SRI LANKA COLLEGE OF PAEDIATRICIANS

Newsletter

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The 19th Asia Pacific Congress of Paediatrics (APCP 2026) and the 28th Annual Scientific Congress of SLCP

Report on the 9th Asia Pacific Congress of Paediatric Nursing 2026

New Updates in Common Clinical Problems and New Clinical Services

A Second Chance at Childhood: Kidney Transplantation in Children

Academic and Educational Activities

And many more...

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PAEDIATRICS

NEWSLETTER of the Sri Lanka College of Paediatricians

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The 19th Asia Pacific Congress of Paediatrics (APCP 2026) and the 28th Annual Scientific Congress of SLCP



Professor Heshan Jayaweera
Congress Secretary APCP 2026

The Sri Lanka College of Paediatricians (SLCP) was proud and privileged to host the 19th Asia Pacific Congress of Paediatrics (APCP 2026) in Colombo from July 26–28, 2026. This achievement was all the more significant as the conference was organized amidst extraordinary challenges, including global geopolitical uncertainties and the severe economic impact of Cyclone Ditwah.

Background

Preparations for APCP 2026 began in January 2025 with the establishment of the main organizing committee. Bringing together past presidents of SLCP, key office bearers, and category vice-chairs under a unified structure, the committee had regular meetings to discuss, deliberate and agree on crucial matters related to the event. They analysed previous APCP conferences and adopted targeted strategies to ensure a comprehensive scientific discourse, boost international attendance, and achieve financial sustainability.

The next challenge lay in integrating the SLCP annual sessions into the APCP conference. Demonstrating strong cooperation, the SLCP Council provided full support by making thoughtful adjustments and compromises to reach a consensus acceptable to all including the Asia Pacific Paediatric Association. As such, APCP 2026 was held in conjunction with the SLCP annual academic sessions under a unified theme *'Redefining Paediatric Care – Blending Equity, Excellence and Technology.'*

Pre-Congress Workshops

The pre-congress workshops set an exceptional standard for the rest of the conference. Designed to offer targeted, hands-on learning prior to the main sessions, the workshops covered a broad spectrum of critical paediatric disciplines. Featured sessions included advanced seminars in nephrology and career development, an expert forum on point-of-care ultrasound (POCUS), masterclasses in developmental paediatrics and neonatology, and deep dives into regional challenges like dengue fever and snakebite envenomation.

Attendance across all tracks was remarkably strong, with several sessions reaching maximum capacity and closing registration early due to overwhelming demand from both local clinicians and international delegates. Participants praised the interactive format, which combined evidence-based lectures with practical hands-on training and direct access to renowned regional experts. Overall, the high engagement and positive feedback established the pre-congress workshops as an indispensable foundation for APCP 2026.

Inauguration Ceremony

The inauguration of the 19th Asia Pacific Congress of Paediatrics, held jointly with the 28th Annual Scientific Congress of the Sri Lanka College of Paediatricians, marked a memorable and historic commencement at the BMICH in Colombo.

The occasion brought together a distinguished gathering of special guests, key dignitaries, and leaders in child healthcare.

Professor Joseph Haddad, President of the International Pediatric Association, served as the Chief Guest, while Professor Steve Turner and Dr. Niroshini Kennedy were the Guests of Honour. President of the Asia Pacific Pediatric Association (APPA) Prof. Joselyn Eusebio, APPA Secretary General Prof. Zulkifli Ismail, and many other dignitaries representing APPA were also in attendance. Expressing their sentiments all speakers highlighted the importance of '*Redefining Paediatric Care – Blending Equity, Excellence and Technology"*

The event drew an impressive turnout of over 700 attendees, uniting healthcare professionals, researchers, and global experts from local medical institutions and overseas delegations across the Asia-Pacific region. In keeping with tradition, seven outstanding paediatricians were conferred with Fellowship of the Sri Lanka College of Paediatricians, alongside one Honorary Fellowship. To honour Professor Priyani Elizabeth Soysa's remarkable contributions to child healthcare in Sri Lanka, a commemorative stamp was issued by the Philatelic Bureau during the inauguration.

The ceremony concluded with a captivating cultural performance showcasing the rich heritage and vibrant traditions of Sri Lanka. Through traditional dance, resonant drumming, and symbolic artistic expressions, the performance offered delegates a warm Sri Lankan welcome and set an inspiring tone for the days of scientific exchange ahead.

Scientific Programme

The scientific programme stood out as the intellectual centrepiece of the congress, delivering a rich academic experience carefully crafted to address the evolving landscape of paediatric medicine. The conference attracted over 1,000 abstracts from across the globe; following rigorous review, 36 oral presentations, 127 rapid oral presentations, and 390 posters were selected for presentation. The 3-minute rapid oral presentations were a new concept adopted by the scientific committee to provide an additional platform for many young researchers to present their work.

The event brought together an exceptionally high calibre of local and international resource persons. Global experts, leading researchers, and clinical specialists delivered top-notch lectures across diverse paediatric subspecialties, sharing cutting-edge insights and evidence-based practices that kept delegates thoroughly engaged. Dynamic interactive discussions followed each symposium.

On the first day of proceedings, the prestigious Professor C.C. De Silva Memorial Oration—a highlight of the SLCP scientific sessions—was delivered by Dr. Vindya Gunasekera on the timely topic, *"From Scarcity to Strength: The Journey Towards Comprehensive Paediatric Kidney Care in a Resource-Restricted Setting."*

To accommodate the wide spectrum of paediatric disciplines, the conference was organized into four concurrent parallel sessions. This multi-track format allowed delegates to customize their itinerary and select topics most relevant to their subspecialties and clinical practice.

Despite the logistical complexity of managing four concurrent halls with dozens of presentations, the programme ran with exceptional punctuality, allowing seamless transitions and meaningful Q&A sessions without disrupting the schedule. Obtaining European Accreditation for APCP 2026 to award CME points for the first time was another mile stone and helped to attract more than 50 non-APPA country participants.

The Gala Dinner

The Gala Dinner, held on July 28, was a memorable highlight offering delegates an evening of celebration, camaraderie, and tradition.

