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SLCOG NEWS

Official Newsletter of Sri Lanka College of Obstetricians & Gynaecologists



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Editor's Note



Dear fellows & members,

This is the second newsletter published for the year 2026 with the aim of keeping the membership well informed of all college activities.

This newsletter has details about the numerous activities organized by the SLCOG in the second quarter of the year under the leadership of Prof Rukshan Fernandopulle, our college president. These include the EOD programme done in District General Hospital, Avisawella, the Safe motherhood programme in Teaching Hospital, Anuradhapura and the study day conducted by Dr S

Raajkumar on Physiological Interpretation on CTG.

Furthermore, I am very grateful to Dr Lakshman Senanayake for agreeing to write the feature article for this edition titled 'Lessons Learnt: My Reflections from a Lifetime in Obstetrics', sharing his vast clinical experience with us. I am also thankful to Dr Kelum Jayasinghe for his article 'Small steps towards enhancing Gynaecological Oncology care in Sri Lanka' for the young gynaecologist's diary column.

Dr Udaya Jayawardena
Editor

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President's Message



Dear Fellows, Members, Trainees, and Friends of SLCOG,

It gives me great pleasure to address you through this edition of the SLCOG Newsletter. As the leading professional body representing Obstetricians and Gynaecologists in Sri Lanka, the Sri Lanka College of Obstetricians and Gynaecologists continues its commitment to advancing women's health through education, advocacy, research, and the maintenance of the highest professional standards.

At the outset, I wish to acknowledge and appreciate the invaluable contribution made by Obstetricians and Gynaecologists across the country. Your dedication, professionalism, and commitment to the health and wellbeing of women and newborns continue to strengthen our healthcare system and improve outcomes for families throughout Sri Lanka.

Advocacy remains a key pillar of our work. SLCOG actively engages with the Ministry of Health, professional colleges, development partners, and other stakeholders to ensure that policies, resources, and healthcare systems support the delivery of safe and evidence-based maternal and gynaecological care. Our efforts continue to focus on strengthening training opportunities, maintaining quality standards, and promoting best clinical practices throughout the country.

Reducing maternal mortality remains a national priority. As a College, we are working closely with relevant stakeholders to identify gaps, implement evidence-based interventions, and strengthen healthcare systems that contribute to further reductions in maternal mortality. Particular attention is being paid to preventable causes of maternal deaths, including postpartum haemorrhage, hypertensive disorders, and sepsis. Through continuous professional development programmes, guideline implementation, simulation-based training, and quality improvement initiatives, we strive to ensure safer motherhood for every woman in Sri Lanka.

The recently conducted Postpartum Haemorrhage (PPH) Training of Trainers programmes represent a significant milestone in our efforts to combat one of the leading causes of maternal mortality. These programmes have created a cadre of skilled trainers who will extend their knowledge and expertise to regional and peripheral healthcare institutions, ensuring nationwide capacity building. We are grateful to our local and international partners who have supported this important initiative.

SLCOG continues to play an active role in Confidential Enquiry into Maternal Deaths (CEMD) activities, contributing to the analysis of maternal deaths and translating lessons learned into practical interventions that improve patient care. The implementation of national clinical guidelines developed and endorsed by SLCOG remains a priority, ensuring that evidence-based care reaches every maternity unit in the country.

Our educational activities continue to expand through Essential Obstetrics at Your Doorstep (EOD) programmes, Safe Motherhood initiatives, workshops, symposia, and hands-on skills training. These programmes provide opportunities for healthcare professionals across the island to enhance their knowledge and competencies while promoting uniform standards of care. Very soon the 25th EOD program will be conducted in Kalutara.

Postgraduate education remains the backbone of the future of Obstetrics and Gynaecology. While challenges related to training opportunities overseas, workforce distribution, and evolving healthcare demands persist, SLCOG remains committed to working collaboratively with relevant authorities to explore innovative solutions and alternative approaches that will strengthen specialist training and ensure a sustainable future workforce.

I am also pleased to note the continued development of SLCOG House as a centre of academic excellence. The expansion of facilities, including the Cell Academia, Skills Laboratory, meeting spaces, and educational resources, provides valuable opportunities for learning, simulation training, research, and professional interaction. These investments will undoubtedly support the next generation of specialists and contribute to the advancement of our profession. The College members are welcome to use the pelvi-trainers at skills lab to improve laparoscopy surgical skills. Cell academia at SLCOG house is of benefit to members to download journal articles for academic activities.

The field of Obstetrics and Gynaecology continues to face challenges, particularly regarding public perception and understanding. It is important that we engage constructively with the public and healthcare stakeholders to promote evidence-based discussions, preserve essential clinical skills, and ensure that appropriate interventions remain available for women who may benefit from them.

One of the highlights of our annual calendar is the 59th Annual Academic Congress of SLCOG, which will be held in September 2026. This prestigious event brings together local experts, regional colleagues, and internationally renowned professionals to share knowledge, research findings, innovations, and best practices in women's healthcare. The congress embodies the spirit of collaboration, education, training, and research that defines our College. I warmly invite all Fellows, Members, trainees, allied healthcare professionals, and our international partners to participate actively in this important academic gathering and contribute to its success. Please refer the academic program of the congress and planned activities to maximise participation.

As we move forward, let us continue to work together with unity, professionalism, and a shared commitment to improving the health and wellbeing of women and families in Sri Lanka. Through collaboration, innovation, and unwavering dedication, we can overcome challenges and achieve even greater milestones in women's healthcare.

I thank all members, partners, and stakeholders for their continued support and commitment to the mission of SLCOG.

With warm regards,

Prof. Rukshan Fernandopulle

President,

Sri Lanka College of Obstetricians & Gynaecologists

Secretary's Message



Dear Colleagues,

It is with immense pride and a deep sense of accomplishment that I reflect on the remarkable tapestry of activities that have animated the life of our College in recent months. Each event, in its own way, has reaffirmed the College's unwavering commitment to clinical excellence, professional camaraderie, and the wellbeing of the women of our nation.

Foremost among these were the two Training of Trainers (ToT) programmes on the Management of Postpartum Haemorrhage, conducted in Colombo and Peradeniya, grounded firmly in our newly revised College guideline. These sessions represent far more than academic exercise; they are the very scaffolding upon which we build a cascade of competence that will, in time, reach every labour room and delivery suite across the island. To the faculty and participants who gave so generously their time and expertise, I extend my heartfelt gratitude.

