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SLCOG NEWS

Official Newsletter of Sri Lanka College of Obstetricians & Gynaecologists



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EDITOR'S NOTE

It is a great honor for me to be a council member and the editor for the SLCOG. With the successful mission over covid pandemic Sri Lanka had a lower maternal mortality due to timely made interventions governed by the SLCOG and the Ministry of health. None of these could have been achieved without good leadership.

Continuing to the achievement I must thank to SLCOG president Professor Hemantha Dodampahala and the council for electing me to this post.

In this edition, we will cover all the areas which were taken place in last few months.

Thank you.



Dr. Wasantha Galappaththy
Editor

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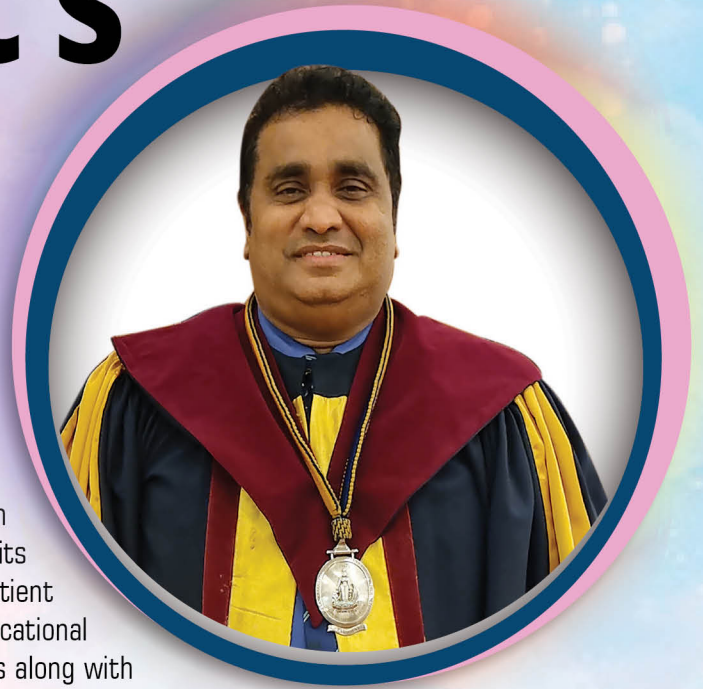


Contact Details

No. 112, Model Farm Road, Colombo 08.
Tel/ Fax: 0112689036
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President's Message



The SLCOG is moving in state of the art manner safeguarding the women under the heading of "Advancing women's health with good governance". The College successfully initiated its academic ventures during 2023 by publishing guidelines, patient information leaflets in addition to a series of academic educational activities. These includes webinars of current interested topics along with plenty of academic and recreational activities.

The endeavors of the SLCOG towards its success is further strengthened by the collaboration with RANZCOG and RCOG, who agreed to support the wellbeing and sustainability of the SLCOG.

The SLCOG building facelift project and refurbishment project is underway giving a brand new look to the College. I indeed thank the CEO Celogen Biogenics and Prof. Sanath Lanerolle for encouraging and continuously supporting me on these projects which costs over 40 million. Further, College has funded all the maintenance, painting and repair works of its own building which has become a timely need.

SLCOG is closely working with the Ministry of Higher Education and Center for Excellence in Cancer Diagnosis in developing educational and mass communication aspects. The SLCOG has become a research hub due to its collaboration with National Research Council of Sri Lanka. SLCOG has helped many higher educational institutes (Sri Lanka Institute of Textile & Apparel – SLITA) to achieve and set research standards by guiding them on their research and publication platforms.

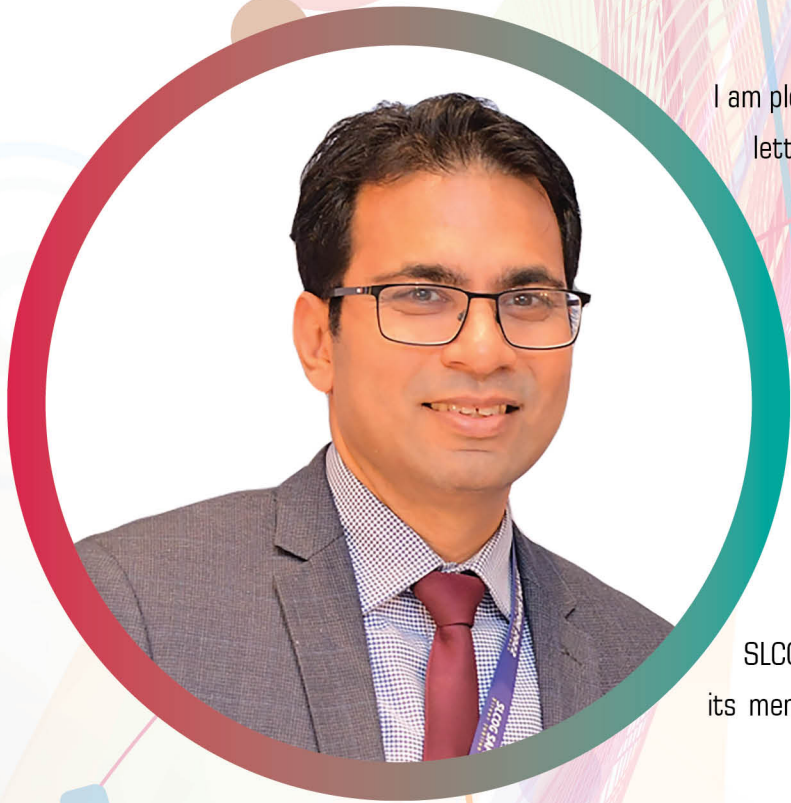
I'm extremely proud to announce that SLCOG 2023 sessions are collaborated by RANZCOG and RCOG and it will be an exciting academic event in your academic calendar where we wish to bring all the current, evidence-based and ethical practices to consultants, trainees & medical professionals in the field of Obstetrics and Gynaecology.

