

SLMA NEWS

THE OFFICIAL NEWSLETTER OF THE SRI LANKA MEDICAL ASSOCIATION

SEPTEMBER 2019, VOLUME 12, ISSUE 09



“Working
Together
to Prevent
Suicide”



WORLD SUICIDE PREVENTION DAY

10th September 2019

Organised by
Suicide Prevention Task Force, Sri Lanka Medical Association

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SLMA Theme 2019

Facing the challenges
and forging ahead for
better health outcomes

OFFICIAL NEWSLETTER OF THE SRI LANKA MEDICAL ASSOCIATION

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Working together to Prevent Suicides

When I was inducted as President Sri Lanka Medical Association in January 2019, the theme I introduced for the year 2019 was "Facing the challenges and Forging Ahead for Better Health Outcomes". I mentioned 10 challenges we face among which was reducing the burden of suicides in Sri Lanka. Thereafter, at a council meeting it was proposed that the SLMA should formulate an expert committee on dealing with the burden of suicides in Sri Lanka.

I invited Professor Samudra Katriarachchi to be the chairperson and Dr Ruwan Ferdinando as the convener of the Suicide Prevention Task Force (SPTF), which was soon formed comprising of the following - Prof Thilini Rajapaksha, Dr Lakmi Seneviratne, Dr Jayamal De Silva, Dr Madhawa Gunasekera, Dr Sudath Samaraweera, Dr Asanka Rathnayake, Dr Thirupathi Suveendran, Dr Kapila Jayaratne and myself.

The burden of suicides in Sri Lanka cannot be overemphasized. In 1995 Sri Lanka had the highest suicide rate in the world at 47 suicides per 100,000 population, averaging 25 suicides per day. By 2018 this has decreased to 15 suicides per 100,000 with around 8 suicides per day. However, there is no reason for complacency as there are around 10 para suicides or attempted suicides in Sri Lanka for every successful suicidal attempt.

The suicide prevention task force has identified two priorities to be achieved in the near future.

- **Formulation of a document with strategic directions for suicide prevention in Sri Lanka – Report & Recommendation of the Suicide Prevention Task Force (SPTF).**
- **Increase public awareness of suicides during the period surrounding the World Suicide Prevention Day (10th September) by organizing several programmes.**

The following activities have been undertaken by the SPTF in the recent past:

1) Report & Recommendation of Suicide Prevention Task Force.

- a. Accurate analysis of the current state of suicides in Sri Lanka.
- b. Exploring the possibility of banning highly lethal pesticides accounting for more than 50% of pesticide related suicides – Profenafos and Carbosulfan.
- c. Working with the media to encourage responsible reporting of suicides and for the issue of health messages.
- d. Developing strategies to minimize self-harm among children and adolescents.
- e. Establishing community care and provision of supportive services.

2) Increase public awareness about prevention of suicides.

- a. "Consultative meeting to explore the possibility of banning highly lethal pesticides in Sri Lanka". This programme was organized by the Mental Health Directorate of the Ministry of Health with the participation of SLMA – SPTF, Registrar of Pesticides, Ministry of Agriculture and other stakeholders on 02nd September.
- b. Seminar for media and public on "Reducing Suicides in Sri Lanka through the Media" on 04th September at the SLMA, organized by the SPTF.
- c. Seminar on "Empowering Youth to Combat Deliberate Self-harm" at the Sri Lanka Technological Campus in Padukka on 10th September by the SLMA – SPTF. Details about the above programmes will appear in a separate article in this newsletter.
- d. Participation in seminar to commemorate World Mental Health Day organized by the Directorate of Mental Health of the Ministry of Health under the theme "Mental Health Promotion – Suicide Prevention on 8th October, 2019.

We hope to present the document titled "Report & Recommendations of the Suicide Prevention Task Force" of the SLMA to the Secretary of Health and the Director General Health Services on this day.

The main task of the SLMA – SPTF would be to work diligently until the two most lethal pesticides still in use in Sri Lanka namely Profenafos and Carbosulfan are totally banned in this country. This is of vital importance as more than 50% of suicide deaths in Sri Lanka result from the

use of the above mentioned pesticides.

It is noteworthy to remember that the Presidential Task Force that was formed by President Chandrika Kumaranathunge in 1995 when Sri Lanka topped the global suicides rankings, recommended the banning of the four most toxic organophosphates in use at that time. These pesticides were namely, monocotophos, 34DPA, diaminophos and methaminophos. This resulted in a dramatic decrease in the suicide rate from 47 per 100,000 in 1995 to 25 per 100,000 in 2006. It has been calculated that more than 93,000 lives have been saved after banning of these insecticides. Thus, banning of Profenafos and Cabosulfan would certainly further reduce suicide deaths in Sri Lanka in the future.

How can each and every one of us help to reduce suicides in Sri Lanka?

If you meet a depressed person, spend a minute, listen a minute, talk a minute and in the meantime help to contact a trained counsellor through the National Mental Help line – 1926. You will be able to save the valuable life of a fellow Sri Lankan. Remember the number 1926.

Dr Anula Wijesundere,
President, SLMA.



The Monthly Clinical Meeting of the SLMA for August, 2019

Dr. Sajith Edirisinghe,
Assistant Secretary-SLMA

The Monthly Clinical Meeting of the SLMA for August, 2019, organised in collaboration with the College of Ophthalmologists of Sri Lanka, was held on 20th August 2019 at the Lionel Memorial Auditorium of the SLMA.

Systemic disease and the eye : a case presentation was done by Dr. D. P. S. T. D. Paranaheewa, Senior Registrar, National Eye Hospital, Colombo. A review lecture - related to cases was done by Dr. Ranmini Seneviratne, Consultant Eye Surgeon, Base Hospital, Panadura. The MCQ session was conducted by Dr. Deepanee Wewalwala, Consultant Eye Surgeon, National Eye

Hospital, Colombo and the final picture quiz was conducted by Dr. S. K. G. Surendra Kurera, Senior Registrar, National Eye Hospital, Colombo. All the speakers took part in a lively discussion. The meeting was well attended by Medical Officers, Postgraduate Trainees and Medical undergraduates, and was chaired by Dr. Anula Wijesundere, President, SLMA.



Announcing the demise of Professor Carlo Fonseka

It is with great sorrow that the Sri Lanka Medical Association announces the death of Professor Carlo Fonseka, an intellectual legend of our times. He was undoubtedly one of the greatest medical personalities who walked in and out of the portals of the Colombo Medical School in its glorious history of one hundred and fifty years.

