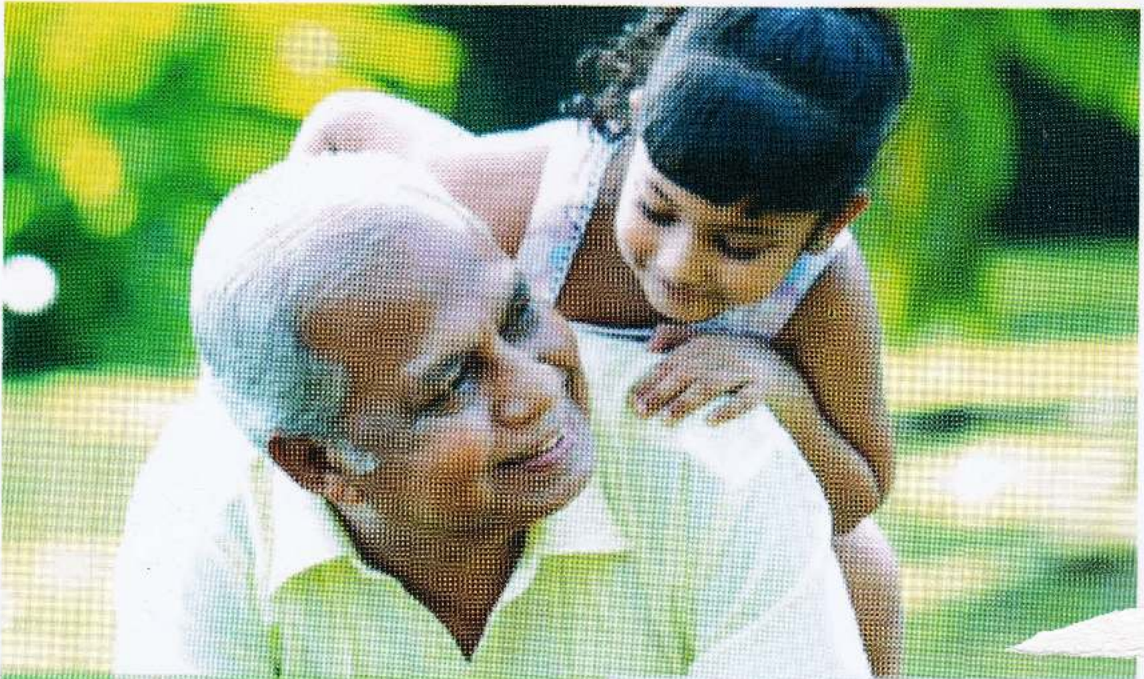
Jaffna Medical Association Annual Scientific Sessions - 2017 & Joint Academic Meeting with Jaffna Medical Faculty Overseas Alumni (UK)

"Blurring Borders for Better Health"

Abstract book



Experience

LIFE'S
HAPPIEST MOMENTS

Performing the entire range of cardiac and thoracic surgeries for children and adults

HEART CENTRE

Services offered at our Heart Centre

The Lanka Hospitals Corporation PLC (PQ180)
No.578, Elvitigala Mawatha, Narahenpita, Colombo 5, Sri Lanka.
General Number: +94 (0) 11 543 0000
E-mail: info@lankahospitals.com
Web: www.lankahospitals.com

Jaffna Medical Association
Annual Scientific Sessions - 2017
&
Joint Academic Meeting with
Jaffna Medical Faculty Overseas Alumni (UK)

"Blurring Borders for Better Health"

Abstract book

The Jaffna Medical

Annual Scientific
An
Joint Academi
Jaffna Medical Faculty
August 10th, 11

"Blurring Borders f

Pre-congress sessions

Workshop on Fetal Monitoring
29th July 2017, 8.00 a.m.-12.30 p.m.
Conference Hall, Teaching Hospital, Jaffna

Workshop on Cardiac Investigations
10th August 2017, 8.30 a.m.-12.00 noon
Conference Hall, Teaching Hospital, Jaffna

Workshop for Nurses
10th August 2017, 8.00 a.m. 12.30 p.m.
Nursing Training School (NTS), Teaching Hospital, Jaffna

Inauguration of Sessions: 10th August 2017
Venue : Tilko, Jaffna City Hotel

6.00 pm	Arrival of guests
6.15 pm	Ceremonial Procession
6.30 pm	Lighting of lamp of Learning
6.35 pm	National Anthem
6.40 pm	JMA Anthem
6.45 pm	Welcome address by President JMA Dr A Sritharan
7.05 pm	Address by Guest of Honuor Dr (Mrs) J Ganeshamoorthy Consultant Physician Chairperson, Jaffna Jaipur Centre for Disability Rehabilitation
7.25 pm	Address by Chief Guest Professor Sir Sabaratnam Arulkumaran Past President, Royal College of Obstetricians and Gynaecologists
7.55 pm	Introduction of Orator
8.00 pm	Professor C Sivagnanasundram Oration Dr T Gadambanathan Consultant Psychiatrist, Teaching Hospital, Batticaloa
8.45 pm	Vote of thanks
8.55 pm	Procession leaves the hall
9.00 pm	Reception

Friday 11th August 2017
Venue : Public Library Auditorium, Jaffna

8.00 - 8.15 Registration

8.15 - 9.45 **SYMPOSIUM 1 : Stones that moans - Nephrolithiasis**

Evaluation of nephrolithiasis from a Pathological perspective
DR S Homathy, Chemical Pathologist & Senior Lecturer in Pathology, University of Jaffna

Role of the Radiologist
Dr Sarumathy Sritharan, Consultant Radiologist, Barts Health NHS Trust, UK

Nephrologist's Role
Dr A W M Wazil, Consultant Nephrologist, Teaching Hospital, Kandy

Surgical management of nephrolithiasis
Dr B Satheesan, Consultant Urological Surgeon, Teaching Hospital, Jaffna

9.45 - 10.10 **PLENARY I**

Global challenges to women's health and rights
Prof Sir Sabaratnam Arulkumaran

10.10 - 10.35 **PLENARY II**

Impact of early nutrition on long term health of children
Prof Pujitha Wickramasinghe
Professor in Paediatrics
University of Colombo

10.35 - 10.55 Tea

10.55 - 12.05 **SYMPOSIUM 2 : *Facing antimicrobial resistance***

Microbiologist's Perspective
Dr Lilani Karunanayake
Consultant Clinical Microbiologist, Department of Bacteriology
Medical Research Institute, Colombo

Resisting Antibiotic Resistance
Prof Shalini Sriranganathan
Professor in Pharmacology and Consultant Paediatrician
University of Colombo

Clinician's Role
Dr. Panduka Karunanayake, Consultant Physician & Senior Lecturer in Clinical Medicine
University of Colombo

12.05 - 13.15 **SYMPOSIUM 3 : *The Facets of Health***

Changing patterns of morbidity and mortality
Dr S Sivaganesh
MO, NCD RDHS Jaffna

Healthy Life Style - Challenges
Prof Saroj Jayasinghe, Professor in Clinical Medicine
University of Colombo

The importance of the humanities in clinical practice
Prof Raveen Hanwella, Professor in Psychiatry
University of Colombo

13.15 - 14.00 Lunch

14.00 - 14.25 **PLENARY III**

Obstructive sleep apnoea - An overview
Dr K Parthipan, Consultant in Respiratory Medicine, Luton an
Dunstable Hospital, NHS Trust, UK

14.25 - 15.35 **SYMPOSIUM 4: Safety first in operating theatre**

First do no harm : Safety in the Operating Theatre
Dr D C Ambalavanar, Visiting Lecturer in Surgery
University of Jaffna

Role of the Anaesthesiologist
Dr Prasanga Samarasekara, Consultant Anaesthetist
Sri Jayewardenepura General Hospital, Colombo

Association (JMA)

Sessions - 2017
d
: Meeting with
Overseas Alumni (UK)
& 12th 2017

or Better Health"

	Clean Care is Safe Care Dr Terrence Rohan Chinniah, Consultant Clinical Microbiologist Raja Isteri Pengiran Anak Saleha (RIPAS) Hospital, Brunei
15.35 - 16.00	**PLENARY IV** ***Endometriosis - Can we do better?*** Prof. Hemantha Senanayake, Head & Professor in Obstetrics and Gynecology University of Colombo
16.00 - 16.25	**PLENARY V** ***Managing heart failure in the community*** Dr S Manoharan, Staff Cardiologist, Yorkshire, UK
16.25	Tea

JMA Night

Cultural Programme & Dinner

Time: 19.00 – 22.00

Venue: Hoover Auditorium, Faculty of Medicine, Jaffna

(Tickets available at JMA Library & Registration Counter)

Saturday, 12th August 2017
Venue : Public Library Auditorium, Jaffna

08.15 - 09.25	**SYMPOSIUM 5: Cervical carcinoma - Multidisciplinary perspective**
	Screening and Prevention - Global Trend and where we stand Dr K Muhunthan, Consultant Obstetrician & Gynaecologist, Head, Department of Obstetric & Gynaecology University of Jaffna
	Recent advances in management of cervical cancer Dr Jasotha Sanmugarajah, Consultant Medical Oncologist, Gold Coast Hospital, Australia
	Where does the care end? Dr Joseph Pratheepan, Consultant Physician, Teaching Hospital Jaffna
9.25 - 10.35	**SYMPOSIUM 6:** ***Dengue fever - The epidemic***
	Dengue in children - Recent epidemic and insight to its management Dr R Ajanthan, Consultant Paediatrician, Colombo
	Exceptional scenarios Dr T Peranantharajah, Consultant Physician, Teaching Hospital Jaffna
	Community aspect Dr V G Rajeev, Regional Epidemiologist, RDHS Office, Jaffna
10.35 - 10.55	Tea
10.55 - 11.20	**PLENARY VI** ***Nano science and its application in Medicine*** Prof P Ravirajan, Professor in Physics, University of Jaffna
11.20 - 11.45	**PLENARY VII** ***Patients' rights, responsibilities and team work*** Dr K Ragunathan, Consultant Physician, Colombo
11.45 - 12.55	**SYMPOSIUM 7:** Trauma
	Standardized protocol based trauma care Dr S Sivaganesh, Consultant Surgeon, Senior Lecturer in Surgery University of Colombo
	Role of imaging in thoracic trauma Dr Anton Jenil, Consultant Radiologist, District General Hospital, Kilinochchi
	Vascular trauma Dr Joel Arudchelvam, Consultant Vascular and Transplant surgeon, Teaching Hospital, Anuradhapura
12.55 - 13.00	**Awarding of Certificates & Closing Remarks**
13.00	Lunch

11th August (Day1) : Hall B
8.30 – 10.30 (Parallel Sessions)
Free paper sessions I & II and Poster Presentation

12th August (Day2) : Hall B
8.30 – 10.30 (Parallel Sessions)
Free paper sessions III & IV and Poster Presentation

	Full Registration (LKRs)		Day Registration (LKRs)
	Life Members	Non Members	
Consultants / Professors / Senior Lecturers	2500.00	3000.00	-
Medical Officers / PG Trainees	750.00	1000.00	500.00
Medical Students	-	500.00	300.00

Jaffna Medical Association
Teaching Hospital, Jaffna
Tel : 021 222 1313
Email : jaffnajmalibrary@gmail.com

Annual Scientific Sessions – 2017

"Blurring Borders for Better Health"

Pre-Congress Workshop

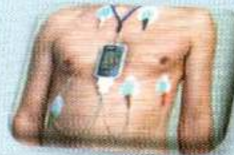
on

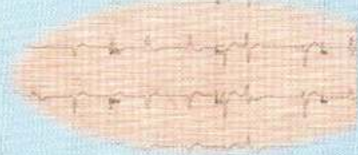
Cardiac Investigations

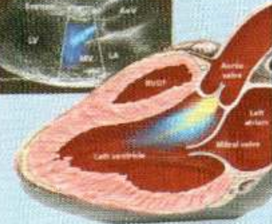
For

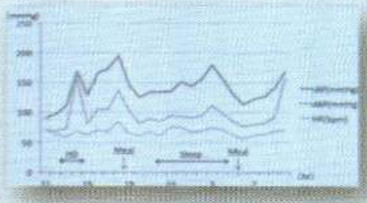
Junior doctors

(Medical Registrars, Senior Registrars and Senior House Officers)









Date : 10th August, 2017

Time : 8.30 a.m. – 12.00 noon

Venue: Nursing training School (NTS), Teaching Hospital Jaffna

Resource Persons

Dr K Ranjadayalan
Consultant Cardiologist, Newham University Hospital, NHS Trust

Dr S Manoharan
Staff Cardiologist, Yorkshire, UK

Dr T Kumanan
Consultant Physician, Senior Lecturer Department of Medicine, University of Jaffna

DR S Niranjan
Senior Consultant Cardiologist, Associate Professor of Medicine, Gold Coast University Hospital, Gold coast, Australia.

08.30am - 09.30am - **Interpreting difficult ECGs**
Dr Ranjadayalan and Dr Manoharan

09.30am - 10.00am - **HOLTER MONITORING**
When to order and how to interpret?
Dr Ranjadayalan and Dr Manoharan

10.00am - 10.30am - **Tea break**

10.30am - 11.00am - **AMBULATORY BLOOD PRESSURE MONITORING**
Dr T Kumanan

11.00am - 11.45 am - **BEDSIDE CARDIAC IMAGING**
DR Niranjan

11.45am - 12.00 noon – **Q&A**

Number of participants will be limited to 40

Registration: LKRs. 500.00

Register before 31st July

For further details

Dr Nisahan - 0777290755

Dr Elango - 0773600251

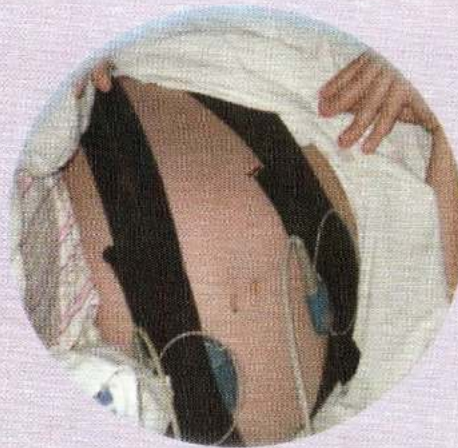
Jaffna Medical Association

Annual Scientific Sessions - 2017

"Blurring Borders for Better Health"

Pre - Congress Workshop
on
Fetal Monitoring

Resource Person
Dr. Edwin Chandraharan
MBBS MS (Obs & Gyn), MRCOG, DFFP, DCRM, FSLCOG, FRCOG
Lead Clinician Labour Ward,
Lead for Clinical Governance in Obstetrics and Gynaecology
St George's Hospital, London



Date
29th July 2017
Time
8.00 a.m - 12.30 p.m
Venue
Conference Hall,
Teaching Hospital Jaffna.

Number of participants limited to 40

Registration : LKRs. 500.00

Register before 25th July

Coordinators

Dr. A. Sritharan,
MBBS, MD (Obs and Gyn), MRCOG, MSLCOG
Consultant Obstetrician & Gynaecologist
Teaching Hospital Jaffna.

Dr. K.Muhunthan,
MBBS, MD (Obs and Gyn), MRCOG
Consultant Obstetrician & Gynaecologist
Senior Lecturer & Head of the Department
Department of Obstetrics and Gynecology,
Faculty of Medicine, University of Jaffna.

For further details
Dr. S. Janakan
077 929 5664
janakan_15@yahoo.com

Jaffna Medical Association - Council Members

Seated (L-R): Dr.S.Gobyshangar (Treasurer), Dr.S.T.Sarma (Secretary), Dr.M.G.Sathiadas (Senior Vice President), Dr. M. Guruparan (President elect), Dr. A. Sritharan (President), Dr. S.T.S Chandrakumar (Immediate Past president), Dr.K.Ajantha (Editor), Dr. T. Peranantharajah (Council Member), Dr. T. Gobyshanger(Junior Vice President)
Standing (L-R): Dr.S.Felicia (Council Member), Dr.Nasmiya Mubarak (Council Member), Dr. S. Ganeshkumar (Asst.Secretary), Dr.S.Premakrishna (Council Member), Dr.U.Mayorathan (Librarian), Dr. R.Surenthirakumaran (Council Member), Dr.M.Ramanan (Asst. Librarian), Dr.V.Sujanitha (Council Member)

Message from the President, JMA

Dr. Apputhurai Sritharan
President
Jaffna Medical Association-2017

It is with great pleasure and honour that I invite you all to the Annual Academic Session 2017 of the Jaffna Medical Association. The JMA was established in 1941, making it the oldest medical organisation established outside of Colombo. At the same time, no other medical organisation in the country has gone through the hardships that the JMA has experienced in the past. However it was able to overcome all these challenges and obstacles, not unlike the Palmyra tree proudly standing erect in its emblem.

