

markedly reduced liquor. Considering the risk of infection the decision was made to remove the cerclage at 16 hours following the surgery. Antibiotics were continued and the septic screening was performed.

Patient aborted the foetus in the following day and found to have retained placenta. The manual removal of the placenta was performed and subsequent ultrasound revealed retained products of conception and the decision was made to perform evacuation of retained products of conception. The post-operative haemoglobin was 7.5g/dL and two packs of red cells transfused. The patient remained afebrile since the removal of the cerclage. The patient was discharged on the day five of the admission.

P80: An audit on perineal pain felt following childbirth: level of pain experienced and degree of analgesia used

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Background: Perineal pain is a common symptom following vaginal childbirth. Reducing of the degree of pain experienced has been shown to improve maternal wellbeing and normal functioning within the family.

Methods: We performed the audit in the professorial ward of the Colombo North Teaching Hospital. Participants perception of pain was assessed using a verbal numeric rating scale.

Results: All participants had experienced some degree of perineal pain. However significantly reduced levels of pain were experienced in those who had received analgesia.

Conclusion: Perineal pain is a common symptom among women following childbirth. However such pain can be significantly reduced with appropriate interventions.

P81: What is the end point prior to radiotherapy in persistent dysplasia in cervical cancer surveillance? – A case report

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Introduction: Persistent severe dysplasia with high grade lesion (Cervical Intraepithelial Neoplasia (CIN) 111) invariably behaves as premalignant lesion. Both ablation and excision techniques have cure rate of around 90% and the advantage is to avoid extended procedures like hysterectomy and post-operative (chemo) radiation which carried significant morbidity.

Case: A 56 year old G2 P2 C2 who presented with post-menopausal bleeding and continuous mucous vaginal discharge. Clinically no macroscopic lesions and cervix appears healthy. She never underwent cervical cytology screening thus Pap test was performed. Result of the cytology was CIN 111. Patient underwent Cone biopsy which was hyperactive squamous epithelium with moderate to severe dysplasia (clear excision margins). Thus plan was to repeat the cervical cytology in six month where the

results came as CIN 111 with severe dysplasia. Patient underwent Wertheim's hysterectomy with B/L Salpingo-oophorectomy. A vault smear taken after six months which was High Grade Dysplasia with presence of atypical cell thus vaginoscopic biopsy was taken. The result was hyperactive squamous epithelium with moderate to severe dysplasia. Thus patient underwent colpectomy where histology came as hyperactive squamous epithelium with mild to moderate dysplasia with clear margins. A repeat vault smear was taken after six months which again came as High Grade Dysplasia thus repeat vaginoscopic biopsy was taken which found full thickness dysplasia (Carcinoma in situ). Therefore patient underwent total colpectomy.

Discussion: Even though Excision is curative in non-invasive forms of cervical cancer, tumor recurrence is possible and unpredictable. Thus the surveillance is utmost important in managing such patients.

P82: Case history: a case of morbidly adherent placenta involving the bladder

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Introduction: Morbidly adherent placenta is becoming more common among mothers with previous sections and increasing maternal age. Morbidly adherent placenta (MAP) carries very high morbidity and mortality to the both mother and fetus. MAP has 3 main types according to the degree of invasion placenta accreta, increta and percreta. Placenta percreta is a serious complication of MAP and it is rare. This is a case report of Mrs. Silva that had a morbidly adherent placenta end up with a caesarean hysterectomy and right side salpingo-oophorectomy.

Case history: A 32 year old mother in her third pregnancy with 2 past sections, presented at 36+6 days of gestation due to labour pains. This was a planned pregnancy with no complications until anomaly scan showed lower lying placenta at 24 weeks of gestation. At 32 weeks she had no bleeding episodes but ultrasound (USS) showed lower lying placenta infiltrating into the uterine wall with bladder involvement but Magnetic resonance imaging (MRI) showed no bladder involvement. During the emergency surgery bladder involvement separated down well but she developed torrential uterine bleeding and ended up in caesarean hysterectomy with right salpingo-oophorectomy. Postoperative period was uncomplicated.

