



MENOSOC 2023

22nd Annual Academic Sessions of Menopause Society of Sri Lanka

“Midlife and Beyond - Clarity from Confusion”

23rd July 2023 at Galadari Hotel, Colombo, Sri Lanka

Programme and Abstracts



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Edited by Dr. Sharada Jayalath

Editorial Note

These Proceedings include the full papers, slides, or abstracts of all the invited presentations (Oration, Endowment Lecture, Plenary Lectures, Symposia, etc.) and free papers of the 22nd Annual Academic Sessions of Menopause Society of Sri Lanka received by the Scientific Committee. The free papers and abstracts have been formatted to achieve uniformity in presentations, but no editorial amendments have been made. No responsibility is assumed for any claims, instruction, methods, or drug dosages contained in the abstracts: it is recommended that these should be verified independently.

Editorial Committee.

MENOSOC 2023

MESSAGE FROM THE CHIEF GUEST



I would like to extend my heartfelt congratulations to Menopause Society of Sri Lanka for spearheading yet another groundbreaking initiative, "MENOSOC 2023." Menopause, is a realm often overshadowed, marginalized, or relegated to taboo status. It emerges as a subject largely unexplored and publicly undisclosed regarding the complex experiences faced by women in the perimenopausal and postmenopausal phases of life. In a world where a growing number of women above the age of 50 are active in the workplace and lead vibrant and dynamic lives, a disconcerting proportion of middle-aged women find themselves bereft of the social, psychological, and physical well-being bestowed by an active lifestyle.

Within the present patriarchal landscape, women endure a relentless cycle of violence, from their very inception to their final days, as a result of choices imposed upon them by external forces, inhibiting their unimpeded enjoyment and autonomy. Women have historically been limited to a restricted existence following the conclusion of their "fertile" and "productive" years, relegated to an isolated enclave within society. This is compounded by a dearth of awareness, acceptance, and the support frameworks necessary for demystifying this biological transition. However, women, irrespective of their life stage, should be entitled to equality, dignity, and respect. This segment of the community is often overlooked in medical research, developmental pursuits, and legal reforms. At its core, this paradigm resonates with the simplest understanding that women should be entitled to exercise their human rights, to embrace the full spectrum of freedoms and guarantees that have long been constricted by the pervasive myths and stereotypes perpetuated by patriarchal constructs.

It is with the deepest admiration and respect that I applaud the women entering this new phase of their lives. One that should be lived, enjoyed with dignity, liberation, and empowerment. It is imperative that we recognize the profound significance of their identities and the unrestrained pursuit of free and informed choices that they, as an indivisible facet of humanity are entitled to.

I wish you dynamic success in all your endeavors.

Justice Shiranee Tilakawardane

Consultant, Sri Lanka Judges Institute.

National and International Arbitrator.

Retd Acting Chief Justice and Supreme Court Judge.

MESSAGE FROM THE GUEST OF HONOUR



It is my proud privilege to be a part of the 22nd MENOSOC conference at Colombo, Sri Lanka, on 23rd July 2023.

India and Sri Lanka are actively associated with each other in the field of Menopause through SAFOMS. I remember having visited Sri Lanka as a faculty no less than three times in the past. Each visit had given me great memories to carry back home, and many friends with whom I am still connected. I hosted present President Dr. Piyusha Atapattu and Dr. Harsha Atapattu at Gurgaon in 2018 at our annual IMSCON – 2018, as the organizing chairperson. All our national conferences have never been complete without the presence of faculty from Sri Lanka.

Menopause Societies of both our countries have always strived towards making life of our women healthy once they step into menopause. We have done extensive public awareness programs to carry the message of our latest knowledge and research to the average midlife woman. As we are part of south Asia we belong to the same ethnic group. Hence our women tend to have similar problems and body types which makes us different from Caucasians. I am happy I am here today, amidst Sri Lankan friends to exchange knowledge and data, and I am sure I will go back richer to share this with my colleagues back home.

In the end, I wish you all the best for a very successful conference. Long live Indian and Sri Lankan association in this very important field of “Menopausal Health for all women entering Midlife.”

Warm Regards,

Dr. Pushpa Sethi

President Indian Menopause Society 2023 - 2024

MESSAGE FROM THE PRESIDENT MENOPAUSE SOCIETY OF SRI LANKA



It is my pleasure and privilege to welcome you to the 22nd MENOSOC conference today, 23rd July 2023 at Hotel Galadari, Colombo.

Since its inception in the year 2000, Menopause Society has come a long way contributing in a multitude of ways to optimizing the health of post-reproductive women. The society now liaises with local healthcare organizations such as the Ministry of Health and Family Health Bureau; international bodies especially UNFPA and WHO; and regional organizations such as South Asian Federation of Menopause Societies (SAFOMS) and Asia Pacific Menopause Federation (APMF).

This year's theme of the conference is 'Midlife and beyond: Clarity from Confusion'. We are honoured to have two ladies of international repute gracing the inauguration today; Justice Shiranee Tilakawardane, retired supreme court judge as the chief guest and Dr. Pushpa Sethi, the President of the Indian Menopause Society as the Guest of Honour, who will also deliver the Dr. M.D.P. Gooneratne endowment lecture. The prestigious MENOSOC oration will be delivered by Dr. Mangala Dissanayake, a past president of the Menopause Society of Sri Lanka.

The team lead by the conference chairpersons Dr. Mangala Dissanayake and Dr. Harsha Atapattu and Chairman Academic Activities Dr. Chanil Ekanayake have an exciting academic programme lined up. The pre-congress workshop on "Hysterectomy and tips to avoid bladder and ureteric injuries" held on 22nd July 2023 conducted by Prof. Srinath Chandrasekera was a great success. Today's academic sessions encompasses a symposium on "Midlife fertility" in partnership with UNFPA, a MENOSOC symposium on "Improving varied aspects at midlife", a joint session with the SAFOMS on "Updates in menopause management", a panel discussion on "Vulval health", a postgraduate case discussion and the free paper presentations. Five international speakers and fourteen Sri Lankan resource persons will contribute their expertise in many aspects of menopause. An open post-congress dinner symposium on "Endocrinology of menopause" will be conducted on 28th July 2023 by local and overseas experts. This year's Annual Academic Sessions will undoubtedly contribute to enhancing the knowledge regarding menopause among specialists, specialist trainees and all participants. I am deeply indebted to all resource persons, chairpersons and judges for their contributions.

Organizing a conference is not possible without the help of the council members. My special thanks are extended to Drs. Mangala and Shiromali Dissanayake, Dr. Harsha Atapattu, Drs. Sanath and Dasanthi Akmeemana, Dr. Chanil Ekanayake Dr. Darshana Abeygunawardana, Dr. Champa Nelson, Dr. Janakie Karunasinghe, Dr. Chinthaka Banagala, Dr. Achinta Dissanayake and Dr. Sharada Jayalath who provided invaluable support in making this conference a success. The guidance provided by past presidents Dr. M.D.P. Gooneratne, Dr. Hemantha Perera and Dr. Marlene Abeywardena is very much appreciated. The hard work and commitment of Mrs. Buddhini Geekiyanage and Dr. Saumya Weerasuriya made this conference a reality. I thank the UNFPA for their partnership and all the pharmaceutical companies for their generous contributions amid the present economic crisis.

I wish to thank all who contributed in making this event a success, and hope that all of you will gain valuable knowledge by participating.

Prof. Piyusha Atapattu
President, Menopause Society of Sri Lanka

MESSAGE FROM THE PRESIDENT SAFOMS



I am happy to send this message on behalf of South Asian Federation of Menopause Societies on the occasion of the 22nd Annual sessions of the Menopause Society of Sri Lanka. I congratulate the President Prof Piyusha Atapattu and her energetic team for tailoring an excellent programme with a vision of discussing and debating the various topics to bring about clarity from confusion in Mid-life and beyond keeping with the theme of the congress. I admire the active role played by the Sri Lanka Menopause Society in educating the health personnel and the public on menopause and helping the women to lead healthy life beyond midlife. With happiness.

