewardenepura, and was entitled "Efficacy of rupatadine in the treatment of dengue viral infections." The event concluded with a grand reception and entertainment provided by the cultural dance troupe of the National Youth Services Council, Maharagama.

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INAUGURATION OF THE...







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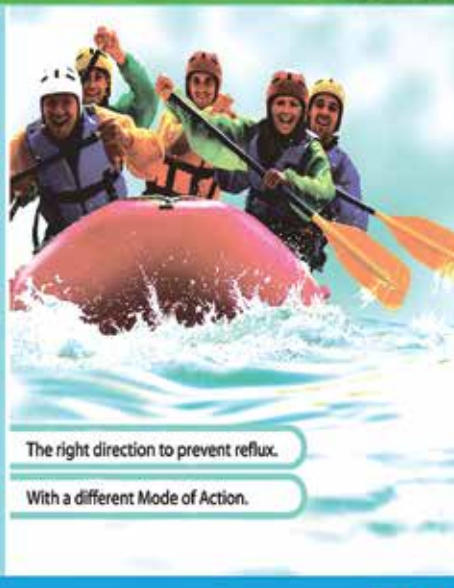

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REFLECTIONS ON THE 130TH ANNIVERSARY INTERNATIONAL MEDICAL CONGRESS

Dr Sudharshani Wasalathanthri
Secretary / SLMA

"Thank you for inviting me to your beautiful country. The conference has been great. I have learnt a lot and met a lot of wonderful people"

– Prof. K M Venket Narayan, USA

"Thank you. Wonderful hospitality and efficient organization"
– Prof. Anoop Misra, India

"My profound thanks for the hospitality the SLMA provided. The meeting was organized with real professionalism and set standards which others will struggle to maintain"

– Prof. A P S Hungin, United Kingdom

"The programme was excellent with so much diversity and international participation"

– Dr. Lucian Jayasuriya, Sri Lanka

"Thank you for a superbly organized congress. I am sure the SLMA will grow from strength to strength"

– Prof. Saroj Jayasinghe, Sri Lanka

Sigh of relief!

The 130th Anniversary International Medical Congress of the Sri Lanka Medical Association which was held from the 13th to 16th July 2017 at Hotel Galadari, concluded as yet another successful event in SLMA's annual calendar. The four-day conference, preceded by two very successful pre congress workshops had over 75 resource persons. The speakers shared their knowledge and expertise with great commitment and exceptional quality. Our international faculty included 25 scientists and clinicians from different parts of the globe.

The scope of the conference was targeted at optimization of health and wellbeing from in-utero through to old age and end of life, with special emphasis on school health, nutrition and women's health. Critical analysis of the programme confirms that the congress addressed a vast range of subject areas extending from disease prevention to pathophysiology. Recent advances in diagnosis and treatment of common conditions, medication safety, ethics in research and clinical practice, gaps in health policy, use of data for improving patient care, palliative care and end of life issues, medical negligence and legal challenges to medical profession are some issues addressed. A special symposium on unethical advertising and unabashed marketing of tobacco and other harmful products through the viewing of the movie "Merchants of Doubt" was well received.

The high points of the conference were the sessions that were aligned with this year's theme 'Patient Engagement – Professional Enhancement'. The Panel Discussion on 'Clinical Pearls of Practice – Good patient communication' and the 'SLMA Public Forum: Public perspective and Health system response' were great eye openers for the delegates. In my opinion, these new areas of discussion provided all of us an opportunity to reflect on our own behavior and conduct as medical professionals. Ethical norms of practice, conflict of interest, patient centered care, patient rights to access accurate and appropriate information, patient and family engagement in decision making, listening to patients with empathy and proper patient communication were some of the key areas highlighted.

A PCOS support group was launched with a dedicated PCOS facebook page –'combat PCOS' in the presence of a multi-disciplinary group of care givers. We are very glad to have had with us as our special guests, some patient representatives along with their loved ones. The receivers of care had the rare opportunity to listen to an excellent plenary lecture on the very topic that plagues them by an internationally renowned expert. The launch of a support group with expression of patient views combined with the demonstration of the PCOS facebook page provided an opportunity for a 'learned audience' to give ear to those afflicted about their concerns about coping with a lifelong condition.

The World Health Organization reports that non-communicable diseases (NCDs) are responsible for 70% of all deaths globally and in particular that 1 in 5 Sri Lankans are at risk of premature death and disability. This justifies the clear weight of the programme being borne towards the prevention, control and treatment of NCDs. All the main types of NCDs, namely the cardiovascular diseases, cancers, chronic respiratory diseases and diabetes were addressed via plenaries and symposia by experts in the relevant fields. Although type 2 diabetes is a global problem, it was alarming to realize that we South Asians are disproportionately at risk of developing type 2 diabetes that is combined with a quantum of insulin deficiency! The standard risk factors from genes and epigenetics to body composition and lifestyle causes due to rapid urbanization were well addressed. When compared with white Europeans and other races, the South Asians having less lean mass with adipose tissue laden muscles were clearly shown to be our main metabolic problems that increase the risk for NCDs. Innovative lifestyle strategies were shown to be promising to combat metabolic disease.

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REFLECTIONS ON THE...

The symposium on COPD was conducted by a group of dedicated respiratory specialists who stressed that although COPD is considered a global burden which is preventable and treatable, due to lack of awareness among the public as well as the medical community our patients remain undiagnosed and inappropriately treated. Expert neurologists who gave valuable advice on common conditions to a non-neurologist audience were well received.

The delegates showed great enthusiasm in attending the sessions on the Microbiome and Metabolomics as these were novel areas for many. Although the human microbiome was shown to provide an array of benefits, the role of the disordered microbiome in bringing about negative outcomes on human health was shown in detail with excellent examples. Discussing these areas during the congress is expected to open new avenues of research which must aim towards a better understanding of the pathophysiology of chronic diseases in our country and to explore novel treatment strategies.

The congress also provided a golden opportunity for researchers to disseminate their findings to fellow scientists. There were 69 oral presentations and 171 poster presentations. All presentations were judged by an eminent panel of judges for 12 research awards. The four prestigious orations namely the SLMA Oration, Dr S C Paul Oration, Professor N D W Lionel Memorial Oration and Dr S Ramachandran Memorial Oration were delivered by four scientists who have excelled in research in their chosen fields. We wish them the greatest strength to continue in their quest to find answers to difficult clinical and research questions and disseminate their findings in order to get these well translated into practice.