The theme for this year is "Blurring Borders for Better Health". The barriers to achieve patient centred healthcare may be personal or organisational barriers, lack of understanding of teamwork and many more.

Good health is essential for the stability, sustainability and success of a community, region, country and even the world as a whole. Among the challenges faced by the people living in the post-war era, healthcare challenges are very prominent. Psychological problems, suicide, substance abuse and road traffic accidents are some of the contemporary issues.

Based on this theme we have arranged seven symposia, seven plenary lectures, pre-congress workshops and free paper presentations. We have also arranged an entertaining JMA night on the 11th of August at the Faculty of Medicine.

All these were possible because of the collaborative efforts of all members and well-wishers. I would like to extend my sincere thanks to the council members, the organising committee, plenary lecturers, resource persons of symposia, chair persons, abstract reviewers and judges of free papers. I also express my gratitude to all the sponsors.

I am sure that all of you will participate in the Annual Academic Sessions 2017 and the JMA dinner to make this event a success.

Message from the Chief Guest

Prof Sir Sabaratnam Arulkumaran
PhD DSc FRCS FRCOG
Professor Emeritus of Obstetrics & Gynaecology

Dear Dr Sritharan, President Jaffna Medical Association, officers, executive board members, colleagues and friends,

It gives me great pleasure to give a message on occasion of the Annual Scientific sessions of the Jaffna Medical Association (JMA). The JMA should be proud of its achievements. JMA wants to keep on advancing provision of care to patients by blurring the borders in the provision of care. Medical advances in care are best delivered in a fulfilling way by multidisciplinary care: Task sharing, task shifting and multidisciplinary team care with good leadership. are the key to improve care.

Multidisciplinary education, training and sharing of guidelines will lead to less medical mistakes, and improved safety and quality of care. I am confident that patients in the Northern Province will continue to benefit from the successful activities that arise from the meeting of the JMA. We will leave the meeting with a resolution that promotes shared learning and working. My sincere best wishes for a successful conference and continued better clinical out come and patient satisfaction following the conference and follow on activities.

Message from the Director, Teaching Hospital Jaffna

Dr.T. Sathiyamoorthy
Director
Teaching Hospital,
Jaffna.

Jaffna Medical Association (JMA) has long history in the area health excellence. Its contribution on doctors and other staff training and development on the field is much appreciable. The annual session of 2017 would be distinct programme to doctors and I am sure the participants will be delighted.

Doctors need to update frequently on their field. Because new inventions and methods are introduced in patient care services. Further, the patients and their relatives are very keen to know the situation and they want best care. Therefore, we should be very smart in the field in order to advice them and give optimum care. We have to update our knowledge regularly. The scientific sessions are very important. JMA sessions are ideal for doctors who are in the Northern Province to share their experiences. The junior doctors and staff have more opportunities to participate the events and the administrative mechanisms will support always.

As Director of Jaffna Teaching Hospital, I feel JMA has vital role in the health system development in the area and it gives significant contribution in professional development. I wish for the successful annual sessions. I appreciate the JMA President and his team for the best arrangement of the annual session.

Message from the Honorary Secretary, JMA

Dr S Thuraisamy Sarma
Hon. Secretary, JMA.

Respected guests, colleagues and friends

Greetings from Jaffna!

On behalf of the Council of Jaffna Medical Association I'm delighted to invite you to participate in the Annual Scientific Sessions this year. I as the honorary secretary of this prestigious association, welcome you all to the Annual Scientific Sessions. Although throughout the year there are conferences, workshops, seminars, symposiums, and clinical meetings going-on, "Annual Scientific Sessions" has gained a reputation of the largest educational meet which covers the needs of all the doctors in the region. It gives us a platform to learn, to share and to discuss our needs amongst the stalwarts at both national and international levels.

Times have changed and we recognize our need to address trends and problems in medical practice, which is reflected by this year's theme "Blurring Borders for Better Health". We are very excited about the scope of this year's program which was starting from submission of papers from the early part of this year. The organizing committee has done an excellent job covering a wide spectrum of interest in the field of Medicine. The sessions this year is organized in collaboration with Jaffna Medical Faculty Overseas Alumni, UK.

Jaffna is one of the largest cities in the northern part of Sri Lanka. With its traditional background and modern development Jaffna is the most visited city by tourists in the northern Sri Lanka. This city is well connected by roads and train and is a city worth visiting by all, at this festival time. The city is well prepared to accommodate the delegates and give a heart touching welcome to you all.

With warm regards & best wishes for a grand success of the sessions.

In service of Jaffna Medical Association..

Message from the Editor, JMA

Dr. Ajantha Keshavaraj,
Editor, JMA

Dear Colleagues,

On behalf of the JMA, I would like to formally invite you to the Annual Academic Sessions of the Jaffna Medical Association 2017. I am very pleased that this is my third year as the editor of the JMA. The theme of this year is "Blurring Borders for Better Health" which focuses on overcoming the barriers that are challenging in providing better healthcare to all.

The topics and speakers are carefully chosen to guarantee an exceptionally stimulating and informative scientific event. This conference intends to focus on the latest developments in prevention and managements of communicable and non communicable diseases that have been major challenges in our region.

I am sure that this conference would provide a platform for healthy scientific deliberations and interactions between the experts, researchers and young medical professionals.

I would like to seize the opportunity to heartedly thank all the Conference Organizing Committee members for their fullest support in making this event a great success.

"For a Healthier Tomorrow"

OUR SERVICES

- MRI / CT
- Channeling Service
- X- Ray (Digital)
- Medical Clinics
- Surgical Clinics
- Maternity & Gynae Clinics
- Orthopaedic Clinics
- Cardiology Clinics
- E.N.T. Clinic
- Pediatric Clinic
- Dental Clinic
- Neurology Clinic
- Skin Clinic
- Eye Clinic
- Immunisations
- Lung Function Test
- Operation Theater
- Dialysis
- Intensive Care Unit
- Coronary Care Unit
- ECHO Cardiography
- Exercise Treadmill Test
- X- Ray
- E.C.G
- E.M.G. and E.E.G
- Endoscopy
- Laparoscopy
- Ultra Sound Scanning
- Premature Baby Unit
- Physiotherapy and Rehabilitation

24 Hours Laboratory Services

Northern Central Hospital (Pvt) Ltd.

342, Palaly Road, Thirunelveli, Jaffna.
T.P: 021 221 9988, 021 221 9977, 021 222 2263
Fax: 021 221 6677 Email: nchjaffna@gmail.com
Website: www.nchjaffna.com

Guest Lectures

Evaluation of Nephrolithiasis from a Pathological perspective

Dr. S. Homathy,
Chemical Pathologist & Senior Lecturer in Pathology,
University of Jaffna.

Nephrolithiasis is quite common condition with considerable morbidity and high recurrent rate. Archeological studies give evidence that human has suffered from kidney stones for centuries. The prevalence of renal stone varies in different parts of world, but the incidence is increasing with male preponderance for most of the stone types. The aetiology of renal stones is quite complex and often considered as due to a combination of nutritional and life-style factors with significant contribution of genetic and anatomical abnormalities.

Evaluation of renal stone is necessary to identify the underlying causes and risk factors for nephrolithiasis. In addition, it also guides subsequent medical therapy and life-style modification to reduce the risk of recurrence. The detail evaluation includes extensive medical history, physical examination and investigations. A number of imaging modalities are available for initial and follow-up evaluation of patients with renal stones. Biochemical evaluation of a stone former is mainly targeted to identify the risk factors underlying the stone disease.

Laboratory investigation of stone formers includes analysis of blood, urine and stone. When available, analysis of the chemical composition of stones may be useful in establishing the cause and in planning the rational therapy. It complements and guides metabolic investigations of patients and may be particularly useful in identifying rare stone types. A variety of techniques have been used over years for stone analysis. An extensive metabolic evaluation including, 24 hour urine chemistry is necessary for high-risk group of stone formers.

Nephrolithiasis remain a major health and economic burden worldwide. Early recognition and initiation of treatment will benefit the patients. Introducing prophylactic measures will help in preventing recurrence and subsequent complications.

Role of the Radiologist

Dr. Sarumathy Sritharan,
Consultant Radiologist,
Barts Health NHS Trust, UK.

Nephrologist's Role

Dr. A.W.M. Wazil,
Consultant Nephrologist,
Teaching Hospital, Kandy.

Surgical management of nephrolithiasis

Dr. B. Satheesan,
Consultant Urological Surgeon,
Teaching Hospital, Jaffna.

Nephrolithiasis is a common, recurrent and costly disease. The surgical treatment of nephrolithiasis has become complex as there are multiple competitive treatment modalities due to technological evolution and in certain cases more than one modality may be appropriate. Currently there is an extreme paucity of high quality RCTs comparing competitive surgical modalities and successful treatment outcome depends on proper treatment selection which is directed by patient and stone specific factors.

Global challenges to women's health and rights

Prof Sir Sabaratnam Arulkumaran
PhD DSc FRCS FRCOG
Professor Emeritus of Obstetrics & Gynaecology

Impact of Early Nutrition on Long-Term Health of Children

Prof Pujitha Wickramasinghe,
Professor in Paediatrics,
University of Colombo.

Pattern of early growth was shown to reflect the future health of an individual. These facts have given insights to early origins of adult diseases and introducing new avenues of primodial/primary prevention of such illnesses. Metabolic programming in early life bears an impact on the origins of non-communicable diseases in humans. Alterations in nutrient and hormonal milieu during critical periods of growth and development may alter genome expression (epigenetic processors); thus leaves a lasting impact on the physiological of the individual.

First 1000 days of life has shown to be crucial in determining future health of an individual. Epidemiological findings have linked suboptimal intrauterine conditions to the manifestation of non-communicable diseases such as obesity, type-2 diabetes, cardiovascular disease, stroke, cancer, chronic respiratory disease, and renal disease in adulthood. This was the basis for Barkers hypothesis on **'Fetal origin of adult diseases'**. However later Alan Lucas and Athul Sigal showed that not only that but rapid postnatal growth also contributes, bring an additional dimension of '**Postnatal Growth Acceleration hypothesis'.**

It has also been found that potential contributing factors like early dietary interventions from maternal diet, and feeding during infancy may carry a window of opportunity to prevent a development of obesity and related metabolic diseases in later life. Furthermore maternal diet does influence the feeding habits of offspring. Late interventions may offer only limited benefits. Optimal protein with right composition, concentration and conformation will help in healthy metabolic programming, weight gain growth and immunity in young children. A high protein intake is shown to increase secretion of insulin and IGF-1 thus enhancing adipogenic activity. All of these processes lead to higher body fat deposition and increased adult body weight leading to Non Communicable Diseases Hence, correct growth during first 1000 days of life would determine future health of an individual.

Antimicrobial Resistance: Microbiologists' Perspective

Dr. Lilani Karunanayake,
Consultant Microbiologist

Antimicrobial resistance (AMR) has now become a global threat to health care systems. Rising resistance in bacteria in local setting is confirmed by laboratory based studies. Numerous strategies are available to combat AMR. Identifying the local issues and addressing them would be a major challenge. In this presentation I will discuss the microbiologists' perspective of this issue.

Resisting antimicrobial resistance : Clinical Pharmacology Point of View

Prof Shalini Sriranganathan
Professor in Pharmacology and Consultant Paediatrician
Department of Pharmacology, Faculty of Medicine,
University of Colombo

Though irrational use of antimicrobial drugs is not the sole cause for emergence of resistant microbes, studies have documented a positive correlation between antimicrobial use and development and spread of resistance. Extended use of antimicrobials will defiantly erode its own efficacy. Therefore, in clinical pharmacology point of view, using antimicrobials effectively when indicated and avoiding the use of antimicrobials when not indicated are two strategies which help to save today's patients from deadly infections and preserve life saving antimicrobials for tomorrow's patients. Effective use of antimicrobials demands several rights including selection of right drug, right indication, right dose, right dosing schedule and right dosage-form. Comprehending and applying pharmacokinetics/ pharmacodynamic properties of antimicrobial agents is vital in determining the optimal dose required for effective treatment and limitation of selection of resistant mutants. At the same time, using antimicrobials in conditions like simple fevers, diarrhoea and upper respiratory infections should be avoided as they are not right indication for antimicrobial drugs.

Tackling Anti-Microbial Resistance: The Clinician's Role

Dr. Panduka Karunanayake,
Consultant Physician,
Senior Lecturer in Clinical Medicine,
Faculty of Medicine, University of Colombo

The emergence of anti-microbial resistance (AMR) has threatened the usefulness of anti-microbial agents (AMAs) in combating the morbidity and mortality of infectious diseases and portends the post-antibiotic era. Clinicians are expected to provide each individual patient the benefits of AMAs, in the backdrop of possible adverse effects, increasing individual and societal costs, the poor quality of AMAs and disinfectants/ antiseptics, poor infection control practices, as well as the widespread abuse of AMAs in agriculture and veterinary practice. The clinician's challenge is to provide patients these benefits while minimizing adverse effects, in the midst of uncertainty and incomplete or unreliable clinical information, with the possibility of poor drug quality, without unduly increasing costs or contributing to AMR. In this presentation, I will propose a 10-point scheme to help clinicians wade through these complexities.

Changing Patterns of morbidity and mortality

Dr. S. Sivaganesh,
MO, Non Communicable Diseases,
RDHS, Jaffna.

Healthy life styles – challenges

Prof Saroj Jayasinghe,
Professor in Clinical Medicine,
Faculty of Medicine, University of Colombo

Healthy lifestyles improve health of individuals and communities and reduce premature morbidity and mortality. In prevention of NCDs the key life styles that should be promoted are a healthy diet, adequate physical activity, and refraining from alcohol and tobacco use.

Individual interventions aimed to promote healthy life styles (e.g. brief intervention to quit smoking during a clinical encounter), and community-based interventions (e.g. school health programmes to encourage physical exercise among children) yield variable results. This inconsistency is partly because of challenges due to (a) the intense promotion of unhealthy habits by industries (e.g. promotion of sugary drinks by the beverage industry); (b) cultural practices (e.g. widespread use of alcohol by males during most social functions) and weak legislation (e.g. inability to curtail advertisements of calorie dense foods aimed at children). These are more 'distant factors' or determinants, of individual and collective behaviors. They influence availability of resources, individual and societal choices, and ultimately their life styles. Social determinants of health (SDH) is a concept that captures the importance of these 'distant' factors on the more 'proximal' human behaviours (i.e. 'the causes of the causes').

Healthcare professionals should include a SDH approach when developing interventions to improve healthy life styles. SDH complements and synergizes the 'health education' based model in the form of an 'interconnected system' to improve life styles and health outcomes.

The importance of the humanities in clinical practice

Prof Raveen Hanwella,
Professor in Psychiatry
Department of Psychiatry, Faculty of Medicine,
University of Colombo

Obstructive sleep apnoea - An overview

Dr K Parthipan,
Consultant in Respiratory Medicine,
Luton and Dunstable Hospital, NHS Trust, UK

First do no harm : Safety in the Operating Theatre

Dr.D.C.Ambalavanar MBBS (Madras), FRCS Ed
Visiting Lecturer in Surgery
Faculty of Medicine, Jaffna

It is a well-established fact that medical errors are a major cause of morbidity and mortality among inpatients. At least half of these are considered preventable. Many of these errors among inpatients occur during surgery.

The World Health Organisation realized that this was a major public health issue that needed to be addressed as there were nearly 7 million disabling complications including nearly 1 million deaths worldwide every year as a result of surgery.

Learning from the safety measures taken in other fields, the WHO came up with a 'Surgery Safety Checklist' for use in Operating Theatres before, during and after all surgical procedures. Since this was first trialed in 2006 it has been found to significantly reduce complications and mortality. It has also served to improve and strengthen the concept of team work in the OT.

The main challenge in our country continues to be one of effective implementation.

Role of the Anaesthesiologist

Dr. Prasanga Samarasekara,
Consultant Anaesthetist
Sri Layewardenepura General Hospital, Colombo.

Clean Care is Safe Care

Dr. Terrence Rohan Chinniah,
Consultant Clinical Microbiologist,
Raja Isteri Pengiran Anak Saleha (RIPAS) Hospital, Brunei.

Endometriosis - Can we do better?

Prof. Hemantha Senanayake,
Head & Professor in Obstetrics
and Gynecology University of Colombo.

