



ANNUAL ACADEMIC SESSIONS

23rd AUGUST 2024

Colombo South Clinical Society
Colombo South Teaching Hospital

THE BOOK OF PROCEEDINGS AND ABSTRACTS



Annual Academic Sessions 2024

The Book of Proceedings & Abstracts



Colombo South Clinical Society
Colombo South Teaching Hospital

Annual Academic Sessions 2024

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Design & Formatting:

Dr. Chanuka Gunasekara

Publication:

Colombo South Clinical Society

Colombo South Teaching Hospital

Kalubowila, Dehiwala, Sri Lanka

E-mail: colombosouthcs@gmail.com

Web: www.csclinicalsociety.org

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Message from the Patron



Dr Sagari Kiriwandeniya
Patron, Colombo South Clinical Society
Director, Colombo South Teaching Hospital

It is a great pleasure for me to write a message as the Patron of the society for the abstract book of the Annual Academic Sessions 2024 of the Colombo South Clinical Society. I am indeed very happy to see the progression of the event since its inception in 2015 to the current status. It is indeed a great achievement to be able to have an event of this caliber despite the enormous barriers created by the pandemic as well as the economic crisis.

This annual academic session will give an opportunity for the researchers to platform academic work. I am glad to see the good quality academic presentations of our doctors at this forum. On behalf of the Colombo South Teaching Hospital, I would like to take this opportunity to express my gratitude to Prof Saroj Jayasingha, Dr, Madhubhashini Disanayaka Ratnayake, Mr. Mendis Wickramasinghe, two plenary presenters and all the other presenters for their valuable contribution to make this event a success. Paediatric updates and monthly lectures will be the other academic high lights of the Colombo South Clinical Society.

I take this opportunity to congratulate and express my sincere gratitude to the president of the Colombo South Clinical Society, Dr Yasas Abeywickrama and his council of spirited members, for all the effort and hard work in making this event a success.

I wish the organizers all the very best, and the participants, an enriching academic session that will aid you to broaden your medical perspectives. Hope to see you all tonight at the Golden Rose Hotel, Borelasgamuwa at the Annual Doctors' Get together and the Dinner Dance.

Message from the President: Colombo South Clinical Society



Dr Yasas Abeywickrama
President
Colombo South Clinical Society

The Colombo South Clinical Society, embarking on the journey to the second decade will be holding the annual clinical sessions on the 23rd of August 2024 at the W.G. Gunawardhane Auditorium, CSTH.

As always been, we note the enthusiasm of young and timeworn researchers from CSTH Kalubowila gathering to present and showcase their work and innovations. We congratulate them.

The sessions will be adorned by the presence of our Chief Guest, Professor Saroj Jayasinghe, Emeritus professor of Medicine, Guests of Honour Dr. Madhubhashini Dissanayaka, Senior Lecturer in English and linguist and Mr. Mendis Wickramasinghe, Renowned Wildlife photographer and researcher.

The three plenaries by local and international faculty, Dr. Duminda Ariyaratne, Dr. Shehan Silva and Dr. Udayangani Samarakkody will definitely expand our horizons.

I take this opportunity express immense gratitude to my able and dedicated council, especially Professor Ruwanthi Perera and Dr Shehan Silva, the Conference and academic chairs, the dynamic secretary duo Dr. Charithe Gallage and Dr. Damitha Piyadigama, and the treasurer Dr. Sanjeewa Gunaratna in making this event a success. The guidance from our patron and Director, Dr Sagari Kiriwadeniya and Past president Dr. Asoka Gunaratna has been a great strength.

We hope the clinical sessions will continually enhance the academic interests of our doctors.

Academic Programme

08.00 am	Free paper sessions	Doctor's library (7 th floor) Quality Management Unit (8 th floor)
08.30 am	Procession & inauguration ceremony	
08.45 am	Welcome Address	Dr. Yasas Abeywickrama President, Colombo South Clinical Society.
09.00 am	Chief guest's Address	Prof. Saroj Jayasinghe, Emeritus Professor, University of Colombo.
09.30 am	Guest of Honour's Address "Learning English as a Medical Professional"	Dr. Madhubahashini Disanayaka Ratnayaka, Senior Lecturer, Department of English Language Teaching, University of Sri Jayewardenepura
10.00 am	Guest of Honour's Address "Life is Short; Journey is Long: Three Decades of My Nature and Wildlife Experience"	Mr. L. J. Mendis Wickramasinghe Lecturer & Environmental Awareness Adviser Institute of Multimedia Education, Sri Lanka
10.30 am	Tea Break	
10.45 am	Plenary 1 Damage control surgery	Dr. Duminda Ariyaratne Consultant Surgeon, Colombo South Teaching Hospital, Kalubowila
11.15 am	Plenary 2 Compassionate Care in Medical Practice	Dr. Shehan Silva Senior Lecturer in Medicine, Faculty of Medical Sciences, University of Sri Jayewardenepura.
11.45 am	Plenary 3 Men are from Mars; Women are from Venus: Considerations for gender-specific needs of the modern medical workforce.	Dr Udayangani Samarakkody Paediatric Surgeon and Paediatric Urologist, Department of Paediatric Surgery, Waikato Hospital. Hon. Senior Clinical Lecturer University of Auckland, New Zealand.
12.15 am	Vote of thanks	Dr. Charithe Gallage, Secretary, Colombo South Clinical Society.

Chief Guest's speech

Poverty, Ill-Health and Social Welfare Policies: A Study of the Urban Poor in Sri Lanka



Emeritus Professor Saroj Jayasinghe

**MBBS MD(Col), MD(Bristol), MRCP(UK), FRCP(Lond),
PhD(Colombo), FCCP, FNASSL**

**Former Chair Professor of Medicine & Consultant Physician
Faculty of Medicine, University of Colombo, Sri Lanka**

It is my privilege to write this brief message to the Annual Academic Sessions 2023 of the Colombo South Clinical Society, an important activity that began in 2015. This event has grown in stature, providing health professionals, academics, social scientists and students with a platform to share their experiences and academic work, and to influence and facilitate professional development outside the confines of classrooms and lecture halls.

As health professionals, we do more than acquire knowledge and technical skills. Our journey is constantly evolving, changing and 'becoming'. It is not merely about the accumulation of technical expertise, but about continuously evolving into professionals who embody the values, ethics, and responsibilities that define our professions. At the core of our identity should be kindness, compassion, 'karuna' and empathy. These are the foundations upon which we build trust with our patients, and there should be no place for a 'heartless' medical professional.

The Academic Sessions reflect these wider aspects of our professional identity, offering a range of technical topics and contributions from the arts and social sciences. I wish the Academic Session all success.

Guest of Honour's speeches:

Learning English as a Medical Professional



Dr. Madhubahashini Disanayaka Ratnayaka

PhD (Hitotsubashi, Tokyo, Japan), M.A. (New York University), B.A. (Honours) (Allahabad), Dip in TESL, (Colombo)

Senior Lecturer, Department of English Language Teaching, University of Sri Jayewardenepura

It gives me immense pleasure to be the Guest of Honour at the academic event of The Clinical Society of the Colombo South Teaching Hospital, not only because I am among the most revered and essential category of human beings in society, but also because this is a discipline that needs urgent intervention by those who teach English as a Second language – the area I come from. This is of course at the level of students at the medical faculty and not the company I am with today, but speaking of this here will, I think, make a difference, as this is the group that can carry these ideas across to the student community, for their benefit.

A language is learnt best through exposure – and in that sense medical faculty students have an edge over many others as the syllabus they follow is in English and they have no choice but to sink or swim. It is not with those who swim that my concern lies, but with those who might sink. Getting into the medical faculty itself shows such high levels of intelligence that we have to ask why some of them are struggling with a language that they have been studying for 13 years in school – so that they come to university and are stressed and made to feel inferior when they sit and study next to people who have gone to schools in which English is almost the first language. The stress and the psychological downward turn are hard to handle – trust me, I have spoken to some of them who were close to giving up.

The problem, I think, lies in the fact that a language is hard to learn if there are no chances given to use it. And in Sri Lanka we hardly give that. A learner naturally makes mistakes – it is through constant use that the more accepted usage gets internalized; but substandard English is ridiculed in Sri Lanka at merciless levels. Which young person doesn't mind that? Exposing them to the language at a young

age is crucial, but that is difficult to the majority of Sri Lankans. That is why I keep telling everyone – the school system, parents of young children, young students themselves to expose themselves to English in very entertaining ways whenever possible: watch Kung Fu Panda and other good animated children’s movies – that too is learning; watch cartoons on TV if they are not dubbed in the native tongue; read story books in English if possible, or get someone to read them to you; and if there is no one available, we have websites that the University of Sri Jayewardenepura has created like the English for Fun Project that has stories translated into Sinhala and Tamil, with the audio track in English, and also nursery rhymes sung in the Sri Lankan standard accent. Or if you are a young adult, listen to interesting conversations or subject matter in English – anything that ignites your passion will do. Adults can help each other by texting each other in English, no matter what the standard. Read easy fiction out of your discipline if you can find the time – in fact, even if you can’t find the time – because it is important. Not only will it improve language fluency, it will make your personality so much richer. Language is not simply functional – it is social – and that’s why simply disciplinary fluency may not give anyone the confidence to use it in society easily.

And this is where each one of you can make some difference to anyone at all, if you wish to – simply by being there to lend practice, show ways of exposure or make them comfortable in an alien language. And this is why I am so glad that I got this rare chance to tell you that.

Life is Short; Journey is Long: Three Decades of My Nature and Wildlife Experience



Mr. L. J. Mendis Wickramasinghe
Lecturer & Environmental Awareness Adviser
Institute of Multimedia Education,
Sri Lanka

In the blink of an eye, thirty years have passed since I first set foot on this path of nature and wildlife conservation. As I stand here today, reflecting on this journey, I am struck by the sheer magnitude of time—both fleeting and enduring.

The seed of my passion for nature was planted in my childhood, where the wonders of Sri Lanka's rich biodiversity captivated my heart. The strong curiosity and passion for the life of snakes, the rustle of their natural habitat were the symphony of my early years. Little did I know, these moments were the prelude to a lifelong odyssey.

As I embarked on this journey, the road stretched before me, seemingly endless. The early days were filled with the excitement of discovery and the thrill of adventure. Each new species I encountered was a marvel, each ecosystem a complex web of life waiting to be understood. The forests, rivers, and mountains of Sri Lanka became my classroom, and the creatures that dwelled within them, my teachers.

The passage of time brought with it a deepening understanding of the delicate balance of nature. I witnessed the fragility of ecosystems and the impacts of human activities on wildlife. The joy of discovery was often tempered by the sorrow of loss. Seeing habitats destroyed and species pushed to the brink of extinction was a stark reminder of the urgent need for conservation.

Yet, amid the challenges, there were triumphs. The rescue and rehabilitation of injured animals, the successful Education Awareness programs for endangered species, and the restoration of degraded

habitats were beacons of hope. These victories were not mine alone; they were the result of collective efforts by my dedicated friends and conservation organizations who shared a common vision.

As the years turned into decades, my role evolved. From a curious explorer, I became a Taxonomist and Ecologist in the fight for biodiversity. The formation of the Herpetological Foundation of Sri Lanka was a milestone, a testament to our commitment to preserving the unique herpetofauna of our motherland. The support from institutions like Volunteer organizations, government and civic bodies dedicated to conservation, bolstered our efforts, providing the resources needed to expand our reach and impact.

The journey has been long, marked by countless field expeditions, research projects, and educational initiatives. Each step has been a chapter in a story that is still unfolding. Along the way, I have met kindred spirits—fellow conservationists, researchers, and volunteers—who have enriched my understanding and fueled my determination.

Life is short, a fleeting moment in the grand tapestry of time. But the journey of conservation is long, a continuous quest that transcends generations. As I look back on three decades of experience, I am filled with gratitude for the opportunity to be a follower of nature. The challenges we face are immense, but so is our resolve. The journey is far from over, and there is much work to be done.

In the twilight of my career, I find solace in knowing that the seeds of conservation we plant today will bloom in the future. The next generation, equipped with knowledge and passion, will carry the torch forward. The journey of nature and wildlife conservation is a relay, with each of us playing a part in a timeless saga.

As I continue this path, I am reminded that every moment counts. Life is indeed short, but the journey we embark upon, the legacy we leave behind, is enduring. And in the vast expanse of time, our efforts to protect and cherish the natural world will echo through the ages, long after we are gone.

Plenaries

Plenary 1: Damage control surgery

**Dr. Duminda Ariyaratne****MBBS (Colombo), MS (SL), MRCS(Eng), FCS (SL)****Consultant Surgeon,****Colombo South Teaching Hospital,****Kalubowila**

Damage control surgery (DCS) is an abbreviated surgery which has revolutionized survival of critical ill, physiologically unstable patients. It is commonly employed in hypothermic, acidotic and coagulopathic post traumatic patients. However, DCS may be the preferred surgical approach in some non-trauma physiologically deranged patients like GI bleeders and patients with ruptured aneurysms etc. There are set patient inclusion criteria for damage control surgery. Better understanding of surgical physiology has led to the emergence of this new concept which prioritizes patient's physiology over anatomical restoration of injured viscera.

Main goals of damage control operations are controlling hemorrhage followed by contamination control, abdominal packing, and temporary closure.

DCS is coupled with Damage Control Resuscitation (DCR) and Damage Control Anaesthesia (DCA) Multi – disciplinary team approach is the key to success of Damage Control Surgery.

