56th Annual Scientific Congress

of the

Sri Lanka College of Obstetricians & Gynecologists

In collaboration with

RANZCOG

"Advancing Women's Health with Good Governance"

PROGRAMME BOOK

11th to 13th August 2023

at BMICH, Colombo, Sri Lanka.

SRI LANKA COLLEGE OF OBSTETRICIANS & GYNAECOLOGISTS

56th Annual Scientific Congress 2023

in collaboration with

RANZCOG

"Advancing Women's Health with Good Governance"

PROGRAMME BOOK

11th August to 13th August 2023
BMICH, Colombo

Edited by
Dr. Shemoon Marleen

Contents

THE CHIEF GUEST

Dr Vijay Roach

Immediate Past President, RANZCOG
MBBS MRCOG FRANZCOG

MESSAGE FROM THE GUEST OF HONOUR

I extend my warmest congratulations to the President and Council of the Sri Lanka College of Obstetricians and Gynaecologists for organizing the 56th successive annual scientific sessions of your College. I am very pleased to note your dedication and commitment to prioritize good governance in women's health as a group of experts committed to advance the status of women and girls of our beautiful island. Your chosen theme does undoubtedly address a long-felt void within our local health systems. I am confident that your focus will serve to enhance and sustain relevant research and scholarship with a broad-based outreach. The quality of training you provide has greatly benefited our women and families alike. Your professional inputs would be greatly valued in the rationalization of an evidence based approach to women's health in the South Asian region.

I extend my very best wishes for fruitful scientific and professional discussions and the formulation of a strong platform to enable sustained collaborations in training and research at national, regional and international levels.

Chandrika N Wijeyaratne
Senior Professor in Reproductive Medicine
Former Vice Chancellor, University of Colombo

MESSAGE FROM THE PRESIDENT RANZCOG

RANZCOG™
Excellence in Women's Health

On behalf of our membership from across Australia and New Zealand, may I send our best wishes to our colleagues in Sri Lanka from the Royal Australian and New Zealand College of Obstetricians and Gynaecologists - RANZCOG.

Congratulations on the event of your 56th Annual Scientific Conference of Sri Lanka College of Obstetricians and Gynaecologists (SLCOG).

RANZCOG is honoured to partner with you for this event and I'm sure this conference will be a great opportunity to learn and network.

Our organisation looks forward to working closely and collaboratively with you to improve women's health, not just across our two jurisdictions, but also in Asia and Oceania.

Best wishes for what will be a remarkable event!

Dr Benjamin Bopp
President RANZCOG

MESSAGE FROM THE PATRON SLCOG

It is a great pleasure for me to send this message on the occasion of the 56th Annual Scientific Congress of the Sri Lanka College of Obstetricians & Gynaecologists. The Association of Obstetricians & Gynaecologists formed in 1953 became the Sri Lanka College of Obstetricians & Gynaecologists with the advent of the republican constitution of Sri Lanka in 1972. Through the hard work of the past presidents and members of the council over the years since its inception, we have achieved high standards in women's health. The SLCOG also has high ethical standards which need to be pursued and observed by all its members.

The SLCOG has achieved a great deal with respect to improving maternal health, safe delivery of the baby, by providing adequate facilities, and the best possible care for the new born infant in Sri Lanka. With respect to gynaecological health of women the SLCOG has focused on optimum facilities for women with gynaecological problems as well as the proper management of the perimenopause, menopause and post-menopausal period of her life.

Our college has had contacts with the Royal College of Obstetricians & Gynaecologists over the past several years as well with other international organizations such as with the Asean Oceania Federation of Obstetrics & Gynaecology (AOFOG) and International Federation of Gynaecology & Obstetrics (FIGO) as well as the American College of Obstetricians & Gynaecologists. We also liaised with the obstetrics & gyneacological associations in the South Asian region to form the South Asian Federation of Obstetrics & Gynaecology (SAFOG) in the year 2000, the purpose of which was to have discussions among similar organisations in the region with respect to populations with a similar culture, attitudes, and beliefs. This has been extremely successful and we have learnt much from these discussions. The Perinatal Society was formed in 2001 which greatly helped in the management of new born babies. Later, the SLCOG formed the Menopause Society of Sri Lanka to focus on peri menopausal, menopausal and post-menopausal women in the post reproductive period of their life.

The South Asian Federation of Menopause Society was subsequently formed by liaising with the Menopause Societies of countries in the South Asian region, with like minded populations this too has been a great success.

The maternal mortality rate in Sri Lanka in the 1980's was as high as 200 per 100,000 live births. The SLCOG organized Safe Motherhood Programs island wide with the focus of reducing maternal mortality during this period, these programs still continues and currently the maternal mortality rate has greatly reduced to around 35 per 100,000 live births. Our aim is to further reduce it to figures comparable to that of the developed world. This year too the President and Council of the SLCOG has organized an extremely interesting congress "Advancing Women's Health with Good Governance" with a pre congress workshop and a post congress program. I wish the President and the Council 2023 all the very best for the success of the 56th Annual Scientific Con-

gress which they planned in great detail over the last few months. We are extremely grateful to our invited foreign guests who will be participating in the congress either physically or virtually.

We thank & warmly welcome our honored Chief Guest Dr. Vijay Roach, from Australia, the immediate Past President of Ranzcog, and Guest of Honor Prof. Chandrika Wijeratne, Senior Professor in Reproductive Medicine and Former Vice Chancellor- University of Colombo. We also welcome the current Ranzcog President Dr. Benjamin Bopp and the President Elect of Ranzcog Dr. Gill Gibson who will be speaking to us on zoom during the conference as well as to the President of RCOG Dr. Rani Thakur who will also speak to us on zoom. We also welcome Dr. Hasthika Ellepola, who is visiting from Australia as well as Dr. Jared Watts and all our other foreign and local participants attending the congress. We hope that all our foreign guests will enjoy their stay in Sri Lanka with its scenic beauty and warm hospitality.

We also hope that the topics discussed and the discussions which ensue will enable us to advance our knowledge so that we can reach greater heights in the management of our patients with respect maternal and new born care as well as the health of women of all ages of their lives.

Dr Marlene Abeyewardane
Patron
Sri Lanka College of Obstetricians & Gynaecologists

MESSAGE FROM THE PRESIDENT OF SLCOG

56th Annual Scientific Congress of the Sri Lanka College of Obstetricians & Gynaecologists in collaboration with Royal Australian and New Zealand College of Obstetricians & Gynaecologists (RANZCOG) moves towards safeguarding the women under the heading of "Advancing women's health with good governance". The college has tremendously moved in all its academic ventures successfully during the year 2023 by publishing guidelines, Patient information leaflets, series of academic webinars and plenty of academic and recreational events. The endeavors of the SLCOG towards its success is further strengthen by the collaboration of the sessions by RANZCOG who agreed support, wellbeing and sustainability of the college.

I am proud to announce that SLCOG 2023 sessions are collaborated by RANZCOG & RCOG and it will be an exciting academic event in your academic calendar where we wish to bring all the current, evidence based and ethical practices to consultants, trainees & medical professionals. I hope you will reserve days 11th, 12th and 13th of your academic calendar for this SLCOG Sessions.

Wishing a very successful academic sessions SLCOG 2023!!!

Prof S. H. Dodampahala
President
Sri Lanka College of Obstetricians & Gynaecologists

MESSAGE FROM THE SECRETARY SLCOG

It gives great pleasure to welcome you all for the most awaited event on the calendar for the SLCOG for the year 2023 under the presidency of Prof Hemantha Dodampahala, the 56th Annual Academic Sessions of the SLCOG.

The SLCOG is the pioneering institute of Sri Lanka in promoting women's health in Sri Lanka since its inception on 15 December 1967. I am proud to be its 56th Secretary and be a part of this success story.

The 56th Annual Academic Sessions this year is held in collaboration with the Royal Australian New Zealand College of Obstetricians and Gynaecologists (RANZCOG) at the BMICH, Colombo, from the 11th to 13th August 2023. An elaborate scientific program packed with a wide range of topics in obstetrics and gynaecology will be discussed at the program, which will span for 2 days.

The theme for this year's scientific program would be "Advancing in women's health with good governance," which most of the work was targeted during this year, and this session would be the pinnacle of academic activities organized by the college under the presidency of Professor Hemantha Dodampahala.

I am confident that the delegates and the conference faculty will have a fulfilled academic experience and enjoy the company of collogues from all over the country and world in one common location.

I sincerely thank all the organizing committee members for their valuable and dedicated efforts to make this very important event a success.

Finally, I wish you all a pleasant stay in Colombo, Sri Lanka, which is rich in natural beauty and filled with people with great hospitality.

Dr Chandana Jayasundara
Hon. Secretary
Sri Lanka College of Obstetricians & Gynaecologists

MESSAGE FROM THE CHAIRMAN OF SCIENTIFIC ACTIVITIES AND RESEARCH

With immense pleasure and honour, I welcome you to the Sri Lanka College of Obstetricians and Gynaecologists Annual Scientific Sessions for 2023. This year's congress holds a special significance as we gather under the theme "Advancing Women's Health with Good Governance." Our collective commitment to this vital aspect of women's healthcare makes this event even more meaningful.

As Chairman of Scientific and Academic Activities, I am thrilled to witness the convergence of brilliant minds, clinicians, researchers, and policymakers in obstetrics and gynaecology. This congress serves as an opportune platform to share knowledge, expertise, and research findings essential to enhancing women's health and well-being in our country.

Our partnership with the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) exemplifies the spirit of collaboration and international cooperation in addressing global challenges related to women's health. The exchange of ideas and experiences between our institutions will undoubtedly enrich the scientific discourse and foster meaningful relationships among participants.

Throughout the congress, we will explore various dimensions of "Advancing Women's Health with Good Governance." Six pre-congress workshops, facilitated by our esteemed Sri Lankan faculty and renowned foreign experts from the UK and India, will delve into crucial topics, offering hands-on learning opportunities and practical insights. These workshops will provide a comprehensive understanding of emerging trends and best practices in the field, ensuring attendees gain invaluable skills to advance women's health with good governance.

The scientific content of the congress further unfolds with twelve symposiums, three plenary lectures, and five guest lectures delivered by experts at the forefront of their fields. These thought-provoking sessions will shed light on groundbreaking research, innovative techniques, and novel approaches to obstetrics and gynaecology. Additionally, the platform will host 60 oral and over 100 E-poster presentations, allowing researchers and clinicians to disseminate their findings and engage in meaningful discussions.

The congress also pays tribute to the pioneers in the field of Obstetrics and Gynaecology with two orations, the esteemed Dr D.A. Ranasinghe Oration and Dr Rohana Haththotuwa Oration, alongside the prestigious P. Dissanayake Endowment Lecture. These orations celebrate exceptional contributions to the field, inspiring

the next generation of healthcare professionals to strive for excellence and dedication in women's healthcare. As we embark on this enriching journey, I am confident that the knowledge shared and connections formed during the congress will have a lasting impact on women's health, transcending borders and making a positive difference in the lives of countless individuals.

I extend my heartfelt gratitude to all the speakers, chairpersons, moderators, and organizing committee members who have worked tirelessly to curate a comprehensive and enlightening program. Your dedication ensures the success of this event and reinforces the reputation of the Sri Lanka College of Obstetricians and Gynaecologists as a leading institution in the field.

Once again, I warmly welcome each of you and wish you a rewarding and inspiring experience at the Annual Scientific Sessions 2023. Let us collectively strive to advance women's health through the prism of good governance.

Dr Shemoon Marleen
Chairman of Scientific Activities and Research
Sri Lanka College of Obstetricians and Gynaecologists

SRI LANKA COLLEGE OF OBSTETRICIANS & GYNAECOLOGISTS COUNCIL-2023

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President	Prof S.H. Dodampahala
President Elect	Dr Mangala Dissanayake
Immediate Past President	Prof Sanath Lanerolle
Hon. Secretary	Dr Chandana Jayasundara
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Social Activities Secretary	Dr Sudath Senaratne
Chairman - Education and Setting Standards	Prof J. Kadotgajan
Chairman - Global Relationships	Prof Nishendra Karunaratne
Chairman - Regional Activities and Developments	Dr S.P. Akmeemana

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Dr Achintha Dissanayake	Dr M.C. Gihan	Prof Chaminda Kandauda
Dr S. N. K. Rodrigo	Prof Chanil Ekanayake	Prof Neil Senewiratne
Dr N. G. C. L. Samarawickrema	Dr S. F. L. Akbar	Prof Rasika Herath
Dr Diluk Senadheera	Prof H.M.J.N. Herath	Prof C. Randeniya
Dr Rajeev Vithanage		

Co- Opted Members

Dr Kapila Gunawardana	Prof Pradeep De Silva	Dr Gamini Perera

Sri Lanka College of Obstetricians & Gynaecologists Council 2023

Seated Left to Right - Dr Darshana Abeygunawardana - *Treasurer*, Dr A. Sritharan - *Chairman Continuing Professional Development*, Prof Nishendra Karunaratne - *Chairman Global Relationships*, Dr Gamini Perera - *Co-Opted Member*, Prof Pradeep De Silva - *Co-Opted Member,* Prof S.H.Dodampahala - *President*, Dr (Mrs) Marlene Abeyewardene - *Patron* Prof Sanath Lanerolle - *Immediate Past President*, Dr. Mangala Dissanayaka - *President Elect,* Dr S. P. Akmeemana - *Chairman Regional Activities and Developments,* Dr Sumith Warnasuriya - *Chairman Ethics*, Dr Sudath Senaratne - *Secretary Social Activities*, Prof T. Kadotgajan - *Chairman Education and Setting Standards*, Dr Chandana Jayasundara - *Hon Secretary*

