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AND

JOINT INTERNATIONAL CONFERENCE WITH

THE ROYAL COLLEGE OF SURGEONS OF EDINBURGH

AND

THE SAARC SURGICAL CARE SOCIETY

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ABSTRACTS OF THE

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Accepted abstracts

Contents

Oral Presentation

Contents

Oral Presentation

Contents

Oral Presentation

Contents

Oral Presentation

Contents

Poster Presentation

Contents

Poster Presentation

Contents

Poster Presentation

Contents

Poster Presentation

Contents

Poster Presentation

Contents

Poster Presentation

Contents

Poster Presentation

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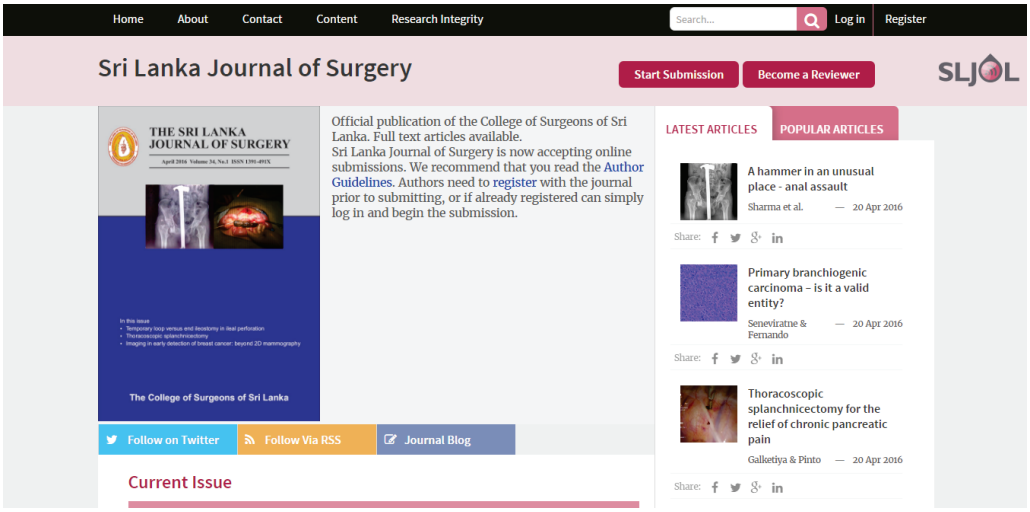

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ABSTRACTS

ORAL PRESENTATIONS

OP 11 Comparative Study on the Use of Technology Enhanced Medical Device in Treating Breast Cancer Related Lymphoedema.

S H M N J Senavirathna, W M R S Wijekoon, N T Jayalath, W S Sivapulle, D M C H B Dissanayake, H H M Gamage, K Wijesinghe

University Surgical Unit, Colombo South Teaching Hospital, Kalubowila.

Introduction

Breast cancer-related lymphoedema (BCRL) is a serious complication commonly treated with Manual Lymph Drainage (MLD). Intermittent Pneumatic Compression (IPC) devices, which use peristaltic mechanical gradients to mimic the muscle pump action, have been described as an adjunctive treatment.

Objectives

This prospective comparative pilot study aimed to assess the efficacy of combining MLD with a home-based IPC system versus MLD alone in the management of BCRL.

Methods

Adult females with stage I and II BCRL were divided into two cohorts. The MLD cohort (n = 13) self-administered MLD for 60 minutes daily. The interventional cohort (n = 14) underwent 30 minutes of MLD followed by IPC at 40 mmHg for 30 minutes. Clinical severity was defined as an inter-limb circumferential difference of >2 cm.

Results

Proximal limb oedema was significantly reduced in the MLD + IPC cohort (mean age 55.6 ± 8.8 years; mean BMI 25.7 ± 2.6 kg/m²; 100% post-mastectomy with ALND and adjuvant radiotherapy). Clinically significant lymphoedema decreased from 42.9% to 21.4%, as upper arm inter-limb discrepancy reduced from 2.32 ± 1.54 cm. In contrast, the MLD-only cohort experienced worsening proximal asymmetry (+0.34 cm). The MLD + IPC cohort also reported significant gains in mobility and quality of life.

Conclusion

The implementation of technology-enhanced medical devices in lymphoedema management is both timely and viable. Further large-scale trials are warranted to validate these protocols and establish standardised guidelines for integrated lymphoedema care.

OP 57 Validating the Efficacy of Preoperative BI-RADS Scoring for Breast Lesions: A Retrospective Surgical Cohort Study

W M R S Wijekoon, S Sothipragasam, S H M N J Senavirathna, W P A N Wijesinghe, D G U S Dehigama, W P L Kanchana

Colombo South Teaching Hospital, Kalubowila, Dehiwala

Introduction

The Breast Imaging-Reporting and Data System (BI-RADS) is a standardized tool used to assess the risk of breast malignancy on imaging. BI-RADS 4 and 5 lesions usually require tissue diagnosis, but imaging - histopathology correlation may vary across populations and institutions. This is important for multidisciplinary decision-making and surgical planning

Objectives

To determine the correlation between preoperative BI-RADS classification and final histopathology and to assess the positive predictive value (PPV) of high-risk BI-RADS categories in our surgical cohort.

Methods

A retrospective review of a prospectively maintained database was conducted. Sixty-three of ninety-nine patients had complete paired data on preoperative BI-RADS classification and definitive histopathology. Patient demographics, BI-RADS category, and histological outcomes were analyzed using descriptive statistics and cross-tabulation.

Results

The mean age of the population was 58 years. Mostconfirmed malignancies were invasive breast carcinomas. Among 5 patients with BI-RADS 3 lesions who underwent biopsy or surgery, 4 were diagnosed with malignancy. Of 24 patients classified as BI-RADS 4, 22 had confirmed cancer, yielding a PPV of 91.7%. Among 31 patients classified as BI-RADS 5, 29 had malignant histology, resulting in a PPV of 93.5%. All three BI-RADS 6 patients had histologically confirmed malignancy following surgical excision.

Conclusion

BI-RADS 4 and 5 classifications demonstrated excellent concordance with malignant histology, with PPVs comparable to international standards. The high malignancy rate observed in symptomatic BI-RADS 3 patients underscores the importance of clinical judgment. While BI-RADS is a reliable predictor of malignancy, tissue diagnosis remains essential when clinical suspicion persists.

OP 14 Axillo-Breast Versus Bilateral Axillo-Breast Endoscopic Thyroidectomy: A Randomized Quality-of-Life Study

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All India Institute of Medical Sciences, New Delhi

Introduction

For patients undergoing thyroid surgery, a visible neck scar remains a significant concern particularly among younger women who form the majority of this population. Endoscopic thyroidectomy was developed to address this, with the axillo-breast approach (ABA) and bilateral axillo-breast approach (BABA) emerging as the most commonly performed remoteaccess techniques. Despite their widespread use, no randomized trial has directly compared how patients feel after each procedure. This study aimed to fill that gap.

Methods

Sixty-six adult patients with indeterminate or benign thyroid cytology (Bethesda II/III) and gland volume under 40 mL were randomized to hemithyroidectomy via ABA (n=35) or BABA (n=31). Patient-reported quality of life was assessed using the SF-36 questionnaire and a thyroid-specific questionnaire at 2, 6, and 12 weeks after surgery. Operative outcomes, pain scores, complications, and hospital stay were also recorded.

Results

Overall quality of life was similar between groups at all time points ($p>0.05$). However, at 2 weeks, ABA patients reported notably less neck and chest numbness ($p=0.0028$) and greater freedom of neck movement ($p=0.004$). These early differences had fully resolved by 6 weeks. Operative time, blood loss, pain, and hospital stay were comparable, and neither group experienced major complications.

Discussion and Conclusion

Both techniques are safe and deliver equivalent long-term outcomes. Where they differ is in the early recovery experience - ABA patients feel more comfortable in the first two weeks.Surgeons can confidently offer either approach based on their expertise and individual patient Need.

OP 01 Implementation of an Electronic Orthopaedic Referral System Using a Hub-and-Spoke Model to Optimize Patient Management in Sri Lanka

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Introduction

Overcrowding at tertiary orthopaedic centres in Sri Lanka causes prolonged waiting times, unnecessary transfers, and inefficient resource use. We evaluated an electronic hub-and-spoke orthopaedic referral system to address these challenges.

Methods

Clinical data, investigations, and radiological images from a peripheral spoke hospital were electronically shared with a tertiary hub for remote review. Management plans were communicated back, with conservative cases managed locally and surgical cases transferred in a planned manner.

Results

Between 2024 and 2026, 4,306 patients were registered in the electronic database (485 in 2024, 2,674 in 2025, and 1,147 in 2026), with 8,149 documents uploaded across the network. A total of 1,793 surgeries were performed, of which 407 (22.7%) were conducted at the spoke hospital, reducing the burden on the hub. Planned transfers from spoke to hub numbered 227 over the study period. Morbidity occurred in 61 of 1,793 surgical cases (3.4%). Mortality was exceptionally low at 4 cases (0.22%), with zero mortality in 2024. Clinic visits exceeded 7,500, with over 1,600 occurring at the spoke hospital.

Discussion and Conclusion

The electronic hub-and-spoke orthopaedic referral system significantly decentralised surgical care, enabling nearly one-quarter of surgeries to be safely performed at peripheral hospital with low morbidity and minimal mortality. This model demonstrates that digital clinical data sharing can optimize patient flow, reduce unnecessary transfers, and maintain high safety standards in resource-limited settings, offering a scalable framework for orthopaedic care in similar healthcare systems.

OP 02 Salvaging the 'Unsalvageable' foot: A modified external fixation technique for complex diabetic Charcot arthropathy in a resource-limited setting

A W T R Siriwardana, Thushan Gunarathne, Hansani Hagodagedara, Joel Arudchelvam , Rezni cassim, R Gnanasekaram , M R A Rahuman

University Vascular & Transplant Unit of National Hospital of Sri Lanka

Introduction

In Sri Lanka, advanced diabetic Charcot foot ulcers with osteomyelitis often mandate primary amputation as standard reconstructive frames are often unavailable in our setting. We describe our experience in limb salvage of such patients using modified low-cost external fixator constructs.

Methods

A retrospective review of consecutive adults with complex diabetic foot ulcers and conventionally unsalvageable deformities was conducted from March 2024 - November 2025. All underwent sequestrectomy for osteomyelitis followed by placement of a modified low-cost external fixator.

Results

Mean age was 55.9 years, with 56% male (n=9). All had active osteomyelitis with septic arthritis; 89% had established Charcot neuroarthropathy with midfoot collapse. Post-debridement, the modified fixator provided immediate stability. Over a mean follow-up of 7.0 months (2–16), limb salvage was achieved in six patients (67%), four of whom (44%) attained complete wound healing at a mean of 10 months. Six-month amputation-free survival was 67% (95% CI 28–88%), with a median time to amputation of 4.5 months among failures. Overall patient survival was 100%. Complications included pin-tract infection (67%) and frame loosening requiring adjustment (89%). Three patients required major amputation at a mean of 4.8 months post-fixation.

Conclusion

This low-cost modified fixator achieved 67% six-month limb salvage in feet otherwise destined for amputation. Despite higher complication rates, it provides viable salvage where advanced reconstructive frames are unavailable.

OP 40 Carpal tunnel syndrome with negative nerve conduction studies- preliminary experience of a case series of surgical decompression

K S R Pushpakumara

General Sir John Kotelawala Defence University

Introduction

Carpal tunnel syndrome (CTS) is the commonest compressive neuropathy involving peripheral nerves. When clinical diagnosis of CTS is made, it is the common practice among clinicians to confirm it by nerve conduction studies (NCS), which has sensitivity up to 90%. Although NCS is not 100% sensitive nor specific, most surgeons are reluctant to proceed with carpal tunnel decompression (CTD) when NCS is not suggestive of CTS, but CTD remains the only long-lasting treatment option available, when conservative management fails. There is limited data about outcome following surgical treatment of this specific group of patients.

Methods

We studied eleven patients (twelve hands) with clinical pictures highly suggestive of CTS but negative NCS and underwent CTD following failed conservative management for 6 - 18 months. Informed consent was taken explaining that their NCS are negative.

Results

Following uncomplicated CTD, all except one had achieved complete or near complete symptomatic relief by the time they attended the clinic two weeks post op. The one with persistent symptoms had other possible explanations to pain, radiculopathy and depression.

Discussion

In our series, patients with clinically diagnosed CTS but negative NCS had a very good outcome following surgery. Though the number is small and more data is needed to draw firm Conclusions, we believe that surgery may be carefully considered in this subgroup of patients with NCS negative CTS.

OP 12 Improving Operative Note Documentation in General Surgery: A Completed Audit Cycle Based on Royal College of Surgeons Good Surgical Practice Guidelines

A A Salahudeen, H Lakram, S M T N Senanayake, L R P K B Udapamunuwa
National Hospital Kandy

Introduction

Operative notes are essential clinical and medico-legal records that facilitate postoperative management, communication, and continuity of care. This audit assessed compliance of documentation in general surgical wards with Royal College of Surgeons (RCS) documentation standards and evaluated the impact of an educational intervention on documentation quality.

Methods

A prospective clinical audit was conducted using an 18-parameter checklist based on RCS guidelines. Eighty-seven consecutive operative notes were assessed. Following identification of deficiencies, an educational session on operative note documentation was delivered to intern medical officers. A re-audit of 16 consecutive operative notes was subsequently performed.

Results

Documentation was poor for surgeon signature (2.0%), DVT prophylaxis (5.1%), estimated blood loss (8.2%), anaesthetist details (24.5%), and operative diagnosis (29.6%). Following the educational intervention, overall compliance improved from 50.8% to 72.8%. The greatest improvements were observed in operative diagnosis (29.6% to 87.5%), date of procedure (55.1% to 100%), time of procedure (31.6% to 68.8%), and closure technique (70.4% to 100%). Full compliance was achieved for documentation of the date of procedure, surgeon and assistant details, procedure name, closure technique, and postoperative instructions. Estimated blood loss, surgeon signature, and DVT prophylaxis remained poorly documented.

Discussion and Conclusion

Completion of the audit cycle demonstrated substantial improvement in operative note documentation following a targeted educational intervention. Persistent deficiencies in several parameters highlight the need for continued education, standardized digital operative note proformas, and regular re-audit to maintain improvements in documentation quality.

OP 08 Knowledge, Attitudes, and Preparedness for Integrating Artificial Intelligence in a General Surgical Setting

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Introduction

Artificial Intelligence (AI) is entering surgical practice through risk prediction, computer vision, and clinical decision support. A translational gap persists between AI capability and clinician readiness in low and middle income settings. This study assessed AI knowledge, attitudes, and preparedness among the multidisciplinary surgical team in a tertiary care general surgical setting.

Methods

A hospital based, cross sectional, descriptive survey was conducted in general surgical units of a tertiary care hospital. Eighty staff (40 doctors, 40 nursing) completed a 15 item questionnaire adapted from the ARIES framework, covering knowledge, attitudes, ethics, infrastructure, and teamwork. Three experts confirmed content validity (S-CVI > 0.90). Descriptive statistics were calculated in SPSS.

Results

Overall AI readiness was moderate (3.30 Â± 0.33/5), with knowledge (2.77) and institutional readiness (3.22) the weakest domains, and attitudes (3.66) the strongest. Two-thirds (69%) had previously used AI tools. Only 44% understood AI basics, and 20% were aware of current surgical AI applications. 78% were optimistic about AI's future role and 72% believed it would improve patient safety, although only 42% trusted AI-driven decision support. Just 11% felt the digital infrastructure could support AI. Yet 92% expressed willingness to attend formal AI training. Cost (57%), liability (49%), and algorithmic bias (48%) were the leading perceived barriers.

Discussion and Conclusion

Most studies omit nurses despite their central role in patient care and overall management; their inclusion ensured a team perspective. Targeted training and infrastructure investment are essential before AI integration.

OP 39 Are We Using What We Open? - A Prospective Observational Study on Theatre Instrument Utilization

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Introduction

Surgical procedures account for over 60% of total hospital expenditure, with approximately 15% spent on surgical instruments. Despite this, evidence suggests that less than 30% of prepared instruments are actually used. This Results in unnecessary time consumption and costs.

Methods

A prospective observational study was conducted across 7 commonly performed surgical procedures in a tertiary care setting. For each procedure, the total number of instruments prepared on the standard tray was compared with those actually used intraoperatively. Median instrument utilization was calculated as a percentage. Both elective and casualty surgeries were included.

Results

Instrument utilization varied across procedures. Cholecystectomy and WLE/mastectomy demonstrated the lowest utilization rates (56.3% and 56.6%, respectively), indicating considerable overpreparation, with nearly half of the instruments remaining unused. Appendicectomy and hernia repair showed moderate utilization (66.6% and 73%, respectively), while Incision and Drainage procedures demonstrated high utilization (90.9%), reflecting more focused instrument selection. Thyroidectomy also showed good efficiency, with a utilization rate of 87%. Importantly, there was no significant difference in instrument utilization between elective and casualty procedures, indicating that over-preparation was consistent regardless of surgical urgency.

Discussion and Conclusion

This study demonstrates that a significant proportion of instruments prepared for surgical procedures remain unused, highlighting inefficiencies in current tray design. The similar utilization patterns observed in both elective and casualty surgeries suggest that overpreparation is a systemic issue rather than one driven by procedural urgency. Using local utilization data to rationalize instrument trays may reduce unnecessary sterilization, lower costs, and improve overall operating theatre efficiency.

OP 18 Tranexamic acid plus standard therapy versus standard therapy alone for upper gastrointestinal bleeding: A double-blind randomized controlled trial

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Jawaharlal Institute of Postgraduate Medical Education and Research

Introduction

Upper gastrointestinal bleeding (UGIB) is a common medical emergency associated with substantial morbidity, and mortality. Despite advances in endoscopic and pharmacological management, rebleeding remains a significant challenge. Tranexamic acid (TXA), an antifibrinolytic agent, may help reduce bleeding and improve outcomes. This study evaluated the efficacy of TXA infusion in addition to standard therapy for controlling UGIB.

Methods

This double-blind, randomized controlled trial enrolled 252 adults with suspected or confirmed UGIB between January 2024 and July 2025. Participants were randomized equally to receive either TXA infusion plus standard care (intervention group, n = 126) or normal saline placebo plus standard care (control group, n = 126). The primary outcome was successful bleeding control within 6 hours.

Results

Baseline demographic and clinical characteristics were comparable between groups. Immediate bleeding control rates were similar in the intervention and control groups (86.5% vs. 85.7%, p = 0.855). However, TXA significantly reduced rebleeding within 72 hours (8.7% vs. 23.0%, p = 0.002), blood transfusion requirements (0.88 ± 1.19 vs. 1.29 ± 1.44 units, p = 0.016), and ICU admissions (18.3% vs. 29.4%, p = 0.038). No significant differences were observed in ICU stay duration, hospital stay, or mortality.

Discussion and Conclusion

Although TXA did not improve initial bleeding control, it significantly reduced rebleeding, transfusion requirements, and ICU admissions. TXA may be a useful adjunct to standard UGIB management, improving short-term clinical outcomes and reducing resource

OP 45 Long-Term Outcomes of Laparoscopic Heller's Myotomy for Achalasia Cardia: A Single GI Surgical Unit Experience

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Introduction

Laparoscopic Heller's myotomy (LHM) is the surgical treatment of choice for achalasia cardia, providing durable symptom relief with low morbidity. This study evaluated the long-term outcomes of patients undergoing LHM in a single gastrointestinal surgical unit in Sri Lanka.

Methods

A retrospective review was conducted of all patients who underwent surgery for achalasia cardia between June 2009 and January 2023. Demographic characteristics, operative details, postoperative outcomes, complications, and follow-up data were analyzed. Patients underwent either LHM alone or LHM with fundoplication.

Results

Thirty-six patients were included, comprising 23 males and 13 females, with a mean age of 43.8 years (range 13- 82 years). Eight patients underwent LHM alone and 28 underwent LHM with fundoplication. Mean operative time was 151.2 minutes (range 60- 210; n=32), mean postoperative hospital stay was 3.3 days (n=32), and mean intraoperative blood loss was 35.6 mL (range 5- 230; n=30). Three postoperative complications occurred: one deep vein thrombosis, one pneumothorax, and one readmission for an infected pelvic hematoma requiring laparotomy and drainage. Follow-up data were available for 28 patients, with a mean duration of 15.5 months (range 1- 120). Gastro-oesophageal reflux disease occurred in two patients and recurrent dysphagia in three.

Conclusion

LHM is a safe and effective treatment for achalasia cardia, with low morbidity, minimal blood loss, short hospital stay, and satisfactory long-term symptom control in a Sri Lankan GI surgical unit.

OP 54 Epidemiological Patterns and Temporal Trends of Oesophageal Carcinoma Subtypes in a Sri Lankan Cohort

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National Cancer Institute, Maharagama

Introduction

Oesophageal cancer demonstrates distinct epidemiological patterns across histological subtypes, primarily adenocarcinoma and squamous cell carcinoma (SCC). This study evaluated associations of age, gender, and year of diagnosis with histological subtype.

Methods

A retrospective analysis done on patients(n=675) diagnosed between 2014-2026, at National Cancer Institute-Maharagama. Descriptive statistics, and chi-square tests assessed associations between histology and age, gender and year of diagnosis.

Results

Of 675 cases, 287(42.5%) were adenocarcinoma and 388(57.5%) SCC. The mean age at diagnosis was lower in adenocarcinoma compared to SCC (60.4 ±11.0 vs 62.5 ±9.11years). Age showed a significant association with histological subtype (χ^2=78.6, df=55, p=0.020), with adenocarcinoma relatively more common in younger(<50years) and SCC predominating in older (>60years) age groups. A significant association was observed between sex and histology (χ^2=27.0, df=1, p<0.001). Adenocarcinoma was strongly male-predominant (male: female, 231:54), whereas SCC demonstrated a comparatively higher proportion of females (male: female, 240:144). Although SCC predominated in earlier years, subtype distribution became more comparable in recent years. However, no significant association was found between year and histology (χ^2=17.8, df=12, p=0.123)

Discussion

SCC is the predominant subtype and presents in older patients with a relatively narrower age distribution, while adenocarcinoma occurs at a younger age with broader variability. Both age and sex are significantly associated with histological subtype. Despite the absence of a significant temporal association between year and histological subtypes, their distribution becoming comparable in recent years could suggest an epidemiological pattern change within this cohort.

Conclusion

These findings support the role of demographic factors in oesophageal cancer epidemiology.

OP 15 Pathological Analysis of Endobronchial Metastases from Extrapulmonary Malignancies

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Introduction

Endobronchial metastases from extrapulmonary malignancies are uncommon but clinically important lesions that may mimic primary lung cancers. This study evaluated the clinicopathological characteristics of these lesions diagnosed at a national referral center in Sri Lanka.

Methods

A retrospective descriptive study was conducted using pathological records from the National Hospital for Respiratory Diseases, Sri Lanka. All endobronchial tumour biopsies with confirmed or suspected extrapulmonary metastatic origin from 2022-2025 were included. Data on age, gender, primary tumour origin, histopathological diagnosis, anatomical location, and tumour size were analyzed.

Results

Thirty-two endobronchial metastatic tumour biopsies were identified. Females predominated (75%), with a female-to-male ratio of 3:1. Most patients were aged ≥60 years (50%), followed by 40-59 years (43.8%). Colorectal malignancies were the commonest primary source (18.8%), followed by breast carcinoma (15.6%). Cervical carcinoma and sarcomas each accounted for 12.5%, while renal and thyroid malignancies contributed 6.3% each. In 21.9% of cases, the primary origin was uncertain.

Metastatic adenocarcinoma was the predominant histological subtype (56.3%), followed by squamous cell carcinoma (15.6%) and sarcomatous lesions (12.5%). Right-sided involvement was most frequent (62.5%), while tracheal or central airway lesions accounted for 12.5%. Most tumours were small (<5 mm) (75%).

Conclusion

Endobronchial metastases predominantly affected older females and commonly originated from colorectal, breast, and cervical malignancies. Awareness of these patterns is important in differentiating metastatic disease from primary lung malignancies and guiding clinical management.

OP 05 Surgical Management of Pulmonary Fungal Infections in Sri Lanka

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Introduction

Pulmonary fungal infections, particularly aspergilloma, remain important causes of haemoptysis and chronic respiratory morbidity. Surgical resection offers definitive management in selected patients.

Methods

A retrospective descriptive study was conducted on patients who underwent surgery for pulmonary fungal infections from 2016-2026. Demographic characteristics, presenting symptoms, duration of antifungal therapy, operative details, peri-operative outcomes and complications were analyzed

.

Results

Fifty-four patients underwent surgical management. Mean age was 50.8 years (range 14â€“69 years). There were 34 males (63.0%) and 20 females (37.0%). Right-sided disease occurred in 29 patients (53.7%), left-sided disease in 24 (44.4%) and bilateral disease in one (1.9%). Haemoptysis was the commonest presenting complaint (61.1%), followed by shortness of breath (38.9%), cough (31.5%) and acute bleeding (11.1%). One patient had coexisting malignancy. Lobectomy was the commonest procedure (64.8%), followed by segmentectomy (9.3%), pneumonectomy (3.7%), wedge resection (3.7%) and decortication or biopsy procedures (18.5%). Postoperative complications included bleeding (12.7%), fungal empyema (11.3%), pneumonia (8.9%), prolonged air leak (5.4%) and stump recurrence (1.9%). Pre-operative antifungal therapy for six weeks was administered to 48 patients (88.9%) and it was associated with statistically significant reduction in postoperative bleeding ($p<0.05$) and prolonged air leak ($p<0.05$), resulting in shorter ICU and hospital stay. Overall mortality was three patients (5.6%).

Conclusion

Pre operative antifungal therapy together with minimally invasive thoracoscopic techniques reduced perioperative morbidity and recovery time in this cohort.

OP 20 Spectrum and outcomes of pediatric thoracic surgery in National Congenital Cardiothoracic Centre in Sri Lanka

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Introduction

This study summarizes the spectrum, volume and outcomes of pediatric thoracic surgical procedures performed at the Congenital Cardiothoracic Centre, Lady Ridgeway Hospital, Sri Lanka.

Methods

A retrospective descriptive analysis was conducted on thoracic surgical cases performed between February 2022 and September 2025. Data included patient demographics, procedure type, surgical approach (open vs video-assisted thoracoscopic surgery [VATS]), indications, postoperative intensive care unit (ICU) stay, hospital stay and mortality. Inclusion criteria were all cases operated on by thoracic surgeons at the Cardiothoracic Unit. Cases performed by general paediatric surgeons and congenital cardiac surgeons were excluded.

Results

A total of 118 thoracic procedures were performed, including 18 flexible bronchoscopies. After excluding bronchoscopies, 100 surgical cases were analyzed. Patient age ranged from 18 days to 16 years. Open surgeries accounted for 36% of cases, predominantly thoracotomy with excision or lung resections (72.2%). Anatomical lung resections included lobectomies, bilobectomies and segmentectomies, mainly for congenital pulmonary airway malformations, infections, congenital lobar emphysema and tumors.

VATS constituted 64% of procedures, including pleurodesis (11.6%), decortications (40%), biopsies (17.1%), lung resections (18.7%), mediastinal excisions (12.5%) and diaphragmatic plication. VATS washout and decortication (40%) were the most common minimally invasive procedures. ICU stay ranged from 24-48 hours for VATS and 48-72 hours for open surgeries. Hospital stay ranged from 4-10 days. Overall mortality was 2.54%.

Conclusion

In this lower middle income setting, minimally invasive thoracic surgery predominated. VATS was safe and effective with acceptable morbidity and low mortality.

OP 51The significance of Preoperative Urine cultures for patients undergoing urterorenoscopy/ PCNL in predicting post operative SIRS : An ambispective study

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Post Graduate Institute of Medicine, Colombo

Introduction

The predictive value of preoperative urine culture (PUC) for postoperative infectious complications following percutaneous nephrolithotomy (PCNL) and ureteroscopy (URS) remains controversial. This study evaluated the importance of PUC in predicting postoperative systemic inflammatory response syndrome (SIRS).

Methods

An ambispective observational study was conducted from November 2025 to April 2026 at a tertiary care centre. A total of 105 patients undergoing URS or PCNL were included (5 retrospective and 100 prospective cases). Demographic characteristics, comorbidities, preoperative urine culture Results, and postoperative SIRS were analysed.

Results

The mean patient age was 50.9 years, with a male predominance (83males, 21 females). Most patients were non-diabetic (n=83), and 92 had confirmedstone disease. Procedures performed included 75 URS and 42 PCNL cases,predominantly unilateral. Preoperative urine cultures showed no growth in 84 patients, Heavy Mixed Growth (HMG) in 13, and Escherichia coli in 8. Postoperatively, 9 patients (8.6%) developed SIRS, while 96 (91.4%) had an uncomplicated recovery. Among SIRS cases, 2 had negative cultures, 2 had HMG, and 3 had E. coli. Culture-positive patients demonstrated a significantly higher incidence of postoperative SIRS compared with culture-negative patients (Fisher'sexact test, p=0.0033; Chi-square test, p=0.0024). No significant difference was observed between HMG and E. coli cultures in predicting SIRS, despite targeted perioperative antimicrobial prophylaxis.

Conclusion

Preoperative urine culture is a significant predictor of post-procedural SIRS following URS and PCNL. However, targeted prophylaxis based on culture results does not completely prevent SIRS, highlighting the need for improved perioperative infection prevention strategies.

OP 31 Temporal and Circadian Patterns of Ureteric Colic Admissions in General Surgery Wards

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Introduction

Ureteric colic contributes substantially to the acute surgical workload in Sri Lanka. While circadian variation in renal colic presentations has been described in emergency department settings internationally, ward-based temporal admission patterns in Sri Lanka remain poorly characterised.

Methods

A prospective descriptive observational study was conducted in the general surgery wards of Teaching Hospital Sri Lanka from February to May 2026. Consecutive adult patients admitted with ureteric colic-type pain were included using a pragmatic clinical case definition (n = 86). Admission time was obtained from bed head tickets, and symptom onset time was recorded from clinical documentation or structured patient recall. Temporal distribution was analysed across hourly intervals and four time periods (night, morning, afternoon, evening).

Results

Patients were predominantly male (57.0%) with a mean age of 43.1 years. Admissions peaked at 12:00, with the morning period accounting for the highest proportion (34.9%). Symptom onset data were available in 67 patients, peaking at 07:00. Although 32.8% experienced nocturnal onset, only 15.1% were admitted overnight, indicating delayed presentation until morning hours. The median onset-to-admission interval was approximately four hours; 70.0% presented within six hours, while 12.0% presented after 24 hours. Most patients received medical expulsive therapy, and 83% showed clinical improvement at discharge.

Conclusion

Ureteric colic admissions demonstrate a clear morning predominance driven by delayed presentation following nocturnal symptom onset. These findings have implications for staffing patterns, analgesia readiness, and public education on early presentation for acute urological pain.

OP 06 Postoperative and Oncological Outcomes of Minimally Invasive versus Open Radical Chole cystectomy: A Comparative Study

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Introduction

Radical cholecystectomy is the standard surgical treatment for resectable gallbladder cancer (GBC). With increasing adoption of minimally invasive surgery (MIS), concerns remain regarding its oncological adequacy. This study compares perioperative and oncological outcomes of minimally invasive (laparoscopic/robotic) versus open radical cholecystectomy.

Methods

A retrospective analysis of a prospectively maintained database was conducted at a single tertiary center between December 2020 and June 2025. Patients with T1b-T3 GBC undergoing radical cholecystectomy were included. Exclusion criteria comprised T4 disease, intraoperative abandonment due to advanced disease, need for major hepatectomy, bile duct excision, multivisceral resection, non-adenocarcinoma histology, and inflammatory pathologies. Standardized surgical techniques included wedge liver resection with a 2 cm margin and lymphadenectomy (stations 8, 12, and 13a). Postoperative management followed ERAS protocols, and adjuvant chemotherapy was administered based on pathological risk factors.

Results

MIS demonstrated improved perioperative outcomes, particularly reduced hospital stay, without increasing morbidity. Lymph node yield was comparable between MIS and open groups (median 13 [12–18] vs 11 [7–16]; p=0.87), , confirming oncological adequacy. R0 resection rates were similar across groups. At a median follow-up of 28-months (range 6–57), follow-up duration was longer in the open group (34-months) compared to MIS (20 months). The estimated 3-year disease-free-survival was higher in the MIS group (78.6%) compared to the open group (64.7%). Recurrence patterns were comparable, and notably, no port-site recurrences were observed.

Conclusion

Minimally invasive radical cholecystectomy is a safe and feasible approach for T1b–T3 GBC, offering superior perioperative recovery without compromising short-term oncological outcomes.

OP 19 Immediate Oral Refeeding Compared to Hunger Based Refeeding and Conventional Oral Refeeding in Patients with Mild and Moderate Acute Pancreatitis - A Multi-Arm Randomized Controlled Trial

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Introduction

This study aimed to evaluate the effect of immediate oral refeeding (IOF) compared to hunger based oral refeeding (HBORF) and conventional refeeding (CRF) in patients with mild and moderate acute pancreatitis (AP)

Methods

In this prospective multi-arm randomized control trail, AP patients were randomized into one of the three feeding groups. Regardless of symptoms, those in IOF group were started on low fat solid diet as soon as they were admitted. Those on HBORF, liquid diet was started when patient felt hunger and gradually increased to semisolids and solids. Patients in CRF were started on liquid diet when clinical and laboratory parameters were normalized and gradually escalated to semisolids and solids. LOH ICU admission readmissions pain relapse need for interventions were analyzed

Results

A total of 186 patients with mild or moderate AP were randomized into IOF, CRF and HBORF. The median LOH in CRF, IORF and HBORF groups were 3 (IDR 4.25), 2 (IQR 4.25) and 2 (IQR 3). The LOH was significantly low with IORF compared to CRF (p- 0.016). There was no significant difference between IORF- HBORF and CRF â€“ HBORF. Sub group analysis among mild and moderate AP patients revealed no significant difference in LOH among groups. There was no significant difference in pain relapse, complications, interventions, ICU admission and readmissions.

Conclusion

In mild and moderate AP, IORF reduces LOH compared to CRF. There is no significant difference between IORF, CRF and HBORF in terms of ICU admission, readmissions, pain relapse and need for interventions

OP 24 Solid Pseudopapillary Neoplasms of the Pancreas: Clinical Outcomes Across a Disease Spectrum

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Introduction

Solid pseudopapillary neoplasms (SPNs) are rare, low-malignant-potential pancreatic tumors predominantly affecting young women. While outcomes after resection are generally excellent, a subset exhibits aggressive behavior. We report a case series from a hepatopancreatobiliary center in Sri Lanka, describing clinical features, management, and outcomes.

Methods

A retrospective analysis of a prospectively maintained database was performed. Demographic data, tumor characteristics, surgical procedures and clinical outcomes were analyzed.

Results

All 12 patients were female, with a mean age of 28.9 years (range 15â€“49). Abdominal pain was the most common presentation (8/12), followed by a palpable mass (2/12); two were asymptomatic. Tumors most frequently involved the pancreatic neck (n=8), followed by the body (n=2) and head(n=2). Mean tumor size was 65.4 mm (range 15â€“160 mm). Preoperative tissue diagnosis was obtained in eight patients via endoscopic ultrasound-guided biopsy. Eight patients had localized disease without metastasis or vascular invasion. Surgical procedures included subtotal pancreatectomy (n=3), pancreaticoduodenectomy (n=2), and laparoscopic-assisted extended distal pancreatectomy with splenectomy (n=3). All resected patients achieved R0 margins and remained recurrence-free. Immuno histochemistry showed Î²-catenin and synaptophysin positivity with chromogranin negativity. Two patients with advanced disease died; two under surveillance showed no progression.

Discussion and Conclusion

SPNs demonstrate excellent outcomes following complete resection, even in resource-limited settings. A subset presents with advanced disease, underscoring the importance of early diagnosis, while selected small lesions may be safely monitored.

OP 09 Role of Laparoscopy in Managing Hemoperitoneum after Angioembolization for Solid Organ Injury

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Introduction

High-grade liver and splenic injuries following BTA are increasingly managed non-operatively, with angioembolization. Despite successful embolization, massive hemoperitoneum may persist, leading to abdominal distention, pain, delayed enteral intake, and prolonged hospital stay. Laparoscopic peritoneal lavage with drain placement provides a minimally invasive adjunct that may enhance recovery. This study evaluates the role of laparoscopy compared with standard NOM after angioembolization in selected trauma patients.

Materials and Methods

This prospective study was conducted in the Department of Trauma Surgery, KGMU, Lucknow, from July 2024 to June 2025. Thirty-nine hemodynamically stable patients with high-grade solid organ injuries were analyzed. Group A (n=12; 4 Grade IV liver, 8 Grade V splenic) underwent CT-guided angioembolization followed by laparoscopic peritoneal lavage with drain placement for persistent hemoperitoneum. Group B (n=27; 10 Grade IV liver, 17 Grade V splenic) underwent angioembolization with NOM. Outcomes compared included symptom relief, time to oral feeding, hospital stay, complications, and mortality.

Results

Group A demonstrated faster recovery, with earlier relief of abdominal distention (24-36 hrs vs. 72-96 hrs), shorter hospital stay (7.2 ± 1.5 vs. 11.6 ± 2.3 days, $p<0.05$), and earlier oral feeding (2.1 ± 0.8 vs. 4.3 ± 1.1 days, $p<0.05$). Complications were fewer in Group A (1 minor wound infection) compared with Group B (3 secondary infections). No mortality occurred in either group.

Conclusion

Laparoscopic peritoneal lavage with drain placement is a safe and effective adjunct following angioembolization in high-grade solid organ trauma. It accelerates recovery, decreases complications, and shortens hospital stay compared with standard NOM.

OP 21 Role Of Infrared Thermography in Early Detection of Perfusion Compromise in Degloving Injury

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Introduction

Early recognition and intervention is vital to avoid complications in cases of degloving injuries. Clinical examination is the standard method to assess the vascularity in degloved skin. Thermal imaging is a promising objective technique to monitor skin perfusion. In present study, role of infrared thermography is evaluated for perfusion assessment of degloved skin.

Methods

All the patients with degloving injuries who presented within 24 hours of injury were included in the study. Thermal image of the degloved skin flap were taken on day of presentation and next two days on either side of the suture line to see if there was any change in temperature. A mean temperature difference of the degloved skin flap and normal skin was calculated on all three days. Simultaneously, the degloved skin was monitored clinically for the line of demarcation.

Results

30 patients with degloving injuries were included in the study. It was observed that there was a greater difference in temperature of normal skin and degloved skin in patients in whom the degloved skin subsequently got compromised and required some form of intervention. The mean temperature difference on day 1, 2 and 3 was found to be 2.630, 4.050 and 4.950 in compromised degloved area. At a cut-off ΔT of 1.790 C, the thermal camera was found to have a sensitivity of 85% and a specificity of 99.4%.

Conclusion

Using infrared thermography, degloved skin, which subsequently became compromised, was detected earlier than with clinical examination, with good sensitivity and specificity.

OP 41 Enhanced recovery after surgery (eras) vs. standard care in patients undergoingemergency laparotomy following trauma: A randomized controlled trial

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Introduction

This Study was carried out to evaluate the feasibility, efficacy and safety of ERAS pathways in patients undergoing emergency laparotomy following trauma

Methods

This open-labelled, superiority randomized controlled trial was carried in patients undergoing emergency laparotomy following trauma. Patients assigned to standard care or adapted ERAS groups using block randomization. Patients requiring immobilization due to associated orthopedic or brain injury, ASA class 4E were excluded. Components of adapted ERAS protocol included epidural analgesia, goal-directed fluid therapy, avoidance of opioids, early mobilization, early removal of tubes, drains and catheters, and early enteral feeding. The length of hospitalization (LOH) and functional recovery parameters, were analyzed between two groups.

Results

A total of 31 patients in standard care and 30 in adapted ERAS group were randomized, and were comparable in demography, indication for laparotomy and modified shock index. The LOH in ERAS group was shorter (12 vs 16 days), however, it was not statistically significant ($p>0.05$). Patients showed reduction in time (days) to first flatus (2 vs 3), first stools (2.5 vs 4) in ERAS group. Patients in standard care had significantly higher rate of paralytic ileus (81% vs 23%, p-0.001) and pulmonary complications (44% vs 16%, p-0.02). ERAS group had their abdominal drain removed earlier (6 vs 7 days) and started on early oral feed (3 vs 4 days).

Conclusion

Adapted ERAS pathways significantly reduce Paralytic ileus and pulmonary complications in patients undergoing emergency laparotomy for trauma. It considerably reduces the LOH with no adverse events in 30 days after discharge.

OP 43 Long-term outcomes of cranioplasty in trauma survivors: A 10-year follow-up study

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Introduction

Cranioplasty (CP) is performed to reconstruct skull defects following decompressive craniectomy. The study aimed to evaluate surgical details, complications, and outcomes following cranioplasty in trauma patients over a long-term follow-up.

Methods

A descriptive cross-sectional study design was used. Data were collected through structured interviews using a pre-designed questionnaire.

Results

A total of 40 patients were contacted, and 57.5% were alive at follow-up. The mean age of participants was 42.32±14.51 years, with a male-to-female ratio of 3:1. Frontotemporoparietal decompression was performed in 85%, and bifrontal decompression in 15%. Autologous bone was used in 86.8%. Revision surgery was required in 21.5% of patients, primarily due to bone resorption(8.6%) and implant failure(4.3%). Among survivors,27.5% reported improved quality of life, and 48% had returned to work or school. Only 26% of the survivors required assistance in daily activities. Memory issues, problem-solving difficulties, and cosmetic concerns were reported by 39%, 8%, and 32%, respectively. Age was significantly associated with quality-of-life improvement ($p=0.041$) and type of surgery performed ($p=0.036$). Material type was significantly associated with return to work or school ($p=0.016$), while surgical site pain was associated with cognitive issues ($p=0.034$).

Discussion and Conclusion

CP after brain injury shows mixed long-term Results. Many had pain, memory problems, or cosmetic concerns, but almost half returned to work or school. Age, type of surgery, and implant material affected recovery, highlighting the need for individualized care.

OP 17 Realigning Surgical Resources Through Nurse-Led Trauma Outpatient Clinic: A Before-After Service Evaluation of Clinical Outcomes and Workforce Impact

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Introduction

Physician-led trauma outpatient clinics spend a disproportionate amount of consultation time on routine, low-complexity review visits. This narrows the time available for complex polytrauma cases and leaves holistic psychosocial assessment incomplete. We evaluated a nurse-led trauma outpatient clinic at a tertiary academic trauma centre, designed to reallocate this surgical resource while improving patient assessment.

Methods

This was a prospective service evaluation with a before-after design at a tertiary academic trauma centre. Baseline data (November 2025 to January 2026) were collected from a physician-only clinic. After a four-month, eight-module multidisciplinary nurse training programme, standardised documentation protocols, and nursing governance frameworks were established, a nurse-led clinic was introduced in February 2026 for lower-complexity review visits. Outcomes included physician review visit burden, holistic screening compliance, and patient satisfaction.