Plenary 2: Compassionate Care in Medical Practice



Dr Shehan Silva

Senior Lecturer in Medicine & Honorary Consultant Physician,
University of Sri Jayewardenepura
Colombo South Teaching Hospital

MBBS (Sri Jayewardenepura), MD (Colombo), FRCP (London),
FRCP (Edinburgh), Dip MedPract (LSTM UK), MRCP (Diabetes
and Endocrinology), MRCP (Geriatrics), IFME (Cantab), AFHEA
(UK), PGCert(Med Ed) (Colombo), PGDip MedLaw&Ethics
(Bengaluru)

Compassion, empathy, and sympathy are elements that one hears in providing care to a patients. But are they all similar? Empathy is the ability to recognize and respond to others' emotions. It is crucial for establishing strong patient-provider relationships. Compassionate care is essential for effective, person-centred healthcare. It involves communication skills and small acts of kindness that go beyond routine care. Compassionate interactions have been shown to reduce stress and cortisol levels for both the giver and receiver, thereby improving overall well-being and satisfaction. Despite its importance, there is a perceived lack of compassion in healthcare systems, attributed to the pressures of clinical practice and the rigors of medical training, which often prioritize technical skills over interpersonal communication.

Sympathy, while related, differs from empathy and compassion. It involves feeling pity or sorrow for someone else's misfortune but lacks the action-oriented component of compassion. In clinical settings, empathy and compassion are more emphasized due to their direct impact on patient care and outcomes. Training and education play a pivotal role in fostering empathy and compassion among healthcare providers. Empathy can be taught and enhanced through experiential learning, role-playing, and reflective discussions, which help develop interpersonal skills and improve patient-provider interaction. Compassion training not only equips healthcare professionals with strategies to treat patients more effectively but also provides coping mechanisms to handle professional stressors, thereby reducing burnout and improving job satisfaction. Organizational support is also crucial in promoting a compassionate healthcare environment. Leadership and management must recognize the importance of allowing time for compassionate care without the pressure of completing clinical tasks, which can lead to improved patient experiences and healthcare provider retention.

Plenary 3: Men are from Mars; Women are from Venus: Considerations for gender-specific needs of the modern medical workforce.



Dr Udayangani Samarakkody

MBBS, MS, DCH, FRCS, FRACS, MClinEd, DipLapSurg

Paediatric Surgeon and Paediatric Urologist,
Department of Paediatric Surgery,
Waikato Hospital.

Hon. Senior Clinical Lecturer University of Auckland,
New Zealand.

The number of women in medicine has increased dramatically in the last few decades, and they represent well over half of all incoming medical students. The new generation of doctors value a balanced and normal life. They draw attention to the life outside the hospital more so now than in the past because the gender composition of medicine has changed.

The unique challenges faced by women include the existence of gender bias and sexual harassment, a scarcity of female mentors in leadership positions, role strain, role overload and work-family conflicts. Frequency of sexual harassment is greater in females than males. Unfortunately, most of the harassers are the seniors who are in controlling positions.

Pregnancy and parenting are female roles in our society. The lack of adequate accommodation for pregnancy and parenting may be a major deterrent to a successful career. The colleagues are overburdened when pregnant residents cannot perform the same clinical duties as previously. It is not unusual for the female doctors to work until the day of term delivery. Breastfeeding can be universal during maternity leave but at work problems with privacy and stress related to breast feeding (such as expressing) are frequent.

Traditions dictate that the woman is the default caregiver in the family. Women are more likely to be the primary household caretaker compared with their male counterparts. They also experience guilt and frustration from having to leave the house in the middle of the night for on call duties or arriving home at a late hour. It is apparent that the male spouses of female residents are less satisfied with the quality of their relationships than are the female spouses of male residents. Even in non-physician populations, risk for burnout and depression as a consequence of lack of family support for work and intolerance of work intrusions in family life is higher in female professionals than the males. The female doctors value stability, such as limited changes in location of training, whereas unsatisfactory performance and examination failure stress their male counterparts. Knowing these gender specific differences enables future considerations to support current and future medical workforce. These considerations call for minimal disruption towards the individual, family and society whilst maintaining institutional stability and good patient care.

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PP 01: FACTORS ASSOCIATED WITH MEDICATION ADHERENCE AMONG PATIENTS WITH CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) ATTENDING THE NATIONAL HOSPITAL FOR RESPIRATORY DISEASE IN WELISARA, SRI LANKA.

Rajapaksa R.S.S.D.¹, Priyadarshani M.T.M.¹, Sanjeewani M.N.¹, Abeywickrama A.K.M.¹, Kariyawasam K.H.A.Y.¹

¹*Faculty of Nursing, KIU*

Introduction

Chronic obstructive pulmonary disease (COPD) is a significant public health issue, characterized by persistent respiratory symptoms and airflow limitation, leading to considerable morbidity and mortality globally. In Sri Lanka, the rising prevalence of COPD necessitates ongoing medication to manage symptoms and improve quality of life.

Objectives

This study aims to identify factors influencing medication adherence among patients diagnosed with COPD attending at the National Hospital for Respiratory Disease in Welisara, Sri Lanka.

Methods

A descriptive cross-sectional study was conducted among 150 patients, using an interviewer-administered questionnaire. Quality of life was assessed using the COPD Assessment Test (CAT) questionnaire, and medication adherence was assessed using the Morisky Medication Adherence Scale (MMAS-4 Item). Disease severity was assessed using the MRC dyspnea scale. Statistical analysis was performed using SPSS version 25, incorporating descriptive and inferential techniques.

Results

The majority of patients were male (n=91, 60.7%), and majority within the 51-70 age group (n=105, 70%). According to the MRC scale, disease severity among the population were 8.7% of patients had no disease severity (n=13), 20% had mild disease severity (n=30), 34.7% had moderate disease severity (n=52), 32% had severe disease severity (n=48), and 4.7% had very severe disease severity (n=7). Mean quality of life score was 24.38 ± 7.26 . Quality of life assessments revealed that 26% of patients (n=39) reported a very high quality of life, 49.3% (n=74) reported a high quality of life, 20.3% (n=31) reported a medium quality of life, and 4% (n=6) reported a low quality of life. The Morisky Medication Adherence Scale (MMAS-4), a four-item self-report measure, indicated that 36% of COPD patients demonstrated poor adherence (score 0-2), 48% showed medium adherence (score 2-4), and only 8% exhibited high adherence (score 4). The mean level of medication adherence was 1.79 ± 1.06 .

Conclusion

Disease severity varied widely, with many patients experiencing moderate to severe conditions. The quality-of-life scores showed only 4% having low quality of life. Medication adherence was a significant issue, with a substantial portion of patients demonstrating poor to medium adherence levels. These results highlight the need for targeted interventions to improve medication adherence, which is essential for better managing disease severity and enhancing the overall quality of life for COPD patients. Improving medication adherence is essential for better managing disease severity and ultimately enhancing the quality of life for COPD patients.

Keywords

Chronic Obstructive Pulmonary Disease, Quality of Life, Medication Adherence, Disease Severity.

PP 02: PREVALENCE AND FACTORS ASSOCIATED WITH NEEDLE STICK INJURIES AMONG NURSING OFFICERS IN NATIONAL HOSPITAL COLOMBO, SRI LANKA.

Kumari A.G.S.M.¹, Nimeshika S.H.M.R.¹, Lakmali B.G.M.¹, Jayasundara J.M.C.U.¹, Perera P.A.W.G.A.¹, Karunarathna T.P.N.P.¹, Kariyawasam K.H.A.Y.¹

¹*Faculty of Nursing, KIU*

Introduction

Needle stick injuries (NSIs) pose a significant health risk to healthcare workers, particularly nursing officers, who are frequently exposed to such hazards in clinical settings. Understanding these factors is essential for developing effective strategies to reduce the risk of needle stick injuries and improve occupational safety for nursing staff.

Objectives

This study was conducted to assess the prevalence, and factors associated with needle stick injuries among nursing officers in National Hospital Colombo, Sri Lanka (NHSL).

Methodology

A descriptive cross-sectional study was conducted among a total of 399 nurses at National Hospital Colombo, Sri Lanka (NHSL) using convenience sampling technique. Data were collected using a self-administered questionnaire developed by the researchers. Statistical analysis was performed using SPSS version 25, incorporating descriptive statistics.

Results

Out of the studied population, most of the participants were female (n = 357, 91.9%) and 45.2% had more than 5 years of working experience. Around 389 nurses, n=186 (47.9%) of the nursing officers were exposed to NSIs in the past two years and 56.1% of nurses were injured more than two times during the period. The majority were injured during the disposal of the needles (25.5%) and recapping (27.5%) during the nighttime (40.5%). Only 23.8% of nurses reported the NSIs to the ward in charge and only 6.0% of the nurses were informed NSIs to the infection control unit. The majority (98.3%) of the nurses mentioned the need of the continuing of the educational programs to prevent NSIs. There was a significant association of needle stick injuries with the age (p=0.006), educational level (p=0.015) and working place (p=0.003) of the nursing staff.

Conclusion

The study suggests that education and training of nurses and reinforcement to stick with protocols is necessary for the nurses. Such interventions may reduce the risk of needle stick injuries incidences. Workshop regarding guidelines of universal precautions may be organized at frequent intervals and the hospital management should ensure compliance among all members of the nursing staff.

Key Words

Associated factors, Needle stick injury, Nurses, Prevalence

PP 03: REVIEW OF MULTIPLE MYELOMA PATIENTS TREATED IN A TERTIARY CARE CENTRE IN SRI LANKA.

Gamage R.S.¹, Gunawardana B.M.¹, Neththikumara U.¹, Senevirathne S.B.¹, Piyasundara L.N.¹, Samaraweera Y.¹, Ranasinghe N.R.¹

¹*Department of Clinical Haematology, Colombo South Teaching Hospital, Sri Lanka*

Introduction

Multiple myeloma (MM) accounts for approximately 1-2% of all cancers and about 20% of haematological malignancies in Sri Lanka. MM patients are commonly treated with proteasome inhibitors (PI) mainly bortezomib based regimens. Anti-myeloma treatment is carried out at different centers in Sri Lanka with limited resources for diagnosis, treatment and follow up which make it difficult to practice international treatment protocols. Local data on clinical characteristics and treatment outcomes is limited.

Method

Data was collected through a retrospective review of clinic records at Haematology Unit Colombo South Teaching Hospital among 52 myeloma patients from 2020 January to 2024 April to assess their clinical characteristics, outcomes and side effects of chemotherapy.

Results

The studied population had a male-to-female ratio of 1: 1.36 and the mean age group was 61-70 years. Nearly half of the (55%) patients had hypertension and 46% had diabetes mellitus as a co-morbidity. One-third of patients had plasma cells > 60% in the bone marrow. Immunohistochemistry with CD138 was used in 25% of patients in diagnosis. 54% showed serum Paraprotein >30g/. Serum protein electrophoresis with immunofixation was performed in 39 patients; out of them, IgG kappa was detected in 66%. Serum Free Light Chain assay was done in 24 (46%). Anaemia is found in 86% of patients as the most common presenting clinical feature.

Low-dose CT / CECT showed myeloma lesions in 9 patients. 48% of patients belonged to the Myeloma staging system IPSS stage 3. Out of 35 patients who received bortezomib-based triple therapy, 84% achieved partial response (PR) or higher after 6-7 cycles. 93% (n=17) of patients on non-PI-based therapy (cyclophosphamide, thalidomide and dexamethasone) achieved PR or higher after 6-7 cycles. Fifteen (28%) individuals had clinically significant neuropathy as a side effect. 4 patients developed thrombotic complications at diagnosis or during follow-up. Thromboprophylaxis with antiplatelet received by all patients while 2 received enoxaparin and another 2 received apixaban additionally. Infections requiring intravenous antibiotics occurred in 10 patients. Ten (19%) patients died during

the study period but only 7(13%) died due to myeloma-related complications or sepsis. Three transplant-eligible patients underwent autologous stem cell transplant successfully.

Conclusion

Bortezomib-based therapy showed a comparable overall response rate compared to international data (ORR: 73%- 92%). A higher treatment response rate for non-PI regimens was noted. Infections were observed as the main cause of mortality. We have shown that even with the limited facilities, as dedicated hemato-oncology unit successful treatment outcome in MM is feasible.

PP 04: SELF-MEDICATION PRACTICES AMONG PATIENTS ATTENDING OUTPATIENT DEPARTMENT OF A SELECTED HOSPITAL, SRI LANKA.

Eshani M.A.S.¹, Sewwandi W.A.A.¹, Gunarathna M.S.A.¹, Kulasena E.D.N.M.¹, Dayananda W.U.S.¹, Edirisuriya M.D.¹, Senarath N.S.A.S.N.¹

¹*Department of Nursing, Faculty of Nursing, KIU, Sri Lanka*

Introduction

Self-medication (SM) is defined as the selection and use of medication to treat self-recognized symptoms in ailments without consulting a physician and is a major public health concern that is practised worldwide. It also includes the usage of re-usage of previously prescribed or unused drugs, direct purchasing of prescription drugs without consultation, and irrational use of over the counter.

Objectives

The study aimed to assess self-medication practices among patients attending the outpatient department (OPD) at a selected hospital, Hambantota.

Methods

A descriptive cross-sectional study was carried out among volunteers of 300 patients who were visiting OPD, District General Hospital, Hambantota. Data were collected by using a pre-tested, interviewer-administered research questionnaire. The study was ethically approved by the ethics review committee at KIU. Data were analyzed using descriptive and inferential statistics using SPSS statistical software (version 25).

Results

The mean age of the study sample was 51.37 + 14.47 years old and mean monthly income was 24044.28 + 21510.33. The majority were female (56.7%), Sinhalese (78.3%), Buddhist (72.3%) and married (72.7%). Self-medication practice on selected variables was observed in poor practice. 144 (53.53%) never continued prescribed drug for chronic recurrent disease without physician, 175 (64.58%) never used previously prescribed medicines, 240 (88.56%) never used unused drugs, 228 (84.13%) were never shared medicines, 247 (91.14%) were never taking over the counter drugs without reason. Paracetamol was widely used as analgesic by 192 (73.56%) for headache and by 181 (68.56%) for pyrexia.

