



Sri Lanka Association of Minimal Access & Digital Surgeons

e-Newsletter Volume 4 Issue 3 December 2023



Editors

Kuda B Galketiya

Umesh Jayarajah

Rifat Jamaldeen

Message from the President - SLAMADS



My dear friends,

We are reaching the end of the year 2023. Since the inception of SLAMADS, 2023 goes to history, because this year we had a full twelve months to achieve our goals without any social and economic interferences. I am grateful to my energetic council and all the members of SLAMADS for their tireless work and support given to achieve our goals and tasks. I also take this opportunity to thank our patrons for guiding us during the year 2023.



This year we have strengthened our links with overseas members who will also contribute to our monthly CME activities in the future. Educational and training programmes conducted by SLAMADS during the SLSC 2023 with the international and local faculty were well attended and feedbacks were encouraging. We have again demonstrated that Sri Lankan Surgeons can perform live operating and teaching workshops with international standards.

One of our objectives is to empower surgeons by improving their skills and knowledge. This year we are proud to say that 61 surgeons and 15 gynaecologists successfully completed AMASI fellowship conducted in Sri Lanka and they graduated₂ in AMASICON 2023 held in Raipur, India in November 2023.

Our ties with AMASI further strengthened during AMASICON 2023. More than 15 of our members attended AMASICON 2023 which was conducted to an international standard with the participation of experts around the world including Sri Lankan surgeons as the faculty. For the first time in the history of AMASICON they organized joint sessions with regional associations and the joint session between SLAMADS & AMASI was a fantastic experience. This was followed by a press conference to express the objectives of such collaborations.

SLAMADS has laid the groundwork to start the regional mentoring programme to empower surgeons who want to embark on advanced laparoscopic surgeries. We will start the programme in 2024. I take this opportunity to make a request from all the surgeons who perform Minimal Access Surgery (MAS) in Sri Lanka. Make sure to develop and maintain a database of your MAS and document your complications, outcomes, and follow-ups. Also, it is vital to video record all MAS that you perform. Undoubtedly this will help you to improve your work and in the long run, we can create a national database which is an invaluable tool for all Sri Lankan Surgeons to publish their work to the rest of the world.

Wish you all the very best for the year 2024 and I invite all the Sri Lankan Surgeons who perform MAS around the world to join actively with SLAMADS to improve the standards and quality in order to ensure patient safety.

Thank you

Prof. Bawantha Gamage
Founder President, SLAMA DS



From the Editors:

Minimal Access Interventions to evaluate and treat Trauma

Worldwide, the leading cause of death below thirty-five years is trauma. Therefore, emphasis is given for prevention of trauma as well as development of trauma management systems in order to reduce morbidity and mortality.

Development of guidelines and systematic approach to manage trauma, advances in imaging and facilities for accurate monitoring has reduced negative surgical explorations. The advances in interventional radiology to control bleeders by embolization has further reduced the need for surgical explorations.

However, it is important to emphasize the importance of open surgical exploration without delay whenever indicated. The patients selected for non-operative management need careful observation.

In the cohort of patients requiring intervention, minimal access by laparoscopy or thoracoscopy may be used safely in well selected patients. It could be used for diagnostic as well as therapeutic purposes.

Point of view

Role of laparoscopy in trauma



Samarasinghe P (MBBS, FRACS)

General (Laparoscopic) and Trauma Surgeon VMO Shoalhaven District Memorial Hospital

Hsu J (JBPharm MBBS (Hons) DClinSurg FRACS FACS)

Director of Trauma

Trauma/General/Oncoplastic Breast Surgeon

Westmead Hospital

Clinical Associate Professor, Discipline of Surgery University of Sydney

Introduction:

The role of laparoscopy in diagnosing and therapeutic interventions has continued to expand with the development of techniques and equipment in all surgical disciplines, including trauma surgery (1). Laparoscopy in trauma (LIT) allows for quick inspection of internal organs, detection of bleeding, and repair of injuries, thereby reducing the need for laparotomy and reducing post-operative complications with shorter hospital stays. However, it is important to look at the data available on LIT and the use will depend on local expertise and resources available.

Traditionally laparotomy was used as an intervention to rule out intra-abdominal injury, which resulted in non-therapeutic laparotomy rates of approximately 12% in blunt trauma (2) and 12-40% in penetrating trauma (3,4), with post-operative complications including ileus, wound infection, adhesions, bowel obstruction, pneumonia, urinary tract infection, cardiovascular morbidity, incisional hernia and mortality (5).

