



# IMPA

## NEWS

THE OFFICIAL NEWS LETTER OF THE INDEPENDENT MEDICAL PRACTITIONERS ASSOCIATION

### IMPA News

- A very successful medical update programme on "Diagnosis and Management of COPD" By Dr. Kirthi Gunasekara MD, FRCP, Consultant Respiratory Physician and "Management of Burns for Medical Practitioner" By Dr. Kavinda Rajapakse, MS, FRCS, Consultant Plastic Surgeon, Army Hospital on Sunday 2<sup>nd</sup> December 2018 at the OPA Auditorium sponsored by A Baur & Company.
- A medical update programme will be held on Sunday 16<sup>th</sup> December 2018 after the IMPA Annual General Meeting on "Renal Transplant in Sri Lanka" By Dr. Ruwan Fonseka MS, FRCS, Vascular & Transplant Surgeon NHSL, Colombo and "Interventional Pulmonology" By Dr. Yamuna Rajapakse MD, MRCP, Respiratory Physician at the OPA Auditorium, sponsored by GlaxoSmithkline Pharmaceuticals.
- The IMPA is in the process of publishing a much required Sri Lanka Drug Index in 2019 for which a committee comprising Dr. Maxie Fernandopulle, Dr. Sujatha Samarakoon, Prof. I. Joel Fernando, Dr. Lucian Jayasuriya, Dr. N.K. Ashuboda, Dr. Sanath Hettige and Dr. A.H.A. Hazari together with Prof. RohinI Fernandopulle and Ms. Chintha Abeywardene and representatives from the sponsors M/s Cipla Ltd has been proposed.

### Message from the President

I wish to inform you that I have completed four (4) years as President of this prestigious association. I performed my duties to the best of my abilities.

I wish to thank all the members of the IMPA for the support extended to me to perform my duties as President of the IMPA from 2014-2018.

I wish the next President elected by the membership at the AGM to be held on Sunday 16<sup>th</sup> December 2018, the very best in performing the duties as President of this prestigious association.

I will continue to extend my support to the IMPA in all the future activities.

Thank you,  
*Dr. A.H.A. Hazari*

**"ALWAYS DO WHAT YOU THINK IS CORRECT AND HOPE FOR THE BEST"**

## RENAL TRANSPLANTATION. “IN A GLOMERULUS”

Dr Ruwan Fonseka MS

Consultant vascular & transplant surgeon.

National Hospital Sri Lanka.

16<sup>th</sup> December 2018.

Historically man has been fascinated by the idea of mixing up organs. From ancient Egypt to some religions that is in practice even today we see images of human and other species combined.

Though the Herrick twins in 1954 was the first successful kidney transplant, transplantation became a real clinical possibility only after the development of effective immunosuppression in 1976 by Sir Roy Calne. Since then really the only organ that has not been transplanted is the brain.

Kidney has multiple functions, from excreting waste products, affecting blood pressure, maintaining acidity to promoting haemopoiesis .

Function of the kidney is affected by, autoimmune conditions, nephrotoxins, recurrent infections, obstruction to ureters, diabetes and hypertension. The latter two being the commonest causes of renal failure.

Once the failure has reached end stage, therefore when the kidney can no longer maintain life of the patient, “Renal replacement therapy” is needed. Renal transplant in one method of such replacement therapy. Others methods are heamo and peritoneal dialysis. Occasionally a transplant may be undertaken before the development of end stage renal failure, if the nephrologist concludes it is inevitable and imminent. Then it is called a “Pre-emptive transplant”.

As a kidney would be considered a foreign antigen, matching the donor to the recipient is of paramount importance. Therefore identical twins would be the most suitable. In order of decreasing suitability would be siblings, parents, first-degree relatives, living donors and last cadaver donors.

Blood group compatibility, HLA matching and a direct T&B cell cross match is used to asses the degree of matching. Better-matched kidneys would require less potent immunosuppression and would function for a longer duration.

Once ethical issues are considered a decision on which kidney to remove is taken by the surgeon. The most important factor is to leave the better functioning

kidney with the donor. Individual function is assessed by DTPA scans which gives percentage difference of the two kidneys. Additionally if a kidney has an abnormality, (example calculus, large cyst) it is the abnormal one that will be taken for transplant.

It is the left kidney that is most preferred for transplantation due to its longer renal vein. Donor nephrectomy is commonly done by laparoscopy or open technique.