Conclusion

Overall self-medication practices are poor in the selected population, but there are several participants who are following self-medication practices. Therefore, strict health regulations need to be implemented to control self-medication usage.

Keywords

Patients, Self-medication, OPD

PP 05: AUDIT ON THE USAGE OF HIGH FLOW NASAL OXYGEN/CANNULA (HFNO) IN PAEDIATRIC WARD: DO WE OVERUSE HFNO: KNOWLEDGE, PRACTICES, AND WEANING PROTOCOLS.

Jagadeesh S.A.A¹, Rajakaruna P.N.N.D.¹, Ganeshan S.³

¹Post Graduate Institute of Medicine,²Colombo South Teaching Hospital

Introduction

High Flow Nasal Oxygen (HFNO) or High Flow Nasal Cannula (HFNC) therapy is widely used in paediatric wards for managing respiratory distress in children. Despite its benefits, there are concerns about its proper use, particularly in resource-limited settings where it is perceived as an oxygen-wasting intervention. This audit evaluates the knowledge and practices of healthcare professionals in a Paediatric unit of CSTH, regarding use of HFNO for Bronchiolitis infants, focusing on usage, weaning protocols and machine handling. The aim of this audit is to assess and improve the knowledge and practices related to HFNO usage in the paediatric ward at CSTH. Objectives include evaluating paediatric wards' doctors' and nurses' understanding of HFNO indications and contraindications, weaning protocols, machine features and handling procedures.

Method

The audit compared current knowledge and practices of HFNC usage in a paediatric ward against 'National Guidelines on Respiratory Disorders' in Children by Sri Lanka College of Paediatricians in Collaboration with the Ministry of Health published in 2019 and a few other published international respiratory care guidelines. Data was collected through a structured questionnaire filled by 24 voluntary anonymous doctors and nurses working in a paediatric ward and a retrospective review of 20 patient Bed Head Tickets (BHTs) where HFNO was administered. The questionnaire assessed knowledge on HFNO usage, while the BHT review examined clinical practices, including adherence to weaning protocols and the use of scoring systems like PEWS.

Results

The questionnaire revealed that 80% of respondents correctly identified HFNO indications, and 70% correctly identified contraindications. However, only 55% were aware of the starting flow rate and just 40% knew about weaning protocols. The BHT review showed no cases followed a scoring system like PEWS for initiating or weaning off HFNO. Duration of HFNO usage varied, with 30% of patients receiving HFNO for more than 3 days. Actions post-HFNO initiation were inconsistent, highlighting the need for standardized protocols.

Conclusion

It is recommended to implement a training program on HFNO usage and develop clear, evidence-based local guideline including a weaning protocol and handling procedures. The adoption of scoring systems like PEWS should be considered to standardize initiation and weaning off HFNO.

PP 06: SIGNIFICANCE OF EARLY DIAGNOSIS OF VIRAL MYOCARDITIS AND VIRAL PNEUMONITIS IN DENGUE REINFECTION: A CASE REPORT.

Peiris J.S.D.¹, Dassanayake P.B.¹, Hulathduwa S.², Ariyaratne D²

¹*JMO Office, Colombo South Teaching Hospital*

²*Department of Forensic Medicine, Faculty of Medical Sciences, University of Sri Jayewardenepura*

Introduction

Certain deaths due to dengue fever or dengue haemorrhagic fever may be difficult to prevent even in today's advanced world. However early diagnosis can significantly reduce complications and potentially prevent fatalities. This case illustrates such an incident where autopsy examination revealed complications of dengue haemorrhagic fever as the cause of death. Reinfection and abnormal vital functions in a patient with high degree of suspicion in vulnerable cases are emphasized.

Case History

A 35 year old mother of two children was admitted to a tertiary care hospital on 22/05/2024 with fever, retroorbital pain, arthralgia and myalgia. She was managed as a patient with severe dengue. The critical phase was managed till 24/05/2024 with a continuous bradycardia and tachypnoea. She was discharged on 25/05/2024. She died on the 26/05/2024 early morning with shortness of breath and dizziness. A past documented history of dengue haemorrhagic fever is also evident 7 years back.

Postmortem Findings

A well-nourished female with ecchymotic patches at cannula sites as external findings showed evidence of a diffuent spleen, beefy red/rubbery lungs, haemorrhages in the liver and an unhealthy myocardium with fibrotic areas, pale areas and haemorrhagic areas as internal findings. Microscopical evidence of viral myocarditis in the heart and viral pneumonitis in the lungs. The cause of death was concluded as complications of dengue haemorrhagic fever in patients with ischemic heart disease.

Discussion

Dengue a viral infection transmitted by vectors lacks specific treatment and carries significant mortality and morbidity rates, emphasizes the importance of proactive early detection and organ involvement prevention. Consequently, cardiac MRI and stress echocardiography are increasingly vital in managing dengue patients.

Conclusion

Myocarditis though rare is a significant complication of dengue fever that necessitates timely and accurate diagnosis. Given its often subtle or absent symptoms, healthcare providers must maintain heightened vigilance especially in areas where dengue is prevalent. The condition's asymptomatic progression can swiftly escalate to serious cardiac issues underscoring the critical need for early detection. In this case continuous bradycardia and tachypnoea in a patient with recurrent dengue may be overlooked and this case report emphasizes the importance of past infection and the parameters of the patient.

Key words

dengue haemorrhagic fever, myocarditis, reinfection of dengue fever

PP 07: INTEGRATED MEDICAL AND MEDICO-LEGAL MANAGEMENT FOR YOUNG FEMALES WITH EXTENSIVE FLAME BURNS: A CASE REPORT

Lowe W.M.T.¹, Ariyaratne H.T.D.W.¹, Hulathduwa S.R.¹

¹*Faculty of Medical Sciences, University of Sri Jayewardenepura*

Introduction

The cause of extensive flame burns in young females may be accidental, suicidal, or even a homicidal attempt, which must later be proven with evidence. It is the primary duty of medical doctors to remember that, in addition to medical management, they must also handle cases with a medico-legal approach to ensure justice. Hence, until it is proven otherwise, it is always advisory to consider the case as suspicious.

Case presentation

A 25-year-old housewife who suffered from recurrent domestic violence sustained burns over 70% of her total body surface area said to be due to a gas leakage incident in her kitchen present to the hospital. She was fully conscious at that time but suffering from severe pain so history was taken by the husband. She had second degree burn to her face, abdomen, back of the chest, bi lateral hands and legs. The mother of the victim stated that the incident was totally reveled by the victim though no clear BHT entries. Despite receiving intensive medical care, the patient died ten days of post-admission without any detailed history taken from the victim.

The only eyewitness the husband described the incident as accidental gas cylinder burst resulting in burn though the relatives are in the opinion that it is suspicious based on the decease's statements before death. Postmortem examination revealed severe sepsis with multi organ failure following burn without any other suspecting injuries.

Conclusion

When young females present with extensive burn injuries, it is crucial for treating doctors to obtain a clear account of the incident before the patient's death, as third-party involvement is possible. Often, the victim is the only eyewitness, and without a proper history, the wrongdoer may escape justice.

Keywords

Circumstances of flame burns, female, burn injuries, dying declaration

PP 08: AUDIT ON EVALUATING THE KNOWLEDGE AND PRACTICES TOWARDS OBTAINING BLOOD CULTURES IN HEALTH CARE PROVIDERS, IN A PAEDIATRIC WARD SETUP.

Wickramasinghe WAAK¹, Ganesan S²

¹*Postgraduate Institute of Medicine, University of Colombo*

²*Colombo South Teaching Hospital, Kalubowila*

Introduction

Blood stream infections account for a considerable amount of morbidity and mortality in paediatric patients where the accurate diagnosis is made by positive blood cultures. However, we do not observe positive blood cultures commonly in paediatric ward setup, even the clinical picture is compatible with septicemia. Our objective was to evaluate knowledge on the indications for requesting a blood culture (BC) and the practices towards obtaining a proper blood culture in health care providers.

Method

All patients who underwent blood cultures during ward stay (ward 41A) for a time period of 3 months (March – May 2024) were included in data analysis. A systematic self-administered questionnaire was distributed among health care providers including medical officers and nursing officers, to gather data on knowledge and the current practices.

Results

The total number of admissions to ward 41A during the given time period was 851, where 76 patients (8.9%) underwent blood cultures. Positive rate was only 2.6% (one true positive and one contaminant). Out of that 76 patients, majority (56%) were more than 1 year of age. When the total number of neonatal admissions (46) were considered, 34.7% underwent blood cultures. Majority of blood cultures were obtained from patients with lower respiratory tract infections (34.2%) and neonatal jaundice (17.1%).

20 responders were participated in filling the questionnaire where majority had a good knowledge on correct methods of obtaining a BC (60%) and the adequate minimal amount of blood required for BC (55%). Sick neonate (100%), septic shock (85%), clinically ill child with no exact focus (85%) were marked as leading indications for a BC. 19(95%) identified the importance of maintaining the sterility during the procedure. Choosing a properly stored unexpired BC bottle was highlighted by all participants. 15% indicated that collected BC bottles can be refrigerated till the transportation to laboratory.

Conclusion

A significant number of lower respiratory tract infection patients underwent blood cultures unnecessarily where the positivity rates will be low due to a poor yield of respiratory organisms from blood stream. Improving the knowledge of health care providers with regards to the indications of a BC, proper technique of obtaining a BC and storage following collection will make a difference in reducing unnecessary investigations in paediatric patients.

PP 09: AN AUDIT TO ASSESS THE KNOWLEDGE AMONG DOCTORS ON DIAGNOSIS AND MANAGEMENT OF FUNCTIONAL CONSTIPATION IN A PEDIATRIC WARD.

Selvakumar L.¹, Ganesan S.¹

¹*Colombo South Teaching Hospital, Kalubowila.*

Introduction

Chronic constipation is a common health concern among children of all ages. About 9.5% of world's children are affected with 95% having functional constipation. Constipation leads to bowel and psychological consequences which has a major Impact on quality of life. ROME IV Criteria is used to diagnose constipation, which is evidence based, multicultural oriented with clinical applications. Ineffective management strategies such as short duration of treatment, interfere with effective therapeutic strategies. The objectives were to assess the knowledge of doctors on diagnosis and management of functional constipation among children using ROME IV Criteria.

Methodology

Twenty-one medical officers working in the Paediatric ward participated in this audit. Investigator administered Questionnaire was used to assess the knowledge.

Results

Seven doctors were not aware of ROME IV Criteria, and ten did not use it for diagnosis. Sixteen of them were aware of Bristol Stool chart, while 12 of them showed it to children for diagnosis. Fourteen of them managed patients with behavioral and pharmacological therapy, whereas seven of them used only behavioral therapy. Few doctors (two) out of 21, used laxatives for 3 to 6 months which is recommended in the guidelines.

Conclusion

Functional constipation forms a continuum of functional bowel disorders (3). Despite increased awareness of ROME IV Criteria, significant difference in knowledge and practice patterns exist among primary care providers, mainly due to exaggeration of clinical experience that lead to poor adherence to guidelines and inadequate medical knowledge update. Ideally the duration of maintenance therapy spans over 6-24months. A training session was conducted among doctors working in the Paediatric ward and ROME IV Criteria and Bistol chart was displayed in the ward to facilitate timely diagnosis and management of functional constipation.

PP 10: SINGLE-CENTER EXPERIENCE OF NON-TYPHOIDAL SALMONELLA GASTROENTERITIS FROM 2014 TO NOW: WHAT ARE THE TRENDS?

Madumali D.I.¹, Opatha O.K.S.P.¹, Dissanayaka Y.¹, Fernando K.D.L.¹, Sutharson A.¹, Gunaratna G.P.S.¹, Pathirage S.¹, Chandrasiri N.S.¹

¹*Colombo South Teaching Hospital, Kalubowila.*

Introduction

Non-typhoidal salmonella (NTS) is a significant cause of bacterial diarrhoea worldwide, often presenting as an acute, self-limiting illness. However, it can lead to severe invasive disease in risk groups, with up to 8% progressing to bacteraemia. The extensive use of antibiotics in veterinary practice for treatment, prevention, and growth promotion has resulted in the emergence of multidrug-resistant NTS serotypes worldwide. This study aimed to describe the demographic characteristics and antimicrobial susceptibility (AST) of NTS infections in patients presenting to a tertiary care hospital in Colombo with gastroenteritis.

Method

A retrospective analysis was conducted on the NTS data of stool samples from Jan 2014 to May 2024 entered in the Salmonella register of the Microbiology laboratory. Data on patient demographics, the AST of the isolates and outcome were analysed.

Results

A total of 50 NTS isolates were identified during the study period. Of these, 54.2% (26/48) were from female patients and 45.8% (22/48) from male patients. The age distribution showed 61.2% (30/49) of the isolates were from children, while 38.8% (19/49) were from adults. AST revealed 95.3% sensitivity to cefotaxime (41/43), 97.4% to chloramphenicol (38/39), 92.7% to cotrimoxazole (38/41), 79.2% to ampicillin (38/48), and 76.6% to ciprofloxacin (36/47). Some antibiotics have not been tested on specific isolates due to the unavailability of antibiotic disks, and a few demographic data were missing. Though one patient needed intensive care management, all patients recovered.

