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51st ANNUAL ACADEMIC SESSIONS

OF

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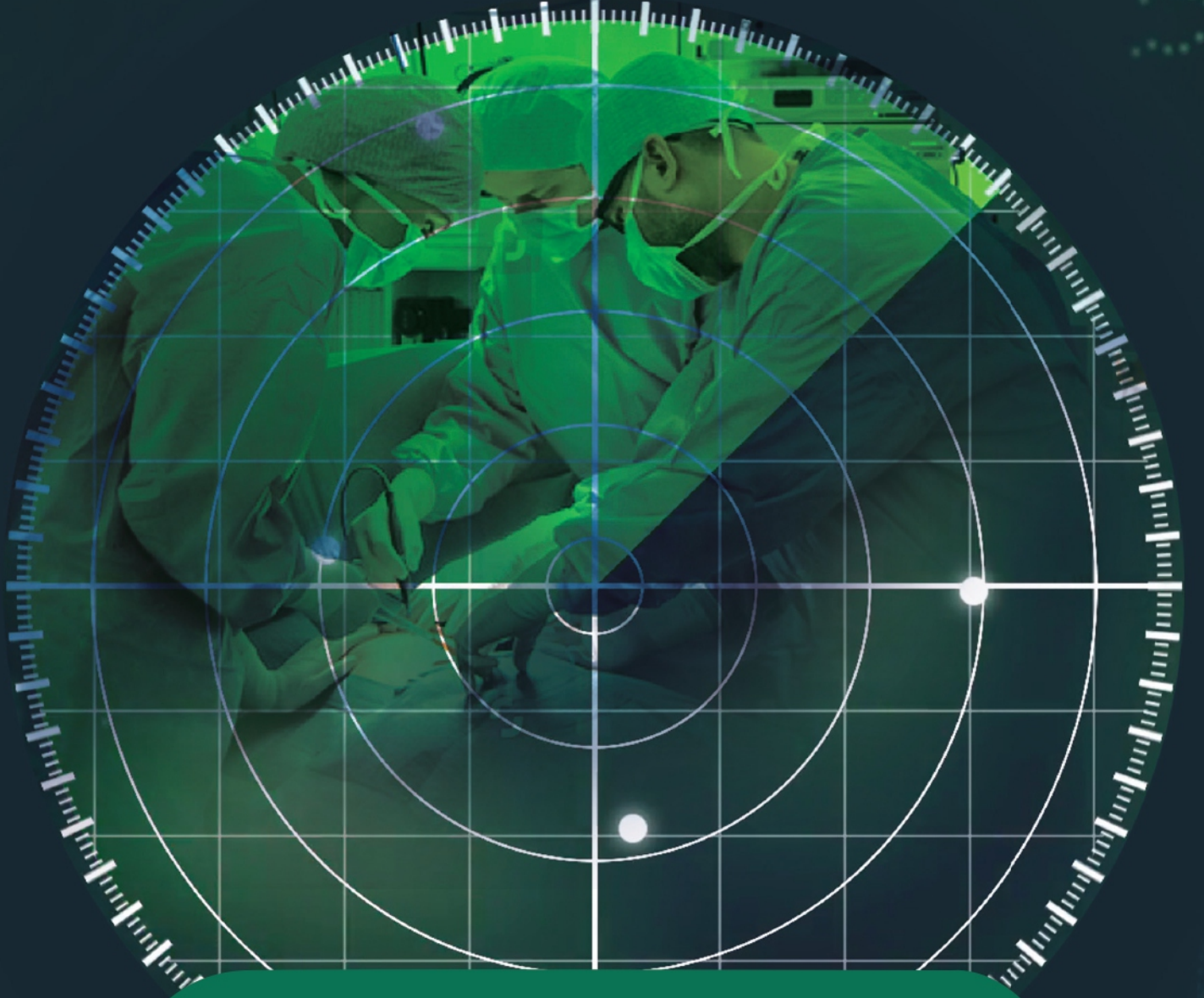


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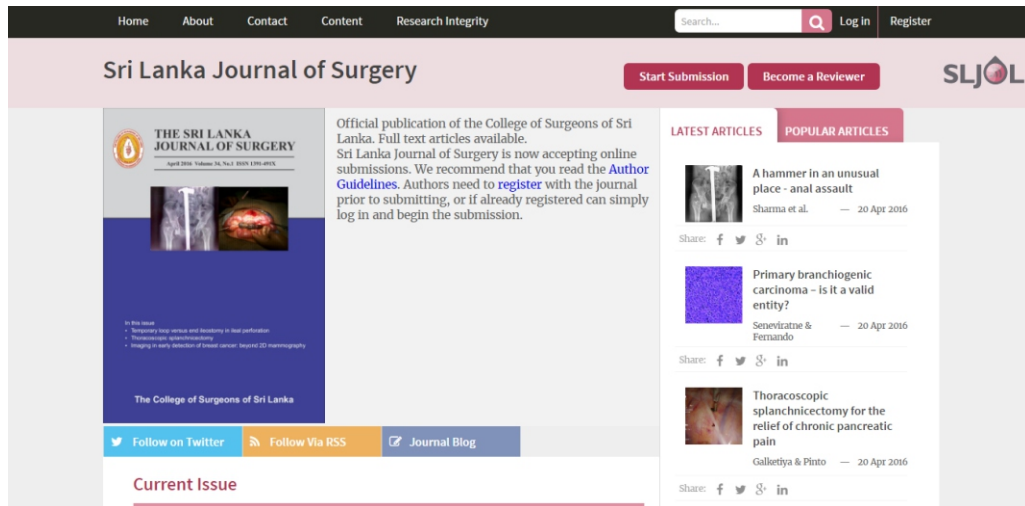
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ABSTRACTS

ORAL PRESENTATIONS

OP11 Early Results of an Amputee Care Pathway:

A Single Unit Experience

C M Gurusinghe, Gayathri Suthokumar,

A G A V J Abeyasinghe, S M Wijeyaratne, T D Goonaratne

**National Hospital of Sri Lanka, Department of Surgery
Sri Lanka**

Introduction

Major lower limb amputation in critical limb ischemia is associated with significant mortality, morbidity and poorer quality of life (QoL). The first multidisciplinary amputation care pathway in Sri Lanka was established in January 2022 to improve survival, use of prostheses, and reintegration into society. We present the early outcomes.

Method

All patients with critical limb ischemia, who underwent major lower limb amputation in the University Vascular Unit were included in the amputation care pathway. Patients were prospectively followed-up after 3-months regarding their adherence to the care pathway, QoL and prostheses use. QoL was objectively measured using a standard tool; 5Q-5D-5L index.

Results

30 amputees were included. Mean age was 62 years (37–82 years). Majority were female (60%) with diabetes (90%), hyperlipidemia (56.7%) and hypertension (43.3%). All patients received preoperative optimization whenever possible and physiotherapy, occupational therapy and prosthesis input before discharge. 30-day and 90-day mortality were 33.33% and 46.67% respectively. 33.3% (n=10) were following the care pathway at the 3-month review. Distance of residence <50km to the hospital (75% vs 8%; $p < 0.05$); was the only significant factor affecting compliance with the care pathway. The mean 5Q-5D-5L value before amputation was 0.62 (0-1). QoL significantly improved in the patients following the care pathway ($p < 0.05$). None were using prostheses at the 3-month follow-up.

Conclusion

Early results of the amputation care pathway demonstrate potential for improving perioperative mortality, QoL and prosthesis use. Establishing new or liaising with existing regional centers will enable continuity of the post-amputee rehabilitation to improve outcomes of this patient cohort.

OP12 Comparative study on the treatment modalities of Achalasia cardia

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Sri Lanka**

Introduction

Achalasia is a primary motility disorder of the esophagus characterized by failure of relaxation of the lower esophageal sphincter and absence of peristalsis. Therapeutic options for achalasia include endoscopic balloon dilatation, per oral endoscopic myotomy (POEM) and surgery.

Methods

A retrospective study was conducted at gastrointestinal surgical unit of Colombo South Teaching Hospital. Consecutive patients who underwent therapeutic intervention for achalasia between March 2002 and October 2022 were included in the study. The outcome of the intervention has been assessed using dysphagia grading for one year.

Results

There were total of 109 patients (M-58, F -51) and mean age was 42 years. Among them, 83 were treated with endoscopic dilatation, 23 with laparoscopic Heller's cardiomyotomy, and 3 with POEM. 46 (55 %) of the patients who underwent endoscopic dilatation required re-dilatation. 13 (15%) of them required surgery. 95% of surgically treated patients were reported disappearance of dysphagia in one year follow up. Two patients developed minor perforation and were managed by laparoscopic suturing during surgery. One surgical patient got intrabdominal abscess following the liver injury. Average hospital stay was 4.4 days with surgical patients, 2 days with dilatation (per dilatation).

Conclusion

This study shows that balloon dilatation is effective in relieving symptoms for a short duration. More than half of patients required re-dilatation or surgery within 1 year. However surgically treated patients are dysphagia free for one year with 8.6% risk of perforation during surgery. The samples required to compare patient treated with POEM were inadequate.

OP10 The Outcome of Kidney Transplantation in Children and Adolescents: A Single Unit Experience.

C M Gurusinghe, N L Mohotti, A G A V J Abeysinghe, Gayathri Suthokumar, Joel Arudchelvam, M R N Cassim,

S M Wijeyaratne

National Hospital of Sri Lanka, Department of Surgery Sri Lanka

Introduction

Kidney Transplantation (KT) is the definitive treatment for end stage renal failure (ESRF). However, the number of KTs done in children remains low as these are done only in few units in Sri Lanka. The purpose of this study is to review the outcome of the newly initiated paediatric transplant program.

Methods

A retrospective study on children who had undergone KT from 2016 to 2021 at the Lady Ridgeway Children Hospital was done. The details of patient demographics, cause of ESRF, type of donor (live or deceased), and postoperative complications were collected. Patients were followed up monthly. Incomplete records were excluded.

Results

33 were included. Mean age of transplant recipients was 11.45 years (4 – 17). 31 (93.9%) were live donor KTs. 23 (69.6%) were males. Mean weight of the Recipients was 24.53 (9.8-50kg). Causes for ESRF were renal dysplasia 7 (21.2%), glomerulonephritis 12 (36.4%), interstitial nephritis 1 (3.1%), obstructive/reflux uropathy 13 (39.3%). There were 4 (17%) bleeding, 1 pyelonephritis (3.1%), 1 lower respiratory tract infection (3.1%) and 1 death (3.1%) during the immediate post-operative period. Mean urine output at postoperative day 3 was 2750ml/24h and mean serum creatinine (S.Cr.) at discharge was 109 μ mol/l (22-157 μ mol/l). 8(34%) developed acute rejection and 2(8%) had acute tubular necrosis. Overall graft survival at a mean follow-up of 24 months (4-60) was 97%. The latest mean S.Cr was 93 μ mol/l (42-188 μ mol/l).

Conclusion

The overall graft function at 24 months is 97% which is acceptable for a newly initiated transplant program.

OP9 Outcomes of Patients Presenting with Acute Limb Ischemia; A Single Unit Study

C M Gurusinghe, A G A V J Abeysinghe, Gooneratne T D, Joel Arudchelvam, M Wijeyaratne, N Gowcikan, N Harivallavan, N L Mohotti

National Hospital of Sri Lanka, Department of Surgery Sri Lanka

Introduction

Acute limb ischemia (ALI) is an abrupt interruption of vascular supply resulting in a threat to the viability of the limb with symptoms presenting within 14 days. Time of symptom onset varies from a few minutes to several days. This study describes the causes, presentation and outcomes of patients who presented with ALI to a tertiary care hospital in Sri Lanka.

Methods

A retrospective cross-sectional analysis was done of patients who presented with ALI to the University Vascular Unit from March 2020 to March 2022. Patients with incomplete records were excluded.

Results

Data from 35 patients were analyzed. Ages ranged from 20-95 years (Mean age=58). 48.6%(n=17) were female and 51.4%(n=18) male. 48.6%(n=17) were diabetic, 34.3%(n=12) had ischemic heart disease, 22.9%(n=8) dyslipidaemia and 34.3%(n=12) were smokers. 25.7% (n=9) of patients had none of these comorbidities. 13(37.1%) were due to a thrombus, and 22(62.9%) due to an embolus (p>0.05). 17.1%(n=6), 20%(n=7), 17.1%(n=6) and 20%(n=7) had symptom onset to intervention times of 0-6hours, 6-24 hours, 1-3 days, and 3-7 days respectively. Notably, 25.7%(n=9) presented between 1-2 weeks. On presentation, 82.9%(n=29) had sensory impairment, 54.3%(n=19) motor impairment and 14.3%(n=5) were gangrenous.

74.3%(n=26) underwent heparinisation and 80%(n=28) underwent thrombectomy or embolectomy. 85.1%(n=30) didn't undergo amputation. At the 3-month review; majority 57.1%(n=20) were alive with a viable limb, 14.3%(n=5) alive without a viable limb, 20%(n=7) dead with a viable limb.

Conclusion

There is a delay in presentation of patients with ALI. However, we recommend that late-stage intervention over conservative management helps in preventing limb loss and results in favourable.

OP34 Benzathine Penicillin Prophylaxis: Is it effective in recurrent lower limb cellulitis?

Lavanya Sanmugathas, Darsika Karunarasan, Sittampalam Rajendra

**University Surgical Unit Teaching Hospital Jaffna
Sri Lanka**

Introduction

Recurrent cellulitis of lower limbs carries significant morbidity and recurrent hospital admissions. Benzathine penicillin is utilized as a prophylaxis as it is sensitive to the predominant organism (streptococcus) which causes cellulitis.

Objective

In this study we evaluated the effectiveness of four weekly intramuscular injection of 1.2MU of Benzathine penicillin and the causes of treatment failure.

Design, Setting and Method

We included all the patients under the care of university surgical unit teaching hospital Jaffna, who were getting monthly Benzathine penicillin 1.2MU intramuscular injections with the exclusion of those who are getting it for less than 12 months. Data were collected from the patients and the clinic books of them with the usage of interviewer administered questionnaires. Data were analyzed with SPSS 20.

Results

163 patients were included in this study with 103 (63.2%) males. Mean age was 64.4 years. 73 (44.6%) patients had lymphoedema clinically. Mean duration of injection was 51.6 months. 13 patients (8%) had prophylaxis failure. 158 patients reported the improvement in quality of life. Average infective episodes/patient year during preprophylaxis period was 2.4 with 1.7 average number of admissions/patient year and 13.9 mean hospital admission days/patient year. Average infective episodes were 0.09/patient year during the

prophylaxis period with the average number of admissions were 0.05/patient year and mean hospital admissions were 0.3 days/person year.

All are statistically significant ($p < 0.001$). Statistically significant association is there between the prophylaxis failure in patients with dermatitis ($p = 0.035$). No statistically significant correlation between prophylaxis failure and associated DM, IHD, Varicose veins and CKD. There is no statistically significant association. There is no statistically significant association between prophylaxis failure and BMI, TBSA or Sex of patients.

Conclusion

Benzathine penicillin 1.2MU intramuscular injections, given 4 weekly interval, is effective in our study population while Dermatitis was found to be associated with prophylaxis failure.

OP33 Oncoplastic breast conserving surgery versus standard breast conserving surgery for early/ locally advanced breast cancer: a 4-year experience from 2 tertiary care units in Sri Lanka

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Introduction

Oncoplastic breast-conserving surgery (O-BCS) involves tumour excision whilst overcoming the limitations of standard breast conserving surgery (S-BCS) by allowing larger resection volumes, avoiding deformities with better aesthetic results. Our study was aimed to compare the oncosurgical and aesthetic outcomes of O-BCS versus S-BCS.

Methods

We conducted a retrospective study over a 4-year period including patients who underwent breast conservation surgery for primary non-metastatic breast cancer in two tertiary care units. We assessed outcomes in terms of re-excision rates, resection margin, complications and aesthetic outcomes using a Likert scale. Non-parametric tests were used for statistical analyses.

Results

Fifty-four and 73 patients underwent S-BCS and O-BCS respectively. The median specimen volume and the maximum tumour diameter were significantly higher in O-BCS [160(range:65 – 220); 4.2(range: 1.2- 5.2)] compared to S-BCS [65(range:45-86; 2.4(range: 1.0-2.6),]. The median closest tumour margin was 16mm (range:4mm-25mm) in O-BCS while 6mm (range:<1mm – 12mm) in S-BCS ($p=0.01$). Close(<1mm) and positive margins needing re-excision were seen exclusively in S-BCS. The complication rates were similar such as wound dehiscence and infection. Superior aesthetic outcomes with statistical significant difference were reported in the O-BCS compared to S-BCS group with better symmetry, volume, nipple position and scar visibility.

Conclusions

O-BCS resulted in excision of larger volume of breast tissue, obtaining wider surgical margins with better aesthetic outcomes and with no significant increase in complications. O-BCS is safe and more beneficial and should be more widely adopted.

OP14 Re-excision for positive margins following breast-conserving surgery in a tertiary care unit: results from a pilot study.

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Introduction

Breast conserving surgery (BCS) is preferred for early breast cancer. However, achieving, adequate, oncologically safe margins could be a challenge. This study highlights the re-excision rate and factors associated with BCS.

Method

Patients who underwent BCS in a tertiary care unit from Jan 2020 to July 2022 were included in a cross-sectional descriptive study. The primary end-point was; re-excision rate. The secondary end-points were; (i) type of BCS (WLE vs therapeutic mastectomy [TM] vs WLE+CWPF) (ii) tumour size (iii) tumour location (iv) tumour histology and (v) assessment with intra-operative specimen mammogram (IOSM)

Results

Of 125 (all female) 25 (20%;95%CI,13.4%-28.1%) patients (median age 53 years [range 30-74]), underwent re-excision. 23 (92%; 95%CI,74%-99%) had re-excision only once. Re-excision among WLE vs TM vs WLE+CWPF was; 76% vs 4% vs 20% with no significance ($p=0.13$). Re-excision rate according to different quadrants had no significant association ($p=0.21$). 76% had only one positive margin and the superficial margin was the frequently involved (44%). 64% had a tumour of <30 mm. BCS vs BCS with wire-marking was not significant ($p=0.73$). Re-excision rate for positive DCIS was 1.5-fold higher than the non-re-excised group (48% vs 32%) ($p=0.17$). IOSM helped to avoid an re-excision in 90% of the patients ($p=0.002$).

Conclusion

One in five women with BCS had to have re-excision for positive margins. ISOM is effective in reducing re-excision rates.

Op20 Post-Treatment Quality of Life of Women With Breast Cancer in Sri Lanka

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Introduction

Quality of life (QOL) of women with breast cancer is known to be affected by the disease itself and treatment. This study was conducted to assess post-treatment QOL in women with breast cancer in Sri Lanka.

Methods

A total of 221 women with breast cancer undergoing follow-up at Apeksha Hospital, Maharagama, Sri Lanka was included. QOL was assessed using validated EORTC QLQ-C30 and QLQ-BR23 questionnaires.

Results

The mean age of the sample was 57.6 years (SD=11.5) with a mean follow-up duration of 31.5 months (SD=18.6). Mean global health score was 62.6 (SD=23.4). Mean scores of physical functions, role function, emotional function, cognitive function, and social function were 70.7, 76.1, 79.8, 82.3 and 88.0, respectively. Mean scores for body image, sexual functioning, sexual enjoyment, and future perspective assessed in QLQ-BR-23 were 82.2, 14.8, 19.3 and 75.5 respectively.

Mean symptom scores for fatigue, nausea and vomiting, pain, dyspnoea, insomnia, appetite loss, constipation, diarrhoea, and financial difficulties were 32.9, 10.1, 33.9, 13.4, 27.9, 22.6, 16.9, 5.6 and 33.0, respectively. Side effects, breast symptoms, arm symptoms and upset by hair loss assessed in QLQ-BR-23 were 22.3, 16.7, 27.3 and 24.4, respectively.

No significant association was noted between functional or symptom scores with the type of surgery (i.e., mastectomy vs. breast conservation) ($p>0.05$).

Conclusion

Global health status and functional scores showed good general QOL. However, poor QOL was observed in areas of sexual functioning and sexual enjoyment. Symptoms including fatigue, pain, insomnia, arm symptoms and financial difficulties contributed to the poor QOL.

OP32 Thoracic masculinization with inferior pedicle-based mastectomy in Gender affirmative breast surgery

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Introduction

Among female to male gender affirmative surgeries, masculinization of female chest carries high demand. Commonest and most popular technique includes mastectomy followed by free nipple areolar grafting. This study presents a technique that preserve nipple areolar sensation and aesthetic contouring of the chest without flattening that can avoid complications of free nipple grafting.

Method

12 patients were operated within a year with this technique where the skin incision is made elliptically, such a way that final incision overlaps inferior border of the pectoralis major. 5cm wide inferior pedicle de-epithelialized and areolar size and the nipple reduction was done. Pedicle thickness was kept in consistent with the thickness of the lower skin fold thickness. Once the flap is sutured new position for the

Nipple areolar complex (NAC) is decided along lateral pectoral line preserving the symmetry and delivered after excision of a fat cone. Then the NAC was sutured to the skin of the superior flap. NAC Viability, perfusion and sensation assessed

Results

All patients had normal nipple sensation. Average pedicle thickness was 1.5cm and width 5.8 cm. In one case unilateral nipple congestion was noted which improved subsequently. No contour deformities noted.