I extend my heartfelt gratitude to Prof. Sanath Lanerolle, Senior Consultant Obstetrician and Gynaecologist, Prof. Pradeep De Silva, Dr. Shemoon Marleen, Prof. Chanil Ekanayaka, Dr. Sudath Senarathne Dr. Chandana Jayasundara, Dr. Darshana Abeygunawardena, Dr. Ruwan Silva for their enormous contributions towards the success of the SLCOG.

Wishing you a very successful academic year, SLCOG 2023!

Prof. S.H. Dodampahala
President, SLCOG

Secretary's Message



I am pleased to issue a message to the most awaited newsletter of the SLCOG for the year 2023.

This would be the last newsletter under the presidency of Prof. Hemantha Dodampahala for the year 2023. The year 2023 was a very successful year for the college with ability to achieve most of its intended goals. The college house renovations would make the college more modernized and up to international standards.

SLCOG is dedicated to uplifting the academic standards of its membership, and we will be holding the most awaited

annual academic sessions this August we had three safe motherhood programs this year, namely Batticloa, and Matale and the last will be held in Mannar in September.

I would like to thank Dr Shemoon for organizing the series of webinars and developing the SLCOG guidelines and Patient Information Leaflets. Dr. Sudath Senarathne was instrumental in organizing many social activities this year as the Social activities chairman.

My special thanks go to Prof Hemantha Dodampahala for his unlimited dedication to the improvement of the standards of the SLCOG, as well as his vision to uplift the college house facilities for future membership.

Dr. Chandana Jayasundara
Hon. Secretary, SLCOG

Prof D. E. Gunathilleke

Oration



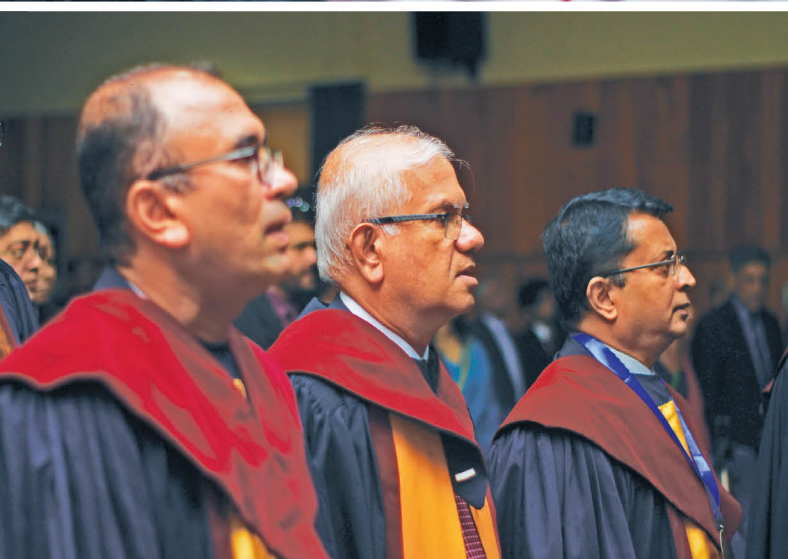
The most prestigious Prof. D.E. Gunathilleke Oration was held on the 10th of June, 2023 at the Samson Rajapakse Auditorium, SLCOG House.

The Orator was Dr. Sumith Warnasuriya, (MBBS, MD, FRCOG, FSLCOG), Consultant Obstetrician & Gynaecologist, who spoke on the topic *“The Risky Journey – Can we help more? (An overview of maternal mortality in Sri Lanka)”*

The event was presided by patron SLCOG, Dr. (Mrs.) Marlene Abeywardena, who handed the Orator’s certificate to Dr. Sumith Warnasuriya, President SLCOG, Prof. S. H. Dodampahala, who awarded the orator’s medal, Hon. Secretary, Dr. Chandana Jayasundara and Chairman Scientific Activities & Research, Dr. Shemoon Marleen.



