

Batticaloa Medical Association Annual Scientific Sessions 2015

Abstract & Programme Book



6th ,7th,8th of August 2015

"RECENT ADVANCES IN HEALTH TOWARDS NEXT GENERATION".

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"RECENT ADVANCES IN HEALTH TOWARDS NEXT GENERATION".

(Anthem of Batticaloa Medical Association)

தேன் கலந்தோர் அழகருவி சூழ்ந்து வளைந்தாட
மீன் சிறந்தோர் இசைபாடி துள்ளி விளையாட
கான் கலந்து கழனி நிறைந்தமானிரைகள் கூட
வான்குரந்து வளம் பெருகும் மட்டுநகர் பாட

மாட்சி நிறை சேவை வாழ்கவே
மருத்துவ சேவை வாழ்கவே
மட்டு நகர் மேன்மை காணவே
மருத்துவ சேவை வாழ்கவே

கல்லாரும் கற்றவரும் கடின உழைப்பாளர்
எல்லாரும் இருந்தாய்ந்து வேலை செய்யும் அன்பர்
எல்லாரும் ஓடிவரும் கூடமிது வாழ்க
பொல்லாத நோய் தீர்க்கும் பீடமிது வாழ்க
சுட்டுமுயர் நற்பெயரும் புகழும் நிறைவாகி
சூழலகின் சுகவாழ்வே மந்திரமுமாகி
மட்டு நகர் மருத்துவ ஒன்றியம் மலைமேலே
மகுடம் என வாழியவே வாழிய பல்லாண்டு

மாட்சி நிறை சேவை வாழ்கவே
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மட்டு நகர் மேன்மை காணவே
மருத்துவ சேவை வாழ்கவே

பிணி நூறு வலி நூறு தானாக மாற
உருவாகும் கரு யாவும் நலமாக வாழ
பகலின்றி இரவும் இன்றி உழைப்போமே நாங்கள்
ஓய்வின்றி உறக்கம் இன்றி தவிப்போமே நாங்கள்
எட்டும் அனைத்து வகை யுத்தியும் துணையாக்கி
நோயில்லா முழு வாழ்வை சொந்த.... மாய் ஆக்கி
மட்டுவின் மைந்தர்கள் வெற்றியின் படிமேலே
வாழட்டும் முன்னாலே ஏறட்டும் எந்நாளும்

மாட்சி நிறை சேவை வாழ்கவே
மருத்துவ சேவை வாழ்கவே
மட்டு நகர் மேன்மை காணவே
மருத்துவ சேவை வாழ்கவே

*BMA expresses its sincere gratitude and appreciation to
Dr.C.Vamathevan for writing this Anthem*

Council of the Batticaloa Medical Association 2015

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Council of the Batticaloa Medical Association - 2015



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Dr.Ahm.Asmy Hasan (Asst.librarian), Dr.N.Nivasan (Internal audit)

MESSAGE FROM THE PRESIDENT



As the President of the Batticaloa Medical Association, I warmly welcome you all to the annual academic session 2015.

Batticaloa medical association was founded in 1972, since then body's contribution to medical education and community work is immense. Today's theme Recent advances in health towards next generation, Will update the knowledge and stimulate the junior. to take up postgraduate studies in this region .

This event is designed to cover the most of the field with eminent resource persons from Srilanka , India and Singapore will give an opportunity to share knowledge and skill.

Pre congress work shop on Master class in vertigo is an success event to update the most common symptom which gives challenges in diagnosis .

I am proud to be part of organizing committee of this event, and hope those who visiting first time will enjoy the beauty of land of singing fish and hospitality of people and I wish you all the best .

Dr. V. Jeevathas

President BMA

Consultant ENT and Head & Neck Surgeon

Teaching Hospital Batticaloa

MESSAGE FROM THE SECRETARY



Batticaloa medical association is successfully organizing and celebrating its 43rd annual scientific sessions.

I am very delighted and honored to deliver this message as the secretary of Batticaloa Medical association for the year of 2015.

In this year we have decided to discuss on the theme of “Recent Advances in Health towards Next Generation”. I think this would be the most appropriate topic for this fast moving medical world with ever expanding scientific knowledge. Even though with the satisfactory evolution in the field of medicine, it has never stopped its inventions. And it is advancing the wings of speculate projections far beyond the human ability and imagination.

The immense advancement and incredible inventions in the field of medicine rendered this world into a new planet, and fulfill the emerging demands.

To justify and elaborate on this theme we have our experts from different parts of the world in various streams. This is an excellent opportunity to collaborate with the expertise and learn more about these recent advances.

I would like to emphasize my great gratitude to our guest speakers who added value to this event and raised this occasion with their presence and invaluable contribution. I hope you will enjoy these sessions and take these values to a new era of medicine in future.

Thanking you.

Dr.D.Thushyanthan

Secretary

Batticaloa Medical Association

Message for the Annual Sessions of Batticaloa Medical Association- 2015



The Batticaloa Medical Association (BMA) has been in existence for more four decades. From humble beginnings, the Association has progressed to become a well-recognized academic body in the country.

It is a great privilege and a singular honour to be invited as the chief guest for the Annual Academic sessions this year. My wife and I are very grateful to the President and the council members of the BMA for the invitation extended.

Despite numerous hardships the BMA has conducted its affairs admirably in the last few decades.

This year's rich academic programme including a 'live' workshop bears ample testimony to the organizational skills and the foresight of the council of the BMA and the organizing committee. The well-constructed website of the BMA provides a good portal for disseminating information creating awareness and increasing participation in the activities of the BMA.

I am confident that the BMA will grow from strength to strength and will cater to the academic needs of the all doctors in the region and the medical students of the Faculty of Medicine in Batticaloa.

May I wish the Association every success.

Prof Ranil Fernando MS, FRCS (Edin) FRCS (Eng), FCPS (Pakistan) FAIS (India) FCS (Sri Lanka) PhD (Col)
*Past President College of Surgeons of Sri Lanka,
Professor in Surgery Faculty of Medicine University of Kelaniya,
Consultant Surgeon North Colombo Teaching Hospital Ragama,
Sri Lanka.*

MESSAGE FROM THE GUEST OF HONOUR



I am excited to be invited as the Guest-of-Honour for Batticaloa Medical Association (BMA) annual sessions 2015. Batticaloa is privileged to have an Association like BMA to actively promote and protect the interests of the medical profession and foster and sustain consultation and communication within the medical profession in Batticaloa.