Once harvested the kidney is perfused with a chilled preservative solution and kept in cold storage until transplant. A kidney can be kept for 48 hours in this cold packing, but best results are when the transplant is done immediately.

The renal transplant is done in the iliac fossa, with the renal vessels anastomosed to the iliac artery and vein. The ureter is then anastomosed to the bladder. Usually the failed native kidneys are left in situ. In special conditions like very large polycystic kidney, or if the native kidney is a source of recurrent infection, native nephrectomy is undertaken to make space or remove source of infection prior to transplant.

Most kidneys start producing urine even before the ureter is anastomosed to bladder.

Once the transplant is functioning well, patient no longer needs dialysis and the fistula should be ligated or the peritoneal dialysis catheter removed to prevent cardiac failure or peritonitis.

The transplant patient should then aim at reaching the pre renal failure functional state except for having to be on life long immunosuppression. Though there is an increased risk of infection the patient should not live in social isolation and should be fully integrated with his community and profession.

A special consideration in transplanting females of childbearing age is that subfertility during renal failure is rapidly reversed following transplant. As it is best to avoid pregnancy for at least 12 months post transplant its best to use a barrier contraceptive for that duration.

## DR. W. TITUS FERNANDO

Wilfred A. Ferdinand was born on the 23<sup>rd</sup> of January 1932, in a remote village called Karaveddi. His primary education had been at the Holy Cross College, Kalutara and the secondary education at St. Petrick's College, Jaffna. He loved boxing and continued till his father objected and changed to foot ball, which he continued for sometime.

He entered Medical College and Qualified as a Doctor and worked at a few outstation hospitals, before he came to work at the Government Hospital, Negombo till late fifties.

He married the eldest daughter of a well known businessman in Negombo, Mr. M.S. Manthiri on the 23<sup>rd</sup> August 1961. Her name was Stella.

He resigned from the Government Service and established, a General Medical Practice and a Nursing Home named "Manthiri Nursing Home".

He was an instant success and attracted many patients young and old, rich and poor to his nursing home.

He also helped in a big way to establish regional chapters of the College of General Practitioners Association and branch of the Independent Medical Practitioners Association, in the North Western Province, joining with the doctors from Negombo and Chilaw areas. During the past 35 years, leading as the President and holding many other positions from time to time. He was the Secretary of the North Western Chapter at the time of his unexpected deaths.

He loved to give talks on medical subjects and was very enthusiastic in conducting medical camps for poor people in remote villages especially in the Madhu Church areas with the help of Lions of Negombo and Chilaw.

He celebrated his Golden Jubilee of his Nursing

Home on the 27<sup>th</sup> October 2018 with great happiness and sense of pride, when he presented mementos to all his past and present staff of the Nursing Home who helped him during the past 50 years. However no one thought that this great man would be gone just two days after this happy event. But that was the will of GOD, to which we all bow down. May he obtain his well deserved eternal rest.

He maintained very high standers and looked after his ever-increasing number of patients with great love and competence.

With all this work load, he found time to devote for extra activities for the common good of the people of the area.

This work was done by joining the greatest service organization in the world - the "Lions" movement, where he was recognized and honored by elected him as the Governor of the Lions Region 306-B1 in 1979.

Next he formed his own Lions Club in Negombo, which was named the "Lions Club of Negombo, "Orient" in 1993. He attended almost all functions conducted by Lions from Colombo to Jaffna along the coastal belt.

Apart from Lionism, he was highly involved with the activities of a leading Girls School by the Name of "Ave Maria" He supported this school in most social activities and also financially during the past 16 years. He was a great philanthropist.

He worked with great interest in the field of continued medical education programmes working with Various Medical Association such as the "College of General Practitioners of Sri Lanka", in which he was a Past President also worked with the Independent Medical Practitioners Association and was elected President from 2005 - 2008.

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INDEPENDENT MEDICAL PRACTITIONERS ASSOCIATION  
275/75, PROF. STANLEY WIJESUNDARA MW, COLOMBO 7. Tel: 0112 501 113 Fax: 0112 500 818  
E-mail: [champa.impa@gmail.com](mailto:champa.impa@gmail.com) | [info@impa-lk.org](mailto:info@impa-lk.org) Web: [www.impa-lk.org](http://www.impa-lk.org)