





MENOSOC SRI LANKA 2025

SILVER JUBILEE ACADEMIC SESSIONS
OF
MENOPAUSE SOCIETY OF SRI LANKA

"25 years beyond menopause - An essential investment"

Programme & Abstracts Book

12th &13th July 2025 Galadari Hotel, Colombo, Sri Lanka



"25 Years Beyond Menopause – An Essential Investment"

Programme and Abstracts Book

Edited by Dr. Sharada Jayalath

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MESSAGE FROM THE CHIEF GUEST



It is with great respect and admiration that I join you today in celebrating the Silver Jubilee of the Menopause Society of Sri Lanka at the Silver Jubilee Academic Sessions. This 25-year milestone is a remarkable testament to your unwavering commitment to advancing the health and well-being of midlife and older women in Sri Lanka.

Since its founding in the year 2000, the Society has played a transformative role in improving the quality of life for women navigating the challenges of menopause and the post-reproductive years. What began as a visionary initiative has grown into a dynamic, multidisciplinary platform that continues to educate, advocate, and raise awareness at both national and regional levels.

Over the past quarter-century, the Menopause Society has championed a holistic, evidence-based approach to women's health, organizing workshops, training programs, and scientific sessions that have reached healthcare professionals and the wider community alike. The Society's contribution to clinical research and policy development has not only shaped national conversations but also earned well-deserved recognition on the international stage.

Hosting the inaugural SAFOMS conference in Colombo was a proud moment, signaling the Society's leadership in fostering regional collaboration in the field of midlife women's health. Equally commendable are your partnerships with global organizations, which have brought new knowledge, perspectives, and innovations to our local context.

On this landmark occasion, I extend my heartfelt congratulations to all past and present members, executive committees, and partners of the Society. Your collective efforts have laid a strong foundation for the future. May you continue to lead with compassion, science, and purpose, ensuring that every woman in Sri Lanka enters this important life stage with confidence, care, and dignity.

With my very best wishes for continued success and impact in the years ahead.

Warm regards

Dr. Nalinda Jayatissa Honorable Minister, Ministry of Health

MESSAGE FROM THE GUEST OF HONOR



On the Occasion of the Silver Jubilee Academic Sessions of the Menopause Society of Sri Lanka, it is a great pleasure to join you in celebrating the Silver Jubilee Academic Sessions of the Menopause Society of Sri Lanka, celebrating 25 years of dedicated service to midlife women's health.

The Menopause Society of Sri Lanka has played a pioneering role in this field, contributing to policy dialogue, public health education, professional training, and collaborative research. Its partnerships with national stakeholders such as the Ministry of Health and the Family Health Bureau, alongside international allies including the WHO, UNFPA, World Bank, and regional platforms like SAARC and the Asia Pacific network, have significantly advanced the national agenda for women's midlife health.

I extend my heartfelt congratulations to the Society for 25 years of visionary leadership and scientific excellence. I trust that these Silver Jubilee Academic Session will further enhance the society's legacy and catalyze new pathways for promoting the health, dignity, and quality of life of women across Sri Lanka.

With my warmest wishes for continued success.

Mrs. Saroja Savithri Paulraj Honorable Minister, Ministry of Women and Child Affairs, Sri Lanka

MESSAGE FROM GUEST OF HONOR



I am delighted to be attending the Silver Jubilee Academic Seesions of the Menopause Society of Sri Lanka and I think the programme looks very interesting as it always is.

My first meeting in Colombo was the inaugural meeting of SAFOMs in 2010 and I have attended several meetings of both SAFOMS and the Sri Lankan Menopause Society over the last 15 years and have never failed to enjoy them and also to learn something new. There are a wide variety of topics being covered and I think there should be something to suit everybody.

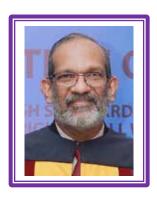
I am also looking forward to discussing the different options for improving the health of women in mid-life with old and new friends. I hope my own presentation which will be in honour of my long standing friend MDP Gooneratne will provide an overview and cover how HRT might improve health and quality of life. It is likely that the issues raised will also be addressed by others in their presentations which should lead to interesting discussion.

I look forward to seeing you all soon.

Prof. Mary Ann Lumsden

Hon. Prof. of Gynaecology and Medical Education University of Glasgow, United Kingdom

MESSAGE FROM THE PRESIDENT MENOPAUSE SOCIETY OF SRI LANKA



It is with profound honour and great pleasure that I welcome you all to the 24th Annual Academic Sessions of the Menopause Society of Sri Lanka — MENOSOC 2025, and Silver Jubilee Celebrations of the Menopause Society of Sri Lanka, held today, 12th July 2025, at Hotel Galadari, Colombo. The theme of the conference is "25 years beyond menopause – an essential investment."

This year's conference holds special significance, as we proudly celebrate the Silver Jubilee, marking 25 years since the founding of our Society. This milestone is both a time for reflection on our journey and a moment to renew our commitment to advancing the well-being of women at midlife and beyond.

The Menopause Society of Sri Lanka was founded at the dawn of the new millennium by a dedicated group of visionary clinicians who recognized a critical gap in women's healthcare — the unique needs and challenges faced by women transitioning through menopause and midlife. At a time when menopause was often overlooked or misunderstood, these pioneers set out to create a platform to promote awareness, education, research, and evidence-based clinical care.

Our Society's growth has also been marked by meaningful partnerships — locally with the Ministry of Health and the Family Health Bureau, and internationally with esteemed bodies such as the World Health Organization (WHO), the United Nations Population Fund (UNFPA), the South Asian Federation of Menopause Societies (SAFOMS), and the Asia Pacific Menopause Federation (APMF). These collaborations have enriched our knowledge base and extended our influence beyond national borders.

We are honored to have Dr. Nalinda Jayatissa, honorable Minister of Health, as our Chief Guest, and Hon. Professor Mary Ann Lumsden and Mrs. Saroja Savithri Paulraj the honorable Minister of Women and Child Affairs as the guests of honour.

The team led by the conference chairpersons Dr. Mangala Dissanayake & Dr. Darshana Abeygunawardana and the joint secretaries Professor Piyusha Atapattu and Dr. Janaki Karunasingha have an excellent academic programme arranged. The pre-congress workshops on 'Advanced Gynaecology Ultrasound Scanning" conducted by Dr. Sonal Panchal from India on 6th July 2025 and Practical Urogynaecology conducted by Dr. Aparna Hedge form India on yesterday were a great success.

The prestigious MENOSOC Oration will be delivered by Dr. M.D.P. Gooneratne, the founder president while the Dr. M.D.P. Gooneratne Endowment Lecture will be delivered by Professor Mary Ann Lumsden, Honorary Fellow of the Menopause Society of Sri Lanka..

The academic sessions include a UNFPA-supported symposium on "Unmet needs of women in per menopause in society and workplace", a joint symposium with the College of General Practitioners on "Bridging the Gap in Menopause Care", and a joint SAFOMS session on "An update on common problems in menopausal women". There are 4 key note speeches and a session by the SLCOG. In the academic programme almost every aspect of menopause care will be covered. The session by the post graduates will be exciting as always it has been.

We are privileged to host eight international speakers alongside twenty three distinguished Sri Lankan experts. The overseas faculty includes Professor Mary Ann Lumsden (UK), Dr. Aparna Hedge (India), Dr. Wan Syazween (Malaysia), Prof. Zinnat Nasreen (Bangladesh), Dr. Sheela Verma (Nepal) and Dr. Ambuja Choranur (India). It is indeed an honour to have Prof. Dr. Syeda Batool Mazhar, the president SAFOMS delivering one of the key note address.

I take this opportunity to express my heartfelt gratitude to all resource persons, chairpersons and judges for their contributions.

I also thank the members of the organizing committee: Dr. Mangala Dissanayake, Dr. Shiromali Dissanayake, Dr. Sanath Akmeemana, Dr. Dasanthi Akmeemana, Dr. Darshana Abeygunawardena, Dr. Champa Nelson, Dr. Janakie Karunasinghe, Dr. Chinthaka Banagala, Dr. Achinta Dissanayake, Dr. Sharada Jayalath, Dr. Thivanka Munasingha, Dr. Sumith Warnasooriya, Dr. Prabhath Randombage, Prof. Piyusha Atapattu, Dr. Ruwan Silva, Dr. Indumini Gunathilake and Dr. Chaminda Hunukumbura. A special appreciation is extended to Mrs. Buddhini Geekiyanage and Dr. Isuru Tharinda for their tireless efforts behind the scenes.

I am deeply grateful to our past presidents — Dr. M.D.P. Gooneratne, Dr. Hemantha Perera, and Dr. Marlene Abeywardane — whose visionary leadership has shaped the path of MENOSOC with wisdom and foresight.

My sincere thanks also go to the UNFPA for their ongoing support and to our generous pharmaceutical partners, whose contributions are especially valued during these challenging economic times. I thank Mr. Nalina Wanasingha for his audiovisual skills, Mr Lalith For photography, and Mr. Ranga Wijeyratna for local hospitality arrangements: the staff of Hotel Galadari deserves an appreciation with a special thank to Mr. Tariq Nizamudeen.

As we celebrate 25 years of dedication to advancing menopause and midlife women's health through service, science, and sisterhood, let us reaffirm our commitment to the future — to inspire, educate, and innovate for the benefit of women in Sri Lanka and beyond.

I am confident that this year's sessions will foster meaningful dialogue, enhance clinical practice, and spark new collaborations that will shape the next 25 years and beyond.

Thank you all for your presence, your contributions, and your unwavering support of the Menopause Society of Sri Lanka.

Dr. Harsha Atapattu

President,

Menopause Society of Sri Lanka

MESSAGE FROM THE PRESIDENT ELECT MENOPAUSE SOCIETY OF SRI LANKA



It is with great honour and a deep sense of responsibility that I extend my heartfelt greetings to all delegates of 24th Annual Scientific Session of the Menopause Society of Sri Lanka.

This year is defining as we celebrate 25 years of unwavering commitment to the advancement of midlife women's health. Over the past quarter-century, our Society has grown as a small group of passionate, visionary clinicians to a nationally respected professional body which include specialists in many disciplines dedicated for education, research, and advocacy in the field of menopause and healthy ageing.

We are especially honored to welcome the presence of the honourable Minister of Health, the honourable Minister of Women's Affairs and the respected members of South Asian Federation of Menopause Societies (SAFOMS) to this commemorative session. Their participation highlights the growing national recognition of the importance of midlife women's health and the value of our collective efforts and the strength of regional collaboration and our shared goal of raising the standards of care for women throughout South Asia.

The abstracts featured in this publication will be a good proof to confirm continued commitment and scientific curiosity of our members and colleagues. These reflect not only the expanding frontiers of menopause care but also our shared effort to promote healthy ageing and holistic well-being for women in the country. In turn the spirit of inquiry will drive our membership the way forward to achieve our goals.

May this session inspire renewed commitment, collaboration, and innovation in how we approach midlife health and well-being.

I congratulate all contributors and thank the organizing committee for their dedication in making this landmark session a reality.

With warm regards and best wishes for a successful conference

Dr. Darshana Abeygunawardana

President Elect Menopause society of Sri Lanka

MESSAGE FROM THE IMMEDIATE PAST PRESIDENT MENOPAUSE SOCIETY OF SRI LANKA



It is with immense pride and a deep sense of fulfillment that I pen this message to mark the Silver Jubilee Academic Sessions of the Menopause Society of Sri Lanka.