With rapid changes taking place in the medical world, it is important for clinicians to be kept well informed and educated to meet the challenges as they unfold. In this regard, I applaud BMA' efforts in not only providing a strong voice for doctors in Batticaloa district but in raising the level of clinical practice and medical education. Last but not least, I would like to take this opportunity to thank everyone in the BMA community for their invaluable contribution to the local community. Congratulations once again to all of you, and I wish you all the best in your endeavours, happiness and success in the years ahead.

Thiruma V. Arumugam,

*Associate Professor, Department of Physiology,
Yong Loo Lin School of Medicine,
National University of Singapore.*

PROGRAMME SCHEDULE FOR BMA ANNUAL SESSIONS 2015

PRE CONGRESS WORK SHOP – 6TH OF AUGUST

- 9.00am *Master Class in Vertigo - Lecture – Demonstration*
Dr.MTD.Lakshan
Consultant otolaryngology & Head and Neck surgeon
District General Hospital Hambatota
- Dr. Daminda Dumingoarachchi*
Consultant otolaryngology & Head and Neck surgeon
Teaching Hospital , Anuradhapura

PROGRAMME FOR INAUGURAL CEREMONEY – 6TH OF AUGUST

- 5.30pm *Ceremonial procession*
Arrival of guests
- 5.45pm *Traditional lighting of the oil lamp*
- 5.50pm *Welcome dance*
- 6.00pm *Welcome Speech - President BMA*
Dr.V.Jeevathas -Consultant otolaryngology & head and neck surgeon
6. 10pm *Office Bearers Take their seats*
6. 15pm *Welcome address – Director Teaching hospital Batticloa*
Dr.M.S.Ibra Lebbe
- 6.25pm *Honoring of Chief Guest and Guest of honor*
- 6.30pm *Tokens for Chief Guest and Guest of honor*
- 6.35pm *Address by Chief Guest– “Learning”*
Prof. Ranil Fernando
Professor in Surgery, Faculty of Medicine University of -Kelaniya
ntroduction: Dr. P.K.Ravindran (Consultant Surgeon-BH Kalmunai)
- 7.05pm *Address by Guest of Honor “Attenuating Innate Immunity in Stroke: From Animal Models to Bedside “*
Prof. Arumugam Thirumavalavan
Department of Physiology, National university of Singapore
Introduction: Dr. K.T.Sundareshan (Consultant Physician, Dean FHCS)
- 7.35pm *Vote of thanks*
Secretary of BMA (Dr.D.Thushyanthan)
- 8.00 pm *Grand Dinner at Hotel Lanka rest house (singing fish)*

THE ANNUAL SCIENTIFIC SESSIONS

1ST day session (7th of August)

- 8.00am-8.30am Registration
- 8.30am-9.00am Guest lecture – *An overview of Child Abuse*
Dr. Asvini D. Fernando
Consultant Paediatrician, Teaching Hospital, Ragama
Introduction: **Dr.(Mrs).V.Thirukumar (Consultant Paediatrician-THB)**
- 9.00am-9.45am **SYMPOSIUM: Time frame in the management of congenital abnormalities**
Speaker – A: **Dr.Shahanka Ratnayake (Consultant plastic Surgeon-THB)**
Speaker – B: **Dr. Mrs.Vithana(Consultant Paediatric Surgeon-THB)**
Speaker – C: **Dr.MTD.Lakshan (Consultant ENT Surgeon)**
CHAIR PERSONS
Dr.K.Sivakanthan (Consultant Paediatrician-THB)
Dr.Angela Arulpragasam (Consultant Paediatrician-THB)
- 9.45am -10. 15am Guest lecture- "*Technology and Remodeling in Neurosurgery*"
Dr.K.Sridhar
Consultant Neurosurgeon ,Global Hospital, India
Introduction: **Dr.Saman Pushpakumara(Consultant NeuroSurgeon-THB)**
- 10.15am-10.30am Refreshments
- 10.30am-11.00am Guest Lecture – *Paediatric airway management*
Dr.MTD.Lakshan
Consultant otolaryngology & head and neck surgeon
District General Hospital Hambatota
Introduction: **Dr.C.Vamadevan (Consultant Paediatrician-THB)**
- 11.00am -12.00am **SYMPOSIUM – Obesity and Obstructive sleep apnoea**
Speaker A- **Dr.K.Dharshini (Consultant Endocrinologist-THB)**
Speaker B- **Dr.S.Rishikeshavan (Consultant Chest Physician-THB)**
Speaker C-**Dr. Daminda Dumingoarachchi (Consultant ENT surgeon)**
CHAIPERSONS:
Dr.B.Gannaikabahu (Consultant physician)
Dr.K.Arulmoli (Consultant Physician)
- 12.00pm-12.45pm **SYMPOSIUM – Strategy for the reduction of maternal and perinatal morbidity and mortality**
Speaker A- **How antenatal care help us to reduce maternal morbidity and mortality**
Dr.K.E.K.Karunakaran Consultant VOG, Teaching hospital Batticaloa.
Speaker B- **How natal and post natal care help to reduce maternal mortality**

*Prof. Kapila Gunawardana,
Professor in obstetrics& gyn, Teaching Hospital,Peradeniya
Speaker C- Strategies to reduce perinatal mortality by Dr.Sardha Hemapriya
Consultant VOG, Teaching hospital Kandy.*

CHAIRPERSONS:

Dr.Kanchana Wansapura (Consultant VOG-THB)

Dr.S.Saravanan (Consultant VOG-THB)