Orator
Dr. Sumith Warnasuriya,
(MBBS, MD, FRCOG, FSLCOG),
Consultant Obstetrician & Gynaecologist





SAFE MOTHERHOOD PROGRAMME

Teaching Hospital Batticaloa

The very first Safe Motherhood Programme for 2023 was successfully held at Teaching Hospital, Batticaloa, on the 31st of March 2023. Capacity building of health professional doctors, institutional nurses and field staff was done.

The programme was designed and launched under the leadership of Prof. S. H. Dodampahala, President of SLCOG, with the tremendous support of Dr.(Mrs.) Shemoon Marleen, Chairman-Scientific Activities & Research and Dr. S. P. Akmeemana, Chairman-Regional Activities & Development. Prof. M. Thirukumar coordinated the programme on behalf of the SLCOG.

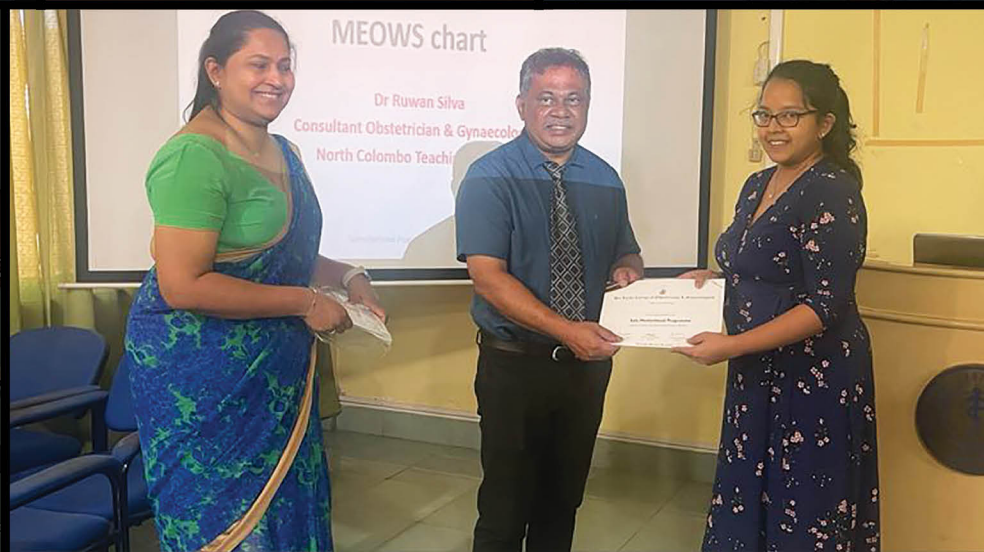
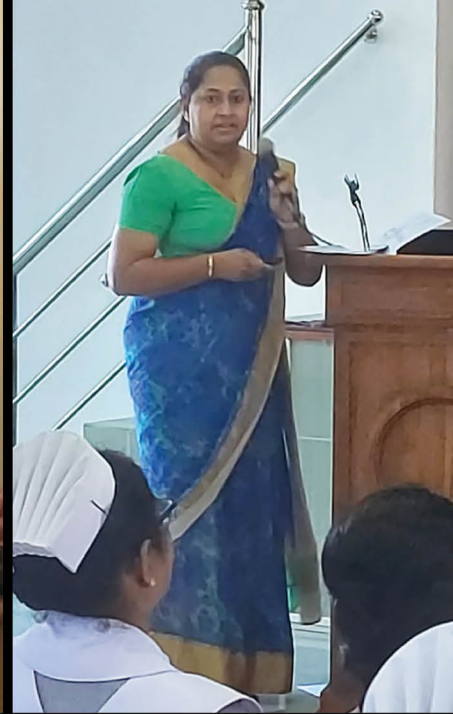
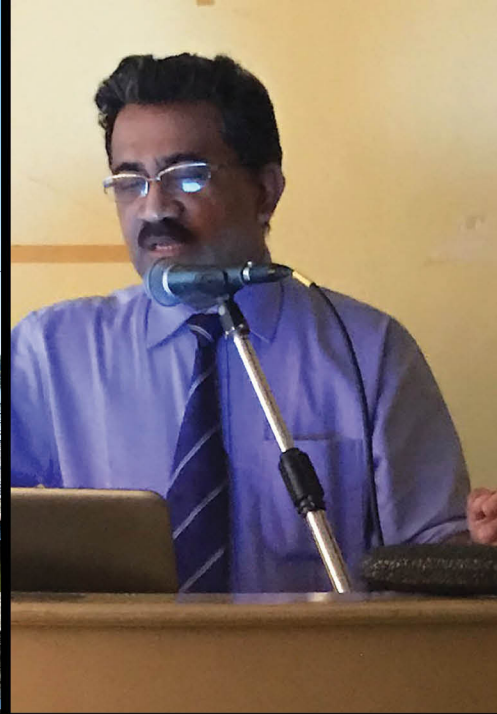
Dr. (Mrs) K. Ganeshalingam, Hospital Director, Teaching Hospital, Batticaloa, Dr. D. G. M. Costa, Provincial Director and Dr. G. Sugunan, Regional Director, participated and addressed the gathering at the inauguration.

