



ISSUE NO. 01 | MARCH 2024

# SLCOG NEWS

Official Newsletter of Sri Lanka College of Obstetricians & Gynaecologists



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# Editor's Note

I believe it is my duty to highlight the service rendered by the Sri Lanka College of Obstetricians and Gynaecologists (SLCOG) to improve women's health in Sri Lanka. It is in this light that the events and achievements of the SLCOG and its members are showcased in the newsletter.

A continuation of the young gynaecologist's forum by members of the Universities and Ministry of Health will no doubt conjure up controversy, and should be taken with a pinch of salt!

The presidential induction, and other events; safe motherhood workshops, EOD program were noteworthy events of the recent past and are displayed. I regret if I have missed out any events. I thank Dr. M Dissanayake for inviting me to the 2024 council.

*Dr. Chanil Ekanayake*  
**Editor**



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# President's Message



With great pleasure I'm writing to you, marking the end of the first quarter of my service tenure as the President of the SLCOG. 2024 has been an academically eventful year so far. We've managed to successfully organise and conduct academic programs to educate and update the knowledge and skills of the healthcare personnel from the field level to the professional level, for the betterment of Lankan maternal care. Starting with the first four Essential Obstetric care at your Doorstep (EOD) workshops out of the over twenty planned workshops for this year, at the base hospitals including and not limited to Dambulla, Thambuththegama and Rathnapura, we've quite literally taken essential obstetrics care to the doorstep of the healthcare providers throughout the country.

Furthermore, we've successfully conducted symposiums, lectures, workshops and webinars with prominent local as well as international speakers on topics such as "Evidence based approach to managing PCOS: International guidelines 2023" webinar, "Nurturing and empowering women: Midwifery role to mark the international women's day" webinar, lecture on "Unexplained RPL- a clinician's dilemma", a mini symposium on "Cardiac day: Heart disease complications in pregnancy" and two "Colposcopy training" workshops for the postgraduate trainees and consultants. The MD part 1 preparative course started last year, completed with an OSVE session conducted as a new addition this year. A comprehensive preparative course for the MD part 2 examination was initiated in the early weeks of February and it received a good response from the postgraduate trainees.

The inaugural Safe Motherhood Program of the year 2024 was held on the 15th of March at the DGH, Polonnaruwa with an overwhelming participation of consultant doctors, nurses and midwives. Following the footsteps of our very first Safe Motherhood global initiative in 1987, we've come a long way with the ultimate goal of reducing the MMR of Sri Lanka which has been stagnant for almost a decade, although of course we've already surpassed the global MMR goals.

All of this was possible with the dedication, guidance and hardwork of the SLCOG council, my fellow colleagues, juniors and seniors. With all of this being said, I'm looking forward to the days that are to come, to continue to uplift and deliver better maternal care for a safe motherhood.

Thank you.

**Dr. Mangala Dissanayake**  
*President, SLCOG*

# Secretary's Message



It is my great pleasure to issue a message for the first newsletter of SLCOG for the year 2024, under the presidency of Dr Mangala Dissanayake. Primary goal of SLCOG as a prime professional body is to reduce maternal morbidity and mortality. In addition, President SLCOG and the new council determine to improve the quality in providing maternity care. The event calendar for the year 2024 will be orchestrated to full fill above objectives.

SLCOG has successfully concluded its first safe motherhood program of the year at DGH Pollonnaruwa on 15th March. Three more safe motherhood programs to be unveiled at Dikoya, Trincomalee and Hambanthota.

College has launched its budding new project “Essentials of Obstetrics at your Doorstep” (Project EOD). The key objective of project EOD is to develop a formal training program for senior house officers (O&G), midwives and midwifery nurses at their own working stations and idea is to cover many peripheral hospitals of the country. To date, project has covered Walasmulla – Kamburupitiya (EOD1), Thambuththegama – Galgamuwa (EOD2), Dambulla – Kanthale (EOD3) and Rathnapura – Kahawaththa – Balangoda (EOD4) hospitals. I would like to invite all the members of SLCOG to participate in similar activities yet to come.

SLCOG MD part II Preparatory course is superbly ongoing. Also, OSVE course was introduced to the traditional MD part I Preparatory course which was successfully concluded with more than 60 participants. Also, the “Cardiac Day : mini symposium” was successfully conducted with nearly 200 participation of obstetricians, cardiologists and anesthetists.