This momentum was carried forward through the Safe Motherhood Programme held in Anuradhapura, and the Emergency Obstetrics at Your Doorstep (EOD) initiative conducted at the Base Hospital, Avissawella. Both programmes embody the College's philosophy that excellence in maternal care must not remain confined to the metropolis, but must travel, deliberately and persistently, to where mothers and clinicians need it most.

On the international stage, the College was honoured to be a part of a Fertility and Reproductive Medicine webinar conducted by the Royal College of Obstetricians and Gynaecologists, United Kingdom, focusing on the management of low/poor ovarian responders. I had the privilege of contributing as a member of the expert panel, and the calibre of discourse on display was a testament to the growing stature of Sri Lankan reproductive medicine on the global platform.

Amidst this scholarly endeavour, the College's social fabric was beautifully enriched by the New Year Festival organized by the Ladies' Forum, a joyous occasion replete with traditional games, festive fare, and the unmistakable warmth of collegial fellowship, reminding us that the bonds we share extend well beyond the confines of clinical practice.

This issue also pays tribute to two distinguished members of our fraternity. We celebrate the publication of the memoir by Dr. Lakshman Senanayake, Past President of the College, a moving chronicle of a career spanning over three decades, rich with wisdom, humility, and the quiet heroism of everyday practice. We equally extend our warmest congratulations to Dr. Sumith Warnasuriya on his election as a Match Doctor by World Rugby, the international governing body of rugby union, a singular honour that brings credit to our College and our nation alike.

Finally, readers will find much to savour in this edition's Young Gynaecologist Diary, featuring Dr Kelum Jayasinghe, Consultant Gynae-Oncologist at Apeksha Hospital, Maharagama, whose reflections offer a candid and inspiring window into the early years of subspecialty practice.

As ever, it is the collective effort of our members that breathes life into this College. I thank you all for your dedication, and I eagerly look forward to the chapters yet to be written together by us.

With warm regards,

Dr. Chaminda Hunukumbure

Hon. Secretary,
Sri Lanka College of Obstetricians & Gynaecologists



Training of Trainers Workshop

Building National Capacity for Postpartum Haemorrhage Management: Colombo ToT Workshop

The Sri Lanka College of Obstetricians and Gynaecologists (SLCOG), in collaboration with the Ministry of Health and the World Health Organization (WHO), successfully conducted the first Training of Trainers (ToT) Workshop on the Prevention and Management of Postpartum Haemorrhage (PPH) on 26 March 2026 at SLCOG House, Colombo.

Postpartum haemorrhage remains one of the leading causes of maternal morbidity and mortality worldwide. Recognising the need for standardized, evidence-based management, this workshop was organized as part of the national initiative to implement the newly developed PPH Guideline and the WHO-endorsed EMOTIVE approach.

The workshop brought together consultant obstetricians, anaesthesiologists, haematologists, transfusion physicians, and other healthcare professionals involved in maternal care. Participants engaged in a comprehensive programme combining technical updates, interactive discussions, simulation exercises, and hands-on skills training.

Key topics included risk assessment and prevention of PPH, Active Management of the Third Stage of Labour (AMTSL), structured emergency response systems, multidisciplinary teamwork, communication strategies, and the stepwise PPH management algorithm. Practical sessions enabled participants to gain experience in balloon tamponade insertion, uterine compression techniques, aortic compression, fluid resuscitation, and transfusion management.



A major highlight of the programme was the simulation-based training using realistic obstetric emergency scenarios. These exercises strengthened participants' confidence in rapid decision-making, role allocation, and coordinated team responses during life-threatening haemorrhage situations.

Pre- and post-workshop assessments demonstrated significant improvements in participants' knowledge and preparedness. The workshop also reinforced the use of standardized documentation tools and incident reporting systems to improve quality of care.

As the first step in a national cascade-training programme, the Colombo ToT workshop established a network of PPH champions who will lead regional implementation efforts. This initiative represents a significant milestone in strengthening maternal healthcare services and advancing Sri Lanka's commitment to reducing preventable maternal deaths.



Expanding the Reach of PPH Training: Kandy ToT Workshop *Strengthening the Regional Capacity*



Following the success of the inaugural programme in Colombo, the second Training of Trainers (ToT) Workshop on the Prevention and Management of Postpartum Haemorrhage (PPH) was held on 27 April 2026 at Teaching Hospital Peradeniya. Organized by the Sri Lanka College of Obstetricians and Gynaecologists (SLCOG) with the support of the Ministry of Health and the World Health Organization (WHO), the workshop marked another important step towards nationwide implementation of the National PPH Guideline.

The Kandy workshop brought together healthcare professionals from across the Central Province and surrounding regions, including obstetricians, anaesthesiologists, haematologists, transfusion physicians, and senior nursing staff involved in maternal healthcare services.

Designed as a competency-based training programme, the workshop emphasized early recognition of postpartum haemorrhage, timely escalation of care, and coordinated multidisciplinary management. Participants received updates on evidence-based practices, including the use of Tranexamic acid, activation of massive transfusion protocols, and structured clinical pathways for managing severe haemorrhage.



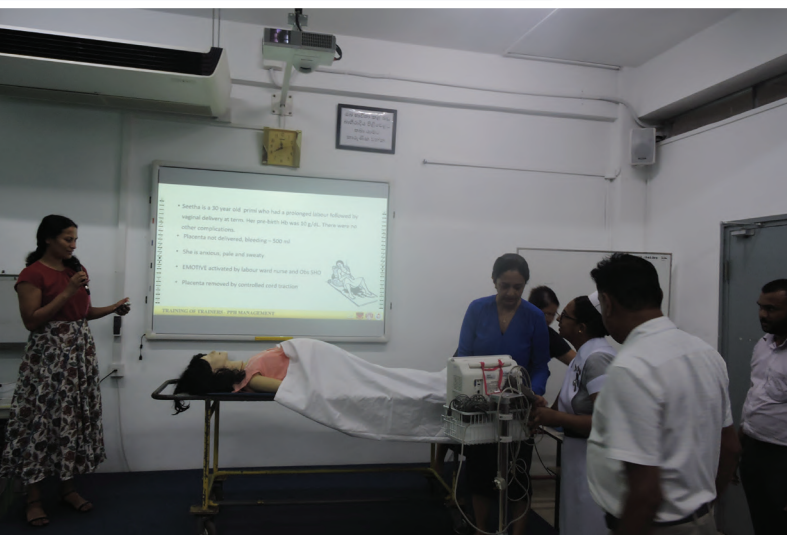
Interactive simulation sessions formed the core of the programme. Participants worked through both standard and complex PPH scenarios, including trauma-related haemorrhage, placenta accreta spectrum disorders, and massive obstetric bleeding requiring multidisciplinary intervention. These exercises promoted teamwork, communication, and effective leadership during emergencies.