This was a one-day programme, and after the inaugural session, three parallel sessions for field staff, doctors and nurses were conducted by well-experienced senior members of the college.

At the end of the inaugural program, there was a session to provide space for discussing with the health administrators of the area the challenges and problems faced by the professionals.

At the end of the day, it was a very productive event pertaining to maternity care. All the members of the college who participated in the event as well as who extended support in numerous ways must be appreciated for the excellent work done.







SAFE MOTHERHOOD PROGRAMME

District General Hospital Matale

The Second Safe Motherhood Programme for 2023 was successfully held at District General Hospital, Matale, on the 19th of May 2023. Capacity building of health professional doctors, institutional nurses and field staff was done.

The programme was designed and launched under the leadership of Prof. S. H. Dodampahala, President of SLCOG, with the tremendous support of Dr.(Mrs.) Shemoon Marleen, Chairman-Scientific Activities & Research and Dr. S. P. Akmeemana, Chairman-Regional Activities & Development. Dr. Lasantha Rajapaksha and Dr. Chandana Karunathilake coordinated the programme on behalf of the SLCOG.

Dr. Y. M. S. S. Yapa, Hospital Director, DGH, Matale, Dr. Nihal Weerasuriya, Provincial Director and Dr. Chaminda Weerakoon, Regional Director, participated and addressed the gathering at the inauguration.

This was a one-day programme, and after the inaugural session, three parallel sessions for field staff, doctors and nurses were conducted by well-experienced senior members of the college.

At the end of the inaugural program, there was a session to provide space for discussing with the health administrators of the area the challenges and problems faced by the professionals.

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UPCOMING

EVENTS



Save the Date

**SRI LANKA COLLEGE OF OBSTETRICIANS
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SLCOG WEBINARS

Organized by Dr. (Mrs.) Shemoon Marleen
Chairman Scientific Activities & Research SLCOG

2023

Webinar No. 01

19 February @ SLCOG Auditorium

The role of Laparoscopy in the management
of endometriosis and uterine fibroids

By Dr. Dinesh Biyagama and Dr. Diluk Senadeera



Webinar No. 02

24 February @ SLCOG Auditorium

PCOS (Polycystic Ovary Syndrome) from Adolescents to Adults

By Dr. Navoda Atapattu and Dr. Champika Gihan



Webinar No. 03
12 March @ SLCOG Auditorium
**Optimizing the management
of post-partum hemorrhage**

*By Dr. Prabodhana Ranaweera,
Dr. Ayesha Abeywardane and Dr. M. R. M. Rishard*



Webinar No. 04
25 March @ SLCOG Auditorium
Current trends in the management of subfertility
By Prof. Nishendra Karunaratne and Dr. Udara Jayawardena

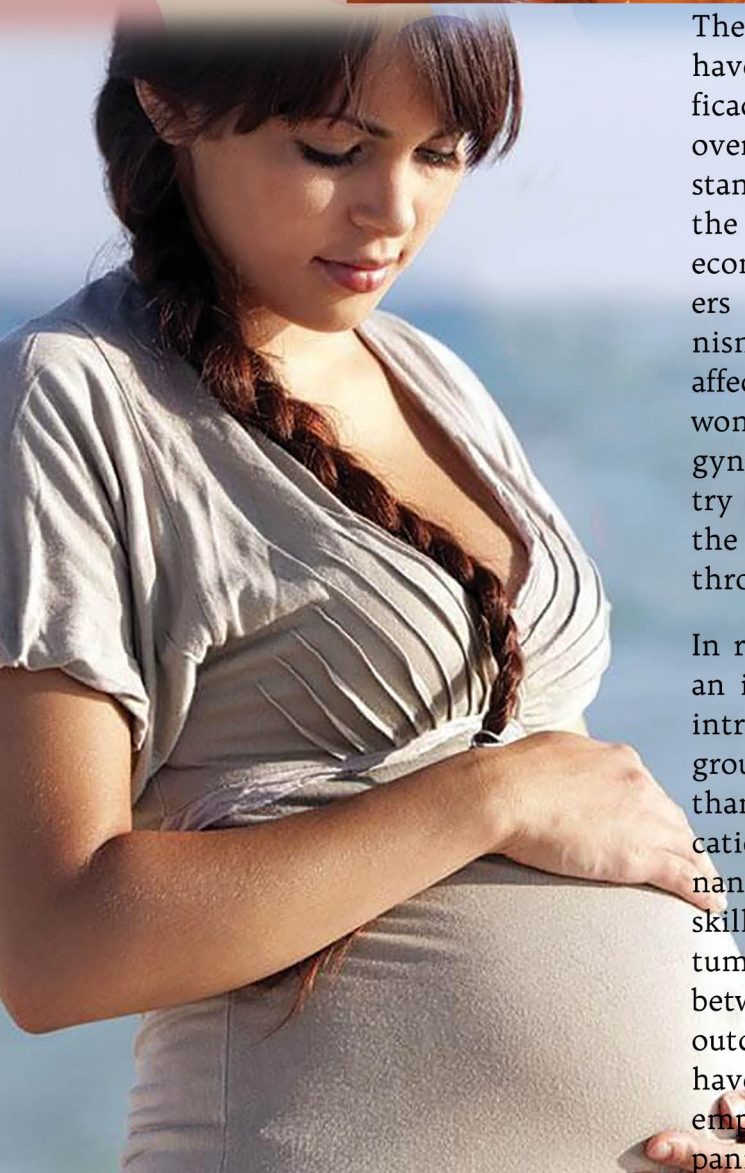


Young Gynaecologist's Diary

WOMEN EMPOWERMENT **in Obstetrics and Gynecology;** *A young Gynecologist perspective.*

