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SLCOG NEWS

Official Newsletter of Sri Lanka College of Obstetricians & Gynaecologists



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Editor's Note

The service rendered by the Sri Lanka College of Obstetricians and Gynaecologists (SLCOG) to improve women's health in Sri Lanka transcends all spheres of health care in Sri Lanka. The pinnacle of this was the annual academic sessions which was held from 30th August to 1st September at the Galadari hotel. It was well attended by high-ranking government officials, consultants and subject experts, trainees and even ancillary medical staff. The significant activities are showcased in this issue for the benefit of member who were unable to attend in person.

An article on 'What is in a name?' by none other than Dr. Asoka Weerakkody will no doubt be a favourite for the readers. It will be a series and will hopefully continue educating us on the life and times of the giants of yesteryear. Incidentally, this is the second occasion where Dr. Weerakkody has put his hand in to rescue us, the first being the preparatory classes for MD part 2 in 2011/2012! Something which he continues to this day.

Dr. Chanil Ekanayake
Editor

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President's Message



Dear Colleagues and Friends,

I am pleased to reflect on a series of successful events organized by the Sri Lanka College of Obstetricians and Gynaecologists (SLCOG) over the past few months. We successfully conducted two EOD programs at the Base Hospital, Elpitiya and Base Hospital, Nikaweratiya in this quarter. These initiatives have significantly enhanced the accessibility of obstetric care in our communities. On 11th July 2024, we held a joint symposium on "Maternal Respiratory Health" in collaboration with the Sri Lanka College of Pulmonologists at the College House. This event addressed critical issues in maternal respiratory health and provided valuable insights for our attendees.



The Dr. Richard Caldera Memorial Oration took place on 21st July 2024, featuring Dr. Nanditha Palshetkar from India, who presented an enlightening lecture on "Recurrent Pregnancy Loss: Unveiling Truths in Contemporary Medicine." This oration sparked meaningful discussions within our community. On 31st July 2024, we conducted a practical workshop titled "Basics in Suturing and Energy Devices" for the first year post graduate trainees at the College House. The hands-on training received positive feedback from participants, emphasizing the importance of skill enhancement in our field.

A major highlight was the ceremonial opening of the renovated ground floor of the SLCOG House on 18th August 2024, which included a mini symposium on infertility management. This upgrade demonstrates our commitment to providing improved facilities for our members. In conjunction with the 57th Annual Academic Congress of SLCOG, we hosted seven pre-congress workshops and two post congress workshops. The Inauguration Ceremony of the 57th Annual Academic Congress was held on 30th August 2024 at Hotel Galadari, featuring the Prof. D. A. Ranasinghe Memorial Oration by Prof. Hemantha Senanayake. His insights into maternal mortality in Sri Lanka and the effectiveness of our current care delivery model were invaluable.

The main academic program took place on 31st August and 1st September 2024, attracting over 300 participants from Sri Lanka and various countries. It featured a robust agenda that included 13 symposiums and guest lectures covering a wide range of topics in obstetrics and gynecology. We organized sessions focusing on international perspectives, with contributions from RANZCOG, RCOG, AOFOG, SAFOG, FOGSI, and OGSB. Additionally, we hosted symposia from UNICEF and UNFPA, which emphasized global initiatives aimed at improving maternal and child health. Special sessions from the Menopause Society of Sri Lanka and the Perinatal Society of Sri Lanka also addressed important issues related to women's health. The college banquet was well organized by the Ladies forum and successfully held with on the 31st August evening, starting at 5.30 pm at the Balmoral, Hotel Kingsbury, Colombo.