Endometriosis, characterized by the growth endometrial cells in ectopic sites, is well recognized as a diagnosis that is often missed. The condition is estrogen dependent and will abate with the menopause. There is agreement that 5 – 10% of the world's women will suffer from the condition. The social and economic costs of the disease are therefore significant. This is compounded by women dealing with disability caused by the disease as a part of womanhood. The leading symptom of the condition is pelvic pain, notably secondary dysmenorrhea, a symptom is often dismissed as physiological. Many women will not be forthcoming with the other symptoms of the condition such as dyspareunia. Infertility is an associated consequence. The diagnosis of the condition requires awareness of the condition. Typically endometriosis results in adhesions between pelvic viscera and formation of ovarian endometriomas. It is possible to detect these features by ultrasound.

The disease typically runs a relentless, recurrent course, resulting in multiple surgeries and long-term treatments. The usual medical treatments result in significant side effects. Laparoscopy is now proven to be the gold standard for surgery since it offers unique advantages for the condition, due to the facility of magnification and better access to the pelvis. Since 15% of endometrial deposits will have the capacity for intrinsic production of estrogens, the treatment that was traditionally believed to be the ultimate cure for the condition may fail. These features require careful consideration when a management plan is considered, since wrong choice of treatment often results in increased morbidity. No medication will cure the condition and will only provide suppression, with disease progression after termination of treatment.

Managing heart failure in the community

Dr S Manoharan,
Staff Cardiologist,
Yorkshire, UK

In the recent years the heart failure managements has changed drastically and the patients are living longer than previous years. This is due to the introduction of new medications in heart failure, interventions such as percutaneous coronary interventions (PCI), coronary artery bypass surgery (CABG), cardiac re-synchronizing therapy (CRTP/D), heart transplant and left ventricular assist devices.

In developed countries heart failure management is based mainly at the community level and this enable the tertiary centres to discharge the patient early, reduces the clinic visits, up titrate the heart failure medications at the community, involvement of cardiac rehabilitation team and palliative care team at the community level. The community based heart failure management mainly conducted by heart failure nurses who are working directly under the supervision of heart failure consultants. This reduces the admissions due to heart failure, better patient/family understandings about the heart failure/involvement of patient/family in the management of heart failure.

In this talk I am concentrating on the involvement of medical officers from peripheral hospitals as well as private hospitals in the heart failure management.

Screening and Prevention - Global Trend and where we stand

Dr K Muhunthan,
Consultant Obstetrician & Gynaecologist,
Head, Department of Obstetrics and Gynaecology,
Faculty of Medicine, University of Jaffna

Screening and prevention - Global trend and where we stand

Every year more than 270 000 women die from cervical cancer, more than 85% of these deaths are in low and middle income countries. Cervical cancer is caused by sexually-acquired infection with Human papillomavirus (HPV). Most people are infected with HPV shortly after onset of sexual activity. Vaccination against HPV in girls 9 to 13 years old combined with regular screening in women over age 30 for precancerous lesions followed by adequate treatment are key tools to prevent the 530 000 new cervical cancer cases diagnosed every year. Survival rates for cervical cancer can be further improved by establishing effective cancer treatment programmes.

Recent advances in management of cervical cancer

Dr Jasotha Sanmugarajah,
Consultant Medical Oncologist,
Gold Coast Hospital, Australia.

Cervical cancer is the third most common cancer in women. More than 85% of the global burden occurs in developing countries. Despite availability of screening and vaccination for HPV, cervical cancer continues to affect more than a million women worldwide. It is a preventable cancer and no women should die of cervical cancer in the 21st century. Standard treatment of cervical cancer with radiation and chemotherapy will be discussed. In addition, future directions of cancer treatment will be examined.

Cervical Carcinoma - Where does the care end?

Dr. Joseph Pratheepan,
Consultant Physician,
Teaching Hospital Jaffna

Cervical carcinoma is one of the malignancies which present late in developing countries. Management in the late stages can be quite challenging to the patient, family and the health care team. Symptom burden can be distressing both physically and psychologically. Early initiation of palliative care services are essential in providing good quality of life. A multi disciplinary team approach is often essential. Symptom control, advance care planning and end of life care with bereavement support are the important tools in providing a wholistic care.

Dengue in children - Recent epidemic and insight to its management

Dr R Ajanthan,
Consultant Paediatrician, Colombo

Dengue Fever has been around for over 6 decades in Sri Lanka and its severity has been an issue since early nineties. Dengue is an arbovirus, which is transmitted by the mosquito genus Aedes aegypti. Incidence has been increasing over the last few years and has risen to exponential proportions this year with over 100,000 reported cases for now in Sri Lanka.

It has been shown that Dengue virus type 2 has been the major culprit and its presentation and complications too has been varying. It's important to draw blood around 24 hours from onset of fever and have an idea of the child's FBC and Dengue antigen status.

Presence of a positive Hess Test and Right Hypochondrial Tenderness skews the diagnosis towards DHF. When suspected you need to have an ultra sound scan of the chest and abdomen performed to look for leakage of fluid into the peritoneal or pleural cavities.

Mainstay of treatment is having appropriate fluid management and supportive therapy. Prevention of hypotension, which in turn leads to ischaemic liver disease, bleeding and renal failure is very important.

Correction of perfusion with meticulous fluid adjustments and transfusing Dextran40, blood and clotting factors when needed are important too.

Rare complications like Haemophagocytic Lymphangio Histiocytosis (HLH) can occur and treated if needed. With attentive care most children have an uneventful recovery.

Exceptional scenarios

Dr T Peranantharajah,
Consultant Physician,
Teaching Hospital Jaffna

Dengue epidemics are common and result in severe short term morbidity. If immediate and timely attention and proper management is not instituted many complications occur.

A vector borne disease, with mosquito being the vector, most of the population is exposed to Dengue. Until July 31st 2017, there have been 110,000 cases and 320 deaths for the current year. This is a huge burden.

In addition to the common and not so common complication associated with dengue and dengue heamorrhage fever, there are some rare and unusual complications. These include rhabdomyolysis, hepatic encephalopathy, encephalitis, bacterial peritonitis, ITP and hypokalaemia.

Community aspect

Dr V G Rajeev,
Regional Epidemiologist,
RDHS Office, Jaffna

Nano science and its application in Medicine

Prof P Ravirajan,
Professor in Physics,
Department of Physics, University of Jaffna

Patients' rights, responsibilities and team work

Dr K Ragunathan,
Consultant Physician,
Colombo

Standardized protocol based trauma care

Dr S Sivaganesh,
Consultant Surgeon,
Senior Lecturer, Department of Surgery,
University of Colombo

Role of imaging in thoracic trauma

Dr Anton Jenil ,
Consultant Radiologist,
District General Hospital, Kilinochchi

Majority of blunt thoracic trauma cases are caused by motor vehicle collisions. The supine chest radiography is obtained as a screening examination for the vast majority of trauma patients in our set up and still remains as excellent tool for early detection of life-threatening thoracic injuries. The use of imaging modalities in the management of poly-traumatized patients allows faster identification of injuries, which is crucial for the primary diagnostic work-up and the assessment of potential treatment. Ultrasonography is also an ideal tool for the care of injured patients. The expansion of the Focused Assessment with Sonography for Trauma (FAST) exam to evaluate the lungs led to the term Extended-FAST (E-FAST).

Vascular trauma

Dr Joel Arudchelvam,
Consultant Vascular and Transplant surgeon,
Teaching Hospital, Anuradhapura

Vascular trauma is a broad term which includes trauma to both Arteries and Veins. Also it describes injury to vessels in various regions (Extremity – limbs, Abdomen and pelvis, Thorax and Head and neck) with its own specific problems (e.g. – limb ischaemia, shock, stroke, etc.) Focus of the lecture will be on Extremity Vascular Injuries. Extremity Vascular Injuries results in limb loss at times, loss of life (Our experience from 2011 to 2012 at NHSL, Popliteal arterial injury resulted in 34.8% amputation rate), and loss of earning capacity which leads to Economic burden.

Common causes includes Road Traffic Accidents – 38.5%,Trap Gun – 7.5%,Home Accidents - 7.5%,Cuts and Stabs, Iatrogenic - 46.1%; these cases results in either blunt or sharp injury. Injuries cause either transection, laceration, contusion, kink or intimal flap development to the arteries. Traditionally the signs and symptoms of Extremity Vascular Injury are divided into soft and hard signs. Hard sign includes active bleeding, thrill or bruits, signs of distal ischaemia (absent pulse, pain, pallor, perishing cold, paresthesia / anaesthesia, paresis / paralysis) and expanding hematoma. Soft signs include hematoma, injury close to a known neurovascular bundle and reduced pulse.

Paresis or paralysis and paresthesia or anaesthesia are late signs. If the limb has paresis and paresthesia the viability of the limb is in immediate threat and need very urgent intervention. Presence of anaethesia and paralysis indicates not viable limb.

For practical purposes patients with hard signs should be rushed for intervention and patients with soft signs can be further investigated and observed.

Ideal investigation in case of trauma includes CT angiography. Interventions vary depending on the type of vascular injury, status of the patient and the viability of the limb.

Abstracts

Oral & Poster Presentations

Oral Presentations

Day1 (11-08-2017)	
Free paper session 1	
OP1	**Dispensing Practice of Oral Dosage Forms of Medicines to Children in Jaffna Teaching Hospital** A.Nadeshkumar[1], G.Sathiadas[2], S. Sri Ranganathan[3] [1]*Department of Allied Health Sciences, Faculty of Medical Sciences, University of Sri Jayewardenepura* [2]*Department of Paediatrics, Faculty of Medicine, University of Jaffna* [3]*Department of Pharmacology, Faculty of Medicine, University of Colombo*
OP2	**Prevalence of Carbapenem Resistant Enterobacteriaceae in the Perineal Region and their Antibiotic Sensitivity Pattern Among Patients in Intensive Care Units of Teaching Hospital Jaffna** VAmbalavanar[1], S Kandasamy[2], S Premakrishna[3] [1]*Department of Microbiology, University of Jaffna* [2] *Allied Health Sciences, Faculty of Medicine, University of Jaffna* [3] *Teaching Hospital Jaffna*
OP3	**Ivalidating a Screening Tool for Depression, Anxiety and Chronic Stress in Tamil** S. Kumaran,[1] D. Somasundaram,[2] S. Nalayini,[3] H. Madona[4] [1] *Department of Community & Family Medicine, Faculty of Medicine, University of Jaffna* [2] *Department of Psychiatry, Faculty of Medicine, University of Jaffna.* [3] *General Practitioner, Australia* [4] *Teaching Hospital Jaffna*
OP4	**A Clinical audit on Mdi Inhalation Technique Among Asthmatic and COPD Patients Attending Divisional Hospital Kondavil** T. Sivamaran[1], G. Pavithrah[1], G. Sanjeevan [1], S. Kumaran[1] [1] *Department of Community & Family Medicine, Faculty of Medicine, University of Jaffna.*
OP5	**Barriers to efficient in-hospital Paediatric cardiac arrest management at state hospitals in Sri Lanka: The Paediatricians' perspective** S Kamalatheepan[1], S. De Silva Weliange[2], Z.M.M. Akbar[3], S. L. de Silva[4], J. Wanigasinghe[5] [1]*Teaching Hospital Anuradhapura* [2]*Department of Community Medicine, Faculty of Medicine, University of Colombo* [3]*Lady Ridgeway Hospital for Children, Colombo* [4]*Sri Lanka College of Paediatricians* [5]*Department of Paediatrics, Faculty of Medicine, University of Colombo*
Free paper session 2	
OP6	**Reference Values for Blood Pressure of Healthy Sri Lankan Tamil Children in Jaffna District** M Sooriyakanthan[1], N Vasikaran[1], A Puvana[1], K Shobijah[1], M.P.F Nusra[1], K Sivapalan[1] [1]*Dept. of Physiology, Faculty of Medicine, University of Jaffna.*

Oral Presentations

OP7	**Does Preterm Birth Adversely Affect the Growth of the Newborn?** I. Fernando[1], A. Karunanayake[2], B. Paramananthan[3], S. Kumara[4] *[1]Teaching Hospital Jaffna;* *[2]North Colombo Medical College Ragama;* *[3]Chelsea and Westminster Hospital, United Kingdom;* *[4]Castle Street Hospital for Women, Colombo*
OP8	**Comparison of Body Fat Estimated by Skin Fold Thickness and Bioelectrical Impedance and Correlation with Obesity Indicators in Students at Faculty of Medicine, Jaffna** M Sooriyakanthan[1], K Achutan[1], P Prasath1, S Pranavan[1], P Kapilesan[1], K Sivapalan[1]. *[1]- Dept. Of Physiology, Faculty of Medicine, University of Jaffna.*
OP9	**Use of subcutaneous syringe drivers in a palliative care setting - An Australian experience** [1]G.J.Pratheepan, [2]Jenny Crane *[1] Principal House Officer - Cancer care : Bundaberg Baae Hospital, QLD, Australia* *[2] Visiting Medical Officer, Bundaberg Base Hospital , QLD, Australia*
OP10	**Diabetic Retinopathy and its Association with known Risk Factors Among Diabetic Patients Attending the Eye Clinic and Wards in Teaching Hospital Jaffna** S.Yathukulan[1]*, N.Nirosan[2], R.Surenthirakumaran[3], M.Malaravan[4] *[1]Department of Pathology, Faculty of Medicine, University of Jaffna* *[2] Faculty of Medicine, University of Jaffna* *[3]Department of Community and Family Medicine, University of Jaffna* *[4] Teaching Hospital Jaffna*
Day 2 (12/08/2017)	
Free paper session 1	
OP11	**Knowledge, Attitude, Practice and Preferences of Contraceptive Methods Among Post-Partum Mothers at Teaching Hospital Jaffna** J. Rajeevan, [1]P. Vergini Baptista[2], A. Sritharan[2] *[1] Castle Street Hospital for Women, Colombo* *[2] Teaching Hospital Jaffna*
OP12	**Iron Status and Prevalence of Anaemia Among School Students in Jaffna District** S.Vithuran, [1] M. G. Sathiadas [1] *[1] Department of Paediatrics , University of Jaffna*
OP13	**Influence of academic and socio-demographic factors on the level of psychological stress among medical students of the faculty of Medicine, University of Jaffna** T.Renushanth[1], S. Imthiyas[1], D. Somasundaram[2], S.S. Williams[3], R. Surenthirakumaran[4] *[1] Faculty of Medicine, University of Jaffna; [2]Department of Psychiatry, University of Jaffna; [3]Department of Psychiatry, University of Kelaniya; 4Department of Community and Family Medicine, University of Jaffna.*

OP14	**Perception of Corporal Punishment Among GCE A/L Students from Jaffna District** A. Shubanky[1], M.G Sathiadas[1], , A. Annieston[1], V.Arunath[1] [1]*Department of Paediatrics, University of Jaffna.*
OP15	**Dysphagia Management in Inward Stroke Patients in the Acute Setting at Teaching Hospital, Jaffna. Is it Optimal? A Descriptive Study.** P Gowritharan[1], PThineskaran[1], K Abiramy[1], J Sanjeyan[1], A Arasalingam[1] [1]*Neurology unit, Teaching Hospital Jaffna*
	Day 2 (12/08/2017)
	Free paper session 2
OP16	**Utilization of post stroke rehabilitation services at Teaching Hospital, Jaffna. Where do we stand?** P Gowritharan[1], PThineskaran[1], K Abiramy[1], J Sanjeyan[1], A Arasalingam[1] [1]*Neurology unit, Teaching Hospital Jaffna*
OP17	**Interrelationship between Obesity, Nonalcoholic Fatty Liver and Insulin Resistance Among Diabetic Patients Attending the Diabetic Centre, Teaching Hospital Jaffna** S Rajendra[1], R Nalini[2], M. Aravinthan[3], T. Renushanth[1], V. Vinitharan[3] [1]Department of Surgery, University of Jaffna [2]*Base Hospital Tellippalai* [3]*Teaching Hospital, Jaffna*
OP18	**Ultrasonographic Assessment of Ectopic Fat Deposition in Internal Organs and Their Correlation with Anthropometric Measurements and Body Fat Percentage in Diabetic Patients** R. Nalini[1], S. Rajendra [2], M. Aravinthan[3], T. Renushanth[2], V. Vinitharan[3] *1 Base Hospital Tellipalai* *2 Department of Surgery, Faculty of Medicine, University of Jaffna* *3 Teaching Hospital Jaffna*
OP19	**Neurodevelopmental Outcome of Preterm Babies Born at Teaching Hospital Jaffna- A Preliminary Study** S.Sasrubi[1], V.Arasaratnam[2], M.G.Sathiadas[3], R. Surenthirakumaran[4] [1] *Faculty of Graduate Studies, University of Jaffna* [2]*Department of Biochemistry, Faculty of Medicine, University of Jaffna* [3]*Department of Paediatrics, Faculty of Medicine, University of Jaffna*

Oral Presentations

OP 1: DISPENSING PRACTICE OF ORAL DOSAGE FORMS OF MEDICINES TO CHILDREN IN JAFFNA TEACHING HOSPITAL

A.Nadeshkumar[1], G.Sathiadas[2], S. Sri Ranganathan[3]

[1]Department of Allied Health Sciences, Faculty of Medical Sciences, University of Sri Jayewardenepura
[2]Department of Paediatrics, Faculty of Medicine, University of Jaffna
[3]Department of Pharmacology, Faculty ofMedicine, University of Colombo

Introduction: Good dispensing practice is essential for rational use of medicines. Non-availability of suitable paediatric preparations also contributes to poor dispensing practice, including the manipulation of adult dosage forms with the accompanying risks of poor bioavailability and questionable palatability.

