



ANNUAL ACADEMIC SESSIONS

18TH JULY 2025

THE BOOK OF PROCEEDINGS
AND
ABSTRACTS



COLOMBO SOUTH CLINICAL SOCIETY
COLOMBO SOUTH TEACHING HOSPITAL

Annual Academic Sessions 2025

The Book of Proceedings & Abstracts



Colombo South Clinical Society
Colombo South Teaching Hospital

Annual Academic Sessions 2025**The Book of Proceedings and Abstracts**

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Message from the Patron: Colombo South Clinical Society



Dr Sagari Kiriwandeniya

Patron, Colombo South Clinical Society

Director, Colombo South Teaching Hospital

It is a great pleasure for me to write this message as the Patron of the Colombo South Clinical Society for the proceedings and abstract book of the Annual Academic Sessions 2025. I am truly pleased to witness the continued growth of this event from its inception in 2015 to its current esteemed status.

This Annual Academic Session provides a valuable platform for researchers to present their academic work. I am encouraged to see the high quality of presentations delivered by our doctors at this forum, reflecting their commitment to academic excellence and clinical advancement.

On behalf of the Colombo South Teaching Hospital, I would like to take this opportunity to express my heartfelt gratitude to Prof. Jayantha Jayawardena, Mr. Bandula Nanayakkarawasam, the five plenary speakers, and all other presenters for their invaluable contributions in making this event a success. The Society's monthly CME lectures also remain a significant academic highlight and a vital part of our professional development efforts.

I would also like to extend my sincere congratulations and appreciation to the President of the Colombo South Clinical Society, Dr. Saman Gunasekara, and his dedicated council members for their enthusiasm, hard work, and meticulous planning in organizing this event.

I wish the organizers continued success and all participants an enriching academic session that will help broaden your medical perspectives. I look forward to seeing you all tonight at the Annual Doctors' Get-Together and Dinner Dance at the Golden Rose Hotel, Borelasgamuwa.

Message from the President: Colombo South Clinical Society



Dr. Saman Gunasekara

President

Colombo South Clinical Society

As the Colombo South Clinical Society steps into its second decade, it is with great pride and anticipation that we host our Annual Clinical Sessions on the 18th July 2025 at the W.G. Gunawardhane Auditorium, CSTH.

This event has always brought together both seasoned and emerging researchers from CSTH Kalubowila, creating a vibrant platform to share their clinical work, innovations, and research insights. Their continued enthusiasm and commitment to academic excellence are truly commendable, and I extend my heartfelt congratulations to all participants.

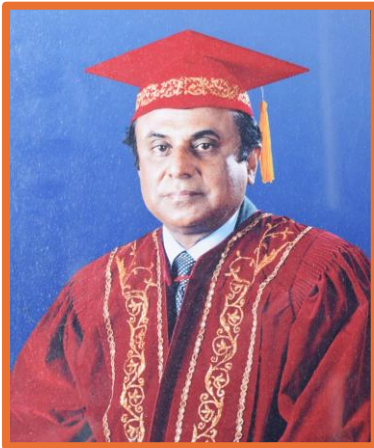
We are deeply honored to welcome Prof. Jayantha Jayawardena, former Director of PGIM and expert in Obstetrics & Gynaecology, has made lasting contributions to medical education in Sri Lanka as our Chief Guest. We are also privileged to be joined by our Guests of Honour Mr Bandula Nanayakkarawasam, a renowned Sri Lankan lyricist known for his poetic contributions to Sinhala music and award-winning teledrama songs. Their presence enriches the multidisciplinary spirit we strive to nurture.

Our plenary sessions, by esteemed speakers Dr. Bawantha Gamage, Prof. Saraji Wijesekara, Dr. Jayani Thennakoon, Dr. Lalantha Gurusinghe and Dr. Upuli Wijemanne. This will undoubtedly broaden our academic horizons.

I wish to express my sincere gratitude to the dedicated Council of the Clinical Society. Special appreciation goes to Professor Ruwanthi Perera and Dr. Shehan Silva, Conference and Academic Chairs. Dr. Damitha Piyadigama, joint secretary, Dr. Sanjeewa Gunarathna, our meticulous Treasurer and unwavering support and guidance from Dr. Asoka Gunarathne, have also been instrumental in shaping this event.

We look forward to yet another successful session that continues to inspire and enhance the academic pursuits of all our medical professionals.

Chief Guest



Prof. Jayantha Jayewardana

MBBS MS FSLCOG FRCOG

Emeritus Professor in Obstetrics and

Prof. Jayantha Jayewardana is a distinguished Sri Lankan obstetrician and gynaecologist who served at Colombo South Teaching Hospital. He was also the chair professor of obstetrics and gynaecology. His clinical acumen and reputation have established him as a prominent figure in women's reproductive health. He also served as Dean of the Faculty of Medical Sciences, University of Sri Jayewardenepura guiding academic growth and strengthening medical education programs. Professor Jayewardana, thereafter served as the Director, Postgraduate Institute of Medicine University of Colombo. He has contributed to various professional bodies, including serving on boards of study. His participation on generational and technical committees signifies his enduring commitment to medical education and policy.

Guest of Honour



Mr. Bandula Nanayakkarawasam

Celebrated Artiste and Cultural
Advocate

Mr. Bandula Nanayakkarawasam is an iconic figure in the world of Sinhala arts, literature, and media. He is widely acclaimed as a poet, lyricist, scriptwriter, and cultural commentator, whose work over the past several decades has profoundly shaped contemporary Sinhala creative expression. A gifted wordsmith, Mr. Nanayakkarawasam first came to public attention through his evocative and deeply resonant Sinhala poetry and lyrics, which blend lyrical beauty with philosophical depth. His songs, often performed by some of the greatest voices in Sri Lankan music, have become enduring treasures—touching the hearts of generations and reflecting the spiritual, emotional, and cultural soul of our people. Mr. Nanayakkarawasam has been a powerful advocate for promoting indigenous arts, language, and identity. His long-standing association with the Sri Lanka Broadcasting Corporation and later with television media marked a golden era. His broadcasts have enriched the public discourse, bringing poetry, classical music, and thoughtful reflection into the homes of ordinary Sri Lankans. Throughout his career, Mr. Nanayakkarawasam has remained committed to preserving and revitalizing Sri Lanka's artistic traditions, while also encouraging innovation and contemporary expression. His unique ability to bridge the classical with the modern, and the literary with the performative, makes him a rare and treasured presence in our cultural life.

Plenaries

Plenary 1

From Myth to Science: Dietary Misconcepts in Clinical Practice



Dr. Jayani Tennakoon Jayaweera

MBBS, MSc (Human Nutrition), MD (Clinical Nutrition)

Consultant Nutrition Physician

Nutrition management plays a vital role in the comprehensive care of patients. Diet forms the cornerstone of this approach, yet widespread dietary myths and misconceptions often pose significant challenges to delivering optimal care.

This lecture will explore common misconceptions related to the dietary management of conditions such as overweight and obesity, renal diseases, liver diseases, and cardiac diseases. By addressing these myths, we aim to provide clarity and promote a more scientifically grounded approach to nutrition.