I want to congratulate Dr. D. D. M. Lasanthinie for winning the Prof. Sir Sabaratnam Arulkumaran Young Gynaecologist Award, recognizing her outstanding contributions. Dr Sharika Shashindrani Pinnaduwa and Dr Darshana Somirathne for winning the first and second runners up respectively. I wish to congratulate all the winners of the free communication sessions, three winners of the oral presentations category, Dr Wijewardena S M (first), Dr Mohamed A L S (Second) and Dr R Prathapan (Third) and the three winners of the E poster category, Dr V Balayasoithini (First), Dr Amrita Madhab Agrahari (Second) and Dr V J Meegoda (Third). I would like to express my heartfelt thanks to all past and present members of SLCOG, the O&G Ladies Forum, and our dedicated office staff. Your unwavering support is vital as we continue to advance the field of obstetrics and gynaecology in Sri Lanka.

Warm regards,

Dr. Mangala Dissanayake
President, SLCOG

Secretary's Message



Dear guests,

It is my pleasure to pen down my thoughts for the news letter of SLCOG. The past few months had been extremely busy yet productive few months for SLCOG and its membership.

As you all are aware the 57th Annual academic congress of the Sri Lanka College of Obstetricians and Gynaecologists was held successfully from 30th of August to 1st of September 2024 at the Galadari Hotel, Colombo under the theme “Quality health care through standards in training and service delivery – a right for all women”. It was an immense pleasure to share knowledge and expertise pertaining to the field amongst colleagues whilst at the same time fostering fellowship at the numerous social events.

The rich academic program which included the prestigious Prof. D A Ranasinghe oration, Dr Rohana Haththotuwa oration, Dr P Dissanayake endowment lecture, several symposia, was further supplemented by interesting pre congress workshops as well as post congress workshops. I would like to sincerely thank the international and national speakers for their participation and contribution and all the members who tireless worked to make this event a success. I would like to extend my gratitude to the ladies forum, administrative staff for their hard work throughout the sessions.

Following the annual academic sessions there were several emergency obstetrics to your doorstep (EOD) programs as well as a safe motherhood program conducted at Trincomalee. A special lecture by RCOG examiner Dr Susan Ward was another highlight which was well attended by the trainees. I wish thank all the hard working members who dedicate their time and effort in making each of these events a success.

I would like to make this an opportunity to invite all members for the upcoming events of the SLCOG such as the members day and safe motherhood program at Hambanthota. Wishing you all the very best.

Dr Achintha Dissanayake
Hon. Secretary, SLCOG

GRAND *opening* of the Newly Renovated GROUND FLOOR of the SLCOG 2024

On August 18th 2024, the Sri Lanka College of Obstetricians & Gynaecologists celebrated a momentous milestone with the grand opening of its newly renovated ground-floor auditorium. The event was marked by the distinguished presence of Dr (Mrs) Marlene Abeyewardana, Patron SLCOG, who conducted the ribbon-cutting ceremony. The event was attended by Prof W I Amarasinghe, Patron (2019 – 2022), Past Presidents Dr Rohana Haththotuwa (2008), Dr Sarath Amarasekara (2010), Dr U D P Ratnasiri (2020), Current President Dr Mangala Dissanayaka, President-Elect Dr S P Akmeemana, Hon. Secretary Dr Achintha Dissanayaka and all the council members to witness this graceful occasion. Following the opening ceremony, a mini-symposium on "Infertility Management" was held with two lectures done by Dr Chaminda Hunukumbura and Dr Udara Jayawardana (Fertility specialists) on FSH and HCG in fertility management. The symposium was chaired by Dr S P Akmeemana and Dr Ruwan Silva. The occasion concluded with a dinner and a musical evening hosted by George Stuart Health Ltd.


 On the Invitation of the
President
Dr. Mangala Dissanayake
 &
The Council of SLCOG – 2024
 The Newly Renovated Ground Floor of
SLCOG House
 Was declared opened by
Dr. Mrs. Marlene Abeyewardene
 Patron SLCOG
 On this 18th day of August 2024
 A Project by

 ENDOGEN HP PUBERGEN HP OBIMIN





What is in a name?

Part 1

Donald, Brown and McVicar

Some time ago, we conducted a course on obstetric ultrasound in our hospital (in South Wales, UK) and as a part of it there was a quiz of intriguing and challenging ultrasound pictures of foetal lesions. The candidates on the whole did very well.