Many experts and leaders on Menopause from the Sri Lanka Menopause Society like, Dr. M.D.P. Gooneratne, Dr. Hemantha Perera, Dr. Marlene Abeywardena, Prof. Indrajee Amerasinghe, Dr. Mangala Dissanayake and Prof Piyusha Atapattu have contributed immensely to the progress of SAFOMS from its inception and they continue to play a major role in SAFOMS.

SAFOMS is happy to be a part of this conference with the participation of Speakers from India, Bangladesh, Nepal, and Pakistan bringing all the SAFOMS countries together in the Congress.

I wish the congress all the success.

Dr. Rohana Haththotuwa

President,

South Asian Federation of Menopause Societies (SAFOMS)

MESSAGE FROM THE PRESIDENT ELECT MENOPAUSE SOCIETY OF SRI LANKA



It is with great pleasure that I welcome you all to 22nd Annual Academic Sessions of Menopause Society of Sri Lanka, MENOSOC 2023. In keeping with the theme of the conference “Midlife and beyond: Clarity from Confusion”, there will be, MENOSOC Oration, Dr. M.D.P. Gooneratne endowment lecture, symposia, and oral presentations to cover most of areas of menopause.

A galaxy of eminent local and international Speakers will be delivering their lectures during this conference. The Academic committee under the chairmanship of Dr. Mangala Dissanayake, has planned a comprehensive academic programme with pre and post congress workshops. The academic programme of a high standard aims to discuss the updates of the management of common menopausal problems as well as areas that are not discussed frequently. On behalf of the academic committee, I sincerely invite you to this conference and update your knowledge about menopause and clear the numerous controversies.

I am delighted that we could share the knowledge of the experts from India, Pakistan, Bangladesh, Nepal, Portugal and Sri Lanka. I like to take this opportunity to thank all local and overseas resource persons for their participation and contribution. I also wish to thank the President Prof. Piyusha Atapattu, and all the council members for their instinct support to make this conference a success.

I wish the MENOSOC 2023 all success.

Dr. Harsha Atapattu
President Elect
Menopause Society of Sri Lanka

MESSAGE FROM THE SECRETARY

MENOPAUSE SOCIETY OF SRI LANKA



It is with immense pleasure I extend my greetings and warm wishes to commemorate this prestigious annual academic calendar event of the Menopause Society of Sri Lanka.

Reflecting on the activities conducted by the Menopause Society over the years, there are a multitude of both small scale and large-scale programs to raise awareness of menopause and its impact at individual and societal level. These have led to an improved health seeking behavior among Sri Lankan women with better participation in screening programs. Training workshops for all healthcare workers including doctors, nurses, and midwives, were known to have done a remarkable improvement in the settings to diagnose, treat and counsel women with the aim of uplifting mid and late life health of Sri Lankan women. The society collaborates with local organizations such as the Ministry of Health and Family Health Bureau in addition to international and regional organizations such as UNFPA, WHO, and South Asian Federation of Menopause Societies (SAFOMS).

Annual Academic Session is planned to disseminate knowledge among stakeholders and to share experiences and expertise of eminent characters from and around the world.

I cordially welcome you all for the main session as well as pre congress and post congress workshops. I appreciate and applaud efforts of all who contributed to the success of this academic program and to all activities of the Menopause Society to fulfill the objective of achieving high quality equitable menopause care for the women in Sri Lanka.

Best wishes

Dr. Darshana Abeygunawardana
Secretary
Menopause Society of Sri Lanka

MESSAGE FROM THE EDITOR

MENOPAUSE SOCIETY OF SRI LANKA



It gives me a great pleasure to compose this message for the 22nd Annual Academic Sessions of the Menopause Society of Sri Lanka – MENOSOC 2023. Amidst of current economic crisis of the country, it is not a simple task to organize a conference such as this one, involving many distinguished speakers from foreign and local faculty.

This year, we focus on our theme ‘Midlife and beyond: Clarity from Confusion’. The programme would cover many aspects of menopause. Updates on frequently spoken topics covering post reproductive health issues would help to revise the knowledge of our delegates. Topics such as fertility in midlife, contraception in midlife, metabolic syndrome and menopause, bone, skin and hair changes in menopause, importance of exercise in menopause, artificial intelligence and managing osteoporosis, vasomotor symptoms in gynaecological malignancies, and cardiovascular health in menopause will indeed make the programme more colourful.

I'm sure the pre-congress workshop on “Hysterectomy and tips to avoid bladder and ureteric injuries” and the post-congress symposium on “Endocrinology of menopause” would be very useful for our emerging young energetic specialists to uplift their clinical skills as well.

I'm certain this year's conference would be a great success.

Dr. Sharada Jayalath

Editor

Menopause Society of Sri Lanka

MESSAGE FROM THE CHAIRMAN ORGANIZING COMMITTEE



I would like to extend my warm welcome to all the participants and the speakers of the 22nd Annual Academic Session of the Menopause Society of Sri Lanka (MENOSOC 2023), which will be held on 23rd July 2023 at Hotel Galadari, Colombo.

We have an interesting programme lined up for you under the theme “Midlife and beyond: Clarity from Confusion”, and very eminent speakers in the field of Menopause locally and internationally will deliver their updated versions of current knowledge.

Menopause Society of Sri Lanka provides education, information and guidance to healthcare professionals who deal with all aspects of post reproductive health. Annual Academic Session is the key event out of many programmes and events organized throughout this year under the Presidency of Prof. Piyusha Atapattu. This year session will be much beneficial for specialists, trainees and all the health care staff to improve their standards in caring women in peri and postmenopausal age group.

Finally, I wish to thank all the council members who contributed to make this event a success and it would not have become a reality without the exceptional teamwork and commitment shown by all involved. I hope the participants will enjoy this outstanding conference.

Dr. Mangala Dissanayake
Chairman, Organizing Committee

MESSAGE FROM THE CHAIRMAN ACADEMIC ACTIVITIES AND RESEARCH



The Menopause Society of Sri Lanka is committed to improve the post reproductive life of Sri Lankan women. However, these are challenging times; the world is beginning to recover from the COVID-19 pandemic whilst Sri Lanka is fighting its own battle, trying to recover from the financial crisis of 2022. It is against this backdrop that this year's academic calendar was planned.

The Annual Academic Session is the red-letter day of the academic calendar, and as such, we have planned to go beyond menopause and try to encapsulate the quintessential problems in women's health around menopause. Thus, this year's session is aptly themed 'Midlife and beyond – clarity from confusion'. The MENOSOC oration which will be delivered by Dr. Mangala Dissanayake on 'So close yet so far - bridging the gap from midlife to menopause' will no doubt summarize the entire session and Dr. M.D.P. Gooneratne endowment lecture on 'Menopausal treatment' by Dr. Pushpa Sethi will undoubtedly cover the core essence of handling menopausal problems.

I believe the eminent speakers from Portugal, India, Pakistan, Bangladesh, and Sri Lanka will do justice to their respective topics and deliver an unparalleled learning experience to all the participants.

I would like to express my sincere gratitude to Dr. Hemantha Perera, Dr. M.D.P. Gooneratne, Dr. Sanath Akmeemana for their guidance, Prof. Piyusha Atapattu, our president for her painstaking efforts of 'attention to detail' and the council along with the sponsors for their generous contribution without which this event would not have been possible.

I hope the participants will use the experiences gained at event as a lynch pin to enhance the quality of care they deliver.