Results

Physician review visit burden fell by 61%. Frailty screening compliance rose from 8.0% to 72.7%. Return-to-work assessment completion increased from 37.7% to 100%, with zero onward referrals clinically indicated. Psychological trauma screening reached 100% in the nurse-led cohort, though sample size was small. Patient satisfaction was maintained or exceeded across both clinics (nurse-led: 9.76/10; physician-led: 9.17/10).

Discussion and **Conclusion**

A nurse-led clinic can manage routine trauma follow-up while surgeons concentrate on cases that need specialist input. The clinical gains in frailty and return-to-work assessment point to a practical finding: holistic care is completed more reliably when the workflow requires it, not when it is left to individual discretion. The model is applicable across multidisciplinary trauma services where surgical time is a constrained resource.

OP 44 Drivers of Financial toxicity in Chronic Limb-Threatening Ischemia - A first report from Sri Lanka using the COST-FACIT instrument

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Introduction

Chronic limb-threatening ischemia (CLTI) requires complex care. Despite Sri Lanka's universal healthcare, patients face substantial indirect and out-of-pocket expenditure (OOPE) leading to financial toxicity (FT). The Comprehensive Score for Financial Toxicity (COST-FACIT) is a validated tool to quantify FT. This first-ever study from Sri Lanka utilizes the COST-FACIT to assess FT and identify its sociodemographic predictors in CLTI patients.

Methods

A cross-sectional analytical study was conducted on CLTI patients awaiting revascularization at the NHSL. FT was measured using the validated COST-FACIT.

Results

Mean age was 63.8 years with male predominance (62.3%, n=130). Socioeconomic vulnerability was pronounced: only 26.2% had education beyond secondary school, 71.5% reported a monthly household income below the national average (SLR 76,414). Critically, 40.8% had stopped working due to their illness. A striking 73.1% reported no prior Discussion with their healthcare provider regarding potential OOPE.

The mean COST-FACIT score was 14.8±7.6, indicating a high overall burden of FT. Moderate-to-severe FT (COST-FACIT $\leq$13) was present in 47.7% (n=62) of the cohort. Lower household income ($p<0.01$) and lower educational attainment ($p<0.05$) were independent predictors of worse FT (multivariate analysis). Furthermore, illness-related unemployment, reliance on family for medical expenses, and perceived inadequacy of savings were all significantly associated with greater financial toxicity. COST-FACIT demonstrated good internal consistency in this cohort (Cronbach's α=0.86).

Conclusion

FT is common among patients with CLTI and largely driven by socioeconomic vulnerability. Integrating financial risk assessment into standard CLTI management is essential to improve holistic patient outcomes.

OP 22 Infra-Inguinal Angiographic Patterns in Patients with Chronic Kidney Disease and Chronic Limb-Threatening Ischemia and Implications for Endovascular Outcomes: The first Sri Lankan Study

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Introduction

Chronic kidney disease (CKD)-associated Chronic Limb-Threatening Ischemia (CLTI) presents unique revascularization challenges, yet the anatomical implications of CKD and their impact on outcomes remain under-studied in Sri Lanka. This study compared infra-inguinal angiographic patterns and angioplasty outcomes between CLTI patients with and without CKD.

Methods

A retrospective cross-sectional study evaluated 175 CLTI patients (Rutherford stage 4), comprising 58 CKD patients and 117 non-CKD controls.

Results

Non-CKD patients more commonly presented with intermittent claudication (24.5% vs. 20.0%, p>0.05), whereas CKD patients had higher rates of rest pain (51.8% vs. 41.8%, p>0.05) and tissue loss (94.8% vs. 92.7%, p>0.05). Diabetes prevalence exceeded 90% in both groups. CKD patients demonstrated more severe infra-popliteal disease (GLASS IP score ≥3: 43.1% vs. 37.6%, p=0.048), while severe femoropopliteal disease was more frequent in non-CKD patients (GLASS FP score ≥3: 23.9% vs. 8.6%, p=0.015). CKD patients showed significantly greater anterior tibial artery stenosis (67.2% vs. 50.0%, p=0.031), occlusive disease in posterior tibial artery (74.1% vs. 59.0%, p=0.049), poor distal runoff (96.6% vs. 85.3%, p=0.025), and severe pedal arch disease (GLASS P2) (51.2% vs. 24.3%, p=0.002). Following angioplasty, CKD patients demonstrated lower technical success (62.5% vs. 80.0%, p=0.125), reduced overall survival (17.39 vs. 20.36 months, p=0.146), and poorer amputation-free survival (13.99 vs. 18.00 months, p=0.806).

Conclusion

CKD-associated CLTI is characterized by severe infra-popliteal and pedal arch disease, resulting in poorer runoff, greater technical challenges during revascularization, and inferior clinical outcomes. These findings highlight the need for advanced distal revascularization and pedal arch reconstruction strategies in Sri Lanka.

OP 30 GLASS Staging,Procedural Success and Clinical Outcomes in Lower Limb Revascularisation: A Retrospective Study

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Introduction

Lower limb revascularisation is a critical intervention for patients with peripheral arterial disease. The Global Limb Anatomic Staging System (GLASS) provides a standardised framework to assess anatomical complexity and predict procedural outcomes.

Methods

A retrospective analysis of 56 patients who underwent lower limb revascularisation was conducted. Demographic, comorbidity, and procedural data were collected and analysed to assess factors influencing procedural success and clinical outcome.

Results

A total of 56 consecutively revascularized patients were included. GLASS staging was distributed as follows: stage 1 (n=12, 21.4%), stage 2 (n=19, 33.9%), and stage 3 (n=17, 30.4%), reflecting a predominantly moderate-to-high anatomical complexity cohort. The majority were male (76.8%, n=43). The most prevalent comorbidity was diabetes mellitus (82.1%, n=46). The most common presentation was resting pain (64.3%, n=36), followed by gangrene (30.4%, n=17) and tissue loss (5.4%, n=3).A good outcome (wound healed/healing) was achieved in 67.9% of patients (n=38), while 32.1% (n=18) experienced a poor outcome (amputation, death, or recurrence). Procedural success was recorded in 87.5% of cases (n=49). Sex was the only statistically significant predictor of procedural success (p=0.046). Age, comorbidities, clinical presentation, and GLASS stage were not significantly associated with procedural success. However, higher GLASS stages demonstrated a trend toward reduced procedural success (p=0.144), suggesting that increasing anatomical complexity may negatively influence outcomes.

Discussion and Conclusion

Sex was the only significant independent predictor of procedural success. Larger studies are warranted to further evaluate the predictive utility of the GLASS staging system.

OP 37 Surgical Management and Outcomes of Inferior Vena Cava Tumours: A Single-Centre Experience from Sri Lanka

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Introduction

Tumours involving the inferior vena cava (IVC) are rare, technically challenging, and associated with significant perioperative morbidity and mortality. Data from South Asia regarding surgical management and outcomes of IVC tumours remain limited.

Methods

A prospective observational study was conducted on patients undergoing surgery for tumours involving the IVC between February 2021 and April 2026. Patients with incomplete records or lost to follow-up and rare presentations were excluded.

Results

A total of 47 patients with IVC tumour were in the database. Patients with rare tumors were excluded (n = 6); therefore, 41 were included in the analysis. The mean age was 57.9 (31-79) years, with a male predominance (54.1%). Renal cell carcinoma accounted for 80.5% of tumours, followed by leiomyosarcoma (12.2%) and adrenal tumours (7.3%). Most tumours showed advanced venous extension: 10 cases (24.4%) with Level III and 7 cases (17.1%) with Level IV. Level IV patients required sternotomy and cardiopulmonary bypass for supra-diaphragmatic extension. Primary lateral venorrhaphy was feasible in the majority of patients (96.7%), while patch reconstruction was required selectively. Among RCC patients, one-month and one-year survival rates were 92.83% and 72.86% respectively. Leiomyosarcoma reported only one (2.4%) case of recurrence with 100% survival.

Conclusion

This is the largest case series from Sri Lanka. Aggressive surgical resection with meticulous vascular control provides acceptable survival outcomes in patients with IVC tumours, even in advanced disease. Multidisciplinary management, accurate preoperative imaging, and tailored venous reconstruction strategies are essential for optimizing outcomes.

OP 46 Short-Term Outcomes of Cadaveric and Living Donor Kidney Transplantation: A Single center Experience

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Introduction

Kidney transplantation (KT) is the preferred treatment for end-stage kidney disease. This study compared short-term outcomes between cadaveric donor (CD) and living donor (LD) KT recipients at a tertiary care center.

Methods

Retrospective analysis of prospectively stored data of KTs done at the National Hospital of Sri Lanka was conducted. Incomplete data were excluded.

Results

65 were included (45 LD, 20 CD) with a mean follow-up of 14.79 (0.3-61.58) months. There were four (6.2%) post operative deaths. Commonest cause of CKD was Diabetic nephropathy (30.6%). Delayed graft function was more frequent in CD (26.3% vs 6.7%, p = 0.044). Nine (13.8%) developed Urinary Tract Infections and two (3.1%) had pneumonia post operatively. There were five (7.7%) cases with perinephric collections. Mean discharge serum creatinine (SCr.) and best SCr. within 3 months were higher in CD (1.12 ± 0.59 mg/dL vs 1.03 ± 0.55 mg/dL, p = 0.588) and (1.01 ± 0.58 vs 0.83 ± 0.30 mg/dL, p = 0.185). Mean ischemic time (MIT) was higher in patients with delayed graft function (DGF) (146.50 ± 56.9 vs 98.8 ± 95.2 min, p = 0.188).

Conclusion

CD transplants showed a statistically significant higher DGF. however, early higher SCr. with CD & higher MIT in DGF were not statistically significant. Larger long-term studies are needed to assess graft survival and outcomes.

OP 58 Gender-Based Variations in the Anatomical Level of Disease and Bypass Types in Lower Limb Arterial Reconstruction

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Introduction

Lower limb bypass surgery is a vital intervention for advanced peripheral arterial disease. Emerging evidence suggests that biological sex significantly influences where lesions form due to differences in arterial size, hormonal profiles, and lifestyle risk factors. This study evaluates the association between patient gender and the anatomical type of bypass performed to optimize pre-operative planning.

Methods

A retrospective cross-sectional study was conducted using clinical data extracted from the operation theatre logbooks. A total of 473 patients who underwent lower limb arterial bypass surgery between 2019 and February 2026 were included. Data regarding patient gender and anatomical bypass type were analyzed using a Chi-square test of independence.

Results

A highly statistically significant association exists between patient sex and the anatomical bypass required ($p < 0.001$). Proximal suprainguinal aorto-iliac disease was strongly dominant in males (17.4% vs. 3.6%). Infrainguinal supragenicular disease was the most common bypass site for both sexes (54.2% females vs. 51.1% males). Notably, distal infragenicular disease was more prevalent in females (42.3% vs. 31.5%).

Discussion and Conclusion

A clear gender-based divergence highlights distinct vascular phenotypes. Male predominance in suprainguinal disease is tied to higher smoking rates and distinct metabolic pathways. The female propensity for distal small-vessel disease points to smaller arterial calibers and a delayed post-menopausal onset of diffuse atherosclerosis, heavily accelerated by systemic microvascular comorbidities like diabetes.

OP 28 The Pressure Paradigm: A New Lens on Wound Failure in Emergency Surgery

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Introduction

Intra-abdominal pressure (IAP) plays a critical role in abdominal physiology. Sustained elevation of IAP (>12 mmHg), termed intra-abdominal hypertension (IAH), has been associated with impaired tissue perfusion, organ dysfunction, and poor surgical outcomes. Emergency laparotomy patients frequently present with elevated IAP due to peritonitis, bowel obstruction, or intra-abdominal sepsis

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Objectives

To evaluate intra-abdominal pressure as a predictor of postoperative wound complications in patients undergoing emergency midline laparotomy.

Methods

This prospective observational study was conducted over one year at a tertiary care center. A total of 134 adult patients undergoing emergency midline laparotomy were included. IAP was measured intravesically using the Foley catheter technique at admission, immediate postoperative period, and at 6, 12, 24, 48, and 72 hours postoperatively. IAH was defined and graded according to WSACS criteria. Postoperative wound complications, including surgical site infection (SSI) and wound dehiscence, were recorded. Statistical associations between IAP and wound outcomes were analyzed.

Results

The mean age was 47.9 ± 15.1 years, with a male predominance (76.2%). IAH was present in 84.3% at admission and 88.1% postoperatively, decreasing to 49.3% at 72 hours. SSI occurred in 79.6% of patients with IAH compared to 27.8% without IAH ($p<0.001$). Wound dehiscence occurred in 30.6% of patients with IAH versus none in the non-IAH group ($p<0.001$). Declining IAP trends correlated with improved outcomes.

Conclusion

Elevated intra-abdominal pressure is a strong predictor of postoperative wound complications following emergency laparotomy. Routine IAP monitoring may facilitate early risk stratification and improve postoperative outcome.

OP 56 Early Postoperative Platelet Rebound Kinetics Following Splenectomy for Splenomegaly: A Case Series of Seven Patients

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Introduction

Splenomegaly accelerates the trapping of circulating blood cells, causing a dramatic hematological surge immediately following a splenectomy. This study evaluated whether baseline cell-trapping severity can mathematically predict the velocity of early marrow rebound by tracking platelet kinetics over a 72-hour period in seven patients with moderate splenomegaly.

Methods

A retrospective review of seven patients who underwent splenectomy for splenomegaly was conducted. Preoperative and postoperative day-three platelet counts, alongside splenic craniocaudal lengths, were systematically collected. The percentage growth of platelets was calculated, and a Spearman's rank correlation was utilized to evaluate postoperative rebound predictability.

Results

The patient cohort had an average spleen size of 16.88 cm. A strong inverse correlation (Spearman's Rank Correlation Coefficient = -0.68) was identified between preoperative platelet levels and percentage growth, indicating that patients with the lowest initial counts experienced the sharpest postoperative climbs (postoperative day 3 average platelet count = 302000/ul). It should be noted that 4 of the 7 patients required perioperative platelet transfusions due to severe baseline thrombocytopenia.

Discussion and Conclusion

Removing an enlarged spleen triggers a predictable and rapid platelet recovery within 72 hours. The most aggressive rebounds occur in patients presenting with the lowest preoperative counts, driven by both acute natural marrow recovery and necessary perioperative transfusions. Surgeons must closely monitor these early postoperative kinetics, as this combined surge can rapidly shift patients from a high bleeding risk to potential clotting complications.

OP 29 Histomorphometric Assessment of Islet Cell Distribution and Fibrotic Remodeling in Resected Pancreatic Specimens - An Ambispective Study

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Introduction

Pancreatic islets constitute approximately 1-2% of pancreatic volume but they are central to glucose homeostasis. The distribution of islets varies throughout the pancreas. Pancreatic diseases significantly affects structural and functional integrity, largely caused by fibrosis. There is still no systematic measurement of islet distribution and fibrosis in resected pancreatic tissue in the South Asian populations. The mechanisms driving Type IIIc diabetes may be clarified with a deeper comprehension of these histological alterations.

Methods

171 patients who had pancreatic resection included. Hospital records were reviewed to obtain clinical, biochemical, radiological, and etiological data. Histopathological slides were reviewed and degree of fibrosis was semi-quantitatively calculated and islet density and morphology were evaluated. Based on histology, classified as benign, inflammatory, or malignant.

Results

171 pancreatic specimens examined, 81(47.4%) were malignant, 75(43.9%) were inflammatory, and 15(8.8%) were benign. The median fibrosis was higher in inflammatory lesions (50%) than in malignant (5%) and benign lesions (0%) ($p<0.001$). The median islet count was lowest in the inflammatory lesions, while it was similar between benign and malignant lesions ($p<0.001$). Severe fibrosis observed in 40% of inflammatory cases, whereas < 10% in malignant and benign cases. There were no significant differences in islet density in pancreas.

Conclusion

A fibrosis-mediated endocrine dysfunction had substantial correlation with severe parenchymal fibrosis and decreased islet cell numbers in inflammatory pancreatic disorder, whereas in pancreatic cancer, the Islet cell dysfunction rather than morphometric changes contribute to new onset diabetes mellitus. Thereby, an important insights into the pathophysiology of pancreatogenic diabetes observed.

OP 34 Role of Ultrasound and Shear Wave Elastography in Extrahepatic Portal Vein Obstruction: An Observational Study

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Introduction

Extrahepatic Portal Vein Obstruction (EHPVO) is an important cause of non-cirrhotic portal hypertension caused by obstruction of the extrahepatic portal vein with relatively preserved liver parenchyma. Ultrasound with Doppler remains the primary imaging modality for diagnosis and evaluation. Shear Wave Elastography (SWE) is a non-invasive method for assessing tissue stiffness and portal hypertension, but its role in EHPVO is not well established. This study evaluated the role of ultrasound and SWE in EHPVO and their association with disease severity.

Methods

This prospective observational study was conducted in the Department of Diagnostic and Interventional Radiology at All India Institute of Medical Sciences Jodhpur over 18 months. Adult patients diagnosed with EHPVO were included. All participants underwent grayscale ultrasound, Doppler imaging, and SWE using standardized protocols. Imaging findings including portal vein status, cavernous transformation, splenomegaly, porto-systemic collaterals, liver stiffness, and spleen stiffness were recorded and correlated with clinical and endoscopic findings.

Results

A total of 44 patients were included. Increased splenic stiffness values showed significant association with high-grade esophageal varices. Twenty-seven patients with high splenic elastography values had high-grade varices, while 10 patients with lower values had low-grade varices. Discordant findings were seen in seven patients. Splenic stiffness showed significant correlation with variceal grade ($\chi^2 = 14.9$, $p < 0.001$), with an overall agreement of 84.1%.

Conclusion

Splenic SWE is a safe, reliable, and non-invasive technique for predicting the severity of esophageal varices in EHPVO and may be useful for screening and risk stratification in portal hypertension.

OP 36 Oncological Adequacy Without Compromising Safety: R0 Resection and Early Outcomes Following Liver Resection in Sri Lanka

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Introduction

Achievement of a microscopically negative surgical margin (R0 resection) is a fundamental Objective of liver resection and is associated with improved oncological outcomes. However, concerns remain that aggressive pursuit of margin-negative resection may increase perioperative risk, particularly in resource-limited settings.

Objectives

To evaluate whether achievement of R0 resection is associated with compromised early postoperative outcomes following liver resection.

Methods

A retrospective cohort study was conducted on patients undergoing liver resection at Teaching Hospital Kurunegala, Sri Lanka. Clinicopathological and operative data were collected from a prospectively maintained database. Margin status was categorized as R0 or R1. Thirty-day mortality was compared according to resection margin status.

Results

A total of 41 patients underwent liver resection during the study period. Forty patients were available for margin analysis. R0 resection was achieved in 32 patients (80.0%), while 8 patients (20.0%) had R1 resection. Overall 30-day mortality was 9.8% (4/41). Mortality following R0 resection was 6.3% (2/32) compared with 25.0% (2/8) following R1 resection. Although mortality was numerically lower in the R0 group, the difference did not reach statistical significance ($p=0.17$). Hepatocellular carcinoma demonstrated a higher R0 resection rate than colorectal liver metastases (89.5% vs 54.5%).

Conclusion

An R0 resection rate of 80% was achieved without an associated increase in early postoperative mortality. Patients undergoing R0 resection experienced mortality outcomes comparable to, and numerically better than, those undergoing R1 resection. These findings suggest that pursuit of oncological adequacy need not compromise perioperative safety, even within a resource-limited surgical setting.

OP 55 Incidence, predictive factors and post-operative outcomes of patients undergoing pancreatoduodenectomy for non-pancreatic periampullary cancer with para-aortic lymph node metastases

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Introduction

Pancreatoduodenectomy (PD) remains the mainstay of treatment for non-pancreatic periampullary cancers. The prognostic impact of para-aortic lymph node (PALN) metastasis in such cases is not universally established, with contradictory international guidelines and unreliability of current preoperative imaging modalities. There are scant data from Indian populations.

Methods

This prospective and retrospective cohort study was conducted at a tertiary centre in South India including all patients undergoing PD for non-pancreatic periampullary cancer. PALNs were dissected and sampled during surgery (minimum 2-3 nodes). Data collected included preoperative CA 19-9, intraoperative findings, postoperative complications, mortality, and overall survival.

Results

Among 58 patients, PALN metastasis was found in 15.5%, mostly with ampullary tumors. PALN positivity was linked to higher CA 19-9, advanced T/N stage, higher lymph node ratio, and strong lymphovascular invasion. Postoperative morbidity and mortality did not differ significantly with PALN status. However, patients with PALN metastasis had much poorer survival (median 12.1 vs 34.8 months), but those who received adjuvant therapy showed improved outcomes

Conclusion

The incidence of para-aortic lymph node (PALN) metastasis in non-pancreatic periampullary cancer is 15.5%. It correlates with high pre-operative CA 19-9, lymphovascular invasion, higher lymph node ratio, advanced tumor stage, and poor survival, though adjuvant therapy improves outcomes. Routine PALN sampling with frozen section and dissection if positive is recommended for high-risk patients.

OP 48 Pre-Participation Screening of School Athletes: Detection of Occult Medical Conditions in Jaffna

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Introduction

Pre-participation medical screening helps identify occult medical conditions in young athletes and prevent sports-related morbidity and sudden cardiac events. Data from Sri Lanka are limited.

Methods

Retrospective cross-sectional study was conducted using medical records of school athletes who attended pre-participation screening from January to October 2025. Ethical approval was obtained from the Ethics Review Committee September 2025. Demographic characteristics, sports participation, electrocardiogram (ECG), echocardiography, respiratory, neurological, and other clinically relevant findings were analysed.

Results

A total of 478 school athletes were screened (mean age 16.47±1.60 years; 51.3% female). Athletics (49.2%) and cadet training (18.6%) were the most common sports. ECG abnormalities were identified in 4 athletes (0.8%), predominantly T-wave inversions in leads V1–V4. Echocardiography detected mitral valve prolapse with grade 1 mitral regurgitation in one athlete(0.2%). Asthma was reported in 21 students(4.4%). Family history of unexpected death before 50 years was present in 5 students(1.0%). Other findings included head injury in 7 (1.5%), epilepsy in 3(0.6%), and prior hospitalization in 32(6.7%). Overall, 68 students (14.2%) had at least one clinically relevant abnormality. No significant association was found between abnormal ECG and family history of sudden death ($p>0.99$). Asthma showed no significant association with sport type ($p=0.388$).

Discussion

The prevalence of ECG abnormalities (0.8%) was lower than in some other Asian athlete studies, which may reflect differences in training intensity. Asthma (4.4%) was the most common non-cardiac finding.

Conclusion

Pre-participation screening identified previously undetected cardiovascular and other abnormalities among healthy school athletes, supporting structured screening programs for safe sports participation.

OP 50 Preventable Elective Surgery Cancellations: The Impact of Theater Scheduling Errors and Opportunities for Quality Improvement

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Introduction

This audit's goals were to determine the frequency and causes of elective surgery cancellations, identify avoidable causes, and look into opportunities to improve quality in a tertiary surgical unit.

Methods

A retrospective audit was conducted on 3966 elective procedures that were scheduled in a tertiary surgical unit between November 2025 and May 2026. Surgical, medical, patient-related, resource-related, and theater scheduling reasons were the categories of cancellation causes.

Results

3,543 of the 3,966 elective procedures that were scheduled during the study period were completed, and 423 were canceled, resulting in an overall cancellation rate of 11.9%. The monthly cancellation rate varied from 5.9% to 17.2%. The majority of cancellations (247/423, 58.4%) were caused by theater scheduling and inadequate theater time allocation; these were followed by medical factors (22.2%), patient-related factors (13.0%), hospital/resource limitations (5.7%), and surgical factors (0.7%). theater scheduling errors accounted for nearly three-fifths of all cancellations and an avoidable cancellation rate of 6.2% of all scheduled procedures. Respiratory infections, cardiovascular instability, metabolic abnormalities, anemia were common medical causes; ICU bed shortages, equipment malfunctions, sterilization delays, and investigation-related delays were resource-related causes.

Conclusion

Potentially preventable theater scheduling errors accounted for nearly 60% of elective procedure cancellations. By optimizing theater list planning, preoperative evaluation, resource allocation, and continuous cancellation monitoring, it is possible to dramatically reduce avoidable cancellations, boost theater efficiency, and enhance timely access to surgical care.

OP 25 Re-audit of European Society of Gastrointestinal Endoscopy (ESGE) Guideline Adherence in Bowel Preparation Practices and Their Impact on Bowel Preparation Quality and Patient Tolerability in a Surgical Unit at Colombo South Teaching Hospital

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Introduction

An initial clinical audit identified suboptimal adherence to ESGE recommendations for bowel preparation, particularly regarding split-dose regimens, patient education, and adjunct use. Following implementation of a standardized bowel preparation protocol and enhanced patient counselling, a re-audit was conducted to assess compliance with ESGE recommendations, bowel preparation quality, and patient tolerability.

Methods

A prospective re-audit was conducted among 33 consecutive patients undergoing colonoscopy. Data on bowel preparation practices, patient-reported experience, and colonoscopy outcomes were collected using a structured questionnaire. Bowel preparation quality was assessed using the Boston Bowel Preparation Scale (BBPS).

Results

Compared with the initial audit, the use of split-dose regimens increased from 15.2% to 72.7%, provision of enhanced instructions increased from 42.4% to 63.6%, and adjunct use increased from 9.1% to 69.7%. Bowel preparation quality improved, with the mean BBPS increasing from 7.2 to 8.0. Most patients (84.8%) completed the prescribed preparation. Sleep-related adverse effects improved following implementation of ESGE-based interventions, with the proportion of patients reporting any sleep disturbance decreasing from 87.9% to 67.9%. However, patient tolerability remained suboptimal; one-third of patients reported difficulty or extreme difficulty consuming the preparation.

Conclusion

Marked improvements were observed in the use of split-dose regimens, provision of enhanced instructions, and adjunct use. Despite these gains, patient tolerability remains a challenge, with a substantial proportion of patients reporting adverse effects and dissatisfaction. Further refinement of preparation protocols and patient-centred interventions is recommended to optimize patient experience and sustain improvements in practice.

OP 03 Contemporary Management of Acute Diverticulitis in a Regional Tertiary Centre: Predictors of Operative Intervention and Surgical Outcomes

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Introduction

The management of acute diverticulitis has evolved towards selective non-operative treatment, including image-guided percutaneous drainage in complicated cases. This study evaluated contemporary management strategies, predictors of operative intervention, and clinical outcomes among patients admitted with acute diverticulitis.

Methods

A retrospective cohort study was conducted at a regional tertiary center over a one-year period. Demographic, clinical, radiological, management, and outcome data were collected for all adult patients admitted with acute diverticulitis. Disease severity was classified using the modified Hinchey classification. Operative and non-operative cohorts were compared using Chi-square, Fisher's exact, and Mann–Whitney U tests.

Results

A total of 153 admissions were identified. Median age was 57 years (IQR 50–66.5), and 59.5% were male. First-episode diverticulitis accounted for 55.6% of presentations. Hinchey 1a disease was the most common (46.4%). Non-operative management was successful in 140 patients (91.5%), while 13 (8.5%) required surgery. Four patients with Hinchey 2 diverticulitis underwent successful image-guided percutaneous drainage, avoiding surgery. Hartmann's procedure was the most common (69.2%), followed by primary anastomosis (23.1%) and laparoscopic washout (7.7%). Increasing Hinchey stage ($p<0.001$), complicated diverticulitis ($p<0.001$), female sex ($p=0.038$), and recurrent disease ($p=0.036$) were associated with operative management. Operative patients had longer hospital stay (median 11 vs 3 days, $p<0.001$). Readmissions occurred in 17 patients (11.1%), ICU admission in 2.6%, with no mortality was observed.

Discussion and Conclusion

Most patients were successfully managed non-operatively with favourable outcomes. Disease severity and recurrence predicted operative intervention. Image-guided drainage was effective in selected Hinchey 2 cases, supporting selective management.

OP 32 Clinical Audit of Current Bowel Preparation Practices and Their Impact on Bowel Preparation Quality and Patient Tolerability in a Surgical Unit at Colombo South Teaching Hospital

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Introduction

Adequate bowel preparation is essential for high-quality colonoscopy, influencing diagnostic yield, procedural success, and patient experience. This audit evaluated current bowel preparation practices, bowel cleansing quality, and patient tolerability in a surgical unit at Colombo South Teaching Hospital.

Methods

A prospective audit was conducted among 33 patients undergoing colonoscopy. Data on patient characteristics, bowel preparation regimens, dietary instructions, preparation-related experiences, and colonoscopy findings were collected using a structured questionnaire. Bowel preparation quality was assessed using the Boston Bowel Preparation Scale (BBPS).

Results

The mean age of participants was 61 years. PEGLEC was used in all patients. Split-dose regimens were prescribed in 15% of patients, while enhanced instructions were provided to 42%. Most patients followed a clear fluid diet on the day of the procedure. Bowel preparation quality was generally satisfactory, with a mean BBPS score of 7.22. Although most patients completed the prescribed preparation, tolerability was suboptimal. One-third of patients reported difficulty or extreme difficulty consuming the preparation, and sleep disturbance was common. Mean sleep duration during bowel preparation was 3.6 hours, and 87.9% of patients reported some degree of sleep disturbance. Difficulties related to palatability and gastrointestinal adverse effects were also frequently reported.

Conclusion

Although bowel preparation quality met acceptable standards, compliance with key ESGE recommendations was suboptimal, particularly regarding split-dose regimens and patient education. Standardization of bowel preparation protocols, enhanced patient counselling, and re-audit following implementation are recommended to complete the audit cycle.

OP 38 Survival outcomes in right-sided versus left-sided colon cancer in a South Asian population

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Introduction

Large bowel cancer is among the most common cancers in Sri Lanka, ranking second in men and third in women. Rectal and colon cancers behave differently. It is postulated that right colon cancers (RCC) have a poorer survival due to poor response to adjuvant therapy and different molecular properties. This study evaluated survival outcomes between left colon cancers (LCC) and RCC in a Sri Lankan cohort.

Methods

A retrospective cohort study was conducted including 785 adult patients who underwent curative resection for colon cancer at a tertiary care centre from 1997 to August 2025. Patients were followed up and entered in a database. Five-year overall survival (OS) and disease-free survival (DFS) were compared between LCC and RCC. Cox proportional hazards models were used to assess prognostic factors. Propensity score matching based on age and sex was performed to reduce baseline differences.

Results

LCC accounted for 84.5% of cases while RCC represented 15.2%. Median age at diagnosis was 60 years and 24.1% had young-onset disease. No significant difference was observed between LCC and RCC in 5-year OS (43.2% vs. 40.0%, p=0.783) or DFS (p=0.292). Similar results were observed in propensity score-matched analysis. Survival was unaffected by sex or preoperative albumin but was influenced by age, lymph node status, and tumour stage (pT).

Conclusion

Lesser proportion of RCC was observed compared to the west. Tumour sidedness was not associated with survival outcomes in Sri Lankan cohort. Larger multi-centre studies are required to evaluate significance of tumour location in South Asian populations.

OP 35 Ultrasound Guided Aspiration Followed by Intracystic Instillation of Triamcinolone Acetonide versus 25% Dextrose in the Management of Ganglion Cysts: A Retrospective Study

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Introduction

Ganglion cysts are common benign soft-tissue swellings with a high recurrence rate following simple aspiration. Intracystic therapies such as corticosteroids and sclerosing agents have been explored to improve outcomes. Dextrose prolotherapy, although promising in musculoskeletal disorders, has limited evidence in the management of ganglion cysts.

Methods

This retrospective study included 32 patients with clinically and sonographically diagnosed ganglion cysts. All patients underwent ultrasound-guided aspiration followed by intracystic instillation of either triamcinolone acetonide (Group S, n=18) or 25% dextrose (Group D, n=14). Patients were followed at 1 and 3 months. Outcomes assessed included complete regression, partial regression, recurrence, and adverse effects. Statistical analysis was performed using SPSS, with $p<0.05$ considered significant.

Results

Baseline characteristics were comparable between groups. At 1-month, complete regression was observed in 83.3% of Group S and 64.3% of Group D (p=0.26). At 3 months, sustained complete regression was higher in Group S (72.2%) than Group D (42.8%), though not statistically significant (p=0.11). Recurrence rates were 11.1% in Group S and 21.4% in Group D (p=0.63). Multiloculated cysts demonstrated significantly higher recurrence compared to unilocular cysts (66.7% vs 3.8%). No major complications were reported.

Conclusion

Ultrasound-guided aspiration with intracystic therapy is safe and effective for ganglion cysts. Triamcinolone showed a trend toward better outcomes than 25% dextrose. Cyst morphology, particularly multiloculation, appears to be a key predictor of recurrence. Larger prospective studies are warranted.

OP 53 Nipple Preservation, Sensory Recovery and Gender-Affirmation Outcomes Following Hybrid Inferior-Flap Nipple-Preserving Chest Masculinization Surgery: A Prospective Cohort Study.

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Introduction

Chest masculinization surgery is a key component of gender-affirming care. The hybrid inferior-flap nipple-preserving technique aims to achieve a masculine chest contour while preserving nipple viability and sensation. This study evaluated patient-reported satisfaction, sensory recovery, and gender-affirmation outcomes following this procedure.

Methods

A retrospective cohort study was conducted including 10 consecutive patients who underwent hybrid inferior-flap nipple-preserving chest masculinization surgery and attended follow-up during 2025. Outcomes were assessed using a structured patient-reported outcome questionnaire evaluating satisfaction, nippleâ€“areola aesthetics, sensation, scar and contour outcomes, functional recovery, psychosocial well-being, gender affirmation, complications, and revision requirements. Data were analysed using IBM SPSS Statistics version 29.0. Continuous variables were summarized using means and ranges, while categorical variables were reported as frequencies and percentages.

Results

Ten patients were included (mean age 28.9 years). Full functional recovery was achieved in all patients (100%). Nipple sensation was preserved in 90% of patients, while high satisfaction with nippleâ€“areola appearance was reported by 90%. Excellent or good overall outcomes were reported by 90%, and 80% demonstrated high psychosocial and gender-affirmation benefit. No major postoperative complications occurred. Eight patients (80%) would definitely undergo the same procedure again and recommend it to another suitable patient. Two patients (20%) expressed interest in revision surgery.

Discussion and Conclusion

Hybrid inferior-flap nipple-preserving chest masculinization surgery provides excellent aesthetic outcomes, reliable sensory preservation, complete functional recovery, and substantial gender-affirmation benefits. The technique appears safe, effective, and highly acceptable to patients, supporting its role as a valuable option in gender-a

OP 47 Complications in pediatric surgical patients managed by general surgeons- An observational study

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Introduction

Children are not mini-adults. Due to the anatomical and physiological differences between children and adults, the surgical problems are delegated to Pediatric Surgeons. There have been instances where children have been operated on in good faith by the general surgeons who were not adequately exposed to Pediatric Surgery. This paper presents our experience managing these patients.

Methods

It was a retrospective observational study. All pediatric surgical patients who developed post-surgical complications after being operated on by general surgeons were included in the study. Demographic details, such as age, sex, and socioeconomic status, were recorded. The details of the surgical problems and the procedure performed were noted. The corrective surgery, if any, was also included in the analysis.

Results

During the 8-year study period, 51 patients were managed at our center. The mean age was 3.65Â±3.97 years (range 1 day to 13 years). The median age was 2 years. There were 46 male and 5 female patients (9.2:1). Forty-three patients were from a rural Background.

The most common diagnosis was anorectal malformation (n=25), followed by urological conditions (n=19), such as undescended testis (8), hypospadias (5), urethral stone (3), and post circumcision bleeding (3). The other clinical conditions included inguinal hernia, congenital diaphragmatic hernia, and malrotation.

Discussion and Conclusion

Pediatric surgical conditions need careful preoperative assessment and adequate surgical intervention. Managing a pristine case is easier than managing a patient with complications. It is not safe to operate on pediatric surgery patients without proper training and adequate exposure.

OP 49 Surgical outcomes of necrotizing pneumonia in the paediatric population in Sri Lanka

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Introduction

This study evaluates the surgical management and outcomes of paediatric patients with necrotizing pneumonia treated at the national congenital cardiothoracic centre.

Methods

A retrospective descriptive study was conducted on paediatric patients who underwent surgery for necrotizing pneumonia between 2022 and 2026 at the national congenital cardiothoracic centre. Only patients operated on by consultant thoracic surgeons were included. Patients who underwent procedures by cardiothoracic or paediatric surgeons, those previously operated at other centres and transferred for further management, and cases limited to intercostal drain insertion or bronchoscopy were excluded. Data collected included age, sex, side of pathology, type of surgical procedure, postoperative ICU stay, hospital stay, and mortality.

Results

Out of 32 patients, there were 20 males (62.5%), 12 females (37.5%), 2 infants (6.3%), 20 preschool children (62.5%) and 10 school-aged children (31.3%). 20 (62.5%) had right-sided pathology while 12 (37.5%) had left-sided disease. VATS exploration, decortication was performed in 31 patients (96.9%). Among them, 4 required conversion to thoracotomy with lobectomy, and 1 patient underwent bilateral VATS. One patient (3.1%) underwent primary thoracotomy with decortication.

Postoperative ICU stay ranged from 48hours to 2months, while total hospital stay ranged from 15 to 90 days. ICU mortality was observed in 1 patient (3.1%), and the 30-day in-hospital mortality was also 1 patient (3.1%).

Conclusion

Most patients were successfully managed using VATS, while only a few required lung resection. Early surgical intervention and specialized thoracic care likely contributed to low mortality and improved outcomes.

OP 52 Early versus Delayed Thoracoscopic Decortication for Paediatric Empyema Thoracis: Impact of Disease Chronicity on Operative Complexity and Outcomes

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Introduction

Paediatric empyema thoracis causes significant morbidity in low- and middle-income countries (LMICs). The impact of delayed referral on thoracoscopic decortication complexity remains poorly characterised in resource-limited settings.

Methods

A retrospective analysis was performed on paediatric patients undergoing thoracoscopic decortication for empyema at a Sri Lankan tertiary centre (March 2019–May 2026). Cases were classified as early (direct thoracoscopy) or delayed (prior chest drainage, failed fibrinolysis, or prolonged illness).

Results

Nineteen patients (13 male; median age 3.9 years, range 0.6–9.6) underwent 22 procedures (21 thoracoscopic decortications, 1 open conversion). Five (26.3%) were early and 14 (73.7%) delayed. Median CRP was 200 mg/L. Intraoperative necrotizing pneumonia was identified in 10 patients (52.6%). Intraoperative complications occurred exclusively in the delayed group (7/14, 50.0% vs. 0/5, 0%), including visceral pleural air leaks (n=4), incomplete diaphragmatic clearance (n=4), and open conversion for Stage 3 tuberculous empyema (n=1). One delayed patient developed a post-operative bronchopleural fistula (BPF) secondary to severe necrotizing pneumonia, requiring open thoracotomy closure. Three patients (15.8%) required more than one procedure. Selective postoperative fibrinolysis was used in two delayed cases. No procedure-related mortality occurred; all achieved clinical resolution or lung re-expansion.

Conclusion

Delayed presentation significantly increases intraoperative complexity, visceral injuries, open conversions, and the risk of severe postoperative complications like BPF. While thoracoscopic decortication remains safe and effective across all stages, early surgical referral must be prioritised in resource-limited settings to prevent advanced disease morbidity.

OP 04 Comparing Sutures vs. N-Hexyl-Cyanoacrylate glue mesh fixation in reducing postoperative pain following unilateral inguinal hernia repair- A Double blinded Randomized Control Trial

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Introduction

Inguinal hernia repair is one of the most commonly performed general surgical procedures, yet postoperative complications such as seroma, hematoma, urinary retention, chronic pain, and recurrence continue to affect outcomes. Understanding their frequency, risk factors, and management is essential for improving surgical practice.

Methods

This randomized comparative study included 80 patients (40 suture fixation; 40 N-hexyl-cyanoacrylate glue). Baseline characteristics, operative variables, and postoperative outcomes were recorded. Pain was assessed using numeric rating scale (NRS) at fixed intervals (6 h, 12 h, POD1, POD2, POD7, POD30). Complications, chronic pain at 6 months, blood loss, analgesia requirements, and recurrence were analyzed. Statistical tests included chi-square and t-tests, with $p<0.05$ considered significant.

Results

Glue fixation showed significantly lower pain at all time points: 6 h (2.05 ± 0.50 vs 3.45 ± 1.10; $p<0.001$), 12 h (1.82 ± 0.38 vs 2.45 ± 0.71; $p<0.001$), POD1 ($p=0.004$), POD2 ($p<0.001$), POD7 ($p<0.001$), POD30 ($p<0.001$). Chronic pain at 6 months was higher in the suture group (70% vs 32.5%; $p=0.001$). Glue also resulted in lower blood loss (26.87 ± 9.97 vs 33.12 ± 11.69; $p=0.012$) and reduced need for rescue analgesia (7.5% vs 57.5%; $p=0.003$),

Discussion and Conclusion

Glue fixation significantly reduced both early and chronic pain, analgesic requirement, and intraoperative blood loss without increasing complications. Based on these findings, N-hexyl-cyanoacrylate offers a superior postoperative pain profile and may be preferred for mesh fixation in open inguinal hernia repair

OP 07 Fusion-Guided Microwave Ablation of Hepatoma in Difficult locations - Prospective analysis

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Introduction

Conventional ultrasound (USS) guidance has limitations in ablating tumours in difficult locations in the liver. Real-time fusion of CT image with USS is a novel mode used in microwave ablation (MWA) of unresectable hepatoma (HCC).

Methods

Sixteen patients who had HCC in critical locations that underwent fusion-guided microwave ablation were prospectively evaluated. Their demographics, comorbidities, tumour characteristics, and procedural details were analysed. The primary endpoint was the completeness of ablation (by CT imaging) at six weeks of follow-up.

Results and Discussion

The cohort was predominantly male (87.5%, n=14). The mean age was 66.9 years (range 54–80 years). The mean BMI was 24.4 kg/m², and 56.3% of patients had diabetes mellitus.

A total of 21 lesions were treated amongst 16 patients. Most patients had a single lesion (n=12), while the remainder had 2 (n=3) or 3 (n=1) lesions. The median maximum tumour diameter was 3cm (range 2–4 cm). Segment 8 was the most frequently treated site (n=8), followed by segment 6 (n=5) and segment 5 (n=3). MWA was performed with a mean energy delivery of 59.1 W. The mean ablation time was 6.6 minutes. A median of 1 puncture was required per session.

No complications were recorded in the cohort. At six-week follow-up, CT imaging, 18.75% (n=3) of patients had recurrent disease.

Conclusion

Fusion - guided MWA is a safe and effective approach for tumours in difficult locations.

OP10 Recurrent Biliary Events During Delayed Cholecystectomy: Clinical Predictors and Critical Time Thresholds.

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Introduction

Laparoscopic Cholecystectomy is one of the most common surgical procedures, hence leading to large caseloads and waiting times. The impact of waiting times has been poorly studied.

Methods

150 consecutive patients who underwent elective Laparoscopic Cholecystectomy from 2023 to 2026 were prospectively evaluated. Data was extracted regarding demographics, initial surgical indication, stone size, diabetic status and preoperative biochemical markers (CRP, ALT, AST). The primary endpoint was symptom recurrence during the interval between surgical listing and the date of operation.