This lecture will highlight evidence-based dietary practices and present scientific facts that counter popular yet misleading beliefs. As medical professionals, it is our responsibility to uphold the principles of evidence-based medicine—and nutrition management is no exception. Given that nutrition is a constantly evolving field, staying updated through scientific forums like this is not only beneficial but essential for providing the highest standard of care.

Plenary 2

Headaches in children: *What the clinician needs to know*



Professor in Paediatric Neurology

Faculty of Medical Sciences

University of Sri Jayewardenepura

Headaches are common in children. At least 60% of children would have experienced headaches by the age of 7 years. Headaches may manifest in different ways in the very young. History is an essential component in assessing a child with headache.

Migraine and tension headaches are the common primary headaches in children and it is important to exclude brain tumours from the secondary causes of headache.

History may suggest but examination and investigations may confirm the diagnosis of a tumour.

The main objectives of management of headaches include Early accurate diagnosis, prompt initiation of optimal treatments (abortive and preventive) and reduce the disability.

The management strategies include general measures, pharmacological and surgical treatment. In the management of migraine newer therapeutic options are available.

Plenary 3

Diabetes and Eye



Dr. Lalantha Gurusinghe

Consultant Vitreo-Retinal Surgeon

Colombo South Teaching Hospital

Diabetic eye disorders encompass a range of ocular complications resulting from chronic hyperglycemia in diabetes mellitus, with diabetic retinopathy (DR) and diabetic macular edema (DME) being the most prevalent and vision-threatening. Prolonged high blood glucose levels lead to microvascular damage in the retina, resulting in increased vascular permeability, capillary occlusion, ischemia, and neovascularization. Diabetic retinopathy progresses from non-proliferative stages to proliferative forms, often accompanied by macular edema, which is the leading cause of vision loss in diabetic patients. Other ocular complications include diabetic cataract, glaucoma, and cranial nerve palsies. Pathophysiological mechanisms involve oxidative stress, inflammation, accumulation of advanced glycation end products (AGEs), and upregulation of vascular endothelial growth factor (VEGF). Timely diagnosis through retinal screening, optical coherence tomography (OCT), and fluorescein angiography, combined with glycemic control and interventions such as anti-VEGF therapy, corticosteroids, and laser photocoagulation, are essential to prevent irreversible vision impairment. Advances in imaging and molecular therapies continue to improve outcomes, emphasizing the need for interdisciplinary care in managing diabetic eye disease.

Plenary 4

Strengthening Healthcare Quality & Patient Safety



Dr. Upuli Wijemanne

Director

Quality in healthcare encompasses various definitions, including value for money, customer satisfaction, conformance to standards, and delivering defect-free services that meet or exceed expectations. It also involves ensuring the totality of features that delight patients while safeguarding the environment. Importantly, above all highlights that, quality is dynamic, requiring ongoing improvements as expectations evolve.

In 1999, the Institute of Medicine (IOM) defines healthcare quality as “the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge” and importantly, among the core dimensions of healthcare quality, patient safety stands as a vital component. The World Health Organization (WHO) defines patient safety “as the absence of preventable harm to a patient during healthcare and the reduction of risk of unnecessary harm associated with healthcare to an acceptable minimum”. Patient safety is triggered by the IOM’s landmark report “To Err is Human” (1999), which revealed the high incidence of preventable deaths due to medical errors and promoting safer patient care.

Organizations such as WHO and Joint Commission International (JCI) have established frameworks to guide safe practices globally. Referring to these, some key strategies proposed to be practiced in the healthcare setting in Sri Lanka are identifying patients correctly using two patient identifiers in addition to patient’s name, strengthening communication through proper documentation, proper handover practices, effective interpersonal communication practices, improving medication safety in healthcare by following national guidelines on medication safety such as Look-A-Like (LASA) and High Alert Medication (HAM) drug lists, enforcing prescription accountability and also strengthening health literacy by labelling medications in tri languages in addition to the time of taking medications, to strengthen correct site surgery, correct procedure, correct patient surgery by adopting surgical safety protocols including pre-operative checklists (ward setting), WHO surgical safety check list

etc, reducing Healthcare-Associated Infections (HCAIs) through proper hand hygiene/using hand rubs, managing falls risk with early assessment and provision of interventions accordingly are some of those.

To ensure continuous improvement in quality and safety, clinical audits are essential. These allow healthcare professionals to measure current practices against standards, identify gaps, and implement improvements systematically with the ultimate objective of ensuring clinical governance in the healthcare setting.

Plenary 5

Managing a Patient with Bleeding per Rectum



Prof. Bawantha Gamage
Professor in Surgery
Faculty of Medical Sciences
University of Sri Jayewardenepura

Most Patients who experience bleeding per rectum get scared and some of them are reluctant to take medical advice regarding their symptoms. Some of them seek native treatment.

The commonest cause for this symptom is Haemorrhoids however rectal and colonic polyps, Inflammatory bowel disease and diverticular bleeding are some of the other benign conditions that can present with bleeding per rectum. All the age groups except children, clinicians have to exclude Rectal or colonic cancers in their patients who come to them with bleeding PR.

History paying emphasis on the duration, type of bleeding (Fresh, altered blood) and associated symptoms such as change of bowel habits/constipation, tenesmus and family history should be taken in detail in these patients.

General and abdominal examination including Digital rectal examination should be carried out in all patients. If the facilities are available proctoscopy and rigid sigmoidoscopy can be done in the outpatient clinic.

Diagnosis of the condition is by Sigmoidoscopy or colonoscopy. If required biopsy needs to be done. The decision to select whether colonoscopy or flexible sigmoidoscopy is the first choice is to be done by an experienced clinician having done the clinical assessment. If colonoscopy is done it is always necessary to do the Ileal intubation and ileal biopsy needs to be done in patients with suspected inflammatory bowel disease (IBD) to exclude Crohn's disease.

If a malignancy is detected, local and distant spread is done by a set of staging investigations.

Contrast enhanced CT Abdomen and pelvis with HRCT Chest is done in both colon and rectal cancer patients but in addition MRI Pelvis (Rectal cancer protocol) is the investigation of choice for the local staging of rectal cancers. For early rectal cancers, Trans rectal ultrasound will be helpful to decide on trans anal excision of the lesion. Pre operative Carcinoembryonic antigen (CEA) is important in all patients with colorectal cancers (CRC). Only 50-70% of CRC patients will have a high CEA level at the time of diagnosis. This is important in follow-up of patients with Colo Rectal Cancers (CRC) but should not be used as a diagnostic tool.

Treatment of Haemorrhoids depends on the degree. Avoiding constipation applies to all grades and is very important in preventing recurrence.

The primary objective of treatment of rectal cancer is to prevent local recurrence. Therefore after proper staging with MRI, those patients with advance disease needs neo adjuvant treatment (NAT) followed by surgery. 10 -40% rectal cancer patients who are subjected to NAT will have complete clinical response (cCR) while 12 – 38 % of them will have pathological complete response (pCR). Still the anterior resection is the standard treatment for rectal cancer patients however “watch and wait” (W&W) policy for cCR is getting popular with evidence. The objective of W &W policy is to preserve the rectum avoiding complications of surgery.