Standing Left to Right - Dr M. Rishard - *Asst.Secretary*, Prof Rasika Herath - *Council Member*, Dr B. P.G. N. De Silva - *Asst. Treasurer,* Prof C. Randeniya - *Council Member*, Prof Chaminda Kandauda - *Council Member,* Dr Diluk Senadheera - *Council Member*, Dr Chanil Ekanayaka - *Council Member*, Dr Rajeev Withanage - *Council Member*, Dr S. N. K. Rodrigo - *Council Member*, Dr Ruwan Silva - *Council Member,* Dr Chaminda Mathota - *Council Member*, Dr Chinthaka Banagala - *Council Member,* Dr M. C.Gihan - *Council Member*, Dr Shemoon Marleen - *Chairman Scientific Activities & Research*, Dr Asanka Jayawardana- *Asst. Secretary*, Dr Achintha Dissanayaka - *Council Member*, Prof Neil Seneviratne - *Council Member*

Absent - Dr Wasantha Galappaththi - *Editor,* Dr S.F.L.Akbar - *Council Member*, Dr Lalith Samarawickrama - *Council Member*, Prof Kapila Gunawardene - *Coopted Member*, Prof Jagath Herath - *Council Member*

ORGANIZING COMMITTEE

Congress Chairman	Prof S H Dodampahala	
Scientific Committee Chairman	Dr (Mrs) Shemoon Marleen	
Scientific Committee Co-Chair	Dr Indu Asanka Jayawardena	
Abstract Committee Co-Chairmen	Dr M R M Rishard	Prof Chanil Ekanayake
	Dr Darshana Abeygunawardena	Dr Sudath Senaratne
	Prof Rasika Herath	Dr Achintha Dissanayaka
	Dr Chinthana Banagala	Dr Prabodana Ranaweera
	Dr M A G Iresha	

SUB COMMITTEE

Inauguration Chairman	Dr Mangala Diassanayaka	
Registration	Dr Darshana Abeygunawardena	
Publications	Dr M A G Iresha	
Souvenirs	Dr S P Akmeemana	Dr Prabodhana Ranaweera
Accommodation & Transport	Dr Diluk Senadeera	
College Dinner	Dr Sudath Senaratne	
Website/Audio Visuals	Dr Chaminda Mathota	
Trade and Exhibition	Prof Sanath Lanerolle	Dr Ruwan Silva
Pre and Post Congress Workshops	Dr Chandana Jayasundara	Dr Chinthaka Banagala
	Prof Rasika Herath	Dr Achintha Dissanayaka

SRI LANKA COLLEGE OF OBSTETRICIANS & GYNAECOLOGISTS

56th Annual Scientific Congress 2023

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"Advancing Women's Health with Good Governance"

PRE-CONGRESS WORKSHOPS

Pre Congress Workshop - 01

56 th Annual Scientific Congress
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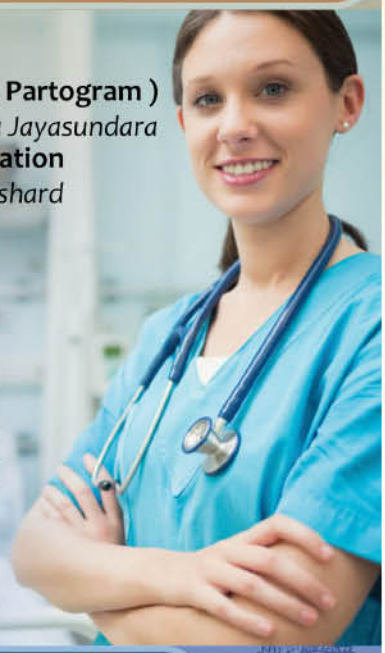
Pre Congress Workshop

WORKSHOP ON LABOUR WARD MANAGEMENT

7 th August 2023 | 8.00 am – 3.30 pm | At Auditorium, SLCOG House



08.00 am - 08.20 am Registration

08.20 am - 09.00 am Introduction to the Labour Care Guide (the new Partogram)
Dr Chandana Jayasundara

09.00 am - 09.50 am CTG – the evidence based approach to interpretation
Dr Mohomed Rishard

09.50 am - 10.10 am Tea Break

10.10 am – 11.00 am Instruments – vacuum delivery
Dr Indunil Piyadigama

11.00 am – 12.00 pm Instruments – forceps delivery
Dr Diluk Senadheera

12.00 pm – 1.00 pm Respectful maternal care and labour ward Ethics
Dr Prabodana Ranaweera

1.00 pm – 2.00 pm Lunch Break

2.00 pm – 3.30 pm Instruments hands on training
Dr Indunil Piyadigama and Dr Diluk Senadheera

RESOURCE PERSONS

DR. CHANDANA JAYASUNDARA
(SENIOR LECTURER IN OBS AND GYNE, SRI LANKA)

DR. MOHAMED RISHARD
(SENIOR LECTURER IN OBS AND GYNE, COLOMBO, SRI LANKA)

DR. PRABHODANA RANAWEERA
(SENIOR LECTURER IN OBS AND GYNE, COLOMBO, SRI LANKA)

DR. DILUK SENADEERA
(CONSULTANT OBSTETRITIAN AND GYNAECOLOGIST, SRI LANKA)

DR. INDUNIL PIYADIGAMA
(CONSULTANT OBSTETRITIAN AND GYNAECOLOGIST, SRI LANKA)

REGISTRATIONS
WhatsApp +94 77 967 8787
Email slcogoffice@gmail.com

REGISTRATION FEES
CONSULTANTS 6000 LKR
PG TRAINEES 3000 LKR
FOREIGN 50 USD

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Pre Congress Workshop - 02

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Operative Laparoscopy

08TH AUGUST 2023 | **08.00 AM – 01.00 PM** | **Auditorium, Durdans Hospital**

08.00 am – 08.30 am	Registration
08.30 am – 08.45 am	Welcome speech
08.45 am – 09.30 am	Live Demonstration No.01 by Dr Prabodhana Ranaweera
09.30 am – 10.15 am	Live Demonstration No.02 by Dr Dinesh Biyagama
10.15 am – 10.30 am	Tea Break
10.30 am – 11.15 am	Live Demonstration No.03 by Dr Diluk Senadheera
11.15 am – 12.15 pm	Conclusion
12.15 pm	Lunch

Live Demonstrations will be moderated by **Dr M R M Rishard** and **Dr Indunil Piyadigama**

COORDINATED BY

Dr M R M Rishard
Consultant Obstetricians & Gynaecologist

FACULTY

Dr Prabodhana Ranaweera
Consultant Obstetrician & Gynaecologist

Dr Dinesh Biyagama
Consultant Obstetrician & Gynaecologist

Dr Diluk Senadheera
Consultant Obstetrician & Gynaecologist

Dr Indunil Piyadigama
Consultant Obstetrician & Gynaecologist

REGISTRATION FEES

Consultants:	PG Trainees:	Foreign:
6,000 LKR	3,000 LKR	50 USD

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Pre Congress Workshop - 03

GE HealthCare

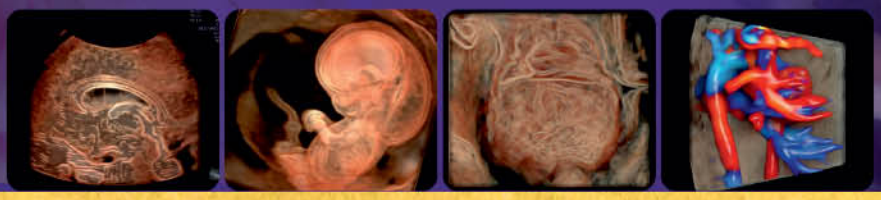
56th Annual Scientific Congress of the SriLanka College of Obstetricians & Gynecologists in collaboration with RANZCOG

Pre-congress Workshop

BEYOND BASICS IN FETAL MEDICINE

Samson Rajapaksa Auditorium, SLCOG House

WED, 09 AUG 2023 **8.30am to 5.00pm**



PROGRAMME

08.30 am – 09.00 am	Registration
09.00 am – 10.00 am	1st Trimester Screening by Dr Prathima Radhakrishnan
10.00 am – 10.30 am	Live Demonstration by Dr Prathima Radhakrishnan
10.30 am – 11.00 am	Tea Break
11.00 am – 11.45 am	Use of Ultrasound in the Management of Multiple Pregnancy by Prof Tiran Dias
11.45 am – 12.15 pm	Live Demonstration by Prof Tiran Dias
12.15 pm – 01.00 pm	Rendering and Basics of 3D/4D in Antenatal Ultrasonography by Prof S H Dodampahala
01.00 pm – 01.30 pm	Live Demonstration by Prof S H Dodampahala
01.30 pm – 02.30 pm	Lunch Break
02.30 pm – 03.15 pm	Doppler Ultrasound and the Management of SGA by Dr Luxmi Velauthar
03.15 pm – 04.15 pm	Live Demonstration by Dr Luxmi Velauthar
04.15 pm – 04.30 pm	Q & A
04.30 pm – 05.00 pm	Closing remarks and the Vote of Thanks by Dr Shemoon Marleen

Organized by

Dr. Shemoon Marleen
Chairman Scientific Activities & Research, SLCOG
Consultant Obstetrician & Gynaecologist Sri Lanka

FACULTY

Dr Prathima Radhakrishnan
Director & Consultant in Fetal Medicine
Bangalore Fetal Medicine Centre

Dr Luxmi Velauthar
Consultant in Fetal Medicine
Newham University Hospital, UK

Professor Tiran Dias
Professor in Fetal Medicine
Sri Lanka

Professor SH Dodampahala
Professor in Obstetrics & Gynaecology
Sri Lanka

REGISTRATION FEES

Consultants	6000 LKR
PG Trainees	3000 LKR
Foreign	50 USD

For Registrations
+94 77 967 8787
slcogoffice@gmail.com

Pre Congress Workshop - 04

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Operative Hysteroscopy: Basics and Beyond – Live Workshop

09TH AUGUST 2023 | **08.00 AM – 03.00 PM** | **AUDITORIUM, LANKA HOSPITAL**

08.00 am – 08.15 am	Registration
08.15 am – 08.30 am	Welcome speech by Prof Sanath Lanerolle
08.30 am – 09.30 am	Hysterescopy - Instruments and equipment with principles of common hysteroscopic procedure by Dr Prasanth Bhamare
09.30 am – 09.50 am	Applications of hysterescopic resection by Prof Nishendra Karunarathne
09.50 am – 10.05 am	Tea Break
10.05 am – 10.25 am	The Uterine Septum; hysterescopic septal resection – evidence and controversies by Dr Diluk Senadheera
10.25 am – 10.45 pm	Basics of hysteroscopy; state of the art and how to use different devices by Dr Prabath Randombage
10.45 pm – 12.30 pm	Live demonstration
12.30 pm – 01.00 pm	Lunch Break
01.00 pm – 02.30 pm	Live demonstration

ORGANIZED BY

Prof Sanath Lanerolle
Consultant Obstetricians & Gynaecologist

COORDINATED BY

Dr Diluk Senadheera
Consultant Obstetrician & Gynaecologist

&

Dr Prabhath Randombage
Consultant Obstetrician & Gynaecologist

FACULTY

Dr Prasanth Bhamare
Consultant Advanced Gynae Endoscopic Surgeon

Prof Nishendra Karunarathne
Consultant Obstetrician & Gynaecologist

Dr Diluk Senadheera
Consultant Obstetrician & Gynaecologist

Dr Prabhath Randombage
Consultant Obstetrician & Gynaecologist

REGISTRATION FEES
(50 LIMITED PARTICIPANTS ONLY)

Consultants:	PG Trainees:	Foreign:
6,000 LKR	3,000 LKR	50 USD

Pre Congress Workshop - 05

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Tips of Laparoscopic Suturing

10TH AUGUST 2023 | 08.00 AM – 01.30 PM | LAPAROSCOPY SKILLS CENTER, DEPARTMENT OF SURGERY, UNIVERSITY OF COLOMBO

08.00 am – 08.30 am	Registration
08.30 am – 08.45 am	Introduction to the workshop
08.45 am – 09.30 am	Basic Principles in Laparoscopic Suturing
	• Getting a needle into the abdomen
	• Handling the needle
	• Knotting
	• Selecting suitable instruments for suturing
09.30 am – 10.00 am	Laparoscopic Suturing – Demonstration
10.00 am – 10.15 am	Tea Break
10.15 am – 01.30 pm	Hands On Session

FACULTY

Prof Rasika Herath
Professor in Obstetrics and Gynecology

Dr Chaminda Mathota
Consultant Obstetrician and Gynaecologist

Dr Sumudu Kumarage
Senior Lecturer in Surgery

Dr Kumara Dissanayaka
Senior Lecturer in Obstetrics and Gynaecology

REGISTRATION FEES

Consultants: 6,000 LKR | *PG Trainees: 3,000 LKR* | *Foreign: 50 USD*

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Pre Congress Workshop - 06

56th Annual Scientific Congress
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Pre Congress workshop

Urodynamic studies and Assessment of Urinary incontinence

11TH AUGUST 2023 | **8.00 AM – 1.30 PM** | **SRI JAYEWARDENEPURA GENERAL HOSPITAL, WARD 09**

07.30 am - 08.00 am.	Registration
08.00 am - 08.30 am	Clinical Evaluation of Urinary incontinence by Dr Rameez Furukan
08.30 am - 09.00 am	Principles of Urodynamics by Dr Ruwan Fernando
09:00 am - 09:30 am	Setting up of Urodynamic Equipments (including a video) by Dr Ruwan Fernando
09.30 am - 09.45 am	Tea Break
09:45 am - 11.15 am	UDS with patients in the ward
11.15 am - 12.15 pm	Interactive Discussion of Urodynamic traces with case histories by Dr Ruwan Fernando
12.15 pm - 01.00 pm	Trainees questions
01:00 pm	Lunch

FACULTY

Dr Shemoon Marleen
Chairman - Scientific Activities & Research
SLCOG

Dr Ruwan Fernando
Consultant Obstetrician and Gynaecologist
Urogynecology Subspecialist
Imperial College London

Dr Rameez Furukan
Senior Lecturer
Faculty of Medicine, University of Ruhuna

REGISTRATION FEES

Consultants:	PG Trainees:	Foreign:
6,000 LKR	3,000 LKR	50 USD

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SRI LANKA COLLEGE OF OBSTETRICIANS & GYNAECOLOGISTS

56th Annual Scientific Congress 2023

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SCIENTIFIC CONGRESS

Conference Venue

at Bandaranaike Memorial International Conference Hall (BMICH),

Bauddhaloka Mawatha, Colombo 07. Tel : +94 112 691131

56th Annual Scientific Congress

in collaboration with

RANZCOG

11th August to 13th August 2023

at Bandaranaike Memorial International Conference Hall (BMICH), Colombo.