Results

Median wait time of 150 patients was 113 days (Range 53-186 days), 27.3% (n=41) had disease recurrence while waiting. There were 15 (24.2%) recurrent cholecystitis, 18 (25.0%) biliary colic and 3 (60.0%) pancreatitis. The recurrence group had a longer mean waiting time compared to those who did not (229.7 vs 124.9 days, $p < 0.0001$). The rate of recurrence was 12.0% at 0-3 months, 21.4% at 3-6 months, and 27.3% at 6-9 months. Beyond 9 months, the recurrence rate rose to 80.0%. Initial presentations with gallstone pancreatitis (60.0%) and Choledocholithiasis (42.95%) had a higher recurrence rate than those with Biliary Colic (25.0%). Smaller stones (<10mm) have a higher recurrence rate (30.6%) compared to larger stones (>10mm) (18.6%). Initial elevated biochemical markers or diabetes were not statistically significant for predicting recurrence.

Conclusion

There is a steep rise in recurrence after nine months. Recurrent attacks were associated more with small stones and having pancreatitis as the initial presentation.

OP13 Domperidone as an Adjunct to Polyethylene Glycol for Colonoscopy Bowel Preparation: Promising Preliminary Results from a Double-Blind Randomized Controlled Trial

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Introduction

The 2019 European Society of Gastrointestinal Endoscopy Guideline on bowel preparation for colonoscopy emphasizes the importance of optimizing bowel cleansing quality and patient tolerability, while highlighting the limited evidence regarding the routine use of prokinetic agents.

Methods

A double-blind randomized placebo-controlled trial is being conducted at the Surgical Units of the National Hospital of Sri Lanka. Currently, 80 patients undergoing elective colonoscopy have been recruited and randomized equally into a domperidone plus Polyethylene glycol (PEG) group (n=40) and a placebo plus PEG group (n=40). Bowel preparation quality was assessed using the Boston Bowel Preparation Scale (BBPS), while tolerability was evaluated using patient-reported symptom scores. Statistical analysis was performed using chi-square and comparative analyses between groups.

Results

The mean age of participants was 57.4±11.4 years, with males accounting for 52.5% of the cohort. Adequate bowel preparation (BBPS >6) was achieved in 87.5% of patients in the domperidone group compared with 42.5% in the placebo group ($p<0.001$). Segmental BBPS scores for the right, transverse, and left colon were significantly higher in the domperidone group($p<0.05$). Improved tolerability was observed in 87.5% of patients receiving domperidone versus 15.0% in the placebo arm ($p<0.05$). No significant differences in adverse effects were identified between groups. ($p>0.05$)

Conclusion

Early findings suggest that domperidone may substantially improve both bowel preparation quality and patient tolerability without increasing adverse events. These encouraging Results highlight the potential of domperidone as a simple and effective adjunct in colonoscopy preparation, warranting further recruitment and larger-scale analysis.

OP27 Patient-Reported Functional, Aesthetic, and Psychosocial Outcomes Following Closed Secondary Cleft Rhinoplasty with Costal Cartilage Reinforcement

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Introduction

Secondary cleft nasal deformity is associated with persistent functional, aesthetic, and psychosocial challenges. Closed secondary cleft rhinoplasty with costal cartilage reinforcement aims to improve nasal support, symmetry, and airway function while avoiding external scarring. This will become worldâ€™s first study evaluating patient-reported outcomes following this technique.

Methods

A prospective observational study was conducted among 10 patients attending a plastic surgery in 2025 who underwent closed secondary cleft rhinoplasty with costal cartilage reinforcement. Patients with unilateral and bilateral cleft nasal deformities were included. Follow-up ranged from 1-2 years. Outcomes were assessed using a structured patient-reported questionnaire evaluating functional, aesthetic, psychosocial, and donor-site outcomes. Results were analysed using SPSS.

Results

Most patients reported improvement in overall nasal appearance (88%), breathing function (82%), and facial balance (85%). Improvement in nasal tip projection, nostril symmetry, and profile appearance was reported by 80%, 84%, and 86% of patients respectively. Psychosocial benefits included increased self-confidence (83%), improved comfort in social situations (79%), and reduced self-consciousness regarding nasal appearance (81%). Satisfaction with costal cartilage-related structural support and long-term stability was observed in 87% of patients. Donor-site outcomes were favourable, with only a small proportion reporting chest discomfort. Most patients expressed willingness to undergo the same procedure again and would recommend it to other cleft patients.

Discussion and Conclusion

The new closed secondary cleft rhinoplasty with costal cartilage reinforcement demonstrated favourable patient-reported functional, aesthetic, and psychosocial outcomes with acceptable donor-site morbidity. This technique appears to be an effective option for managing secondary cleft nasal deformity.

OP33 Frailty Is Modifiable: Effect of Structured Prehabilitation on Frailty Status in Elderly Patients Undergoing Major Hepatopancreatobiliary Surgery

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Introduction

Frailty, characterized by reduced physiological reserve and increased vulnerability to surgical stress. It is associated with adverse postoperative outcomes in elderly patients undergoing major surgery. This study evaluated the effect of structured prehabilitation on frailty in elderly patients undergoing major hepatopancreatobiliary(HPB) surgery, using the Clinical Frailty Scale(CFS).

Methods

A prospective observational study was conducted in a tertiary HPB unit from October 2024 to March 2026. Patients aged ≥60 years undergoing elective major HPB resections were included. All underwent structured multidisciplinary prehabilitation including nutritional, psychological, physiotherapy, respiratory and medical optimization interventions. CFS was assessed before and after prehabilitation. Improvements in CFS was analyzed using Wilcoxon signed-rank test. Postoperative morbidity and hospital stay were evaluated.

Results

Forty-three patients underwent major HPB surgery (18 pancreaticoduodenectomy, 12 major hepatectomy, 6 distal pancreatectomies, 7 other surgeries) Post prehabilitation, 38(88.3%) showed CFS improvement: 25 by 1 point and 13 by 2 points. The mean improvement in CFS was 1.19 with a median improvement of 1 point ($p < 0.001$). Mean ICU stay was 2.0 days and hospital stay 8.4 days. Overall complication rate was 13.9%(6/43), with three Clavien–Dindo grade I–II and three grade III–V complications. Notably three out of six patients without CFS improvement accounted for 50% of complications.

Discussion and Conclusion

Frailty is potentially modifiable in patients undergoing major HPB surgery. Dynamic frailty assessment provides an measure of response to prehabilitation, and improvement in CFS may predict favourable postoperative outcomes. This supports incorporating dynamic frailty monitoring into perioperative decision-making.

OP42 Comparative Efficacy of Intravenous Versus Intraperitoneal Dexamethasone for Postoperative Analgesia in Laparoscopic Cholecystectomy: A Randomised Controlled Trial

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Introduction

Postoperative pain and nausea following laparoscopic cholecystectomy remain significant concerns. The optimal route of dexamethasone as an adjunct to multimodal analgesia in these patients is unclear.

Objectives

To compare postoperative pain over 24 hours by Visual Analogue Scale (VAS) in patients receiving intravenous(IV) versus intraperitoneal(IP) dexamethasone. Secondary objectives included postoperative nausea within 6 hours and patient satisfaction at 24 hours or discharge.Study Method Randomized, double-blinded clinical trial with a sample size of 106(53 per arm). Arm A received IP dexamethasone (8 mg) with IP bupivacaine (10 ml, 0.25%) at port closure; Arm B received IV dexamethasone (8 mg) pre-induction with IP bupivacaine (10 ml, 0.25%) at port closure.

Results

VAS scores over 24 hours were comparable between the arms($p=0.215$-0.901). Nausea and patient satisfaction scores also showed no significant differences($p > 0.05$). Pairwise analysis demonstrated significant reduction of VAS at 1-2 hours(mean difference 0.898;$p<0.001$), whereas differences at 5-6 hours were insignificant (mean difference 0.162;$p=0.990$).

Conclusion

Dexamethasone combined with bupivacaine improves postoperative analgesia and patient experience irrespective of the route of administration. The early reduction in pain scores suggests a transient, time-dependent analgesic effect that stabilizes later in the postoperative period.

POSTER PRESENTATIONS

PP 01-The Rising Burden of Colorectal Cancer in Sri Lanka: A 22-Year National Cancer Registry Analysis (2001 - 2022)

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Introduction

Colorectal cancer (CRC) is currently the second most common malignancy in Sri Lanka. This study evaluates 22-year nationwide trends in CRC incidence.

Methods

Newly diagnosed CRC patients recorded in the National Cancer Registry of Sri Lanka from 2001 to 2022 were analyzed. Age-standardized incidence rates (ASRs) were calculated and temporal trends assessed using Joinpoint regression software. Variations in tumor site distribution were analysed.

Results

A total of 35,626 CRC cases were identified (female:male ratio = 1.01:1), with a mean age at diagnosis of 60.6 years. The overall ASR increased from 2.9 per 100,000 in 2001 (95% CI: 2.64- 3.16) to 13.51 per 100,000 in 2022 (95% CI: 13.03- 13.99), with an EAPC of 8.0 (95% CI: 7.3- 8.8). The increase was higher among males (3.03 to 15.31 per 100,000; EAPC: 8.2, $p<0.001$) than females (2.9 to 12.1 per 100,000; EAPC: 7.9, $p<0.001$). The greatest rise occurred in individuals aged over 75 years, increasing from 10.0 to 75.5 per 100,000 (a 7.6-fold rise; EAPC: 9.9, $p<0.001$). Tumor site distribution varied significantly by gender ($p<0.05$), with colon cancers more prevalent among females and rectal cancers among males.

Discussion and Conclusion

CRC incidence is rising sharply in Sri Lanka, driven by one of the fastest-ageing populations in the world. Public health priorities must shift toward awareness and enhanced diagnostic scrutiny for symptomatic individuals, with targeted, cost-effective early detection strategies for high-risk older demographics.

PP 02-The Evolving Epidemiological Profile of Pancreatic Cancer in Sri Lanka: Results from an 18-Year National Cancer Registry Analysis

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Introduction

Pancreatic cancer (PC) is an aggressive disease often diagnosed late. This study analyzes Sri Lanka's nationwide incidence trends from 2005 to 2022 to address the country's evolving epidemiological profile and inform cancer control.

Methods

Data of newly diagnosed PC cases were retrieved from the National Cancer Control Programme (NCCP) registry. Incidence trends were assessed via Joinpoint regression analysis.

Results

A total of 2767 PC cases (male: female = 1.08:1, mean age = 58.9 years) were analyzed. The age-standardized incidence rate increased from 0.44 per 100,000 in 2005 (95% CI: 0.34-0.54) to 0.90 per 100,000 in 2022 (95% CI: 0,78-1.02), which is a 2 fold rise with an estimated annual percentage change (EAPC) of 6.2 (95% CI: 5.0-7.3). The proportional increase in incidence was more significant in females (from 0.3 to 0.9 per 100 000, EAPC: 6.7, $p < 0.001$) compared to males (from 0.5 to 0.9, EAPC:6.1, $p < 0.001$). The highest rise in incidence was observed in individuals aged over 75 years, increasing from 2.16 per 100,000 in 2005 to 4.64 per 100,000 in 2022, (a 2.1 fold rise) with an EAPC of 9.1 ($p<0.001$).

Discussion and Conclusion

The study demonstrates a significant twofold increase in the nationwide incidence of pancreatic cancer in Sri Lanka between 2005 and 2022. This rising trend, particularly pronounced in females and individuals over 75 years of age, likely reflects the country's shifting demographic and metabolic risk profiles. These findings highlight the need for enhanced early detection strategies.

PP 03-Changing Trajectories of Female Breast Cancer Incidence in Sri Lanka: A 22-Year Analysis of the National Cancer Registry (2001 - 2022)

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Introduction

Female breast cancer has emerged as one of the most significant public health challenges in Sri Lanka, with incidence rising steadily over the recent decades. This study examines the 22-year trends and age-specific patterns of female breast cancer incidence in Sri Lanka from 2001 to 2022.

Methods

A retrospective cohort analysis was conducted using population-based data from the Sri Lanka National Cancer Registry from 2001 to 2022. Longitudinal trends in age-standardized incidence rates were evaluated using Joinpoint regression analysis.

Results

The age-standardized incidence of female breast cancer in Sri Lanka rose from 17.3 per 100,000 in 2001 (95% CI: 16.5-18.2) to 43.6 per 100,000 in 2022 (95% CI: 42.4- 44.7) ; a 2.5-fold increase ($p < 0.05$) with an estimated annual percentage change (EAPC) of 4.6 (95% CI: 4.1- 5.1). The highest burden is observed in the 70- 74 age group, climbing from 36.9 to 225.6 per 100,000, marking a significant 6.1-fold increase in crude incidence ($p < 0.001$). A steeper increase occurred among women older than 50 years (47.4 to 138.3 per 100,000; EAPC: 5.2, $p < 0.001$) compared to those in the 35 - 50 years age category (30.8 to 61.54 per 100,000; EAPC: 3.7, $p < 0.001$).

Discussion and Conclusion

Female breast cancer incidence in Sri Lanka has risen sharply over two decades, driven predominantly by post-menopausal women. This underscores the urgent need for targeted early detection strategies and sustained investment in registry quality to inform evidence-based prevention and treatment pathways.

PP 04-Utilization of Human Amniotic Membrane (HAM) in Myringoplasty and Tympanoplasty: A Systematic Review and Meta-analysis

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Introduction

Tympanic membrane perforation is commonly encountered in otolaryngology. In cases where spontaneous closure does not occur or when the perforation is associated with clinically significant symptoms that adversely affect quality of life, surgical repair is often indicated. This review and meta-analysis aimed to synthesize and critically appraise the current evidence on the use of human amniotic membrane (HAM) as a graft material in tympanoplasty.

Methods

A systematic review of literature was conducted in multiple databases for studies involving the HAM for tympanoplasty using appropriate MeSH terms. Single-arm meta-analysis using a random effects model was performed to assess improvement in the air-bone gap (ABG) and anatomical closure rates. Risk of bias was assessed using appropriate tools.

Results

8 studies, with 1 randomized controlled trial and 7 cohort studies with 265 tympanoplasties using HAM, were included. HAM achieved high structural success, with a 92% pooled complete closure rate. Functional improvement was noted with a 12.66 dB pooled ABG reduction. Operative times were shorter in one study, but it was significantly longer in another one compared to conventional temporalis fascial grafts. Only 2 studies have reported on postoperative complications leading to graft failure. Overall risk of bias ranged from moderate to serious. However, across studies HAM preparation methods varied significantly.

Conclusion

HAM is a promising alternative for conventional graft material with excellent anatomical closure, improved ABG, and lower operative times. However, due to the high heterogeneity of the included studies, well-planned RCTs are needed to conclude on operative standards.

PP 05-The Evolving Epidemiology of Oesophageal Cancer in Sri Lanka: An Analysis of Cancer Registry Data from 2005-2022

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Introduction

Oesophageal cancer (OC) in Sri Lanka is frequently diagnosed at advanced stages. This study evaluates nationwide trends (2005-2022) in incidence and histological patterns of OC.

Methods

Data on newly diagnosed oesophageal cancer patients recorded in the National Cancer Registry of Sri Lanka from 2005 to 2022 were analyzed. Age-standardized incidence rates (ASRs) were calculated and assessed using Joinpoint regression software.

Results

A total of 29,081 oesophageal cancer cases were identified (male: female ratio = 1.24:1, mean age at diagnosis of 63.5 years). The overall ASR increased from 6.20 per 100,000 in 2005 (95%-CI:5.82-6.58) to 8.76 per 100,000 in 2022 (95%-CI:8.37-9.15), corresponding to an EAPC (Estimated Annual Percentage Change) of 2.8 (95%-CI:1.5-4.0). The rate of increase was higher among males (EAPC:4.5, $p<0.001$) than females (EAPC: 0.8, $p>0.05$). The highest rise in incidence was observed in individuals aged over 75 years with an EAPC of 4.8 ($p<0.001$). Among tumours with a specified site, the lower third was most affected (52.4%), followed by the middle (40.1%) and upper thirds (7.4%). Tumour location did not differ significantly by gender. Histologically, 13.7% of cases (n=3,771) were classified as neoplasm/carcinoma not otherwise specified. Of the remaining cases, squamous cell carcinoma predominated (74.3%, n=20,453), while adenocarcinoma accounted for 12.0% (n=3,317).

Discussion and Conclusion

Sri Lanka faces a rising OC incidence characterized by a male-specific surge, geriatric predominance. National policy must hence prioritize targeted awareness, prevention and streamlined diagnostic pathways for high-risk geriatric cohorts to manage the escalating disease burden.

PP 06-Surgical Outcomes of Laparoscopic Versus Robotic-Assisted Hiatal Hernia Repair: A Systematic Review and Meta Analysis

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Introduction

Robotic-assisted hiatal hernia repair (RHHR) offers enhanced dexterity, ergonomics and visualization compared with laparoscopic hiatal hernia repair (LHHR). However, whether these advantages translate into superior clinical outcomes remains uncertain. This systematic review and meta-analysis compared perioperative and postoperative outcomes between RHHR and LHHR.

Methods

Following PRISMA 2020 guidelines, six databases were systematically searched from inception to July 2025 for comparative studies of adult patients undergoing elective hiatal hernia repair. Study quality was assessed using the Newcastle-Ottawa Scale. Pooled analyses were performed using Review Manager 5.4.1, with odds ratios (ORs) and mean differences (MDs) reported under random or fixed-effects models according to heterogeneity.

Results

Fifteen studies involving 700,399 patients (RHHR = 72,454; LHHR = 627,945) met the inclusion criteria. No significant differences were observed in operative time, intraoperative complications postoperative complications or length of hospital stay. RHHR demonstrated a significantly lower recurrence rate, whereas LHHR was associated with lower 30-day readmission and mortality. No publication bias was detected.

Conclusion

RHHR and LHHR provide comparable perioperative outcomes. RHHR may confer advantages in recurrence reduction, whereas LHHR is associated with lower short-term readmission and mortality. The observed reduction in recurrence with RHHR was sensitive to individual studies and should be interpreted cautiously. Surgical approach should be individualized according to patient factors, hernia complexity, surgeon expertise and institutional resources.

PP 07-Rising Gastric Cancer Incidence in Sri Lanka: Insights from National Cancer Registry Data from 2005 - 2022

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Introduction

Gastric cancer (GC) in Sri Lanka is an increasingly recognized malignancy with significant morbidity and mortality. This study evaluates nationwide trends in incidence and demographic patterns of GC from 2005 to 2022.

Methods

Data on newly diagnosed gastric cancer patients recorded in the National Cancer Registry of Sri Lanka from 2005 to 2022 were analyzed. Age-standardized incidence rates (ASRs) were calculated and temporal trends assessed using Joinpoint regression software. Age- and sex-specific incidence patterns were also analysed.

Results

Overall, 10,160 GCs (male:female = 2.0:1; mean age: 61.7 years) were included. WHO age-standardized incidence increased significantly from 1.24 per 100,000 (95% CI: 1.08-1.41) in 2005 to 2.34 per 100,000 (95% CI: 2.14- 2.54) in 2022, with an estimated annual percentage change (EAPC) of 4.8 (95% CI: 2.7-7.0). The greatest rise occurred in those aged over 75 years, increasing from 2.6 to 14.9 per 100,000 (5.6-fold; EAPC: 8.0, $p<0.001$). The proportional rise was steeper among females (0.7 to 1.54 per 100,000; EAPC: 6.1 [95% CI: 4.0- 8.3], $p<0.001$) than males (1.86 to 3.33 per 100,000; EAPC: 4.5 [95% CI: 2.6- 6.5], $p<0.001$).

Discussion and Conclusion

Sri Lanka is experiencing a significant rise in gastric cancer incidence, with a disproportionate burden among the elderly and a notably steeper proportional increase among females. These findings highlight the need for aetiological research to better understand this epidemiological transition. Improved cancer registration and streamlined diagnostic pathways for high-risk groups warrant consideration.

PP 08-Rising Biliary Cancer Incidence in Sri Lanka: Insights from National Cancer Registry Data from 2005 - 2022

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Introduction

Biliary tract cancers (BTCs) in Sri Lanka are an increasingly recognized group of cancers with significant morbidity and mortality. This study evaluates nationwide trends in incidence and demographic patterns of BTCs from 2005 to 2022.

Methods

Data on newly diagnosed BTC patients recorded in the National Cancer Registry of Sri Lanka from 2005 to 2022 were analyzed. Age-standardized incidence rates (ASRs) were calculated and temporal trends assessed using Joinpoint regression software. Age- and sex-specific incidence patterns were also analysed.

Results

Overall, 2907 (female:male = 1.2:1; mean age: 60.6 years) were included. Gallbladder cancers accounted for 40.0% (n=1161), while cancers in unspecified parts of the biliary tract accounted for 60.0% (n=1746). WHO age-standardized incidence increased significantly from 0.31 per 100,000 (95% CI: 0.23-0.39) in 2005 to 0.96 per 100,000 (95% CI: 0.83-1.09) in 2022, with an estimated annual percentage change (EAPC) of 6.4 (95% CI: 4.9-7.9). The greatest rise occurred in those aged over 75 years, increasing from 0.72 to 5.63 per 100,000 (7.8-fold; EAPC: 8.8, $p<0.001$). The proportional rise was steeper among males (0.26 to 1.00 per 100,000; EAPC: 7.4 [95% CI: 5.3-9.6], $p<0.001$) than females (0.35 to 0.94 per 100,000; EAPC: 5.6 [95% CI: 4.2-7.0], $p<0.001$).

Discussion and Conclusion

Sri Lanka is experiencing a significant rise in biliary tract cancer incidence, with a disproportionate burden among the elderly, although the incidence rate is relatively low. These findings highlight the need for aetiological research and improved diagnostic and treatment pathways for high-risk groups.

PP 10-Spatial and Temporal Patterns of Colorectal Cancer in Sri Lanka (2015-2022):A District-Level Analysis of Geographic Inequalities and Hotspot Distribution

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Introduction

Colorectal cancer (CRC) is an emerging public health concern in low- and middle-income countries undergoing epidemiological transition. In Sri Lanka, increasing incidence has been reported, yet subnational spatial patterns remain inadequately explored. This study aimed to evaluate district-level spatial and temporal trends of CRC and identify geographic inequalities and hotspots.

Methods

A population-based ecological analysis was conducted using National Cancer Registry Sri Lanka data from 2015 to 2022. CRC cases (ICD-10 C18–C20) were analyzed by district and sex. Temporal trends were assessed using annual case counts and crude incidence rates (CR). Spatial distribution was evaluated using choropleth mapping. Spatial autocorrelation was assessed using Moran's I, and hotspot analysis was performed using Getis-Ord Gi* statistics. Geographic inequality was examined by comparing Western Province districts with other regions.

Results

CRC incidence demonstrated a consistent upward trend over the study period, with a transient decline in 2020. Spatial analysis revealed persistent clustering in the Western Province, particularly Colombo, Gampaha, and Kalutara districts, which consistently recorded the highest case counts and CR. Significant spatial autocorrelation was observed ($p<0.05$), indicating non-random distribution. Hotspot analysis identified stable high-risk clusters in urbanized regions, while peripheral districts exhibited lower burden and greater variability. Western Province districts contributed disproportionately to national CRC burden.

Conclusion

CRC in Sri Lanka shows increasing incidence with stable spatial clustering in urban regions, reflecting underlying geographic inequalities. These findings suggest a potential lifestyle-driven epidemiological transition and highlight the need for targeted screening and prevention strategies in high-burden districts.

PP 12-Evaluating Insufficient Documentation in Patient Transfer Forms: A Descriptive Study in Professorial Surgical Unit, Teaching Hospital Kurunegala

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Introduction

Inter-institutional transfers are essential to Sri Lanka's tiered healthcare system, yet are frequently compromised by deficient documentation on the Health 946 transfer form. Incomplete recording of clinical details, vital signs, and treatment information delays management at receiving units and contributes to inappropriate transfers Despite the mandate under Circular 1 (2002), significant gaps between policy intent and practice persist.

Methods

A descriptive cross-sectional study was conducted at the Professorial Surgical Unit, Teaching Hospital-Kurunegala. All transferred patients were included via total sampling. Data were extracted from transfer forms and bed head tickets using a structured interviewer-administered questionnaire. Transfer appropriateness was assessed by the receiving consultant surgeon.

Results

One hundred transfer forms from 13 referring hospitals were analysed. Age (100%) and date (99%) were well-documented; religion (32%) and ethnicity (31%) were frequently omitted. Vital signs were absent in 33% of forms; SpO2 (21%), GCS (16%), and stability status (8%) were severely underreported. Drug documentation was absent in 14%; time of last dose was recorded in only 10%. Investigations were present in 51%. Transfer reason (98%) and date (96%) were consistently noted, whereas transfer time (11%) and accompanying personnel (1%) were largely omitted. Patient consent was documented in only 64% of cases.

Conclusion

Significant documentation deficiencies exist in inter-institutional transfer forms received at Teaching Hospital Kurunegala, posing direct patient safety and medico-legal risks. Urgent redesign of the Health 946 form incorporating mandatory clinical fields, alongside targeted clinician training and adoption of electronic documentation systems, is warranted to improve transfer quality and patient safety.

PP 13-The First Sri Lankan Experience of Chimney Endovascular Aneurysm Repair (ChEVAR) for Juxta-renal Abdominal Aortic Aneurisms (JAAA)

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Introduction

Juxtarenal abdominal aortic aneurysms (JAAAs) pose significant technical and clinical challenges for open surgical repair, especially in patients with substantial co-morbidities. Endovascular approaches, including Fenestrated EVAR (FEVAR) and ChEVAR, have revolutionised the management of JAAA. ChEVAR represents an attractive and effective treatment option with a lower cost than FEVAR. We present the first Sri Lankan case series utilising ChEVAR for JAAA, demonstrating its feasibility in a resource-limited setting.

Methods

We conducted a single-centre retrospective review of the first three Sri Lankan patients undergoing ChEVAR for JAAA. Patient demographics, intervention indications, procedural details, and intra-operative outcomes were reviewed. All patients were treated with a main aortic stent graft (Bifurcated/Tubular) with chimney visceral grafts (Balloon-Expandable covered stents).

Results

All three patients (mean age 75 years: two males) were selected for endovascular repair due to co-morbidities. Two had asymptomatic aneurysms (5.5 cm and 5.2 cm with saccular components); the third presented with a symptomatic (10 cm) aneurysm and back pain. One underwent unilateral renal chimney grafting; two required bilateral chimney grafting. Renal arteries were cannulated via brachial approach, and aortic stents were deployed through femoral access. One received a tubular aortic graft, and two received bifurcated aortic grafts with iliac extensions. Technical success, aneurysm exclusion, and renal perfusion were achieved in all cases. No endoleaks seen.

Discussion and Conclusion

ChEVAR appears to be a feasible endovascular option, especially for patients who are medically unsuitable for open repair. However, limited endovascular training for complex aortic pathologies and high costs remain the main challenges.

PP 14-Rising incidence of thyroid cancer in Sri Lanka over two decades (2001-2022): True epidemic or overdiagnosis?

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Introduction

Thyroid cancer (TC) is the third most common cancer in Sri Lanka. This study examines trends in TC incidence and histological patterns in Sri Lanka over the last two decades.

Methods

A retrospective analysis of the incidence of TC from 2001 to 2022 was performed using the Sri Lanka National Cancer Registry data.

Results

Total of 33,884 TC were reported from 2001 to 2022, and the majority were females (n=27,518, 81.2%). The mean age of the cohort was 44.0 years. Males were significantly older at diagnosis compared to females (mean age: 47.2 vs 43.3 years, $p < 0.001$). The highest incidence was reported in the 60â€“74-year age group (8.0 per 100,000) among males and the 45 - 59-year age group (20.1 per 100,000) among females. The age-standardised-incidence (ASR) of TC increased from 2.44 per 100,000 in 2001 (95% CI: 2.21-2.67) to 12.83 per 100,000 in 2022 (95% CI: 12.36-13.29); a 5.3-fold increase ($p < 0.05$) with an estimated annual percentage change (EAPC) of 8.37 (95% CI: 7.3-9.5). It is mainly attributed to increased papillary thyroid cancer (PTC) incidence from 1.64 to 9.78 per 100,000, a 5.96-fold increase ($p<0.05$). Follicular cancer (FC) showed a lesser increase from 0.56 to 1.95 per 100,000 ($p<0.05$). PTC incidence in females showed a greater increase compared with males (6.25-fold vs. 4.71-fold).

Discussion and Conclusion

Incidence of TC reveals an increasing trend mainly due to the PTC surge. Further studies are warranted to explore the dilemma between its true epidemic, and overdiagnosis.

PP 15-Hyperbaric Oxygen Therapy as an Adjunct to Neoadjuvant Chemotherapy in Breast Cancer: A Randomized Controlled Trial Evaluating Hypoxia Biomarkers and Pathological Response

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Introduction

Tumor hypoxia mediated by the hypoxia-inducible factor-1α (HIF-1α)/vascular endothelial growth factor (VEGF) axis contributes to chemotherapy resistance in breast cancer. Hyperbaric oxygen therapy (HBOT) may reverse hypoxia and improve treatment response.

Methods

This prospective randomized controlled trial included 60 patients with invasive breast carcinoma (Stages IIA-IIIB), randomized to neoadjuvant chemotherapy (NAC)+HBOT (n=30) or NAC alone (n=30). HBOT was delivered in two sessions per cycle (1.5 ATA pre-chemotherapy, 2.5 ATA post-chemotherapy). Serum HIF-1α and VEGF were measured by ELISA. Primary endpoint was pathological complete response (pCR).

Results

pCR was significantly higher in the NAC+HBOT group (76.7% vs. 20.0%; $p<0.0001$). Breast-conserving surgery rates were higher (50.0% vs. 23.3%; $p=0.004$), with improved nodal negativity (73.3% vs. 43.3%; $p=0.035$). HBOT achieved greater reductions in VEGF (60.4% vs. 41.0%; $p<0.001$) and HIF-1α (55.1% vs. 39.0%; $p<0.0001$). Biomarker reduction correlated strongly with pathological response ($p<0.0001$).

Discussion and Conclusion

HBOT significantly enhances pathological response and suppresses hypoxia-related pathways when combined with NAC. It represents a promising, non-toxic adjunct in breast cancer management, with HIF HIF-1α ± and VEGF serving as predictive biomarkers.

PP 16-Barriers to Functional Recovery Following Vascular Limb Reconstruction: The Role of Orthopedic Sequalae and Physiotherapy Non- Compliance

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Introduction

Although vascular reconstruction following lower limb trauma can achieve limb salvage, many patients experience prolonged functional recovery due to extended rehabilitation, associated orthopedic injuries and inadequate follow up. Understanding factors contributing to delayed recovery is important in improving long term outcomes. This study aimed to demonstrate barriers to delayed functional recovery among patients undergoing lower limb vascular reconstruction at a tertiary care hospital.

Methods

A retrospective descriptive study was conducted using data from patients who treated for lower limb vascular trauma at hospital from January to December 2024. Thirty one patients were successfully followed up. Functional outcomes, orthopedic management status, physiotherapy compliance and duration of hospital stay were analyzed using descriptive statistics.

Results

Most patients achieved limb salvage. However 58.1% had returned to normal daily activities, while 32.3% continued to experience functional limitations, 6.5% underwent amputation and 3.2% died. Poor compliance with physiotherapy was the main contributor to delayed functional recovery. Additional factors included awaiting plastic surgical procedures, delayed orthopedic fixation, multiple associated injuries and neurological complications such as cerebrovascular accidents. Delayed recovery was associated with extended hospitalization and delayed mobilization.

Conclusion

Multiple postoperative and rehabilitation related factors influence functional recovery following lower limb vascular reconstruction. Physiotherapy non-compliance and unresolved orthopedic injuries were identified as major barriers. Improved outcomes following vascular limb reconstruction depend on a multidisciplinary rehabilitation focused approach.

PP 17-Determinants of Operative Time and Total Hospitalization Cost in Laparoscopic Hiatal Hernia Repair: A Retrospective Analysis

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Introduction

Laparoscopic hiatal hernia repair (LHHR) is the standard surgical treatment for symptomatic hiatal hernia. Although clinical outcomes are widely investigated, the distinct factors driving operative efficiency versus actual hospitalization expenditure remain poorly characterized. This study aimed to identify the independent determinants of operative duration and total hospitalization cost following LHHR.

Methods

A retrospective cohort study was conducted including 55 consecutive patients who underwent elective LHHR at the Department of Hernia and Colorectal Surgery at The Second Hospital of Dalian Medical University between 2022 and 2024. Demographics, hernia characteristics, operative techniques, and perioperative outcomes were evaluated. Univariate and multivariate linear regression analyses were performed to isolate independent predictors of operative time and total expenditure, while adjusting for chronological case sequence to account for institutional temporal trends.

Results

The mean operative duration was 115.6±11.7 minutes, and the mean hospitalization cost was ¥37,335±¥2,666. On multivariate analysis, Nissen fundoplication was the sole independent predictor of prolonged operative duration, adding 16.98 minutes compared to partial or no fundoplication (95% CI: 6.51-27.45 minutes; p = 0.002). Conversely, total hospitalization expenditure was driven predominantly by hospital length of stay (LOS), with each day adding ¥417 to the total bill (95% CI: ¥83-752/day; p = 0.015). Operative duration and fundoplication type lost independent cost significance after adjustment. Hospitalization expenditure also decreased progressively by ¥150 per sequential case over the study period (p < 0.001).

Conclusion

Nissen fundoplication independently prolongs operative duration during LHHR. However, postoperative LOS, rather than operative complexity, is the primary driver of hospitalization expenditure.

PP 18-Comparative Study between Skin Staples and Conventional Sutures for Skin Closure in Elective Abdominal Surgery

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Introduction

Skin closure is a crucial step in surgical procedures, as it directly affects wound healing, postoperative infection risk, and the aesthetic quality of the incision. The purpose of the study is to compare skin staples and conventional sutures for skin closure in elective abdominal surgery with respect to closure time, postoperative outcomes, and cosmetic results.

Methods

This prospective comparative study at the Department of General Surgery, of a tertiary care hospital (March 2022-February 2023) included 60 elective abdominal surgery patients (30 staples, 30 sutures). Primary outcome was skin closure time; secondary outcomes were surgical site infection, pain, hospital stay, and cosmetic results. Data were analyzed using independent samples t-tests and chi-square tests ($p<0.05$).

Results

Sixty patients (30 per group) showed comparable baseline characteristics ($p>0.05$). Skin closure time was significantly shorter with staples than sutures (2.4Â±0.7 versus 9.8Â±2.5 minutes; $p<0.001$). Surgical site infection, postoperative pain, and hospital stay were similar between groups ($p>0.05$). Cosmetic outcome was significantly better with sutures (73.3% versus 40.0%; p=0.030).

Conclusion

Skin staples offer faster skin closure, whereas conventional sutures provide better cosmetic outcomes, with no significant difference in postoperative complications.

PP 19-Audit on Enhanced Recovery After Surgery (ERAS) in Liver Transplant Patients : Initial Outcomes in Single Tertiary Centre.

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Introduction

Enhanced Recovery After Surgery (ERAS) aims to standardize peri-operative care, improve patient experience, and reduce length of stay (LOS). 1710 transplants from 2014 to 2023 showed a median LOS of 15 days and identified predictors of prolonged stay, including age >65 years, poor functional status, renal support requirements, bile leak, and prolonged intensive care unit (ITU) admission.

Objective

To evaluate the early impact of an ERAS pathway on recovery and inpatient outcomes after liver transplantation at our center.

Methodology

A retrospective audit was conducted of consecutive liver transplant recipients managed within the ERAS pathway. Outcomes from August 2025-January 2026 were compared with those from February-March 2026. Data collected included predictors of prolonged stay.

Results

A total of 117 transplants were performed in the earlier period and 42 in the later period. Patient demographics were comparable between cohorts. Early extubation was routinely achieved, with 33 patients extubated within 24 hours in the later cohort. Median ITU stay increased from 2 to 4 days; however, median LOS decreased from 15 to 13 days. Repatriation occurred in 25% of later cases. Median time to commencing fluids improved from 3 to 2 days, and mobilization occurred earlier (2 vs 3 days). Oral intake remained delayed in some patients, while median PCA removal increased from 6 to 7.5 days.

Conclusion

Early ERAS implementation, which was nurse-led, was associated with reduced LOS and earlier mobilization and fluid intake. Further optimization of analgesia, nutrition, physiotherapy, and postoperative milestones may help sustain and enhance recovery benefits.

PP 20-Sex Differences in Amputation-Free Survival and Overall Survival Following Revascularization for Chronic Limb-Threatening Ischaemia in Northern Sri Lanka.

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Introduction

Chronic limb threatening ischemia(CLTI) is a major cause of limb loss and mortality despite advances in revascularization. While international studies have documented sex-based variations in clinical presentation and outcomes, evidence from South Asian remains limited. In vascular centre in Northern Sri Lanka, this study evaluated sex differences in amputation free survival(AFS) and overall survival after revascularization.

Methodology

Patients with CLTI undergoing revascularization at a tertiary vascular surgery unit between January 2025 and April 2026 were included in this retrospective cohort study. Medical records were used to gather clinical, treatment, follow-up, and demographic data. Kaplan- Meier and Cox regression analyses were used to evaluate survival outcomes.

Results

120 patients undergoing revascularization for CLTI (89 males and 31 females) had comparable age, comorbidities and revascularization strategies between sex. Males were more likely to smoke (33.76% vs.3.2%, p=0.001), while gangrene was more common in females (48.4% vs.30.3%, p=0.159). The overall survival rate was comparable across the sex over 1 year period (69.7% vs.67.7%, p=0.523), and the Log-Rank analysis revealed no significant difference (X2=0.334, p=0.564). Seven males and a female had a major amputation. Female sex wasn't an independent predictor of survival (HR=0.790, p=0.704), whereas age was an independent predictor of mortality (HR=1.063 per year, p=0.028)

Discussion and Conclusion

No significant differences in amputation-free or overall survival were found between sexes following CLTI revascularization in Northern Sri Lanka. Female sex wasn't an independent predictor of mortality, while increasing age was associated with higher risk of death. Langer multicentre studies are needed for validation.

PP 21-Rising Liver Cancer Incidence in Sri Lanka: Insights from National Cancer Registry Data from 2005 - 2022

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Introduction

Liver and intrahepatic bile duct cancers in Sri Lanka are an increasingly recognized group of malignancies with significant morbidity and mortality. This study evaluates nationwide trends in incidence and demographic patterns from 2005 to 2022.

Methods

Data on newly diagnosed liver and intrahepatic bile duct cancer patients recorded in National Cancer Registry of Sri Lanka from 2005 to 2022 were analyzed. Age-standardized incidence rates (ASRs) were calculated and temporal trends assessed using Joinpoint regression software. Age- and sex-specific incidence patterns also analysed.

Results

Overall, 6530 liver and intrahepatic bile duct cancer cases (male:female = 2.5:1; mean age: 61.3 years) were analysed. WHO age-standardized incidence increased significantly from 1.09 per 100,000 (95% CI: 0.93-1.25) in 2005 to 2.76 per 100,000 (95% CI: 2.55-2.98) in 2022, with an estimated annual percentage change (EAPC) of 8.7 (95% CI: 6.8-10.5). The greatest rise occurred in those aged over 75 years, increasing from 5.28 to 16.06 per 100,000 (3-fold; EAPC: 11.9, $p<0.001$).Proportional rise was steeper among females (0.7 to 1.6 per 100,000; EAPC: 9.9[95% CI: 7.3-12.5], $p<0.001$) than males (1.57 to 4.25 per 100,000; EAPC: 8.5 [95% CI: 7.1-9.9], $p<0.001$).

Discussion and Conclusion

Sri Lanka is experiencing a significant and accelerating rise in liver and intrahepatic bile duct cancer incidence, with a disproportionate burden among the elderly and a striking male predominance. These findings highlight the need for aetiological research, particularly into male-predominant risk factors such as viral hepatitis and alcohol-related liver disease, and improved diagnostic and treatment pathways for high-risk groups.

PP 22-Outcomes of Free Gracilis Muscle Transfer for Dynamic Smile Reconstruction in Facial Nerve Palsy: A Prospective Observational Study.

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Introduction

Facial nerve palsy causes significant functional, aesthetic, and psychosocial impairment due to loss of dynamic smile. Free functional gracilis muscle transfer is a widely accepted technique for facial reanimation. This study evaluated 2-year functional and aesthetic outcomes following gracilis transfer.

Methods

A prospective observational study included six patients with established facial nerve palsy undergoing free gracilis muscle transfer for dynamic smile reconstruction. All eligible patients presenting to the plastic surgery clinic during the study period were recruited. Patients were followed for 2 years. Functional outcomes included oral commissure excursion and smile symmetry. Aesthetic outcomes and patient satisfaction were assessed using standardized photographs and patient-reported outcome measures. Data were analyzed using SPSS and expressed as percentages.

Results

At 2-year follow-up, 92% of patients demonstrated improved smile symmetry, 88% showed increased oral commissure excursion, and 85% achieved restoration of spontaneous or voluntary smile function. Patient satisfaction with facial appearance was 90%, while 87% reported improved psychosocial confidence. Complications were minimal, with minor donor-site morbidity in 12% and no total flap loss.

Conclusion

Free gracilis muscle transfer provides reliable and durable dynamic smile restoration with high rates of functional recovery, aesthetic improvement, and patient satisfaction. It remains a cornerstone procedure in facial reanimation surgery with favourable long-term outcomes.

PP 23-Delays in the Diagnostic and Surgical Management of Pancreatic and Periampullary Neoplasms at a Tertiary Referral Centre in Sri Lanka.

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Introduction

Timely diagnosis and treatment are essential to maximize opportunities for curative resection in pancreatic and periampullary neoplasms. This study evaluated delays in presentation, diagnosis, surgery, and oncology referral at a tertiary hepatopancreatobiliary (HPB) referral centre in Sri Lanka.

Methods

A retrospective analysis of prospectively maintained data was conducted on consecutive patients with pancreatic and periampullary neoplasms managed by a specialized HPB unit over 9 months. Data included presenting symptoms, investigations, treatment pathways, and intervals from symptom onset to presentation, diagnosis, surgery, histopathological reporting, and oncology referral.

Results

Forty-four patients were evaluated. Twenty-two (50.0%) underwent surgery, including 17 pancreaticoduodenectomies (77.3% of procedures). Median patient delay from symptom onset to presentation was 6 weeks (Interquartile Range - IQR 4–12). The median interval from CT request to completion was 1 week (IQR 0.5–2). Median time from diagnosis to surgery was 5 weeks (IQR 4–6), reflecting preoperative biliary drainage, optimization, staging investigations, and operative scheduling. Histopathology reports became available after a median of 4 weeks (IQR 3–4). Among unresected patients, 6 (27.3%) had locally advanced or metastatic disease on imaging, 13 (59.1%) had metastatic disease detected at staging laparoscopy, and 3 (13.6%) were unfit for major surgery. One patient experienced a 14-day delay due to lack of ICU bed availability.

Conclusion

Patient delay was the earliest and most significant delay. Earlier presentation, streamlined referral pathways, improved pathology reporting, and expanded HPB surgical capacity may improve outcomes.

