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ABSTRACTS OF THE  
42<sup>ND</sup> ANNUAL ACADEMIC SESSIONS - 2013  
OF  
THE COLLEGE OF SURGEONS OF SRI LANKA  
AND JOINT MEETING WITH  
THE ROYAL COLLEGE OF SURGEONS OF EDINBURGH

The College of Surgeons of Sri Lanka

### Results

Thirty one donors (48%) were males and 33 (52%) females. The mean age at donation was 38 years. There was a mean rise of 3 mm Hg in SBP and 1.6mm Hg in DBP. Hypertension was newly noted in 4(6.25%) donors. Five (7.8%) developed overt proteinuria (> 300 mg/day). Mean GFR pre and post nephrectomy was 84.15 +/- 2.87 ml/min and 64.69 +/- 2.15ml/min with a mean reduction of 19.46 +/- 2.51 ml/min. There was no significant change in serum creatinine after donation 80.81+/-2.27mmol/l vs. 96.19+/-2.28mmol/l. There was an increase in renal length of 1.35+/- 0.15 cm. None of the donors regretted donation except one.

### Conclusion

This study reaffirms the safety of live kidney donation. There was a fall in GFR with consequent increase in renal length postnephrectomy.

### OP 5.3

#### COMPLIANCE IN PATIENTS ON THYROXINE REPLACEMENT THERAPY FOLLOWING THYROID SURGERY

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### Introduction

Total thyroidectomy is increasingly used to treat benign thyroid conditions. Lifelong treatment with thyroxine is then required. This study was conducted to assess patient's compliance on thyroxine therapy with the aim of optimizing thyroxine therapy and achieving normal thyroid function after surgery.

### Methods

The study was conducted in our surgical clinic in NHSL. 100 patients who underwent total thyroidectomy for benign disease were

interviewed about their compliance and the difficulties encountered in maintaining compliance.

### Results

98% of patients were aware of the need to use thyroxine for life. Only 76% were on regular thyroxine therapy and were adhering to the correct regimen. The remaining 24% of patients stopped taking thyroxine for a mean duration of 3 weeks. (range 1 week to 1 month)

Main reasons for lack of compliance were difficulty to access drugs, improper dose regimen and lack of health literacy.

20% of patients had some symptoms of hypothyroidism, of which 50% had biochemical proven hypothyroidism.

Only 78% of patients had an annual biochemical assessment of thyroid functions performed.

### Conclusion

Availability of thyroxine should be ensured and proper counseling of patients' prior and following thyroidectomy is important. Regular follow-up by interviewing, clinical and biochemical assessment with annual measurement of TSH is valuable in assessing the adequacy of therapy and compliance.

### OP 5.4

#### EFFECTIVENESS OF THE MANUAL REPROCESSING OF SIDE-VIEW ENDOSCOPES USED FOR ENDOSCOPIC RETROGRADE CHOLANGIO-PANCREATOGRAPHY (ERCP)

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### Introduction

Intensive high level disinfection (HLD) of side-view endoscopes is essential for patient safety those who are undergoing ERCP. In general some endoscopy units globally continue to use manual reprocessing techniques to achieve intensive HLD of side-view endoscopes. Objective of this study was to evaluate the outcome quality of the manual reprocessing techniques for the removal and inactivation of bio burden from the tip and the working channel of the side-view endoscope.

#### Methods

Hundred and two samples obtained from 2 different flexible side-view endoscopes (Olympus TJF Q 180V and Olympus TJF 160R) were tested for microbial growth. Two samples were collected each time; one swab from the tip and a normal saline sample collected by flushing the working channel after manual reprocessing, with 1.62% peracetic acid. Microorganisms were identified by culturing the samples.

#### Result

After reprocessing, culture positive rates were 20 % and 9% of the samples obtained from the tip and working channel of the side-view endoscope respectively. *Klebsiella* spp. was found to be the commonest organism in the tip and *Candida* spp. was found to be the commonest in the working channel of the reprocessed side-view endoscopes.

#### Conclusion

Decontamination of tip is less efficient than the decontamination of working channel after reprocessing of the side-view endoscopes using the manual reprocessing procedure in spite of stick adherence the protocol describe for manual reprocessing techniques. The present protocol describe for manual reprocessing is sub-updated.

#### OP 5.5

### ACUTE GRAFT DYSFUNCTION AFTER RENAL TRANSPLANT: A COMPARISON STUDY IN A SINGLE UNIT

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#### Introduction

Acute graft dysfunction is a significant complication following renal transplantation.

#### Material and methodology

We present 60 patients who developed acute graft dysfunction compared with 48 patients who were free of early complication. All patients were fully evaluated prior to transplantation and surgeries were done under immunosuppressant coverage. All the data were recovered from a database and retrospectively analyzed using SPSS-20 with descriptive statistics.

#### Results

Out of 60 patients in acute graft dysfunction group, median age was 39.5 years (range 15-71 years) and 47 (78.33%) were males. In 48.3% graft had been obtained from a non-related donor, 33.3% from a first degree relative and rest were from second degree or distant relatives.

In the comparative group, median age was 46 years (range 23-65 years). Majority (n=41, 85.41%) were males. In 56.7% the renal graft had been obtained from a non-related donor, 10% from a first degree relative and others were from a second degree or distant relative. A significant correlation was not found between two groups with regard to gender ( $P > 0.05$ ) or relationship state with donor ( $P > 0.05$ ). All the patients had received graft within compatible blood groups. There was no