Dr. Chanil Ekanayake
Chairman Academic Activities and Research
Menopause Society of Sri Lanka

Menopause Society of Sri Lanka – Council 2022-2024

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President Elect

- Dr. Harsha Atapattu

Past President

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- Dr. Achintha Dissanayake
- Dr. Madura Jayawardana
- Dr. Thivanka Munasinghe
- Dr. Sriskanthan SriSanjeevan
- Dr. Rasika Sagara De Silva

Co-opted Members

- Dr. Chaminda Mathota
- Ms. Manel Amarasinghe
- Mrs. Chandrika Haththotuwa

The Menopause Society of Sri Lanka

Council Members 2022-2024



LEFT TO RIGHT SEATED:

DR. ROHANA HATHTHOTUWA, DR. CHAMPA NELSON (TREASURER), DR. MRS. MARLENE ABEYWARDENA, DR. SANATH LANEROLLE, DR. SANATH AKMEEMANA (IMMEDIATE PAST PRESIDENT), PROF. PIYUSHA ATAPATTU (PRESIDENT), DR. M.D.P GOONERATNE (FOUNDER PRESIDENT), DR. HARSHA ATAPATTU (PRESIDENT ELECT), DR. HEMANTHA PERERA, DR. MANGALA DISSANAYAKE, DR. DARSHANA ABEYGUNAWARDANA (SECRETARY)

STANDING:

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ABSENT:

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PROGRAMME - MENOSOC 2023

22nd Annual Academic Sessions of Menopause Society of Sri Lanka

"Midlife and Beyond - Clarity from Confusion"

07.30AM	Registration
07.30AM – 08.30AM	Free Paper Session
08.30AM – 10.05AM	Inauguration
08.30AM	Procession
08.40AM	National Anthem
08.45AM	Traditional Lighting of Oil Lamp
08.50AM	Welcome Address Prof. Piyusha Atapattu President Menopause Society of Sri Lanka
09.00AM	Address by the Guest of Honour Dr. Pushpa Sethi President, Indian Menopause Society
09.10AM	Address by the Chief Guest Justice Shiranee Thilakawardene Retired Supreme Court Judge
09.20AM	MENOSOC Oration "So close yet so far" - Bridging the gap from midlife to menopause Dr. Mangala Dissanayake Consultant Obstetrician & Gynaecologist, Teaching Hospital Kalutara
10.00 AM	Vote of thanks Dr. Darshana Abeygunawardana Secretary Menopause Society of Sri Lanka
10.05AM – 10.30AM	Tea
10.30AM – 11.30AM	Panel Discussion on Vulval Health (Moderator - Dr. Darshana Abeygunawardana) Dr. Hemantha Perera, Founder Secretary, Menopause Society of Sri Lanka Dr. Sanath Akmeemana, Immediate Past President, Menopause Society of Sri Lanka Dr. Chinthaka Banagala, Consultant Obstetrician & Gynaecologist, Kothalawala Defense University Dr. Premini Rajendran, Consultant Dermatologist, Base Hospital Homagama Dr. M.K.S.H. Jayasena, Consultant Venereologist (Acting), Base Hospital Homagama
11.30AM – 12.30PM	Dilemma of Midlife Fertility (In Partnership with UNFPA) Opening Remarks - Mr. Kunle Adeniyi, UNFPA Country Representative, Sri Lanka Fertility in Midlife - Dr. Udara Jayawardena, Consultant in Subfertility & Gynecology, Ragama Hospital

PROGRAMME - MENOSOC 2023

22nd Annual Academic Sessions of Menopause Society of Sri Lanka *"Midlife and Beyond - Clarity from Confusion"*

	Making Pregnancy Safe in Advanced Maternal Age - Dr. Harsha Atapattu, Consultant Obstetrician & Gynaecologist, De Soya Maternity Hospital Midlife Contraception Panacea for the Current Age - Dr. Janakie Karunasinghe, Consultant Obstetrician & Gynaecologist, Castle Street Hospital for Women
12.30PM – 01.10PM	Dr. M.D.P Gooneratne Endowment Lecture Menopause and Metabolic Syndrome Dr. Pushpa Sethi, President, Indian Menopause Society
01.10PM – 02.00PM	Lunch Symposium
02.00PM – 03.00PM	MENOSOC Symposium 1 - Life Begins at Menopause: Old is the New Young! Turning the Clock Back : Skin and Hair - Dr. Nayani Madarasinghe, Consultant Dermatologist, Colombo East Base Hospital, Mulleriyawa The Role of EBD in Post Menopausal Restoration, Last Trends - Dr. Isabel Hermenegildo, President of Gyneco-Aesthetic committee of SPME Exercise After 50: the New Reality - Dr. Himan De Silva, Olympic Sports & Exercise Physician
03.00PM - 04.00PM	SAFOMS Session - Update on Management of Menopause New Horizons- Artificial Intelligence and Managing Osteoporosis - Prof. Rubina Hussain, President, Pakistan Menopause Society Management of VMS in Gynaecological Malignancies - Dr. Farzana Deebea, Joint Secretary, Bangladesh Menopause Society Cardiovascular Health - Dr. Anshumala Joshi, General Secretary, Nepal Menopause Society
04.00PM – 05.00PM	Case Discussion - Post Graduate Session Moderators Dr. Harsha Atapattu, Consultant Obstetrician & Gynaecologist, De Soya Maternity Hospital, Colombo & Dr. Sriskanthan Srisanjeevan, Senior Registrar, Obstetrician & Gynaecology, De Soya Maternity Hospital, Colombo Case Presentation Dr. Shahani Rifithie, Dr. A.G.M. Ojithmali, Dr. A.G.G.J. Bandara and Dr. P.M.C.K. Palansooriya
05.00PM – 05.15PM	Awards Ceremony/ Valedictory Session / Vote of Thanks
5.15PM	Tea

FACULTY - MENOSOC 2023



Dr. Pushpa Sethi,
President, Indian Menopause Society



Prof. Rubina Hussain,
President, Pakistan Menopause Society



Dr. Isabel Hermenegildo,
President of the Gynaeco-Aesthetic
Committee of SPME, Portugal



Dr. Farzana Deebea,
Joint Secretary, Bangladesh Menopause
Society



Dr. Anshumala Joshi,
General Secretary, Nepal Menopause
Society



Dr. Mangala Dissanayake,
Consultant Obstetrician & Gynaecologist,
Teaching Hospital, Kalutara

FACULTY - MENOSOC 2023



Dr. Hemantha Perera,
Founder Secretary, Menopause Society of
Sri Lanka



Dr. Sanath Akmeemana,
Immediate Past President, Menopause Society
of Sri Lanka



Dr. Harsha Atapattu,
Consultant Obstetrician & Gynaecologist,
De Soya Maternity Hospital



Dr. Janakie Karunasinghe,
Consultant Obstetrician & Gynaecologist,
Castle Street Hospital for Women



Dr. Darshana Abeygunawardana
Secretary, Menopause Society of Sri Lanka



Dr. Chinthaka Banagala,
Consultant Obstetrician & Gynaecologist,
Kothalawala Defence University

FACULTY - MENOSOC 2023



Dr. Udara Jayawardena,
Consultant in Subfertility & Gynaecology,
Colombo North Teaching Hospital



Dr. Sriskanthan Srisanjeewan,
Senior Registrar, Obstetrician & Gynaecology,
De Soysa Maternity Hospital, Colombo



Dr. Premini Rajendran,
Consultant Dermatologist, Base Hospital
Homagama



Dr. Himan De Silva,
Olympic Sports & Exercise Physician



Dr. M.K.S.H Jayasena,
Consultant Venereologist (Acting), Base
Hospital, Homagama



Dr. Nayani Madarasinghe,
Consultant Dermatologist, Colombo East Base
Hospital, Mulleriyawa

FACULTY - MENOSOC 2023



Prof Srinath Chandrasekera
Professor department of surgery, Faculty of
Medical Sciences, University of Sri
Jayawardenapura



Prof Ajith Malalasekera
Professor department of Anatomy,
University of Colombo



Dr Hilary Fernando
(Consultant Urological Surgeon)

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Dr. Chanil Ekanayake

ABSTRACTS OF SCIENTIFIC PROGRAMME

Fertility in midlife

Dr. Udara Jayawardena, Consultant in Subfertility & Gynaecology, Colombo North Teaching Hospital

Advancing age contributes heavily to poor success rates of all types of fertility treatments due to the declining ovarian reserve and natural fertility. The fertility potential of a women declines sharply after 35 years of age and as a result, the pregnancy rates decline from more than 50% in the below 35 age group to less than 5% in women who are 43 years or more even after IVF when tried with their own eggs. Similarly, the miscarriage rates and the congenital anomalies sharply increases after forty years.

Patients are counselled by their clinicians on potential medical problems these women may endure during pregnancy including hypertensive disorders, gestational diabetes, abnormal placentation, preterm deliveries, still births, and cesarean deliveries. It is not surprising that as maternal age increases above 50, factors contributing to maternal and neonatal morbidity and mortality also increase. Although the right of the patient for self-determination and autonomy is respected, it needs to be carefully balanced with the welfare of the unborn child.