My attempt here is to give a very brief overview on some of the areas encompassed in this congress. Our sincere appreciation goes to all the resource persons who readily gave their permission to audio record the lectures and save the PDF version of their power point presentations for the use of continuous professional development activities for SLMA members. Our special team of Council members will upload these presentations to the SLMA-CPD website that can be accessed exclusively by our own members. Please look out for these on our website!









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SLMA DOCTORS' CONCERT 2017

Dr Christo Fernando
Social Secretary / SLMA

The SLMA Doctors' Concert was held on 15th July 2017 at the Galadari Hotel amidst an appreciative audience. The fully packed Ballroom consisted of Doctors, their families, colleagues and friends. In addition, in the audience for the first time at a Doctors' Concert were professional musicians, Ray Gomes, Joey Lewis and Rukshan Perera.

The Concert commenced on time at 7.30pm with a short address made by Prof. Chandrika Wijeyaratne, President SLMA, followed thereafter by excellent performances from doctors and some of their children, highlighting that doctors not only heal the sick but are also excellent in performing arts.

A notable mention is how doctors, both young and old, have become such good musicians with the ability to perform different genres of music, with consummate ease. The atmosphere in the Ballroom that night was filled with genuine appreciation for all the doctors who had taken immense effort and trouble to make their performances flawless. The skit, "Yours, Mine and Ours" that followed midway during the Concert generated so much of laughter.

The Doctors' Concert has now become a much looked forward to event in the SLMA calendar.

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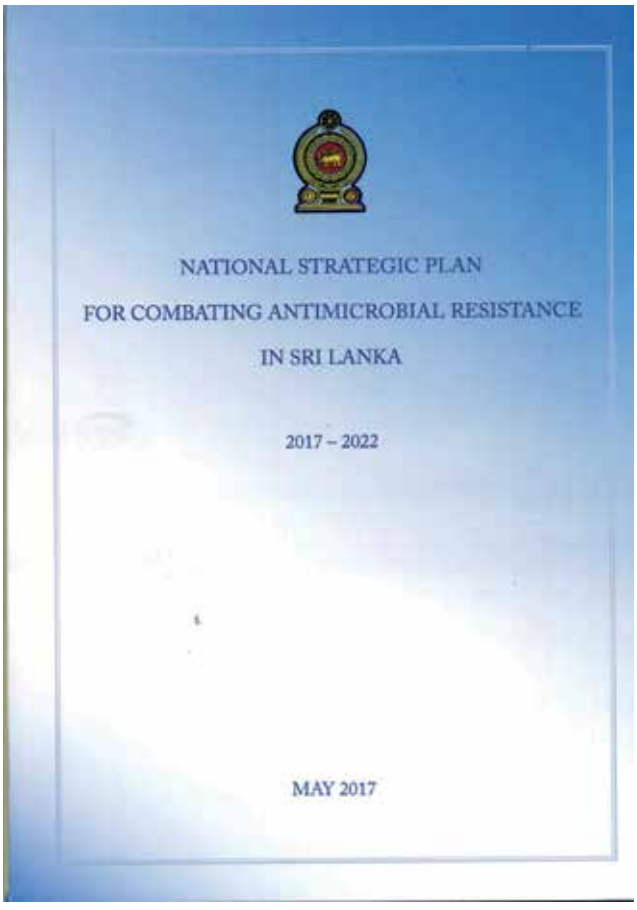
COMBATING ANTIMICROBIAL RESISTANCE

Professor Gita Fernando
Emeritus Professor of Pharmacology
University of Sri Jayewardenepura
Chairperson, Medicinal Drugs Committee
SLMA

Antimicrobial resistance (AMR) is recognised as a significant global health problem that threatens to take modern medical practice to the pre antibiotic era. AMR is a shared concern of both developing and developed countries. However, the major brunt of AMR would be borne by developing countries such as ours. The increase in AMR has been driven by unrestrained use of antibiotics in human health, animal health and in agriculture. During the past few years there has been an alarming increase in the emergence of multi drug resistant organisms causing infectious diseases in the country. AMR is known to occur in hospital and community settings. A report on surveillance carried out since 2009, by the Sri Lanka College of Microbiologists, has shown that multi drug resistance is a significant problem in hospital settings. Development of such resistance would pose challenges to treatment options, increase morbidity and mortality, as well as cause increase in costs of patient management. Research studies done to date in community settings also highlight this serious public health issue. Island wide research studies in hospital and community settings are underway to ascertain the magnitude of the problem

As AMR became a global concern, the necessity for urgent action at national, regional and local levels to slow down its development became evident. The World Health Organisation (WHO) has called on nations to develop strategies to overcome this serious threat. Sri Lanka became a signatory to the Jaipur declaration which agreed to regulate the use of antimicrobial medicines to prolong and preserve their efficacy. The WHO Global Action Plan for 2015 – 2020 to combat AMR emphasizes the development and implementation of national action plans to combat AMR.

The Ministry of Health has taken the initiative to develop a National Strategic Plan (NSP) for combating antimicrobial resistance with multisectoral collaboration under the 'one health concept' in line with the global action plan. Specialists dealing with human health including microbiologists, pharmacologists, clinicians and administrators were involved in developing the NSP together with veterinarians and specialists in the disciplines of agriculture and fisheries. A National Advisory Committee on Antimicrobial Resistance was appointed with representatives from all sectors mentioned to implement activities identified in the NSP.



On 9th May 2017, the publication **National Strategic Plan to Combat Antimicrobial Resistance in Sri Lanka, 2017 - 2022** was launched. The vision, mission and strategies of the NSP are as follows:

Vision: to minimise the development and spread of AMR using one health approach.

Mission: to promote infection prevention control, to promote rational use of antimicrobials and to ensure the availability of safe and effective antimicrobials of good quality.

Strategies:

- Improve awareness and understanding of AMR through effective communication
- Strengthen the knowledge and evidence base through surveillance and research
- Reduce the incidence of infection through effective sanitation, hygiene, and infection prevention measures
- Optimise the use of antimicrobial medicines in human and animal health
- Prepare the economic case for sustainable investment and increase investment in new medicines, diagnostic tools, vaccines and other investments

Each strategy includes several objectives. Milestones to be achieved within two years and five years are also included.

Implementation of activities will require the coordination of all stakeholder groups. It will be carried out in stages over a period of five years from mid 2017. Monitoring and evaluation will be according to a plan.

It must be emphasized that collaboration, dedication and transparency would be mandatory for successful implementation of the NSP to combat AMR.