Objectives: This study describes the dispensing practice of oral dosage forms of medicines to children in Jaffna Teaching Hospital.

Methodology: This descriptive cross sectional studyis part of an ongoing large scale study on rational use of oral dosage forms of medicines in children. Oral dosage forms of medicines dispensedtochildren under the age of 12 years in clinic and outpatient settings over a period of 4 months werereviewed by the researchers. Validated dispensing indicators, developed in the first phase of this study, were used.Data were extracted from the prescriptions and by observation using a structured pre-tested observation sheet.Descriptive statistical methods were used to analyse the data.

Results: Of the 426 medicines dispensed to162children, 400 [94%; 95 % CI: 91-96] were oral dosage forms. Liquids accounted for 58% [95 % CI: 52.7-62.6]of these oral dosage forms and did not need any manipulation. Solid dosage forms accounted for 42%. Ofthem, about one-third required manipulation prior to administration such as splitting and/or dissolving or crushing the adult tablet. The majority of these manipulations were seen with vitamin C and folic acid. None of the medicine packs or bottles had the relevant patient's name on the label with 18.5% [95 % CI: 14.8-22.6]havingthe medicine's name. Of the antibiotic suspensions (n=50), storage and administering instructions wereprovidedonly for 4% [95%; CI: 0.5 -14]. None received advice regardingside-effects.

Conclusion: Dispensing practice of oral dosage forms of medicines to children in Jaffna Teaching Hospital has much room for improvement. The necessity of medicines such as vitamin C needs to be reconsideredespecially when suitable dosage forms are not available.

OP 2: PREVALENCE OF CARBAPENEM RESISTANT ENTEROBACTERIACEAE IN THE PERINEAL REGION AND THEIR ANTIBIOTIC SENSITIVITY PATTERN AMONG PATIENTS IN INTENSIVE CARE UNITS OF TEACHING HOSPITAL JAFFNA

VAmbalavanar[1], SKandasamy[2], S Premakrishna[3]

[1]Department of Microbiology, University of Jaffna
[2]Allied Health Sciences, Faculty of Medicine, University of Jaffna
[3]Teaching Hospital Jaffna

Introduction: Carbapenemis the last resort in the treatment of severe infections with enterobacteriaceae. However, carbapenem resistance among enterobacteriaceae, such as Klebsiella,is increasingly reported from healthcare settings. These organisms are part of the gut flora and can infect the urinary tract, blood and other sites of the body. Some carbapenem resistant enterobacteriaceae (CRE) have become resistant to most antibiotics. Therefore, infections with these organisms are very difficult to treat and may be deadly.

Objectives: This study aimed to determine the prevalence of CRE in the perineal region among patients in the Intensive Care Unit (ICU), Teaching Hospital Jaffna, and their antibiotic sensitivity pattern.

Methods: Perineal swabs were collected from patients in the ICU from August to September 2016. Enterobacteriaceae were identified by inoculating the swabs on MacConkey agar and incubating overnight at 35°C aerobically followed by microscopic and biochemical tests as per guidelines of the Sri Lanka College of Microbiologists. Enterobacteriaceae resistant to meropenem or imipenem were considered to becarbapenem resistant. Antibiotic sensitivity to gentamicin, fosfomycin and amikacin was assessed for CRE.

Results: Of the 35 perineal samples collected during the study period, 19 (54.28%) had enterobacteriaceae, of which seven (36.84%) were resistant to carbapenem. Therefore, 20% of the ICU patients (7 out of 35) had CRE. All CRE isolated were sensitive to fosfomycin and the majority were sensitive to amikacin (71.42%). Fifty seven percent of CRE were resistant to gentamicin.

Conclusion: As a considerable percentage of CRE is found in the perineal swab, there is potential for serious infections in the ICU. Antibiotic resistance remains a grave concern in the ICU setting. Reinforcement of infection control practices is necessary to prevent the spread of CRE.

OP 3: VALIDATING A SCREENING TOOL FOR DEPRESSION, ANXIETY AND CHRONIC STRESS IN TAMIL

S. Kumaran,[1] D. Somasundaram,[2] S. Nalayini,[3] H. Madona[4]

[1] Department of Community & Family Medicine, Faculty of Medicine, University of Jaffna.
[2] Department of Psychiatry, Faculty of Medicine, University of Jaffna.
[3] General Practitioner, Australia
[4] Teaching Hospital Jaffna

Introduction: Depression, anxiety and chronic stress constitute a significant disease burden in the Northern Province. Early diagnosis and effective treatment are known to reduce the burden of disease. DASS 21, a culturally validated screening tool made up of 21 questions, helps in early diagnosis.

Objective: This study aimed to validate DASS 21 among Jaffna Tamils resident in the Jaffna District.

Methodology: A multi-center cross sectional descriptive study was carried out between September 2015and May 2017. The study population consisted of 243 patients attending the out-patient departments of three hospitals in Jaffna District (Teaching Hospital Jaffna, Base Hospital Tellipalai, and Base Hospital Point Pedro). Participants were selected by systematic random sampling. Patients with diagnoses of psychiatric and cognitive impairment were excluded from the study.Face and content validity were established by incorporating the opinion of experts through focus group discussions and the Delphi technique. Criterion validity was established by comparing DASS21 results against the gold standard. Internal consistency reliability was established using Cronbach's alpha. Psychometric properties were assessed by exploratory factor analysis.

Results: Women comprised 70% of the sample. Sixty per cent of the sample was diagnosed to have common mental disorders, and among them 65 %were female. The validated tool was found to have good face and content validity with high internal consistency (Cronbach's alpha.95) and criterion validity (chi squared, $p<0.001$). Exploratory factor analysis yielded good correlation on all items (0.3 to 0.7) on loading the variables into three factors. The tool had a sensitivity of 77% and specificity of 75% for detecting common mental disorders in the study population.

Conclusion: DASS21-Jaffna Tamil validation is an appropriate tool to screen for common mental disorders in Jaffna Tamils in an OPD set up. However, it does not distinguish among depression, anxiety or chronic stress.

OP 4: A CLINICAL AUDIT ON MDI INHALATION TECHNIQUE AMONG ASTHMATIC AND COPD PATIENTS ATTENDING DIVISIONAL HOSPITAL KONDAVIL

T. Sivamaran[1], G. Pavithrah[1], G. Sanjeevan [1], S. Kumaran[1]

[1] Department of Community & Family Medicine, Faculty of Medicine, University of Jaffna

Introduction: Inhalers are the best mode of drug delivery for asthmatic and COPD patients. Technical misuse is known to be a common problem among Metered Dose Inhaler (MDI) users.

Objective: The aim of this study was to assess the inhalation technique of asthmatic and COPD patients attending Divisional Hospital Kondavil.

Methodology: Fifty patients who had received training on inhalation technique on commencing use of MDIs participated in the study. Their inhalation technique was assessed by a pre-intern doctor with the help of a standard tool during a clinic visit in January or February 2017. The scoring system allocated a point for each of the following eight steps: 1) shaking the inhaler; 2) breathing out completely; 3) holding the inhaler straight; 4) inserting the mouth piece into the mouth; 5) pressing the canister; 6) breathing in while pressing the canister; 7) removing the inhaler with closed lips; and 8) holding the breath for 10 seconds. A patient who scored eight was considered to have performed the overall technique accurately.

Results: The overall performance of technique was very poor with only 6% (3) of the patients achieving overall accuracy. Steps 2 and 8 were performed correctly by 30%, steps 1 and 6 by about 50% (25), while steps 3, 4, 5 and 7 were performed accurately by more than 70% (35).

Conclusion: Patients may benefit from regular training on MDI use with a special focus on steps 1, 2, 6 and 8. Inhalation technique education needs to be reinforced with assessment at each clinic visit.

OP 5: BARRIERS TO EFFICIENT IN-HOSPITAL PAEDIATRIC CARDIAC ARREST MANAGEMENT AT STATE HOSPITALS IN SRI LANKA: THE PAEDIATRICIANS' PERSPECTIVE

S Kamalatheepan[1], S. De Silva Weliange[2], Z.M.M. Akbar[3], S. L. de Silva[4], J. Wanigasinghe[5]

[1]Teaching Hospital Anuradhapura
[2]Department of Community Medicine, Faculty of Medicine, University of Colombo
[3]Lady Ridgeway Hospital for Children, Colombo
[4]Sri Lanka College of Paediatricians
[5]Department of Paediatrics, Faculty of Medicine, University of Colombo

Introduction: Managing Pediatric in-hospital cardiac arrest is a challenge for clinicians in the developing countries

Objective: This study aimed to solicit the perspective of Paediatricians to identify and compare barriers for in-hospital Paediatric cardiac arrest management at state hospitals in Sri Lanka.

Methodology: A self-administered online survey was carried out among 152 Paediatricians working in the state hospitals in Sri Lanka. Respondents rated a validated list of 33 items for level of agreement in five point scales. Items were grouped into five themes (practicalities, skills, motivation and team work, acceptance and belief, awareness and knowledge) as per NICE guidelines. An item was defined as a barrier if more than 30% of the respondents were not in agreement. Hospitals were grouped into 'base hospital above' and 'base hospitals' and comparisons made.

Results: About 107 (70%) Paediatricians completed the survey with 54% respondents representing the 'base hospitals above' category. Patient stabilization at emergency units and intensive care units was available at 64% and 75% of settings where Paediatricians worked. Out of the 33 pre-listed barriers, only 50% were perceived as barriers. Items under the 'practicalities' theme were reported as the most common barriers [availability of emergency care (71%), bed space (60%), intensive care bed (81%), intensive care support (56%) and intensive care and anesthetic care help during resuscitation (45%)]. Significant differences were found in intensive care services between the two hospital categories. Thirty to seventy percent of study respondents cited 7 out of the 12 barriers under the 'motivation and teamwork' theme were barriers for resuscitation. Competency in defibrillator use and intubation were reported as barriers under the 'skills' theme. Most of the barrier items under the 'acceptance and belief' theme were not identified as barriers as most study respondents agreed with the items. Although no significant difference was observed among the five themes between the two groups of hospitals, significant difference was observed in a few individual barrier items, including care given at emergency treatment unit ($p<0.05$), adequacy of bed space ($p<0.05$) and availability of intensive bed care ($p<0.001$).

Conclusion: The study gives insights into the problems encountered by the clinician in managing in-hospital Paediatric cardiac arrest and lay the foundation for future research in Sri Lanka.

OP 6: REFERENCE VALUES FOR BLOOD PRESSURE OF HEALTHY SRI LANKAN TAMIL CHILDREN IN JAFFNA DISTRICT

M Sooriyakanthan[1], N Vasikaran[1], APuvana[1], KShobijah[1], M.P.F Nusra[1], K Sivapalan[1]

[1]Dept. of Physiology, Faculty of Medicine, University of Jaffna.

Introduction: High Blood Pressure (BP) is a risk factor for cardiovascular and renal diseases. Ethnic specific reference norms are important in interpreting BP.

Objective: The aim of this study was to establish reference values for BP of Sri Lankan Tamil children and to correlate them with anthropometric measurements and pubertal stage.

Methodology: A population based descriptive cross sectional study was carried out in 1922 (950 boys and 972 girls) healthy school children aged 6 to 18 years. Height, weight, waist circumference, hip circumference and BP were measured. BP was measured by mercury manometer and appropriate BP cuffs. Pubertal stage was marked using Tanner scale.

Results: Mean of the systolic blood pressure (SBP) and diastolic blood pressure (DBP) of boys and girls increased from 98/70 and 99/70 to 107/73 and 107/73 until 10 years, decreased slightly upto 13 years (101/64 and 102/63) and increased until 18 years to 119/76 and 111/70. From the age of 15 years boys had higher SBP and DBP than that of girls ($p<0.05$). A normogram for BP was formulated based on age and height percentiles. SBP had significant ($p<0.001$) positive correlation with pubertal staging and all measured anthropometric parameters. Mean SBP and DBP of pediatric boys and girls (6 to 12 years, n= 443 and528) were $104 \pm 10/70 \pm 9$ and$104 \pm 10/71 \pm 9$ mm Hg respectively. The respective mean values for 13-18 year adolescents (507, 444) were $111 \pm 13/69 \pm 10$ and $107 \pm 10/67 \pm 9$ mmHg. Statistically significant ($p<0.05$) increase in SBP and DBP was observed from pubertal stage 3 to stage 4 in both boys and girls.
The decline up to 13 years is difficult to explain: stress from grade 5 scholarship examination or pubertal changers are worth considering as possible causes. After the age of 12 years SBP and DBP of present population were lower than the Indian children.

Conclusion: This study established reference values for BP values of Sri Lankan Tamil children which can be used in clinical practice.

OP 7:DOES PRETERM BIRTH ADVERSELY AFFECT THE GROWTH OF THE NEWBORN?

I. Fernando[1], A. Karunanayake[2], B. Paramananthan[3],S. Kumara[4]

[1]Teaching Hospital Jaffna;
[2]North Colombo Medical College Ragama;
[3]Chelsea and Westminster Hospital, United Kingdom;
[4]Castle Street Hospital for Women, Colombo

Introduction: Preterm birth is a global problem. Preterm babies have immature organsystems making them vulnerable to diseases and suboptimal growth. Extra uterine growth restriction remains a serious concern, and may be associated with adverse neuro-developmental outcomes.

Objective: The aim of this study was to describe somatic growth and growth velocity of preterm babies over a 3-month period.

Methodology:A longitudinal study was conducted atthe Neonatal Unit of the Castle Street Hospital for Women. Preterm patients (POA < 35wk) admitted to the Neonatal Unit were includedin the study with parental consent. Patients with congenital anomalies, chromosomal anomalies, severe intraventricular haemorrhages and out-born patients were excluded. Weight gain, linear growth and head growth were measured and correlated with gestational age at birth using Pearson's correlation coefficient.

Results: Total of 81 patients, thegestational age at birth of the majority (69%) was 30-35 weeks POA. Only 2.4% of the study sample was at26 weeks of POA. Weight gain had a significant negative correlation with gestational age (Pearson r = -0.275, P value 0.013). The correlation between gestational age andlinear growth was not significant (Pearson r = -0.125, P value0.266) as was the correlation between gestational age and head growth (Pearson r = 0.072, P value 0.522). Head growth and linear growth were positively correlated (Pearson r = 0.334, P value 0.002). Logistic regression detected astatistically significant association between birth weight and weight gain in the first month (P value =0.006, 95% CI -42.317 and -7.514).

Conclusion: The study results suggest that smaller preterm newborns have the potential to recover with the current management.

OP 8: COMPARISON OF BODY FAT ESTIMATED BY SKIN FOLD THICKNESS AND BIOELECTRICAL IMPEDANCE AND CORRELATION WITH OBESITY INDICATORS IN STUDENTS AT FACULTY OF MEDICINE, JAFFNA

M Sooriyakanthan[1], K Achutan[1], P Prasath[1], S Pranavan[1], P Kapilesan[1], KSivapalan[1].

[1] Dept. Of Physiology, Faculty of Medicine, University of Jaffna.

Introduction: Measurement of body fat content (BF) is an important assessment in clinical and community settings because of increase in non-communicable diseases. Direct measurement of BF can only be undertaken for laboratory investigations. Clinical and field measurements were done by measuring skin fold thickness (SF) in the past and this method is subject to considerable inconvenience and time consuming. Bioelectrical Impedance Analysis (BIA) is a recently introduced method which is very convenient and quick.

Objective: The aim of this study was to compare the BF estimated by SF and by BIA andalso to correlate them with other obesity indicators.

Methodology: A laboratory based cross sectional study was carried out in 64 (30 males, 34 females) healthy participants aged 20-24 years: all were Sri Lankan Tamils. Height, weight, waist circumference (WC) and hip circumference(HC)were measured. BMI, Waist Hip Ratio (WHR) and Waist Height Ratio (WHt-R) were calculated. SF was measured with Harpenden skin fold calipers in four sites (biceps, triceps, supra iliac and subscapular) and BF was estimated using the normogram. BF by BIA was estimated using 'In body 230' (Biospace Co., Ltd., Seoul, KOREA).