Carlo Fonseka was a renowned Professor Emeritus of Physiology, Faculty of Medicine, Colombo, Former Dean of the Faculty of Medicine, University of Kelaniya and Former President of the Sri Lanka Medical Council (SLMC). His interests surpassed medicine in having abiding interests in politics, arts and culture. He composed the immortal song, 'Raththaran Duwe', a melody often heard at weddings and 'Sambudhdha Raja' which we have continued to sing for decades at Vesak Bhakthi Gee recitals.

He courted controversies without fear following the theories of former Russian politician, Leon Trotsky and in association with the rationalist, Abraham Kovoov. He scoffed at fire walking, myths and superstitious beliefs. He was a great teacher, a mentor and a role model to thousands of medical students. As a great teacher he prided in the success of his students and their achievements.

Dear Sir, you will be long remembered by generations of medical students and the Sri Lankan public for your academic brilliance and forthright opinions on diverse subjects. Above all, you were a great patriot to be emulated by all Sri Lankans. May you attain the supreme bliss of Nirvana.

Dr Anula Wijesundere
President, SLMA

He was undoubtedly one of the greatest medical personalities who walked in and out of the portals of the Colombo Medical School in its glorious history of one hundred and fifty years.

Control of Dengue in Sri Lanka: Are we on the correct path?

Dr. Hasitha Tissera,
Consultant Epidemiologist,
Ministry of Health

Changing Epidemiology of Dengue infection

• Changes seen in the Human Host

In recent years a shift is seen in the age groups of persons being infected and the resultant deaths. There are more patients among young adults and older population in the country; a change from what was seen some years ago, when there were more younger persons getting infected. This may be due to multiple reasons. More importantly, older populations with co-morbidities such as diabetes, heart disease, obesity, etc., will need special attention if infected with dengue viruses.

• Change in the infective Dengue Virus Serotype

Sri Lanka has reached hyper-endemic transmission status, experiencing co-circulation of all 4 dengue viruses with one predominant serotype causing cyclical epidemics. In 2017, predominant serotype was DENV-2. Subsequently, in 2019 there is yet another shift towards DENV-3 resulting in the current outbreak. When a person is infected with one serotype, he/she will get life-long immunity to that particular sero-type. But, those previously infected by any one of the serotypes can be infected with the other serotypes later on possibly causing more severe disease. Also, majority of those who have got infected for the first time may have been asymptomatic.

• Change in the vector bionomics

At the beginning dengue epidemics were mostly confined and considered to be an urban disease. But, over the past decade there is much unrestricted movement of people and transportation of goods from rural to urban areas and back, so that dengue is now not confined to the urban areas only. People come to the urban areas looking for employment; they reside temporarily in these areas and go home to the rural areas during vacations/ holidays



taking the virus with them. Also, if they fall sick they go back to their home towns and can spread the infection provided the vector mosquito is present locally.

• Changes in the environment

Due to increased urbanization, population density, unplanned waste disposal and uncontrolled/ unsupervised constructions, the number of breeding places for the Aedes aegypti mosquito may rise; thereby increasing the number of persons being infected and hospitalized.

What are the common “pitfalls” in diagnosis and management of dengue fever/ dengue haemorrhagic fever (DHF) and dengue shock syndrome (DSS)?

These observations were made during regular clinical reviews, death audits and autopsy findings during the past decade.

Issues in the diagnosis

- Not considering dengue fever as a possible cause of fever, especially during an epidemic and rainy seasons.
- Over reliance on rapid sero diagnostics (RDT - NS1) with low sensitivity in secondary infections.
- Not requesting a FBC (CBC) if the patient complains of fever for more than 2 days.
- When FBC is normal initially, not asking the patient to repeat the FBC regularly, especially if fever persists and the patient continues to be ill.
- The need to maintain an accurate input-output chart is not explained to the patient, which may be important to decide when to admit the patient to hospital.

Issues in management

- Inappropriate use of anti-pyretics for fever which may cause more harm than good. During the febrile period where there is viraemia even with anti-pyretics used at regular intervals, it may not be possible to reduce the fever completely.
- Prescribing drugs that increase the risk of occult haemorrhage, hepatic dysfunction and causing a false sense of well-being by masking clinical deterioration in patients with DHF. When the traditionally used anti-pyretics do not help in reducing the fever and the patient desires a quick recovery, there may be a tendency to use NSAIDs (ibuprofen, diclofenac sodium, mefenamic acid) and steroids (prednisolone, methylprednisolone and dexamethasone).
- Over-usage of fluids (IV fluids and plain water) leading to fluid overload. Most Dengue Fever patients may not have plasma leakage and therefore may not need IV fluids.
- Inappropriate use of antibiotics.
- Poor monitoring of the rate and volume of fluid replacement (not maintaining a proper input-output chart to give fluids accordingly), thereby causing fluid overload.
- Continuing to give IV fluids beyond the leaking period in DHF; too much fluid given for too long (not taking into account leaked extra-vascular fluid re-entering the intra-vascular compartment).
- Failure to recognize concealed bleeding, thereby delaying the usage of blood transfusions.

Contd. on page 07

Control of Dengue...

- Not adhering to the National Guidelines on clinical management of dengue fever/ DHF

Strategies in prevention

- Reduce the exposure of human and infected mosquito encounters through;
 - Regular application of mosquito repellants (during day time)
 - Screens in households/ schools/ institutions to reduce access of mosquitoes.
 - Encourage sleeping under bed nets, even when resting during day-time (both children and adults)
 - Advocate wearing clothes covering

areas that are commonly exposed to mosquito bites

- Reduce the number of infected mosquito density in the environment.
- Regular monitoring and cleaning of households/ schools/ offices/ places of worship, etc.
- Keep ornamental indoor/ outdoor containers, plants, ponds mosquito free by regular cleaning and larvicidal application.
- Keep construction sites mosquito free through regular monitoring, cleaning and temporary larvicidal application.
- Have stronger laws and penalties for harbouring mosquito breeding places.

- Test novel methods to reduce dengue virus infected mosquito populations – “Wolbachia” infected mosquito release to be facilitated by the community.

How can SLMA support this initiative

Advocate/ lobby for better regulation of the cost of blood tests at Private Hospitals and Laboratories– FBC and NS1 antigen/ IgM/IgG antibody tests.

Conduct regular seminars for medical personnel to address and minimize diagnosis and management issues.

Conduct regular media and public seminars on Dengue Fever throughout the year.

In memory of Dr. M S L Salgado

Dr. Lakshman Salgado, a doyen of the medico-legal field, passed away on the 30th of August, at the ripe old age of 89. He was the Chief Judicial Medical Officer, Colombo from 1982 to 1990.