In conclusion, it is important that doctors need to play a vital role to avoid antibiotic misuse. They should practice rational prescribing of antibiotics and avoid irrational use of antibiotics especially in viral infections. Doctors should also take time to educate patients on the need for proper use of antibiotics for a particular infection, using appropriate dosage regimens and the hazards of self medication.

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STEVE: GOODBYE MY FRIEND

Dr Upul Wijayawardhana

I was much saddened but not surprised to learn the death of a true friend of mine who stood by me at the time of my need. He was a surgeon par excellence, an academic and a great communicator who delivered almost every medical oration in Sri Lanka. To top it all, he was honoured by being appointed a Hunterian Professor and delivered, if I remember right, two Hunterian orations of the Royal College of Surgeons, London. Delivering a Hunterian oration is a rare feat achieved by only a handful of Sri Lankan surgeons. He is Deshabandu Dr S J Stephen, Retired Cardiothoracic Surgeon of the National Hospital, Colombo, who died recently in Sydney, Australia. When I learned that he was not well, I was planning to see him when we visit Australia towards the end of this year but it was not to be, which saddens me even more.

I first met Steve, as a colleague, when I joined the Cardiac Catheterisation Unit in General Hospital, Colombo as Dr N J Wallooppillai's registrar in 1968. Since then our personal and professional associations got closer by the day, till I left for UK in 1988 but on most visits back, I tried to meet Steve to have a chat about the good old days. We had so much to talk about.

I started the Permanent Pacing programme in Sri Lanka in the late seventies but I could not have done it without the support of Steve. To insert and advance the electrode that carried the stimulating current to the heart, Steve made a cut under the collar bone and isolated a vein for me. Once I had advanced the electrode to the heart and made sure it was in the right position and connected the pacemaker, Steve made the pocket to bury it. After a few procedures, I asked whether he could teach me to do the whole procedure which he readily did, so that I could implant pacemakers on my own but he was there whenever I was in any difficulty. I remember very well implanting a pacemaker on a retired Director of Health Services who was then serving the WHO. Though he could have gone anywhere to have the pacemaker implanted, he decided to have it done in Colombo but considering his girth, I was nervous. I requested Steve to stand by me, which he did, and the moment he realised the vein was too deep for me to reach, he took over. Once he found the vein he stepped aside so that I could complete the procedure and claim credit.

Just before the ill-fated, Indo-Sri Lanka Peace accord was signed by Rajiv Gandhi and J R Jayewardene on 19 July 1987, people protested in the streets of Colombo against the spineless submission of J R to Indian threats of invasion. I remember vividly answering a call from my predecessor and 'guru' Dr Wallooppillai informing me that police had started shooting protestors. He wanted me to take action as the GMOA was on strike. I ran to the consultants lounge in the main hospital, on the other side of Kynsey road, and explained to my colleagues seated there which included Steve, Dr M H De Zoysa, General Surgeon, Dr W A S De Silva, Consultant Physician, and Dr Shanmugalingam, Orthopaedic Surgeon. I requested them to come with me to the Accident Service.

No sooner we went to the old accident service, injured and the dead started to be brought in a cavalcade. I called Nandrani, M H's wife who was the chief of the blood bank who got transfusions ready. Surgeons got to the theatres and started operating while W A S and I were doing the triaging. We all worked non-stop till evening while the GMOA refused a request by Dr Lucien Jayasuriya, Director of Teaching Hospitals to suspend the strike in view of the grave situation. The GMOA, unashamedly, issued a statement the next day that they had suspended the strike. The real calibre of Steve was shown that day. He operated on general surgical cases the whole day though he had not done so for ages and saved many lives. He was an unparalleled master with the surgical knife.

For all my patients who needed heart surgery, I offered the choice of the surgeon as I firmly believed they should have that choice when faced with such a life and death situation. Needless to say, almost all chose Steve much to the ire of the other cardiac surgeons. I remember well being confronted by two them outside the Coronary Care Unit, after they had paid 'homage' to the Minister of Health who was being treated in the CCU. They asked: "Upul, Why can't you refer patients in rotation". My reply was "Why can't you be like Steve; produce good results, write papers and deliver orations. Then patients will start choosing you all, as well". One of them, embittered by this experience engineered the GMOA to work against me!

I can go on with many stories but before passing on our condolence to Benita, a reputed Eye Surgeon, and her family I must relate one more. On the first anniversary of that shameful pogrom of 23 July 1983, started by the thugs of Cyril Matthew, Prabhakaran made a call for all Tamils to return to 'Eelam', which they did not do, saving the unity of our Motherland but that is another story. What concerned me was the wild rumours circulating that rabid Sinhala thugs were planning to attack Tamils in Colombo. Having persuaded some of my friends, who happened to be Tamils, to take a short holiday abroad during that period, I went to Steve's place and made the same request. I was stunned by what Steve told me "Upul, Where can I go? I can only go to Jaffna and if I go there, can I come back and live with you all? I will not go anywhere, I will be here and if they kill me so be it. Machan, you did your duty which I appreciate but I am not going anywhere"

That is the Steve I will remember till my dying day. That is the Steve that lives in my heart. Though you were a better Buddhist than many Buddhists I have seen, let me wish you Good-bye, which really means though many do not realise, 'God be with you'

LETTERS TO THE EDITOR

SLMA News
Dear Madam Editor,

We are writing this little note to compliment you and the writer Zamani Nazeem, on the article **"A TRIBUTE TO A GREAT LADY",** dedicated to Mrs Chrissie Aloysius, published in the SLMA May 2017 Newsletter.

The article, written in such an enchanting manner, with the prose of the highest quality, very succinctly delineates the person that Chrissie was, and will always be, in the very heart of our hearts. The accompanying photo of her lovely image surrounded by roses is truly an epitaph to a life lived to the full and a life filled to the brim with a dazzling array of beautiful humanitarian values. The narrative says it all and the last paragraph does indeed go some way towards alleviating the tenacious heartbreak of her family and our incomparable grief at the loss of a loved one.