During the formal proceedings, continuing Asia Pacific Pediatric Association (APPA) traditions, sixteen individuals were honoured with the Outstanding Asian Pediatrician Awards for their exceptional contributions to child health in their respective countries. A central moment of the evening was the official ceremonial transition of leadership within the APPA, formally marking the appointment of Professor Asiri Abeyagunawardena as the new President of APPA for a two-year term, alongside the announcement of Prof. Vitharon Boon Yashdi of Thailand as President-Elect.

Following the formal proceedings, attendees enjoyed a delightful social evening featuring a lavish spread of local and international culinary delights, accompanied by a live band. With music, food, and dancing, the evening provided a wonderful opportunity for participants to relax and build lasting professional friendships.

Conclusion and Acknowledgments

The APCP, held in conjunction with the SLCP annual academic sessions, attracted 440 international registrants, over 600 local registrants, and a faculty of more than 100 experts.

It was a resounding success that showcased the SLCP's capacity to organize an international event of this magnitude.

I take this opportunity to express my deep gratitude to the organizing committee for their extraordinary commitment, tireless effort, and seamless teamwork. A special note of gratitude goes to Congress Chair Prof. Asiri Abeyagunawardena, Congress Co-Chair Prof. Pujitha Wickramasinghe, and our esteemed Advisory Committee, whose vision and leadership set the tone for this success.

My deep appreciation also goes to the Vice Chairs across all key clusters — Prof. Sachith Mettananda (Scientific Cluster), Dr. Duminda Samarasinghe (Web & Informatics Cluster), Prof. Guwani Liyanage (Event Operations Cluster), Dr. Nalin Kitulwatte (Editorial & Publication Cluster), and Prof. Thushara Kudagammana (Nursing Congress). Special appreciation goes to Dr. Jagath Ranasinghe for his dedicated efforts in collaborating with the technical team as well as for spearheading the process to secure European accreditation for the conference.

I am equally grateful to Dr. Anoma Abeygunawardena, Dr. Pyara Ratnayake, and Prof. Jithangi Wanigasinghe for managing finances so efficiently; Dr. LakKumar Fernando for securing vital sponsorships; and Dr. Navoda Atapattu, Prof. Imalke Kankanamarachchi, and Dr. Vindya Subasinghe for their invaluable contributions. My grateful thanks are also due to Dr. Chamindri Naotunna, Dr. Malithi Guruge, Dr. Anuradha Kodippili and Dr. Dilusha Atukorala for all their hard work and to all hall managers and the comperes for a job very well done.

Finally, I sincerely appreciate the indispensable work by Ms. Dasanya Kaluarachchi, Ms. Rushdia Jaleel, Ms. Chamila Weerasinghe, of the SLCP staff and all others who worked behind the scenes contributing to the resounding success of APCP 2026.

9th Asia Pacific Congress of Paediatric Nursing 2026



Dr Dinithi Vidanage
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The 9th Asia Pacific Congress of Paediatric Nursing (APCPN) 2026 was held on 26th – 27th July 2026 at the Bandaranaike Memorial International Conference Hall (BMICH), Colombo, Sri Lanka. The congress brought together paediatric nursing professionals, academics, researchers, clinicians, and educators, to share knowledge, research findings, clinical experiences, and innovations related to child health and paediatric nursing.

The inauguration ceremony commenced with the traditional lighting of the oil lamp, followed by the welcome address by Prof. Thushara Kudagammana, Congress Chair of APCPN 2026. This was followed by an address from the Guest of Honour, Prof. Sudath Warnakulasuriya, former Dean of the Faculty of Nursing, University of Colombo, Sri Lanka. Ms. Balbina Borneo, President of APPNA, and Mr. Nadeek Prasad Kumara, President of SLPNA, subsequently addressed the gathering. The inauguration ceremony concluded, formally marking the commencement of the 9th Asia Pacific Congress of Paediatric Nursing 2026.

The participation of speakers and professionals from Sri Lanka, Australia, Japan, China, Hong Kong, Thailand, the Philippines, and other parts of the Asia-Pacific region further strengthened the international character of this congress. The congress created opportunities for participants to learn from different healthcare systems and professional experiences.

Scientific Programme – Day One (26th July)

The first scientific day commenced with a keynote address on “Paediatric Health Care Trends and Landscape”, delivered by Dr. Susanna Lee, Founding President of APPNA. The keynote provided an appropriate foundation for the congress by focusing attention on the changing landscape of paediatric healthcare.

This was followed by Plenary 1, focusing on “Digital Technology Innovation and Compassion: The Future of Excellence in Child Health and Paediatric Nursing Practice.” The topic highlighted the increasing relevance of digital technologies in healthcare while recognising that technology must be integrated with compassionate, child-centred nursing practice. The session was presented by Ms. Balbina Borneo, President of APPNA.

Plenary 2, “The Invisible Work: How Paediatric Oncology Nurses Sustain Children and Families Through Blood Cancer Treatment.” The session was delivered by Ms. Manosha Athulathmudalige, Registered Associate Nurse (Pediatric-Oncology) and Unit Manager/Clinical Nurse Specialist – Oncology Unit, Grampians Health, Ballarat, Victoria, Australia. The session highlighted the significant contribution of paediatric oncology nurses in supporting children and their families throughout complex cancer treatment.

The third plenary session, was titled “Opportunities for Inter Professional Training in Medicine and Nursing: Reflections of a Lifetime.” It was delivered by Professor Narada Warnasuriya, Emeritus Professor of Paediatrics. The session emphasised the importance of collaboration and interprofessional education between medicine and nursing.

The midday programme included two parallel symposia. Symposium 1, titled "From Bedside to Best Practice: Advancing Paediatric Critical Care," addressed important issues in paediatric critical care. Topics included ethical challenges faced by nurses in paediatric critical care units, the ESCALATION early warning score for predicting paediatric health outcomes, and recent updates on infant and paediatric advanced life support.

At the same time, Symposium 2, "Beyond Hospital Walls: Family and Community-Centered Paediatric Care," focused on care beyond the hospital environment, was held. Presentations included support for children through home-visit nursing, family-centred care in paediatrics and home accidents among children.

These parallel sessions demonstrated the broad scope of paediatric nursing, extending from highly specialised critical care to preventive care, family support, community nursing, and child safety.

The afternoon programme included Symposium 3, "Nourishing the Future: Innovation and Best Practices in Infant Nutrition," and Symposium 4, "From Prevention to Intervention: Comprehensive Approaches to Adolescent Wellbeing."