Discussion: Previous section with a lower lying placenta carries a very high chance of MAP. A high index of clinical suspicion is the key to diagnose. USS is a very good diagnostic tool in trained hands. MRI can aid the diagnosis but has high chance of false negative results. Delivery plan at 36 weeks is needed to avoid unnecessary emergency surgeries which will carry high morbidity and mortality.

P83: Audit on decision to delivery interval for unplanned caesarean section

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Objectives: To audit decision to delivery interval of category 1 & 2 caesarean sections (CS).

Design: Continuous audit over period of four months.

Setting: University obstetric unit of Colombo South Teaching Hospital.

Methods: All category 1&2 CS were assessed to see whether recommended time interval is achieved.

Results: During the audit period we assessed 10 (8.9%) category 1 CS and 102 (91.07%) category 2 CS. Mean time interval for category 1 CS was 28.6 minutes with a range from 10minutes to 42minutes. 4 out of 10 (40%) women delivered in 30 minutes.

For category 2 CS mean time was 59.7 minutes and the range was 25 minutes to 135 minutes. 4 out of 102(3.9%) women delivered within 30minutes. 62 out of 102 (60.8%) women delivered in 60 minutes while it was 84.3% (86) for 75 minutes cut off value.

Main reason for delay was unavailability of theater facilities and miscommunication regarding the urgency.

Conclusions: Recommended decision to delivery time for category 1 CS is not being achieved while it was satisfactory for category 2 CS. Proper communication about the urgency of unplanned CS & dedicated theater facilities will be helpful in achieving recommendations.

P84: Teething problems of establishing multidisciplinary team for management of heart disease in pregnancy

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- Date – 2016. 06. 03
- Venue – De Soyza Hospital for Women. Medical clinic
- Medical team -
 1. Dr. Ruwanpathirana (VOG) Ward 16
 2. Dr. GaminiGalappaththi (Consultant cardiologist)
 3. Prof. C. Randeniya, Dr. Prabodana (Professorial Obstetric unit)
 4. Dr. HarshaniLiyanaage
 5. Dr. SarojaJayasinghe
 6. Dr. Sathis (Consultant Physician)
 7. Dr. NipunikaSenadheera (Consultant Haematologist)

A 29 year old pregnant mother in her 4th pregnancy, at a POA of 31 weeks, presented with breathlessness of 1 month duration. She is a diagnosed patient with immune thrombocytopenic purpura at the age of 10 years, lymphoma at the age of 13 years,

SLE at the age of 15 years and pulmonary TB at the age of 18 years. TB has been treated completely. Then at the age of 25 years she has developed 2 SLE relapses, gastric ulcer disease and pneumocysticcarinipnumoniae and lupus nephritis. During the same year she was diagnosed to have APLS and has had a missed miscarriage and ERPC has been done. Lupus nephritis has progressed to stage ivwhen she was 28 years of age and at the same time she has had two miscarriages. ERPC has been done in both times. Now she is having NYHA class 2 type breathlessness. ECG and echocardiography were done and found to be normal.

Indexed case we had problems of communicating in Tamil. Getting all the specialists and other machines and equipment needs to be addressed. Apart from these constrains this type of complicated case is immensely benefited physically as well as emotionally.

P85: Knowledge in medical ethics related to Obstetrics and Gynaecology among a group of final year medical students

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Introduction: Concept of medical ethics is important to maintain standards in the medical field and to provide best care to the patient as well as to the society while practicing medicine. Therefore it should be well understood before passing out from the medical school.

Objective: The objective of this study was to assess the knowledge in medical ethics Related to the Obstetrics and Gynaecology among a group of final year medical students.

Methodology: We collected data from a sample of 55 final year medical students of Faculty of Medicine University of Colombo following the professorial obstetrics and gynecology appointment, using a pre tested self-administered questionnaire. Knowledge was assessed in the fields of autonomy and consent, end of life decisions and doctor-patient relationship.

Results: Mean knowledge score was (72.72% ± 7.3%); Mean knowledge score on autonomy and consent section was (80.14% ± 12.71%), end of life decision was (55.55% ± 15.11%), and doctor patient relationship was (93.16% ± 9.71%).

Conclusion: The study group had a satisfactory knowledge on medical ethics related to the subject of Obstetrics and Gynaecology.