Women in midlife will often require third-party involvement by oocyte or embryo donation or surrogacy for reproduction and these interventions carry their own ethical, legal and medical issues. Furthermore, fertility preservation by means of oocyte or embryo cryopreservation provides an opportunity for women who are considering delaying their pregnancies. Preimplantation genetic studies are useful for selection of embryos to avoid aneuploidy. However, these techniques are costly and have limited availability.

It is important that mid-life fertility is recognized as a distinct area of human reproduction requiring special considerations.

Making pregnancy safe in advanced maternal age

Dr. Harsha Atapattu, Consultant Obstetrician & Gynaecologist, De Soya Maternity Hospital

Fathima: A 49-year-old non-working woman has spent her entire wealth on an IVF pregnancy. With a subfertile history of 15 years the couple was successful in the second cycle. She is in the 36th week of pregnancy and is awaiting a caesarean section. Her pregnancy was complicated with gestational diabetes and pregnancy induced hypertension for which she is taking medications.

Sandalata: A 48-year-old primigravida is carrying twins at a gestational age of 13 weeks as a result of an IVF of donor ova with husband's sperm. She was recently diagnosed to have diabetes. She is on medical nutrition and looking forward for her dream of 12 years to come true.

Irene: A 42-year-old eighth gravida in her second marriage. She has five children from the first marriage and one child from the second marriage. She is well aware of the risks that can occur during tis pregnancy.

The above were pregnancies in 3 different elderly women. With regard to pregnancy, maternal age is considered to be advanced when the woman is more than 35 years of age. They carry the potential to have adverse maternal, fetal, and neonatal outcomes.

With the changing requirements of the society and changing social circumstances the pregnancies during advanced age are becoming increasingly common. Assisted fertility treatment has played a major role in this regard. Women have gone to the level of preserving their ova at a younger age and then going ahead with pregnancies when they are abler than when they were young: financially more secure and having a stable status in the society.

With advancing age, the chance of the following conditions are higher; multiple pregnancy, gestational diabetes, pregnancy induced hypertension, pre term birth, caesarean delivery, pregnancy loss by miscarriage and intrauterine death. Possible adverse fetal outcomes include small for gestational age and intrauterine growth restrictions, low Apgar score, admission to neonatal intensive care units, chromosomal abnormalities, and autism spectrum disorders. Older moms tend to be better educated and have higher incomes, so they may have more resources than younger moms. Older moms are more likely to live longer. Children of older moms may end up healthier, better-adjusted and better-educated.

A preconception consultation is important. Regular antenatal care is mandatory. Taking a healthy diet, being wise on the weight gain and regular exercises are advisable. Alcohol, smoking and drug use is not recommended. Low dose aspirin should be added when there is another risk factor.

Few recommendations are as follows:

First trimester scan to determine the number of fetuses, prenatal genetic screening and diagnostic testing, detailed fetal anatomic ultrasound examination, ultrasonogram for growth assessment in the third trimester, antenatal fetal surveillance, and early delivery may be indicated.

A wise and close collaboration is essential between the obstetrician, the patient and her family.

Midlife contraception - panacea for the current age?

Dr. Janakie Karunasinghe, Consultant Obstetrician & Gynaecologist, Castle Street Hospital for Women

Many women achieve success by their life, defined as having a complete family, being at the peak of their careers and earning a reasonable income to live happily; however, they may be silently suffering from not being able to enjoy their sex life due to the fear of unwanted pregnancies, age-related non-communicable diseases and unattended menopausal symptoms. For some women, these may ultimately lead to marital disharmony.

Although the fertility has naturally decreased by midlife, if a woman were to become pregnant, pregnancy and child birth carry a greater risk of adverse maternal and neonatal outcomes. Therefore, health care providers have an important role in preventing unwanted pregnancies not only for health reasons but also for promoting familial harmony. All contraceptive modalities used during the active reproductive years are also suitable to use in midlife, provided safety criteria are asses appropriately based on the individual. In addition, special consideration should be given to addressing other concerns such as risk for non-communicable diseases, obesity, and breast and gynaecological cancers. All available testing,

diagnostic, prevention and management services should be provided to women in midlife to ensure their family planning and other health needs are comprehensively addressed.

Turning the clock back: skin and hair

Dr. Nayani Madarasinghe, Consultant Dermatologist, Colombo East Base Hospital, Mulleriyawa

Skin shows the first signs of aging. Fine lines, pigmentary abnormalities and sagging are some of the features that reveal one's age. However, recent advances in aesthetic medicine offer ways to turn the clock back.

Maintaining skin health with a daily skin care routine is important to prevent and erase the early signs of aging. Non-surgical procedures, starting from chemical peels which act on skin surface, to high intensity focused ultrasound which penetrates the deeper most layers will help the skin rejuvenating process.

Hair thinning is aggravated with the hormonal changes of menopause. Yet, one need not worry as there are a range of treatments from topical applications to injection of stem cells that will help control this.

An overview of treatment options that are available to maintain the youthful appearance will be discussed in the lecture.

The role of EBD in postmenopausal restoration, last trends

Dr. Isabel Hermenegildo, President of the Gynaeco-Aesthetic Committee of the Portuguese Society of Aesthetic Medicine (SPME), Portugal

Energy- Based devices for Vulvo-Vaginal restoration in post- menopausal women. Events like pregnancy, delivery, menopause and ageing, usually cause structural and functional changes in women`s perineal area and their genitalia with a huge impact in their QOL.

In recent times, non invasive energy based devices, were introduced in vulvo vaginal restoration. Today is our major concern the women`s QOL, to restore it ,we are using laser sources such as carbon dioxide (CO2) and erbium: yttrium-aluminum- garnet(Er:YAG), radiofrequency (RF),Photobiomodulation(PBMT), high frequency focalised ultra-sound (HIFU), and electromagnetic chair.

The main problems we are addressing are: vulvovaginal atrophy, vaginal laxity, sexual disfunction, genitourinary syndrome of menopause, urinary incontinence and female genital appearance.

Our goals are to achieve: neocollagenesis, neovascularization, mucosal tightening, increased epithelial thickness, improved vaginal lubrication, restoration of vaginal epithelial microbiota,better sensitivity, no pain in intercourse.

Exercise after 50: the new reality

Dr. Himan De Silva, Olympic Sports & Exercise Physician

Aging is an inevitable challenge facing beyond 5th decade of life having both physical and psychological aspects. Physical features include both visible external appearance changes and non-visible internal organ changes. Thus, sarcopenia and osteoporosis will affect muscles and bones respectively. Bone and muscle are the two largest tissues of the musculoskeletal system and they are coupled mechanically, biochemically and molecularly, with muscular contraction thought to be the main source of mechanical strain leading to bone adaptation. Bone and muscle mass/strength are proportionally related, as evidenced by a study showing that under disuse conditions, muscle mass declines followed by a loss of bone mass, while during recovery muscle mass gains precede bone accretion. Although coupling between the two tissues and further interactions with other elements of the musculoskeletal system, particularly tendons, ligaments and cartilage is unquestionable, particularly in relation to the prevention of falls (perhaps the major contributor to bone fracture). In light of this, exercise interventions implemented during maturation are likely to be highly beneficial as part of a long-term strategy to maximize peak bone mass and hence delay the onset of age or menopause-related osteoporosis.

Recent work on human ageing and epigenetics suggests that undertaking exercise after the fourth decade of life is still important, given the anti-ageing effect and health benefits provided, potentially occurring via a delay in telomere shortening and modification of DNA methylation patterns associated with ageing. Exercise is among the primary modifiable factors capable of influencing bone health by preserving bone mass and strength, preventing the death of bone cells and anti-ageing action provided. Studies show that a regular program of weight-bearing exercise, such as walking, can increase bone health and strength even among individuals with osteoporosis. Because impact loading is particularly osteogenic, jumping in place, with 5–10 sets of 10 jumps done 3–5 times per week, is also recommended for maintenance of bone mass. Jumps should be performed with 10–15-second rest intervals between jumps, as this appears to enhance fluid flow within the bone matrix and the related stimulation of osteocytes, potentially doubling the effects of mechanical loading on bone building.