The most awaited 57th annual scientific sessions will be held from 30th August to 01st September 2024. With the vision to improve patient care this year the college concentrated in developing more guidelines, patient information and consenting forms and CPD programs like Colposcopy training which will be witnessed soon.

My special thanks goes to Dr Mangala Dissanayake for his immense leadership and steering the council in many innovative events. Also, I extended my sincere gratitude for the past president and council for the great work done by them to improve the standards of the council and its members.

Best Wishes,  
**Dr Prabath Randombage**  
**Asst. Secretary, SLCOG**



# PRESIDENTIAL INDUCTION of the 38th President of the SLCOG, 2024

The ceremonial induction of Dr Mangala Dissanayake, the 38th President of the Sri Lanka College of Obstetricians and Gynaecologists for 2024, was held on January 25, 2024, at the Grand Ballroom, Hotel Galadari. The ceremony was presided over by the Chief Guest, Dr Palitha Mahipala, Secretary of Health, Guests of Honour Dr Anula Wijesundera, Senior Consultant Physician and Dr Asela Gunawardena, Director General of Health Services. Traditionally, the patron of the SLCOG, Prof W I Amarasinghe, presented Dr Mangala Dissanayake with the president's medal and handed over the new presidency. Following the addresses of the invited dignitaries, the event successfully concluded with the reception.









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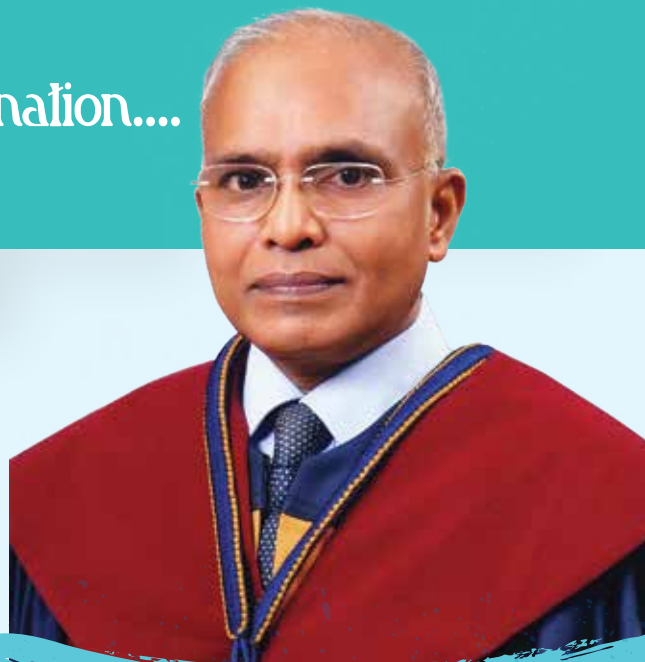
## *From the Past to Present :* **Navigating Medical Equipment Shortages**

In recent times, the term 'shortage' has become all too familiar. However, the shortages we encountered in the early eighties, particularly in provincial council-managed hospitals, presented unique challenges. During my tenure at Base Hospital Kegalle, despite my extensive training in Kielland forceps delivery under two UK experts, my request for such forceps was unmet by the administration, prompting me to purchase my own. Fortuitously, this acquisition came with a complimentary Wigley forceps.

The Leech Wilkinson cannula, vital for subfertility management, was another essential tool. It was used in procedures like HSG, D&C, and hydrotubation. By injecting normal saline through the cannula, we could fill the uterus and fallopian tubes, allowing us to auscultate for spillage and assess tubal patency. This process, performed during the cycle's luteal phase, also provided insights into ovulation through endometrial sampling.

A recurring issue was the mismatch between the cannula's large head and the nulliparous cervix, necessitating the purchase of smaller-sized cannulae. Additionally, cervical biopsy forceps were indispensable. My frequent academic visits to India allowed me to procure most of these instruments, notably from TUFT, a manufacturer known for their quality surgical tools.