Results: Mean± SD of BF estimated by SF and BIA were 17.3 ±5.6 % and 20.1±4.8%in males ($p<0.05$) and the respective values were 29.1±4.9%, 30.6±7.7% ($p>0.05$) in females. The correlations between BF estimated by both methods in males and females were 0.863 and 0.772 ($p<0.05$) respectively.

Conclusion: The difference between BF estimated by both methods in femaleswas not statistically significant but the difference in males was only about 3% but statistically significant. Both methods correlate with obesity indicators in males and females but better correlations in females. Therefore, the impedance method is acceptable.

OP 9: USE OF SUBCUTANEOUS SYRINGE DRIVERS IN A PALLIATIVE CARE SETTING - AN AUSTRALIAN EXPERIENCE

[1]**G.J.Pratheepan**, [2]**Jenny Crane**

1 Principal House Officer - Cancer care : Bundaberg Baae Hospital, QLD, Australia
2 Visiting Medical Officer, Bundaberg Base Hospital , QLD, Australia

Background: Subcutaneous syringe drivers are important tools in symptom relief in palliative care.They are portable and can be used with a variety of compatible medications.
Objective: To undertake a study on the principal symptoms, underlying diseases, medications, duration, site reactions and patient outcomes associated with subcutaneous syringe driver use in a palliative care setting.

Methods: The study was carried out in Bundaberg, Australia from January 2013 to October 2013. 100 patients were recruited as participants to the study.

Results: Of the study sample, 61% were male.The oncological and non-oncological conditions requiring syringe drivers were 49% and 51%, respectively. The main diagnoses within the oncological group were metastatic lung cancer (15%), metastatic colorectal cancer (11%), advanced dementia (11%), and other terminal malignancies (16%). Non-oncological conditions treated with syringe drivers included advanced heart failure (5%),advanced respiratory failure (6%),advanced renal failure (5%), severe hepatic encephalopathy(3%), cerebrovascular accidents (5%) and other terminal medical and surgical conditions (19%). Pain was the indication in 51% of the cases, breathlessness in26%, and terminal respiratory secretions in 19%. Other indications were terminal restlessness, seizures, agitation, intestinal obstruction, vomiting and end of life care.Morphine was the principal drug used (77%), followed byhyoscine butyl bromide (71%), haloperidol (70%), midazolam (39%), clonazepam (30%) andhydromorphone(16%). Other medications were glycopyrolate, ranitidine, octreotide, dexamethasone, levomeprazine, metoclopramide, fentanyl and sufentanyl.The duration of use of a driver ranged from 1 to 48 days.93% of syringe drivers were handled by nurses. Site reactions were minimal with 1% redness and 1% abscess formation. The main outcome was a peaceful death with the majority being in hospitals, followed by nursing homes, and in the patients' homes.

Conclusion: The study highlights the importance of subcutaneous syringe drivers in palliative care, particularly in end of life situations.A number of medications can be delivered safely through subcutaneous syringe drivers for effective control of symptoms.

OP 10: DIABETIC RETINOPATHY AND ITS ASSOCIATION WITH KNOWN RISK FACTORS AMONG DIABETIC PATIENTS ATTENDING THE EYE CLINIC AND WARDS IN TEACHING HOSPITAL JAFFNA

S.Yathukulan[1*],N.Nirosan[2], R.Surenthirakumaran[3],M.Malaravan[4]

[1]Department of Pathology, Faculty of Medicine, University of Jaffna
[2] Faculty of Medicine, University of Jaffna
[3]Department of Community and Family Medicine, University of Jaffna
[4]Teaching Hospital Jaffna

Introduction: Diabetic retinopathy (DR) is one of the leading causes ofcomplete loss of vision across the world.At present, we estimate that 150, 000 people in Sri Lanka are blind and out of this number, 6000 people are blind due to DR.

Objectives: To determine the frequency and type of DR,to describe its association with known risk factors (disease related factors,anthropometric/biochemical parameters, socio-demographic factors and treatment and service related factors) andto assess the influence ofthese factors onDR.

Methods:A total of 255 diabetic patients were recruited between1st October 2014 and30th May 2015 for this cross sectional study.A pre-tested interviewer administered questionnaire was used for data collection. Baseline data on clinical, anthropometric and biochemical parameters were collected from Patient Guide Booksat the time of the study. Clinical eye examinations were performed and diagnoses made. Data were analyzed using SPSS 21.0. Differences between means were assesedusing Student's 2-way T test. Associated factors were compared in patients with and without retinopathy usedChi-Square test.

Results: Of the 255 diabetic patients, most were female166 (65.1%).Mean age was 61.8±9.9years.Most patients (253, 99.2%) were Type 2. Mean duration of diabetes was 8.7±6.8 years.40 (15.7%) patients had neuropathy, 24 (9.7%) nephropathy and 2 (0.8%) had macrovascular complications. 125(49%) patients were affected by chronic diseases such as hypertension (113, 44.3%), coronary artery diseases (3, 1.2%), stroke (1, 0.4%), asthma (7, 2.8%) and other diseases (2, 0.8%). DRwas observed in 11.8% (30). In the patients with DR, the majority had non- proliferative diabetic retinopathy (NDPR) (93.3%, 28), while 3.3% (1) had proliferative diabetic retinopathy (PDR). 3.3% (1) had PDR with maculopathy. Among DR patients, 11 had cataract (4.3%) and 2 had Glaucoma (0.8%). Among the diabetic patients 11 (4.3%) had reduced vision clinically and all of them had DR.Mean fasting blood sugar (FBS), postprandial blood sugar, serum total cholesterol, triglyceride, LDL and HDL were 132(± 35.5) mg/dl, 190.6 (± 54.8) mg/dl 169.6(± 30.7) mg/dl, 139.3(± 31.0)mg/dl,131.5(± 34.9) mg/dl,41.8(± 6.2) mg/dl and 0.9(± 0.2) mg/dl, respectively.Mean systolic blood pressure and diastolic blood pressure were 123.2(SD ± 15.9) and 80.9 (SD ± 9.6) mmhg, respectively.

Conclusion: Nearly one in ten diabetic patients were found to have DR, with a majority having a mild degree of retinopathy (NPDR).Age of the patient, FBS, PPBS, diabetic type, duration, otherrelated complications andsystolic hypertension were found to be significantly related to DR.Serum lipids were foundto be notassociated with DR in a multivariate model. Further prospective follow up studies among diabetic patients are needed to establish causality.

OP 11: KNOWLEDGE, ATTITUDE, PRACTICE AND PREFERENCES OF CONTRACEPTIVE METHODS AMONG POST-PARTUM MOTHERS AT TEACHING HOSPITAL JAFFNA

J. Rajeevan,[1]P. Vergini Baptista[2], A. Sritharan[2]

[1] Castle Street Hospital for Women, Colombo
[2] Teaching Hospital Jaffna

Introduction: Postpartum family planning (PPFP) has an important role to play in strategies to reduce the unmet need for family planning. It focuses on the prevention of unintended and closely-spaced pregnancies through the first 12 months following childbirth.

Objectives: The aim of the study were twofold: to assess the knowledge, attitude, practice and preferences ofcontraceptive methods among post-partum mothers;and to determine the factors associated with contraceptive knowledge and attitude among postpartum mothers in Jaffna.

Methodology: A hospital-based descriptive cross sectional study was carried out among 250 post-partum mothers who had avaginal delivery ora Cesarean section at Teaching hospital Jaffna between April and May 2017. An interviewer administrated questionnaire was used to collect data.

Results: The mean age of the study participants was 31.6(±5.1) years with arrange of 22 to 40 years. Knowledge on contraception was adequate among84.1%of the study population,and 89.6% had a favorable attitude towards contraception. Among participants, 88.4% stated that they made decisions on contraception together with their husbands. The most popular method of contraception was the Depo-Provera (medroxyprogesteroneacetate) injection (32.5%), followed by the intra-uterine contraceptive device [immediate and interval] (16.3%). A large majority of women (84.4%) made decisions regarding their postpartum contraceptive method during the antenatal period. Knowledgeon contraception

wasassociatedwith educational level and previous contraception usage ($p<0.05$).There was no significant association between attitude and the other study variables.

Conclusion: The study revealed that the majority of postpartum mothers had adequate knowledge and a favorable attitude towards contraception. Their knowledge on contraceptionincreased with educational level and previous contraception usage

OP 12: IRON STATUS AND PREVALENCE OF ANAEMIA AMONG SCHOOL STUDENTS IN JAFFNA DISTRICT

S.Vithuran,[1] M. G. Sathiadas[1]

[1] Department of Pediatrics,University of Jaffna

Introduction: Blanket coverage with iron supplementation was initiated island wide in2013 and has been implemented since. Even so, anaemia is a major public health problem in Sri Lanka. According to the 2006/7 Demographic and Health Survey, 33% of childrenare anaemic in Sri Lanka. The effectiveness of the iron supplementation programme has not been evaluated.

Objective: The study is aimed to determine the prevalence of anaemia and assessiron status amongschool-goingchildren in Jaffna District.

Methodology: A community-based cross-sectional study using multistage stratified proportionate cluster sampling was undertaken among children attending schools in Jaffna District. A pretested questionnaire was used to collect data and blood samples were obtained for measurement of serum ferritin and HS-CRP levels. Haemoglobin levels were checked on the spot using the Haemacue apparatus. WHO definitions and cut off values were used. Data werecoded and entered into SPSS 21 and analysed.

Results: A total of 1163 students between 6-19 years were screened (male:female=1:1.02). The mean age of the sample was 12.33 ± 3.1 years. Mean haemoglobin and ferritin levelswere 12.31 ± 1.51UNITS and 21.31 ± 39.73UNITS, respectively. The prevalence of anemia was 27.9%(n=324), and the prevalence of mild, moderate, and severe anaemia were 22.7% (n=264),4.1% (n=48) and1%(n=12), respectively. Female studentshad a higher prevalenceof anaemia (30.6%) compared to males(25%) (p value<0.01). The prevalence of iron deficiency anaemia was 52% after excluding participantswith high ferritin andCRP levels(1.1%). Iron deficiency anaemia was detected in 60.5% of anaemic students, while the remainder (39.5%) had non-iron deficiency anaemia. Haemoglobin levels significantly correlated with height(PC-0.243), weight (PC-0.26)and BMI(PC-0.2) ($p<0.01$). The prevalence of anaemia was significantly higher among studentsin Thenmaradchi zone (42.97%) than studentsof Vadamaradchi zone (20.07%)($p<0.01$).

Conclusion: A significant proportion of students in Jaffna Districthaveanaemia. Since two thirds of anaemia is due to iron deficiency,the iron supplementation programme needs to be reviewed.The causes of non-iron deficiency anaemia merit further attention.

OP 13: INFLUENCE OF ACADEMIC AND SOCIO-DEMOGRAPHIC FACTORS ON THE LEVEL OF PSYCHOLOGICAL STRESS AMONG MEDICAL STUDENTS OF THE FACULTY OF MEDICINE, UNIVERSITY OF JAFFNA

T.Renushanth[1], S. Imthiyas[1], D. Somasundaram[2], S.S. Williams[3], R. Surenthirakumaran[4]

[1] Faculty of Medicine, University of Jaffna; [2]Department of Psychiatry, University of Jaffna; [3]Department of Psychiatry, University of Kelaniya; [4]Department of Community and Family Medicine, University of Jaffna.

Introduction: Medical education is highly valued and at the same time perceived as being stressful as it is characterized by many psychological changes in students.

Objectives: This study aimed to assess the level of psychological stress andinfluence of academic and socio-demographic factorson the level of psychological stress among medical students of the Faculty of Medicine, University of Jaffna.

Methodology: A cross sectional institutional-based descriptive study was conducted amongmedical students except those in the first year. A self-administered questionnairecontaining socio- demographic data, Depression Anxiety Stress Scale (DASS21) and academic stressors was used.

Results: A total of 420 students were recruited. The mean age was 23.17years with a range of 19-27. The male:female ratio was 1:1.03.The prevalence of mild, moderate, severe and extremely severe psychological stress during the study period was found to be 50%(210), 15.7% (66), 19.3% (81), 10.5% (44) and 4.5% (19).The level of psychological stress among male and female students was similar, and significantly correlated withtheir present accommodation(p=0.010). There was no statistically significant correlation in stress levels between pre-clinical and clinical students. A significant associationbetween the student'smother tongueand stress level was observed (p= 0.007). There were a significant associationbetween stress level and assessment of favorability of the academic curriculum (p=0.016), willingness to attend lectures(p=0.005), time management for learning(p=0.006), frequency of exams (p=0.027), coping with stress (p=0.000) and involvement inextracurricular activities (p=0.003).

Conclusion: The level of psychological stress among medical students in the Faculty of Medicine, University of Jaffna was high. Academic and socio-demographic related stressors

had a significant influence on the level of the stress. Changes in modifiable factors such as the academic curriculum are recommended.

OP 14: PERCEPTION OF CORPORAL PUNISHMENT AMONG GCE A/L STUDENTS FROM JAFFNA DISTRICT

A. Shubanky[1], M.G Sathiadas[1], , A. Annieston[1], V.Arunath[1]

[1]Department of Paediatrics, University of Jaffna

Introduction:Corporal punishment (CP) prevails in Sri- Lanka despite strict laws against it. **Objective:** This study aimed to determine the prevalence of corporal punishment in schools and the knowledge, attitude and practices concerning it.

Methodology:A community based cross sectional descriptive study was carried outamong GCE A/L students from Jaffna District from August 2016 to December 2016. Apre-tested questionnaire containing 40 questions was administered. Multistage stratified proportionate cluster sampling was used for recruitment.A scoring system was used to assess knowledge with a maximum score of 17 and >13 being considered good knowledge. Data was analyzed using SPSS version 20.

Results:A total of 1130 students were recruited. Their mean age was 17.58 years. Male to female ratio was 1:1.5. 687(63%) students said they received some form of CP during their schooling period and 82(7.5%) said they sought medical help. Teachers (54.8%) were the main group involved in CP followed by parents (46.9%)(Exceeds 100%). The majority of students were aware that CP is illegal (75.7%), that it affects the future of children(72.6%), and that it wasa punishable offense(73.3%).601(60.7%) felt it disgraced them and number?(44.8%) said it was a method used to discipline students. 85(8.4%) said CP had disciplined them during their school days, while the majority (91.4%) preferred an alternative method of discipline. 660(60.6%) said they supported the law against CP and 600(55.09%)said they were willing to take legal action against it. 552(50.68%) supported the complete prohibition of CP.The mean score for knowledge was 11.11±3.403. Participants withgood knowledgefavoured the law against CP (p value<0.05), stated they would take legal action against CP (P value<0.05), and supported the complete prohibition of CP (P value<0.05).

Conclusion:A majority of A/L students had experienced CP in school. They were aware that CP was illegal and those with good knowledge were willing to take legal action against it. Our recommendations are to make schools CP free, train and counsel teachers on alternative methods of discipline in the classroom and to conduct further surveysamong parents and teachers.

OP 15: DYSPHAGIA MANAGEMENT IN INWARD STROKE PATIENTS IN THE ACUTE SETTING AT TEACHING HOSPITAL, JAFFNA. IS IT OPTIMAL? A DESCRIPTIVE STUDY

P Gowritharan[1], PThineskaran[1], K Abiramy[1], J Sanjeyan[1], AArasalingam[1]

[1]Neurology unit, Teaching Hospital Jaffna

Introduction: Dysphagia is a common problem in stroke patients. It is a common cause of acute post stroke complications – specially aspiration pneumonia, in addition to malnutrition in the long term. Initial assessment with bed side swallow test before feeding followed by a formal assessment by a speech pathologist within 24-48 hours is advocated.

Objective: The aims of the research was to assess utilization of speech pathology services in the management of dysphagia in acute stroke settings at Teaching Hospital, Jaffna and determine efficient documentation of bed side swallow test.

Methodology: Data was extracted from the Sri Lanka Stroke Clinical Registry and analysed using SPSS. Study period was from 1st April 2016 to 30th June 2017. Data from a total of 792 patients was studied.

Results: Of a total of 792 patients 425 (53.4%) were males. Bedside swallow test not indicated in 28/762(3.7%), not done or not documented in 729/762 (91.8%) and done in 5/762 (0.7%). Of the 792 patients 152 (19.5%) had dysphagia, 128/771 (16.1%) were tube fed. (The discrepancy in the figures were due to missing data.) Speech pathology referral was done for 158/771 (20.5%). Out of 152documented dysphagia patients bed side swallow test was not done in 149/152 (98%), not indicated in 3/152 (0.3%). Tube feeding documented in 32/152 (20.6%), Speech pathology referral done in 25/152 (16.1%). Aspiration pneumonia occurred in 33/152 (21.3%)

Conclusion: Documentation or carrying out bed side swallowing test is below optimal standards. There is severe underutilization of speech pathologist services in assessment of dysphagia. There is a major discrepancy with only 20.6% of patients with dysphagia being tube fed – the causes need to be analysed.