Academic Programme

07.30 am	Poster Session	
08.30 am	Procession and Inauguration Ceremony	
08.45 am	Welcome Address	Dr. Saman Gunasekara <i>President</i> <i>Colombo South Clinical Society</i>
08.50 am	Patron's Address	Dr. Sagari Kiriwandeniya <i>Patron, Colombo South Clinical Society</i> <i>Director, Colombo South Teaching Hospital</i>
08.55 am	Chief Guest's Address	Prof. Jayantha Jayawardana <i>Former Dean and Emeritus Professor in Gynaecology & Obstetrics</i> <i>Faculty of Medical Sciences, University of Sri Jayewardenepura</i>
09.25 am	Guest of Honour's Address	Mr. Bandula Nanayakkarawasam <i>Celebrated Artiste and Cultural Advocate</i>
9.55 am	From Myth to Science : <i>Dietary Misconcepts in Clinical Practice</i>	Dr. Jayani Tennakoon Jayaweera <i>Consultant Nutrition Physician</i> <i>Colombo South Teaching Hospital, Kalubowila</i>
10.25 am	Tea Break	
10.40 am	Headaches in Children : <i>What the Clinician Needs to Know</i>	Prof. Saraji Wijesekara <i>Professor in Paediatric Neurology</i> <i>Faculty of Medical Sciences, University of Sri Jayewardenepura</i>
11.10 am	Diabetes and Eye	Dr. Lalantha Gurusinghe <i>Consultant Vitreo-Retinal Surgeon</i> <i>Colombo South Teaching Hospital</i>
11.40 am	Strengthening Healthcare Quality & Patient Safety	Dr. Upuli Wijemanne <i>Director</i> <i>Patient Safety & Accreditation Bureau</i>
12.10 pm	Managing a Patient with Bleeding per Rectum	Prof. Bawantha Gamage <i>Professor in Surgery</i> <i>Faculty of Medical Sciences, University of Sri Jayewardenepura</i>
12.40 pm	Vote of Thanks	Secretary <i>Colombo South Clinical Society</i>

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[PP 11 : The Impact of Perioperative Biochemical Marker Changes on Postoperative Recovery and Surgical Outcomes in Patients Undergoing ERAS-Implemented Colorectal Cancer Surgery”](#)

[PP 12: Preoperative Multidimensional Comparison of Sociodemographic, Clinical, and Biochemical Parameters among Patients with Hepatocellular, Pancreatic, and Biliary Tract Cancers in Sri Lanka](#)

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PP 01: Evaluation of clinical outcomes in patients admitted with cellulitis in a surgical unit.

Isthiyak ARM¹, Rajasegaram E¹

¹National Hospital of Sri Lanka

Introduction

Cellulitis is a prevalent and potentially severe bacterial skin and soft tissue infection, primarily the dermis and subcutaneous tissues. It can lead to significant morbidity, especially in hospitalized patients. This study aimed to evaluate the clinical outcomes of patients admitted with cellulitis to surgical wards, identify risk factors for poor outcomes, and analyze the impact of comorbidities and treatment strategies.

Methods

A retrospective cohort study was conducted on 120 patients admitted with cellulitis over a period of 6 months. Data on demographics, comorbidities, cellulitis grading (as per CREST criteria), complications, treatments, and outcomes were analyzed using SPSS version 25. Ethical clearance AJ/ETH/COM/2025/Feb.

Results

The majority of patients (54%) were male, with a mean age of 58.8 years. Most had grade II cellulitis (43.3%). Complete resolution was seen in (55%), partial in (16.7%) and complications (28.3%) – notably abscess (11.7%), necrotizing fasciitis (8.3%), sepsis (7.5%) and mortality (0.8%). On admission higher cellulitis grades, elevated WBC, and serum creatinine were significantly associated with poor outcomes ($p < 0.05$). Diabetes mellitus (54.2%) significantly associated with longer hospital stay and increased complications (Mean: 5.4 ± 4.1 vs 6.9 ± 3.7 days; $p < 0.05$). Surgical management was associated with longer hospital stay than conservative treatment (8.8 ± 3.8 vs. 3.6 ± 1.73 days). The 30-day readmission rate was 12%.

Discussion and conclusion

Cellulitis remains a significant cause of surgical admissions, with outcomes influenced by disease severity and comorbidities. Early recognition and proactive management, particularly in diabetic patients, are key to improving prognosis. These findings have significant implications to shape national treatment guidelines and support clinician education to standardize care and improve outcomes across healthcare institutions in Sri Lanka.

PP 02: Evaluating Adherence to Quality and Safety Standards in a Paediatric Ward: An Audit based on 5S Seiketsu (Standardize) Framework at a Tertiary Care Hospital

Senavirathne L.U.S¹, Wijesinghe R.A.S¹, Hapuarachchi H.D.A¹, Geethaswari G.A.G¹, Perera T.M.R²

¹ Colombo South Teaching Hospital,

²University of Sri Jayewardenepura

Introduction

The 5S methodology is a structured workplace organization system developed in Japan. It has been recommended to use in health care settings to enhance efficiency, safety and quality of care. Seiketsu, the 4th step of 5S framework focuses on standardization to maintain the gains achieved in initial steps; Sort, Set in order and Shine. Standardization plays a major role in ensuring the consistency, safety, and efficacy of patient care.

Methodology

The audit was conducted at the Professorial Paediatric Ward at Colombo South Teaching Hospital, using National Guidelines for Improvement of Quality and Safety of Healthcare Institutions by Ministry of Health. Three main components checked were standardized visuals, maintenance of vehicles/machines/equipment and safety/security. A checklist consisting of 40 components was used for this one-time audit and a score was given to each component.

Results

In the standardized visuals component, 8 sub categories including sign boards, drug cupboards, surgical supplies, machine/equipment, danger signs, open/shut labels of doors and valves, waste bin, pipes/gas tank identification had an overall score of 32%. Most adherence(100%) was noted in surgical supplies standardization. Least adherence(0%) was noted in machine/equipment standardization and displaying of danger signs(0%). Overall score for vehicle/equipment maintenance and safety & security standardization was 30% and 80%. In sub-categories, 66% adherence was noted in electrical cable/device safety and 100% adherence in security measures for a fire event. Overall adherence to Seiketsu was 42.4%.

Discussion

While commendable standards were observed in fire safety preparedness and surgical supply organization, significant gaps were noted in machine/equipment labeling and danger sign displaying. These deficiencies highlight the importance of following standardized practices to sustain the quality and safety.

Conclusion

Targeted improvements needed in certain standardization areas.

PP 03: Mind the notes : a clinical audit on documentation in Bed Head Tickets in a Paediatric ward at a tertiary hospital

Senavirathne LUS¹, Wijesinghe RAS¹, Hapuarachchi HAD¹, Geethaswari GAG¹, Thilakarathna WDV¹, Perera TMR²

¹ Colombo South Teaching Hospital

²University of Sri Jayawardenepura

Introduction and Objectives

BHT is the main medical record that carries information related to patient care in the inward settings. It is a legal document which holds evidentiary value which could be challenged in a court of law. Proper maintenance of BHTs will ensure the optimal patient care by minimizing the mistakes as well as will safeguard the health care professionals.

Methodology

A retrospective clinical audit was conducted at a Paediatric Ward in Colombo South Teaching Hospital, using BHTs of all admissions on three consecutive casualty days. A checklist was prepared for audit which was based on Ministry of Health Guidelines for proper maintenance of BHTs.