Dr. Raguraman Sivalingarajah

*Senior Lecturer,
Department of Obstetrics and Gynaecology,
Faculty of Medicine, University of Jaffna.
Consultant Obstetrician & Gynaecologist,
Teaching Hospital Jaffna*



The widely acknowledged process by which those who have been disempowered are able to increase their self-efficacy, make life-enhancing decisions, and obtain control over resources is called empowerment. So, at a circumstance, where thousands of events are held throughout the world to inspire women and celebrate their social, economic and political achievements recently researchers have been assessing how the contexts and mechanisms by which empowerment directly or indirectly affects various aspects of women's health under the topic women empowerment. Concerning this topic as a young gynaecologist who works in a low-middle income country (LMIC) like Sri Lanka, its necessary to analyze, how the empowerment of women enhances women's health through a multi-disciplinary approach.

In reproductive medicine, women's empowerment plays an indispensable role in women's health. In Antenatal, intrapartum and postpartum care in some contexts, group antenatal care can be more empowering to women than the standard of care. Because it increases communication and learning among a peer group. And also, Pregnant women who feel empowered through better coping skills prior to birth seem less likely to suffer from postpartum depression. Even if a direct link cannot be found between disempowerment and poor maternal-fetal outcomes, evidence has shown, that empowered women have better outcomes than unempowered. Moreover, empowered women can be trained to act as labour companions for reducing the number of maternal morbidities



Figure 2 - women empowerment program about fertility care.

in a country by providing respectful labour care. Interestingly, health education related to the proper use of contraceptive methods, prevention of sexually transmitted diseases, sex education and fertility care should be considered for women's empowerment. For an instance, when mothers are empowered, their daughters are less likely to have sex at a young age and have low rates of unintended pregnancies.

When considering the health sector of Northern Sri Lanka, a significant improvement is taking place after the civil war. Collaboration of Jaffna medical faculty with the teaching hospital Jaffna has further enhanced the health services, medical education and research in the northern province. However, community-based surveys and expert opinions are highly recommending the concept of women's empowerment to improve reproductive health issues such as unintended pregnancies, infertility, sexually transmitted infections and maternal nutrition.

as a team including a Genito urinary surgeon, a family physician, a nutritionist, a community physician, gender consultants and counsellors. Ongoing studies related to subfertility and bottom-up approach by empowering women in selected MOH areas by training them with fertility knowledge and soft skills enhance fertility care among the subfertile couples in the northern province. Through this empowerment women who are with fertility issues can easily access public health midwives and primary MOH at a ground level.

In summary, creating a platform for examining the relevance of empowerment in various aspects of women's pregnancy, childbirth and gynaecological issues across the globe is a necessitate. Therefore, women's empowerment itself still needs further conceptualization; this special issue broadens the range of health outcomes, especially in reproductive health. Our pilot reproductive health project in Jaffna has cost-effectively shown promising results, which is suitable for LMIC.

The multi-disciplinary effort to enhance women's health is another approach of ours



Figure 1- Multidisciplinary meeting to implement the program

SLCOG

HIGHLIGHTS



Prof S H Dodampahala, President of SLCOG Relected as the chairman of the National Research Council (NRC) for the second consecutive time and began his new tenure in office for 2023. He will be chairing until the year 2026. Members of the SLCOG wish the president all the very best and success in his well-deserved appointment.



Sri Lanka College of Obstetricians & Gynaecologists and P & G Health, in collaboration, organized the event at the Lotus Ballroom, Hotel Shangri-La, Colombo, on last 8th of March.

Prof S H Dodampahala, President of SLCOG, participated in the event as the Guest of Honor. Prof Sanath Lanerolle (Immediate past president of SLCOG), Mr Kunle Adeniyi (Representative from UNFPA Sri Lanka), Dr (Mrs) Chinth Jayampathi (Deputy Chief Medical Officer of Health) were also among the chief guests.

Dr Chinth Jayampathi delivered a lecture on” Prevalence of Anaemia condition in the city of Colombo” while Prof Sanath Lanerolle delivered on” Update on Iron Deficiency Anaemia in pregnant mothers.”

The mayor of Colombo, Mrs Rose Senanayake, cut the cake to mark the celebration of international women’s day.

The Annual Academic Session of the Nation Research Council was successfully concluded on 20th January 2023 at the NRC Auditorium. The program was held in collaboration with SLCOG.