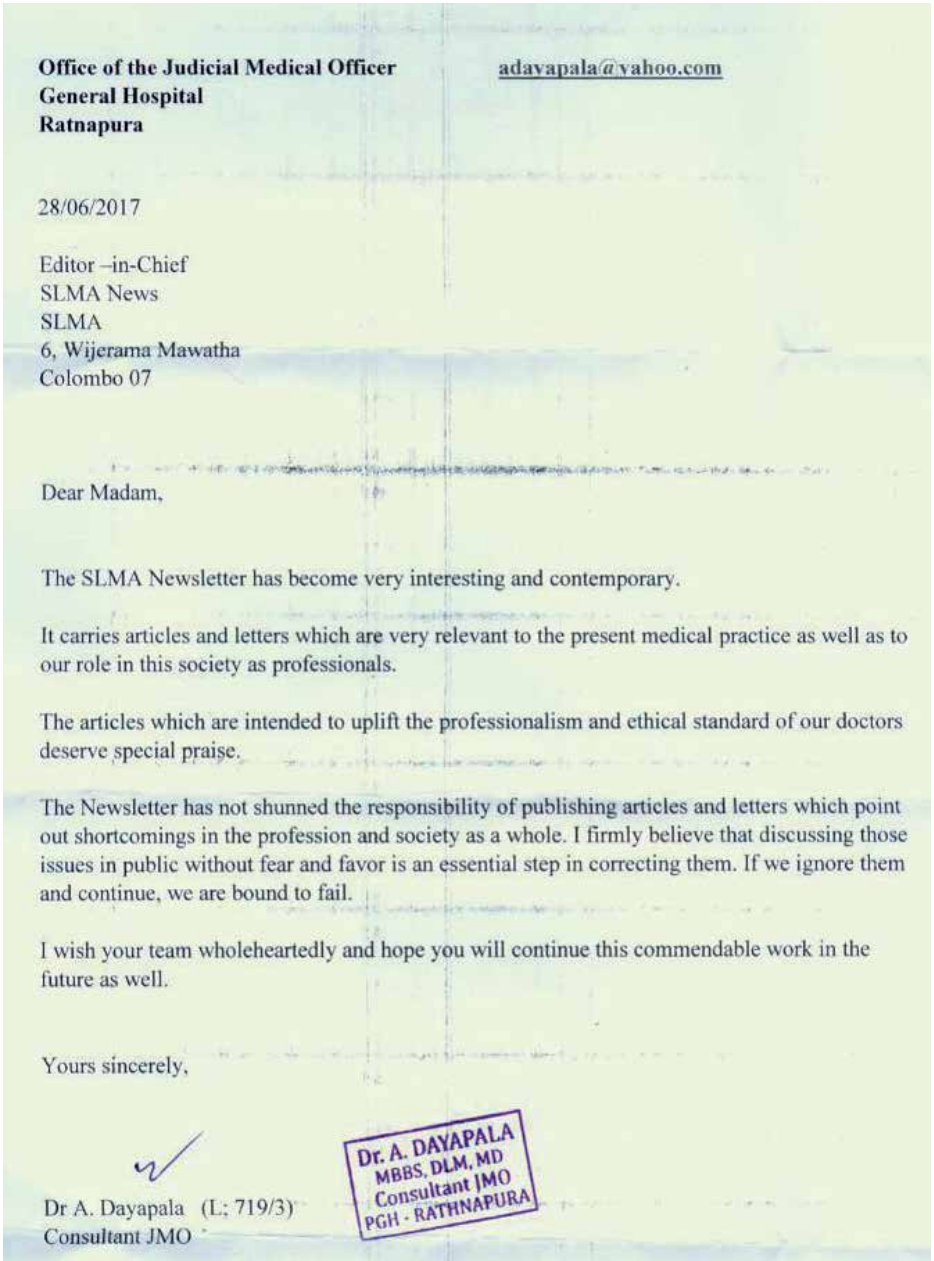
It has been said that we come with nothing and we go with nothing but one great thing we can achieve in life is a little remembrance in someone's mind and a small place in someone's heart. Chrissie Aloysius has indeed left a whole load more in people's minds, and secured a large and permanent place in their hearts.

Chrissie Aloysius was such a lovely and charming person who truly cared for her fellow human beings. It was indeed a delight and certainly a great privilege to have known her and to have worked with her. We have always been enthralled by her commitment to life in general and to her family in particular.

Chrissie Aloysius was most certainly a unique woman. Indeed, words fail us in trying to describe such a lovable person, a lady who is of the highest mettle and one who would always be remembered with perpetual affection.

She was, and will always be, most definitely, a lady like no other.

Dr. B. J. C. Perera & Dr. Sarojini Perera



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28/06/2017

Editor –in-Chief
SLMA News
SLMA
6, Wijerama Mawatha
Colombo 07

Dear Madam,

The SLMA Newsletter has become very interesting and contemporary.

It carries articles and letters which are very relevant to the present medical practice as well as to our role in this society as professionals.

The articles which are intended to uplift the professionalism and ethical standard of our doctors deserve special praise.

The Newsletter has not shunned the responsibility of publishing articles and letters which point out shortcomings in the profession and society as a whole. I firmly believe that discussing those issues in public without fear and favor is an essential step in correcting them. If we ignore them and continue, we are bound to fail.

I wish your team wholeheartedly and hope you will continue this commendable work in the future as well.

Yours sincerely,

Dr. A. DAYAPALA
MBBS, DLM, MD
Consultant JMO
PGH - RATHNAPURA

Dr A. Dayapala (L; 719/3)
Consultant JMO

Your opinion matters....!

Please do let us know your views and suggestions at:

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Sri Lanka

DOCTORS ARE PRODUCTS OF THE SOCIETY

Dr Sarath Gamini De Silva
Senior Consultant Physician
Colombo

In Sri Lanka as elsewhere doctors are exposed to much criticism by the society. Their mistakes and shortcomings are often highlighted in the mass media. General conversations at meetings and other forums involve more often than not, personal experiences of people, often unpleasant, at the hands of doctors and others in the health service. Often Sri Lankan doctors living abroad working under entirely different social conditions find it fit to criticize local doctors during their brief visits here.

This is understandable. Generally encounters with doctors and other healthcare personnel occur when a person needs help on health matters that they do not understand themselves. This is specially so when they are admitted to hospital. They are at the mercy of the doctors, nurses and other health service personnel, and naturally expect full attention and care. The fact that each healthcare worker has to look after ten or fifteen patients makes no impact on them. They are not in a mood to think of others. In the private sector exorbitant bills also leave a bad taste.

The doctors in Sri Lanka, as everyone else, start life after a struggle by their parents to get them admitted to a school. They know that in most instances, their parents had to forge documents, go behind politicians and pay huge bribes even to school authorities to get them in. In school, they see some of their own teachers neglecting school work giving private tuition till late at night charging huge fees, often from their own pupils in the school. They are witnesses to many instances of favouritism whereby one has to please the teacher by irregular means to get good marks at exams or to get a place in a sports team.