Results

A total of 31 BHTs were audited. Front-page documentation was 100% according to recommendations. Most deficiencies were noted in individual entries. All BHTs (100%,n=31) had missing signatures at the end of the entry as well as use of non-standard medical abbreviations. Correct procedure of amending an erroneous entry and clearly mentioning the name of the documenting person was only noted in 3%(n=1) and 6%(n=2) of BHTs respectively. Date of individual entries were missing in 93.5%(n=29) of BHTs, yet times were mentioned in 96%(n=30) of the samples. Legible handwriting was noted in 80.6% (n=25). Exclusive Generic naming in prescribing were noted in 96%(n=30) of BHTs.

Conclusion

Our one-time audit reveals numerous deficiencies in medical documentation which paves pathways for medical governance.

PP 04: An audit of Paediatric admission patterns at a Tertiary Care hospital : Implications for resource optimization

T.M.R Perera¹, H.D.S.U Rodrigo²

¹ Faculty of Medical Sciences, University of Sri Jayawardenepura

² Colombo South Teaching Hospital

Background

Any medical institution is mainly reliant on admissions. Allocating resources accurately and boosting patient outcomes depend on a recognition of admission trends. Numerous factors impact admission trends.

Objectives

This audit turned out possible areas for development as well as sources, indications, nature and context of the admissions

Materials and Methods

A retrospective analysis of Bed Head Tickets (BHTs) of patients admitted to the Professorial Paediatric Unit of the Colombo South Teaching Hospital in October, November, and December of 2024, which receives admissions through a variety of channels, including outpatients and Accident & Emergency (A&E), as well as direct referrals from various sources and internal transfers. Elective admissions occur throughout the week, whereas acute admissions occur only on casualty days, which are held twice a week and every third weekend. The BHTs were used to collect key information such as sociodemographic data, indications, date, time, and mode of admission, as well as other significant details about the hospital stay.

Results

Out of 451 admissions, A&E was the commonest source accounting for 76.9% of cases. The majority of admissions occurred between 8am and 4pm (38%), of children aged 1-5 years (35.9%) with the commonest presenting complaint of fever (41.2%).

The majority of admissions were one-day (42.7%), with less than 9% staying longer than three days and 2% longer than a week. The day shift had the largest volume (n=218), with more patients staying longer. Patients admitted during night shifts had less than 5 days. 63.3% of admissions staying less than 24 hours were admitted out of working hours. A&E admissions dominated all durations of stay and OPD, VP requests were typically brief.

Conclusion

This audit emphasizes the need for better resource management, especially during peak A&E hours, targeted interventions to reduce avoidable pediatric admissions, and improved inpatient care in resource-limited settings. Alongside strategies like streamlining A&E triage and admissions, such interventions can lead to more efficient use of hospital resources, improved patient outcomes, and socioeconomic benefits for families through reduced hospitalization.

PP 05 : Evaluating sustainability in 5S implementation – An audit on Shitsuke (sustain) practices in a paediatric ward of a tertiary care hospital

H.D.A. Hapuarachchi¹, G.A.G. Geethaswari¹, L.U.S. Senavirathne¹, R.A.S Wijesinghe¹, W.D.V. Thilakarathna¹, T.M.R. Perera²

¹ Colombo South Teaching Hospital

²University of Sri Jayewardenepura

Introduction

The 5s method- sort, set in order, shine, standardize, sustain – is designed to optimize workplace organization, ensuring efficiency and safety. 'Shitsuke' the 5th S translates to sustain, emphasizing the discipline and training required to maintain the improvement made in initial steps. This audit aims to assess how well the paediatric ward has integrated the sustainability practices within its 5s framework.

Methodology

An audit was conducted at the Professorial Paediatric ward, Colombo South Teaching Hospital using a structured 12 point questionnaire based on National Guidelines for improvement of quality and safety of healthcare institutions (Ministry of Health). The assessment was done under 2 main domains; internal audit and training & awareness. Data were collected through direct observations and staff interviews.

Results

The internal audit domain revealed the lack of quarterly audits. Although there was an internal audit team appointed in the hospital, only annual audits were conducted at hospital level.

The training and awareness domain also showed substantial deficits revealing both the existing hospital staff as well as new recruits not been trained in 5S. Even though team based performance was recognized, there was no system to recognize individual staff contributions.

Discussion

Our audit reveals a partial implementation of the shitsuke component. Despite the presence of an audit team, resource centre, 5S corner and structured recognition events of units, critical gaps were identified. Absence of quarterly audits, training programmes for staff, system to recognize individual contribution and 5s corner not being updated regularly, contributes negatively to sustainability of 5S programme.

Conclusion

Training, awareness and discipline of 5S needs improvement.

PP 06: Evaluating Quality and Safety Standards in a Paediatric ward: An audit based on 5S Methodology : Shine Component

Wijesinghe RAS¹, Senavirathne LUS¹, Hapuarachchi HDA¹, Geethaswari GAG¹, Perera TMR²

¹CSTH

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Introduction

Paediatric wards cater inward care to children from neonates to 14 year olds. The ward environment provided should be safe, child friendly and organized for optimal care as well as geared to minimize cross infections. 5S methodology, initially developed and implemented in Japanese manufacturing companies, is a world reputed framework for work place organization. “Shine” or “Seiso” component of 5S refers to creating and maintaining a clean, safe, and efficient work environment that supports productivity and reduces waste.

Methodology

An audit was conducted at the Professorial Paediatric Unit at Colombo South Teaching Hospital by observing the ward working surfaces and cleaning practices, and staff interviews. A checklist consisting of 17 components based on National Guidelines for improvement of quality and safety of healthcare institutions (Ministry of Health) was used to assess the Shine component of the 5S methodology.

Results

The working surfaces were kept clean with adherence to expected frequency of cleaning. Bins for different types of waste products were maintained and emptied appropriately. Cleaning equipments were available in the ward and a cleaning schedule was maintained. Although personal protective equipment were available, awareness among all categories of staff members were lacking(<50%). Overall 94% of ideal practices were maintained with regard to the Shine component.

Discussion

There was good adherence to ideal cleaning practices and maintenance of the ward environment. A cleaning schedule was maintained and disposal of waste was done properly. There was a limitation in knowledge of personal protective equipment availability among all categories of staff members.

Conclusion

The adherence to the Shine component in the index ward was found to be satisfactory and continuation of these practices is recommended to maintain a clean, safe and efficient work environment.

PP07: Audit on Implementation of Seiri (Sort) component of 5S in Paediatric professorial unit at Colombo South Teaching Hospital (CSTH)

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Background

The 5S methodology, rooted in Japanese Lean management practices, leads to improved patient safety, reduced medical errors, minimized waste, and enhanced operational flow. The initial step of 5S, Sort is particularly crucial for eliminating clutter. This audit was designed to evaluate how sort has been adopted and to identify practical barriers and enablers to sustained implementation.

Methodology

Audit was conducted for evaluation of name boards, notice boards, patient medication trolleys, procedure trays, storage shelves, and nurse station supply drawers. Audit checklist, developed using national guidelines 2010 of Ministry of Health consisting 15 components checking item categorization, red tagging of unnecessary items, proper labeling was used. Data collected through direct observational walkthroughs, informal interviews with nursing/support staff, and photographic documentation.

Results

Red tagging system of condemning process is currently not practiced, however majority of unwanted items had been cleared from functioning areas.