Hands-on skill stations provided practical training in balloon tamponade insertion, uterine compression techniques, aortic compression, and transfusion strategies. Participants also reviewed the use of standardized PPH flow sheets and debriefing processes that support quality improvement and clinical governance.

Feedback from attendees was overwhelmingly positive, with participants highlighting the value of simulation-based learning and multidisciplinary collaboration. The workshop concluded with a commitment from trained facilitators to conduct regional cascade-training programmes, ensuring wider dissemination of best practices.

Through initiatives such as the Kandy ToT workshop, SLCOG continues to lead national efforts to improve obstetric emergency preparedness and strengthen the quality and safety of maternal healthcare services throughout Sri Lanka.



“Lessons Learnt:

My Reflections from a Lifetime in Obstetrics”

Times Were Different: Entering the maternity ward in 1969



Dr. Lakshmen Senanayake

MBBS, FRCOG, FSLCOG,
MA (Buddhist Studies)
Past President SLCOG



My journey in obstetrics started in 1969, as a novice intern in a Base Hospital, twenty five miles from Colombo. The medical staff comprised of the Consultant, a Resident Obstetrician and two interns managing around 400 deliveries a month. Our salary was Rs. 540/= per month, with an extra Rs.60/= because no accommodation was provided to us. Emergencies were notified through a “call book” carried by a laborer who either walked or ran — depending on the urgency, to the “rented quarters” where we lived, 200 meters away.

The blood bank held only a few bottles of blood, and the trained Medical Officer worked till 4.00 pm. After that, the interns were responsible for: drawing blood and labeling, cross matching, running back with the bottle of blood, transfusing it, and managing the reactions — which were frequent and very worrying. Grand multiparas, on their tenth or twelfth pregnancy, were a common sight. It was not unusual for a mother to deliver her ninth baby in the labour room while her daughter too was admitted in the antenatal ward. Maternal mortality was high, (150/100,000 LBs) total fertility rates (4.5 births per woman) were high, institutional delivery rates were still significant (37%), and anemia was widespread. Caesarean section rates were low (9% in 1986), and fistula due obstructed labour was still seen every few months. We even had a dark, musty room kept aside for eclampsia or postpartum tetanus — conditions that could appear at any time. That was the world of obstetrics I stepped into.

*The tools have changed,
but the heart of obstetrics —
judgement, courage, and
humanity — remains the
same.*

Obstetrics has changed dramatically since those days. The tools are sharper, the systems stronger, the science more sophisticated. Yet the heart of the work — the judgement, the uncertainty, the ethical crossroads, the small daily decisions that shape who we become — remain remarkably constant across generations. These reflections are offered not as lessons from a senior to juniors, but as thoughts from one obstetrician to another. My hope is that understanding where we have come from will help us practise with greater clarity, balance, and humanity today.

Learning From the Routine: How Small Moments Shape a Professional Life

Internship was at a District Hospital with the four main specialties functioning. I had barely scraped through my final exam in obstetrics — I still remember the mother saying “*baba harila naha*,” and Prof. Ranasinghe’s dictum echoing in my mind: “*Breech is not so hard, not so round, and not ballotable.*” which I repeated to him like a prayer in my long case.

I entered the ward with deep anxiety, but I soon realized there was no need to fear. Everyone was ready to help — the outgoing house officers, the nurses, and above all, the midwives who were always present in the labour room. Much of my early training came from the senior midwife, Poralenthinahamy, whose calm and gentle guidance shaped my first clinical instincts. In those days, when ultrasound, blood gas analysis, and electronic communication were still far beyond our reach, the staff’s teamwork and shared devotion to mothers often formed the fragile bridge between life and death.

Some of the strongest habits in our practice are born quietly, from moments of grief, humility, and shared responsibility.

On my very first day, we had a maternal death: a woman delivering her ninth baby, lost to postpartum hemorrhage from an atonic uterus. The delivery was at 1.30 pm, and we had all left for lunch just minutes earlier. Maternal deaths were not uncommon then, but for us — young doctors beginning what we believed was a lifelong mission of mercy — it was paralyzing. That evening, the house officers gathered around the dinner table, talking late into the night. It was simply sharing and exploring grief, responsibility, based on the values with which we had been sent out from the faculty.

It was not a response for a formal review or inquiry or a news report but our conscience freely shared among the group. We concluded that one of us would always visit the labour room before leaving the hospital each day to pick up possible problems or wait till imminent deliveries are over. That habit stayed with me throughout my career — even as a consultant at Castle Street, I would stop by the labour room before lunch and again on my way back from private practice in the night. Many problems were averted by those early interventions.

Fellowship and Friendship: The Strength of Standing Together

When we returned after our postgraduate training, there were no consultant vacancies. Many of us spent months — sometimes years — as Resident Obstetricians mostly, in the two premier hospitals in Colombo. We were highly motivated, full of fresh knowledge and enthusiasm, yet our days were reduced to signing administrative forms and assisting the Medical Superintendent. It was a disappointment not unlike what many young specialists feel today when they are posted to peripheral hospitals with limited facilities. The frustration is not new; we lived it too.

After navigating several barriers — including resistance from some of our own colleagues — the Ministry eventually divided the existing units into two, sharing the same facilities. That decision gave me my first opportunity to have patients admitted under my own name, (That was truly thrilling), with my own share of responsibility (which I realized much later). I will never forget the first morning I reported for duty as VOG. The senior consultant already established in the unit, whom I knew only slightly, greeted me warmly. He not only welcomed me into the shared space but personally took me to the two private dispensaries where consultations were held. There, he instructed the staff to allocate new patients to us alternately. (may be unbelievable in modern times)

Such was the honorable and ethical conduct of Dr. M. D. P. Gunaratna — a colleague who became a lifelong friend. His generosity taught me early that friendship and unity among consultants are assets we often fail to appreciate until much later.

A good clinical decision is rarely the product of one mind; it is the sum of shared wisdom. Ensure MDTs are conducted.