Having gone through an examination oriented system of education with no fun, leisure or any input on ethical and moral issues, they enter the university. Here they are exposed to all elements with social problems which are too well known to be elaborated here. The turmoil in the university system ensures that the young doctor passing out could be quite skeptical about the values in society.

The doctors are then expected to serve in any part of the country, quite rightly, but provided with poor facilities for patient care and decent living. They see all around them, much less educated people including dirty politicians (yes, I mean very dirty, except for a very few) at all levels enjoying luxury living at public expense and by fraudulent means. They can see much injustice whereby obvious wrong doers are never punished due to political patronage.

With comparatively paltry salaries, they have to earn enough money by private means to buy a reasonable dwelling, a decent car and educate their children often at great cost. Thus it is naïve to expect the doctors in such circumstances to behave as Good Samaritans doing their best for the patients, neglecting their own family responsibilities. No wonder this malady affects the rest of the public service as well.

It is praiseworthy that the majority of Sri Lankan doctors choose to remain in Sri Lanka or return home after postgraduate studies abroad despite being offered lucrative permanent jobs overseas. They do a yeoman service out of humanitarian concerns and the love for the motherland. Their services maintaining a high standard of healthcare with limited resources go unnoticed or are taken for granted by everyone. Politicians are vociferously claiming credit for the impressive health indices in the country achieved by the health services.

Thus it is worthwhile for doctors who have recently returned home after many years of working abroad, or making brief visits to avoid the miserable winters back home, and those locals who enjoy criticizing doctors, to plead with the corrupt authorities to provide better living standards for all citizens including doctors. They would do well to understand that the doctors are products of the society that nurture them.

I do not for a moment condone the deplorable activities of a few doctors that bring disrepute to the noble profession. Doing private practice during hospital working hours, spending only two or three minutes for a consultation in their rush to see twenty patients in one hour, charging exorbitant fees for their services and the alleged unholy alliance with the suppliers of pharmaceutical products and appliances, are practices that should be condemned by all. Unfortunately the authorities who have all the powers to apprehend such wrong doers appear to be unconcerned.

Communication skills, attitudes and the knowledge on ethical issues among doctors leave much to be desired. The strikes by the doctors' trade unions for unjustifiable reasons causing much hardship to patients should be considered a crime against society.

Those owning and operating private hospitals and clinics should understand the essential difference between providing healthcare to the sick and their other business activities. Members of the medical profession should not allow themselves to be exploited as accomplices to unholy activities.

Doctors who have invested in clinics, pharmacies, laboratories or hospitals are particularly liable to have conflicts of interest. Making unnecessary hospital admissions or prolonging hospital stays, undertaking non-essential surgery, prescribing expensive drugs or doing unnecessary investigations could be the result of the motivation for profit making, a natural human tendency.

Humanitarian considerations should take priority over profit making. It should be noted that providing healthcare is perhaps the only instance where the "salesman" (doctor or hospital) decides what the "customer" (patient) should buy! Hence there is a heavy moral responsibility on our part to ensure that our actions are not discoloured by financial considerations.

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"CAN DOCTORS REALLY HEAL?"

Ms. MNG
(A patient)

Who is a Doctor? "A person skilled or specializing in healing arts" or "a person who is qualified to treat people who are ill". Does medicine really cure? Yes they do, but half way through. Then what is the ultimate power to heal a patient?

Doctors are considered as "Earthly living Gods, who are able to save lives". This healing touch does not come only with the diagnostics and pills, but with the smile and encouraging words of healing. Whereas in today's world they are being destroyed due to a fast pacing world where everything is weighed in terms of money, where the doctor patient relationship has turned into a customer driven marketing. The role of doctors often being confined to prescribing pills, selling themselves to pharmaceutical companies and filling their pockets.

60% of the cure comes to the patient from the medicine prescribed. Then where does the other 40% come from? It's none other than the "Encouraging healing words and the smile that has a healing energy to life".

The human mind is meant to accept anything which God says is right. That is why recent experiments have shown that simply warning people about certain side-effects can actually make them more likely to experience the nausea, fatigue, headaches or diarrhoea – even when they have been assigned innocuous pills rather than an active drug.

I was a patient who was down with a very rare disease for the past 10 years of my life, and not been successfully cured. Last year I was sent overseas for treatment, where I saw one difference between the local doctors and the doctors over there. The Doctors here used to tell me, "Your disease is a life time one, learn how to live with it", while they said "You are going to be fully cured after this treatment is done, think that you are healed" with a smile that brought light to my life. After many years of suffering with complicated ailments my recent reports show much positive results. I recently got to know that there was not much of a difference between the treatments I took here and over there. Then what was the reason behind my cure? It's nothing but the powerful words of healing. After all there is a saying "Words can inspire and words can destroy". Most patients who came to this hospital valued and appreciated this spiritual touch given by these doctors.

From the above mentioned definition of a doctor, I would rather give much credit to the first one. "A person skilled or specializing in healing arts". Healing arts are not only the medicine a doctor prescribes to his/her patient, but the encouraging healing words and the smile given to a patient. If a doctor sees 50+ patients per day, and have allocated 4 minutes per each, take just 1 minute to give him these healing words, and before he leaves don't forget to say "You are healed". Always remember that you are an earthly living God, and whatever your words are they've been carved on a patients mind.

DIAGNOSING SMALL FOR GESTATIONAL AGE: TOWARDS OUR OWN REFERENCE

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Perinatal mortality and SGA, gravity of the problem

Small for gestational age (SGA) is defined as fetal abdominal circumference (AC) or estimated fetal weight (EFW) being lower than the 10th centile at a particular gestational age [1,2]. Sri Lankan data indicate that approximately 16% are born low birth weight, [3] majority being SGA [4]. This high prevalence of SGA babies poses a challenge as they are more prone to adverse outcomes during perinatal period as well as in adult life. Still birth, which is a major contributor to perinatal mortality [5], ranks high in the array of perinatal complications [6], indicating that early accurate diagnosis and judicious management of SGA has become a health priority.

Screening for SGA-standard vs Sri Lankan practice

The current recommendation of the Royal College of Obstetricians and Gynaecologists (RCOG) is to screen for SGA using a series of parameters which include history, biochemical markers, uterine artery Doppler and clinical examination [2]. It is further recommended to assess all women at the booking visit for risk factors for SGA to identify those who require increased surveillance [2].