A hard task master, he expected nothing but the best from his many trainees who now adorn the field of forensic medicine. His meticulous attention to detail enabled him to solve many murders and other medico legal matters. Among these were the bomb explosion in the Parliament in 1987, Tri Star bombing in the Katunayake airport in 1986, double murder/suicide of a business couple in Moratuwa and the

assassination of Mr. Vijaya Kumaranatunga.

Along with several others, he was instrumental in getting the Post Graduate Institute of Medicine (PGIM) to establish a Board of Study in Forensic Medicine and hence a course of study leading to the MD in the field.

He used his personal contacts with experts abroad for the trainees to obtain overseas training in centres of excellence. He arranged short term training programmes in medico-legal work for the DMOs and MOICs of peripheral hospitals. He did his best to improve the facilities at the JMO Office on Francis Road in Colombo.

Dr. Salgado was the President of the Sri

Lanka Medical Library in 1994/95, College of Forensic Pathologists in 2011 and the Indo Pacific Association of Law, Medicine and Science (INPALMS) from 1992 to 1998.

He set high standards worth emulating by those who followed him.

He has been generous enough to bequeath his residence in Melbourne Avenue, Colombo 4, to the Sri Lanka Medical Association. The SLMA greatly appreciates this noble gesture.

May he attain the supreme bliss of Nibbana.

Dr. Anula Wijesundere
President, SLMA

Inspirational to the core

This is Jim Thorpe. Look closely at the photo, you can see that he's wearing different socks and shoes. This wasn't a fashion statement. It was the 1912 Olympics, and Jim, an American Indian from Oklahoma represented the U.S. in track and field. On the morning of his competitions, his shoes were stolen. Luckily, Jim ended up finding two shoes in a garbage can. That's the pair that he's wearing in the photo. But one of the shoes was too big, so he had to wear an extra sock. Wearing these shoes, Jim won two

gold medals that day.

This is a perfect reminder that you don't have to resign to the excuses that have held you back. So what if life hasn't been fair? What are you going to do about it today? Whatever you woke up with this morning; stolen shoes, ill health, failed relationships, failed business, don't let it stop you from running your race. You can experience more in life if you'll get over the excuses and get on with living. You can have reasons for failure or you can have results...but you can't have both.

Sent by Mrs. Esther Amarasekera

Extracted from her e-mail by Dr B.J.C.Perera



Medical Clinics in the Trincomalee District

Dr Anula Wijesundere
President, SLMA

Free medical clinics were carried out in the Trincomalee district on the 12th and 13th July 2019 as a joint social service project of the Sri Lanka Medical Association and SUCCESS, Colombo (Society for the Upliftment and Conservation of Cultural, Economic and Social Standards).

The first clinic was held on Saturday at the Somadevi Maha Vidyalaya for residents of Siri Mangalapura, Kallar, Somapura, Dehiwatte, Neelapola, Seruwila, Kavantissapura, Serunuwara. The clinic which commenced at 10 am went beyond 10 pm until the last patient was seen. The second clinic was held on Sunday at the

Van Ela Maha Vidyalaya from 8 am to 11 pm for residents of Van Ela, Jayanthipura Muslim Colony, Suryapura, Pansal Godella. The long duration of the clinics resulted from the shortage of doctors. Over 1000 patients were treated at both clinics.

Before the start of each clinic, a 'Janahamuwa' was held where the people were given health education talks on NCDs with emphasis on stoppage of alcohol, smoking and chewing betel. Advice on infant feeding was provided to mothers. Women who attended the clinics were taught the technique of self-examination of breasts. The diseases commonly encountered were anaemia, respiratory tract infections, lumbago, gastritis, gastroenteritis, hypertension and diabetes.

Illustrated books on 'Injury Prevention in Children' produced by the SLMA in conjunction with the All Island Art Creation 2019 were distributed to all children who attended the clinics. Posters on Injury Prevention in Children printed by the Health Education Bureau of Ministry of Health were distributed to all schools in the Trincomalee district. The doctors who participated in the clinic were Dr Sujatha Wijenayake, Consultant Paediatrician, Dr Manel Marcus, Consultant Rheumatologist, Dr Lucky Jayasekara, Family Physician and Dr Anula Wijesundere.

We thank Colonel Sarath Gunasekara, Civil Affairs Officer, Sri Lanka Army Brigade Trincomalee for inviting us to conduct these clinics, providing logistics support, transport and the excellent arrangements.



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SLMA Monthly Clinical Meeting on Extra Corporeal Membrane Oxygenation (ECMO)

Dr. Kapilani Withanaarachchi,
Consultant Paediatrician

SLMA in collaboration with Teaching Hospital (TH) Karapitiya, Galle, held the monthly clinical meeting of SLMA, on 3rd September 2019, with a case presentation and a review lecture on the use of Extra-Corporeal Membrane Oxygenation (ECMO), an advance technology of life support, which is currently available only at TH Karapitiya. This was held at the SLMA auditorium and doctors from different fields participated in this meeting.

Dr Anula Wijesundera, President SLMA chaired the session and Dr. Tolusha Harischandra, Consultant Cardiothoracic Surgeon and Dr. Kapilani Withanaarachchi, Consultant Paediatrician from TH Karapitiya participated as speakers.

Extra-Corporeal Membrane Oxygenation (ECMO) is a mechanical life support for severe but reversible respiratory and /

or cardiac failure not responding to conventional treatment. It evolved as an extension of the technology involved in cardiopulmonary bypass in heart surgery, but in this case, for long term use in the intensive care setting. The SLMA has identified the value of this procedure and the need to strengthen and expand this service to save many lives.

"Extra-corporeal" means "outside the body". An extracorporeal circulatory procedure is one in which blood within the patient's circulation is taken outside the body to have a process applied to it before it is returned to the circulation. In the case of ECMO, the procedure done outside of the body uses an exchange devise known as a "membrane lung" to actively oxygenate and decarboxylate blood.

