MEDICAL CARNIVAL AT RAJAGIRIYA

A Medical Camp with a difference

Pushpa Weerasinghe and Shobhavi Kohombange in action

For the second consecutive year Chandima Namaratne a full time general practitioner, held a free medical camp on the 29th of March 2010 at Rajagiriya. The venue was Samudradevi Reception Hall. The event was mainly sponsored by his two medical institutions namely Rajagiriya Medical Center and Diabetic foot care and Rehabilitation Center Nawala. As in the past his family members, staff and many individuals had helped him to organize the event. Chandima has sent in this report on his project.

This time the theme was “Prevention of Respiratory Diseases and Nutritional Disorders in the Urban Community”. Rapid urbanization, overcrowding and heavy traffic jams have resulted in many people specially children being affected with respiratory disorders. Poverty and lack of awareness among people living in slums in many areas of Rajagiriya, particularly Obesekarapura have resulted in various nutritional disorders among children and females of child bearing age.

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Many organizations and institutions came forward to help in this gigantic exercise. Vision Care, Nestle, Fonterra, Family Planning Organization, Anti TB campaign, Cipla Health Care Limited are some of the organizations that helped to conduct the many clinics like Respiratory clinic, General Medical clinic, Family Planning clinic, Eye clinic and Nutrition clinic.

Main features were the participation by volunteers from the Respiratory Interest Group and CPD Committee of the College and by famous drama artists. While the doctors from College helped in conducting the clinics, the artists helped to clear up misconceptions and myths about various diseases, by staging short dramas. This novel approach captured the attention of the young and the old and got the health message through.

There were many screening programmes with mobile units like Vision Care Eye Screening Bus, Mobile Dexa Scan Unit to screen osteoporosis and respirometers to screen obstructive air ways disease. While being screened people also received many printed handouts about various diseases. Banners and posters were displayed at key locations.

Another feature that attracted was the distribution of free spectacles and various types of food to the participants. Nestle, Fonterra and Ceylon Cold Stores provided instant noodles, a glass of milk and ice cream.

Unlike the first camp in 2009 for Diabetic Screening when more than 2000 people participated, only about 1200 were able to attend this time. This was due to the general election campaign adversely affecting the publicity given for the health camp and the heavy rain that prevented people from coming in their numbers.

The support given by the members of RIG and CPD committees, namely Pushpa Weerasinghe, Dinusha de Silva, Preethi Wijegoonewardene, D G A Abeygunaratne, Shobhavi Kohombange and Eugene Corea is acknowledged. Special mention must also be made of S B S Serasinghe who made valuable presentations to the participants during the health camp.

Chandima Namaratne

Vaccine Phobia FROM LUCKY JAYASEKERA

PREVAILING VACCINE PHOBIA

Majority of patients seeking immunization are not that educated about matters of health, and trust the immunization programme implicitly. Unfortunately the current Rubella vaccine phobia seems to be spreading to a general vaccine phobia. The public is beginning to lose the trust and confidence they had in the established immunization programmes launched by the state. If this trend continues, it would be a gloomy future for the health of the children of our country, with childhood and other preventable diseases raising their ugly heads again.

To be very frank I too now feel anxious before administering an injection, leave alone a vaccine. This is after years of experience as a solo GP having conducted immunization clinics without even feeling a need for any emergency backup.
Regarding the Rubella vaccine fatalities, we are told that the vaccines met the WHO standards and were not substandard, expired or damaged. I do not wish to contest these assurances. If this is the case, the cause of death would have been anaphylaxis, due to the idiosyncrasies of the victims. We know that in anaphylaxis, treatment has to be immediate, within 5-10 minutes, otherwise death would follow due to cardiovascular collapse and respiratory obstruction following bronchospasm.

In the case of the fatalities that occurred, much valuable time was wasted between receiving the immunization and access to emergency treatment in the hospital (often after an ambulance journey). If only the basic emergency treatment by way of Adrenaline was available some of these deaths may have been prevented.

So, the question is with the notable numbers of anaphylaxis occurring today, are we being fair by the unsuspecting, public when we conduct clinics without facilities for emergency care in the area of anaphylaxis? Therefore I would like to make the following suggestions for all immunization clinics.