In current Sri Lankan practice the attending healthcare workers are expected to measure the symphysis fundal height (SFH) and plot on the chart against the relevant period of gestation (POG) in the antenatal record during each antenatal clinic visit [7]. Women should be referred for ultrasound measurement of fetal size on suspicion of SGA or in whom measurement of SFH is difficult (BMI> 35, large fibroids, polyhydramnios etc.) [2]. In a retrospective study conducted at the North Colombo Teaching Hospital which included a total of 3962 women (737, 2265 and 960 with low, normal and high BMI respectively) we showed that SFH measurement tends to be systematically smaller among women with a low BMI while it tends to be larger among women with a high BMI, compared to those with a normal BMI [8].

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Diagnosis of a SGA fetus is made by ultrasound detection of estimated fetal weight or abdominal circumference plotted against the relevant period of gestation. Customized fetal biometry/ weight reference has been suggested to improve the predictive ability of SGA and adverse perinatal outcome. Women should be offered serial assessment of fetal size and umbilical artery Doppler if the fetal AC or EFW is found to be <10th centile or there is evidence of reduced growth velocity [2].

What are the limitations?

There are few limitations in the above agenda. Deficiencies have been identified in areas of,

- Accurate assessment of gestational age
- Usage of customized SFH charts
- Unavailability of validated ultrasound estimated fetal weight formula

The accurate gestational age assessment during early pregnancy is crucial as it gives a reference point to interpret fetal growth in later pregnancy. Significant over estimation of gestational age can lead to an iatrogenic prematurity whereas a significant underestimation may lead to a delay in intervention and post maturity. Studies suggest that USS estimated date of delivery (EDD) is more in agreement with the date of spontaneous delivery than the EDD estimated from last regular menstrual period (LRMP) [9]. But accuracy of USS estimated date alter with the period of amenorrhea on which it is performed. However, there is no uniform policy of timing of ultrasound dating in Sri Lanka.

Inadequate use of SFH charts has been identified as a key deficiency in SGA surveillance. Present SFH charts are designed in a way that it will be most useful in detection of growth abnormalities if serial measurements are plotted. This chart will allow detection of abnormalities in pattern of growth rather than at a single point of time. However, a nationwide audit carried out on the appropriate use of SFH chart during antenatal follow up demonstrated the use of the SFH chart at present is unsatisfactory [7]. Lack of awareness of the importance of this simple intervention is likely to be the reason for not undertaking this practice properly. Moreover, the other possible reasons for non-usage of the charts must be explored and necessary action should be taken to improve its use.

Estimating the actual fetal weight from an ultrasound scan can be truly a challenge. It is important to determine the validity of ultrasound EFW formulae for a given population. However, there is paucity of data on accuracy of established ultrasound EFW in predicting actual birth weights in the Sri Lankan population. In spite of this lack of robust evidence on the most suitable EFW formula for the Sri Lankan population, Hadlock formula 4 is routinely used to estimate fetal weight [10]. It is apparent that this invariably overestimates SGA rates in Sri Lankan unborn babies and may even deliver inadvertently to overcome potential risks of letting the pregnancy to continue [11].

Work toward standards of our ownValidation of EFW formula

We studied the validity of ultrasound EFW estimation formulae in a Sri Lankan population. "The prospective validation study on the accuracy of ultrasound estimated fetal weight formulae to predict actual birthweight after 34 weeks" is the largest study performed on this discipline in a Sri Lankan population [12]. It demonstrated that all routinely used EFW formulae would either over or under estimate the fetal weight. Therefore, a formula that suits the Sri Lankan population cannot be recommended [11].

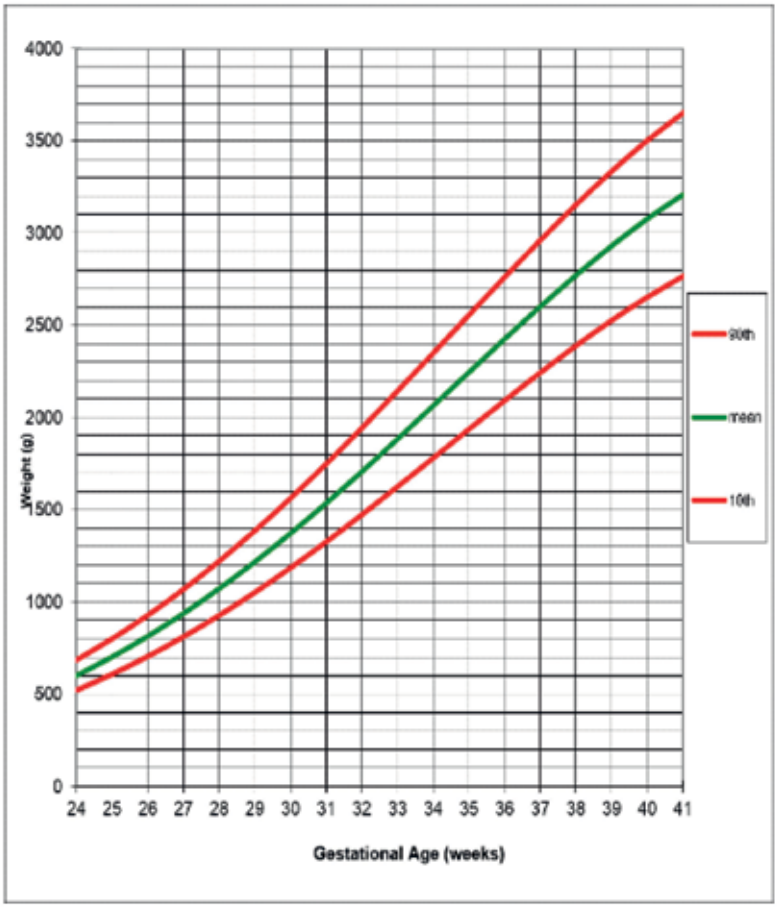

Figure 1: Sri Lankan birth weight standards

Validation of Sri Lankan birth weight reference

Birth weight centiles for different populations are varied. Generic reference for fetal weight and birth weight that could be adapted to local populations were recently described [13]. A prospective study was performed to validate the fetal/birth weight reference derived from WHO data for birth weights adapted to Sri Lankan population between January 2012 and July 2012 at the General Hospital, Ampara.

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DIAGNOSING SGA...

(Figure 1) The findings of this study showed that WHO reference charts can be used effectively in the Sri Lankan population [14].