INAUGURATION

11th August 2023

5.30 p.m.	Guests take their seats
5.45 p.m.	Arrival of the Chief Guest and the Guest of Honour
6.00 p.m.	Ceremonial Procession
6.10 p.m.	Lighting of the oil lamp
6.15 p.m.	National Anthem
6.20 p.m.	Welcome Address by the President, SLCOG - ***Prof S. H. Dodampahala***
6.30 p.m.	Address by the Guest of Honour - ***Prof Chandrika N. Wijeratne***
6.45 p.m.	Address by the Chief Guest - ***Dr Vijay Roach***
7.00 p.m.	Fellowship Ceremony
7.20 p.m.	Prof D. A. Ranasinghe Memorial Oration by ***Dr Mohamed Rishard***
8.00 p.m.	Vote of thanks by the Hon. Secretary - ***Dr Chandana Jayasundara***
	Reception

DAY 01 | SCIENTIFIC PROGRAMME | 12TH AUGUST 2023

TIME	HALL – A (LOTUS HALL)	HALL – B (JASMINE HALL)	HALL – C (TULIP HALL)
8.00 AM – 9.00AM	**FREE PAPERS (1 - 6) - SESSION 1** *Chairpersons; Dr M. R. M. Rishard, Dr Darshana Abeygunawardana*	**FREE PAPERS (7 - 12) - SESSION 2** *Chairpersons; Prof Rukshan Fernandopulle, Dr Ajith Fernando*	**FREE PAPERS (13 - 18) - SESSION 3** *Chairpersons; Dr Champika Gihan, Dr Sudath Senerathne*
9.00 AM - 9.45 AM	**Dr. Rohana Haththotuwa Oration** **"Embracing Mobile Applications for Medical Education and Clinical Practice"** **Orator - Prof Chanil Ekanayake**		
9.45 AM - 10.45 AM	**RANZCOG Session 1 - Virtual** **What is Happening in O&G in Australia and New Zealand** **Dr Benjamin Bopp - President, RANZCOG** *Chairpersons; Prof Greg Duncombe, Dr Mangala Dissanayake*		
10.45 AM - 11.00 AM		**Tea break & Poster Viewing**	
11.00 AM - 11.40 AM	**Dr P. Dissanayake Endowment Lecture** **Miscarriage and Traumatic Birth Experience** **Dr Vijay Roach - Immediate Past President, RANZCOG**		
11.40 AM - 12.00 PM	**Plenary Lecture 1** **A Multi-Faceted Approach to Rural and Remote Obstetrics and Gynaecology - Dr Jared Watts** *Chairpersons; Prof S. H. Dodampahala, Dr (Mrs) Marlene Abeyewardene*		
12.00 PM - 1.00 PM	**RANZCOG Session 2** **International Affiliate Membership and MoU** **Dr Vijay Roach - Immediate Past President, RANZCOG** **Advance in Maternal Fetal Medicine Services in Australia - Prof Greg Duncombe** **Panel Disscusion and Q&A - Prof S. H. Dodampahala, Prof Pradeep De Silva** *Chairpersons; Prof Sanath Lanerolle, Dr Jared Watts*		
1.00 PM - 2.00 PM		**Lunch & Poster Viewing**	
2.00 PM - 2.30 PM	**Plenary Lecture 2** **Career in Women's Health in Australia; Training, Accreditation and Assessment - Dr Hasthika Ellepola** *Chairpersons; Dr Ananda Ranatunga, Dr Vijay Roach*	**Professor Sir Sabarathnan Arulkumaran** **YGA Session SLCOG** *Chairpersons; Prof Nilan Rodrigo, Dr F. Rameez*	

2.30 PM – 3.00PM	**Plenary Lecture 3** **Maternal Collapse During and After Delivery: Revisited - Prof S. H. Dodampahala** *Chairpersons; Prof Indrajee Amarasinghe, Dr Ajita Wijesundara*	**Professor Sir Sabarathnan Arulkumaran** **YGA Session SLCOG** *Chairpersons; Prof Nilan Rodrigo, Dr F. Rameez*	
3.00 PM – 4.00PM	**SYMPOSIUM 1** **Dilemma in Managing Women with Urinary Incontinence - Sri Lankan Perspective** **Dilemma Faced in Assessment and Management of Urinary Incontinence in Sri Lanka - Dr F. Rameez** **Challenges in the Management of Stress Urinary Incontinence in Sri Lanka - Dr Chinthaka Banagala** **How to Overcome the Obstacles in Managing Women with Urinary Incontinence in Sri Lanka - Dr Ruwan Fernando** *Chairpersons; Prof Indrajee Amarasinghe, Dr Nilan Rodrigo*	**SYMPOSIUM 2** **Clinical Governance and its Medicolegal Implications** **Moderator - Prof Chanil Ekanayake** **Mr Ruwantha Cooray** **Ms Namini Wijedasa** **Dr Ajith Fernando** **Ms Ranusha Wijesinghe** *Chairpersons; Dr Sakunthala Senevirathne, Dr Thusitha Padeniya* *Clinical Governance and its Medicolegal Implications*	**FREE PAPERS (19 - 24) - SESSION 4** *Chairpersons; Dr Achintha Dissanayake, Dr Chandina Wedamestri*
4.00 PM - 4.15 PM	**Tea break & Poster Viewing**		

DAY 02 | SCIENTIFIC PROGRAMME | 13TH AUGUST 2023

TIME	HALL – A (LOTUS HALL)	HALL – B (JASMINE HALL)	HALL – C (TULIP HALL)
8.00 AM – 9.00AM	**FREE PAPERS (25 - 30) - SESSION 5** *Chairpersons; Dr S. Raguraman, Dr Achintha Dissanayake*	**FREE PAPERS (31 - 36) - SESSION 6** *Chairpersons;Dr Jayanga Thilekaratne, Dr Chinthaka Banagala*	**FREE PAPERS (37 - 42) - SESSION 7** *Chairpersons; Prof Lanka Dasanayake, Dr Ruwan Silva*
9.00 AM - 9.30 AM	**RCOG Session - Virtual** **Training of Specialists in UK** **Dr Ranee Thakar - President, RCOG** **HRT and Breast Cancer** **Dr Peter Morris - Past President, RCOG** *Chairpersons; Prof Pradeep De Silva, Prof S. H. Dodampahala, Dr Shemoon Marleen*		
9.30 AM - 10.00 AM	**GUEST LECTURE 1** **Non Technical Skills in O&G Practice How to Develop and Teach** **Prof Chathura Rathnayaka** *Chairpersons; Dr Manoj Perera, Dr Chaminda Mathota*	**GUEST LECTURE 2** **Recurrent Pregnancy Loss (RPL) - Assessment and Management - Dr Sivalingarajah Raguraman** *Chairpersons; Dr Jagath Herath, Dr Ananda Ekanayake*	**GUEST LECTURE 3** **Emerging Trend of Using Levonorgestrel Intrauterine System (LNG-IUS)** **Prof K. A. Gunaratne** *Chairpersons; Dr Prashanth Gange, Dr Darshana Abeygunawardana*
10.00 AM - 10.45 AM	**SYMPOSIUM 3** **Tips and Tricks in Laparoscopy** **Use of Energy Devices in Laparoscopy** **Dr Indunil Piyadigama** **Ergonomics in Laparoscopy - Dr Kirana Arambage**	**SYMPOSIUM 4** **Pathophysiological Approach to Management of Medical Disorders in Pregnancy "What the Obstetricians Need to Know"** **Epilepsy in Pregnancy - Dr Kishara Gooneratne**	**FREE PAPERS (43 - 48) - SESSION 8** *Chairpersons; Dr Pradeep Hettipathirana, Dr Darshana Abeygunawardana*

10.00 AM - 10.45 AM	**Mastering the Basics of Laparoscopic Suturing** **Dr Chaminda Mathota** *Chairperson; Dr Kapila Withanarachchi, Dr K. K. Buddinatha*	**Walking the Tight Rope: Autoimmune Rheumatic Diseases and Pregnancy - Dr Inoshi Atukorala** **Asthma and Influenza: An Update** **Dr Thushara Mathias** *Chairpersons; Dr Sudharshana De Silva, Dr Madhura Jayawardane*	
10.45 AM – 11.00AM	**Tea break & Poster Viewing**		
11.00 AM – 12.00PM	**SYMPOSIUM 5 (Menopause Society)** **An Update on Menopausal Issues** **Psychological Changes in Menopause - Dr Dasanthi Akmeemana** **Controversies in Menopausal Hormonal Treatment in the Background of Breast Cancer - Dr Darshana Abeygunawardena** **Non-pharmacological Management in Menopause** **Dr Achintha Dissanayake** *Chairpersons; Dr Mangala Dissanayaka, Prof Sanath Lanerolle*	**SYMPOSIUM 6** **Management of Subfertility; Are We Doing Enough?** **Fertility Preservation for the Generalist** **Dr Chaminda Hunukumbure** **Endometrium and Fertility - Dr Udara Jayawardana** **Management of Azoospermia - Dr Adithya Sirisena** *Chairperson; Dr Milhan Batcha, Prof S. H. Dodampahala*	**FREE PAPERS (49 - 54) - SESSION 9** *Chairpersons; Dr Sudharshana De Silva, Prof K A Gunarathne*
12.00 PM - 1.00 PM	**SYMPOSIUM 7** **New Changes in Labour Care Management** **Management of Short Cervix, the Dillemma on Cervical Cerclage Application - Dr Champika Gihan** **Intrapartum Ultrasound, an Essential Skill in Modern Labour Care - Dr Shemoon Marleen** **Reducing Caesarean Section Rates among Women undergoing IOL: Are We Deciding Caesarean Section too Early?- Dr Chandana Jayasundara** *Chairpersons; Dr Ruwan Gamage, Dr Upali Marasinghe*	**SYMPOSIUM 8** **Unusual and Uncommon in Endometriosis** **An Atypical Presentation of Endometriosis - Dr Shammi Isanka** **Exploring Pelvic Anatomy in Endometriosis** **Dr Dinesh Biyagama** **Endometriosis in Extremes of Ages (Early and Late Reproductive Life)- Dr Madhura Jayawardane** **Environmental Risk Factors and Endometriosis: Is Risk Modification a Pragmatic Reality?** **Dr Diluk Senadheera** *Chairpersons; Dr Gamini Perera, Dr Harsha Kalansooriya*	**FREE PAPERS (55 - 60) - SESSION 10** *Chairpersons; Dr Nilan Rodrigo, Dr Sunil Fernando*
1.00 PM - 2.00 PM	**Lunch & Poster Viewing**		
2.00 PM - 3.00 PM	**SYMPOSIUM 9** **Be Kind to the Mind; Maternal Mental Health Masters** **Menopause and Mental Health - Dr Luckshika Amarakoon** **Post Partum Mental Illnesses - Dr Chamara Wijesinghe** **The Role of Obstetrician/ Gynaecologist in the Management of Dementia Patients - Dr Indika Mudalige** *Chairperson; Dr Asoka Weerakkody, Dr Romanie Fernando*	**SYMPOSIUM 10 (Perinatal Society)** **A Culture for Performance - for Beter Quality Care** **Insitutonal Performance Indicators and their use for Better Quality Care - Dr Susie Perera** **Panel Discussion - Dr Chithramalee De Silva, Dr Prabath Randombage** *Chairpersons; Prof Sanath Lanerolle, Prof C. Randeniya*	**GUEST LECTURE 4** **Postgraduate Training and Life in Australia - Virtual - Dr Oshadhi Nallaperuma** **GUEST LECTURE 5** **Environment Hazards and Pregnancy** **Dr. Ananda Ranatunga** *Chairpersons; Dr Probhodana Ranaweera, Dr Dinesh Biyagama*
3.00 PM - 4.00 PM	**SYMPOSIUM 11** **Post-recession Migration and Service Disruption** **Impact of the Economic Crisis on the Maternal and Child Health Programme in Sri Lanka - Dr Chithramalee De Silva** **Post-recession Migration and Service Disruption - Prof Dileep De Silva** **Pannel Discussion - Dr Susie Perera, Dr Chithramalee De Silva, Prof Dileep De Silva, Dr Prasad Ranaweera** *Chairperson; Prof S. Lanerolle, Dr Surantha Perera*	**SYMPOSIUM 12** **Intrapartum Fetal Monitoring in Local Settng** **Physiological approach to CTG Interpretation: Advance in Fetal Monitoring - Dr Wedisha Gankanda** **Implementation of International Consensus Guidelines on CTG Interpretation in Sri Lankan Setting - Dr Prabath Randombage** **Opimizing the Management of Prolonged Decelerations and Bradycardia Using the Physiological Approach - Dr A C M Musthaq** *Chairpersons; Dr Upali Marasinghe, Prof Kapila Gunawardena*	**GUEST LECTURE 6** **Work Life of a Consultant in the UK** **Prof Pradeep De Silva** *Chairpersons Dr Gamini Perera, Dr. Ananda Ranatunga*
4.00 PM - 4.15 PM	**Tea break**		
4.15 PM -4.30 PM		**Valedictory & Conclusion**	