PP 24-Feasibility and Perioperative Outcomes of Avoiding Long-Acting Muscle Relaxants in Pediatric Laparoscopic Surgery

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Introduction

Traditional pediatric laparoscopic surgery utilizes long-acting neuromuscular blocking agents (NMBAs) to facilitate endotracheal intubation and optimize surgical field visibility. However, this practice raises concerns regarding postoperative residual paralysis, which can lead to delayed emergence and apnea-related complications. Employing short-acting relaxants solely for intubation and avoiding long-acting muscle relaxants may mitigate these risks. This study aims to evaluate the feasibility and perioperative outcomes of avoiding long-acting NMBAs during routine pediatric laparoscopic procedures.

Methods

A retrospective cross-sectional study was conducted at a specialized children's hospital, analyzing 74 pediatric patients who underwent laparoscopic surgery for common conditions. The procedures included hernia repair (n=23), orchidopexy (n=22), gastrostomy tube insertion (n=12), diagnostic laparoscopy (n=5), and miscellaneous procedures (n=12).

Results

Among the 74 cases evaluated, the majority were successfully managed without continuous NMBAs. Specifically, 48 patients received only succinylcholine for intubation, and 19 procedures were completed without the administration of any muscle relaxants. The protocol failed in 7 cases (9.4%), which required either conversion to conventional continuous blockade (using atracurium) or resulted in postoperative apnea. Compared to historical complication rates associated with long-term muscle relaxants, which can approach 50%, the avoidance of continuous NMBAs in this cohort yielded a notably lower complication rate and facilitated rapid postoperative recovery.

Conclusion

Short pediatric laparoscopic procedures, including hernia repairs, orchidopexies, and gastrostomies, can be safely and effectively performed without long-term neuromuscular blockade. This approach provides equivalent surgical success while offering the significant benefits of accelerated recovery and a reduced risk of postoperative respiratory complications.

PP 25-Evaluation of Surgical Outcomes in Patients Undergoing Post-ERCP Laparoscopic Cholecystectomy and Elective Laparoscopic Cholecystectomy

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Introduction

Laparoscopic cholecystectomy (LC) is the standard treatment for symptomatic gallstone disease. Prior endoscopic retrograde cholangiopancreatography (ERCP) in patients with concurrent choledocholithiasis may alter the perioperative environment through inflammation, adhesion and anatomical distortion; potentially complicating subsequent cholecystectomy. This study aimed to evaluate and compare surgical outcomes in patients undergoing post-ERCP laparoscopic cholecystectomy versus elective laparoscopic cholecystectomy.

Methods

A comparative observational study was conducted at the department of General Surgery of a tertiary care hospital from September 2023 to March 2025. Total 100 patients were included: 50 in post-ERCP LC group and 50 in elective LC group. Demographics, preoperative imaging findings, intraoperative parameters and postoperative outcomes were compared between two groups.

Results

Both groups were comparable in age, sex, BMI and comorbidities. Gallbladder wall thickening (42% vs 24%; $p = 0.03$), pericholecystic fluid (28% vs 12%; $p = 0.04$) and dilated CBD (48% vs 14%; $p < 0.001$) were significantly more prevalent in post-ERCP LC group. Operative time was significantly prolonged in post-ERCP LC group (66.8 ± 18.2 vs 54.6 ± 14.7 minutes; $p = 0.002$) and dense adhesions at Calot's triangle were encountered more often (38% vs 16%; $p = 0.002$). Length of hospital stay was longer in post-ERCP LC group (3.8 ± 1.2 vs 2.6 ± 0.9 days; $p < 0.001$).

Discussion and Conclusion

Post-ERCP laparoscopic cholecystectomy is technically more challenging than elective laparoscopic cholecystectomy, associated with longer operative time, greater adhesive disease and extended hospitalization. These findings have important implications for surgical planning and patient counselling.

PP 26-Prevalence of Burnout and its associated factors among General Surgical Trainees: A Meta-analysis

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Introduction

Burnout is reported to be high among general surgical trainees. This study aims to estimate pooled prevalence of burnout among trainees, quantify factors affecting burnout prevalence, and identify negative sequelae of burnout by meta-regressional analysis.

Methods

PubMed, Embase, Web of Science, and Google Scholar were searched in March - April 2025 for studies published in English between 2014–2024. Studies were included if they involved general surgical trainees and quantified burnout using a validated tool. Data was extracted following PRISMA Guidelines. A random-effects meta-analysis was performed to estimate pooled burnout prevalence. Subgroup and meta-regressional analyses were performed to explore sources of heterogeneity. Risk of bias was assessed using the Downs and Black Checklist. Publication bias was assessed using Egger's regression test.

Results

Of the 356 references identified, 14 studies comprising 30,281 respondents were included. The pooled prevalence of burnout was 53.9% (95% CI: 43.8%–63.9%). Burnout definition significantly influenced reported prevalence, explaining 96.9% of heterogeneity ($p < 0.0001$). Disruptive workplace behaviors were significantly associated with higher burnout ($\beta = 0.5209$, $p = 0.0073$. Alcohol use was five times more prevalent than the general population (49% vs 9%) in one study, while another showed smoking prevalence at 31.6%, sleep deprivation at 45.9% and lack of regular exercise at 60.3%.

Conclusion

Burnout affects half of general surgical trainees. Disruptive workplace behavior was a modifiable risk factor, while substance abuse was a sequelae. Policies to eliminate mistreatment, rest breaks and destigmatizing discussions of mental health and substance abuse are needed to protect trainee well-being.

PP 27-Oncoplastic Versus Traditional Closure Techniques Following Mastectomy: A Comparative Analysis of Surgical and Aesthetic Outcomes

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Introduction

Modern breast surgery prioritizes balancing aesthetics with structural healing. This study compared traditional versus oncoplastic closure techniques after mastectomy, focusing on preventing lateral dog-ear deformities and optimizing scar ergonomics.

Methods

A comparative analysis evaluated female breast cancer patients undergoing mastectomy without immediate reconstruction. A prospective oncoplastic cohort (n = 54) was compared against a historical traditional closure control group (n = 54) across scar position, dog-ear incidence/severity, operative time, complications, and patient satisfaction.

Results

Both cohorts demonstrated baseline homogeneity regarding age(traditional vs. oncoplastic, Mean 59.8 vs. 62.4 years), stage T2 disease(93% vs. 96%; p = 0.55) and axillary clearance rates(58% vs. 62%; p = 0.68). Mean operative times were nearly identical(47.73 vs. 47.78 minutes; p > 0.05). However, compared to traditional extended scars, all oncoplastic scars(100%) were confined to the anterior axillary line($p < 0.001$). The incidence of dog-ear deformity was significantly lower in the oncoplastic group(77.7% vs 9.1% ; p = 0.002), with a smaller maximum size(4cm vs 1cm}). While seroma(27.3% vs 18.5%) and hematoma(4.4% vs 2.2%) rates lacked significant intergroup differences, the oncoplastic group achieved zero infections or skin necrosis. Despite matched overall clinical satisfaction, confined scars to the anterior axillary line gave significantly better physical ergonomics(50% vs 85% ; $p < 0.001$) and scar appearance satisfaction(65% vs 95%; p = 0.02) in oncoplastic arm.

Conclusion

Oncoplastic closure significantly optimizes both surgical and aesthetic outcomes by reducing lateral dog-ear deformity and confining scars to the anterior axillary line, achieving superior aesthetics without increasing operative time or complication rates.

PP 28-Intra-operative correlates of perioperative outcome in Cytoreductive Surgery and Hyperthermic Intraperitoneal Chemotherapy (CRS - HIPEC) for peritoneal carcinomatosis.

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Introduction

CRS-HIPEC is a complex procedure with significant perioperative physiological stress. Identifying intraoperative predictors of postoperative outcomes may help perioperative management. This study examined intraoperative correlates of ICU length of stay, return of bowel function, and postoperative metabolic acidosis.

Methods

A retrospective analysis of 25 consecutive CRS-HIPEC patients was performed. Adequate analytical data was available for 21 patients. Post-operative arterial blood gas (ABG) data were available for 18 patients. Given the small sample, non-parametric methods (Spearman correlation, Mann-Whitney U test, and Fisher's exact test) were used.

Results

Majority (19/21) were females. Mean ICU stay and time to bowel opening were 4.82 and 3.67 days. Mean Peritoneal Cancer Index (PCI) score was 15.36 Â± 8.13. Perioperative mortality and Grade III/IV complications were 0% and 9.5%. All patients developed post-operative acidosis, with none achieving normal pH: 3 (16.7%) severe, 5 (27.8%) moderate, and 10 (55.6%) mild. Blood transfusion volume was the strongest predictor of ICU stay (rho=0.812, $p<0.001$), followed by blood loss (rho=0.728, p=0.017) and anaesthesia duration (rho=0.545, p=0.036). pH, lactate and base excess significantly correlated with ICU stay (all $p<0.025$). PCI score strongly predicted time to bowel opening (rho=0.898, p=0.006). Higher noradrenaline infusion rates correlated with worsening acidosis severity (rho=-0.756, p=0.030).

Discussion and Conclusion

Some degree of post-operative metabolic acidosis was seen in all patients. Blood transfusion requirements and ABG values were strong predictors of prolonged ICU stay, while PCI score predicted delayed bowel recovery. These findings support routine post-operative ABG monitoring as a prognostic tool. Larger prospective studies are warranted.

PP 29-From Paper Records to Structured Data: Establishing a Prospective MDT Registry at a Tertiary Referral HPB Centre in a Resource-Limited Setting.

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Introduction

Multidisciplinary team (MDT) meetings are essential in hepatopancreatobiliary (HPB) care, supporting coordinated decision-making for complex surgical and oncological conditions. In resource-limited settings, the lack of electronic medical records and standardized documentation leads to fragmented records, poor traceability of MDT decisions, and limited opportunities for audit. This study evaluated the feasibility and early impact of a low-cost standardized MDT documentation system at a tertiary HPB referral centre.

Methods

A structured single-page MDT form was developed to capture patient demographics, diagnosis, staging, key investigation findings, and MDT decisions. The tool was prospectively implemented during weekly MDT meetings at a tertiary HPB centre in Sri Lanka. Patients included those with malignant disease or complex benign HPB conditions requiring MDT-guided management. Records were maintained as paper files without a digital registry. Data completeness, documentation time, and service-level utility were assessed.

Results

The system was applied to 100 consecutive patients. Documentation time remained under three minutes per case, with data completeness exceeding 90%. Standardization improved clarity and consistency of MDT records, enabled creation of a prospective registry, and enhanced traceability of clinical decisions. It also identified service bottlenecks, particularly delays in pathology reporting and limited imaging availability. The framework supports future digitization and development of a low-cost oncology database without additional information technology infrastructure.

Conclusion

A structured, low-cost MDT documentation system is feasible and scalable in resource-limited HPB services. It improves documentation quality, enhances decision traceability, supports audit and registry development, and provides a foundation for future digital transformation.

PP 30-Surgery for Functional Pancreatic Neuroendocrine Tumours: Clinical Spectrum, Surgical Strategies, and Outcomes from a Tertiary Hepatopancreatobiliary Referral Centre

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Introduction

Functional pancreatic neuroendocrine tumours (PNETs) are rare hormone-secreting neoplasms. Despite advances in imaging, preoperative localization remains challenging. Surgical resection is the mainstay of curative treatment.

Methods

A retrospective analysis of prospectively collected data was conducted on patients evaluated for functional-PNET between 2018 and 2025.

Results

Fifteen patients were identified, including three with Multiple Endocrine Neoplasia type 1 (MEN-1) syndrome. Insulinoma was the commonest tumour (n=13, 86.7%), while one patient each had gastrinoma and VIPoma. The mean age was 42.7 years, with a male predominance (n= 9, 60%). Recurrent hypoglycaemia and Whippleâ€™s triad were present in 90% of insulinoma patients. The gastrinoma patient presented with acute gastrointestinal bleeding, while the VIPoma patient presented with chronic diarrhoea. Preoperative localization utilized computed tomography (n=10, 66.7%), endoscopic ultrasonography (n= 7, 46.7%), selective arterial calcium stimulation testing (n= 8, 53.3%), and intraoperative ultrasonography (n=5, 33.3%). Surgical procedures included enucleation (n=2), central pancreatectomy (n=2), spleen-sparing distal pancreatectomy (n=1), subtotal pancreatectomy (n=3), distal pancreatectomy with splenectomy (n=2), distal pancreatectomy with splenectomy and liver resection/ablation (n=1), and pancreaticoduodenectomy (n=3). Postoperative pancreatic fistula occurred in three patients (Grade B=2, Grade C=1), transient paralytic ileus in one, and hyperglycaemia in three. Fourteen tumours were benign and one malignant with

hepatic metastases. Two MEN-1 patients underwent additional parathyroidectomy.

Conclusion

Insulinomas were the predominant functional PNETs. Multimodal localization and tailored surgical approaches achieved effective tumour clearance with acceptable morbidity, with postoperative pancreatic fistula being the principal complication.

PP 31-Contemporary Patterns and Outcomes of Vascular Trauma in Extremities: A One-Year Audit from a Dedicated Tertiary Vascular Unit.

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Introduction

Vascular trauma represents a time critical surgical emergency with significant risk of limb loss and mortality. In low and middle income settings, delayed presentation, resource constraints, and limited vascular expertise may adversely affect outcomes. This audit evaluates contemporary patterns, management strategies, and early outcomes of vascular trauma managed in a dedicated tertiary vascular unit.

Methods

A retrospective observational audit was conducted including all consecutive patients presenting with vascular trauma between 01 January 2025 and 28 February 2026.Demographics, mechanism of injury, anatomical distribution, operative strategy, adjunctive procedures (including fasciotomy), re-interventions, amputation, and mortality were analyzed. Descriptive statistics were applied to characterize patterns and outcomes.

Results

A total of 85 patients were analyzed. The cohort was predominantly young (mean age 34 years) and male (84.6%). Blunt trauma secondary to road traffic accidents and penetrating injuries constituted the majority of cases. Extremity arterial injuries were most frequent, particularly involving brachial and femoropopliteal segments.Operative vascular reconstruction was required in 67% of patients, reflecting a high burden of limb-threatening injury. Fasciotomy was performed in 28.8%. The primary amputation rate was 5.8%, while re-exploration for grafts thrombosis occurred in a small subset. No in-hospital mortality was observed.

Discussion and Conclusion

Vascular trauma in our setting predominantly affects economically productive young males and is largely preventable. Prompt surgical involvement enabled high limb salvage rates with zero mortality. Structured trauma pathways, early vascular consultation, and aggressive limb salvage strategies are pivotal to optimizing outcomes. Prospective multicenter data needed to establish national benchmarks and refine vascular trauma protocols.

PP32-Clinical Characteristics and Management Patterns of Gallbladder Adenocarcinoma: Experience from a Tertiary Referral Hepatopancreatobiliary Surgical Unit.

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Introduction

Gallbladder adenocarcinoma (GBC) is an aggressive malignancy with unfavorable prognosis, primarily due to late presentation. Understanding patterns of presentation and management is crucial to optimize outcomes, particularly in lower-middle-income countries.

Methods

A retrospective analysis of a prospectively maintained database was performed for patients diagnosed with GBC at a single tertiary hepatopancreatobiliary (HPB) centre between 2021 and 2026.

Results

A total of 40 patients were included. The mean age was 64 years (range 43â€“81), with a near-equal sex distribution. The most common presenting symptom was right upper quadrant pain (n=16, 40%), followed by jaundice (n=12, 30%) and dyspepsia (n=9, 22.5%). Constitutional symptoms were common, with loss of appetite (n=25, 62.5%) and weight loss (n=19, 47.5%). The mean duration of symptoms was 8.8 months.

Imaging revealed gallstones in 35% (n=14), gallbladder mass lesions in 52.5% (n=21), and irregular wall thickening in 25% (n=10). At presentation, liver metastases were identified in

41% (n=16), peritoneal disease in 35% (n=14), and nodal involvement in 22.5% (n=9), reflecting advanced-stage disease.

Overall, 30 patients (75%) were managed with palliative systemic chemotherapy. Curative-intent surgery was undertaken in 9 patients (22.5%) with radical cholecystectomy and hepatoduodenal lymphadenectomy. One patient had lap cholecystectomy followed by gallbladder fossa resection. Of these, 7 patients (66.7%) remain disease-free at follow-up.

Conclusion

GBC presents at an advanced stage in the majority of patients, limiting curative options. Strengthening early detection and referral pathways is essential to improve resectability and survival. However, selected patients undergoing curative resection can achieve favorable short-term oncological outcomes.

PP 34-Diagnostic Utility of Ultrasonography and Fine Needle Aspiration Cytology in Thyroid Nodule Evaluation: A Tertiary Care Centre Experience.

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Introduction

Thyroid nodules are common and mostly benign, but the rising incidence of thyroid malignancy highlights the need for reliable preoperative risk stratification to avoid unnecessary surgery. Ultrasonography and fine-needle aspiration cytology, guided by ACR-TIRADS and Bethesda systems, are widely used for this purpose. This study evaluates their combined diagnostic utility.

Methods

A retrospective cross-sectional study was conducted over a four-year period (January 2022–December 2025). A total of 453 patients who underwent Ultrasonography followed by ultrasound guided FNAC were included. Nodules were stratified using ACR-TIRADS, and cytology was categorised according to the Bethesda system. Data were analysed using SPSS version 26. Associations between TIRADS and Bethesda categories were assessed using cross-tabulation, and trends across categories were evaluated.

Results

In our cohort, females predominated (87.2%), with a mean age of 47.12 years. Most nodules were TIRADS 3 (41.5%) or TIRADS 2 (33.3%), while 9% were unclassified. Cytology was mainly Bethesda II (71.3%). Higher TIRADS categories showed an increasing trend toward higher Bethesda categories, with lower TIRADS nodules largely benign and higher categories showing more indeterminate or suspicious cytology.

Discussion and Conclusion

A consistent correlation was observed between ACR-TIRADS and Bethesda systems, supporting their combined use in thyroid nodule risk stratification and management. Lower TIRADS categories correlated with benign cytology and conservative management, while higher categories identified nodules needing further evaluation. This approach may help optimise patient selection for surgery in routine practice.

PP 35-The Physical, Cognitive, and Organizational Ergonomics in Robotic Surgery: A Systematic Review of Experimental Studies.

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Introduction

Since the 1990s, advancements in surgical techniques have significantly increased the adoption of robotic-assisted surgery (RAS). This innovation provides significant ergonomic benefits, along with some new challenges compared to traditional laparoscopic (LAP) and open surgical methods. Therefore, this study analyzes relevant published experimental research to evaluate the physical, cognitive, and organizational ergonomics associated with RAS.

Methods and Materials

A systematic search was performed utilizing the MEDLINE/PubMed, Cochrane CENTRAL, and Embase databases to identify relevant literature related to physical, cognitive, and organizational ergonomics in RAS. Subsequently, eligible articles were selected using the Rayyan tool, adhering to the PRISMA guidelines. The quality assessment was done using the Cochrane Collaboration Risk of Bias Tool (ROB-2, version 2). Outcomes were systematically categorized and evaluated manually, and the findings were presented in a structured format, highlighting the key aspects of physical, cognitive, and organizational ergonomics.

Results

The analysis included 17 articles, comprising 14 RCTs, 2 clinical trials, and 1 pilot study. Among these, 9 studies evaluated physical ergonomics, 9 addressed cognitive ergonomics, and 8 focused on organizational ergonomics. The findings indicate the RAS significantly enhances physical ergonomics for surgeons by decreasing physical demands, effort, and discomfort while simultaneously improving dexterity and ease of use. Additionally, RAS reduces the ergonomic risks associated with work-related musculoskeletal disorders (MSDs) compared to LAP.

Conclusion

RAS has superiority in physical ergonomics compared to traditional methods. However, it presents significant cognitive and organizational ergonomics challenges, including increased mental demand, frustration, situational stress, and longer preoperative and operative times.

PP 36-Image-guided microwave ablation for small renal masses: a prospective observational study from a tertiary care center in Sri Lanka

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Introduction

Renal cell carcinoma (RCC) is the third most common urological malignancy. Improved cross-sectional imaging has increased the identification of small renal masses (SRMs), resulting in a change in care to nephron sparing techniques such as microwave ablation (MWA). This study evaluated the patient characteristics, tumor features, and early outcomes of image-guided MWA for SRMs in a tertiary care environment in Sri Lanka.

Methods

This prospective observational study was carried out in a tertiary care hospital between January 2023 and May 2024. Consecutive patients with biopsy proven T1a SRMs (≤4 cm) who underwent curative percutaneous MWA following multidisciplinary team (MDT) evaluation, were included. Clinical, radiological, histological, and renal function data were obtained. The outcomes included technical success, complications, recurrence, and changes in renal function.

Results

Fourteen patients (mean age 52 years; 78.5% male) underwent MWA with a mean follow-up of 28.7 months. Hypertension was the most common comorbidity, and 71.4% of lesions were incidentally detected. Clear cell RCC was the most common histological subtype (64.2%), followed by oncocytoma (14.2%). Technical success was achieved in all cases, with 85.7% required a single ablation session. Only two minor complications (14.2%) (Clavein-Dindo grades I and II) were recorded. Renal function was preserved, with no evidence of local recurrence or distant metastasis during follow-up.

Discussion and Conclusion

Image-guided MWA revealed great technical success, acceptable safety, and effective short-term oncological management while maintaining renal function, indicating that it is a potential nephron-sparing alternative for selected SRMs in resource-limited settings.

PP 37-Pattern of Injuries, Risk Factors, and Clinical Outcomes of Motorcycle Accident Casualties Admitted to a Tertiary Surgical Unit in Sri Lanka: A Prospective Observational Study

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Introduction

Motorcycles account for approximately 40% of all road traffic accidents(RTA) in Sri Lanka, yet clinically detailed, prospective evidence characterising this injury population remains scarce. Inadequate epidemiological data impedes the development of targeted surgical protocols and evidence-based road safety policy. This study investigated injury patterns, risk factors, and outcomes among motorcycle casualties at a tertiary surgical unit.

Methods

A prospective cross-sectional observational study was conducted at the Professorial Surgical Unit, Teaching Hospital Kurunegala. All patients aged 16 years and above admitted following motorcycle-related RTA were recruited via consecutive sampling. Injury severity was quantified using the Injury Severity Score(ISS) and functional outcome was assessed at 30 days using the Glasgow Outcome Scale.

Results

Ninety-nine casualties were analysed. The majority were male (76.8%), with a mean age of 32.2 years. Young adults aged 19-35 years accounted for 51.6% of casualties. Major trauma (ISS -¥16) was present in 54.5%(mean ISS 22.6). Lower limb injuries predominated (59.6%). Surgical intervention was required in 77.8%, predominantly for wound cleaning and dressing. Helmet non-use was associated with a 2.4-fold higher rate of head-dominant injury. Speed above 80 km/h doubled mean ISS compared to speeds below 40 km/h. The 30-day survival rate was 97.9%, with 75.8% achieving good recovery(GOS 5).

Conclusion

Motorcycle accidents in this cohort caused severe, predominantly lower-limb injuries with high operative demand. Speed, helmet non-use, and alcohol intoxication were the principal modifiable risk factors. Mandatory helmet legislation, strict speed enforcement on provincial roads, and ISS-stratified post-operative surveillance protocols are recommended to reduce morbidity and mortality.

PP 38-Utility of Neutrophil-to-Lymphocyte Ratio(NLR) in the Diagnosis and Severity Assessment of Acute Appendicitis

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Introduction

Acute appendicitis is one of the most common surgical emergencies; however, its diagnosis remains challenging and often requires a multimodal approach. This retrospective study aimed to evaluate the ability of the neutrophil-to-lymphocyte ratio (NLR) to predict acute appendicitis and differentiate complicated from uncomplicated appendicitis.

Methods

A cross-sectional study was conducted among patients clinically diagnosed with acute appendicitis at a tertiary care centre in 2024. Data regarding demographics, clinical presentation, NLR, ultrasonographic findings, intraoperative findings, and histopathology were collected and analysed. Patients were categorised into acute appendicitis (G1) and normal appendix (G2) groups. G1 patients were further subdivided into uncomplicated appendicitis (G1a) and complicated appendicitis (G1b), including gangrenous and perforated appendicitis.

Results

A total of 104 patients were included, of whom 58.6% (n=61) were male. The mean age was 26.55 years. G1 comprised 75 (72.1%) patients, while G2 included 29 (27.9%) patients. Among G1 patients, 56 (53.8%) belong to G1a and 19 (18.3%) to G1b. The mean NLR was 7.12 in acute appendicitis, 10.75 in complicated appendicitis, and 6.14 in uncomplicated appendicitis. ROC analysis identified an NLR cut-off value of 2.51 with an area under curve (AUC) of 0.615 for predicting acute appendicitis, with sensitivity and specificity of 82.7% and 51.7%, respectively. Mann-Whitney U analysis demonstrated significant differences between complicated and uncomplicated appendicitis (p=0.0275) and a highly significant difference between complicated and normal appendix (p=0.0034).

Conclusion

NLR is a useful biomarker for predicting acute appendicitis and distinguishing complicated from uncomplicated disease. Higher NLR values were associated with complicated appendicitis.

PP 39-Can Biofeedback Restore Normal Defecation? A Prospective Anorectal Manometry Study

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Introduction

Defecatory disorders, including dyssynergic defecation (DSD) and functional constipation, represent a significant clinical burden. Biofeedback (BF) therapy is the gold standard for treating dyssynergic defecation by correcting pelvic floor dyscoordination. This study evaluated BF efficacy by measuring phenotype normalization (Dyssynergia to Normal) in anorectal manometry (ARM).

Methods

A prospective cohort of patients with DSD, underwent baseline and follow-up ARM, to confirm the type of dyssynergic defecation, followed by a standard biofeedback training protocol. Statistical analysis performed in SPSS version 20 used McNemar's Test for categorical shifts

Results

The study population (n=46) demonstrated a slight female predominance (63%, n=29) with a mean age of 48.02 years (SD = 18.59). At baseline, the distribution of DSD subtypes was: type 1 (46%, n=21), type 2 (7%, n=3), type 3 (46%, n=21), and type 4 (2%, n=1).

Following biofeedback therapy, by the second visit, 15% (n=7) of patients achieved normalization. Specifically, 7% of baseline type 1 patients (n=3) and 9% of Type 3 patients (n=4) converted to a normal pattern. Ten patients followed to a third visit, and one patient who remained at type 1 and 2 patients who had type 3 dyssynergic defecation during the second visit successfully normalized by the third. Across the total cohort, 22% (n=10) ultimately achieved a normal defecation pattern, which was statistically significant (McNemar exact test, p = 0.002).

Conclusion

Biofeedback therapy resulted in a statistically significant (p=0.016) normalization of defecation patterns in nearly 22% of patients validating its role in correcting neuromuscular coordination.

PP 40-Clinical Outcomes, Wound Healing Dynamics, and Return to Work Following Varicose Vein Surgery: A Retrospective Cohort Study.

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Introduction

Chronic venous insufficiency and venous leg ulcers significantly impair quality of life and workplace productivity. While surgery corrects venous reflux and reduces venous hypertension, real-world evidence on post-operative healing and return-to-work timelines remains vital for patient counseling. This study evaluates clinical outcomes following varicose vein surgery, focusing on ulcer healing, time to resolution, and functional recovery.

Methods

A retrospective cohort study analyzed 130 patients who underwent varicose vein surgery at a single vascular unit from January 2024 to December 2025. The mean follow-up time was 16.35 months. Data included baseline CEAP status, presence of active venous leg ulcers, post-operative ulcer healing rates, time to complete healing, and return-to-work times. Descriptive statistics summarized outcomes.

Results

Out of 130 patients, 38.5% (n=50) presented with active venous leg ulcers at baseline, predominantly documented as CEAP C6 disease. Following surgical intervention, 96% of pre-operative venous ulcers achieved complete healing during follow-up. The mean time to complete ulcer healing was 2.27 months. Across the entire cohort, the mean time to return to normal daily activities or employment was 0.52 months (approximately two weeks). No major complications delayed recovery.

Conclusion and Discussion

Varicose vein surgery yields high venous ulcer healing rates (96%) and rapid functional recovery, with most patients successfully returning to normal employment within approximately two weeks. These real-world results strongly advocate for early surgical intervention to promptly minimize socioeconomic burdens and significantly improve overall patient quality of life.

PP 41-Side-to-side Leno-renal Shunt (Mitra Shunt) in management of EHPVO: A single centre experience from a Teritary care centre in North India

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Introduction

Extrahepatic portal vein obstruction (EHPVO) is the most common cause of portal hypertension in children. Although endotherapy remains the primary treatment for variceal bleeding, surgical portosystemic shunts continue to play an important role in selected patients with persistent varices, hypersplenism, portal cavernoma cholangiopathy, and growth failure. This study evaluated the feasibility and early outcomes of the spleen-preserving side-to-side splenorenal shunt (Mitra shunt) in children with EHPVO.

Methods

A retrospective review was performed of children (<18 years) with EHPVO who underwent Mitra shunt at a tertiary care centre between January 2020 and March 2025. Demographic characteristics, indications for surgery, operative details, portal pressure measurements, and early postoperative outcomes were analysed.

Results

Nine consecutive children underwent Mitra shunt during the study period. The median age at surgery was 5 years (range, 2–18 years). Recurrent variceal bleeding was the commonest indication (88.8%), followed by severe splenomegaly with hypersplenism (66.7%), portal cavernoma cholangiopathy (33.3%), and growth retardation (22.2%). Mean splenic vein diameter was 6.5 mm and the average shunt diameter was 11.6 mm. Median portal pressure decreased significantly from 38 cmH_2O preoperatively to 25 cmH_2O postoperatively ($p=0.008$). There was no operative mortality. Shunt patency at discharge was demonstrated in 7 patients (77.8%). One patient developed shunt thrombosis, while another had prolonged drain output that resolved conservatively.

Conclusion

Mitra shunt is a feasible spleen-preserving decompressive procedure for selected children with EHPVO, achieving significant portal decompression with acceptable early morbidity and encouraging short-term outcomes.

PP 42-Awareness of the importance of foot care practices among diabetes mellitus patients in endocrine clinic of the Teaching Hospital Anuradhapura

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Introduction

Diabetic foot complications cause significant morbidity in diabetes but are largely preventable through risk-factor identification, foot care, and education.

Methods

A descriptive cross-sectional study was conducted among 190 patients with type 2 diabetes mellitus attending the endocrine clinic at Teaching Hospital Anuradhapura. Data were collected using an interviewer-administered questionnaire. Awareness was categorized using Bloom's cut-off points as good (≥80%), moderate (60-79%), or poor (<60%). Data were analysed using descriptive statistics and tests of association.

Results

Among 190 participants, 70.0% (n=133) were female. Mean age was 53.1 ± 13.4 years, and mean diabetes duration was 9.2± 7.6 years. Most were non-smokers (77.9%) and compliant with medications (70.0%). Dyslipidaemia was the commonest comorbidity (59.5%). Mean FBS was 141.4 ± 58.1 mg/dL and HbA1c 7.58 ± 7.07%. Diabetic foot was present in 6.3%, while 14.7% had moderate foot-risk features. Foot washing (95.3%) and drying between toes (82.6%) were common, but daily foot examination (42.1%), water temperature testing (50.0%), and avoiding barefoot walking (42.6%) were less frequent. Most used unsuitable footwear (84.7%). Awareness was mainly moderate (62.6%). Diabetic foot status was significantly associated with longer diabetes duration, smoking, ulcers, calluses, and peripheral vascular disease.

Discussion and Conclusion

Most patients had moderate awareness of diabetic foot care despite the lack of structured education programs. However, important gaps in preventive practices remained. This highlights the need for regular education and counseling to improve awareness, encourage preventive behaviors, and reduce diabetes related foot complications.

PP 43-Implementation of a multicenter electronic surgical database across orthopedic and vascular services in Sri Lanka.

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Introduction

Efficient clinical data management is critical for continuity of care, surgical audits, and research. Many Sri Lankan surgical centers use paper-based records, which limits inter-institutional data sharing and clinical governance. This study describes the implementation and utility of a multicenter electronic surgical database across orthopedic and vascular surgical services in Sri Lanka.

Methods

An electronic clinical database was developed prospectively over two years across three government hospitals at tertiary and secondary care levels. Patients were registered with unique identification numbers, and clinical, surgical, follow-up, radiological, and investigative data were recorded and updated prospectively. Descriptive statistics were performed.

Results

A total of 6667 patients were registered, including 5683 (85.2%) orthopaedic and 984 (14.8%) vascular. The system recorded 5616 inpatient admissions (84.2%) and 9301 outpatient clinic visits from 5423 patients (81.3%). A total of 2776 surgical procedures (2200 orthopaedic and 576 vascular) performed under various anaesthesia modalities. Morbidity and mortality were reported in 71 (2.5%) and 6 (0.2%) surgical patients, respectively. Over 11076 clinical documents - including investigation reports, radiographic images and wound photos â€“ were uploaded to support comprehensive longitudinal records. The platform allowed for cross- institutional referral tracking, surgical audits, and prospective research data collection across all institutions.

Discussion and Conclusion

The multicenter electronic surgical database for orthopedic and vascular services greatly enhanced patient follow-up, data accessibility, and continuity of treatment. It also increased clinical audit and research capabilities, indicating that digital health systems may significantly improve the quality and efficiency of surgical services in Sri Lanka.

PP 44-Carrier regret among medical students in the Faculty of Medicine, University of Ruhuna.

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Introduction and objectives

Medical education is considered one of the highly demanding curriculum. Though there are motivational factors, students find it difficult to carry out academic work due to many challenges, leading to low career satisfaction. The study aims to identify those factors among medical undergraduates (MUG) in all academic years.

Methods

A descriptive cross-sectional study was conducted among MUG at the Faculty of Medicine, University of Ruhuna. Data were collected using a pre-formed, self-administered questionnaire.

Results

Among 160 participants, 40.6% students were in the first year. Common motivational factors were altruism (79.4%), interest in bioscience (76.9%), social prestige (81.9%), financial security(79.4%), and parental wishes (76.9%).

However, participants claimed about academic overload (91.3%), financial stress (40.6%), and emotional burnout (67.5%). Overall, 27.5% students regret about the carrier, and career regret was highest among final-year students (60%), followed by fourth-year students (44.44%), third-year students (36.36%), and pre-interns (27.78%). A statistically significant association was found between the academic year and career regret (p =0.005, r=0.17). Significant correlations were also identified between the academic year and emotional burnout (p<0.001, r=0.34) and financial stress (p=0.02, r=0.15).

Discussion and Conclusion

More than one-fourth of students had career regret due to academic overload, emotional burnout, and financial stress, and this increases with the academic year. The matter should be addressed with in-depth studies and warrants a curriculum change.

PP 45-Impact Of Indocyanine Green Fluorescence on Surgical Precision in Difficult Laparoscopic Cholecystectomy: A Randomized Controlled Trial

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Introduction

Patients with moderate-to-high Nassar preoperative scores present obscured anatomy where conventional white-light imaging often proves insufficient. Intravenous indocyanine green (ICG) with near-infrared fluorescence offers real-time biliary visualization, yet its specific utility in predicted difficult cholecystectomy remains incompletely characterized.

Objectives

To evaluate whether ICG fluorescence cholangiography reduces operative time to critical view of safety (CVS) and improves intraoperative safety outcomes in moderate-to-high Nassar risk patients undergoing LC.

Methods

This open-label RCT enrolled 56 patients (28 per arm) at AIIMS New Delhi, randomized 1:1 to ICG-assisted LC (IV ICG 0.1- 0.2 mg/kg, 5- 12 hours preoperatively) or conventional LC. Primary endpoint was time from port insertion to CVS. Secondary endpoints included blood loss, conversion, bile duct injury (BDI), bile leak, and hospital stay. Analysis was intention-to-treat.

Results

Mean CVS time was significantly shorter in the ICG arm (28.4 ± 4.2 min) versus conventional LC (34.1 ± 5.8 min; p = 0.004). Overall mean CVS time across all 56 patients was 31.2 ± 5.6 minutes. Pre-dissection cystic duct identification was higher with ICG (82.1% vs. 53.6%; p = 0.018). Conversion occurred in 7.1% versus 17.9% of cases (p = 0.21). No BDI was recorded in either group. Hospital stay and bile leak rates were comparable.

Conclusion

ICG fluorescence significantly reduces time to CVS and improves biliary landmark identification in difficult LC. Trends toward lower conversion rates are clinically meaningful though underpowered for significance. Routine ICG use in Nassar high-risk cases warrants consideration, pending validation in larger multicentre trials.

PP 46-Dual Burden of MACE and MALE Following Lower Limb Bypass Surgery: One-Year Outcomes and Causes of Mortality from a Single-Centre Experience

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Introduction

Lower limb bypass surgery for advanced peripheral arterial disease carries significant risks of both cardiovascular complications and adverse limb outcomes. This study assessed incidence of major adverse cardiovascular events (MACE), major adverse limb events (MALE), one-year mortality, and causes of death.

Methods

This retrospective cohort study was conducted in a single vascular unit, including 165 patients who underwent lower limb bypass surgery with minimum one year follow-up. The primary endpoints were the incidence of MACE, MALE, one-year mortality, and causes of death within one year postoperatively.

Results

The mean age was 65.4 years, with a male predominance (M 1.8:1). Within one year, MACE and MALE occurred in 43.9% and 44.5%. One-year mortality rate was 43.0%. The leading causes of death were acute coronary syndrome (41.6%), sepsis (27.1%), stroke (4.9%), and other causes (26.4%).

Discussion and Conclusion

There is a high incidence of both cardiovascular and limb-related adverse events within the first year following lower limb bypass surgery, reflecting the advanced systemic atherosclerotic disease burden of this patient population. The substantial one-year mortality rate, predominantly attributable to acute coronary syndrome and sepsis, suggests that postoperative outcomes are influenced not only by limb-related pathology but also by significant cardiovascular comorbidity and susceptibility to systemic complications. These findings highlight the importance of comprehensive secondary prevention, aggressive cardiovascular risk-factor modification, and structured postoperative surveillance following revascularization.

PP 47-Assault-Related Trauma at a National Tertiary Care Centre: Demographic Characteristics, Injury Patterns and Clinical Outcomes

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Introduction

Assault-related injuries are a common cause of trauma and emergency hospital visits. This audit assessed the characteristics, injuries, management, and outcomes of assault victims presenting to the Accident Service Unit of the National Hospital of Sri Lanka.

Methods

A two-month descriptive audit was conducted among assault victims. Data were collected using a structured questionnaire and analyzed descriptively.

Results

A total of 112 assault victims were included, with a mean age of 37.5 years; 76.8% were male. Most had primary education (72.3%) and were married (52.7%). The assailant was known to the victim in 71.4% of cases, and 74.1% involved a single assailant. Assaults occurred most commonly during the evening (46.4%) and on the street (59.8%). Alcohol or substance use was reported in 27.7% of victims.

Blunt-force trauma was the commonest mechanism (67.0%), followed by sharp weapon injuries (25.9%). The most frequently affected anatomical regions were the head (63, 56.3%), face (37, 33.0%), neck (28, 25.0%), chest (25, 22.3%), upper limbs (24, 21.4%), abdomen (20, 17.9%), and lower limbs (17, 15.2%). Common injuries included abrasions (44.6%), contusions (40.2%), lacerations (31.3%), cut injuries (22.3%), and limb fractures (13.4%). Vascular injuries (6.3%), head injuries (4.5%), rib fractures (3.6%), and vertebral fractures (3.6%) were less common. Exploratory laparotomy was required in 3.6% of patients. Five patients (4.5%) required ICU admission, and two (1.8%) died.

Conclusion

Most assault victims were young men with blunt injuries. Although outcomes were generally good, some required specialist management or intensive care, highlighting the continuing burden of assaults.

PP 48-An Audit of Time from First Clinic Visit / Urgent referral to Definitive Surgical Treatment in Renal Cell Carcinoma at Urology Department in a Tertiary Care Hospital in the year 2025

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Introduction

Renal cell carcinoma (RCC) is a common urological malignancy where the timing of intervention is a critical determinant of clinical outcomes. International Cancer Waiting Time Standards stipulate that patients should receive their first definitive treatment within 62 days of an urgent referral. Delays in initiating surgery can compromise prognosis. Aim of this audit was to evaluate the compliance of the Urology Department at a tertiary care hospital with international cancer waiting time standards specifically for patients undergoing definitive surgical treatment for RCC.

Methods

A retrospective clinical audit was conducted on all RCC patients who underwent definitive surgical intervention at the unit during the year 2025. Data were extracted from theatre logs, clinic registration records, pathology reports, and MDM minutes. Key performance indicators included the intervals between the first clinic visit, radiological diagnosis, and the date of surgery.

Results

The audit provides a quantitative measure of compliance with the 62-day standards for surgical cases. It identifies specific institutional bottlenecks, including delays in radiological imaging and theatre availability, which serve as primary obstacles to meeting international targets.

Conclusion

The findings highlight service gaps in the surgical management of RCC in the Sri Lankan setting. These results will support evidence-based recommendations for resource allocation and service improvements, providing a baseline for future re-audits to assess the impact of interventions.

PP 50-Early Outcomes of Living Donor Renal Transplantation (LDRT) in the Local Setting: Mortality, Survival and Demographics

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Introduction

Sri Lanka has an aging population with an epidemic of diabetes, predisposing to a higher incidence of chronic kidney disease (CKD). At present, the great majority of transplants in Sri Lanka are with living donors; Live Donor Renal Transplants (LDRT). We evaluated the early outcomes of LDRT in the local setting, to establish real-world local data on factors such as recipient profile and early outcomes.

Methods

A retrospective analysis of prospectively collected data on 217 consecutive LDKTs performed outside the public health sector, over a 3-year period were analysed. The current cohort was limited to LDRT done outside the public sector due to practical limitations, with an intention to include public sector data in further studies. The basic demographic details, perioperative complications, in-hospital mortality and 30-day mortality were recorded. Longer-term outcome data collection is ongoing.

Results

Median follow-up was 12 months (1-42). Median age of transplant recipient was 52 (17-71) years with a large male preponderance (78%). The cohort demonstrated overwhelming cardiometabolic risk: diabetes in 72.2% and hypertension in 69.4%. There was only one in-hospital mortality (0.5%) due to myocardial infarction on day 02. There were no other deaths reported in the 30-day follow-up. Limited long-term data showed a late mortality (>30 days) of 2.7% (6 patients). Overall survival was excellent (97%) at median 12-month follow up.

Conclusion

LDRT is the treatment of choice for ESRF. In this highly selected cohort of patients managed under specialized condition, the observed early survival, graft function, and functional recovery have been excellent.

PP 51-Modified Laparoscopic Swenson Pull-Through for Hirschsprung Disease in Infants: A Case Series

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Introduction

Minimally invasive techniques have increasingly been adopted for the definitive management of Hirschsprung disease. The laparoscopic modified Swenson pull-through allows precise dissection with improved visualization and nerve preservation, making it particularly suitable for infants.

Objectives

To assess the feasibility, safety, and early outcomes of laparoscopic modified Swenson pull-through in infants with Hirschsprung disease.

Methods

Infants diagnosed with Hirschsprung disease who underwent laparoscopic modified Swenson pull-through were retrospectively reviewed. Laparoscopy was used for colonic mobilization and identification of the transition zone, followed by transanal completion of the pull-through. Operative parameters, postoperative recovery, complications, and early functional outcomes were analyzed.