Discussion

Inferior pedicle-based NAC sparing mastectomy for transgender patients is a good option to preserve nipple sensation which is important for orgasm and sexual satisfaction and to avoid unwanted outcomes in free NAC grafts. Decision of pedicle thickness varies from patient to patient and it is an intraoperative decision.

OP24 The pattern of nail bed injuries among patients presenting to plastic and reconstructive surgical department at tertiary care hospital in Sri Lanka

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Introduction

Nail bed injuries are one of the frequently encountered hand injuries. An intact nail bed with a normal nail plate is important for prehension, perception, pulp stability, and for an aesthetic hand. This study aimed at identifying patterns of adult nail bed injuries in our institution.

Methods

A prospective study was conducted in the plastic and reconstructive surgical department at tertiary care hospital in Sri Lanka. The data on demographics, mechanism of injury, and injury pattern (according to Van Beek Classification of Nail Bed Injuries) were analyzed.

Results

Out of 1617 admission from January – August 2022, 123 patients (5.8%) presented with traumatic amputations related to upper limb. The average age of 33.2 years (range 9-70) with male predominance (n=102; 83%). The dominant hand was affected in 64 (52%) and blunt force (n=103, 84%) caused the majority of injuries. Single digit was involved in 114 (93%) of the patients. Distal phalangeal fractures were associated in 93 (76%) and out of those 82% (n=76) were open fractures. According to the Van Beek Classification of Nail Bed Injuries, grade 3 injuries predominated in both sterile and germinal matrix categories. Grade 4 and 5 accounted for 21 (17%) and 17 (14%) of injuries respectively. Interestingly subungual haematomas (Grade 1 and 2) were only reported in 10 (8% of) patients.

Conclusion

The majority of the patients were male and grade 3 injuries predominated the study population. A comparatively low number of subungual haematomas might be due to either low incidence or lack of seeking expert advice.

OP31 Study on demography of neurotrauma related admissions to a single Neurosurgical Unit of a Tertiary Referral Center

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Introduction

Traumatic Brain Injury (TBI) is a significant burden to health system. Therefore, studying the demography of neurotrauma related admissions, could be a guide in health resource distribution and utilization. This study will analyze the demography of neurotrauma related admissions at a tertiary referral center.

Methods

Prospective, observational study conducted. Data collected from 66 patients who referred to a single neurosurgical unit of a tertiary referral center.

Results

Forty-nine (74.2%) were males and 17 (25.8%) were females. Only 12 (18.18%) were above the age of 65. Commonest injury mechanism was accidental fall (n=29, 43.9%) followed by Road Traffic Accident (RTA) (n=13, 19.7%). Majority (n=40, 60.6%) were individuals without co-morbidities. Fifty-four (81.81%) presented with mild TBI (GSC 13-15). Only 12 (18.18%) had moderate and severe TBI (GSC < 12). Out of them more than half (n=7, 58.33%) were due to accidental falls and rest were due to RTA. Forty-one (62.1%) underwent NCCT whereas twenty-five (37.9%) were not. Twenty-five (61%) of NCCTs were negative. All negative NCCTs were of mild TBI patients. Overall, 7 (10.3%) underwent neurosurgical interventions and received ICU care. Twenty-three (34.8%) had isolated head injury. Forty-three (65.2%) had other specialty involvement.

Conclusion

Majority of neurotrauma related admissions were young, healthy adults. By identifying common injury patterns, preventive measures can be recommended for relevant authorities. Patients with moderate to severe TBI, better managed at specialized care units with access to ICU facilities. A larger scale similar study incorporating the entire institution for an extended period can yield better understanding and recommendations for future developments.

OP3 Is it safe to perform Minimally Invasive Coronary Artery Bypass Grafting?

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Introduction

Minimally invasive coronary artery bypass grafting is a novel modality in coronary surgery and has the advantage of being free from morbidity associated with sternotomy and extracorporeal circulation. However, there is ongoing debate among surgeons with regard to its safety, feasibility, completeness in revascularization, prolong learning curve and cost effectiveness.

Method

Prospective data analysis was done on 26 consecutive minimally invasive revascularizations performed in a single cardiac surgical unit. Patients who have undergone previous thoracic surgeries, patients with right coronary artery disease, gross cardiomegaly in chest X rays and females with very large breasts were excluded from the study.

Results

8 patients underwent single vessel grafting while 16 received two grafts and 2 patients received three grafts. 18 males and 8 females were subjected to this method of surgery. Mean age was 60 years. Considering the time for discharge, mean hospital stay was 6.41 days for single vessel grafting and 6.61 days for multi vessel grafting. One patient died due to severe sepsis. Additionally 2 patients required trans-venous temporary pacing for persistent bradycardia with syncope and for tachy-brady syndrome.

Conclusion

Minimally invasive approach is a reasonable option with regard to revascularization of left coronary artery territory among selected patients. However, long term study with large number of patients is required to compare its safety and efficacy with conventional bypass surgery.

OP5 Is brief psychological intervention effective in reducing psychological distress among cancer patients?

**A randomized controlled trial in a tertiary care hospital,
Sri Lanka**

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Introduction

Cancers are the second leading cause of death with doubling of incident during last 25 years. Psychological distress among cancer patients reported as high as 40% which interferes quality of life and treatment outcomes.

Method

Single-blinded randomized control trial conducted among newly diagnosed cancer patients awaiting surgical interventions at Colombo South Teaching Hospital. Out of 88 eligible patients, 46 and 42 were randomized into intervention and control arms, respectively. The intervention group received a brief psychological intervention for consecutive 2 weeks, while the control group received routine care. The psychological distress was assessed using HADS score at baseline (1 week after breaking of bad news) and 3 weeks from the baseline screening in both groups. The data analysed using chi square test.

Results

Both groups had 37 participants for the second evaluation. No significant difference seen between the anxiety scores($p=0.102$) and depression scorers($p=0.308$) among intervention and control group during baseline screening. The second screening scores of the same showed the intervention group has significantly low anxiety ($p=0.001$) in comparison to the control group while there was no difference in depression scores between the intervention and control groups($p=1.000$).

Conclusion

The brief psychological intervention package was found to be effective in reducing anxiety among patients. It wasn't effective in reducing depression, which may take a longer duration that this study could not detect. This simple and brief psychological intervention could be recommended to be used for all new cancer patients, as it positively affects their management and wellbeing.

OP15 Audit on knowledge of patients regarding elective surgery that they undergo in a tertiary care hospital PL Wasula, S S Wanigasooriya, Wasula Lokuge Teaching Hospital, Karapitiya Sri Lanka

Introduction

Patient understanding about the surgical procedure that they undergo takes an important part in the management process. Our objective is to assess the level of knowledge among patients regarding the elective surgeries they undergo.

Methodology

We conducted a cross sectional study on 200 patients who were awaiting elective surgeries. Data collection done via a questionnaire which inquired the knowledge about the surgical procedure(A), mode of anaesthesia(B), average timing of surgery(C), possible complications of surgery(D), and average hospital stay(E).

Results

Age range of the patients were from 20-70 years. there were 65% male patients and 35% female patients. Out of all, 85% of patients had knowledge about A, 55% of patients were aware of the(B), 20% had an idea about (C), 10% of patients were aware of (D) and 35% of patients had an idea about(E).

In overall 40% of patients had an awareness of >50% of the domains inquired. In 20-50years age group this was 70% whereas in 50-70 years age group it was 40%

Conclusion

In overall there is poor awareness of the elective surgical procedure among patients and it's relatively worse in older age group. Therefore we suggest to implement better patient education strategy focusing more on elderly patient group.

Op16 Does pre-admission antibiotic use affect the clinical presentation and development of complications of acute appendicitis in Children?

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Introduction

Acute appendicitis is the most common abdominal surgical emergency in the paediatric population. Masking of classic clinical features due to use of antibiotics prior to hospital admission, is a major concern seen in clinical practice.

Method

A descriptive cross-sectional study was conducted to assess the association between pre-hospital antibiotic usage in relation to presentation and development of complications. Children who had undergone appendicectomy (laparoscopic/open) for acute appendicitis from August 2021 to July 2022 at a single surgical unit in the Lady Ridgeway Hospital for Children were included. The clinical details at presentation, prior antibiotic use, and complications (perforation, mass, and abscess formation) observed at surgery were extracted from the patients' clinical records retrospectively.

Results

A total of 49 appendicectomies had been carried out over the study period. 18% of the study population had received 1 or more doses of pre-hospital antibiotics. Late presentation (3 or more days) was common among patients who had received pre-hospital antibiotics in contrast to those who didn't (89% vs 30%, $p < .05$). Paediatric appendicitis score (PAS) of >6 (44% vs 27.5%, $p = .78$) and complication rate (44% vs 35%, $p = .59$) were not significantly different in the group that received antibiotics compared to the other. Median hospital stay was similar in both groups (4 days).

Conclusion

Though a significant difference was observed in the day of presentation to the hospital, no statistically significant difference was noted with regards to clinical presentation, development of complications or the duration of hospital stay in relation to pre-hospital antibiotic use.

OP28 Characteristics and post-operative outcome of surgery for fistula-in-ano; results from a tertiary care hospital in Sri Lanka

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Introduction

Management of fistula-in-ano is associated with recurrences and sometimes anal incontinence. We aimed to study the clinical characteristics and outcomes of fistula-in-ano.

Methods

Patients with fistula-in-ano managed at a single tertiary care centre from 2016 to 2021 were included. Clinical characteristics were collected from a prospectively maintained database. Outcomes at one year (recurrence rate and quality of life-assessed using validated Vaizey score) were collected using an interviewer-administered questionnaire. Chi square test was used for statistical analysis.

Results

A total of 284 patients [males=231, 81.3%; median age=39.5 (range: 7-73) years] were included. The majority had simple fistulae (n=191, 67.3%). Transphincteric (37.7%, n=107) fistulae were the commonest type followed by intersphincteric fistulae (35.2%, n=100) and the commonest procedure performed was fistulotomy (n=200, 70.4%). Follow-up details were traceable in 155 (54.5%) patients. At one year, the overall success rate was 87.7% (n=136) [fistulectomy: 87.5% (n=24); fistulotomy: 90.7% (n=108); ligation of intersphincteric fistula tract (LIFT): 75% (n=4)]. There was no association between the type of surgical procedure and incontinence. The mean Vaizey score was 0.8 (range: 0-14). Incontinence was observed in 20% (n=31) and flatus incontinence was the commonest type (54.8%, n=17). Complex fistulae were associated with higher recurrence rates compared to simple fistulae (33% vs. 0.9%, p<0.001).

Conclusion

In our experience, the success rate for the surgical treatment of fistula-in-ano was 87.7% with acceptable complication rates. Notably, there was no association seen between the type of surgical procedure and incontinence.

Key Words: Fistula-in-ano, Fistulotomy; Incontinence; Surgery; Recurrence

OP30 Post-operative outcome of ileal pouch-anal anastomosis (IPAA); results from a tertiary care hospital in Sri Lanka

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Introduction

Surgical treatment for familial adenomatous polyposis (FAP), refractory ulcerative colitis and colitis-associated dysplasia is IPAA.

Methods

Patients who underwent IPAA from 2011 to 2021 were included. Clinical characteristics were collected from a prospectively maintained database. Outcomes were assessed using an interviewer administered questionnaire.

Results

A total of 42 patients [males=26, 60.5%; females=17, 39.5%; median age=35 (range: 10-64) years] were included. Common indications for IPAA were, ulcerative colitis: 55.8% (n=24); FAP: 32.6% (n=14); Crohn's disease: 2.3% (n=1). Diverting loop ileostomy was done in 38 (88.4%) patients.

Two IPAA surgeries (4.7%) failed and were excised. One patient (4.17%) developed incontinence (n=24). Perianal pain and discomfort was reported by 3 (12.5%) out of 24 patients. Mean stool frequency was 3.6 (range: 2-7). None of the patients had an anastomotic leak, perianal sepsis, bowel obstruction or incisional hernia in the long term.

Conclusion

Major complications and pouch failure are not uncommon in IPAA. Therefore, anticipation and early detection of complications is necessary.

Key Words: Restorative proctocolectomy, ileal pouch-anal anastomosis, familial adenomatous polyposis, ulcerative colitis, Sri Lanka

OP17 Value of inflammatory markers in predicting the likelihood of complicated appendicitis in a paediatric population with acute appendicitis: A retrospective descriptive study

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Introduction

Acute appendicitis is the most common abdominal surgical emergency in the paediatric population. Compared to adults, majority in the paediatric population tends to develop complications owing to multiple reason including a thin-walled appendix and an immature greater omentum.

Method

A descriptive cross-sectional study was conducted among children who had undergone appendicectomy (laparoscopic /open) over a period of one year from August 2021 to July 2022 at a single surgical unit in the Lady Ridgeway Hospital for Children, to assess the relationship between inflammatory markers and occurrence of complications. Pre-operative C-reactive protein (CRP), White blood cell count (WBC) and complications (perforation, mass, and abscess formation) were recorded from the patients' records and analysed.

Results

A total of 49 patients had undergone appendicectomy during the period of the study. Pre-operative CRP value were available in 47 patients. CRP of >100mg/l was observed in 19.1% of patients with acute appendicitis. Complicated appendicitis (perforation, mass, and abscess formation) was observed in 36.7% (n=18) of patients. Complicated appendicitis was more common among patients with a higher pre-operative CRP (>100mg/l) compared to those with a CRP <100mg/l (66.7% vs 23.4%, p<.05). 27.6% of patients with acute appendicitis had a CRP <10mg/l. 83.7% of patients had a WBC count >10 000/ μ L.

Conclusion

An elevated CRP of >100mg/l is a reliable indicator of complicated appendicitis, though a normal CRP at presentation doesn't exclude the diagnosis of acute appendicitis. Though most patients had a WBC count of >10 000/ μ , the degree of elevation didn't correlate with the rate of complicated appendicitis.

Op18 Outcomes of Anastomosis of Mechanically prepared bowel Vs Mechanically unprepared bowel in Laparoscopic Anterior Resection of adult patients with colorectal cancer in surgical units of Teaching Hospital Karapitiya.

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Introduction

The limited evidence in the literature to assist the use of mechanical bowel preparation (MBP) in patients undergoing laparoscopic anterior resection (LAR) remains a question. The aim of this study was to investigate the clinical outcomes of anastomosis of MBP vs mechanically unprepared bowel in LAR.

Methodology

A retrospective comparative study was conducted in the surgical units, Teaching Hospital Karapitiya (THK). Three hundred and six colorectal cancer patients participated in the study, including 151 MBP patients and 155 non-MBP patients and, the post-operative complications and the difference in the costs incurred among two groups were compared.

Results

The anastomotic leakage rate was 2.6% in the no MBP group and 6.0% in the MBP group, (p=0.143). Postoperative paralytic ileus rate was 18.5% and 5.8% in the MBP group with no bowel preparation group respectively (p=0.001) displaying a significance. Wound infection, Pneumonia, Urinary tract infection and cardiac complication rates also were higher in MBP group. Overall mortality rate was 1.3% in the no MBP group and 2.0% in the MBP group.

Conclusion

Study shows significant increase in the post operative complications in the MBP group. Thus, prophylactic MBP in anastomosis of LAR has not been proven any benefit over the non MBP group.

OP19 Clinical and treatment characteristics of cholangio carcinoma in a tertiary care centre in Sri Lanka

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Introduction

Cholangio carcinoma(CC) is a common biliary malignancy with high mortality rate due to delayed presentation. This study was aimed to describe the clinical and treatment characteristics of CC in a tertiary care centre in Sri Lanka over a period of 5 years.

Method

A retrospective study was conducted at the Colombo South Teaching Hospital including all newly diagnosed patients with CC based on either radiologica l(n=152) or histological (n=38) criteria. A descriptive analysis was performed with respect to the clinical and treatment characteristics which were collected through a custom made database. colonoscopy

Results and Discussion

Among the 190 patients, the majority were males (n=98, 51.5%). The mean age was 64 (range: 29- 92) years. Hypertension was the commonest comorbidity (n=63, 33.1%), followed by diabetes (n=61, 32.1%). The majority has never consumed alcohol (n=96, 50.5%).The commonest type of tumour was Klatskin tumour (n=78, 41.1%) followed by distal CC (n=66, 34.7%) and intrahepatic CC (n=46, 24.21%). With the available decision, 68 (35.8%) were resectable and among them only 46 (67.6%) were fit for curative resection. Distal CC was the most resectable (n=38,57.6%) type, while Klatskin tumour was the least resectable (n=17, 21.8%). Ultimately, 51 patients underwent either therapeutic or palliative surgery (26.8%).

Conclusion

In our cohort, CC had a male preponderance. The commonest type was Klatskin tumour, though distal CC was the most resectable type.

Op26 Intraoperative visualization of biliary anatomy using Indocyanine green (ICG) fluorescence in a Sri Lankan patient cohort.

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Introduction

Bile duct injury during laparoscopic cholecystectomy (LC) has high morbidity. Indocyanine Green (ICG) fluorescence aids in demonstrating the biliary tree, reducing this risk of injury. We describe the visualization of biliary anatomy in a cohort of Sri Lankan patients using ICG fluorescence which is a non-invasive method.

Method

Total of 121 consecutive patients who underwent LC were enrolled in this prospective cohort study. Visualisation of specific regions of the biliary tree anatomy was recorded pre and post dissection with ICG. A Stryker 1588 laparoscope with near Infrared (NIR) mode was used to visualize 30 minutes after injection of 5mg of ICG intravenously.

Result

Of 121 patients, (median age - 42 years; Range=18-82; females: 64.5%), 70% had LC for biliary colic. Visualization of the extra hepatic biliary tract was significantly better after ICG administration ($p<0.001$) both before dissection (BD) (95%CI= 91.7% [85.3%-96.0%]) and after dissection (AD) (95% CI=71.1%[62.1%-79.0%]). The hepatic ducts were only visualised with ICG.

The CDCBDJ was visualized in 5.8% BD and was increased to 87% ($P<0.001$) with ICG. The AD rate of the landmark was 54% vs 100% with fluorescence ($P<0.001$). The CBD was demonstrated in 34% BD and enhanced to 88 % ($P<0.001$). CBD was seen AD in all patients with fluorescence compared to 62% without it ($P<0.001$). None of the patients reported adverse effects of ICG or bile duct injuries.

Conclusion

Intraoperative use of ICG is safe and significantly enhances the visualization of landmarks in biliary anatomy during LC in this cohort. Its' routine use in LC may be considered.

OP2 Immediate Outcome of Microwave Ablation for Liver Tumours in a Single Cohort Of Patients in Sri Lanka

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Introduction

Microwave ablation (MWA) is an emerging treatment modality for hepatocellular carcinoma (HCC), and other liver tumours. We aimed to assess the immediate success and complications of MWA in a cohort of patients.

Methods

Patients were assessed retrospectively, using an interviewer-administered questionnaire and a follow-up CECT/MRI at, 6-weeks.

Results

55 patients underwent MWA from October 2021-May 2022. The median age was 64 (40-82) years, with a male preponderance (n=45, 81.1%). The indication was HCC in 54 (98.1%) and metastatic tumour in one (1.8%). Median tumour size was 28(10-80) mm. Segment VII was the commonest site to be involved (n=18, 34.6%). Majority (n=40, 72.7%) were single lesion. No participant underwent the procedure twice. The mean post-procedural hospital stay was 12 hours (95%CI=11.4-12.5, SD=2.0).

In the 6-week follow-up, 2 recurrences (3.6%) and single death (1.8%) with no relation to the procedure, were reported. Another 2 (3.6%) denied the follow-up. Complete ablation was reported in 46 patients (83.6%), with only 7 patients (12.7%) having residual tumours. No major complications were reported. 9 patients (16.4%) developed 'Post ablation syndrome' (PAS). They presented with abdominal pain (7.3%), vomiting (7.3%) and fever (3.6%).

Conclusions

Even though ablation rates are comparable to the western world (95-97%), PAS is not as common as in literature (34%). Hence, MWA is a successful and safe treatment option for primary liver tumours in Sri Lanka.

Op4 Solid Pseudopapillary Tumour Of The Pancreas: A Single Unit Experience Of An Uncommon Pancreatic Tumour

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Introduction

Solid pseudopapillary tumour of the pancreas (PST) is a rare exocrine pancreatic tumour commonly involving the body and the tail of the pancreas. Its seen predominantly in young women. Even the patients who present with metastatic disease have good survival after resection. Currently, there are no data regarding PST in the Sri Lankan setting. We looked at our experience with this rare tumour.

Methods

Prospectively collected proforma-based data were analyzed.

Results

Between November 2011 to April 2022 14 patients underwent surgery for PST.

13(93%) were females. The median age was 28 years (15-50). Nine (64.3%) patients presented with abdominal pain and 3(21.4%) had an abdominal mass as the presentation. Only 2(14.3%) patients were incidentally detected. The median tumour diameter was 7.2cm (2-18). 7(50%) had involvement of the pancreatic body, 6(43%) had involvement of the head of the pancreas and one had involvement of both the head and the body of the pancreas. Only one patient (7.14%) had liver metastasis at presentation. Distal pancreatectomy was performed in 6(43%), Whipple's pancreaticoduodenectomy in 6(43%), enucleation in 1(7.14%) and total pancreatectomy in 1(7.14%). In addition, liver metastasectomy was done in 1(7.14%) patient. There were no major complications. None received adjuvant treatment. At a median follow-up of 22(2-70) months, there were no recurrences.

Conclusions

PST in our cohort were in young females who had excellent survival after surgical resection. Involvement of the head of the pancreas was common compared to the predominantly distal disease in the available literature.