A colleague is not only someone who can cover one's work when one is away. They are the people one turns to when faced with a complex or risky clinical decision — the one who stands beside you when outcomes are uncertain and litigation looms. Throughout my career, the closeness with which I worked with my colleagues brought immense mutual benefit. Trust was not a slogan; it was a lived reality.

I recall one night at a teaching hospital when I was called at 2 a.m. about a woman with suspected hemoperitoneum and a possible scar rupture. I rushed to theatre, operated, and stabilized her. The next morning, my colleague thanked me — and only then did I realize that I had not been on call, and the patient was not mine. That was the level of trust we shared. We looked after each other's patients as our own because we looked after each other as colleagues.

The higher the level of the institution, the more essential this unity becomes. In an environment where societal attitudes are shifting and negative perceptions of the profession are emerging, standing together — ethically, professionally, and humanely — is not optional. It is a safeguard for our patients, our profession, and ourselves.

When Two Minds Are Better Than One: The Power of Combined Decision Making

I have always believed that referrals from other consultants deserve my personal attention. Out of respect for the colleague — and because the patient needs a specialist opinion, not that of a junior — I made it a point to respond myself. Over the years, this habit not only helped patients but also built strong friendships across specialties.

One such referral came from the Cardiology Unit. The patient had severe mitral stenosis, unsuitable for percutaneous intervention, and was 34 weeks pregnant, slipping into heart failure. The cardiothoracic surgeon was prepared to perform a valve replacement. The question was: *how and when should we deliver the baby ensuring safety of the mother?* This was twenty three years ago, when anesthetic facilities were nowhere near to what they are today.

The four of us — the cardiologist, anesthetist, cardiac surgeon, and I — stood in a corner of the ward and discussed the situation for more than an hour. The term “MDT” was not part of our vocabulary then, but unknowingly we had held one of the most effective multidisciplinary meetings I have ever been part of. We decided to perform a caesarean section in the cardiac theatre, followed immediately by valve replacement.

The plan worked. The only difficulty was that the chest had to be closed the next day because the lungs were too oedematous. She recovered well — and I understand she is now a consultant in one of the teaching hospitals around Colombo.

That experience taught me a lesson I have carried throughout my career: direct, respectful communication with colleagues from other fields, adequate time to unravel clinical complexities, and on site discussions bring a depth of insight that no postgraduate degree alone can provide. Now MDTs are formally institutionalized but need our attention to improve their quality.

Combined decision making is not merely a process; it is a culture. It enriches our judgement, strengthens our relationships, and ultimately serves the patient far better than isolated expertise ever can.

Trust & Friendship among colleagues is built in crises, remembered in gratitude, and carried for a lifetime.

Your Colleague Is Your Best Friend — and Often Your Saviour

Whenever I reported to a new station, the first person I sought out was the obstetric colleague. It was my way of acknowledging fellowship, friendship, and the simple truth that no consultant can stand alone. This habit served me well throughout my career.

I remember being appointed as the second obstetrician in a newly duplicated unit. The surgeon there — well known for conflicts and with a difficult temperament — had clashed with many consultants before me. He wrote a four page complaint to the Head Office protesting my appointment, claiming that his operating time would be curtailed. As expected, the Head Office ignored it, but his bitterness remained. He would not speak to me. One day, I encountered a surgical problem in theatre and had no option but to call him. He came immediately, did what was needed, exchanged a few words, and left. The ice cracked. Within weeks, we were on friendly terms. Today, more than forty years later, he remains one of my close friends.

During that difficult period, it was my fellow obstetrician who supported me most. His quiet solidarity helped me navigate the hostility and settle into the unit. That experience taught me that colleagues are not just professional companions — they are emotional anchors.

While working in many stations, I have called my colleagues when faced with critical situations where when I felt that four hands were better than two. In the current climate — with media scrutiny, social media commentary, and litigation hanging over us like the Sword of Damocles — seeking a second opinion is not only wise but essential. More importantly, documenting that second opinion is a powerful safeguard. Patients and families respect a clinician who consults another expert; it shows humility, responsibility, and commitment to safety.

I recall standing with Dr. Ranjith Almeida, discussing one of his patients and arriving at a joint decision. A bystander — a non medical professional — watched us and remarked how admirable it was, regretting that such collegiality did not exist in his own field. His comment stayed with me.

When the law is silent or unclear, conscience becomes our compass — and compassion our guide.

We often forget that “birds of a feather would flock together.” Minor personality differences and idiosyncrasies are inevitable; every one of us has them. But unity among consultants strengthens us individually and collectively. It protects our patients, enriches our practice, and restores the respect and dignity our specialty once enjoyed in full measure.

Navigating the Shadows: The Reality of Clinical Dilemmas

Ethical dilemmas in medicine are rarely abstract; they are lived, felt, and deeply personal. In the end, what matters most is not the absence of conflict, but clinical clarity, unwavering integrity, and patient-centered reasoning and their welfare.

Early in my career, during my second post at a suburban station near Colombo, unsafe abortions—then legally termed “criminal abortions”—were a frequent, tragic reality. I remember a mother of four, a

schoolteacher, admitted to my ward. She was severely septic with acute peritonitis. The evidence of her desperation was still in situ: a crude metal spike protruding in to her vagina, piercing through the cervix, and perforating her uterus. Through intensive medical care, she miraculously made a full recovery

Yet, as her body healed, my ethical dilemma intensified. In an era long before the internet or AI, immediate legal guidance was non-existent. I was trapped between two looming questions: *What is my strict legal responsibility to the state?* and *What will be the catastrophic impact on this mother and her four children if I involve the law? and I have already fulfilled my duty as a medical professional.*

I chose the patient. I decided not to inform the police. However, determined to confront the culprit, I insisted that the family bring the abortionist to see me. Days later, an old man around 70 years old, blind in one eye, walked into my office. Knowing the intricate anatomy involved, how this man managed to pass that rigid spike through the cervical os was nothing short of a horrifying miracle.

That specific dilemma haunted me for decades. Many years later, I developed a handbook for General Practitioners as part of a joint SLCOG/FIGO project on unsafe abortion. During that project, we sought official clarification from the then-Attorney General. His ruling was an eye-opener: only specifically identified "listed officers" are legally mandated to report induced abortions and medical doctors are not on that list. He added a crucial caveat: if a patient is critically ill and facing imminent death, it is prudent to inform authorities, as the case may then escalate to a murder investigation.

Based on this guidance, I have never once reported a patient for an unsafe abortion. Adhering to the World Health Organization (WHO) definition, I treat these cases purely as medical emergencies. I never interrogate patients unless they volunteer information.