Discussion

This study highlights the demographic distribution of NTS isolates and the AST pattern in an urban and sub urban patient population in Colombo, Sri Lanka. The higher prevalence of NTS infections among females may be linked to handling meat products during cooking, highlighting the need for education on food hygiene. Susceptibility of children to NTS infections is due to their underdeveloped immune system, relative gastric achlorhydria, and the buffering effect of milk. High sensitivity rates of NTS

isolates may be attributed to policies regulating antibiotic use in the veterinary sector. These findings highlight the importance of the One Health approach in addressing antimicrobial resistance.

Conclusion

NTS infections predominantly affect children and females in our population. The high antibiotic susceptibility observed in our study suggests that strict regulation of antibiotic use in the veterinary sector effectively combats antimicrobial resistance. Strict measures on food hygiene, especially for high-risk groups, continuous monitoring of resistance patterns and the One Health approach are essential in controlling NTS.

PP 12: MEDICAL BURDEN IN CLOZAPINE USERS IN CLOZAPINE CLINIC, PROFESSORIAL PSYCHIATRY UNIT, COLOMBO SOUTH TEACHING HOSPITAL, SRI LANKA.

Bandara R.M.A.V.¹, Amarakoon D.L.U.¹

¹*Professorial Psychiatry Unit, Colombo South Teaching Hospital, Kalubowila, Sri Lanka.*

Introduction

Clozapine users have a higher prevalence of medical comorbidities due to schizophrenia itself and due to clozapine related adverse effects. This study explores the medical burden experienced by clozapine users attending the specialized clozapine clinic and the management practices currently implemented in the clinic to optimize the medical burden.

Method

This is a descriptive cross-sectional study conducted in clozapine clinic of professorial psychiatry unit, Colombo South Teaching Hospital, from January 2024-April 2024. Data was gathered from 58 clozapine users (93.5% of clinic population) with an interviewer-administered semi-structured questionnaire and clinic records.

Results

Majority (n=33,56%) had a diagnosis of a medical co-morbidity: dyslipidemia; (n=18,31%), diabetes mellitus;(n=9,15.5%), hypertension;(n=3,5.2%). 22 (37.9%) were overweight, 6(10.3%) were obese. Mean BMI was 23.04 kg/m². Majority was unaware of metabolic risks with clozapine: weight gain;(n=43, 74.1%), diabetes mellitus;(n=45, 77.6%), dyslipidemia;(n=45, 77.6%). Mean Clozapine doses prescribed were: 282.81 mg for non-smoking females(n=32), 305.43 mg for non-smoking males(n=23), 408.33 mg for smoking males(n=3), 38 (65.5%) were co-prescribed a psychotropic medication; antidepressant in 18(31.0%), oral typical antipsychotic in 10(17.3%), atypical antipsychotic in 5(8.6%), long-acting injectable typical antipsychotic in 3(5.2%), sodium valproate in 14(24.1%), Lithium carbonate in 4(6.9%). Average clozapine user spends Rs.2537.07 for healthcare per month and Rs.555.69 per clinic visit.

Metabolic screening practices in the clinic within past 6 months were substandard. Only 11(18.9%) had a serum lipid profile test, 19(32.7%) had their weight measured, 22(37.9%) had their blood pressure measured and 32(55.2%) had a fasting blood sugar/ HBA1c level tested. For 27(81.8%) patients, medication for medical illnesses was issued by Clozapine clinic doctors without a recent liaison with the medical specialty doctors.

Conclusion

This study indicates there is a considerable proportion of clozapine users with medical co-morbidities. Average clozapine doses prescribed for males is lesser than that in caucasian population data. Several substandard screening and management practices in the clinic related to medical co-morbidities were revealed. There is a need of re-evaluating and optimizing the co-prescription of psychotropics and current screening and management of medical burden in clozapine clinic attendees.

PP 13: CLOZAPINE USERS' KNOWLEDGE AND PRACTICES ON HANDLING ADVERSE EFFECTS OF CLOZAPINE, IN CLOZAPINE CLINIC, PROFESSORIAL PSYCHIATRY UNIT, COLOMBO SOUTH TEACHING HOSPITAL, SRI LANKA.

Bandara R.M.A.V.¹, Amarakoon D.L.U.¹

¹*Professorial Psychiatry Unit, Colombo South Teaching Hospital, Kalubowila, Sri Lanka.*

Introduction

Clozapine is the only drug with established efficacy for reducing relapses of treatment resistant schizophrenia. Use of clozapine requires mandatory patient education due to its side effect profile with potentially life-threatening and other more common, but less serious side effects. This study explores the knowledge and practices of clinic attendees followed up at the specialized clozapine clinic of Colombo South Teaching Hospital, on managing the adverse effects of clozapine.

Method

This is a descriptive cross-sectional study conducted in clozapine clinic of professorial psychiatry unit, Colombo South Teaching Hospital from January 2024 -April 2024. Data was gathered from 58 clozapine users (93.5% of clinic population) with an interviewer-administered semi-structured questionnaire and clinic records.

Results

Out of 58, 19(32.75%) complained of troublesome drowsiness, 32(55.2%) slept more than 10 hours/day. 27(46.6%) would spend >5 hours sitting or lying down sedentary on a typical day. 13(22.41%) complained of troublesome hypersalivation. 20(34.4%) would place a towel to prevent soaking of the pillow. They cleaned the soaked pillowcase/ towel once in 8 days on average. 26(44.82%) were on medication for hypersalivation. 45(77.58%) had constipation, with reduced frequency or hard consistency. As measures to relieve constipation; 39(67.2%) would take fruits/ vegetables, 29(50%) would increase water intake, 27(46.5%) would receive western medication, however, only 8(13.8%) would increase physical activity and 7(12.1%) would use traditional medication. Majority were unaware of metabolic risks with clozapine: weight gain;(n=43, 74.1%), diabetes mellitus;(n=45, 77.6%), dyslipidemia;(n=45, 77.6%). Only 3 (5.17%, male) smoked tobacco. 56(96.5%) were unaware that smoking changes clozapine blood levels. 41(70.7%) would always mention that they are on clozapine when consulting another doctor for physical illness. 51(87.3%) were unaware of the reason for monthly full blood count monitoring. Many were unaware of the correct procedure to follow if pills were missed one day (n=20,34.5%) and if missed more than two days (n=56,96.5%).

Conclusion

The study highlights several areas of inadequacy in clozapine users' knowledge and practices regarding serious adverse effects of clozapine, such as neutropaenia, constipation, increased metabolic risks, knowledge regarding missed pills and hygiene related to hypersalivation. Strategies need to be implemented in the clozapine clinic to improve awareness of clozapine related adverse effects, risks, and practices.

PP 14: SOCIODEMOGRAPHIC CHARACTERISTICS OF CLOZAPINE USERS AND WAITING TIMES OF CLOZAPINE CLINIC OF PROFESSORIAL PSYCHIATRY UNIT, COLOMBO SOUTH TEACHING HOSPITAL, SRI LANKA.

Bandara R.M.A.V.¹, Amarakoon D.L.U.¹

¹*Professorial psychiatry unit, Colombo South Teaching Hospital, Kalubowila, Sri Lanka.*

Introduction

The specialized clinic for clozapine users in professorial psychiatry unit, Colombo South Teaching Hospital, aims to provide optimum care to clozapine users with regular monitoring for side effects, blood investigations and proper psychiatric assessment. This study examines socio-demographic characteristics of clozapine clinic attendees and waiting times of current clinic setting that would provide suggestions to improve care and patient satisfaction.

Method

This is a descriptive cross-sectional study conducted in clozapine clinic, professorial psychiatry unit, Colombo South Teaching Hospital, from January 2024 -April 2024. Data was gathered from 58 clozapine users (93.5% of clinic population) with an interviewer-administered semi-structured questionnaire and clinic records.

Results

Majority was female (n=32,55.2%). Mean age was 41.2 years; (24–73-year range). Majority was never married (n=45,77.6%). 50 (86.2%) were educated up to grade 11 or higher. However, majority was unemployed (n=36,62.1%). In 43 (74.1%) caretaker was the primary source of income.

All were taking clozapine for more than 6 months. 30 (51.7%) take medication under caretakers' supervision. Many arrived at clinic by public transport (n=50,86.2%), accompanied by a caretaker (n=33,56.9%). Their mean travel time to reach clinic was 80 (SD=53.8) minutes.

Mean waiting time at clinic was 115.9 (SD=62.6) minutes. During this waiting period, 47 would wait idle. Only 19 would get their Full Blood Count (FBC) test done during the waiting time on the clinic day itself. Many (n=25, 43.1%) got FBC test done from private sector, spending a mean Rs.469.16, because it was costly/inconvenient to visit hospital an additional day. Mean cost per clinic visit was Rs.555.69 which is greater.

The Average doctor's consultation was 12.3 (SD=4.65) minutes. Mean time spent at pharmacy to collect medication was 24.8 (SD=16.8) minutes.

Conclusion

There is a need to address the unemployment rate and burden on caretakers of clozapine clinic attendees. Implementing facilities to obtain a full blood count test on the clinic visit itself can reduce their healthcare cost. The study identifies importance in restructuring the resources of the clinic setting to improve the patient waiting times in clinic, pharmacy and laboratory, to improve quality of care.

PP 15: NAVIGATING DUAL DIAGNOSES: RENAL CELL CARCINOMA AND TUBERCULOSIS – A MEDICAL ODYSSEY

Gamage T.M.I.¹, Kirushanth C.¹, Masaima M.N.N.²

¹*Post Graduate Institute of Medicine*

²*Colombo South Teaching Hospital*

Introduction

Tuberculosis is a major public health concern worldwide with high prevalence in developing countries. With 2023 WHO publication, A total of 1.6 million people died from Tuberculosis in 2021 year. Worldwide, TB is the 13th leading cause of death and second leading infectious killer. It is preventable and treatable. The presented case report describes an incidental finding of pulmonary tuberculosis with abdominal TB in a patient who was primarily diagnosed with Renal cell carcinoma (RCC).

Case Report

67 years-old male with history of diabetes mellitus and chronic alcoholism, presented with on off abdominal pain and back ache for one year associated with mild abdominal distension. Due to persistence symptoms, USS of abdomen was done, found to has a Right/ renal mass. CECT revealed Right/ RCC with lung metastasis. Radical nephrectomy was done. During surgery omental deposits were suspected and biopsy taken which confirmed caseating granulomatous tuberculosis. This finding was incidental and unexpected. The management of the patient was challenging due to two distinct pathologies. Approaches to each condition differ significantly. The patient was started on ATT after the histological finding of caseating granulomatous tuberculosis in omental biopsy, subsequently sputum gene expert showed MTB detected. The coexistence of pulmonary tuberculosis with abdominal involvement and RCC poses unique challenges in management. The patient health and ability to tolerate treatment for both conditions need to be carefully evaluated. Oncological management with chemotherapy was not started prior to ATT to prevent disseminated disease.

Conclusion

This case illustrates the importance of thorough evaluation and consideration of differential diagnosis, particularly in patient with risk factors for tuberculosis. Prompt diagnosis and appropriate management of both renal cell carcinoma and tuberculosis are crucial for the best possible outcome for the patient. The successful coordination of different specialties including urology, oncology and chest medicine will be essential in managing this complex case effectively. Long term follows up and close monitoring of the patient response to treatment will be sensory to ensure optimal outcome for both conditions.

PP 16: CLINICAL PRESENTATION OF CHRONIC HYPERSENSITIVITY PNEUMONITIS IN A PATIENT WITH HISTORY OF PIGEON BREEDING EXPOSURE.

Gamage T.M.I.¹, Kirushanth C.¹, Masaima M.N.N.²

¹*Post Graduate Institute of Medicine*

²*Colombo South Teaching Hospital*

Introduction

Hypersensitivity Pneumonitis, also known as extrinsic allergic alveolitis, is a group of diseases caused by inhaling specific antigens from the environment. These diseases affect individuals who have become sensitized through repeated exposure. Many antigens can cause HP, but it is more common in conditions like bird fancier's lung and farmer's lung. Animal proteins, such as those from bird feathers, droppings, and rats, are typical triggers. Chronic Hypersensitivity Pneumonitis develops from prolonged, low-dose exposure to antigens and shows a poor prognosis. Patients may experience multiple acute attacks, often misdiagnosed as bronchial asthma. Sometimes, chronic HP can develop without preceding acute or subacute episodes.

Case Report

48 year old lady presented to the clinic with an 8 month history of persistent dry cough, worsening of shortness of breath, chest pain, chest tightness, decreased appetite, and weight loss. On further analysis, there was a prolonged exposure to pigeons due to her husband's pigeon breeding. General examination revealed signs of dyspnoea, mild respiratory distress and clubbing. Clinical examinations showed reduced chest expansion with fine end inspiratory crepitation on auscultation. On rest her saturation on air was 98%, but with mild exertion it drops up to 91%. The presence of bilateral reticular shadows on the chest X-ray, coupled with the HRCT findings, she was diagnosed with Chronic Hypersensitivity Pneumonitis (HP). Workup for pulmonary tuberculosis was negative. Management involved lifestyle modification counselling with prednisolone. Positive progression was noted after three months, supported by the 6-minute walk test, pulmonary function test and HRCT. Despite removing live pigeons, residual exposure from pigeon cages persisted. Mycophenolate Mofetil (MMF) was initiated with prednisolone, showing significant improvement after 10 months. Repeat HRCT demonstrated resolution. She is no more exposed to pigeons as they stopped breeding them after she got the condition.

Conclusion

Spending extensive time around birds, particularly love birds and pigeons poses risk of developing hypersensitive Pneumonitis. With extended duration of exposure there is a higher likelihood of progression to chronic hypersensitivity Pneumonitis. Chronic hypersensitivity Pneumonitis may be fibrotic or non-fibrotic. Detecting and avoiding the cause can prevent this condition and early identification is crucial to prevent fatal progression. Failure to recognize acute or subacute stages may lead to an irreversible chronic disease, impacting quality of life.