New horizons - Artificial intelligence and managing osteoporosis

Prof. Rubina Hussain, President, Pakistan Menopause Society

Osteoporosis is a skeletal disorder associated with a reduction of bone mass and thinning of bone architecture leading to increased bone fragility and fractures. One of the problems faced by gynaecologist in managing osteoporosis is that the diagnosis is solely based on bone mineral density (BMD) which is measured by dual x-ray absorptiometry (DXA SCAN). Pakistan being a low resource country DXA scan is not available for general population and hence osteoporosis often remains undiagnosed. Keeping this in mind since a few years developers of artificial intelligence (AI) are increasing efforts in managing osteoporosis. The AI developed algorithms have shown much promise, however it should be interpreted with caution and clear need for high-quality clinical research is required.

Our Aim is to create an AI tool that focuses on three crucial areas: diagnosis, fracture risk assessment, and therapy, with the goal of advancing AI tools for treating osteoporosis. Using a variety of data sources, including medical imaging, patient history, and test findings, we intend to create an AI algorithm that can precisely diagnose osteoporosis. The system will learn to recognize patterns and signs of low bone density and degradation by utilizing machine learning techniques, allowing for early identification and intervention.

Management of vasomotor symptoms in gynaecological malignancies

Dr. Farzana Deeba, Joint Secretary, Bangladesh Menopause Society

Globally a growing number of women are affected by gynecological cancer. In 2018, approximately 1.3 million women were diagnosed worldwide. A very important health concern after the treatment of gynecological cancer is vasomotor syndrome (VMS). Which may result from oncological treatment like bilateral oophorectomy before menopause, chemotherapy and radiotherapy associated with ovarian failure, and anti-estrogenic effect of some endocrine therapies. Beside this, the availability of specialized test like BRCA 1/2 and Lynch syndrome causes early diagnosis of carrier of the abnormal gene mutation. Therefore an increasing number of women are undergoing risk reduction surgery before the age of 40 resulting in premature menopause.

All the menopausal syndromes do not require treatment. Some women may experience more severe syndromes like intolerable VMS as well as long term health hazards of early menopause including bone loss, cognitive decline and cardiovascular risk.

The hormone replacement therapy is the established treatment option for these health hazards. But the role of HRT in many gynecological cancer and their treatment cause a challenge to the management of postmenopausal syndrome including VMS. HRT is contraindicated most of the time in these patients. So non hormonal treatment may be the option. Diet and lifestyle advice should be considered, particularly smoking cessation, weight loss, and alcohol reduction. The non-hormonal therapies like isoflavone, black cohosh, soy, vitamin E, etc. have been shown to be helpful. Cognitive behavioral therapy may be another option. If HRT is contraindicated for the treatment of VMS, SSRI, SNRI and Gabapentin can be used. The neurokinin 3 receptor (NK3R) has recently been implicated in the generation of menopausal hot flash and represents a noble therapeutic target to ameliorate VMS in early menopause. Therefore VMS after treatment of gynecological malignancy can be managed by non-hormonal treatment options.

Cardiovascular Health

Dr. Anshumala Joshi, General Secretary, Nepal Menopause Society

The global population of postmenopausal women is growing. In 2021, women aged 50 and over accounted for 26 % of all women and girls globally.

Menopausal transition can last several years and can affect physical, emotional, mental and social well-being. Women's advantage over men in terms of cardiovascular disease gradually disappears with the significant decline in oestrogen levels after menopause. Women in South Asia develop MI at a younger age than their counterparts in the rest of the world. In 2017, cardiovascular disease accounted for 26.9% of total deaths in Nepal.

The menopause transition is the right time to intervene. Women having higher total cholesterol, high systolic blood pressure, high diastolic blood pressure and other cardiovascular risk factors, have early menopause. Early age of natural menopause (<45years), hysterectomy with bilateral salpingo-oophorectomy, women with lower endogenous estrogens before and after the final menstrual period, women having vasomotor symptoms, women with poor sleep quality and with depressive symptoms were seen to have an association with deranged lipid profile, Metabolic Syndrome and cardiovascular disease.

The American Heart Association (AHA) operationalizes cardiac health as ideal, intermediate or poor according to 7 core health indicators — BMI, physical activity, smoking, diet,

cholesterol, blood pressure, and fasting glucose. Adequate physical activity (>150min/week), BMI within normal limits, quitting smoking, diet rich in fruits, vegetables, with fish twice a week, keeping one's cholesterol, blood pressure and fasting blood glucose within normal limits help in having a healthy cardiovascular system.

FREE PAPER ABSTARCTS

ORAL PRESENTATIONS

OP 1

Comfort in menopause management among trainees

Rifthie S¹, Jahan NJ¹, Jayawickrema SD¹, Gunaratna UMKP¹, Akmeemana SP¹

¹Colombo South Teaching Hospital, Kalubowila.

Objectives

To evaluate the confidence in prescribing hormone replacement therapy (HRT) and identify gaps in diagnosis and management of menopause in postgraduate trainees.

Method

A cross-sectional survey was sent to 1st and 2nd year trainees in Obstetrics and Gynaecology. It included questions regarding availability and importance of training in menopause management, interest of trainees in identifying menopausal symptoms, confidence in prescribing HRT.

Results

Of the 67 surveys sent, 28 trainees responded (41.7%), and believed it was important to be trained to manage menopause (100%). However, majority (71%) denied having had study days related to menopause. Importantly, gaps in knowledge were identified. 57% indicated they were hesitant to offer HRT to a symptomatic, newly menopausal woman without contraindications. 90.4% claimed to have very rarely prescribed HRT to patients at the clinic. However, following surgical menopause, 65% claimed to have inquired about menopausal symptoms. Majority (90%) agreed that symptomatic women suffer in silence due to cultural barriers and all respondents (100%) believed that HRT improves their quality of life. Nevertheless, 24% were uncomfortable about inquiring about genito-urinary and sexual symptoms related to menopause. Only 52% reported feeling adequately prepared to manage menopausal symptoms.

Conclusion

Trainees do recognize the importance of management of menopause, but knowledge gaps exist. Considering the shift of Sri Lankan demographics towards an ageing population, with females having a higher life-expectancy, health education to provide comprehensive menopause management should be a priority.

OP 2

NCD burden and associated risk factors in postmenopausal women in selected public health midwife areas in sri lanka: an interim analysis

Weerasooriya SD¹, Ekanayake CD², Attapattu P³, Dissanayake M⁴, Fernandez MGSCR⁵, Akmeemana SP⁶, Goonaratne MDP¹, Perera H¹, Akmeemana LDD⁶, Jayalath JAVS¹

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⁶Teaching Hospital, Kalubowila, Sri Lanka

Objectives

To describe the non-communicable disease (NCD) burden and associated risk factors in postmenopausal women.

Methods

A descriptive cross-sectional study among postmenopausal women in selected midwifery areas was conducted in Kalutara district by trained midwives using an interviewer-administered questionnaire. Information including Height, weight, body mass index (BMI), abdominal circumference (AC), lipid profile and fasting blood glucose were obtained.

Results

Of 105 participants, the mean (\pm SD) age and age at menopause were 58.72 (\pm 7.16) and 48.66 (\pm 4.25) years respectively. Sixty percent (n= 63) had comorbidities. In comparison with women \leq 50 years and $>$ 50 years, percentages previously known with diabetes, hypertension and dyslipidemia were 32.9% (n= 24): 31.2% (n=10), 52.1% (n= 38): 53.1% (n= 17) and 75.3% (n= 55): 84.4% (n= 27) respectively. Previously unknown NCDs i.e. Diabetes [4.16% (n=1): 10% (n=1)] hypertension, [36.84% (n=14): 11.76% (n=2)] and dyslipidemia [58.18% (n=32): 51.85% (n=14)] were diagnosed for the first time by the present biochemical screening. Mean BMI and AC were 25.58 (\pm 4.81) kg/m² and 90.68 (\pm 11.50) cm respectively. Diabetes and hypertension showed no association with BMI and AC ($p>0.05$). Dyslipidemia was significantly associated with BMI ($p<0.05$).

Conclusion

The majority had one or more NCD with a high prevalence of diabetes, hypertension, and dyslipidemia. Only Dyslipidemia but not diabetes and hypertension showed a significant association with BMI. A high prevalence of previously undiagnosed NCDs, suggests the need for improved population screening and healthcare access.

