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NEWSLETTER

GALLE MEDICAL ASSOCIATION



Theme -2020

“Stepping into new decade of health information and research; connecting with the community to deliver better healthcare”.

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Dr. Kalum Deshapriya was inducted as the President of the Galle Medical Association by the Immediate Past President Dr. Arosha Dissanayake at the 78th Annual General Meeting held on 13th December 2019 at the GMA Lecture Theatre, Teaching Hospital, Karapitiya.

FUTURE ROLE OF ACADEMIC ASSOCIATIONS DUE TO COVID-19 PANDEMIC

The world is shocked by the turn of events that are taking place at present. The need to maintain social distance while limiting public gatherings and movements have significantly challenged the traditional operational mechanisms of academic associations. We have to grasp this reality quickly and find ways to face it. When this happens at the middle of one's academic calendar, inevitable deviation from it's original plan is difficult. We will make changes by identifying new priorities, while continuing with dissemination of information by way of web based and online means. GMA is committed to face this challenge with confidence.

This newsletter highlights some of the work our association done during the first three months as per our original academic calendar.

President - GMA 2020

PRESIDENT'S MESSAGE

STEPPING INTO NEW DECADE

I consider it as an honor and a privilege to be the president of the Galle Medical Association (GMA), which is one of the leading medical associations in Sri Lanka with an illustrious history. GMA has come a long way since its inception in 1940. Our theme for the year 2020 is "Stepping in to new decade of health information and research; connecting with the community to deliver better healthcare".

We have planned many activities in keeping with our theme along with other regular events for the benefit of our membership. A Community outreach programme is planned to address medical officers in the periphery and the general public. Updating medical officers with current medical knowledge is considered important in uplifting the primary health care delivery and GMA is planning to meet them in different forums in the community. Meeting general public to address their health issues and to educate them on various aspects of health is another activity planned. Regular training programs for doctors who sit for postgraduate examinations are being conducted. Promotion of research interest in doctors by conducting interactive sessions on "Research Proposal Development" while running the research help desk at the GMA office is another major area where the GMA will focus in this year.



First edition of the newsletter for the year 2020 highlights the activities carried out during the first quarter. It was indeed a very successful three months for GMA and I am proud of the GMA Team 2020 for their magnificent efforts in achieving our goals. We have planned many activities spanning throughout the year which includes, sports tournaments, leisure activities by way of musical evenings, promoting creative writing, organizing trips for its membership and their family members, celebrating national cultural and religious events like Sinhala and Tamil New Year, Vesak and Christmas, introduce photography as a new activity and to compile 80 years of GMA history. The pinnacle of our efforts will be the Annual Scientific Sessions.

Impact of Covid-19 Pandemic

The country is currently experiencing one of the major crises in its history, Covid-19 pandemic despite seriousness of the health concerns, periods of prolong indefinite curfew, social isolation, major economic drawbacks, we stand strong as a nation. We acknowledge the efforts taken by the government in curtailing this crisis with the help of dedicated healthcare personnel whose services are being greatly appreciated. GMA salute all those who are contributing in this fight against Covid-19 which is a totally new devastating catastrophe.

As a result of this prevailing situation we had to cancel many of our activities. We have started a fund with the aim of supporting our health teams in the event of short supply of personal protective equipment. It is our wish that this difficult period will come to an end soon. We are taking steps to face the challenge with novel approach. I wish all of you good health, strength and courage in this critical period of our history.

Dr. Kalum Deshapriya
President
Galle Medical Association - 2020

EXCITED DELIRIUM SYNDROME

Dr. Ajith Rathnaweera

Department of Forensic Medicine, Faculty of Medicine, University of Ruhuna, Galle

The police tried arresting a 37 year-old male, after receiving several complains of aggressive behaviour and shouting at his neighbours. At the sight of the police, he initially tried to run, however he was cornered by the attending officers. At that moment, he became very aggressive and violent and threatened the police officers. He even grabbed one officer and was able to put him down. The police officers had to wrestle with him for almost five minutes before they were able to control him. According to them he had enormous strength and was very agitated at that time. Once he was hand cuffed, he became very silent. He was immediately taken to the police station where he was put behind bars. Half an hour later, when the inquiring officers came to get a statement from him, he was found to be unresponsive. He was immediately taken to the nearby hospital, where he was found to be dead on admission. An inquest was held and a post-mortem examination was carried out. There were no significant external or internal injuries present. Blood alcohol level was 220 mg/dl and cocaine and its metabolites were identified in his blood and urine samples. Histopathology of all organs were performed and there was no significant pathology present. Relations of the deceased charged that this person died following police assault. However, post-mortem examination did not reveal any suggestive evidence. The probable cause of death was given as Excited Delirium.