Twenty-five years ago, a small group of committed professionals came together with a shared vision to bring attention, understanding, and dedicated care to a long-overlooked area of women's health: the menopausal transition and beyond. From those humble beginnings in the year 2000, we have grown into a vibrant and respected multidisciplinary society, known both nationally and internationally for our leadership in midlife women's health.

Serving as President of this remarkable organization was one of the most rewarding chapters of my professional life. I was privileged to witness first-hand the dedication of our members, the tireless efforts of our executive committees, and the enthusiasm with which we engaged with the medical community and the public. We not only raised awareness but also provided education, fostered research, and advocated for better standards of care.

Our annual academic sessions have now become a hallmark of excellence. Furthermore, international collaborations as an active member of South Asian federation of Menopause Societies (MAFOMS) with two of its past presidents from our Society as well as becoming an active member of the Asia Pacific Menopause Federation (APMF) has brought us to a position of regional importance. We also collaborate with the UNFPA, WHO and World Bank for our activities and we are proud to have the UNFPA partnering and providing sponsorship to several current activities. These accomplishments were made possible through collaboration with colleagues across disciplines, and with partners both local and international.

As we celebrate 25 years of progress, let us not only look back with pride but also forward with purpose. The needs of women at midlife continue to evolve, and so too must our response. I have every confidence that the Menopause Society of Sri Lanka will continue to inspire, educate, and innovate in the years to come.

Congratulations to the current leadership and every member of this Society on reaching this significant milestone. May the next chapter be even more impactful.

With warmest regards and best wishes,

Prof. Piyusha Atapattu Immediate Past President

Menopause Society of Sri Lanka

MESSAGE FROM THE CONGRESS CHAIR MENOSOC 2025



It is with profound honor and immense pleasure that I compose this message about the 24th Annual Academic Sessions of the Menopause Society of Sri Lanka (MENOSOC 2025) and the celebration of our Silver Jubilee, held under the theme "25 Years Beyond Menopause – An Essential Investment."

This year marks a significant milestone in our journey — 25 years of unwavering dedication to enhancing the health and well-being of midlife and older women in Sri Lanka. Since its inception in 2000, MENOSOC has evolved into a vibrant academic and clinical platform, shaped by visionary pioneers and strengthened through collaborations with national institutions and esteemed international organizations.

The academic program of MENOSOC 2025 reflects the breadth and depth of menopausal care. It includes keynote lectures, symposia supported by the UNFPA, joint sessions with SAFOMS and the College of General Practitioners, postgraduate presentations, Dr. M.D.P. Gooneratne Endowment Lecture, and the prestigious MENOSOC Oration. We are proud to host a distinguished faculty of international and local experts whose insights will enrich clinical practice and research.

I extend my sincere gratitude to all speakers, delegates, organizers, and partners who have contributed to this event. As we celebrate 25 years of excellence in service, science, and sisterhood, let us reaffirm our shared commitment to advancing women's health in Sri Lanka and beyond.

Dr. Managala Dissanayake Congress Chair MENOSOC 2025

MESSAGE FROM THE CHAIRMAN ACADEMIC ACTIVITIES MENOPAUSE SOCIETY OF SRI LANKA



It is my honour, as Chairman Academic Activities of the Menopause Society of Sri Lanka, to welcome you to our Silver Jubilee Annual Academic Sessions, scheduled for 12th and 13th July 2025 at the Galadari Hotel, Colombo. The theme for this milestone gathering, "25 Years Beyond Menopause: An Essential Investment", underscores our commitment to advancing evidence-based care for women throughout the post-reproductive decades.

Across the two-day programme, delegates will experience the MENOSOC Oration, "Menopause: A Bidirectional Perspective", delivered by our Founder President, Dr M. D. P. Gooneratne; the Dr M. D. P. Gooneratne Endowment Lecture, presented by Professor Mary Ann Lumsden of United Kingdom; a series of keynote addresses alongside a collaborative session with the South Asian Federation of Menopause Societies (SAFOMS); a dedicated UNFPA symposium examining the economic case for strategic investment in menopausal health; and two intensive pre-congress workshops focusing on Advanced Pelvic Ultrasound and Contemporary Urogynaecology.

I extend heartfelt thanks to our organising committee, partners, sponsors and volunteers for their unwavering dedication in bringing this landmark congress to fruition. I am confident that every delegate will depart inspired and equipped to further enhance the health and quality of life of mid-life and post-reproductive women.

Dr. (Mrs.) Janakie Karunasingha Chairman Academic Activities, Menopause Society of Sri Lanka

MESSAGE FROM THE SECRETARY

MENOPAUSE SOCIETY OF SRI LANKA



It is with immense pride and gratitude that I pen this message as the Secretary of the Menopause Society of Sri Lanka, on the occasion of our Silver Jubilee Academic Sessions. Marking 25 years of dedicated service, this milestone not only celebrates our enduring journey but also reinforces our unwavering commitment to improving the lives of women through comprehensive menopause care in Sri Lanka.

Since its inception, the Menopause Society of Sri Lanka has remained steadfast in its mission to advance awareness, education, and evidence-based clinical care surrounding the menopausal transition and beyond.

As we celebrate this landmark year, we are deeply grateful for the generous support and collaboration extended by our partner societies both locally and internationally. We extend heartfelt thanks to all our invited speakers, expert panellists, and delegates, whose contributions and enthusiastic participation have helped make this academic session a resounding success.

Looking ahead, the Menopause Society of Sri Lanka remains focused on key future objectives including:

- Expanding community-based educational initiatives to reach underserved populations.
- Strengthening partnerships with regional and global organizations to facilitate training, guideline development and research.
- Advocating for national policy development that integrates menopause care into broader women's health strategies.

On behalf of the society, I thank all those who have stood with us throughout these 25 years. Let us continue to work together to uplift the standard of menopause-related care for every Sri Lankan woman.

With warm regards,

Dr. Chinthaka Banagala

Secretary,

Menopause Society of Sri Lanka

MESSAGE FROM THE EDITOR MENOPAUSE SOCIETY OF SRI LANKA



As we celebrate 25 years of dedicated service to midlife women's health, Menopause Society of Sri Lanka proudly reflects on a journey marked by vision, commitment, and compassion.

Since its establishment in the year 2000, the Society has evolved from a small group of passionate professionals into a nationally respected and regionally recognized multidisciplinary organization. This growth stands as a testament to our shared commitment to our core mission: to enhance awareness, improve clinical standards, and advocate for holistic care for women during the menopausal transition and beyond.

This Silver Jubilee is a tribute to the tireless efforts of our founding members, executive committees, scientific contributors, and the broader medical community. It is also a celebration of the invaluable collaboration both local and international that has been instrumental to our growth and success.

I take this opportunity to honor the many milestones we have achieved such as annual scientific sessions that have become centers of excellence, groundbreaking initiatives, which reached underserved women, and sustained advocacy that has elevated midlife women's health to a national priority.

Above all, this anniversary is a celebration of the people both past and present members, healthcare professionals, researchers, and supporters whose shared dedication has shaped the Society's identity and strength, earning our deepest gratitude.

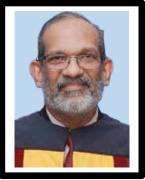
May this occasion inspire reflection, appreciation, and a renewed sense of purpose as we continue our journey in service of every Sri Lankan woman in midlife.

Dr. Sharada Jayalath

Editor,

Menopause Society of Sri Lanka

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President ElectDr. Darshana Abeygunawardane



Immediate Past President Prof. Piyusha Atapattu



Vice President Dr. Dasanthi Akmeemana



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Chairman Social Activities Dr. Shiromali Dissanayak

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Dr. M.D.P. Gooneratne



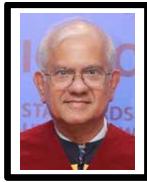
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Dr. Mangala Dissanayake



Dr. Chanil Ekanayake



Prof. W.I. Amarasinghe



Dr. Indumini Gunathilaka



Dr. Thiwanka Munasinghe



Dr. Achintha Dissanayake



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Dr. Dinusha Liyanapatabandi



Dr. Wasantha De Silva



Dr. Chaminda Hunukubura

CO-OPTED MEMBERS



Mrs. Chandrika Haththotuwa



Mrs. Wasantha Perera



The Menopause Society of Sri Lanka Council Members 2024-2026



LEFT TO RIGHT SEATED

DR. SANATH AKMEEMANA, DR. CHAMPA NELSON (TREASURER), PROF. W.I. AMARASINGHE, PROF. PIYUSHA ATAPATTU (IMMEDIATE PAST PRESIDENT), DR. HARSHA ATAPATTU (PRESIDENT), DR. M.D.P. GOONERATNE (FOUNDER PRESIDENT), DR. (MRS.) MARLENE ABEYWARDENA, DR. MANGALA DISSANAYAKE, DR. DARSHANA ABEYGUNAWARDANA (PRESIDENT ELECT), DR. CHINTHAKA BANAGALA (SECRETARY).

LEFT TO RIGHT STANDING

DR. RUWAN SILVA, DR. PRABHATH RANDOMBAGE, DR. CHAMINDA HUNUKUMBURA, DR. (MRS.) JANAKIE KARUNASINGHE, DR. ACHINTHA DISSANAYAKE, DR. DR. SHIROMALI DISSANAYAKE, DR. DASAN'THI AKMEEMANA (VICE PRESIDEN'T), DR. SHARADA JAYALATH (EDITOR), DR. THIWANKA MUNASINGHE, INDUMINI GUNATHILAKE, DR. SUMITH WARNASOORIYA

ABSENT Dr hemantha perera dr chanh ekanavake dr rohana haththorhwa dr dinisha iivanapatarandi dr wasantha de shiva

Silver Jubilee Academic Sessions of Menopause Society of Sri Lanka

	Day 01 – 12 th July 2025
Time	Details Details
07.30AM- 08.00AM	Registration
08.00AM – 09.00AM	Free Paper Session
09:00AM - 10.45AM	Inauguration
09:00AM	Ceremonial Procession
09:05AM	National Anthem
09:10AM	Lighting of the Traditional Oil Lamp
09:15AM	Welcome Address
03.13/ ((V)	Dr. Harsha Atapattu,
	President, Menopause Society of Sri Lanka
09:25AM	Address by the Guest of Honor
	Mrs. Saroja Savithri Paulraj
	Honorable Minister, Ministry of Women and Child Affairs
09:30AM	Address by the Guest of Honor
	Hon. Prof. Mary Ann Lumsden
	Professor of Medical Eductaion and Gynaecology, UK.
09:35AM	Address by the Chief Guest
	Dr. Nalinda Jayatissa
	Honorable Minister, Ministry of Health
09.40AM – 10.00AM	Felicitation of Past Presidents and Launch of the History book
10.00AM – 10.40AM	MENOSOC Oration
	Menopause – A Bidirectional Perspective
	Dr. M.D.P. Gooneratne – Founder President of Menopause Society of Sri Lanka
10.40AM -10.45AM	Vote of thanks
	Dr. Chinthaka Banagala
	Secretary, Menopause Society of Sri Lanka
10.45AM – 11.15AM	Tea
11.15AM – 11.45AM	Dr. M. D. P. Gooneratne Endowment Lecture
	Improving mid-life women's health, does HRT have a place?
	Prof. Mary Ann Lumsden - Professor of Medical Education & Gynaecology, Head of Reproductive & Maternal Medicine, University of Glasgow, UK.
11.45AM – 01.00PM	UNFPA Symposium
11.45AW - 01.00FW	Moderated by - Ms. Anushika Amarasinghe
	UNFPA partnerships and advocacy analyst
	Health and Workplace policies and best practices
	Dr. Vindya Kumarapeli
	Director Policy, Ministry of Health
	Women's labour participation and its Impact on productivity, participation, retention and its
	connection with holistic health and wellbeing
	Ms. Thanuja Jayawardene
	GM Women's Empowerment, Advocacy and Code of Conduct and
	Head of Women Go Beyond at MAS Holdings
	Unmet needs in receiving care for perimenopausal women
	Dr. Harsha Atapattu
	President, Menopause Society of Sri Lanka
01.00PM - 2.00PM	Lunch