FACULTY

SRI LANKA

Prof Hemantha Dodampahala

Prof Chanil Ekanayaka

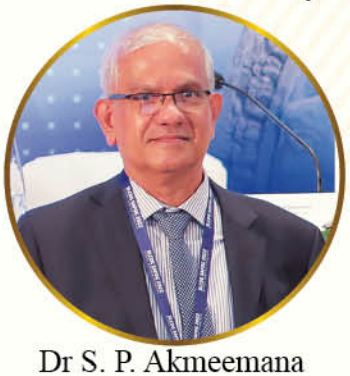
Dr Shemoon Marleen

Dr Ajith Fernando

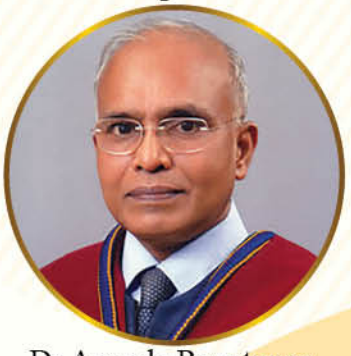
Prof. Chathura Rathnayake

Dr Champika Gihan

Dr Surantha Perera



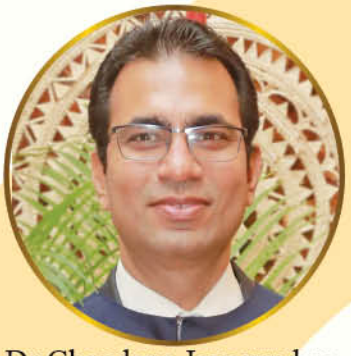
Dr S. P. Akmeemana



Dr Ananda Ranatunga

Dr Susie Perera

Dr Chaminda Mathota



Dr Chandana Jayasundara


Dr Ruwan Silva


Dr Prabodhana Ranweera


Dr M. R. M. Rishard


Dr Dharshana Abeywardana


Dr Diluk Senadeera


Prof K. A.Gunaratne


Dr Chaminda Hunukumbura


Dr Shammi Isanka


Dr Chithramalee De Silva


Dr Inoshi Atukorala


Dr Oshadhi Nallaperuma


Dr Thusara Mathais


Dr Luckshika Amarakoon


Prof Dileep De Silva


Dr A. C. M. Musthaq

Dr Adithya Sirisena

Dr Chinthaka Banagala

Dr Indunil Piyadigama

Dr Achintha Dissanayake

Dr Kishara Gooneratne

Dr Prabath Randombage

Dr Rameez Furukan

Dr Sivalingarajah Raguraman

Dr Udara Jayawardana

Dr Madura Jayawardane

Dr Prasad Ranaweera

AUSTRALIA

Dr Benjamin Bopp

Dr Hasthika Ellepola

Dr Jared Watts

Dr V. P. Gange

Dr Vijay Roach

Prof Greg Duncombe

Dr Nisha Khot

UNITED KINGDOM

Dr Edward Morris

Dr Ranee Thakar

Dr Ruwan Fernando

Dr Kirana Arambage

Prof Pradeep De Silva

INDIA

Dr Luxmi Velauther

Dr Prathima Radhakrishnan

Dr Prashant Bhamare

CONFERENCE PROCEEDINGS

ABSTRACTS OF PLENARIES

PLENARY LECTURE 1
A MULTI-FACETED APPROACH TO RURAL AND REMOTE OBSTETRICS AND GYNAECOLOGY

Dr Jared Watts- Director of Obstetrics and Gynecology at WA Country Health Service, Perth, Western Australia, Australia

PLENARY LECTURE 2
CAREER IN WOMEN'S HEALTH IN AUSTRALIA; TRAINING, ACCREDITATION AND ASSESSMENT

Dr Hasthika Ellepola -President BLMA, Senior Staff Specialist, Department of Obstetrics and Gynaecology, Logan Hospital, Metro South Health, Australia

The Australian College of Obstetricians and Gynaecologists was formally established in 1978. In October 1998, the Royal Australian College of Obstetricians and Gynaecologists amalgamated with the Royal New Zealand College of Obstetricians and Gynaecologists to form the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG).

The Vision of RANZCOG is the Delivery of excellence and equity in women's health, and the Mission is to be the leader in education, training and advocacy in obstetrics and gynaecology.

RANZCOG will achieve its vision through innovative training, accreditation and continuing education supported by an active assessment of the effectiveness of those programs. The College will actively support and communicate with Fellows, members, and trainees to ensure that they are capable, physically, psychologically and professionally, of providing the highest standards of care. The College will support research into women's health and advocate for women's health care, forging productive relationships with individuals, the community, and professional organisations locally and internationally.

The FRANZCOG Training Program is a 276-week (six-year) structured post-graduate program which leads to certification as a Fellow of the College (FRANZCOG). Fellowship of RANZCOG is the only post-graduate qualification which leads to recognition as a specialist obstetrician/gynaecologist in Australia or New Zealand. The RANZCOG Board awards fellowship after necessary training and assessment is completed, and all requirements are met.

The FRANZCOG Training Program includes Basic Training Program and an Advanced Training Program. Trainees' in-hospital training is supplemented by the College's eLearning program, ACQUIRE (Curriculum Led Internet Managed Accessible Training Environment). The online, self-directed modules/resources cover all areas of the curriculum. Surgical Skill Companion Resources that align with the Assessment of Procedural and Surgical Skills (APSS) are available on the RANZCOG Acquire eLearning hub.

PLENARY LECTURE 3
MATERNAL COLLAPSE DURING AND AFTER DELIVERY: REVISITED

Prof Hemantha Dodampahala - Professor in Obstetrics and Gynaecology, University of Colombo, President of SLCOG

Maternal Collapse is a rare but life-threatening condition which occurs in 14 – 600 per 100,000 births. Maternal Collapse has a diverse range of causes, from shock syndromes to cardiac, cerebral, drugs, anaphylaxis, metabolic and pulmonary origins. The primary aim of management focuses on safeguarding maternal life, and fetal survival primarily depends on effective maternal resuscitation.It is also important to understand the risk management issues of maternal collapse as well as the mothers who are at risk.

ABSTRACTS OF SYMPOSIA

DAY 01

SYMPOSIUM 1: DILEMMA IN MANAGING WOMEN WITH URINARY INCONTINENCE - SRI LANKAN PERSPECTIVE

Dilemmas Faced in Assessment and Management of Urinary Incontinence in Sri Lanka

Dr Rameez Furukan- Senior Lecturer in Obstetrics and Gynaecology, Faculty of Medicine, University of Ruhuna, Sri Lanka

Women with urinary incontinence in Sri Lanka either present late or do not seek treatment. This may be due to a lack of awareness. In the evaluation of urinary incontinence in women, the full range of techniques are not used, and often the Urodynamic studies are considered the only panacea for all the problems.

In addition,no dedicated centres are available in Sri Lanka to provide full Urogynaecological services. We lack adequately trained personnel and continence nurses to conduct Urodynamic Studies. In managing urinary incontinence, the expertise and facilities that use a full range of medical, nonmedical, and surgical options are also limited.Therefore, it is a timely need to train medical personnel in Urogynaecology and establish dedicated centresand also improve audit and research in this field in Sri Lanka.

Challenges in the Management of Stress Urinary Incontinence in Sri Lanka

Dr Chinthaka Banagala- Senior Lecturer at Kotelawala Defense University, Sri Lanka

Up to date, Urogynaecology has yet to be identified as a subspecialty in Obstetrics and Gynaecology MD training program. General gynaecologists in Sri Lanka manage Female patients with stress urinary incontinence. Both the Royal College of Obstetricians and Gynaecologists (UK) and the US FDA highlight the importance of carrying out urodynamic studies(UDS) prior to surgical procedures for stress urinary incontinence and performing surgeries by adequately trained experts.

A preliminary survey was conducted among practising gynaecologists, 3rd-year registrars and senior registrars during July 2023, and there were 126 responders.Since symptomatological assessments of urinary incontinence are notably inaccurate, the unavailability of UDS can lead to misdiagnosis of patients' urodynamic problems. According to the survey results, around 7% of gynaecological practitioners in Sri Lanka have access to UDS.

Pelvic floor muscle training programs are paramount as a stand-alone therapy or as an adjuvant to surgical treatment. Most gynaecologists in Sri Lanka have access to physiotherapy departments (72%); however, it needs further improvement by including biofeedback, electrical stimulation and graduated vaginal cones into the program.
Lack of proper training in urogynaecological surgeries is found to be a major area of concern in Sri Lanka. Only 50% (n=62) had training in urogynaecological surgeries during their carrier. Competency in performing open Burch colposuspension, trans obturator (TVT-O) and transvaginal tape procedures are 45%, 63% and 30%, respectively.

Although most had training in TVT-O, only around 46% are practising it. Lack of facilities like mesh applicators, macropore mesh and fear of litigations are the identified reasons behind this. In view of mesh-related problems, a clinician needs to be aware of the most recent recommendations by the governing organisations, have competency in proper counselling on all the options and have standard follow-up protocols. Newer techniques for managing SUI, such as autologous rectus fascial slings and urethral bulking agents, are rarely used in Sri Lanka.From the survey,it is clear that mostpractising clinicians lack and seek proper training in urogynaecological surgeries for USI (92%).

How to Overcome the Obstacles in Managing Women with Urinary Incontinence in Sri Lanka

Dr Ruwan Fernando- Consultant Obstetrician & Gynaecologist, Urogynaecology Subspecialist.Honorary Senior Lecturer, Imperial College Healthcare NHS Trust, Department of Urogynaecology, St Mary's Hospital, London, UK

Urinary Incontinence (UI) amongst Sri Lankan women is still considered a less prioritised condition inthe medical profession, and its true prevalence is unknown. Women may not present to the clinicians because of the belief that UI is normal after childbirth, menopause and old age, and embarrassment. Lack of focused training in urogynaecology, limited diagnostic facilities and surgical expertise appear to be some of the major obstacles in treating women with urinary incontinence in Sri Lanka.

Use of quality-of-life questionnaires in the native language to assess the symptoms and use of simple diagnostic tools such as bladder diary can be used in primary care settings to identify women with UI. Initial management with pelvic floor exercises and bladder retraining can be initiated in the Primary care setting. Relatively inexpensive investigations such as bladder wall thickness assessed by ultrasound scan are ideal for diagnosing overactive bladder. Patient education with lifestyle modifications such as weight reduction and fluid management can be initiated inthe primary care setting.

If conservative management fails, drug therapy with antimuscarinics or beta-threeagonists could be initiated at the specialist level. If the medical therapy fails in women with overactive bladder, Botox injection to the bladder could be offered at specialist centres after confirming the diagnosis and appropriate counselling. Surgical treatment for stress urinary incontinence, including colposuspension and rectus fascial slings, carries fewer complications and is relatively inexpensive compared to synthetic mid-urethral slings and should be considered the first treatment for stress urinary incontinence. Specialists need to be appropriately trained in these procedures, and patients need to be counselled regarding the efficacy and possible short- and long-term complications.

With increasing life expectancy, the number of Sri Lankan women present with UI will increase. Urogynaecology should be recognised as an emerging subspecialty, and training in urogynaecology must be prioritised.

SYMPOSIUM 2: PANEL DISCUSSION- CLINICAL GOVERNANCE AND ITS MEDICOLEGAL IMPLICATIONS

Prof C. D. Ekanayake - Consultant Obstetrician & Gynaecologist, University Hospital- KDU, Professor in Obstetrics & Gynaecologist, Faculty of Medicine, Gen. Sir John Kotelawala Defense University, Sri Lanka

Clinical governance is the system through which a healthcareorganisation is held accountable for continuously improving the quality of care and safeguarding the standards of care by creating an environment of clinical excellence. It involves monitoring to provide assurance of patient safety and quality of care across the healthcareorganisation.

It necessitates stakeholder involvement, starting from a patient's perspective, focusing on their needs but needs consultant-level input focusing on leadership to empower and motivate staff through risk management, audits, education, and training to improve clinical effectiveness. Often, medico-legal concerns against health care staff or an organisation are a result of a failure to properly address concerns through clinical governance issues. Despite prevention being the best way to handle medico-legal issues, it is often too little, too late.

A stakeholder discussion involving a patient's perspective, public perception, clinician's input, and an attorney's viewpoint may shed light on understanding the difficulties of healthcare staff and the expectations of patients at this crucial juncture in our country.