From time to time, forensic pathologists will encounter cases of sudden death during or immediately after a violent struggle, with a followed up post-mortem examination failing to reveal an anatomical cause of death. Usually these deaths are following attempted restrains of a violent struggler by the law enforcement officers. The usual presentation in such deaths is that of individuals in excited delirium. Explaining excited delirium to the general public sometimes is very difficult. Even though

the symptoms associated with this condition are explainable, cause of death is not very straight forward. The uncommon nature of the syndrome adds to the outrage and strengthens the claim of police brutality. Some people believe that excited delirium is a cover used by the authorities in cases of excessive use of force by the law enforcement agencies¹.

In most instances, just like the above mentioned one, deaths are due to combined effects of physiological consequences of violent physical activity and the effect of the drugs they were on. During a struggle, there is sudden release of catecholamines into the circulation. Catecholamines usually increases the rate and force of contraction of the heart, the conduction velocity and the blood pressure. All these events leads to an increase demand of oxygen by the heart². The highest levels of catecholamine levels are observed not during the struggle but couple of minutes after cessation of such activity³. During a struggle, blood potassium concentrations also increases rapidly⁴. It is reported that this increase may be as high as 5 mEq/l or more. However, just after the struggle, there is rapid drop of potassium levels which ultimately reaches hypokalaemic levels. This hypokalaemia can persist for around 90 minutes after the struggle⁵. These extreme potassium levels have cardiac arrhythmogenic effects. However, these arrhythmogenic effects are neutralized by the simultaneous rising levels of catecholamines, which at initial levels have a cardio protective action. "Thus, the danger time for arrhythmias is immediately following cessation of physical activity, when blood catecholamine, concentrations continue to rise while potassium levels drop dramatically to hypokalemic levels. This period has been referred to as the time of post-exercise peril, in that there

is high risk of cardiac arrhythmias during this period”².

Drugs such as cocaine and amphetamine are known predisposing factors for excited delirium. These drugs can increase the physiological effects of a struggle and there by increases the risk of development of fatal arrhythmias. Cocaine causes increased release of Catecholamines together with inhibition of norepinephrine reuptake. “Thus, by these actions, cocaine works on the beta-1 receptors to increase heart rate, force of contraction and conduction velocity, while, at the same time, acting on the alpha receptors in the coronary arteries to cause contraction, reducing myocardial perfusion.” As a result of this, the myocardial oxygen demand increases, however myocardial perfusion decreases².

Alcohol is a known arrhythmogenic agent causing variety of atrial and ventricular arrhythmias⁶. Alcoholics also known to have increased levels of norepinephrine. Long QT interval, another affliction to sudden death, is also common in alcoholic⁷. All these predispositions to arrhythmias can be aggravated by catecholamines released during a violent struggle.

In the absence of alcohol and stimulant drugs, excited delirium may occur in individuals having endogenous mental disease. These acute psychotic episodes are common in individual with schizophrenia, schizoaffective disorders or delusional disorders. Sudden death can be caused by either the physiological effects of catecholamine and hypokalemia following the struggle or a combination of these effects and the effects of the medications the patient is or was on².

Excited delirium is a unique medical issue characterized by the acute onset of agitation, aggression, distress, and possibly sudden death. Victims of excited delirium usually die from cardiopulmonary arrest, although the exact cause of such arrest is likely to be multifactorial.

Forensic medical practitioners are often required to render a decision as to the cause of death in cases that involve patients in police custody with multiple confounding variables such as struggle or alleged violence and concomitant illicit substance use. A thorough history, a scene examination, a complete autopsy with full range of toxicology and histopathology examination is mandatory before coming in to any conclusion. The knowledge of this condition among those who are directly involved in arresting suspects is highly recommended as some of these deaths may be preventable if necessary precautions are taken during arrest, and while keeping them in custody.