- 12.45pm-1. 15pm* *Guest lecture – Update on Parathyroid Surgery
Prof. Ranil Fernando
Professor in Surgery, Faculty of Medicine University of -Kelaniya*
- 1.15pm -2.00* *Lunch*
- 2.00pm-2.30pm* *Guest lecture – Interventions in cardiology an overview Dr.P.Lakshman
Consultant cardiologist, Teaching Hospital, Batticaloa
Introduction: Dr.K.Arulnithy (Consultant Cardiologist)*
- 2. 30pm – 3.00pm* *Guest lecture – Financial Management
Dr. Dileep De Silva
Consultant in dental public health, Health Ministry
Introduction: Dr.Chamara Athukorala (Consultant OMF surgeon)*
- 3.00 pm-3. 15pm* *Tea*
- 3. 15pm – 3.45pm* *Free papers*
- 3.45pm – 4.15pm* *Guest lecture – Reproductive Health status of Eastern Province
Dr. S.Arulkumaran
Provincial consultant community physician
Introduction: Dr. H.R.Thambavita (Consultant General Surgeon-THB)*
- 4.15pm* *End of 1st day session*

2nd day session (8th of August)

8.30am-09.30am	<p>SYMPOSIUM – challenges in Legalizing abortion in Sri Lanka -debate show Prof.Kapila Gunawardane (Professor ,TH-Peradeniya) Dr.K.M.P.B.Tikiri Bandara Gunathilake (Consultant JMO-DH Ratmalana) Mr.Premnath (Attorney at law-District courts Batticloa) Dr.Sardha Hemapriya (Consultant VOG, TH- Kandy) CHAIRPERSONS: Dr. W.A.S.R.Wickramarachchi (Consultant JMO-THB) Dr. M.Thirukumar (consultant VOG-THB)</p>
9.30am-10.00am	<p>Guest lecture – "Emerging trends in the diagnosis and management of oral potentially malignant disorders Prof M.A.M Sitheequ Professor and Consultant in Oral Medicine, University of Peradeniya Introduction: Dr.Chamara Athukorala (Consultant OMF surgeon-THB)</p>
10.00am-10.15am	<p>Refreshments</p>
10.15pm-10.45pm	<p>Guest lecture – " Is beauty skin deep?" Dr. Niranjan Ariyasinghe Consultant Dermatologist, District Hospital, Wathupitiya Introduction: Dr.N.Thamilvannan (Consultant Dermatologist-THB)</p>
10.45am -11.15pm	<p>free papers</p>
11.15pm-12.00pm	<p>Quiz</p>
12.00pm-12.30 pm	<p>Awards</p>
12.30pm-12.45pm	<p>Closing remarks</p>
12.45pm-1.15 pm	<p>Sponsors time</p>
1.15 pm -1.20pm	<p>Vote of thanks</p>
1.20pm	<p>Lunch& End of session</p>

Abstracts of Oral Presentations

INITIAL EXPERIENCE AND OUTCOME OF TRUS GUIDED PROSTATE BIOPSY IN A RECENTLY ESTABLISHED UROLOGY UNIT.

Authors : N D Premachandra, Teaching Hospital Batticaloa, Batticaloa, Sri Lanka
S Sivakaran, Teaching Hospital Batticaloa, Batticaloa, Sri Lanka
S Kirupakaran, Teaching Hospital Batticaloa, Batticaloa, Sri Lanka
S Mahadeva, Teaching Hospital Batticaloa, Batticaloa, Sri Lanka

PROSTATE CANCER IN THE EASTERN PROVINCE: DO WE DETECT THEM AT THE RIGHT TIME

Authors : N D Premachandra, Teaching Hospital Batticaloa, Batticaloa, Sri Lanka
S Mahadeva, Teaching Hospital Batticaloa, Batticaloa, Sri Lanka
S Sivakaran, Teaching Hospital Batticaloa, Batticaloa, Sri Lanka
S Kirupakaran, Teaching Hospital Batticaloa, Batticaloa, Sri Lanka

PERCUTANEOUS NEPHROLITHOTOMY (PCNL) UNDER REGIONAL ANAESTHESIA; FIRST CASE IN SRI LANKA

Authors : N D Premachandra, Teaching Hospital Batticaloa, Batticaloa, Sri Lanka
D Chandrasiri, Teaching Hospital Batticaloa, Batticaloa, Sri Lanka
S Sivakaran, Teaching Hospital Batticaloa, Batticaloa, Sri Lanka
S Kirupakaran, Teaching Hospital Batticaloa, Batticaloa, Sri Lanka
S Mahadeva, Teaching Hospital Batticaloa, Batticaloa, Sri Lanka

MANAGEMENT OF BACTERIOLOGICALLY PROVEN UTI IN CHILDREN AGED 0 TO 16 YEARS, COMPLIANCE WITH NICE GUIDELINES?

Authors : Sivalingam Jeyabalan
Supervisors: Emeka Ikpakwu, Guwani Liyanage

LAPAROSCOPIC PYELOPLASTY; INITIAL EXPERIENCE AND OUTCOME AT A RECENTLY ESTABLISHED UROLOGY CENTRE.

Authors : N D Premachandra, Teaching Hospital Batticaloa, Batticaloa, Sri Lanka
S Sivakaran, Teaching Hospital Batticaloa, Batticaloa, Sri Lanka
S Mahadeva, Teaching Hospital Batticaloa, Batticaloa, Sri Lanka
S Kirupakaran, Teaching Hospital Batticaloa, Batticaloa, Sri Lanka

Title: Translation and Validation of Perceived Stress Scale (PSS) to Tamil Language.

Authors : Somasiri KG, Rajavarman R, NazeefaMohomed and Sujeewan

INITIAL EXPERIENCE AND OUTCOME OF TRUS GUIDED PROSTATE BIOPSY IN A RECENTLY ESTABLISHED UROLOGY UNIT.

Authors : N D Premachandra, Teaching Hospital Batticaloa, Batticaloa, Sri Lanka
S Sivakaran, Teaching Hospital Batticaloa, Batticaloa, Sri Lanka
S Kirupakaran, Teaching Hospital Batticaloa, Batticaloa, Sri Lanka
S Mahadeva, Teaching Hospital Batticaloa, Batticaloa, Sri Lanka

Corresponding Author : N D Premachandra, Teaching Hospital Batticaloa, Sri Lanka
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Abstarct

Introduction

Trans-rectal Ultrasound Guided Biopsy of Prostate (TRUS-P) is the gold standard to obtain biopsy of prostate for histopathological confirmation. However this is performed in a very few Urology Departments in Sri Lanka. We are reporting our initial experience after introducing TRUS-P at the Urology Department at the Teaching Hospital Batticaloa.