OP 3

Osteoporosis and associated risk factors in postmenopausal women in selected public health midwife areas in sri lanka: an interim analysis

Weerasooriya SD¹, Ekanayake CD², Attapattu P³, Dissanayake M⁴, Fernandez MGSCR⁵, Akmeemana SP⁶, Goonaratne MDP¹, Perera H¹, Akmeemana LDD⁶, Jayalath JAVS¹

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Objectives

To describe the osteoporosis disease burden and associated risk factors in postmenopausal women.

Methods

A descriptive cross-sectional study among postmenopausal women in the selected midwifery areas was conducted in Kalutara district using an interviewer-administered questionnaire by trained midwives. Body mass index (BMI) and abdominal circumference (AC) were obtained. Fracture risk was calculated using the Fracture Risk Assessment Tool (FRAX) score. The age-dependent major osteoporotic fracture risk (MOFR) and hip fracture risk (HFR) intervention thresholds in Sri Lanka (7.4 and 1.8 respectively for the mean age of 60 years), were used for calculation.

Results

Of 105 participants, the mean (\pm SD) age and age at menopause were 58.72 (\pm 7.16) and 48.66 (\pm 4.25) years respectively. Percentage previously diagnosed with osteoporosis was 5.7% (n= 6). The mean % (\pm SD) values of major osteoporotic risk and hip fracture risk were 5.18 (\pm 5.11) and 1.50 (\pm 3.08) respectively. Eligibility for further intervention was 24.8% (n=26). Percentages with previous fractures and parental fractures were 17.1% and 18.1% respectively. Mean BMI and AC were 25.58 (\pm 4.81) kg/m² and 90.68 (\pm 11.50) cm respectively. MOFR ($p < 0.05$, $r = -0.326$) and HFR ($p < 0.05$, $r = -0.331$) were significantly associated with BMI. HFR was significantly associated with AC ($p < 0.05$, $r = -.231$).

Conclusions

About 25% of postmenopausal women met the intervention thresholds for osteoporosis intervention based on age-dependent risk percentages. Lower BMI and higher AC were associated with increased fracture risks emphasizing the need for targeted interventions and preventive measures to reduce osteoporotic fracture risk.

OP 4

Follow-up of women taking hormonal replacement therapy at a specialist gynecology clinic: a clinical audit

Madugalle T.M.S.S.B¹, Ranathunga I.R.C.S¹, De Silva D¹.

¹National Hospital Kandy

Objectives

Hormone replacement therapy (HRT) is the single most important management strategy in treating post-menopausal symptoms and complications, with wide ranging benefits as well as risks. To ensure the best benefit and minimum risk to the patient, high quality HRT clinics should be maintained. Auditing the compliance with explicit standards in conducting a safe and effective specialist HRT clinic.

Methods

This audit looked at all women taking HRT attending gynecology clinics at National Hospital Kandy from December 2022 to May 2023. Audit standards were set according to NICE and NHS trust HRT guidance. Audit standards were a 100% compliance required in the following; initial HRT prescription by a consultant or senior registrar, a follow-up plan detailing 3-months and annual visits, complete documentation, designation, history, risk assessment including breast examination, systemic examination including blood pressure, BMI, investigations and, management.

Results

There were 41 women on HRT ranging from 46-68 years of age. Estrogen only HRT was the commonest. Initial prescription was by either a consultant or a senior registrar in 65.8%. 90% had a 3-month review and 82.9% had an annual follow-up plan. 58.5% had a risk assessment including breast examination. Documentation with date, designation, examination findings (ex: - blood pressure), investigations, management plans and scheduling the next appointment had achieved target compliance level of 100%. Recording BMI was at 21.9%.

Conclusions and recommendations

The audit yielded mixed compliance levels emphasizing the need for a refresher course in HRT use and clinical documentation. These have been conducted and a post-analysis will be performed.

OP 5

Translation and Validation of the Tamil version of Menopause Rating Scale

Ranasinghe S¹, Ekanayake CD², Nimal P², Kumarendran B³, Muhunthan K³

¹*Divisional hospital-Nanattan,*

²*Faculty of Medicine, General Sir John Kotelawala Defence University,*

³*Faculty of Medicine, University of Jaffna*

Aims and Objectives

The objective was to translate and validate the Tamil translation of Menopause Rating Scale (MRS).

Methods

MRS-Tamil questionnaire was developed following forward and backward translations, experts' review, focus group discussions and pre-testing. It was administered to 130 postmenopausal Tamil women at community level in Nanattan, Mannar. MRS-Tamil was re-administered to a subsample (n = 94), four weeks after the first administration.

Results

The median (IQR) age of the sample was 61 (58–67) years. Content validity was assessed by the level of missing data which was 1.5% for each item in the questionnaire. The total score, psychological, somatic and urogenital subscale scores were significantly different between symptomatic (n=84) and asymptomatic (n=43) women emphasizing good discriminant validity ($p < 0.001$). Factor analysis with Principal Component Analysis extracted three factors explaining 55.58% cumulative variance. The item-subscale correlation analysis items showed stronger correlations within their own subscale (Pearson r range between 0.40–0.77) than with other subscales indicating strong convergent validity. Internal consistency as assessed using Cronbach's coefficient alpha score was 0.78 (range 0.73 to 0.78). Test-retest reliability was assessed by intraclass correlation coefficient 0.75 [95% CI 0.68-0.81, ($p < 0.001$)] and weighted kappa scores (0.53-0.70). A total score ≥ 5 (sensitivity 81.0%, specificity 83.7%) was found to be the optimal threshold for referral.

Conclusion

The results of the Tamil translation of MRS are satisfactory and would potentially be valuable to objectively assess menopausal symptoms in Tamil speaking women. The threshold for referral was found to be a total score ≥ 5 .

OP 6

Experiencing menopausal symptoms among women who underwent hysterectomy for benign gynaecological condition at colombo south teaching hospital, kalubowila

Jahan NJ¹, Rifthie S¹, Jayawickrema SD¹, Gunarathna UMKP¹, Akmeemana SP¹

¹Colombo South Teaching Hospital, Kalubowila.

Objectives

To assess the Experience of menopausal symptoms among women who underwent hysterectomy for benign gynaecological condition at Colombo south teaching hospital, Kalubowila.

Methods

Randomly selected 55 patients who underwent hysterectomy in view of benign gynaecological condition were included. Menopausal symptoms and severity were assessed using modified Menopause Rating Scale (MRS) scale. Post hysterectomy menopausal symptoms at six weeks and three months were compared in this study.

Results

The mean age of the study participants was 47.4 years. Most of the patient's presenting complain was heavy menstrual bleeding 33 (60%). Majority 25 (45%) of diagnosed as Abnormal uterine bleeding – leiomyoma. Majority 33(60%) of them had undergone total abdominal hysterectomy with or without bilateral salphingoophorectomy. Among this total abdominal hysterectomy with bilateral salpingectomy was 23 (42%). In this study 23% of patients from associated with co morbidities. There was a statistically significant difference in majority of menopausal symptoms such as hot flushes, night sweating, sleep problems, Anxiety, physical and mental exhaustion, sexual problems and joint and muscular discomfort between six weeks and three months postoperatively. Among 55 patients only 12 (21.8%) patients were aware about menopausal symptoms and only 5 (9%) patients have knowledge regarding HRT.

Conclusion

This study concluded that the Bladder symptoms, joint and muscular discomfort, sexual problems and physical and mental exhaustion were significantly higher after 3 months of post hysterectomy patients. awareness regarding menopausal symptoms and knowledge regarding usage of HRT among hysterectomized patients were poor. Health education and organizing awareness program and issuing leaflets for who underwent hysterectomy at ward level or clinic level.

OP 7

Understanding the socioeconomic factors that influence menopausal experiences and healthcare seeking behaviour in post-menopausal women in selected moh areas in colombo district

Abeygunawardana DB¹, Hettiarachchi J¹, Ubeysekara VGSC², Gunathilake AWPF³

¹Base Hospital Homagama

²Teaching Hospital Hambanthota

³Family Health Burea

Background:

The objective of this study is to understand the socioeconomic factors that influence menopausal experiences and healthcare seeking behaviour in post-menopausal women in selected medical officer of health (MOH) areas in Colombo district.