The special guest was Hon. Dr. Susil Premajyantha, Minister of Education, Higher Education, Skills & Research.

Prof S H Dodampahala, President SLCOG / Chairman NRC, and Dr Shanika Jayasekara, CEO, NRC, attended the sessions.

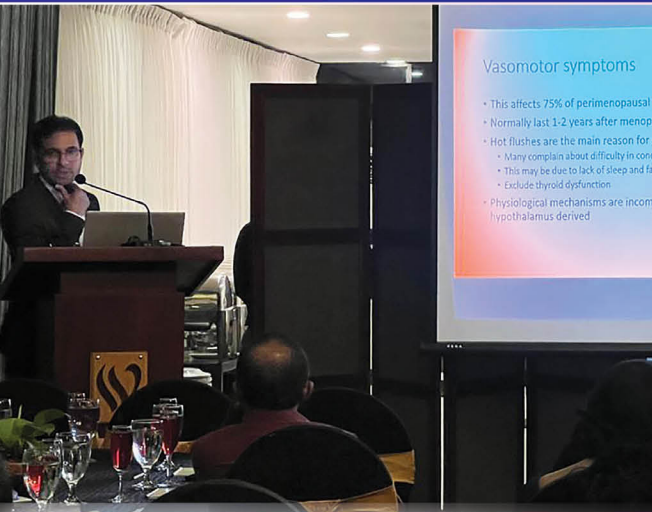
This was Inaugrated by Prof Chandrika Nanayakkara, Prof Chandana Jayarathne and Prof Priyan Dias, reputed academics in the field of science.

The sessions were streamed on a virtual platform and over 100 online participants joined the event. SLCOG is proud to co-host the event as an academic partner.



The mini-symposium on "Menopause and HRT Then and Now" was successfully held on 26th March 2023 at the Link Hall, Waters Edge, Battaramulla. The symposium commenced at 7 pm with the participation of professionals from the medical field.

Prof S H Dodampahala, Prof Sanath Lanerolle, Dr Chandana Jayasundara, Dr Ruwan Silva and Dr Indu Asanka Jayawardana delivered lectures at the symposium.



The very first research symposium organized by the Research Centre of Sri Lanka Institute of Textile & Apparel was held on 23rd June 2023 at the BMICH.

Prof S H Dodampahala, President of the Sri Lanka College of Obstetricians & Gynaecologists, has delivered the Key-Note Address about "Diagnosis of Cancer."



LADIES FORUM SLCOG AVURUDU & Mini Trade Fair 2023

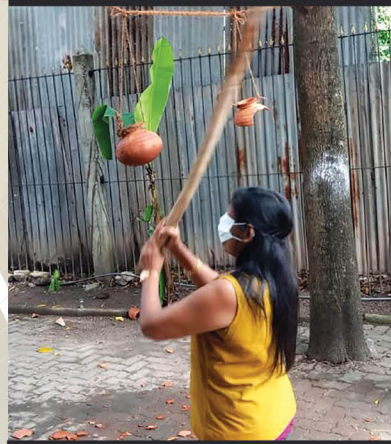


After several years we are happy to say that the SLCOG together with O&G Ladies Forum celebrated the Sinhala and Hindu New Year on the 2nd of April at SLCOG House.

It was a very colorful and enjoyable event uniting the SLCOG members families and their friends. The Avurudu kavili (sweetmeat) table indeed depicted the Sinhala & Hindu atmosphere, kavili Ranging from Kiribati, Kavum, kokis to wade and chutney. The beautiful kolam Decoration was an addition to the avurudu decorations.

Avurudu songs instilled a festive mood. The young and the old, everybody participated in the Avurudu kreeda (games) while the ladies enjoyed the cookery demonstration sponsored by Silver Mills. The trade stalls gave an opportunity for ladies with small businesses to sell their products, not forgetting our Motto "Women for Women".

I would take this opportunity to thank the three companies Silver Mills, Dilmah tea and Maharaja ICL brand for their participation and sponsorship. Also the organizing committee of the O & G Ladies Forum for their unstinted support in making this event a success.



CHARITY PROGRAMME

by  **LADIES FORUM**

Donations to Killinochchi Hospital

Today we went to Killinochchi Hospital. Director Dr. Suganthan, Dr. Sivaharan (Consultant Obstetrician & Gynaecologist), they both coordinated this event. All midwives, nursing staff and pregnant mothers participated this event. They all are appreciated and acknowledged for the immense support given. Thank you Mrs. Thayananthi Sridharan and Dr. Sridharan for transporting and coordinating the donation to Killinochchi Hospital.



Donations to Monaragala Hospital

Donations to Marawila Hospital



As the charity project for 2023 we decided to donate urgently needed basic items such as chintz clothes, bed jackets, sanitary napkins, baby napkins and baby soap for needy mums and babies to outstation hospitals. We selected maternity wards of five needy outstation hospitals namely Marawila, Nuwaraeliya, Kethumathi, Killinochchi and Monaragala. The first donation was made to Marawila hospital on the 21st of April. I thank all our generous donors for being a part of this meritorious deed.