OP29 Clinical teaching and its effects on medical students' performance in student centered learning environment.

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Introduction

The core of medical education is effective clinical teaching, but maintaining it in hectic, pressured healthcare settings raises issues. Due to the different attitudes of teachers and clinical responsibilities, time devoted to medical student education is declining

Methods

A descriptive cross-sectional study was conducted between August 2021-August 2022. Self-administered, voluntary, anonymous questionnaire developed by the researchers was used, fifth year students completed professorial surgery appointment were included.

Results

A total of 182 patients [males=79,43.4%; females =103,56.6%] were included. Out of 175 students, majority (n=65,35.7%) received a pass for the applied sciences stream exam. Regarding University Academic staff, most of the students (n=106,58.2%) agreed that they commended students' contributions and answered the questions. Majority (n=116,63.7%) agreed that they got the opportunity to put their knowledge into practice. 100(54.9%) students agreed that there is congruence between learning objectives and the actual content. Significantly 129(70.9%) students agreed that they were taught clinical reasoning on patient encounters by non-university academic staff.

Consultants had highest level of contribution to student teaching [mean=3.049,range(1-4);SD 0.998]. Highest level of confidence students had for procedures, was filling request forms [mean=4.133,range(1-5);SD 0.8907] and least level of confidence seen in for endotracheal tube intubation[mean=2.256,range(1-5);SD 0.9951].

Conclusion

Medical students receive good quality clinical education from both university academic staff and other teaching staff. Even though their confidence in performing skilled procedures needs further improvement, which needs to be addressed.

Key Words: Clinical teaching, medical students, Sri Lanka

OP22 Clinical Profile and Outcome of Children with Posterior Urethral Valves: Experience from a Tertiary Care Centre

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Introduction

Posterior urethral valves (PUV) represent the commonest cause of bladder outlet obstruction in infancy and also the most common surgical cause of chronic kidney disease (CKD) in childhood. This is still associated with significant morbidity despite improvement in diagnosis and management.

Methods

Retrospective study of children diagnosed with PUV from 2007 to 2020.

Results

A total of 15 males were managed for PUV with the median age at diagnosis of 20 days (range 2 days – 6.6 years). The condition was suspected on antenatal scans in 9 (60%). Voiding dysfunction was the presentation in all patients (n=6) who was diagnosed postnatally. Micturating cystourethrogram demonstrated vesicourethral reflux in 9 (60%) [bilateral – 5, unilateral – 4]. Vesicostomy was the most common (60%) initial surgical intervention which was carried out at a median age of 29 days. Follow-up revealed CKD in 8 (53.3%) and 3 (20%) progressed to end stage renal disease. Bladder dysfunction was present in 3 (20%). The mean nadir serum creatinine value within the first year after intervention was 0.58 mg/dl in CKD patients and 0.32 mg/dl in non-CKD patients (p=0.033). The mean duration of follow-up was 7 years.

Conclusion

Nearly half of the patients with PUV develop CKD despite early intervention. There is a statistical difference between the nadir serum creatinine values after intervention between CKD and non-CKD groups.

OP7 Clinical audit on prescribing and initial monitoring of parenteral nutrition in critically ill adult patients in intensive care units in a tertiary care hospital

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Introduction

Medical nutrition therapy is essential in critically ill patients who are at high risk of malnutrition. Parenteral nutrition (PN) is one such mode of delivery. It should be initiated carefully and monitored closely due to its side effects and complications.

This audit aims to assess the current practice regarding prescribing and initial monitoring of PN for critically ill patients in intensive care units (ICUs) at a tertiary care hospital.

Method

Data was extracted retrospectively from medical records and feeding charts of patients prescribed PN between 01st February 2022 to 15th May 2022.

Audit standards were formulated according to the European Society Parenteral and Enteral Nutrition 2019 guidelines on nutritional care for the critically ill.

Results

Six ICUs were recruited for this study. Patients in only two ICU s received PN, namely Surgical ICU (63.9%) and Accident Service ICU (36.1%). Thirty-six critically ill patients on PN met audit criteria.

Clearly, documented indication to initiate PN was stated in 83.3% of records. Calculation and delivery of energy and rate of glucose administration met accepted standards (100%). Nearly two-thirds (69.4%) of patients were prescribed micronutrient supplementation.

In the initial assessment, anthropometric measurements and assessment of electrolytes were documented in 75.0% and 50.0%, respectively. Monitoring of these parameters in the first week of initiation of PN was low (29.6% and 11.1%).

Conclusion

Adherence to audit standards when prescribing PN was acceptable. However, initial monitoring with the initiation of PN in the critically ill requires further improvement. Institutional protocols and monitoring charts will help the safe provision of PN.

OP23 Validation of Malnutrition Screening Tool for Surgical Patients

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Introduction

This study was designed to validate the Malnutrition Screening Tool (MST) for Surgical Patients.

Methods

A cross-sectional study assessing the risk of malnutrition and nutritional status of hundred consecutive hospitalized surgical patients, aged 56.84 ± 1.4 years. Adults above 18 years of age and having the ability to communicate were recruited for the study. The interviewer administered a questionnaire was done for validation purposes. The selected hospital uses MST as its screening tool for admission to the hospital. The MST was compared with the Malnutrition Universal Screening Tool (MUST).

Results

According to MUST, 73% of patients were at low risk, 18% were at moderate risk and 9% were at high risk of malnutrition. According to Malnutrition Screening Tool, 80% of patients were not at risk and 20% were at risk of malnutrition. The Malnutrition Screening Tool had a low sensitivity of 48.15% (95% confidence interval [CI] 46% to 34%) and a specificity of 90.41% (CI 81.24%-96.06%) The positive predictive value was 65% (CI 45.34%-80.61%) and the negative predictive value was (CI 76.49%-87.23%). The agreement was moderate as represented by the Kappa Coefficient of 0.420.

Conclusion

Although the MST is simple, quick, and easy to use, it is not a suitable screening tool for detecting a risk of malnutrition in hospitalized surgical patients. The components of the MST do have not acceptable sensitivity for surgical patients, suggesting that further prospective research using the MST is required to confirm its validity as a screening tool in hospitalized surgical settings in Sri Lanka.

OPI Evaluating the quality of informed consent obtained by medical officers prior to surgical procedure single center experience at a tertiary care hospital.

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Objective

Evaluate the quality informed consent obtained by the Doctors in Sri Jayawaedenepura General Hospital (SJGH).
Design Descriptive cohort study.

Method

Responses taken from 79 Participants from all surgical specialties. Group A include (23 participants) - Registrars and senior registrars. Group B include (56 participants) intern medical officers, medical officers & senior house officers who worked at SJGH from January 1st 2021 to June 30th 2021. They received a common case scenario encounter in their respective units (ex: thyroidectomy in surgical ward) an observer marked ten respective areas of consent in marking paper. Data were analyzed using SPSS version 22.

Results

34 males (38%), 55 females (61.79%) with Male: female ratio 1:1.64. Areas of assessment include indication for surgery (A- 95.6%, B- 32.14%), Prognosis (A-78.26% B-28.57%), Alternatives (A- 78.26% B- 14.28%), details of surgery (A- 95.6% B-50%), pre-operative preparation (A-52%, B-5.3%), complications (A-95.6% B-85.7%), expected outcome A- 73.91% B-7.14%), follow up (A-26% B- 1.78%), Introduction of team (A-47.82% B 10.7%), unforeseen procedure (A-21.73% B- 1.78%). There was significant difference noted between group A and B.

Conclusion

Health care professional treating patients without valid consent may be guilty of infringing patients right. In this study we noticed a significant difference between post graduate trainees and non-post graduate trainees in obtaining a Quality informed consent. To overcome this issue, we designed local guideline. Efficacy of which will be assessed in 6 months with another study.

.Op27 Knowledge & practices on pre-operative fasting among Sri Lankan nursing officers working at a tertiary referral center

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Introduction

Fasting is an essential component of preoperative preparation in surgery. But prolonged fasting can trigger undesired metabolic responses. Optimizing preoperative fasting will ensure both safe anesthesia and improved surgical outcome. Since nurses are involved in preoperative preparation, their knowledge on fasting is imperative for a better surgical outcome. Here we evaluate the knowledge and practices among nurses on pre-operative fasting.

Methods

Descriptive prospective cross-sectional study on knowledge and practices of preoperative fasting was performed on 110 nurses working at a tertiary referral center. Data were collected with a self-administered questionnaire after obtaining consent.

Results

Response rate was 81.81% (n=90). Sixty-three (70%) from Surgical wards and 27 (30%) from non-surgical wards were participated. Overall, 23 (25.6%) & 36 (40%) were unaware of the minimum fasting time for solids & clear liquids respectively. Sixty-three (70%) knew about the concept of Glucose loading, but only 26 (28.9%) had knowledge on what solutions can be used. Nineteen (22.1%) were unaware that fasting should commence based on the time of surgery. Eighty (88.9%) participants knew water as a clear liquid. But lesser percentages observed for other clear liquids. Sixteen (18%) participants practiced obligatory IV fluid during fasting. Anesthesia notes were used by 76 (84.4%) as the prime source for preoperative instructions.

Conclusion

There are certain gaps in knowledge and practice of preoperative fasting which is falling short to current practice guidelines. A significant gap in the knowledge noted among non-surgical ward nursing officers. It is necessary to evaluate the knowledge periodically and conduct regular learning sessions with updates.

POSTER PRESENTATIONS

PP2 Maintaining Zero Mortality for Six Months in a General Surgical Ward Using Early Warning Score, Single Center Experience In a Tertiary Care Hospital.

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Introduction

Identifying early warning signs in a critically ill patients and planning early intervention result better patient outcome.

Methods

Retrospective cohort study. Patients admitted to ward 14 from 1st of January to 30th of June 2020. Data were sourced from the ward admission records, Bed head tickets (BHT) with attached Modified Early warning score chart (MEWS), Operative notes, Intensive care unit (ICU) patient records, Ward death register & ICU death register. All patients admitted and stayed for more than 24 hours were included. As a unit policy MEWS charts attach to each BHT and critical patients were identified on clinical basis and continue monitoring hourly. Score of four or above is an indication for ICU admission.

Results

Total number of ward admission was eight hundred and ninety-one. Number of live discharge from ward was eight hundred and seventy-three (97.97%). Average length of hospital stay was 4.31 days and average daily sick was 18.305. Bed occupancy was 50.64%. Total number of ICU admission was seventeen (1.9%) Out of those nineteen patient's ICU mortality was zero for the first six months of year 2020. Overall ward patient mortality was zero during that period.

Conclusion

After Implementation of MEWS chart and monitoring critically ill patients result in improving the patient survival.

PP3 Effectiveness and student acceptance of Multi-consultant panel discussion for surgical undergraduate teaching; lessons learnt during the COVID-19 pandemic

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Introduction

Medical education has changed significantly over the past few years from fragmented and didactic teaching to transformative learning. Lack of clinical sense and interest in clinical practice among students is a criticism towards the new curriculum. We experimented multi consultant discussion panels as a mode of teaching to develop student interest in clinical surgery while broadening their knowledge.

Method

During the COVID19 pandemic online learning activities were carried out using free to use meeting platform. Each discussion involved 3-5 consultants and students from all stages (year 1-5; attendance >250). Discussions explained from basic sciences to advanced clinical management in each topic. Periodic feedback was sought from the students using as online form with agreement levels and likert scales.

Results

A total of 1047 student responses for 7 questionnaires were analysed. A total of 24 topics were discussed during 52 contact hours within 6 weeks. Over 95% of the students had either participated for all or most of the sessions. Over 90% agreed that the discussions were both relevant and important. A majority (87.1%) of the students 'definitely agreed' that they benefited from the activity. Highest level of agreement was expressed by 83.4% that the discussions helped to improve their clinical sense, and 79.3% agreed that their interest in clinical surgery was improved.

Conclusion

Multi-consultant panel discussions are an effective method to teach surgery to undergraduates and is well accepted. Feedback data concluded that the activity meet the learning objectives while improving the clinical sense and interest among the students.

PP6 Is Routine Histopathological Evaluation Necessary Following Appendectomy? : A Single Centre Retrospective Analysis

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Introduction

Acute appendicitis is one of the most frequent surgical conditions of the abdomen and appendectomy is one of the most common emergency surgical procedures performed worldwide. Histopathological examination is the gold standard in the diagnosis of acute appendicitis.

This study aims to describe the pathology of clinically diagnosed acute appendicitis and report the uncommon pathologies encountered in routine histopathological examination.

Method

Histopathology reports of appendectomies performed from June 2020 to May 2021 at the University Surgical unit of Colombo South Teaching Hospital were reviewed. Appendectomies done as a part of some other surgical procedures were excluded and surgically managed acute appendicitis were included in this study.

Results

A total of 136 histopathology reports were analyzed and acute appendicitis was diagnosed in 89.7%. The peak age incidence is 8 to 32 years and the male to female ratio is 3:2. The negative appendectomy rate was 4.4% and equal for both sexes. Findings of lymphoid follicular hyperplasia(4.4%) and faecolith(2.1%) denote etiopathogenesis. Unusual histopathology results include Endometriosis of appendix(2.1%) and Low grade appendicular mucinous neoplasm(2.1%). Out of all the histopathologically confirmed acute appendicitis; 57.3% are acute inflammation and others are acute suppurative inflammation(30.3%), Perforated(4.9%), Gangrenous appendicitis(2.45%), Abscess formation(2.45%), serositis(1.6%) and mass formation(0.8%).

Conclusion

We conclude that the majority of clinically diagnosed appendicitis is consistent with histopathological findings. Although the neoplastic appendix is an uncommon diagnosis, we recommend that all the appendectomy specimens should be histopathologically evaluated.

PP7 Is Female Urinary Incontinence a Significant Health Issue as Per The Reported Prevalence, Risk Factors And Treatment Seeking Behaviour in The Literature?

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Introduction

Female Urinary incontinence (UI) is a leading health problem among women around the globe. The high prevalence of 23.3-55.5% and treatment seeking rate of 12-14.4% in the latest national and regional literature contradicts and were not evident in our practice. This study was conducted to address this issue by determining the prevalence, risk factors and treatment seeking behavior of women with UI in Nallur MOH, Jaffna.

Methods

This was a community based descriptive cross sectional study conducted among 897 women (18-86 years). Interviewer administered questionnaire including questions of International Consultation on Incontinence Questionnaire-Short Form was used. Pearson chi-square test was used to evaluate factors potentially associated with UI.

Results

The overall prevalence of UI was 9.6%. All the women who had UI admitted that it has a negative impact on quality of life and majority of them had moderate severity (46%). Advanced age, high number of childbirth, lack pelvic floor exercise advices, diabetes mellitus, bronchial asthma, constipation and spinal problems were identified as significant risk factors ($p < 0.05$). Even though 87 participants had UI, only 14 (16%) of them consulted a doctor. Most stated reason for not consulting a doctor among remaining 73 (84%) participants was "thinking that UI is normal with aging and following childbirth"(46.7%).

Conclusion

The local prevalence of UI is considerably low in contrast to the literature. Low prevalence, lack of awareness of UI and available treatment and only a minor hinderance to quality of life would have made UI a less significant public health issue.

PP8 Missed internal injuries and its impact on trauma deaths at DGH Chilaw: A clinical finding and post-mortem correlation study.

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Introduction

Missed injuries have the potential to cause disastrous complications in trauma patients. This study was performed to evaluate to what extent missed injuries contribute to a fatal outcome at a Level 3 Trauma Unit.

Methods

The medical records and post-mortem reports of all trauma patients who died at the DGH Chilaw from August 2021 to January 2022 were reviewed. The mortality rate and incidence of missed injuries were determined. A missed injury was defined as one that was found at post-mortem but was not mentioned in the medical records or in any ante-mortem radiological report. This excluded minor injuries such as superficial contusions and minor lacerations which are sometimes not included in the medical records during resuscitation.

Results

During the study period 1468 patients were admitted due to trauma of which 18(1.2%) died. Two patients were excluded, due to inability to retrieve their post-mortem reports, leaving a study group of 16 patients in which there were 11 males and 5 females. The mean age was 35.2 years, mean NISS was 32. A total of 5 missed injuries were found in 3 patients, giving a total incidence of 18.7%. Among the 3 patients only 1(6.3%) had missed injuries that were considered to be probably related to the fatal outcome. The thorax was the anatomical region where most injuries were missed.

Conclusions

A number of injuries remain undetected in trauma care and are found only at post-mortem, emphasizing that the post-mortem examination remains an important tool in evaluating trauma care. However, in only a few patients did the missed injuries have a detrimental effect on outcome.

PP9 The patterns of head injury among motorcyclists with road traffic accidents admitted to accident and emergency (A&E) service, tertiary hospital

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Introduction

Motorcyclists are a vulnerable group for road traffic accidents (RTA) due to the vehicle's nature and head injuries are frequent. The severity of the head injury depends on several factors and can be predicted by GCS and CT brain findings. The study aims to identify the pattern of head injuries among motorcyclists.

Method

A prospective study was conducted among motorcyclists who sustained head injuries following RTA admitted to A&E for 2 months period. The data were collected using a questionnaire that includes demographic profile, the velocity of the motorbike, helmet usage, GCS on admission, CT brain findings and management strategy.

Results

85 patients (71 riders and 14 pillion riders) were analyzed and majority were male (96%) with mean age of 31 years (range 10-70 years). Only 78% were wearing helmets and 84% had high-velocity impact (>40kmph). According to GCS, 73% had mild, 7% moderate and 20% severe head injuries. CT brain was not performed in 47% and 13% of had normal CT brain. 40% had some TBI in the CT brain. Among them, 4.8% were contusions, 2.4% SDH, 2.4% SAH, 2.4% SAH, 1.2% EDH, 1.2% Diffuse axonal injury, 1.2% IVH and 24.4% had combined injuries. 2 patients had unsalvageable TBI on 1st CT brain. 78% of patients underwent observation, 5% had medical management and 17% underwent surgical interventions. Two died within 14 days of injury.

Conclusion

Most patients were male and aged between 17- 25 and male gender was associated with higher severity. Knowledge about injury severity patterns is important for prevention and facilities improvement.

PP10 Is it safe to perform Off – Pump Coronary Bypass Grafting in Sri Lankan context?

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Introduction

Off Pump coronary revascularization is a form of coronary surgery which avoids the morbidity associated with extracorporeal circulation. However, grafting in a beating heart possess a significant challenge to an amateur cardiac surgeon.

Method

Prospective data analysis was done on 131 consecutive off pump coronary revascularizations performed in a single cardiac surgical unit. All surgeries were initiated as off pump procedures. Patients who have undergone previous sternotomies and patients requiring valve repair or replacement in addition to the coronary grafting were excluded from the study.

Results

100 males and 31 females were subjected to off pump revascularizations. Mean age was 58.55 years. There were 11 emergency conversions to pump procedure due to haemodynamic instability. Out of this 6 were converted while attempting to graft distal right coronary artery. There was a mortality as a result of persistent bleeding and massive transfusion which subsequently led to Disseminated intravascular coagulopathy and acute kidney injury. One patient developed acute ischaemic stroke on 2nd post-operative day in the left middle cerebral artery territory and was treated with interventional radiology procedure. 3 patients required intra-aortic balloon pump with in first 24 hours.

Conclusions

Off Pump coronary artery grafting is a safe mode of coronary revascularization in experienced hand. However, early identification and prompt conversion to pump procedure is vital during haemodynamic instability.

PP11 Clinical presentations, biochemical derangements, and imaging findings in patients who underwent laparoscopic cholecystectomy: A single center cohort study in Sri Lanka

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Introduction

Laparoscopic cholecystectomy is the gold-standard treatment for gallstone disease and acute cholecystitis.

Methods

A descriptive study was conducted using data from 29 patients who underwent laparoscopic cholecystectomy at National Hospital Kandy, Sri Lanka, from April 2020 to October 2020.

Results

The study sample comprised 18(62.1 %) females. The mean age was 53.8 ± 12.0 years. Biliary colic was present in 24(82.8%), acute cholecystitis in 7(24.1%), and chronic cholecystitis in 2(6.9%) patients. There were 4(13.8%) patients with pancreatitis and 1(3.4%) with obstructive jaundice. The mean alkaline phosphatase (ALP), total and direct bilirubin levels were 103.5 ± 66.2 U/L, 12.5 ± 9.88 $\mu\text{mol/L}$, and 5.71 ± 2.19 $\mu\text{mol/L}$, respectively. The ultrasound scan revealed 25(86.2%) patients with abnormal gallbladder; in 4(13.8%) patients, the gallbladder was reported normal. The mean ALP, total and direct bilirubin of those with abnormal gallbladder was 97.3 ± 58.2 U/L, 12.0 ± 10.0 $\mu\text{mol/L}$, and 5.13 ± 1.73 $\mu\text{mol/L}$ compared to those with normal gallbladder 140.8 ± 106.6 U/L ($p=0.479$), 15.2 ± 9.92 $\mu\text{mol/L}$ ($p=0.588$) and 8.9 ± 1.83 $\mu\text{mol/L}$ ($p=0.172$). The common bile duct (CBD) was dilated in 1(3.4%) patient, who had ALP, total and direct bilirubin levels of 89.0 U/L, 8.36 $\mu\text{mol/L}$ and 3.8 $\mu\text{mol/L}$ compared to those with normal CBD, 104.0 ± 67.4 U/L ($p=0.828$), 12.7 ± 10.0 $\mu\text{mol/L}$ ($p=0.677$), and 5.87 ± 2.20 $\mu\text{mol/L}$ ($p=0.387$).