DAY 02
SYMPOSIUM 3: TIPS AND TRICKS IN LAPAROSCOPY

Use of Energy Devices in Laparoscopy

Dr Indunil Piyadigama - Consultant Obstetrician and Gynaecologist, Base Hospital, Kahawatta, Sri Lanka

Haemostasis is very important in laparoscopic surgery. Vessel sealing with energy devicesplays a major role in keeping the surgical field clear. Energy devices are also used for tissue sealing and transection. Despite newer types of energy devices, electro-surgery is still very popular in gynaecological laparoscopy. Desiccation, dissection, and coagulation are the main effects of electro-surgery that are used for various purposes. Higher thermal injury with monopolar devices leads to the invention of bipolar devices with less tissue damage. Ligasure, pk gyrus, and ENSEAL are some of the more advanced bipolar devices.
Ultrasonic devices have the capability of coagulation and cutting tissues. During the process, it can produce significant thermal injury. Thunderbeat combines bipolar and ultrasonic energy for coagulation and cutting, respectively, for more precise effects. Laser devices emit a beam of photons with a high degree of spatial and temporal coherence with tissue effects depending on the exposure time and power density. CO2, Argon, Nd: YAG, and KTP-532 are different laser types with different properties. Plasma is the fourth state of matter, following solid, liquid and gas. Argon neutral plasma (System 7550TM ABC, Cardioblate) can produce energy in 3 forms: light, heat and kinetic. Laser and plasma energy are gaining more popularity for endometriosis surgery due to its localised effects and better preservation of ovarian follicles.

Mastering the Basics of Laparoscopic Suturing

Dr Chaminda Mathota - Consultant Obstetrician and Gynaecologist, Colombo North Teaching Hospital, Ragama, Sri Lanka

Laparoscopic suturing and intracorporeal knot tying represent pivotal skills in contemporary gynaecology. Their importance is widely recognised, yet uptake is limited due to perceived challenges and complexities. However, with targeted training and practice, these are skills within the reach of every gynaecologist, promising improved patient outcomes and surgical efficiency.

The journey of understanding laparoscopic suturing begins with the evolution of laparoscopy and an insight into its future trajectory. Key determinants for successful laparoscopic suturing, including instrument angles, workspace considerations, suture length, and the quality of visualisation, are thoroughly explored. Practical strategies are presented to navigate common obstacles, such as decreased range of motion and limited depth perception.

A systematic approach to laparoscopic suturing forms the cornerstone of the discussion, covering crucial aspects such as ergonomics, needle handling, and detailed procedural techniques for suturing and knot tying. The goal is to arm gynaecologists with practical skills and theoretical knowledge to enhance their laparoscopic suturing proficiency. The presentation concludes by reaffirming the value of these skills in advancing patient outcomes. It provides a comprehensive guide for gynaecologists aiming to broaden their surgical capabilities and confidently implement laparoscopic techniques in their day-to-day practice.

SYMPOSIUM 4: PATHOPHYSIOLOGICAL APPROACH TO MANAGEMENT OF MEDICAL DISORDERS IN PREGNANCY "WHAT THE OBSTETRICIANS NEED TO KNOW"

Epilepsy in Pregnancy

Dr Kishara Gooneratne - Honorary Consultant Neurologist, Senior Lecturer in Medicine, Department of Medicine and Mental Health, Faculty of Medicine, University of Moratuwa, Sri Lanka

Epilepsy is a common neurological disorder, prevalent in about 1% of the population. Almost half of the patients with epilepsy are women. Epilepsy and antiepileptic drugs can affect each aspect of the female human life cycle, which in-

cludes the menstrual cycle, contraception, fertility, conception, pregnancyand menopause. The interplay of the female hormonal state and epilepsy is complex and must be considered when managing epilepsy. This talk will focus on managing epilepsy in pregnancy with a focus on basic pathophysiology concepts.

Walking the Tight Rope: Autoimmune Rheumatic Diseases and Pregnancy

Dr Inoshi Gunetilleke Atukorala - Senior Lecturer in Clinical Medicine & Consultant Rheumatologist, University Medical Unit, National Hospital Sri Lanka & Faculty of Medicine, University of Colombo, Sri Lanka

Systemic lupus erythematosus, antiphospholipid antibody syndrome and rheumatoid arthritis tend to affect women of reproductive age. Previously, concerns regarding poor maternal and foetal outcomes, coupled with limited knowledge of prescribing in pregnancy, led clinicians to dissuade patients from pursuing pregnancy. Currently, a better understanding of disease course and management of autoimmune diseases during pregnancy has improved maternal and foetal outcomes. Yet, persons afflicted with these autoimmune diseases continue to have the potential for adverse maternal and foetal outcomes. Disease control is frequently compromised to fulfil patient wishes for pregnancy. This, in turn, affects overall disease control and attainment of disease remission in the future.

This lecture discusses the planning of pregnancy, management during conception, through pregnancy and the post-partum period in women who have these disease entities. Planning pregnancies is critical, and patients should have good disease control before conception. Further, this lecture examines the challenges in managing these complicated diseases during pregnancy, particularly disease flares and difficulties in prescribing women during pregnancy and lactation.

Asthma and Influenza: An Update

Dr Thushara Matthias- Consultant Physician and Senior Lecturer in Medicine, University of Sri Jayewardenepura, Sri Lanka

Asthma is one of the most common co-morbidities during pregnancy. Asthma, when uncontrolled, increases the risk of maternal, fetal and neonate complications. Women must be reassured and empowered to control their asthma by adhering to non-pharmacological and pharmacological advice. There is no justification to withhold any asthma treatment in pregnancy though some may be preferred over others. In addition, recent trials and guidelines have emphasised the importance of switching reliever-only regimens to as-needed 'controller-and-reliever' therapy, which is more effective.

Women who are pregnant or recently gave birth are especially vulnerable to significant consequences from seasonal influenza infection. Since pregnancy is a high-risk state, pregnant women are especially vulnerable to the possible complications of influenza. All pregnant women with suspected influenza must receive antiviral therapy, provided no contraindications exist.

SYMPOSIUM 5: AN UPDATE ON MENOPAUSAL ISSUES

Psychological Changes in Menopause

Dr Dasanthi Akmeemana - Consultant Psychiatrist, Colombo South Teaching Hospital, Kalubowila, Sri Lanka

Menopause means the cessation of menstruation, where reproductive capacity is brought to an end. There is a drop in the main hormone, oestrogen. Complex changes occur in other hormones as well. Most women begin menopause Between 49 and 51 years of age. Approximately 8%-menopause before the age of 40 years, and this is called premature menopause. Climacteric is the transitional phase lasting for 1 – 5 years, where the reproductive tract changes in response to the decreasing activity of the ovaries. There are psychological changes in mood and memory during menopausal transition and in menopause.

Common mood disorders that may occur in midlife include depression, bipolar disorder, adjustment disorder and anxiety disorders. A variety of factors can contribute to the development of mood disorders in midlife, including biological,

environmental, and psychological factors. Management of mood disorders in midlife may include therapy, medication, and lifestyle changes.

Oestrogen influences memory, language skills, attention, mood, and several other functions. Oestrogen docking sites are present in several regions of the brain which are involved in memory (suchas the hippocampus).

Exercise, stress reduction techniques, avoiding alcohol and smoking, good sleep hygiene, challenging activities of the mind and a healthy diet may be helpful to overcome most of the psychological changes in menopause.

Controversies in Menopausal Hormonal Treatment in the Background of Breast Cancer

Dr Darshana Abeygunawardana- Consultant Obstetrician and Gynaecologist, Base Hospital, Homagama, Sri Lanka

Menopause, the cessation of menstruation, is a significantlandmark in midlife women. The absence of oestrogen creates a very unfamiliar, sometimes unbearable effect on their bodies. The prevalence of menopausal symptoms differs in women due to various factors. Observational studies have shown different prevalences in different countries in more or less severity. The average age of menopause is 51 years froma global perspective.

Overall, the average risk of a woman developing breast cancer in her life is about 10-12%. This means there is an average 1 in 10 chance for a woman to develop breast cancer in her lifetime.

Systemic treatment for breast cancer will induce menopause earlier than average due to various mechanisms. Further, in women who have experienced menopausal symptoms already, the intensity of those may be exacerbated following the treatment.In addition to their negative impact on quality of life, these bothersome symptoms may be the reason for discontinuing cancer treatment in 25–60% of early breast cancer patients resulting in increased risk of breast cancer recurrence and reduced survival.

So,understanding the potential effect of hormone therapy on breast cancer risk with an acceptable duration of use is of considerable importance. The use of hormone therapy for menopausal symptoms in women with genetic risk factors for breast cancers, like in BRCA 1 or 2 genetic variants and systemic use of hormone therapy in survivors of breast cancer is another dilemma.

Identifying and managing patients experiencing menopausal symptoms are essential to improve patient quality of life and breast cancer outcomes.

Non-Pharmacological Management of Menopausal Symptoms

Dr Achintha Dissanayake - Consultant Obstetrician and Gynaecologist, Kotelawala Defence University Hospital, Sri Lanka

Menopause refers to the permanent cessation of menstruation. With increasing life expectancy, nearly 1/3rd of women worldwide are postmenopausal. Depletion of ovarian follicles leads to a reduction in circulating oestrogen levels which in turn causes a range of troublesome vasomotor, genitourinary, neuropsychiatric and musculoskeletal symptoms.

Although hormone replacement therapy is the most effective treatment option available to counteract menopausal symptoms, its use may be limited due to coexisting contraindications (such as breast cancer). Most non-pharmacological treatment options for menopause are used sparingly in clinical practice due to the paucity of good-quality evidence to guide treatment, physician preference etc.

Vasomotor symptoms can be treated by phytoestrogens such as soy, black cohosh, and red clover. Treatment for vasomotor symptoms has a considerable placebo effect of 20-50% and, due to their selective oestrogen receptor modulation, should be used cautiously, especially in women with a history of breast cancer. Behavioural modifications such as lay-

ered clothing, keeping cool body temperature, and paced respiration are effective strategies. As smoking increases the risk of vasomotor symptoms,lifestyle modifications to stop smoking are beneficial. Acupuncture mind-body techniques such as yoga and tai chi may also offer relief.

Genitourinary symptoms such as dry vagina, dyspareunia, and vaginal itching can be treated by lubricants (short-term during sexual activity) and moisturisers. Hyaluronic acid is useful. To improve urinary symptoms such as urinary incontinence and urgency, pelvic floor muscle training, bladder re-training, and timed voiding can be used. Psychotherapy, such as sensate focus and couples therapy,helps relieve sexual dissatisfaction.

Psychotherapies such as cognitive behavioural therapy and interpersonal therapy are helpful for minor depression related to menopause andmenopause-related insomnia. Few small, randomised control trials illustrate the benefit of craniofacial massaging and foot reflexology. St John's wort, although effective, may cause drug interactions and hepatotoxicity. Weight-bearing exercises such as brisk walking and jogging can be done to minimise osteoporosis and cardiovascular risk. Strength training using resistance bands and free weights can be performed for fall prevention and minimising effects due to sarcopenia.

In conclusion, nonpharmacological methods should be incorporated into the repertoire of options available for treating menopausal symptoms, and sound knowledge of their use is of paramount importance to modern-day clinicians.

SYMPOSIUM 6: MANAGEMENT OF SUBEFERTILITY; ARE WE DOING ENOUGH?

Fertility Preservation for the Generalist

Dr Chaminda Hunukumbure- Senior Lecturer and Acting Head, Department of Obstetrics and Gynaecology, Faculty of Medical Sciences, University of Sri Jayewardenepura, Consultant Gynaecologist and Fertility Specialist, Colombo South Teaching Hospital, Kalubowila, Sri Lanka

The demand for fertility preservation for both medical and non-medical reasons has seen a dramatic increase in recent times, thanks to the advancements made in gamete and gonadal tissue cryopreservation techniques. While many countries have grown in leaps and bounds in this regard, due to the scarcity of dedicated fertility clinics affiliated with the hospital sector, the local setting is observed to suffer from a tremendous unmet need for fertility preservation services at present.

Although it is unlikely that those seeking fertility preservation for social reasons, as well as those members of the LGBTQ community who are concerned about losing their fertility potential due to gender-affirming treatments, would ever come under the purview of a general gynaecologist, it could be expected that those women carrying a cancer diagnosis and are awaiting treatment (either primary or adjuvant) with potentiallygonadotoxic medications would be referred for gynaecological opinion from a fertility preservation perspective, at least during the initial clinical work up.

Therefore, it would be worthwhile to have some insights into what entails embryo, oocyte and ovarian tissue cryopreservation and the patient characteristics of those who would benefit the most from each of these techniques, all the while keeping in mind that the final management decisions should always be taken in a multi-disciplinary setting with the active involvement of the experts in this field, namely reproductive medicine specialists and embryologists.

In addition, coupling the gonadotoxic chemotherapy with endocrine suppression of the hypothalamic-pituitary-ovarian axis using GnRH agonists has been shown to mitigate the detrimental effect on the ovarian reserve without compromising the disease-free survival of the patient.

On the other hand, the management of certain clinical entities that the general gynaecologist would more frequently encounter, such as endometriosis and ovarian cyst accidents, could significantly impact the ovarian reserve and the patient's future fertility prospects. Careful patient selection and refined surgical techniques would help to conserve the reproductive life span of these women.

Endometrium and Fertility

Dr Udara Jayawardena- Acting Consultant in Subfertility at Colombo North Teaching Hospital, Ragama, Sri Lanka

The implantation process of the human embryo requires a subtle interaction between the mother and the embryo. On the maternal side, a receptive endometrium is a prerequisite for successful implantation.

The implantation is a dynamic process occurring between the blastocyst and endometrial layers. The endometrium undergoes precisely defined morphological changes until a receptive endometrium is developed. This happens under the influence of the oestrogen and progesterone hormones, and the period of maximum receptivity is known as the window of implantation (WOI). The WOI is the period in the mid-luteal phase from day 19 to day 24 and is time limited.