Modified SFH charts according to the BMI for Sri Lanka

Screening for SGA using SFH charts become more accurate when maternal BMI is taken into account [8]. considering this fact, a cross-sectional study was carried out involving 587 women at Ampara and Gampaha districts between January 2013 and February 2015 in view of constructing symphysis-pubis fundal height charts to estimate the fetal size in pregnant women with a normal BMI and also to describe the variation of SFH according to BMI in women within the normal range of BMI. SFH charts were constructed to estimate fetal size in pregnant women with a normal BMI, divided into 3 subgroups as low normal (18.5-20.0 kg/m2), middle normal (20-23 kg/m2) and high normal (23-25 kg/m2) (Figure 2). We demonstrated that the use of three separate charts for each subgroup within the normal BMI would be preferable especially in pregnant women whose BMIs are towards the lower limit or upper limit within the normal range of BMI [15].

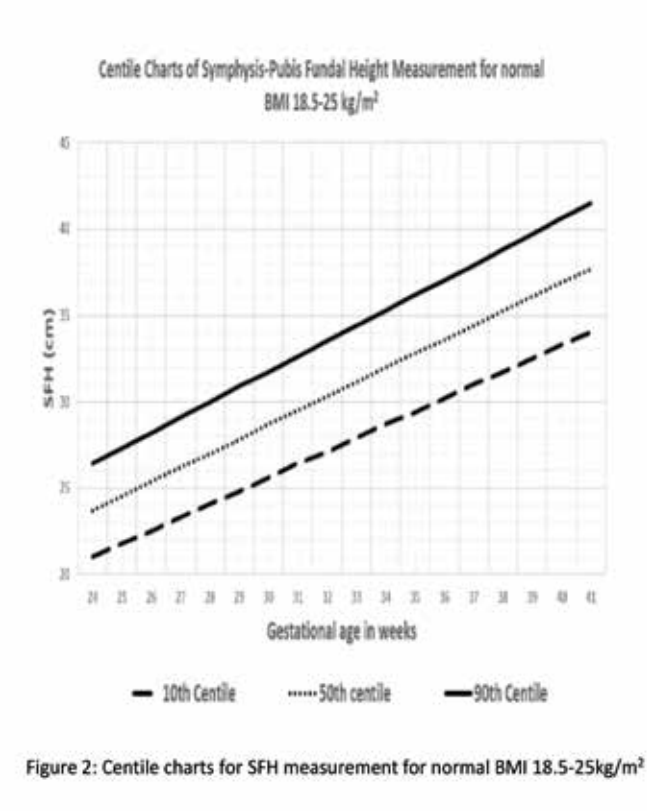

Figure 2: Centile charts for SFH measurement for normal BMI 18.5-25kg/m²

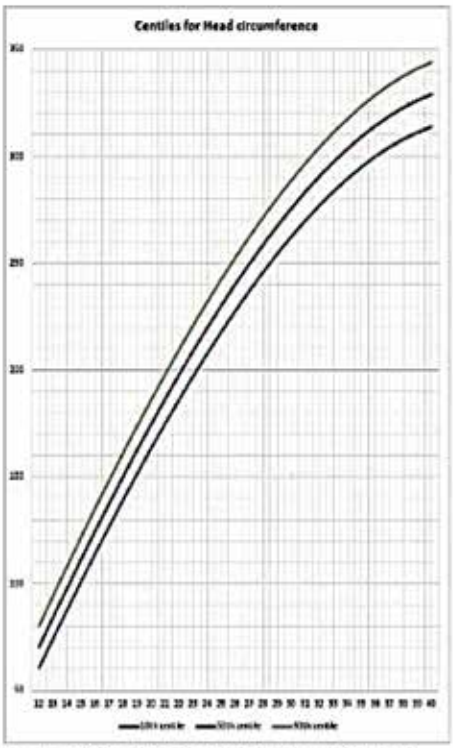

Figure 3: Centiles for head circumference

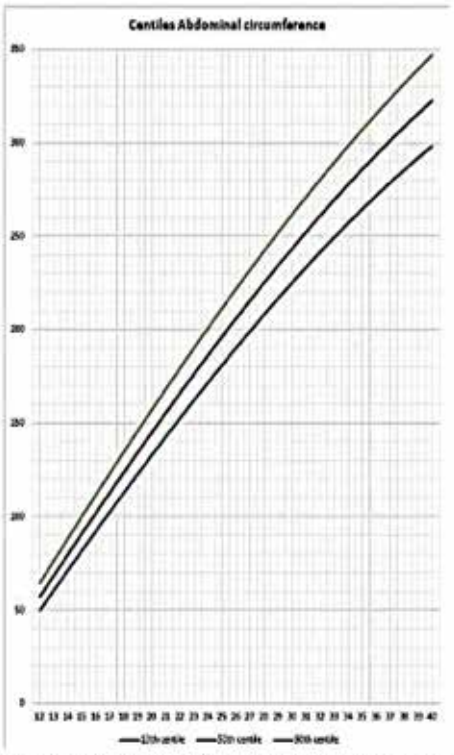

Figure 4: Centiles for abdominal circumference

fetal biometry, in particular fetal head circumference (Figure 3), abdominal circumference (Figure 4), bi-parietal diameter (Figure 5) and femur length (Figure 6) for the local population. These new reference charts were compared with Chitty charts which were derived from a population consisting of Western European (75%) and Afro-Caribbean (25%) populations. We recommend using these charts in Sri Lankan pregnant women with normal BMI [16].

Sri Lankan Fetal Biometry Charts

There is no systematic evaluation of validity of established ultrasound fetal biometric parameters for Sri Lankans. So we carried out a prospective, cross sectional study between January 2013 and February 2014 in the Ampara District with an aim to construct new charts for ultrasound fetal biometry for the Sri Lankan population and to compare them with previous references. In this study, we were successful in creating and validating new centile charts for