OP 16: UTILIZATION OF POST STROKE REHABILITATION SERVICES AT TEACHING HOSPITAL, JAFFNA. WHERE DO WESTAND?

P Gowritharan[1], PThineskaran[1], K Abiramy[1], J Sanjeyan[1], A Arasalingam[1]

[1]Neurology unit, Teaching Hospital Jaffna

Introduction: Post stroke rehabilitation plays a major role in comprehensive stroke care. The services ofphysiotherapist, occupational therapist, speech pathologist, counsellor and social service worker are either available at Teaching Hospital, Jaffna or accessible.

Objectives: The study aim is to assess the utilization of post stroke rehabilitation services of stroke patients admitted toTeaching Hospital, Jaffna on discharge from acute care.

Methods: Data was extracted from the Sri Lanka Clinical Stroke Registry and analysed using SPSS.Study period was from 1st April 2016 to 30th June 2017. Data from a total of 792 patients was studied

Results: Of a total of 792 patients 425 (53.4%) were male; 594/771 (77%) were ischemic stroke and119/771 (15.4%) were intracerebralhaemorrhage. (Data was missing for 23). Referrals tostroke rehabilitation services on discharge were physiotherapy 607/792 (76.6%), socialservices 1/792 (0.1%), occupational therapy 27/792 (3.4%), counselling 1/792 (0.1%),speechpathology 162/792 (20.5%).

Conclusion: Overall there is underutilization of post stroke rehabilitation services especially regardto occupational therapy, counselling and getting financial/ social assistance from socialservices.The utilization of speech pathology services is below optimal.

OP 17: INTERRELATIONSHIP BETWEEN OBESITY, NONALCOHOLIC FATTY LIVER AND INSULIN RESISTANCE AMONG DIABETIC PATIENTS ATTENDING THE DIABETIC CENTRE, TEACHING HOSPITAL JAFFNA

S Rajendra[1], R Nalini[2], M. Aravinthan[3], T. Renushanth[1], V. Vinitharan[3]

[1]Department of Surgery, University of Jaffna
[2]Base Hospital Tellippalai
[3]Teaching Hospital, Jaffna.

Background: Nonalcoholic fatty liver (NAFL) tends to occur commonly in diabetic and obese patients. It is also associated with insulin resistance.

Objective: This study aimed to identify the incidence and interrelationship of NAFL, obesity and insulin resistance in a cohort of diabetic patients in Jaffna.

Methods: This is an institutional based prospective cross sectional analytic study. Diabetic patients who do not consume alcohol, attending the Diabetic Centre of Teaching Hospital Jaffna were recruited. Diabetic patients with significant renal, cardiac and respiratory diseases and also those with malignancies were excluded from the study. Abdominal ultrasonography was used to identify NAFL. Fasting blood sugar was used to measure glucose and insulin levels for assessment of insulin resistance by the HOMA - IR method. The study was conducted from 1st of April to 30th of June 2017 and data were analyzed using SPSS.

Results: The study sample comprised a total of 150 diabetic patients with a mean age of 58.45 years (range 23-79) and a male to female ratio of 1:1.9. Mean BMI was 25.75 kg/m^2 with a range of 18-38.9 kg/m^2. Of the 150 diabetic patients, 88 (58.7%) were obese and 100 (66.6%) had NAFL. Median HOMA-IR was 3.38 with a range of 0.40 to 165.9. 114 (76%) patients showed insulin resistance. Age and sex were significantly correlated with obesity ($p<0.05$) but not with NAFL and insulin resistance. Of the 88 obese diabetic patients, 71 had NAFL and 77 insulin resistance ($p<0.05$). Of the 100 diabetic patients with NAFL, 82 showed insulin resistance ($p<0.05$). 64 (42.66%) diabetic patients had obesity, NAFL and insulin resistance. 14 (9.33%) patients did not have obesity, NAFL or insulin resistance.
Conclusion: The prevalence of obesity, NAFL and insulin resistance among diabetic patients is high. There is a significant association between these three factors. The majority of diabetic patients were obese and have NAFL and insulin resistance as well.

OP 18:

ULTRASONOGRAPHIC ASSESSMENT OF ECTOPIC FAT DEPOSITION IN INTERNAL ORGANS AND THEIR CORRELATION WITH ANTHROPOMETRIC MEASUREMENTS AND BODY FAT PERCENTAGE IN DIABETIC PATIENTS

R. Nalini[1], S. Rajendra[2], M. Aravinthan[3], T. Renushanth[2], V. Vinitharan[3]

[1] Base Hospital Tellipalai
[2] Department of Surgery, Faculty of Medicine, University of Jaffna
[3] Teaching Hospital Jaffna

Background: The risk of non-alcoholic fatty liver (NAFL) increases exponentially in type 2 diabetes. Similar to fat accumulation in the liver, diabetes results in ectopic fat deposition in other organs, including the kidneys, heart and pancreas.

Objective: This study aimed to evaluate ectopic fat distribution in the liver, pancreas and kidneys of diabetic patients and assess their correlation with total and visceral body fat content and anthropometric measurements.

Methods: This institutional-based cross sectional analytic study was conducted among type 2 diabetes patients attending the Diabetic Center, Teaching Hospital Jaffna from 1st April to 30th June 2017. Patients with a history of alcohol consumption were excluded from the study. The ectopic fat distribution was evaluated by a single radiologist using the standard technique of visual comparison of echogenicity. Total body fat and visceral fat were measured with a bioelectrical impedance analyzer. Weight, height, waist circumference (WC) and hip circumference were measured and waist to hip ratio (WHR)calculated using standard anthropometric methods. Data were analyzed using SPSS.

Results: A total of 150 diabetic patients were recruited. The mean age of the sample was 58.45 years (range 23-79) with a male to female ratio of 1:1.9. Sonographic evidence of NAFL, NAFP and significant ectopic renal fat deposition were found in 100(66.6%), 111(74%), and 123(82%) patients. respectively. Females had significantly more ectopic renal fat deposition than men. There was no significant association between total body fat percentage and ectopic fat deposition. Visceral fat percentage was significantly associated with ultrasonic evidence of ectopic fat. Ectopic fat distribution in all three organs wassignificantly associated with WC and WHR.

Conclusion: Sonographic evidence of NAFL, NAFP and ectopic renal fat deposition are high in diabetic patients.Ectopic fat deposition is significantly associated with visceral body fat, WC and WHR.

OP 19 :
NEURODEVELOPMENTAL OUTCOME OF PRETERM BABIES BORN AT TEACHING HOSPITAL JAFFNA- A PRELIMINARY STUDY

S.Sasrubi[1*], V.Arasaratnam[2], M.G.Sathiadas[3], R. Surenthirakumaran[4]

[1] Faculty of Graduate Studies, University of Jaffna
[2]Department of Biochemistry, Faculty of Medicine, University of Jaffna
[3]Department of Paediatrics, Faculty of Medicine, University of Jaffna
[4]Department of Community and Family Medicine, Faculty of Medicine, University of Jaffna

Introduction: Preterm birth at less than 37 completed weeks of gestation is a major determinant of early neurodevelopment. There have been no previous studies to assess the effect of prematurity on later growth and development.

Objectives: To assess the neurodevelopment of preterm babies at 3/12, 9/12 and 12/12 months and the influence of birth weight, gender, period of gestation (POG) and neonatal care on neurodevelopment.

Methods: A longitudinal hospital based observational study was carried out at the Teaching Hospital Jaffna among babies born before37 weeks of POGbetween October and December 2015.

A pre-tested questionnaire was administered at recruitment and developmental assessment undertakenin cognitive (Cog), communication (Receptive-RC and Expressive communication-EC) and motor (Fine-FM and Gross motor-GM) domains using Bayley Scales of Infant and Toddler Development(Third Edition Bayley-III) at 3, 9 and 12 months of age in the community. The raw scores calculated for each participant were converted into scale scores. The mean scaled score and standard deviation for all three domains for each group were tested for significant relationships with gestational week, gender, birth weight and neonatal care. Data wereanalyzedusing SPSS version 16.0.

Results: A total of 44 babies were recruited between POG of 35 to 36^{+6} with a male tofemale ratio of 1:1. The mean birth weight was 2.36 (±0.52)kg and 14 (31.8%) babies needed neonatal intensive treatment. The mean values forall 3 domains were analyzed together with gender. In the cognitive domain, most babies scored average performance, that is28 babies (63.6%), 26 babies (59.1%) and all 44 babies (100%) at 3, 9 and 12 months, respectively. In language, 35 babies (79.5%) and all babies (100%) were at average levels at 3 and 9 months respectively, while 29 babies (65.9%) were at low average level at 12 months of age. In themotor domain, 22 babies (50%) were at low average level and 2 babies (4.5%) were in the borderlineat 3 months of age; 21 babies (47.7%) were at low average and 8 babies (18.2%) were in the borderlineat 9 months of age; and 42 babies (95.5%) were ataverage level at 12 months. The babiesin the lower range of POG had poor performance in GM andRC at 3 months, RC at9 months and GM at12 months. A statistically significantrelationship wasfound amongthese babies with Cog ($p=0.032$) at 3 months of age, Cog ($p<0.001$), EC ($p<0.001$), FM ($p<0.001$), GM ($p=0.026$) at 9 months and GM ($p=0.019$) at 12 months of age. The babies admitted for special neonatal care showed delayed performance in EC, GM in 3 months and RC, EC, FM, GM in 9 months and RC, FM in 12 months of age. Astatistically significant relationship was found with cognitive ($p=0.009$), expressive communication ($p=0.002$) and gross motor ($p=0.012$) domains at 9 months of age.

Conclusion: The scale of Bayley-III was helpful to identify children with developmental delay. Great concern has to be taken in the gross motor domain of preterm babies.

Poster Presentations

Day1 (11-08-2017)	
PP1	**The Extent of Stigma Andits Influence on Caregiverburden Among Primary Caregivers of the Mentally Illin the Mental Health Clinic, Teaching Hospital Jaffna** S.Dinoj[1], S.Sivayokan[2], R. Surenthirakumaran[3] [1]*Unit of Allied Health Sciences, Faculty of Medicine, University of Jaffna* [2]*Teaching Hospital Jaffna* [3]*Department of Community & Family Medicine, Faculty of Medicine, University of Jaffna*
PP2	**Knowledge, Practices and Attitude Regarding Chdr Usage and Influence of Sociodemographic Factors on Knowledge Among Mothers in the Nallur Moh Area** V. Vijitha,[1] P. Thuvaraga,[2] P.A.D. Coonghe,[3] S. Kumaravel[4] [1] *Department of Pharmacology, Faculty of Medicine, Univesity of Jaffna* [2] *Department of Physiology, Faculty of Medicine, Univesity of Jaffna* [3] *Department of Community and Family Medicine, Faculty of Medicine, University of Jaffna.* [4] *Office of the Regional Director of Health Services Jaffna*
PP3	**The Outpatient Environment: A Study of The Impact of Physical Environmental Factors on Patient Experience** B. Sainiranjan,[1] S. Sridharan,[2] Y. Thivakar,[3] I.M. Javahir,[4] T. Gandeepan[2] [1] Colombo South Teaching Hospital [2] Ministry of Health [3] Base Hospital Tellipalai [4] Base Hospital Akkaraipattu
PP4	**Servicescape and Patient Satisfaction in Medical Wards, Teaching Hospital Jaffna** [1*]J.S.Nilojan, [1]V.Niroshan, [2]N.Suganthan, [3]R.Surenthirakumaran, [3]S.Kumaran [1]Faculty of Medicine, University of Jaffna [2]Department of Medicine, Faculty of Medicine, University of Jaffna [3]Department of Community and Family Medicine, Faculty of Medicine, University of Jaffna
PP5	**Case Report: Pericardial Effusion Complicating Ovarian Yolk Sac Tumour** S.Raguraman[1], M.A.K. Perera[1], K.A.S.U.A. Kodithuwakku[2], A.C.M. Musthaq[2] [1] De Soysa Hospital for Women, Colombo [2] Castle Street Hospital for Women, Colombo
PP6	**A Case Report of Idiopathic Facial Paralysis (Bell's Palsy) in the Immediate Puerperium** J. Rajeevan,[1] A. Sritharan[2] [1] Castle Street Hospital for Women, Colombo [2] Teaching Hospital Jaffna
PP7	**Nutritional Status and Associated Factors Among Pregnant Women in Manipay Moh Division, Jaffna.** J. Rajeevan,[1] A. Sritharan[2] [1] Castle Street Hospital for Women, Colombo [2] Teaching Hospital Jaffna

Day 2 (12-08-2017)

PP8	**Factors Influencing the reporting of Child Abuse and Neglect by Doctors in Three Teaching Hospitals in the Western Province of Sri Lanka** K.R. Gunatilaka,[1] M. Sathri,[2] U. D. Hiripitiya,[2] N. Jayasinghe[2] [1]Base Hospital Point Pedro [2]Lady Ridgeway Hospital, Colombo
PP9	**Knowledge and Attitude Towards Responsible Ownership of Dogs Among Grade 6 Students in Valikamam Educational Zone** R.Mathanky[1], J.B.Mercy Silvia[2], P.A.D.Coonghe[3], T.Maaran[4] [1] Department of Pharmacology, Faculty of Medicine, Univesity of Jaffna [2]Base Hospital Tellipallai [3]Department of Community and Family Medicine, Faculty of Medicine, University of Jaffna [4]Veterinary surgeon, Jaffna
PP10	**Rescue Cerclage and Tocolytics Following Miscarriage in a Triplet Pregnancy – A Case Presentation** K. Guruparan[1], R.N.G. Rajapakshe[1] S. Rodrigo[1] [1]Teaching Hospital, Ragama
PP11	**An Audit on Assessment of adherence to guidelines when obtaining consent for gynecology and obstetrics surgical procedures at Teaching Hospital, Jaffna** J.Rajeevan[1], P.Vergini Baptista[2], A.Sritharan[2] [1]Castle street hospital for women, Colombo 08 [2]Teaching Hospital, Jaffna
PP12	**Fetomaternal Haemorrhage: A Case Report** [1]P. Kalaimaran, [1]S. Nanayakkara, [1] D. Tharmini [1]Castle Street Hospital for Women
PP13	**Twin-To-Twin Transfusion Syndrome: A Case Report** P. Kalaimaran[1], K. Chaminda[1], D. Tharmini[1] [1]Teaching Hospital Peradeniya
PP14	**A Case Report of Spontaneous Heterotrophic Pregnancy** P Kalaimaran[1], D Dharmini[1], C Kandauda[1] [1]Teaching Hospital Peradeniya

POSTER PRESENTATION

PP 1:THE EXTENT OF STIGMA ANDITS INFLUENCE ON CAREGIVERBURDEN AMONG PRIMARY CAREGIVERS OF THE MENTALLY ILLIN THE MENTAL HEALTH CLINIC, TEACHING HOSPITAL JAFFNA

S.Dinoj[1], S.Sivayokan[2], R. Surenthirakumaran[3]

[1]Unit of Allied Health Sciences, Faculty of Medicine, University of Jaffna
[2]Teaching Hospital Jaffna
[3]Department of Community & Family Medicine, Faculty of Medicine, University of Jaffna

Introduction: Stigma is associated with a wide range of chronic illness. Stigmatization of mental illness affects the quality of life of both patientsand caregivers. Caregiver burden encompassesthe negative feelings and subsequent strain experienced as a result of caring for a chronically sick person.

Objective: This study aimed to assessstigma and its influence on caregiver burden among primary care givers of the mentally illat theMental Health Clinic, Teaching Hospital Jaffna.
Methods: A total of 100 caregivers were selected by systematic random sampling and data were collected through a questionnaire which included an adapted stigma questionnaire and an adapted ZBI burden scale.

Results: Caregivers reported that people avoided (50%) and insulted (51%) them. The majority of caregivers had been talked down to (75%) because of their relative's mental health problem. They reported that peopleavoided (88%) and insulted (63%) the caregivers' relatives too.Caregivers (79%) felt their lives were unduly burdened by having to care for a mentally ill person.The majority of primary care givers had moderate to severe caregiver burden(74%) with16% being severe. All participants with severe caregiver burden reported that their relatives had beeninsulted by people. A positive correlation was found between caregiverburden and stigma ($r_s = 0.579$, $p<0.1$).There were significant differences between the states of "caregivers talked down by people" ($p=0.004$) and "caregivers avoided by people" ($p=0.001$) within the care giver burden categories

Conclusions: This studyrevealsthe stigma and burden experienced byprimary caregivers of mentally ill persons in northern Sri Lanka.Increasing stigma seems to increase the burden among caregivers. These results indicate the need for proper respite care.Further in-depth qualitativestudies may help to understand the relationship between stigma and the burden of care.