Methods:

A cross-sectional descriptive study was conducted and a sample of 384 post-menopausal women were selected using stratified random sampling from three MOH areas in Colombo district. A structured and pre-tested interviewer administered questionnaire was used to collect data.

Results:

Majority of the women (78%) had negative overall experience of menopause. Almost all women (91%) had at least one post-menopausal symptom but only 8% (n=28) of them sought medical care. Among those who sought medical care, 75% women were satisfied with the health service they received. Those who passed their A/L exam ($X^2 = 6.69$ $P=0.009$) and those employed ($X^2 = 4.46$ $P= 0.03$) shows significant association in seeking medical care for post-menopausal symptoms. Monthly income, ethnicity, residence area or having a health insurance doesn't associate significantly with seeking medical care. The women those living in rural areas show significant association with positive overall experience of menopause ($X^2 = 10.2$ $P=0.001$). But none of the other socioeconomic factors (Monthly income, education level, ethnicity, occupation, or marital status) show significant association with positive overall experience of menopause.

Conclusions:

Socio-economic factors are interdependent on each other. A larger study with control for confounding factors is the way forward. Women especially those with low education level need to educate on importance of seeking medical care for the post-menopausal symptoms.

FREE PAPER ABSTARCTS

POSTER PRESENTATIONS

PP 1

Rare case of malignant vulval melanoma in a postmenopausal woman – case report

Dissanayake MMH¹, Walisundara WMAPB¹, Karunathilaka C¹, ChandrasiriSSN², Fernando LGN¹

¹District General Hospital Matale, Sri Lanka

²De Soyza Hospital for Women, Colombo, Sri Lanka

Introduction

Vulval melanoma is the commonest genital tract melanoma which accounts for 76.7% of cases, with an incidence of 1 per 100000 women. It is commonly found in Caucasian women and associated with chronic irritation, inflammation, viral infections and genital mutations. Median age of the cancer development is 68 years. It has a very poor prognosis with high recurrence rate.

Case report

A 84-year-old postmenopausal woman presented with ulcerated hyperpigmented vulval lesion for 6 months with vaginal discharge, vulval itching, discomfort and pain for 4 months duration. On examination her BMI was 18.1Kg/m² and vaginal examination revealed hyperpigmented ulcerated lesion in vulva and the lower third of the vagina with bilateral inguinal node enlargement. Her cervix, uterus, adnexa were unremarkable. Vulval biopsy revealed malignant vulval melanoma. Her contrast enhanced CT pelvis, abdomen and chest was negative except for inguinal lymphadenopathy. She underwent partial vulvectomy with lymph node clearance and was referred to a gyne-oncology unit for further management.

Discussion

Management of vulval melanoma is a multidisciplinary team process. Surgical resection is the mainstay of treatment which should be ideally performed by gyne-oncosurgeon with a tumor free margin of more than 10mm. Adjuvant radiotherapy can be given to prevent local recurrence. Chemotherapy with alkylating and biological agents can be considered to treat systemic disease and to reduce metastasis.

Conclusion

Vulval melanoma is a rare cancer with very poor prognosis and high rate of recurrence. Thus, long term follow-up is mandatory. Multidisciplinary team approach is extremely important for timely intervention.

PP 2

Urethral diverticulum leading to chronic urine retention and obstructive uropathy in a postmenopausal woman - case report.

Dissanayake MMH¹, Walisundara WMAPB¹, Karunathilaka C¹, ChandrasiriSSN², Fernando LGN¹

¹District General Hospital Matale, Sri Lanka

Introduction

Urethral diverticulum is a rare condition in which mucosal sac forms along the urethra with the size varying from 3mm to 4cm and it may have single or multiple ostia. It is an underdiagnosed condition with unknown prevalence. Usually, it presents between 30 to 60 years of age.

Case report

66-year-old women presented with post-micturition dribbling, urinary incontinence for 1 year duration with recent weight loss, loss of appetite for 3 months duration. On examination her BMI was 18.6kg/m², distended abdomen with bladder dullness up to the umbilicus and bilateral ballotable kidneys. On vaginal examination she had a small lump in her anterior vaginal wall with demonstrable stress incontinence and coiling of catheter during urinary catheterization. Ultrasound scan revealed grossly distended bladder with grade IV hydronephrosis and hydroureter. Her haemoglobin was 7.9g/dl, serum creatinine was 345micmol/l and blood urea were 23mmol/l. X-ray cystogram showed the evidence of urethral diverticulum with bilateral hydronephrosis and hydroureters. Urgent urology and nephrology opinions were taken and transferred for correction of diverticulum and management of chronic kidney disease.

Discussion

Dysuria, post-micturition dribbling, and dyspareunia are the classical triad of symptoms in urethral diverticulum. Surgical correction is the definitive treatment, but it is only indicated in symptomatic and complicated cases, which should be performed by an urogynaecologist or urologist. The underlying complications should be sorted before definitive surgical treatment.

Conclusion

Obstructive uropathy is a rare complication of urethral diverticulum. Multidisciplinary team management was helpful to improve the clinical outcome.

PP 3

Prevalence of sleep disorders and quality of sleep among perimenopausal and postmenopausal women in urban sri lanka

Usama MSS¹, Jayawickrema SD¹, Akmeemana SP¹

¹*Colombo South Teaching Hospital, Kalubowila*

Objectives

This study aims to assess the prevalence of sleep disorders and quality of sleep among the menopausal and perimenopausal women.

Method

A cross sectional study was conducted among a convenient sample of women aged 45 to 60 years attending gynaecology clinic, with diverse symptoms, at a tertiary care hospital. A validated Sinhalese version of Pittsburgh Sleep Quality Index (PSQI) along with a self-administered background questionnaire was answered by the participants.

Results

The mean score among the participants was 11.1 (SD 3.2). Only 39.5% (32) of the participants were free of a sleep disorder (PSQI <5). Mild sleep disorder (PSQI score 5-10) was prevalent

among 34.5%, whereas moderate disorder (PSQI score 11-16) and severe disorder (PSQI score 17-21) were prevalent 19.7% and 6.1% respectively.

The mean time taken to fall asleep was 22 minutes whilst 8.6% spent more than 1 hour to fall asleep. Twenty-five participants (30.8%) had to wake up at least once a night to use the bathroom more than three days per week, out of which 10 (40%) were diagnosed diabetics. Only 14.8% rated their sleep quality as 'very good' and 4.9% were taking over the counter medications to fall asleep.

Conclusion

This study revealed a high prevalence of sleep disorders among menopausal women. This could be a direct result of menopause as well as an indirect manifestation of vasomotor and urogenital symptoms. Nonetheless, prompt assessment of sleep related issues among menopausal women would contribute to the improvement of the quality of life.

PP 4

Assessment of knowledge of lifestyle modifications and non-hormonal treatment for post-menopausal symptoms in non-specialist medical officers in gynecology units at National Hospital Kandy

Ranathunga KGIS¹, Madugalle TMSSB¹, Thanushan M¹, Abeykoon W¹

¹National hospital Kandy

Objective

To assess the knowledge of non-specialist medical officers (NMOs) on lifestyle modifications and non-hormonal treatment options for post-menopausal symptoms.

Methods

A pre-validated interviewer administered questionnaire with sections on demographic information, knowledge assessment of lifestyle modifications and non-hormonal treatments, and additional information regarding training and confidence levels was used. Data were analyzed using SPSS 26.

Results

A total of 25 non-specialist medical officers participated in the study, including 12 house officers, 8 senior house officers(SHO) and 5 registrars, all of them holding MBBS degrees. 40%(n=10), 64%(n=16) and 60%(n=15) strongly agreed that regular exercise, balanced diet and stress management was beneficial in managing menopausal symptoms respectively. Only 40%(n=10), 28%(n=7), 24%(n=6) and 48%(n=12) agreed that non-prescription remedies, SSRIs and SNRIs, gabapentin and CBT improved menopausal symptoms. Majority 64%(n=16) were not received training on menopause management and 80%(n=20) were not confident in managing menopause.