Endometrial Receptivity (ER) is integral to implantation. Therefore,the identification of an accurate marker of implantation would be highly beneficial in fertility treatment, especially in assisted reproductive technology (ART). However, despite numerous research done in the field of human embryo implantation, the ideal marker of ER remains to be determined.

Ultrasound imaging of the endometrium is the modality most often used to assess ER in ART, thanks to its non-invasive nature and universal availability. On ultrasound, endometrial assessment is based on the thickness and the endometrial character.

Endometrial Receptivity Analysis (ERA) is a technique that evaluates the endometrial lining by analysing genes involved in its receptivity which have been identified as being important for implantation. In ART, this is done to determine the window of implantation so a personalised embryo transfer (pET) can be performed.

An inadequate endometrium can be considered a main fertility-determining factor, and several adjuvant therapies are used in the field of ART to improve endometrial receptivity. However, regrettably, evidence for their benefit needs to be more robust. These include Endometrial Scratching, Immune Therapies, Vasoactive Drugs, and Platelet Rich Plasma and are used particularly for women suffering from recurrent implantation failures following multiple Embryo Transfer cycles.

Management of Azoospermia

Dr P. L. Adithya Sirisena- Acting Consultant in Subfertility, Teaching Hospital, Anuradhapura, Sri Lanka

Azoospermia, defined as the absence of sperm in the ejaculate, is identified in approximately 1% of all men and around 10-15% of infertile males. In the past, men with azoospermia were not offered any specific treatment and were classified as infertile. The use of donor sperm was considered the best option for conceiving.

Increased medical knowledge, and advancements in operative technology, combinedwith in vitro fertilisation (IVF) and intracytoplasmic sperm injection (ICSI), have afforded reliable pathways to conception for men with azoospermia.

After at least two semen analyses have confirmed azoospermia, the men should be investigated with a thorough history and physical examination. Most men will also require laboratory and imaging studies. The hormonal evaluation includes testing for FSH, LH and serum testosterone. If there are any symptoms and signs of hyperprolactinaemia or hypo/hyperthyroidism, then checking other hormone levels, such as thyroid function tests or serum prolactin levels, is indicated.

The causes of male infertility/azoospermia can be broadly classified into pre-testicular, testicular, and post-testicular causes. Non-obstructive (pre-testicular and testicular) azoospermia are more commonly seen than obstructive azoospermia (post-testicular).

A wide array of sperm extraction techniques are available for men with obstructive azoospermia. Percutaneous sperm aspiration techniques have remained highly effective at the current setup. Non-obstructive testicular azoospermia also

benefits from microdissection and testicular sperm extraction techniques.Men with Hypogonadotropic-hypogonadism or pre-testicular azoospermia can be treated with gonadotrophins to stimulate spermatogenesis, which may take more than six months to be effective.

SYMPOSIUM 7: NEW CHANGES IN LABOUR CARE MANAGEMENT

Management of Short Cervix, the Dilemma on Cervical Cerclage Application

Dr M Champika Gihan - Consultant Obstetrician and Gynaecologist, Teaching Hospital Peradeniya, Senior Lecturer in Obstetrics and Gynaecology, University of Peradeniya, Sri Lanka

Preterm birth (PTB) remains the number one cause of perinatal morbidity and mortality. Sonographic evaluation of the uterine cervix has evolved as one of the best clinical tools available for predicting spontaneous PTB. There is growing evidence for interventions for a short cervix that reduce the risk of PTB and improve neonatal outcomes in both unselected and high-risk populations. Progesterone treatment, cervical cerclage and pessary are the three primary management strategies that have demonstrated improvement in obstetric and perinatal outcomes.

A cervical cerclage is a surgically placed circumferential suture around the uterine cervix to close the cervical canal mechanically. There are three types of cerclages categorised by the indication for insertion; history-indicated (in asymptomatic women with risk factors for PTB), ultrasound-indicated (in asymptomatic women with cervical shortening) and rescue cerclage (where the cervix is already open).

There is uncertainty surrounding the population of women who are most likely to benefit from cervical cerclage as there is a heterogenicity of evidence. Among women with singleton gestations and a prior PTB in whom a sonographic diagnosis of short cervix was made, cerclage reduced PTB by 30% and composite perinatal mortality by 36%. The number of cerclage procedures needed to prevent one perinatal death is 20. There is currently no evidence for the benefit of cerclage based on an ultrasound finding of a short cervix in the absence of a prior history of PTB. However, cerclage can be considered on an individual case basis. For twins, the advantage seems more likely if the cervical length is less than 15mm.

Given the heterogenicity in the pathways that lead to PTB, an improved understanding of the mechanism of premature cervical change may facilitate targeting these varied treatment options to individual patient scenarios.

Intrapartum Ultrasound: An Essential Skill in Modern Labour Care

Dr Shemoon Marleen - Consultant Obstetrician and Gynaecologist, Sri Jayewardenepura General Hospital, Sri Lanka

Intrapartum ultrasound is a valuable tool that remains underutilised despite its demonstrated precision and reproducibility compared to clinical palpation. This imaging technique enables objective measurements and accurate documentation of findings during labour, primarily focusing on head position and the head station.

Transabdominal ultrasound provides a more accurate evaluation of the head and spine positions, which is essential in cases of suspected delay or arrest of labour and before operative vaginal delivery (OVD). Studies have shown consistently that digital examination to detect head position is inaccurate, with a rate of error ranging from 20% to 70%, when considering ultrasound as the standard.

Transperineal assessment is recommended for head station evaluation, which aids in predicting the potential success of (OVD). The head station can be objectively measured using the Angle of Progression (AoP) or Head-Perineum Distance (HPD). AoP and HPD correlate linearly for stations higher than +1, allowing seamless conversion between intrapartum ultrasound and traditional digital palpation assessments. The angle between the fetal head's longest recognisable axis and the long axis of the pubic symphysis, known as head direction, serves as an indirect marker of the head station and may assist in determining the feasibility of OVD.

In labour, ultrasound assessment proves most beneficial in cases of suspected delay or arrest of the first or second stage, when there is a potential need for OVD and in predicting the success of the OVD procedure. For these situations, transabdominal assessment of head position and transperineal measurement of AoP or HPD are recommended, with additional insight from head direction and midline angle contributing to further likelihood assessment.

In conclusion, the application of intrapartum ultrasound can enhance labour management, enabling precise evaluation and decision-making for optimal maternal and fetal outcomes.

Reducing Caesarean Section Rates among Women undergoing Induction of Labour: Are we deciding Caesarean too early?

Dr D. M. Chandana Jayasundara - Head, Department of Obstetrics and Gynaecology, University of Colombo, Senior Lecturer in Obstetrics and Gynaecology, Faculty of Medicine, University of Colombo, Consultant Obstetrician and Gynaecologist, De Soysa Hospital for Women, Colombo, Sri Lanka. General Secretary, SLCOG. Secretary, Endometriosis and Adenomyosis Society of Sri Lanka

The rate of induction of labour as well as the rate of delivery by caesarean section, is increasing throughout the world as well in Sri Lanka. In Sri Lanka, both the induction of labour and caesarean section rates approaches 40%. This is far worse than most of the rest of the world, including the developed countries. The reason for increased labour induction ismultifold, but post-dates and medical complications are at the forefront. With the increasing trend in hyperglycaemia in pregnancy, it is expected to increase further. Though in developed countries, studies show labour induction reduces the caesarean section rate, the situation is far different in Asia and Sri Lanka. It has been shown that the caesarean section rate increased in induced labour than spontaneous labour. In fact, the rate is found to increase over time.
Poor fetal monitoring facilities, lack of facilities for prolonged observation in labour wards, and lack of direct consultant input decision-making are the main reasons for the rising trend of caesarean section in labour induction. It has been pointed out that categorising births according to Robson 10 group classification and using this classification for audit and re-audit will help reduce the caesarean section rate. But lack of use of information technology in developing countries like Sri Lanka has rendered this process much harder. A web App developed by the University Obstetric unit (Robsapp) has the potential to overcome this problem as it runs on a smartphone base (Bring your own device). This will drastically reduce the cost burden of using the Robson classification to audit and use it to implement strategies to reduce caesarean section n rates.

SYMPOSIUM 8: UNUSUAL AND UNCOMMON IN ENDOMETRIOSIS

An Atypical Presentation of Endometriosis

Dr S. Isanka - De Soysa Hospital for Women, Colombo, Sri Lanka

Carbohydrate antigen 125 (CA 125) and Carbohydrate antigen 19-9 (CA 19-9) are considered serum biomarkers of malignancies. Ovarian Endometrioma and deeply infiltrating Endometriosis are the most common benign gynaecological conditions associated with elevated CA 125 levels. High CA 19-9 levels were detected in ovarian malignancies, Endometriosis, and Mature Cystic Teratomas.

A 19-year-old girl presented with lower abdominal pain and fullness following accidental falls. She had a Loss of appetite over four months. Her BMI was 22 kg/m2. The abdomen was distended. Tender, firm, abdominopelvic mass felt over the suprapubic, right, and left iliac fossa. Bilateral flank dullness was noted. Ultrasound scan(USS) and CECT showed turbid moderate ascites with large complex bilateral ovarian masses. Ca 125 was extremely high (13 279 U/ml), and ca 19-9 was 1200u/ml. Serum beta HCG, AFP, LDH, and CEA were within the normal range. Peritoneal fluid Cytology showed signet ring cells. High Ca 19-9, along with signet ring cells in cytology and bilateral ovarian masses, were highly suspicious of a Krukenbergtumour. Upper gastrointestinal endoscopy excluded luminal abnormality.

Due to the diagnostic dilemma, gynae-oncology involvement was sought. Repeated CA 125 and CA 19-9 after two weeks were 4740 U/ml and 200 U/ml, respectively, without any intervention. Laparotomy and frozen section planned. Nearly 1 litre of ascitic fluid with chocolate material &bilateral large complex ovarian cysts were noted. The left-sided cyst was found to be ruptured, and fibrin exudate was noted over the bowel and peritoneal surfaces. Frozen sections revealed the pathological features of endometriosis! Surgery was limited to bilateral ovarian cystectomy and omental biopsy. Histology revealed the endometrial stroma on cyst walls without any malignant cells. Monthly DMPA injections were given for six months for disease control. Repeated USS pelvis was normal & Ca 125 was 9.6 U/ml at the two-month follow-up visit.

Widespread inflammation of the mesothelial cells caused by the spilt chocolate material in ruptured endometrioma was found to be more potent in producing CA 125 than the malignant ovarian cells resulting in a rapid increase of CA 125. Chronic ascites can result in signet ring cells without hyperchromasia.Raised CA125 and Ca 19-9 do not necessarily indicate malignancy and can be used as useful serum biomarkers to diagnose ruptured or leaking endometrioma.

Exploring Pelvic Anatomy in Endometriosis

Dr Dinesh Biyagama- Consultant Obstetrician & Gynaecologist, Base Hospital, Mahiyanganaya, Sri Lanka

Understanding normal pelvic anatomy plays a key role when performing complex gynaecological surgeries. Endometriosis is almost always associated with distorted pelvic anatomy. Ovarian endometriomas commonly adhere to the ovarian fossa, and ureters lie beneath it. Therefore, exploring the ureter can minimise inadvertent ureter damage with complex endometriosis surgery. Exploring and understanding pararectal and paravaginal space plays a key role when operating with deep-seated endometriosis involving the rectovaginal septum. The proximity between the ureter and uterine arteries at the base of the broad ligament near transverse cervical ligaments should be appreciated when dealing with deep-seated endometriosis involving uterosacral ligaments. Proper knowledge of ovarian blood supply and minimal use of thermal energy to the ovary is essential to increase ovarian reserve when performing laparoscopic cystectomy for ovarian endometriomas.

Endometriosis in Extremes of Ages

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Endometriosis affects 10-15% of women of early reproductive age, causing severe forms where the quality of life is dramatically reduced while increasing the risks of repeated surgical interventions and future infertility. The youngest girl with endometriosis reported in the literature was age 7. Likewise, the prevalence of endometriosis among the older age group is approximately 2-5%, with reports of endometriosis occurring even in 80-year-old patients.

Dysmenorrhea and chronic pelvic pain are typical symptoms of endometriosis, and acyclic pain has been reported in adolescents more often than in adults who frequently complain of cyclical pain, implying dysmenorrhea. Although most women with endometriosis report the onset of symptoms during adolescence, diagnosis is often delayed. Congenital uterine malformations with outflow obstruction can lead to increased menstrual blood reflux, which may increase the susceptibility to endometriosis in women with obstructive malformations.
Postmenopausal patients with endometriosis often present with non-specific clinical manifestations, such as pelvic discomfort and ovarian cysts, as well as digestive complaints, such as nausea, diarrhoea, or constipation. Causative factors identified in these cases include hormone replacement therapy and phytoestrogens. As a general consideration, all postmenopausal patients should be evaluated for any risk of malignancy if suspicious.

Ultrasound pelvic examination is non-invasive and, therefore, most accessible for diagnosing endometriosis in adolescents and the elderly. Yet no imaging method can confirm the diagnosis, and laparoscopy remains the gold standard method in both extremes of age.

Environmental Risk Factors and Endometriosis: Is Risk Modification a Pragmatic Reality?