Yet, the landscape of clinical dilemmas remains vast and complex. We constantly navigate gray areas: managing pregnancies in minors under 16, or prescribing contraceptives to unmarried teenagers. Recently, during a panel discussion, a nursing officer asked me if all unmarried mothers should be reported to the police after delivery, noting that the consultant in her current unit routinely does so.

My answer was unequivocal: any woman over the age of 18 has the absolute legal right to get pregnant. No law in our country criminalizes unwed motherhood.

When laws and institutional regulations lack absolute clarity, healthcare providers naturally default to "erring on the side of safety." But we must ask a painful question: *Whose safety?* Too often, it is the provider's legal safety being protected, at the cost of severe emotional, family, and social distress inflicted upon the patient.

*Retirement is not an ending;
it is an invitation to redis-
cover purpose in new and
meaningful life.*

It is the fundamental responsibility of state agencies and professional medical organizations to break this silence. They must initiate open dialogue, clear away legal ambiguities, and provide healthcare workers with clear, compassionate, and standardized guidance.

When One Door Closes, Open Another: Preparing for Life Beyond Retirement

About four years before my retirement, I was at the peak of my work — both in government service and in private practice. One day, I received a call from the Director General of Health Services offering me a "trip abroad" to attend a meeting. I suspect I was one of the last to be asked; many colleagues had declined because they did not want to leave their work or private commitments.

The consultation was on Gender Based Violence — a term I had never heard before. I attended the workshop in Naples, only to realize that it was a gathering of representatives from ten countries, full of enthusiastic, vocal, and highly motivated professionals. Dr. P. C. Gunasekera and I managed to survive the intensity of the discussions, but the real challenge came on the final day. The entire purpose of the meeting was to pilot a GBV module in each participating country through their respective Ministries of Health.

We returned home doubtfully. Would this be feasible? Would the Ministry accept it? Would the health system even understand the concept?

What I did not know then was that this meeting would mark the “rebirth” of my professional life.

Pilot was successfully conducted with my leadership in Anuradhapura and Thambuttegama hospitals with the collaboration of Sarvodaya and UNFPA and shared with other countries. All this was before I retired from Castle Street Hospital!

Once retired, over the next twenty years, I immersed myself in the field of gender and gender based violence. I learned on the job, learned online, worked with multiple UN agencies locally and internationally, trained countless professionals, and contributed to policy development — including the recently ratified National Action Plan to Address Sexual and Gender Based Violence in Sri Lanka (2023–2028).

It was fate that I was offered that “trip abroad.” But what mattered more was that I recognized the opportunity and seized it. I found an area of reproductive health that lay within my comfort zone yet allowed me to contribute meaningfully long after my fingers were no longer strong enough for obstetrics. I did not wait for retirement to force a change. I shifted tracks proactively — and I am very glad that I did.

The message I want to leave with the reader is simple: Be open minded. Plan for your retirement years ahead. Do not confine your vision to the four walls of the labour room or the operating theatre. There are many other areas you can enjoy and contribute to the womankind!

Your clinical career will end one day — that is inevitable. But your contribution to women’s health, to society, and to the profession can continue in new and fulfilling ways, if only you allow yourself to see the possibilities.

Conclusion — Carrying the Torch Forward

Looking back over five decades, I realize that obstetrics is shaped not only by science and technology, but by the people who practice it — their judgement, their courage, their friendships, and their quiet acts of humanity. The tools have changed, the systems have evolved, and the expectations placed on you today are far greater than those we faced. Yet, the essence of our work remains the same: to stand beside women at their most vulnerable moments, and to do so with clarity, compassion, and integrity.

If these reflections offer anything, I hope it is the reassurance that wisdom is not born from extraordinary events, but from the small decisions made every day; that colleagues are your greatest strength; that ethical dilemmas are part of the journey; and that a fulfilling professional life does not end with retirement — it simply changes direction.

The future of our specialty rests with you. May you carry it forward with the same commitment, curiosity, and humanity that shaped generations in the past.

Safe Motherhood Programme No.01 2026

Teaching Hospital, Anuradhapura

The very first Safe Motherhood Programme for the year 2026 was successfully concluded at the Teaching Hospital, Anuradhapura, on May 07, 2026. Capacity building of health professionals, doctors, institutional nurses, and field staff was done.

The programme was designed and launched under the leadership of Prof Rukshan Fernandopulle, President of SLCOG, with the tremendous support of Dr Darshana Abeygunawardana, Chairman-Regional Activities & Developments and Dr A Sritharan, Chairman-Scientific Activities & Research. Dr Kumara Dissanayake together with the Anuradhapura Medical Association coordinated the programme on behalf of the SLCOG. The support extended by the other college members namely Dr Dinesh Biyagama and Dr Gamini Wijewardana is also admirable. Many other consultants from different specialities throughout the Anuradhapura district joined the programme to share knowledge with the participants.





Dr N C D Ariyaratne, Hospital Director, TH Anuradhapura, Dr Champa Aluthweera, Provincial Director and Dr Chandana Kadangamuwa, 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 and Hospital Staff including doctors 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.





Essentials of Obstetrics at your Doorstep

Phase 03

District General Hospital ,
Avisawella, Sri Lanka

The third program of the project series for the year 2026 was successfully held at the District General Hospital, Avisawella, Sri Lanka, on 10th June 2026. The programme was launched under the leadership of President SLCOG Prof Rukshan Fernandopulle, and the programme was reformed by Dr Darshana Abeygunawardana, Chairman of Regional Activities & Developments, and Dr Prabath Randombage, Chairman of Education and Setting Standards.

The programme was well coordinated by Dr Rashanthie Perera and Dr Sanjaya Walawenayake on behalf of the SLCOG. Health staff from District General Hospital Horana and Base Hospital Karawanella and the sub-areas have joined the session. Capacity building was done for health professional doctors, institutional nurses, and field staff.







Small Steps towards Enhancing Gynaecological Oncology care in Sri Lanka

I completed my first year overseas in Swansea Gynaecological Oncology Centre, Wales, & proceeded to European society accredited Leeds Gynaecological Oncology Centre, UK for my second year of training. As a consultant Gynaecological Oncologist, I'm currently attached to National Cancer Institute, (Apeksha Hospital) Maharagama with cover-up duties at German Sri Lanka Friendship Hospital for Women (GSFW) in Karapitiya, Galle.



by Dr Kelum Jayasinghe

*Consultant Gynaecological Oncologist
Apeksha Hospital, Maharagama and
German Sri Lanka Friendship Hospital for
Women, Karapitiya, Galle*



I'm fortunate to establish out-patient colposcopy unit and new ward for Gynaecological Oncology patients at GSFW, Galle with the support of director and senior consultants. In addition, we managed to ensure regular functioning of out-patient colposcopy unit at Apeksha Hospital. We have developed a system to reimburse cost of investigations (eg Inhibin B) and surgical items which are not available in government sector through collaboration with Cancer Society, Sri Lanka.