Conclusion

Pancreatitis and obstructive jaundice are expected complications of symptomatic gallstone disease. The ultrasound scan is not highly sensitive in detecting a pathological gallbladder. The alkaline phosphatase and bilirubin levels do not show significant elevation with CBD dilatation or the presence of gallstones.

PP12 A clinical audit on knowledge and perceptions among nursing officers of national hospital Kandy regarding bowel preparation for lower gastrointestinal endoscopy

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Introduction

Lower gastrointestinal endoscopy (LGIE) is an important screening and therapeutic modality for colorectal cancer. Unlike other screening tests, colonoscopy is dependent on pre-procedure bowel preparation. If the bowel preparation is poor, significant pathology may be missed.

Methods

A clinical audit was conducted at National Hospital Kandy in July 2022 to assess the knowledge among the nursing officers regarding bowel preparation for LGIE. The quality of bowel preparation was objectively assessed in all the patients who underwent LGIE over two weeks.

Results

Knowledge was assessed in 70 nursing officers using a prevalidated questionnaire consisting of 9 single best answer questions. For 6 out of nine questions, the correct answer was given by < 50% of the nursing officers. The bowel preparation quality was assessed in 63 patients, consisted 32 (50.8%) males, including 28 flexible sigmoidoscopies and 35 colonoscopies. Among the patients who underwent flexible sigmoidoscopy, the mean Boston score for descending colon bowel preparation was 1.61 ± 0.79 . Among the patients who underwent colonoscopies, the mean Boston score for ascending, transverse, and descending colons were 1.88 ± 0.49 , 1.97 ± 0.39 , 2.21 ± 0.54 , amounting to a total of 6.10 ± 0.83 .

Conclusion

The knowledge among the nursing officers regarding bowel preparation for LGIE is inadequate, and the quality of bowel preparation for LGIE is average.

PP13 Case series of subcutaneous dirofilaria granuloma caused by *Dirofilaria repens* presenting with worm granulomas to a surgical unit Negombo

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Introduction

Dirofilariasis is a zoonotic infection and its infection rate is around 60% in the dog population. Anyhow, manifestations of human are not well documented in the Sri Lankan population. The objective is to present the different presentations we observed in a peripheral unit in Negombo.

Methods

All the patients presented with non pruritic, well defined, painless, subcutaneous nodules. A 9 year old boy had the worm granuloma in the root of the penis. A 1 year old boy and 17 year old boy had it in the submandibular area. A 37 year old female hospital staff patient had that in the left cubital fossa. All the lesions persisted for more than 2 weeks. All the patients underwent ultrasound scans of the affected region for confirmation.

Results

The first patient had a 0.9x0.4cm size focal subcutaneous granuloma at the dorsal aspect of the root of the penis which was needed a surgical excision. The second one had 1.2x0.8cm dirofilaria granuloma and third patient had 1.6x0.2cm granuloma and the fourth patient had a 0.5x0.7 cm size cystic lesion.

Conclusions

Dirofilariasis is an emerging disease in Sri Lanka. A child coming with a non pruritic painless subcutaneous nodule should include worm granuloma as one of the differential diagnoses. Reduction of vector density, proper diagnosis and caring for the patients are strategies to prevent disease burden.

PP15 Outcome After Curative Resection For Colorectal Cancer Liver Metastasis In Sri Lanka

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Introduction

Colorectal cancer is the third most common cancer both globally and in Sri Lanka. Liver is the commonest site of metastasis, developing in 25% – 30%. Surgical resection and ablation are the only curative options available. Hence, this study aims to determine the clinical characteristics and outcome of treatment in patients with colorectal cancer liver metastases.

Method

Details of 73 patients with colorectal cancer liver metastases, referred between 2010 and 2022 were reviewed. Demographic data, presentation, management of primary cancer and liver metastases, surgical outcome, recurrence free survival and overall survival were analyzed retrospectively.

Results

Median age was 60 years (31 – 82) with a female predominance (n=39; 53.4%). Primary located in left sided colon in 90% (n = 63), presenting synchronously in 61.1% (n=44). Right hemi-liver (n=59; 81.2%) is more commonly involved with caudate lobe involved in 6.9 % (n=5). The segment VI is the commonest liver segment involved (n=39; 53.4%).

Liver resection was performed in 41 patients (65.1%). 25 (56.8%) were major resections and 6 (13.6%) were staged resections. Surgery group had a median recurrence free survival of 24 (range=9.19-38.8) months and overall survival of 31(range=14.51-47.50) months. 32 Patients who were offered palliative treatment had a poor overall survival of 16 (range=12.23-19.77) months (p<0.05).

Pp17 Feasibility of population based screening mammography in Sri Lanka: A pilot study.

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Introduction

Breast cancer is the commonest cancer among Sri Lankan females & has a rising incidence. Screening mammography is not implemented in Sri Lanka since lack of local evidence to suggest effectiveness and inadequate resources. We conducted a pilot screening mammography program to assess feasibility of rolling out a national screening program in Sri Lanka.

Methods

Conducted in Teaching hospital- Kurunegala during 2018-2021. Open invitation for screening mammogram was given for asymptomatic females. Risk factor assessment & clinical breast examination was followed by screening mammogram. Patients without any risk factor, categorized as average risk group. Patients with one or more risk factors are categorized as above average group. Occurrence of BIRADS 4 or more lesions on mammogram were compared between two groups using Pearson Chi-Square test.

Results

270 patients were enrolled to the pilot study. 15.2 % of mammogram reports were not collected by patients. 1.9 % patients had BIRADS 4 or more lesions. Above average group has significantly higher rate of BIRADS 4 or more lesions. (p=0.032) Data was analyzed with IBM SPSS version 23.

Conclusion

Adequate personnel and effective follow-up are crucial before national roll-out of a breast cancer screening program. Risk assessment can be done to identify above average risk group and conducting screening mammogram on them is a cost-effective approach according to our study. However large scale population based study is mandatory before implementing a national screening program.

PP18 Clinical-Epidemiological Characteristics and Their Association with the Severity of Carpal Tunnel Syndrome
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Introduction

Carpal Tunnel Syndrome (CTS) is a common neuropathy with pain and paresthesia in the hands and wrists.

Methods

This cross-sectional study was performed on 40 patients who presented to National Hospital Kandy, Sri Lanka, from June 2022 to August 2022 with a definite diagnosis of CTS by nerve conduction study.

Results

The mean age of the sample was 50.0 ± 10.1 years and consisted of 33 (82.5%) females. Most were housewives 21 (52.5%), followed by manual laborer 4 (10.0%), clerks 3 (7.5%) and drivers 3 (7.5%). There were 35 (87.5%) right and 5 (12.5%) left dominant patients, 18 (45%) had unilateral, and 22 (55.0%) had bilateral CTS. Among the patients with right side symptoms, the right dominant patients had mean Bland criteria of 3.54 ± 1.22 , compared to the left dominant, 5.25 ± 0.96 ($p=0.028$). Among the patients with left-side symptoms, the mean Bland criteria did not show any significant difference with hand dominance ($p=0.228$). Bland criteria were only compatible with the clinical features in 32 (80.0%) patients. The severity of CTS did not show any significant difference with sex ($p>0.050$). Thirteen patients had symptoms <6 months, six patients 6-12 months, and 21 patients >12 months. The mean Bland criteria for them were, right: 3.31 ± 0.86 , 4.00 ± 2.12 and 3.90 ± 1.30 respectively ($p=0.383$), left: 2.50 ± 0.76 , 4.00 ± 1.00 and 3.50 ± 1.31 respectively ($p=0.084$). Their mean preoperative pain scale was 6.77 ± 2.68 , 5.17 ± 3.37 , and 5.76 ± 1.90 , respectively ($p=0.336$).

Conclusion

Females who are housewives are the main culprits of CTS. The severity of right-hand CTS is inversely associated with right-hand dominance. The duration of symptoms does not show any association with the severity of CTS.

PP19 Factors Associated with Delay in Presentation to a Surgical Specialty of Patients with Carpal Tunnel Syndrome
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L S Chathuranga, P T Dahanayake,
Parackrama Karunathilake, Prabath Madhuwantha,
R Dhanushkar, S G Weerasinghe
National Hospital Kandy, Sri Lanka

Introduction

Carpal Tunnel Syndrome (CTS) is a common neuropathy with pain and paresthesia in the hands and wrists.

Methods

This cross-sectional study was performed on 40 patients who presented to National Hospital Kandy, Sri Lanka, from June 2022 to August 2022 with a definite diagnosis of CTS by nerve conduction study.

Results

The mean age of the sample was 50.0 ± 10.1 years and consisted of 33 (82.5%) females. Only 15 patients self-reported to a surgeon, and 25 were referrals to the surgical clinic. Most patients were referred by the outpatient department 9 (22.5%), 8 (20.0%) by family physicians, 5 (12.5%) by neurologists, and 3 (7.5%) by local hospitals. Nevertheless, 20 (50%) patients have been treated medically before referrals for a median duration of 3 months (IQR; 1 – 6 months, mode one month) medical treatment before surgery. One patient has been treated for five years before surgical referral. The reasons for the delay in presentation to a surgical specialty: lack of knowledge and reluctance to seek medical support in 11 (27.5%) patients, diagnostic delay in 19 (47.5%) patients, prolonged alternative treatment in 17 (42.5%) patients, fear of surgery in 4 (10.0%) patients and socioeconomic deprivation in 2 (5.0%) patients. One patient had been delayed due to prolonged physiotherapy. Alternative treatments have been sought by 20 (50%) patients, 6 (15.0%) ayurvedic, and 14 (35.0%) allopathic.

Conclusion

Most patients with CTS are managed medically before surgical referral, which has resulted in a delay in presentation to a surgical specialty.

PP20 Associations between the symptoms and the upper gastrointestinal endoscopy findings in a cohort of patients in Sri Lanka

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Introduction

Upper gastrointestinal endoscopy (UGIE) is a diagnostic and therapeutic endoscopic procedure used to visualize the oropharynx, esophagus, stomach, and proximal duodenum.

Methods

A cross-sectional descriptive study was conducted in National Hospital Kandy in patients who underwent UGIE at the endoscopy unit from June 2022 to August 2022.

Results

A total of 294 patients were included in the study, with a mean age of 58.5 ± 16.3 years and 154 (52.4%) males. Most UGIE was done for diagnostic purposes 231 (78.6%), 41 (13.9%) therapeutic, 4 (1.4%) both diagnostic and therapeutic and 18 (6.1%) for surveillance or pre-intervention assessment. Among the patients who underwent UGIE for diagnostic purposes 109 (46.4%) had dyspeptic symptoms, 55 (23.4%) dysphagia, 34 (14.5%) upper gastrointestinal bleeding, 25 (10.6%) unexplained anaemia, 59 (25.1%) anorexia, weight loss in 43 (18.3%). Analysis was done to find any significant association between the presence or absence of symptoms with the UGIE findings. Dyspeptic symptoms were associated with 8.9% oesophagitis ($p=0.020$), 46.2% hiatus hernia ($p=0.003$), 45.5% antral/pangastritis ($p=0.001$). Dysphagia was associated with 16.1% oesophageal mass ($p=0.000$), 19.6% antral/pangastritis ($p=0.037$), 3.6% gastric ulcers/erosions ($p=0.016$). Upper gastrointestinal bleeding (UGIB) was associated with 38.2% gastric ulcers/erosions ($p=0.000$), 8.8% duodenal ulcers ($p=0.001$). Unexplained anemia was associated with 48.0% of gastric ulcers/erosions ($p=0.000$). Anorexia was associated with 19.7% had antral/pan gastritis ($p=0.017$), 4.9% duodenal mass ($p=0.016$). Weight loss was associated with 6.8% duodenal masses ($p=0.005$).

Conclusion

The symptoms, dyspepsia, dysphagia, UGIB, anemia, anorexia, and weight loss, show significant associations with some particular UGIE findings.

Pp21 The prevalence of Helicobacter pylori infections and its association with symptoms and upper gastrointestinal findings in Sri Lanka

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Introduction

Helicobacter pylori (*H.pylori*) is a gram-negative, microaerophilic bacterium that can infect humans. It is often found in the stomach of affected individuals and causes inflammation and ulceration.

Methods

A cross-sectional descriptive study was conducted in National Hospital Kandy, Sri Lanka, from June 2022 to August 2022, using patients who underwent upper gastrointestinal endoscopy (UGIE), where some patients underwent *H.pylori* biopsy.

Results

A total of 294 patients were included in the study, with a mean age of 58.5 ± 16.3 years and 154 (52.4%) males. *Helicobacter pylori* testing was done in 85 patients, and their results were traced in 76 patients, where 15 (19.7%) tested positive for *H.pylori*. Analysis was done to find associations between the symptoms and UGIE findings with *H.pylori* positivity. *H.pylori* positivity was significantly associated with dyspeptic symptoms 20.4% ($p=0.000$), anorexia 10.0% ($p=0.020$) and weight loss 16.7% ($p=0.030$). With regard to UGIE findings *H.pylori* positivity was associated with oesophagitis 33.3% ($p=0.000$), hiatus hernia 19.4% ($p=0.000$), antral/pangastritis 18.6% ($p=0.000$), gastric erosions/ulcers 15.4% ($p=0.000$). *H.pylori* was not associated with duodenitis ($p=0.000$) or duodenal ulcers ($p=0.000$).

Conclusion

The symptoms: of dyspepsia, anorexia, and weight loss, and the UGIE findings of oesophagitis, hiatus hernia, antral/pangastritis, and gastric erosions/ulcers are significantly associated with *H.pylori* positivity.

PP22 Management of traumatic head injuries in a peripheral healthcare setting without Computer tomography (CT) facilities
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Introduction

In a resourceful healthcare setting, CT is the investigation of choice for evaluating traumatic head injury (THI). In a peripheral healthcare unit with poor resources, the X-ray is the only modality of investigation. In this audit, we evaluated the outcomes of mild to moderate THI which have been managed without CT brain as defined in NICE guidelines.

Method

The audit was conducted on the patients from District General Hospital Negombo who were admitted following THI. We excluded the severe THI. Clinically doubtful patients were transferred for CT brain. The clinical outcome was assessed in 24 hours. Multivariate analysis was conducted.

Results

The study included 31 patients, with a mean age of 41.6 years. Most patients (45.2%) were admitted following high-velocity injuries. The average GCS (Glasgow coma scale) on admission was 12.35 $\pm$ 2.65. GCS less than 13 was the commonest indication to do the CT in adults amounting to 15(49.4). CT scan was done in 51.6%. Abnormal CT findings were detected in 25.80% of patients but 95.8% of skull X-rays were normal. Among all, 3.2% had surgical interventions after transferring and 83.3% were discharged after 24 hours of head injury observation. Multivariate analysis showed no association of concerned variables.

Conclusion

In a peripheral unit with no CT availability and poor transportation facilities, mild and moderate THI (CT indicated) can be managed safely with an experienced clinicians opinion.

Pp23 Clinical audit on Prevention and Management of Pressure Ulcers
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Introduction

The audit conducted among 73 inward patients already having pressure ulcers or at moderate to high risk of pressure ulcers in surgical units of Sri Jayewardenepura General Hospital (SJGH) from 01.04.2020 to 31.08.2020 revealed critical deficiencies in the practice of prevention and management of pressure ulcers compared to current recommendations in clinical practice guideline 2014.

Methods

We introduced applying Braden score and risk assessment and a checklist for documentation (as per guidelines) from 01.09.2020 onwards following education of nursing staff.

Re-audit was carried out among inward patients fulfilling the above criteria from the same setting from 01.10.2020 to 28.02.2021, where we assessed the standards of care under six selected domains of guidelines and compared with previous audit results using chi squared test. $P < .05$ was considered significant.

Result

The following increment rates were observed in defined domains compared to previous results (all $p < .001$). Risk assessment within 8 hours 9.6% (n=34) to 38.6% (n=7), skin inspection within 8 hours 17.8% (n=13) to 72.7% (n=64), documentation of individualized pressure ulcers prevention plan 15.1% (n=11) to 79.5% (n=70), assessment of existing pressure ulcers and documentation of findings at least once a week 19.2% (n=14) to 61.3% (n=54), documentation of individualized treatment plan with goals 16.4% (n=12) to 47.7% (n=42), education of patients and caregivers 39.75% (n=29) to 88.6% (n=78).

Conclusion

Adherence to standard practice in prevention and management of pressure ulcers showed statistically significant improvement in all 6 domains following introduction of the risk assessment tool and checklist.

PP24 An Audit of ERCP practice: A Tertiary care experience

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Introduction

Endoscopic Retrograde Choangio-pancratography (ERCP) is procedure that is carried out for both diagnostic and therapeutic purposes. There are limited number of centers which has this facility in Sri Lanka. We aimed to to describe the sociodemographic features of the patients and to compare our ERCP practice with the guidelines released by British Society of Gastroenterology in order to improve the quality of the ERCP practice.

Methods

Data of 10 months period was collected retrospectively in a single tertiary care ERCP unit and the data was analyzed to describe the sociodemographic background of patients and compared against the standards of ERCP practice. The audit proforma was derived according to the suggestions done by International Hepato-Pancreatico Billiary association.

Results

Total of 105 were done during the study period. Male to female ratio is 3.8:5.9. Mean age is 56. Successful biliary cannulation rate was 81%. The percentage of therapeutic procedures was 92.8%. The percentage done due to obstructive jaundice secondary to choledocholithiasis is 28.9%, cholangiocarcinoma 14.4% and secondary to periampullary growth was 7.2%. Presented with abdominal pain after the procedure was 79.4% and has had post procedure pancreatitis is 1%. The percentage of patients suffered from bowel perforation was 4.1%. None of the patients in the study population suffered from significant bleeding or death.

Conclusions

We noted that collection and recording of data could be done in more efficient digital based system. Study showed our ERCP practice compiled with most of the international standards. However there are few areas to improve.

PP25 Outcome of Endo Vascular Aneurysm Repair (EVAR) in state sector Hospitals

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Introduction

Endo Vascular Aneurysm Repair (EVAR) is a less invasive but costly procedure for aortic aneurysms (AA). In Sri Lanka it was mainly done in the private sector due to cost and non-availability of devices. This series describes EVARs done at the government hospitals in Sri Lanka.

Methods

This is a retrospective multicentre study done from May 2019 to Aug 2022. Data on demography of patients, indications, pre-procedure interventions (surgical), details of EVAR, complications and follow up were collected. Incomplete records and patients lost to follow up were excluded.

Results

Five patients were included and all were males. Mean age was 57.8 years (38 - 71). There were four thoracic and one abdominal aortic aneurysms. Three (60%) were saccular aneurysms. All of the saccular aneurysms were thoracic AA. Four were atherosclerotic (80%) and one was post traumatic in origin. Two patients (40%) underwent arch de-branching prior to EVAR (one ascending aorta to left carotid and one right to left carotid artery bypass) due to inadequate landing zone for the graft. All were done through the right femoral artery access. One (20%) had type 1 endoleak, one (20%) developed lactic acidosis and one developed puncture site haematoma post procedure. At a mean follow-up of 413.4 days (17 -1206) all were well and symptom free. There was no mortality in this series.

Conclusion

This is an initial series from government hospitals in Sri Lanka. The outcomes are satisfactory. Further follow up and more numbers are necessary to come.

PP26 Outcomes of venous reconstruction for pancreaticobiliary malignancies from a low volume HPB surgery unit

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Introduction

Venous reconstruction after portal (PVR) and superior mesenteric vein resections (SMVR) facilitate curative (R0) resections in hilar cholangiocarcinoma resections (HCR) and pancreatoduodenectomies (PD). They are also used in iatrogenic vascular injuries. This study examines pathological and early postoperative outcomes of patients who underwent venous reconstruction during major pancreatobiliary resections.

Methodology

Retrospective analysis of a prospective HPB database of venous reconstructions during PD and HCR during 2021-22 was done. Vascular resection was planned based on preoperative CT images and intraoperative findings.

Results

Six patients of mean age 55.17 years (46-69) with a M: F ratio of 2:1 were included. Details of procedures and outcomes are shown in the table. The median duration of hospital stay was 12 days (10-47). The mean follow-up duration was 186 days (26-477).

Patient	Procedure	Venous reconstruction	Morbidity / Mortality	R status	Pathology		
57y Female	PDSMV venous patch repair	Re-laparotomy on day 2 for fresh bleeding found to be from a mesocolic vessel	R0	Neuroendocrine tumour - Grade 2	45y Male		
PDSMA venous patch repair	Death on D35 due to bleeding pseudoaneurysm	Chronic pancreatitis	46y Male	Extended RH*PVR and reconstruction	Uneventful	R0	
Combined hepatocellular cholangiocarcinoma	62y Male	Extended RH*PVR and reconstruction	Death on D12 due to post-hepatectomy liver dysfunction and ventilator associated pneumonia	R1	Cholangiocarcinoma	52y Male	
PDSMV venous patch repair	Uneventful	R0	Ampullary adenocarcinoma	69y Male	Extended RH*PV resection and reconstruction	Transient hepatic dysfunction and pneumonia	R1
Cholangiocarcinoma	*Right hepatectomy.						

Conclusions

Venous reconstructions enable R0 resections in selected patients with borderline pancreaticobiliary tumours but have attendant morbidity and mortality.