Working in provincial council-managed hospitals like Kegalle, Matale, and Chilaw, I often faced hurdles in acquiring new instruments. Over the years, I amassed a significant collection of instruments, many of which I have since donated to the hospitals where I served. The remainder, invaluable for training, I have gifted to the SLCOG, ensuring their continued use in educating future medical professionals.



**Dr Ananda Ranathunga**





# Essentials of Obstetrics at your Doorstep

**Lead by:**



**Dr. Mangala Dissanayaka**  
President  
Sri Lanka College of Obstetricians & Gynaecologists

**Coordinated by ;**



**Dr. Darshana Abeygunawardana**  
Chairman Scientific Activities & Research  
Sri Lanka College Of Obstetricians & Gynaecologists

**Coordinated by ;**



**Dr. Prabath Randoombage**  
Assistant Secretary  
Sri Lanka College Of Obstetricians & Gynaecologists

## Sri Lanka College of Obstetricians & Gynaecologists

Maternal mortality is considered as a key indicator of the health and also a reflection of overall health status, access to healthcare, and the responsiveness of government's and professional bodies' to healthcare system. Various Obstetric emergencies play a pivotal cause for many maternal deaths including Obstetrics hemorrhage. Teaching and training are mandatory aspect in order to reduce maternal mortalities and SLCOG has identified that there is no formal training program or CPD events for senior house officers (O&G), midwives and midwifery nurses. The Project EOD is launched and designed under the leadership of Dr Mangala Dissanayake, President, SLCOG with a vision to develop a formal training program for the above staff at their own working stations and idea is to cover many peripheral stations of Sri Lanka. The projects were organized and coordinated by Dr Darshana Abeygunawardana, Chairman, Scientific activities, and research, SLCOG, and Dr Prabath Randoombage, Assistant Secretary, SLCOG. Hosting and lecturing were done by Consultant Obstetricians and Gynaecologists, Consultants Paediatricians at each stations and senior registrars of O&G. These are one day programs and capacity building was done using brief lectures and 6 - 7 hands on Drills sessions in each programs.



# PHASE- - 01

The very first program of the project series was successfully held at the Base Hospital, Walasmulla, on 16th February 2024. Dr A P R S Chandrasena, Medical superintendent of BH Walsmulla addressed the gathering. Dr Dharshana Somirathne , Consultant Obstetrician and Gynaecologist at BH Walsmulla and Dr Kushan Jayasinghe Consultant Obstetrician and Gynaecologist at BH Kamburupitiya hosted the programme on behalf of the SLCOG. Nearly 40 health Staff from both hospitals have joined the session.





# PHASE - 02

The second launch of the EOD project was successfully held at the Base Hospital, Thambuththegama, on 1st March 2024. Dr Nephul Dharmathilake, Medical superintendent of BH Thambuththegama addressed the gathering. Dr Wasantha De Silva, Dr Sanka Athulathmudali, Consultant Obstetricians and Gynaecologists at BH Thambuththegama and Dr Nisansala Perera, Dr Raveen Perera, Consultant Obstetricians and Gynaecologists at BH Galgamuwa hosted the programme on behalf of the SLCOG. Moreover, 45 health Staff from both hospitals have trained.







# PHASE - 03

The third episode of the EOD project was held at the Base Hospital, Dambulla, on 14th March 2024. Dr W A S S Wickrama, Medical superintendent of BH Dambulla inaugurated the event. Dr Thusitha Padeniya, Dr Ureka Wickramasinghe Consultant Obstetricians and Gynaecologists of BH Dambulla, and Dr Damith Siriwardene, Consultant Obstetrician and Gynaecologist at BH Kanthale hosted and delivered lectures. Nearly 50 participants were trained from both Dambulla and Kanthale. Similarly many peripheral hospitals would be covered under the project EOD in future, with a mission to deliver quality, safe and updated maternal health care in Sri Lanka.





# SAFE MOTHERHOOD PROGRAMME - 2024



## District General Hospital Polonnaruwa

The very first Safe Motherhood Programme for 2024 was successfully concluded at the District General Hospital, Polonnaruwa, on March 15, 2024. Capacity building of health professionals, doctors, institutional nurses, and field staff was done. The programme was designed and launched under the leadership of Dr Mangala Dissanayake, President of SLCOG, with the tremendous support of Dr Darshana Abeygunawardana, Chairman-Scientific Activities & Research and Dr Jagath N Herath, Chairman-Regional Activities & Development. Dr Linganathan and Dr Asela Amarasena coordinated the programme on behalf of the SLCOG.