Laparoscopy, when used as a diagnostic tool, was found to reduce the non-therapeutic laparotomy rate in penetrating abdominal trauma (6,7) and in occult blunt abdominal trauma (1). In recent years LIT has been used as a therapeutic intervention (8). Therefore, it will be important to know the contraindications, indications and complications associated with LIT.

The LIT is contraindicated in penetrating and blunt trauma with haemodynamic instability, evisceration, diffuse peritonitis, and those who can not tolerate insufflation (9).

Indications for LIT depend on the mechanism of injury, penetrating vs blunt trauma.

Penetrating abdominal trauma:

1. Thoracoabdominal low velocity penetrating injuries such as stab injuries

The thoracolumbar area is bordered by the 4th intercostal space across the anterior and posterior chest wall superiorly and the costal margin inferiorly.

In penetrating thoracoabdominal injuries, there is a high probability of diaphragmatic injury (DI). It can be as high as 54%, of which 62% may have an associated intra-abdominal injury (10).

The best available imaging techniques can miss DI in 30-50% of cases (11).

The mortality rate associated with a strangulated diaphragmatic hernia is 8.8% (12). Therefore, all thoracoabdominal penetrating injuries will benefit from having diagnostic laparoscopy to exclude diaphragmatic injury and associated intra-abdominal injuries (13). If there is no associated intra- abdominal injury, there is a role for repair of the diaphragm laparoscopically (14).

1. Anterior abdominal wall low velocity penetrating injuries such as stab injuries

The anterior abdominal wall is bordered by the costal margins superiorly, inguinal ligaments inferiorly and the anterior axillary lines on either side.

Traditionally, laparotomy was the standard of care in anterior abdominal wall stabbing (AAWS), which showed a non- therapeutic laparotomy rate of 70% (15). Therefore, diagnostic laparoscopy was found to have a role in AAWS in haemodynamically stable with no immediate indication for laparotomy.

Diagnostic laparoscopy was found to have 100% sensitivity and a 60.9% specificity in diagnosing peritoneal breach in AAWS.

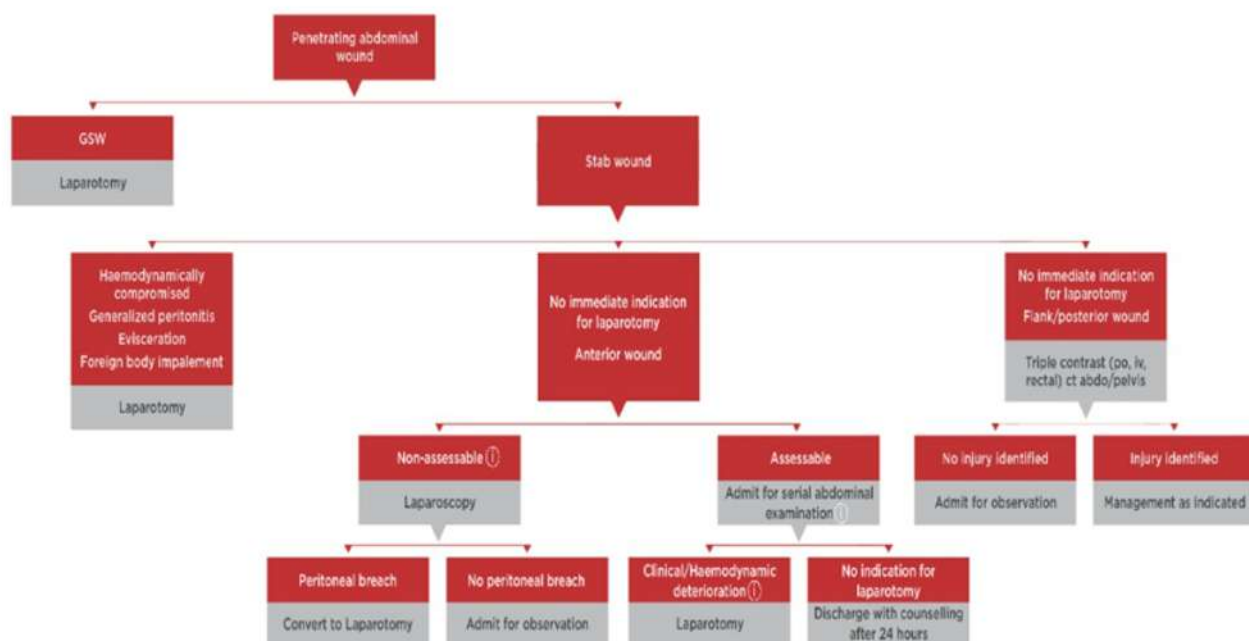
The use of peritoneal breach as an indication for laparotomy resulted in a non-therapeutic laparotomy rate of 54.4% (16).