Method and Material

We gathered data of all the TRUS-P done and analysed the first 25 procedures including the outcome.

Results

Average age of the group was 68y(range:53-81y). Lower urinary tract symptoms(LUTS) were positive in 92%. Thirty two percent presented with acute retention of urine (ARU). Only 8% denied LUTS. The PSA value was 10.0-29.9 in 72% (range:7.8-79.0). Only 4% had a PSA of less than 10.0. All the procedures were done under local anaesthesia and all of them had the routine recommended prophylaxis antibiotics. The average number of biopsy cores were 8(range:6-16). Four patients had complications including uncomplicated urinary tract infection((3), ARU(2) and uro-sepsis(1). We had no Clavien-Dindo III to IV complications or mortality due to the procedure. We had to repeat the Prostate biopsy in 4 due to inadequate sampling. Histopathology showed adenocarcinoma of prostate in 28%, prostatitis in 36% with benign prostatic hyperplasia in 66%.

Discussion and conclusion

TRUS-P is a very effective and a safe procedure to obtain histological confirmation of prostate pathology.

PROSTATE CANCER IN THE EASTERN PROVINCE: DO WE DETECT THEM AT THE RIGHT TIME

Authors : N D Premachandra, Teaching Hospital Batticaloa, Batticaloa, Sri Lanka
S Mahadeva, Teaching Hospital Batticaloa, Batticaloa, Sri Lanka
S Sivakaran, Teaching Hospital Batticaloa, Batticaloa, Sri Lanka
S Kirupakaran, Teaching Hospital Batticaloa, Batticaloa, Sri Lanka

Corresponding Author : N D Premachandra, Teaching Hospital Batticaloa, Sri Lanka
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Abstract

Introduction

Prostate cancer(P-CA) can be treated and controlled well if detected at early stages of the disease and if less aggressive. The burden of P-CA to the society and the health sector in Sri Lanka has not been addressed properly.

Objective

To find out whether prostate cancer patients present at the early stages.

Methods and Material

We collected data from all the prostate cancer patients referred and presented at the Genito-Urinary Surgery(GUS) Department, Teaching Hospital Batticaloa in the Eastern Province during year 2014 and analysed.

Results

A total of 22 patients. Average age of 66 years(range:53-80). Majority of them(91%) presented with lower urinary tract symptoms(LUTS). Over 95% of the patients were referred by other surgical and medical units. Forty five percent had acute retention of urine at presentation. Only one had haematuria. Only 9% denied LUTS at presentation. PSA value was over 20ng/ml in 72%. More than 1/3 had a PSA over 60ng/ml. Gleasons' score was 8 or more in 40%. Metastatic disease was found in 36% with majority being bone metastasis. None of them were suitable for curative resection. Most common reason not to offer radical resection was metastatic disease. Other causes were high PSA(>100ng/ml) and Gleasons' score>8. Hormonal ablation was the commonest treatment offered.

Discussion and Conclusion

Majority of the patients with P-CA presented to the GUS unit with advanced disease. At the moment we do not detect P-CA early enough to offer radical curative treatment.

PERCUTANEOUS NEPHROLITHOTOMY (PCNL) UNDER REGIONAL ANAESTHESIA; FIRST CASE IN SRI LANKA

Authors : N D Premachandra, Teaching Hospital Batticaloa, Batticaloa, Sri Lanka
D Chandrasiri, Teaching Hospital Batticaloa, Batticaloa, Sri Lanka
S Sivakaran, Teaching Hospital Batticaloa, Batticaloa, Sri Lanka
S Kirupakaran, Teaching Hospital Batticaloa, Batticaloa, Sri Lanka
S Mahadeva, Teaching Hospital Batticaloa, Batticaloa, Sri Lanka

Corresponding Author : N D Premachandra, Teaching Hospital Batticaloa, Sri Lanka
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Abstract

Introduction

Percutaneous Nephrolithotomy(PCNL) is the treatment of choice for large renal calculi. In most of the centres in the world including Sri Lanka, PCNL is performed under general anaesthesia. We are reporting the first successfully performed PCNL under regional anaesthesia in Sri Lanka.

Method and Material

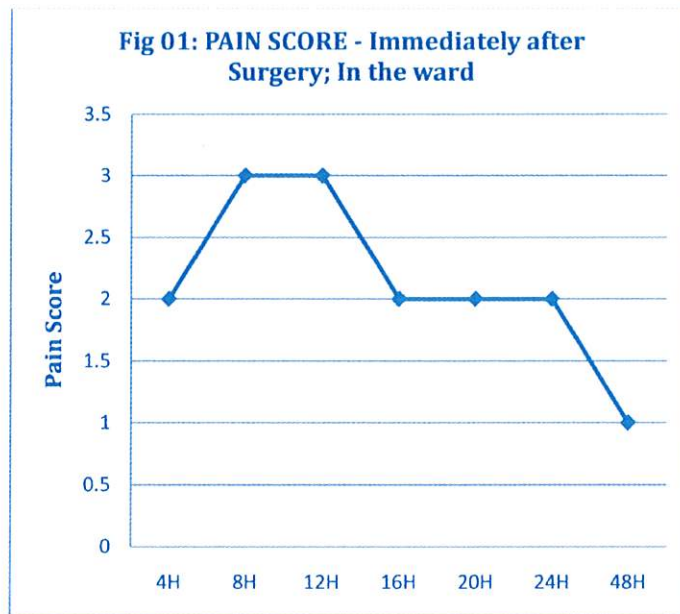
We are reporting the per-operative and post-operative outcome of the procedure.

Results

A 64 year patient with a symptomatic 2.1m calculus in the lower calyx of left kidney with focal calycosis was offered with the procedure.

Combined Spinal-Epidural anaesthesia was given. Ureteric catheter(5Fr.) was inserted and turned to the prone position. After the puncture, guide wire, dilatation, 30Fr. Amplatz stone was fragmented and extracted. A Double“J” stent and a 22 Fr. nephrostomy tube were placed. Total operating time was 90min with 50 min for the surgical procedure. Further epidural local anaesthesia was not required. All the vital parameters were stable during the procedure. The measured blood loss was less than 100 ml. There were no intra-operative difficulties or complications.