- Correct atmosphere. Not to be too crowded nor rushed, so that the staff can obtain a proper history regarding atopic illness and allergies.
- Two pairs of human eyes should check the information on the vials for name, date and damage. Alert the nursing staff regarding the importance of wearing correction glasses to be able to read the small print in the vials.
- Each immunization centre should be staffed with nurses trained in CPR procedures and equipped with an emergency trolley containing the following: Adrenaline, Hydrocortisone, Antihistamines, Bronchodilators, butterfly needles, disposable syringes, IV Infusions, Airway, Ambubag and oxygen cylinder, so that emergency treatment could be initiated forthwith and continued up to hospital admission.

Its time to rectify matters and to improve our services. The cost of establishing emergency facilities is minimal compared to the cost of treatment in an ICU and most of all, the loss of precious lives.

Lucky Jayasekera

Difference Strokes

FROM THASHI CHANG

FAQS* ABOUT STROKES

Δ STROKE

Q. What is a stroke?
A. A stroke is a sudden onset focal neurological deficit of vascular aetiology.

Q. What are the types of strokes?
A. 1. Ischaemic stroke (85%)
2. Haemorrhagic stroke (15%): [ICH (10%) and SAH (5%)]

Q. What is a transient ischaemic attack (TIA)?
A. A TIA is a sudden onset focal neurological deficit of presumed vascular aetiology that completely resolves in < 24 hours.

*Frequently Asked Questions
Q. What is the risk of subsequent stroke during the first month following a TIA?
A. 11 – 20%

Q. What are the investigations that should be done in a 65-year-old man presenting with a TIA?
A. FBC, FBS, LIPID PROFILE, ECG, CXR, 2DE, CAROTID DUPLEX, RENAL and LFT.

Q. Do all patients presenting with a stroke need a CT scan of the brain?
A. Yes

Q. Up to how many hours will thrombolytic (clot buster) therapy be beneficial after the onset of an ischaemic stroke?
A. 4.5 hours

Q. What is a stroke unit?
A. It is organised stroke care within a defined area in part or whole of a ward. Care is provided by a multidisciplinary stroke team that includes neurologists, rehabilitation specialists, nursing-staff, physiotherapists, occupational therapists, speech and language therapists and social workers.

Q. Does treating a patient in a stroke unit reduce mortality, morbidity or both?
A. Reduces both

∆ STROKE WARNING SYMPTOMS
Q. What are the symptoms that can present in a TIA?
A. 1. Sudden weakness or numbness of face, arm or leg, especially on one side of the body.
   2. Sudden confusion, difficulty in talking or understanding speech.
   3. Sudden dimness / loss of vision in one or both eyes.
   4. Sudden unexplained dizziness or loss of balance.
   5. Sudden severe headache with no known cause.

Q. In which of the stroke warning symptoms given above could (asprin OR clopidogel) antiplatelet therapy be initiated immediately?
A. 1. Sudden weakness or numbness of face, arm or leg, especially on one side of the body.
   2. Sudden confusion, difficulty talking or understanding speech.
   3. Sudden dimness / loss of vision in one or both eyes.
   5. Sudden severe headache with no known cause.

∆ STROKE RISK FACTORS
Q. What are the risk factors for strokes?
A. Diabetes mellitus, Hypertension, Cigarette smoking, Excess alcohol, Stress, Obesity, Hypercholesterolaemia, Heart disease, Physical inactivity, Old age, Being female

Q. Of the above risk factors, which is the single most important modifiable risk factor for stroke?
A. Hypertension

Thashi Chang
Specialist Neurologist, Department of Clinical Medicine, Colombo
THE SRI LANKAN SOCIETY FOR MICROBIOLOGY (SSM) AND THE SRI LANKAN JOURNAL OF INFECTIOUS DISEASES (SLJID)

The world of Microbiology encompasses an ever widening interaction between many disciplines. Medical, Dental, Veterinary, Industrial, Plant, Environmental, Food and Soil Microbiology are all part of this expanding world.

There are many microbiologists and an increasing number of professionals with an interest in microbiology in Sri Lanka who are active in research, teaching and other professional activities. The Sri Lankan Society for Microbiology (SSM) was launched in February 2010 to contribute towards increased collaboration amongst this expanding group. The aims of this society are

- To disseminate knowledge and skills pertaining to microbiology within Sri Lanka
- To publish journals and books and convene meetings, workshops and colloquia
- To promote basic and applied research in microbiology and related areas
- To promote collaboration among members in all areas pertaining to the discipline of microbiology

All those with a degree and an interest in microbiology and those who work in related fields are eligible to become members of this Society.