To bring this non-therapeutic laparotomy rate even further down a Clinical Observation Algorithm (COA) was developed at Westmead Hospital NSW Australia, a level 1 trauma centre.

In this COA, laparoscopy is indicated only for non-assessable patients with GCS<15, intoxicated, significant

psychiatric/cognitive impairment, agitated or uncooperative, and pregnant beyond the first trimester. This COA pathway has reduced the non-therapeutic laparotomy rate to 4% (17).

Westmead Hospital NSW – Algorithm for penetrating AAWS



Blunt abdominal trauma:

In blunt trauma, intracranial injuries coexist with abdominal injuries in about 46.5% of patients. In these patients, abdominal insufflation can cause a further increase in ICP pressure, leading to potentially worsening outcomes (18,19). Other limitations are high-grade chest injuries and pre-existing intra- abdominal adhesions.

Although some studies have shown promising results on the use of laparoscopy in blunt abdominal trauma, missed injury rates for laparoscopy have been reported to be as high as 77% in blunt abdominal trauma (20). In recent studies, the missed injury rates are down to 0-3.2% (21,22).

However, on detection of hollow viscus injury, there is an indication to convert to a laparotomy to reduce missed injury rates and for therapeutic interventions such as bowel repair (23). The conversion of laparoscopy to laparotomy is also indicated when there is excessive bleeding obscuring the view or when vascular control is necessary and in retroperitoneal injuries (24).

In carefully selected cases, laparoscopy has a role in blunt trauma for diagnosis and repair of diaphragmatic injury. There is also a role for LIT in diagnosing when imaging is suspicious for an injury to the bowel or mesentery and helps in checking for bowel perfusion.

Delayed laparoscopy

LIT has a role in managing infective perihepatic/intra-abdominal collections and bile peritonitis following blunt abdominal trauma, managed nonoperatively (25,26).

Conclusion:

Laparoscopy has a role in haemodynamically stable penetrating injury to the thoracoabdominal and anterior abdominal wall regions. However, the efficacy and safety of laparoscopy for blunt trauma remain controversial, as there is minimal data to support its use (24).

References:

1. Amin PB, Magnotti LJ, Fabian TC, Croce MA; The role of laparoscopy in abdominal trauma; J Trauma; 2011, Vol 13, issue 2, 137-143pg
2. Atkins K, Schneider A, Charles A; Negative laparotomy rates and outcomes following blunt traumatic injury in the United States; Injury; [Volume 54, Issue 8](#), August 2023, 110894.
3. Sosa JL, Baker M, Puente I, et al. Negative laparotomy in abdominal gunshot wounds. Potential impact of laparoscopy. J Trauma. 1995; 38:194–197.
4. Leppaniemi A, Salo J, Haapiainen R. Complications of negative laparotomy for truncal stab wounds; J Trauma. 1995; 38: 54–58.
5. Renz BM, Feliciano DV; Unnecessary laparotomies for trauma: A prospective study of morbidity; J Trauma. 1995; 38:350–6.
6. O'Malley E, Boyle E, O'Callaghan A, Coffey JC, Walsh SR; Role of laparoscopy in penetrating abdominal trauma: A systematic review; *World J. Surg*; 2013; 37, pp. 113-122.
7. Shamim AA, Zeineddin S, Zeineddin A, Olufajo OA, Mathelier GO, Cornwell III EE, Fullum T, Tran D; Are we doing too many non-therapeutic laparotomies in trauma? An analysis of the National Trauma Data Bank. *Surg. Endosc*; 2019; 34, pp. 1-7.
8. Cirocchi R, Birindelli A, Inaba K, Mandrioli M, Piccinini A, Tabola R, Carlini L, Tugnoli G, Di Saverio S; Laparoscopy for trauma and the changes in its use from 1990 to 2016: A current systematic review and meta-analysis; *Surg. Laparosc. Endosc. Percutaneous Tech.*; 2018; 28, pp. 1-12.
9. Ozkan OV, Justin V, Fingerhut A, Uranues S; Laparoscopy in abdominal trauma; Vol 2; pages 238-246 (2016).
10. Koto Z.M., Mosai F. & Matsevych O.Y; The use of laparoscopy in managing penetrating thoracoabdominal injuries in Africa: 83 cases reviewed; *World J Emerg Surg* 12, 27 (2017).
11. Pulido J, Reitz S, Gozdanovic S, Price P; Laparoscopic repair of chronic traumatic diaphragmatic hernia using biologic mesh with cholecystectomy for intrathoracic gallbladder. *JSLs*; 2011;15: 546–9.