Dr. Kapilani Withanaarachchi presented a case report on "Choline gas inhalation causing severe Acute Respiratory Distress

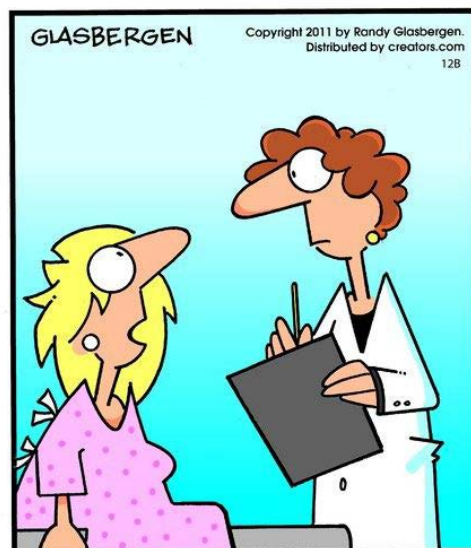
Syndrome (ARDS) in a child successfully salvaged using ECMO", based on a patient from TH Karapitiya. Dr. Tolusha Harischandra then presented a review lecture about the evidence of the use of ECMO in the world and the current situation in our country indicating its availability, indications to use, referral process, procedure and outcome.

An interactive discussion led by Dr. Anula Wijesundera, followed. It was a great privilege to have Dr. Richard Firmin, Consultant Cardiothoracic Surgeon from UK in the audience, who is the pioneer in establishing ECMO in Sri Lanka. His expert input in the discussion on several aspects of ECMO was invaluable. Dr. Anula Wijesundera congratulated the ECMO team at Karapitiya and encouraged to continue the good work.

The meeting was sponsored by The Sri Lanka Technological Campus.



"I would be a lot healthier if you'd stop finding things wrong with me!"



"I follow a healthy lifestyle, but I rarely catch up with it."

Press Coverage of Public Colloquium on Unplanned Pregnancies

At the SLMA 132nd Anniversary International Medical Congress



Workshop on "Empowering Youth to Prevent Self Harm"



Dr Yasodha Rohanachandra, Consultant Child and Adolescent Psychiatrist

Dr Prasangika Seneviratne Alles, Consultant Psychiatrist.

The suicide prevention task force of SLMA organized a programme on "Empowering youth to combat suicide in Sri Lanka", to commemorate

the "World Suicide Prevention Day". This was held at the Sri Lanka Technological Campus, at Padukka on 10th September 2019. Students, student leaders and staff of the campus participated in this programme.

Dr Anula Wijesundere, President SLMA and Consultant Physician; Dr Ruwan Ferdinando, Consultant Community

Physician; Dr Prasangika Seneviratne Alles, Consultant Psychiatrist and Dr Yasodha Rohanachandra, Consultant Child and Adolescent Psychiatrist participated as resource persons for this event.

Deliberate self-harm is a major problem among Sri Lankan youth.

Contd. on page 12

Self Harm...

Previous studies indicate that the prevalence of deliberate self-harm is highest between 15-24 years in Sri Lanka. The prefrontal cortex of the brain, which is responsible for impulse control and emotional regulation, is not fully developed till about 25 years, making this age group particularly vulnerable to poor judgement, impulsivity and risk-taking behaviour. In addition, the academic stress, relationship difficulties and influence of electronic media all contribute to the high prevalence of deliberate self-harm in this age group. Therefore, the SLMA identified the need to strengthen the stress management and coping skills of this population to combat the high prevalence of self-harm in this age group.

Dr Anula Wijesundere started off the programme with an introduction on the Sri Lankan statistics related to self-harm and their changing trends in Sri Lanka. Dr Wijesundere also briefed the audience on the measures taken so far to bring down the rates of suicide in Sri Lanka and the future plans of SLMA to reduce these rates further.

Dr Ruwan Ferdinando then addressed the audience on how to manage academic stress through effective study skills, time management and organizational skills, with the aim of empowering students to handle academic stress better.

This was followed by an interactive discussion by Dr Prasangika Seneviratne Alles. As relationship problems are a leading cause of deliberate self-harm in this age group, Dr Seneviratne's discussion was on how to maintain healthy relationships and cope with relationship issues. Young adults are the main targets of the alcohol and tobacco industry. Young people are more likely to experiment with substances and use substances as means of coping. Substance use is associated with a higher risk of deliberate self-harm and suicide. Therefore, substance education was provided to improve their awareness on the strategies used by the alcohol industry to promote substance use among them and to correct the common myths attached to substance use, with the aim of empowering them to resist initiation of substance use.



In Sri Lanka, the mental health literacy among youth is poor and there are many myths with regard to aetiology and management of mental health problems.

This results in delay in seeking help which may contribute to increased attempts at deliberate self-harm and suicide. Therefore, the opportunity was taken to improve the awareness among the audience on early identification of common psychiatric disorders and where to seek help.

Dr Yasodha Rohanachandra discussed the implications related to electronic media use. Internet addiction and cyber bullying are emerging problems among today's youth. Excessive electronic media use is associated with depression, self-harm, low self-esteem, poor attention and sleep problems among the youth. However, the magnitude of the problem is often underestimated. Dr Rohanachandra had an interactive discussion on the signs of internet addiction, their consequences, staying safe on-line and where to seek help in case of cyber-bullying.

As the final part of the session, Dr Rohanachandra encouraged students to discuss problem solving, coping and distress tolerance strategies that they currently use, to help them identify helpful and unhelpful strategies. Most often, youth engage in deliberate self-harm not with the intention of ending their life, but due to the inability to cope with emotional pain. Therefore, helpful ways of coping and solving problems were discussed to strengthen their coping skills and problem

solving skills.

The programme ended with a question and answer session, where students were given the opportunity to clarify any concerns. Most importantly, the students were given information on organizations available to help those having any thoughts of self-harm and how to access these services.

Deliberate self-harm is highest between 15-24 years in Sri Lanka.

The prefrontal cortex of the brain, which is responsible for impulse control and emotional regulation, is not fully developed till about 25 years, making this age group particularly vulnerable to poor judgement, impulsivity and risk-taking behaviour.

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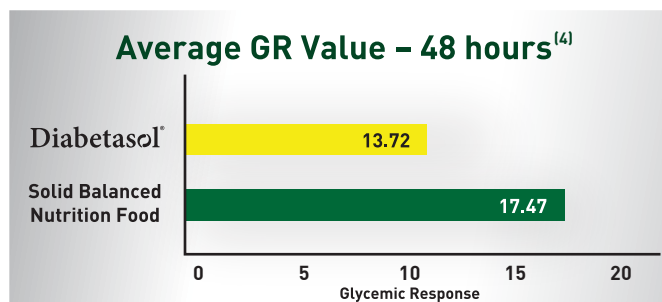
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An overview of ECMO and its place in Sri Lanka: Where in the world do we stand today?

Dr. Tolusha Harishchandra,
Consultant Cardiothoracic Surgeon,
Karapitiya Teaching Hospital

Extra-Corporeal Membrane Oxygenation (ECMO) is a mechanical life support for severe but reversible respiratory and /or cardiac failure not responding to conventional treatment. It evolved as an extension of the technology involved in cardiopulmonary bypass in heart surgery, but in this case, for long-term use in the intensive care setting.