After 6 hours he felt mild pain(fig:01) which responded to oral Paracetamol 1g and O.Tramadol 50mg. In the post-operative day 1 he was given only O.Paracetamol 1g 6 hourly.



Nephrostomy tube and catheter was removed on post-operative day1. He had no immediate complications and was discharged day 2. Ureteric stent was removed at 3 weeks and had no late complications and was pain free.

Discussion and conclusion

Regional Anaesthesia was safe and very effective for PCNL with advantages such as early mobilization and discharge.

MANAGEMENT OF BACTERIOLOGICALLY PROVEN UTI IN CHILDREN AGED 0 TO 16 YEARS, COMPLIANCE WITH NICE GUIDELINES?

Author: Sivalingam Jeyabalan
Institution: TH Jaffna
Telephone: 0777315473
Mailing Address:
S.Jeyabalan
82-1/4, Hampden Lane, Colombo -06

Abstract

Introduction

UTI is a common infection in children. Management of UTI requires prompt diagnosis, treatment and followed by appropriate radiologic evaluation to minimize complications.

Objectives

To evaluate the compliance with the NICE guidelines 2007 in the management of UTI in children at Bronglais General Hospital.

Study design

Descriptive, retrospective, Single Centre study

Study Population

96 children aged 0 to 16 year managed at above hospital during 2012 to 2014 with confirmed UTI.

Results

Less than 3 months children, received parenteral antibiotics alone, parenteral and oral both and only with oral were 25%, 25 % and 50 % respectively. Duration of antibiotics was 7-10 days as recommended in 86% & 5 days in 14% treated as pyelonephritis/upper UTI. Only 16% of lower UTI patients received antibiotics for 3 days as expected & 84% received for 5-10 days. Out of less than 6 months old children 100% of the atypical UTI & 75 % of the recurrent UTI received USS at acute stage where expected was 100% in both and 40 % of uncomplicated UTI s received USS with no indications. Overall adherence to guidelines in USS in all age groups was 80 %. Adherence to DMSA was 50% and to MCUG was 100 % .100% of with recurrent UTIs were prescribed antibiotic prophylaxis adhering to the guidelines & 40 % received prophylaxis without an indication

Conclusion.

This study highlights the variation in the management of UTI in children despite universal guidelines.

LAPAROSCOPIC PYELOPLASTY; INITIAL EXPERIENCE AND OUTCOME AT A RECENTLY ESTABLISHED UROLOGY CENTRE.

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Introduction

Pelvi-ureteric junction obstruction(PUJO) is a condition which can lead to renal impairment unless detected early and treated properly. Currently the gold standard of treatment is Laparoscopic Pyeloplasty which has very good outcome, early recovery and a short hospital stay. We report our initial experience at the Urology Department, the Teaching Hospital Batticaloa.

Method and Material

We collected and analysed all the patients who had laparoscopic pyeloplasty during the first 12 months, prospectively.

Results

Eight procedures with a 3:1 male:female ratio and an average age of 25years(range:10-62) were performed. Commonest presenting symptom was loin pain ranging from 5-8/10. Three(38%) had previous intra-abdominal surgery but only 2(25%) had previous renal surgery. Two(25%) had previous urosepsis but only one had been stented(ureter) before. All the patients had CT or IVU and a DTPA scan which confirmed the diagnosis.

All the procedures were done with trans-peritoneal approach using 3 ports in 85% of cases. 2 were converted to open due to difficulty in dissection due to adhesions. Majority(75%) were "Fengerplasty" and all had a ureteric stent and a drain. Average surgical time was 122(range:50-150) min. We had no per-operative complications and none were transfused. All the drains showed an output less than 10ml and all required only O.Paracetamol for post-operative pain. Ureteric stent was removed at 5-12weeks. Pain score at 3 months ranged from 0-4/10.

Discussion and conclusion

Laparoscopic pyeloplasty is a very safe and effective procedure to treat PUJO.

Title: Translation and Validation of Perceived Stress Scale (PSS) to Tamil Language.

Somasiri KG, Rajavarman R, NazeefaMohomed and Sujeewan

Introduction: Perceptions of humans can be measured using questionnaires. Perceived Stress Scale (PSS) is one such questionnaire developed by American Sociological Association to assess perceived stress (). There is no Tamil translation of PSS as at present. Hens PSS was translated to Tamil.

PSS has 10 closed ended questions with 5 responses to each question to assess perceived stress.

Methods: The procedure followed during translation was (a) obtaining permission from author of questionnaire to translate and use (b) translation to Tamil by two individuals (c) focus group discussions to find the semantic & technical equivalent (d) back translation to English (e) development of response scale (f) pretesting of translated document and (g) administration of questionnaire to a sample of subjects to validate it (3). Ethical clearance was obtained from the Ethical Review Committee of Faculty of Health-Care Sciences, Eastern University, Sri Lanka before the validation study. The questionnaire was self administered to second year Tamil medium medical students in two occasions to validate the instrument. Statistical analysis was done to find Cronbach alpha value to find the internal consistency to validate the translated questionnaire.

Results:

There were 12 Tamil medium 2nd year medical students responded to the request to participate the study. The age range was 21 years to 23 years.

Cronbach's Alpha value was 0.741 in the initial administration of questionnaire and it was 0.833 in subsequent administration.

Conclusions; Tamil translation of PSS is a valid instrument to measure perceived stress in Tamil medium students.

Abstracts of Poster Presentations

Thyroid disorders and the associated adverse outcomes among pregnant women registered in antenatal clinic, ward 9,

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Psychological aspects of facial disfigurement

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PREOPERATIVE INVESTIGATIONS IN ELECTIVE SURGERY: PRACTICES AND COSTS AT THE TEACHING HOSPITAL OF BATTICALOA

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Title : Perceived Stress of Second Year Medical Students Before and After an End Module Examination.