Silver Jubilee Academic Sessions of Menopause Society of Sri Lanka

"25 Years Beyond Menopause – An Essential Investment"

	Day 01 – 12 th July 2025
Time	Details
02.00PM - 02.30PM	Keynote Speech 01
	Antiaging; aesthetic Medicine & Regenerative Medicine in menopausal women
	Dr. Way Syazween
	Consultant Dermatologist, Aesthetic Physician and Laser Surgeon, Malaysia
02.30PM - 03.30PM	Joint Symposium with the College of General Practitioners
	Bridging the Gap in Menopausal Care: Integrating Rational Hormone Use,
	Holistic Approaches and Bone Health Management
02.30PM - 02.50PM	Prudent General Practice in mid-life and beyond: Concerns and Cautions from a
	Clinician's point of view
	Dr. Sumith Warnasuriya
	Senior Consultant Obstetrician and Gynaecologist, Base Hospital, Dambadeniya
02.50PM - 03.10PM	Holistic Non-Hormonal Management of Menopausal Symptoms in Primary Care: A Practical
	Approach for General Practitioners
	Dr. Maithri Rupasinghe
	Senior Lecturer and Head of the Department of Family Medicine at the
	University of Kelaniya
03.10PM - 03.30PM	Practical Approaches to Bone Health Management in Menopause: A Family Physician's Perspective
	Dr. Indika Karunamuni
	Family Physician at the Family Practice Centre, Department of Family Medicine,
	University of Sri Jayewardenepura
03.30PM - 04.00PM	Keynote Speech 02
	Surgical Management of Stress Urinary Incontinence
	Dr. Aparna Hegde
	Consultant Urogynacologist & Pelvic Reconstructive Surgeon, India.
04.00PM	Tea and End of the First Day's Proceedings

PROGRAMME - MENOSOC 2025

Silver Jubilee Academic Sessions of Menopause Society of Sri Lanka

Day 02 – 13 th July 2025		
Time	Details	
07.30AM – 08.00AM	Registration	
08.00AM - 09.00AM	MENOSOC Symposium 01 - Challenging Malignancies in Menopause	
08.00AM - 08.20AM	New trends in cervical cancer screening	
	Dr. Ruwan Silva	
	Consultant Obstetrician & Gynaecologist, De Soysa Maternity Hospital.	
08.20AM – 08.40AM	Ovary and female cancer: what is best for the patient	
	Dr. Kelum Jayasinigne	
	Consultant Gynaeoncologist, Apeksha Hospital Maharagama and National Hospital Galle	
08.40AM - 09.00AM	Breast cancer screening present and future	
	Dr. Kanchana Wijesinghe	
	Senior Lecturer at University of Sri Jayewardenepura	
	Consultant General and Breast Surgeon	

Silver Jubilee Academic Sessions of Menopause Society of Sri Lanka

	Day 02 – 13 th July 2025	
Time	Details	
09.00AM – 09.30AM	Keynote Speech 03	
	Assisted reproductive technologies in perimenopausal women	
	Prof. Syeda Batool Mazhar	
	President SAFOMS	
	Senior Obstetrician & Gynecologist, Laparoscopic Surgeon,	
	Infertility/Assisted conception (IUI/ICSI) specialist, Pakistan	
09.30AM – 10.30AM	SAFOMS Session - An update on common problems in menopausal women	
09.30AM – 09.45AM	Female sexual dysfunction	
	Prof. Zinnat Ara Nasreen	
	Professor and Head of Obstetrics and Gynaecology department in	
	ZHS Women Medical College & Hospital, Dhaka, Bangladesh	
09.45AM – 10.00AM	Menopause and cardiovascular health	
	Prof. Syeda Batool Mazhar	
	President SAFOMS	
	Senior Obstetrician & Gynecologist, Laparoscopic Surgeon,	
	Infertility/Assisted conception (IUI/ICSI) specialist, Pakistan	
10.00AM – 10.15AM	Lifestyle modification in menopause	
201207	Dr. Ambuja Choranur,	
10.15AM – 10.30AM	Senior Obstetrician and Gyanecologist, India	
201207	Vulval Disorders in Menopausal Women	
	Dr. Sheela Verma	
	President Menopause Society of Nepal	
	Specialist in Gynaecological Oncology, Nepal	
10.30AM – 11.30AM	Tea	
11.00AM – 11.30AM	Keynote speech 04	
	Impact of estrogen on infection and immunity	
	Dr. Mangala Dissanayake	
	Consultant Obstetrician and Gynaecologist	
	General Hospital Kalutara	
11.30AM – 12.30PM	MENOSOC Symposium 02 - What's new in menopausal management?	
11.30AM – 11.50AM	Genito-Urinary syndrome and the concept of rejuvenation	
	Dr. Prabhath Randombage	
	Senior Lecturer in Obstetrics and Gynaecology	
	Consultant Obstetrician and Gynaecologist	
	Faculty of Medicine, University of Kelaniya	
11.50AM – 12.10PM	New knowledge in Genetics in relation to menopause and its management	
	Dr. Achintha Dissanayake	
	Senior Lecturer in Obstetrics and Gynaecology	
	Consultant Obstetrician and Gynaecologist	
	Kotelawala Defence University	
12.10PM – 12.30PM	The use of artificial intelligence in the management of menopause	
	Dr. Sharada Jayalath	
	Consultant Obstetrician and Gynaecologist,	
	Base Hospital Mahaoya, Ampara	

Silver Jubilee Academic Sessions of Menopause Society of Sri Lanka

	Day 02 – 13 th July 2025
Time	Details Details
12.30PM – 01.30PM	SLCOG Session
12.30PM – 12.50PM	US Endometrial assessment as a predictor of histological abnormalities
12.30FIVI — 12.30FIVI	Dr. Madhava Karunarathna
12.50PM – 01.10PM	
12.50PW - 01.10PW	Consultant Obstetrician and Gynaecologist, Sri Jayewardenepura General Hospital
	Sarcopenia: "Fading Strength: From Hormones to Muscle Health"
	Dr. Dinusha Liyanapatabendi
04 4004 4 0004	Consultant Obstetrician and Gynaecologist,
01.10PM – 01.30PM	Base Hospital Balapitiya
	Place of androgen in menopause
	Dr. Dhanushka Kotigala
	Consultant Obstetrician and Gynaecologist,
	Base Hospital Mutur
01.30PM – 02.30PM	Lunch
02.30PM - 03.30PM	MENOSOC Symposium 03 – Menopause; a window of Opportunity to Manage
	& Prevent Later Complications of Senility
02.30PM – 02.50PM	Osteoporosis in midlife
	Dr. Manilka Sumanathilleke
02.30PM - 03.10PM	Consultant Endocrinologist, National Hospital Colombo
	How to maintain mental wellbeing in middle age
	Dr. Malsha Gunathilake
03.10PM - 03.30PM	Consultant Old Age Psychiatrist, Colombo South Teaching Hospital, Kalubowila
	Managing Issues related to Late Menopause : The Geriatrician's Perspective
	Dr. Sithira Senevirathna
	Consultant Geriatrician, National Hospital Colombo
03.30PM – 04.30PM	MENOSOC Symposium 04 - Caring for the pelvic floor
03.30PM - 03.50PM	Anatomical principals in surgeries for pelvic floor dysfunction
	Dr. Darshana Abeygunawardena
	Consultant Obstetrician and Gynaecologist, Base Hospital Homagama
03.50PM – 04.10PM	New trends in Pelvic Organ Prolapse management
	Dr. Chanil Ekanayake
	Senior Lecturer in Obstetrics and Gynaecology and Consultant Obstetrician and Gynaecologist
	University of Sabaragamuwa
04.10PM – 04.30PM	Management of Overactive Bladder in Menopausal Women: Integrating Pharmacological, and
	Lifestyle Approaches"
	Dr. Chinthaka Banagala
	Senior Lecturer in Obstetrics and Gynaecology; Consultant Obstetrician and Gynaecology
	Kotelawala Defence University
04.30PM – 05.00PM	Case discussion: Postgraduate Session
5 115 G1 141 G5.001 141	Dr. Wasantha Kumara
	Consultant Obstetrician and Gynaecologist, Base Hospital Walasmulla
	Dr. Chaminda Hunukumbura
	Senior Lecturer in Obstetrics and Gynaecology, and Consultant Subfertility Specialist
	University of Sri Jayewardenepura
05.00PM – 05.15PM	Award Ceremony and Valedictory Session
05.15PM	Tea

"25 Years Beyond Menopause - An Essential Investment"



Prof. Mary Ann Lumsden
Professor of Medical Education & Gynaecology and Head of
Reproductive & Maternal Medicine, University of Glasgow,
United Kingdom



Prof. Sk Zinnat Ara Nasreen
Professor and Head of Obstetrics and Gynaecology
department in ZHS Women Medical College & Hospital,
Dhaka, Bangladesh



Dr. Ambuja Choranur,
Professor and HOD, Obstetrics and Gynaecology Osmania
Medical college, Hyderabad, India



Prof. Syeda Batool Mazhar
President SAFOMS,
Professor in Obstetrics and Gynaecology, Laparoscopic Surgeon, Specialist in Assisted Reproduction, Pakistan



Dr. Sheela VermaPresident Menopause Society of Nepal
Specialist in Gynaecological Oncology, Nepal



Dr. Way Syazween
Consultant Dermatologist,
Aesthetic Physician and Laser Surgeon, Malaysia

"25 Years Beyond Menopause – An Essential Investment"



Dr. Aparna HegdeConsultant Urogynacologist &
Pelvic Reconstructive Surgeon, India.