PP 17: ASSESSING THE KNOWLEDGE OF ASTHMA AND ITS MANAGEMENT AMONG PATIENTS ATTENDING THE CHEST CLINIC AT COLOMBO SOUTH TEACHING HOSPITAL.

Gamage T.M.I.¹, Kirushanth C.¹, Masaima M.N.N.²

¹*Post Graduate Institute of Medicine*

²*Colombo South Teaching Hospital*

Background

Asthma is considered to be one of the major public health concerns. Though Sri Lanka is among highest asthma prevalence Asian countries, Limited research are published regarding knowledge of asthma and its management in Sri Lankan asthma patients. The study was done to assess the knowledge of asthma and its management.

Objectives

The main objective of this research is to assess the level of patients' knowledge regarding asthma, including its causes, symptoms, triggers, and treatment options, among those attending the chest clinic at Colombo South Teaching Hospital.

Methodology

A descriptive cross sectional study was conducted among 278 asthmatic patients who are attending chest clinic Colombo South Teaching Hospital. Interviewer administered questionnaires were used to assess the knowledge on asthma. Data analysis was done using SPSS 29 statistical software.

Results

The overall score for asthma knowledge was assessed out of 40. The 75th percentile was used as the threshold to differentiate between good and poor knowledge. Among asthma patients, 50.7% demonstrated good knowledge of asthma and its management, while 49.3% had poor knowledge. The mean score for those with good knowledge was 35.88, compared to 17.10 for those with poor knowledge. The study revealed statistically significant associations between poor asthma knowledge and factors such as age ($p<0.001$), education ($p<0.001$), occupation ($p<0.001$), and income ($p<0.001$). Conversely, there were no statistically significant associations between poor knowledge and gender ($p=0.773$) or ethnicity ($p=0.484$). Among patients, 45.7% still believe that inhaled Salbutamol should be used on a regular basis. Notably, despite frequent educational programs, 68.3% of patients continue to think that regular use of inhaled drugs leads to addiction.

Conclusion

In conclusion, this research highlights the critical need for tailored educational interventions and healthcare policies aimed at addressing knowledge gaps and enhancing asthma management outcomes among patients, particularly those from socio economically disadvantage backgrounds. By promoting health literacy and empowering patients with the necessary knowledge and skills, healthcare systems can strive towards more effective asthma management and improved patient outcome.

PP 18: ASSESSMENT OF THE HEALTH-RELATED QUALITY OF LIFE (HRQOL) OF PATIENTS WITH TUBERCULOSIS RECEIVING ANTI-TUBERCULOSIS TREATMENT AND THE IMPACT OF SOCIO-ECONOMIC FACTORS.

Kirushanth C¹, Masaima MNN²

¹Post Graduate Institute of Medicine, ²Colombo South Teaching Hospital

Background

Tuberculosis is a major public health hazard around the world, resulting in high morbidity and mortality, commonly associated with physical, mental and social stresses due to its prolonged treatment duration and infectious nature.

Objectives

Assessment of the Health-Related Quality of Life in patients with Tuberculosis receiving anti tuberculosis treatment, its variation with treatment duration, the socio-economic impact in the HRQoL and the outcome in the tuberculosis treatment.

Methods

A longitudinal prospective cohort study was done at the Colombo south chest clinic. Patients those whose were diagnosed with Tuberculosis and being followed up at clinic, selected according to the inclusion/exclusion criteria. A total number of 277 patients participated. Among them 138 were control and 139 were treatment group. SF 36 questionnaire with demographic details was applied to control group at the beginning only for once and treatment group was followed up at beginning, end of intensive phase and end of treatment. Data were analyzed using SPSS.

Results

Mean HRQoL was significantly lower in treatment group at the beginning, and it has increased with the treatment duration. At the end of the treatment the scores were still below the values of control population. Significant association was seen between factors like smoking, monthly income, monthly expenses related to TB illness, medical co morbidities, tuberculosis type, smear status and disease status with HRQoL. Sub component Physical functioning has the lowest value in treatment group at the initial part of treatment. Physical Component Score and Mental Component Score had significantly increased ($P < 0.05$) with the anti-tuberculosis treatment.

Conclusion

This study shows the substantial impact of TB and its treatment on HRQoL, highlighting the need for comprehensive care approaches that address not only the medical aspects but also the socio-economic factors influencing patient well-being.

PP 19: UNVEILING A RARE CASE OF PULMONARY ACTINOMYCOSIS IN A 73-YEAR-OLD FEMALE PATIENT INITIALLY TREATED FOR BRONCHIAL ASTHMA EXACERBATIONS.

Kirushanth C¹, Masaima MNN², Gamage TMI¹, Nanayakkara PTMA¹, Sadikeen A¹

¹*Post Graduate Institute of Medicine*

²*Colombo South Teaching Hospital*

Introduction

Pulmonary Actinomycosis, a rare and insidious infectious disease caused by *Actinomyces* species, poses a diagnostic challenge due to its diverse clinical presentations and low incidence. Due to its nonspecific presentation its often mistaken for other non-infective respiratory conditions. *Actinomyces* is a commensal in the oral cavity and upper respiratory tract, and infection typically occurs following mucosal disruption.

Case report

We present the case history of a 73 old female patient who is known asthmatic, presented with worsening of cough and production of

brownish/blackish phlegm for 6 months. She has been repeatedly treated for asthma exacerbations and poorly controlled. On further detailed evaluation, her CT revealed possible old Tuberculosis with Right side lower lobe Broncheactasis without evidence of mass lesion. Bacteriological studies were negative for Tuberculosis. Bronchoscopy revealed obstruction of posterior segment of Right lower lobe bronchus by irregular growth with smooth surface, suspicious of malignancy. Histopathology revealed the diagnosis of Pulmonary Actinomycosis. Patient was started on Oral Amoxicillin and showed a good clinical response with subsequent good control of Asthma.

Conclusion

Pulmonary Actinomycosis is a diagnostic challenge that requires a high index of suspicion. This case report contributes to the growing body of evidence highlighting the importance of advanced imaging, Bronchoscopy, and microbiological confirmation in the diagnosis of pulmonary Actinomycosis. Misdiagnosis of this treatable disease might lead to much implications to patient. Early recognition and appropriate antibiotic therapy remain crucial for successful management

PP 20: BEYOND NORM-A RARE CASE OF SUB-ACUTE INVASIVE ASPERGILLOSIS LEADING TO TYPE 1 RESPIRATORY FAILURE, PRESENTING AS ACUTE SEVERE ASTHMA IN A 71-YEAR-OLD FEMALE PATIENT WITH BACKGROUND HISTORY OF WELL CONTROLLED BRONCHIAL ASTHMA.

Kirushanth C¹, Sadikeen A², Masaima MNN², Nanayakkara PTMA², Perera C²

¹*Post Graduate Institute of Medicine*

²*Colombo South Teaching Hospital*

Introduction

Sub-acute Invasive Aspergillosis (SAIA), a form of invasive Aspergillosis, progresses gradually and affects individuals with altered local defenses or mild immunosuppression. Though local invasion of lung tissue is seen, vascular invasion or dissemination to other organs is unusual. Diagnosis requires a combination of clinical, radiological findings, and positive serological or microbiological evidence.

Case Report

A 71 year old female patient with hypertension, dyslipidemia and well controlled bronchial asthma for long duration had presented with fever, cough, wheezing and shortness of breath progressively worsening for 3 weeks. She was on ICS/LABA with good control. On admission she was tachypneic, unable talk full sentences and bilateral crepts, widespread wheezing was audible. Saturation on air dropped to 88%. She was treated for acute severe exacerbation of Asthma. Despite of treatment, she did not show expected recovery and went into type 1 respiratory failure. On detailed evaluation, her blood reports showed neutrophil leucocytosis, elevated inflammatory markers. Bilateral upper-lobe predominant small nodules less than 1cm with peribronchial distribution, area of focal consolidations and few atelectatic bands were seen in HRCT. Total IgE was mildly elevated. Aspergillus specific IgG, IgE were positive. Serum Galactomannan was elevated. Aspergillus was isolated from two repeated cultures. Diagnosis of SAIA was made. Patient was started on IV Voriconazole and then converted to Oral Voriconazole, showed a good clinical outcome.

Conclusion

SAIA poses diagnostic and therapeutic challenges, particularly in non-neutropenic patients. The rarity of the condition and its potential to mimic other respiratory diseases underscored the importance of a high index of suspicion. The delayed presentation and non-specific symptoms often led to misdiagnosis or delayed initiation of appropriate therapy. The need for improved diagnostic modalities to expedite identification is needed.

PP 21: A CASE REPORT ON SILICO-TUBERCULOSIS IN A MINING WORKER, MIMICKING LUNG MALIGNANCY - DIFFICULTIES ENCOUNTERED IN DIAGNOSIS.

Kirushanth C.¹, Masaima M.N.N.²

¹*Post Graduate Institute of Medicine*

²*Colombo South Teaching Hospital*

Introduction

Exposure to silica dust and silicosis raises the risk of developing tuberculosis. Patients with Silicosis have a 2.8 to 39 times higher chance of contracting tuberculosis than healthy people. Crystalline silica deposits in the alveoli and terminal bronchiole after being inhaled, activates alveolar macrophages. This causes cellular damage, release of inflammatory cytokines, and the production of free radicals. The stimulation of fibrosis is caused by the release of inflammatory cytokines. This causes radiological nodular opacities in the lung fields.

Case Report

We present a case of 60 years old male, mine worker, who had prolonged occupational exposure to silica dust over 15 years. He had cough for 2 years and worsening of symptoms, loss of weight and appetite for last 6 months duration. Initial sputum bacteriological investigations were negative for Tuberculosis. CECT was suggestive of pulmonary malignancy. CT guided biopsy was negative for malignancy. Bronchoscopy was done. BAL TB GeneXpert Ultra came as Low MTB detected culture which was sent earlier came as Growth positive for MTB. Patient was diagnosed to have Bacteriologically confirmed Pulmonary Tuberculosis and started on Anti Tuberculosis Treatment. Patient had a good clinical response to ATT.

Conclusion

Diagnosing tuberculosis in patients with silica exposure can be challenging due to overlapping symptoms, radiological findings, and potential immunological factors. A multidisciplinary and vigilant approach is crucial to identify and manage tuberculosis promptly in this high-risk population. Healthcare providers should be made aware of the increased risk of tuberculosis in individuals with silica exposure and actively considering it in the differential diagnosis.

PP 22: A CLINICAL AUDIT ON ASSESSMENT AND MEDICAL MANAGEMENT OF PATIENTS WITH FRAGILITY FRACTURE OF THE NECK OF THE FEMUR ADMITTED TO ORTHOPEDIC WARDS AT COLOMBO SOUTH TEACHING HOSPITAL.

Sasikanth T.¹, Widanege N.M.¹, Garusinghe C.¹

¹*Colombo South Teaching Hospital*

Introduction

Fragility fractures impact people in many ways – they can lead to social isolation, loss of independence, disability, long-term pain and premature death. Hip fracture is the most common cause for emergency anesthesia and surgery in older patients and it is the most common cause for death following a fall. Patients presenting with a fragility fracture are at high risk of further fractures and this risk is highest during the first year since the first fracture.

Objectives

The objective is to assess the initial assessment, medical management and follow up plan of patients admitted with neck of the femur fracture to orthopedic wards at Colombo South teaching hospital and build up a proper referral system and follow up plan to prevent further fragility fractures in patients admitted with neck of the femur fracture to orthopedic wards at Colombo South teaching hospital.

Methods

Data collected from the details documented in the bed head tickets of the discharged patients with fragility fracture of neck of the femur, from orthopedic wards at CSH, in March and April of 2024. Audit standards were taken from, National osteoporosis guidelines group.UK- Clinical guideline for the prevention and treatment of osteoporosis 2021.

Results

Data collected from 38 bed head tickets. Mean age of the participants was 76.7 years, majority were females (87%) and 17 patients (44.7%) had history of diabetes. 36 patients (94.7%) sustained fragility fracture following accidental fall, but none of the patients were assessed for risk of falls. FBC and renal functions were done in all patients, liver transaminase done in 44.7%, calcium levels done only in 4 patients and none of the patients underwent thyroid function testing or vitamin D levels to assess for possible secondary causes of osteoporosis. There was no clear documentation regarding discharge medications and follow up plan in the BHT. None of the patients were given intravenous zoledronate prior to discharge.

Conclusion

It is observed in the 1st audit that, fall risk assessment, investigation for the secondary cause of osteoporosis and medical management for osteoporosis are not satisfactory in patients admitted with fragility fracture of NOF to CATH. A strong proactive care improvement initiative is needed to improve patient care and prevent further fractures.

PP 23: EVALUATING KNOWLEDGE AND ATTITUDES TOWARDS ANTIMICROBIAL DRUG USE AND RESISTANCE IN PATIENTS ADMITTED TO MEDICAL WARDS: A STUDY AT COLOMBO SOUTH TEACHING HOSPITAL.

Romeena E.V.A.¹, Dhammearatchi K.², Ariyaratna H.T.D.W.³

¹Department of Nursing & Midwifery, Faculty of Allied Health Sciences, University of Sri Jayewardenepura

²Faculty of Medical Sciences, University of Sri Jayewardenepura

³Department of Forensic Medicine, Faculty of Medical Sciences, University of Sri Jayewardenepura

Introduction

Antimicrobial Resistance poses a significant global public health threat. It has increased to dangerously high levels, which has an adverse impact on healthcare expenses, length of stays in hospitals, and mortality rates. The lack of knowledge about the correct use of antibiotics and bacterial resistance is one of the major causes which plague not only Sri Lanka but the world at large. Therefore, it is essential to collect evidence-based findings in order to implement preventive measures to safeguard patient lives. The main objective was to assess the knowledge and attitude regarding antimicrobial drug usage and antimicrobial resistance among patients admitted to medical wards of Colombo South Teaching Hospital.