As its first major activity, SSM will publish a peer reviewed e-journal titled “Sri Lankan Journal of Infectious Diseases” (SLJID). Infections are of major importance in the health of humans and emerging and re-emerging infections are of concern worldwide. Publication of research in infectious disease encompassing different fields including laboratory science, clinical and epidemiological aspects, prevention and public health policy is a long felt need in Sri Lanka. SLJID is intended to meet this need.

The journal would consist of previously unpublished original research, unsolicited as well as invited reviews on infection related subjects of current interest, case reports, CME articles as well as correspondence. We expect to publish four issues per year and expect to be an indexed journal within 5 years of onset of publication. We are ready to receive papers with immediate effect.

Further information about membership of SSM and submission of papers to SLJID may be obtained from me at vasanthithevanesam@yahoo.com

Vasanthi Thevanesam  
President – SSM  
Editor – SLJID

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WRITE TO US. KEEP IN TOUCH. SHARE YOUR VIEWS. GIVE US YOUR ADVICE. BUT FOR GOD’S SAKE DON’T KEEP QUIET!
GROW OLD WITH US

Elderly Care Committee

The inaugural meeting of the committee on elderly care which was setup by Council was held on the 7th of April 2010 at 14, Hotel Road, Mt. Lavinia, the residence of Lucky Jayasekera.

The following members were present. D G A Abeygunaratne (Chairman), Dushyanthi Weerasekera (Secretary), Lucky Jayasekera, Ruvaiz Haniffa and Eugene Corea

The importance of establishing this committee was discussed at length by the group and it was acknowledged that it was long overdue.

The aim and objectives of the committee were formulated and are as follows.

Aim
- To safeguard the rights, and to facilitate the development of good quality care, of the elderly in general / family practice

Objectives
The Elderly Care Committee will:-
- organize teaching learning activities relating to all aspects of care of the elderly
- network with the relevant stake holders both here and abroad in achieving its aim and objectives

D G A Abeygunaratne explained few details of patient management in the hospital set up in United Kingdom. Ruvaiz Haniffa briefed those present about the social care network in the country.

Elderly Care Committee: D G A Abeygunaratne (Chairman), Dushyanthi Weerasekera (Secretary), Dennis J Aloysius, Leela De A Karunaratne, W A Ferdinand, Nandani de Silva, Lucky Jayasekera, B G D Bujawansa, B Karunaratne, Ruvaiz Haniffa and Janaka Ramanayake,

We welcome constructive suggestions or ideas and young members!

D G A Abeygunaratne
Chairman – Committee on Elderly Care

Care of the Elderly

STATE SECTOR

SERVICES PROVIDED BY THE GOVERNMENT

Those over 65 years can obtain a special identity card.
They would have to fill in an application form obtainable from the social services officer and hand it over to the office of the Divisional Secretary with 2 stamp sized photographs. Those who possess the special identity card, could get their work expedited without being in the queue to obtain the following services.
- Health services – through hospitals
- Transport services
- Postal services and pensions
- Bank services

- Police and legal advice
- Various other office work
- SPC outlets
The Grama Niladhari could also be contacted to obtain the following assistance:

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<th>Financial assistance</th>
<th>Assistive devices</th>
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<td>• Samurdhi assistance</td>
<td>• Spectacles</td>
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<td>• Public assistance</td>
<td>• Hearing aids</td>
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<td>• Assistance for diseases</td>
<td>• Wheel chairs</td>
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<td>• Tuberculosis</td>
<td>• Artificial limbs</td>
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<td>• Leprosy</td>
<td>• Crutches</td>
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<td>• Cancer</td>
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<th>Training in Diabetes Care</th>
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(1) **CPD SESSION ON INSULIN IN PRIMARY CARE**

Judging from the feedback received from members at various times, the use of insulin in primary care is an area of interest.

The above session will be held in August on a Sunday at the usual CPD time. We need your support to make it a success. The Diabetes Interest Group of the College, decided to have it in an interactive form where the session will be divided into four 30 minutes segments. Each group of 15 – 20 participants, will meet with an expert, who will act as a facilitator to cover different aspects. Every 30 minutes the groups will rotate enabling the participants to take part in all the segments.