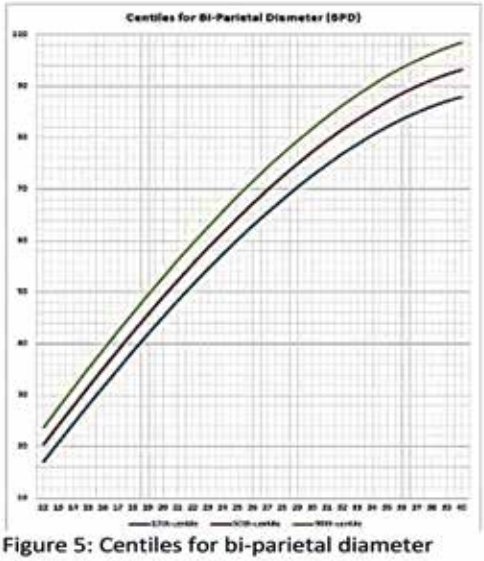

Figure 5: Centiles for bi-parietal diameter

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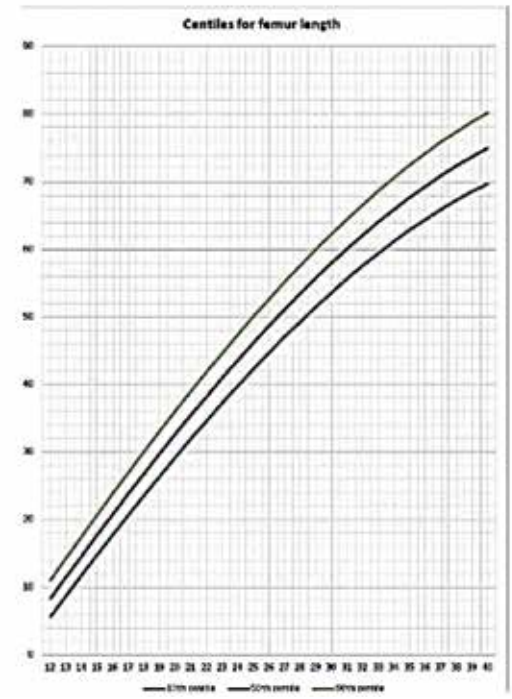
DIAGNOSING SGA...

Translating research into practice-

Figure 6: Centiles for femur length



It is the need of the hour to introduce accurate gestational age estimation and apt use of the SFH charts in day to day clinical practice. SFH charts designed for normal BMI range which is more preferable in pregnant women whose BMI is within the normal level, can be put into practice. For ease of reference during clinical practice, a separate section on screening and diagnosis of SGA babies should be made available along with the "maternal care package". In addition, an ultrasound screening criteria for SGA should also be included in a national level guideline with newly created and validated centile charts for fetal biometry, in particular fetal bi-parietal diameter, head circumference, abdominal circumference and femur length for the local population. In future clinical practice, birth weight should be interpreted according to the new birth weight reference with best hope of early accurate diagnosis of SGA and improving child and maternal health.

References

1. Shanmugaraja, Y. et al., (2013). Sri Lankan fetal/ birth weight charts: validation of global reference for fetal weight and birth weight percentiles. Ceylon Medical Journal. 58(2), pp.62–65.
2. Royal College of Obstetricians and Gynaecologists. Green–top Guideline No. 31, The Investigation and Management of the Small–for– Gestational–Age Fetus. 2013
3. Ministry of Health. National guidelines for newborn care volume 1, low birth weight babies preterm and small for gestational age. 2014
4. Abeysena C, Jayawardana P, Seneviratne R de A. Effect of psychosocial stress and physical activity on preterm birth: A cohort study. Journal of Obstetrics and Gynaecology Research. 2010; 36:260–7.
5. Cousens S, blencowe H, Stanton C, Chou D, Ahmed S, Steinhardt L, Creanga AA, Tunçalp 0, balsara ZP, Gupta S, Say L, Lawn JE. National, regional, and worldwide estimates of stillbirth rates in 2009 with trends since 1995: a systematic analysis. The Lancet. 2011; 377(9774): 1319-30.
6. Flenady, V., Koopmans, L., Middleton, P., Frøen, J.F., Smith, G.C., Gibbons, K., Coory, M., Gordon, A., Ellwood, D., McIntyre, H.D., Fretts, R. Major risk factors for stillbirth in high-income countries: a systematic review and meta-analysis. The Lancet. 2011; 377(9774):1331-1340.
7. Palihawadana TS, Wasalathilaka C, Dias T. The apt use of symphysio–fundal height chart during antenatal follow up: A multicenter audit. Sri Lanka Journal of Obstetrics and Gynaecology. 2015; 36(4)
8. Dias T, Kajendran J, Jayawardena GRMUGP, Ranathunga Y, Weeraddana P, Gunathilaka P, Prasanga G. Variation of symphysisfundal height measurement according to the body Mass Index. Sri Lanka Journal of Obstetrics and Gynaecology. 2015; 37(suppl. 1).
9. Wasalathilaka C, Kumari SDTL, Palihawadana TS, Herath HMR, Padumadasa S, Pathmeswaran A, Dias TD. Precision of predicting Expected Date of Delivery by ultrasound scan in comparison to Last Menstrual Period. Sri Lanka Journal of Obstetrics and Gynaecology 2014; 36 (suppl. 1): 9.
10. Kumara DMA, Perera H. Evaluation of six commonly used formulae for sonographic estimation of fetal weight in a Sri Lankan population. Sri Lanka Journal of Obstetrics and Gynaecology. 2009; 31: 20-33.
11. Dias T, Shanmugaraja V, Ganeshamoorthy, Kumarasiri S, Abeykoon S, Padeniya T. birth weight standards - Ability of birth weight percentiles in predicting abnormal fetal growth and outcome. Sri Lanka Journal of Obstetrics and Gynaecology. 2014; 85-88.
12. Kumarasiri S, Wanigasekara R, Wahalawatta L, Jayasinghe L, Padeniya T, Dias T. Accuracy of ultrasound estimated fetal weight formulae to predict actual birth weight after 34 weeks: prospective validation study. Ceylon Medical Journal. 2013; 58: 116-121.
13. Mikolajczyk, R.T., Zhang, J., betran, A.P., Souza, J.P., Mori, R., Gülmezoglu, A.M. and Merialdi, M. A global reference for fetal-weight and birth weight percentiles. The Lancet. 2011; 377(9780): 1855-1861
14. Shanmugaraja V, Kumarasiri SG, Wahalawatte SL, Wanigasekara RV, begam P, Jayasinghe PKCL, Padeniya T, Dias T. Sri Lankan fetal/ birthweight charts: validation of global reference for fetal weight and birth weight percentiles. Ceylon Medical Journal. 2013; 58: 62-65.
15. Altman DG, Chitty LS. Charts of fetal size: 1. Methodology. British Journal of Obstetrics and Gynaecology. 1994; 101: 29-34.
16. Dias T, Chandrasiri D, Abeykoon S, Munasinghe R, Gunawardena C, Pragasan G, Padeniya T, Pathmeswaran A. Sri Lankan charts for ultrasound fetal biometry and comparison with commonly using charts. Ceylon Medical Journal. In press.

IMPORTANT NOTICE

Any member of the SLMA who considers himself/herself suitable to guide the SLMA in the year 2019 as President is kindly requested to contact a Past President of the SLMA, before 30th September 2017.

Dr J B Peiris
Past Presidents' Representative of the SLMA Council
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