Dr. Sonal Panchal
Consultant Radiologist, Dr. Nagoris Institute for Infertility &
IVF, Ahmedabad, India



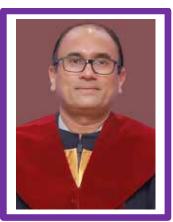
Dr. Harsha AtapattuPresident, Menopause Society of Sri Lanka
Consultant Obstetrician and Gynaecologist



Dr. M.D.P. GooneratneFounder President of
Menopause Society of Sri Lanka



Dr. Mangala Dissanayake
Consultant Obstetrician and Gynaecologist,
General Hospital Kalutara



Dr. Darshana AbeygunawardenaConsultant Obstetrician and Gynaecologist,
Base Hospital Homagama

"25 Years Beyond Menopause – An Essential Investment"



Dr. Sumith Warnasuriya
Senior Consultant Obstetrician and Gynaecologist, Base
Hospital, Dambadeniya



Dr. Maithri RupasingheSenior Lecturer and Head of the Department of Family Medicine at the University of Kelaniya



Dr. Vindya KumarapeliDirector Policy,
Ministry of Health



Ms. Thanuja Jayawardene
GM Women's Empowerment, Advocacy and Code of Conduct
and Head of Women Go Beyond at
MAS Holdings



Dr. Indika Karunamuni
Family Physician at the Family Practice Centre, Department of Family Medicine, University of Sri Jayewardenepura



Dr. Kelum JayasinigneConsultant Gynaeoncologist,
Apeksha Hospital Maharagama and National Hospital Galle

"25 Years Beyond Menopause – An Essential Investment"



Dr. Kanchana WijesingheSenior Lecturer at University of Sri Jayewardenepura
Consultant General and Breast Surgeon



Dr. Sharada Jayalath
Consultant Obstetrician and Gynaecologist,
Base Hospital Mahaoya, Ampara



Dr. Achintha Dissanayake
Senior Lecturer in Obstetrics and Gynaecology
Consultant Obstetrician and Gynaecology
Kotelawala Defence University



Dr. Prabhath RandombageSenior Lecturer in Obstetrics and Gynaecology
Consultant Obstetrician and Gynaecology
Faculty of Medicine, University of Kelaniya



Dr. Madhava Karunarathna Consultant Obstetrician and Gynaecologist, Sri Jayewardenepura General Hospital



Dr. Dinusha Liyanapatabendi Consultant Obstetrician and Gynaecologist, Base Hospital Balapitiya

"25 Years Beyond Menopause - An Essential Investment"



Dr. Dhanushka KotigalaConsultant Obstetrician and Gynaecologist,
Base Hospital Mutur



Dr. Manilka Sumanathilleke Consultant Endocrinologist, National Hospital Colombo



Dr. Malsha GunathilakeConsultant Old Age Psychiatrist,
Colombo South Teaching Hospital, Kalubowila



Dr. Sithira SenevirathnaConsultant Geriatrician,
National Hospital Colombo



Dr. Chanil Ekanayake
Senior Lecturer in Obstetrics and Gynaecology and
Consultant Obstetrician and Gynaecologist
University of Sabaragamuwa



Dr. Chinthaka Banagala
Senior Lecturer in Obstetrics and Gynaecology;
Consultant Obstetrician and Gynaecology
Kotelawala Defence University

"25 Years Beyond Menopause – An Essential Investment"

FACULTY



Dr. Wasantha KumaraConsultant Obstetrician and Gynaecologist,
Base Hospital Walasmulla



Dr. Chaminda HunukumburaSenior Lecturer in Obstetrics and Gynaecology, and
Consultant Subfertility Specialist
University of Sri Jayewardenepura

CHAIRPERSONS - MENOSOC 2025

Free Paper Session

Dr. Wasantha De Silva

Dr. Achintha Dissanayake

UNFPA Session

Dr. Hemantha Perera

Keynote Speech 01

Dr. (Mrs.) Janakie Karunasinghe

Dr. Chaminda Hunukubura

Joint symposium with GP

Dr. Thivanka Munasinghe

Dr. Sanath Akmeemana

Keynote Speech 2

Dr. Darshana Abeygunawardena

Dr. Mangala Dissanayake

MENOSOC Symposium 01 - Challenging Malignancies in Menopause

Dr. Samanthi Premarathna

Dr. Sharada Jayalath

Dr. Sheela Verma

"25 Years Beyond Menopause - An Essential Investment"

CHAIRPERSONS - MENOSOC 2025

Keynote Speech 3

Dr. Chinthaka Banagala Prof. Mary Ann Lumsden

SAFOMS Session

Dr. (Mrs.) Marlene Abeywardane Dr. M.D.P Gooneratne

Keynote Speech 4

Prof. Zinnat Ara Nasreen Dr. M.D.P Gooneratne

MENOSOC Symposium 02 - What's new in menopausal management?

Dr. Ajitha Wijesundara Dr. Chanil Ekanayake

SLCOG Session

Dr. Gamini Perera Prof. I. Amarasinghe

MENOSOC Symposium 03 – Menopause; a window of Opportunity to Manage & Prevent Later Complications of Senility

Dr. Indumini Gunathilake Dr. Shiromali Dissanayake

MENOSOC Symposium 04 - Caring for the pelvic floor

Dr. Dasanthi Akmeemana Dr. Champa Nelson

JUDGES - MENOSOC 2025

Oral Presentations

Dr. Prabath Randombage Prof. Piyusha Atapattu

ABSTRACTS OF SCIENTIFIC PROGRAMME

Antiaging; Aesthetic Medicine & Regenerative Medicine in Menopausal Women

Dr. Way Syazween

Consultant Dermatologist, Aesthetic Physician & Laser Surgeon, Malaysia

Menopause triggers complex hormonal changes that accelerate skin aging, volume loss, and reduced tissue regeneration. This talk explores an integrated approach combining anti-aging, aesthetic, and regenerative medicine to address these concerns in menopausal women. Evidence-based aesthetic interventions will be discussed, including skin boosters, neuromodulators, dermal fillers, and laser technologies tailored to hormonal skin changes. This multidisciplinary strategy empowers clinicians to restore skin vitality, enhance confidence, and improve quality of life in this unique patient group.

Prudent General Practice in mid-life and beyond: Concerns and Cautions from a Clinician's point of view

Dr. Sumith Warnasuriya

Consultant Obstetrician and Gynaecologist, Base Hospital Dambadeniya

General Practitioners (GP) are the first line of contact with patients. Apart from the initial management, counselling and guidance of the patient, prompt referral to specialised units for complicated conditions is the norm. However in doing so, the first line interventions by the GP should not hamper the upcoming intended management protocols by the specialist or cause possible harm to the patient due to aggressive over treatment prior to performing further investigations and monitoring.

One such example is the blind use of norethisterone for Abnormal Uterine Bleeding. This could cause masking of possible endometrial pathology during subsequent endometrial sampling as the histology report would denote 'exogenous hormone therapy' as the cause for menorrhagia despite a more serious underlying condition. In addition, the temporary cessation of symptoms could give the patient a false sense of security despite sinister pathology and thus delay seeking specialist care. Also, this practice usually causes an aggravation of symptoms upon subsequent withdrawal bleeding thus negating the use of the drug in the first place.

The second example is the indiscriminate use of ovulation induction drugs for women with fertility problems, especially for those who are in their mid-life, without proper prior assessment of the couple. With lack of facilities and expertise for follicular tracking and assessment of tubal patency, this practice could lead to inefficient treatment outcomes as well as exposing the patient to the risk of Ovarian Hyper Stimulation Syndrome, Ovarian Carcinoma and high risk multiple pregnancies.

On the aspect of proper counselling, an important area intended to be highlighted is with regard to the rational use of Hormone Replacement Therapy (HRT). A majority of perimenopausal women in our set up are reluctant to use HRT due to fear of adverse effects. On the other hand, simply prescribing HRT without prior assessment, investigations and monitoring could cause harm to some patients. Therefore a proper updated knowledge about HRT, as will be briefly described, would be highly beneficial to the GP in order to educate their patients to arrive at an informed decision with regard to management of menopausal symptoms.

Holistic Non-Hormonal Management of Menopausal Symptoms in Primary Care: A Practical Approach for General Practitioners

Dr. Maithri Rupasinghe

Senior Lecturer and Head of the Department of Family Medicine, University of Kelaniya

Menopause presents with a wide range of physical, emotional, and psychosocial symptoms that can significantly impact quality of life. While Hormone Replacement Therapy (HRT) is effective for many, it is not appropriate or acceptable for all women due to medical contraindications, side effects, or personal preferences. General practitioners, as first contact and continuing care providers, are well positioned to offer holistic, non-hormonal support tailored to individual needs.

This presentation outlines a practical, evidence-based approach to non-hormonal management of menopausal symptoms in the primary care setting. It explores the role of lifestyle modifications—such as improving diet, physical activity, sleep hygiene, and weight management—in alleviating symptoms and enhancing long-term health outcomes. The importance of recognizing and addressing psychological concerns, including mood changes and cognitive complaints, is also highlighted, with guidance on brief interventions and appropriate referrals.

An overview of complementary therapies including phytoestrogens, herbal remedies, yoga, and mindfulness practices will be provided, along with an evaluation of their safety and effectiveness. The judicious use of non-hormonal pharmacological options such as SSRIs, SNRIs, gabapentin, and clonidine for vasomotor symptoms will be discussed. Management of urogenital symptoms using vaginal moisturisers, lubricants, and pelvic floor exercises will also be addressed.

This session aims to equip GPs with the tools to confidently deliver comprehensive, non-hormonal care for menopausal women in the community.

Practical Approaches to Bone Health Management in Menopause: A Family Physician's Perspective

Dr. Indika Karunamuni

Family Physician at the Family Practice Centre, Department of Family Medicine, University of Sri Jayewardenepura

The silent thief of bone strength - osteoporosis remains one of the most overlooked health challenges facing women after menopause, often detected only after a devastating fracture has occurred. As the trusted healthcare providers who build relationships with patients over decades, family physicians stand at a crucial crossroads where early intervention can change lives. This presentation walks through real-world strategies for protecting bone health during the menopausal transition and beyond, focusing on what works in busy primary care settings.

We'll explore how to identify women who might be at risk before fractures occur, when to order tests, and how to interpret results in ways that make sense for individual patients. The discussion cuts through confusion around calcium and vitamin D recommendations, clarifies when medication is truly beneficial versus when it may be unnecessary, and addresses the practical barriers that often prevent women from receiving appropriate care. Drawing from clinical experience and current evidence, this session aims to empower family doctors with practical knowledge and confidence to have meaningful conversations about bone health with their midlife female patients.

New trends in cervical cancer screening

Dr. Ruwan Silva

Consultant Obstetrician & Gynaecologist, De Soysa Maternity Hospital, Colombo

Cervical cancer is a leading cause of mortality among women. In 2020, it was estimated that 604,000 women were diagnosed with cervical cancer worldwide and about 342,000 women had died from the disease. Cervical cancer is the most commonly diagnosed cancer in 23 countries. It is the leading cause of cancer death in 36 countries. The vast majority of these countries are in Sub-Saharan Africa, Melanesia, South America, and South-Eastern Asia.

Cervical cancer is a preventable disease. It is also curable if detected early and adequately treated. Yet it remains one of the most common cancers and causes of cancer-related death in women across the globe. The annual number of new cases of cervical cancer has been projected to increase from 570,000 to 700,000 between 2018 and 2030, with the annual number of deaths projected to increase from 311,000 to 400,000.

Cervical cancer screening is used to find abnormal changes in the cells of the cervix that could lead to cancer. Currently used screening techniques are cervical cytology (Pap test or liquid based), primary testing of High-Risk Human Papilloma virus DNA and co-testing. In Sri Lanka the widely used screening tool is Pap smear test which has lower sensitivity and specificity

compared with high-risk HPV-DNA testing. However, there are no specific guidelines for postmenopausal women, and the screening test used remains the physician's decision. The challenges with atrophic Pap smears are thought to be related to the hypoestrogenic state of menopause and its impact on the squamous cells of the cervix; thus, the use of Pap smears in the postmenopausal population may lead to more unnecessary follow-up Pap smears and clinical follow-up.

In the analysis of age specific cervical cancer deaths in Sri Lanka, morbidity and mortality due to cervical cancer is high in perimenopausal and menopausal age groups due to late presentations of cervical cancer. According to data from the National Cancer Registry in Sri Lanka, nearly 50% of cases are in stage III or IV at diagnosis with only 10% of cases being in stage I.

"Well woman clinic program" was initiated in 1996 where cervical cancer screening was introduced in 1998. Initially conventional Papanicolaou (PAP) smear was performed at the age of 35 and it was introduced to the age group of 45 in 2018. Cervical cancer screening program ends at the age of 65 in many developed countries. But Sri Lankan National screening program does not cover women who are above 45 years. Coverage of 45 years cohort is also found to be less than 50%.