Dr. D.S.A. Jayasinghe, Hospital Director, DGH, Polonnaruwa, Dr. Palitha Bandara, Provincial Director and Dr. W.K. Kumarawansa, Regional Director, participated and addressed the gathering at the inauguration. This was a one-day programme, and after the inaugural session, two 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 the challenges and problems faced by the professionals with the health administrators of the area. 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.









# FEATURE ARTICLE.....

## The Busy Life of a University Obstetrician: Balancing Clinical Practice and Academia

### Introduction: Dispelling the Myth

Compiled by ;

**Dr. M. R. M. Rishard**

Senior Lecturer, Faculty of Medicine,

University of Colombo, Sri Lanka

Consultant Obstetrician & Gynaecologist,

De Soysa Hospital for Women, Colombo, Sri Lanka



Clinicians outside the university often view holding an academic position as a breeze, assuming it involves minimal workload. However, the reality is quite different. In fact, serving as both a clinician and a university lecturer doubles the workload. Let's delve into the multifaceted responsibilities undertaken by obstetricians in the university setting.

### 1. Teaching Undergraduate Students

Teaching undergraduate students, particularly those pursuing MBBS entails comprehensive lectures covering obstetrics and gynecology topics aligned with their curriculum. In instances of large batches, the workload intensifies as lectures must be repeated or even conducted simultaneously to accommodate all students. Practical classes are also integral, bridging theoretical knowledge with hands-on experience, a crucial aspect of medical education. Apart from large group teachings, small group teaching activities such as problem based learning, practical classes and integrated ward classes would make us overwhelmed with teaching activities.

### 2. Teaching Postgraduate Students

The responsibility extends to teaching and training postgraduate students pursuing M.Sc. and MD degrees. This involves imparting advanced knowledge and fostering critical thinking skills essential for their professional growth and contribution to the field. Teaching during ward rounds, in operat-

ing theatres and in the outpatient clinics are something that we enjoy despite the busy schedule.

### 3. Evaluation Process of Students

The meticulous process of evaluating students involves crafting exam papers according to set guidelines and international standards. This collaborative effort entails numerous group discussions with fellow academics and senior faculty members. Additionally, supervising exams and meticulously marking papers demand considerable time and effort from our already packed schedules.

### 4. Clinical exposure at Tertiary Care Centers

As clinicians working in a tertiary care center is challenging as we get complicated cases as



referrals or transfers. Availability of a multidisciplinary team in the same premises would definitely make our lives easy when it comes to complicated cases. Above all, support of the other members when we are in trouble is something extra ordinary and make us a privileged group!

### 5. Involvement in Academic Clubs and Societies

Beyond the classroom, academics are actively involved in various student clubs and societies, assuming roles as advisors, treasurers, and counselors. This includes providing guidance, organizing activities, and fostering a conducive learning environment. Additionally, initiatives such as arts, music, and public awareness programs contribute to the holistic development of students.

### 6. Research Endeavors

Research is a cornerstone of academic life, ranging from individual observations to large-scale, interdisciplinary studies aimed at addressing gaps in knowledge and proposing solutions. Disseminating research findings through publications and participation in conferences is crucial for advancing the field and staying abreast of recent developments.

### 7. Additional Responsibilities

Academics often find themselves undertaking various additional responsibilities, such as mentoring students, participating in faculty meetings, and contributing to institutional committees. These tasks, though demanding, are essential for the smooth functioning of the academic ecosystem.

### 8. Conflicts with colleagues

Unfortunately, if the dynamics do not align well with the other colleagues, that can lead to unpleasant situation within the institution. Obviously, you need to be a level-headed person and a good team player to work in an academic unit.

### 9. Balancing Personal Life: The Human Side of an Obstetrician

Amidst the professional rigors outlined earlier, it's imperative to acknowledge the personal space of

obstetricians. Beyond their roles in academia and clinical practice, they are individuals with families and personal responsibilities. Often, they bear the weight of managing their households and nurturing their children alongside their demanding careers. Moreover, many obstetricians may maintain private practices, further intensifying their already packed schedules. The challenge of finding leisure time amidst these commitments is indeed daunting. Yet, despite these demands, obstetricians navigate this delicate balance with resilience and determination, demonstrating an unwavering commitment to both their professional and personal spheres.