Conclusion

Majority were unaware that non-prescription remedies, SSRIs and SNRIs, gabapentin and CBT improved menopausal symptoms and had not received training and were not confident in managing menopause. This study highlights the need for targeted educational interventions to enhance the knowledge and understanding of non-specialist medical officers regarding lifestyle modifications and non-hormonal treatment options for post-menopausal symptoms. Further

research is warranted to evaluate the effectiveness of educational interventions in enhancing knowledge and clinical practice in this area.



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- * Diagnosis of ureteric and bladder injury: Professor Srinath Chandrasekera
- * Management of ureteric and bladder injuries: Dr Hilary Fernando
- * Hands-on workshop on repair of bladder and ureteric injuries

Coordinator - Prof. Srinath Chandrasekera,

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Menopause Society of Sri Lanka

Post Congress Symposim

Date: 28th July, Friday **Time:** 7' PM Onwards
at SLCOG Auditorium

Speakers



Dr. Sanjay Kalra

MBBS, MD (Medicine), DM (Endocrinology)
Founding Member & President, South Asian Federation of
Endocrine Societies
Member & Deputy Chair (Advocacy & Partnerships),
International Society of Endocrinology
Past President of Endocrine Society of India (2019)
Member, Executive Council, Research Society for the Study
of Diabetes in India (RSSDI)
Fellow, Sri Lanka College of Endocrinologists



Dr Hemantha Perera

MBBS, MS, FRCOG, FSLCOG
Consultant Obstetrician & Gynaecologist.
Past President, Menopause Society of Sri Lanka

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- Sun Pharma
- Family Planning Association
- Hilton Pharma
- Mega Life Sciences
- Halcyon
- Kalbe International



ACKNOWLEDGEMENT

Herewith we acknowledge with deep gratitude:

- Prof. Srinath Chandarsekara, Professor in Surgery and Consultant Urologist, for organizing and conducting the pre congress workshop.
- The speakers, chairpersons and judges who contributed to a high-quality academic session.
- Hilton Pharma for sponsoring the pre-congress workshop.
- UNFPA for the partnership and invaluable support for the activities of the MENOSC
- Zydus Cadila (Mr. Viraj Fernando, Mr. Chulaka Ellepola and Mr. Rajitha Bandaranayake) for organizing the post-congress symposium and being the official conference transport provider.
- Ms. Buddhini Geeekiyanage who has been invaluable to all activities of the Menopause society over the years.
- Mr. Nalina Wanasinghe, the Event Organizer and his team for the tireless work.
- Dr. Saumya D. Weerasooriya for excellent compeering.
- Mr. Lalith of Studio Ama for excellent photography.
- Staff of SLCOG for their continued support.
- Lakcom and Ananda Press for the quality printing.
- Staff of Galadari Hotel
- All others who supported us in innumerable small ways to make this event a success.

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Reference: 1. Amy JJ. Femoston®: Effects on bone and quality-of-life. Eur Menop J 1995;2(4) (Suppl):16-22. 2. Stevenson JC, Durand G, Kahler E, et al. Oral ultra-low dose continuous combined hormone replacement therapy with 0.5 mg 17β-estradiol and 2.5 mg dydrogesterone for the treatment of vasomotor symptoms: Results from a double-blind, controlled study. Maturitas 2010;67:227-232. 3. Cieraad D, Conradi C, Jesinger D, et al. Clinical study comparing the effects of sequential hormone replacement therapy with oestradiol/ dydrogesterone and conjugated equine oestrogen/norgestrel on lipids and symptoms. Arch Gynecol Obstet 2006;274:74-80. Image for representation purpose only, not of actual patient

Abbreviated Prescribing Information: Estradiol and Dydrogesterone Tablets Femoston 1/10 mg Each of 14 white colour tablet contains: Estradiol (as hemihydrate) Ph Eur 1 mg Dydrogesterone IP 10 mg Femoston 2/10 mg Each of 14 white colour tablet contains: Estradiol (as hemihydrate) Ph Eur 2 mg Dydrogesterone IP 10 mg Femoston 1/5 mg Each of 14 white colour tablet contains: Estradiol (as hemihydrate) Ph Eur 1 mg Dydrogesterone IP 5 mg Femoston 2/5 mg Each of 14 white colour tablet contains: Estradiol (as hemihydrate) Ph Eur 2 mg Dydrogesterone IP 5 mg INDICATION: For Continuous combined, Femoston 1/10 mg Hormone replacement therapy (HRT) for oestrogen deficiency symptoms in postmenopausal women at least 12 months since last menses. For Continuous sequential, Femoston 1/10 mg Hormone replacement therapy (HRT) for oestrogen deficiency symptoms in postmenopausal women at least 6 months since last menses. All formulations: Prevention of osteoporosis in postmenopausal women at high risk of future fractures who are intolerant of, or contraindicated for, other medicinal products approved for the prevention of osteoporosis. Elderly population: The experience in treating women older than 65 years is limited. DOSAGE AND ADMINISTRATION: For oral use Femoston 1/10 mg, Continuous combined, The oestrogen and the progestogen are given every day without interruption. One tablet to be taken daily for a 28 day cycle. Femoston 1/10 mg and Femoston 2/10 mg Continuous combined, The oestrogen is dosed continuously. The progestogen is added for the last 14 days of every 28 day cycle, in a sequential manner. For Femoston 1/10 mg and Femoston 2/10 mg Continuous sequential, Treatment commences with one white tablet daily for the first 14 days followed by one grey tablet daily for the next 14 days, as directed on the 28 day calendar pack. All Formulations: Femoston should be taken continuously without a break between packs. For initiation and continuation of treatment of postmenopausal symptoms, the lowest effective dose for the shortest duration should be used. For Femoston 1/10 mg, In general, sequential combined treatment should start with Femoston 1/10 mg. For Femoston 2/10 mg, Continuous combined treatment may be started with Femoston 1/10 mg depending on time since menopause and severity of symptoms. All Formulations: Depending on the clinical response, the dosage can subsequently be adjusted. Femoston can be taken irrespective of food intake. CONTRAINDICATIONS: Known past or suspected breast cancer. Known or suspected oestrogen-dependent malignant tumours (e.g. endometrial cancer). Known or suspected progestogen-dependent neoplasms. Undiagnosed genital bleeding. Untreated endometrial hyperplasia. Thrombotic disorders (deep vein thromboses, pulmonary embolism). Known thrombotic disorders (e.g. protein C, protein S or antithrombin deficiency). Active or recent arterial thromboembolic disease (e.g. angina, myocardial infarction). Acute liver disease, or a history of liver disease, as long as the liver function tests have returned to normal. Porphyria. Known hypersensitivity to the active substances or to any of the excipients. WARNINGS & PRECAUTIONS: For the treatment of postmenopausal symptoms, HRT should only be initiated for symptoms that adversely affect quality of life. In all cases, a careful appraisal of the risks and benefits should be undertaken at least annually and HRT should only be continued as long as the benefit outweighs the risk. If any of the following conditions are present, have occurred previously, and/or have been aggravated during pregnancy or previous hormone treatment, the patient should be closely supervised such as: abnormal uterine bleeding (or endometrial hyperplasia or endometrial cancer), risk factors for thrombotic disorders, risk factors for oestrogen dependent tumours, e.g. 1st degree therapy for breast cancer, hypertension, liver disorders (e.g. liver adenoma), diabetes mellitus with or without vascular complications, cholelithiasis, migraine or severe headache, systemic lupus erythematosus, history of endometrial hyperplasia, epilepsy, asthma, osteoporosis. These should be discontinued in case a contraindication is discovered and in the following situations such as jaundice or deterioration in liver function, significant increase in blood pressure, new onset of migraine-type headache and pregnancy. PREGNANCY & LACTATION: Femoston is not indicated during pregnancy. If pregnancy occurs during treatment with Femoston treatment should be withdrawn immediately. The results of most epidemiological studies to date relevant to treatment with oestrogens with progestogens indicate no teratogenic or foetotoxic effect. There are no adequate data from the use of estradiol/dydrogesterone in pregnant women. Lactation: Femoston is not indicated during lactation. ADVERSE REACTIONS: The most commonly reported adverse drug reactions of patients treated with estradiol/dydrogesterone in clinical trials are headache, abdominal pain, breast pain/tenderness and back pain. Issued on: Date 12/02/2018 Source: Prepared based on full prescribing information (version dated 25 May 2014)



CIC Health & Personal Care

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