Oral and Poster presentations

The congress also provided an excellent platform for the dissemination and exchange of research findings through oral and poster presentations. The first day concluded with poster viewing and oral presentations conducted through parallel sessions, providing opportunities for researchers and professionals to share their work with congress participants.

A total of 21 oral presentations and 23 poster presentations were presented during the congress. These presentations provided opportunities for researchers, academics, and nursing professionals to share their research findings, innovative practices, and experiences in paediatric nursing. The presentations also encouraged academic discussion, knowledge sharing, and professional networking among participants from Sri Lanka and other countries in the Asia-Pacific region (China, Philippines, Thailand, Hong-Kong, etc.).

Scientific Programme – Day Two (27th July)

The second day programme included a plenary session focused on "From Theory to Treatment: Applying the Flipped Classroom to Enhance Paediatric Clinical Competency." relevant to nursing and healthcare education as innovative teaching approaches are increasingly important in developing clinical competence among healthcare students.

The second day's major symposia included Symposium 5, "Rational and Safe Medication Use in Children: Multidisciplinary Perspectives," and Symposium 6, "Quality of Life in Complex Paediatric Conditions: Dialysis and Palliative Care Perspectives."

The medication-related symposium included presentations on rational prescribing in children, rational administration of oral dosage forms, and medication safety in paediatric critical care from a nursing perspective. These topics highlighted the importance of safe medication practices and multidisciplinary approaches in reducing medication-related risks among children.

The parallel symposium on complex paediatric conditions focused on dialysis nursing and paediatric palliative care. Presentations included promoting patient safety and quality outcomes in dialysis nursing, integrating palliative care into chronic illness management, and understanding paediatric palliative care.

Awarding Ceremony and Closing

The congress recognised excellence in research dissemination through an awarding ceremony for the best oral and poster presentations. Awards were presented to the top oral presentations and the poster presentations, acknowledging the quality, relevance, originality, and contribution of the research presented. This recognition encouraged researchers and nursing professionals to engage in high-quality research and provided motivation for continued academic and professional development in paediatric nursing.

With the awarding ceremony, followed by the vote of thanks delivered by Dr. Alison Bowers, Board Member on behalf of the Chairperson of the Australia College of Children and Young People's Nurses and President, Elect of APPNA the formal scientific programme was concluded. Prof. Thamara Amaraseekara, General Secretary, APCPN 2026 made the final remark of the congress with sincere appreciations to the all parties who made the event a true success.

Overall, APCPN 2026 contributed significantly to professional learning, knowledge exchange, networking, and collaboration among paediatric nursing professionals. It also demonstrated the important role of nurses in improving the health and wellbeing of children through compassionate, evidence-based, family-centred, and multidisciplinary care.

The inclusion of both clinical and educational topics demonstrated that improving paediatric healthcare requires investment not only in clinical services but also in nursing education, research, professional development, leadership, and interprofessional collaboration.











Annual General Meeting of SLCP

The Annual General Meeting (AGM) of the Sri Lanka College of Paediatricians (SLCP) was held on 5th September 2026 at Lady Ridgeway Hospital for Children as a hybrid event. In accordance with the agenda, the minutes of the previous AGM and the two Special General Meetings were confirmed.

Professor Pujitha Wickramasinghe presented an overview of his work during his tenure, with particular emphasis on the constitutional amendments, the building project, and the successful completion of APCP 2026. Professor Asiri Abeygunawardena subsequently delivered a presentation on APCP 2026. This was followed by the Treasurer's Report presented by Dr Anoma Abeygunawardena and the Secretary's Report presented by Professor Imalke Kankananarachchi.

The Election Panel, comprising Dr D. H. Karunathilake, Dr H. T. Wickramasinghe, and Dr Pushpa Punchihewa, announced the newly elected Council members following the nomination and selection process. Dr Nalin C. Kitulwatte was appointed as the President of the SLCP for the year 2026/2027 and subsequently nominated the representatives of the respective subspecialties.



PROF PUJITHA WICKRAMASINGHE
PRESIDENT 2025/2026



DR NALIN C. KITULWATTE
PRESIDENT 2026/2027

The new Council of the SLCP is as follows:

President Dr Nalin C. Kitulwatte
President Elect Dr Surantha Perera
Vice President Prof Ruwanthi Perera
Secretary Dr Wathsala Hathagoda
Assistant Secretary Dr Sadani Vithana
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Dr Jananie Suntharesan
Dr Sajani Galappaththi

Provincial Representatives
Dr Udaya de Silva
Dr Neelika Dissanayake
Prof Viji Thadchanamoorthy
Dr Chaminda Liyanage
Dr Niruba Umasankar
Dr Roshan Siriwardhana

Paediatric Foreskin: Common Problems and Management



Dr Nipun Wickramasekera
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Faculty of Medicine,
University of Colombo

Foreskin problems are a common cause of anxiety among parents of young boys and a frequent cause of referral to paediatric urology by primary care physicians and paediatricians. They are also among the most overtreated entities in paediatric surgical care. This is mainly due to a lack of understanding of normal physiological processes and pathologies affecting foreskin conditions

Among the commonly encountered problems are:
Phimosis / non-rétractile prepuce (NRP)
Paraphimosis
Foreskin injuries
Balanitis / Posthitis
Hooded foreskin
Hair tourniquet
Childhood NRP

Inner Foreskin is naturally adhered to the glans at birth. These physiological adhesions gradually break down starting at age 1-2. Complete release may take years. During this period a child may have non retractile or partially retractile prepuce. This is termed physiological phimosis.
Percentage of boys at each age who achieve full or partial retractility;
At birth 4%
6 months 20%
1 year 50%
3 -11 years 90%
12-13 years 95%
14+ years 99%