Method

A descriptive cross-sectional study was conducted. A pre-tested (n=05), interviewer-administered questionnaire was developed by the investigators using similar studies. The study was conducted on 231 participants, utilizing convenience sampling. Data collection was done from April 2023 to June 2023. The data was coded individually and analyzed using SPSS version 26.0 for analysis.

Results

Of the 195 respondents (84.4%) who took antibiotics, 82.7% received antibiotics through a prescription. 27.3% (n=231) admitted to regularly taking antibiotics without a prescription for various reasons. 54.5% hadn't received any proper education regarding antimicrobials. 52.4% had poor knowledge regarding antimicrobial drug usage. 44.6% of participants didn't have a good attitude level regarding antimicrobial resistance. 42.9% were not even aware of the term "antimicrobial resistance" and 17.3% had no memory of it. Surprisingly 50.2% accepted that antimicrobial resistance is a common global health challenge. 86.6% of the participants had good attitude levels regarding antimicrobial resistance. 48.5% of the participants were knowledgeable that inappropriate uses of antimicrobial

drugs lead to antimicrobial resistance. Just 54.5% stated they use antimicrobial drugs rationally once they received it.

Conclusion

The majority of the respondents were unaware of antibiotic resistance and its complications. A more prolific mechanism is required to dissipate knowledge about antibiotics when a patient is prescribed antibiotics during their hospital admission. The pharmaceutical sector should also be scrutinized for their practices as they bear responsibility for issuing antibiotics without prescriptions. Well-planned educational programs are recommended at all levels of society including school children. Most of all, proper attitude changing by understanding the upcoming global threat is recommended.

Key Words

Antimicrobial drugs, Antimicrobial Resistance (AMR), Knowledge, Attitudes

PP 25: CLINICAL CHARACTERISTICS OF PATIENTS ATTENDING A PSYCHO-GERIATRIC CLINIC OF COLOMBO SOUTH TEACHING HOSPITAL, SRI LANKA.

Ariyaratnam L.¹, Hapuarachchi R.B.¹

¹*Colombo South Teaching Hospital, Kalubowila*

Introduction

Regular cognitive function assessments and medication reviews are important aspects in follow ups of older patients.

Objectives

To explore the clinical characteristics along with diagnoses, cognitive functions, and pattern of medication prescriptions among patients attending a psycho-geriatric clinic of Colombo South Teaching Hospital (CSTH).

Method

Observational cross-sectional study. Data of 273 patients who attended the clinic from November 2023 to April 2024 were analyzed along with the clinical characteristics. This information was gathered from the clinic records.

Results

A majority were females (57.5%). The most common diagnosis was depression (31.50%, n=86), followed by dementia (28.57%, n=78), schizophrenia (21.24%, n=58), and bipolar disorder (10.98%, n=30). When looking at first visits of dementia patients; mini mental state examination (MMSE) was performed in 84.61% of participants, Montreal cognitive assessment (MOCA) in 21.79% and extended cognitive assessment in 25.64%. Repeat MMSE was performed in 8.97%. Among prescribed antidepressants, selective serotonin reuptake inhibitors (SSRIs) accounted for 43.7%, serotonin-norepinephrine reuptake inhibitors (SNRIs)- 22.4%. Mirtazapine-9.2%, tricyclic antidepressants (TCA)- 2.9%. Out of the antipsychotics prescribed, second-generation antipsychotics at 78.3% while first-generation antipsychotics- 9.8%. Depot antipsychotics were administered in 4.4%. Sodium valproate was prescribed in 74.1% and lithium in 22%. Benzodiazepines were prescribed in 9.15%. Anti-dementia drugs were prescribed in 94.87% of dementia patients and donepezil ranked as the commonest (86.48%).

Conclusion

Findings of this study revealed high prevalence of depression and dementia among older adults presenting to CSTH. The majority of dementia patients were not followed up with repeat MMSE which may impede treatment adjustments over time.

PP 26: FEASIBILITY OF ESTABLISHING A VIRTUAL WOUND CLINIC IN A SURGICAL UNIT.

Dehigama U.¹, Dissanayake H.¹, Wijekoon S.¹, Gamage H.¹, Nandasena M.^{1,2}, Wijesinghe K.^{1,2}, Senevirathna S.H.M.N.J.², Perera N.³

¹*Department of Surgery, Faculty of Medical Sciences, University of Sri Jayewardenepura, Sri Lanka*

²*University Surgical Unit, Colombo South Teaching Hospital, Kalubowila, Sri Lanka*

³*The Centre for Mindfulness-based Research and Practices*

Background

As a surgical unit in Colombo South Teaching Hospital, we see a wide range of patients with different conditions. Patients with different kinds of wounds frequently return to the hospital needlessly for minor issues following discharge. These patients waste their important time and money travelling great distances in search of basic guidance, even when treatment is not required. The facility is already overworked, so these re-admissions are a hardship. Our objective is to assess the feasibility of a virtual wound care clinic to address the aforementioned problems.

Method

Patients with chronic wounds that require that require regular wound dressing on discharge were invited to join the virtual clinic comprising of the Consultant surgeon, Ward sister, Ward registrar, Residence house officer and two nursing officers. Patients are given instructions to upload images of the wounds regularly and advice is given via telemedicine.

Results

Mean age of study population is 54.3 years and majority was males (12). 15/20 had diabetic wounds due to vasculopathy and neuropathy. Majority (60%) used their smart phone on their own to connect with virtual clinic while rest needed a help from another person. One third sought help from nearby GP and another one third got the help from a family member to execute treatment plan given by the virtual clinic. Participants have saved on average Rs.500-1500 per each visit to hospital and were able to avoid a 2-4 hours hospital visit weekly. Majority of patients (90%) think that this concept is good but need to improve. Wound improvement was seen in 80% of patients on one month assessment in ward.

Conclusion

This current study supports the concept of establishing telemedicine in wound care in a surgical setting to overcome the problems that patients face and to reduce the burden on the health care system.

PP 27: PROSPECTIVE SURVEILLANCE FOR BREAST CANCER RELATED LYMPHEDEMA: EXPERIENCE FROM A LYMPHEDEMA PREVENTION CLINIC.

Dehigama U.¹, Dissanayake H.¹, Wijekoon S.¹, Gamage H.¹, Nandasena M.^{1,2}, Wijesinghe K.^{1,2}, Senevirathna S.H.M.N.J.², Perera N.³

¹*Department of Surgery, Faculty of Medical Sciences, University of Sri Jayewardenepura, Sri Lanka*

²*University Surgical Unit, Colombo South Teaching Hospital, Kalubowila, Sri Lanka*

³*The Centre for Mindfulness-based Research and Practices*

Introduction

Breast cancer related lymphedema (BRCL) is a potentially debilitating complication of breast cancer treatment and has a negative impact on the quality of life (QoL) of breast cancer survivors. The aim of this study is to investigate the prevalence of BRCL and its impact on the QoL in the Sri Lankan setting.

Methodology

All patients who had undergone breast cancer surgery from 2022 January were invited to participate in the study. Lymphedema was measured using tape circumference measurements at standardized anatomical locations.

Results

We assessed 94 breast cancer patients over one-year period. Out of this 34 patients were identified with BCRL. All patients had undergone axillary node clearance (ANC). Lack of awareness on BCRL and dedicated clinics for regular follow up was observed in all patients. 17, 13 and 4 patients had subclinical, clinical stage 1 and stage 2 BCRL respectively. Mean arm measurement difference was 1.2 cm and 3.3cm in stage 1 and stage 2 respectively, compared to the healthy arm. The main subclinical symptoms were arm tingling, heaviness and firmness. There was no statistical difference in the age group, total body fat, arm visceral fat and type of breast surgery. There was a statistically significant correlation between BCRL and number of lymph nodes removed, obesity and QoL ($p < 0.01$).

Conclusion

This study highlights the lack awareness related to BCRL and dedicated clinics for follow up and the significant impact on the QoL; there by emphasizing the need for timely action and intervention.

PP 28: PRE-OPERATIVE FEARS, ANXIETY, AND COPING STRATEGIES IN ADULTS AWAITING SURGERY – A CROSS-SECTIONAL STUDY IN A SURGICAL UNIT.

Dehigama U.¹, Dissanayake H.¹, Wijekoon S.¹, Gamage H.¹, Nandasena M.^{1,2}, Wijesinghe K.^{1,2}, Senevirathna S.H.M.N.J.², Perera N.³

¹*Department of Surgery, Faculty of Medical Sciences, University of Sri Jayewardenepura, Sri Lanka*

²*University Surgical Unit, Colombo South Teaching Hospital, Kalubowila, Sri Lanka*

³*The Centre for Mindfulness-based Research and Practices*

Background

Hospitalization is well known to provoke anxiety and is an unpleasant experience that causes tension, apprehension, uneasiness, and high autonomic activity. Preoperative anxiety for anesthesia and surgery is very common and perceived by many patients as one of the worst aspects of the surgical experience. In order to help patients with their preoperative anxiety, it will be helpful to be familiar with the fears and coping strategies from a patients' perspective and address their issues.

Objective

The objective of this study is to identify factors related to pre-operative anxiety, identify specific fears and coping strategies among adult patients scheduled for elective surgery.

Methods

This study was part of a cross-sectional survey in patients scheduled to undergo elective surgery. The questionnaire used for this survey contained three sections as (A) Patient characteristics, (B) Anxiety assessment and (C) Coping strategies. Anxiety levels were measured with the Amsterdam Preoperative Anxiety and Information Scale (APAIS) which includes 3 subscales; anesthesia related, surgery related and information desire subscale. Coping mechanisms were assessed as problem focused and emotion focused coping mechanisms.

Results

The average total preoperative anxiety score (APAIS-A-T) was 9.9, with a standard deviation of 3.6, based on a scale ranging from 4 to 20. High anxiety, defined as a score exceeding 10, was reported by 40.5% of the subjects. Concern levels for the eight specific fears varied, with the highest average level observed for "Anesthesiologist error" (3.9, standard deviation 3.08) and the lowest for "Fatigue and drowsiness" (2.4, standard deviation 2.29). Out of the nine factors investigated as predictors of anxiety, only three—female gender, negative and positive anesthetic experiences—consistently and independently predicted all three APAIS anxiety subscales. Other factors had a more selective impact,

affecting one or two APAIS anxiety subscales only. Female gender exhibited the strongest influence across all three APAIS anxiety subscales. Among problem focused coping mechanisms, more than 70% of the patients preferred to gain more information using multimedia. Among emotional focused coping mechanisms, 91.7% of the patients used mental resources such as distraction & positive thinking whereas the rest preferred to use anxiolytic drugs.

Conclusion

The findings of this study offer an insight into the factors that contribute to preoperative anxiety. The considerable variability observed in the importance attributed to each specific fear suggests that an individualized approach is preferable when providing support to anxious patients. Our study suggests that engaging in a conversation with the patient, tailored to their individual concerns, is likely to be more effective in addressing fears compared to using generic patient education materials.

PP 29: MATERNAL DEATH DUE TO COMPLICATIONS OF MORBIDLY ADHERENT PLACENTA IN A PRIMIGRAVIDA TWIN PREGNANCY.

Peiris J.S.D.¹, Hulathduwa S.R.²

¹*Colombo South Teaching Hospital, Kalubowila, Sri Lanka.*

²*University of Sri Jayewardenepura, Nugegoda, Sri Lanka.*

Introduction

Postpartum haemorrhage and sepsis are leading causes of maternal death in Sri Lanka. Placenta accreta spectrum is categorized according to the depth of infiltration of placenta in the uterus. Risk factors include multiparity, previous caesarean section, placenta praevia and age over thirty five years. Complications are haemorrhage, coagulopathy and sepsis. It is the third leading cause of hysterectomies worldwide.

Case History

A 34-year-old primigravida without any comorbidities underwent an elective caesarean section for a twin pregnancy at full term. She was discharged two days after delivery without any complications. She had abdominal pain and vaginal discharge for seven day's duration at home but did not seek any medical attention. Nine days after the delivery she died at home.

Case Findings

On general examination, pale conjunctiva and distended abdomen were noted. During routine dissection, bilateral acute respiratory distress syndrome of lungs, bilateral acute kidney failure, friable liver, pale flabby heart and diffuent spleen were noted. During pelvic dissection, uterus was distended with large friable blood clot attached to the fundus. Histological confirmation of macroscopical findings with evidence of uterine myometrium invaded by placental tissue, acute inflammatory infiltrate and formation of antemortem thrombi were noted.

Discussion

Maternal mortality can be reduced through detection of morbidly adherent placenta through antenatal imaging modalities such as ultrasound scan and magnetic resonance imaging. A multidisciplinary plan by obstetricians, surgeons and anaesthetists is needed with an optimal time for delivery at 34 to 35 weeks of pregnancy followed by hysterectomy.

PP 30: TRAUMATIC CONSEQUENCES OF ACID BURNS – PHYSICAL, PSYCHOSOCIAL AND MEDICOLEGAL.