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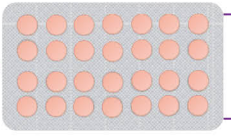


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 Reference: 1. Baber RJ et al. 2016 IMS Recommendations on women's midlife health and menopause hormone therapy. Climacteric. 2016;19(2):109-150 2. Schindler AE. Classification and pharmacology of progestins. Maturitas. 2003;46:7-16
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For Continuous sequential; FemostonTM 1/10 mg Hormone replacement therapy (HRT) for oestrogen deficiency symptoms in postmenopausal women at least 12 months since last menses. For Continuous sequential; FemostonTM 2/10 mg Hormone replacement therapy (HRT) for oestrogen deficiency symptoms in postmenopausal women at least 6 months since last menses. All Formulations: Prevention of osteoporosis in postmenopausal women at high risk of future fractures who are intolerant of, or contraindicated for, other medicinal products approved for the prevention of osteoporosis. Elderly population: The experience in treating women older than 65 years is limited. DOSAGE AND ADMINISTRATION: For oral use FemostonTM conti 1/5; Continuous combined. The oestrogen and the progestogen are given every day without interruption. One tablet to be taken daily for a 28 day cycle. FemostonTM 1/10 and FemostonTM 2/10; Continuous sequential. The oestrogen is dosed continuously. 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Known or suspected oestrogen-dependent malignant tumours (e.g. endometrial cancer). Known or suspected progestogen-dependent neoplasms. Untreated endometrial hyperplasia. Previous or current venous thromboembolism (deep vein thrombosis, pulmonary embolism). Known thrombophilic disorders (e.g. protein C, protein S or antithrombin deficiency). Active or recent arterial thromboembolic disease (e.g. angina, myocardial infarction). Acute liver disease, or a history of liver disease, as long as the liver function tests have failed to return to normal. Porphyria. Known hypersensitivity to the active substances or to any of the excipients. WARNINGS & PRECAUTIONS: For the treatment of postmenopausal symptoms, HRT should only be initiated for symptoms that adversely affect quality of life. In all cases, a careful appraisal of the risks and benefits should be undertaken at least annually and HRT should only be continued as long as the benefit outweighs the risk. If any of the following conditions are present, have occurred previously, and/or have been aggravated during pregnancy or previous hormone treatment, the patient should be closely supervised such as leiomyoma (uterine fibroids) or endometriosis, risk factors for thromboembolic disorders, risk factors for oestrogen dependent tumours, e.g. 1st degree heredity for breast cancer, hypertension, liver disorders (e.g. liver adenoma), diabetes mellitus with or without vascular involvement, cholelithiasis, migraine or (severe) headache, systemic lupus erythematosus, history of endometrial hyperplasia, epilepsy, asthma, otosclerosis Therapy should be discontinued in case a contraindication is discovered and in the following situations such as jaundice or deterioration in liver function, significant increase in blood pressure, new onset of migraine-type headache and pregnancy PREGNANCY & LACTATION FemostonTM is not indicated during pregnancy. If pregnancy occurs during medication with FemostonTM treatment should be withdrawn immediately. The results of most epidemiological studies to date relevant to inadvertent fetal exposure to combinations of oestrogens with progestogens indicate no teratogenic or foetotoxic effect. There are no adequate data from the use of estradiol/dydrogesterone in pregnant women. Lactation: FemostonTM is not indicated during lactation. ADVERSE REACTIONS: The most commonly reported adverse drug reactions of patients treated with estradiol/dydrogesterone in clinical trials are headache, abdominal pain, breast pain/tenderness and back pain. Issued on: Date (12/Feb/2016) Source: Prepared based on full prescribing information (version 2) dated 25.May.2014
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Reference: 1. Amy JJ. Femoston®: Effects on bone and quality-of-life. Eur Menop J 1995;2(4) (Suppl):16-22. 2. Stevenson JC, Durand G, Kahler E, et al. Oral ultra-low dose continuous combined hormone replacement therapy with 0.5 mg 17β-estradiol and 2.5 mg dydrogesterone for the treatment of vasomotor symptoms: Results from a double-blind, controlled study. Maturitas 2010;67:227-232. 3. Olearad D, Conrad C, Jesinger D, et al. Clinical study comparing the effects of sequential hormone replacement therapy with oestradiol/ dydrogesterone and conjugated equine oestrogen/norgestrel on lipids and symptoms. Arch Gynecol Obstet 2006;274:74-80. Image for representation purpose only, not of actual patient