12. Fair KA, Gordon NT, Barbosa RR, Rowell SE, Watters M, Schreiber MA; Traumatic diaphragmatic injury in the American College of Surgeons National Trauma Data Bank: a new examination of a rare diagnosis; *Am J Surg.* 2015;209(5):864–9.
13. Parreira JG, Rasslan S, Utiyama E; Controversies in managing asymptomatic patients sustaining penetrating thoracoabdominal wounds; *Clinics.* 2008;63(5):695–70
14. Mjoi M, Oosthuizen G, Clarke D, Madiba T; Laparoscopy in the diagnosis and repair of diaphragmatic injuries in left-sided penetrating thoracoabdominal trauma, laparoscopy in trauma; *Surg Endosc.* 2015;29(3):747–52.
15. Shaftan GW; Indications for operation in abdominal trauma; *Am J Surg.* 1960; 99:657-665.
16. Cocco A M, Bhagavan S, Bouffler C, Hsu J; Diagnostic laparoscopy in penetrating abdominal trauma. *ANZ J Surg.* 2019; 89:353-356.
17. Shanmugalingam A, Samarasinghe P, Hitos K, Hsu J; A clinical observation algorithm for anterior abdominal stab wound is safe in an Australian setting; *ANZ Journal of surgery*; Vol 93, Issue S1;p.234-242.
18. Kamine TH, Elmadhun NY, Kasper EM, et al; Abdominal insufflation for laparoscopy increases intracranial and intrathoracic pressure in human subjects; *Surg Endosc.* 2016;30(9):4029–32.
19. Lin H, Chen Y, Lin K; Laparoscopy decreases the laparotomy rate for hemodynamically stable patients with blunt hollow viscus and mesenteric injuries; *Am J Surg.* 2015;210(2):326–33.
20. Chol YB, Lim KS; Therapeutic laparoscopy for abdominal trauma. *Surg Endosc.* 2003;17(3):421–7.
21. Brady RRW, Bandari M, Kerssens JJ; Splenic trauma in Scotland: demographics and outcomes; *World J Surg.* 2007;31(11):2111–6.
22. Kamine TH, Elmadhun NY, Kasper EM; Abdominal insufflation for laparoscopy increases intracranial and intrathoracic pressure in human subjects; *Surg Endosc.* 2016;30(9):4029–32.
23. Ivatury RR, Simon RJ, Stahl WM; A critical evaluation of laparoscopy in penetrating abdominal trauma; *J Trauma.* 1993;34:822–7.
24. Young-Jun K, Young-Goun J, Yun-Chul P, Wu-Seong K; *Journal of Clinical Medicine*; Basel vol. 10 Iss. 9, (2021);1853.
25. Carrillo EH, Reed DN, Jr, Gordon L, Spain DA, Richardson JD. Delayed laparoscopy facilitates the management of biliary peritonitis in patients with complex liver injuries. *Surg Endosc.* 2001;15: 319–22.
26. Pilgrim CHC, Usatoff V; Role of laparoscopy in blunt liver trauma; *ANZ J. Surg.* 2006; 76: 403–406.

Recently held CME activities



1. Annual live Laparoscopic Surgery workshop- Kandy



SLAMADS continued its tradition by conducting the annual live laparoscopic surgery workshop on 12th September 2023 at the National Hospital, Kandy.

This was held as a pre-Congress workshop in conjunction with the Sri Lanka Surgical Congress 2023, of the College of Surgeons of Sri Lanka, bringing together surgeons and trainees from across the globe to learn and exchange knowledge about the latest techniques in minimally invasive surgery.

The workshop, which took place at National Hospital, Kandy, featured live demonstrations of laparoscopic surgeries performed by experienced surgeons. The procedures covered live sessions of laparoscopic rectopexy for rectal prolapse and surgery for giant para-oesophageal hernia.





Attendees had the opportunity to observe the surgeries in real-time on high-definition screens, allowing for a close-up view of the intricate and precise techniques involved in laparoscopic procedures. In addition to the live surgeries, the workshop also included interactive sessions where participants could ask questions and engage in discussions

with the expert surgeons. This provided a valuable opportunity for attendees to gain insights into best practices, tips for improving surgical skills, and updates on the latest advancements in laparoscopy.

The workshop was well-received by participants who appreciated the opportunity to learn from leading experts in the field. Many expressed their gratitude for the chance to network with colleagues from different hospitals.