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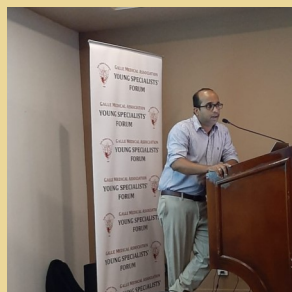
YOUNG SPECIALISTS' FORUM

This is the forum where Senior Registrars of all the specialties are supported for their professional development. The following topics were covered in the first quarter of the year 2020.



"Stories behind the *Staphylococcus aureus* UTI"

by Dr. W B Upul Priyadharshana
Senior Registrar in Microbiology
on 20th January 2020



"An Insight in to Pre-hospital Care" *Retrieval of a young man with a deadly triad*

by Dr. Asanka Migelheva
Senior Registrar in Emergency Medicine
on 25th February 2020



"Dilemma about whether to treat or not high fever with NSAIDs in a dengue endemic country"

by Dr. Indumini Wickramasinghe
Senior Registrar in Paediatrics
on 02nd March 2020



REGISTRAR EXCELLENCE FORUM

This forum was introduced in this year in order to support Registrars of all the specialties for their professional development. Registrars are assessed on their presentation skills by an expert panel of Judges and are given feedback personally at the end of their presentations.

Seven Sessions of REF were conducted successfully in the first quarter of the year.

Resource persons are Dr. H. M. M. Herath, Dr. Upul De Silva, Dr. Sujewa Kumarasena, Dr. Y. A. R. P. Jayasinghe, Dr. Wimalasiri Uluwattage, Dr. Kalum Deshapriya, Dr. S. P. Dissanayake and Dr. Sudheera Fernando.



Dr. Dilum Senevirathne



Dr. Sameera Ravishan



Dr. Muditha Jayaweera



Dr. Thilinie De Silva



CLINICAL RESEARCH DEVELOPMENT HELP GROUP



In accordance with the GMA theme for this year, “**Clinical Research Development Help Group**” of GMA has launched a series of workshops on research methods with the objective of enhancing the research culture among its membership. The first workshop of this series titled “From Clinical Problems to Research Objectives” was held on 24th February 2020, at the GMA

auditorium with participation of 75 doctors. The participants for these workshops will get the benefit of receiving one-to-one guidance from a team of experienced researchers for planning and implementation of their research projects.

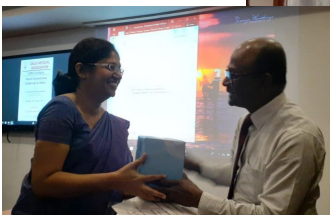
There will be 9 sessions altogether and the sessions aligned for the future are;

- ◆ Structure of a research proposal
- ◆ Literature search
- ◆ Selecting appropriate study design
- ◆ Sample types, size and data collection
- ◆ Statistical analysis
- ◆ Reference management
- ◆ Key words and running title
- ◆ Ethical clearance



GMA LECTURE

The first GMA lecture for the year 2020 was delivered by Dr. Nayomi Danthanarayana, Consultant Virologist, Teaching Hospital, Karapitiya on 28th January 2020 at the GMA Lecture Theater. The title of her lecture was “**Novel Coronavirus Outbreak in China**” which is the current hot topic in the world.



RESEARCH HELP DESK



GMA RESEARCH HELP DESK

GMA Research Help Desk will help you to

- ❑ Articulate your research question
- ❑ Identify best sources of information
- ❑ Formulate your search strategy
- ❑ Write research proposals
- ❑ Get the documents related to ethical clearance
- ❑ Analyze data write reports
- ❑ Write abstracts / papers for publications
- ❑ Any other matters arising in research....



*Experts will be available at the GMA office
Every Friday from 11.00 a.m. to 12.30 p.m.
Book an appointment from the GMA office*

BASIC LIFE SUPPORT PROGRAMME

Four sessions of BLS programme were conducted successfully. The date and the venue of the programme conducted as follow;

- 5th February 2020 - University of Ruhuna, Matara
- 6th February 2020 - Vijayaba National School, Hungama
- 17th February 2020 - Faculty of Agriculture, University of Ruhuna, Mapalana
- 2nd March 2020 - Meepawala Amarasuriya College, Galle



Faculty of Agriculture,
University of Ruhuna,
Mapalana



University of Ruhuna,
Matara



Vijayaba National School,
Hungama



Meepawala Amarasuriya
College, Galle

COMMUNITY OUTREACH PROGRAMME

The objective of this programme is to conduct regular continuous medical education session for medical officers from Primary Healthcare Institutions (PHCI) of Galle district to update their medical knowledge on day to practice.