All garbage bins were named and colour coded according to guidelines. The exact times for emptying bins were not displayed. However, a mark was indicated for emptying the sharp bin.

Posters, calendars and notices were up to date, but the notice boards were not categorized according to staff categories neither axis aligned.

Discussion

Many items of the Sort components were achieved partly in the unit. But each component needs more elaboration.

Conclusion

Gaps in the Sort component of 5S has to be discussed with the ward administration and a re audit needs to be done. These changes will inevitably help in the improvement of the rest of the steps in the 5S method.

PP 08: An Audit on Implementation of the Second step of 5S (Set in order - Seiton) in Professorial Paediatric Unit of Colombo South Teaching Hospital

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Background

The 5S methodology, rooted in Japanese Lean management practices is a foundational strategy used to optimize workplace organization and efficiency. In healthcare settings, effective 5S implementation can lead to improved patient safety, reduced medical errors, minimized waste, and enhanced operational flow.

The second step Set in Order is particularly crucial for organizing equipment and supplies, and creating a visually intuitive work environment. This audit was designed to evaluate the adoptability of set in order component and to identify practical barriers and enablers to sustained implementation.

Methodology

A 5S audit checklist with 19 components derived from National guidelines 2010 was used to evaluate adherence to this component. The target areas selected for evaluation included patient medication trolleys, procedure trays, storage shelves, and nurse station supply drawers. The checklist included visual inspection criteria for proper labeling, and accessibility of essential tools and documents. Data collection methods included direct observational walkthroughs, informal interviews with nursing and support staff, and photography.

Results

All boards are displayed, but some not in English and Tamil. A floor plan at the entrance and enter-exit signs with pictorial indicators were displayed. Every location including toilets and store areas for vital equipments such as oxygen cylinders were named with a tag to display availability of oxygen. Circular marks for door openings and floor markings for alignment of objects were absent.

Cupboards were not named according to the function, but stationary file stands were named according to the contents for easy access, yet not in alphabetical order.

Discussion

All board displays need to be redesigned in three main languages. Alphabetical/ priority should be used for different storages and cupboards.

Floor alignments and door opening marks need to be introduced.

Conclusion

The gaps in the second component of 5S has to be discussed with the ward administration and a re-audit need to be done. These changes will inevitably help in the improvement of rest of the steps in the 5S method.

PP 09: Outpatient hysteroscopy in low resource setting : a feasible and cost effective approach to gynaecological care.

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Introduction

Hysteroscopy is the gold-standard diagnostic and therapeutic tool for evaluating intrauterine pathology. Though traditionally performed as inpatient under anaesthesia, outpatient hysteroscopy is considered an effective alternative in resource limited settings.

Methodology

This prospective observational study was conducted at professorial unit, Colombo South Teaching Hospital over 3-months duration. All the patients presented during the said period were included. The study was designed to explore the potential of outpatient hysteroscopy, safety and patient outcome in resource limited setting. All procedures were conducted using a 0-degree hysteroscope (2.5 mm) and a 30-degree hysteroscope (3.9 mm) under vaginoscopic method by trained operators.

Results

A total of 132 patients were evaluated. Of these, 126 procedures (95.45%) were completed successfully without the need for conversion to inpatient surgery. The most frequent indication was abnormal uterine bleeding (59.09%), with a compatible structural pathology identified in 69.23% of cases requiring further intervention. Pain levels were assessed during the procedure using the Visual Analog Scale. Mild pain (pain scores 0–3) was reported by 52 patients (39.39%). Moderate pain (pain scores 4–7) was experienced by 46 patients (34.85%). Severe pain (pain scores 8–10) occurred in 16 patients (12.12%). The most common complication was intolerable pain, with a hysteroscopy procedure failure rate of 4.55%. There were no major complications such as uterine perforation or significant bleeding. The majority of procedures (80.16%) were performed using the vaginoscopic approach. Patient satisfaction was high, with 74.23% reporting minimal discomfort during the procedure.

Discussion

Outpatient hysteroscopy, performed using small diameter hysteroscopes and the vaginoscopic technique, demonstrated a high diagnostic yield and acceptable levels of patient satisfaction. Common indications were abnormal uterine bleeding, fertility assessment and removal of displaced intrauterine devices. This demonstrated a remarkable safety profile with no major complications

such as uterine perforation which can be directly attributed to doctor-patient interaction throughout the procedure.

Conclusion

Outpatient hysteroscopy is a practical, safe, and cost-effective intervention for managing uterine pathology in low-resource settings. Its adoption can improve gynaecologic care access, reduce surgical burden, and align with optimal resource utilization.

PP 10: Clinical Features, Risk Factors and Quality of Life of Patients Presenting with Cellulitis to a Tertiary Care Hospital

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Background

In primary care, cellulitis is a common bacterial skin infection that frequently causes serious morbidity. Improving management options requires a thorough understanding of the condition.

Objective

To assess the clinical characteristics, risk factors, and quality of life (QoL) in patients diagnosed with cellulitis in a tertiary care setting.

Methods

A cross-sectional study was conducted among 63 cellulitis patients at a tertiary care hospital. Medical records and structured interviews were used to gather data. The 12-item Short-Form Health Survey (SF-12) was used to measure QoL. SPSS version 23 was used for the statistical analysis..

Results

Participants ranged in age from 43 to 87 years old, with a mean age of 59.56 ± 12.28 years. The majority of participants (71.4%) were male. Most were unemployed (55.6%) and married (69.8%). Blisters or abscesses were seen in 41.3% of cases while redness, swelling, and warmth were noted in 100%. Fatigue (55.6%) and fever (74.6%) were prevalent systemic symptoms. The most prominent systemic risk factor (90.5%) was diabetes, with a mean random blood sugar (RBS) of 189.75 ± 35.96 (range: 117–246) mg/dL. With a mean QoL score of 35.35 ± 3.22 (range: 31–43), moderate impairment was noted. BMIs between 18.5 and 22.9 (60.3%) and chronic skin problems (63.5%) were also common.

Conclusion

This study highlights the significant role of diabetes and chronic skin conditions in cellulitis severity. Addressing these factors may reduce its occurrence and improve patient outcomes.

Keywords: Cellulitis, Tertiary care, Risk factors, Symptoms, QoL

PP 11 : The Impact of Perioperative Biochemical Marker Changes on Postoperative Recovery and Surgical Outcomes in Patients Undergoing ERAS-Implemented Colorectal Cancer Surgery

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Introduction

Enhanced Recovery after Surgery (ERAS) protocols are widely implemented in colorectal cancer surgery to improve recovery and reduce complications. Although ERAS protocols are widely implemented, evidence on how perioperative biochemical changes predict recovery and complications remains limited. This study aimed to determine the association between perioperative biochemical marker changes and postoperative outcomes in patients undergoing ERAS-implemented colorectal surgery.

Methodology

This retrospective analysis was conducted using clinical and biochemical data from patients managed under ERAS protocols. Statistical tests were used to assess changes in biochemical markers and their association with postoperative recovery outcomes and complications.