Overall, the live laparoscopic surgery workshop in Kandy was a resounding success, providing valuable education and training for surgeons trainees looking to enhance their skills in minimally invasive surgery. The event served as a platform for knowledge sharing and collaboration, ultimately benefiting patients by ensuring that they receive high-quality care from well-trained and informed healthcare providers.

Dr Chathuranga Keppetiyagama
Consultant GI Surgeon –TH Kandy

2. Endoscopy workshop for fresh surgical registrars - Kandy



SLAMADS organized an endoscopy workshop for fresh surgical registrars on the 28th October 2023 at the National Hospital, Kandy.

The workshop aimed to provide basic knowledge on endoscopy, hands-on training and theoretical knowledge in the field of endoscopy, a crucial skill for any surgical trainee.

The workshop began with an introductory session by Prof. Mohan de Silva, the patron of SLAMADS, who took everyone through the history of endoscopy and how modern endoscopy came into practice.

He highlighted the need for trainees to be proficient in performing and interpreting endoscopic procedures, as it plays a vital role in diagnosing and treating various gastrointestinal conditions. Lectures were conducted by eminent faculty including Dr. Kaushika Gunasekara, Dr. Chathura Lakmal Piyyarathne, Dr. Nandana Dinamithra, Dr. Senal Medagedara and Dr. Nandana Wickramarachchi.





The practical session was then followed. It was conducted in the hospital's Central Endoscopy Unit, where trainees were given the opportunity to observe and assist experienced endoscopists in performing various procedures.

They were guided through the proper techniques for handling endoscopes, navigating through different anatomical structures, and identifying pathological findings. Much emphasis was made on maintenance and processing of scopes.

In addition to the practical training, there were interactive sessions on topics such as indications for endoscopy, patient preparation, sedation techniques, and complications of endoscopic procedures. The trainees also had the chance to engage in discussions with senior surgeons and ask questions regarding their concerns and challenges related to endoscopy.

The workshop received positive feedback from the participants, who expressed their gratitude for the valuable learning experience. Many trainees felt more confident in their ability to perform endoscopic procedures after attending the workshop. They also appreciated the opportunity to network with experienced professionals in the field.

Overall, the endoscopy workshop was a resounding success, providing fresh surgical trainees with essential skills and knowledge that will undoubtedly benefit them throughout their careers.

This workshop was organized on behalf of SLAMADS by Dr Chathuranga Keppetiyagama and Dr Nandana Wickramarachchi and coordinated by Dr Raayiz Razick.

Dr Rayiz Razik Senior Registrar GI –NH Kandy

Dr Chathuranga Keppetiyagama

Consultant GI Surgeon –NH Kandy

3. HPB Laparoscopic Skills Workshop



Sri Lanka Surgical Congress 2023
Post Congress Workshop
Live HPB Surgery & Video Based Discussions
19 September 2023

REGISTRATION FREE

Mehan Siriwardane
Hon. Med. Sc. (Hons) MBBS FRACS
Dept. of General Surgery, Mater Hospital, Queensland

Shinn Yeung
MBBS (Hons) FRACS FRCS
Dept. of General Surgery, Mater Hospital, Queensland

Joel Lewin
BSc MBBS (Hons) FRACS
Dept. of HPB Surgery, Royal Brisbane Hospital

<https://learn.zoom.us/j/648967666137>
<https://med.pdn.ac.lk/>

First eight registrars enrolled can participate at Hands on laparoscopic cholecystectomy guided by a mentor-Workshop scheduled for November 2023!

- Live demonstration of Laparoscopic cholecystectomy and per op cholangiogram
- Video based discussion on Laparoscopic CBD exploration, Trouble shooting of difficult cholecystectomy, Advanced HPB surgery and robotics
- Participants will receive a certificate from SLIC-23 and e copy of proceedings
- Refreshments at personal cost available at theatre canteen

Organized By
Kandy Chapter - THE COLLEGE OF SURGEONS OF SRILANKA

Prof Arinda Dharmapala
Prof Kuda B Galketiya
HPB division, Department of Surgery
Faculty of medicine Peradeniya

<https://med.pdn.ac.lk/>
Inoka - 070 444 3030

Above was held as a pre congress workshop for Sri Lanka Surgical Congress 2023 on 19th September 2023.

Dr Mehan Siriwardane, Shin Yeeng and Joel Lewin, HPB surgeons from Queensland, Australia conducted the workshop.

Safe technique for laparoscopic cholecystectomy and per operative cholangiogram was demonstrated. Live surgery was transmitted to the auditorium from operating theatre, Teaching Hospital Peradeniya with a live transmission for off-site participants.



video based discussions on difficult cholecystectomy and laparoscopic cholecystectomy was done. Participants were provided with soft copies of the recordings.