Results

All procedures were completed laparoscopically without conversion Age ranged from 9-12 months a total of three cases were operated. Mean operative time was 250 minutes (ranged from 210 300 minutes). Operative blood loss were minimal. There were no intraoperative complications. Postoperative recovery was smooth, with early initiation of feeds and acceptable hospital stay. Early postoperative complications were infrequent and managed conservatively. At short-term follow-up, infants demonstrated satisfactory bowel function with no significant anastomotic stricture, incontinence, or recurrent enterocolitis.

Conclusion

Laparoscopic modified Swenson pull-through is a safe and effective approach for infants with Hirschsprung disease, offering the benefits of minimally invasive surgery and favorable early functional outcomes. Long-term follow-up is needed to validate sustained bowel function and continence.

PP 52-Impact of a Clinical Intervention on Adherence to Head Injury Observation Chart Practices in Traumatic Brain Injury Patients: An Audit Cycle at the National Hospital of Sri Lanka

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Introduction

Early identification of deterioration in traumatic brain injury (TBI) is essential for timely intervention and improved neurological outcomes. The Head Injury Observation Chart (HIOC), mainly maintained by nursing officers, supports structured neurological monitoring. This study assessed whether an educational intervention on HIOC standards at the National Hospital of Sri Lanka (NHSL) improved adherence to recommended monitoring and documentation practices.

Methods

A two-phase audit cycle was conducted in the NHSL Accident Service. A retrospective pre-intervention audit was performed on 111 TBI patients admitted in September 2025. Following this, nursing staff participated in a targeted educational intervention focusing on the clinical significance of standardized neurological monitoring and correct documentation techniques. A post-intervention re-audit of 53 patients was conducted in October and November 2025 to measure the impact of the training.

Results

Following the intervention, significant improvements were observed in consistency of initial observations ($p < 0.01$), complete pupil assessment ($p = 0.01$), comprehensive neurological assessment ($p < 0.01$), and complete vital sign monitoring ($p < 0.01$). However, no significant improvement was observed in the signing of observation entries ($p = 0.53$), complete Glasgow Coma Scale documentation (GCS) ($p = 0.70$), or chart legibility ($p = 0.35$).

Discussion and Conclusion

Educational training effectively boosted physiological and pupil monitoring. However, stagnant GCS and legibility scores suggest that knowledge alone is insufficient for complex documentation. Optimizing neurotrauma care requires moving beyond theory toward intensive supervision, practical bedside training, and continuous audit cycles.

PP 53-A Prospective Study on Early Postoperative Outcome following Laparoscopic and Open Ventral Hernia Repair

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Introduction

Ventral hernia repair is a common surgical procedure that involves evolving approaches. Laparoscopic repair is increasingly performed due to its potential to minimize postoperative morbidity; however, evidence from developing countries remain limited. This study aimed to compare the early postoperative outcomes between laparoscopic and open ventral hernia repair in a tertiary-care setting.

Methods

This prospective comparative study was conducted in two tertiary care hospitals from January 2024 to July 2025. Seventy-eight patients with ventral hernias were randomized into two equal groups: Laparoscopic ($n = 39$) and Open ($n = 39$). Data on the perioperative outcomes, hospital stay, return to activity and early complications were collected and analyzed using SPSS 25.0.

Result

The mean operative time was longer for laparoscopic repair (110.5 ± 28.6 min vs. 85.2 ± 22.1 min, $p < 0.001$). However, laparoscopic repair Resulted in significantly less blood loss (40 ± 25 mL vs. 120 ± 90 mL), lower pain scores, fewer analgesic doses, shorter hospital stay (2.8 ± 1.4 days vs. 5.6 ± 2.9 days) and earlier return to activity (10 days vs. 22 days). However, the mesh-related complications were collectively higher after laparoscopic repair (25.6% vs. 5.1%).

Discussion and Conclusion

Laparoscopic ventral hernia repair provides superior short-term recovery benefits but carries an increased risk of wound and mesh-related complications. The choice of technique should therefore be individualized, balancing recovery advantages against the higher risk of mesh-specific morbidity.

PP 54-Outcomes of Piggyback and Side to Side Cavostomy Techniques in hepatic Venous Reconstruction in Liver Transplantation - A Single unit Experience

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Introduction

Hepatic venous reconstruction in liver transplantation (LT) has evolved from the conventional technique to the Piggyback (PB) approach to maintain inferior vena cava (IVC) flow, and subsequently to the side-to-side (SS) cavocaval anastomosis to mitigate hepatic venous outflow obstruction (HVOO). This study evaluates these techniques at a single unit in Sri Lanka.

Methods

A retrospective analysis of 26 patients undergoing LT was conducted at the National Hospital of Sri Lanka. Demographics, reconstruction types, and clinical outcomes were analyzed.

Results

The cohort (20 males, 5 females; mean age 51.33 years) included 25 deceased donor LTs and one live donor LT. Surgical techniques comprised PB (n=16, 61.5%), SS (n=9, 34.6%), and conventional interposition (n=1, 3.8%). No significant differences were found between the PB and SS groups regarding mean age (50.64 vs. 53.57 years, p=0.35) or male distribution (86.7% vs. 85.7%, p=1.00). There were 3 cases of HVOO. Notably, HVOO developed exclusively in 3 PB patients (18.75%) (p=0.15). In the PB group, non-HVOO complications included biliary issues (n=3) and renal dysfunction (n=1); all 3 HVOO patients died in the immediate postoperative period. SS group complications were limited to rejection (n=1) and wound oozing (n=1). Over a mean overall follow-up of 125.1 weeks, the mean survival was 177.6 weeks.

Conclusion

The SS technique demonstrated zero incidence of HVOO and fewer overall complications compared to PB, supporting its standardization to optimize liver transplantation outcomes.

PP 55-Diagnostic Performance of the Alvarado Score for Acute Appendicitis: Findings from Two Tertiary Care Hospitals in Sri Lanka

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Introduction

Acute appendicitis is a common surgical emergency requiring prompt diagnosis. The Alvarado score is widely used for clinical assessment, but its diagnostic accuracy in local clinical settings requires evaluation. The study aimed at determining the diagnostic accuracy of the Alvarado score in detecting acute appendicitis among patients undergoing appendicectomy in the surgical wards of Teaching Hospital Anuradhapura and Kurunegala.

Methods

A cross-sectional validation study was conducted using secondary data extracted from Bed Head Tickets and histopathology reports of adult patients, who underwent appendicectomy from May to September 2025. Consecutive sampling was applied. Sociodemographic data, clinical features, laboratory findings, and Alvarado scores were collected using a structured extraction sheet. Histopathology was used as the reference standard. Sensitivity, specificity, positive and negative predictive values (PPV, NPV) were calculated with 95% confidence intervals.

Results

Data from 92 patients were analysed, of whom 47 (51.1%) were male. The mean (SD) age was 34.2 (15.0) years. Histological evidence of appendicitis was present in 76 patients (82.6%). At an Alvarado score cut-off of 7, sensitivity was 71.0% (59.5-80.9), specificity 56.2% (29.9-80.2), PPV 88.5% (91.3-93.2), and NPV 29.0% (18.9-41.7). At a cut-off of 5, sensitivity increased to 94.7% (87.1-98.6) while specificity decreased to 31.2% (11.0-58.7); PPV and NPV were 86.7% (82.4-90.1) and 55.6% (27.4-80.6), respectively.

Discussion and Conclusion

At a lower cut-off, the Alvarado score showed high sensitivity but limited specificity, identifying most suspected cases. A higher cut-off improved specificity, reducing false positives, but decreased sensitivity. Histopathology remains essential for definitive diagnosis.

PP 56-Outcomes of parathyroidectomy in a tertiary unit

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Introduction

Parathyroid adenomas are the commonest cause for primary hyperparathyroidism. Surgical excision remains the definitive treatment.

Methods

6 consecutive patients who underwent elective parathyroidectomy for hyperparathyroidism from April 2024 to April 2026 were prospectively evaluated. Data was extracted regarding the clinical presentation, biochemistry, imaging, operative details, histology and post-op complications. The primary endpoint was evaluating the peri-operative management and comparing the success rate and complications in parathyroidectomy.

Results

The mean age was 56 years (SD 9.33), with a range of 46- 70 years. 60% were females. 40% were symptomatic. Biochemically, mean total serum calcium of 4.72 mmol/L and ionized calcium levels averaging 3.59 mmol/L; both elevated. Mean pre-operative PTH level was significantly elevated at 770.6 pg/ml. Pre-operative localization imaging was positive in 100% in USS (n=6), 83.33 % in SESTAMIBI (n=5), and 3 underwent 4D CT and all were positive. Intraoperatively parathyroid lesion was found in 5 patients (83.33%). Hemithyroidectomy and level 6 clearance done in 2 patients (33.33%). Histologically, 4 were adenomas (66.67%) and 1 was hyperplasia (16.67%).

Post-op mean calcium level (2.13 mmol/L) on day 01 was normal. PTH normalization was noted in 5 patients (83.33%) while persistent hyperparathyroidism occurred in only one patient (16.66%). Normocalcemia was achieved in 83.33% of patients and one patient developed symptomatic hypocalcemia. None had hungry bone syndrome, hematoma, or surgical site infection.

Conclusion

Most achieved successful biochemical cure following surgery. Complication rates were comparable to international standards.

PP 57-Cross-sectional study on individual and system level factors that impact the surgical training.

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Introduction

Surgical training is demanding and shaped by both individual and system-level factors that affect learning, performance, and wellbeing. This study looked at how trainees perceive the factors influencing their surgical training experience.

Methods

A cross-sectional study was conducted among 45 surgical trainees using a self-administered questionnaire covering seven domains: collegial relationships, workload and working hours, learning environment and supervision, training requirements, surgical rotations, hospital administration, and facilities/support. Responses were rated on a five-point Likert scale.

Results

Interpersonal relationships were rated highly (mean 4.4/5), indicating strong support and respectful communication. Workload and work hours scored lower (2.93/5), with 46.7% doing >10 casualty days/month and 60% performing 5-10 major surgeries weekly. Rest was inadequate (2.46/5) and a marked disparity in duty allocation was observed, with some trainees receiving only one day off per week while others received more than four.

The learning environment scored 3.62/5, with good supervision and feedback but limited time for reading (2.93) and research (2.8). Training programme requirements scored 3.06/5, with wellbeing concerns (2.33). Surgical rotations highlighted administrative issues, especially salary and overtime delays after transfers. Hospital administration scored 3.13/5, while facilities/support scored lowest (2.73), especially rest facilities and amenities (2.06). No significant correlation was found between workload and wellbeing ($r = 0.11, p = 0.71$).

Discussion and Conclusion

While interpersonal relationships and educational support were perceived positively, workload, unbalanced duty allocation, inadequate rest, and limited institutional support remain important challenges. Addressing these system-level factors may improve trainee wellbeing and improve the quality of surgical training.

PP 58-Post-Operative Patient Satisfaction After Routine Surgeries in a Peripheral Surgical Centre

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Introduction

Patient satisfaction is a key indicator of healthcare quality and patient-centered services. Limited data are available regarding patient satisfaction following surgery. This study aimed to assess postoperative patient satisfaction among patients undergoing routine surgical procedures.

Methods

A cross-sectional descriptive study was conducted among patients who underwent routine surgical procedures at a peripheral hospital from March 2025 to August 2025. A structured questionnaire was administered during the postoperative period to assess satisfaction. Data were analyzed using descriptive statistics.

Results

Seventy patients were included in the study, with a mean age of 44.3 ± 20.7 years. Males accounted for 62.5%. High levels of satisfaction were observed across most domains of care. Satisfaction with preoperative consultation, operating theatre care, postoperative pain management, and overall surgical outcomes was reported by 92.5%, 87.2%, 85.0%, and 89.5% of patients, respectively. Most patients felt adequately informed regarding their condition (95.0%), the proposed surgical procedure (87.5%), and potential complications (84.6%). Furthermore, 94.7% felt supported throughout their surgical journey, and 90% stated they would recommend the hospital to others. Despite the overall positive experience, prolonged preoperative fasting emerged as the most frequently reported source of dissatisfaction. Possibly operating list delays, limited theatre availability, emergency prioritization, and initiating fasting from midnight irrespective of scheduled operative time.

Conclusion

Patients undergoing routine surgical procedures demonstrated considerable overall satisfaction. However, prolonged preoperative fasting was identified as a significant area of dissatisfaction. Adoption of evidence-based fasting protocols improved operating list scheduling, and enhanced communication regarding operative times may improve patient experience and satisfaction.

PP 59-Tourniquet for Carpal Tunnel Decompression- Is it really necessary?

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Introduction

Traditionally carpal tunnel decompression (CTD) is performed in an avascular field using a tourniquet. This is supposed to improve visibility and is convenient for the surgeon. As CTD is usually performed under local anaesthesia, patients feel application of a tourniquet uncomfortable or even painful. To overcome tourniquet associated pain, surgery has to be performed under general or regional anaesthesia with a higher risk, prolonged theatre time, and a higher cost. Although extremely rare with pneumatic tourniquet, there is a risk of neurovascular damage. So, it is worthwhile if one can perform CTD safely without a tourniquet.

Methods

For several years, routine practice in our unit has been to perform CTD under local anaesthesia without a tourniquet: consecutive 364 patients were analysed for demography, operative time, blood loss, post-operative symptomatic relief and complications.

Results

All patients were free of pain or discomfort after injecting the local anaesthetic. Average operative time was 9 minutes with a blood loss less than 10 ml except in three cases. Only one patient complained of minimal improvement of pain after surgery due to presence of other identifiable causes. All others had excellent outcomes. There was no difficulty of visualization of tissues and no other complications were encountered.

Conclusion

It is extremely safe to perform CTD without a tourniquet, alleviating its own discomfort and complications. Absence of an avascular field does not lead to any significant haemorrhage, poor visibility, delay in operating time, persistent symptoms or higher rate of complications.

PP 60-Analgesic Effect of Opioid Use on Postoperative Pain following Lower Limb Revascularization Surgery under Combined Spinal - Epidural Anaesthesia

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Introduction

Lower-extremity bypass (LEB) surgery causes intense postoperative pain and delayed recovery. This study evaluated the efficacy and safety of combining intrathecal and intravenous opioids for perioperative analgesia in LEB surgery.

Methods

This prospective observational study was conducted in patients undergoing LEB surgery under CSE from 2024 - 2025. Pain using the Numerical Rating Scale was recorded at 6 and 24 hours. Multivariate regressions and chi-square tests were conducted at a significance of 0.05.

Results

The study included 154 patients undergoing LEB surgery (mean age 61.5 ± 9.7 years; 65.6% male). All received intrathecal 0.5% heavy bupivacaine as spinal anaesthesia. Intrathecal fentanyl was administered in 95 (61.7%) and additional intravenous morphine in 71 (46.1%). Patients were grouped as bupivacaine alone (B, n=46), bupivacaine + intrathecal fentanyl (BF, n=37), bupivacaine + intravenous morphine (BM, n=13), and triple therapy (BFM, n=58). Pain peaked at 6 hours [median 9 (IQR 7–10)] and decreased by 24 hours [median 5 (IQR 5–7)]. On multivariable linear regression, using BFM as the reference category, all other groups had significantly higher 6-hour pain scores: BF (B=2.81; 95% CI 2.19–3.44), BM (B=2.56; 95% CI 1.68–3.45), and B (B=2.11; 95% CI 1.52–2.70) ($p<0.001$ in all). Pain was not independently associated with other demographic or clinical variables. However, triple therapy was associated with higher rates of nausea, drowsiness, dizziness, and pruritus ($p<0.05$).

Conclusion

Triple therapy provided superior early pain relief compared to other regimes but significantly increased adverse effects. Clinicians must balance analgesic potency against side-effect profiles to optimize postoperative analgesia.

PP 61-Is Fibroblast Activator Protein Inhibitor (FAPI)-PET a Gamechanger in theragnostics of Hepato-Biliary Malignancy: a Pilot study!

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Introduction

Hepato-biliary malignancy is one of the commonest causes of cancer related mortality.We studied the role of FAPI-PET in diagnosis and better evaluated with FAPI-PET as well as FDG-PET. Histopathological confirmation done either after surgery or guided biopsy depending on presence of metastases. Both modalities assessed management of these malignancies.

Methods

Patients of suspected hepatobiliary malignancy underwent standard imaging (MDCT/CE-MRI) and tumour markers (AFP, CEA, CA 19-9). They were then for diagnostic accuracy with regards to concordance with histopathology.

Results

Twenty patients were included in the study. Mean age was 56.5 ± 14.1 years with female preponderance. 70% patients had Gallbladder cancer while 30% had HCC. FAPI detected nodal metastatic disease in 50% patients with SUV=4.89. Distant metastases were detected in 40% patients, commonest being omental deposits (37%). Mean SUV was 5.95. FDG-PET detected distant metastases in only 9% patients. For distant metastatic disease the sensitivity and diagnostic accuracy were both 100% for FAPI in our study while it was 50% and 66.6% for FDG-PET respectively. For Lymphnodal disease, though the sensitivity was 100% for FAPI-PET, the specificity was 55.6% which is similar to FDG-PET. FAPI-PET led to change in management in 40% patients (35% upstaged and 5% downstaged). Compared to FDG-PET, FAPI-PET demonstrated superior lesion conspicuity and broader disease mapping in 30% cases.

Conclusion

FAPI-PET is superior to FDG-PET in detection of distant metastases in hepato-biliary malignancy preventing "Futile Surgery" and early institution of palliative therapy. A larger study is ongoing to present more irrefutable evidence.

PP 62-Single-Lung Versus Double-Lung Ventilation During Thoracoscopic Esophagectomy for Esophageal Cancer: A Two-Centre Retrospective Study from Sri Lanka

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Introduction

Thoracoscopic esophagectomy is increasingly utilized in the management of esophageal cancer. However, the optimal ventilation strategy during thoracoscopic mobilization remains controversial. Both single-lung ventilation (SLV) and double-lung ventilation (DLV) are employed in contemporary practice, with limited comparative data available from South Asia. This study aimed to compare perioperative outcomes following thoracoscopic esophagectomy performed under SLV and DLV.

Methods

A retrospective multicentre study was conducted of 100 consecutive patients who underwent thoracoscopic esophagectomy for esophageal cancer. Patients were categorized according to intraoperative ventilation strategy as SLV or DLV. Major pulmonary complications (Grade IIIA), ICU stay, hospital stay, 30-day mortality and readmission were compared between groups. Multivariable logistic regression was performed adjusting for age and cardiopulmonary comorbidities.

Results

Of the 100 patients included, 49 underwent surgery under SLV and 51 under DLV. Major pulmonary complications occurred in 57.1% of patients in the SLV group compared with 35.3% in the DLV group ($p=0.044$). Median ICU stay was significantly shorter following DLV (4 vs 5 days, $p<0.001$). On multivariable analysis, DLV was independently associated with a 67% reduction in the odds of major pulmonary complications (OR 0.33, $p=0.015$). No significant differences were observed in hospital stay, 30-day mortality or readmission rates between groups.

Conclusion

Double-lung ventilation was associated with reduced major pulmonary morbidity and shorter ICU stay following thoracoscopic esophagectomy for esophageal cancer. These findings suggest that DLV may offer perioperative advantages over SLV during prone thoracoscopic esophagectomy. Prospective studies are warranted to validate these findings.

PP 63-Immediate Cross-Facial Nerve Transfer in Facial Paralysis Following Brain Tumor Surgery: A Two-Year Prospective Outcome Analysis

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Introduction

Facial nerve palsy following brain tumor surgery causes significant functional and psychosocial morbidity. Cross-facial nerve transfer is reserved for selected patients when local donor nerves are unavailable or unsuitable, including those with poor masseteric or hypoglossal nerve function, elderly patients, and individuals with limited motor relearning capacity. Its main advantage is restoration of a spontaneous smile. This study evaluated outcomes following immediate cross-facial nerve transfer.

Methods

A prospective observational study was conducted in three patients with facial paralysis following brain tumor surgery who underwent immediate cross-facial nerve transfer. Outcomes were assessed at 3, 6, 9, 12, 15, 18, and 24 months using a composite score evaluating facial symmetry, spontaneous smile, eye closure, nasolabial fold symmetry, and patient satisfaction. Data were analysed using IBM SPSS Statistics version 29.0.

Results

All three patients demonstrated progressive improvement during follow-up. At 24 months, two patients achieved excellent outcomes with scores of 90% and 95%, reporting extreme satisfaction. One patient achieved a final score of 45% with moderate dissatisfaction. Reinnervation was observed in all patients. One postoperative haematoma occurred and resolved without sequelae. No major donor-site morbidity was observed.

Discussion and Conclusion

Immediate cross-facial nerve transfer produced favourable long-term outcomes in selected patients. Early intervention may facilitate spontaneous facial reanimation and improve patient satisfaction. Larger studies are required to confirm these findings.

PP 64-Colorectal Tumour Sidedness and Associated Pathological Characteristics in a Sri Lankan Cohort: Implications for Staging and Screening

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Introduction

Colorectal carcinoma (CRC) has emerged as a significant public health burden in Sri Lanka. This study evaluates the pathological features, morphological characteristics, and their correlation with tumour location.

Methods

A retrospective analysis of 1,135 CRC patients diagnosed at the National Hospital of Sri Lanka (2014-2024) was conducted. Pathological features including T/N stage, lymph node (LN) yield, lymphatic invasion venous invasion, and tumour budding, were analysed based on tumour location (right, left, rectum).

Results

The mean age was 62.7 years (SD ±12.72), with a male predominance (56.1%). A significant left-sided predominance was observed (69.9%). Most cases were invasive adenocarcinomas (93.0%) presenting at locally advanced stages (T3/T4: 79.7%). The mean LN yield was 13.44. T-stage distribution differed significantly across anatomical sites ($p < 0.001$). N-stage varied significantly by location overall ($p = 0.019$), however this disparity disappeared when restricted to cases meeting the optimal LN yield of ≥12 nodes ($p = 0.289$). Right-sided tumours correlated strongly with higher LN yields ($p < 0.001$) and exhibited the highest rates of lymphatic invasion (47.6%, $p = 0.022$). Tumour budding was significantly more frequent in right (47.4%) and left-sided (43.1%) tumours compared to rectal cases (34.4%, $p = 0.001$). Conversely, venous invasion demonstrated no significant site association ($p = 0.704$).

Conclusion

With 70% of Sri Lankan CRC cases presenting as left-sided, flexible sigmoidoscopy offers a highly viable screening tool. Furthermore, frequent advanced-stage diagnoses emphasize the urgent need for early detection, while optimal lymph node harvesting remains crucial for accurate staging.

PP 65-Chronic Postoperative Inguinal Pain, Sensory Morbidity and Quality of Life Following Routine Ilioinguinal Neurectomy During Open Inguinal Hernia Repair: A Retrospective Audit

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Introduction

Chronic Postoperative Inguinal Pain (CPIP) is a significant long-term complication following inguinal hernia repair. The role of routine ilioinguinal neurectomy in preventing CPIP remains controversial due to concerns regarding sensory morbidity and overall quality of life.

Methods

A retrospective audit was conducted on 59 patients who underwent open inguinal hernia repair with routine ilioinguinal neurectomy. CPIP was defined as moderate pain persisting beyond 3 months and interfering with daily activities. Prevalence and severity of postoperative inguinal pain and sensory symptoms were assessed, while quality of life was evaluated using the Carolina comfort scale.

Results

The cohort comprised 56 males and 3 females, with a mean age of 55.7 years (18 -78). The median follow up duration was 13 months (Inter Quartile Range 9 -14.5 months). Clinically significant CPIP was identified in 2 patients (3.4%). Eight patients (13.6%) reported some degree of pain while 20 patients (33.9%) experienced numbness in the groin region. Among patients who reported pain, the average Carolina comfort scale score was 5.1 (Out of 115), suggesting minimal impact on quality of life.

Discussion and Conclusion

Ilioinguinal neurectomy is associated with a low incidence of chronic postoperative inguinal pain and a favourable postoperative quality of life. However, a substantial proportion of patients report postoperative numbness, highlighting a trade-off between pain reduction and sensory morbidity. These findings support the role of routine ilioinguinal neurectomy, with due consideration of sensory morbidity.

PP 66-Adrenalectomy for Adrenal Neoplasms: Clinico pathological Characteristics, Surgical Outcomes, and Imaging-Histology Concordance - A Retrospective Case Series

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Introduction

Adrenalectomy is the definitive treatment for functioning adrenal tumours and masses with malignant potential. Institutional series from South Asian centres remain scarce. This study reports clinicopathological characteristics, surgical outcomes, and imaging-histology concordance following adrenalectomy at a single general surgical unit.

Methods

A retrospective case series of consecutive adrenalectomies performed between January 2024 and January 2025 was conducted. Variables included demographics, functional status, CT morphology, surgical approach, operative duration, ICU and hospital stay, histopathology, and R0 resection status.

Results

Nine patients underwent adrenalectomy (4 male, 5 female; mean age 47.2 years). Indications were primary hyperaldosteronism, non-functioning mass with malignant radiological features, phaeochromocytoma, and ACTH-independent Cushing's syndrome. Mean CT maximum dimension was 3.2 cm (range 1.3–9.5 cm). Eight patients underwent laparoscopic adrenalectomy; one underwent open resection for a 9.5 cm lesion. Mean operative time was 237 minutes. Median ICU and hospital stay were 2 days (range 0–4) and 8 days (range 4–11) respectively. There was no 30-day mortality. Histopathology revealed adrenocortical adenoma (n=6), adrenocortical carcinoma (n=2), and phaeochromocytoma (n=1). R0 was achieved in all evaluable cases. Imaging-histology discordance was identified in two cases: one radiologically suspected malignancy yielded normal adrenal tissue with haemorrhage; one 3.0 cm non-functioning mass was confirmed as adrenocortical carcinoma.

Discussion and conclusion

Adrenalectomy was performed safely with no operative mortality. Laparoscopic adrenalectomy predominated, consistent with current guidelines. Imaging-histology discordance, including adrenocortical carcinoma in a non-functioning mass below conventional size-based risk thresholds, reinforces the importance of histopathological verification and multidisciplinary evaluation in adrenal surgical practice.

PP 67-Staged Gastric Tube Esophagoplasty: A Promising Approach for Pediatric Esophageal Replacement

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Introduction and Objective

This study focuses on using gastric tube esophagoplasty as a conduit for esophageal replacement in pediatric patients with esophageal atresia. The aim is to evaluate the technique, indications, and outcomes, especially in resource-limited settings.

Methods

The study duration was from 2012 to 2022. It included pure esophageal atresia and long gap esophageal atresia. The three-stage approach includes gastrostomy and esophagostomy during the neonatal period, isoperistaltic gastric tube in second stage, and subsequent closure of cervical esophagostomy in the third stage. Patient data, including gender distribution, weight, age, complications, gastric emptying, esophageal mucosal status, gastroesophageal reflux, and growth and nutritional status, are analyzed.

Results

A total of 27 cases with a male-to-female ratio of 3:1. The mean age was 8.5 ± 1.25 months. Minor cervical anastomotic leaks occurred in four cases(14.8%), managed conservatively. Esophageal stenosis at the anastomosis site was reported in one case (3.7%). Growth and nutritional assessment in these cases during follow-up were also found to be normal. Mortality was observed in one case (3.7%) due to bronchospasm in the immediate postoperative period.

Conclusion

The staged gastric tube esophagoplasty technique shows promise for managing esophageal atresia, especially in resource-limited settings. The procedure, involving retrosternal routing, minimizes complications associated with cardiac and respiratory disturbances. The conduit's acid-resistant nature reduces the risk of gastroesophageal reflux disease (GERD), and the absence of delayed gastric emptying contributes to positive outcomes. Further research and longer-term follow-up are necessary to solidify these Conclusions.

PP 68-Towards Near-Normal Reconstruction: A Case Series of Synthetic Dermis in Complex Soft-Tissue Defects with Evaluation of Function, Cosmetic, and Patient Satisfaction

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Introduction

Reconstruction of complex soft-tissue defects aims to restore both function and appearance. Synthetic dermal substitutes have emerged as useful adjuncts to conventional reconstruction by improving contour, pliability, and scar quality. This study evaluated patient satisfaction, functional recovery, and cosmetic outcomes following reconstruction with synthetic dermis.

Methods

A retrospective case series of eight patients undergoing reconstruction with synthetic dermis was conducted. Defect sites included the forehead, face, nasal tip, postauricular region, eyebrow, finger web space, and foot. Follow-up assessments evaluated patient satisfaction, functional recovery, and cosmetic appearance. Data were analyzed using SPSS software and presented as descriptive statistics.

Results

All patients achieved successful wound healing without the need for revision surgery. Five patients (62.5%) were extremely satisfied and three (37.5%) were satisfied with the outcome. Near-normal function was achieved in all patients (100%), including those with defects involving the foot and finger web space. Cosmetic outcomes were favourable across all anatomical sites, with improved contour and appearance compared with expected outcomes following conventional skin grafting. Rapid healing and satisfactory tissue integration were observed in all cases.

Conclusion

Synthetic dermis provided reliable reconstruction across a range of complex soft-tissue defects, achieving high patient satisfaction, excellent functional recovery, and favourable cosmetic outcomes. These findings support its use as an effective reconstructive option when restoration of both form and function is desired.

PP 69-Direct Treatment Cost of Breast Cancer During the First Year: A Single-Institution Experience in Sri Lanka

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Introduction

Breast cancer is a major public health challenge for low- and middle-income countries, causing a substantial economic burden on the free healthcare system. Since the local data on the treatment costs of breast cancer are scarce, this study aimed to evaluate the direct treatment cost of breast cancer during the first year in a Sri Lankan tertiary care institution.

Methods

A retrospective descriptive study was conducted among 55 breast cancer patients treated over one year. Direct treatment costs, including surgery, systemic therapy, radiotherapy, supportive medications, and hospitalisation, were estimated using hospital records and patient billing data. Sociodemographic, clinical, and cost-related variables were analysed using IBM SPSS version 27 and Microsoft Excel.

Results

The study included 55 female patients aged 28-91 years (Mean 58.13, SD 14.75). Total direct treatment costs ranged from LKR 91,940 to LKR 3,046,009 (Median LKR 517,046). Significantly higher treatment costs were observed in patients receiving private-sector care, particularly for surgery and radiotherapy, and among HER2-positive patients receiving anti-HER2 targeted therapy ($p < 0.005$). No significant association was identified between treatment cost and tumour stage ($p = 0.48$), histological grade ($p = 0.087$), or hormone receptor status ($p = 0.258$).

Conclusion

Private-sector treatment and anti-HER2 therapy were the major drivers of the breast cancer treatment cost. These findings provide important preliminary evidence in Sri Lanka, prompting the need for larger national-level cost analyses for healthcare planning and resource allocation.

PP 70-Knowledge on perioperative events and management among patients awaiting surgery

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Introduction

Patient knowledge regarding peri-operative events is a crucial factor in relieving anxiety, improving compliance and improving outcomes of surgical patients. This study aims to assess the knowledge of patients awaiting surgery regarding the procedure and post-operative care.

Methods

A cross-sectional study was conducted at a surgical unit, including adult preoperative patients who had given informed written consent for the surgery. An interviewer-administered questionnaire was used to assess the knowledge of participants in 15 domains pertaining to peri-operative care, their satisfaction regarding their knowledge, and sources of information.

Results

Sixty responses were analysed, with 50% female participants and mean age of 44.8 years. Each knowledge domain was scored 0, 1 or 2. Out of possible maximum of 30 points, total knowledge score ranged from 0 to 21, with a mean score of 11.6 (SD=4.99). Best scores were recorded for knowledge regarding the procedure and anaesthesia, with mean scores of 1.4 and 1.5 respectively. Poorest knowledge was demonstrated regarding wound care (mean=0.4) and suture removal (mean=0.3). Participants had expressed the most desire to know more about suture removal (90%) and level of post operative pain (80%). Level of knowledge was significantly associated with the level of education ($p<0.05$), urgency of the surgery ($p<0.05$) and having undergone surgery previously ($p<0.05$).

Conclusion

This study highlights the importance of patient education on postoperative management preoperatively, and the role of surgeons in addressing knowledge gaps and reducing patient anxiety.

PP 71-Beyond pink: exploring awareness of breast carcinoma and self-breast examination among female nurses.

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Introduction

Breast cancer is the leading cancer in Sri Lanka, with approximately 6,000 new cases and 1,500 deaths are reported annually. Female nurses play a pivotal role in promoting awareness.

Methods

A multicenter cross-sectional study was conducted among 250 female nurses aged 26-54 years using convenient sample technique. A self-administered questionnaire was given and descriptive analysis performed.

Results

Among participants, 69.2% were married; 50% had <5 years of experience. Family history of breast cancer was reported in 7.5%. Awareness of risk factors included female sex 84.2%, aging 50.8%, obesity 46.7%, alcohol 28.3%, smoking 35%, lack of exercise 35%, family history 93.3%, past history 77.5%, and genetic predisposition 65%. Recognition of breast cancer signs was high: breast lump 92.5%, nipple discharge 85.8%, skin changes 86.7%, and axillary nodes 77.5%. Regarding SBE, 94.2% knew it aids early detection; 38.3% identified age 20 as the starting age, 70% recommended monthly checks, 70.8% had formal training, and 79.2% had ever performed SBE (30% monthly, 50.8% occasionally). Barriers included lack of knowledge 26.7%, confidence 25%, time 58.3%, forgetfulness 60.8%, and fear 15.8%.

Conclusion

Nurses show high awareness of breast cancer and SBE, yet adherence to recommended practices remains suboptimal. Regular training and reinforcement are essential to strengthen skills, confidence, and community education efforts.

PP 73-Use of Long Saphenous Vein as an Autologous Conduit for Complex Upper Limb Haemodialysis Access: Case Series and Early outcomes from Single centre

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Introduction

Creation of durable vascular access in patients with exhausted upper limb veins remains a major challenge. Long saphenous vein (LSV) grafts may provide an autologous alternative for complex arteriovenous fistula (AVF) construction when conventional options are limited.

Methods

A retrospective analysis was performed on patients who underwent upper limb AVF creation using translocated LSV grafts in a vascular unit. Demographic details, type of access, dialysis usability, complications, and outcomes were assessed. Primary functional patency was defined as successful use for haemodialysis without additional intervention.

Results

Six patients underwent upper limb AVF creation using LSV grafts during over one year.All the procedures were brachio-axillary AVFs with translocated LSV grafts. Mean age was 57 years (range 52-61 years), with males comprising 66.7% (n=4). Functional dialysis access was achieved in 2 patients (33.3%), both continuing successful haemodialysis. One patient developed distal anastomotic and outflow vein stenosis with maturation failure despite intervention. Two patients developed central venous stenosis with unsuccessful recanalization. One patient died postoperatively before access use. Overall functional patency was 33.3%, with 50% non-usability; central venous stenosis was the main cause of failure.

Discussion and Conclusion

Upper limb AVF creation using autologous LSV grafts is feasible in patients with limited conventional access options. Acceptable functional dialysis access can be achieved; however, central venous stenosis significantly compromises usability and patency. Careful preoperative venous assessment is essential to improve outcomes in this complex cohort.

PP 75-The outcomes and complication rates of lower limb Angioplasty in patients with CLTI in a tertiary care hospital in Sri Lanka: a clinical Audit

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Introduction

Critical Limb Threatening Ischemia (CLTI) is a debilitating stage of peripheral arterial disease which found in the majority of patients with diabetes and cardiovascular disease and shows rising trends in the Sri Lankan population. Late presentation with severe ischemia and tissue loss, resource limitation, and rising burden of diabetes associated PAD (Peripheral Arterial Disease) leads to higher morbidity and mortality. This audit is to evaluate the outcomes and complication rates of lower limb angioplasty in patients with CLTI in a vascular surgical ward of a tertiary care hospital.

Methods

Retrospective audit on all patients who underwent lower limb angioplasty for CLTI in PVD patients from February 2025 to February 2026 were voluntarily recruited.

Results

Out of 52 patients included, the mean age was 70.4 years, with male predominance 59.61% (n=31). 86.53% (n=45) of patients had diabetes, while 38.46% (n-20) had ischemic heart disease. Infra-inguinal disease was found in 55.5%(n=25) of patients, and 42.22%(n=19) had infra-popliteal disease. Angiographic improvement and clinical success rate of angioplasty was 88.46% (n=46). Early complications such as puncture site hematoma (5.76%, n=3), Acute coronary events (7.69%, n=4), contrast nephropathy (5.76%, n=3), and post-procedure amputations (23.07%, n=12) were reported in our cohort.

Conclusion

In our context, we found comparable Results in relation to both clinical and radiological success(88%); however, higher post-procedure amputation(23.07%) was noted and probably attributed to ascending wound sepsis.

PP 77-Exploring New Frontiers: Early Experiences with Catheter-Directed Thrombolysis for Proximal Lower Limb DVT

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Introduction

Acute ileo-caval deep vein thrombosis (IC-DVT), carries significant morbidity with extensive limb swelling and disability. Furthermore, it carries much higher risk of devastating complications including pulmonary embolism, phlegmasia cerulea dolens and late post thrombotic syndrome (PTS). Catheter-directed thrombolysis (CDT) offers new hope with early symptom relief, restoration of function and avoidance of debilitating complications.

Methods

A retrospective analysis was performed on seven patients who underwent alteplase-based CDT for IC-DVT in a referral centre over 3 years. Demographics, disease extent, risk factors, complications, procedural details and Villalta scores were assessed (for PTS). Inclusion criteria were well functional patients aged <60 years with acute DVT, extending proximal to external iliac vein. Acute post-operative and malignancy-related DVT were excluded.

Results

Median age was 30 years with a female preponderance of 86%. Interestingly, all had left-sided IC-DVT. Median symptom duration before initiating CDT was 14 days. Symptom burden at presentation was high with median Villalta score of 15. Two patients had pre-existing pulmonary embolism and had IVC filters inserted prior to CDT. Treatment duration was 5-7 days based on response. Post-CDT venoplasty was performed in five (71%) while stenting was required in one (14%). Median Villalta score improved to 8 (mild-PTS) within one week and 5 in one month. One patient had a minor bleed while on CDT.

Conclusion

Our early experience clearly indicates that CDT is feasible, well tolerated and highly effective in carefully selected early IC-DVT. These findings support broader adoption of CDT in appropriately selected patients.

PP 78-Profile of Lower Limb Vascular Trauma at a Tertiary Centre in Sri Lanka: A one year retrospective analysis

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Introduction

Lower limb vascular trauma is associated with functional disability and significant morbidity. It is important to understand epidemiological characteristics and patterns of injuries for planning trauma management strategies to improve outcomes. This study focused to describe the mechanisms of injury, anatomical distribution, demographic characteristics and associated injuries among patients with lower limb vascular trauma presenting to a tertiary hospital.

Methods

A retrospective descriptive study was conducted using data from patients who treated for lower limb vascular trauma at hospital from January to December 2024. Patient demographics, anatomical site of vascular injury, mechanisms of injury, associated skeletal or soft tissue injuries and early outcomes were analyzed using descriptive statistics.

Results

Among 35 patients, majority were males accounting for 28 (80%). Road traffic accidents were the leading mechanism of injury (77.1%). Popliteal artery injuries were most common in 20 patients (57.1%) followed by superficial femoral artery (22.9%). The most frequent associated injuries were bone fractures particularly tibial plateau and tibial shaft fractures. The commonest vascular repair procedure was reverse saphenous vein grafting (68.6%). Most patients achieved limb salvage although several patients underwent prolonged recovery due to poor physiotherapy compliance.

Conclusion

The Results demonstrate that lower limb vascular trauma selectively affects young males following high energy road traffics. The most frequent vascular injury pattern observed was popliteal artery and early recognition and multidisciplinary management are crucial for achieving successful limb salvage and functional recovery.

PP 79-Familial Aggregation of Inguinal Hernia: A Case-Control Study of First-Degree Relative Risk at Teaching Hospital

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Introduction

Inguinal hernia is among the most common surgical conditions globally, with an established but incompletely characterised hereditary component. First-degree family history is reported in 20- 40% of patients in Western cohorts; however, no comparable data exist from Sri Lanka.

Methods

A descriptive cross-sectional study was conducted on 102 patients who underwent inguinal hernia repair in Surgical Wards at Teaching Hospital Kurunegala over a six-month period. Data were collected retrospectively from theatre lists and through structured telephone interviews. Variables included age, sex, hernia laterality, and presence of first-degree family history. Chi-square tests and independent samples t-tests were applied; significance was set at $p < 0.05$.

Results

Of 102 patients (92 male, 10 female), mean age was 55.6 years (SD 14.9; range 19- 78). Thirty patients (29.4%) reported a positive first-degree family history, most commonly involving brothers (40.0%) and fathers (33.3%). Left-sided hernia was the predominant presentation (47.1%), followed by right-sided (35.3%) and bilateral (17.6%). A statistically significant association was identified between family history and hernia laterality ($\chi^2=7.272$, df=2, p=0.026), with the highest prevalence of positive family history among left-sided cases (41.7%). No significant associations were found with sex (p=0.683) or age (p=0.232).

Conclusion

Approximately one in three patients had a positive first-degree family history of inguinal hernia. The novel association between familial predisposition and left-sided laterality warrants prospective investigation. Routine family history enquiry is recommended in pre-operative surgical assessment.

PP 80-Persistent left-sided dominance of colorectal cancer in Sri Lanka (2015-2022): Challenging the global rightward shift and redefining screening priorities in a transitioning LMIC

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Introduction

Colorectal cancer (CRC) has undergone a well-described rightward shift in high-income countries, reflecting evolving molecular and screening landscapes. However, data from low- and middle-income countries (LMICs) remain sparse. We investigated temporal changes in anatomical distribution of CRC in Sri Lanka to evaluate whether similar transitions are occurring.

Methods

A nationwide population-based analysis was conducted using National Cancer Registry Sri Lanka data (2015-2022). CRC cases (ICD-10 C18–C20) were categorized into right colon, left colon, and rectal cancers. Temporal trends and proportional distributions were analyzed across subsites and sex.

Results

More than 20,000 CRC cases were analyzed. Rectal cancer remained the predominant subsite throughout, contributing approximately 40-50% of cases annually. Left-sided cancers (sigmoid and rectosigmoid) accounted for an additional 30-35%, Resulting in a sustained distal predominance exceeding 70%. Right-sided cancers consistently represented <20% of cases, with no evidence of temporal increase. This pattern remained stable across the study period and between sexes. A notable proportion (~15-20%) of cases were classified as colon NOS, reflecting diagnostic and registry limitations.

Conclusion

Contrary to global trends, Sri Lanka demonstrates no rightward shift, with persistent dominance of distal CRC. These findings suggest distinct epidemiological and molecular pathways and challenge the universal applicability of colonoscopy-based screening models. Resource-adapted strategies, including flexible sigmoidoscopy, may be more appropriate in LMIC settings.

PP 81-Laparoscopic versus Open Hernia Repair: A Retrospective Analysis of Patient-Reported Outcomes and Functional Recovery

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Introduction

Patient-reported outcomes are important indicators of quality following hernia repair. Comparative data across different hernia types and surgical approaches remain limited. This study compared outcomes following laparoscopic versus open hernia repair.

Methods

A retrospective cohort study was conducted including patients undergoing elective inguinal, femoral, umbilical, epigastric, and incisional hernia repair using laparoscopic or open techniques. Outcomes were assessed using a structured questionnaire across four domains: pain (1–10), movement limitation (1–5), mesh sensation (1–5), and activity restriction (1–5). Continuous variables were compared using t-tests, and multivariable regression analysis was performed.