### Conclusion: A Fulfilling Journey

In conclusion, the role of an obstetrician in the university setting is far from easy. However, the passion for both clinical practice and academia drives us to excel in our multifaceted responsibilities. It's about bridging the gap between theory and practice, enriching the next generation of healthcare professionals, and contributing to the advancement of the field. Despite the challenges, it's a journey we undertake with enthusiasm, knowing that our efforts shape not only our students but also the future of healthcare.



FEATURE ARTICLE.....



# Workshops

# COLPOSCOPY TRAINING

## Workshop - 01

by SLCOG

The Sri Lanka College of Obstetricians & Gynaecologists has organized a series of Colposcopy training workshops for the Consultants and PG trainees. The very first workshop of the series was successfully concluded at the Apeksha Hospital, Maharagama, on the 27th of February, 2024. Dr Ruwan Silva and Dr Rajitha Wijesinghe coordinated the programme on behalf of the SLCOG. Dr Chinthana Hapuachchige and Dr Thanuya Mahendran also joined as prominent resource persons for the workshop.



## Workshop - 02

The Sri Lanka College of Obstetricians & Gynaecologists has organized a series of Colposcopy training workshops for the Consultants and PG trainees. The second workshop of the series was successfully concluded at the Apeksha Hospital, Maharagama, on the 19th March, 2024. Dr Ruwan Silva and Dr Rajitha Wijesinghe coordinated the programme on behalf of the SLCOG. Dr P P Kandanearachchi and Dr Chinthana Hapuachchige joined as prominent resource persons for the workshop.











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## 2024

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Reference: 1. Amy JJ. Femoston<sup>®</sup>. 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. Cierad D, Conrad C, Jesinger D, et al. Clinical study comparing the effects of sequential hormone replacement therapy with estradiol/ 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<sup>®</sup> conti 1/5 mg Combi-pack of Estradiol and Dydrogesterone Tablets Femoston<sup>®</sup> 1/10 mg Combi-pack of Estradiol and Dydrogesterone Tablets Femoston<sup>®</sup> 2/10 mg LABEL CLAIM: Each film coated tablet contains: Estradiol (as hemihydrate) Ph Eur ..... 1 mg Dydrogesterone IP ..... 5 mg Femoston<sup>®</sup> 1/10 mg Each of 14 white colour tablet contains: Estradiol (as hemihydrate) Ph Eur ..... 1 mg Other each of 14 grey colour film coated tablets contains: Estradiol (as hemihydrate) Ph Eur ..... 2 mg Dydrogesterone IP ..... 10 mg INDICATION: For continuous combined: Femoston<sup>®</sup> conti 1/5 mg Hormone replacement therapy (HRT) for oestrogen deficiency symptoms in postmenopausal women at least 6 months since last menses. For Continuous sequential: Femoston<sup>®</sup> 1/10 mg Hormone replacement therapy (HRT) for oestrogen deficiency symptoms in postmenopausal women at least 6 months since last menses. For Continuous sequential: Femoston<sup>®</sup> 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 Femoston<sup>®</sup> 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. Femoston<sup>®</sup> 1/10 and Femoston<sup>®</sup> 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 Femoston<sup>®</sup> 1/10 and Femoston<sup>®</sup> 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 Femoston<sup>®</sup> 1/10: In general, sequential combined treatment should start with Femoston<sup>®</sup> 1/10. For Femoston<sup>®</sup> 2/10: Continuous combined treatment may be started with Femoston<sup>®</sup> 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. Femoston<sup>®</sup> 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, Undiagnosed genital bleeding, Untreated 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 idiopathic (venous thrombosis), or endometrial, risk factors for thromboembolic disorders, risk factors for oestrogen dependent tumours, 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: Femoston<sup>®</sup> is not indicated during pregnancy. If pregnancy occurs during medication with Femoston<sup>®</sup> 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 effects. There are no adequate data from the use of estradiol dydrogesterone in pregnant women. Lactation: Femoston<sup>®</sup> 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. 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