Through cost-effective, evidence-based interventions, including human papillomavirus vaccination of girls, screening and treatment of precancerous lesions, and improving access to diagnosis and treatment of invasive cancers, cervical cancer can be eliminated and make it a disease of the past.

Ovary and Female Cancer: What is Best for the Patient

Dr. Kelum Jayasinghe

Consultant Gynaeoncologist Apeksha Hospital Maharagama National Hospital

The survival rates for Gynaecological cancer patients have been steadily improving in recent years due to the improved efficacy of contemporary oncological care, including surgery, radiotherapy and chemotherapy. Modern technology makes it feasible to maintain fertility in cancer.

The development of fertility preservation approaches has grown in importance in the field of research over the past few decades to increase patient's quality of life and survival. Oncologists must be aware of circumstances in which cancer patients' fertility will be impacted by their therapy and the avenues open for procedures like Oocyte cryopreservation, Embryo cryopreservation, Ovarian tissue cryopreservation, Ovarian suppression, Ovarian transposition and In-vitro maturation etc.

When cancer therapy is scheduled, all patients should receive prompt and thorough information on the fertility-related side effects of treatment and the prospects for fertility preservation. Timing of fertility preservation treatment, financial barriers, potential risks and psychological impact need to consider prior to formulating individualized care plan with multidisciplinary team involvement.

Breast Cancer Screening Present and Future

Dr. Kanchana Wijesinghe

Senior Lecturer at University of Sri Jayewardenepura Consultant General and Breast Surgeon

Breast cancer is the most common type of cancer among women in Sri Lanka and the world. Breast cancer screening programs have been established around the world with the goal of detecting breast cancer earlier than it would otherwise manifest clinically. This detection of breast cancers at smaller sizes and earlier stages is associated with reduced breast cancer morbidity and mortality and better patient outcomes. This also reduces the cost of treatment and consequent reduced financial burden on health care resources.

Current screening strategies advocated are self-breast examination, clinical breast examination and screening mammography.

Yet, breast cancer continues to represent an important cause of cancer related deaths in women. According to WHO, breast cancer is expected to increase by 38% globally by 2050, with annual mortality projected to rise more than 50% as well.

This underscores the importance of relooking at novel early detection strategies, promoting cost effective screening policies and improving patient advocacy in managing breast cancer in the future.

Assisted Reproductive Technologies in Perimenopausal Women

Prof. Dr. Syeda Batool Mazhar

President SAFOMS

In a spontaneous menstrual cycle, one ovarian follicle among the cohort of 10–20 matures with release of usually only one oocyte. With controlled ovarian stimulation (COS) as In Vitro Fertilization (IVF), the selection of a dominant follicle is overridden to allow growth of a large cohort of follicles. Resultantly, a larger of oocytes and subsequently embryos are available for transfer and cryopreservation. Despite the advances in technology and novel drug developments, the pregnancy rates as well as live birth rates at IVF decline sharply beyond the age of 35 years, posing a major challenge to achieve higher success in ART programs.

There is a paucity of population based large studies related to subfertility in Pakistan. It is estimated that 21.9% couples have subfertility, 3.5% primary and 18.4% secondary subfertility.

However, the proportion of the patients seen with subfertility was 7% of the gynecology outpatients in a study from secondary level hospital in Islamabad. With gradually and steady increase in assisted conception facilities in Pakistan, paid for services are now increasingly available in big cities all over Pakistan. A continuing concern is the late care seeking for ART attributed to lack of information as well as cultural and economic reasons.

An acceleration of research and trials on women beyond 35 years age is becoming increasingly important as the age of women seeking ART remains increasing. The POSEIDON classification, protocols like mild stimulation, Dual Stimulation, use of adjuvants for poor responders as well as innovative therapies like ovarian PRP, in vitro activation (IVA) and stem cells therapy for desired clinical outcomes in IVF treatment among women identified as poor responders will be discussed. Case control study regarding success of among the women beyond 35 years and original data related to success in the various age groups on Embryo transfer will also be presented.

Female sexual dysfunction (FSD)

Prof. Sk Zinnat Ara Nasreen

Secretary General BMS (Bangladesh Menopause Society)

Sexual problem though not life threatening but it decrease the quality of women's life. Good Sexual health is important to improve physical and mental happiness.

According to WHO, Sexual health is a state of physical, mental and social well-being in relation to sexuality. It provides pleasurable and safe sexual experiences, free of coercion, discrimination and violence. Sexual dysfunction refers to persistent or recurrent disturbance of the normal sexual response cycle or pain associated with sexual activity

There is marked decline in all the domain of sexual function like desire, arousal, orgasm and satisfaction in both women and men as they grow older. However, female do undergo more dramatic biological changes through menopause so sexual dysfunction becomes more evident for them, but this is very poorly addressed. ISSM noted that one out of every five women suffers from severe dyspareunia. Worldwide, about 60% (40 to 64 years) and 41% of premenopausal women (<49 years) experience sexual dysfunction.

FSD is much influenced by Biopsychosocial model rather than only estrogen deficiency in menopause. Therefor diagnosis needs detail history taking, physical exam and investigation. As FSD has tremendous negative impact on interpersonal relationship, quality of life, and sexual satisfaction, multidisciplinary team approach is required to optimize the treatment. It may include psychosocial, physical, hormonal, nonhormonal and alternative treat therapies. More researches are warranted in this field.

Quality of life is shattered - although sexual desire often triggers arousal but in menopause desire will follow arousal, lack of orgasm has sex less pleasurable, so women refrain from sex. That makes women feel guilty, resulting severe mental agony.

Vulval Disorders in Menopausal Women

Dr. Sheela Verma

President Menopause Society of Nepal

The shift in life from reproductive age to menopause is a natural transition process. As life expectancy has increased worldwide, the aged population of women has also increased proportionately.

It was estimated that in 2021 globally about 26% of women were aged 50 years or more (WHO). The Census of Nepal had shown that total population of women in 2021 was 51.1%, among them 16.2% were aged between 45-50 years. By 2030 about 500 million women aged between 45-55 would be in menopause. That would account 6% of the world population (HEIM). Hence, the health issues of menopausal women urgently need to be addressed.

Due to gradual decline of ovarian follicular function leading to decrease estrogen level in the blood. The variety of noticeable problem in menopausal women is already identified. One of the significant problem is VULVAL DISORDERS like: Genitourinary syndrome, Lichen sclerosis, Vulvodynia, Lichen planus, Paget's disease and Vulval intraepithelial neoplasia.

In LMICs the menopause is in least priority. To improve overall health of menopausal women, there is a need for integrated health policy at government level and involvement of private sector as well.

Community based program, easy access to health care providers and facilities can minimize the problem. MESON has initiated its effort to address the problem of menopausal women.

Impact of Estrogen on Infection and Immunity

Dr Mangala Dissanayake

Consultant Obstetrician and Gynaecologist General Hospital Kalutara

Estrogen, a principal sex hormone, has extensive regulatory effects on the immune system, influencing both innate and adaptive immunity. Its immune-modulatory actions are largely mediated via estrogen receptors— $ER\alpha$, GPER 1 and $ER\beta$ —which are expressed on a wide range of immune cells including dendritic cells, macrophages, T lymphocytes, and B lymphocytes. These receptors allow estrogen to influence gene expression and signaling pathways that regulate immune development, activation, and resolution of inflammation.

In innate immunity, estrogen significantly affects the function of antigen-presenting cells. It promotes polarization of macrophages toward the M2 phenotype, which is more anti-inflammatory and involved in tissue remodeling, rather than the pro-inflammatory M1 phenotype. Furthermore, estrogen modulates the development and activity of dendritic cells. It up regulates transcription factors such as IRF4 through $ER\alpha$, influencing the ability of dendritic

cells to present antigens and drive specific T cell responses. Estrogen also modulates the expression of pattern recognition receptors like Toll-like receptors, which are vital for detecting microbial components and initiating immune responses.

In adaptive immunity, estrogen plays a dose-dependent role in regulating the balance between Th1 and Th2 helper T cell responses. High estrogen levels, such as those during pregnancy, tend to favor a Th2 response, which supports humoral immunity and antibody production. Conversely, low estrogen levels support a Th1-type response, characterized by the activation of macrophages and cytotoxic T lymphocytes. This Th2 skewing under high estrogen is thought to contribute to increased susceptibility to certain intracellular pathogens while enhancing defense against extracellular bacteria and parasites.

Genitourinary Syndrome of Menopause (GSM) and the Concept of Rejuvenation

Dr. Prabhath Randombage

Senior Lecturer, Department of Obstetrics and Gynaecology, Faculty of Medicine, University of Kelaniya

Specialist in Obstetrics and Gynaecology, Colombo North Teaching Hospital, Ragama

Genitourinary Syndrome of Menopause (GSM) is a chronic, progressive condition affecting postmenopausal women, encompassing vaginal dryness, dyspareunia, urinary symptoms, and sexual dysfunction due to estrogen deprivation. Its management requires a personalized approach integrating both hormonal and non-hormonal options. First-line treatment often includes non-hormonal vaginal moisturizers and lubricants comprising hyaluronic acid complemented by pelvic floor exercises. Local estrogen therapy remains the gold standard for symptomatic relief, offered via creams, rings, or tablets, while systemic hormone therapy is reserved for women with broader menopausal symptoms.

Emerging "vaginal rejuvenation" techniques, such as fractional CO2 laser therapy, platelet-rich plasma (PRP) injections, and hyaluronic acid fillers, are gaining interest. These modalities aim to restore tissue integrity, enhance lubrication, reduce dyspareunia, and improve sexual quality of life. Though early results are promising, their long-term efficacy and safety require further high-quality research, as regulatory bodies caution against potential adverse effects.

This session stresses upon the individualized treatment pathway, complemented with non-hormonal therapy, escalation into hormonal treatments. Collaborative decision-making empowers women, improves adherence, and enhances outcomes. Also, the session highlights regarding the growing array of therapies underscores the need for increased awareness, destignatization, and further research into optimizing GSM care.

The use of Artificial Intelligence in the Management of Menopause

Dr. Sharada Jayalath

Consultant Obstetrician and Gynaecologist Base Hospital Mahaoya, Ampara

Menopause, a natural stage in a woman's life, often brings a range of physical and emotional symptoms that can affect overall well-being. Technological advancements, particularly in artificial intelligence (AI) are transforming how women's health is managed. AI extends human intelligence by offering personalized solutions that help both patients and physicians navigate the complexities of menopause more effectively. Through real-time symptom tracking and data analysis, AI-powered apps and wearable devices enable women to monitor the frequency and intensity of their symptoms. These technologies generate tailored recommendations for lifestyle modifications, dietary adjustments, and treatment options based on individual needs. By making expert support more accessible and adaptive, AI is reshaping the menopausal journey with greater precision and empathy.

Ultrasound endometrial assessment as a predictor of histological abnormalities in perimenopausal and postmenopausal women

Dr. Madhava Karunarathna

Consultant Obstetrician and Gynaecologist, Sri Jayewardenepura General Hospital

Endometrial assessment is a cornerstone in the evaluation of abnormal uterine bleeding (AUB) in perimenopausal and postmenopausal women. As the incidence of endometrial hyperplasia and carcinoma increases with age, timely identification of pathological changes is essential for early intervention. Transvaginal ultrasound (TVUS) remains the first-line imaging modality due to its accessibility, non-invasiveness, and ability to provide detailed endometrial evaluation.