The programme is scheduled for the year 2020 with 10 sessions by relevant specialist of the field. First sessions was held on 07th February 2020 at RDHS office Unawatuna with 150 participants. It was an interactive session with active participation from the audience. The topic discussed was "Management of maternal medical disease at primary healthcare level" by Dr. Warsha De Zoysa, Consultant Physician, TH Karapitiya.

The following topics will be discussed in the future;

- ◆ Management of Common NCDs
- ◆ Management of Medical Emergencies
- ◆ Management of Medical Emergencies II
- ◆ Management of Backache & other Muscular Skeletal Disorder
- ◆ Management of Risk Pregnancy at field Level
- ◆ Management of Common Childhood Illnesses
- ◆ Good Parenting Practices
- ◆ Management of Somatoform Disorders and Prevention of Suicide



THE CLOCK TOWER

It didn't really tell the time; (at least not then).
But it did watch on, as times went by:

From the day we - the batch of MFC 88/89 - first walked in,
So excited about starting a new life; about meeting new friends!
Overwhelmingly proud to be part of the fraternity - of Medical Faculty Colombo.
For, had we not waited long enough?
Through political unrest. Youth uprising. Closure of universities. Curfews.
Through so many uncertainties...

The clock, in its towering glory, would surely have watched over us;
As we dissected the hardened cadavers amidst vapors of formalin;
Stared through microscopes trying to make out slide after slide of pink blobs - which all looked alarmingly similar!
Tip-toed timidly in and out of lectures, casting furtive glances all the while, trying to avoid the "honorable seniors".
Long skirts flowing. (No short skirts, of course. It's the rag season, after all!).
And many seasons afterwards, some nick-names simply stuck: like *Unahapuluwa*, for instance...

One year later, the clock *still* did not tell the time.
But it continued to watch on silently:

As the contents of our bags changed,
From scalpels, bones and *Cunningham* manuals,
To stethoscopes, knee hammers and *Hutchison and Hunter*.
Friendships blossomed.
Some friends became lovers.
While the clock tower turned the landmark meeting spot for couples.
It must have heard the sweet music we made, practicing *Bhakthi geetha* in the common room.
And our silent prayers to the local gods - the Professors - from Panditharatne to Sheriffdeen.
Did it feel our breaking tensions as we passed beneath it, for exam after exam; year after year?
The joy of each success?
The heartache of each failure?

Twenty years later, I wonder whether the clock tells the time even now.
I hope someone has fixed it!

Not that it really matters thoughs...
Because I am sure it can still tell,
That those friendships forged through times, good and bad
Matured through the years
And shine brighter than ever, today:
As we celebrate the coming together of the MFC 88/89 batch, yet again -
After two decades.

Dr. Tolusha Harischandra

Consultant Cardiothoracic Surgeon

Teaching Hospital Karapitiya

IT'S ALL IN YOUR HANDS

Thabrew H, Nagahawatte A de S

Department of Microbiology, Faculty of Medicine, University of Ruhuna, Galle

Wuhan province of China has received attention from the general population at an unprecedented rate in the recent history with the outbreak of the novel virus identified as COVID-19. This family of corona viruses include the Severe acute respiratory syndrome coronavirus (SARS-CoV) which emerged in 2002 killing 800 patients while infecting around 8000 people and the Middle east respiratory syndrome corona virus (MERS-CoV) which came to lime light in 2012 taking a death toll of 858 and infecting 2494 patients.

However, there are many other newly emerging bugs which roam silently in hospitals taking a death toll which is rising alarmingly. The reason for their discreet behaviour is that they cause infections mainly in patients associated with hospitals and not involve the previously healthy population. Therefore, professionals working in these areas have been in a continuous struggle to attract attention to these inconspicuous bugs which cause more harm in the long run than the popular corona viruses.

United States of America recognized the threat of fluconazole resistant *Candida* infections as a serious threat among antibiotic resistance in 2013 as a result of these relentless efforts. *Candida auris* is now in this list of emerging pathogens due to the rapid emergence and alarming spread in outbreaks in all regions of the world. Distressingly some hospitals report rates of isolation of *Candida auris* in blood culture which is second only to *Candida tropicalis* which is a more common and seemingly harmless variety of *Candida*.