Results

A total of 117 patients were included, of whom 39 (33.3%) underwent laparoscopic repair and 78 (66.7%) open repair. Laparoscopic repair was associated with lower early postoperative pain scores (3.1 ± 1.4 vs 4.6 ± 1.8; $p < 0.001$), reduced activity restriction (2.0 ± 0.9 vs 2.9 ± 1.1; $p < 0.001$), less movement limitation (1.9 ± 0.8 vs 2.6 ± 1.0; $p < 0.001$), and lower mesh sensation scores (1.7 ± 0.7 vs 2.3 ± 0.9; $p = 0.002$). Return to work was earlier following laparoscopic repair (14.2 ± 5.6 vs 21.8 ± 7.4 days; $p < 0.001$). Long-term satisfaction and chronic symptom scores were comparable between groups ($p > 0.05$).

Conclusion

Laparoscopic hernia repair is associated with improved early postoperative patient-reported outcomes and faster recovery compared with open repair, although long-term outcomes appear comparable.

PP 82-Liver Transplantation in Sri Lanka: A Systematic Review of Clinical Outcomes and Healthcare System Challenges Across Adult and Pediatric Populations

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Introduction

Liver transplantation (LT) in resource-limited systems faces major infrastructural, donor-related, and clinical challenges. This systematic review evaluated survival outcomes, postoperative complications, donor availability barriers, and healthcare system limitations associated with adult and pediatric LT in Sri Lanka.

Methods

MEDLINE, EMBASE, and Sri Lanka Journals Online (SLJOL) were systematically searched through May 2026 per PRISMA 2020 guidelines. Two reviewers independently performed selection, data extraction, and quality appraisal using JBI and Newcastle-Ottawa tools.

Results

Thirteen studies involving over 65 LT recipients and 72 living donors were included. Donor screening demonstrated substantial attrition, reaching 67% in pediatric and 85% in adult cohorts, primarily due to asymptomatic non-alcoholic fatty liver disease (NAFLD). Altruistic pathways, including monk donor networks, partially mitigated shortages. Early deceased donor programs reported a 26.6% perioperative mortality rate, largely due to sepsis and primary graft non-function. Postoperative complications included vascular obstructions, portal hypertension-related shunt issues, Passenger Lymphocyte Syndrome, and dengue-associated graft dysfunction mimicking acute rejection. Biopsy-confirmed acute cellular rejection occurred in 58% of graft dysfunction cases. Long-term follow-up demonstrated sustained improvements in SF-36 quality-of-life outcomes up to 94 months post-transplantation.

Discussion and Conclusion

Despite donor shortages, metabolic risk burdens, and resource limitations, LT programs in Sri Lanka demonstrate favorable long-term clinical outcomes. While current literature relies heavily on case reports and small cohorts reflecting early programmatic milestones, expanding donor access pathways and strengthening public health strategies targeting metabolic disease may improve future transplant capacity and outcomes.

PP 83-Vertebral compression fracture pattern in survivors of a torpedo attacked naval vessel: A Mass Casualty Case Series

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Introduction

The torpedo sinking of the IRIS Dena on March 4, 2026, represents a rare naval mass-casualty event. Given the significant gap in current literature regarding torpedo-related trauma, this study details the injury patterns of surviving crew.

Methods

A retrospective study was conducted with all 32 survivors admitted to the National Hospital Galle, Sri Lanka. Data regarding patient demographics, injury characteristics, initial investigations and management were extracted from medical records and analyzed.

Results

All 32 survivors were males, with a mean age of 31.7 years. Eighteen patients (56.2%) reported only mild pain requiring standard analgesia. The remaining 14 patients (43.8%) sustained a total of 18 major traumatic injuries. Of these injuries, 10 (55.6%, CI: 33.8% - 75.4%) were vertebral compression wedge fractures, representing a statistically significant prevalence (p=0.012). Other injuries included limb fracture (n=5, 27.8%), heamopneumothorax (n=1, 5.6%), and hearing impairments (n=2, 11.1%). All vertebral fractures were at thoracic or lumbar regions, which were managed conservatively with thoracolumbar corsets. Most were concentrated at the thoracolumbar junction (n=6, 60%) involving T11 and L1 vertebrae. The most utilized radiological imaging modality was spinal X-ray (n=15, 46.9%), revealing vertebral fractures in 9 (60%) of these cases.

Discussion and Conclusion

Injuries among survivors of the torpedo-attacked naval ship predominantly consisted of thoracolumbar vertebral compression fractures. This specific injury pattern is likely attributable to the violent upward displacement of the ship, known as “deck-slap” effect. Clinicians should prioritize immediate immobilization with spinal board, and subsequent spinal imaging in survivors of maritime explosions.

PP 84-Impact of Interval Between Breast Cancer Surgery and Radiotherapy on In-Breast Tumour Recurrence: A Retrospective Single-Centre Study from Colombo North Teaching Hospital, Sri Lanka

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Breast cancer is the most common malignancy among Sri Lankan women. Adjuvant radiotherapy (RT) after breast-conserving surgery (BCS) reduces local recurrence. But effects of delaying RT remain uncertain in our setting. This study evaluates the association between surgery-to-RT interval and in-breast tumour recurrence (IBTR). A retrospective cohort study was conducted using the Colombo North Teaching Hospital breast cancer database. It included female patients aged ≥18 years who underwent BCS and received adjuvant RT between December 2019 and December 2024. Out of 1014 patients in the database 542 patient had complete data. IBTR was defined as a new breast tumour diagnosed more than six months after the primary surgery. Patients were categorised into early RT (<16 weeks) and delayed RT (>16 weeks) groups. Data analysed using Fisher's exact test and multivariate Firth logistic regression. Among 542 eligible patients, the mean surgery-to-RT interval was 138 days (SD ±11.3), and 96.7% (524) commenced RT after 16 weeks, and 3.3% (18) received RT before 16 weeks. 14 patients who developed IBTR were in the delayed RT group. No recurrences in the early RT group. This difference was not statistically significant (p=1.00). RT delay was not independently associated with IBTR (p=0.54). In this cohort, no statistically significant association was observed between surgery-to-radiotherapy interval and in-breast tumour recurrence. Interpretation is limited by the small number of patients receiving radiotherapy within 16 weeks, the low recurrence rate, and relatively short follow-up.

PP 85-Knowledge, Attitudes and Practices regarding preoperative anaemia screening and management of patients who undergo elective general surgeries among intern medical officers in selected tertiary care hospitals in the Western province

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Introduction and Objectives

Preoperative anaemia is a common but frequently underdiagnosed condition associated with increased perioperative morbidity, mortality, and blood transfusion requirements. World Health Organization-recommended Patient Blood Management (PBM) emphasizes early detection and treatment. This study assessed knowledge, attitudes, and practices regarding preoperative anaemia screening and management among intern medical officers in selected tertiary hospitals in the Western Province of Sri Lanka and explored barriers and facilitators influencing these practices.

Methods

A descriptive cross-sectional study was conducted among 120 intern medical officers in four tertiary hospitals. Data were collected using a pretested self-administered questionnaire assessing knowledge, attitudes, practices, and perceived barriers/facilitators. 110 questionnaires were returned (response rate 91.6%). Data were analyzed using descriptive statistics and Chi-square tests. 75% cutoff was used to classify outcomes as good/favorable or poor/unfavorable.

Results

Good knowledge was observed in 84.5% and favorable attitudes in 91.8% of respondents; however, only 17.3% demonstrated good practices, indicating a marked knowledgeâ€“practice gap. Acceptance of PBM was low (39.1%), while 51.8% mainly relied on blood transfusion. No significant associations were found between knowledge, attitudes, or practices and hospital type or surgical ward experience ($p>0.05$). Major barriers were increased workload (59.1%) and insufficient time (51.8%), while key facilitators included availability of treatment options (97.3%), accessible investigations (93.6%), and applicability of national guidelines (90.0%)

Conclusion

Despite good knowledge and positive attitudes, implementation of evidence-based preoperative anaemia management was poor. Strengthening undergraduate training, promoting PBM, implementing national guidelines, and improving institutional support may encourage the best practice.

PP 86-Acute Limb Ischaemia in Patients Under 50 Years: Distinct Aetiology, Favourable Limb Outcomes, and Implications for Workforce Productivity

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Introduction

Acute limb ischaemia (ALI) is uncommon in younger individuals and often arises from mechanisms distinct from the embolic and atherosclerotic disease typically seen in older patients. Understanding its causes and outcomes is important because ALI affects individuals during their most economically productive years.

Methods

A retrospective analysis was performed using a prospectively maintained ALI database from a tertiary vascular centre. Patients aged ≤50 years were evaluated for demographic characteristics, limb involvement, aetiology, management strategy, re-intervention, mortality and limb-related outcomes. Aetiology was categorised as cardioembolic, thrombotic, inflammatory/vasculitic, procedure-related or unknown.

Results

Fifty-one patients were included. The mean age was 40 years (range 13- 49), with a near-equal sex distribution (52.9% male). Lower-limb involvement predominated (76.5%), while upper-limb ALI accounted for 23.5% of presentations. An underlying cause was not identified in 60.8% of cases. Among recognised causes, cardioembolic events accounted for 15.7%, thrombotic disease for 9.8%, inflammatory or vasculitic disorders for 7.8%, and procedure-related causes for 5.9%. Lead time to presentation was available in 70.6% of patients, with a median duration of 48 hours (IQR 12- 78). Intervention was required in 39.2% of patients. Re-intervention occurred in 3.9%, predominantly among patients with inflammatory or thrombotic disease. No major

amputations or deaths were recorded. Most patients achieved limb viability, and functional recovery was favourable.

Conclusion

ALI in patients under 50 years represents a distinct clinical entity characterised by predominantly non-atherosclerotic pathology and excellent limb salvage. Early recognition of inflammatory and thrombotic causes may facilitate timely intervention, preserve function and minimise socioeconomic consequences.

PP 87-Acute Upper Limb Ischaemia: Distinct Patterns of Disease and Favourable Outcomes in a Tertiary Vascular Centre

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Background

Acute upper limb ischaemia (UL-ALI) is an uncommon vascular emergency accounting for a small proportion of acute limb ischaemia presentations. Owing to anatomical and pathological differences from lower limb ALI, its aetiology, management strategies and outcomes merit independent evaluation.

Methods

A retrospective analysis was performed using a prospectively maintained acute limb ischaemia database at a tertiary vascular centre. All patients presenting with UL-ALI were included. Demographic characteristics, aetiology, Rutherford classification, treatment modality, re-intervention rates, limb salvage and mortality were analysed.

Results

Thirty-five patients with UL-ALI were identified. Mean age was 55.9 years and 51.4% were male. All presentations were unilateral. Rutherford grade was documented in 82.9% of cases, with most limbs classified as marginally threatened (Grade IIa, 57.1%). Immediately threatened or irreversible ischaemia (Grades IIb–III) accounted for 22.9% of presentations. Cardioembolic disease was the commonest identifiable aetiology (31.4%), followed by local arterial thrombosis and aneurysmal disease. No clear cause was identified in 17.1% of patients. Initial management consisted of anticoagulation alone in 65.7%, while 34.3% required operative intervention, predominantly brachial artery embolectomy or thrombectomy. Median symptom-to-presentation time was 48 hours (IQR 12–78). Re-intervention was required in one patient (2.9%). Limb salvage was achieved in 97.1%, with one major amputation and one in-hospital death (2.9%).

Conclusion

UL-ALI is predominantly embolic in origin and demonstrates excellent limb salvage with low rates of re-intervention and mortality. Despite frequent delays in presentation, outcomes remain favourable, supporting UL-ALI as a distinct clinical entity that should be evaluated separately from lower limb acute limb ischaemia.

PP 88-The effect of Ischemia Time on Limb Salvage and Functional Recovery Following Lower Limb Vascular Trauma

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Introduction

Timely surgical intervention is a major determinant of limb salvage in lower limb vascular trauma. The risk of tissue necrosis, fasciotomy, amputation, prolonged hospitalization and reduced functional recovery associate with delayed restoration of blood flow. This study demonstrated the relationship between time to theatre and postoperative outcomes among patients undergoing vascular reconstruction at a tertiary hospital.

Methods

A retrospective descriptive study was conducted using data collected from the patients treated for lower limb vascular injuries at hospital from January to December 2024.The time taken from injury to surgical intervention was categorized into 2-6 hours, 6-12 hours and >12 hours. Outcomes including limb salvage, amputation, duration of hospital stay, return to normal life, mortality and reasons for delayed intervention were analyzed using descriptive statistics.

Results

From the 35 traceable patients, 73.5% had surgical intervention within 2-6 hours while 17.6% experienced delays exceeding 6 hours. A smaller proportion of patients experienced delays exceeding 12 hours and transfer from peripheral hospitals was the leading cause for delayed intervention. Early surgical management demonstrated

shorter hospital stay and better functional recovery. Delayed surgical intervention was linked with poor outcomes including incomplete recovery and higher amputation rates.

Conclusion

Timely vascular intervention improves limb salvage and functional outcomes. Delayed transfer and access to definitive care contribute to worse post operative recovery. Early surgical assessment and strengthened referral pathways may improve patient outcomes in vascular trauma management.

PP 89-Knowledge and Attitudes toward Deceased Donor Organ Transplantation Among Junior Doctors in Sri Lanka

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Introduction

Junior doctors are often among the first healthcare providers to identify potential deceased donors (DD) and initiate appropriate referral pathways. This study aims to assess the knowledge and attitude of junior doctors towards deceased organ transplantation in Sri Lanka (SL).

Methods

A descriptive cross-sectional study was conducted among 57 pre-intern doctors through the responses to an expert developed 25-item questionnaire.

Results

The mean age was 26.82 years; 66.7% were female. Most were Sinhalese (94.7%) and Buddhist (86.0%). 46.4% were from the University of Colombo, 28.1% from the University of Sri Jayewardenepura while 10.5% were from the University of Kelaniya. 80.7% believed live donor transplantation was the ideal type. While 86.0% understood that brain death is irreversible, only 63.2% recognized that death can be declared while the heart still functions. 71.9% responded that it is mandatory for a DD to be declared brain dead. Only 56.1% correctly identified transplantable organs. Awareness of transplants performed in SL was highest for kidneys (88.7%) and livers (84.9%), but lower for hearts (52.8%) and lungs (34.0%) and pancreas (5.2%). Regarding consent laws, 71.9% knew implied consent does not apply in SL. Regarding DD organ transplantation requiring preservation, 47.2% said it was required while 32.1% did not know. 64.9% expressed a willingness to donate, while 33.3% remained undecided. Only a minority of respondents reported adequate knowledge in medical (10.5%), surgical (8.8%), and immunological (10.5%) areas.

Conclusion

Junior doctors in SL exhibit gaps in knowledge of DD transplantation. Transplant related education is needed for medical students.

PP 90-Clinical Variability and Outcomes of Abdominal Pain in Children: A Prospective Observational Study.

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Introduction

Abdominal pain is a frequent pediatric presentation with etiologies ranging from benign functional disorders to surgical emergencies. Early differentiation is critical to minimize unnecessary interventions while ensuring timely identification of serious conditions.

Methods

A prospective observational study was conducted on 119 children presenting with abdominal pain to a pediatric surgical ward of a tertiary care children's hospital in Sri Lanka. Data collected included age, sex, duration of symptoms, pain location, diagnosis, hospital stay, and requirement for surgical intervention. Variables were standardized and analyzed using descriptive and inferential statistics, including chi-square and t-tests.

Results

The mean age was 6.8 years with near-equal sex distribution (male 50.4%, female 49.6%). The mean duration of symptoms prior to presentation was 2.73 days. Central abdominal pain was the most common presentation (52%), followed by lower abdominal (31%), generalized (13%), and upper abdominal pain (4%). Constipation was the predominant diagnosis (69%), followed by acute appendicitis (7.5%) and intussusception (3%). Surgical intervention was required in 8.4% of cases. The mean hospital stay was 2.29 days and was significantly longer in patients undergoing

surgery ($p < 0.05$). Lower abdominal pain showed a statistically significant association with surgical pathology, whereas central abdominal pain was more commonly associated with functional causes ($p < 0.05$).

Conclusion

The majority of pediatric abdominal pain cases are non-surgical, with constipation being the leading etiology. Pain location serves as a valuable clinical indicator in distinguishing functional from surgical causes. Despite the predominance of benign conditions, careful evaluation remains essential to promptly identify surgical emergencies and optimize patient outcomes.

PP 92-Demographic, Clinical and Biochemical Characteristics of Deceased Donors: A Single Unit Experience

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Introduction

The demand for organ transplantation in Sri Lanka is increasing due to rising end-stage kidney and liver disease. Although deceased donors (DD) constitute a major source of organs, identification and procurement remain suboptimal. This study describes the demographic, clinical, and biochemical characteristics of DD from the Colombo region.

Objectives

To assess the demographic, clinical, and biochemical characteristics of deceased organ donors.

Methods

A descriptive cross-sectional study was conducted using records of all deceased organ donors identified in 2025.

Results

Among 38 deceased donors, kidney retrieval was performed in 85.3%, liver retrieval in 23.5%. No organs were retrieved in 8.8%. The mean age was 45.0 years (SD=14.32), and 68.4% were males. The commonest blood group was O positive (37.1%). Causes of death included intracranial haemorrhage (40.5%), traumatic brain injury (40.5%), and hypoxic brain injury (8.1%). A history of cardiac arrest was present in 21.6% of donors who underwent retrieval. Among liver donors (n=8), mean AST was 45.36 U/L (SD=28.52), mean ALT 44.41 U/L (SD=29), and mean serum sodium 151.8 mmol/L (SD=7.5). Overall mean AST and ALT were 54.45 U/L (SD=30.25) and 47.7 U/L (SD=41.8), respectively. Among kidney donors, mean serum creatinine was 1.25 mg/dL (SD=0.6).

Conclusion

Organ retrieval was not performed in 8.8% of identified donors, mainly due to lack of consent and legal issues and other issues, highlighting the need to strengthen consent processes. Despite higher regional reports, only 40.5% of donors had traumatic brain injury, underscoring the need for improved identification and retrieval pathways in such patients.

PP 93-Sociodemographic predictors of financial toxicity in patients with chronic limb threatening ischemia

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Introduction

Patients with chronic limb-threatening ischemia (CLTI) incur substantial indirect and out-of-pocket expenditure (OOPE) despite Sri Lanka's non-fee-levying healthcare system, potentially leading to financial toxicity (FT). This study assessed FT among patients with CLTI.

Methods

A descriptive cross-sectional analytical study was conducted among patients with CLTI awaiting limb salvage interventions at outpatient clinics of the National Hospital of Sri Lanka in 2025. FT was measured using the validated Comprehensive Score for Financial Toxicity-Functional Assessment of Chronic Illness Therapy (COST-FACIT).

Results

A total of 130 patients were included (mean age 63.8 (SD=9.9 years); 62.3% male). 26.2% had attained Advanced Level education or higher. 49.2% were unemployed, and 40.8% had stopped working due to illness. The majority of the participants (71.5%) reported a monthly household income less than the average household income of Sri Lanka (LKR 76,414). 73.1% reported that their healthcare provider did not discuss potential OOPE. The mean COST-FACIT for this cohort was 14.8 (SD=7.6). Severe FT (COST-FACIT=0) was reported in 0.8%, moderate FT (COST-FACIT=1-13) in 46.9% and mild FT (COST-FACIT=14-25) in 43.8%. Lower household income and educational background independently predicted worse FT. There is a statistically significant association with worse FT and illness-related unemployment, reliance on family for medical expenses, and perceived inadequate savings. COST-FACIT demonstrated good internal consistency in this cohort (Cronbach's α=0.86).

Conclusion

FT is common among patients with CLTI and largely driven by socioeconomic vulnerability. Integrating financial risk assessment into patient care may enhance patient support.

PP 94-Spectrum of surgical procedures of soft tissue coverage in open tibia-fibula fractures and their outcomes

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Introduction

Open tibia-fibula fractures are high-energy injuries with significant soft tissue morbidity requiring complex reconstruction. Despite high incidence of such injuries in Sri Lanka, prospective local data on the spectrum of soft tissue coverage and outcomes remain scarce.

Objectives

Document the spectrum of surgical soft-tissue coverage in open tibia-fibula fractures and evaluate complication rates, wound-healing, and functional outcomes.

Methods

Prospective observational study was conducted at the Plastic & Reconstructive Surgery Unit, NHSL. Consecutive patients with open tibia and/or fibula fractures were enrolled. Demographics, mechanism, co-morbidities, soft tissue coverage type and timing, complications, hospital stay, three-month outcome were recorded. Descriptive statistics and sub-group analysis were performed.

Results

32 patients were enrolled (mean age 50.1years; 68.8% male). Road accidents were the commonest mechanism (62.5%), falls (18.8%) and industrial injuries (12.5%). Diabetes-mellitus, hypertension, and smoking were each present in 18.8%. Eleven patients (34.4%) required reconstruction-STSG(36.4%), local flaps(36.4%), and free flaps(27.3%) while 21(65.6%) underwent primary closure. Complications occurred in 72.7% of the reconstruction group: wound infection and dehiscence (each 27.3%), graft failure(18.2%), flap necrosis(9.1%), and haematoma/seroma(9.1%). Revision surgery was required in 54.5%. Complete wound healing was achieved in 72.7% of reconstructed patients versus 100.0% in the primary closure group. Mean hospital stay was 17.7 versus 9.4 days respectively.

Conclusion

Open tibia-fibula fractures necessitate of soft tissue reconstruction in 34.4% of cases. The high complication rate(72.7%) and prolonged hospital stay in the reconstruction group reflect the complexity of these injuries. Early multidisciplinary involvement, procedure selection, and optimization are essential to improve results

PP 95-Laparoscopic Cholecystectomy using 5 mm Umbilical Port for Telescope: A single Centre Feasibility Study from North East India

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Introduction

Conventionally laparoscopic cholecystectomy (LC) involves four ports two 10 mm (umbilicus and epigastric region), and remaining two 5 mm ports. In obese patients, closing the 10 mm umbilical port is often time-consuming and improperly done.

Methods

This bidirectional audit aims to evaluate the feasibility of a minor modification using a 5 mm umbilical port instead of conventional 10 mm. After ethical committee clearance, hospital records of patients, who underwent LC, were retrospectively reviewed. Operative time, need for conversion to 10 mm telescope or open, postoperative pain (Visual Analogue Scale), and incidence of port site hernia were recorded and analyzed.

Results

Among 375 patients who underwent LC during study period, records of 371 patients were analyzed. Among these, 255 patients underwent modified LC and mean operating time was 57.4 ± 22.3 minutes, and 116 patients underwent standard LC and mean operating time was 62.2 ± 23 minutes. Postoperative pain scores ranged from 5.5 to 7 and dfference was not significant. 1 port site hernia in conventional group on 1 year follow up. No complications were associated with the modified port technique, and no incidence of port site hernia was reported.

Discussion and Conclusion

Results are in accordance with a study by Sarkar S et al. The difference in operative time was statistically significant (p 0.040). In our study, different surgeon was operating different cases, all having different experiences, which can create a bias in our study. LC with 5 mm umbilical port is a safe and feasible technique with few advantages

PP 96-Vulnerability to frailty among middle-aged surgical patients undergoing elective surgery: a cross-sectional analysis using the edmonton frail scale

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Introduction

Frailty is increasingly recognized as a predictor of adverse surgical outcomes. Data on middle-aged adults is sparse. Identifying early frailty and vulnerability to frailty may allow targeted perioperative risk stratification.

Objectives

To determine the prevalence of frailty and its associated clinical factors among middle-aged surgical patients using the Edmonton Frail Scale.

Methods

A cross-sectional study was conducted among 211 surgical patients aged 40–65 years undergoing major surgery. Frailty was assessed using the Edmonton Frail Scale. Participants categorized as vulnerable, mildly frail, or moderately frail were merged into a single "vulnerable/frail" group. Associations were evaluated using chi-square tests and independent t-tests, with statistical significance set at < 0.05.

Results

Of 211 patients, 171 (81.0%) were non-frail, 26 vulnerable, 10 mildly frail, and 4 moderately frail, and none were severely frail. In total, 40 patients (19%) fell into the vulnerable/frail group. Frailty vulnerability was significantly associated with diabetes mellitus (30.0% vs 12.2%, p=0.001), hypertension (32.4% vs 12.6%, p<0.001), and coronary artery disease (45.5% vs 17.5%, p=0.021). These patients were also older (mean difference 2.5 years, p=0.021), had lower haemoglobin levels (mean difference 0.83 g/dL, p=0.002) and lower platelet levels (p=0.015). No significant associations were observed with gender, dyslipidaemia, thyroid disease, bronchial asthma, smoking, alcohol use, or BMI.

Conclusion

Nearly one-fifth of middle-aged surgical patients demonstrate frailty-related vulnerability. The strongest associated factors were cardiometabolic comorbidities and anaemia. These findings highlight the need for targeted preoperative frailty screening in middle-aged adults. .

PP 97-A Comparative Analysis of 3-Year Patient Survival Across Different Lower Limb Bypass Configurations: A Single-Center Experience

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Introduction

Advanced peripheral arterial disease frequently necessitates lower limb bypass surgery. Anatomical level of reconstruction is an important consideration in operative planning, its impact on long-term patient survival remains uncertain. This study aimed evaluated the 3-year survival following lower limb bypass surgery, and compared survival differs according to bypass configuration: supra-inguinal, infra-inguinal supra-genicular, or infra-genicular.

Methods

A retrospective cohort study was conducted involving 495 patients who underwent lower limb bypass surgery at a tertiary vascular center. Survival data were available for 202 patients, while the remainder were excluded because of incomplete follow-up. Patients were categorized according to bypass configuration: supra-inguinal, infra-inguinal supra-genicular, and infra-genicular. Three-year survival was estimated using Kaplan-Meier analysis, and differences in survival distributions were assessed using the log-rank test.

Results

The overall 3-year survival rate was 54.99%. No significant differences in survival were observed among supra-inguinal, infra-inguinal supra-genicular, and infra-genicular bypass groups (log-rank $\chi^2 = 3.979$, $p = 0.137$).

Conclusion

Three-year survival following lower limb bypass surgery was approximately 55%. Bypass configuration was not associated with significant differences in mid-term survival, suggesting that factors beyond the anatomical level of reconstruction may be more important determinants of mortality. These findings should be interpreted in light of the incomplete follow-up, and larger studies are needed to identify predictors of long-term survival

PP 98-Primary Outcomes in Patients with Varicose Veins One Year Following Sclerotherapy in a Tertiary Care Hospital in Sri Lanka: A Clinical Audit

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Introduction

Varicose veins are a common chronic venous disorder associated with significant morbidity, including pain, oedema, skin pigmentation, and venous ulcers. Sclerotherapy involves injecting a chemical agent to obliterate incompetent veins. This clinical audit assessed the primary outcomes at one-year in patients who completed follow-up after sclerotherapy at a tertiary care hospital in Sri Lanka.

Methods

A prospective analysis was conducted on patients with varicose veins who underwent ultrasound-guided sclerotherapy. Patients with complete one-year follow-up data were included (n=50). Symptoms such as pain, oedema, skin pigmentation, and active ulcers were recorded at baseline and one-year post-procedure. Sodium tetradecyl sulphate was used as the sclerosant. Statistical significance was evaluated using the Wilcoxon signed-rank test.

Results

Of 50 patients (66% female; mean age 57.5±12.32 years) evaluated at one-year follow-up, statistically significant improvements were observed across all six outcome measures. Pain scores declined from a mean of 1.02 (±0.87) to 0.28 (±0.45), representing a 72.5% reduction ($p<0.001$). Varicose vein scores decreased by 67.7% (1.33±0.90 to 0.43±0.61; $p<0.001$), and venous oedema by 71.7% (1.20±1.07 to 0.34±0.52; $p<0.001$). Skin pigmentation improved by 52.1% (0.96±0.99 to 0.46±0.61; $p=0.0008$). Inflammation resolved completely in all affected patients (0.20±0.54 to 0.00; $p=0.015$), and induration reduced by 77.8% (0.36±0.85 to 0.08±0.27; $p=0.024$), active ulcers reduced by 85.7% (0.29±0.68 to 0.04±0.20.)

Conclusion

Significant clinical improvement across pain, varicose veins, oedema, skin pigmentation, inflammation, induration, and alongside highly significant healing of active ulcers at one-year supports ultrasound-guided sclerotherapy as an effective and reliable first-line treatment for chronic venous insufficiency.

PP 99-Triple Negative Breast Cancer in Bangladesh: Clinicopathological Features, Stage at Presentation, and Treatment Patterns at a Multidisciplinary Tumour Board

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Introduction

Triple Negative Breast Cancer (TNBC), defined by absence of ER, PR, and HER2 expression, is the most biologically aggressive breast cancer subtype with limited targeted therapy options. TNBC disproportionately affects younger women and presents at advanced stages in South Asian populations. Published data on TNBC from Bangladesh are sparse. This study characterises the clinicopathological features, stage at presentation, and Multidisciplinary Tumour Board (MTB) treatment decisions for TNBC cases at the PGS Academia MDT Board.

Methods

A retrospective cohort analysis of 33 TNBC cases (26.4% of 125 breast cancer cases) presented at the PGS Academia MDT Board from January to December 2025. TNBC was defined by immunohistochemistry per ASCO/CAP guidelines. Variables analysed included age, histological type, grade, Ki-67, TNM stage at presentation, and MTB treatment decision. Descriptive statistics were applied, with subgroup comparison of young (≤40 years) versus older patients.

Result

Of 33 TNBC cases, 32 (97.0%) were female with a mean age of 47.2 ± 9.4 years (median 43). Invasive ductal carcinoma/NST predominated (87.9%), as did Grade II tumours (87.9%). Median Ki-67 was 60%, with high Ki-67 (>30%) in 65.6% of cases. Locally advanced disease (T3N1) was the commonest stage at presentation (69.7%); only 9.1% presented at early stage (T2N0). Neoadjuvant chemotherapy was recommended in 28 cases (84.8%) and upfront surgery in 3 (9.1%), all T2N0. Younger patients (≤40 years) had higher mean Ki-67 (67.0% vs 48.5%).

Conclusion

TNBC at this Bangladeshi MTB is characterised by advanced stage at presentation, high proliferative index, and guideline-concordant NACT utilisation. The predominance of T3N1 disease underscores the urgent need for early detection initiatives targeting younger, high-risk women.

PP 100-Male Tuberous Brest Deformity Correction With Liposucction and Daughnut Excision

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Introduction

While gynecomastia is common among adolescent boys, Tuberous breast deformity is rear which could pose challenges to Reconstructive Cosmetic Surgeons as they contain excess glandular tissues, excess but tight skin and large areola.

Methods

We performed liposuction with excision of glandular tissues and areolar reduction as a doughnut excision of skin and areolar. All 3 boys were teenagers from 14 years to 19 years.
Surface markings were done in standing position. Areolar was marked for 20mm diameter while supine position under GA. Liposuction performed and aimed to reduce more fat under the Nipple Areolar Complex (NAC), lower and lateral parts of the chest wall to outline the Pectoralis Major border.
Afterwards excess skin and areolar excised as full thickness skin, preserving the subdermal plexus. Semicircular incision done over the lower half of the areolar margin & glandular tissues were dissected out. 1cm thick NAC flap was made pedicled superiorly.

Results

Anatomical and cosmetic correction of the deformity was achieved. Good NAC circulation demonstrated having no necrosis but good sensation.

At the end of the 4th week all those patients had healed wounds, minimal and hidden scars, normal sensation on the NAC. All of them were very satisfied about the outcome of their surgery which Resulted a normal male chest with a clear outline of the Pectoralis Major muscle.

Conclusion

This technique is safe and will offer adolescents with tuberous breast deformity the best cosmetic outcome which increases their psychological confidence, physical functionality, and improvement of social interactions

PP 101-Does Vitamin D Improve Cognitive and Functional Outcomes in TBI? A Systematic Review and Meta-Analysis.

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Introduction

Traumatic brain injury (TBI), which culminates in long-term sequelae led by inflammation-driven secondary brain injury. Vitamin D, via its immune-modulatory mechanisms have a potential role in controlling this inflammation. Our objective was to evaluate the prevalence of vitamin D deficiency in patients with TBI, its association with cognitive and functional outcomes, and the effect of vitamin D supplementation on recovery.

Methods

A systematic review was conducted in multiple databases for studies involving patients with TBI that assessed vitamin D deficiency and/or supplementation and reported clinical outcomes. Risk of bias was assessed using appropriate tools. Where feasible, meta-analysis was performed.

Results

Vitamin D deficiency was common in all eight studies, which assessed vitamin D supplementation, with five during the acute phase. Although three studies reported improved Glasgow Outcome Scale (GOS) scores, pooled analysis showed no significant overall effect (SMD 0.33, 95% CI −0.30 to 0.96; $I^2 = 82.8\%$). Four studies reported improved cognitive outcomes, but the meta-analysis was not performed due to high heterogeneity. Observational studies linked vitamin D deficiency with poorer cognition and greater dementia severity. Risk of bias ranged from moderate in randomized controlled trials to serious in observational studies.

Conclusion

Vitamin D deficiency is common in patients with TBI and is associated with poor cognitive and functional outcomes. Although in the acute phase, high-dose supplementation may improve recovery, evidence is limited by heterogeneity and methodological weaknesses. Routine supplementation cannot currently be recommended, but screening and correction of deficiency may be justified, pending further RCTs.

PP 102- Perception of neurosurgery as a career option: perspectives among medical professionals.

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Introduction

To explore the perceptions of junior doctors and final-year medical students regarding neurosurgery as a career and to identify factors influencing their interest and perceived challenges in neurosurgery.

Methods

A cross-sectional survey was conducted using a validated, self-administered questionnaire distributed to final-year medical students, post-intern doctors, and surgical registrars prior to their subspecialty selection. The questionnaire assessed perceived motivating factors and challenges related to neurosurgery.

Results

Among 85 respondents (67% medical students; male-to-female ratio 5:3; mean age 28 years), most had less than one month of neurosurgical exposure, with over half rating the exposure as good, yet nearly three-quarters deemed it inadequate. Interest in pursuing neurosurgery was expressed by 52.9%. Positive perceptions highlighted life-saving interventions (96.4%), high precision (100%), technological advancement (85.8%), and complex problem-solving (88.2%). Major perceived challenges included long surgeries (88.2%), extended working hours (89.4%), and loss of social/family time (81.1%). Positive perceptions were significantly associated with gender($p=0.043$), age ($r=0.19$, $p<0.001$), and duration of neurosurgical exposure ($r=0.245$, $p=0.024$), while designation had no significant effect. Increased clinical experience correlated with more negative perceptions.

Discussion and Conclusion

Despite substantial interest in neurosurgery, perceived challenges present barriers to recruitment. The influence of demographic factors and clinical exposure duration on perceptions underscores the need for structured neurosurgical training and mentorship programs to improve recruitment into this demanding specialty.

PP 103-Intraoperative Detection of Rectal Anastomotic Leaks Using on table Flexible Sigmoidoscopy and Air leak test : Preliminary Results from a Prospective Observational Study

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Introduction

Anastomotic leak (AL) remains a major source of postoperative morbidity and mortality following colorectal surgery. Intraoperative detection of anastomotic defects is cruicial. We assessed the effectiveness of on table sigmoidoscopy to visualize anastomosis and perform air leak test to detect AL at our centre.

Methods

Prospective analysis of all patients undergoing Laparoscopic Anterior resection (LAR) at the CSTH university surgical unit from April 2026 to June 2026 was done. All patients had an on-table flexible sigmoidoscopy immediately after the anastomosis to observe defects of the anastomosis line, evidence of bleeding. Leak test was performed same time. CRP levels were measured on postoperative day 4 as an adjunct to clinical surveillance. The primary outcome was postoperative AL.

Results

Thirty LAR were included in this preliminary analysis. All underwent intraoperative sigmoidoscopy and leak test. No intraoperative leaks or anastomotic defects were detected. No excessive bleeding from the anastomosis noted. During postoperative follow-up, no patient developed clinical signs of AL. Postoperative day-4 CRP assessment did not identify any cases requiring further investigations. The observed postoperative AL rate was 0% in this cohort.

Conclusion

In this preliminary series, on table intraoperative sigmoidoscopy and leak test was associated with the absence of clinically evident postoperative AL. The procedure proved to be a safe, low-risk, and practical method for intraoperative assessment of anastomotic integrity. These findings support the use of intraoperative sigmoidoscopy as a beneficial adjunct during colorectal surgery.

PP 104-Iatrogenic Vascular Injuries: A Single Unit Experience

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Introduction

Iatrogenic vascular injuries (IVI) are an important cause of morbidity and mortality across surgical and interventional specialties. Understanding their presentation, timing of detection, and outcomes is essential to improve patient safety and quality of care.

Methods

A descriptive cross-sectional study was conducted on 35 patients diagnosed with IVI. Patient demographics, procedures leading to injury, management strategies, and outcomes were reviewed.

Results

Of the 35 patients, 17 (48.6%) were male. The most frequent cause of injury was accidental arterial cannulation (20.0%, n=7), followed by tumour excision (11.4%, n=4) and cardiac interventions (11.4%, n=4). The iliac vessels were most commonly involved in 10 cases (28.6%), followed by the common femoral artery in eight (22.9%). The aorta and subclavian artery were involved in two cases each (5.7%). Multiple-vessel injuries occurred in four cases (11.4%). Bleeding was most common presentation (33.3%, n=11), followed by ischemia (27.3%, n=9). Hematoma and hypotension were each observed in three cases (9.1%). Detection was delayed in 20 patients (60.6%) and immediate in 13 (39.4%). Of the immediately detected injuries, 11 (84.6%) presented with bleeding. Among delayed cases, ischemia was most common (40.0%, n=8), followed by hematoma and imaging in three cases each (15.0%). Presentation pattern was significantly associated with timing of detection, with bleeding more often detected immediately and ischemia after delay ($p<0.001$). Overall, 75.8% (n=25) recovered, while 24.2% (n=8) died.

Conclusion

Most injuries were detected after a delay. Thus, all interventions should have post-interventional monitoring for ischemia in order to detect iatrogenic vascular injuries early.

PP 105-Occult Jejunal Perforation Following Blunt Abdominal Trauma; Revisiting the Role of Clinical Assessment in the Era of Advanced Imaging; Case Series

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Introduction

Gastrointestinal perforation following a blunt abdominal trauma range from 1% to 8.5%. Out of which isolated jejunal perforation occurs in less than 1% of cases. Factors affecting mortality are delayed diagnosis and associated with other injuries. Clinical features are abdominal pain and features of peritonism. Diagnosis is challenging in patients with an impaired level of consciousness and associated with other injuries. Gas under diaphragm on erect X-ray chest or abdomen is seen in less than 50% of cases limiting its usefulness.

Methods

We analyzed three cases of jejunal injury following blunt abdominal injuries due to road traffic accidents presented to a tertiary care center over a period of two months. All were assessed according to ATLS (advanced trauma Life support) protocol. Abdominal examinations revealed guarding and all three patients underwent contrast enhanced computed tomography (CECT) abdomen.

Results

Two of them were male (17- and 20-year-old), and a middle-aged female. Out of three, two CECTs didn't reveal either pneumoperitoneum or bowel injuries and other CECT revealed pneumoperitoneum with bile duct dilation with normal liver. All underwent exploratory laparotomy. All three were found to have proximal jejunal perforations and the latter had AAST Grade 4 (American Association for the Surgery of Trauma) liver laceration in addition. All were successfully managed.

Discussion and Conclusion

Diagnosis of traumatic jejunal perforation is challenging but high index of clinical suspicion and physical examination and appropriate imaging modalities will be useful to arrive at a diagnosis.

PP 106-Outcomes and Survival Following Major Lower Limb Amputation: A Retrospective Cohort Study with Comparison to Sri Lankan Experience

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Introduction

Major lower limb amputation (MLLA) is a consequence of chronic limb-threatening ischemia (CLTI), diabetic foot syndrome , and severe lower limb infections. While mortality following MLLA is well documented, functional outcomes remain poorly studied in Sri Lanka. This study evaluated survival and functional recovery following MLLA in Northern Sri Lanka and compared findings with existing national data.

Methods

We retrospectively reviewed 36 consecutive adults undergoing MLLA from January 2025 to April 2026 in a single centre tertiary care unit . Demographics, comorbidities, indication and level of amputation, and outcomes were extracted. Survival was estimated by Kaplan-Meier analysis; multinomial regression explored mortality predictors.

Results

Mean age was 69.1 ± 11.3 years; 69.4% were male. Diabetes was present in 80.6% and CLTI accounted for 75.0% of indications. Below-knee amputation comprised 80.6% of procedures. Overall mortality was 19.4%(30- day mortality 5.6%; 1- year mortality ~33%).%; 30.6% remained non-ambulatory and 5.6% used prostheses at last follow-up. No factors significantly predicted mortality.

Discussion and Conclusion

The findings highlight a high burden of metabolic and vascular disease in northern Sri Lanka and mirror Colombo's national data- male predominance (60%), high diabetes prevalence (83.8%), BKA predominance (68.8%), low prosthesis use (12%), and ~73% 12- month survival- underscoring the urgent need for multicentre studies to identify prognostic factors and strengthen vascular, perioperative, and rehabilitation pathways.

PP 107-The level of satisfaction and attitude towards web messaging and electronic prescription among patients attending surgical outpatient department: A patient perspective analytical study

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Introduction

Online Patient Portal System (OPS) enhances patient care, but Indians face challenges due to low education & socioeconomic status. This study aims to assess patient satisfaction & attitude towards OPS in India. Study objectives were to study patient satisfaction & attitudes towards OPS, identifies barriers hindering its usage during routine healthcare visits.

Methods

This cross-sectional analytical study was conducted over a period of two months using convenient sampling. The participants included patients aged above 18 years who had received OPS services at least five times in the Surgery OPD. The sample size was 220. Data were collected using a pre-validated questionnaire with a 5-point Likert scale. The variables assessed included patient satisfaction and attitude towards OPS, specifically web messaging and e-prescription, and confidentiality was maintained through anonymous data collection. Data analysis will assess patient satisfaction and attitude towards OPS.

Results

Majority of participants (91.8%) lacked knowledge about online patient services. 46.8% had below satisfactory levels of basic knowledge. 67.4% couldn't download e-prescriptions, and 68.5% faced difficulties. Only 11.8% knew about Online Patient Accounts. Overall satisfaction was above satisfactory (3.35) for web-messaging, but below satisfactory (2.56) for e-prescriptions.

Conclusion

E-health systems in India were evaluated, revealing highest satisfaction with web messaging, moderate with e-prescriptions, and low with online patient accounts. Barriers including education, access, and infrastructure were identified.

PP 108-what is preventing timely care in colorectal carcinoma? A qualitative study from national hospital Sri Lanka

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Introduction

Colorectal carcinoma is a major cause of oncological mortality in Sri Lanka. This qualitative study examines factors that lead to delayed diagnosis and treatment among patients with colorectal carcinoma at the National Hospital in Sri Lanka.

Methods

Twelve patients with confirmed colorectal carcinoma receiving inpatient treatment were recruited and interviewed using a semi-structured, interviewer-administered questionnaire. Interviews were electronically recorded, transcribed, and translated. The Andersen Model of Total Patient Delay served as the analytical framework to identify sequential delay categories and their contributing factors.