“Extra-corporeal” means “outside the body”. An extracorporeal circulatory procedure is a procedure in which blood within the patient's circulation is taken outside the body to have a procedure applied to it before it is returned to the circulation. A familiar example of such an extracorporeal circulation is dialysis. In the case of ECMO, the procedure outside the body is done by using an exchange device known as a “membrane lung” to actively oxygenate and decarboxylate the blood (Fig 1)

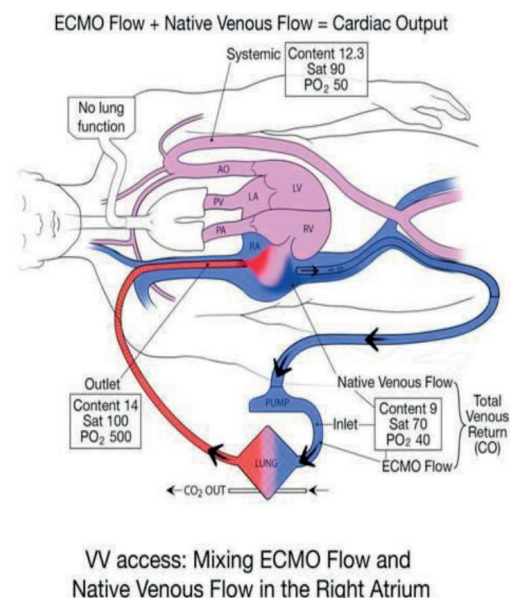


Fig 1: Venovenous ECMO

When the heart lung machine is used in the operating room to facilitate cardiac surgery and provide total support to the heart and lungs, this technique of extracorporeal life support is called Cardio-Pulmonary Bypass (CPB). When used in the intensive care setting, usually with extra-thoracic

cannulation for respiratory and /or cardiac support it is known as Extra-Corporeal Membrane Oxygenation (ECMO).

ECMO is a mechanical device to support the respiratory and/ or cardiac functions. Therefore, it becomes important when traditional methods such as ventilation, drugs and devices such as balloon pumps cannot support the cardio-respiratory function anymore. As most die of cardio-respiratory failure, and ECMO is a temporary support, which is expensive and energy intensive, doctors should choose their patients for ECMO carefully to utilise it for those with a high likelihood of meaningful survival. Therefore, patients should have potentially reversible cardio-respiratory failure in that their heart and lung functions should be able to recover either by treatment or spontaneously. In other words, ECMO is not a treatment but a method of temporary support of the heart and the lungs, until they recover. As ECMO ensures oxygen delivery and CO₂ removal to the entire body, this in effect, supports the entire body, preventing the rest of the organs from going into failure.

Dr John Gibbon did the first successful heart operation using cardiopulmonary bypass in 1956 thereby opening doors to heart surgery as we now know it ⁽¹⁾. A screen oxygenator was used for this operation. These oxygenators were not suitable for long term use and many years went by before membrane oxygenators that could be used in the long term were developed. In 1971 Dr Donald Hill from USA did the first successful ECMO on an adult trauma patients with severe ARDS . In 1975, Dr Robert Bartlett from USA did the first successful neonatal ECMO for severe respiratory failure for meconium aspiration ⁽²⁾. There followed an era where extensive investigations were done in Michigan and Boston to establish the survival benefits of ECMO . The Extracorporeal Life Support Organisation ELSO was established in 1988. UK performed their own trials in 1992-5 led by Dr Richard Firmin to establish

not only the survival per se but also intact survival which proved the superiority of ECMO over conventional management for neonates ⁽⁴⁾.

In 2000 the CESAR trial from UK proved the same in the case of adult ECMO ⁽⁵⁾. However, the most convincing evidence came in 2009 in the form of the H1N1 pandemic that threw ECMO into the public limelight as an important method of saving lives especially in the obese pregnant females with severe respiratory failure due to H1N1 influenza . Subsequent analysis showed the significant benefit of ECMO in ARDS over conventional management.

With the widespread use of ECMO throughout the world, ELSO based in North America established further chapters based on the continent: euroELSO in 2011, Asia pacific ELSO, Latin American ELSO and the South West Asia ELSO-- all in 2013.

By July 2019 ELSO data base has recorded 119,754 patients who have undergone ECMO around the world with an overall survival to discharge of 55%.

Until recently, Sri Lanka was lagging behind in the treatment of severe cardio-respiratory diseases not amenable to conventional treatment. Many lives were lost from reversible causes, both noncommunicable diseases, such as severe meconium aspiration syndrome, severe trauma, drowning, poisoning and communicable diseases such as myocarditis, pneumonia, H1N1 influenza and infective ARDS, due to the unavailability of advanced forms of cardio-respiratory support. In South West Asia and African countries such as India, Pakistan, Iran, Kuwait, Oman, Qatar, South Africa, Lebanon, Saudi Arabia, UAE, Egypt, Kenya, and Kazakhstan, there are centres with ECMO capabilities. Sri Lanka started ECMO in 2014 and after 2017 the numbers have been steadily increasing ⁽⁶⁾. In 2019, THK received the prestigious membership of the ELSO, placing Sri Lanka on the world map of countries with ECMO expertise for the first time.