At the end, I posted the following picture:

Who is he?

Blank!

After a pause I offered, "This is Prof Ian Donald".

Still, blankety-blank!

One candidate had the audacity to ask his neighbour, "Ian who?"



If we do not have a sense of history, we have nothing.

Today we are enjoying the fruits of labour of the giants of the past who worked flat out through their lives to find the answers to the questions which were bugging the establishment at the time. Today, we take the facilities and tools which arose from the answers they found, for granted.

We should not.

The purpose of this series of articles is to throw some light on the efforts of these past greats and hopefully, to instil some sense of appreciation of history into the mind of the reader.

Ian Donald (ID) graduated as a doctor in 1937 from the London University. He had a special interest in machinery. During the war years he served in the Air Force and developed a keen interest in the use of radar and SONAR. These were the seeds which were to bloom later. Many years hence in 1954, he was appointed the Professor of O&G in Glasgow. One of his patients, sensing his interest in things Physics, introduced him to her husband who was a director of a big engineering company. He arranged a factory visit for ID. He observed the use of industrial ultrasound to detect cracks and flaws in welds. He wondered, could we use the same principle to see inside the human body with a view to differentiating between types of lesion, essentially solid and fluid. He borrowed a flaw meter, went back to the hospital and experimented with different frequencies and objects such as fibroids, ovarian cysts, balloons filled with water, etc. Initial results were disappointing, but he carried on. Enter, Tom Brown to the scene.



Tom Brown (TB) was a clever young engineer working for the engineering firm, Kevin and Hughes which had a contract with the Glasgow Western Infirmary to service their medical equipment. During his frequent visits to the theatre, he saw Prof Donald was 'messing around' with an ultrasound flaw meter, generally not getting anywhere.

He offered to help and just changed the probe. This produced much better results. This was the beginning of a life-long relationship - professional and personal.

Over time working together, they developed their first prototype, called **Diasonograph**.



By today's standards this was a huge machine with a probe like a brick.

Using this machine, ID along with his registrar Dr John McVicar (JM) took images of a large number of lesions and objects, the first being the images of Dr McVicar's abdomen. Later, they moved on to imaging fetuses.

Initially, they were treated with contempt and ridicule by their peers.

One case changed all.

A woman with a huge abdominal mass was 'abandoned' by the surgeons on the basis that it was an inoperable gastric cancer. ID scanned her and found a lot of fluid as opposed solid contents. So, he made an alternative diagnosis of an ovarian cyst. He operated and removed it and it was found to be benign. The patient lived!

Thereafter, he was treated with respect by the establishment. His reputation and esteem hit the ceiling when he published the following paper in the Lancet:

Donald, Ian; MacVicar, J; Brown, T.G (June 1958).
"Investigation of Abdominal Masses by Pulsed Ultrasound". The Lancet. 271 (7032): 1188–1195.
doi:10.1016/S0140-6736(58)91905-6. PMID 13550965.

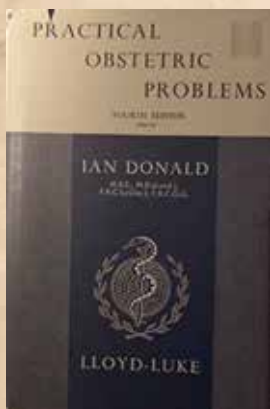
This became a seminal paper on the subject and still remains so.

John McVicar: He too actively contributed as ID kept bouncing ideas off him and vice versa. Quite rightly he was named an author in the above paper. He went on to have a highly successful academic career of his own which culminated as the Founding Professor of O&G at the Leicester Medical School. He died in March 2011. During his lifetime, ID received many honours and accolades, which are too numerous to mention here. He died in June 1987.



I was heartened to learn that the ISUOG (International Society of Ultrasound in O&G) is offering the **Ian Donald Gold Medal** every year for the best paper on the subject.

At least he is remembered by some.