Results

Participants had a median age of 68.5 years; the majority were female (n=8). Significant total patient delay was identified in all 12 patients, with each patient experiencing more than one delay category. Appraisal delay was the most prevalent (n=8), driven primarily by symptom normalisation and misattribution to benign conditions such as haemorrhoids. Illness delay was noted in two patients who cited personal commitments as barriers to seeking care. Behavioural delay affected four patients, with fear of colonoscopy being a key deterrent. Scheduling delay was identified in six patients, attributable to financial difficulties and unavailability or malfunction of equipment in the public sector. Treatment delay affected five patients and involved misdiagnosis by primary care physicians, inconclusive colonoscopy, stoma-related anxiety, miscommunication of diagnosis, and surgical postponement.

Conclusion

Significant total patient delay is prevalent among colorectal carcinoma patients in Sri Lanka, driven largely by limited disease awareness and socioeconomic barriers. Targeted public health education and strengthening of public sector healthcare infrastructure are critical to reducing these delays.

PP 109-Outcomes of Fistuloplasty in the Salvage of Dysfunctional Upper Limb Arteriovenous Fistulae

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Introduction

Arteriovenous fistulae(AVFs) are the preferred vascular access for long-term hemodialysis. Stenosis and thrombosis may lead to AVF dysfunction and access failure. Fistuloplasty is a minimally invasive endovascular procedure used to salvage dysfunctional AVFs and preserve dialysis access.

Methods

A retrospective descriptive analytical study was conducted among patients who underwent fistuloplasty for dysfunctional upperlimb AVFs at Teaching Hospital Jaffna. Demographic, lesion, procedural, and outcome data were collected. Technical and clinical success rates and factors associated with successful AVF salvage were analysed.

Results

Totally 47 patients were included during January 2025 to April 2026, of whom 41 completed follow-up. Mean age was 52.0 ±14.5years, and most were male(72.3%). Brachiocephalic fistulas were the commonest AVF type(76.6%). Stenosis was the predominant lesion type(74.5%), most commonly involving the cephalic vein(42.5%) and cephalic arch(29.8%). Technical success was achieved in 87.2% of procedures, while the remaining were technical failures. Successful clinical salvage was observed in 57.4% of enrolled patients. Stenotic lesions accounted for 77.8% of successfully salvaged fistulae. Among patients whose AVFs were not previously in use, successful salvage was achieved in 66.7%(10/15), compared to 15.4%(4/26) with prior use. AVF use status was significantly associated with successful salvage(p=0.004). Diabetes mellitus(DM) was present in 16 salvaged and 8 non-salvaged fistulae, while smoking was in 7and3 cases respectly. DM(p=0.463) and smoking(p=0.385) were not significantly associated with salvage.

Discussion and Conclusion

Fistuloplasty is an effective minimally invasive method for salvaging dysfunctional AVFs, with high technical success and acceptable clinical outcomes. Early intervention may improve access preservation and reduce morbidity.

PP 110-Diagnostic strategies and therapeutic approaches in idiopathic acute pancreatitis:a systematic review and meta-analysis.

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Introduction

Idiopathic acute pancreatitis (IAP) lacks management consensus, thus this study compares diagnostic yields and evaluates effectiveness of interventions in preventing recurrences.

Methods

We conducted a systematic review and meta-analysis, searching MEDLINE, Scopus, PubMed, and Web-of-Science up to June-2025; included IAP studies assessing diagnostic yield or post-intervention recurrence using a random-effects model (PROSPERO number:CRD420251106882).

Results

76 studies were included. Quantitative analysis (84 study-arms, 5,693 observations) showed Endoscopic Ultrasound (EUS) had the highest diagnostic yield (52.4%), superior to MRCP (32.7%), repeated abdominal ultrasound (23.7%), and CECT (18.9%). Qualitative synthesis showed that the diagnostic yield of EUS and repeated USS is optimized when performed at 6-weeks and 1-12 weeks post-episode, respectively. A higher malignancy risk in â‰¥40 years; and genetic causes were more likely in young. Therapeutic meta-analysis (25 studies, n=760) demonstrated that prophylactic cholecystectomy had the lowest recurrence rate (10.8%), lower than endoscopic sphincterotomy (24.5%) and ursodeoxycholic acid (UDCA) (52.1%).

Discussion and Conclusion

A structured, evidence-based approach optimizes diagnosis and management while minimizing unnecessary invasive procedures. Repeated ultrasound within 12-weeks of first episode is a reasonable first step. For recurrences, EUS and MRCP are second-line investigations, ideally performed after 6 weeks to maximize yield. The workup should be age-stratified: CECT prioritized in patients over 40years for malignancy, while genetic testing is valuable in young with non-diagnostic initial imaging. Prophylactic cholecystectomy is preferred for patients with abnormal liver functions. For those with normal liver function or unfit for surgery, endoscopic sphincterotomy is an alternative. ERCP should be reserved for therapeutic purposes only.

PP 111-Breast Cancer Beyond Hormone Receptor Positivity: Clinicopathological Differences Among ER/PR Subtypes

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Hormone receptor (HR) status is a key determinant of breast cancer biology, prognosis, and treatment selection. While estrogen receptor (ER) and progesterone receptor (PR) expression are routinely used to guide management, the clinicopathological implications of distinct ER/PR-defined subtypes remain incompletely understood. This study evaluated tumour characteristics and outcomes according to HR subtype. A cross-sectional analysis was conducted among 587 out of 1014 patients who had complete data at Colombo North Teaching Hospital. Patients were categorised into four HR subtypes: ER-/PR- (31.7%), ER+/PR- (30.3%), ER+/PR+ (35.1%), and ER-/PR+ (2.9%). Associations between HR subtype and clinicopathological variables, treatment patterns, recurrence, and recurrence-free survival (RFS) were assessed using comparative statistical analyses and Kaplan- Meier survival

Methods

The median age at diagnosis was 58 years, and it was similar across HR subtypes. Significant differences were observed in tumour grade and HER2 status. Grade 3 tumours and HER2 positivity were most prevalent in the ER-/PR- subgroup (67.7% and 38.2%, respectively). Among patients with 5-year follow-up data (n=131), recurrence was reported in 7.7% of ER+/PR- tumours and 1.4% of ER+/PR+ tumours. However, no significant difference in RFS was observed among HR subtypes (p=0.55). In contrast, lymph node positivity was associated with poorer RFS (p=0.046). ER/PR-defined HR subtypes demonstrate distinct pathological characteristics, particularly regarding tumour grade and HER2 expression. However, HR subtype was not significantly associated with recurrence-free survival, whereas lymph node involvement remained the strongest prognostic factor.

PP 112-Galeotomy Scalp Falps as a Better option for Scalp Defect Reconstruction

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Introduction

Reconstruction of scalp defects poses a greater challenge to reconstructive surgeon as in many occasions its difficult to avoid longer scars and/or skin grafts Resulting in cosmetically inappropriate alopecia. This is a case series where we performed galeotomy and internal scalp flaps with a good success.

Methods

This is a case series of 5 patients who presented to us with scalp defects which cannot be closed directly. 3 of them were children bellow 10 years who had motor bike accidents Resulting in full thickness scalp or forehead defects and 2 were older patients with postoperative defects.

Operative Technique

After a thorough debridement and washout, anatomy of the defect was observed. Triangular edges aligned with a known scalp vascular territory were identified and lifted off sub-galealy.

Galeotomy incisions were made using a No 15 scalpel blade avoiding injury to vasculature in the flaps.

Then scalp flaps rearranged to close the defect without significant tension on the flaps respecting the anatomical subunits when applicable. Tension free suturing techniques were used.

Discussion

All the flaps were viable and healed well. No significant dehiscence or infections were seen in our study. Subsequent scaring is lessened by pressure and scar therapy. Alopecic area was ultimately small enough to hide it between hair.

Conclusion

Further studies are needed to determine what wounds are ideal for this technique. This technique gives the best outcome for any type of scalp wounds as the defect is reconstructed by the same scalp tissues.

PP 113-Surgical Outcomes of Chest Wall Reconstruction Surgery

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Introduction

Congenital chest wall deformities can cause significant functional limitation, psychological distress and cosmetic dissatisfaction, particularly among children and adolescents. Surgical reconstruction aims to restore thoracic stability, improve respiratory function and enhance quality of life.

Methods

A retrospective descriptive study was conducted on patients who underwent chest wall reconstruction by the Modified Ravitch procedure between 2017 and 2026. Demographic data, indications for surgery, operative details, postoperative complications and outcomes were analysed. Objective assessment included clinical examination, pulmonary function testing and Haller index measurement where applicable. Subjective assessment of functional, psychological and cosmetic outcomes was performed using a validated quality-of-life assessment tool.

Results

Twenty patients underwent chest wall reconstruction using the Modified Ravitch procedure. The cohort consisted predominantly of males (n=16, 80%), while females accounted for 20% (n=4). Patient ages ranged from 6 to 27 years, with a mean age of 13.2 years. Pectus excavatum was the commonest indication for surgery (95%), followed by pectus carinatum. There was one redo procedure with plastic reconstruction. Quality-of-life assessment showed improved chest wall contour, psychological wellbeing and cosmetic satisfaction following surgery. Postoperative complications were infrequent and manageable such as keloid, wound infection (15.7%) and flap dehiscence (5.5%).

Conclusion

Modified Ravitch chest wall reconstruction provides favourable functional, psychological and cosmetic outcomes with acceptable complication rates in carefully selected patients in Sri Lankan setup.

PP 114-Analysis of Pre-operative Factors Influencing Post-operative Infections and Hospital Stay in Thoracic Surgery, NHRD Welisara

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Introduction

Pre-operative hospitalization length may influence post-operative outcomes in thoracic surgery. This study evaluates associations between pre-operative length of stay (LOS), post-operative infections, LOS, complications, and system-related delays.

Methods

A retrospective analysis of thoracic surgery patients was conducted. Variables included pre-op LOS, post-op LOS, antibiotic duration, drain duration, complications and system delay factors. Pearson correlations, group comparisons, and multivariate regression were performed.

Results

Longer pre-op LOS was strongly associated with higher post operative infection rates ($r=0.85$, $p<0.01$) and longer post-op LOS ($r=0.45$, $p<0.001$). Antibiotic duration showed a statistically significant correlation ($r=0.18$, $p=0.02$), while drain duration showed no significant correlation ($r=0.12$, $p=0.08$). Post operative complications independently prolonged post-op LOS ($\beta=1.8$, 1.8, $p<0.001$). Major contributors to prolonged pre-op LOS included theatre scheduling delays (58%), ICU/HDU bed unavailability (32%), instrument limitations (22%), bronchoscopy issues (18%) and slow pathology turnaround (7%), with multiple delays occurring per patient.

Conclusion

Pre-operative LOS is a strong predictor of post-operative LOS and infection risk. Optimizing institutional workflow and reducing system-related delays may improve surgical outcomes in thoracic surgery.

PP 116-Unmasking Dyspepsia: Endoscopic Spectrum and Histopathological Insights from a Tertiary care hospital, Northern Sri Lanka.

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Introduction

Upper gastrointestinal endoscopy (UGIE) is a key diagnostic tool for evaluating dyspepsia and upper gastrointestinal symptoms. Understanding endoscopic and histological patterns across age groups is essential for informed clinical decision-making and effective resource allocation

Methods

A retrospective study at a tertiary care hospital (January-April 2025) compared UGIE findings in dyspepsia patients aged ≤40 vs >40 years, excluding those with alarm symptoms, and reviewed biopsy Results statistically.

Results

266 patients were assessed (145 females; mean age 51.05±15.59 years). UGIE was unremarkable in 28 patients (13.53%). Among 238 patients with positive findings, gastritis was commonest (71.01%), followed by hiatus hernia (37.82%), reflux oesophagitis (35.29%), duodenitis (14.71%), ulcers (6.72%), growth (5.05%), oesophageal candidiasis (4.20%) and GORD (2.10%). Patients >40 years had higher rates of positive findings (91.83%) compared to ≤40 years (82.85%). Duodenitis was significantly associated with older age (p=0.049). Among 54 Biopsies (14 aged ≤40, 40 aged >40; mean age 52.63±15.52 years), Available histology Results were 40 (20 males, 20 females), Findings were benign in 30 (75%), premalignant in 6 (15%), malignant in 2 (5%) and normal in 2 (5%). Chronic gastritis was the commonest histological finding across both sexes and age groups. Malignancies included one gastric adenocarcinoma and one gastric B-cell lymphoma, Both in patients >40 years. Endoscopic growth was significantly associated with malignancy (p<0.001).

Discussion and Conclusion

Gastritis was the predominant finding. Premalignant and malignant lesions were exclusive to patients over 40 years, supporting age-stratified endoscopy protocols to improve early detection of significant upper gastrointestinal pathology

PP 117-Comparison of Personality Traits, Mental Well-being and Compassion Among Buddhist Monks with Parental Live Donors in Paediatric Live Donor Liver Transplant

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Introduction

Liver transplantation remains the definitive treatment for end-stage liver disease. In Sri Lanka, altruistic donations from Buddhist monks feature prominently in the paediatric liver transplant program alongside the related donations. Psychological well-being and personality traits among these donor populations remain undercharacterised.

Methods

A cross-sectional study compared altruistic (monk) and parental liver transplant donors. Psychological well-being was assessed with the validated Warwick-Edinburgh Mental Well-being Scale (WEMWBS), personality traits with the Big Five Inventory (BFI-44), and compassion with the Santa Clara Brief Compassion Scale (SCBCS). Mean scores, standard deviations, and significance (p<0.05) were calculated and compared between groups.

Results

Of 43 donors, 11 (25.6%) were altruistic (monks) and 32 (74.4%) were parents. All altruistic donors were male; related donors were 25% fathers (n=8) and 75% mothers (n=24). Ethnicity: Sinhalese 81% (n=26), Muslim 15.3% (n=5), Tamil 3% (n=1). Mean age was 36.82±6.32 years (altruistic) versus 32±5.68 years (related). Mean WEMWBS scores were 59.91±6.3 (altruistic) and 60.91±5.0 (related) (p>0.05). SCBCS scores were 32.4±3.8(altruistic) versus 32.3±3.3(related) (p>0.05). Related donors scored higher on extraversion and openness; agreeableness and conscientiousness were comparable; altruistic donors showed lower neuroticism. Mental well-being and compassion were comparable between the altruistic monks and the parental donor groups.

Discussion and Conclusion

The altruistic monks demonstrated motivation for donation, compassion levels, and mental well-being comparable to those of the parents who donated for their children.

PP 118-Distribution Patterns and Demographic Profiling of Malignancies in a Tertiary Surgical Unit: A One-Year Retrospective Analysis

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Introduction and Objectives

Despite expanding oncological services in South Asia, malignancies often present at advanced stages. Unit-level epidemiological data is vital for optimizing resource allocation and surgical planning. This study characterizes the frequency, demographic distribution, and clinical staging of malignancies within a single tertiary care surgical unit.

Methods

A retrospective descriptive analysis was conducted using the units cancer registry from October 2023 to September 2024. Data regarding age, sex, primary site, and TNM stage at presentation were extracted. Quantitative variables were analyzed as mean ± sample standard deviation (SD).

Results

Sixty-one patients were identified. The mean age was 62.4 ± 15.7 years, with a notable female predominance (M:F ratio 1:2.2). The most frequent malignancies were colorectal carcinoma (42.6%, n=26), followed by thyroid carcinoma (18.0%, n=11), and breast cancer (14.7%, n=9). Notably, all thyroid and breast cancer presentations were female. Of the colorectal carcinoma cohort, 57.6% (n=15) presented with locally advanced or metastatic disease, precluding primary curative resection in some instances.

Conclusion

These findings indicate a high burden of advanced-stage cancers, suggesting that existing referral and screening pathways may be insufficient for early detection. The high frequency of colorectal and breast cancers emphasizes the need for targeted, community-based screening initiatives. Furthermore, the necessity for gender-sensitive diagnostic clinics is highlighted by the exclusive female predominance observed in specific malignancies. In Conclusion, this unit-level audit highlights the necessity of improving public health awareness and decentralizing diagnostic services to transition toward early-stage detection and more favorable surgical outcomes in the Sri Lankan healthcare context.

PP 119-Health-seeking behaviour for common anorectal symptoms amongst a Sri Lankan cohort; descriptive cross-sectional study

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Introduction

Perianal symptoms account for a significant portion of surgical outpatient visits in Sri Lanka. Many patients resort to traditional treatments prior to hospital visit, sometimes leading to a delay in diagnosing sinister conditions such as cancer or inflammatory bowel disease. This study describes pre-hospital health-seeking behavior among a cohort of Sri Lankan patients.

Methods

A descriptive cross-sectional study was conducted at outpatient department of a teaching hospital in Sri Lanka from September to December 2025. The study recruited adult patients presenting with perianal symptoms including bleeding, mucus discharge, painful defecation, anal lumps, anal pain, and perianal suppuration.

Results

A total of 180 patients were recruited (mean age: 50.9 years; 18- 80 years). Bleeding per rectum (62.5%) was the predominant symptom and hemorrhoids were the primary diagnosis (51.8%). 48.3% had experienced symptoms for over six months before seeking hospital care. Of the total, 26.1% (47 patients) had taken traditional treatment prior to hospital visit, while 5.5% had tried to native treatment after an initial contact with a western practitioner. Commonest reason for this shift was fear of surgery (35.1%). Principal motivators to seek native treatment included accessibility (40.4%) and cultural beliefs (36.8%). Majority decided to seek modern treatment due to the ineffectiveness of native treatment (61.4%).

Conclusion

Over one in four patients in this cohort had relied on traditional treatments prior to hospital referral. Easy Accessibility and cultural beliefs are major attractors to native medicine. Education on the importance of definitive diagnosis prior to treatment in perianal symptoms is required.

PP 120-Barriers to Early Orthopaedic Care: Insights from Patients Presenting Late with Traumatic Fractures

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Delayed treatment of traumatic fractures significantly increases trauma-related disability. There is no uniform definition of delayed presentation. Previous studies indicate that factors such as age, gender, injury site, and occupation are not significantly associated with delayed fracture presentation. However, treatment by traditional bone setters, living in rural areas and initial misdiagnosis are strongly associated with delayed presentation. Sri Lanka lacks quality research focused on delayed presentation of traumatic fractures. Aim of the study is to assess the sociodemographic, economic, injury related and logistical factors, health seeking behaviors associated with late presentation of traumatic fractures. It also aims to assess the factors contributing in choosing indigenous medical practices, cost and the consequences of it. A cross-sectional descriptive study was conducted among 24 adults with delayed presentation of traumatic fractures to the clinic or primary care unit of North Colombo Teaching Hospital from December 2025 to March 2026. Delayed presentation was defined as presentation after 7 days for closed fractures and after 24 hours for open fractures. Most patients were females (62.5%) with a mean age of 56 years. Upper limb fractures were most common, with accidental trauma accounting for 66.7% of injuries. Indigenous treatment was the leading cause of delayed presentation (87.5%), mainly influenced by the advice of relatives. Pain and functional disability were the main reasons for seeking hospital care later. This study provides locally relevant insights into delayed presentation of traumatic fractures. Strengthening health education and addressing misconceptions about indigenous treatment may improve timely presentation and patient outcomes.

PP 121-Epidemiology and Clinicopathological Characteristics of Breast Cancer in Sri Lankan Women Under 40 Years: A Registry-Based Study at a Dedicated Breast Centre

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Breast cancer in young women is associated with aggressive tumour biology and poorer outcomes. Data on young-onset breast cancer in Sri Lanka remain limited. This study aimed to describe the epidemiological and clinicopathological characteristics of breast cancer in women aged under 40 years treated at a dedicated breast centre in Sri Lanka. A retrospective registry-based study was conducted at Colombo North Teaching Hospital, Sri Lanka. Women aged <40 years with histologically confirmed breast cancer diagnosed between 2020 and 2025 were included. Demographic, pathological, receptor, prognostic, and genetic data were analysed using descriptive statistics. Of 1,014 breast cancer patients treated during the study period, 98 (9.7%) were aged under 40 years. After excluding incomplete records, 88 patients were analysed. The mean age was 36.0 years (SD 3.8). High-grade disease predominated (grade 3 tumours accounting for 48.9%). Lymph node positivity was observed in 54.5% of patients. Oestrogen receptor positivity was identified in 49.3% of patients, while progesterone receptor negativity was common (65.8%). HER2-negative disease accounted for 70.0% of cases, and triple-negative breast cancer (TNBC) was identified in 35.1%. Most patients belonged to the moderate (66.7%) or poor (23.8%) Nottingham Prognostic Index groups. Among 10 patients aged ≤30 years, eight underwent BRCA testing; six (75.0%) had pathogenic mutations, including four BRCA1 and two BRCA2 mutations. Young women accounted for 9.7% of breast cancer cases and demonstrated a high prevalence of grade 3 tumours, lymph node positivity, and TNBC, indicating an aggressive disease profile.

PP 122-Surgical resection of large parathyroid adenomas: a case series on clinical challenges and postoperative management

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Introduction

Large benign parathyroid adenomas are a rare variant of primary hyperparathyroidism (PHPT). Management is challenging due to their severity of symptoms, structural mimicry of parathyroid carcinomas, and an elevated risk of severe postoperative hypocalcemia (Hungry Bone Syndrome). This case series evaluates the clinical presentation, localizing imaging, surgical strategy, and postoperative outcomes of patients undergoing large parathyroid resections.

Case presentation

We reviewed a series of two patients aged 70 & 47 year old who presented with symptomatic hypercalcemia secondary to large parathyroid masses. Preoperative serum calcium levels averaged 2.5 mmol/dL and intact parathyroid hormone (iPTH) levels were markedly elevated at 1351 pg/mL & 1868 pg/ml. Preoperative localizations using neck ultrasound and-sestamibi (MIBI) scintigraphy identified distinct, large retrothyroidal masses averaging 3.5 & 2.4 cm in largest diameter.

All patients underwent successful surgical excision via focused parathyroidectomy. Intraoperative iPTH monitoring demonstrated a drop of greater than 80% following removal of the dominant gland. Gross specimen weights ranged from 13 grams to 7 grams, confirming the diagnosis of large parathyroid adenomas. Postoperatively, neither patients developed severe Hungry Bone Syndrome (HBS), requiring aggressive intravenous and oral calcium alongside calcitriol supplementation.

Conclusion

Large parathyroid resections require careful preoperative optimization due to profound hypercalcemia and significant gland size. Surgical excision provides immediate biochemical cure, but clinicians must anticipate and manage Hungry bone syndrome if detected.

PP 124-Injury pattern and associated factors of road traffic accidents among patients admitted to a teaching hospital in Sri Lanka: a descriptive cross-sectional study

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Introduction

Road traffic accidents (RTAs) are a leading cause of trauma admissions in Sri Lanka. The injury pattern and associated factors at district level remain poorly characterised. This study aimed to determine the demographic profile, associated factors, injury patterns, and hospital stays of patients presenting to the Teaching Hospital, Ratnapura.

Methods

A descriptive cross-sectional study was conducted over three weeks in March 2024. Consecutive patients admitted to the emergency unit following an RTA were recruited. Data were collected through an interviewer-administered questionnaire and bed-head tickets.

Results

Of 83 patients (66 male, 17 female; mean age 33.3 years), most were of working age (57.8%) and employed (71.1%). Drivers or riders comprised 60.2% of casualties. Reported human factors included alcohol and traffic violations (each 30%) and fatigue (13%). Multiple safety measures were breached in 16.9%. Motorbikes (63.9%) and three-wheelers (22.9%) were the vehicles most often involved, and most crashes occurred on urban, straight roads in daylight. Soft tissue injuries were universal, and 49 patients sustained fractures, predominantly lower limb (32.5%) and upper limb (19.3%), with occasional head and torso injuries. Three deaths were reported. Hospital stays exceeded one week in 27.7% and two weeks in 9.6%, with working days lost in this employed cohort.

Discussion and Conclusion

Young employed men on motorbikes and three-wheelers bore most of this preventable injury burden, predominantly limb fractures loading surgical services. The modifiable human factors argue for targeted education and stricter enforcement. As a single-centre descriptive study, these findings warrant confirmation in a larger prospective cohort.

PP 125-Age Influences the Cause and Outcome of Acute Limb Ischaemia: A Single-Centre Cohort Study

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Introduction

Acute limb ischaemia (ALI) is a vascular emergency associated with substantial morbidity and mortality. Age may influence both disease aetiology and clinical outcomes; however, data from South Asian populations remain limited. This study evaluated age-related differences in the presentation, management and outcomes of ALI.

Methods

A retrospective analysis was performed using a prospectively maintained ALI database from a tertiary vascular centre. Patients were stratified into two groups: â‰¤50 years and >50 years. Demographic characteristics, limb distribution, aetiology, management strategies, re-intervention rates, limb outcomes and mortality were compared between groups using appropriate statistical Methods.

Results

A total of 157 patients were included, comprising 51 patients aged <50 years and 106 patients aged >50 years. Cardioembolic ALI was nearly twice as common among older patients (30.2% vs 15.7%; p=0.079), demonstrating a strong age-related trend. Younger patients more frequently presented with upper-limb ischaemia (23.5% vs 17.9%;p=0.54). Median time to presentation was similar in both groups (48 hours; p=0.48). Intervention rates were comparable (39.2% vs 46.2%). Limb salvage was achieved in 19.6% of younger patients and 27.4% of older patients, while major amputation rates remained low (2.0% vs 0%). Mortality was higher among patients aged >50 years (13.2% vs 5.9%; p=0.27). Re-intervention was more frequently required in younger patients (9.8% vs 3.8%).

Conclusion

ALI exhibits clinically meaningful age-related differences in aetiology and outcomes. Older patients demonstrate a greater burden of cardioembolic disease and higher mortality, whereas younger patients more frequently require re-intervention. These findings support age-tailored diagnostic evaluation and management strategies in ALI.

PP 126-Factors associated with the outcomes of lumbar discectomy surgery: Single-center experience

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Introduction

Lumbar microdiscectomy (LMD) is a widely used procedure for lumbar disc prolapse, yet postoperative recurrence of the symptoms remains a clinical concern. The study aims to identify factors associated with the recurrence of symptoms following LMD after a six-month follow-up period.

Methods

A prospective observational cohort study was conducted among the patients who underwent LMD. The selected patient's demographics, BMI, symptoms, and pain score were collected. A number and the duration of recurrence were also collected.

Results

Out of 44 patients, the mean age of the cohort was 52.94 ± 13.79 years, with M: F 6:5. Among them, 63.6% of them were ASA 1 patients. Common presenting symptoms were back pain radiating along the lower limb (86.4%), weakness (25%), numbness (47.7%), back pain (9%), cauda equina symptoms (2.3%). The mean pain score and mean BMI are 8.341±2.02, 23.674±2.81 kg/m2, respectively. Clinical improvement after the first surgery was observed in 75% of the patients. Among them, 16% experienced recurrence within six months. Mean duration of recurrence was 4.1786 ± 4.76 months. The category of the surgeon (VNS, SR, MO) who performed the procedure showed a significant association with recurrence (r=0.306, p = 0.012) while age, BMI, and pain score were not.

Discussions and Conclusion

These findings show that the surgical experience plays an important role in outcomes and recurrences, warranting more in-depth research. Therefore, focused training and better technique could improve the Results.

PP 127-Association of Post-operative Biochemical Parameters with Liver Segment IV Volume Following Living Donor Left Lateral Sectionectomy

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Introduction

Living donor liver transplant is a complex life-saving treatment. In paediatric liver transplants, left lateral section (LLS) is the commonly used graft. Harvesting LLS leads to ischemia and injury of segment IV. This study looks at the correlation between the post- operative biochemical variations with the remnant segment IV volume.

Methods

A retrospective analysis was conducted on 24 live liver donors who underwent left lateral sectionectomy for paediatric patients. Pre-operative CT images were reviewed and segment IV volume was manually measured with CT volumetry ITK-SNAP software. Liver enzymes and baseline parameters on post-operative day 1,3 and 5 were assessed. Statistical analyses were performed using linear regression, with significance defined as $p < 0.05$.

Results

Median age of the cohort was 31 years (range 27-35.75). 58.3% were female. Main hepatic arterial supply was from left side compared to right (79.2% vs. 20.8%). 50% demonstrated predominant venous drainage pattern from left and middle hepatic veins combined. Median segment IV volume was 118.05cm3 (range 104.32-146.1). Post-operative AST and ALT levels showed a weak correlation with segment IV volume across all time points (R2=0.03 and 0.03 day 1, R2=0.04 and 0.05 day 2, R2=0.007 and 0.005 day 5 respectively).

Discussion and Conclusion

The volume of segment IV did not impact the recovery of the donor.

PP 128-A clinical audit on adrenalectomy related peri-operative challenges at a tertiary care unit

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Introduction

Adrenalectomy is the definitive treatment for various adrenal tumors, yet with notable perioperative risks. While modern minimally invasive approaches have lowered morbidity, complications still vary significantly depending on surgical approach, expertise and tumor characteristics.

Methods

A retrospective clinical audit was conducted on 7 consecutive patients who underwent open or minimally invasive adrenalectomy between October 2024 to 2026 June. Collected variables included demographics, body mass index (BMI), tumor size, functional status, and surgical approach. Postoperative complications occurring within 30 days were categorized into medical or surgical events and graded using the Clavien-Dindo classification system and compare outcomes with established benchmarks.

Results

The overall 30-day postoperative complication rate was consisting of zero surgical and 1 in 7 medical complications. The surgical site infections 1/7. The most common medical/metabolic complications were major adverse cardiovascular event. Large tumor size (6cm) and catecholamine-secreting tumors Pheochromocytomas were independent predictors of prolonged hospital stay and hemodynamic instability.

Conclusion

Our institutional audit confirms that adrenalectomy is relatively safe, with complication rates mirroring contemporary global series. However, open surgery, large tumor size, and functional tumours are associated with higher rate of complications. This highlights the need for standardized perioperative steroid/blood pressure protocol/ clear post-operative management protocols and a dedicated multidisciplinary approach to optimize high-risk patients.

PP 129-Surgical site infection in patients undergoing D2 gastrectomy alone vs. D2 gastrectomy with extensive intra-peritoneal lavage for locally advanced gastric cancer: A randomized control study

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Introduction

Gastric cancer is the fifth common malignancy, with postoperative complications affecting recovery. Extensive intra-peritoneal lavage (EIPL) has been explored as a method to reduce peritoneal recurrence, though studies have shown limited benefit in this regard, it has improved short-term postoperative outcomes. This single-centre, prospective, parallel-arm, superiority randomized controlled trial evaluated the impact of EIPL on short-term surgical outcomes in patients undergoing D2 gastrectomy for locally advanced gastric cancer (LAGC).

Methods

The study was conducted at tertiary care centre in South India between August 2023 and June 2025. 67 patients with operable LAGC were randomized into two groups: D2 gastrectomy alone (control, n=34) and D2 gastrectomy with EIPL (intervention, n=33). Postoperative outcomes within 30 days were assessed using an intention-to-treat analysis.

Results

The EIPL group demonstrated an 11% reduction in surgical site infections with fewer patients requiring re-intervention (3% vs 11.8%) and extended antibiotics(6.06% vs. 26.5%; $p = 0.014$). Postoperative pain (VAS) was significantly lower up to one week. ($p < 0.001$). Ileus (>5 days) was more frequent in the control group (46.9% vs. 15.6%; $p = 0.007$). Prolonged hospital stays (>3 weeks) were also lower in the intervention arm (3.03% vs. 20.58%). Severe complications (Clavien-Dindo ≥III) were reduced in the EIPL group (9.09% vs. 26.5%). Neoadjuvant therapy had no significant impact on complication rates.

Conclusion

EIPL improved short-term postoperative outcomes, including pain control, bowel recovery, and reduced infection-related complications. While a trend toward reduced SSI was observed, larger studies are required to confirm its clinical significance.

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PP 130-Management of Venous Injuries of the Lower Limb: A Case Series and Review of Current Evidence

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Introduction

Lower limb venous injuries account for approximately 20% of severe lower extremity trauma. The optimal management of deep venous injuries in the lower limb remains controversial, with some advocating ligation and others favoring primary repair. This article presents a case series of lower limb deep venous injuries.

Methods

Patients who underwent lower limb venous repair between January 2015 and 2025 were included. Data on demographics, injury mechanism, and type of repair were collected.

Results

Out of the 19 patients, 73.7%(n=14) were male, and 26.3%(n=5) were female. The mean age was 36 years (4-61 years). Road traffic accidents, trap gun injuries, and iatrogenic causes each accounted for four cases (21.1% each). One reported case was due to a workplace injury. The vessels involved were popliteal vein (PV) in eight (42.1%), femoral vein (FV) in five (26.3%), external iliac vein in 5% (26.3%) and one case of subclavian vein repair. Direct venous repair was performed in 11 cases (57.9%), autologous saphenous vein panel graft repair in four (21.1%), thrombectomy in two (10.5%) and venous exploration with repair was performed in one case (5.2%).

Conclusion

Venous ligation was the previous standard management for lower limb venous injuries. However, ligation is associated with venous hypertension, leading to limb swelling and potential limb loss. Native grafts are preferred for repair and size matching should be done with graft reconstruction (paneled or spiral).

PP 131-Pattern of Mutilated Hand and Forearm Injuries Among Plastic Surgery Casualty Patients: A Five-Month Observational Study

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Introduction

Mutilated injuries of the hand and forearm are a major cause of functional disability, particularly among young working-age individuals. Understanding injury patterns is important for prevention and healthcare planning. This study evaluated the demographics, mechanisms, and injury characteristics of patients presenting with mutilated upper limb injuries over a five-month period.

Methods

A descriptive observational study was conducted on 450 consecutive patients presenting with mutilated hand and forearm injuries to a tertiary plastic surgery casualty unit. Data on age, gender, occupation, mechanism of injury, anatomical site, and tissue involvement were collected and analyzed using SPSS descriptive statistics.

Results

Of 450 patients, 414 (92.0%) were male and 36 (8.0%) were female. Most patients were aged 20-50 years (78%), representing the economically productive group. Manual labourers and industrial workers accounted for 64% of cases.The commonest mechanisms were machinery-related crush/cut injuries (44%), sharp object injuries including glass and grinder (27%), road traffic accidents (14%), assault-related injuries (11%), and other causes (4%). The dominant hand was involved in 61% .Fingers were the most frequently affected (72%), particularly zone II and III injuries, followed by forearm involvement. Common structural injuries included tendon injuries (56%), open fractures (41%), nerve injuries (26%), and partial or near-total amputations (19%).

Discussion and Conclusion

Mutilated hand and forearm injuries continue affect young male workers and are strongly associated with preventable occupational hazards. The high prevalence of complex injuries highlights the need for improved workplace safety, protective equipment use, and timely specialist referral to optimize functional outcomes and reduce disability.

PP 132-Histological Stability in Colorectal Cancer in Sri Lanka (2015-2022): Evidence Against Molecular Transition in a Rapidly Changing LMIC

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Background

Global colorectal cancer (CRC) epidemiology is evolving, with high-income countries demonstrating increasing molecular heterogeneity and a shift toward right-sided and non-adenocarcinoma subtypes. Whether similar transitions are occurring in low- and middle-income countries (LMICs) remains unclear.

Objectives

To evaluate temporal trends in histological subtypes of colorectal cancer in Sri Lanka and assess evidence for biological transition.

Methods

A retrospective analysis of national cancer registry data (2015-2022) was performed. Histological subtypes were classified using ICD-O codes and analysed longitudinally by sex and year. Major categories included adenocarcinoma, mucinous, signet ring cell, neuroendocrine, and other rare subtypes.

Results

Adenocarcinoma remained overwhelmingly dominant throughout the study period, consistently accounting for approximately 80-90% of CRC cases. Mucinous adenocarcinoma showed stable proportions (~3-6%) without temporal increase. Signet ring cell carcinoma remained rare (~1%) with no upward trend. Notably, a modest but consistent rise in neuroendocrine tumours was observed, particularly after 2019, although overall contribution remained low. Other histological subtypes collectively accounted for <2% of cases. No meaningful sex-based divergence in histological patterns was identified.

Conclusion

Despite rapid socioeconomic and lifestyle transitions, colorectal cancer in Sri Lanka demonstrates striking histological stability, with no evidence of the diversification or rightward biological shift reported in high-income settings. These findings suggest a lag in molecular epidemiological transition and reinforce the persistence of a predominantly conventional adenocarcinoma pathway. The emerging neuroendocrine signal warrants further

investigation. This study challenges assumptions of uniform global CRC evolution and highlights the need for region-specific oncological strategies.

PP 133-Early Mortality and Five-Year Survival Dynamics in Kidney Transplant Recipients and Comparing Death-Censored and Non-Death-Censored graft Outcomes: A Single-Center Study

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Introduction

Long-term patient and graft survival define kidney transplantation success. Accurately assessing five-year outcomes requires distinguishing actual graft failure from patient death with a functioning graft. This study evaluated 30-day mortality, alongside 5-year overall, death-censored, and non-death-censored graft survival rates among kidney transplant recipients.

Methods

The final analysis included 109 recipients who underwent transplantation within the last 10 years. Survival outcomes were assessed using the Kaplan-Meier method. Primary endpoints included 30-day mortality, 5-year overall patient survival, 5-year death-censored graft survival, and 5-year non-death-censored graft survival.

Results

The 30-day mortality rate was 1.8%, representing two early deaths secondary to pneumonia. At the 5-year mark, overall patient survival was 76.3%. The 5-year death-censored graft survival rate reached 89.5%, compared to a 75.6% non-death-censored graft survival rate. Beyond 30 days, the leading causes of mortality and graft loss were pneumonia, myocardial infarction, neutropenia and sepsis, and chronic grafted kidney failure.

Discussion and Conclusion

This analysis demonstrates excellent transplant integrity, highlighted by the 89.5% death-censored survival rate. However, lower non-death-censored and overall survival rates reveal that significant graft losses stem from patient mortality with a functioning organ. Infectious complications like pneumonia and sepsis, alongside cardiovascular events, remain leading mortality causes long-term. Maximizing patient longevity requires aggressively mitigating these non-renal risks alongside routine immunosuppressive management.

PP 134-Beyond Reflux Oesophagitis: A Snapshot Study of Patients Presenting with GORD Symptoms.

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Introduction

Upper gastrointestinal endoscopy (UGIE) is a frequently performed outpatient procedure for gastroesophageal reflux disease (GORD). UGIE findings ranging from normal studies to significant pathologies. Limited local data exists describing this spectrum. This study aims to evaluate UGIE findings in patients with GORD symptoms.

Methods

A snapshot study was conducted analyzing the UGIE records retrospectively for a one-year period from May 2025 to May 2026 in a Gastrointestinal Unit, at a tertiary referral center focusing on patients presenting with GORD symptoms including alarming symptoms. Data were statistically analyzed using SPSS version 25.

Results

A total of 252 patients underwent UGIE, comprising 127 (50.4%) females and 125 (49.6%) males, with a mean age of 55.6 years (range 11-89 years). Fifty-seven (22.6%) patients presented with alarm symptoms, while 195 (77.4%) had non-alarm symptoms. Gastritis was the commonest finding in both groups (18,31.5% vs 122,62.6%). Among patients with non-alarm symptoms, hiatal hernia (74,37.9%), peptic ulcer disease (43,22.1%), and reflux oesophagitis (13,6.7%) were common. Normal UGIE findings were observed in 28(14.4%) of patients with non-alarm symptoms compared to 3(5.2%) with alarm symptoms. Oesophageal malignancy was identified exclusively in patients with alarm symptoms (7,2.8%). Four Barrett's oesophagus were identified in non-alarm symptom patients, whereas 3 with alarm symptoms but no statistical significance was found. Oesophageal strictures (1.2%), and polyps (2.0%) were also found in both group.

Conclusion

Patients presenting with reflux symptoms exhibit a broad pathological spectrum beyond reflux oesophagitis. UGIE successfully identified multiple clinically significant upper gastrointestinal pathologies mimicking or coexisting with GORD.

PP 135-Who Is Being Left Behind? Socioeconomic Determinants of Gaps in Early Breast Cancer Detection Practices Among Women

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Introduction

Breast cancer remains a major public health concern and a leading cause of cancer-related morbidity and mortality among women worldwide. Early detection through breast self-examination (SBE), clinical breast examination (CBE), and mammographic screening is critical for improving outcomes. This study aimed to identify gaps in early breast cancer detection practices and associated socio-demographic determinants among women.

Methods

A descriptive cross-sectional study was conducted among 86 women using a structured questionnaire. Data were collected on socio-demographic characteristics, awareness of breast cancer screening modalities, and screening practices. Knowledge and awareness were assessed using composite scores and categorized as good or poor using a 75% cut-off. Practice gaps were defined as failure to perform recommended screening behaviours. Associations between variables were analysed using appropriate statistical tests.

Results

Of 86 participants, 31 (36.0%) had good awareness and 24 (27.9%) had good knowledge. Screening practice gaps were common: 65 (75.6%) had inadequate SBE practice, 61 (70.9%) showed CBE-related gaps, and 58 (67.4%) had poor mammography awareness or adherence. Significant associations were found between practice gaps and educational level ($p = 0.012$), occupation ($p = 0.031$), marital status ($p = 0.027$), and health insurance status ($p = 0.008$).

Conclusion

Significant gaps in early breast cancer detection practices were observed and were strongly associated with low awareness, poor knowledge, and socio-demographic disadvantage. Targeted interventions focusing on health education, improved access to screening services, and reduction of financial barriers are essential to improve early detection and outcomes among women

PP 136-Clinicopathological Spectrum of Intraductal Papillary Mucinous Neoplasms (IPMNs) and Solid Pseudo Papillary Neoplasms (SPN) in a Sri Lankan Tertiary Surgical Unit: A Retrospective Study

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Introduction

Pancreatic cystic neoplasms (PCNs) are increasingly detected with widespread use of cross-sectional imaging. However, their diagnosis and management remain challenging due to variable malignant potential and overlapping radiological features. This study evaluated the clinicopathological characteristics and management patterns of intraductal papillary mucinous neoplasms (IPMN) and solid pseudopapillary neoplasms (SPN) in a Sri Lankan tertiary surgical unit.

Methods

A retrospective descriptive study was conducted at the Surgery Professorial Unit, Colombo South Teaching Hospital, over three years. All newly diagnosed radiologically confirmed IPMN and SPN cases (n=47) were included. Clinical, demographic, radiological, and management-related data were analyzed using IBM SPSS Statistics version 21.

Results

Among all PCNs identified , IPMN was the commonest subtype accounting for 26 cases (55.3%), followed by SPN with 21 cases (44.7%). Among IPMN patients, there was a slight male predominance (57.7%), with most patients aged 51–70 years. The majority were symptomatic (65.4%), with abdominal pain being the commonest presenting symptom (50.0%). Main pancreatic duct dilatation was observed in 38.5%, while ductal communication was present in 30.8%. Surgical management was undertaken in 42.3%. SPN predominantly affected females (95.2%) aged 31–50 years. Solid radiological components were identified in 47.6%, while ductal communication was absent in all patients. Calcifications were observed in 23.8% of SPN.All SPN patients underwent surgical management, most commonly distal pancreatectomy with splenectomy.

Conclusion

IPMN and SPN demonstrate distinct demographic, radiological, and management profiles. Recognition of these differences is important for accurate risk stratification, surgical planning, surveillance, and multidisciplinary management of pancreatic cystic neoplasms.