Based on the above, clinicians should appreciate physiological non-retractile prepuce in children as a biological process, not a pathologic entity, and should not be labelled or treated as such. Though the majority with NRP are asymptomatic, some present with frequent complaints of ballooning and whitish discharge. Ballooning is a result of natural release of adhesions and is usually of no concern. However, rarely it may cause trapping of urine inside prepuce, resulting in increased risk of balanitis.
Smegma is collections of desquamated epithelial cells and sebaceous material occurring as clumps under the prepuce. They appear as soft painless lumps on the shaft of penis. They are often brought to the attention of a GP by the concerned parent and commonly get mistaken for sebaceous cysts. With gradual release of preputial adhesions, smegma gets released as a yellow/whitish discharge which is commonly misdiagnosed as pus discharge or balanitis. Reassurance is all that is needed.
Forceful retraction of a NRP should be avoided as it can cause tears which may lead to pain and pathological phimosis. NRP before the age of 8-10 in the absence of troublesome symptoms should be managed expectantly together with advice on preputial hygiene and gentle self-retractions during shower or bath. In the presence of worrisome symptoms (e.g. soreness, painful erections, urine spotting) a short course of steroid local applications can be trialled for 4-8 weeks with 1% hydrocortisone or 0.05-0.1% betamethasone. Risk of adverse effects from systemic absorption of steroids is rare. Reported success rates of steroids vary significantly from 35-90% and there is a considerable risk of relapse following cessation of usage.

In a pubertal child with NRP with a failed trial of steroids, surgery can be offered in the form of circumcision or less commonly a preputioplasty. This has to be done after careful consideration and discussion with parents and the child.

True / Pathological Phimosis

Pathological phimosis occurs when there is true scarring of the foreskin. Repeated tears resulting in fibrosis and / or recurrent infections is postulated in the aetiopathogenesis of this condition. Preputial meatus appear as a pinhole with a whitish ring of fibrotic tissue. A more extreme version of this is termed Balanitis Xerotica Obliterans (BXO) or Lichen Sclerosis of penis. This condition causes severe widespread scarring of prepuce which may sometimes extend to glans causing narrowing of urethral meatus. BXO is rare before the age of 4. It is long believed that this condition is pre-malignant with a risk of penile cancer. Evidence to support this is inconclusivein the case of children.

Pathological phimosis will not self resolve unlike its physiological counterpart and need treatment. Milder cases can be managed with steroid application while more advanced cases will need circumcision. Glans involvement may need monitoring and steroid applications even after circumcision. Meatal stenosis if present may need dilatation and in refractory cases a meatoplasty.

Balanitis / Balanoposthitis

Balanitis is defined as infection of prepuce. If it involves the glans it is termed balanoposthitis. Incidence of balanitis is about 4% among uncircumcised boys of 2-5 years of age. Causative factors are either one or a combination of chemical irritation by retained urine, physical injury by forcible retraction and bacterial / fungal infections. Symptoms can vary from mild erythema to overt swelling and pus discharge. Urination is usually painful. Management includes measures such as warm salt water baths, topical steroids and analgesia. Antibiotic creams are not effective in general and should not be routinely prescribed. In the presence of fever urine should be collected for cultures. Penile discharge in a sexually active male may be urethritis due to STI. Other diagnostic considerations are eczema and related dermatological conditions.

Paraphimosis

Paraphimosis is retracted, oedematous, tight foreskin causing a band like compression at sub coronal level of the penis. Paraphimosis poses a risk of ischaemia to both prepuce and glans and is a true urological emergency. It occurs when boys fail to replace foreskin back and leave it being retracted over a long period of time.

Children present with pain and inability to pass urine. Most cases can be managed without surgery. In A&E, the area should be wrapped tightly with a warm saline-soaked gauze to reduce oedema with subsequent attempts at manual reduction. Adequate pain relief is a must before attempting such a procedure. If this fails, it may need reduction under general anaesthesia so a surgical consult should be made. Circumcision is rarely necessary. Following reduction, advice should be given to avoid retraction altogether for a few days. Boys should also be advised to replace skin immediately following retraction to avoid recurrence.

Foreskin Injuries

Zipper injuries are the most common form of trauma in young boys where the tip of foreskin gets trapped in the teeth of a zipper. An anxious child needs to be reassured and calmed down. After good analgesia +/- sedation, attempts are made to release the skin usually by cutting the zipper with wire cutters.

Glans should be inspected for injuries following release. NAI should be suspected in cases where there is inconsistent history and unexplained trauma to genital area.

Hair Tourniquet

In infants hair or fine fabric from clothes can cause a strangulating ring around the penile shaft with a risk of distal ischaemia. They need to be divided upon presentation.

Hooded foreskin

Hooded foreskin is where the foreskin is ventrally deficient and appears like a cap. This should always raise the suspicion of hypospadias. If hypospadias is present or suspected, circumcision should be avoided at all costs. Hooded foreskin can be addressed following correction of hypospadias by way of a modified circumcision or preputial reconstruction. In milder glandular variants of hypospadias only foreskin surgery may be needed.

Circumcision

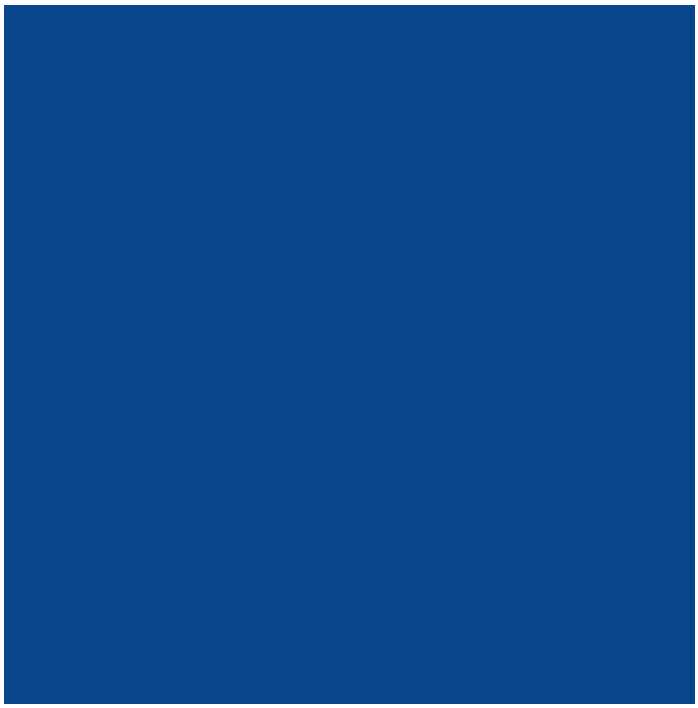
Circumcision involves excision of foreskin thus removing the problems associated with it. It is performed under general anaesthesia in children but can also be performed with local anaesthesia in neonates. Though commonly performed and considered a minor procedure, circumcision is not without its complications which at times can be catastrophic. Among complications, pain and discomfort, dysuria, and bleeding are common in the early period following surgery. Bleeding that leads to shock can occur but fortunately it is rare so is urethral and glans injury during surgery. Late complications include, meatal stenosis, reduced glans sensation and cosmetic dissatisfaction.