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Launching in Sri Lanka



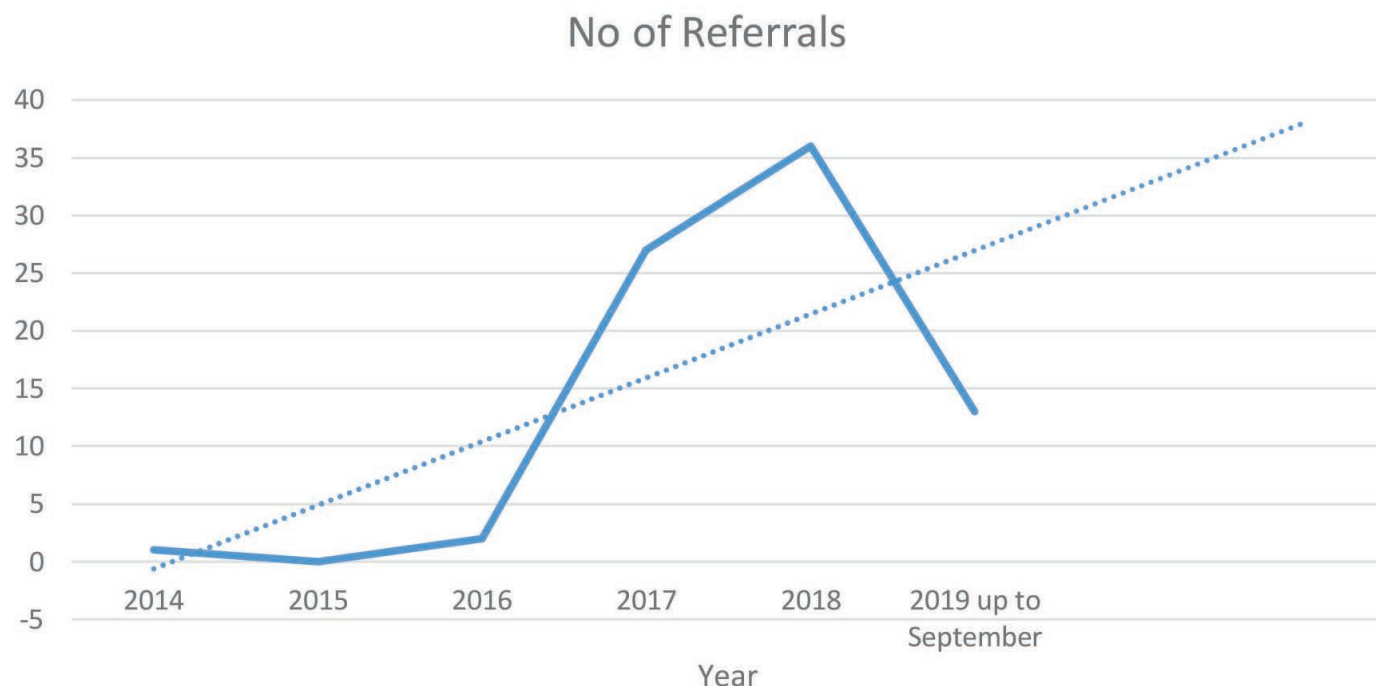
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Tablets

An overview of ECMO...



From 2014 to 2019, 79 patients have been referred for ECMO (20 neonates, 7 paediatrics and 52 adults) to Galle, three during the first three years and 73 during the next three years.

The referrals have been from within Teaching Hospital Karapitiya (THK) 55(69%) as well as outside THK 24(31%) with the highest referrals (13) from Colombo (eight from the government sector and five from the private sector). Patients who need ECMO are among the sickest patients in the country; they have been in intensive care units and have failed conventional intensive care and for them, ECMO is often the last resort. Of the patients referred to us, 48 (67.6%) patients were eligible for ECMO but 23(47.9%) could not undergo ECMO for logistical reasons, such as late referrals, difficulty of transport and unavailability of ICU beds. A total of 26 (32%) patients underwent ECMO (16 adults, 4 paediatrics and 6 neonates) and were supported for a total of 4518 hours.

Overall ECMO survival for this series was 13(52%). Furthermore, in selected subgroups such as adult leptospirosis where survival was 75% and neonatal meconium aspiration /persistent pulmonary hypertension where the survival was 100%, the results have been excellent with no sequelae in terms of neurological deficit or functional status. ECMO in Galle has progressed over the

years and with the increasing awareness among physicians and public, there is a need to expand and sustain this service.

We recognise that ECMO is expensive, but it is no more expensive than heart valve replacements which we do on a regular basis. Keeping in mind that valve replacements are regularly done in the relatively elderly, it should be noted that ECMO is done almost exclusively in the young, giving them many productive, complication-free years.

ECMO is about saving life and not about prolonging death and therefore, case selection is crucial. It is imperative that those involved in ECMO understand what ECMO can do and cannot do. This requires an understanding based on proper training and experience, which a designated centre can achieve, rather than with ad-hoc arrangements that are associated with large expenses and poor returns. We believe that over the next few years, Sri Lanka will see an expansion of the use of ECMO, which is today, an essential part of advanced life support of the critically ill in any part of the world.

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2nd Master Class on Multi-Organ Retrieval & Transplantation

SLMA 132nd Anniversary International Medical Congress - Post-Congress Workshop

Dr. Sajith Edirisinghe
Assistant Secretary, SLMA and
Workshop Coordinator

The first Post-Congress Workshop of the SLMA 132nd Anniversary International Medical Congress: "The 2nd Master Class on Multi-Organ Retrieval & Transplantation" was successfully held on 28th July 2019 at the Department of Anatomy, Faculty of Medical Sciences, University of Sri Jayewardenepura. The participants included post-graduate surgical trainees, senior doctors and consultant surgeons. This workshop was organized by the Sri Lanka Medical Association in collaboration with the Organ Transplant Unit, Sri Jayewardenepura General Hospital, Department of Anatomy, Faculty of Medical Sciences, University of Sri Jayewardenepura and The College of Surgeons of Sri Lanka. The welcome address was delivered by Dr. Anula Wijesundara, President, Sri Lanka Medical Association. The resource persons were introduced by Prof. Surangi Yasawardene, Dean, Faculty of Medical Sciences, University of Sri Jayewardenepura. Dr. Nissanka Jayewardene, President of the College of Surgeons of Sri Lanka, also addressed the gathering.

The first half of the workshop was dedicated for hands-on skills training on Lung, Heart, Liver and Kidney retrieval and perfusion procedures. The evening session was entirely dedicated to hands-on skills for transplantation steps of the

retrieved organs. The resource persons were Prof. Surangi Yasawardene, Dean and Senior Professor of Anatomy, Faculty of Medical Sciences, University of Sri Jayewardenepura. Prof. Rohan Siriwardene, Consultant Gastroenterological, Hepatobiliary & Transplant Surgeon and Professor in Surgery, Department of Surgery, Faculty of Medicine, University of Kelaniya, Dr. Ruwan Dissanayake, Consultant Transplant Surgeon, National Hospital of Sri Lanka, Dr. Rajitha Silva, Consultant Cardiothoracic Surgeon at Sri Jayewardenepura Hospital, Dr. Rohan Sirisena, Consultant General Surgeon, Sri Jayewardenepura Hospital, Dr. Sumana Handagala, Consultant Thoracic Surgeon, National Hospital for Respiratory Diseases, Welisara, Dr. P.H. Dissanayake, Head, Senior Lecturer in Anatomy, Faculty of Medical Sciences, University of Sri Jayewardenepura, Dr. Niroshan Seneviratne Consultant Urologist and Transplant Surgeon, Sri Jayewardenepura General Hospital, Dr. Sajith Edirisinghe, Assistant Secretary, Sri Lanka Medical Association and Lecturer in Anatomy, Faculty of Medical Sciences, University of Sri Jayewardenepura, Dr. N. Gunawansa, Consultant Vascular, Endovascular & Transplant Surgeon, Dr. N. Athulugama, Consultant Surgeon, Dr. R. Wickramarachchi, Consultant Urologist, Dr. S. Ilangange, Consultant Thoracic Surgeon, Dr. D. Rasnayake, Consultant Thoracic Surgeon.