Candida auris is a single cellular yeast from the kingdom of fungi which was first identified in 2009 from the ear canal of a Japanese patient.

The emergence of this pathogen is unique in that it appeared from five continents in more or less the same time period. The genetical analysis has proved that the organism has emerged from different areas of the world at the same time period and not by spread of the same bug around the world. Now this pathogen has been identified from 35 countries in all continents except Antarctica. It has been found to cause single cases as well as outbreaks in hospitals and ICUs spreading as wildfire. The reason for this rapid spread is believed to be due to irresponsible use of antifungals on patients for inadequate duration and improper indications. This has encouraged development of genetical varieties which are more resistant to available antifungal therapy.

The most alarming fact about this novel pathogen is that resistance has been identified for almost all the available antifungals used in treatment and it is rapidly spreading in hospitals under cover of surveillance. It is a hardy pathogen which can survive in the environment for long periods by forming 'dry biofilms' which are exceedingly difficult to remove.

One other reason for this rapid spread is thought to be due to the high rate of misidentification as this new yeast can only be properly identified by molecular technology or using state-of-the-art diagnostics such as Matrix Assisted Laser Desorption-Time of Flight (MALDI-TOF). The problem is further exacerbated as new clades are emerging with genotypic differences which require continuous updating of the data bases available for identification. Under cover of these identification issues, *Candida auris* rapidly spread from the index patient to many others in the hospital leading to outbreaks specially in the ICU setting even before the focussed patient is identified as a carrier of this fatal pathogen.

More than 90% of the identified isolates of *Candida auris* are found to be resistant to fluconazole and even the isolates which have been found to sensitive in vitro fail to produce response during therapy. Echinocandin drugs which are a remarkable discovery among the many toxic varieties of antifungals, can be given as a treatment for this new pathogen, but resistance to these newer antifungals are also being reported. These are alarming facts as the new antifungal pipeline has had very slow flow of newer members and the day that we run out of choices for treatment of these resistant strains will not be very far.

The Sri Lankan picture of *Candida auris* is yet to be revealed as the struggle continues for bringing down novel diagnostics to the island. Currently Sri Lanka does not have the capacity to identify this pathogen but resistance of fluconazole against *Candida* isolates has been rising at an alarming rate in Sri Lanka. This requires urgent attention as a means of capacity building for identification of novel pathogens and registration of newer antifungals in Sri Lanka. Many of the newer antifungals with lesser side effects are not available in Sri Lanka due to the high cost of the process of drug registration.

Even though the picture may be bleak for Sri Lanka due to the technical restrictions, there are many things that we can do to prevent the harm caused by these novel pathogens. Spread of many of the hospital acquired virulent pathogens such as *Candida auris* and the respiratory agents such as Corona viruses can be prevented by simple measures such as proper hand washing. Adherence to proper technique of hand washing can help prevent spread of these fatal pathogens among the critically ill patients in ICUs and ward setup.

The attending physicians need to be aware of the damage that may be done by their carelessness and the impact of a small act such as hand washing on their patients. Hand sanitization with alcohol hand rub will only take 40 seconds to be performed and

easily become a part of the busy ward round if the necessity is understood.

Even though correct genetic identification is not available currently for our island, we have the facilities to identify antifungal resistance in organisms. Other measures such as barrier nursing or cohort isolation methods can be utilized in these situations in order to prevent spread of the organism among the other patients in the same unit. This will restrict these fatal pathogens to the index case and keep it at arm's length. Proper environment cleaning using appropriate disinfectants are of importance as *Candida auris* can remain in the environment for long periods forming dry biofilms.

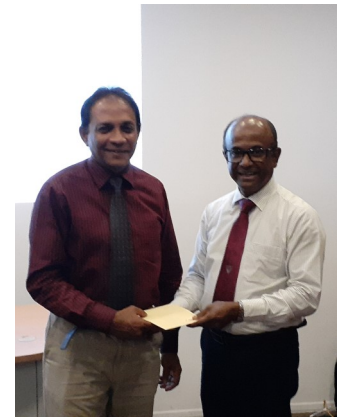
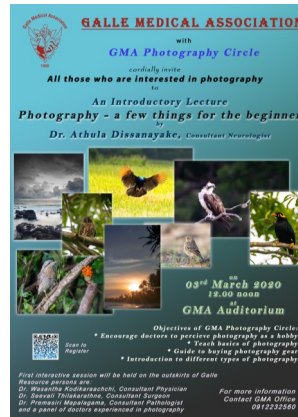
These simple measures / may appear as a burden for the busy clinicians, as seen by the many audits showing that doctors have the least compliance with hand hygiene all around the world. But then again, the same clinician will have to face the innocent helpless patient and reveal to them that the doctor's ignorance has led the patient to this situation where there are no more drugs to treat him.