Alternative surgical procedures

For families that wish to preserve the foreskin, preputioplasty offers an alternative. Three radial incisions are made vertically and closed horizontally thus widening the preputial meatus. Recurrence of phimosis can occur in about one in five. Intradermal injection of steroid triamcinolone can be performed at the same time if BXO is present. Another less popular technique is a single dorsal slit. This also preserves the foreskin but the resulting appearance may be less cosmetically satisfactory.

Key points:

- Childhood non retractile prepuce is mostly physiological
- In the absence of scarring or debilitating symptoms expectant management should be the mainstay
- Circumcision is rarely necessary and when indicated risks and benefits should be carefully discussed



Clinical Genetics in Sri Lanka: From Beginnings to a Growing Specialty



Dr Vindya Subasinghe
Consultant Clinical Geneticist
Lady Ridgeway Hospital for Childrem

Clinical Genetics in Sri Lanka has evolved considerably over the past several decades, moving from a predominantly academic and laboratory-based discipline towards an emerging clinical specialty that is increasingly integrated into patient care.

The foundations of medical genetics in Sri Lanka were laid in the early 1980s, with the establishment of the Human Genetics Unit (HGU) at the Faculty of Medicine, University of Colombo, pioneered by Emeritus Professor Rohan Jayasekara. Routine clinical genetics services were initiated in 1981, providing genetic assessment and counselling for patients referred from across the country. Over the years, the HGU developed into an important national centre for clinical genetics, genetic diagnostics, education and research, under the leadership of Vidya Jyothi Senior Professor Vajira Dissanayake.

As awareness of genetic disorders and the availability of genetic investigations increased, genetics services gradually expanded beyond a single centre. Specialist clinics and genetic services were established in selected tertiary hospitals and academic institutions, while genetic diagnostic facilities also developed within the private sector. However, access to genetic testing has remained limited by cost, availability of specialised laboratory facilities and the shortage of trained personnel.

A significant milestone was the recognition of Clinical Genetics as a specialty requiring development within the Sri Lankan health system in the National Health Strategic Master Plan 2016–2025. The Ministry of Health identified the need to establish an organised national clinical genetics programme, improve infrastructure and human resources, and increase access to genetic counselling and affordable genetic testing.

The establishment of formal postgraduate training and Board Certification in Clinical Genetics through the Postgraduate Institute of Medicine (PGIM) marked another major step forward. The programme accepts specialists trained in either Adult Medicine or Paediatrics and aims to develop clinicians capable of diagnosing and managing genetic disorders, providing genetic counselling, coordinating multidisciplinary care, conducting research, and contributing to the development of genetic services.

The first batch of post-MD trainees following MD Paediatrics was enrolled in 2020. To date, four trainees following MD Paediatrics and two trainees following MD Medicine have undergone training in Clinical Genetics, further strengthening the specialist workforce in this emerging field.

Today, Clinical Genetics in Sri Lanka is entering an important new phase. Clinical Geneticists are increasingly involved in the diagnosis of rare and undiagnosed disorders, dysmorphology, neurogenetics, skeletal dysplasia, inherited metabolic disorders, cancer genetics and genetic counselling. Genomic technologies such as chromosomal microarray, exome sequencing and genome sequencing are creating new opportunities for diagnosis and personalised care.

My one-year experience working at Lady Ridgeway Hospital as Sri Lanka's first Board-certified Clinical Geneticist has provided valuable insight into the current burden of genetic and rare diseases and the rapidly increasing demand for Clinical Genetics services. The volume and complexity of referrals encountered during this period highlight that the need for genetic services is considerably greater than currently available capacity. This experience provides an important opportunity to reflect on the existing disease burden and anticipate the substantial workload that is likely to emerge as awareness, referral pathways and access to genomic diagnostics continue to expand.

Table1: Statistics of the Clinical Genetics Clinic at Lady Ridgeway Hospital in the year 2025

Month	New referrals	Follow up patient's	Total
January	48	21	69
February	41	32	73
March	40	31	71
April	41	29	70
May	42	42	84
June	42	42	84
July	56	52	108
August	50	43	93
September	47	39	86
October	58	46	104
November	65	59	124
December	33	40	73
Total	563	476	1039

Strengthening Clinical Genetics services, therefore, is not only important to address the current unmet need but is also essential to prepare the health system for the growing demand for genomic medicine and precision healthcare in Sri Lanka.

With the expansion of Clinical Genetics services, it needs more Clinical Geneticist trained with the target of one specialist for each province.

Nevertheless, significant challenges remain, particularly the limited availability of affordable genomic testing within the government sector and the shortage of trained laboratory personnel. At present, a genomic laboratory facility is being established under the Ministry of Health at the National Cancer Institute, Maharagama. While cancer genetics remains an important priority, particularly with the increasing availability of targeted and personalised therapies, it is equally important to strengthen genomic diagnostics for rare diseases as a national priority. Early diagnosis of rare diseases can facilitate appropriate management, surveillance, genetic counselling and access to emerging therapies. This need is further reinforced by the World Health Assembly's recognition of rare diseases as a global health priority (1).

Another important milestone has been the introduction of gene therapy for Spinal Muscular Atrophy (SMA) in Sri Lanka. This milestone was led by Dr Pyara Ratnayake, with whom I jointly conduct the Neurogenetics Clinic. Although the treatment was procured through the personal funds of the child's parents, the experience represented an important step forward for the clinical team. It provided an opportunity to explore the practical aspects of gene therapy, engage with international experts and centres experienced in these therapies, and build knowledge and clinical experience in this rapidly evolving field. Such experiences are invaluable in preparing our healthcare system for the future integration of advanced genomic and precision-medicine therapies.