Lowe W.M.T.¹, Hulathduwa S.R.²

¹*Registrar in Forensic Medicine, Faculty of Medical Sciences, University of Sri Jayewardenepura*

²*Professor in Forensic Medicine, Faculty of Medical Sciences, University of Sri Jayewardenepura*

Introduction

Chemical burns differ in their circumstances which could be accidental exposure, occupational exposure, suicidal consumption and intentional assaults. Acid burn injuries are nonthermal trauma, accounting for a substantial proportion of chemical burns in Sri Lanka. Survivors present with facial and body mutilation, hypertrophic scars, blindness, corneal perforations, contractions, stricture formation and so on leading to physical, financial and psychological consequences. Acetic acid and Formic acid are widely used in the natural rubber industry in Sri Lanka.

Case report

A 44-year-old male sustained severe acid assault (vitriolage) resulting in extensive burns to the head and face while attending a court of law, leading to disfigurement of the face. The assault also led to laryngeal edema due to accidental acid injection, necessitating immediate medical intervention. The patient underwent a series of critical procedures including the placement of a feeding jejunostomy to address nutritional needs because of the odynophagia. The left eye was affected with an epithelial defect, for which an amniotic membrane graft was performed. The management involved a multidisciplinary approach, including plastic surgery, ophthalmology, and ENT surgeon, psychiatrist and the JMO. Treatment strategies were aimed to address both the acute and long-term effects focusing on wound care, airway management, and functional restoration. Challenges such as infection control, scar management and psychological support were integral components of the patient's long-term plan of care.

Conclusion

Throughout the course of treatment, the patient's progress was monitored closely, with interventions tailored to his evolving clinical needs. The case underscores the importance of prompt and comprehensive management in cases of severe acid assault, highlighting the significant physical and psychological impact on the individual. It will affect the outcome which plays a major role in categorization of the hurt in medicolegal framework. Follow up will be difficult because of the disfiguration, psychological depression and even because of the threat by the perpetrators.

PP 31: SUCCESSFULLY TREATED CASE OF NON-TYPHOIDAL SALMONELLA MENINGITIS IN AN OTHERWISE HEALTHY 2-MONTH-OLD INFANT.

Rajakaruna N.¹, Edirisooriya L.S.¹, Ganeshan S.¹, Chandrasiri N.S.¹

¹*Colombo South Teaching Hospital*

Introduction

Non-typhoidal Salmonellae (NTS) are a major cause of infectious diarrhoea worldwide and can cause invasive diseases, including bacteremia, meningitis, and osteomyelitis. Young or immunocompromised children and those with underlying conditions such as sickle cell disease are particularly vulnerable to invasive disease. Disease is more prevalent in developing countries, but rarely in industrialised ones. The disease has been associated with high complications and mortality rates. NTS meningitis is extremely uncommon beyond the neonatal period with very few cases reported in the literature.

NTS is a facultative intracellular organism that does not respond to conventional antibiotic therapy and therefore failure and relapse rates are higher, particularly with meningitis. Here we present a case of meningitis due to Salmonella Chester infection.

Case Report

We report the case of a Non typhoidal Salmonella meningitis in an otherwise healthy 2-month-old infant who was presented with fever, poor feeding, and irritability for 3 days duration. Child was exclusive breastfed and there had been some instances where grandmother has given tap water during bathing. Child was hemodynamically stable. Blood and CSF culture were positive for Salmonella Chester pathogen. Child was treated with intravenous Ceftriaxone and Ciprofloxacin.

Child made a complete recovery with no long term sequelae.

PP 32: AUDIT ON EFFECTIVE USE OF PAEDIATRIC EARLY WARNING SCORE (PEWS) IN A PAEDIATRIC WARD, TERTIARY CARE HOSPITAL

L.Selvakumar¹, S. Ganesan¹

¹*Colombo South Teaching Hospital, Kalubowila*

Introduction

PEWS is a simple physiological tool to identify patients at risk, which triggers a pathway of communication from the nurse to the medical staff, which sets off a chain of timely events that will prevent or facilitate timely admission to the Intensive Care Unit (ICU).

It is embedded into 4 observation charts depending on age ranges. Six vital parameters are monitored and scored. An increasing score is a good indicator of increasing dependency of a child. Appropriate use of PEWS in ward setup reduced unplanned ICU admissions and incidence of cardiorespiratory collapse significantly according to some studies. Thus, reducing the overall cost of intensive care in high-income countries.

Objectives

To audit and identify deficiencies in filling PEWS charts to improve the quality of care for children

Methodology

The audit was conducted over two consecutive months at the Paediatric ward of Colombo South Teaching Hospital, Sri Lanka. Investigator investigator-administered questionnaire was used and compared against international guidelines for the PEWS Score.

Results

Twenty nursing officers participated in this audit during October and November 2023. Difficulty in finding the age-appropriate PEWS Charts 60%(N=12), irritable and non-cooperative children 45%(N=9), lack of time to complete PEWS with ward work 90%(N=18), lack of resources 40%(N=8) and lack of staff 75%(15) were the limitations identified to maintain accurate PEWS.80%(N=16) found it difficult to measure blood pressure. Most of them 80%(N=16) were not competent about the total score at which the doctor was informed.50%(N=10) were concerned that there is a delay in de-escalating the frequency of monitoring and selection of patients for PEWS monitoring.

Conclusion and Recommendations

Paediatric patients have significant alterations in physiological and behavioural parameters before actual clinical deterioration occurs which require transfer to the intensive care unit. PEWS are successfully implemented in some centres in India with the allocation of trained nurses for PEWS and continuous monitoring using multipara monitors. A training session was conducted for nurses and intern medical officers in the ward and an action plan was implemented which increased the accuracy of completing PEWS, thereby improving the standard care of patients.

PP 33: KNOWLEDGE AND PRACTICES TOWARDS USE OF NON-INVASIVE VENTILATION (NIV) MACHINE AMONG NURSES AT TEACHING HOSPITAL-KARAPITIYA

K.M. Munasinghe¹, B.S. K.P.B.H. Inuri¹, L.G.K. Tharaka¹, S.T.P. Mekhala¹, B.W.M. Fernando¹, H.M.C.R.K. Thilakarathna¹, M.W.N. Nisansala²

¹*Faculty of Nursing, KIU*

²*Faculty of Nursing, University of Colombo.*

Introduction

Nurses play a crucial role in healthcare settings, significantly impacting patient outcomes through their expertise and proficiency. Their role is critical in ensuring the success of therapeutic regimens during hospital stays. Non-invasive ventilation (NIV) therapy, a newer treatment for respiratory failure patients, has gained importance due to limited intensive care unit (ICU) bed availability and is increasingly used in general wards, although more common in critical care settings. Optimal care for patients undergoing NIV therapy requires nurses to have comprehensive and up-to-date information.

Objectives

To assess the knowledge and practices regarding the use of NIV machines among nurses in ICUs, ETUs, and medical wards at Teaching Hospital-Karapitiya.

Method

A descriptive cross-sectional study was conducted among 188 nurses from ETUs, ICUs, and medical wards at Teaching Hospital-Karapitiya using a convenience sampling method. A self-administered questionnaire developed by researchers using previous literature was used to collect data. Data was analyzed using SPSS version 23. Descriptive statistics were used to describe the sample's characteristics and the Chi-Square Test was used to determine associations between variables.

Results

Among 188 participants, majority were female (95.2%), married (80.9%), and aged 40-49 years (39.9%). Most nurses held a nursing diploma (79.8%), and 57.4% had over 11 years of experience. Additionally, 60.6% had received NIVM training, with nearly half (47.9%) assigned to medical wards. A majority (69.1%, n=130) had moderate knowledge scores, and 71.3% (n=134) attained moderate practice scores. ICU nurses demonstrated higher knowledge and practice levels compared to those in ETUs and medical wards. Significant associations were found between nurses' knowledge and their current workplace ($p<0.000$), and nurses' practice with their current working place ($p<0.000$) and having had training ($p<0.000$).

Conclusion

Effective NIV practices require adequately trained personnel. Nurses involved in NIV procedures should receive training covering essential knowledge on indications, treatment initiation, specific nursing roles and technical skills during pre-application, during-application, and post-application procedures for NIV. Emphasis should be placed on nurses' responsibilities and understanding of the equipment and its functions.

Keywords

Nurses, knowledge, practice, Noninvasive mechanical ventilation machine

PP 34: ASSESSMENT OF KNOWLEDGE AND PRACTICE AMONG NURSES REGARDING CARDIOPULMONARY RESUSCITATION AT A SELECTED HOSPITAL OF SRI LANKA

S.M.P.M. Sandanayaka¹, B.S. Sulakshaniel¹, S.A.D.H. Manohari¹, E.M.P.I. Edirisooriya¹, R.M.G.N. Rajaguru¹, H.M.C.R.K. Thilakarathna¹, K.T.G. Kanchana¹

¹*Faculty of Nursing, KIU*

Background

Cardiac Pulmonary Resuscitation (CPR) is a life-saving technique combining rescue breathing and chest compressions to maintain blood flow to the brain until advanced care is available. Prompt and effective CPR is vital for cardiopulmonary arrest survival, with chances of survival decreasing by 7-10% for each minute of delay. Proper CPR not only saves lives but can also reduce hospital stay duration. Despite the importance of CPR, research indicates that nurses' practice of this procedure is often inadequate, underscoring the need for updated CPR knowledge and skills.

Methodology

A descriptive cross-sectional study was conducted among randomly selected 350 nurses working at the National Hospital Sri Lanka (NHSL), Colombo. A self-administered online questionnaire developed by researchers using previous literature and distributed via WhatsApp/Viber groups was used to collect data. The study received ERC approval from KIU ERC (KIU/ERC/024/031). Data was analyzed using SPSS V25.0

Results

The findings revealed that among 350 participants that were recruited 89.4%(n=313) were female and 10.6% (n=37) were Males. The majority were aged 31-39 years (46.2%, n=162), Married 80.3% (n=281) and had Diploma level education 76.3%(n=267). When considering the work experience 25.4% (n=89) 6 - 11 years and 24.9% (n=87) had 12-17 years of experience respectively. While 83.1% (n =291) of the respondents had good knowledge of CPR, only 66.3% (n =232) had a good level of practice. Further analysis indicated a significant correlation between CPR knowledge and its practice (p=0.001).

Conclusion

The study highlights that CPR knowledge significantly influences its practice, emphasizing the need for training that includes hands-on practice. Implementing regular training programs, conducting regular refresher courses, incorporating simulation-based learning, developing policies for mandatory regular CPR training and assessment for healthcare professionals, and increasing public CPR awareness and training opportunities to expand CPR knowledge and practice among nurses and the community is recommended.

PP 35: AN AUDIT ON KNOWLEDGE AND ATTITUDES OF FINAL YEAR MEDICAL UNDERGRADUATES ON MEDICATION SAFETY.

Mendis KT¹, Ratnaweera JL², Perera TMR², Nanthakumar B², Gunasekara GD²

¹ *Professorial Unit, Colombo South Teaching Hospital*

² *Department of Paediatrics, Faculty of Medical Sciences, University of Sri Jayewardenepura*

Introduction

The Medication Safety Standards aim to ensure that medications are safely prescribed, dispensed, administered and monitored appropriately.

Objective

To assess the knowledge and attitudes of final-year medical undergraduates at the University of Sri Jayewardenepura regarding medication safety.

Method

A cross-sectional audit was carried out among 34 final year medical undergraduates of university of Sri Jayewardenepura during the first week of paediatric professorial appointment. Questions were formulated based on WHO Patient safety Curriculum guide for medical schools.

Results

Of the respondents, only 67.6% had encountered the term 'Medication Safety' during their undergraduate years. A majority (85.3%) knew the difference between adverse effects and side effects. More than 80% of participants identified inadequate knowledge about drug indications, individual patient factors, and errors in communication and calculation as common sources of prescribing errors. Additionally, 97.1% agreed that the use of multiple drugs can lead to medication errors. Among the '10 rights' of medication administration, 'right to refuse' and 'right response' were the least known among students. Furthermore, 67.6% of respondents agreed that not using generic names can cause medication errors, while 20.6% were unsure about this statement.

Conclusion

Medical fraternity plays a pivotal role in prescribing medications and must adhere to medication safety precautions at all times to minimize prescribing errors. The knowledge and attitudes toward medication safety among final-year medical students were satisfactory. However, to address existing gaps in knowledge, improve attitudes, and further reduce the likelihood of future medication errors, formal lectures, in-ward teaching, and tutorials on medication safety should be implemented.

PP 36: AN AUDIT ON ANTIBIOTIC RELATED SIDE EFFECTS, ADVERSE EFFECTS AND ALLERGIC REACTIONS ON FINAL YEAR MEDICAL STUDENTS

Madhubhashini J.A.S.D.¹, Ratnaweera J.L.², Perera T.M.R.², Thilakarathne T.A.K.P.¹, Nanthakumar B.², Gunasekara G.D.²

¹ *Professorial Unit, Colombo South Teaching Hospital*

² *Department of Paediatrics, Faculty of Medical Sciences, University of Sri Jayewardenepura*

Introduction

Antibiotics are widely prescribed by clinicians to treat bacterial infections across all age groups. They are commonly known for their side effects and adverse effects, which may interfere with optimal patient care.

Objective

To assess the knowledge and attitudes of final-year medical undergraduates at the University of Sri Jayewardenepura regarding antibiotic related side effects, adverse effects and allergy reactions.

Method

A cross-sectional audit was carried out among 34 final year medical undergraduates of the University of Sri Jayewardenepura during the first week of paediatric professorial appointment.

Results

A Majority of 96.4% of respondents recognized Beta Lactam antibiotics as commonly used in ward settings. Most participants were knowledgeable about clinical features of anaphylaxis, including shortness of breath, urticarial rash, and abdominal pain. However, fewer than 30% were aware that an initial 10% dose of IV antibiotics should be administered when given for the first time, and the importance of discontinuing an antibiotic infusion if a child develops shivering. Only 22.2% knew that syrup Co-Amoxiclav should be refrigerated before use. While more than 50% were familiar with Gentamycin, Vancomycin, and Meropenem, Tetracycline and Ceftriaxone were the least recognized antibiotics requiring dose adjustments based on renal function.