To enhance holistic care, I have implemented few evidence based changes to gynae-oncology care in Sri Lanka in following areas,

❖ Promote Awareness, Strengthening Screening and Early detection

As per UK cancer statistics **Majority of gynaecological cancers are preventable**. In figures 99.8% Cervical, 75% - Vaginal, 70% - Vulval, 34% - Endometrial and 11% - Ovarian cancers are preventable.

As a clinician I have participated in multiple TV and Radio programmes to emphasize preventability, identification of symptoms and signs, and importance of early detection and treatment. All my patients with cervical cancer and families were counseled regarding importance of HPV vaccination and regular screening from 30-65 yrs in accordance with WHO guidance.

As a SLCOG representative for Technical Advisory Committee in Well Women Programme and Cancer control, we are trying to encourage HPV based screening and colposcopy services to uplift cervical cancer prevention and early detection in the country.

❖ **Multidisciplinary team (MDT) meetings with necessary Imaging and Tumour marker Profile**

After becoming a consultant, I'm evaluating all patients with necessary CT/MRI assessments pre-operatively for adequate radiological staging and introduced mandatory tumour markers within the unit pre-operatively e.g. Germ cell panel in < 40 yrs patient with ovarian cancer, CEA, CA19-9 and CA 125 in mucinous tumours.

I have started participating in regular surgical MDT meetings weekly at the Apeksha Hospital enabling development of individualized treatment plans with inputs from other specialties.



❖ **Improve Surgical Care**

In compliance with standardized surgical protocols, I started practicing laparoscopic surgeries for endometrial cancers including laparoscopic lymph node dissection both at the Apeksha Hospital and GSFHW, Galle. Obeying novel approaches, started offering laparoscopic surgeries for ovarian cancer in neo-adjuvant and delayed settings, cervical cancer in very early settings. By implementing image guided/laparoscopic biopsies for diagnosis, I have minimized mini-laparotomies for biopsies in Ovarian/Primary Peritoneal cancers.

Patient and family counseling, Pre-habilitation, avoidance of regular bowel preparation, strict adherence to infection control measures, timely involvement of other surgical specialties and utilization of ICU/HDU facilities helped us to have minimum rate of peri-operative morbidity and mortality.

Capacity Building and Teaching

As a trainer, I'm currently training a Senior Registrar in Gynaecological Oncology. General O&G registrars attend to the unit on rotational basis. In addition to postgraduate teaching, I'm participating in regular teaching of medical students at Universities of Ruhuna, Sri Jayewardenepura, Moratuwa and Colombo.

In conclusion, small consistent improvements in awareness, early diagnosis, multidisciplinary care, patient support and quality assurance can collectively lead to significant improvements in survival, quality of life and patient satisfaction in gynaecological oncology.



Study Programme on "Physiological Interpretation of CTG"

by *Dr S Raajkumar*

Sri Lanka College of Obstetricians & Gynaecologists hosted a study programme on "Physiological Interpretation of CTG for the Post-graduate trainees in Obstetrics & Gynaecology. The workshop was held on 25th May 2026 at the Ground Floor Auditorium of the SLCOG House.

The main facilitator for the workshop was;

Dr S Raajkumar

(MBBS, MS, FRCOG, FSLCOG, DIP IN MIN ACC SURG)

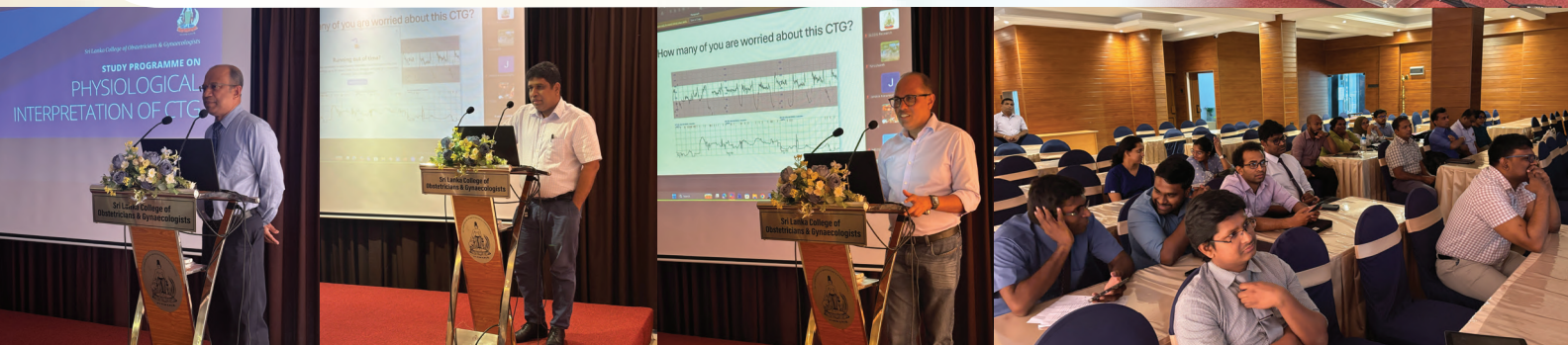
CONSULTANT OBSTETRICIAN AND GYNAECOLOGIST

CLINICAL LEAD FOR OBSTETRICS AND GYNAECOLOGY

SOUTHEND UNIVERSITY HOSPITAL NHS TRUST, UNITED KINGDOM.

The workshop was well coordinated by Prof Rukshan Fernandopulle, President of SLCOG, Dr Sanath Akmeemana, Immediate Past President SLCOG, Dr Madhava Karunaratne, Chairman - Board of Study (Obs & Gyn), PGIM.

The study programme was successfully concluded with a quality time at the end opened for questions and answers which was of great importance to the student participants.



Highlights

International Collaborations

Zoom discussion with Dr Sujeewa Fernando (Vice President of RCOG), Dr Makaiya (Welsh School of Obstetricians & Gynaecology), Prof Surangi Yasawardena (Director PGIM) and Dr Madawa Karunaratne (Chairman, Board of Study Obs & Gyn): on facilitating UK trainees to undergo supervised training in Sri Lanka.