Dr Mehan Siriwardane had a discussion with senior registrars in general surgery with special interest in HPB regarding training possibilities in Australia.

The first eight registrars registered will have a follow up laparoscopic cholecystectomy hands on training workshop in November. This will be done at National Hospital Kandy and Teaching Hospital Peradeniya by eight consultants. Each consultant will provide hands on training for the allocated registrars.

CONTRIBUTION OF SLAMADS TO THE ANNUAL ACADEMIC SESSION TO THE COLLEGE OF SURGEON OF SRI LANKA 2023



SLAMADS contributed significantly to the Annual Academic Session of College of Surgeons of Sri Lanka 2023 for the benefit of the trainees as well as budding juniors. We were able to arrange a live laparoscopic surgical workshop as a pre congress event in National Hospital of Kandy consecutively for the second time . Dr. Chathuranga Kepatiyagama took the main role in organizing this academic event. This was well attended by local trainees as well as Regional Surgeons. Dr.S.Kathirkamanathan from UK attended as an invited foreign faculty.



Local experts who are members of SLAMADS in minimal invasive surgery and invited foreign faculties from UK and Australia took part various segments during proper session. These includes a symposium in minimal invasive surgery (maximum through minimum) and a debate. These were highly appreciated by local trainees and the attended delegates. SLAMADS will continue to take part in the annual academic session in the College of Surgeon in Sri Lanka as an umbrella association to uplift the standards of minimal invasive surgeries in the country.



A Journey of Empowerment: Navigating a Skills Workshop, Exam, and Convocation from a Peripheral Surgeon & Gynaecologist's Perspective



Dr Lalindra Weerasena (Consultant Gynaecologist)
Dr Rifat Jamaldeen (Acting Consultant Surgeon)
Base Hospital Balangoda

Introduction:

Embarking on a journey of continuous learning is an integral aspect of any medical professional's career. As a peripheral clinician passionate about staying updated with the latest advancements in surgery and women's health, we recently had the opportunity to attend the 93rd AMASI skills workshop, undergo a comprehensive exam, and participate in the convocation that marked the culmination of this enriching experience.

Laparoscopic Skills Workshop:

The laparoscopic skills workshop was a dynamic platform that seamlessly blended theoretical insights with practical applications. For a surgeon, the precision demanded by laparoscopic techniques is unparalleled, and the workshop delved into the intricacies of these procedures. From mastering instrument manipulation to understanding the nuances of three-dimensional spatial orientation, every aspect of laparoscopic surgery was meticulously covered. As a gynecologist, the workshop opened new avenues for advancing my expertise in minimally invasive gynecological procedures.

Learning to navigate the intricacies of laparoscopic hysterectomies, myomectomies, and other gynecologic surgeries through small incisions was both challenging and exhilarating.

Examining the Challenges:

The exam was a moment of truth, a testament to the resilience and dedication required to master laparoscopic techniques. It underscored the imperative for surgeons and gynecologists alike to stay at the forefront of advancements, ensuring that our patients receive the benefits of the latest in surgical innovation.

Convocation:

The convocation that marked the end of this transformative journey was a celebration of resilience, growth, and shared accomplishments. Surrounded by colleagues, humble mentors, and loved ones, the convocation became a symbol of collective achievement. It reinforced the bond between surgeons and gynecologists, united by a common goal of pushing the boundaries of medical excellence and offering patients the best possible care.

Conclusion:

It was a journey of mastering precision, adapting to evolving surgical landscapes, and reaffirming the commitment to delivering the highest quality of care to our patients. The laparoscopic skills acquired during this experience are not just technical abilities; they represent a dedication to advancing healthcare, one precise incision at a time.

Training in minimally invasive surgery at Colombo South Teaching Hospital – A trainee's perspective

Dr Umesh Jayarajah
Senior Registrar in General Surgery



Training in minimally invasive surgery (MIS) has become an important aspect in the postgraduate surgical curriculum. Training has to be accomplished while ensuring patient safety, without compromising surgical outcomes. Herein, I wish to highlight my perspective regarding the training in MIS that I received at Colombo South Teaching Hospital.

Colombo South Teaching Hospital is equipped with the state of the art laparoscopic instruments and set-up and provides the ideal setting for trainees to learn minimal access surgery. The routine theatre is equipped with facilities for advanced laparoscopic surgeries, including instruments and equipment for bariatric surgery.

The casualty theatre is equipped with basic laparoscopic facilities and is available 24/7 which is extremely useful to perform laparoscopic appendicectomies even at late night. In this process, not only the registrars get hands on experience in basic laparoscopy, but also the patients benefit from MIS.