PP 137-Demographic patterns associated with keloid formation in a multi ethnic population

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Keloids are benign fibroproliferative scars Resulting from dysregulated wound healing, characterized by excessive collagen deposition, and are commonly associated with pain, pruritus, cosmetic disfigurement, and high recurrence rates, contributing to significant psychosocial burden and increased healthcare utilization. Despite their clinical and public health importance, region-specific epidemiological data from Sri Lanka remain limited. This study aimed to evaluate demographic and clinical patterns associated with keloid formation in a multi-ethnic population to support risk stratification and preventive strategies. A prospective observational study was conducted at a tertiary care centre in Sri Lanka, including all consenting patients presenting with keloids between December 2024 and April 2025. A total of 35 patients were analysed, demonstrating a slight female predominance (54.3%) and a majority of Sinhala ethnicity (82.8%). The mean age was 32.94 years, with an average age of onset of 29.26 years, and a mean body mass index of 24.02 kgm^{-2}.Darker skin phenotypes were more prevalent, and trauma was identified as the leading precipitating factor, followed by minor skin insults. While 40% of patients were asymptomatic, pruritus (31.4%) and pain (14.3%) were the most frequently reported symptoms. A subset of patients presented with multiple keloids at different anatomical sites. Comorbidities such as diabetes mellitus and hypertension were infrequent. These findings highlight key at-risk groups and emphasize the importance of early identification, community awareness, and targeted preventive interventions to reduce disease burden, recurrence, and associated psychosocial impact, particularly in resource-limited setting.

PP 138-Symptomatic Gall Stone disease: is the demography changing?

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Introduction

Symptomatic Gall Stone disease (SGSD) was traditionally considered to be a predominantly female problem. However, an increasing number of males also now present with this problem. Recent research has explored the relationship between HMG-CoA reductase inhibitors (statins) and gallbladder disease.

Objectives

Evaluate the clinical profile of patients with SGSD and analyze the association between gender and statin therapy.

Methods

A cross-sectional analysis was conducted on a cohort of 85 patients presenting with SGSD in a tertiary care setting. Demographic data (age, BMI, gender), clinical markers (WBC count, liver enzymes) and pharmacological history (statin use, type, and duration) were analyzed. Odds ratios (OR) were calculated to assess the association between gender and statin usage, with significance determined at $p < 0.05$.

Results

The cohort was predominantly female (70.4%) with a mean age of 46.0 years (SD ±14.1) and a mean BMI of 25.58 kg/m.Statin prevalence was 30.4% (n=24), with Atorvastatin being the primary agent used (91.7%).Statistical analysis revealed that males had higher odds of being statin users compared to females (OR = 3.03; 95% CI: 1.09–8.47). However, this association reached only borderline statistical significance ($p = 0.057$).

Conclusion

In this cohort, females represented the majority of cases, while males demonstrated a stronger association with concurrent statin therapy. Although the three-fold increase in odds for males suggests a distinct clinical profile, the borderline p-value indicates the need for larger multi-center studies to confirm whether this reflects a gender-specific risk factor or general prescribing trends.

PP 139-Microplastic Exposure in the Perioperative Environment: A Scoping Review of an Emerging Surgical Contaminant

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Introduction

Microplastics and nanoplastics (MNPs) are now detected throughout human tissues, yet their relevance to surgery remains largely unexamined despite the plastic-dense operating theatre of drapes, packaging, sutures, implants and electrosurgical plume. This review synthesised current evidence linking MNPs to surgically relevant outcomes.

Methods

PubMed/MEDLINE was searched up to June 2026 using terms combining microplastic and nanoplastic with surgery, wound healing, surgical site infection, implant, sterilisation and surgical smoke. Peer-reviewed original studies, reviews and mechanistic in-vitro and animal work informing human surgical relevance were eligible; purely ecological studies were excluded. Evidence was synthesised narratively by theme with qualitative quality appraisal.

Results

Direct human evidence, though limited, is growing. MNPs were identified in carotid endarterectomy plaque, where their presence carried roughly a 4.5-fold higher risk of myocardial infarction, stroke or death, and were recovered from arterial and cardiac-surgical specimens. Preclinical studies demonstrated MNP-driven macrophage activation, oxidative stress, dermal penetration and pro-inflammatory cytokine release relevant to wound healing, and showed that plastic surfaces favour biofilm formation and antimicrobial-resistance-gene transfer. Electrosurgical smoke generated high respirable particulate concentrations, and plastic packaging shed particles under thermal stress; both are plausible but unquantified perioperative sources. No study directly measured intraoperative MNP exposure or linked it to surgical site infection.

Conclusion

MNPs are a biologically plausible, under-investigated perioperative exposure mechanistically linked to inflammation, infection and implant biology, though direct surgical outcome data are absent. Surgeon-led intraoperative sampling and outcome studies are warranted.

PP 140-Pioneering Hybrid Aortic Repair in Sri Lanka: First Reported Case series of Multistage Endovascular and Open Reconstruction for Type B Dissection (TBAD) with Complex Anatomy

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Introduction

Type B aortic dissection (TBAD) with hostile anatomy is a significant therapeutic challenge, especially in resource-limited settings. While TBAD management in Sri Lanka remains predominantly medical, global trends now favour intervention with advanced endovascular techniques, recognising stent-induced aortic remodelling. We report the first three Sri Lankan cases of TBAD managed with complex aortic arch and infrarenal reconstruction, combining TEVAR, supra-aortic debranching, and staged infrarenal stent grafting with extra-anatomic bypass.

Methods

We retrospectively reviewed the first three patients with TBAD treated with TEVAR at a single Sri Lankan centre, analysing indications, procedural details, and intra-operative outcomes.

Results

One patient had chronic TBAD (8 x 7.5 cm descending thoracic aorta); two had subacute TBAD (6.7 x 6.4 cm and 4.2X4cm) with minimal false lumen (FL) resolution on repeat CT at 48 hours. Two underwent supra-aortic debranching; one underwent coil embolisation of the Left Subclavian artery to achieve proximal sealing. All received TEVAR with thoracic stent grafts covering the entry tear. In one, a 6-month CT showed persistent infra-renal pressurised FL. One year later, this patient underwent staged infra-renal reconstruction with an expandable iliac stent graft covering the re-entry tear, a unilateral iliac extension, and a femoro-femoral bypass to restore contralateral perfusion. All had technical success and visceral perfusion via the true lumen.

Discussion and Conclusion

These cases exemplify the emerging role of hybrid approaches in managing high-risk, complex aortic pathologies even in low-resource settings. However, expanded training and case volume are needed to reduce the costs of complex endovascular procedures.

PP 141-Preoperative Customization of Titanium Mesh for Cranioplasty; a Time and Cost Saving Method for Developing Countries

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Introduction

Cranioplasty is a common neurosurgical procedure where deficit in the skull is repaired following craniectomy due to a wide range of pathologies. While 3D CT guided customized PEEK flaps or Titanium plates are used in developed countries, serving in developing countries, we have to rely on square shaped Titanium meshes which are cut and contoured per-operatively to suit the bony deficit. This traditional technique poses three main disadvantages. Firstly, it takes 60 â€“ 90 minutes to cut and contour the mesh which increases time, cost, and risks of surgery and anaesthesia. Secondly, cosmetic outcome or symmetry of the skull is often suboptimal as operator cannot see the contralateral side of the skull properly during surgery. Thirdly, sharp cut edges of the mesh commonly lead to tearing of the operator's gloves causing per-operative contamination necessitating prolonged use of powerful antibiotics.

Methods

We attempted a novel technique of cutting and contouring the Titanium mesh on the previous day of surgery, autoclaving the mesh, and using it for cranioplasty.

Results

In the form of a historically controlled study, we compared five patients who underwent cranioplasty using the new technique with twelve patients who underwent the surgery in conventional way.

Discussion

The new technique led to a reduction in operative time by 40%, markedly improved excellent cosmetic appearance, and much less per-operative contamination due to less tearing of gloves. Though we need more data to draw firm Conclusions, with our findings, we suggest preoperative preparation of the Titanium mesh as an effective strategy.

PP 142-Adequacy of Bowel Preparation in Patients Undergoing Lower Gastrointestinal Endoscopy in a Tertiary Care Center: An Ongoing Clinical Audit

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Introduction

Lower Gastrointestinal Endoscopy (LGIE) plays an important role in diagnosing most of the colonic and distal ileal lesions compared to other non-direct visualization Methods. Suboptimal bowel preparation lead to missed lesions, prolonged procedure time, complications, need of repeated procedures and increased health care cost. European Society of Gastroenterology (ESGE) has provided an updated guidance for bowel preparation in 2019. The level of bowel preparation will be assessed with the Boston Bowel preparation scale. (BBPS)

Methods

Data collection is done from 01st March 2026 to 30th April 2026. Patients undergoing routine LGIE without previous Gastrointestinal Tract (GIT) Surgeries were included. Patients with mental disabilities and previous GIT surgeries were excluded. Data analysis is done with IBM SPSS 26th Edition.

Results

Among the total of 16 patients (8 Males, 8 Females) with a mean age of 56.8 years had adequate bowel preparation in 50%. Use of 2L PEG associated with 37.5% and 4L PEG with 56.3%, use of low fiber diet with 68.8%, use of Enema with 93.8%, use of split dosing with 18.8% percentages respectively among adequately bowel prepared patients.

Discussion and Conclusion

Adequate bowel preparation needs to be more than 90% according to the ESGE 2019 Guidelines which is 50% in the studied Surgical Unit. The need of implementing standard guidelines, patient and staff education is identified. Re-audit is planned after 3 to 6 months following the interventions.

PP 143-Wild Animal Attacks Presenting to a Surgical Casualty Ward: A Single-Unit Experience

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Introduction

Wild animal attacks remain a significant cause of trauma in regions with close humanâ€“wildlife interaction, contributing to considerable morbidity and mortality, particularly in rural settings. This study was aimed to describe the epidemiology, injury patterns, management, and clinical outcomes of patients presenting with wild animal's related injuries.

Methods

A descriptive study was conducted at Teaching Hospital Anuradhapura from October 2025 to March 2026. Twenty patients with documented wild animal attacks were included. Data was extracted from hospital records and analyzed for demographic characteristics, circumstances of injury, injury patterns, management strategies, and outcomes.

Results

The median age was 52.5 years (range:19-78), with a male predominance (75%, n=15). Most victims were farmers (55%) from rural areas (85%). Elephant attacks accounted for the majority of incidents (60%). Injuries most frequently occurred in the early morning (50%) and commonly involved the lower limbs (45%). Lacerations (40%) and crush injuries (40%) were the predominant injury types. Wound debridement was performed in 55% of cases, and antibiotics were administered in 95%. Complications were observed in 80% of patients, with fractures (45%) and wound infections (20%) being the most common. Outcomes included discharge (35%), referral for specialized care (35%), amputation (10%), and mortality (10%).

Conclusion

Wild animal attacks disproportionately affect rural farmers and are associated with considerable morbidity and adverse outcomes. Strengthening preventive strategies and improving trauma care systems are essential to reduce the burden of these injuries.

PP 144-Study of Head Injury Demographics and an Audit on the Timeliness of Head Injury Observation in patients at multiple trauma centers of Sri Lanka.

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Introduction

Head injuries are a major contributor to trauma-related hospital admissions and fatalities in Sri Lanka. One of the objectives of the study was to profile the demographic and clinical characteristics of patients undergoing HIOC to improve clinical care.

Methods

A retrospective clinical audit was conducted using a data abstraction tool by structured review of patients' medical records from wards and ICUs at five major hospitals receiving trauma during the time period from October 01, 2025, to November 30, 2025.

Results

A total of 300 head injury patients were analyzed, with a male predominance (62.6%, n=188) and a mean age of 38.35 years (±21.77). Falls were the most common cause (40.20%, n=115), followed by assaults (25.17%, n=72) and RTA (27.27%, n= 78). Among falls, 43 cases were due to same-level incidents. Out of the total, 94.3%(n=283) sustained mild head injuries (GCS 13–15). Direct admissions accounted for 86.3%(n=259), while 13.6%(n=41) were transfer-ins. Regarding injury-to-admission time, 61.6% (n=185) of patients arrived within 3 hours, with an average delay of 3.29 hours. Mean delay of Injury to head injury observation is 4.59 hours.

Discussion and Conclusion

This audit concludes that the overall mean delay of 4.59 hours from injury to the commencement of structured observation is less than 2 hours according to the existing guidelines. Such delays can postpone the detection of early neurological deterioration, potentially impacting patient outcomes.

PP 145-Retrospective analysis of hernia phenotype and surgical management in a tertiary care hospital

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Introduction

Patient demographics may influence hernia presentation and perioperative management.

Methods

A retrospective analysis of 550 patients undergoing hernia surgery was conducted.

Results

Males accounted for 67.6% of patients, while 44.0% were aged ≥60 years. Male patients were significantly more likely to present with inguinal hernias ($p<0.001$), with 76.9% of males having an inguinal hernia. Overall, 90.8% of all inguinal hernias occurred in males. Female patients were significantly more likely to present with paraumbilical ($p<0.001$) and incisional hernias ($p<0.001$), with paraumbilical hernias accounting for 53.9% of female hernias and females accounting for 82.2% of all incisional hernias. Hernia recurrence was significantly more frequent among patients aged ≥60 years (6.6%) than among those aged <60 years (2.9%) ($p=0.039$). Age ($p=0.856$) and gender ($p=0.120$) were not significantly associated with surgical approach. Open surgery was performed in 99.1% of patients. Female patients were more likely to undergo surgery under general anaesthesia (15.2%) compared with male patients (7.3%), whereas males were more likely to receive spinal anaesthesia (92.7% vs. 84.8%) ($p=0.004$).

Conclusion

Hernia phenotype differs greatly based on region and reflects directly to surgical approach

PP 146-From Scarcity to Innovation: Amniotic Membrane as a Viable Alternative to Cadaveric Skin in a Sri Lankan Burns Unit

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Introduction

Managing massive thermal injuries in resource-limited settings is highly challenging due to autologous donor site scarcity and fluctuating cadaveric skin availability. This study evaluates the utilization of human amniotic membrane (HAM) as an innovative biological bridge in a developing healthcare system.

Methods

We reviewed the clinical courses of more than two female patients (aged 24- 40 years) presenting with severe burns ranging from 15% to 55% total body surface area (TBSA). Surgical management featured early tangential excision combined with HAM application, alongside allogenic cadaveric skin and cultured keratinocyte transfers.

Results

The clinical courses involved complex systemic complications, including multi-organ failure and Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS) syndrome, requiring intensive care and rigorous antimicrobial stewardship. While a patient with a massive 55% TBSA burn demonstrated excellent HAM adherence and initial wound healing before ultimately succumbing to overwhelming systemic sepsis, the remaining patients achieved complete wound closure and physiological stability. These surviving individuals successfully overcame a severe Pseudomonas graft infection and sequential bacteremia (Klebsiella and Gram-positive cocci), respectively.

Conclusion

Integrating HAM provides a highly viable, cost-effective biological dressing that accelerates epithelialization and minimizes fluid loss. Although it cannot entirely eliminate the mortality risks associated with profound systemic sepsis in extensive burns, HAM serves as a crucial, accessible alternative to traditional skin substitutes in resource-constrained burn units.

PP 147-Audit of Compliance with Head Injury Observation Chart Documentation in Multiple Trauma Centers Across Sri Lanka

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Introduction

Effective monitoring of patients with traumatic brain injury (TBI) is a key component of acute trauma management. Strict adherence to standardized Head Injury Observation Chart (HIOC) is essential at any trauma center. A clinical audit was conducted across 5 trauma centers (TC) in Sri Lanka, including 2 district general hospitals (DGH) and 3 teaching hospitals (TH), to assess adherence to HIOC practices against established standardized criteria.

Methods

A retrospective chart review was conducted among 300 TBI patients in ward and ICU settings across 5 TCs in Sri Lanka from 1st October 2025 to 30th November 2025.

Results

Of the 300 patients, 84.67% of patients with TBI were collected from THs. 94.3% had mild TBI, 2.6% had moderate TBI, and 3% had severe TBI. All moderate and severe TBI patients were from THs. HIOC utilization was high across all centers (98.3%, p=0.23). THs showed superior adherence in GCS (94% vs 63%) and pupil assessment (94% vs 67%). Conversely, DGHs demonstrated significantly better performance in vital sign monitoring (97% vs 85%) and consistency of neurological exams (26% vs 17%). These differences persisted despite THs managing more severe cases and higher ICU admissions.

Discussion and Conclusion

THs demonstrated suboptimal adherence to comprehensive neurological examinations and complete vital sign monitoring. Nevertheless, both require improvement in adherence to complete neurological assessment of all patients with TBI. DGHs demonstrated poorer adherence to several HIOC components, highlighting the need to strengthen monitoring practices for early identification and timely transfer of deteriorating patients.

PP 148-Acute Abdomen due to Plasma Cell Neoplasia in Jejunum

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The Plasma cell neoplasia is rare in the gastrointestinal tract. This case represents a rare jejunal tumor of plasma cell disease. This is a case of a 79 years old female with multiple comorbidities who presented with generalized abdominal pain, abdominal distension and melena. The radiological findings showed free fluid in the peritoneum and dilated bowel loops. She underwent urgent exploratory laparotomy following resuscitation. The findings of the exploratory laparotomy were a perforated jejunal tumor with mesenteric involvement. Histology came as plasma cell neoplasia. Despite surgical management and intensive care, the patient developed multiorgan failure secondary to septicemia due to peritonitis and died on postoperative day 9. This case highlights the diagnostic and therapeutic challenges of jejunal plasma cell neoplasia which presents as an acute abdomen in elderly patients with multiple comorbidities. Early diagnosis and multidisciplinary management are essential for the improvement of outcomes.

PP 149-Laparoscopic Approach in Managing Small Hepatocellular Carcinoma: Experience of a Tertiary Referral Center in Sri Lanka

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Introduction

Hepatocellular carcinoma (HCC) frequently develops in patients with underlying cirrhosis, creating significant challenges for surgical management due to compromised liver function and limited hepatic reserve. Percutaneous microwave ablation (MWA) for HCC may not be feasible in all due to unfavourable anatomical locations. This study evaluated the safety, feasibility, and short-term outcomes of laparoscopic-guided MWA for small HCCs.

Methods

A retrospective analysis was conducted of 20 consecutive patients with small HCC who underwent microwave ablation at a tertiary care centre between 2023 - 2026. All cases were reviewed in a multidisciplinary team meeting. All patients underwent laparoscopic assisted MWA.

Results

The cohort comprised predominantly male patients (95%, n=19) with a median age of 70 years (range 65-74). Median tumor diameter was 3.5 cm (range 2.2-3.8), with 70% having solitary lesions. Laparoscopic-guided microwave ablation was performed ifor a single lesion in 80% of patients (n=16), while the rest (n=4, 20%) were treated for 2 or more lesions. The conversion rate to open surgery was 5% (n=1). Median tumour ablation time was 11 minutes (range 8.5-14.25). Commonest tumour location was associated with liver segment IV (n=12, 60%). No complications were recorded during immediate post-ablative period. Over a median follow-up of 6 months, local recurrence occurred in 5 patients (25%).

Conclusion

Laparoscopic approaches offer a versatile and safe treatment platform for managing small HCC in patients with difficult anatomical locations.

PP 150-Short-Term Clinical Outcomes of Endovenous Laser Ablation for Symptomatic Varicose veins - A singe Centre Audit

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Introduction

Endovenous Laser Ablation (EVLA) is an established minimally invasive treatment for symptomatic varicose veins, with proven efficacy in contemporary vascular practice. This audit was aimed at evaluating its effectiveness in relieving pain, swelling and promoting ulcer healing in patients with varicose veins.

Methods

A retrospective audit was conducted on patients who underwent EVLA between 1st of August and 31st December 2025. During this period 85 patients underwent EVLA, of whom 50 contactable patients were included in the analysis. Preoperative symptoms including pain, swelling and presence of an ulcer were compared with post operative outcomes.

Results

The cohort included 22 males and 28 females, with a mean age of 54.3 (Range 29-75). Preoperative pain was reported in 40 patients of whom 37 (92.5%) experienced complete relief postoperatively. Lower limb swelling was present in 22 patients, with 21 (95.5%) showing improvement. 16 Patients had active venous ulcers pre operatively and 13 (81.3%) completely healed following EVLA. No major postoperative complications were recorded.

These outcomes are comparable to internationally reported EVLA success rates. However, this audit was limited by its retrospective design and relatively short follow up period. Long term outcomes such as recurrence and recanalization need to be assessed in continued audit cycles.

Discussion and Conclusion

EVLA demonstrated significant symptom improvement with high rates of pain relief, reduction in oedema and ulcer healing, consistent with the current international standards. These findings support the effectiveness of EVLA as a minimally invasive intervention for symptomatic varicose veins in our setting.

PP 151-Why do you want to become a doctor? Perspectives among medical students, Faculty of Medicine, University of Ruhuna.

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Introduction

Medicine is considered one of the most demanding academic and professional pathways. Students enter the medical school under different motivational factors(MF), which can be categorized as intrinsic and extrinsic. The study aims to identify positive and negative perspectives among medical undergraduates (MUG) in all academic years.

Methods

The study was conducted among MUG at the Faculty of Medicine, University of Ruhuna as a descriptive cross-sectional study. Data were collected using a pre-formed, self-administered questionnaire. Descriptive statistics and correlation analyses were performed to evaluate associations.

Results

Among 160 participants, 40.6% were first-year students. Common MF were altruism (79.4%), interest in bioscience (76.9%), social prestige (81.9%), financial security (79.4%), and parental wishes (76.9%). Mean career satisfaction(CS) was 6.5/10. Among MFs, parental pressure($p=0.04$, $r=-0.17$) and the decision to do bioscience ($p=0.02$, $r=0.18$) were associated with CS. However, pursuing medicine has been positively associated with regret ($p=0.01$, $r=0.20$). Future career plans showed a positive association with CS ($p=0.04$, $r=0.16$).

Discussions and Conclusion

Both the intrinsic and extrinsic MFs influence medical students' perceptions of their career choice. The motivational factors should also be taken into account in the development of the student curricula, and will also warrant an in-depth investigation into MFs and CS.

PP 152-Histopathological Analysis of Resected Lung Tumours in Sri Lanka: An Analysis from National Thoracic Surgery Centre

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Introduction

Lung cancer is the leading cause of cancer-related mortality in Sri Lanka as well as in the world. Despite this, significance data on the histopathological profile of lung lesions in Sri Lanka remains limited. This study aims to describe patterns of lung lesions identified in surgically resected specimens at the National Hospital for Respiratory Diseases, Welisara from 2022 to 2024.

Methods

A retrospective descriptive study was conducted analysing pathology reports of resected large lung specimens from 2022 to 2024. A total of 275 cases were included. Variables studied were histopathological diagnosis, sex and age.

Results

From 275 cases, 185 (67.3%) were primary malignancies, 77 (28.0%) were metastatic lesions and 13 (4.7%) were benign lesions. Among primary malignancies, adenocarcinoma was the most common type (66.0%) followed by neuroendocrine tumours (14.1%) and squamous cell carcinoma (11.9%). Other types included salivary gland type tumours (4.9%), adenosquamous carcinoma (1.6%) and non-small cell carcinoma NOS (1.6%). Squamous cell carcinoma showed significant male predominance while adenocarcinoma only showed slight male predominance. The median age was 60 years and the mean age was 53.7 years, with majority of malignant cases occurring in patients aged above 40.

Conclusion

Adenocarcinoma is the predominant histological subtype of primary lung malignancy in this cohort, consistent with the global trends. The male dominance in squamous cell carcinoma likely reflects smoking patterns in the Sri Lankan population. These findings contribute to the histopathological data on lung lesions in Sri Lanka and highlight the need for further studies.

PP 153-Timing the Tendon: Unraveling the Link Between Clinic Visits and Surgical Cuts in Clubfoot Care

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Introduction

The Ponseti method is the gold standard for the management of clubfoot, with Achilles tenotomy frequently required to achieve complete correction. Identifying factors associated with tenotomy may improve clinical counselling and treatment planning. This study examined the relationship between visit frequency and tenotomy requirement among clubfoot patients.

Methods

A retrospective cohort study was conducted at Teaching Hospital Jaffna, including all clubfoot patients managed between January 2018 and December 2025. Data on total clinic visits, casting visits, and tenotomy status were extracted from medical records. Mean visit frequencies were compared between tenotomy and non-tenotomy groups using an independent samples t-test. A p-value <0.05 was considered statistically significant.

Results

A total of 168 patients were included. Mean total number of visits was 10.96 ± 7.46 (range: 0- 39), while the mean number of casting visits was 3.27 ± 3.92 (range: 0- 30). Overall, 100 patients (59.5%) underwent Achilles tenotomy and 68 (40.5%) did not. Patients who underwent tenotomy had a significantly higher mean total number of visits than those who did not (13.27 vs. 7.57; $p < 0.001$). Similarly, the mean number of casting visits was significantly higher in the tenotomy group (4.06 vs. 2.12; $p = 0.001$). First Pirani score has association with tenotomy.

Discussion and Conclusion

Higher total visit frequency and casting visit frequency were significantly associated with the requirement for Achilles tenotomy. Patients undergoing tenotomy had substantially greater healthcare utilization during treatment. Studies incorporating multivariable predictive models are needed to determine whether visit frequency independently predicts tenotomy requirement.

PP 154-The Association Between Smoking Status and the Anatomical Level of Lower-Limb Arterial Bypass Reconstructions

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Introduction

It is well known that arterial occlusions are directly related to tobacco use. Understanding how a patient's smoking history correlates with the specific anatomical position requiring bypass surgery is crucial for optimizing surgical planning. This study aims to evaluate the relationship between smoking history and the anatomical level of vascular bypass reconstructions performed in our cohort.

Methods

We analyzed data from 202 patients, comparing their smoking status with their specific anatomical bypass configurations. Statistical significance between tobacco exposure and bypass levels was determined using chi-square tests.

Results

The cohort's average age was 64.9 years, with a male predominance (M:F = 1.8:1). A statistically significant association was found between smoking status and the anatomical level of bypass disease ($p = 0.028$). Smokers predominantly required proximal reconstructions, comprising 79.2% of patients with suprainguinal aortoiliac disease and 53.7% of those with infrainguinal supragenicular disease. Conversely, the majority (52.2%) of patients requiring distal infrainguinal infragenicular bypasses had no smoking history.

Discussion and Conclusion

Smoking is likely associated with proximal lower limb arterial disease, highlighting tobacco's profound damage to larger inflow vessels. In contrast, distal infragenicular small-vessel disease predominantly affects non-smokers, pointing to alternative primary etiologies like diabetes mellitus or advanced age. These distinct patterns emphasize the necessity for targeted risk-factor modification and localized screening protocols based on patient smoking profiles.

PP 155-Temporal trends in non-traumatic, non-oncological limb amputations in Northern Sri Lanka a six-year provincial analysis (2021 - 2026)

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Introduction

Non-traumatic, non-oncological limb amputation remains a critical surgical burden globally, with incidence rates of 8- 15 per 100,000 in high-income settings.

Methods

A retrospective descriptive analysis of all non-traumatic, non-oncological limb amputations performed across the five districts of the Northern Province from January 2021 to 2026.

Results

A total of 661 patients underwent amputation (mean age 62.33 ± 13.90 years; range 9- 96), with males predominating (67.6%). Below-knee amputation (BKA) constituted 75.2% of procedures - mirroring the globally reported transtibial predominance of ~74%. Annual volume peaked in 2023 (n=168), corresponding to a provincial incidence of 11.7 per 100,000 - exceeding England's 2019 national average of 7.8 per 100,000 - before declining to 7.3 per 100,000 in 2025. The overall weighted provincial rate for 2021- 2025 was 8.4 per 100,000. Jaffna bore the greatest burden (65.8%), followed by Vavuniya (17.1%), while Mullaitivu consistently recorded the lowest rates. Amputation level distribution varied significantly by district (p=0.002) and gender distribution differed across districts (p=0.015), consistent with globally documented sub-regional geographic heterogeneity in amputation risk. No significant associations emerged between year and procedure type (p=0.160), gender with year (p=0.910), or procedure type (p=0.903), indicating temporally stable surgical patterns independent of sex.

Conclusion

Northern Sri Lanka's amputation burden represents a critical and underrecognized public health crisis in a post-conflict, resource-limited setting which demands urgent targeted interventions prioritizing diabetes control, early vascular screening, and equitable surgical access across the province.

PP 156-Predictors of Limb Salvage, Mortality, and Revascularisation Outcomes in Critical Limb Ischemia: Insights from a 140-Patients Retrospective Study

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Introduction

LEAD with critical limb ischemia (CLI) significantly threatens limb viability and survival, especially in patients with multiple comorbidities. This study evaluates the clinical profile, interventions, and outcomes of LEAD patients managed at our institution.

Methods

A retrospective analysis of patients presenting to tertiary care center in 1 year period with CLI was conducted. Comorbidities, presentation, revascularization type, and clinical outcomes were recorded and analysed using statistical tests including Fisher's exact test.

Results

A total of 140 patients (mean age 65.91 +/- 10.83; 73.6% Male) The predominant presentation was tissue loss (61.4%), followed by gangrene (32.1%) and rest pain (6.4%). Key comorbidities are Diabetes Mellitus (DM) (82.9%) and hypertension (52.9%). Smoking was noted in 39 patients (27.9%), though documentation was inconsistent. Angioplasty was performed in 86 patients (61.4%) and bypass surgery in 52 (37.1%), with 6 (4.3%) undergoing combined procedures. Overall outcomes were favourable in 80 patients (57.1%; wound healed, wound healing, or rest pain resolved), while 44 (31.4%) had poor outcomes including death or amputation, and 16 (11.4%) were unavailable for follow-up. Mortality occurred in 23 patients (16.4%), predominantly male (78.3%) and diabetic (69.6%). Amputation was required in 21 patients (15%). Following factors were Statistically significantly associated with poor outcome Chronic Kidney Disease (CKD) (p=0.018), angioplasty (p=0.049), combined revascularization (p=0.023). Disease duration trend (p=0.067).

Discussion and Conclusion

DM and CKD are key determinants of poor PAD outcomes. Angioplasty significantly improved outcomes, emphasizing early revascularization. A multidisciplinary approach addressing modifiable risk factors is essential to reduce limb loss and mortality.

PP 157-Management Strategies and Early Clinical Outcomes of Aortic Dissection: A Single-Centre Experience from a Tertiary Vascular Unit

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Introduction

Aortic dissection is a life-threatening vascular emergency. Clinical outcomes depend on early diagnosis, anatomical extent, and timely selection of proper treatment. Case series of aortic dissection in Sri Lankan vascular units are limited.

Methods

A retrospective observational case series was conducted including patients diagnosed with aortic dissection at a tertiary care vascular center.

Results

16 patients with radiologically confirmed aortic dissection were identified. The mean age was 55.31 (38-71) years and 12 (75%) were male. At presentation, acute chest pain was present in 75%, abdominal pain/discomfort in 18.75% and limb weakness in 18.75%. One (6.25%) case was incidentally detected. CT angiography showed Type B dissection in 75%, one (6.25%) case of Type B with proximal extension to the ascending aorta and remainder (18.75%) with proximal extension without the involvement of the ascending aorta. Distal iliac extension was seen in 56.25%. Management included exclusive medical therapy in eight (50%), Thoracic Endovascular Aortic Repair (TEVAR) with debranching/bypass in two (12.5%), extra-anatomical bypass in one (6.25%) while one (6.25%) currently awaits TEVAR. Two (12.5%) were suspected for leaking in CT of whom one died before intervention and the other showed no leaking in the subsequent scans; therefore, intervention was abandoned. One (6.25%) case underwent ascending aorta graft repair. 14 (87.5%) survived. One (6.25%) developed a Type I endo-leak following TEVAR.

Conclusion

This series highlights varied presentations, anatomical patterns, and management strategies in Type B aortic dissection. Larger multicenter studies are needed to adequately evaluate outcomes.

PP 158-Perioperative Outcomes of Massive Splenectomy: A Retrospective Analysis from a Tertiary Care Centre.

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Introduction

Massive splenomegaly (>1kg, >20cm length) presents significant operative and perioperative challenges because of increased vascularity, haematological abnormalities, and technical difficulty. This study evaluated the indications, perioperative parameters, and early postoperative outcomes of patients undergoing massive splenectomy at a tertiary care centre.

Methods

A retrospective descriptive analysis was conducted on patients who underwent surgery for massive splenomegaly. Demographic data, underlying pathology, vaccination status, perioperative haematological parameters, transfusion requirements, duration of hospital stay, and postoperative complications were analysed.

Results

Of the 36 patients who underwent massive splenectomy only ten could be contacted. The 10 patients who underwent massive splenectomy during a three-year period, had a mean age of 54.6years, and a female predominance (Male: Female 1:4). The most common indication for surgery was myelofibrosis (40%), followed by lymphoma (20%). Immune thrombocytopenic purpura and splenic haemangioma accounted for one each. Preoperative vaccination against encapsulated organisms was administered in 80% of the patients. The mean preoperative haemoglobin level was 9.8 g/dL, with a mean postoperative haemoglobin of 10.7 g/dL. 80% patients required postoperative blood transfusions. Wound infection rate of 10%. The mean postoperative hospital stay was 5 days. Postoperative mortality was 10%, by delayed coronary event (three weeks after surgery).

Discussion and Conclusion

Massive splenectomy can be performed safely with acceptable morbidity when undertaken with careful perioperative planning and multidisciplinary support. Myelofibrosis was the predominant indication in this cohort. Adequate preoperative vaccination, meticulous operative technique, and optimized perioperative care contributed to favourable short-term outcomes, including low complication rates and relatively short postoperative hospitalization.

PP 159-Pathological analysis of mediastinal masses encountered in a 4 year period (2022 - 2025) at the National Hospital for Respiratory Diseases, Welisara, Sri Lanka.

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Introduction

Mediastinal tumours comprise a heterogeneous group of neoplasms with variable clinical presentations, making accurate preoperative diagnosis difficult. This study evaluated associations between histopathological diagnosis, age, gender and tumour size in surgically resected mediastinal masses.

Methods

A retrospective descriptive study was conducted on mediastinal tumour specimens. Data collected included diagnosis, age, gender and maximum tumour diameter. Tumours were categorized into thymoma, germ cell tumour, cystic lesions, lymphoma, neurogenic tumours, sarcomas and others. Combined clinicopathological associations among all four parameters were analyzed.

Results

Patients ranged from 6–83 years, with peak incidence at 15–35 and 45–75 years. Thymoma was the commonest tumour, occurring mainly in middle-aged to elderly patients, with slight female predominance and tumour size of 60–120 mm. Higher-grade thymomas were associated with older age and larger tumours (>120 mm). Germ cell tumours showed the strongest demographic clustering, occurring predominantly in males aged 15–35 years and presenting as very large masses (>150 mm). Mature cystic teratomas were more common in young females. Cystic lesions occurred across all age groups and were generally small (<70–80 mm). Lymphomas commonly affected young adults and presented as bulky masses. Sarcomas and undifferentiated malignancies were usually large but lacked strong demographic clustering. Predictive patterns identified included young males with large tumours suggesting germ cell tumour, middle-aged females with moderate-sized masses suggesting thymoma, and small lesions favoring cystic pathology.

Conclusion

Combined analysis of age, gender and tumour size demonstrates clinically relevant clustering patterns that may improve preoperative diagnostic suspicion and decision-making in mediastinal tumours.

PP 160-A Retrospective Study on Technetium99m-MDP Bone Scan Findings after Surgery and Adjuvant Therapy in Breast Cancer Patients

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Introduction and Objectives

Breast cancer is the commonest malignancy among females in Sri Lanka, bone as the predominant metastatic site. Technetium 99m MDP bone scintigraphy is routinely used postoperatively to evaluate skeletal metastases and treatment response. This retrospective study assessed postoperative bone metastasis in breast cancer patients, treatment success rates, and the association between surgical modality and metastatic outcomes.

Methods

311 consecutive female breast cancer patients treated with surgery followed by adjuvant chemotherapy and radiotherapy, and referred to a tertiary care imaging centre in 2025 were included. Data were analyzed using IBM SPSS (Version 26.0). The Chi-square goodness-of-fit test assessed recovery versus non-recovery, and the Chi-square test of independence compared treatment subgroups. P-value < 0.05 was considered significant.

Results

A significant difference was observed between recovered and non-recovered patients ($Ï‡Â^2$ = 67.54, df = 1, $p < 0.001$). Overall, 228 patients (73.3%) showed recovery, indicating high effectiveness of combined therapy ($p = 0.00001$). No difference was found between mastectomy and wide local excision ($p = 0.864$). The majority of patients showed no bone metastasis on postoperative scintigraphy, suggesting multimodal treatment strategies are effective in reducing postoperative skeletal metastasis.

Conclusion

No significant difference between surgical modalities suggests wide local excision with adjuvant therapy may

match mastectomy outcomes, supporting better quality of life and surgical decision making. Despite Tc 99m MDP availability, weak follow-up systems and limited nuclear medicine infrastructure persist. Improving follow up protocols and access to imaging facilities with trained personnel could enhance early metastasis detection and patient outcome.

PP 161-A comparison of the severity of Dyspeptic symptoms with Upper Gastrointestinal Endoscopic Findings

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Introduction

A patient's subjective perception of the severity of dyspeptic symptoms and the presence of objective organic pathology appears to be inconsistent. Determining whether symptom severity can serve as a predictor for endoscopic findings is crucial for triaging patients in resource-limited settings.

Objectives

Investigate the association between the severity of dyspeptic symptoms and findings at upper gastrointestinal (GI) endoscopy.

Methods

A cross-sectional analysis was performed on 90 patients presenting with dyspepsia. Patients presenting with melaena and haematemesis were excluded. Symptom severity was categorized as "Moderate" or "Severe" using the Leeds Dyspepsia Questionnaire. Endoscopic findings were classified into two groups: "Normal/Functional" (no visible pathology) and "Organic/Abnormal" (presence of lesions such as ulcers, erosions, oesophagitis or hiatus hernia). Data were analyzed using the Chi-Square test.

Results

Of the 90 patients with mean age 60.4 (+/-14.16) and male to female ratio of 1.36:1, 47 (52.2%) presented with moderate symptoms and 43 (47.8%) with severe symptoms. Endoscopic abnormalities were identified in 61.1% (n=55) of the total cohort. In the moderate symptom group, 59.6% (n=28) had organic findings, compared to 62.8% (n=27) in the severe symptom group. Statistical analysis yielded a Chi-Square statistic of 0.0093 and a p-value of 0.9234

Conclusion

There was no statistically significant association between the severity of dyspeptic symptoms and the presence of organic findings on upper GI endoscopy ($p > 0.05$). These Results suggest that subjective symptom intensity is a poor predictor of underlying organic disease.

PP 162-Design of an electro-mechanical surgical retractor for anterior abdominal wall retraction

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Introduction

Hand-held retractors are one of the commonly used retractor types in open abdominal surgery in Sri Lanka. While they facilitate maintaining exposure to the surgical site, these devices often contribute to operator fatigue and tissue trauma due to prolonged and inconsistent retraction. The project aimed to design an electro-mechanical surgical retractor that minimizes user fatigue and reduces tissue damage.

Methods

The team followed a systematic design approach involving functional analysis, morphological chart development, and evaluation of multiple design concepts. The Pugh decision matrix was used to select the most promising solution, and a final 3D design was created using SolidWorks software.

Results

The interviews revealed that manual retractors are widely used in Sri Lanka due to easy accessibility and cost effectiveness, but Result in common challenges such as hand fatigue, unstable positioning, and frequent manual adjustments. These factors contribute to surgical distractions and potential tissue trauma during prolonged procedures. Insights also highlighted the need for retraction systems with hands-free control, adjustable force, and enhanced safety.

Discussion

The final 3D design integrates motorized symmetrical linear motion, foot pedal control, inflatable air bladders to minimize pressure damage, LED lighting for improved visibility, and real-time pressure sensors that provide audio alerts to avoid excessive force application. A mechanical override mechanism ensures safety in case of power or motor failure.
Overall, the work completed has Resulted in a well-defined, safety-focused retractor design, laying the foundation for developing a functional prototype in the future.

PP 163-Peri operative Blood pressure fluctuation of patients in a single surgery unit Teaching Hospital Kurunegala(THK)

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Introduction

Perioperative blood pressure (BP) fluctuation affect assessing fitness for anaesthesia and in calculating q Sofa score to assess severity of injury. Sudden acute blood pressure rise can cause fatal cerebral haemorrhage. World Health Organization defines hypertension in adults 140/90 or more.

Objectives

To identify number of patients with significant perioperative BP fluctuation to optimize management.

Methods

We collected data on admission, on table and on discharge of patents in surgery unit C Teaching Hospital Kurunegala(THK) from 11 May 2026 to 20 May 2026.

Result

There were 110 patients. 86 (78%)males:24(22%) females. 40(36%) were routine and 70(64%) were casualty emergency admissions.19(17%) were on anti hypertensives and 3 were having hypertension but were not on treatment. 49(45%) were having other co-morbidities. There were 09(08%) casualty patients with low systolic blood pressure(SBP) <100 . 50(46%) patients showed blood pressure rise pre operative by 10 />10 mmHg while on table compared to admitting value. 15(14%) of them raised SBP by 20/>20, 04 by 30/>30, 04 by 40/>40. 28(26%) raised BP group were of casualty cases. 29(26%) patients had lower than admitting SBP when on table. 09(08%) of them were on anti hypertensives.

Discussion and Conclusion

50(46%) patients raised SBP by 10/>10 mmHg while on table compared to admitting value. 4 of them raised SBP by 40/>40. Premedication of all including casualty cases will prevent hypertensive induced complications such as cerebral fatal haemorrhage and any anaesthetic delay in induction.

PP 164-Surgical Outcomes in Diabetic Patients with Ingrowing Toenail: A Systematic Review and Meta-Analysis

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Introduction

Ingrowing toenail (onychocryptosis) is a common foot condition in patients with diabetes (approximately 14% vs 2–5% in the general population). Surgical management in this group carries higher risk due to peripheral vascular disease, neuropathy, and impaired immune function, predisposing to complications such as infection, delayed wound healing, osteomyelitis, and even amputation. Despite this, guidance for clinicians remains inconsistent, and no systematic review has specifically evaluated surgical outcomes in diabetic patients.

Methods

A comprehensive search of eight databases, including PubMed, Embase, and the Cochrane Library, will be conducted without restrictions on date or language. All study designs will be included. Eligible studies will involve diabetic patients undergoing any surgical treatment for ingrowing toenail including total nail avulsion, partial nail avulsion, and other surgeries.. Primary outcomes assessed are postoperative infection, wound healing failure, osteomyelitis, and amputation; recurrence will be assessed as a secondary outcome. Study selection and quality assessment will be performed independently by two reviewers. Where feasible, meta-analysis will be conducted; otherwise, findings will be summarised narratively. The protocol will be registered on PROSPERO.

Expected outcomes

Preliminary screening identified 15-30 relevant studies, mainly small retrospective cohorts. No prior systematic review on this topic was found. Meta-analysis is anticipated for infection and wound healing outcomes, while rare events such as amputation will be reported descriptively.

Conclusion

This review will provide the first synthesis of evidence on surgical outcomes in diabetic patients with ingrowing toenail, supporting clinical decision-making and identifying areas for future research