PP27 Complications Of Percutaneous Endoscopic Gastrostomy Versus Surgical Gastrostomy In Children

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Introduction

Percutaneous endoscopic gastrostomy (PEG) and surgical gastrostomy (SG) are recognized techniques of gastrostomy placement in the paediatric population. Complications associated with gastrostomy may result in significant morbidity to the child.

Methods

A retrospective analysis of patients < 14 years who underwent gastrostomy creation between 2019 and 2022.

Results

There were 65 patients [36 (55.4%) females] with a mean follow-up of 1.8 years; 38 (58.5%) in PEG group, 27 (41.5%) in SG group. The mean age at creation was 4.4 years for PEG & 3.5 years for SG. The indication was swallowing difficulties in 57 patients (87.7%) and 58 (89.2%) had associated neurological abnormalities. A total of complications was identified in 54 (83%) [SG - 19 (70.4%), PEG - 35 (92.1%)] children. Excess granulation tissue was the commonest complication in both types [SG - 13/27 (48.1%), PEG - 27/38 (71.1%)]. Peristomal leakage (PEG - 52.6%, SG - 29.6%), tube dysfunction (PEG - 21.1%, SG - 7.4%) and accidental removal of tube (PEG - 10.5%, SG - 3.7%) were commoner in PEG while tube dislodgement (SG - 3.7%, PEG - 0) and blockage (SG - 7.4%, PEG - 2.6%) were commoner in SG. Major complications requiring surgical intervention were higher in PEG (4/62) vs. SG (1/27) (p=0.905). Overall complications rate was 0.50 per patient-years with SG compared to 0.96 with PEG.

Conclusions

SG has lesser overall complications compared to PEG. The majority of complications were minor, only requiring bedside interventions.

PP28 Continuous Ambulatory Peritoneal Dialysis (Capd) Catheter Insertion Combined With Routine Omentectomy: Preliminary Results In Children
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Introduction

CAPD is a widely accepted mode of renal replacement therapy among paediatric patients with chronic renal impairment. Complications associated with CAPD catheters may interrupt dialysis and could be life-threatening. In adults, routine omentectomy has been shown to reduce complications such as catheter obstruction.

Methods

A retrospective analysis of all patients < 14 years who underwent laparoscopic assisted peritoneal dialysis catheter insertion combined with routine omentectomy between 2019 and 2022.

Results

There were 16 patients [8(50%) females] with a mean follow-up of 13.6 months. The mean age at creation was 11.4 years (range 5-16.8 years). PD was initiated after a mean duration of 11.6 days from insertion. A total of 32 complications (early – 4 & late – 28) were identified in 13 (81.3%) children. The most frequent complication was peritonitis (n=11, 68.8%) followed by obstruction (56.3%), bleeding (18.8%) and leakage (18.8%). Laparoscopic reintervention was carried out in 3 patients (18.8%) and function was restored in all. Two patients (12.5%) were successfully bridged to transplant and 8 catheters (50%) were removed due to complications. Infection (41.67%) and obstruction (33.33%) were the commonest indications for removal. There were no deaths related to catheter associated complications. Mean catheter survival duration was longer in patients aged <10 years (20.9 months) compared to >10 years (9.3 months) (p=0.051).

Conclusions

Majority of the PD catheter associated complications were late complications. Peritonitis and obstruction are the most common complications associated with PD catheter and resulted in removal of the catheter.

PP29 Aetiological factors of acute scrotum in children: analysis of intra operative findings
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Objective

The aim of this study was to assess the incidence of various aetiological factors in non-traumatic acute scrotal pain among children who admitted to Lady Ridgeway Hospital, Sri Lanka.

Methods

66 patients between age 28 days to 14 years who presented with acute scrotal pain less than 48 hours at surgical wards of LRH from 2016 December to 2020 were selected for the study. History suggestive of post traumatic scrotal pain, UTI and confidently proven other diagnosis were excluded. Patients were examined by a trained paediatric surgical doctor and surgical plan is made. If they had surgery, surgical findings were recorded and for patients without a diagnosis were reviewed in 2 weeks to make sure that there is no missed torsion.

Results

Mean age of the sample was 7 years 4 months (SD=4.5) Out of that, 51.5% (34) had the pain in right side, 46% (31) in left side and 0.015% (1) bilateral scrotum. Forty-four cases were surgically explored, and the prevalence of testicular torsion was 9.1% (6) out of them two had nonviable testicles which needed orchidectomy. The prevalence of testicular appendix torsion was 22.7% (15) and orchitis/epididymo-orchitis was 12.1% (8). However, 22.7% (15), exact cause was not identified.

Conclusion

In this series, torsion of testicular appendix was the most common cause of acute scrotum. There is a considerable proportion has acute testicular torsion (torsion of spermatic cord). Acute orchitis/epididymo-orchitis is also a common finding in surgical exploration while in some children exact cause was not found.

PP30 Outcomes Of Radical Nephrectomy In Treating Renal Cell Carcinoma – Multicenter Experience

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Introduction

Radical nephrectomy is the gold standard treatment for renal cell carcinoma (RCC). Invasion along the veins for RCC is a well known phenomenon. 5 year Survival of patients with inferior vena cava (IVC) involvement is about 40 - 60% compared to 75 to 95% for tumour without IVC involvement. The aim of our study is to describe the outcomes of radical nephrectomy and IVC tumour removal for RCC with IVC invasion.

Methods

This is a multicenter study. Data of consecutive patients undergoing radical nephrectomy and IVC tumour removal were collected from October 2019 to August 2022. Basic demographics, imaging, histopathological findings, surgical interventions and outcomes were considered. Level of extension of RCC was categorized into level 1 (Tumour thrombus in renal veins but not reaching IVC, level 2 (infrahepatic), level 3 (retrohepatic), level 4 (atrial). Incomplete records were excluded.

Results

9 were included. Mean age was 61.0 years (51-72). 5 (55.5%) were males. 5 (55.5%) were left-sided tumours. Histology revealed 5 (45.5%) had clear cell carcinoma, 1 (11.1%) collecting duct carcinoma, 1 (11.1%) papillary carcinoma. At the mean follow-up of 195.0 days (7-547), 7 (77.7%) were alive, 1 (11.1%) had died in the peri-operative period and 1 (11.1%) was lost to follow-up.

Conclusion

Predominant histology found for RCC invading the IVC is clear cell carcinoma. The 6 month outcome is satisfactory. However, further followup is needed to know the long term outcome.

PP31 A Descriptive Study of Inferior Vena Cava Tumours; A Multicenter Study

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Introduction

Tumours involving the Inferior Vena Cava (IVC) are rare and management is challenging due to high surgical risks. IVC-tumours can arise from the vein itself (Primary) or from malignant tumour infiltration (Secondary). This study presents a series of IVC tumours managed surgically.

Methods

This is a multicenter study. Data of consecutive patients undergoing IVC-tumour resection were collected from August 2019 to August 2022. Basic demographics, imaging findings, histology, surgical interventions and outcomes were assessed. Level of extension of Renal Cell Carcinoma (RCC) was categorized into Level 1 (Tumour thrombus in renal veins but not reaching IVC), Level 2 (Infrahepatic), Level 3 (Retrohepatic) and Level 4 (Atrial).

Results

There were a total of 15 patients. 13 were included. Mean age was 58.6 years (51-72). 6 (46.1%) were males. There were 9 (69.2%) RCCs, 2 (15.4%) Adrenal tumours and 2 (15.4%) leiomyosarcomas.

Of the RCCs and Adrenal tumours, 6 (53.9%) were left-sided. 2 (18.2%) were infrahepatic, 6 (54.5%) retrohepatic and 3 (27.3%) suprahepatic.

All patients had IVC-tumour resection. 9 underwent radical nephrectomy. One had an adrenal tumour with atrial extension. This was removed with sternotomy and cardiopulmonary bypass. At a mean follow-up of 195 days (7-547), 11 (84.6%) were alive, and 1 died in the perioperative period. Therefore, three-month survival was 91.7%.

Conclusion

IVC-tumours are predominantly secondary to RCCs (69.2%). The 3-month outcome is satisfactory (survival was 91.7%). Further follow-up is needed to know the long-term outcome of these tumours.

PP32 Identification of risk factors for reamputation in patients with diabetic foot disease in a peripheral setting
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Introduction

Neuropathy and vasculopathy are common complications of long-term diabetes. Once the diabetic ulcer is established, it will increase the necessity of amputation and reamputations. In this study, we evaluated risk and protective factors for reamputations within a short period.

Method

We conducted the study in surgical units in District General Hospital Negombo for a 3 months duration. Those who were recruited had diabetes >10years, and they had >2 wound debridements prior to the amputation. They were advised with footwear and offloading and followed up for 1 month. Patients who had reamputations were recorded as having poor outcomes. A survival analysis was carried out.

Results

The study included 30 participants. The majority (70%) were males, and 83.3% of patients had diabetic neuropathy. Peripheral pulses were absent in 46.6% of patients. A neuropathic ulcer was presented in 60% of cases and the rest had toe gangrene, 76.7% had multiple wound debridements prior to amputation. All the patients have had toe or forefoot amputations. Proper footwear was worn by 53.3% of post amputees. Reamputations were done in 66.7% due to various reasons. No significant factors were noted in chi square test. Cox regression showed suitable footwear is a significant protective factor for reamputation.

Conclusion

The majority of patients with foot amputations due to diabetic foot disease undergo multiple amputations in future, especially in peripheral units. Footwear modification should be done to minimize reamputations.

Pp34 Penetrating Carotid Injuries, A Single Surgeon Experience

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Introduction

Penetrating carotid artery injuries (PCA) are uncommon and associated with mortality and stroke rates up to 17% and 28% respectively. Management of PCA remains controversial due to risk of neurological sequelae. The purpose of this study is to review the outcomes of patients who underwent surgical management of PCA.

Methods

Consecutive patients operated by a single surgeon, who presented from May 2021 to May 2022 were included. Basic demographics, presentation, mechanism of injury, surgical management and outcomes were considered.

Results

5 were included. 4 (80%) were males. Mean age was 45 years (18-75). Causes were road traffic accidents in 1 (20%), industrial injury in 1 (20%), iatrogenic in 2 (40%) and stab injury in 1 (20%). All had severe bleeding from the injury. 4 (80%) had stable neurological function while 1 (20%) was intubated and could not be assessed. 4 (80%) had side wall lacerations and 1 (20%) had a contusion. 4 (80%) underwent direct repair and 1 (20%) underwent polyester graft repair. 2 (40%) had died; 1 (20%) due to MRSA sepsis and 1 (20%) in the immediate post-operative period following injury-related complications. At the mean follow-up of 228 days, there were no post-operative neurological sequelae in all 3 surviving patients (100%).

Conclusion

This study shows a good outcome of carotid artery repair following PCA following trauma. All patients presenting with PCA who are systemically stable should be offered surgical repair even if the neurological status is difficult to assess.

PP36 Anatomical distribution of varicose veins- a single unit survey

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Introduction

Varicose veins are due to refluxing axial veins, perforator incompetence and deep vein thrombosis or reflux. The distribution of reflux in Sri Lankan population is unknown. The aim of this study is to describe the anatomical distribution of venous incompetence among patients who came to a single unit.

Methods

This is a retrospective study done in the university vascular surgical unit. Consecutive patients with varicose veins who underwent Venous duplex scans were analyzed. 266 lower limbs of 133 patients (from March 2022 to May 2022) were scanned. SPSS was used to analyze data.

Results

Among 133 patients 75 (56.4%) were females. Mean age was 53.2 years. 84.2% had asymptomatic varicose veins. Of the symptomatic patients 13 (52.0%) had ulceration, 4 (16.0%) had edema, 6 (24.0%) had pain and 2 (8.0%) had a combination of above symptoms. Among 266 legs 63 (23.6%) had incompetence in the sapheno-femoral junction, 14 (5.2%) had incompetence in the sapheno-popliteal junction. 86(32.3%) had reflux in the long saphenous vein and 3 (1.1%) had reflux in the short saphenous vein. 9 (3.3%) had reflux in deep veins. Abnormal superficial veins had reflux in 112 (42.1%). Above knee perforators were incompetent in 6 (2.2%), and below knee perforators were incompetent in 10 (3.7%).

Conclusion

Majority had incompetence in the sapheno-femoral junction with reflux in long saphenous vein and abnormal superficial veins. Only few had reflux in deep veins

PP37 Variations In The Infrainguinal Anatomical Distribution Of Chronic Limb Threatening Ischemia According To Digital Subtraction Angiography In A Lower Middle Income Setting.

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Introduction

Chronic limb threatening ischemia is a global burden that results in death, amputation and impairment in the quality of life. Digital subtraction angiography (DSA) and subsequent angioplasty is currently accepted due to improved outcome. Aim of this study is to describe the anatomical distribution of infrainguinal peripheral vascular disease (PVD).

Methods

This study was a retrospective analysis of a prospectively recorded registry of consecutive patients undergoing angioplasty for PVD from February 2021 to June 2022. DSA was reported by a vascular surgeon.

Results

Among the 97 participants 69 (71%) were males. 6 (7.7%) were smokers. 49 (50.5%) angiograms were done in left limb. 33 (34%) had disease in the superficial femoral artery and 35 (36.1%) in popliteal artery. Tibio-peroneal trunk was diseased in 33 (34%). Anterior tibial artery and the posterior tibial was diseased in 78(80.4%) and 77(79.4%) respectively. Of 69 male participants 30.4% and 84% had disease in the superficial femoral artery and anterior tibial artery respectively($p>0.05$). Females had 42.8% of disease rates in the superficial femoral artery and 71.4% in the anterior tibial artery ($p>0.05$). Among smokers 85.7% had equal distribution of disease in both superficial femoral artery and anterior tibial artery ($p<0.05$). Of the non-smokers 80% had disease in the anterior tibial artery ($p>0.05$).

Conclusion

Majority had disease in the anterior tibial artery than superficial femoral artery. Females had a higher rate of disease in the superficial femoral artery than males. Non-smokers also had a higher rate of disease in the anterior tibial artery

PP38 Adult Kidney Transplantation Outcomes; a Five-Year Review

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Introduction

Kidney transplantation (KT) is the definitive treatment for End Stage Renal Failure (ESRF) and is associated with improved survival outcomes in comparison to maintenance dialysis. Recent advances in surgical, immunosuppressive and monitoring protocols have led to improved long-term allograft survival. This study aims to assess graft function and survival after 5 years of kidney transplantation.

Methods

This is a multicenter study. Data from successive patients undergoing renal transplantation from January 2017 to December 2017 were collected and entered prospectively into a computerized database and prospectively followed up after 5 years. Mortality, graft survival and function, and postoperative complications were considered. Patients with incomplete records and not contactable were excluded.

Results

32 were included. 58.05% (12) were due to systemic causes; diabetes (25.27%), hypertension (23.07%), both diabetes and hypertension (6.59%) and SLE (3.12%). 41.95% (n=14) were due to renal pathologies. Mean pre-transplantation Creatinine was 8.24 (2.64-15.43).

68.42% (n=22) were live non-related KTs, 25% (n=8) were live related KTs and 6.58% (n=2) were Cadaveric KTs. 37.5% (n=12) underwent stent removal at 6 weeks postoperatively and 62.5% (n=20) at 5 days postoperatively.

At the 5 year review, a majority (87.5%, n=28) were alive. Of these patients, graft was functioning in 92.86% (n=26). Mean latest creatinine was 1.29 (0.6-4.5). None had long term postoperative complications.

4 (12.5%) had died; 2 following myocardial infarctions, 1 due to Covid-19, 1 subsequent to a failed graft.

Conclusion

Kidney transplantation is associated with good long-term outcomes in both graft functioning and mortality.

PP40 A descriptive institutional based study of mean diameter and variations in ventral branches of the abdominal aorta in adult who underwent contrast-enhanced computed tomography scan of the abdomen.

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Introduction

The prevalence of Abdominal Aortic Aneurysm (AAA) varies according to age, gender and ethnicity. European Society for Vascular Surgery (ESVS) stated that when the diameter of the abdominal aorta is more than 2SD of the mean diameter in men, is considered an aneurysm. There is a geographical variation in aortic diameter and it has decreased in size over the last decades.

Objectives

To identify the mean maximum diameter and the anatomical variations in ventral branches of the abdominal aorta in adults.

Methodology

This institutional based retrospective descriptive of the patients, who had undergone CECT scan of the abdomen from April 2022 to July 2022.

Results

Among 72 patients, males were 51% and the mean age was 59 years (± 15.7). The mean maximum abdominal aortic diameter was 15.5mm (± 2.00 mm, 9.9-20.4-mm) and 13.49mm (± 1.64 mm, 9.8-17.9mm) in males and females, respectively.

Celiac artery (CA) originating at T12 and L1 was 61% and 24%, respectively. A patient had variation in CA type 2 according to Uflacker classification. The origin of SMA was mostly at L1 (86%) and a patient had origin at level of T12. The origin of IMA at L3 and L4 was 81% and 7% respectively. Bifurcation of the aorta at L4, L3 and L5 was 78%, 6% and 1% respectively.

The mean abdominal aortic diameter was significantly associated with gender ($p < 0.05$).

Conclusion

The actual mean diameter of the abdominal aorta is less in this region compared to the European population. Considerable variations are noted in the origin of ventral abdominal branches and aortic bifurcation, which require attention in endovascular interventions.

PP41 Delay in Vascular Referral of Patients with Diabetic Foot Ulcer; A Single Unit Experience

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Introduction

Chronic limb-threatening ischaemia is associated with significant morbidity and mortality. The delay in presentation is common and is associated with a worse outcome. This case series explores patients presenting with CLTI and their outcomes.

Method

This study was done at the professorial vascular and transplant unit at the National Hospital of Sri Lanka Colombo (NHSL). A retrospective cross-sectional study of patients who underwent lower limb bypass surgery (LBS) or primary major amputation (PA) from January 2020 to July 2021 was carried out. The secondary amputees were excluded.

Results

Two groups of CLTI patients, 50 in each, undergoing PA or LBS were studied. The mean age was 66(46-84). Males were predominant [38(76%) vs 43(86%)] ($p=0.202$). Diabetes was the commonest comorbidity [46(92%) vs 47(94%)]. They had Rutherford stage 5 (5, 10% vs 10, 20%) and 6 (45, 90% vs 40, 80%) disease with similar onset of the ulcer; either spontaneous (33, 66% vs 33, 66%) or following trivial trauma (14, 28% vs 15, 30%). Forty-five (90%) PAs were for non-salvageable limbs. There was a significant delay in the mean duration of presentation in the PA arm for specialised vascular care (22.9 vs 14.5 weeks) ($p=0.013$). The preferred first health care contact was with the general practitioner in both groups (34, 68% vs 35, 70%) and was not associated with limb salvage ($p=0.196$).

Conclusion

This study shows that limb salvage in CLTI is significantly associated with delayed presentation. Therefore, early referral for specialised care should be encouraged.

PP42 Association of lumbar radiculopathy in patients with osteoarthritis who undergo total knee replacement

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Introduction

Patients with osteoarthritis (OA) present with knee joint pain which sometimes spread to whole lower limb. Lumbar radiculopathy causes vague pain along lower limb. Objective of this study is to see the association of lumbar radiculopathy in patients with OA who undergo total knee replacement (TKR).

Methods

We conducted a retrospective study on 40 patients who have undergone TKR. Patients with OA were offered TKR when the symptoms were not responding to medical treatment. MRI lumbar spine was done preoperatively to assess for lumbar radiculopathy. A Pain score tool was used to assess the pain preoperatively and post operatively after 03 months.

Results

Female patient percentage was 75%(30) and male percentage 25%(10). Mean age was 62 years. Thirty percent 30%(12) of total patients had lumbar radiculopathy of same side. Seventy five percent 75%(30) of patients' symptoms completely improved following TKR. Within this completely improved group 6.7%(2) of patients had lumbar radiculopathy. 25%(10) patients did not improve symptoms completely, but pain intensity was reduced. All of those 10 had lumbar radiculopathy. Among 12 patients who had both pathologies, 83% did not improve symptoms completely.

Conclusions

There is a 30% of association between Osteoarthritic patients who undergo TKR and lumbar radiculopathy. When both pathologies coexist, majority of patients didn't improve symptomatically. Therefore we suggest to perform MRI spine for every patient who undergo TKR due to osteoarthritis.

PP43 Analysis of 56 consecutive patients with leg ulcers treated in surgery unit C at Teaching Hospital Kurunegala

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Introduction

Large number of leg ulcer patients occupy surgical wards. Identification of causes to arrange preventive strategies is useful.

Method

We prospectively analysed all patients with leg ulcers treated in unit C surgery ward or clinics from 1-30 August 2022.

Results

There were 56 patients (29(51%) males; 27(49%) females). 30(54%) were in age group 61- 80 year. Possible causes for ulcers: 40(71%) patients with diabetic mellitus (DM), 03(05%) DM with varicose vein (VV), 03(05%) DM with Peripheral Arterial Disease (PAD), 07(13%) VV, 04(07%) PAD, 03(05%) Eczema, 01 malnutrition and 07(13%) poor hygiene. Precipitating factors were prick injuries in 05 cases, callosity in one case and minor trauma in 06 cases. In all other cases 44(79%) patients could not remember precipitating factors. Co-morbidities were smoking 06(11%), hypertension 15(27%), kidney disease 08(14%), cardiac illness 15(27%), Asthma 06(11%) patients. Site of the ulcers were 23(41%) in forefoot including toes, 09(16%) sole of foot, 05(09%) dorsum of foot, 10(18%) ankle area, 06(11%) calf. There were 03 necrotizing fasciitis cases. Ulcer size in 10(18%) patients were >10 cm, 05(09%) were 5-10cm, 25(45%) were 2-5 cm and 9(16%) were <2 cm. All patients underwent wound debridement and 4 underwent amputation. 21 of 56(38%) patients had the ulcer more than 01 month. Sensory neuropathy was detected in 20(36%) patients.

