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AND

PROVIDING EQUITABLE SURGICAL CARE"

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A total of 100 out of 368 cases of breast cancer(27.17%) were BCYW, mean age was 34 years (age distribution 19-40 years), 5 patients(5%) had previous breast cancer, 7 patients (7%) had positive family histry of breast carcinoma, 63 patients (63%) were self referels, 26 (26%) were screen detected , 46 patients (46%) had locally advanced disease , 41 (41%) were early stage and 13 (13%) had distant metastasis. The majority 92 (92%) were invasive ductal carcinoma and invasive lobular 3(3%) ,inflamatory 1(1%) ,DCIS 1 (1%), mucinous 2(2%), medullary 1 (1%).

The 97 invasive cancers had 81(81%) axillary lymphnode metastasis, 53 (53%) had negative hormone receptor status, 31 (31%) over expression of Her-2 and 38 (38%) had receptor triple negative atatus.

Discussion & conclusions

In our analysis 59% of patients presented with advanced disease, indeces of poor prognosis are negative hormone receptor status 53% and receptor triple negative diaease 38% showed BCYW carries poor prognosis compared to the published all age group data.

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WHO SURGICAL SAFETY CHECKLIST - THE SRI LANKAN EXPERIENCE

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Introduction

Surgery plays a major role in patient management and its scope continues to expand with the advancement of modern technology.

Introduction of WHO surgical safety check list to several hospitals worldwide has shown a 36% reduction in post operative complications and death rate in a study conducted in 2008.

A checklist may seem as a tedious time consuming task, but a structural checklist can promote learning and create commitment to improve communication while incurring minimal resource expenditure and may reduce the operating theatre time.

Methodology

Our goal was to evaluate the applicability of WHO surgical safety check list to local setting and make appropriate modifications to match the local setting.

We carried out a descriptive interventional study at general surgical operating theaters on 300 patients admitting to surgical professorial unit of Colombo South Teaching Hospital aged over 18 years.

Results

The whole surgical team including surgeons, anaesthaesiologists and theatre nurses were very supportive once properly explained that aim of this study was not to assess their work, but to implement a standardized check list that is proven to reduce post-operative morbidity worldwide.

Initially the check increased time consumption, but with practice implementation of the check list became efficient with no added delay.

Discussion

The WHO check list is applicable to Sri Lanka and could be more beneficial with a standard consent form and if consent was taken by the operating surgeon. Allocating a person to implement the check list is a barrier and best done by the theatre nurse in-charge.