15th SAFOG Conference In Association with 18th NESOG National Conference 2026



Advancing Women's Health in South Asia: Quality, Innovation and Sustainability

The Nepal Society of Obstetricians & Gynaecologists (NESOG) has hosted the 15th SAFOG Conference in the year 2026 parallel to their 18th National Conference, starting from 16th April to 18th April 2026 at the Hotel Yak & Jeti, Kathmandu, Nepal.

On invitation, President and the members of SLCOG have participated on this international conference as special guests, faculty members and chairpersons. Prof Rukshan Fernandopulle (President SLCOG), Dr Sanath Akmeemana, Dr U D P Ratnasiri, Dr Mangala Dissanayake, Dr Prabath Randombage, Dr Achintha Dissanayake, Dr Ruwan Silva, Prof Chandana Jayasundara, Dr Dinusha Liyanapatabendi, Prof Sanath Lanerolle, Dr Prasad Rannulu, Dr Fahim Samsudeen, Dr A G T U Padeniya, Dr Chinthaka Banagala, Dr Ureka Wickramasinghe and Dr Sudarshana De Silva were among the representatives from Sri Lanka.

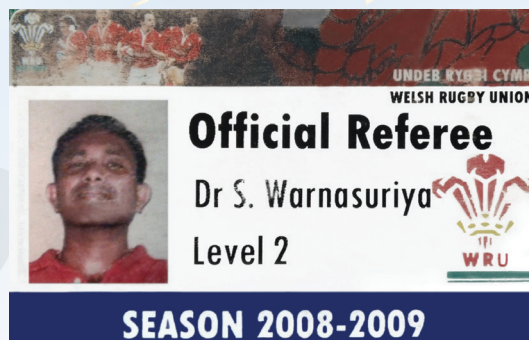


Prof Rukshan Fernandopulle, President SLCOG standing together with Dr Kusum Thapa, President SAFOG for a photograph during the NESOG President's dinner. (from left) Dr Ruwan Silva, Dr U D P Ratnasiri, Prof Rukshan Fernandopulle. Dr Kusum Thapa and Prof Sanath Lanerolle

WORLD RUGBY MATCH DOCTOR ACCREDITATION

On behalf of the Council and members of the Sri Lanka College of Obstetricians and Gynaecologists (SLCOG) I wish to convey my heartiest congratulations to Dr. Sumith Warnasuriya on his achievement on obtaining recognition from the main governing body of international Rugby Football Unions, the World Rugby (WR), as a World Rugby Accredited Match Doctor. He has been involved with the game of rugby football since his Medical College days.

As per current regulations it is mandatory to arrange on field first aid medical facilities by appropriately qualified medical staff with a team lead by a World Rugby accredited Medic, failing which no match will be allowed to progress without medical cover. Therefore along with other match official training strands, the World Rugby has formulated a comprehensive training package for the first responders in medical care and first aid to cover a wide array of possible on field medical situations ranging from soft tissue injuries, fracture / dislocations to life threatening injuries such as head and neck injuries and cardiac arrest which would require immediate on field first aid assistance. To gain necessary qualifications, the candidates have to complete multiple modules of theory and exams on a global on line platform followed by practical "face to face" workshops and assessments conducted via the local rugby football governing bodies.



Dr. Sumith Warnasuriya has first represented North Colombo Medical College (NCMC) Rugby Football team in 1988 and was a regular member of the team for 4 years as a scrum half and a flanker. He led the team as Captain of the NCMC XV during his last year. He also represented University of Kelaniya Rugby Foot Ball team in his last year subsequent to the government take over of the NCMC converting it to the Faculty of Medicine, University of Kelaniya.

In 1999, whilst serving as a Senior House Officer (SHO) in Obstetrics and Gynaecology at Base Hospital, Kuliyaipitiya, he joined the Sri Lanka Society of Rugby Football Referees as a Cadet Referee and subsequently qualified as a Level 1 Referee and participated in match officiating in Colombo and in the outstations including Kandy, Kurunegala and Matale.

Subsequently, during his postgraduate training period in the United Kingdom he was inducted to the Pembrokeshire Rugby Football Society and went on to achieve Level 2 Referee Licence from the Wales Rugby Union, a highly prestigious and a unique achievement for a Sri Lankan. He has thus gained the rare experience of officiating 2 full seasons as a Rugby Football Referee in Wales, a global front line Rugby playing nation in the world arena

Upon returning to Sri Lanka, despite his busy schedule as a Consultant Obstetrician & Gynaecologist, Dr. Sumith Warnasuriya continued maintaining his relationship and shared his experiences with the Sri Lanka Society of Rugby Football Referees. Subsequently with the backing of the Referees' Society along with completion of the required World Rugby training criteria, he was awarded with World Rugby Accreditation, which was facilitated through Sri Lanka Rugby.

Dr. Sumith Warnasuriya is also a member of the Western Province Rugby Referees Society.

It is a great pleasure in sharing details of sporting achievements of members of the SLCOG which add prestige and decorum to the institution.

Prof. Rukshan Fernandopulle
President, SLCOG

Advertisements

SRI LANKA COLLEGE OF OBSTETRICIANS & GYNAECOLOGISTS Orations 2026

Applications are called for;

1. Prof. D.A. Ranasinghe Oration - 04th September 2026
2. Prof. D.E. Gunatilleke Oration - October 2026
3. Dr. Siva Chinnatamby Oration - November 2026
4. Dr. Nalin Rodrigo Oration - 20th December 2026

Members are cordially invited to apply to deliver one of these prestigious orations in 2026. Interested applicants are requested to submit the proposed oration along with a brief resume highlighting the salient points.

The closing date for applications is two months prior to the scheduled date of the respective oration.

Please send the applications to: slcogoffice@gmail.com
For inquiries: Tel: 011 2689036



SRI LANKA COLLEGE OF OBSTETRICIANS & GYNAECOLOGISTS

59TH ANNUAL ACADEMIC CONGRESS

"BRIDGING GAPS IN WOMEN'S HEALTH: THROUGH COLLABORATION, EDUCATION, TRAINING, AND RESEARCH."