Conclusion

Tight control of diabetes and early detection of diabetic neuropathy 20/56(36%) and off-loading will reduce significant number of foot ulcers. Correction of varicose vein pathology (07/56(12%)), correction of PAD 03/56(7%) proper foot hygiene 7/56(12%) will be helpful in preventing ulcers.

PP45 Outcomes Of Liver Resection Following Major Liver Trauma - Single Surgeon Experience

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Introduction

Complex hepatic injuries remain among the most formidable injuries confronting trauma surgeons, despite low incidence of 5%. Surgical management mainly focus on damage control, packing, early radiological embolization. However in minority, liver resection remains the best possible option and we report outcomes of patient series who underwent liver resection following complex hepatic injuries.

Methods

Data of patients who underwent post traumatic liver resection by a single surgeon were collected retrospectively from March 2018 to January 2022. Basic demographics, surgical interventions and outcomes were analysed. AAST Hepatic injury scale was used to classify liver injuries. Patients lost to followup and incomplete records were excluded.

Results

5 patients who underwent liver resection following major liver trauma were included. All were males. Median age was 30.5 years (7-72). 4 (80%) were following road traffic accidents and 1 (20%) was after a fall from a height. 3 (60%) had grade 5 liver injury and 1 (20%) had grade 4 liver injury and 1 (20%) had grade 3 liver injury. 3 patients underwent primary resection, 2 underwent staged resection after selective vascular ligation to control bleeding. At a median of 27.3 months of followup, 2 (40%) patients have succumbed due to injuries in early post operative period and both cases were patients who had primary liver resection.

Conclusion

Staged liver resection after selective vascular ligation to control bleeding in an unstable patient results in better outcome when compared to primary resection of injured liver segment at the initial surgery

PP46 Prevalence of pancreatic exocrine insufficiency in patients with chronic pancreatitis using the human pancreatic elastase-1 quick stool test

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Introduction

Human pancreatic elastase-1 (PE-1) is a proteolytic digestive enzyme which is used as a faecal marker for pancreatic exocrine failure. This preliminary study was aimed to describe the prevalence of pancreatic exocrine insufficiency (PEI), using PE-1 quick stool test (QST) in chronic pancreatitis (CP) patients.

Methodology

Fecal samples from 45 CP patients were taken (66.6% male, mean age: 49.1Y) and the PE-1 concentration was determined using the PE-1QST, with a cutoff level of 200 µg/g.

Results

Exocrine pancreatic function was normal in 19 (42.2%) patients among total chronic pancreatitis patients. Overall 66.6% patients had abdominal pain, 26.6% experienced diarrhea, 40% had steatorrhea and 66.6% had weight loss. Among all, 26 patients (57.7%) had PEI and negative PE-1QST values. Among the patients who had the PEI, 15 patients (57.69%) did not show any exocrine failure symptoms by the time the test was done. Six patients were already on pancreatic enzyme replacement therapy (PERT) by the time the test was done. Twenty patients were started on PERT after the PE-1QST test. However, the effectiveness of the PERT was difficult to determine due to the intermittent unavailability of PERT in the hospital setup, unaffordability, and noncompliance of the patients. Around 57.9% patients faced difficulty to continue PERT due to non-availability.

Conclusion

A considerable proportion of patients (58%) with CP had PEI according to the PE-1QS test. Non-availability of PERT is a significant barrier in managing PEI that needs to be addressed urgently.

Pp47 Quality of life in patients with chronic pancreatitis in a tertiary care center in Sri Lanka.

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Introduction

Chronic pancreatitis (CP) can produce restricting symptoms that may affect quality-of-life (QoL). The aim of our study was to describe the clinical characteristics and evaluate the QoL in CP patients.

Methodology

We performed a cross sectional study by collecting clinical data and evaluated quality of life using European QoL-five Dimension-five Level questionnaire.

Results

We recruited 30 patients with chronic pancreatitis (median age- 47, male -73.3%) from our hospital. Overall, 56.7% (n=17) patients had diabetes mellitus, 63.3% (n=19) had consumed alcohol and 53.3% (n=16) patients had smoked. Eighteen patients (60%) were diagnosed with pancreatic stone disease and only 10% (n=3) had pancreatic divisum. Overall, the commonest symptoms were persistent abdominal pain (83.3%), weight loss (73.3%), loss of appetite (LOA) (53.3%) and steatorrhea (66.6%). Among all, 46.6% patients sought treatments from more than 3 centers. Median age of onset of the disease was 37 (range: 10-75) years. Around 53.3% (n=16) patients had underwent endoscopic retrograde cholangio pancreatography and stenting. According to the EQ-VAS (Vertical visual analogue scale), the mean overall patient's health was 81 (range 0-100). Altogether, 43.3% of patients had some problems with pain/discomfort, followed by mobility (16.6%). Around 23.3% of patients had slight problems of doing usual activities, and only 6.6% patients had slight to moderate anxiety/depression.

Conclusion

Overall, the QoL of patients with CP seems satisfactory. The QoL of patients with CP most affected by pain/discomfort and least affected by anxiety/depression.

PP48 Assessment Of Risk Factors And Post Thyroidectomy Complications Among Patients Attended To Teaching Hospital Karapitiya –A Retrospective Study
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Introduction

Worldwide thyroid disorders are counted as the second most common endocrine disorder. Studies on incidence of thyroidectomy complications and there predicting factors are very limited in Sri Lanka. Therefore the aim of this study is to assess risk factors and post thyroidectomy complications among patients attended to teaching hospital karapitiya.(THK)

Methodology

Retrospective - descriptive cross sectional study involving 384 patients over 18 yrs who underwent total thyroidectomy/lobectomy at surgical units at THK were assessed.

Results

Out of 384 patients, 54 (14.06%) developed complications. Further 91.1% were belonged to benign and 9.9% were belonged to malignant disorders.

Hypocalcaemia accounted for 9.89% , out of 14.06% of total complication rate followed by recurrent laryngeal nerve injury (1.04%) and hematoma (1.04%). Furthermore superior laryngeal nerve injury(0.52%), seroma (0.78%), stridor (0.52%), thyroid storm (0.26%) were observed.

With regards to the thyroid status, 54 patients developed complications. Out of them, 21(38.88%) were hyperthyroid , 19(35.18%) were hypothyroid and 14(25.92%) were euthyroid

Majority of the patients who developed complications 36(66.67%) were more than 60yrs, while the 18-30yrs category developed 7.4% of complications. 68.51% of the total complications were followed by total thyroidectomy with central compartment lymphadenectomy, whereas 31.49% were following total thyroidectomy. Complications related to diabetes mellitus were (44.44%) whereas hypertension and ischemic heart diseases showed rates of 12.96% and 18.51% respectively. Twenty four percent developed complications without any comorbidities.

Conclusion

Current study revealed a drastic positive correlation between post thyroidectomy complications vs. patient age, type of surgery, thyroid pathology, medical comorbidities and thyroid status. Hypertension, hyperthyroidism and hypothyroidism were identified as modifiable risk factors.

PP49 Comparative Study Of Bypass And Angioplasty In Lower Extremity Ischaemia

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Introduction

Bypass and angioplasty procedures are the standard limb saving revascularization procedures in lower limb ischemia. In Sri Lankan perspective details regarding long term outcome are limited. We comparatively assessed the outcome of such patients in our unit.

Methods

A descriptive analytical study was done. Data was collected prospectively using databases on vascular surgeries. Follow-up was done in the clinic by assessing symptomatic improvement. Angioplasty was offered for those who had not been fit for bypasses

Results

35 patients (54.3% Female) with mean age 66.97 ± 8.15 who underwent bypass(18) and angioplasty(17) followed up (mean duration- 16.03-months). They had DM (88.6%), Hypertension(57.1%), Dyslipidemia(34.3%), IHD(20%) preoperatively.

Out of 18, 10 limbs were saved (55.55%) by bypasses; Fem/Pop(61.11%), Pop-Distal(38.88%) Mean wound healing period was 3.30-months. 6 have undergone amputations (33.33%) (4-BKAs/ 2-AKAs) 16 patients are living. 2 patients died within one week of operation following MI(11.11%) 5 patients had surgical site infections. Out of 17, 10 limbs were salvaged(58.82%) by Angioplasty. Mean wound healing period was 6.33-months. 4 had BKA (23.52%). 14 patients are living. 2 have died after a mean period of 1.23-years from surgery following MI. (11.76%) 1 patient has opted for a bypass. 6 patients had surgical site infections.

Type of procedure is not significantly associated with either Amputation rate(P=0.80) Limb salvage rate(P=0.84) or Death rate(P=0.95)

Conclusions

Bypass and angioplasty have achieved over 55% limb salvage, however wound healing has been faster in bypass arm.

PP50 A Comparative Study between the Outcomes of Laparoscopic and Open Para Umbilical Hernia Repair at National Hospital Sri Lanka and Teaching Hospital Karapitiya

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Introduction

Para-umbilical hernia (PUH) repair which was initially performed by the open surgical technique has shown a progressive development over the time, thus currently approaching laparoscopic technique. To compare the intra operative time, post-operative surgical site infection and duration of hospital stay of Laparoscopic with open PUH repair.

Methods

Retrospective - descriptive cross sectional study involving 302 patients age between 30-60 who underwent laparoscopic and open PUH repair. 150 underwent Laparoscopic PUH repair while 152 patients underwent open PUH repair.

Results

A mean ($\pm$ SD) operative time was 46 ($\pm$ 3.1) minutes for open PUH repair. In contrast, a mean ($\pm$ SD) operative time was 25 ($\pm$ 2.9) for laparoscopic PUH repairs. Except one, other patients were discharged on second post-operative day following laparoscopic PUH repair, resulting a mean ($\pm$ SD) of 2.01 ($\pm$ 0.01) days. The post-operative stay of the open PUH repair group had a mean ($\pm$ SD) of 5.4 ($\pm$ 2.12) days. Four patients developed post-operative surgical infections following open PUH repair but none of the laparoscopic PUH repair patients. The significance for mean difference (t-stat) in operative time is 60.77, whereas the significance for mean difference (t-stat) in post-operative stay is 19.58. The significance for proportion difference (Z-stat) in post-operative infections is 2.01.

Conclusions

Laparoscopic repair has shown significantly better outcomes in-terms of intra operative time, post-operative complications and duration of hospital stay. Therefore this study concludes that laparoscopic approach should be favoured as the convenient strategy for PUH repair

Pp51 One Year Follow-Up Of Carotid Endarterectomy

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Introduction

Carotid endarterectomy is a well-recognized selective surgical procedure done in patients with isolated carotid artery diseases to prevent strokes. Local studies on these patients are scarce. So, we aimed to assess the one-year outcome of this procedure.

Methods

A descriptive cross-sectional study was carried out. Data was collected prospectively using databases maintained on vascular operations. Follow-up was done at regular clinic visits at 1-month, 3-month, 6-month and annually thereafter. Patients with symptomatic carotid artery disease with $>50\%$ doppler criteria had been selected for operation. 21 Patients were recruited. 5 excluded due to follow-up failure.

Results

16 patients (93.8%-Male) with mean age 68.19 ± 8.10 -years were followed up with mean duration of 11.5-months from the surgery. Preoperative comorbidities were DM (81.3%), Dyslipidemia (75%), Hypertension (68.8%)

11 patients presented with Stroke (68.75%), 5 patients presented with TIA (31.25%). Among stroke patients, 6 had Unilateral body weakness, 3 had Slurred speech, 1 had arm weakness and 1 had difficulty in swallowing. Among TIA patients, 1 presented with amaurosis fugax. All others had recurrent fainting attacks.

No local complications except one small hematoma at postoperative day 10 which resolved spontaneously. All patients are living and had improved symptoms of stroke. One had post operative hypertension. Non had further episodes of stroke or TIA. No case of nerve injuries, surgical site infections, MIs or re-opening due to bleeding.

Conclusion

Small cohort of patients followed-up had achieved significant results in terms of stroke prevention for one year. Larger studies are required for further evaluation.

PP52 Clinical and treatment characteristics of hepatocellular carcinoma in a tertiary care centre in Sri Lanka

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Introduction

Hepatocellular carcinoma (HCC) is a primary liver malignancy in Sri Lanka, which mainly occurs in patients with preexisting liver cirrhosis. The study was aimed to describe the clinical and treatment characteristics of patients diagnosed with HCC at a tertiary care centre in Sri Lanka over a period of 5 years.

Methods

A retrospective study was conducted at a tertiary care centre including all newly diagnosed patients with HCC based on either radiological (n=237) or histological (n=48) criteria. A descriptive analysis was performed with respect to clinical and treatment characteristics which were collected through a custom made database.

Results

Among the 285 with HCC, the majority were males (n=234, 82.1%). The mean age at diagnosis was 67 (range: 16-89) years. Diabetes was the commonest comorbidity (n=156, 54%) followed by hypertension (n=102, 35.7%). Around 49.4% (n=141) had previously diagnosed chronic liver cell disease (CLCD). At diagnosis, 79 (27.7%) consumed alcohol, 30 (10.5%) were smokers and 38 (13.3%) were ex-smokers. Overall, 109 (38.2%) had solitary and 99 (34.7%) had multiple liver lesions. Only, 83 (29.1%) had resectable lesions and among them only 56 (67.5%) were fit for curative resection. Only 47 (16.5%) underwent open surgery. A total of 125 (43.9%) were managed nonsurgically.

Conclusion

In our cohort, half the patients had established background CLCD and the majority had unresectable lesions at diagnosis. In Sri Lanka, an effective screening strategy for CLCD patients is required to detect HCC early.

PP53 Contemporary study on the presentation of paediatric acute appendicitis in Sri Lankan population: A retrospective descriptive study

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Introduction

Acute appendicitis represents the most common abdominal surgical emergency in the paediatric population. Classical presentation of appendicitis has been well described but clinical diagnosis can be particularly challenging in children due to variable presentation.

Method

A retrospective descriptive study was conducted to assess the demographic and clinical features of the children who had undergone appendectomy (laparoscopic/open) for acute appendicitis from August 2021 to July 2022 at a single surgical unit in Lady Ridgeway Hospital for Children. Data were extracted from patients' records and analyzed.

Results

A total of 49 patients had undergone appendectomy during the study period. They were between 3-14 years of age (median=10) with a male predominance of 71% (n=35). Duration from the onset of symptoms to the day of presentation had a wide range (1-14 days) with 88% presenting within the first three days and 44% presenting within the first day. 18% had received one or more doses of pre-hospital antibiotics. Right lower quadrant tenderness was present in all patients and 77% had tenderness on coughing, percussion or hopping.

Migratory abdominal pain was the least common clinical feature observed in 20.41% of patients. Apart from WBC and CRP, USS abdomen has been carried out in 40.8% of patients of which 61% have shown features of appendicitis.

Conclusion

Contrary to popular belief, majority of patients have presented within the first day of symptom onset where classically described symptoms such as rebound tenderness and characteristic migratory abdominal pain were not universally observed. Presence of minimal clinical features compounded by pre-hospital antibiotic administration adds to the diagnostic difficulty.

PP54 Disease characteristics of chronic pancreatitis: Experience from a tertiary centre
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Introduction

Chronic pancreatitis (CP) is characterized by a variable spectrum of aetiology, clinical presentation and complications. Treatment is multimodal owing to the diversity of the disease. We aim to assess the clinical profile of CP patients in a tertiary referral centre.

Methods

Demographic and clinico-radiological data were analysed from a prospective database during the period March to August 2022.

Results

Fifty-six patients (male=42) with a mean age of 36.3 years were included. Mean duration of symptoms was 7.6 years(0.4-29.3). Pain was the commonest symptom (92.9%). Mean pain score was 8.2/10. Majority (80%) had pain relief after initial treatment, but relapse was seen in half of them. Nine patients were on neurotropic medications and 3 required endosonography-guided coeliac plexus block. Endocrine and exocrine failure was evident in 20(35.7%) and 38(67.8%) respectively.

In the majority (32, 57.1%), CP was idiopathic in origin. There were 17(30.4%) patients with alcohol-induced CP. Pancreatic divisum was observed in 2 patients. Cross-sectional imaging showed parenchymal calcifications in 51.2%, main pancreatic duct (MPD) dilatation in 77.8% and pancreatic pseudocysts in 29.3%. There were 3 patients with inflammatory masses and 2 patients with adenocarcinoma involving head of pancreas (HOP).

Five(8.9%) patients (Strictures=4, HOP inflammatory mass=1) underwent ERCP and biliary stenting. Twenty-nine(51.8%) underwent ERCP and MPD stenting for strictures. Six patients (10.7%) underwent extracorporeal shock wave lithotripsy (ESWL) for MPD stones. Two patients underwent surgery (modified Puestow procedure=1, Frey's procedure=1).

Conclusion

In majority, aetiology was idiopathic. Most patients required pancreatic endotherapy. Surgery was utilized in selected a minority with failed endotherapy.

Pp55 Clinical and treatment characteristics of gallbladder cancer in a tertiary care centre in Sri Lanka
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Introduction

Gall bladder cancer (GBC) is a rare cancer with unfavorable prognosis owing to its late presentation. However, no national representative data are available on the clinical characteristics, treatment and prognosis of GBC. This study was aimed to describe the clinical and treatment characteristics of gallbladder cancer in a tertiary care centre in Sri Lanka over a period of 5 years.

Method

A retrospective study was conducted at the tertiary care centre including all newly diagnosed patients with gallbladder cancer based on either radiological (n=36) or histological (n=28) criteria. A descriptive analysis was performed with respect to clinical and treatment characteristics which were collected through a custom made database.

Results

Among the 64 patients with gall bladder cancer, the majority were females (n=37, 57.8%). The mean age at presentation was 61 (range: 29-86) years. The presentation varied from abdominal pain (40.6%) to obstructive jaundice (53.1%). Diabetes was the commonest comorbidity (n=20, 31.3%), followed by hypertension (n=14, 21.9%). The majority never consumed alcohol (n=30, 46.9%) nor smoked (n=34, 53.1%). Twenty-five (39%) patients had resectable lesions however of them, only 20 (80%) were fit for curative surgery. Ultimately, 26 underwent either curative or palliative surgery (40.6%).

Conclusion

In this Sri Lankan cohort, GBC has a female preponderance. The majority (around 60%) were unresectable at presentation probably owing to the late presentation due to vague symptoms.

PP56 Radiological And Symptomatic Outcome Of Ultrasound Guided Sclerotherapy For Lower Limb Varicose Veins

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Introduction

Sclerotherapy is a standard treatment option in managing varicose veins with the aim of inducing subsequent intravascular fibrosis. Emerging evidence in the west shows ultrasound guided sclerotherapy to be non-inferior to surgical therapy. Local studies are minimal in evaluating its efficacy. We have aimed to assess the outcome of such patients in our series.

Methods

A descriptive cross-sectional study was carried out. Data was collected prospectively using databases maintained on vascular surgeries. Follow-up has been done in 1-month, 6-month, 12 month and annually thereafter for both symptomatic and post procedure venous duplex assessment. Mean follow-up period was 15.60-months.

Results

82 patients (68.3% Female) mean age 53.66 ± 11.54 -years who underwent sclerotherapy were followed-up.

Indications for intervention were Pain (86.6%), Itching (56.1%), Ulceration (22%), Spontaneous bleeding (18.3%), Superficial thrombophlebitis (3.7%), cosmetic intention (18.3%)

Mean pre and post sclerotherapy Venous Clinical Severity Score (VCSS) is 7.85 and 4.01 respectively. All patients showed symptomatic improvement. But only 10 patients (12.19%) had zero post procedure VCSS. Rest had some degree of residual symptoms.

Follow up Duplex scan revealed 46.3% total occlusion of superficial veins and 53.7% had residual incompetence. Most common complication observed following procedure was injection site pain due to superficial thrombophlebitis (32.9%) which resolved within 1-month in 90% patients. 2 patients had cellulitis within 1-month. No DVT or Pulmonary embolism observed.

Conclusion

Ultrasound guided foam sclerotherapy is effective, safe, and cost-effective modality in the treatment of symptomatic varicose veins

Pp57 Prevalence and risk factors for peripheral intravenous catheter infection among hospitalized patients.

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Introduction

Peripheral intravenous catheter related phlebitis is a common and significant cause of morbidity in hospital settings and this study aims to identify the prevalence of phlebitis and associated risk factors.

Method

A prospective, observational single day point prevalence study was conducted on 162 in-ward patients in surgical wards of a tertiary hospital. Variables evaluated were age, gender, comorbidities (diabetes mellitus), site, size and duration of catheter. Phlebitis was defined according to visual infusion phlebitis score in which 0=No phlebitis, 1=Early signs of phlebitis, 2=Early stage, 3=Medium stage, 4=Advance stage and 5=Thrombophlebitis.

Results

54.3% (n=88) were male and 45.7% (n=74) were female. Age distribution ranged from 17 - 91 years in which 38.9% (n=63) were above 60 years. Phlebitis occurred in 35.2% (n=57) of patients with majority (36/57) of patients demonstrating early signs of phlebitis (Grade 1). Remainder of patients demonstrated mild stage (n=14), medium stage (n=4), advanced stage (n=2) and thrombophlebitis (n=1).