The future of Clinical Genetics in Sri Lanka will depend on strengthening specialist services, developing genomic laboratory capacity, integrating genetics into routine paediatric and adult medicine, and building awareness among healthcare professionals. With these developments, Clinical Genetics has the potential to become an integral component of modern, equitable and precision healthcare in Sri Lanka.

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A Second Chance at Childhood: Kidney Transplantation in Children



Dr Venuja Bandara
Consultant Paediatric Nephrologist (Act.)
National Nephrology Specialised Hospital,
Polonnaruwa

A diagnosis of end-stage kidney disease in a child is frightening news for any family. But for many of these children, transplantation now offers something dialysis alone cannot: a chance to grow, learn, and live like other children.

Why transplantation, not just dialysis?

Renal replacement therapy for a child with end-stage kidney disease (ESKD) usually means one of three paths: haemodialysis, peritoneal dialysis, or renal transplantation. Of the three, transplantation is now universally regarded as the treatment of choice, offering improved survival, normal growth, better neurocognitive development, regular school attendance, and a return to ordinary family and social life.

Q. Isn't dialysis enough to keep a child well?

A. It sustains life, but not fully. Haemodialysis requires a child to stay in one place for 3–4 hours per session, involves needles, and often brings distress for both child and parent. Long-term haemodialysis in children is frequently linked to impaired growth, poor school attendance, and reduced quality of life. Peritoneal dialysis is gentler, using the child's own peritoneal membrane as a filter, and an automated cycler can even give the child daytime freedom for school. But neither replaces the full physiological work of a healthy kidney the way a transplant can.

Across many studies, transplantation has been shown to provide superior survival, improved growth, better cardiovascular outcomes, and stronger psychosocial development compared with chronic dialysis.

What causes kidney failure in children?

The causes differ from adults and even change with age. Congenital Anomalies of the Kidney and Urinary Tract (CAKUT) is the leading cause for chronic kidney disease (CKD) in children worldwide. Other important causes include:

- Reflux nephropathy
- Chronic glomerulonephritis
- Nephronophthisis
- Obstructive uropathy
- Polycystic kidney disease

The path to transplant

Q. When is a child considered ready for transplantation?

A. Most centres consider transplantation once the glomerular filtration rate falls below 10 mL/min/1.73 m^2, or when renal replacement therapy is about to become necessary. Careful selection and preparation of the patient are essential to success.

Q. Where do the donor kidneys come from?

A. In Sri Lanka, live donors very often a parent remain the predominant source. Live donation offers shorter waiting times, reduced cold ischaemia time, superior graft survival, and even the possibility of transplanting before dialysis is ever needed (pre emptive transplant). Deceased donor transplantation has also been steadily expanding here over the past two decades.

Q. Can very small children safely receive a transplant?

A. Yes — a question that once raised real concern. Advances in surgical technique and

perioperative care now allow successful transplantation even in children weighing around 10 kilograms in experienced centres. Fitting a large, adult-sized, donor kidney into a small recipient calls for meticulous vascular technique and careful fluid management, but outcomes in Sri Lanka remain good.

"The recipient was a 15-year-old child who received a kidney from his father — a milestone that showed transplantation reaching far beyond the country's two original centres."

Milestones in paediatric kidney transplantation

1954 — Boston, USA
The first successful human kidney transplant, between identical twins.

1957 — Boston, USA
The first successful paediatric kidney transplant, at Peter Bent Brigham Hospital.

1985 — Sri Lanka
The first successful adult kidney transplant in the country, led by Prof. Rezvi Sheriff and Prof. H. A. Sheriffdeen.

August 2004 — Peradeniya
A dedicated paediatric renal transplantation programme is established at Teaching Hospital Peradeniya by Prof. M. D. Lamawansa, Prof. Asiri Abeyagunawardena, the late Prof. Chandra Abeysekera, and their teams — sparing Sri Lankan children the need to travel overseas. Around 150 children have since been transplanted there.

2016 — Colombo
The first paediatric kidney transplant at Lady Ridgeway Hospital for Children, through Dr. Vindya Gunasekara, Prof. Mandika Wijeyaratne, and their teams.

2026 — Polonnaruwa
The first paediatric kidney transplant outside the two established centres, at the China–Sri Lanka Friendship National Nephrology Specialised Hospital, led by Dr. Venuja Bandara, Dr. Manujaya Godakandage, Dr. Jeewaka Kulathissa and their teams — a father donating to his 15-year-old son.



Paediatric transplant team at NNSH, Polonnaruwa, May 2026

Life after transplant

Q. Does the child need treatment for life?
A. Yes. Lifelong immunosuppression is required to prevent rejection — typically a combination of tacrolimus, mycophenolate mofetil, and corticosteroids, tailored to each child. Follow-up looks beyond graft function alone, tracking growth, education, psychosocial wellbeing, cardiovascular health, and the eventual transition into adult care.

Q. What changes for the child and family afterwards?
A. Often remarkably much. Children commonly show catch-up growth, improved appetite, more physical activity, better school performance, and stronger emotional development — while families are freed from the daily burden of dialysis.

A team effort

Paediatric nephrologists, vascular and transplant surgeons, anaesthetists, transfusion physicians, intensivists, radiologists, pathologists, nurses, transplant coordinators and allied health professionals all contribute to the success of these complex procedures — a genuinely multidisciplinary achievement.

Paediatric kidney transplantation is an investment in a child's future. By restoring health and enabling a normal childhood, it remains one of the most rewarding achievements in modern medicine.

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Paediatrics, Paediatricians and Philately



Emeritus Professor Manouri P Senanayake

Stamps are paper ambassadors. The medical speciality of Paediatrics has effectively used this medium for propaganda purposes in promoting health educational campaigns. Postage stamps as a carrier of messages has been a methodology used widely to create public awareness on child health related issues, within and across countries. Pioneering workers and even children's hospitals with outstanding impact on the health of children have been featured on postage stamps.

Paediatric Philately defined as 'the study of stamps related to Paediatrics' waspublished in Archives of Disease in Childhood by the author some years ago wherein the range of paediatric themes illustrated and represented on postage stamps covered a wide span fromMother-and-Child and Parenting to Primary Health Care strategies of growth monitoring, breast feeding, immunization, family planning, child protection, child development, children with special needs, childhood diseases and even Children's hospitals and Paediatricians.