Endometrial thickness measurement is the most widely used parameter on TVUS, with a commonly accepted upper limit of 4 mm in postmenopausal women with bleeding. In perimenopausal women, where hormonal fluctuations result in variable endometrial appearances, the threshold is less defined, but a thickness beyond 11–12 mm often warrants further investigation. However, endometrial thickness alone may not be sufficient to rule out significant pathology, particularly in cases of endometrial hyperplasia or early carcinoma presenting with minimal thickening.

Additional ultrasound features such as heterogeneity, irregular endometrial-myometrial junction, presence of focal lesions, and fluid within the endometrial cavity may raise suspicion for histological abnormalities. When combined with clinical risk factors—such as obesity, diabetes, unopposed estrogen exposure, and tamoxifen use—the diagnostic value of TVUS increases significantly.

While TVUS is a powerful screening tool, it should not replace histopathological evaluation in women with persistent or unexplained bleeding. Endometrial biopsy remains the gold standard for definitive diagnosis. The key lies in a balanced, individualized approach that integrates ultrasound findings with patient history and risk stratification. For clinicians managing midlife and older women, understanding the strengths and limitations of endometrial assessment via ultrasound is essential for timely and effective patient care.

Sarcopenia: "Fading Strength: From Hormones to Muscle Health"

Dr. Dinusha Liyanapatabendi

Consultant Obstetrician and Gynaecologist Base Hospital Balapitiya

Sarcopenia is a progressive, systemic musculoskeletal disorder that significantly increases the risk of falls, fractures, mobility limitations, cardiopulmonary complications, cognitive decline, institutionalization, and mortality. Once considered an inevitable consequence of ageing, sarcopenia is now recognized as a complex and multifactorial condition, influenced by hormonal changes, chronic inflammation, nutritional deficits, and physical inactivity.

The menopausal transition plays a critical role in accelerating muscle loss, primarily due to the abrupt decline in estrogen and other anabolic hormones. This hormonal shift adversely affects muscle mass, strength, and composition, placing postmenopausal women at increased risk of sarcopenia-related morbidity.

This presentation explores the intricate relationship between hormonal ageing and musculoskeletal decline, highlighting the biological and clinical intersections between menopause and sarcopenia. Emphasis will be placed on the importance of timely screening and diagnosis using standardized criteria to prevent downstream health consequences.

Evidence-based interventions form the cornerstone of sarcopenia management. These include progressive resistance training, adequate dietary protein and vitamin D intake, and broader lifestyle modifications. Through early identification and a multidisciplinary approach, sarcopenia can be effectively addressed as a modifiable condition in menopausal women, promoting healthy ageing and reducing the burden of frailty in this growing population.

Place of Androgens in Menopause

Dr. Dhanushka Kotigala

Consultant Obstetrician and Gynaecologist Base Hospital Mutur

Although exponentially soaring human population has caused various global issues such as depletion of resources, pollution and climate change, efforts to reduce population growth has led to another crisis of 'aging populations' where societies have been forced to tolerate ever-increasing proportions of elderly dependent citizens whilst the workforce is reducing. So, the

question before us at present as Menopause Society of Sri Lanka, is how to help our nation and the entire mankind navigate through these two opposite crises with our expertise.

Having set up that contextual framework, the place of androgens to improve health and hence the quality of life of postmenopausal women will be discussed. Androgens can potentially play a crucial role to address menopause-related health issues either by direct action or acting as a precursor for oestrogens. In this lecture, there will be a brief outlining about androgen's biochemistry, its physiology during the reproductive age, and physiological changes that happens after menopause.

In the third section, there will be an appraisal of current body of knowledge regarding clinical implications of androgen biochemistry and physiology, particularly testosterone and DHEA in tackling with certain menopause-related issues like sexual dysfunction, neurogenerative disease, osteoporosis, sarcopenia, and genitourinary syndrome of menopause. Lastly, there will be a brief discussion over the safety of androgens in clinical practice addressing a few concerns in that regard.

How to Maintain Mental Wellbeing in Middle Age

Dr. Malsha Gunathilake

Consultant Old Age Psychiatrist Colombo South Teaching Hospital, Kalubowila.

Sri Lanka is experiencing a significant demographic shift, with the fastest growing elderly population in South Asia. This transition presents a unique set of challenges, particularly in the domain of mental health. Current estimates suggest that one in four older adults is affected globally by a mental health problem.

Mental health problems in older adults arise due to complex biological, psychological, and social changes associated with aging. Physiological decline, chronic physical illnesses, loss of independence, bereavement, and retirement often contribute to emotional distress. Social isolation and loneliness, which are increasingly common in this age group, further compound mental health vulnerabilities.

The most frequently encountered conditions in the elderly include depression, anxiety, and cognitive disorders such as dementia. These issues are often under-recognized and undertreated, leading to a deterioration in quality of life, increased caregiver burden, and higher healthcare costs. Stigma and lack of awareness often prevent early detection and timely care.

Importantly, most of these mental health conditions are preventable or manageable, especially when addressed early. Preventive measures, however, must begin in middle age, emphasizing the promotion of healthy lifestyles, strong social networks, regular cognitive engagement, and access to quality healthcare services.

In this presentation, I will provide an overview of the common mental health issues faced by older adults, with an emphasis on the Sri Lankan context. The discussion will also focus on preventive strategies that can be implemented at individual, family, community, and policy levels.

Managing Issues Related to Late Menopause - The Geriatrician's Perspective

Dr. Sithira Senevirathna

Consultant Geriatrician National Hospital of Sri Lanka

Late menopause, presents unique challenges and considerations in geriatric care. This lecture aims to provide a comprehensive overview of the implications of late menopause from the perspective of a geriatrician. This lecture is focused at exploring physiological changes that happen with late menopause and how this affects physical health and psychological, cognitive wellbeing of older women.

Practical management strategies will be outlined, emphasizing personalized care approaches that address the diverse needs of this demographic. The importance of screening, patient education, and multidisciplinary collaboration will be highlighted as key components in optimizing health outcomes. By understanding the complexities surrounding late menopause, healthcare providers can better support women in navigating this stage of life, ultimately enhancing their overall well-being and longevity. This lecture aims to foster a deeper understanding of late menopause and encourage proactive management strategies within the geriatric population.

Anatomical Principals in Surgeries for Pelvic Floor Dysfunction

Dr. Darshana Abeygunawardena

Consultant Obstetrician and Gynaecologist Base Hospital Homagama

The pelvis is a complex bony ring and is very crucial for supporting the body weight, accommodating many vital organs, and providing a pathway for childbirth. Surgeons handling this area should be thoughtful and be cautious of its intricate anatomy because it is paramount for surgeons to navigate the pelvic region safely and effectively during various surgical procedures

This presentation will discuss about the anatomical principles relevant to pelvic surgeries. It will delineate key bony and soft tissue structures and their relationships to high light their significance during surgeries in view of proper dissection techniques and especially to prevent possible complications.

Knowledge on anatomy does guide surgeons to plan surgery starting from determining an appropriate incision and selecting the most suitable surgical techniques for specific conditions. Some conditions may need only rectification of their distorted anatomy of relevant organs. Safe and efficient surgical dissection based on Knowledge on anatomical landmarks will keep surgeons away from potential complications because of planned background strategies to minimize them. Reduced tissue trauma with more precise surgical maneuvers will enhance recovery and will reduce morbidity and will restore the better functional recovery.

This abstract explores the critical anatomical landmarks, vascular and neural structures, and spatial relationships within the pelvis that are essential during gynecological procedures, underscoring the indispensable role of anatomy in guiding surgical judgment and precision in gynecology.

New Trends in Pelvic Organ Prolapse Management

Dr. Chanil Ekanayake

Senior Lecturer in Obstetrics and Gynaecology Consultant Obstetrician and Gynaecologist University of Sabaragamuwa

Pelvic organ prolapse (POP) is the descent of one or more pelvic organs; uterus, vaginal cuff, bladder, urethra, bowel or rectum, due to pelvic floor weakness. POP probably existed from biblical times with the first description in the Ebers Papyrus in 1500 B.C. Ancient treatment ranged from the use of pomegranate pessaries as described by Hippocrates, to tying a woman upside down by her feet until the prolapse reduced.

Current treatment options include surgical and non-surgical methods with the surgical treatment options being either reconstructive or obliterative procedures with the former being considered as first line, ranging from anterior colporrhaphy, posterior colpoperineorrhaphy, vaginal hysterectomy to sacrospinous fixation to sacrocolpopexy. Obliterative procedures include 'LeFort colpocleisis in sexually inactive patients in whom other surgical options are not feasible. Fertility preservation surgeries include Manchester repair, sacrospinous fixation, sacrohysteropexy done either laparoscopically or via laparotomy.

A newer treatment modality that was recently introduced were synthetic mesh which were useful in treating severe cases and recurrences. However, it has currently been withdrawn in the US and UK due to complications. Robotic approach for vault suspension is currently in practice but the cost and cost-effectiveness are an issue in low resource settings such as Sri Lanka. Other treatment modalities at research level include biodegradable mesh, fascial grafts and stem cells for tissue regeneration. Preventive measures include established measures like pelvic floor muscle exercises and newer practices such as laser for which evidence is emerging.

Whether the emergence of newer treatment and preventive modalities will change the age-old established practice is debatable and is to be seen.

Management of Overactive Bladder in Menopausal Women: Integrating Pharmacological and Lifestyle Approaches

Dr. Chinthaka Banagala

Senior Lecturer in Obstetrics and Gynaecology Consultant Obstetrician and Gynaecology Kotelawala Defence University

Overactive bladder (OAB), characterized by urinary urgency, with or without urge incontinence, usually accompanied by frequency and nocturia, is a common condition affecting menopausal women. Its prevalence increases significantly during and after menopause due to estrogen deficiency, urogenital atrophy, and age-related changes in the lower urinary tract and pelvic floor. Menopause-related estrogen deficiency contributes to urothelial thinning, reduced blood flow, and impaired detrusor function, all of which exacerbate OAB symptoms. Lifestyle factors such as obesity, poor fluid intake habits, high caffeine and alcohol consumption can further aggravate bladder dysfunction.

While several monotherapies are available, behavioural interventions and pharmacological agents, evidence increasingly supports the superiority of a multifaceted, integrative approach. This integrated strategy addresses the multifactorial pathophysiology of OAB more effectively than any individual modality alone.

Lifestyle and behavioural therapies - including bladder training, pelvic floor muscle exercises (PFMEs), fluid and diet management, weight loss, and smoking cessation - are cornerstone interventions that complement pharmacological therapy. Individually, these strategies offer modest benefits, but when combined with pharmacological treatments, they provide synergistic improvements in symptom control, quality of life, and treatment adherence. For instance, pelvic floor muscle training enhances bladder control and reduces urgency episodes, while timed voiding can retrain bladder habits. When implemented alongside pharmacological agents, these measures not only enhance therapeutic outcomes but may also allow for lower medication dosages, reducing side effect burden.

Pharmacological treatment remains a mainstay for moderate to severe OAB symptoms. Antimuscarinics and β 3-adrenoceptor agonists are the primary drug classes used, offering symptom relief through detrusor relaxation and improved bladder storage. However, both drug classes have limitations: antimuscarinics are associated with side effects like dry mouth, constipation, and cognitive changes, particularly concerning in the older menopausal population, while β 3-agonists may have cardiovascular implications. Moreover, long-term adherence to pharmacotherapy is often poor, emphasizing the need for adjunctive strategies to maintain efficacy and patient satisfaction.