Diabetes mellitus (odds-ratio [OR] 2.121, 95% confidence interval [CI] 1.052-4.278), duration of more than 48 hours (OR 4.128, 95% CI 1.870-9.112) and gauge of cannula (>20G [OR 1.503, 95% CI 0.761-2.968]) were significant predictors of developing cannula site infections. There was no significant association with gender, age and site of cannula.

Conclusion

Phlebitis is significant cause of morbidity. Duration of the cannula in situ, gauge of the cannula and presence of diabetes mellitus are independent risk factors for developing phlebitis among in ward surgical patients. Awareness of these risk factors may help prevent peripheral catheter related infection in future clinical practice.

PP58 Relationship between the day of presentation to the likelihood of developing complicated appendicitis in a paediatric population: A retrospective descriptive study
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Introduction

Acute appendicitis is the most common abdominal surgical emergency in paediatric practice. Majority of children with acute appendicitis present with complications such as perforation, abscess, and mass formation. Apart from the anatomical differences and the difficulty in obtaining a reliable history and examination, a delay in presentation was considered a reason for the increased rate of complications.

Method

A descriptive cross-sectional study was conducted to assess the association between the day of presentation to the likelihood of developing complicated appendicitis. Children who had undergone appendectomy (laparoscopic/open) for acute appendicitis from August 2021 to July 2022 at a single surgical unit in Lady Ridgeway Hospital for Children were included in the study. Day of presentation and complications (perforation, mass, and abscess formation) observed at appendectomy was studied. Presentation after 3 or more days of symptom onset was considered as a late presentation.

Results

A total of 49 patients had undergone appendectomy during the period of the study. Age of the study population ranged from 3 -14 years (median 10 years) and 71% were male (n=35). 36.7% (n=18) of patients had complicated appendicitis. Late presentation was observed among 40.8% (n=20) patients. Complication rates of 50% and 27.6% were noted in the late and early presentation groups respectively. This observed difference in complication rate was not statistically significant (OR=2.62, 95% CI [0.79, 8.68]).

Conclusion

The day of presentation from symptom onset does not reflect the likelihood of developing complicated appendicitis.

PP59 Quality Of Life Among Sri Lankan Patients With Colorectal Cancer

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Introduction

This study was conducted to analyse post-treatment quality of life (QOL) of colorectal cancer (CRC) patients in Sri Lanka.

Methods

QOL data were collected from a randomly selected sample of 252 patients with CRC, followed up at Apeksha Hospital, Maharagama using validated EORTC QOL-C30 and QOF-CR29 self-administered questionnaires.

Results

Mean age was 59 years (SD=11.9) and mean duration from diagnosis was 27.8 months (SD=20).

Based on QOL-C30, mean global health score was 60.4 (SD=27.6) and mean values for function scales were 70.8, 68.5, 75.0, 82.3 and 81.3 for physical, role, emotional, cognitive, and social function, respectively.

Symptom scores (greater scores indicate more symptoms) for nausea and vomiting, loss of appetite, constipation, diarrhoea were 9.3, 23.0, 22.4 and 18.6, respectively. Mean scores for fatigue, pain, dyspnoea, insomnia and financial difficulties were 36.4, 34.1, 10.7, 25.6 and 43.5, respectively.

Mean CR-29 scores for patients with and without stoma were 72 and 175, respectively. Mean score of defecation and stoma related problems was 9.7 (SD=3.5).

Mean scores of flatulence, faecal incontinence, stool frequency in patients with stoma were 1.8, 1.4 and 3.3, respectively while in patients without stoma were 2.0, 1.4 and 3.2, respectively.

Mean scores for sexual functions were 3.3 and 3.6, respectively for males and females. Body image and urine frequency had the highest mean scores of 5.1 and 4.8, respectively.

Conclusion

Overall QOL of the study population appears satisfactory and comparable to other studies. However, stoma and defecation related problems are higher in comparison to other studies.

PP60 Depression, Anxiety And Stress Among Colorectal Cancer Patients In Sri Lanka.

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Introduction

This study was conducted to assess the prevalence of clinically significant psychological symptoms (i.e., depression, anxiety, and stress) in patients with colorectal cancer (CRC) Sri Lanka.

Methods

A randomly selected sample of 100 CRC patients followed up at Apeksha Hospital, Maharagama were analyzed using validated self-administered Depression Anxiety Stress Scale 21 (DASS-21) and BECKS depression inventory (BDI) questionnaires.

Results

Mean age was 59.1 (SD=11.1). 57% were males. Mean follow-up duration was 12.8 months (SD=12.4). Mean BDI score was 14.0 (SD=11.4). BDI scores indicated mild mood disturbances to border line depression in 21.4% and moderate to severe depression in 31.8%.

Mean scores for depression, anxiety, and stress according to DASS-21 were 7.3 (SD=8.7), 5.3 (SD=6.5), 8.3 (SD=10.2), respectively which are within normal range. Mild to moderate depression, anxiety, and stress according to DASS-21 were observed in 17.6%, 20.1%, 21.7%, respectively. Severe and extreme severe depression, anxiety and stress scores from DASS-21 were seen in 17.5%, 11.4%, 21.7%, respectively.

Conclusion

Depression, anxiety and stress were appeared to be common among the study population with over a third of the patients having moderate or severe level. These results show the importance of assessing the psychological wellbeing of all CRC patients in order to provide necessary support.

PP61 Prevalence Of Depression, Anxiety And Stress In Breast Cancer Patients In Sri Lanka.

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Introduction

Depression, anxiety and stress have been reported to be high among women with breast cancer (BRC). This study was done to assess the prevalence of clinically significant psychological symptoms (depression, anxiety and stress) and risk factors related to them in women with BRC in Sri Lanka.

Method

A randomly selected sample of 200 women with BRC who are being followed up at Apeksha Cancer Hospital, Maharagama were included. Depression, anxiety and stress were assessed using validated DASS-21 (depression, anxiety, stress scale-21) and BDI (Beck depression inventory) questionnaires.

Results

Mean age was 55.4 years (SD=10.8) and the mean follow up duration was 35 months (SD 24.2).

The mean BDI score was 12.78 (SD=9.3). Mean scores for depression, anxiety and stress according to DASS-21 were 7.8 (SD=8.7), 7.4 (SD=7.4) and 9.6 (SD=8.9), respectively.

According to BDI scores mild mood disturbances were observed in 24.7% and moderate to severe depression in 18.6%.

According to DASS-21 mild to moderate depression, anxiety and stress were seen in 22.4%, 26.7% and 30.3%, respectively. Severe depression was seen in 10.6%.

Conclusion

Stress levels were comparatively higher than depression and anxiety among these women. The results show the importance of understanding the psycho-oncological wellbeing of these patients and provide necessary support to deal with these issues.

PP63 Variation in incidents of acute appendicitis in dry and wet seasons in Matale region

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Introduction

Acute appendicitis is a common surgical condition. This is a retrospective observational study to evaluate the effect of climate change throughout a year on the occurrence of the disease. F

Methods

We have evaluated all appendicitis presented to District General Hospital Matale in 3 years duration from 2018 to 2020. The average monthly climatic data of a year including average temperature, humidity, and rainfall was retrieved from the accuweather.com website. The data were analyzed using Microsoft excel.

Results

In our study 843 appendectomy with monthly average of 23.42% but in warm months (June-Oct n=412) with monthly average 27.46% , cold months(Nov-Jan n =161) with monthly average 17.88% and hot months (Feb-May n=270) with monthly average 22.5%

Discussion

The literature revealed that there is a seasonal variation in the occurrence of appendicitis in temperate climates. Acute appendicitis is more common during hot summer periods than in cold winter in. Sri Lanka is a tropical country, there are variations in the temperature and rainfall throughout the year which make dry and wet periods. In warm months average low rainfall and high humidity, in cold months more rainfall with low humidity, in hot months there were medium rainfall and low humidity. Our study showed a marked difference occurrence in warm high humid season and cold low humid seasons.

Conclusion

Incidents of acute appendicitis are increased in less humid dryer months and reduced in cold wet months in the Matale region. However, an extensive study is needed to evaluate islandwide data for better outcome.

PP64 'Clinical and Quality of life outcomes following reduction mammoplasty for symptomatic macromastia among Sri Lankan women'.

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Introduction

The impact of macromastia is unfortunately underestimated and the resulting distress can make it challenging for patients to be physically active and affect their quality of life (QoL). Reduction mammoplasty is a standard treatment option for people suffering from symptomatic macromastia. Evaluate the efficacy of reduction mammoplasty in alleviating symptoms and its impact on quality of life among Sri Lankan females.

Methods

A prospective study on 48 patients who underwent reduction mammoplasty in ward 6B, National Hospital of Sri Lanka from 2016 January to 2021 January.

Results

Median age was 43 years and median BMI was 26.8 kg/m². The commonest presentation was pain in the breast/shoulder/back/ neck (100%), shoulder grooving (81.3%) and sub-mammary intertrigo (37.5%). The average duration of symptoms were 2 years and only 10.4 % were aware of availability of treatment. Wise pattern reduction mammoplasty was offered to 79.2%. The median resected volume was 1.27kg. The common complication were wound dehiscence (4/48) and surgical site infection (2/48). There was a significant improvement in satisfaction with breast aesthetics and reduction in pain following surgery and at the 6 months' post-operative assessment. There was also an improvement in all 8 domains of the quality of life following surgery in comparison to the pre-operative scores especially in general health, pain and physical functions.

Conclusion

Reduction mammoplasty causes a significant improvement in the overall quality of life and reduction in pain. This highlights the importance of creating awareness and availability of treatment for symptomatic macromastia amongst the public and health care workers.

PP66 Low Vitamin D Level and Subclinical Hypocalcaemia Leading to Low Prevalence of Hypocalcaemic Symptoms and Signs in Patient Undergoing Total Thyroidectomy in Sri Lanka

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Introduction

Hypocalcemia is a major postoperative complication of total thyroidectomy, causing severe symptoms and increasing hospitalization time.

Methods

A descriptive study was performed on patients admitted for total thyroidectomy at National Hospital Kandy, Sri Lanka, from June 2021 to August 2022. The biochemical parameters of each patient were analyzed from a single laboratory.

Results

A total of 26 patients were included in the study with a mean age of 48.0 ± 10.1 years, consisting of 24 (92.3%) females. The mean preoperative 25-hydroxyvitamin D and serum calcium levels were 20.03 ± 6.93 ng/mL (laboratory reference range is 30 - 100 ng/mL) and 2.09 ± 0.22 mmol/L (laboratory reference range is 2.12 – 2.62 mmol/L), respectively. The mean postoperative 24-hour and 48-hour calcium levels were 2.01 ± 0.18 mmol/L and 1.90 ± 0.25 mmol/L, respectively. After 24 hours postoperatively, 9 (34.6%) patients had hypocalcaemic symptoms and signs; 4 (15.4%) perioral numbness, 3 (11.5%) metallic taste, 4 (15.4%) Chvostek sign, and 2 (7.7%) Trousseau sign positive. After 48 hours postoperatively, 3 (11.5%) patients had hypocalcaemic symptoms and signs; 1 (3.8%) perioral numbness, 2 (7.7%) Chvostek sign, and 1 (3.8%) Trousseau sign positive. The 24-hour serum calcium levels of those who were symptomatic due to hypocalcemia were 1.98 ± 0.17 mmol/L and 2.03 ± 0.19 mmol/L ($p=0.607$). The 48-hour serum calcium levels of those who were symptomatic due to hypocalcemia were 1.88 ± 0.25 mmol/L and 1.86 ± 0.37 mmol/L ($p=0.944$).

Conclusion

The baseline vitamin D level is low in the Sri Lankan population leading to mild low baseline serum calcium levels. Thus, postoperative hypocalcaemic symptoms are less and not associated with serum calcium levels.

PP67 Pattern of traumatic amputations related to upper limb and success of reperfusion among patients presented to plastic and reconstructive surgical department at tertiary care hospital in Sri Lanka

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Introduction

Traumatic amputations of upper limb cause a major impact on functional status and psychology of the patient. The Outcome of replantation and revascularization depends on injury pattern and expertise of the managing center. This study aimed at identifying patterns of injury and outcome of traumatic amputations in tertiary care hospital in Sri Lanka.

Methods

A prospective study was conducted in plastic and reconstructive surgical department at tertiary care hospital in Sri Lanka. The data on demographics, injury pattern and 30 day viability were analyzed.

Results

Out of 1486 admission from January – July 2022, 51 patients (3.4%) presented with traumatic amputations related to upper limb. The average age of 34.3 years (range 12-70) with male predominance ($n=44$; 86%). Majority was ASA 1 patients and dominant hand was affected in 33 (64.7%). According to mechanism of injury, 26 (51%) machinery crush injuries, sharp cut 23 (45%), and avulsions 2 (4%) were noted. 78% ($n=18$) of sharp cuts were related to assaults. Finger amputations accounted for 67% ($n=34$) and 23% ($n=12$) were related to metacarpal and wrist. Out of 34, 12 (35%) had thumb amputation and 11 (32%) had more than one finger amputation. Replantation and revascularization were indicated in 35 (68%) and 16 (32%) respectively. Surgeries were performed in 26 (51%). At the end of 30-day follow-up, successful reperfusion was achieved in 73.1% ($n=19$) and the rest ($n=7$; 26.9%) required amputation.

Conclusion

Proper patient selection and surgical expertise for reperfusion will lead to favorable surgical success. We believe the unit success rate is comparable to other centers and further improvement will need analysis of failed cases of reperfusion.

PP68 Salvaging mangled upper limbs with open fractures- Outcome of four consecutive cases presented to plastic and reconstructive surgical department at tertiary care hospital in Sri Lanka

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Introduction

Mutilating upper limb injuries are a major impact of patient as well as a challenge to the operating surgeon. Here we describe four mutilating upper limb injuries which we managed to get good functional outcome.

Methods

Four consecutive patients presented with mangled upper limbs following blunt trauma were included. The data on demographics, mechanism of injury, and injury pattern and 60 day limb salvage outcomes were analyzed.

Results

Out of 1617 admission from January – August 2022, 4 patients had mangled upper limbs with open fractures. The average age of 38.8 years (range 28-54) with male predominance (n=3;75%). The dominant hand was affected in 2 (50%) and blunt high velocity road traffic accidents had caused all of injuries. Mean MESS (mangled extremity severity score) was 7.25(range7-8) and Ganga hospital open injury score was 15.75(range15-17) without limb ischaemia or compartment syndrome. All patients had definitive surgery within 48 hours and 2 patients underwent free flaps (antero-lateral thigh flaps), one with pedicle latissimus dorsi flap, and one with local muscle mobilization for soft tissue cover. Two patients underwent nerve grafting (mean length 9.5cm). At the end of 60 days of follow up, all the patients had successful limb salvage without surgical site infection and more than 95% acceptance of skin grafted areas.

Conclusion

Successful limb salvage was achieved in these patients who had limb threatening blunt upper limb trauma without compromised circulation. Importance of adequate surgical intervention with early soft tissue cover is highlighted from the presented cases.

PP69 Characteristics And Survival Of Advanced Hepatocellular Carcinoma Following Palliative Treatment In Patients With Nonviral Aetiology.

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Introduction

Hepatocellular carcinoma (HCC) due to its aggressive nature has the second leading cause of cancer-related mortality. HCC in Sri Lanka is unique due to its nonviral aetiology. Data is lacking on the outcome of patients offered palliative care.

Method

A total of 560 patients were referred with HCC from 2011 to 2018. None of them were positive for hepatitis B or C. Of them 149 (26 %) were offered palliative care. Data were collected prospectively. Population characteristics, demographic data, tumour characteristics and the median survival were analyzed.

Results

Median age was 64 years (range 30 - 88) with a male preponderance of 86% (n = 129). The Majority (n = 122, 83%) had cirrhosis with ASA performance grading II/III (83%). Tumour was single nodular in 32 (21%), up to 3 nodules in 24 (16%), more than 3 nodules in 33 (22%) and diffusely infiltrating in 56 (37%). Major venous invasion was present in 72.5%, (Portal vein 70 (46%), hepatic vein (5%), inferior vena cava (3%). Extrahepatic tumor spread was seen in 19 (13%), lungs 13 (9%), bones 2(1%), peritoneal 1(0.7%) , and metastasis to other sites 3 (2%). The median survival of patients receiving palliative care was 3 months (range, 1 – 43 months).

Conclusion

26 % of HCC patients with nonviral aetiology were not amenable to any active treatment at presentation. They had extremely poor survival.

PP70 Knowledge and practices regarding diagnosis and initial management of hand infections among 238 Sri Lankan Doctors

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Introductions

Even though hand infections are less infrequently encountered it causes significant functional impairment without proper treatment. This study aimed to assess the knowledge and practice regarding hand infections among Sri Lankan doctors.

Methods

A descriptive cross-sectional study among Sri Lankan doctors is performed using a self-administered online questionnaire on knowledge and practice regarding diagnosis and management of hand infections. Responses were marked on multiple choice questions and analyzed.

Results

Out of 238 responders, the majority were female 52% (n=124). Approximately 71.4% (n=170) had an experience of less than 2 years or internship experience and the rest 28.4% (n=68) had more than two years of experience in surgical field. The majority (n=138;58%) had encountered hand infections at least once a month or less, 33.6% (n=80) encountered at least once a week or more, and the rest 8.4%(n=20) had no exposure. The median score for the questionnaire was 21 (mode 22, range 10-26). The average knowledge of identification of hand infections was 69.5% and the average knowledge of management was 77.5%. The majority 94.1% (n=224) knew the importance of starting antibiotics, 75.6% (n=180) knew about early rehabilitation with exercise but only 28.2% (n=67) knew the correct position of safe immobilization.

Conclusions

The majority had less frequent encounters with hand infections but had average knowledge of the identification and management of hand infections. A significant number of doctors are not aware of the correct position of safe immobilization which is one of the important elements in hand rehabilitation.

PP72 A Cross Sectional Study Assessing Clinical Outcome of Laparoscopic Appendicetomy versus Open Appendectomy in a Tertiary Care Center, Sri Lanka

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Introduction

Acute appendicitis is the most cause for acute abdomen in emergency setting, thus appendicectomy is the most frequently performed abdominal surgery in emergency situation. The aim of our study is to review the intra-operative details and clinical outcome of laparoscopic appendicectomy versus open appendicectomy in a tertiary care setting in Sri Lanka.

Methods

Data was collected prospectively from 56 study participants who were diagnosed to have acute appendicitis. Our study comprised with 36 patients underwent open appendicectomy and 20 patients treated with laparoscopic appendicectomy. The two groups assessed with demographic data and pre & post-operative clinical data. The comparison was done between two groups with regard to, detection of other intra-operative pathology, post-operative complications, post-operative pain and duration of hospital stay.

Results

Laparoscopic appendicectomy was associated with better peritoneal survey, lesser post-operative pain (mean score of 6.0 ± 1.1 in OA group & 3.1 ± 1.5 in LA group), shorter hospital stay (3.6 ± 1.3 days in OA group & 2.1 ± 1.1 days in LA group). The total number of post-operative complications were less in laparoscopic group with a significant lesser incidence our surgical site infection (41.6% in OA group and 5% in LA group).

Conclusion

Our study concluded that laparoscopic approach is considered safer and more efficient compared to open technique in patients with acute appendicitis and undiagnosed abdominal pain.

PP73 Study on knowledge and practices about prevention of surgical site infections among doctors working in surgical units at a tertiary referral center
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Introduction

Surgical site infection (SSI) is a common clinical issue in current practice. SSI can be classified as superficial, deep or organ space. Incidence of SSI can be minimized with preventive measures. Knowledge and practice of preventive measures of SSI among doctors is vital. This study evaluates the knowledge and practice of Sri Lankan doctors about surgical site infections.

Methods

Descriptive prospective cross-sectional study on knowledge, practices on prevention of SSI was performed in surgical units at a tertiary hospital. One hundred doctors were enrolled. Data were collected by emailing a self-administered questionnaire with scoring system. Informed consent for the participation was obtained. Knowledge was evaluated based on scoring system.

Results

Response rate was 72%. Mean score for overall questionnaire was 21. Thirty-seven (51.38%) were unaware about the correct duration of defining SSI. Twenty-four (33.33%) participants correctly stated that patients undergoing surgery with implants, are liable for SSI up to 90 days. 69 (95.8%) believed preoperative glycemic control is important for minimizing SSI. More than half (n=37/51.38%) wrongly practice shaving as the way of hair removal over clipping. Majority (n= 68,94.4%) practice barrier nursing to minimize cross infection. Sixty-three (88.7%) answered correctly as clean surgeries without prosthesis doesn't require antibiotics. Organizing ward cubicles based on level of wound contamination was chosen by 95.8% (n=69).

Conclusion

In this study, we found that there were certain gaps in the knowledge and practice. This can be improved by educating them with the current guidelines. Knowledge of doctors should be evaluated periodically and updated accordingly.

PP74 General awareness about risk factors and symptoms of Colorectal Cancer

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Introduction

This study aims to assess the level of general awareness about risk factors and symptoms of colorectal cancer(CRC).

Methods

This is a descriptive cross-sectional study conducted between May 2021-May 2022. The Bowel Cancer Awareness Measure questionnaire with changes made to adapt Sri Lankan population was used. Individuals >18 years included and individuals couldn't apprehend the questionnaire were excluded.