4TH TO 6TH SEPTEMBER 2026 AT UNIVERSITY OF COLOMBO, FACULTY OF MEDICINE (UCFM) TOWER

PRE & POST CONGRESS WORKSHOPS

Registration Fees

Foreign

Consultants 25 USD
& PG Trainees

Local

Consultants 2000 LKR
PG Trainees 1000 LKR

(Per each workshop)



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<https://congress.slkog.lk>

**Registration
now open!**

No	Date	Topic	Venue	Participants
1	13/14 Aug 2026	International Masterclass in Advanced Gynecological Laparoscopy 2026 Organized by SLCOG-RAGEC <i>(One day registration will not allowed)</i>	Teaching Hospital, Anuradhapura	Consultants/ Doctors
2	24 Aug 2026	Mastering Laparoscopic Suturing in Gynaecology	National Hospital, SL	Consultants/ Doctors
3	26 Aug 2026	Labour Care for Doctors	SLCOG House	Consultants / Doctors
4	26 Aug 2026	Labour Care for Midwives & Nurses	CSHW	Midwives & Nurses
5	28 Aug 2026	Science of Energy	SLCOG House	Consultants/ Doctors
6	31 Aug 2026	Common Challenges in Fertility Management	SLCOG House	Consultants/ PG Trainees in Obs & Gyn
7	01 Sept 2026	Colposcopy	Apeksha Hospital, Maharagama	Consultants/ PG Trainees in Obs & Gyn
8	02 Sept 2026	Fetal Medicine	UH - KDU	Consultants/ Doctors
9	03 Sept 2026 (Evening session)	RCOG & RANZCOG Training Opportunities and Preparations	SLCOG House	PG Trainees
10	04 Sept 2026	Anal Sphincter Injury Repair Workshop	SLCOG House	Consultants/ PG Trainees
11	07 Sept 2026	Hypertensive Disorders in Pregnancy workshop by Gestosis India Association	SLCOG House	PG Trainees/Doctors/ Nurses & Midwives <i>(Free for Nurses & Midwives)</i>

Local Payments should be made at

Account Name - Sri Lanka College of Obstetricians and Gynaecologists
Account No. - 0820 00623484 001
Bank - Seylan Bank, Borella Branch

A copy of the Payment Slip / Debit note should be emailed to slcogoffice@gmail.com or sent via WhatsApp to 077 967 8787 together with the name and contact details of the registrant.

Foreign Payments should be made at

Account Name - Sri Lanka College of Obstetricians & Gynaecologists (USD Account)
Account No - 5004 1000 0027
Bank Name & Code - Sampath Bank PLC / 7278
Branch Name & Code - Borella Branch / 004
Swift Code - BSAMLKXLX

On-site registration can be done by visiting the SLCOG Office during normal working hours (8.30 am - 4.00 pm) or calling us at +94 11 268 9036 / +94 77 967 8787

(Full details of each workshop along with preliminary programme will be sooner available in the official congress web portal under Pre & Post Congress Workshops)



SRI LANKA COLLEGE OF OBSTETRICIANS & GYNAECOLOGISTS **59TH ANNUAL ACADEMIC CONGRESS**

"BRIDGING GAPS IN WOMEN'S HEALTH: THROUGH COLLABORATION, EDUCATION, TRAINING, AND RESEARCH."

4TH TO 6TH SEPTEMBER 2026
AT UNIVERSITY OF COLOMBO
FACULTY OF MEDICINE (UCFM) TOWER



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NOW OPEN**



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REGISTRATION FEES

	Early Bird (Ends on 31 st July)	Late/Onsite
OVERSEAS		
Delegate (Two Days)	170 USD	200 USD
Delegate (One Day)	100 USD	100 USD
LOCAL		
Consultants (Two Days)	12,000 LKR	15,000 LKR
Consultants (One Day)	8,000 LKR	10,000 LKR
PG Trainees / Medical Officers (Two Days)	6,000 LKR	8,000 LKR
PG Trainees / Medical Officers (One Day)	4,000 LKR	4,000 LKR
Others (One Day)	4,000 LKR	4,000 LKR

REGISTRATION INCLUDES

- Entry to the Scientific Session and Trade Exhibition
 - Tea and Lunch Coupons
 - Conference Bags

PAYMENT METHODS

Cash Payments

Made directly in person during normal working hours (8.30 am to 4.00 pm) at the SLCOG office, No. 112, Model Farm Road, Colombo 08.

Your participation will only be confirmed upon receipt of the payment.

For any queries please contact us at
Tel: +94 77 967 8787 / +94 11 268 9036
E-mail: slcogsession2026@gmail.com

Deposits/ Online Fund Transfers

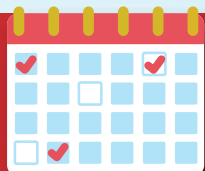
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Sri Lanka College of Obstetricians & Gynaecologists
(USD Account)
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Swift Code - BSAMLKLX

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Indications and Dose:

Threatened abortion¹

-40 mg immediately, then 10 mg every 8 hours until symptoms remit

Habitual abortion¹

-10 mg twice a day until the 20th week of pregnancy

Infertility¹

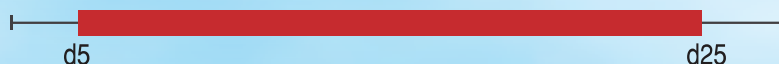
(Due to luteal insufficiency)

-10 mg once a day for at least 6 consecutive cycles



Dysmenorrhoea

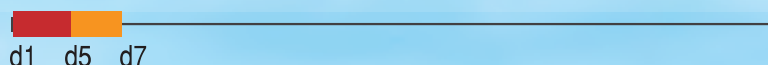
-10 mg twice a day



Dysfunctional uterine bleeding^{1,2}

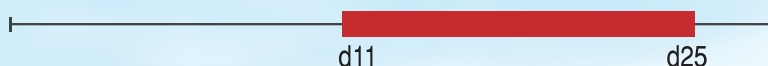
To stop bleeding

-10 mg twice a day for 5 to 7 days



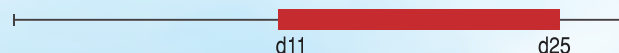
To prevent bleeding

-10 mg twice a day from day 11 to day 25 of the cycle



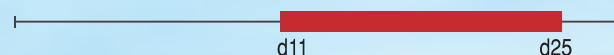
Irregular cycles^{1,2}

-10 mg twice a day from day 11 to day 25 of the cycle



Premenstrual syndrome¹

-10 mg twice a day from day 11 to day 25 of the cycle



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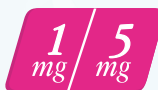

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