Dr Diluk Senadheera - Resident Consultant Obstetrician & Gynaecologist, Castle Street Hospital for Women, Colombo, Sri Lanka

Endometriosis is associated with substantial morbidity in women's most productive life years, causing enormous strain on health resources globally. This benign disease affects approximately 10% of women of childbearing age, with incidence reaching 50% in infertile. Numerous theories have been proposed regarding development: in-situ, implantation &induction theories. While 70-90% of women experience retrograde menstruation, the prevalence of endometriosis is much lower. Therefore, other factors must be at interplay. Undoubtedly, central to disease pathogenesis is oestrogen. Oestrogen regulates the key pathological processes, including immunologic, inflammatory, angiogenic, antiapoptotic cellular and molecular mechanisms, and promotes the persistence and progression of lesions. Given that oestrogen is the driver, it is plausible that endometriosis risk could be affected by exposure to endocrine-disrupting chemicals (EDCs), widely present in the environment &food chains. Additionally,recognised endometriosis is multifactorial, involving anatomical, hormonal, immunological, genetic, epigenetic, and environmental factors.

In the past decade, the investigation into EDCs has substantially grown, with a set of prototypical endocrine-disrupting chemicals being well-established. Polyhalogenated aromatic hydrocarbons (PHAHs) family of organic compounds containing halogen atoms. This family includes dioxins and polychlorinated biphenyls (PCBs). These persistent organic pollutants originate from various industrial processes (waste incineration, metallurgy, iron, and steel production) & from some natural phenomena(Fires, volcanic eruptions). Bisphenol A (BPA), phthalates, polybrominated ethers (PBDEs), organochlorine pesticide-DDT & its metabolite (DDE), the perfluoroalkyl substance (PFAS) perfluorooctanoic acid (PFOA), and the dioxin 2,3,7,8-tetrachlorodibenzo-p-dioxin (TCDD), Heavy metals including Cadmium, Mercury and Arsenic have all been under limelight. Among all environmental compounds, dioxins are the most studied in endometriosis. Recent reviews have summarised studies on this matter, but methodological obstacles limit the generalisation of the results.

Even though the environment encompasses an array of exposures, including those related to nutrition, red meat consumption, pharmaceutics, smoking, alcohol, tobacco consumption, coffee, soy, physical exercise, occupation, link with night work, zoonotic and vector-borne diseases, radiation, sun exposure, water quality, and food safety, environmental chemicals, including those in air pollution, in relation to endometriosis risk the data are not sufficient to draw conclusions yet. Endocrine disruptors, such as dioxins, polychlorinated biphenyls & DES, are the ones that appear to have the strongest effect. With the inherent complexities of endometriosis and its modifiable and non-modifiable risk factors, it will be an uphill task for researchers to formulate disease-altering recommendations that must be reached to improve the treatment of this significant disease.

SYMPOSIUM 9: BE KIND TO THE MIND; MATERNAL MENTAL HEALTHMATTERS

Menopause and Mental Health

Dr D. L. U. Amarakoon- Senior Lecturer, Department of Psychiatry, Faculty of Medical Sciences, University of Sri Jayewardenepura, Sri Lanka. Consultant Psychiatrist, Colombo South Teaching Hospital, Kalubowila, Sri Lanka

Menopause is the permanent cessation of menstruation, and many females experience this in their late forties to early fifties. The associated hormonal changes and physical symptoms, along with the socio-demographical changes (such as empty nest syndrome and caring for elderly parents), bring many challenges to vulnerable females resulting in mental health instability. Research has revealed that females are more prone to depression during the perimenopausal period than in the postmenopausal period, and the main reason for this is the fluctuation of hormones during this period. An estimate of about 20% of females would be depressed, and there are many contributory reasons other than hormonal changes. Insomnia, which can occur as a distinct feature of menopause due to hot flushes and night sweats, can affect mood and cognition.

New onset or worsening of pre-existing panic disorders and obsessive-compulsive disorders are also observed in the menopausal period that are associated with functional impairment and medical comorbidities. Worsening of pre-existing bipolar affective disorders, frequently experiencing depressive episodes, and worsening symptoms of schizophrenia are other mental health challenges. Stress associated with life changes, changes in physical appearance and fertility status can contribute to lower self-esteem and poor mental health. It is important for the gynaecologist to be aware of these mental health challenges for an effective treatment plan for the presentations during the menopausal period.

Postpartum Mental Illnesses

Dr Chamara Wijesinghe- Consultant Psychiatrist and Senior Lecturer; Faculty of Medicine, University of Kelaniya, Sri Lanka

Postpartum mental illness remains an important cause of morbidity and mortality worldwide. A recent survey in Sri Lanka reported the prevalence of postpartum depression as 27.1%. It is also reported that the rate of maternal suicide has increased from 0.8 per 100 000 live births in 2002 to 12.1 per 100 000 live births in 2010.Low identification of these illnesses due to a lack of awareness among primary healthcare workers and poor integration between maternal health services and mental health services may also play a role in the relatively high prevalence of perinatal psychiatric disorders and maternal suicides. Only a few secondary and tertiary care hospitals have dedicated mother and baby beds for women with postnatal psychiatric disorders. This lack of facilities sometimes results in the mother being admitted to a general adult psychiatry ward or being managed in the obstetrics ward. Hence obstetricians should be well-adapted in identifying and managing patients with mental illness.

The Role of Obstetrician/Gynaecologist in the Management of Dementia Patients

Dr Indika Mudalige- Head of the Department of Psychiatry, Faculty of Medicine, Sir John Kotelawala Defense University, Sri Lanka

The world's older population continues to grow at an unprecedented rate. Between 2015 and 2050, the proportion of the world's population over 60 years will nearly double from 12% to 22%. As the mean population age rises, so does the prevalence of Alzheimer's disease and related disorders. The global economic impact of dementia is about a trillion US dollars a year, and that's forecast to double by 2030; developing countries bear an increasing share of it. Certain clinical factors, including longer life expectancy, women are more likely to develop these conditions than men. Screening for dementia has not been seen as a primary role for obstetricians/gynaecologists; however, understanding basic dementia assessment will be vital as more patients fall into age groups vulnerable to dementia syndromes.

Early detection of the disease can significantly impact the course of the disease and substantially improve the quality of patients' lives. As healthcare providers, obstetricians/gynaecologists are well-positioned to assess these patients' important behavioural and cognitive changes.

Some evidence suggests that HRT may be beneficial in preventing the onset of Alzheimer's or reducing the severity of symptoms in some individuals. With the emerging research in this area, it is possible that obstetrician/gynaecologist will be part of the first-line treatment in the care of patients with dementia. For the holistic care of the patients, all healthcare providers should be aware of best practices regarding assessing and managing dementia in older patients.

SYMPOSIUM 10: A CULTURE FOR PERFORMANCE - FOR BETTER QUALITY CARE

Institutional Performance Indicators and their use for Better Quality Care

Dr Susie Perera - Deputy Director General Public Health Services II, Ministry of Health, Sri Lanka

Performance indicators are largely spoken of in relation to health status, such as maternal mortality, child mortality, neonatal mortality, nutritional status, disease-specific morbidity rates, and disability rates. Global agenda that use such

indicators are noted in the Millennium Development Goals and Sustainable Development Goals and are used to reduce health inequities across countries with attempts to provide universal health coverage.

Country-level performance towards these goals is influenced by sub-national and institutional performance. Professional bodies are constantly supporting the Ministry of Health to strengthen national programs such as Maternal and child health, communicable diseases, and non-communicable diseases through the development of clinical guidelines for service improvement, which obviously have a quality focus. The benefit of these efforts must be captured, which should not be limited to a count of adverse health events such as mortality experience.

Performance indicators can be used to promote, count, and discuss how clinical and public health practices can be further improved, which should not wait for an adverse event but to prevent it.

A consultative process was used to shortlistquality-focused public health indicators that can be used in institutional settings,i.e., in secondary and tertiary care hospitals, primary care curative hospitals, Primary care community level (MOH units).

Performance indicators can be introduced to organisations to take responsibility for quality improvement, leading to better health outcomes. Institutional mechanisms within the Ministry of Health, such as the Quality Secretariat, and the platforms, such as the Health Development Committee meetings and Hospital Director meetings, can be used to monitor the progress of indicators within institutions.

SYMPOSIUM 11: POST-RECESSION MIGRATION AND SERVICE DISRUPTION

Impact of the Economic Crisis on the Maternal and Child Health Programme in Sri Lanka

Dr Chithramalee de Silva - Director Maternal and Child Health, Family Health Bureau, Ministry of Health, Sri Lanka

Reproductive, maternal, newborn, child and adolescent health services in Sri Lanka are delivered through the Family Health Programme. The Family Health Bureau of the Ministry of Health is the focal point for delivering the RMNCAYH programme. It follows the life cycle approach and the continuum of care. The principles of care, such as equity, quality and universal health coverage within the health system, are followed. The program is delivered through different levels of hospitals and teams of Medical Officers of Health across the country. It also links with the curative health system where a maternal, newborn, child and adolescent health referral mechanism is currently implemented. Sri Lanka has successfully achieved almost universal coverage of skilled attendance at delivery and newborn care services. The presentation aims to discuss the impact of the present economic crisis on the Maternal and Child Health Programme and the strategies to mitigate the impact on health outcomes.

The economic downturn and associated socio-economic vulnerability of the population affect all six building blocks of the health systems framework. The lack of sustainable financing for the MCH programme leads to deficiencies in health commodities and supplies which in turn affects the health status of the population, particularly the most vulnerable. Service delivery mechanisms and intervention coverage is affected due to human resource availability, transport and accessibility, maintenance of health information systems, monitoring and supervision.

The economic downturn may increase the demands on the government health system. Lack of affordability of private health care, changing risk behaviours and disease epidemics result in changes in health outcomes and the demands on the existing health services. The growing trend of maternal and child undernutrition is a good example of such increasing demands.

Despite increasing health demands and the lessened ability to respond, national health targets and sustainable development goals must be achieved as a country. Innovative approaches and health models must be devised and piloted to finance health programmes and maintain service delivery. The programmes should be targeted, focusing on the most socially and economically vulnerable families to prevent adverse health outcomes. Multi-sectoral support and collabo-

ration supported by the highest political leadership is essential to manage public health problems such as maternal and childhood malnutrition.

Post-Recession Migration and Service Disruption

Prof Dileep De Silva- Specialist in Health Finance and Health Management.Chair Professor of Community Dentistry, Faculty of Dental Sciences, University of Peradeniya, Sri Lanka. Director Career Guidance Unit, University of Peradeniya, Sri Lanka.Visiting Senior Lecturer- Post Graduate Institute of Medicine, Colombo, Sri Lanka

According to World Health Organization, "Sri Lanka's economic crisis is rapidly becoming a health crisis amid growing shortages of basic drugs and medical supplies. It is more so as most drugs and almost all medical supplies, including equipment, are imported to Sri Lanka. The annual budget estimate for importing medicines and surgical consumables is USD 300 million. The country's financial crisis is further compounded by the exponential growth of out-migration of professionals.

This presentation will highlight the impact on Health care delivery, with special emphasis on Child and Maternal Health care delivery and the outmigration of healthcare professionals, due to the country's economic crisis and the immediate aftermath.

SYMPOSIUM 12: INTRAPARTUM FETAL MONITORING IN THE LOCAL SETTING

Physiological CTG Interpretation: Advancing Fetal Monitoring

Dr Wedisha Gankanda - Acting Consultant Obstetrician and Gynaecologist, Base Hospital Udugama, Sri Lanka

Conventional CTG interpretation has several disadvantages, including inter and intra-observer variability, complex and non-user-friendly classifications, and the inability to account for individual unique differences in fetuses. To address these shortcomings, physiological CTG interpretation has emerged as a pioneering method, spearheaded by Dr Edvin Chandraharan and Prof. Sir S Arulkumaran. This approach has gained popularity in the UK and worldwide, demonstrating its potential to reduce unnecessary interventions, complications, and healthcare costs while maintaining low perinatal risks compared to traditional CTG interpretation methods reliant on pattern recognition.

The core focus of physiological CTG interpretation revolves around four essential questions:Is the fetus fit for labour, assessing chronic hypoxia?How well does the fetus respond to stress?What type of hypoxia is present?What are the wider clinical factors predisposing the fetus to high risks, such as oxytocin augmentation, meconium, or epidural use?

The method classifies CTGs into distinct categories:No Hypoxia or if Hypoxia is present,Chronic/Pre-existing Hypoxia, Acute Hypoxia, Sub-Acute Hypoxia, and Gradually Evolving Hypoxia (Compensated and Uncompensated).

The Physiological CTG interpretation guideline, available at https://physiological-ctg.com/guideline.html, offers a comprehensive framework for practical implementation. To facilitate ease of use, two checklists have been developed to assess the fetus's suitability for labour and monitor its intrapartum journey.

Research has highlighted that the most common reason for fetal compromise is the unnecessary augmentation of normally progressing labours using oxytocin. By adopting physiological CTG interpretation, healthcare professionals can gain deeper insights into fetal well-being and make informed decisions, thus optimising perinatal outcomes and improving overall maternal and neonatal care.

Implementation of International Consensus Guidelines on CTG Interpretation in Sri Lankan Setting

Dr Prabath Randombage - Consultant Obstetrician and Gynaecologist, Base Hospital, Medirigiriya, Sri Lanka
The first commercial fetal monitor was released in 1968. Since then, many professional bodies attempted for its optimal interpretation and clinical use. As a result, many countries and associations have developed their own clinical guidelines, which were frequently updated. For example, the NICE guideline on fetal monitoring has been revised and updated three times over the last decade. Still, there are many controversies regarding the ideal use of CTG to date.

The evidence of advantages of continuous CTG monitoring, compared to intermittent auscultation, at both low and high-risk settings is also scientifically inconclusive. Continuous CTG has been shown to decrease the occurrence of neonatal seizures but does not affect the incidence of perinatal mortality or cerebral palsy. However, these studies needed to be updated and clearly underpowered to evaluate differences in major outcomes.