PP 2: KNOWLEDGE, PRACTICES AND ATTITUDE REGARDING CHDR USAGE AND INFLUENCE OF SOCIODEMOGRAPHIC FACTORS ON KNOWLEDGE AMONG MOTHERS IN THE NALLUR MOH AREA

V. Vijitha,[1] P. Thuvaraga,[2] P.A.D. Coonghe,[3] S. Kumaravel[4]

[1]Departmentof Pharmacology, Faculty of Medicine, University of Jaffna
[2]Department of Physiology, Faculty of Medicine, University of Jaffna
[3]Department of Community and Family Medicine, Faculty of Medicine, University of Jaffna
[4] Regional Director of Health Services Jaffna

Introduction: The Child Health Development Record (CHDR), issued by the Ministry of Health, documents the growth, survival and development of children from birth to 18 years. CHDR use enables parents to actively participate in child care and develop a greater understanding of their child's development.

Objective: We aimed to assess the knowledge, attitude and practices regarding CHDR usage and the influence of socio demographic factors on knowledge among mothers in the Nallur MOH Area.

Methodology: A descriptive cross sectional study was carried out among 385 mothers who brought their children (aged between 2 months and5 years) to the Child Welfare Clinics in the Nallur MOH area for vaccination. An interviewer administered questionnaire was used for data collection.Analysis was done withSPSS 21 usingdescriptive methods and the Chi-square test.

Results: Themean knowledge score in the study sample was19.19 (±2.509). The majority of mothers (77.1%) had satisfactory knowledge, while 22.6% and 0.3% had average and poor knowledge, respectively.Most mothers regularly filled the CHDR(90.1%), protected the CHDR (93.5%), and carried the CHDR with them when they thought it may be needed (92.2%). A substantial proportion (87.8%) monitored the growth of their child using the CHDR. A minority(40.8%) cleared any doubts they had regarding the CHDR by talking to a public health midwife. Most mothers had a positive attitude toward the CHDR. They considered it an important device to monitor their child's growth and development. Most mothers did not consider it a burdento fill the relevant sections of the CHDR.A statistically significant association was found between the mothers' knowledge and marital status, education level, and occupation.

Conclusion: This study demonstrates a high level of knowledge, positive attitudes, and good practices relevant to CHDR use among mothers in the Nallur MOH Area. The reasons for low utilization of public health midwives as an educational resourcemerits further attention.

PP 3: THE OUTPATIENT ENVIRONMENT:A STUDY OF THE IMPACT OF PHYSICAL ENVIRONMENTAL FACTORS ON PATIENT EXPERIENCE

B. Sainiranjan,[1] S. Sridharan,[2] Y. Thivakar,[3] I.M. Javahir,[4] T. Gandeepan[2]

[1] Colombo South Teaching Hospital
[2] Ministry of Health
[3] Base Hospital Tellipalai
[4] Base Hospital Akkaraipattu

Introduction: Positive therapeutic results may not always be associated with positive patient experience. On the other hand, patients may have positive experiences despite negative clinical outcomes. With the emergence of the patient-centered concept, healthcare organizations nowaim to achieve beyond traditional disease-based clinical excellence by integrating patient-oriented holistic approaches and improving the physical environment in which healthcare is delivered.

Objectives: This study aimed to investigate patient experiences in the outpatient department (OPD) at District General Hospital (DGH) Mannar to determine socio-demographic, environmental and service delivery factors associated with positive patient experience in the outpatient setting.

Methods: Ahospital based cross sectional descriptive study was carried out in the OPD at DGH Mannar. All patients receiving treatment from the OPD were invited to participate in the study.

Results: Environmental factors had the highest correlation (correlation coefficient 0.754) with overall patient experience. Among those studied, cleanliness of toilets, seating facilities, spaciousness of the OPD and cleanliness of the OPD mattered most to patients with the low mean values. The helpfulness of sign boards and location of the OPD were top on the list with highest means.

Conclusions: A patient-friendly OPD environment was a major determinant ofpatient experience in the outpatient setting at DGH Mannar.

PP 4: SERVICESCAPE AND PATIENT SATISFACTION IN MEDICAL WARDS, TEACHING HOSPITAL JAFFNA

[1*] J.S.Nilojan, [1]V.Niroshan, [2]N.Suganthan, [3]R.Surenthirakumaran, [3]S.Kumaran

[1]Faculty of Medicine, University of Jaffna
[2]Department of Medicine, Faculty of Medicine, University of Jaffna
[3]Department of Community and Family Medicine, Faculty of Medicine, University of Jaffna

Introduction: Patient satisfaction is a desiredhealth care outcome and a useful indicator of quality of care. There is no published data on in-patient satisfaction with the hospital servicescape in Sri Lanka.

Objectives: This study aimed to describe patient satisfaction in relation to various dimensions of the servicescape in the medical wards at Teaching Hospital Jaffna.

Methodology: A descriptive cross sectional hospital-based study was carried out between January andFebruary 2016. A self-administered questionnaire was used to collect data from a total of 1026 patients discharged from the medical wards during the study period. Patient satisfaction on various dimensions of the servicesscape was assessed on a Likert scale (very satisfied, satisfied, neutral, dissatisfied and very dissatisfied). For analytical purposes 'very satisfied' and 'satisfied' were considered to reflect satisfaction, while the other options were considered as indicative of dissatisfaction. Descriptive and analytical statistical methods were used with the assistance of SPSS version 21 to analyse the data.

Results: Fifty-two per cent of the study sample was female, and 72% fell in the age group of 35 years and above. The majority (67.4%)had been educated up to Ordinary Level or above. About two-thirds of the study population reported a monthly income below Rs. 20, 000. Overall, 78.4% were satisfied with the servicescape in medical wards. The majority were satisfied with ward cleanliness(78.1%), corridor cleanliness(71.2%), the availability of space in the ward(73.0%), privacy in the ward(70.1%), décor (71.8%), pillow and bed sheet cleanliness (72.1%), temperature control and aeration(69.3%), securely storing goods in wards(73.8%), and care for visitors(72.4%). Patient satisfaction with bathroom cleanliness was comparatively lower (64.6%). Education level, monthly income and distance travelled to hospital were significantly associated with overall satisfaction with the servicescape ($p<0.05$).

Conclusion: In-patients in the medical wards of Teaching Hospital Jaffna reported a high degree of satisfaction with the servicescape. However, patientswith higher education, higher income, and also those residing closer to the hospital tended to report higher levels of dissatisfaction.

PP 5: CASE REPORT: PERICARDIAL EFFUSION COMPLICATING OVARIAN YOLK SAC TUMOUR

S.Raguraman[1], M.A.K. Perera[1], K.A.S.U.A. Kodithuwakku[2], A.C.M. Musthaq[2]

[1] De Soysa Hospital for Women, Colombo
[2] Castle Street Hospital for Women, Colombo

Introduction: Germ cell tumours are quite uncommon accounting for 5% of all ovarian malignancies. They are more prevalentamongyoung women. Yolk sac tumours are rare overall, although theyrepresentthe 2nd most common malignant type of germ cell tumour. Pericardial effusion is a very rare complication of metastatic ovarian malignancies, especially germ cell tumours. Only a few cases have been recorded in the past and theyhave beenassociated with high morbidity.

Case presentation: A 36 year oldmother of one presented with cough and shortness of breath of two weeks duration. On examination, she was hemodynamically stable but had reduced air entry in both lung bases withoutadded sounds. Her basic investigations were normal and Mantoux reading was 15mm. Chest X-ray was suggestive of a mild pleural effusion. Pleural aspiration was negative for malignant cells,TB PCR and ADA,andwas suggestive of resolving inflammation. Echocardiogram and CECT revealed a massive pericardial effusion with a right lower lobe lesion without evidence of metastasis. Bronchoscopy did not reveal an endobronchial lesion and biopsy wasunremarkable. Pericardial aspiration was positive for adenocarcinoma cells with immunocytochemistry positive for CK7 and CA 125. Ultrasound scan of pelvis revealed bilateral multilocular ovarian lesions with solid areas without free fluid. Asubsequentlaparotomyrevealed bilateral ovarian masses, mild ascites, and no features of local or distant malignant infiltration. Histology and immunohistochemistry confirmed ovarian germ cell tumour (yolk sac tumour). Chemotherapy was planned by the oncology team.

Discussion: Preservation of fertility and consideration of gonadal toxicity are the main concerns in management of YST in young women. Pericardial effusion is a very rare complication of metastatic ovarian malignancies and it is more common in epithelial ovarian cancer. Recommended management options are maximal cytoreduction followed by platinum-based combination chemotherapy, resection of intra-cardiac metastases and intra-cardiac chemotherapy. In this particular case,a radical surgical procedure was carried out and chemotherapy was planned to treat metastatic infiltration, especially pericardial involvement.

PP 6 : A CASE REPORT OF IDIOPATHIC FACIAL PARALYSIS (BELL'S PALSY) IN THE IMMEDIATE PUERPERIUM

J. Rajeevan,[1] **A. Sritharan**[2]

[1] Castle Street Hospital for Women, Colombo
[2] Teaching Hospital Jaffna

Introduction: Idiopathic peripheral facial palsy is the most common and frequent unilateral cranial neurological disorder. It is characterized by an isolated facial nerve paralysis.The incidence of Bell's palsy is 17 per 100,000 population per year in women of child bearing age. The pregnant population is affected about 2 to 4 times more than the non-pregnant population with an incidence of 38 to 45 per 100,000 deliveries.

Case Presentation: A 35 year old Gravida 3 Para 2 with a history of past LSCS was admitted for EL/LSCS at POA 37+4 weeks. Her antenatal history was uneventful. Her previous pregnancies were uncomplicated. Her blood pressure remainednormal until delivery. On admission, she did not have any pre-eclampsic symptoms or signs. Following LSCS, on post-partum day one, she complained of facial weakness, blurred vision, altered taste sensation and difficulty in swallowing. Neurological examination was suggestive of isolated LMN facial nerve palsy. The rest of the examination and investigations were normal. CT brain was done and it was also normal. The patient was treated with prednisolone and physiotherapy was given as suggested by the neurology team. The patient improved spontaneously and was discharged on day five.

Discussion: Numerous studies have observed the association of Bell's palsy with pregnancy. Most cases are confined to the third trimester and the immediate postpartum period. The clinical presentation of Bell's palsy in pregnancy is the same as in the non-pregnant state. However, the typical findings are less prominent here. About 15% of pregnant patients with acute facial paralysis may have etiologies other than Bell's palsy. Some cases of postpartum Bell's palsy may be a consequence of anesthetic management. Bell's palsy during pregnancy has been associated with preeclampsia. In thiscase, the mother underwent EL/LSCS under spinal anesthesia. Apart from this, we could not identify any other possible cause.

A fast and accurate diagnosis with immediate treatment is very important toavoid worsening of symptoms and to facilitate recovery.The treatment of Bell's palsy includes topical eye care, corticosteroids, and/or antiviral treatment with surgery rarely indicated. The use of steroids has been found to improve recovery.High rates of spontaneous recovery after delivery havebeen observed.

PP 7: NUTRITIONAL STATUS AND ASSOCIATED FACTORS AMONG PREGNANT WOMEN IN MANIPAY MOH DIVISION, JAFFNA

J. Rajeevan,[1] **A. Sritharan**[2]

[1] Castle Street Hospital for Women, Colombo
[2] Teaching Hospital Jaffna

Introduction: Pregnancy is a dynamic, anabolic state characterized by a series of small adjustments that allow for growth and development of the fetus while maintaining maternal homeostasis and preparing for breast feeding. Assessing the nutritional status during the reproductive period, especially during pregnancy, is widely practiced and requires few resources. While it is likely to provide usefulinformation, the results of nutritional assessments are rarely analyzed and disseminated.

Objectives: This study aimed to assessnutritional status and associated factors among pregnant women in the Manipay MOH division, Jaffna.

Methodology:A descriptive cross sectional study was carried out among 100 pregnant women in the Manipay MOH division. An interviewer-administered questionnaire which covered socio-economic factors and socio-demographic information was used. Weight and height were measured, and hemoglobin (Hb) level (haemacue 201+) assessed. Chi-square was used to test for statistically significant relationships between variables.

Results: The mean age of the study participants was 28 ± 2.02 years. Levels of undernourishment, overweight and obesity were 8%, 18% and 14%, respectively, in the sample. The mean hemoglobin concentration among participants was 11.6 ± 1.86 mg/dL. The prevalence of anaemiawas 26% with the majority (77%) being mildly anaemic. A much larger proportion of women (75%)in the undernourished category were anaemic. Having anaemia was found to be significantly associated with education level, income and parity ($p<0.05$).

Conclusion: The prevalence of overweight and obesity were higher than that of undernourishment among pregnant women in the Manipay MOH Division. While over a quarter of the study population was found to be anaemic, this proportion is less than the estimated prevalence of anaemia in Northern Province of Sri Lanka.

PP 8: FACTORS INFLUENCING THE REPORTING OF CHILD ABUSE AND NEGLECT BY DOCTORS IN THREE TEACHING HOSPITALS IN THE WESTERN PROVINCE OF SRI LANKA

K.R. Gunatilaka,[1] M. Sathri,[2] U. D. Hiripitiya,[2] N. Jayasinghe[2]

[1]Base Hospital Point Pedro
[2]Lady Ridgeway Hospital, Colombo

Introduction: Child abuse is a global problem. According to the National Child Protection Authority,in 2015,10,732 cases of suspected child abuse or neglect (CAN) were reported in Sri Lanka.

Objective: The aim of our study was to assess the factors that influencereporting of CAN by doctors.

Methodology: A descriptive crosssectional study was carried out in three hospitals(Colombo South, Colombo North and Lady Ridgeway Hospital) in the Western Province. All middle and junior grade doctors coming in contact with paediatric patients were invited to participate in the study. A self-administered questionnaire was used for data collection.

Results: Out of 700, 391 (56%)responded.Of them, 66%reported being confident in making a diagnosis of CAN. The level of confidence varied according to the unit ($p<0.001$) and rank of the doctor($p<0.001$).Paediatric trainees had received more training (58% vs 21%; OR 5.18 [2.64 -10.13]), and were more confidentin their diagnosis (92% vs 67%;OR 7.48 [2.27 – 24.73])compared to non-trainees. Only 25.1% of the sample reported having received any formal training on CAN.Less than half the study participants (48.3%) had ever reported a case of CAN. Doctors who had received training (62% vs 43%, $p<0.001$),and had more support to get advice(55% vs 38%, $p<0.001$),were more likely to report a case of CAN.33%had suspectedbut decided not to report a case of CAN at least once.The commonest reason cited for not reporting was the belief that thesuspected abuse was not significant. The majority (89%) were of the opinion thathaving a dedicated person from whom to get advice would improve reporting rates. Only 49.6%regularly asked screening questions to detect child abuse,whereas 85.4% thought that having a screening questionnairewouldincreasedetection rates.

Conclusion: The study findings suggest that increasing training and other resources for doctors may increase the detection and reporting of CAN.

PP 9: KNOWLEDGE AND ATTITUDE TOWARDS RESPONSIBLE OWNERSHIP OF DOGS AMONG GRADE 6 STUDENTS IN VALIKAMAM EDUCATIONAL ZONE

R.Mathanky[1], J.B.Mercy Silvia[2],P.A.DineshCoonghe[3],T.Maaran[4]

[1]Department of Pharmacology, Faculty of Medicine, Univesity of Jaffna
[2]Base Hospital Tellipallai
[3]Department of Community and Family Medicine, Faculty of Medicine, University of Jaffna
[4]Veterinary surgeon, Jaffna

Background: Children are often victims of dog bite. They approach infected dogs without fear or awareness as they are very much interested in pet ownership. 40% of those bitten by suspected rabid animals are children under 15 years of age.90% of the bites are caused by dogs and cats. In addition, dogs harbor a variety of parasites.

Objective: The aim of this study was to assess the knowledge and attitude towards responsible ownership of dogs among grade 6 students in Valikamam Educational Zone.
Methods:A descriptive cross sectional study was undertaken among847 students. A self-administered questionnaire was used. Chi-square test was applied to determine significance where applicable.

Results: Majority53% of the study sample were male. 57.7% (489) possessed good knowledge and 42.3% poor knowledge when compared to a mean mark of 70. 90.3% (n=847) had a positive attitude toward responsible ownership with less than a tenth (7.7%) having negative attitudes and a very few (2%) reporting neutral attitudes. Of the 42.3% of students with poor knowledge, 88.3% had a positive attitude, while among the 57.7% with good knowledge, 91.8% possessed a positive attitude.