Furthermore, recent evidence supports the role of local vaginal estrogen therapy in postmenopausal women with OAB, especially those with concurrent genitourinary syndrome

of menopause (GSM). Topical estrogen improves urogenital tissue health and bladder compliance, augmenting the efficacy of both behavioural and pharmacological treatments. Patient education and shared decision-making play critical roles in optimizing compliance and long-term management success.

In conclusion, the management of overactive bladder in menopausal women is most effective when pharmacological interventions are integrated with lifestyle and behavioural modifications. This multifaceted approach addresses the condition's complex aetiology and enhances both symptom control and patient satisfaction.

Clinical Case-Based Learning in Menopause and Beyond: Bridging Knowledge and Practice

Moderators: Dr. Wasantha Kumara, Consultant Obstetrician and Gynaecologist Base Hospital Walasmulla and Dr. Chaminda Hunukumbure, Senior Lecturer at Obstetrics and Gynaecology Department, University of Sri Jayawardhanepura and Consultant Subfertility Specialist

This one-hour interactive session will focus on key clinical issues related to natural menopause and premature ovarian insufficiency (POI). The session is designed as postgraduate-style case presentations followed by case-based discussions, where postgraduate trainees will present selected real-world cases, thus highlighting challenges in the management of menopausal health and associated complications.

Three thematic areas will be covered through these case presentations: gynaecological malignancies in postmenopausal women, urogynaecological disorders affecting women in their post-reproductive life, and premature ovarian insufficiency in younger women. Each case will be followed by an expert-led discussion, enabling participants to engage with complex diagnostic, therapeutic, and counseling dilemmas encountered in day-to-day clinical practice. The aim is to promote a deeper understanding of the nuances of menopause care by integrating pathophysiological knowledge with clinical decision-making and patient-centered approaches.

Special emphasis will be given to the long-term consequences of POI, including cardiovascular, skeletal, and fertility-related impacts, and the role of hormone replacement therapy (HRT) in its management. Discussions will also focus on risk stratification and evidence-based treatment strategies for malignancy and pelvic floor disorders in postmenopausal women, reflecting both local practice and global guidelines.

This educational format is expected to nurture analytical thinking and to prepare the trainees for their postgraduate assessments, while also serving as a platform to enhance and exchange knowledge between emerging and established experts in the field. The session underscores the Sri Lanka Menopause Society's commitment to fostering high standards in menopausal healthcare and training, especially as it celebrates 25 years of advancing women's midlife health in Sri Lanka.

FREE PAPER ABSTARCTS ORAL PRESENTATIONS

OP 1

Assessment of dietary patterns, obesity, and diabetes in postmenopausal women visiting Peradeniya Teaching Hospital: a preliminary cross-sectional study

Karunathilaka KRWMAMK¹, Mendis BEP¹, Chandrasekara A^2 , Kandauda IC³, Weerasekara NK^4 , Wijesekera $DATV^5$, Rajapakse $RPNP^1$

¹Department of Food Science and Technology, Faculty of Agriculture, University of Peradeniya

²Department of Nutrition & Dietetics, Faculty of Livestock Fisheries & Nutrition, Wayamba University of Sri Lanka

³Department of Obstetrics & Gynecology, Faculty of Medicine, University of Peradeniya

Introduction

Menopause is associated with hormonal and metabolic changes that increase the risk of health complications such as obesity and diabetes. In Sri Lanka, where a substantial portion of a woman's life is spent post-menopause, understanding the role of diet and lifestyle is crucial for effective public health interventions.

Objectives

This study aimed to assess the prevalence of obesity and diabetes and to examine dietary patterns among post-menopausal women in the Kandy District. It also aimed to identify and evaluate the associations between dietary intake, obesity, diabetes, and different menopausal stages.

Methodology

A cross-sectional study was conducted in February 2025 at the Gynecology Clinic of Peradeniya Teaching Hospital, involving 80 post-menopausal women aged 45–65 years. Data were collected through anthropometric measurements (BMI, waist-to-hip ratio, body fat percentage), 24-hour dietary recall, a food frequency questionnaire (FFQ), and a structured diabetes history questionnaire. Statistical analysis was performed using SPSS version 22 to assess associations between menopause stages, dietary patterns, and health outcomes.

Results

The mean BMI was 26.47 kg/m^2 (SD = 4.23), with 78% of participants classified as overweight and 58% as obese. Carbohydrates comprised 42% of dietary intake, while oily foods, sugary foods, and fruits were the lowest (4%). Significant differences were observed between post-

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⁵Faculty of Medicine, University of Colombo

menopausal stages and both fruit consumption (p = 0.038) and the occurrence of diabetes (p = 0.022).

Conclusions

These findings indicate a high prevalence of obesity, poor dietary quality, and increased diabetes risk among post-menopausal women, highlighting the need for targeted dietary interventions and lifestyle modifications to reduce metabolic health risks in this vulnerable group.

OP 2

Assessment of knowledge and attitudes regarding menopause among nursing staff and midwives at the Professorial Obstetrics and Gynaecology Unit, North Colombo Teaching Hospital (NCTH)

Rathigashini R¹, Walisinghe WMPH¹, Gunaratne S¹, Herath RP¹

¹Department of Obstetrics & Gynaecology, Faculty of Medicine, University of Kelaniya

Introduction

Menopause is a significant physiological milestone in a woman's life, often associated with a variety of physical, emotional, and psychological changes. Healthcare providers, particularly nurses and midwives, play a crucial role in guiding and supporting women through this transition. However, existing literature highlights notable gaps in their knowledge and attitudes regarding menopause.

Objectives

This audit aimed to assess the knowledge and attitudes related to menopause among nursing and midwifery staff.

Methodology

An audit was conducted using a self-administered questionnaire at the professorial obstetrics and Gynaecology wards at the North Colombo Teaching Hospital, Ragama.

Results

A total of 38 staff members participated in the study. All were aware of the term menopause, and most (92.11%) were aware of the average age of menopause. 63.15% of respondents heard about menopause through lectures, whereas 28.94% read about it in books. However, only 55.26% had received formal education, and only 2.63% had attended training. 57.89% correctly identified the definition of menopause, and 92.1% identified oestrogen as the key declining hormone. Majority are aware of the common symptoms such as hot flushes and vaginal dryness, (86.84%) and (94.73%) respectively. Although majority are aware of general measures, HRT, and complementary therapies as a treatment for menopause, in-depth knowledge of HRT is poor. Only 23.68% believed that they had adequate knowledge on advising patients, but almost all of them expressed interest in further training.

Conclusions

The audit highlights knowledge gaps and limited formal training among nursing and midwifery staff regarding menopause. Structured educational interventions are recommended to enhance patient counseling and care on menopause.

OP 3

Knowledge and Attitudes Towards Contraception Among Perimenopausal Women in a Peripheral Region of Sri Lanka (Dehiaththakandiya)

Abeysiriwardena NJ¹, Tennakoon TMCK²

Objectives

This study focused on assessing the knowledge, attitudes, and preferences regarding contraception among perimenopausal women in Dehiaththakandiya, a peripheral region of Sri Lanka belong to Ampara district.

Methods

A cross-sectional descriptive study. This conducted over a three-month period from February 2025 to May 2025 at base hospital Dehiaththakandiya, MOH dehiaththakandiya, which were in the Eastern Province of Sri Lanka. A total of 150 women aged 40–55 years attending gynecology and well-woman clinics were interviewed by using a structured questionnaire. Ethical approval was obtained from the Regional Department of Health care services ethical review committee.

Results

70 % of the women are unaware of menopausal symptoms and not aware about continued fertility risk at this period of transition. More than 90% of participants believed that contraception was unnecessary during the perimenopausal period. 95 % preferred non-hormonal methods over other contraceptive methods especially barrier methods which led to male condom being the most accepted choice. Unwillingness to use hormonal contraceptives is mainly due to fear of side effects, especially menstrual irregularity. Despite counselling, only a few women (less than 5%) were opted to consider permanent sterilization.

Conclusions

This study points out a significant gap in contraceptive knowledge among perimenopausal women with A strong bias against hormonal methods as well permanent sterilization. I believe Education and culturally sensitive counselling are a necessity to correct these misconceptions.

¹Specialist in Obstetrics & Gynecology ,BH Ddehiaththakandiya

²Registrar in Anesthetics, National Hospital kandy

OP 4

Rare case of intra-vesical migration of an intrauterine contraceptive device.

Abeysekara $AWADTS^{1}$, Suhajanan T^{2}

Objective

Intra uterine contraceptives devices (IUCD) are reliable and common method of contraception. Uterine perforation is rare but serious complication associated with IUCD.

Case presentation

52-years-old women has presented with nonspecific lower abdominal pain for 6-month duration. Urine full report(UFR) reveled leukocytes and hematuria. She was treated with antibiotics, but her symptoms did not resolve. Therefore, X ray kidney ureter bladder was performed to exclude urinary calculi. It reveals there is IUCD in pelvis but no evidence of calculi. She was referred for transvaginal Ultrasound scan, reveled a IUCD deeply embedded into anterior uterine wall with possible extension towards bladder wall. Hysteroscopy was arranged and IUCD was noted embedded to anterior uterine wall, but removal was not successful. patient complained of postoperative gross hematuria. Cystoscopy was performed and revealed part of IUD has perforate to posterior wall of bladder with the evidence of bladder damage may be due to previous attempt to remove it. Laparotomy was performed, during it was noted that IUD has perforated through the anterior wall of the uterus to posterior wall of bladder with the evidence of bladder damage. During Laparotomy IUD was removed and bladder damage was repaired. She was discharged without significant complications. post-operative review revealed that her symptoms have completely resolved.

Conclusion

A patient who is with IUD present with irritable urinary tract symptoms, lower abdominal pain, persistent hematuria then possibility of IUD migration should be considered. Transvaginal ultrasound scan may be a valuable initial investigation to identify above deferential diagnosis.

OP 5

A study on Transobturator Tape Procedure (TOT-V) in the management of stress urinary incontinence (SUI)

Jayalath JAVS1

Background

Stress urinary incontinence is a common urogynaecological problem encountered by both premenopausal and postmenopausal women. Burch colposuspension is considered to be the gold standard in management of moderate to severe stress urinary incontinence. Tension free tape procedures are also considered to be effective method, however complications reported in

¹Senior Registrar Obstetrics and Gynaecology

²Consultant Obstetrician and Gynaecologist

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recent past resulted in its limited use. Tape procedures are still used in low-income countries since it is a low-cost and simple procedure.

Objective

To evaluate the outcome and patient's satisfaction of TOT-V in regard of stress urinary incontinence.

Methodology

This was a descriptive cross-sectional study. 42 patients participated for the study, which was conducted during the period of 6 years at Castle Street Hospital for Women, Colombo South Teaching Hospital, Base Hospital Walasmulla, and Base Hospital Udugama. Interviewer administered questionnaire (including Patient Global Impression of Improvement (PGI-I) scale) was used to collect data from the patients who consented for the study. Patients were assessed at before discharge, six-month, one year and two years postoperatively.

Results

Majority of the patients (61.9%, n=26) were postmenopausal, while 38.1% (n=16) were premenopausal. Most the patients had successful surgical procedure before discharge. 64.3% (n=27) of them had very much better outcome, whereas 21.4% (n=9) of them had much better outcome. Only 9.5% (n=4) had little better outcome. However, 2 (4.8%) patients complained no change in outcome before discharge. One patient had urinary retention following the procedure, however it was settled with conservative management within one week. Groin pain (17%), bleeding from the surgical site (4.7%) were the common acute complications following the procedure, however there were no infections reported. One year and two years follow up showed high patient satisfaction. Regarding long term complications, 1 (2.4%) patient had tape erosion, and 2 (4.7%) patients had recurrence of urinary incontinence.