A personal anecdote:

When I was studying for the Membership, Ian Donald's **Practical Obstetric Problems** was one of my bibles. It was very instructive and readable with a lot of anecdotes. Certainly 'Practical'. He was my hero.

In late seventies, he came to Cardiff to give a lecture. I bee-lined to the venue with my copy of the book under my arm and 'accosted' him after the lecture. I asked him whether he would shake my hand and sign my book. He did both. For a long time, the book was my cherished possession.

In the year 2000, to celebrate the millennium and the opening of the new underground Education Centre, the RCOG held a grand exhibition on the history of O&G as a specialty. There was a booth dedicated to Ultrasound. I was very pleased see a prototype of the original Dasonograph, with the pictures of ID and TB. I knew ID was dead by then, wasn't sure about TB.

Sitting on a chair nearby was a dapper gentleman with a pleasant smile, presumably to interact with visitors. Somehow he seemed familiar. My eyes darted from him to the photos and back again a couple of times. Ultimately I picked up courage and cautiously approached him.

Pointing to the picture I said, "Sir, not you, is it?"

He gave a polite smile and a little bow and said, "The same".

I could not believe my luck. He shook my hand and gave a personal account of how he worked with ID to develop the machine.

I feel honoured to have been able to meet and shake the hands of these two giants.

Sadly, I could not meet JM. But two out of three is not bad.

So, what's in a name?

A lot, really.

Next: the Chamberlen family



Compiled by
Dr Asoka Weerakkody



SRI LANKA COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

57TH ANNUAL ACADEMIC CONGRESS

"Quality health care through standards in training and service delivery" - A right of all women

30th August to 1st September 2024
at The Galadari Hotel, Colombo, Sri Lanka.

INAUGURATION CEREMONY



The inaugural ceremony of the 57th Annual Academic Congress of the SLCOG was successfully held on 30th August 2024 at the Galadari Hotel, Colombo.

The event commenced at 5:30 p.m. with the ceremonial procession of the SLCOG Council members. This was attended by Dr Mangala Dissanayaka (President – SLCOG) and all the council members of SLCOG.

The Chief Guest, Dr Ravi Chandran (Honorary Secretary, FIGO), the Special Guest, Prof Gregory Joseph Duncombe and the Guest of Honour, Dr Shyam Desai, were among the attendees. The event concluded with a reception and a musical evening.







Dr P Dissanayake Endowment Lecture
"The placenta and its effects on Obstetricians and Gynaecologists"
By Prof Greg Duncomb (RANZCOG)



Dr Rohana Haththotuwa *Oration*

2024



The Dr Rohana Haththotuwa oration was initiated as a tribute to the service rendered and to mark the contribution made by Dr Rohana Haththotuwa to reproductive health in Sri Lanka. This prestigious oration was held at the day 02 of the 57th Annual Academic Congress of the SLCOG 2024 at Hotel Galadari, Colombo.

The orator was Dr Jaydeep Tank (President, FOGSI) who spoke on "Endometriosis Best Practice and Recent Advances" The head table embraced by the Patron SLCOG Dr Marlene Abeyewardena, President Dr Mangala Dissanayaka, Orator, Dr Jaydeep Tank, Hon. Secretary Dr Achintha Dissanayaka and Chairman Scientific Activities & Research Dr Darshana Abeygunawardana.



Prof D. A. Ranasinghe Oration 2024



This annual oration marks the contribution made by Prof. D A Ranasinghe to the reproductive health in Sri Lanka. The Prof. D A Ranasinghe oration 2024 was held in the 57th Annual Academic Congress of the SLCOG at Galadari Hotel, Colombo. The orator was Professor Hemantha Senanayake, who spoke on the topic. "Breaking the impasse in maternal mortality in Sri Lanka: can it be achieved with the present care delivery model?" The session was chaired by Dr (Mrs) Marlene Abeyewardena, Patron-SLCOG, Dr Mangala Dissanayaka, President SLCOG, Chief Guest Dr Ravi Chandran (Honorary Secretary, FIGO), Special Guest, Prof Gregory Joseph Duncombe and Guest of Honour, Dr Shyam Desai, Dr. Achintha Dissanayaka, Hony. Secretary-SLCOG and Dr. Darshana Abeygunawardana, Chairman-Scientific Activities & Research-SLCOG





Annual Academic Sessions 2024 Day 1 & Day 2



FEATURE ARTICLE.....