Therefore, time has come for us to start consideration of proper infection control measures in our day to day practice of medicine and the doctors responsibility for safe patient care before another more virulent organism takes us by storms.

PHOTOGRAPHY CIRCLE

Photography circle was created in this year with the objectives of encouraging members to pursue photography as a hobby and teaching basics of photography.

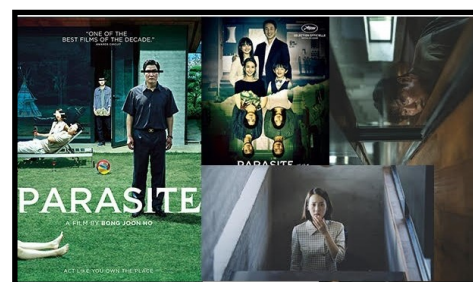
The first session was conducted by Dr. Athula Dissanayake, Consultant Neurologist, Teaching Hospital Karapitiya.



RCPE WEBSTREAM

GMA continues the link with Royal College of Physicians Edinburgh for live streaming of their symposia at GMA Lecture Theatre. Registered participants received CPD certificates from Royal College of Physicians Edinburgh.

GMA NIGHT THEATRE



Joker and Parasite were the two films for GMA night theatre on 31st January and 5th March respectively. Dr. Nilanga Gamage, Consultant Psychiatrist, Faculty of Medicine, University of Ruhuna did post movie critical appraisal for both films.

GMA SIX A SIDE CRICKET MATCH

'GMA Premier League 2020' cricket tournament was held on 16th February at Engineering Faculty Grounds, Hapugala. Eight teams participated in the competition. Corona Super Six (CSS) and Faculty Fighters (FF) had a good battle on a magnificent wicket for champions' trophy, CSS won the toss and elected to have the bat first. CSS scored over 90 runs in five overs. FF have shown some fight; however, they fall a short due to magical spell of bowling by Dr. Pradeep Amarasinghe who took a hat-trick and named man-of-the-match. CCS opening batsman Dr. Nuwan Madushanka Attukorala named man-of-the-series for his all-round performances.



සාදුරු සැඟවික්

An unforgettable eve "Sonduru Sandawak" was held with Mr. Dhammika Bandara, award winning lyricist and song critic on 13th March at Hasara Hotel. Some famous songs were sung by him and his team along with the background stories related to the songs.





GALLE MEDICAL ASSOCIATION

79th ANNUAL ACADEMIC SESSIONS

23rd - 25th of September 2020

Venue: T.W. Wikramanayake Auditorium, Faculty of Medicine, Karapitiya

CALL FOR ABSTRACTS AND GMA ORATION

★ Abstracts for Free Papers

The body of the abstract should not exceed 250 words. All abstract submissions should be made electronically through online abstract submission system (<https://gma.lk/eng/>). All research should have obtained ethical approval. All clinical trials should be registered with the Clinical Trial Registry.

★ Galle Medical Association Oration – 2020

Full text must be submitted in 04 hard copies. Three of the copies should not contain the name of the author and any indication to the identity of the author (including references). Upload the soft copy of your submission to GMA website.

Deadline for Submission 15th May 2020

Further details can be obtained from <http://www.gma.lk> OR

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GMA SPRING CLEAN DAY

**GMA Spring Clean on 09th January
2020**

It was a long felt need to clean the GMA premises in order to sort out old books, magazines, journals and etc. which need to be removed from the inventory. Further, they occupied the space and obstructed the corridor making the place untidy. The GMA Spring clean was organized to get rid of unnecessary and unused stuff.

The old plastic chairs used in the office and some plastic file covers were donated to the day centre and the Psychiatry ward. We were able to complete the half of the task and waiting to destroy the old books received from the hospital after obtaining the approval from the Director, Teaching Hospital, Karapitiya.