Philately the 'King of hobbies' of yesteryear is fast declining. Yet, stamps remain a promotional tool for public awareness and a platform for publicly felicitating an outstanding event or person. Recently the College witnessed a Sri Lankan Paediatrician thus honoured for having put Sri Lanka on the world stage of Paediatrics whilst breaking many glass ceilings locally on her path to leadership.

The recipient was Deshamanya Professor Emerita Priyani Elizabeth Soysa (1925-2023). Her commitment and awesome achievements had resulted in the inevitable amassing of numerous qualifications, awards, honours and titles; and her dedicated service to the field of Paediatrics was nationally and internationally, and to Paediatric Education and the World's children.

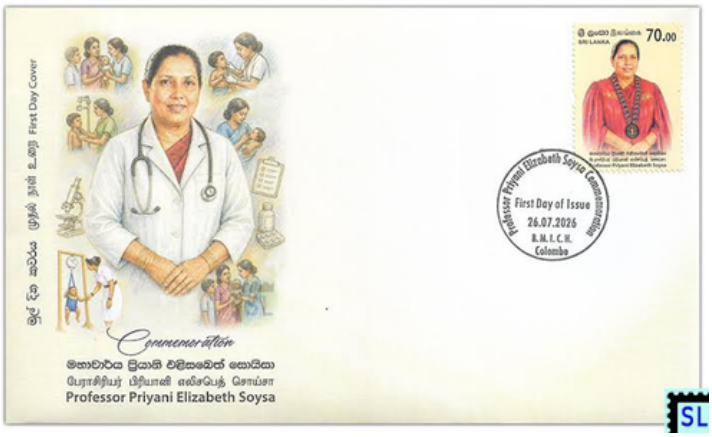
The Postmaster General issued a postage stamp depicting Prof Priyani Soysa at the BMICH in Colombo before a large and distinguished gathering of local and international paediatricians, researchers, child advocates, carers, medical and other health personnel, and last but not least, members of her immediate family.

The event that drew this monumental collection of erudite and colourful persons was the combined meeting of the 19th Asia Pacific Association of Paediatrics and the 28th Annual Scientific Congress of the Sri Lanka College of Paediatricians. Among the foreign dignitaries were Prof. Joselyn Eusebio, President Asia Pacific Paediatric Association, Prof. Haddad, President International Paediatric Association, Dr. Niroshini Kennedy President, Paediatrics and Child Health Division of the Royal Australasian College of Physicians, Prof Steve Turner President Royal College of Paediatrics and Child Health (UK). Hosting this mega-meeting was the Sri Lanka College of Paediatrics headed by Prof. Pujitha Wickramasinghe its President and Dean, Faculty of Medicine University of Colombo.

Among other Paediatricians featured on stamps are Sir Fredrick Truby King (New Zealand 1957), Janusz Korczak (Israel 1962), Virginia Apgar (USA 1994), Dame Kate Campbell (Australia 2012); and now Deshamanya Priyani Soysa (Sri Lanka 2026). The pioneering work and enormous contributions of these men and women have thus been stamped indelibly with the potential of traveling to all corners of the world.















Reflections on Completing 50 Paediatric Liver Transplants



Professor Meranthi Fernando
Professor in Paediatrics &
Consultant Paediatrician
Colombo North Centre For Liver Diseases
University of Kelaniya & CNTH Ragama

Liver diseases in childhood range from self-limiting hepatitis to fatal liver disease, where the liver transplant remains the ultimate cure. Organ transplantation stands as a benchmark of modern medicine, yet it remains intensely challenging in developing countries. The first successful paediatric liver transplant in Sri Lanka was performed in 2020; since then, completing 50 paediatric liver transplants has been about overcoming challenges.

At the initial stage of the liver transplant program, awareness of liver transplant as a modality of treatment, the availability of the service in Sri Lanka and the positive outcomes following liver transplants were not well established. Hence, most of the patients we encountered were at the edge of life and were too unstable to be navigated to a transplant. However, over the last 6 years, there was a significant change in acceptance of liver transplant services among the paediatric community, along with timely referrals. This made a significant change in paediatric liver transplant outcomes.

Liver transplantation is a multidisciplinary speciality including surgeons, anaesthetists, hepatologists, radiologists and many more. It is challenging to assemble a trained multidisciplinary team (MDT), especially in the Sri Lankan context. Moreover, it is further challenging to maintain the same team over the years.

The cornerstone of completing 50 paediatric liver transplants is the 'teamwork'. Over the last 6 years, each member of the team has developed their knowledge and skills along their respective learning curves. Further understanding strengths, weaknesses and supporting each other at difficult times across the specialities made this program a success.

Apart from medical specialists, other grades of medical staff (medical officers, nursing officers and supporting staff) had no exposure to paediatric liver transplants at the beginning of the program. However, enthusiasm was created after witnessing the successful outcomes of the initial few transplants; they became obsessed with contributing to the program's success. We were able to establish links with overseas high-volume centres to offer training opportunities to the staff. This was a lifetime experience for them, giving them confidence in what they do. At present, the staff at Colomno North Centre for Liver Diseases (CNCLD) have become experts in conducting training sessions in complex hepatobiliary procedures for staff at other hospitals.

Infections are deadly in immunosuppressed, sick children. At the start of the paediatric liver transplant program, the outcomes were badly affected by this. It was hard to combat the infections when the transplanted children were managed in general wards, operating theatres and ICUs, amidst patients with sepsis. In 2024, a dedicated centre for liver diseases was donated by Mr M H Omar, which made a dramatic change in survival rates. This state-of-the-art facility helped to minimise infections with its isolation facilities, resulting in outcomes on par with the developed world.

In addition, dedicated operating theatres and intensive care, supported by skilled staff, led to a steep rise in annual transplant numbers. This made transplant activity a 'day-to-day work', further improving the success rates.

Being the only paediatric liver transplant program catering for the entire country, we receive referrals across Sri Lanka, representing various ethnic and socioeconomic backgrounds. Most of the families are from financially deprived backgrounds. Though the paediatric liver transplant program at CNCLD operates as part of the free healthcare system, there are expenses around a transplant, such as lodging, urgent lab tests, medications and the family's need to manage the breadwinner's time away to facilitate the transplant. We were able to establish a strong support system collaborating with state funds (E.g., President's Fund) along with private charity groups. This mode of financial support made the liver transplant dream a reality for many families.