Results

A total of 457 patients were included (57.8% male, mean age 63.8 ± 12.5 years). Most (80.2%) had no comorbidities, though fresh per rectal bleeding (17%) was the most common presenting symptom. Postoperative complications were infrequent (11.2%), with surgical site infections (3.9%) and other minor issues being the most frequent. Descriptive analysis showed significant postoperative reductions in haemoglobin, WBC count, and platelet levels (Wilcoxon test $p < 0.001$). Albumin and total protein also declined ($p = 0.028$ and $p = 0.144$, respectively), indicating postoperative nutritional depletion. No significant change was observed in creatinine or INR values. Spearman correlation revealed a significant positive association between postoperative platelet count ($\rho = 0.300$, $p = 0.032$) and hospital stay and between preoperative creatinine and hospital stay ($\rho = 0.252$, $p = 0.005$). Other biochemical markers showed no statistically significant associations. Kruskal-Wallis tests comparing biochemical changes across complication groups did not yield statistically significant differences ($p > 0.05$), although WBC and creatinine changes approached significance thresholds.

Discussion and Conclusion

These findings confirm typical biochemical changes following colorectal surgery under ERAS protocols. The associations observed suggest the potential role of certain markers in early risk prediction. Future studies should explore their prognostic value further using larger, stratified cohorts.

PP 12: Preoperative Multidimensional Comparison of Sociodemographic, Clinical, and Biochemical Parameters among Patients with Hepatocellular, Pancreatic, and Biliary Tract Cancers in Sri Lanka

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Introduction

Hepatocellular carcinoma (HCC), pancreatic cancer (PC), and biliary tract cancers (BTC) present unique clinical challenges. This study aimed to compare the preoperative sociodemographic, clinical, and biochemical parameters among patients with hepatopancreatobiliary (HPB) cancers in a tertiary care setting in Sri Lanka.

Methods

A cross-sectional analysis was conducted on preoperative data from patients diagnosed with HCC, PC, or BTC. Data on sociodemographic profiles, clinical characteristics, and biochemical markers were collected and analysed using descriptive statistics and appropriate comparative tests.

Results and Discussion

A total of 1,896 patients were included in the study, comprising 47.1% with HCC, 24.7% with PC, and 28.2% with BTC. The mean age of patients was 62.23 ± 12.99 years, with significant variation among the cancer types (HCC: 63.50 ± 12.41 ; PC: 59.80 ± 14.12 ; BTC: 62.23 ± 12.65 ; $p=0.001$). Males represented 61.4% of the total sample, with a higher prevalence in the HCC group (72.4%). In contrast, pancreatic and biliary tract cancers exhibited nearly equal gender distribution ($p<0.001$). Comorbidities were present in 59.4% of patients, with significant differences observed across the groups ($p=0.003$). The ASA scores also varied significantly, with ASA II being the most common classification ($p=0.020$). Biochemical parameters showed marked intergroup differences. The mean direct bilirubin levels were highest in the BTC group (14.66 ± 43.73), compared to PC (11.07 ± 39.15) and HCC (1.51 ± 10.62) ($p<0.001$). Similarly, alpha-fetoprotein (AFP) levels were highest in the BTC group (93.20 ± 129.48), followed by PC (70.80 ± 115.57) and HCC (40.69 ± 73.99) ($p<0.001$).

Conclusion

Distinct preoperative profiles were observed among the cancer types, with HCC being more common in older males, while BTC presented significantly elevated levels of bilirubin and AFP.

PP 13: A Retrospective Analysis of Breast Cancer in a Tertiary Care Hospital: Clinical and Histopathological Features Aligned with National Trends

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Introduction

Breast cancer is a major public health concern in Sri Lanka, with unique clinical and histopathological features. This study analyzes a hospital-based cohort to characterize presentation, histopathology, and management patterns, comparing them with local and regional data.

Methods

Retrospective review of 70 patients analyzing demographics, imaging, histopathology, staging, outcomes, and invasion patterns, compared with Sri Lankan studies

Results

The median age of the cohort was 58 years (range: 32–86), and 70% were between 50–70 years. The common comorbidities were hypertension (60%) and diabetes (30%). Unilateral breast lumps were seen in most patients (85%). Imaging demonstrated BIRADS 4 (50%) and 5 (30%) lesions. Histopathology was invasive carcinoma-NST (80%), and the major histological grade was mostly Nottingham grade 2 (50%). The TNM staging demonstrated 60% early-stage (I–IIA), 30% locally advanced (IIB–III), and 10% metastasis. Lymph node invasion in 30%, LVI and DCIS in 20% and 25%, respectively. 15% close/positive margins (<2 mm). Wide local excision (50%), mastectomy (40%), and adjuvant therapy (chemotherapy: 60%; endocrine therapy: 50%) were the treatments. Compared to national data, this group had higher BIRADS 5 rates (30% vs. 20%) but lower HER2 positivity (10% vs. 15–20%).

Conclusion

This study highlights how many women in Sri Lanka present with breast cancer late, often with other health issues and aggressive tumors. Inconsistent HER2 results suggest testing differences. These challenges, common across the region, point to the urgent need for better screening, standardized testing, and team-based care to improve outcomes.

PP 14: The Injury Patterns and Factors Contributing to Road Traffic Crashes at the Accident Service Unit of Colombo South Teaching Hospital

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Background

Road traffic crashes (RTCs) are a major global public health concern, particularly in developing and emerging economies where they place a significant burden on healthcare systems.

Objectives

To investigate injury patterns, severity, and associated factors among RTC patients admitted to the Accident Service Unit of CSTH.

Methods

A systematic cross-sectional analysis was conducted on 384 patients admitted to CSTH in 2020 and 2021, selected via systematic sampling. Injury Severity Scores (ISS) were calculated, with scores above 15 indicating major trauma. Data analysis was performed using SPSS version 27, with significance set at $p < 0.05$.

Results

The study population was predominantly male (86.2%), with 54.4% under the age of 40. Lower limb injuries (54.2%) were most common, followed by head and neck injuries (39.8%). Lacerations (51.8%) and fractures (51.3%) were the most frequent injury types. Most injuries were minor (ISS ≤ 15), with only 35 cases classified as major trauma. FAST scan results were negative in 96.6% of cases, and 87.5% of patients were not intoxicated upon arrival. RTCs predominantly occurred on weekday nights (64.8% and 52.3%, respectively). Drivers were the most affected group (67.2%), particularly involving motorcycles (65.9%) and three-wheelers (20.3%). A moderate correlation existed between ISS and hospital stay duration ($r = 0.50$, $p < 0.001$). Age was associated with longer hospital stays ($p = 0.007$), while male gender was significantly related to the affected body area ($p < 0.001$).

Conclusions

Young male motorcycle drivers are the most vulnerable group. Lower limb injuries are common, and older age predicts longer hospitalization. Targeted prevention strategies are essential.

PP 15: Epidemiological Study and Public Health Response to a Measles Outbreak in a High-Risk Area of Colombo

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Background

The measles virus is highly contagious and can lead to severe complications, particularly in unvaccinated children. Since May 2023, an imported outbreak has emerged in Sri Lanka despite extensive surveillance measures. The Colombo RDHS region has reported the highest concentration of measles cases during this outbreak. Within this region, the Gothatuwa MOH area is highly vulnerable due to its susceptibility to natural disasters. Therefore, a targeted outbreak investigation is essential.

Objective

To investigate the epidemiological characteristics and risk factors, with the aim of informing targeted public health interventions.