Authors : Somasiri KG, Rajavarman R and NazeefaMohomed

Title: Knowledge and practice gap in primary prevention of non- communicable diseases among pre-intern doctors

Authors : Somasiri KG, Hearth HMTP and Rajakumaray JN

PROJECTIONS OF DIABETES MELLITUS IN A SAMPLE OF ADULTS IN BATTICALOA: A PILOT STUDY

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Thyroid disorders and the associated adverse outcomes among pregnant women registered in antenatal clinic, ward 9, Sri Jayewardenepura General Hospital

Sivachandran S¹, Sijethara S²

Introduction

Untreated or inadequately treated thyroid disorders in pregnancy are associated with maternal as well as fetal and neonatal adverse outcomes. Its prevalence among the pregnant women varies among countries mainly according to the state of iodine deficiency and several other factors. The reported local research on thyroid disorders in pregnancy is lacking.

Objectives

- To determine
 - a. The proportion of thyroid disorders in pregnancy among pregnant women registered in the ANC of WD 9, SJGH.
 - b. The number of new cases of thyroid disorders diagnosed by routine screening
 - c. The adverse fetal and early neonatal outcomes associated with the thyroid disorders
- To identify the associated pregnancy related early medical and obstetric complications.

Method

A retrospective study was conducted among 348 pregnant mothers who delivered in ward 9 SJGH. Bed head tickets of the mothers and the neonates were used to collect the data. Results were analyzed using SPSS software.

Results

The mean age of study group was 29.9 years. Among the study population 20/348 (5.7%) had the pre existing thyroid disorders while 302/348 (86.8%) were euthyroid. Thyroid dysfunction was newly diagnosed among 26/348 (7.47%) mothers, of which the majority 21/26 (80.8%) were hypothyroid and only 5/26 (19.3%) were hyperthyroid.

Gestational diabetes mellitus, Chronic diabetes mellitus, Chronic hypertension, Placenta praevia, Oligohydroamnios, Preterm delivery, Miscarriages and Threatened miscarriages were associated with 11 (23.91%), 2 (4.34%), 1 (2.17%), 3 (6.52%), 1 (2.17%), 4 (8.69%), 5 (10.8%), and 3 (6.52%) of mothers with thyroid disorders respectively and 49 (16%), 3 (0.99%), 1 (2.17%), 6 (1.9%), 4 (1.3%), 11 (3.6%), 52 (17.2%) and 10 (3.3%) of euthyroid mothers respectively.

Among the thyroid dysfunction group, 9 (19.56%) had Fetal growth restriction (FGR) and 7 (15%) delivered babies with birth weight less than 2500g.

Conclusion

A significant number of pregnant women were diagnosed with thyroid dysfunction by our routine screening. Considering the associated maternal and fetal adverse outcome of thyroid dysfunction in the pregnancy, routine screening is recommended in Sri Lanka.

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PSYCHOLOGICAL ASPECTS OF FACIAL DISFIGUREMENT

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ABSTRACT

Introduction: Understanding the role of the face in social interactions is crucial to understand the difficulties of individuals with facial disfigurements. There are some evidence that the general public react differently to facial disfigured individuals.

Aim: To evaluate the psychological impact of the patients with facial disfigurement.

Material and Methods: 23 surgically treated patients (due to trauma and various pathological lesion in the head and neck region) with certain degree of facial disfigurement were assessed at OMF clinic unit-B, from 6 months to 3 year after surgery. Subsequently, the patients were interviewed with close ended questions. The following subjective aspects were assessed: self-image; relationship with the partner, family, and friends; overall impact of the therapy and difficulties in usual activity.

Result: The result of the study shows significantly as regards a changed self image (87% vs 26%), a worsened relationship with partner, family and friends (25% vs 26%), and an increase isolation (75% vs 26%). On the whole, 8% of subjects stated that the disadvantages of the therapy outweighed the advantages, and 17% felt the difficulties in usual activities.

Conclusion: Patient with extensive facial disfigurement feel significant change in their self image and increase percentage of social isolation among this group

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Key word: facial disfigurement, psychological impact.

PREOPERATIVE INVESTIGATIONS IN ELECTIVE SURGERY: PRACTICES AND COSTS AT THE TEACHING HOSPITAL OF BATTICALOA

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Key words: Anaesthesia, audit; Surgery, preoperative period; Assessment, preanaesthetic

Background:

During preoperative preparation patients undergo investigations to detect asymptomatic diseases. The probability of finding significant abnormalities on such "routine" investigations is small, unnecessarily increasing costs of perioperative care. We evaluated current practices, compliance with guidelines and costs of preoperative investigations at the Teaching Hospital, Batticaloa.

Methods:

Patients undergoing elective surgery at three general surgical units, three gynecology & obstetrics units, one orthopaedic surgical unit & one ENT unit of the Teaching Hospital, Batticaloa from July to December, 2014 were included. National guidelines of ministry of health on pre-operative investigation were the standard of assessment. Data on preoperative investigations were collected using an expert validated pre-tested interviewer administered questionnaire.

Results:

Sample size was 1140. Mean age 39.27 years and males were 44.7%. Majority were ASA-I (52.7%) and surgical grade-II (55.21%). SGOT, SGPT, 2DECHO & ECG demonstrated good adherence (70%-100%) to guidelines. Chest X-ray, blood urea, creatinine, PT/INR, serum electrolytes, blood sugar, full blood count, urine full report demonstrated moderate adherence (40-69%), all other investigations demonstrated poor adherence (<40%). Non-recommended investigations were requested mostly by the Hos (63.6%) and Medical Officers (36.36%) of relevant unit. Total excess cost incurred due to non-recommended investigations during the study period was LKR 806,140/=.

Investigations requested by all members of the surgical/anesthetist team are commonly done with minimal utilization of guidelines.

Conclusions:

Unnecessary preoperative investigations are common at our institution leading to substantial excess costs. There is ample opportunity to rationalize practices and reduce expenditure.

Patients admitted to hospital for elective surgery commonly undergo a battery of "routine" preoperative investigations, often including a complete blood count, renal function tests, blood glucose level, urinalysis, chest x-ray (CXR) and an electrocardiogram (ECG). The goal of such investigations is to detect asymptomatic diseases not apparent on history and examination. If identified prior to surgery they could alter anesthetic /surgical management. Appropriate treatment of these diseases helps to minimize perioperative morbidity and mortality.¹

However in the absence of any clinical indication, the probability of finding a significant abnormality

on laboratory tests^{2,3}, ECGs and CXRs^{4,5} are small.