Conclusion

TOT-V is a very effective method in management of stress urinary incontinence specially at low resource settings. However, it is associated with common acute complications like groin pain and bleeding from surgical site. Long term complications included recurrence of urinary incontinence and tape erosions; however, it was low.

OP 6

Psychological wellbeing following vaginal hysterectomy and repair: A descriptive study at Base Hospital Homagama

Abeygunawardana DB^{I} , Gunatilake $AMPI^{I}$, Amaranayake MDS^{I} , AADNP Amarasinghe $AADNP^{I}$

Background

Pelvic organ prolapse is a common condition among middle-aged and elderly women, often

¹Base Hospital Homagama

²Ministry of Health

requiring surgical intervention such as vaginal hysterectomy and repair (VHR). While physical outcomes are well documented, less attention has been given to psychological wellbeing following surgery. This study aimed to describe the sociodemographic and clinical profile of women undergoing VHR and assess the prevalence and associated factors of depression, anxiety, and stress postoperatively at Base Hospital Homagama.

Methods

A descriptive cross-sectional study was conducted at Base Hospital Homagama among women aged 40–80 years who underwent VHR and attended postoperative follow-up from January 2023 to December 2024. Women with known psychiatric illness, cognitive impairment, or incomplete data were excluded. Data on age, parity, menopausal status, comorbidities, and surgical indication were collected using an interviewer administered questionnaire. Psychological wellbeing was assessed using the validated Sinhala version of the DASS-21. Statistical analysis included descriptive and bivariate analysis using SPSS.

Results

Of the 119 eligible women, the mean age was 65.1 years (SD = 10.4), with a mean parity of 3. Most were postmenopausal (84.9%), and 77.3% underwent surgery for uterovaginal prolapse. Hypertension, diabetes, dyslipidemia, and ischemic heart disease were reported in 50.4%, 34.5%, 12.6%, and 3%, respectively. DASS-21 findings showed stress in 12.6%, depression in 7.6%, and anxiety in 5.0%. A borderline association between menopausal status and stress (p = 0.053) was observed.

Conclusions

A notable proportion experienced psychological distress, especially stress. Incorporating routine mental health screening and psychosocial support into postoperative care is recommended to improve recovery and wellbeing.

FREE PAPER ABSTARCTS POSTER PRESENTATIONS

PP 1

Uncovering the hidden culprit: How a misoprostol hypersensitivity unmasked an advanced malignancy?

Perera NNN^{I} , Chanaka $JKDN^{I}$, Chintaka RG^{I} , Jayaneth KVC^{I} , Liyanagama PD^{I} Castle Street Hospital for Women

Introduction

Malignant pericardial effusion is a rare complication of gynaecological cancer. We present a case of malignant pericardial effusion following hypersensitivity to misoprostol, in a patient evaluated for post-menopausal bleeding.

Case Presentation

A 75-year-old woman with a single episode of post-menopausal bleeding, loss of weight and appetite and a thickened endometrium of 15mm on transvaginal ultrasound scan was admitted for endometrial assessment. She had no medical co-morbidities other than a history of a worsening respiratory tract infection. Pre-operative assessment showed an ESR of 95mm/hr and a globular heart on chest X ray. However, the echocardiogram was normal. She was referred to chest clinic for further assessment and tuberculosis was excluded. Prior to surgery, Misoprostol 800mcg was inserted vaginally for cervical ripening. Within 1 hour of insertion, she developed chills with a blood pressure of 180/120mmHg, Pulse rate 130 bpm and SpO2 dropped to 90%. After stabilization in the ward she was transferred to ICU for further care where she had an episode of atrial fibrillation which was managed with IV Amiodarone. Echocardiogram showed a moderate to severe pericardial effusion with right heart collapse. She underwent an urgent percutaneous pericardial aspiration. 800 ml of pericardial fluid was drained and a pig tail catheter was placed to facilitate drainage subsequently. Cytological examination of pericardial fluid showed atypical cells suspicious of maliganney. She was transferred to National chest hospital and thereafter to National cancer institute for further evaluation and management.

Discussion

A post-menopausal woman presenting with an episode of vaginal bleeding and a thickened endometrium on ultrasound scan raises the suspicion of endometrial cancer. However, there are only 4 cases reported worldwide of advanced endometrial cancer associated with pericardial effusion. Misoprostol, a synthetic prostaglandin E1 analogue, is widely used in gynaecology and is generally well tolerated. Nonetheless, cases of hypersensitivity reactions ranging from febrile reactions to severe anaphylaxis have been reported along with cardiovascular side effects secondary to misoprostol induced vasospasms. In this case, a hypertensive crisis following misoprostol insertion, unmasked a compensated pericardial effusion.

Conclusion

This case illustrates how a rare complication led to the discovery of an advanced malignancy emphasizing the importance of a comprehensive. approach to patient evaluation and management. It also highlights the need for vigilance of cardiovascular complications secondary to misoprostol, particularly in elderly patients.

PP₂

Menopausal symptoms in a patient with Alcoholic Cirrhosis and normal Follicle-Stimulating Hormone levels: A diagnostic and management challenge

Yaddehige S^{l}

¹Locum Consultant in Obstetrics and Gynaecology, Diana Princess of Wales Hospital, Grimsby, United Kingdom

Introduction

Menopause is diagnosed retrospectively after 12 months of amenorrhea in women over 45, usually accompanied by elevated gonadotropins such as FSH. In liver disease, particularly alcoholic cirrhosis, estrogen metabolism is impaired, leading to altered hypothalamic-pituitary-ovarian axis function and abnormal hormone levels. The coexistence of menopausal symptoms with non-elevated FSH levels presents a diagnostic dilemma.

Case history

A 48-year-old woman with a 10-year history of alcohol abuse and alcoholic cirrhosis presented with 14 months of amenorrhea, hot flashes, insomnia, and mood swings. Examination showed signs of chronic liver disease but no gynecological abnormalities. Labs revealed elevated liver enzymes, low estradiol, normal LH, and an FSH level of 14 IU/L. Imaging showed atrophic ovaries, and a DEXA scan confirmed osteopenia. The mismatch between clinical symptoms and normal FSH levels complicated the diagnosis.

Discussion

In women with liver cirrhosis, diagnosing menopause is challenging due to disrupted hormone metabolism, which can result in normal FSH and LH levels despite ovarian failure. Symptoms such as hot flashes and mood swings may overlap with hepatic encephalopathy or alcohol withdrawal, while psychoactive medications may further obscure the clinical picture. Reliance on lab values alone may delay diagnosis. Management focuses on non-hormonal therapies like SSRIs, gabapentin, and CBT due to the risks of hepatotoxicity from hormone replacement. In select stable patients, transdermal estradiol with progesterone may be cautiously considered. Bone health is addressed with calcium, vitamin D, and bisphosphonates. Alcohol cessation support and close follow-up help improve outcomes.

Conclusion

In women with alcoholic cirrhosis, normal FSH levels do not rule out menopause. Clinicians must be vigilant and prioritize clinical context over biochemical markers. Safe, effective symptom management is possible with a multidisciplinary approach.



An Advanced Gynaecology **Ultrasound Scan** Pre-congress Workshop

Organized by the Menopause Society of Sri Lanka

Date: 6th July 2025 - 8.00am to 2.00pm

Venue: University Hospital KDU

Programme		
8.00 am	Registration	
8.30 am	Ultrasound in diagnosis of different endometrial pathologies	
9.00am	Assessment of PMB -Role of Ultrasound	
9.30 am	3D and colour doppler ultrasound in gynaecological practice	
10.00 am	Tea	
10.30 am	Screening and early diagnosis of ovarian malignancies	
11.00 am	Ultrasound in Urogynecological complaints-does it have a role?	
11.30 am	Hands-on session – endometrial polyp/fibroids/ Adenomyosis.	
2.00 pm	Lunch	

Register Before 3rd July 2025

Consultants; Rs. 5000 Trainees: Rs. 2500

Registration confirmed on payment

Deposit Registration fees and whats app your slip with your details (name, contact number and email address) to 0755495035

Account Details;

Ac Name: Menopause Society of Sri Lanka Ac Number: 0820 00534453 001, Seylan Bank, Borella Branch

Tel: 0112 699 211 / 0755495035 Address: Menopause Society of Sri Lanka

No.112. Model Farm Road, Colombo 08

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Consultant Radiologist,

Dr Nagori's Institute for Infertility & IVF, Ahmedabad, India



Practical Urogynacology Pre-congress Workshop

Organized by the Menopause Society of Sri Lanka

Date: 11th July 2025 –(7.30am – 2.30pm)

Venue: Auditorium, SLCOG

Time	Topic
Session I	
7.30 am	Registration
8.00 am - 8.20 am	Evaluation of the Incontinent Patient
8.20 am - 8.50 am	Urodynamics Made Easy
8.50 am - 9.10 am	Evaluation of a patient with pelvic organ prolapse
9.10 am - 9.30 am	Conservative management of pelvic floor dysfunction
9.30 am - 9.50 am	Surgical management of Stress Urinary Incontinence
9.50 am - 10.10 am	Morning Tea
Session II	
10.10 am - 10.30 am	Management of Overactive Bladder Syndrome
10.30 am – 11.15 am	Surgical videos of Stress Urinary Incontinence
11.15 am - 12.00 pm	Surgical Management of Pelvic Organ Prolapse (including videos)
12.00 pm - 12.45 pm	Urodynamics: Semilive demonstration
12.45 pm -1.30 pm	Lunch
1.30 pm - 1.45 pm	Your sling patient does not pee after surgery: Management principles
1.45 pm – 2.00 pm	Complications following sling surgery
2.00 pm – 2.30 pm	Female Voiding Dysfunction

Register Before 10th July 2025

Consultants; Rs. 3000 Trainees; Rs. 2000

Registration confirmed on payment

Deposit Registration fees and whats app your slip with your details (name, contact number and email address) to 0755495035

Account Details;

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Tel: 0112 699 211 / 0755495035 Address: Menopause Society of Sri Lanka No.112, Model Farm Road, Colombo 08

Foreign Faculty



Dr. Aparna Hegde

Consultant Urogynacologist & & Pelvic Reconstructive Surgeon, India

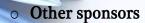
Coordinated by Dr. Darshana Abeygunawardana



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- The Chief Guest Dr. Nalinda Jayatissa, Honorable Minister, Ministry of Health
- The Guest of Honor Mrs. Saroja Savithri Paulraj, Honorable Minister, Ministry of Women and Child Affairs
- The Guest of Honor Prof. Mary Ann Lumsden, Honorary Professor of Gynaecology and Medical Education, University of Glasgow, United Kingdom.
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- Our sponsors who made it possible for us to have this event in such grand style
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- Galadari Hotel for making the conference a memorable event
- Printers Lakcom for the quality printing
- All others who supported us in innumerable small ways to make this event a success

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CooperSurgical® Wallace® Ring Pessaries Wallace® Ring Pessaries are available in a range of sizes to accommodate varying anatomical needs:

Available Sizes

Diameters (in millimeters): 50, 53, 56, 59,62, 65, 68, 71, 74, 77, 80, 85, 90, 95, 100, and 110 mm.

These options allow clinicians to select the most appropriate size based on individual patient assessments.



Uterus



Prolapsed Uterus



Uterus Pessary in position



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