

Introduction to the 2017 Revision

The Sri Lanka Medical Association established the Expert Committee on Snakebite in 1983 under the Chairmanship of Dr. Dennis Aloysius. This was a result of the SLMA Council becoming aware of the large number of victims of snakebite in the country and the paucity of scientific knowledge about snakes and the management of snakebite among the medical professionals in the country. The first output of the committee was a symposium edition of the Ceylon Medical Journal¹ that was published in September of the same year. The journal contained articles written by many knowledgeable people on a variety of snake-related topics—such as venomous snakes, identification of snakes, epidemiology of snakebite, prevention, first aid and treatment of snakebite including traditional methods etc. ([For a list of the contents see Appendix to History of the SBC](#))

The first edition of *Guidelines for the Management of Snakebite in Hospital* appeared in 1999 as a double-sided B5 sized poster. There were problems encountered in its distribution, as we found that the doctors working in high snakebite-prone areas were unaware of its contents. In an attempt to solve this problem, and with new electronic tools available, a revised and up-dated version was produced as a compact disc (CD) in 2005². The CD included a PDF version to enable hard copies to be taken. The CDs were available for sale. This was followed in 2007³ by a CD version that included a Power Point presentation with pictures of snakes as well as a printable PDF of the guidelines text.

In the year 2013, the Guidelines⁴ were extensively revised taking into account recent research findings and publications. A limited number of printed copies⁵ was made possible by a sponsorship that enabled the booklets to be distributed free of charge.

Much research has been done in recent years regarding snakes, their venoms, treatment of their bites and of the complications that may arise. The 2017 revision of the SLMA Guidelines relies heavily on published material, including the 2016 WHO guidelines⁶, which we hope will make these guidelines unquestionably valid. Wherever practical we have included references and have also included a bibliography of publications on snakes and snakebite relevant to Sri Lanka. A major step regarding this revision has been that it will be uploaded onto the worldwide web to enable greater and more convenient use.

The Snakebite Committee has identified a number of barriers that hinder better management of snakebite. Ignorance of recommended snakebite management protocols by junior doctors is one important factor. It is hoped that these guidelines, which will be made available on the SLMA website, will help to address this issue. Important aspects of snakebite management, such as, identification of

¹ CMJ **28** No. 3, Sept. 1983, 201pp.

² Revised Guidelines for the Management of Snakebite in Hospital, Electronic Guidelines version 1.0, 2005.

³ Guidelines for the Management of Snakebite in Hospital, Electronic Guidelines version 2.0, with colour photographs of snakes, 2007.

⁴ Guidelines for the Management of Snakebite in Hospital, Electronic Guidelines version 3.0, revised and expanded, with colour photographs, 2013.

⁵ Courtesy of a grant from the South Asian Clinical Toxicology Research Collaboration.

⁶ Guidelines for the management of snake-bites, 2nd edition, World Health Organization 2016.

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snakes, use of antivenom and management of antivenom reactions have been revised and expanded. Chapters that deal with envenoming by individual species have been increased to cover all medically important snakes.

Producing guidelines is only an initial step. It is important to ensure that all relevant parties are aware of the existence of the guidelines, and have access to them when they are needed. We hope that the Ministry of Health will see its way to accepting the SLMA guidelines and actively promote their use. To fine-tune guidelines and to facilitate targeted awareness programmes it is necessary to know the epidemiology of snakebite in the country and to be able to understand reasons for failure in treatment, resulting in death. To this end the Snakebite Committee has endeavoured to set in place a system of record keeping to amass data regarding the epidemiology of snakebite as well as deaths due to snakebite. We have a long way to go in this regard, having encountered many pitfalls. For a detailed account of the work done regarding epidemiology of snakebite [select the article from the menu](#).

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