

2nd IHPBA Outreach Visit to Sri Lanka

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Having being part of the IHPBA outreach team on the first visit to Sri Lanka in Dec 2015 it was a real pleasure to be returning 18 months later providing continuity to the connections we had made on our previous visit and fulfilling our pledge to support training, and the progression of HPB services in Sri Lanka.

The meetings were held at the College of Surgeons of Sri Lanka in Colombo. The international faculty travelled from India, Australia, America and UK to take part. The programme started with lighting of the ceremonial lamp, the presentation of a plaque from Professor Jagannath on behalf of the IHPBA to the President of the college Professor Lamawansa, for his work in setting up the surgical skills centre, and the presentation of gifts to the faculty.

The first day focused on devising consensus guidelines for the management of Hepatocellular Carcinoma, acute pancreatitis and Colorectal liver metastases in Sri Lanka. Representatives attended the meeting from the Colleges of Pathology, Oncology, Radiology, Gastroenterology and General Surgeons, of Sri Lanka. Doctors travelled from both within Colombo and from surrounding areas to attend. This was the first multidisciplinary meeting of its kind held here in Sri Lanka.

Differences in population demographics and facilities available in Sri Lanka required amendment to internationally recognized guidelines already in place e.g. HBV and HCV are almost negligible with the majority of HCC seen on the background of Childs A NAFLD. Limited availability of both PET and EUS also required guideline amendments.

The invited faculty facilitated and chaired these sessions with the local faculty moving the ideas and discussion forward. There was a healthy and exciting exchange of ideas across specialties and a strong sense of collaboration. It was also recognized that the introduction of new guidelines provided an excellent opportunity for the HPB units to begin collecting data and audit their outcomes.

During the day we also had the chance to visit the surgical skills unit and Professor Jagannath presented the President of the Sri Lankan College with instruments to equip the lab. This had been a pledge from our previous visit 18 months ago.

Over the following 2 days an HPB master class was held attended by consultant surgeons, trainees and medical students based both within Colombo and from surrounding areas. Topics covered included learning opportunities in HPB surgery, technical and practical topics in HPB surgery using lectures, video demonstrations, MDT scenarios and case based discussions. Local faculty and consultants also gave lectures from Sri Lanka with interesting cases presented by trainees for discussion.

We met informally over lunch with senior trainees keen to train in HPB. Currently there are only 4 HPB training slots in Sri Lanka. We discussed possible fellowship options abroad for them in US, UK, Australia and India giving advice and assessing their training needs. The majority of these Surgeons will work outside Colombo as General Surgeons with an interest in HPB not performing complex HPB surgery but need to be able to perform safe laparoscopic cholecystectomy, hepaticojejunostomy, manage of bile duct stones, and know which cases to refer to the major HPB services.

The Liver transplant programme here in Sri Lanka remains small with the numbers performed each year remaining in single figures. There is much potential for a successful transplant programme to grow with significant numbers of potential donors and a pro donation ethos of

the population, increasing numbers of patients suffering from ESLD and HCC as a result of NAFLD disease and skilled surgeons trained in transplantation. What is still required is financial support from the government and the development of a solid infrastructure and supporting services.

How are the HPB services in Sri Lanka planning to move forward?

1. The introduction of structured multidisciplinary guidelines for the management of CRCLM, HCC and Acute pancreatitis and the review of effectiveness of these guidelines and audit of practice across the country.
2. Consideration of possible training options for potential HPB trainees from Sri Lanka both from overseas fellowships and distance learning opportunities.
3. Exploring the feasibility of the developing of palliative care services for those patients with advanced HCC and other HPB cancers where only supportive care is appropriate (This service is currently not established in this country).

Our hosts were as before generous with their time and made our visit comfortable and enjoyable. They provided us with genuine hospitality and a real sense of enthusiasm. I feel we have now made a sustainable connection with our HPB colleagues here in Sri Lanka and hope that our input can contribute to the growth of the HPB services in this warm and welcoming country. There are plans for on going collaboration and a 3rd IHPBA master class in 2019.



Flowers in full bloom welcoming us back to Sri Lanka



Lighting of the ceremonial lamp at the beginning of the meeting



Visiting the skills center and presentation of equipment



Meeting with Surgical trainees interested in specialising in HPB surgery