Even among elderly patients “routine” preoperative testing was of little benefit.⁶ A randomized controlled trial of preoperative testing in cataract surgery revealed no differences in outcome between those subjected to and not subjected to routine testing.⁷

Routine use of large number of screening tests increases the costs of perioperative care.⁸ unnecessary testing may cause harm to the patient due to over treatment for borderline/false-positive results. Hence the indiscriminate use of such investigations remains a matter for discussion, since costs may be increased without reducing perioperative complications.⁹

Various agencies including National Institute of Health and Clinical Excellence (NICE-UK)¹⁰ and Canadian Anesthesiologists’ Society(CAS)¹¹ have published guidelines to rationalize testing practice and reduce costs. To our knowledge there are no published studies evaluating preoperative testing practices and costs involved in Sri Lanka.

The primary objective of this study was to understand current practices of preoperative testing and determine if they were compliant with the NICE-UK guidelines on preoperative testing. Secondary objectives included: identification of the source of testing orders non-compliant with guidelines, evaluating factors influencing decisions and evaluation of excess costs incurred due to unnecessary preoperative investigation.

Methods

Study population

The study was conducted at the Teaching Hospital, Batticaloa. This prospective study was undertaken among all patients undergoing elective surgery at Patients undergoing elective surgery at three general surgical units, three gynecology & obstetrics units, one orthopedic surgical unit & one ENT unit of the Teaching Hospital, Batticaloa from July to December, 2014 were included. Patients undergoing emergency surgery were excluded.

A national guideline of Ministry of Health on pre-operative investigation was the standard of assessment. These guidelines tailor the patient to the procedure using as much evidence as possible, while allowing sufficient leeway for clinical judgment.

The following investigations were evaluated; Chest X-Ray (CXR), Electrocardiogram (ECG), Full blood count (FBC), Prothrombin time/International normalized ratio (PT/INR), Fasting/Random blood sugar (FBS/RBS), Urine analysis, Renal function tests (RFT), AST/ALT and 2D Echocardiogram (2D-Echo). The investigations were evaluated according to National guidelines. The price of each investigation was obtained from six government and non-government institutions.

Data Collection

Data were collected using an expert-validated pretested interviewer administered questionnaire designed following the National guidelines and ASA classification of patients. Ethical approval was obtained from the Ethics Review Committee of Faculty of Health Care Science, Eastern University.

Statistical analyses

Data were double entered and cross checked for consistency. Analysis was done using SPSS v14 (SPSS Inc.,Chicago,IL,USA). Categorical data were described as proportions. Continuous data were

described using mean and standard deviation and compared using unpaired Student's t tests. A p value of < 0.05 was considered statistically significant.

Results

During the study period records of 1140 patients were studied. Mean age was 39.27 years and males were 44.7%. Majority (52.7%) of patients had no co-morbidities (ASA-I). Most patients underwent intermediate grade (Grade-2) surgical procedures (55.21%). Sample characteristics are summarized in table 1.

Table 1 – Characteristics of the study population

Characteristic	Number of patients	Percentage (%)
Gender		
Male	507	44.7%
Female	633	55.3%
ASA Classification		
Grade I	600	52.7%
Grade II	420	36.84%
Grade III	120	10.5%
Co-morbid illnesses*		
No illness/healthy	600	52.7%
Hypertension	336	29.47%
Diabetes mellitus	198	17.36%
Bronchial asthma	102	8.94%
Ischaemic heart disease	66	5.78%
Surgical grading		
Grade 1	78	6.84%
Grade 2	642	56.31%
Grade 3	432	37.89%
Grade 4	12	1.05%
Surgical procedure		
Inguinal herniotomy	288	16.8%
Thyroidectomy	60	13.6%
Para-umbilical herniotomy	24	8.4%
Hydrocelectomy	36	4.6%
Open reduction & internal fixation	24	4.3%

Table 2 – Investigations done compared with National guidelines and costs of nonrecommended investigations

Investigation (no. done)	Recommended (%)§	Not recommended (%)§	Price (Rs.)*
AST/ALT (72)	54 (75%)	18 (25%)	11880
PT/INR (394)	144 (48%)	150 (52%)	10500
2D Echo (132)	108 (71.12%)	24 (18.18%)	48,000
Blood sugar (864)	486 (56.25%)	378 (43.75%)	52,920
CXR (606)	300 (49.6%)	306 (50.4%)	183,600
Blood urea (876)	444 (50.7%)	432 (49.3%)	129,600
Serum creatinine (794)	414 (57.5%)	380 (42.5%)	116,280
FBC (1146)	600 (52.36%)	546 (47.64%)	196,560
ECG (882)	632 (71.8%)	250 (28%)	67,500
Total (5766)	3182 (55.18%)	2484 (43.08%)	806,140

The total excess cost incurred due to nonrecommended investigations during the study period was LKR. 806,140 (per patient LKR. 707.14), which is summarized in table 2. Investigations that did not comply with the guidelines were requested in most instances by either the HOs or MO-relevant units (Table 3).

Table 3 – Who requests the investigations non-compliant with the guidelines?

Investigation	HO	SHO	MO anaesthesia	Consultant Anesthetist
CXR (606)	325	264	14	3
ECG (882)	564	289	29	0
FBC (1146)	712	398	31	5
PT/INR (394)	152	230	12	0
Blood sugar (864)	472	362	28	2
Blood urea (876)	658	201	16	1
Serum creatinine (794)	406	351	36	1
AST/ALT (72)	51	18	3	0
2D Echo (132)	21	63	44	4

Discussion

Preoperative assessment is a key process in minimizing morbidity of surgery. Diagnostic studies should be used as an adjunct to findings obtained from a review of history and examination or ordered to ensure that clinically silent conditions which can influence perioperative outcome are detected.