Results

A total of 354 patients [males=201,56.8%; median age=44.51(range:16-80)years] were included. 54 participants(15.3%) identified all the symptoms correctly, only 14(4%) participants agreed with all risk factors. Persistent abdominal pain was the commonly recognized symptom(n=257,72.6%). It was greatly erroneously identified that change in bowel habits wasn't a symptom of CRC by 15.2%(n=54). Significantly, the greatest percentage of participants(n=153,43.2%) were unaware that feeling the bowel wasn't empty, was a symptom of CRC. Among the 9 symptoms analyzed, mean number of symptoms identified were 5.65(SD=2.649). Majority stated (n =144;40.7%)CRC occurrence is unrelated to age.

Drinking more than one unit of alcohol was the commonly recognized risk factor (n=288,81.4%). Highest number of individuals disagreed (n=132,37.3%) age >70 years as a risk factor for CRC. Considerably, 152(42.9%) were fairly confident in noticing CRC symptoms. Gender has correlation with the knowledge of symptoms(p = 0.041), neither highest level of education nor having cancer or known patient with cancer had influence on the knowledge of symptoms.

Conclusion

The general awareness on CRC is suboptimal and widespread awareness programmes warranted to improve people's knowledge of CRC.

PP75 Medical students' perception of the level of training in trauma medicine in undergraduate curriculum.

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Introduction

Trauma related deaths is the leading cause of death in the world. Junior doctors are the first contact healthcare professionals to assess and provide initial hospital care for multiply injured patients.

Methods

A descriptive cross-sectional study was conducted between August 2021-August 2022. Self-administered, voluntary, anonymous questionnaire developed by the researchers was used, fifth year students completed professorial surgery appointment were included.

Results

A total of 192 patients [males=86,44.8%; females=106,55.2%] were included. Majority (n=122,63.5%) attended >75% of trauma module lectures and 189(98.4%) students attended basic life support(BLS) sessions. Significantly 43(22.4%) students did not take part in cervical spine immobilisation training.

Highest number of students agreed that they received adequate lecture based teaching in trauma medicine(n=87,45.3%) and 73(38%) agreed that clinical based teaching was adequate. Most number of students (n=133,69.3%) agreed that they are confident in performing circulation assessment and 130 students agreed they can perform breathing assessment. However 64(33.3%) students disagreed that they cannot insert chest drain confidently.

Students' confidence in performing assessment and procedures in trauma is significantly associated with the no of sessions they have attended in resuscitation room accident service($p<0.001$) and no of BLS sessions($p<0.001$).

Conclusion

Students perform well in trauma scenarios if the increased clinical experience is given to them during their undergraduate studies. Although it was identified that students are lacking confidence in performing some lifesaving procedures which needs to be addressed.

PP77 Analysis of patients admitted with acute pancreatitis(AP) to a single surgical unit Teaching Hospital Kurunegala (THK)

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Introduction

Acute pancreatic is a life threatening illness. Analysis of causes, severity and demography is useful in treating AP.

Method

We analysed all patients admitted AP to Surgical Unit C THK since February 2022-September 2022.

Results

There were 26 patients. Male 23(89%);female 03(11%). Age range 06-78 years. Twelve(46%) age group 41-60. Three(12%) were < 16 years.

Serum amylase level range was 136-3333 units/l. Nine(36%) admitted on day one, 06(24%) day 2, 05(20%) day 3 and 05(20%) >3 days of onset of symptoms. Four(15%) were acute on chronic pancreatitis. Ten(39%) were regular alcohol users, 04(15%) were gallstone induced, one(04%) was drug induced while 11(42%) no cause identified. In 11(42%) C- Reactive Protein(CRP) level was > 150mg/dl. In 10/24(42%) serum calcium level < 8.5 mg/dl. Considering Glasgow Imrie criteria and CRP there were 11(42%) severe pancreatitis. 04(16%) were with Systemic Inflammatory Response Syndrome (SIRS). Two (08%) had pseudo cysts, Six(23%) had Diabetic Mellitus. There were no death. Patients with gall stones were directed for cholecystectomy. One patient underwent Endoscopic Retrograde Cholecysto-Pancreatography(ERCP).

Conclusion

This is a male dominant disease. Main identified cause was alcohol(39%) in this study. Low calcium level was identified in 42% of the patients. 42% of patients had severe AP. Eleven (42%) had no identifiable cause with available investigations. We suggest to expand the range of investigations to detect more causes for pancreatitis in this community rather than labeling them idiopathic.

PP78 A Descriptive study on surgical presentations of melioidosis in Sri Lanka; Regional experience from the North Western province of Sri Lanka

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Introduction

Melioidosis is an infection caused by the saprophytic gram-negative bacterium, *Burkholderia pseudomelli*. This is an emerging health problem in Sri Lanka leading to morbidity and prolong hospital stay. Knowledge about surgical presentations of the infection is vital for the early diagnosis.

Method

Retrospective observational study was conducted at Teaching hospital Kurunegala incorporating all the patients diagnosed with melioidosis in surgical units from 2019 January to 2021 December. Diagnosis has been confirmed with positive bacterial cultures and significant titers of Specific antibodies in blood. Data collected regarding sociodemographic details, clinical presentation, culture and antibody titer, comorbidities and possible routes of bacterial entry.

Results

63 surgical patients were diagnosed with Melioidosis (Mean age 43.48; 74.6% Males).

54 patients (85.7%) had internal and external abscesses. Among them, 35% of the patients (n-19) had groin and lower limb abscesses. Internal body abscesses involving the Liver and the spleen were present in 30% of them. Neck and facial abscesses were seen in 28% of them (n-15). Lower limb ulceration, Lymphadenopathy, Cellulitis were the other less common presentations.

Diabetes mellitus as a comorbidity was seen in 37 patients (58.7%), whereas 33% of the patients did not have any comorbidity. As a possible route of bacterial entry 35% of patients (n-22) had a history of trauma and soil contamination. 27% of patients (n- 17) were involved in paddy cultivation.

Conclusions

External and internal body abscesses had been the commonest surgical presentation of Melioidosis predominantly affecting male patients. Diabetes mellitus has been the commonest predisposing medical comorbidity. Soft tissue injury with soil contamination, paddy cultivation were the possible common routes of bacterial entry.

PP79 An array of histopathological findings in adult patients who underwent appendicectomy in a single surgical unit at a tertiary referral center

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Introduction

Decision on appendicectomy is mainly clinical and often supported by radiology. Appendicitis is uncommon in extremes of ages. Etiopathology can be varied from lymphoid hyperplasia to advanced malignancies. This study evaluates the diversity of histopathological findings in appendicectomy specimens.

Methods

Retrospective, descriptive study done at a surgical unit of a tertiary referral center over a period of one year. Histology reports of 86 adult patients who underwent appendicectomies were analyzed.

Results

Total of 86 underwent appendicectomy and out of them fifty (58.1%) were males and 36 (41.9%) were females. Majority 36 (41.9%) of the patients belonged to 21-40 years age category. Only 3 (3.5%) were above 65 years of age. Nine (10.5%) were negative appendicectomies. Out of the nine, seven (77.77%) were female patients. Fifty-nine (68.6%) had histological findings of appendicitis, which included a range of pathologies varying from inflammation, suppuration, and perforation of appendix. Two (2.3%) were reported as malignancies. Both patients were females. One patient was aged 41-60 years and other patient was aged less than 20. One specimen (1.2%) was shown to have a worm in the lumen.

Conclusions

Preponderance of female gender found among negative appendicectomies which could be attributed to the overlapping gynecological anatomy. In such situations radiological guidance will be valuable. Since malignancies were presented under a similar clinical picture, practice of sending all appendicectomy specimens for histological confirmation is important. Elderly patients presenting with features of appendicitis should be scrutinized, as simple appendicitis is rare in elderly.

PP80 Lower Extremity Infrainguinal Bypass For Chronic Limb Threatening Ischemia Under Local Anesthetics In A Lower Middle Income Setting- Single Unit Experience

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Introduction

Lower limb venous bypass grafting is the cornerstone in the management of chronic limb threatening ischemia (CLTI) for surgically fit patients. There is a limitation of resources in a lower middle income setting (LMIC) for general and regional anesthesia as well as for angioplasty. Our aim is to find the feasibility in use of local anesthetics for infrainguinal bypass grafting.

Methods

Data of consecutive patients undergoing lower limb infrainguinal bypass surgeries from July 2022 to August 2022 were included. Local anesthetics were admitted under ultrasound guidance. Basic demographics, fitness for surgery, pain perception and immediate outcomes were considered. Incomplete records were excluded.

Results

10 were included. Mean age was 60.7 years. 6 (60%) were males. All were diabetic and 6 (60%) had ischemic heart disease. Mean Ejection fraction was 52.5%. 4 (40%) underwent popliteal-posterior tibial bypass, 2 (20%) underwent popliteal- anterior tibial bypass, 3 (30%) femoral popliteal bypass and 1 (10%) underwent femoral –anterior tibial bypass. Patients were pain free both intraoperatively as well as immediate post operatively. 1 (20%) developed heart failure immediate postoperatively. All had functioning grafts in the immediate post-operative period.

Conclusion

Infrainguinal bypass grafting is a possibility under local anesthetics in a lower middle income setting. However, the long term outcomes need to be assessed through a randomized control clinical trial.

PP81 Germline genetic variants, their frequency, and clinico-pathological features in a cohort of Sri Lankan patients with hereditary colorectal cancer

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Introduction

Colorectal cancer (CRC) incidence in the South Asian population is in a rising trend. 5-10% of CRCs are inherited. Next-generation sequencing (NGS) is being utilized to detect germline variants in cancer predisposing genes in CRC patients which facilitates improved cancer management and prevention. This study aims to assess the frequency of germline genetic variants and clinico-pathological features in a cohort of Sri Lankan hereditary CRC patients.

Methods

Genomic data of 24 hereditary CRC patients who underwent NGS-based whole exome sequencing between January 2015 and December 2021 were maintained prospectively in a database and analyzed retrospectively. Data were subjected to bioinformatics analysis and variants were classified according to international standard guidelines. Demographic data and tumour histopathology were also analyzed.

Results

14/24 (58.3%) patients were females and 15/24 (62.5%) had cancer onset on or before the age of 50 years. Germline variants were identified in 13/24 (54.2%) patients. 10/13 (76.9%) had pathogenic/likely pathogenic variants and 3/13 (23.1%) had variants of uncertain significance (VUS). Highest frequency of pathogenic/likely pathogenic variants were in APC 5/10 (50%) gene followed by MLH1 3/10 (30%) gene. MSH2 and MSH6 genes had a frequency of 1/10 (10%) each. Frequency of VUS in ALK, BRCA2, PMS2 genes was 1/3 (33.3%) each. APC:c.2798_2804delACACTTA and MSH6 :c.3646+1G>A were novel variants. Predominant tumour histopathology was adenocarcinoma, 9/14 (64.3%).

Conclusion

Highest frequency of pathogenic/likely pathogenic germline variants were detected in the APC gene. Predominant tumour histopathology was adenocarcinoma. NGS-based testing facilitates identification of germline genetic variants in patients with hereditary CRC which would be beneficial for implementing therapeutic and risk-reduction preventive measures.

PP82 Laparoscopic surgeries in the covid era: impact on health care delivered by a single surgical unit in a tertiary care hospital

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Introduction

World Health Organization declared SARS-CoV-2 infection as a public health emergency of international concern at the end of January 2020. Although covid 19 is not a primary surgical problem as it is viewed as a mass causality with a global impact, it significantly impacts the surgical field. Our study aimed to compare the laparoscopic surgical procedures during the pre-pandemic and COVID-19 pandemic.

Method

A retrospective analysis was done in laparoscopic surgeries performed by the professorial surgical unit at Teaching hospital Jaffna in pre-pandemic (2019-2020) and SARS-CoV-2 pandemic (2020-2021) era using the data extracted from registries in the surgical ward, operation theatre and bed head tickets.

Results

149 and 78 laparoscopic surgeries were performed in pre-pandemic and pandemic, respectively. In pre-pandemic era 48.9% (n=73) cholecystectomy, 21.4% (n=32) appendicectomy, 7.3% (n=11) hernia repair and 22.4% (n=33) others were done laparoscopically. In pandemic era 43.5% (n=34) cholecystectomy, 24.3% (n=21) appendicectomy, 11.5% (n=9) hernia repair and 17.9% (n=14) others were done laparoscopically. No laparoscopic surgeries were performed on covid-positive patients. During the pandemic, four patients with appendicitis were managed with the Ochsner-Sherren regimen, and one with appendicular abscess was managed with radiological assistance. No surgical modifications in laparoscopy have been considered during the pandemic era.

Conclusion

SARS-CoV-2 infection significantly impacted laparoscopic surgeries performed by the professorial surgical unit, Teaching hospital Jaffna. The significant reduction in laparoscopic surgical activity indicates that better health policies and more evidence-based guidelines are needed to compensate for lost time and surgery not performed during the pandemic.

PP83 Perforator flaps for soft tissue defects over distal third of the leg

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Introduction

Soft tissue defects over distal third of the leg is always challenging. Free tissue transfer and perforator based flaps are more demanding options. Perforator flaps are time saving with minimum donor site morbidity and can be done under regional anaesthesia with less overall cost and hospital stay.

Method

21 cases were performed over the period of 8 months. All were single perforator based fascio-cutaneous flaps. Perforators were identified preoperatively with Doppler. Three Peroneal Artery and 13 posterior tibial artery perforator based flaps were done. Distance to the perforator from the defect, axial length and flap area, arc of the rotation, operative time, duration of post-operative stay and number of post-operative visits were assessed.

Results

Flap congestion was noted in 2 flaps in the first two days which subsequently improved with time. In two cases secondary defect was closed primarily while the others needed skin grafting. Angle of rotation ranges from 60° to 180°. Distance between the perforator and the edge of the defect ranges from 8mm to 4cm. Average operating time from flap harvest to inset is 168 minutes. Age of the patients 78 years to 5 years. Flap area ranges from 15cm to 120cm and axial length from the perforator to the distal most end ranges from 6.25cm to 26.75cm. Average post-operative hospital stay is 6 days.

Conclusion

Perforator flaps are reliable flaps which have minimum donor site morbidity, less operative time. Less anesthesia complications and low overall cost for patients at any age. Dissections need fine surgical and microsurgical skills which has relatively broad learning curve.

PP85 Snapshot audit on diverticular disease at a tertiary care centre; preliminary results of the North Colombo VISTA study

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Introduction

Diverticular disease (DD) is a common occurrence in clinical practice in the local setting. There is no literature on its epidemiology. A snapshot audit was conducted at North Colombo Teaching Hospital (NCTH). This is the first reported snapshot audit conducted in Sri Lanka using a secure online database.

Methodology

All surgical and gastroenterology units at NCTH were requested to enter the data on patients presented with DD between from 1st January to 30th of June 2022. Online data collection using RedCap data capturing platform was used. Patients presented with symptomatic DD or those detected during screening colonoscopy were recorded.

Results

Out of the 7 units invited (general surgery – 5, GI surgery – 1, gastroenterology – 2), 4 units participated (general surgery – 2, GI surgery – 1, gastroenterology – 2). A total of 46 patient records (median age- 68 years; range 29-86; female 51%) were received within 6 months. Of the total 54.3% had symptomatic DD while 33% were detected at screening. Only 13% (n=6) required inward care (bleeding – 3, diverticulitis – 2, perforation – 1) and detected using colonoscopy in 4 and CT scan in 2.

Conclusion

The response of units for collaborative research projects in this study is 57%. On average a unit detects 11.5 patients with DD in 6 months. The commonest presentation is symptomatic DD. 13% required in-ward admission for DD. The secure online database usage is feasible and will be used for a national level study in the future to assess the prevalence and incidence of DD in Sri Lanka.

Pp87 Benzathine Penicillin prophylaxis; Is it effective for recurrent cellulitis in patients with lower extremity Lymphoedema

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Introduction

Lymphoedema predisposes to recurrent cellulitis of lower limbs meanwhile recurrent cellulitis worsens the lymphoedema. To evaluate the effectiveness of four weekly intramuscular injection of 1.2MU Benzathine penicillin in patients with lymphoedema

Method

All the Adult lymphoedema patients, getting 4 weekly intramuscular injection of 1.2MU Benzathine penicillin, under the care of single surgical unit, were included in this study with the exclusion of those who are getting it for less than 12 months.

Results

73 patients were included in this study. 45(61.6%) were males and 28(38.4%) were females. Mean age was 62.9 years. Mean duration of injection was 54.9 months. 5(6.8%) had prophylaxis failure. 72 patients reported improvement in their quality of life during the prophylaxis period, which is statistically significant ($p < 0.001$). 19(26%) patients had associated varicose veins while 26(35.6%) had Diabetes Mellites. Relative risk of prophylaxis failure in patients having dermatitis is 8.7 while relative risk of prophylaxis failure in DM patients was 1.2.

Average episodes of cellulitis during prophylaxis was 2.62 / patient year while average episodes during prophylaxis was 0.07 which is statistically significant ($p < 0.001$). average number of hospital admissions during the preprophylaxis period was 1.8 / patient year but during the prophylaxis period it was 0.04 which is statistically significant ($p < 0.001$). Mean number of days admitted to hospital was 14.5 per patient year while it was 0.2 during the prophylaxis period which is also statistically significant ($p < 0.001$).

Conclusion

Benzathine penicillin of 1.2MU given intramuscularly in 4 weeks interval is effective as a prophylaxis for recurrent infections in lymphoedema patients in our study and associated dermatitis causes prophylaxis failure.

PP88 Dynamic Splinting to avoid stiffness at Metacarpophalangeal joint in hand surgery-A Novel technique
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Introduction

Metacarpophalangeal joint (MCPJ) is crucial for all the grips in the hand. Long duration immobilization can cause MCPJ stiffness thus compromise the function. Variable degree of stiffness is commonly observed in immobilization irrespective of the therapy protocol. New technique of splinting is improvised to obviate this complication.

Method

Cluster sample of 49 patients randomly selected every other patient for the new splinting technique (25) others followed conventional immobilization technique (24). Thermo-plastic Volar splint is applied up to the neck of the metacarpals. Special cuff is designed for all fingers that fits into proximal phalanx. Elastic band is applied joining the cuffs and the thermoplastic post on the volar of the mid forearm adjusting the tension fingers in 30° flexed position, excluding patients who presents primarily MCPJ injuries. Age ranges from 15 to 62 years. Both groups are given same set of advices and followed up by a same tem. MCPJ range of movement, number of therapy visits, need of secondary surgeries for joint stiffness and duration for return to work.

Results

MCPJ range of movements significantly improved by 15° compared to the control. Average number of therapy visits has reduced by 15%. Duration back to the occupation has improved by 75%. None of the patients needed 2ry surgery for the MCPJ stiffness later on.

Conclusion

This technique provide dynamic splinting of the MCPJ which significantly prevents MCPJ stiffness hence reduce overall cost by reducing number of visits, early return to occupation and reducing secondary surgeries although initial cost slightly high.

PP89 Hormone receptors and their association with histological types of breast cancers presented in a tertiary care hospital in Sri Lanka-A descriptive study
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Introduction

Breast cancer is one of the commonest cancer in Sri Lanka. Hormone Receptor status of breast tissue is important in managing breast cancer. Objective of this study is to assess the association between receptor status and histological type of breast cancer.

Methodology

A retrospective study was done with 130 cases of mastectomy. Receptor status was assessed according to o5 luminal categories. Incidence of above categories in each histological type of breast CA was assessed.

Results

Percentage of nonspecific type cancer (NST) cases were (90 %), lobular carcinoma cases 09% and Mucinous cancer (1%). mucinous cases were excluded from the analysis due to negligible number of cases.

In NST cancers, luminal A type 21.7%, luminal B HER 2 positive type 20.7% , luminal B HER 2 negative type 29.3%, Non luminal HER 2 positive type 12% and triple negative type 16.3%.

In invasive Lobular CA(LC) , luminal A - 22%, luminal B HER2 positive - 44%, luminal B HER2 negative - 22%, no Non luminal HER 2 positive cases ,and triple negative- 11%

Conclusion

There was no significant association between being positive for a tumour marker category with the histological type of cancer.

PP90 Pedicle Pectoralis Major Myocutaneous flap as a versatile oncosurgical reconstructive option for the head and neck, with cervical block dissection - a unit experience

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Introduction

Cervical block dissections are commonly done due to increased incidence of advanced head and neck cancers. Some cases are done with palliative intent for fungating lymphnode metastasis. As a reliable, technically less demanding flap with short operating time, PPMMC is widely used in elderly patients with several comorbidities.

Method

Ten cases were performed for the period of 12 months as a combined cases with ENT and plastic teams. Six were advanced laryngeal carcinomas, four were pharyngeal carcinomas and all with cervical lymph node metastasis. All the patients underwent resection of the tumor with unilateral radical cervical block dissection followed by reconstruction with ipsilateral pedicle pectoralis major myocutaneous (PPMMC) flap.

Results

In two cases, caudal end of the flap, minor dehiscence noted on day 5-7 and secondary suturing were done later. Average flap harvesting time was 40.2 min. In two cases, flap was raised as double islanded flap, one for the pharyngeal lining and the other one for the skin. Drains were removed on day 10-14. On 9th month review, no patient complained donor site morbidity or significant subjective reduction of elbow adduction or internal rotation.

Conclusion

PPMMC flap is a reliable, short duration and versatile flap in head and neck reconstruction especially when the microvascular options are not available and the prolonged surgery adds high surgical risk. It has less donor morbidity.