Cadaveric training sessions have been shown to improve the performance of surgical trainees during subsequent live surgery. Both trainees and assessors hold these procedures in high regard and feel they help to improve operative skills.

Hands-on surgical skills workshops are held all over the world to improve surgical trainees' technical skills and they are offered at a very high cost. The Department of Anatomy of the FMS, USJP



has adopted the Fresh-Frozen Technique to preserve the cadavers and Fresh-Frozen cadaver is currently the model that is closest to reality.

The carefully designed 2nd Masterclass on Multi-organ retrieval and transplantation was offered at a very affordable cost for the local surgical trainees.

A hand book of the important steps of the multi-organ transplantation was also launched during the workshop.



Contd. on page 18

2nd Master Class...



Carlo: A Prince amongst them all

Dr. B. J. C. Perera
Specialist Consultant Paediatrician

It may sound rather frivolous, daring and even audacious to call Professor Carlo Fonseka just a superlative man. For that matter, even to call him a human being like no other is perhaps a monumental understatement. He was a whole lot more than that. Many a scribe has written about Professor Carlo Fonseka, before, and even after his departure from this mortal world on the 2nd of September 2019. Very many are the articles that have come up within the last few days describing a variegated plethora of different things about this prince of our times. In fact, the editors of two of our most prestigious and popular English Newspapers have deemed it fit to dedicate their editorials to Professor Carlo Fonseka, just two days after he left us forever. Most fittingly, those paid homage to a human being like no other. Both editorials, virtually in unison, extolled many a virtue of the great man. I have no doubt that a lot more of such tributes will emerge as we go along. There is absolutely no contention whatsoever that the good Professor was a fantastic academic, an incomparable intellectual, an astute politician, an administrator par excellence, an outstanding artiste in the finest sense of the word and above all, a wonderful

human being. We have just lost a man in a million, a true son of Mother Lanka.

In 1967 we were in the Colombo Medical Faculty when Dr. Carlo Fonseka came back from England after his postgraduate studies, as a Senior Lecturer in Physiology. We had just finished our stint in Physiology and did not have the benefit of being directly taught by him. However, my wife from our immediate junior batch, had that privilege. She describes him as a medical teacher who could make the most complicated and perplexing physiological scenarios, look ever so simple. There are only just a handful of them in this world who could do that. Physiology is the fundamental basis of medicine as it deals with the normal biological processes that sustain life. All medical personnel need to have a very sound grounding of that specialty of the normal workings of the human body before they could begin to even tenuously fathom the ramifications of disease.

It was apparently child's play for a maestro like Professor Fonseka, to gently unravel the mysteries of the workings of the human body as well as the organ systems, in a way that could be clearly and crisply understood even by lesser mortals.

Be all that as it may, what I am trying ever

so hard to do in this accolade, is to present a somewhat different and intensely personal perspective of the man. Professor Carlo Fonseka has been my priceless and unrivalled mentor in very many diverse ways. He was a teacher to me in a slightly different way.

Whenever I listened to him speak in public forums, I was amazed by the lucidity of thought and the oratorical skills of the man, in English as well as in Sinhala. I learned, and learned such a lot, by just watching him and listening to him. I have hardly ever, if not never, seen him use a printed document for guidance. Supreme beings such as him do not need them. He could quote chapter and verse from all kinds of different chronicles at the drop of a hat, without the assistance of an inscribed script, virtually one hundred per cent of the time. He had such a coherent mind, and a superbly functioning brain, it really was just a walk-in-the-park for him. To me he always was Carlo. However, I never dared, even in my wildest dreams, to call him that to his face. The only way I could address him directly was to use our dignified traditional title 'Sir'. Whenever I addressed him that way, he always had a resounding repartee.

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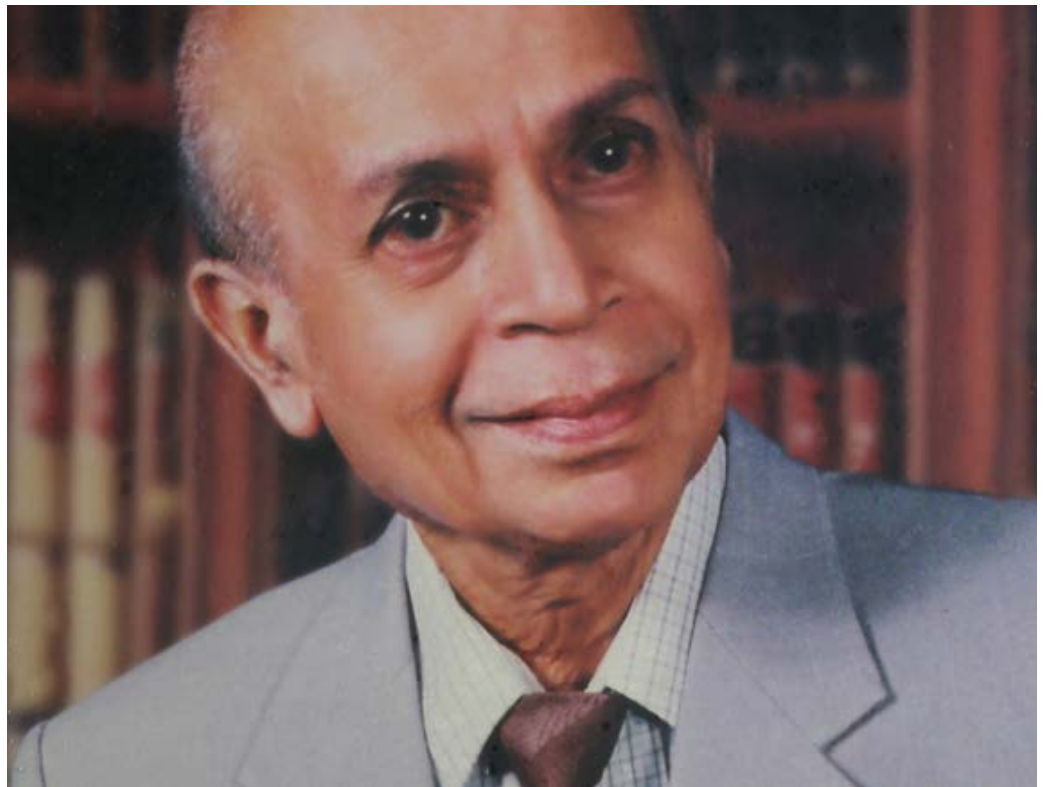
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Carlo: A Prince...