Majority of our sample population were healthy patients undergoing intermediate grade surgical procedures. Junior members of the team with less experience were involved in planning investigations in most patients. Involvement of senior members of the team on planning investigations was minimal. When investigations were evaluated for adherence to guidelines, SGOT, SGPT, 2DECHO & ECG were the only investigations with good adherence (70%-100% compliance). It is mandatory in Sri Lanka that all patients have urine analysis, while ABG was requested only in one patient during the study period, resulting in these investigations demonstrating a good compliance to guidelines. ECG, FBC, RFT and blood grouping demonstrated moderate adherence (40-69% compliance). All other investigations demonstrated poor adherence (<40% compliance) to guidelines. A substantial excess cost is incurred by the hospital for unnecessary preoperative testing. This study was limited to the general surgical units thus actual total expenditure incurred due to unnecessary investigations by the hospital could be substantially higher.

When evaluating the source of testing orders noncompliant with guidelines the HOs and MO Anaesthesia/Registrar-Anaesthesia were responsible for nearly all such requests. Previous studies have demonstrated that selective ordering of preoperative investigations by specialist anesthesiologists reduces the number and cost of tests.¹² Other contributory factors were minimal utilization of guidelines, lack of awareness and performing investigations requested by all members of the team without supervision. In addition the HOs who were responsible for planning preoperative investigations in most patients demonstrated a poor knowledge on planning preoperative investigations for model case scenarios and also showed lack of awareness about the prices of investigations.

The results suggest that unnecessary laboratory testing during preoperative preparation of patients is still common. A substantial excess cost is incurred due to this. There is ample opportunity to rationalize testing practice and decrease testing related costs without altering outcome. We recommend Adoption of guidelines on preoperative investigations aiming to modify existing practices

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Title : Perceived Stress of Second Year Medical Students Before and After an End Module Examination.

Somasiri KG, Rajavarman R and NazeefaMohomed

Introduction: Learning in a university is a stressful experience; medical undergraduate course is more stressful than the other courses.

Faculty of Health-Care sciences (FHCS), Eastern University (EU) conducts a medical undergraduate course since 2006. In this course End Module Examinations (EME) are conducted at completion of each module.

Methods: Ethical clearance was obtained from the ethical review committee of the FHCS. A validated Tamil or Sinhala translation of Perceived Stress Scale (PSS) was self administered to volunteered students two weeks before and after a EME.

Paired t-test was done to compare mean PSS score before EME that with after EME. Independent t-test was done to compare mean difference of PSS score between male with female students

Results: There were 16 males and 37 females with age range of 21-24 years. Mean±SD of PSS score before the EME was 20.7±4.85 and it was 18.2±5.4 after EME. The difference was significant ($p=0.003$).

Mean PSS score of male and female was (20.3±5.13) and (20.9±4.8) before EME with a ($P=0.686$). Mean PSS score of male and female was (19.8±6.35) and (17.5±4.80) after EME with $p=0.223$. Mean PSS score of Tamil and Sinhala mother tongue was 18.3± 5.08 and 21.2±3.70 before EME with $p=0.059$. Mean PSS of Tamil and Sinhala mother tongue after EME was 17.1±4.6 and 17.0±5.37 respectively.

Conclusions: Perceived stress of second year FHCS, EU students are higher than the established norms in other countries. Perceived of stress of those students was higher immediately before an examination than after an examination.

Title: Knowledge and practice gap in primary prevention of non-communicable diseases among pre-intern doctors

Somasiri KG, Hearth HMTP and Rajakumaray JN

Introduction: Final outcome expected from learning is to change in behavior but expected change may not occur.

Objective: To find the knowledge practice gap in pre-interns and find the reasons for that in primary prevention of Non-Communicable Diseases (NCDs).

Methods: Study sample was pre-intern demonstrators in Faculty of Health-Care Sciences (FHCS), Eastern University (EUSL) in 2014. Focus group discussion was conducted to collect qualitative data. A questioner was self-administered to get demographic data. Qualitative data was analyzed using thematic analysis.

Results: Sample consisted of 6 females and 5 males with a mean age of 26.4 (SD= 0.674). 63.6% were resided in their homes during their student days. Majority stated that their health consciousness improved in relation to diet. While there was a reduction in amount of oil and carbohydrates consumption, refined food consumption was increased. There were attempts to increase consumption of fruits. They preferred fruits over snacks. Alcohol consumption was reduced in many ways. Most of them were not practiced relaxation methods in spite of acquiring knowledge.

The factors that hindered life style changes favorable for prevention of NCD were reluctance of family member to change, preparation of healthy foods is time consuming, non-refined foods are less palatable than instant foods, non-availability of non-refined food in the eating places, peer & social pressure to consume alcohol and lack of time to do exercises.

Conclusion: Pre-interns graduated from FHCS, EUSL have changed their life styles in favorable way to prevent NCD but there were limitations for practicing some desirable changes.

PROJECTIONS OF DIABETES MELLITUS IN A SAMPLE OF ADULTS IN BATTICALOA: A PILOT STUDY

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ABSTRACT

Introduction

The people with Diabetes Mellitus (DM) are increasing due to population aging, urbanization, increasing prevalence of obesity and physical inactivity. In order to prevent consequences of diabetes in the future, it is important to quantify the projections of diabetes and the number of people affected by it now. The objective of this study is to determine the projections of DM in a sample of adults in Batticaloa District.

Method

This descriptive cross-sectional study was conducted among 100 representative samples of adults aged 20 years and above by a multi-stage cluster sampling technique. Glycosylated hemoglobin (HbA_{1c}) was tested in all participants and their anthropometric parameters were also measured along with socio-demographic data.

Results

Forty percent (40%) of participants were known diabetics prior to HbA_{1c} testing in the study population. Based on HbA_{1c} results, pre-diabetes and diabetes were 20% and 34% respectively. Fifteen percent of participants were detected as pre-diabetics while 3% as diabetics. Among known diabetics (40%), nine percent were in pre-diabetes status while 31% as diabetes based on HbA_{1c} results. Statistical significant difference was found between pre-diabetes and diabetes with family history of DM and place of residence (urban and rural) ($P < 0.05$). Pre-diabetes and diabetes was higher in the urban population compared with rural (44% vs 10%).

Conclusion

About one fifth of sample is projected to be diabetes while known diabetics have strong association of family history and their place of residence.

Keywords

Diabetes Mellitus, Batticaloa district, projection