Method

The outbreak was first identified in Mahabuthgamuwa PHI area in Gothatuwa MOH, when children who came with fever, rash, and coryza tested positive for measles antibodies. The first case was reported on June 23, 2023, involving a 7-year-old unvaccinated child and investigation was carried out, mostly through focus group speaks during many field visits. Data was also acquired from secondary sources over a one-month period utilizing notification forms submitted to the Medical Research Institute.

Results

A total of nine measles cases were recorded in the Gothatuwa MOH area, with an attack rate of 6.4/100,000. Females accounted for 55.5%, while 44.4% were above the age of 20. All the cases were unvaccinated, hospitalized, and serologically positive. The majority of patients came from the Gothatuwa PHI region, and they all recovered without complications.

Conclusion and recommendations

This outbreak mainly affects unvaccinated individuals in the Gothatuwa MOH area. It shows a strong need to improve immunization coverage. Strengthening early case detection, ensuring prompt treatment, and supporting routine immunization, surveillance, and community health education are crucial for preventing future outbreaks and protecting community health. Taking proactive steps will be essential for building resilience against measles and safeguarding vulnerable populations.

PP 16 : Clinical Spectrum of Breast Diseases Among Female Patients Attending the Surgical Clinics of Colombo South Teaching Hospital

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Background

Breast cancer is commonest cancer among women globally and the common cancer among females in Sri Lanka accounting for incidence of 27.3 cases per 100000 population. Breast diseases are a common reason for visits to primary care and outpatient departments.

Objective

To assess the clinical presentations of breast diseases and its correlations among female patients attending a surgical outpatient clinic in a tertiary care hospital in Sri Lanka.

Material and methods

A descriptive cross-sectional study was conducted among 102 consecutive female patients with breast symptoms. Data were collected via interviewer-administered questionnaires. Data analysis was performed using Pearson's Chi-square test and descriptive statistics.

Results

The majority in the study were between 20-60 years(79.4%,n= 81, mean age 34.6). Commonest presentation was breast lump(68.6%,n=70) after that breast pain (15.7%, n=16). 75.5% (n=77) of breast disease were benign when 22.5% (n=23) were malignant. Among malignancy 65.2% (n=15) presented with lump, 17.39%(n=4) with pain and 8.69 % (n=2). significant correlations between malignancy and age (p=0.009), parity (p=0.027) and menstrual status (p=0.002). Most patients 72.6%(n=74) were referred by Early Cancer Detection Centre and medical-professionals. while general practitioners 26.5%(n=27) and MOH/WWC clinics 47%(n=48) were key access points for initial evaluation.

Conclusions

A majority had benign conditions however, the presence of malignancies highlights the need for vigilance, particularly elderly postmenopausal women. Breast pain, even without a palpable lump, can be a sign of malignancy and should not be overlooked in clinical evaluation. Strengthening awareness and timely referrals from primary care are key to early detection.

Keywords:

Breast diseases, Clinical presentation, Surgical outpatient, Sri Lanka, Primary care

PP 17 : Age-Driven Differences in Tumor Biology and Surgical Management of Breast Cancer : Insights from a Tertiary Care Centre

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Background

Breast cancer exhibits distinct biological behavior across age groups, with younger women often presenting with more aggressive disease. This study compared the clinicopathological characteristics and surgical outcomes of breast cancer in younger (<50 years) versus older (≥50 years) patients.

Methods

A retrospective analysis was conducted on 113 patients with histologically confirmed breast cancer who underwent surgery at Colombo South Teaching Hospital between January 2024 and April 2025.

Results:

The mean age was 43.21 years in the younger group (n=39) and 65.81 years in the older group (n=74). Most patients (88.5%) presented with a palpable breast lump, primarily in the right breast and upper outer quadrant (61.1%). BIRADS 4 lesions and TNM stage II disease were predominant. The younger group demonstrated more aggressive tumor profiles, with 30% showing Nottingham histologic grade ≥2, 47.1% HER2 positivity, and 63.63% triple-negative breast cancer (TNBC). Both TNBC (p = 0.032) and higher Ki-67 index (mean 30.64%, p = 0.019) were significantly more common in younger patients. Conversely, ER positivity was significantly higher in the older group (p = 0.03). Invasive carcinoma of no special type was the most frequent subtype (89.4%). Notably, five of seven patients with invasive lobular carcinoma were in the younger group. Breast-conserving surgery was the most common intervention (59.3%), while axillary clearance was limited (23%).

Conclusion

Younger breast cancer patients tend to present with biologically aggressive tumors, emphasizing the need for age-specific diagnostic and treatment strategies to improve outcomes in this subgroup.

PP 18 : Towards Greener Operating Theatres: Trainee Insights into Environmental Sustainability and Challenges

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Background

The healthcare sector is responsible for around 5% of global greenhouse gas emissions, and the operating theatre (OT) accounts for 20–30% of hospital waste through high consumption of energy, water, pharmaceuticals, and single-use items. In this context, promoting sustainable surgical practices is vital. This study assesses the knowledge, attitudes, and perceived barriers among surgical trainees regarding environmental sustainability in the OT.

Methods

A cross-sectional descriptive study was conducted using a self-administered questionnaire. Fifty-three surgical trainees participated. The questionnaire assessed their knowledge, attitudes, and perceived challenges related to sustainability in OT. Data was analyzed using descriptive statistics, independent t-tests and Chi-square analyses.

Results

Of the 53 respondents, 62% were males, with a mean age of 32.9 years. Most (77%) had more than one year of OT experience. Notably, 56% were not aware the OT as a high waste environment in the hospital setup, and 54% were unfamiliar with the concept of sustainability in OTs. A large majority (92%) had not received any education on the topic. While medical waste (90%), non-recyclables (84%), and anesthetic gases (58%) were commonly identified as pollutants, fewer acknowledged unused devices in a surgical packets (34%), water use (34%) and energy consumption (26%) as pollutants. Key barriers identified to implement sustainable measures included cost, lack of eco-friendly alternatives and poor recycling infrastructure.

Conclusion

There is a notable gap in awareness and training regarding sustainable surgical practices in OT. Targeted education is essential to foster environmentally responsible behavior among surgical trainees.

PP 19 : Splenic Artery Pseudoaneurysm in a Patient with Necrotizing Pancreatitis: A Case Report

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Abstract

Splenic artery pseudoaneurysm (SAP) is a rare but potentially fatal complication of acute severe pancreatitis. We present the case of a 38-year-old male with a history of alcohol-induced acute-on-chronic pancreatitis who developed SAP. The patient presented with severe epigastric pain, high fever and hemodynamic instability. Imaging revealed acute necrotizing pancreatitis with a necrotic collection. Although there was no evidence of active gastrointestinal bleeding, SAP was suspected, prompting further imaging. Additional findings included a splenic artery pseudoaneurysm with suspected slow leakage, chronic portal vein thrombosis, and splenic hilar varices. Initial management included fluid resuscitation, blood transfusion, intravenous antibiotics, and analgesia. The patient was subsequently transferred to a specialized center with interventional radiology services, where embolization was performed. This case highlights the importance of early recognition of SAP in patients with necrotizing pancreatitis, particularly those with underlying chronic pancreatitis. Timely diagnosis through imaging, followed by prompt referral to centers equipped for interventional radiological management, can significantly reduce the risk of fatal hemorrhage and improve patient outcomes.