Among those controversies, the talk highlights the clear indications for continuous CTG monitoring and will compare the salient changes of FIGO 2015, NICE 2017 and the latest NICE 2022 guidelines. The trend is that key facts regarding physiological interpretation are also incorporated into the latest guidelines. The concept of "Fresh Eyes", the more periodical CTG interpretations by a different staff member, also will be emphasised. Moreover, a practical way of implementing these consensus guidelines and the physiology of CTG in Sri Lankan settings will be discussed.

Optimising the Management of Prolonged Decelerations and Bradycardia using Physiological Approach

Dr A. C. M. Musthaq - Consultant Obstetrician & Gynaecologist, National Hospital, Kandy, Sri Lanka

A prolonged deceleration is caused by acute and signification reduction in oxygenation. It is defined as an abrupt reduction in fetal heart rate by at least 15 beats lasting more than 3 minutes. It is a manifestation of acute fetal hypoxia and a medical emergency.

A prolonged deceleration can occur either due to reversible or irreversible causes. Reversible causes are managed by intrauterine fetal resuscitation. Irreversible causes need prompt delivery to avoid adverse perinatal outcomes. Understanding the CTG using physiological interpretation will help differentiate between both types and improve the outcome.

ABSTRACTS OF GUEST LECTURES

GUEST LECTURE 1
NON-TECHNICAL SKILLS IN O&G PRACTICE - HOW TO DEVELOP AND TEACH

Prof Chathura Ratnayake - Chair Professor of Obstetrics and Gynaecology, Specialist Obstetrician and Gynaecologist, Department of Obstetrics & Gynaecology, Faculty of Medicine, University of Peradeniya, Sri Lanka

As we know, things can easily go wrong in obstetrics & gynaecology. The consequences can result in harm to humans, equipment, and the environment. Modern technical systems have improved in their reliability and safety. But as hardware and software have improved in reliability and safety, the human contribution to mishaps is becoming more apparent. According to some experts, up to 80% of accidents can be attributed to human error.

It is impossible to eliminate human errors, but they can be minimised and mitigated by ensuring that people have appropriate non-technical skills to cope with the risks and demands of their work. Non-technical skills are the cognitive and social, and personal skills that complement workers' technical skills. These skills will contribute to efficient and safe task performance.

Most common non-technical skills which have been identified to be significant are similar in nature in most human workplaces like aviation, military, power engineering and healthcare.
Recently the introduction of non-technical skills in surgery has come to the forefront of most surgical training programs. They have been introduced in the new RCOG training curriculum as well.

This presentation will attempt to present seven key skills: situation awareness (attention to the work environment), decision-making, communication, teamwork, leadership, managing stress, and coping with fatigue. How to develop and adapt them for obstetrics & gynaecology will be explored, and the ways of teaching and assessment will be discussed.

GUEST LECTURE 2
RECURRENT PREGNANCY LOSS (RPL) - ASSESSMENT AND MANAGEMENT

Dr S. Raguraman - Senior Lecturer & Consultant Obstetrician and Gynaecologist, Professorial Unit, Teaching Hospital Jaffna, Sri Lanka

The stranded professional bodies recommend several definitions for RPL. However, 'loss of two or more pregnancies' is currently adopted as a definition of RPL in the clinical and available evidenced-based context. It is less prevalent and affects approximately 1% to 2% of women. The aetiology of PRL is complex due to the need for strong evidence to prove the associations and multifactorial involvements such as epidemiology, genetics, endocrine factors, and medical problems.

Advanced maternal age, lifestyle factors such as smoking, excessive alcohol consumption, excessive exercise and being overweight or underweight, previous medical conditions such as thrombophilia (acquired or chronic), PCOS, diabetes, thyroid diseases, genetic abnormalities of the conceptus, abnormal parental karyotypes, uterine anomaly, cervical incompetence, immunological factors, and infections such as chronic endometritis are known risk factors for RPL. However, 50% of RPL cases are still classified as unexplained RPL (URPL).

RPL patients are ideally assessed in a dedicated outpatient clinic, which could offer specialist investigations, support, and possible treatments, preferably prior to a new pregnancy. In Sri Lanka, RPL patients are assessed and optimised, usually in the gynaecological clinic. Genetic analysis of the product of conception or parental cytogenic studies, thyroid function test, thyroid peroxidase antibodies, blood sugar assessment, serum prolactin levels, screening for antiphospholipid syndrome (APLS) and uterine anomaly screening are proven investigations to be carried out before planning a subsequent pregnancy in couples with RPL. On the other hand, specific investigations do not give promising evi-

dence-based values in PRL assessment, such as hereditary thrombophilia screening, immunological screening, and sperm function assessment; however, they can be offered within the research context or specialist's opinion.

RPL management focuses on the identified causes and supportive care since the couples suffer from psychological impact significantly. Couples with genetic abnormalities need pre-implantation genetic testing and genetic counselling before assisted reproduction. Optimisation of endocrine problems such as thyroid disease, diabetes, hyperprolactinemia, low-dose aspirin, and low molecular weight heparin during pregnancy for APLS women are proven treatment options for women with RPL. Meanwhile, treating hereditary thrombophilia and uterine abnormality are not shown beneficial outcomes in RPL women. Management of URPL is challenging but has good outcomes. It mainly comprises supportive care without therapeutic interventions.

GUEST LECTURE 3
EMERGING TREND OF USING LEVONORGESTREL INTRAUTERINE SYSTEM (LNG-IUS)

Prof K. A. Gunaratne - Senior lecturer, Department of Obstetrics & Gynaecology, Faculty of Medicine, Galle, Sri Lanka. Clinical Professor of Obstetrics and Gynaecology, Teaching Hospital Mahamodara, Galle, Sri Lanka

Heavy menstrual bleeding is a common gynaecological problem and the commonest cause of gynaecological ward admission. It makes a woman's life miserable and keeps her away from the workplace several days a month. Therefore, several drug regimens have been used to control that, such as NSAIDs, Tranexamic acid, Progestogen, COCP, GnRH, Danazole and LNG-IUS. Even though all these regimens have some advantages, LNG-IUS is increasing in popularity worldwide now because it not only controls bleeding but also controls dysmenorrhea, dyspareunia, and chronic pelvic pain and protects the endometrial lining. It is also useful as a method of contraception.

What is LNG-IUS or Mirena?

It is an intrauterine device that releases 20 µg of Levenogestrol (LNG) into the endometrial cavity daily. Its action lasts about five years of period. LNG-IUS provides a continuous drug delivery, with no peaks or troughs of serum LNG levels, unlike oral progestogens. High local LNG exposure in the uterine cavity is important for the local effect of LNG-IUS on the endometrium. This allows for the suppression of endometrial growth. There is a strong LNG concentration gradient via endometrium to myometrium (>100 fold), and a low concentration of LNG in serum produces a gradient of the endometrium to serum > 1000-fold. Therefore, it shows minimal systemic side effects. Even though LNG-IUS users are amenorrhoeic, their ovarian functions are normal, and Oestradiol levels are adequately maintained.

Compared to other reversible methods of contraception, LNG-IUS is among the most effective, with a failure rate of 0.1% in the first year- similar to or even better than female sterilisation. It is approved for five years of contraceptive use, and the contraceptive actions of LNG-IUS reverse soon after the removal of the device.

Non-contraceptive uses of LNG-IUS include Idiopathic Menorrhagia, endometrial protection during oestrogen replacement therapy (ERT) or tamoxifen therapy, endometrial hyperplasia with or without cell atypia, uterine fibroids and fibroid-related menorrhagia, endometriosis and adenomyosis.

In summary, LNG-IUS has a wide range of benefits in contraception and treatment of various gynaecological disorders. It has excellent efficacy as a method of contraception. Also, it can offer a woman with menorrhagia, endometriosis, adenomyosis, uterine fibroids and protection against and treatment of endometrial hyperplasia. It has shown a high patient acceptability and safety, which ensures continuity of providing important benefits in women's reproductive health.

GUEST LECTURE 4
POSTGRADUATE TRAINING AND LIFE IN AUSTRALIA

Dr O. L. Nallaperuma - Registrar, Goulburn Valley Health, Shepparton, VIC, Australia

Australia is a well-recognized place for postgraduate training in Obstetrics and Gynaecology. Even though trainees have been coming to Australia for many years, recently its popularity has increased out growing UK. This is mainly attributed to the better income and good work-life balance.

The process of applying for and securing a position in Australia is not well understood among our trainees. One main objective of this presentation is to summarise the pathway in a simplified manner for prospective candidates. It elapses from the first step of creating the curriculum vitae to applying for a visa. This whole process will consume up to one year.

Jobs can be found through connections, job websites, hospital websites and agents. Finding which job to apply for is a challenge, and position descriptions always guide the candidate to select a suitable position recognised by the PGIM as a training position. Preparing the EPIC account, verifying credentials, and setting up an AMC account are the things which can be done while awaiting a positive response.

Facing a job interview requires good communication skills. Trainees will be assessed on theoretical knowledge, handling difficult situations, communication, soft skills, and medicolegal aspects. Once a job has been offered next step is to sign the contract and apply for AHPRA registration.

The AHPRA is the Australian Health Practitioner Regulation Agency, and the pathway through which a trainee will get limited registration is called the STT pathway, which is short-term training in a medical speciality. This pathway requires respective college approval, which is the RANZCOG for O&G. AHPRA application takes about 3 to 4 weeks to get a case officer allocated. Once the case officer gets allocated, registration will happen in a week or two. The best is to apply the RANZCOG and AHPRA simultaneously. So, when a case officer gets allocated, RANZCOG approval will be ready.

Most O&G trainees will get sponsorship for the 482 medium-term visa subclass. This comes with many benefits, such as the spouse's ability to work at any position, free public schools, and the potential to be extended for permanent residency. A trainee would face many challenges after coming to a totally different system. The transition will be stressful, especially in the first two months. Once a trainee gets established, it will be an enjoyable period.

GUEST LECTURE 5
ENVIRONMENT HAZARDS AND PREGNANCY

Dr G. A. Ranatunga – Retired Consultant Obstetrician and Gynaecologist

The environment encompasses the interaction of all living species, climate, weather, and natural resources that affect human survival and economic activity. Environmental hazards can be physical, chemical, and biological factors that are external to the individual. They can be natural or human-made. We have seen environmental disasters more frequently in the recent past.

Environmental hazards can severely affect pregnancy, including disruption of fetal well-being, congenital anomalies, stillbirth, pregnancy loss, increased risk for miscarriage, preterm delivery, and intrauterine growth restriction. The impact of such hazards involves the interaction of several factors, including the timing of the exposure, the duration of the exposure and possible genetic vulnerabilities that may be present. Climate change is the biggest threat of the twenty-first century, but its impact on perinatal health has only recently received attention. Pregnant women and their fetuses are more vulnerable than the general population to the health impacts of climate change. Climate-related hazards, including extreme heat, flooding, drought, and wildfires, have been linked to specific health problems such as anaemia, eclampsia, low birth weight, preterm birth and even miscarriage[1]. Pregnant women are able to thermoregulate appropriately. However, extreme heat could harm the mother and the fetus. In addition to physical harm, inability to access medical care, poor sanitation, and the indirect effect of food insecurity due to crop failure are the problems associated with flooding.

Air pollution's impact on pregnancy appears to be a problem for both mother and baby; unless we take concrete actions, it will be more serious. Air pollution is a risk factor for noncommunicable diseases such as ischaemic heart disease, stroke, chronic obstructive pulmonary disease, asthma, and cancer. Common air pollutants that affect health include

particulate matter, ground-level ozone (O3), nitrogen dioxide (NO2), carbon monoxide (CO), sulphur dioxide (SO2) and lead.

We must educate pregnant mothers, make them aware of the problem and prevent or minimise environmental hazards during pregnancy. Stress on simple things of lifestyle changes such as consuming more vegetables and fruits in your diet, staying hydrated, avoiding fish high in mercury, getting rid of cleaning and beauty products with harmful chemicals, minimising exposure to plastics and reducing exposure to pollution when possible.
It is equally important for obstetricians to be knowledgeable about environmental hazards, especially exposure to toxic chemicals during history taking in antenatal care. It may be beneficial to integrate environmental health into Obstetric training.

GUEST LECTURE 6
MY UNDERSTANDING OF THE WORK-LIFE OF A CONSULTANT OBSTETRICIAN & AND A GYNAECOLOGIST IN PRESENT-DAY PRACTICE AT NHS

Prof Pradeep De Silva - Consultant Obstetrician and Gynaecologist, Sheffield Teaching Hospitals NHS Foundation Trust, UK

There are a few important points to keep as background knowledge when trying to understand the "Modes Operandi" of the professional work of a consultant practising in NHS.These are; divisions of Obstetrics away from Gynaecology,- Sub-specialization of both obstetrics and gynaecology, tertiary care centre works from work at District Generals, the top-heaviness of the care teams and the use of computers with doubtful benefit.

The maternity and gynaecology care in respect of the operational structure has taken pervasive changes since my training in the latter part of the nineteen nineties.The changes have been very severe in the last six years or so.When seeing the actual clinical work hours per week done by the consultants, I can understand the financial difficulties reported by the NHS -UK.

The individual knowledge of the patient's conditions and care pathway of our Sri Lankan set-up is not found in the system I worked.Waiting lists the politicians are talking about are humongous, and I don't see that the public is aware of what is happening. The media is not focused on the performance of the system. If you are going to think about how fast you can cure the patient, you will be frustrated.

A practising consultant has to make a balance between salary, expenses and job satisfaction.

An Uber driver summed up the process with me, saying that if you want to survive as a patient, you analyse the system.

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