Conclusion: The study results suggest that children have a positive attitude toward responsible ownership of dogs. There was no significant association between attitude and level of knowledge.

PP 10: RESCUE CERCLAGE AND TOCOLYTICS FOLLOWING MISCARRIAGE IN A TRIPLET PREGNANCY –A CASE PRESENTATION

K. Guruparan[1],R.N.G. Rajapakshe[1] S. Rodrigo[1]

[1]Teaching Hospital, Ragama

Introduction: Multifoetal pregnancies are high risk pregnancies. They are more likely to endin preterm labour. Rescue cerclageis known to prolong pregnancy upto 5 weeks

compared with bed rest alone. Antenatal steroid administration is thought to be beneficial in preterm labour to minimize neonatal morbidity and mortality. NICE recommends the use of tocolytics in preterm labour to complete corticosteroid administration. Little is known regarding the use of rescue cerclage or tocolytics to prolong multifoetal pregnancy. Management is tailored to each patient based on the facilities and expertise available at the center.

Case presentation: A 42 year old patient with a history of primary subfertility and conception with invitro fertilization was admitted to the casualty ward of Teaching Hospital Ragama with severe abdominal pain and leaking fluid at 24 weeks of gestation. Ultrasonography in the late first trimesterhad confirmed a triplet pregnancy with three separate placentae and separate bags. The patient had been followed up in Malaysia till 20 weeks of gestation, and returned to Sri Lanka thereafter. Ultrasonic assessment did not detect any foetal abnormalities. On admission, the patient miscarried a foetus. Vaginal examination revealed 5 cm dilatation with 50 percent cervical effacement. As the other membranes were intact, a rescue cerclage was performed within 2 hours. Tocolytics (IV salbutamol and nifedipine) were administered, and two doses of dexamethasone 12 mg given. Magnesium was not administered. She was managed in the ward with bed rest, prophylactic antibiotics, and monitored for signs and symptoms of chorioamnionitis. Her temperature and CRP levels remained within normal range until she developed labour pains with strong contractions at 27 weeks of gestation. Cerclage was removed to facilitate delivery, and she delivered two live babies vaginally. They were both admitted for PBU care; one baby died on the fourth day after delivery, and the second died on day six.

Discussion and conclusion: Strong evidence is lacking in the management of preterm delivery in multifoetal pregnancy. The distention of the uterus is a known factor in precipitating preterm labour. In the present case, preterm contractions were successfully stopped following miscarriage of one foetus. Reasons may include the reduction in uterine distention or the effect of tocolytics. Case studies suggest that rescue cerclageis successful with dilatation less than 4 cm. However, with 5 to 6 cm dilatation, we managed to extend the pregnancy by 3 weeks. The use of prophylacticantibiotics has been recommended in earlier studies. But we used antibiotics because the placenta and cord were kept inside the uterus with cerclage. In conclusion, rescue cerclage and tocolytics may be helpful to prolong multifoetal pregnancy after preterm labour.

PP 11: AN AUDIT ON ASSESSMENT OF ADHERENCE TO GUIDELINES WHEN OBTAINING CONSENT FOR GYNECOLOGY AND OBSTETRICS SURGICAL PROCEDURES AT TEACHING HOSPITAL, JAFFNA

J.Rajeevan[1], P.Vergini Baptista[2], A.Sritharan[2]

[1]Castle street hospital for women, Colombo 08
[2]Teaching Hospital, Jaffna

Introduction: Obtain informed consent is the process of shared understanding and decision making between patient and clinician. It must be approached diligently and robustly. Before seeking a women consent clinician should be ensure that she is fully informed, understands the nature of the condition for which it is being proposed, its prognosis, likely consequences and the risks, as well as any reasonable or accepted alternative treatments.
Objective : The aim of the studywas to assess the adherence to guidelines (RCOG Guideline on obtaining valid consent) when obtaining consent for gynecology and obstetric surgical procedures.

Methods - Adherence was assessed by interviewer administrated questionnaire based on the RCOG guideline on obtaining valid consent before surgical procedures. A total number of 86 patients who was underwent surgical procedures at Teaching Hospital Jaffna from April 2017 to May 2017 were included.

Results – Out of 86 patients, 79.1% of patients know about the name of the surgery and 86.1 % were aware about the reason for the procedure. Among them 79.1% of patients said they have informed about benefits of the surgery and only 27.9% of patients complained that they were not aware about risks of the procedure. Out of 100 participants 88.4 % confirmed that the patient statement was recorded while obtaining consent and 93.1% of participants signatures were recorded. But only 76.1% of patients said that they had recorded doctors' signatures in consent form.

Conclusion – Most of the patients aware about name, reason, benefits for the procedure but awareness of the other aspects of obtaining valid consent were not enough. Therefore, all clinician should trained to obtain consent according to RCOG guideline on obtaining valid consent and re- audit after six months to assess the adherence improvement.

PP 12: FETOMATERNAL HAEMORRHAGE: A CASE REPORT

[1]P. Kalaimaran, [1]S.Nanayakkara, [1]D.Tharmini

[1]Castle Street Hospital for Women

Introduction: Transmission of foetal blood cells to the mother's blood is termed foeto maternal haemorrhage (FMH). Its pathophysiology is not yet completely understood. It is quite common in the late trimester and occurs in about 40-50% of pregnancies. FMH of a significant volume (>30ml) is rare with a frequency of about 0.2 per 1000 pregnancies. LargerFMH may have serious consequences forthe foetus. Decreased or absent foetal movements together with a sinusoidal pattern in CTG areimportant clinical evidence. FMH can be detected by Kleihauer test or flow cytometry. Early diagnosis and intervention are needed for better outcomes.

Case presentation:A 25 year old primipara at POA of 35+6 weeks presented with reduced foetal movements for 3 hours duration without any history of abdominal trauma. CTG revealed a sinusoidal pattern and an emergency caesarean section was carried out suspecting foetal anaemia. A baby girl with birth weight of 2.5kg was delivered and found to be pale. Her APGAR was 7,8, and 9. Placental examination was insignificant. Cord Hb was 4.3 g/dl and foetalanaemia was confirmed. Kleihauer-Betke test revealed 63.6ml of foetal blood loss.

Discussion: Although massive FMH is a rare event, it is vital to detect it as it causes significant morbidity and mortality. Although foetal anaemia may be compensated at birth, massive FMH may result in cardiac failure, hydrops, hypovolemic shock, neurologic injury, cerebral palsy, persistent pulmonary hypertension, intrauterine demise or neonatal death. In this case, there were no identifiable risk factors for FMH. A high index of suspicion of FMH is needed when a patient presents with reduced foetal movements. Early obstetric interventionis necessary to prevent adverse outcome to the foetus.

PP 13: TWIN-TO-TWIN TRANSFUSION SYNDROME: A CASE REPORT

P. Kalaimaran[1], K. Chaminda[1], D. Tharmini[1]

[1]Teaching Hospital Peradeniya

Introduction: Twin-to-Twin Transfusion Syndrome (TTTS) is defined as intrauterine blood transfusion from one twin(donor) to another twin(recipient) in monochorionic twins. Unbalanced circulation within a shared placenta explains the pathophysiology of TTTS. Serial ultrasonography is recommended to assess fetal growth fortnightly from 16 to 24 weeks and monthly thereafter. The severity of TTTS is staged according to the Quintero

system. Primary approaches to management include expectant management, amnio-reduction and fetoscopiclaser photo coagulation(FLP) of anastomotic vessels. Amniotic reduction is recommended immediately after diagnosis. However, if lethal aneuploidy is found in amniotic fluid evaluation, invasive procedures are generally not undertaken. FLP is an optimal first line treatment for severe TTTS diagnosed before 26 weeks. After birth, the donor twin shows features of small for gestational age and anemia whereas the recipient twin presents with large for gestational age and hyperbilirubinemia. Significant antenatal insult and prematurity lead to abnormal neurodevelopment in about 30% of survivors.

Case presentation: A 25 year old primi was diagnosed to have a monochorionic diamniotic live twin pregnancy without any abnormality at 16 weeks of gestation. She was followed up fortnightly up to 20 weeks and then defaulted follow up, only returning at 26 weeks. She was found to have TTTS Stage V with live recipient and donor fetal demise. Dilated lateral ventricles with AFI of 16 were detected in the live recipient. She underwent elective LSCS at POA of 37 weeks (despite being counseled for normal vaginal delivery), and delivered both twins. The live twin weighed 1980g and the dead twin weighed 509g.The baby's OFC and weight werebelow-3SD at birth, but the graphs moved towards the median during the first year. Although the baby had hyperbilirubinaemia, there was no evidence of polycythaemia, hypoglycaemia or renal dysfunction. Repeated ultrasonography of the brain showed dilated lateral ventricles.

Discussion and conclusion: TTTS is an expected complication in monochorionic pregnancy and fortnightly monitoring is recommended in the second trimester. Appropriate intervention such as FLP may be offered if TTTS is detected early. The outcome for this case may have been better had the patient adhered to follow up and had easy access to advanced treatment options.

PP 14: A CASE REPORT OF SPONTANEOUS HETEROTROPHIC PREGNANCY

P Kalaimaran[1], DDharmini[1], C Kandauda[1]

[1]Teaching Hospital Peradeniya

Background: The coexistence of intrauterine (IUP) and extrauterine pregnancy (EUP) is termed as heterotrophic pregnancy (HP). Fallopian tube is commonest site for EUP. It is common with assisted reproductive techniques (ART) than spontaneous conception and the incidence is 1-3 :100 and 1:30 000 respectively. Its occurrence is 0.08% of all pregnancies. Most HP are diagnosed between 5 and 8 weeks of gestation. HP is mainly diagnosed by significant discrepancy in serum hCG and ultrasonic evidence of intrauterine and extrauterine pregnancy. HP goes unnoticed in the presence of IUP. If the ectopic pregnancy was detected early and was unruptured, treatment options include expectant management with aspiration

and installation of potassium chloride or prostaglandin into the gestational sac. If there is evidence of ruptured pregnancy, salphingectomy is preferred while not interfering the normal growth of the IUP. More experience is needed for new treatment modalities such as salpingocentesis.

Case Presentation: 37 years old, primi at the POA of 9 weeks admitted with the history of per vaginal bleeding (PVB) associated with right side lower abdominal pain for 4 hours duration. On examination, she was hemodynamically stable with mild abdominal tenderness and closed cervical os. Hb was 9g/dl. Trans Vaginal Scan (TVS) showed single viable IUP and no free fluid in POD. It was managed as threatened miscarriage. On the same day, she complained of increasing abdominal pain. Examination revealed hemodynamic instability, tender abdomen with guarding. Repeat TVS demonstrated single viable IUP with free fluid in the abdomen. USS features suggested ruptured ectopic pregnancy however could not appreciate any adnexal mass. Emergency laparotomy was done.

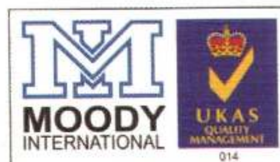
During laparotomy, around 500ml of blood was drained and bleeding noted from ruptured R/S fallopian tube. After cleansing, non-viable fetus was seen in the peritoneal cavity. R/S salphingectomy was done with minimal uterine handling. The following day of surgery, PVB was noticed and TVS showed collapsed intrauterine sac with non-viable fetus. The next day she expelled the conception spontaneously and repeat USS revealed empty uterus. She was discharged on day four. Post-operativeHb was 7.8g/dl.

Discussion: High index of suspicion is essential in women with risk factors for ectopic pregnancy and in women who have IUP with haemoperitoneum. Cessation of further workup after diagnosing IUP will neglect the diagnosis of HP. In the management of HP, ectopic element is commonly treated surgically and IUP is allowed to continue.

WITH BEST COMPLIMENTS FROM

BIOMED

A Commitment to Life



ISO 9001:2008 Certified Company

Registered Office:
Biomed International(Pvt)Ltd,
No:2A Deal Place,
Colombo-03,Sri Lanka.
Email: sales@biomed-sl.com
service@biomed-sl.com
web: www.biomed-sl.com

Operational Office:
No:27/6 Melbourne Avenue,
Colombo-04.Sri Lanka.
Tel:011 4640397-9,fax:011 4627308
Service Hotline:0777 817718

AESCULAP – Surgical Instruments
Penlon – Medical Gas Solutions
GE – Authorize Dealer GE Healthcare
CLEMENTS – Suction Units
PENTAX – Video & Endoscopy Systems
BMI Furniture
Dr.Mach – OT Light-LED/Halogen
Instrumentation Laboratory – Laboratory Analyzers
EMS – Physiotherapy Equipment
Hill-Rom – Medical Furniture
Laerdal – Life Saving Emergency Core Product,CPR
Beckman Coulter – Hematology Analyzers
Medtronic – Neuro Navigation Systems

Zydus
dedicated to life

Irbezyd
The Reno-protective ARB

Atorva 20
The Ideal Maintenance

Noklot
Pioneer in managing CLOT over a decade

Losacar-H
The Taller Antihypertensive

Best Compliments

Cargills
food city
On your way home

Member of

ISO 9001: 2008 Certified company

Member ID # 383029

ASIRI
LABORATORIES
LIVE MORE
A Softlogic Group Company

ISO 15189
ML 009-01

Member of

Member Number: 4790

தன்னைத் தானறிந்து நீடூழி வாழ்க

சுவர் இருந்தால் தான் சித்திரம் வரையலாம்
என்பது போல், உங்கள் உடல்
ஆரோக்கியத்துடனிருந்தால் மட்டுமே நீங்கள்
மகிழ்வு பெறலாம். அதற்கு உங்கள் உடல்
நலத்தைப் பற்றி நீங்கள் ஓரளவேனும் அறிந்திருக்க
வேண்டும். அந்த அறிவை நீங்கள் பெற்றிருந்தால்
உங்கள் உடலைக் கட்டுப்பாட்டில்
வைத்திருப்பதுடன், பல நோய்களிலிருந்து
தற்காத்துக் கொள்ளலாம்.

இலங்கைக்கு பணம் அனுப்ப NSB National Savings Bank முகவர் நிறுவனங்களுடன் இணைந்திருங்கள்

உங்கள் பணத்தினை மிகவிரைவாக பாதுகாப்பான முறையில் இலகுவாகவும் U-Trust ஊடாக இலங்கைக்கு அனுப்பி வைக்க தேசிய சேமிப்பு வங்கியின் முகவர்களை அழையுங்கள்

Dermatology

Adacin Gel
The advanced and effective line of therapy for acne

MELALONG
The Right and Bright Combination for Melasma

Talimus
Well tolerated and more effective than TCS

Melacare Plus
Skin Lightening and Brightening Cream

Aquasoft
The All season Skin softner

MOMADERM
Tough on inflammation ... gentle on skin

Coming soon...
Aquasoft
Moisturising Lotion
Moisturise Daily to Battle DRY SKIN

Ophthallmology

apdrops
The Latest 4th Generation Fluoroquinolone

BIMAT
Eye Drops
An advancement in Glaucoma Management

Softdrops
Sustained Relief from DRY EYES

OLOPAT
The dual acting anti allergic

Anti-infectives

Claranta
SUCCEEDS WHERE OTHER FAILS

ZAHA 250 MG 500 MG LIQUID 200
Macrolide that stays ahead...

Cardiology

Insta clop 75
... Because life is Precious

ADERAN
ADD hope to life

Orthopaedic

ACTINAC
Aceclofenac tablets 100 mg
Everyday solution to Everyday pain

ajanta pharma limited

"It's TIME* to reduce the human and economic costs of wounds" with

DURAFIBER

A strong gelling fibre dressing with the added benefit of one piece easy removal

*Adapted from International Advisory Board on Wound Bed Preparation

Enfagrow A+

The Foundation for
Non-Stop Learning

NEW FORMULA

MeadJohnson™ Nutrition

SLK-01/07P25/033

Keeping sight of the future you care for

That's why your sight is precious to you

For over 25 years we have continued to provide excellence in eye care solutions. With groundbreaking technology and the highest quality lenses and frames, we ensure the best in vision excellence. With our caring staff, we guarantee that your experience with vision care becomes one of your fondest memories.

Spectacles, Sunglasses, Contact Lenses, Hearing Aids, Advanced Eye Testing and Pharmaceuticals

VISION CARE OPTICAL SERVICES

VISION CARE OPTICALS (PVT) LTD.
NO. 108, BROWNS ROAD, JAFFNA.
Call Now 077 342 6515 / 021 222 1808
www.visioncare.lk

25 YEARS SINCE 1992