Whither medical tourism in Sri Lanka?

Medical tourism or health tourism is an odd topic to define, but it simply means obtaining health care from a foreign country because it is either less costly or not available in your own country. We should think about this when the national policy is to promote tourism because medical tourism should figure in the equation somewhere therein, thereabouts, albeit being a high-end fruit. So, the questions that arise are: what are the aspects or basic principles of medical tourism and whether, as a profession, we are capable of addressing those concerns?

The first aspect is 'destination competitiveness', what this means is whether the country is attractive enough to tourists. The cultural heritage, pristine beaches, natural fauna and flora, along with a strong cosmopolitan capital, are more than enough to interest the traveller. Our country is now quoted by many as one of the places you should visit in the world, and as such, this aspect would not be an issue, and we would ace in this category.

The second aspect to consider is the attitude of the tourists. Usually, when the destination is diverse and offers everything for a traveller this is unlikely to be a problem. However, political stability can sometimes be an issue as in 2022! Whilst, attitudes and opinions can take years and decades to form, a single event can destroy what took years to build. Another aspect is the overall quality of the available medical care. Basically, the quality of the service provided, in terms of accuracy of diagnosis, treatment responsiveness, reliability, empathy and assurance. Being a model health-care system that the WHO wants to replicate is proof enough that we score well above the threshold in this aspect as well. The healthcare sector is a service industry, and the quality of the professionals is an essential component. The fact that there is a sizeable population of Sri Lankan consultants in the NHS (UK), Australia and Singapore amply proves this point.

The final but most important aspect is the cost. One of the concerns for Sri Lanka is that although it is still a developing country, the cost of living is relatively high. Due to this, the overall costs can be higher than the regional giant, India. This is the manifestation of the middle-income trap in terms of the healthcare sector. The only way to overcome 'middle income trap' in the health sector is via innovation and finding niche areas. In terms of health care that would translate to

targeting specialized areas such as assisted reproductive treatment, cosmetic surgery or organ transplants. A factor that must be understood is the difference between cost and cost-effectiveness. This can be explained by the willingness of a patient to pay a little more (cost) for a better service (effect). In this instance they may choose the costlier product as it may actually be more cost-effective. This is the factor that will figure in the equation, not just the cost because although we may be more expensive than the region, our quality is higher. Nonetheless, as it is still lower than the cost in the traveler's original country, we will stand a good chance. It is for this reason that 'high-end' tourists from developed countries need to be encouraged.

On a more pensive note, I sometimes wonder why we compete so much among ourselves when in fact the better option would be to combine our efforts and make a killing looking outward rather than inward. We may need to think of our choices in a more rational and logical manner in the future, as it is the choices that we make today that shape our future tomorrow!



Compiled by :
Dr. Chanil Ekanayake
Consultant Obstetrician & Gynaecologist



Essentials of Obstetrics at your Doorstep

PHASE - 07

Base Hospital, Elpitiya, Sri Lanka

The seventh program of the project series was successfully held at the Base Hospital, Elpitiya, on 03rd July 2024. The programme was launched under the leadership of President SLCOG Dr Mangala Dissanayake. The event was coordinated by Dr Darshana Abeygunawardana, Chairman of Scientific Activities & Research, and Dr Prabath Randoombage, Assistant Secretary.

Health Staff from the Base Hospital Elpitiya, Base Hospital Balapitiya and sub-areas joined the session. Capacity building was done for health professionals, institutional nurses, and field staff.