Abbreviated Prescribing Information Estradiol and Dydrogesterone Tablets Femoston 1/10 mg Combipack of Estradiol and Dydrogesterone Tablets Femoston 2/10 mg LABEL CLAIM: Each film coated tablet contains: Estradiol (as hemihydrate) Ph Eur 1 mg Dydrogesterone (IP 5mg Femoston 1/10 mg Each of 14 white colour tablet contains: Estradiol (as hemihydrate) Ph Eur 1 mg Other each 14 grey colour film coated tablets contains: Estradiol (as hemihydrate) Ph Eur 2 mg Dydrogesterone (IP 10 mg Femoston 2/10 mg Each of 14 white colour tablet contains: Estradiol (as hemihydrate) Ph Eur 2 mg Other each 14 grey colour film coated tablets contains: Estradiol (as hemihydrate) Ph Eur 2 mg Dydrogesterone (IP 10 mg INDICATION: For Continuous combined: FemostonTM conti 1/5 mg Hormone replacement therapy (HRT) for oestrogen deficiency symptoms in postmenopausal women at least 12 months since last menses. For Continuous sequential: FemostonTM 1/10 mg Hormone replacement therapy (HRT) for oestrogen deficiency symptoms in postmenopausal women at least 6 months since last menses. For Continuous sequential: FemostonTM 2/10 mg Hormone replacement therapy (HRT) for oestrogen deficiency symptoms in postmenopausal women at least 6 months since last menses. All formulations: Prevention of osteoporosis in postmenopausal women at high risk of future fractures who are intolerant of, or contraindicated for, other medical products approved for the prevention of osteoporosis. Elderly population. The experience in treating women older than 65 years is limited. DOSAGE AND ADMINISTRATION: For oral use FemostonTM conti 1/5-Continuous combined: The oestrogen and the progestogen are given every day without interruption. One tablet to be taken daily for a 28 day cycle. FemostonTM 1/10 and FemostonTM 2/10: Continuous sequential: The oestrogen is dosed continuously. The progestogen is added for the last 14 days of every 28 day cycle, in a sequential manner. For FemostonTM 1/10 and FemostonTM 2/10: Treatment commences with one white tablet daily for the first 14 days followed by one grey tablet daily for the next 14 days, as directed on the 28 day calendar pack. All Formulations: Femoston should be taken continuously without a break between packs. For initiation and continuation of treatment of postmenopausal symptoms, the lowest effective dose for the shortest duration should be used. For FemostonTM 1/10: In general, sequential combined treatment should start with FemostonTM 1/10. For FemostonTM conti 1/5: Continuous combined treatment may be started with FemostonTM conti 1/5 depending on time since menopause and severity of symptoms. All Formulations: Depending on the clinical response, the dosage can subsequently be adjusted. FemostonTM can be taken irrespective of food intake. CONTRAINDICATIONS: Known past or suspected breast cancer. Known or suspected oestrogen-dependent malignant tumours (e.g. endometrial cancer). Known or suspected progestogen-dependent neoplasms. Unresolved endometrial hyperplasia. Previous or current venous thromboembolism (deep venous thrombosis, pulmonary embolism). Known thrombophilic disorders (e.g. protein C, protein S or antithrombin deficiency, Active or recent arterial thromboembolic disease (e.g. angina, myocardial infarction). Acute liver disease, or a history of liver disease, as long as the liver function tests have failed to return to normal. Porphyria. Known hypersensitivity to the active substances or to any of the excipients. WARNINGS & PRECAUTIONS: For the treatment of postmenopausal symptoms, HRT should only be initiated for symptoms that adversely affect quality of life. In all cases, a careful appraisal of the risks and benefits should be undertaken at least annually and HRT should only be continued as long as the benefit outweighs the risk. If any of the following conditions are present, have occurred previously, and/or have been aggravated during pregnancy or previous hormone treatment, the patient should be closely supervised such as telomeres (uterine fibroids) or endometrial risk factors for thromboembolic disorders, risk factors for oestrogen-dependent tumours, e.g. 1st degree heredity for breast cancer, hypertension, liver disorders (e.g. liver adenoma), diabetes mellitus with or without vascular involvement, cholelithiasis, migraine (or severe) headache, systemic lupus erythematosus, history of endometrial hyperplasia, epilepsy, asthma, osteoporosis. Therapy should be discontinued in case a contraindication is discovered and in the following situations such as jaundice or deterioration in liver function, significant increase in blood pressure, new onset of migraine-type headache and pregnancy. PREGNANCY & LACTATION FemostonTM is not indicated during pregnancy. If pregnancy occurs during medication with FemostonTM treatment should be withdrawn immediately. The results of most epidemiological studies to date relevant to inadvertent fetal exposure to combinations of oestrogens with progestogens indicate no teratogenic or foetotoxic effect. There are no adequate data from the use of estradiol/dydrogesterone in pregnant women. Lactation: FemostonTM is not indicated during lactation. ADVERSE REACTIONS: The most commonly reported adverse drug reactions of patients treated with estradiol/dydrogesterone in clinical trials are headache, abdominal pain, breast pain/tenderness and back pain. Issued on: Date (12/Feb/2016) Source: Prepared based on full prescribing information (version 2) dated 25/May/2014.



For full prescribing Information please contact:
CIC Holdings PLC
"CIC House", 199, Kew Road, Colombo 02, Sri Lanka.
Tel: +94 112 359 359 Fax: +94 112 327 132
Web: www.cic.lk