Key Words: Splenic Artery Pseudoaneurysm, Necrotizing Pancreatitis, Chronic Pancreatitis

PP 20: A Rare Case of Disabling Gestational Gigantomastia: From Conservative Measures to Surgery

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Background

Gestational gigantomastia (GG) is a rare condition characterized by excessive and rapid breast enlargement during pregnancy resulting in significant physical discomfort, functional limitations, and significant psychological impact.

Case Presentation

We present a 33-year-old multiparous woman in her third pregnancy, who developed severe bilateral GG by 16 weeks of gestation. Despite initial conservative management, including analgesia and pharmacological (bromocriptine) therapy, the condition worsened causing functional impairment and recurrent mastitis requiring repeated hospital admissions.

The pregnancy was electively induced due to physical limitations at 35 weeks of gestation; however, the labour was complicated by obstruction, necessitating an emergency cesarean section. During postpartum period, patient developed severe lactational mastitis complicated by sepsis necessitating ICU admission. After recovery and cessation of breastfeeding, she elected to undergo wise pattern bilateral reduction mammoplasty with free nipple-areolar complex (NAC) grafting in four months to her postpartum period. The procedure provided substantial functional relief and a favourable aesthetic outcome.

Conclusion

This case underscores the complexity of managing gestational gigantomastia and emphasizes the need for individualized care. Although conservative treatments may offer temporary relief, surgical intervention is often necessary in severe cases. This case contributes to the understanding of effective management strategies for GG, particularly in cases refractory to conservative measures.

PP 21: Pain assessment and management: An audit of practice at a tertiary hospitalPerera WPWS¹¹ Colombo South Teaching Hospital**Introduction**

Acute postoperative pain resulting from tissue injury is a common and unpleasant experience for most patients. Effective management, which includes recognition and assessment, enhances patient satisfaction and facilitates smoother recovery. Due to subjective variation in pain perception, recognizing and assessing pain is crucial for tailoring the most appropriate management plan. This audit evaluates post-operative pain management with a focus on assessment and patient satisfaction.

Methodology

This audit was conducted in obstetric and gynecological wards of a government-funded tertiary academic institution in the Western Province of Sri Lanka. Forty-three female patients from wards, who underwent gynecological surgeries or cesarean sections between January and March 2023, were randomly selected. Data were collected retrospectively through interviews and clinical notes and analyzed using Excel. Variables assessed included age, pain assessments, pain assessors, assessment tools, and pain management plans.

Results

Of the 43 patients, 15 underwent cesarean sections and 28 gynecological surgeries, with a mean age of 36.7 years. Prior to surgery, 29 patients (67%) were pain-free; only 3 of the 14 in pain had a documented plan. Postoperatively, pain was assessed inconsistently, and no standard tool was universally used. Despite this, all patients had documented management plans. NSAIDs were administered to 88%, Paracetamol to 60% (only 27% regularly), and opioids to 40% (only 21% received). Only 7 patients (16%) were satisfied with pain control.

Discussion

Pain perception varies and requires individualized management. Lack of standardized assessment and underuse of validated tools contributed to suboptimal pain control. Staff concerns about opioid use also influenced outcomes.

Conclusion

Acute postoperative pain is often inadequately managed. Employing the RAT approach (Recognize, Assess, Treat), validated assessment tools, and regular reassessment can improve outcomes. Multimodal, patient-centered strategies and timely referrals are essential to optimize pain relief and enhance recovery.

PP 22: A Clinical Audit on Reassessment of Pain after Analgesia at the Accident and Emergency (A&E) Department, CSTH

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Introduction

Effective pain management requires not only timely analgesia but also structured reassessment to ensure symptom relief. Reassessment of pain following initial treatment is essential for evaluating analgesic efficacy and determining if additional intervention is required. Failure to reassess can result in prolonged discomfort and suboptimal care.

Objective

To assess whether patients receiving analgesia in the A&E Department at Colombo South Teaching Hospital (CSTH) had their pain reassessed within one hour, and whether further management was provided when indicated.

Methods

A retrospective clinical audit was conducted using randomly selected 73 records of adult patients (≥ 18 years) presenting with pain over a one-month duration. Data collected included time of initial pain score, time of analgesia administration, whether reassessment was documented within one hour, and if further analgesia was given when pain persisted. The audit standard was set at $\geq 90\%$ of patients having pain reassessed within 60 minutes of initial analgesia.

Results

Among the patients reviewed, pain was not reassessed using a standard scoring system in any patient within 1 hour, but 16.43% received additional analgesia. Gaps were identified in documentation practices and follow-up protocols, particularly during peak hours.

Conclusion

Pain reassessment after initial analgesia is inconsistently performed and documented in the A and E, CSTH. Improving compliance requires standardised pain reassessment protocols, increasing the availability of pain score charts, and enhanced staff awareness. These interventions will be implemented, and a re-audit will be conducted to evaluate improvements.

PP 23: An audit to assess the true necessity of D-dimer testing in the received samples at Colombo South Teaching Hospital

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Introduction:

D-dimer assays, while valuable in diagnosing venous thromboembolism (VTE), are resource-intensive and prone to false positives in various clinical conditions. This audit assessed the appropriateness of D-dimer test utilization at Colombo South Teaching Hospital (CSTH).

Methodology:

A descriptive cross-sectional study was conducted from June to July 2023, auditing 69 D-dimer requests. A structured form was introduced to capture clinical indications, and additional data were obtained through direct clinician contact. Statistical analysis was done using SPSS.

Results:

Of 69 D-dimer assays, 88.4% were for suspected VTE, with pulmonary embolism (81.5%) and lower limb DVT (14.75%) being the most common indications. However, 84% of pulmonary embolism cases lacked pre-test probability assessment, and 47% of positive D-dimer results were not followed by imaging. Notably, 83% of positive D-dimer cases had negative CTPA findings, many of which had comorbid conditions like sepsis, malignancy, or recent surgery. For DVT, 88% of cases lacked Wells score assessment. Additionally, 11.5% of tests were done after anticoagulation initiation, reducing test reliability. Repeat testing was often done without clear clinical justification.

Discussion:

The audit revealed widespread omission of pretest probability assessments, leading to high false-positive rates and unnecessary imaging. D-dimer was often used in scenarios where clinical evaluation or imaging alone would have sufficed, especially when confounding factors like sepsis were present.

Conclusion:

A significant proportion of D-dimer requests were not supported by pre-test probability assessments, leading to potential overuse and misinterpretation. This reflects the need for structured request protocols, clinician training, and prioritization of testing in low pre-test probability scenarios to optimize diagnostic accuracy and resource use.

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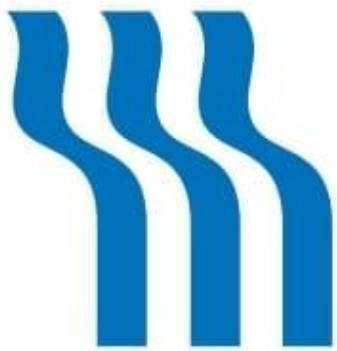
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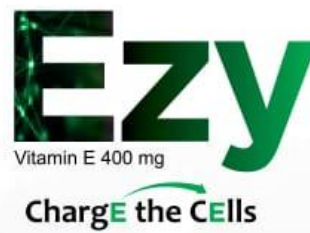


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