Phase 08

Base Hospital, Nikaweratiya, Sri Lanka

The seventh program of the project series was successfully held at the Base Hospital, Elpitiya, on 17th July 2024.

The programme was launched under the leadership of President SLCOG Dr Mangala Dissanayake. The event was coordinated by Dr Darshana Abeygunawardana, Chairman of Scientific Activities & Research, and Dr Prabath Randombage, Assistant Secretary.

Health Staff from the Base Hospital Nikaweratiya, Base Hospital Maho and sub-areas joined the session. Capacity building was done for health professionals, institutional nurses, and field staff.



Dr Richard Caldera

Memorial Oration

Dr Richard Caldera Memorial Oration for 2024 was held on 21st July 2024 at the Samson Rajapaksa Auditorium, SLCOG House, Colombo 08. Dr Marlene Abeyewardana (Patron SLCOG), Dr Mangala Dissanayaka (President SLCOG), Dr Darshana Abeygunawardana (Chairman Scientific Activities & Research SLCOG), Dr Achintha Dissanayake (Hon. Secretary SLCOG) were at the head table.



The Orator :

Dr Nandita Palshetkar

MBBS, MD, FRCOG (HON), FCPS, FICOG
Founder & Medical Director, Bloom IVF Group
President-Elect of ISAR
Immediate past president of FOGSI
Immediate past president of MOGS
Immediate past president IAGE
Who spoke on "Recurrent Pregnancy Loss:
Unveiling Truths in Contemporary Medicine."

COLLEGE BANQUET

Happened on the 31st August evening, starting at 5.30 pm at the Balmoral, Hotel Kingsbury, Colombo. The event was attended by all the foreign and local guests of the 57th Annual Scientific Congress of SLCOG, along with the families of SLCOG members. With live music filling the air, and delicious cuisine to savour, it was a chance for the college community to come together in a relaxed and festive setting. This night function embodied the essence of professional college. Music by Golden Oldies by Chandimal Fernando.







SLCOG WORKSHOP 2024

Joint symposium on "Maternal Respiratory Health"

In collaboration with the Sri Lanka College of Obstetricians & Gynaecologists, the Sri Lanka College of Pulmonologists successfully concluded the joint symposium on "Maternal Respiratory Health" on 11th July 2024 at the Auditorium, SLCOG House. Under the leadership of Dr Mangala Dissanayake, President SLCOG and Dr Neranjan Dissanayaka, President SLCP, the programme was well coordinated by Dr Prabodhana Ranaweera on behalf of SLCOG and Dr Sachini Seneviratne on behalf of SLCP. The event concluded successfully with over 100 participants from obstetrics & gynaecology and pulmonology disciples.



Basic Suturing, Tissue Handling & Energy Devices Workshop 2024

"BASIC SUTURING, TISSUE HANDLING AND ENERGY DEVICES WORKSHOP" was successfully concluded on July 31, 2024, at the Samson Rajapakse Auditorium with over 75 medical officers in the field of Obstetrics and Gynaecology participating. The workshop was organized by Dr Darshana Abeygunawardana, Dr Prabath Randoombage and Dr Buddhika Asela on behalf of the SLCOG under the leadership of Dr Mangala Dissanayaka, President SLCOG. The main resource persons for the day were Dr Kanishka Karunaratne, Dr Gayan Ekanayake and Dr Damith Siriwardhana.





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References: 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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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 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 leiomyoma (uterine fibroids) or endometriosis, risk factors for thromboembolic disorders, risk factors for oestrogen dependent tumours, e.g. 1st degree hereditary 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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IMPROVES THE MENOPAUSAL SYMPTOMS ¹⁻³



For the use of a Registered Medical Practitioner or a Hospital or a Laboratory only.

Image for representation purpose only, not of actual patient

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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. 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 1/10 mg Combi-pack 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 10 mg 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 INDICATION: For continuous combined: FemostonTM 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: FemostonTM 1/10 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, 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 (uterine fibroids), or endometriosis, 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, osteoclerosis 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 effects. 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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