Pre reading material, objectives and topics for discussion will be sent by e-mail or posted a week prior to the event to the registrants. **Please be kind enough to send any special aspects you would like covered to reach us on or before the 15th of July 2010 by post or E-mail to College office.**

As we have to limit the participation please call the office (Tharanga or Kumaran at 2698894) and express interest, so that we could plan the CPD in an effective manner. Hurry! Book your place to avoid disappointment please.

(2) **HANDS ON TRAINING IN DIABETES CARE**

Noel Somasundaram, Consultant Endocrinologist/NHSL has kindly consented to permit GPs to undergo hands on training in his unit. If you keen to follow this programme please give in your names to the College office for scheduling.

(3) **TRAINING FOR PRACTICE STAFF IN DIABETES CARE**

NIROGI Lanka has vacancies, for trainees from GP office staff in diabetes care. Please give, the name/s of your members of staff whom you want trained to the College office. This programme will commence shortly.

*Sekher*

*Convenor – DIG*
ANNUAL GENERAL MEETING – 2010
New Council

Office Bearers – Uncontested
President – Dr. Eugene Corea
Vice President – Dr. K Chandrasekher
Hony. Secretary – Dr. Jayantha Jayatissa
Hony. Treasurer – Dr. Pushpa Weerasinghe
Hony. Asst. Secretary – Dr. Jayantha Thambar

Council Members – Elected
Prof. Dennis J Aloysius Dr. Sanath Hettige
Prof. Leela De A Karunaratne Dr. M K Muruganandan
Dr. Neil Abeysekera Dr. Sampath Nanayakkara
Dr. Preethi Wijegoonewardene Prof. Antoinette Perera
Dr. D G A Abeygunaratne Dr. Shyamale Samaranayaka
Dr. N K Ashubodha Dr. M G H Thilakaratna
Prof. I Joel Fernando Dr. Shreen Willatgamuwa
Dr. C E I Fernandopulle

Ex Officio
Immediate Past President – Dr. K Sri Ranjan
Past President – Prof. Nandani de Silva

Membership FOR YOU

MEMBERSHIP OF THE COLLEGE OF GENERAL PRACTITIONERS OF SRI LANKA
Calling all Doctors who are registered as Medical Practitioners under Section 29 of the Medical Ordinance

If you have completed 20 years in full time General Practice before 1st January 2010
or

Have completed 3 years in General Practice and are MCGP qualified
or

Have completed 10 years in part time General Practice and are MCGP qualified you are eligible to apply for Membership of the CGPSL.

Please contact office for details
CGPSL
No.6, Wijerama Mawatha,
Colombo 7
Tele: 2698894
AVIVA DENTAL CLINIC IN SEENIGAMA  
From the TFDM supported Foundation of Goodness Project Report

We are truly grateful for the generous support of the GP Practitioners Disaster Relief Task Force to sustain this vital service for the last 12 months, in which time we have been able to help over 2500 patients with their dental care needs. This is such an innovative and unusual project to have in a rural community and your support has enabled us to make huge progress in delivering our model for post-disaster rebuilding and poverty alleviation.

Many thanks once again, and I hope you enjoy reading of the work that has taken place since May 2009. If you have any questions, please don’t hesitate to get in touch with us.

Please also see our website for recent updates on programmes held in all the Foundation’s sectors in Seenigama [www.unconditionalcompassion.org](http://www.unconditionalcompassion.org)

Quendreda Geuter  
Development Management and Communications Coordinator  
Foundation of Goodness

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The Certificate Course in Occupational Medicine got off to a smooth start this month. We have almost the full complement of trainees. Our own Narme and Asela together with Hemantha Wickremathilakke (DG / NIOSH) have proved to be a star class team.

Asela Anthony  
Secretary - Committee on Occupational Health
A MANEKEN JOINS PERC

The Professional Education Resource Committee (PERC) of the College was able to purchase a manekin from the funds set aside for training by the TFDM. This manekin will be managed by PERC which is handling the mini skills lab of the College. Members who wish to update their skills in CPR and intubation could contact Pushpa Weerasinghe, Chairperson – PERC who will make arrangements for training.

New PERC member

The advanced life support group in training with a borrowed manekin

If undelivered please return to:
COLLEGE OF GENERAL PRACTITIONERS OF SRI LANKA
No.6, Wijerama Mawatha, Colombo 7.