During my 18 month training period as a senior registrar in general surgery, I received adequate exposure in major laparoscopic surgery. Colorectal surgery was the commonest of all including procedures such as colectomies, anterior resection, abdominoperineal resection and total proctocolectomy.

Furthermore, upper gastrointestinal surgeries such as fundoplication, cardiomyotomy, gastrectomy and oesophagectomy were also performed in this centre. Especially, the exposure in complex bariatric procedures such as minigastric bypass, sleeve gastrectomy and revision surgery was noteworthy.

I was also exposed to other surgeries such as laparoscopic hernia operations such as TEP and TAPP, splenectomy and distal pancreatectomy etc. MIS for difficult gall bladders and hot cholecystectomy is also performed frequently.

The multidisciplinary team input comprising of surgeons and radiologists was important in deciding on the correct patient to operate. Furthermore, the ward staff, theatre staff and ICU are well trained and geared to adhere to our modified ERAS protocol for colorectal surgery and zero/ minimal opioid ERAS protocol for bariatric surgery. Furthermore, the exposure in pre-op and post-op management and detecting and managing complications arising from these procedures is also an imperative part in the training process, which I believe is more important than acquiring surgical skills. Furthermore, knowing ones limits and early conversion to open surgery were important learning points during my stay.

During my stay, I was giving the opportunity to plan, perform MIS under supervision and manage many patients requiring major operations, for which I am extremely thankful and grateful for my trainers. I hope future trainees will also benefit similarly in the years to come.

Latest at Video Gallery

- 1. TEP Repair - Dr Manjula Pathirana
- 2. Laparoscopic left & right Adrenalectomy - Prof Bawantha Gamage



TEP Inguinal Hernia Repair

SLAMADS
175 subscribers

Subscribed

7

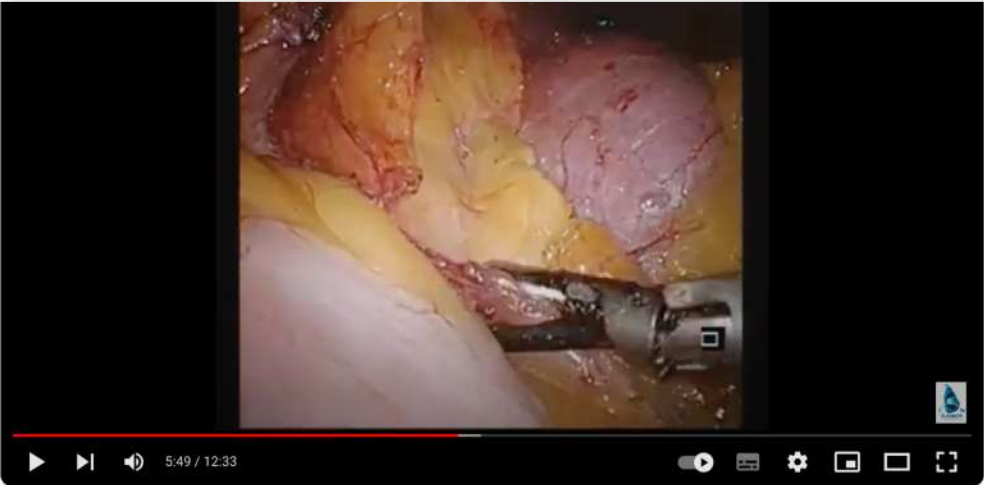
Share

Download

...

85 views 3 months ago

TEP Inguinal Hernia Repair by Dr Manjula Pathirana ...more



left adrenalectomy

SLAMADS
175 subscribers

Subscribed

0

Share

Download

...

Laparoscopic Right Adrenalectomy

Indication: 4 x 3 cm Phaeochromocytoma
in a 47-year-old female

Prof Bawantha Gamage
Dr S H R Sanjeewa
Dr Umesh Jayarajah
University Surgical Unit, Colombo South Teaching Hospital, Sri Lanka

0:00 / 19:03

Share

Download

...

Laparoscopic Right adrenalectomy

SLAMADS
175 subscribers

Subscribed

2

Share

Download

...