He generally said that I have chosen to bestow on him a knighthood which even Her Majesty Queen Elizabeth the Second had missed out on. Such was the breathtakingly striking humility of the man.

For some hitherto unknown reason, Professor Carlo Fonseka made it a point to be in the audience many a time that I made academic presentations. From time to time, he would very quietly, ever so gently and in private, point out some mistakes that I made during those presentations. These were mostly syntax and grammatical errors. Of course those very constructive efforts on his part were most welcome as I realised that he was only trying to make me a better presenter and a better speaker. I believe that just a little bit of his intensely admirable humility rubbed off on me as well. I did improve in leaps and bounds as a result of such fantastic assistance. Just a few years ago, after one of my presentations, he came up to me and said "BJC, I was trying hard to find some mistake in what you said or some error in your slides. There were none, right up to your last sentence. In that last sentence you said, Ladies and Gentlemen, I will take your leave now. BJC, you cannot take anybody else's leave. You can only take your own leave. It should have been I will take my leave now". I was convinced that he was wrong; only to be brought very firmly down to earth when I checked the literature. As usual, he was absolutely and unmistakably, perfectly correct. I should really have known better; his command of Her Majesty's Language is unquestionably of the highest calibre. I was so very fortunate to have had that very special relationship and an extremely friendly rapport with Professor Carlo Fonseka. We had tremendously fruitful discussions which led to my obvious enlightenment on many an issue. He was a veritable and inexhaustible encyclopaedia of knowledge.

When he was the President of the Sri Lanka Medical Council, he gave me a call



one day and wanted to nominate me into an Evaluation Committee that was to be entrusted an onerous task of assessing a certain medical institution. I really did not want to be a part of it as it was quite a controversial issue. When I tried to back out, the Professor said "Please putha (son), do this as a personal favour to me". That was the end of the story. How can I ever refuse a man that I admired so much, addressing me as his son, and asking me to do him a personal favour? My immediate response was "OK Sir, consider it done". Professor Carlo Fonseka's commitment to a chosen cause is absolutely legendary. Just one final example would do justice to that undisputed axiom. His beloved Colombo Medical Faculty is due to celebrate its 150 year anniversary in 2020. The organisers had asked the good Professor to write an article for the souvenir volume that was to be printed. Knowing very well what he can write and how he can write, they were convinced that it would be the icing on the cake. Professor Carlo Fonseka spent quite a bit of time from his final sick bed to dictate the contents of that communication. It is indeed ever so fitting that it would be the last literary contribution from him and that it would be dedicated to an institution that he loved so very much.

The most striking and lovable traits of the

man were that he elected to teach us by his very own example, to be honest, to be sincere, to be diplomatic, and to be gentle in our dealings with our fellow human beings. However, being human, I have very occasionally failed in those endeavours. It is certainly not due to any kind of paucity as a role model on the part of Professor Carlo Fonseka; far from it. The very large number of times I have followed his noble qualities far outnumber the very rare occasions where I have transgressed. That I believe is perhaps the ultimate compliment to my 'guru'.

A lady colleague of mine described Professor Carlo Fonseka as the absolute winner of the title of the 'most loved medical teacher' of our times. She also went on to say that he left the runner-up miles behind him as well. That just about sums up how all of us, I repeat, all of us, looked at him.

From an intensely personal angle, I have always been the richer for having come into contact with such a persona grata; a prince who was most definitely a majestic virtuoso for all seasons.

Goodbye, sweet Prince, hopefully we will meet again someday.

(This article was published in The Island Newspaper on 07-09-2019)

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SLMA 132nd Anniversary International Medical Congress: Post-Congress Workshop



The second post-congress workshop was held on 8th August, 2019 at the SLMA, and was organised in collaboration with the WHO Collaborating Centre for Research Synthesis in Reproductive Health, College of Community Physicians of Sri Lanka and the Sri Lanka College of Obstetricians and Gynaecologists. Prof. Pisake Lumbiganon, Professor of Obstetrics and Gynaecology and Director, WHO Collaborating Centre for Research Synthesis in Reproductive Health, Faculty of Medicine, Khon Kaen University, Thailand served as the main resource person. The session was well attended and interactive.

To all members of the SLMA,

Extra Ordinary General Meeting

Notice is hereby given that an Extra Ordinary General Meeting of the Sri Lanka Medical Association will be held at 5 p.m. on Friday 25 October 2019 at the Lionel Memorial Auditorium, SLMA, Wijerama Mawatha, Colombo 7.

All members are cordially invited to be present.

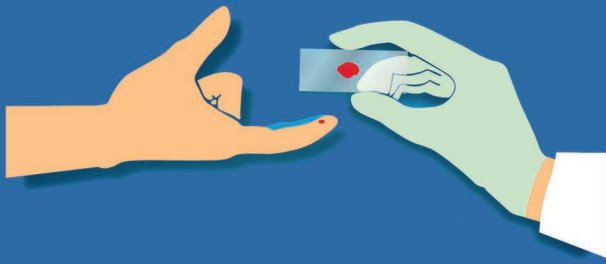
The agenda of the meeting is given below.

1. Excuses.

2. Presentation of constitutional amendments approved by the Council and the Registrar of Companies for approval of the membership of the association.

The relevant parts of the constitution and the proposed amendments are available on the SLMA website and also at the SLMA office for perusal.

Dr. Kapila Jayaratne,
Honorary Secretary, SLMA



Reduce the Delay

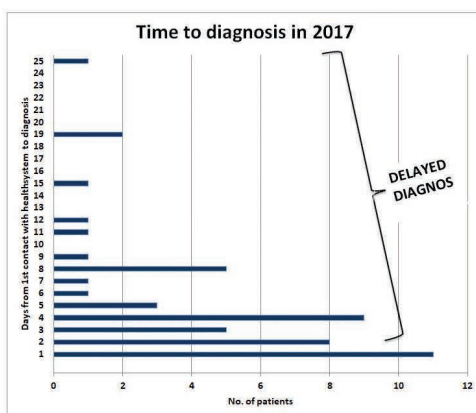
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SRI LANKA MEDICAL ASSOCIATION

FOUNDATION SESSIONS - 2019

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