Conclusion

Antibiotic-related side effects can range from mild diarrhea to severe, life-threatening conditions such as anaphylaxis. Therefore, it is crucial for clinicians to be aware of the knowledge of antibiotic-related side effects, adverse reactions, and allergies among final-year medical students was found to be satisfactory. However, to address existing knowledge gaps, formal lectures, in-ward teaching, and tutorials should be conducted among the students.

PP 37: AN AUDIT ON KNOWLEDGE OF MEDICAL UNDERGRADUATES ON SAFETY OF INWARD PROCEDURES.

Withange C.J.¹, Nanthakumar B.², Perera T.M.R.², Gunasekara G.D.², Ratnaweera J.L.²

¹ *Professorial Unit, Colombo South Teaching Hospital*

² *Department of Paediatrics, Faculty of Medical Sciences, University of Sri Jayewardenepura*

Introduction

Inward procedures are encountered daily in a hospital setup. Accurate technique as well as steps for minimising sepsis are mandatory for optimal patient outcome.

Objective

To assess the knowledge, attitudes and practices regarding inward procedures among the final year medical undergraduate.

Method

A cross-sectional audit was carried out among 34 final year medical undergraduates of university of Sri Jayewardenepura during the first week of paediatric professorial appointment. Questions were formulated using national and WHO recommendations.

Results

Of the respondents, 54.3% of students rated their knowledge about inward procedures as good knowledge. All think that infection control is part of procedural safety. Nearly half of the respondents think that antibiotics should always be started after a lumbar puncture and more than 65% of the respondents have good knowledge regarding lumbar puncture.

The respondents showed a poor knowledge on catheterization compared to other procedures and 75% think that you cannot reuse the catheter bag after catheter change. The respondents relatively have a good knowledge on intravenous cannulation. But majority of them think that wearing gloves is not necessary for cannulation. 50% of respondents didn't know the colour code of the bins for general waste and plastic. Majority of the respondents think that record keeping is important before and after a procedure.

Conclusion

According to this audit, majority of the medical undergraduates have a satisfactory knowledge about inward procedure safety but showed relatively poor knowledge on catheterization and intravenous cannulation. Further implementation of policies, carrying out awareness programmes and organising formal lectures would address the gaps in knowledge.

PP 38: AN AUDIT ON KNOWLEDGE OF MEDICAL UNDERGRADUATES REGARDING INFECTION CONTROL IN THE WARD SET UP

Wijeratne N.G.¹, Nanthakumar B.², Perera T.M.R.², Ratnaweera J.L.², Gunasekara G.D.²

¹ *Professorial Unit, Colombo South Teaching Hospital*

² *Department of Paediatrics, Faculty of Medical Sciences, University of Sri Jayewardenepura*

Introduction

Infections among paediatric population are unavoidable. So, it's mandatory for any medical trainee to have a sound knowledge on infection control practices, hand hygiene and notifiable diseases.

Objective

To assess the knowledge regarding infection control among the medical undergraduates doing their final year paediatric professorial appointment.

Method

A cross-sectional audit was carried out among 34 final year medical undergraduates of university of Sri Jayewardenepura during the first week of paediatric professorial appointment. Questions were formulated using the WHO standard precautions in health care and WHO guidelines on hand hygiene.

Results

Of the respondents, 43.3% of students rated their knowledge about infection control as good. 86.7% of them think that preventing transmission of infections is the main goal of infection control. More than 80% of the respondents are knowledgeable about standard precautions.

Unfortunately, none of them knew the minimum duration of entire hand washing correctly. And only 11.11% of the respondents knew that 10 steps are there in the correct hand washing process. Only 48.3% of the respondents identified plain soap as the essential agent used in hand hygiene. Only one person has identified that closing the tap handle with the towel that was used to dry hands is the correct way of turning off the tap handle following hand washing. Majority knew the occasions they should practice hand washing. Majority of the respondents knew the notifiable diseases correctly yet included psittacosis, Q fever and EBV as notifiable diseases mistakenly.

Conclusion

Medical undergraduates have a reasonable knowledge about infection control and notifiable diseases yet lack in hand hygiene. Further implementation of policies, carrying out awareness programmes and organising formal lectures would address the gaps in knowledge.

PP 39: Knowledge and Attitude of Final Year Medical Undergraduates on Basic Life Support & Emergency Trolley

Madhubhashini J.A. S. D.¹, Gunasekara G. D.², Perera T. M. R.², Nanthakumar B.², Ratnaweera J. L.²

¹ *Professorial Unit, Colombo South Teaching Hospital*

² *Department of Paediatrics, Faculty of Medical Sciences, University of Sri Jayewardenepura*

Introduction

Medical undergraduates are expected to be competent in performing basic life support and to have a sound awareness about the ward emergency trolley.

Objective

To describe the knowledge and attitudes of a cohort of final year medical undergraduates on basic life support and the emergency trolley

Methodology

A cross-sectional audit was carried out in the Paediatric Professorial Unit at Colombo South Teaching Hospital, on final year medical undergraduates. An online questionnaire with sixteen questions was used to assess knowledge and four to assess attitudes.

Results

A total of thirty-three (33) students participated. Ward teaching, reading materials, and formal lectures were the commonest knowledge sources received by students (78.8%, 45.5% and 42.4% respectively).

Most participants had a satisfactory knowledge regarding the concepts of BLS, the differences between it and APLS, the training required, and the order of providing BLS (over 70% correct response rate).

However, some occasional lapses in knowledge existed:

Only 42.4% agreed BLS could be carried outside a hospital setting, and only 9.1% knew Automated External Defibrillator (AED) use was a part of APLS.

Only 54.5% knew that looking for safety was the first step in attending an unconscious individual.

The majority knew the correct rate of CPR (72.4%/n=24), correct ventilation-compression ratio (78.1%/n=25) and location of giving the compressions (69.7%/n=23).

Most students had good knowledge regarding the emergency trolley (~85% correct response rate), but only 48.5%(n=16) and 36.4%(n=12) respectively, knew that a CPR backboard and a cylinder holder were needed with the trolley.

Despite the above, majority (81.3%) of students said they were not confident enough in their skills to save a life.

Conclusion

Most of the students displayed a satisfactory level of knowledge. However, there are significant knowledge gaps and lack of confidence, which should be addressed by further education, and analysis of used techniques.

PP 40: KNOWLEDGE AND ATTITUDES TOWARDS ANTIMICROBIAL RESISTANCE AMONG MEDICAL UNDERGRADUATES.

Deshapriya W.S.A.¹, Mendis K.T.¹, Gunasekara G.D.², Perera T. M. R.², Ratnaweera J.L.², Nanthakumar B.²

¹ *Professorial Unit, Colombo South Teaching Hospital*

² *Department of Paediatrics, Faculty of Medical Sciences, University of Sri Jayewardenepura*

Introduction

One of the most critical global health burdens faced today is antimicrobial resistance. An estimated 4.95 million global deaths were a result of antimicrobial resistance (WHO). The driving force of the problem is widespread antibiotic misuse and is a vital and often disregarded section of medical education.

Objective

To determine the knowledge and attitudes towards antimicrobial resistance among a selected population of final year medical students.

Methodology

A cross-sectional audit was carried out at the Paediatric Professorial Unit of the Colombo South Teaching Hospital, Kalubowila. Data was gathered using an online questionnaire developed using WHO AWaRe classification guideline.

Results

There was a total of 30 participants.

Most of the participants knew the proper definition of antimicrobial resistance (90%/n=27), prevention of antimicrobial resistance by barrier nursing (80%, n=24), and knew that antimicrobial resistance was a significant issue even in the paediatric population (80%, n=24). Lesser proportions knew that antibiotic resistance cannot be treated easily with oral antibiotics (69%, n=20) and that antibiotics are not first line drugs for cough and sore throat (65.5%,n=19).

However, the majority of students thought that the most efficient way of preventing antimicrobial resistance in neonatal units was treating with multiple antibiotics (48.3% n=14) over hand hygiene (37.9%, n=11). Nearly 50% believed that skipping one or two doses of antibiotics does not contribute to resistance, and only 36.7%(n=11) believed giving multiple antibiotics was a promoting factor of antimicrobial resistance.

The knowledge of the AWaRe classification of antimicrobials was also assessed, with 76.7%(n=23) stating they *have not* heard of it. Only three participants knew the groups of the aware classification correctly, and only 11 participants had opted to fill out the question where a given antibiotic had to be assigned to the correct AWaRe category. None of the participants who responded to this question categorized all 10 antibiotics into the correct category, with the highest accuracy being eight correct pairings.

Conclusion

Most students had good knowledge and attitudes regarding antimicrobial resistance, with the exception of the AWaRe classification. Further sessions should be conducted to correct existing knowledge gaps, and the AWaRe classification system should be implemented as a key component of undergraduate curriculum.

PP 41: ANALYSIS OF THE CORRELATION BETWEEN THE HIGHEST VALUE OF C- REACTIVE PROTEIN, AND FEVER IN CHILDREN.

Shanaz M.A.F.¹, Perera T.M.R.², Gunaratna G.P.S.³

¹ *Professorial Unit, Colombo South Teaching Hospital*

² *Department of Paediatrics, Faculty of Medical Sciences, University of Sri Jayewardenepura*

³ *Senior Lecturer, Colombo North Medical Faculty, Ragama*

Introduction

Fever, a core body temperature beyond 38°C, is the foremost reason to visit the hospital among children for outpatient management and in-patient care. Rising temperature in children implies systemic inflammation, as a reaction to viruses, bacteria, fungi, parasites, or infrequently, a non-infectious aetiology. Diagnosing the underlying cause for fever is challenging owing to nonspecific and highly variable clinical manifestations. Clinicians tend to use nonspecific inflammatory markers to decide initial management as more specific tests such as cultures are time-consuming.

Objectives

The study aimed to assess the significance of CRP value on children aged 2 months to 14 years of age, admitting with acute febrile illness.

Methods

The study was carried out as a prospective observational study on children aged 2 months to 14 years, who presented with an acute febrile illness and were admitted to the professorial Paediatric ward (41B) at Colombo South Teaching Hospital, Kalubowila. The relevant clinical and laboratory data were obtained by an interviewer-administered questionnaire and referring to the bedhead tickets.

Results


Of the 31 children admitted with acute febrile illness during the study period, 61% were boys and 41.2% were between 5-10 years of age. Most of the children (90.3%) were admitted on the fourth day of the illness. The highest recorded temperature was 104.2°F. The associated clinical manifestations were cough and cold in 71% and nausea and vomiting in 51.6%. The likely focus of infection was not found in 59.3% of cases on admission. The tentative diagnosis on admission was upper respiratory tract infection (URTI) in most cases, followed by lower respiratory tract infection (LRTI). Thirty-nine percent had taken antibiotics before admission, and 3.2% had taken steroids. Twenty nine percent had CRP of less than 5mg/dl, 25.8% had 5-20mg/dl, and 29.08% had 100mg/dl or more. Three patients

were managed with intravenous (IV) antibiotics, four with oral antibiotics, one with both IV and oral antibiotics, and the rest were given symptomatic management.

Conclusion


Quantitative CRP concentration is a valuable laboratory test in the evaluation of febrile young children, mainly in determining appropriate antibiotic treatment.

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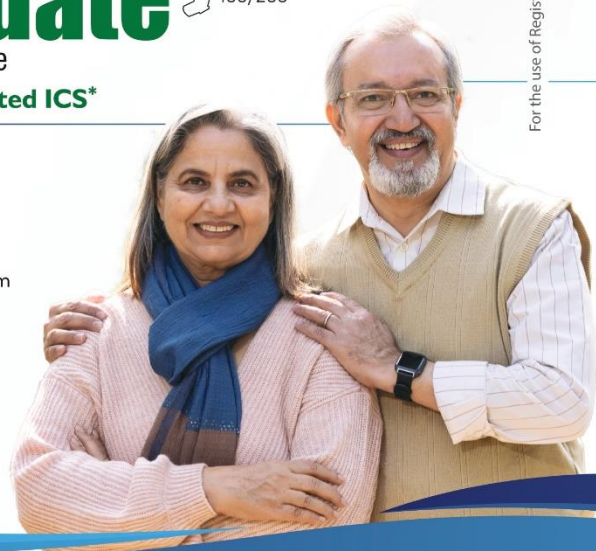
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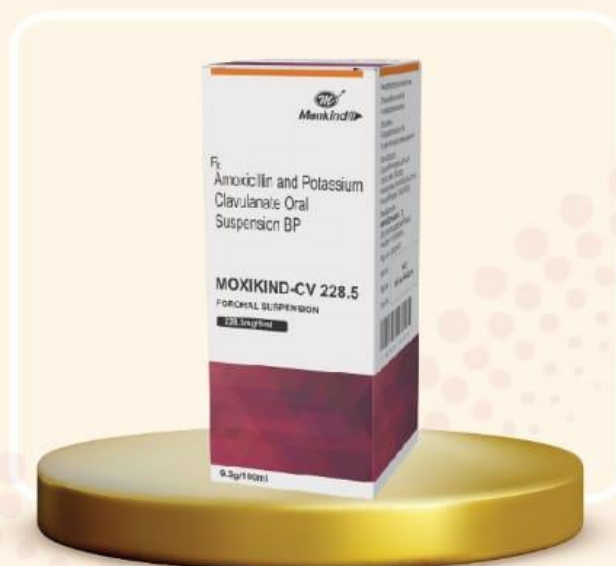


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