19:04
15 views • 1 month ago

32:58
56 views • 2 years ago

7:25
49K views • 9 years ago

14:24
50K views • 4 years ago

56:25
643 views • 2 years ago

1:53:18
548 views • 2 years ago

19:15
88K views • 12 years ago

32:49
174K views • 3 years ago

1:53:18
548 views • 2 years ago

56:25
643 views • 2 years ago

1:01:08
215K views • 3 years ago

Annual General Meeting 2023



On the 26th of November 2023, the Annual General Meeting of the Sri Lanka Association of Minimal Access and Digital Surgeons took place at the Sri Lanka College of Surgeons. During the session, the council addressed various issues, formulated resolutions, and outlined plans for numerous academic activities slated for 2024. Additionally, discussions on accounts were conducted. Comprehensive information about the meeting will be featured in the upcoming newsletter.



The Korean Society of Endo-Laparoscopic & Robotic Surgery

Apex 2F, 30, Bamgogae-ro 1-gil, Gangnam-gu, Seoul, Republic of Korea

Tel (02)592-5009 / Fax (0504)404-3217/www.ksers.or.kr/ E-mail:

ksels2010@gmail.com

KSERS International training program (ITP)

The Korean Society of Endoscopic & Robotic Surgeons (KSERS) has a **1-month International Observership Program for candidates from the around the world**. The KSERS will select an institution according to the candidate's preference, contact the chairman of the institution and provide financial support. The amount of the scholarship is 2,000,000 won.

The following are the conditions for the 2024 scholarship:

1. The candidate should be a **member** of either the Korean Society of Endoscopic & Robotic Surgeons (KSERS)
2. The candidate should be **less than 40 years old**.
3. The scholarship includes accommodation, transportation, and airfare.
(The amount of the scholarship is 2,000,000 won per candidate)
4. The term of the observership is **1 month**.
5. A CV is required.
6. **Recommendation letters** from chairman of the candidate's institution is required.
7. It is desirable that the candidates have a **paper published** in the Journal of Minimally Invasive Surgery (JMIS) in the past as either the first or co-author.
8. Accepted candidates should write a **report entitled** "Korea Observership: What I experienced in Korea and what I will practice in my country" after finishing the observership program. (The report will be published in a Newsletter of KSERS.)
9. Accepted candidates encourage **submit an abstract** to the KSERS annual meeting.
10. Accepted candidates encourage **attend** to the Minimally Invasive Surgery Master Class. (A hands-on animal lab exercise)
11. This program will be operated April in 2024 including KSERS annual meeting 2024. The candidate should attend the KSERS annual meeting held in Daejeon, Korea.

To apply for this observership program, please send the below documents to the KSERS secretariat (info@ksers.org) by 15th January, 2024.

- Application Form
- A Copy of CV
- Recommendation Letters
- Copy of Passport
- Title page of the published paper in JMIS (if applicable)

In the body of the email, please also inform us if you have already contacted a chief of an institution in Korea in which you prefer to pursue this program. In this case, please inform us of the name of the chief and institution in the body of your email.

The KSERS will send a decision letter to each applicant by 15 th January , 2024 . The institutions where accepted candidates will pursue this observership program will be informed by the end of March , 2024.

Young-Woo Kim
President
The Korean Society of
Endo-Laparoscopic & Robotic Surgery

In Seok Choi
Chairman
The Korean Society of
Endo-Laparoscopic & Robotic Surgery



Upcoming CME Activities



LIVE LAPAROSCOPIC HERNIA WORKSHOP

Organized by

**Sri Lanka Association of
Minimal Access & Digital
Surgeons (SLAMADS)**

**Inguinal Hernia
Paraumbilical Hernia
Incisional Hernia**

**Southern Chapter – College
of Surgeons of Sri Lanka
Galle Medical Association**

**19th of December 2023
8.30AM**

Faculty;

Prof. Bawantha Gamage

Dr. K L Fernando

Dr. Rameendra Senaratne

Dr. Rukman Sanjeewa

Dr. Persy Dias

Dr. Udaya Samarajeewa

Prof. Ranjana Seneviratne

Dr. Nalitha Wijesundara

Dr. Seevali Thilakarathne

Dr. Samantha Leelwala

**Operating
Theatre (C & D)
Teaching
Hospital
Karapitiya**

Course Co-ordinators

Dr. Ruchira De Silva - 077 788 4863

Dr. Rasitha Manathunga - 071 815 1822



Sponsored by MEDTRONICS



Tied Together



COMPLETE YOUR LOOK WITH OUR TIES.

Our ties are handcrafted
from the finest materials.
Don't miss out on the
chance to elevate your
wardrobe for just Rs 3000 !!

EMAIL US AT
SLAMADS2020@GMAIL.COM



Write to us !!



We urge all surgeons and trainees to write brief reports to us on

- Surgeries performed by MAS with learning points
- Range of procedures done at your institute as well as facilities available

Email to: umeshe.jaya@gmail.com
yourrifle6@gmail.com