The evolution of the paediatric liver transplant program over the last six years was not only in numbers but also in the complexity of patients. We started with transplanting a 9-year-old child in 2020; however, it took four years to embark on a liver transplant in an infant with biliary atresia. This was because the team was patiently waiting till the 'right time on the learning curve' with experience to handle complexities, rather than achieving milestones. At present, the transplant program has reached a level where 95% of the liver transplant candidates are infants, weighing less than 5 kgs.

Our six-year journey has created a network centred around best patient outcomes. Paediatricians ranging from premier children's hospitals to peripheral hospitals are part of this network. Continuing dialogue before and after the liver transplant offers the best collaborative care for the patients and their families. As and when the liver transplant numbers rise, more focus should be on maintaining the already established service and providing long-term holistic care with incorporation of more trained specialists into this network.



M H Omar Liver Care Facility
Colombo North Centre For Liver Diseases



Paediatric Liver transplant team successfully completing the 50th liver transplant on 27.09.2026

Marine Turtle Conservation in Sri Lanka



Thushan Kapurusinghe (MSc)
Chairman
Turtle Conservation Project (TCP)
Sri Lanka

Introduction

The sea turtles are a vital keystone species that maintain the health and balance of marine ecosystems. Conservation of marine turtles is a complicated process as it depends largely on the knowledge of different aspects of the turtle life-cycle such as biology, breeding, migration and foraging. Marine turtles spend more than 99% of their lives in the ocean and therefore, they are relatively inaccessible and studying is limited largely to when females return to their natal beaches for nesting activity.

There are seven existing species of marine turtles globally and according to the IUCN Red List, the Loggerhead (Caretta caretta), Leatherback (Dermochelys coriacea), and the Olive ridley (Lepidochelys olivacea) are listed as vulnerable. the Kemp's ridley (Lepidochelys kempii), and Hawksbill (Eretmochelys imbricata) are listed as Critically Endangered. Furthermore, the Green (Chelonia mydas) is listed as Least Concern. Australian Flatback (Natator depressus) is categorized as data deficient.

Out of the above-mentioned seven species, five species (Green, Olive Ridley, Leatherback, Hawksbill and Loggerhead) are found nesting in Sri Lanka. The regional status of both Loggerhead and Leatherback sub populations found in Sri Lanka (in the Northern Indian Ocean) are considered as Critically Endangered.

Status of Marine Turtles in Sri Lanka

Surveys done by Turtle Conservation Project (TCP), Sri Lanka and National Aquatic Resources Research and Development Agency (NARA) in southern and western coasts have revealed a number of important nesting beaches where significant numbers of different species of turtle come to lay eggs on a seasonal basis. Benthota, Induruwa, Kosgoda, Midigama, Tangalle, Rekawa, Kalametiya, Ussangoda-Godawaya, Uraniya, Pathiraja, Bundala, Yala, Panama, Kumana and Pothuvil are some of the key nesting sites for marine turtles in Sri Lanka. Probably Rekawa, a coastal area off Tangalle, Southern Sri Lanka is the Sri Lanka's most important sea turtle nesting beach where between 2000 and 3000 nests are deposited annually. It is important to note that although there is a peak nesting season for turtle nesting in Sri Lanka, nestings occur throughout the year.

The Green turtle (*Chelonia mydas*)

Green turtle is the most common nesting turtle species in Sri Lanka. Peak nesting season is between March and June. Key nesting sites are located at Benthota, Induruwa, Kosgoda, Rekawa, Kalametiya and Bundala. Rekawa beach is dominated by the green turtle which constitutes 96% of nests laid. Egg consumption of green turtle by coastal fishermen is widely practiced unless the law is enforced.

Olive ridley turtle (*Lepidochelys olivacea*)

Olive ridley is the second common nesting turtle in Sri Lanka. Nesting season is between March and June and the main nesting sites are located at Benthota, Induruwa, Kosgoda and Panama areas.

Although the green turtle is the common nester on the beaches, olive ridley turtles are the most common turtle species in the coastal waters around Sri Lanka. Since 2022, nesting of Olive Ridley turtles has been increased considerably in areas such as Wellawatta, Dehiwala, Panadura, Wadduwa, Matara, Rekawa and in Kandakkuliya (Kalpitiya) etc. Meat of olive ridley turtles are consumed by the local fishermen mainly in the northwestern coastal areas.

Leatherback turtle (Dermochelys coriacea)

The Leatherback is the third common nesting turtle species found in Sri Lanka. Peak nesting season is between April and July. Ussangoda-godawaya, Rekawa, Tangalle and Bundala are the main nesting sites for leatherbacks. Marine Turtle Conservation and Action Plan for the Northern Indian Ocean recognizes that Sri Lanka and the Andaman & Nicobar Islands of India, are the last two areas in the region which have substantial nesting populations of Leatherback turtles.

Hawksbill turtle (*Eretmochelys imbricata)*

The Hawksbill turtle is not a common nesting turtle species in Sri Lanka. Benthota, Induruwa and Kosgoda are the key nesting sites. There is no reasonable numbers of nests to determine the peak nesting season in Sri Lanka and therefore can be considered as an occasional nester. Although the nesting females are rare on Sri Lankan beaches, it is not uncommon to observe juvenile hawksbill turtles foraging in coral reefs around Sri Lankan waters. The critically endangered hawksbill turtle has been hunted to the brink of extinction in Sri Lanka for its carapace to provide raw materials for the illegal 'tortoiseshell' trade.

Loggerhead turtle (Caretta caretta)

The Loggerhead is one of the rarest turtle species found in Sri Lanka. Although the loggerhead turtles are quite common and widely distributed in the global context, morphological differences (mainly the colouration) suggest that the Sri Lankan loggerhead population can be a distinct and unique population that must be considered as a separate management unit. Marine Turtle Conservation and Action Plan for the Northern Indian Ocean suggests that urgent action is needed in Sri Lanka to conserve the only significant breeding population of the Loggerhead sea turtles found in the Indian subcontinent. Further genetic research needs to be carried out particularly focusing the species loggerhead. Nestings have been reported from Benthota, Induruwa, Kosgoda, Rekawa, Bundala and Panama areas.

Causes for Rapid Decline

Despite the legal protection, marine turtles in Sri Lanka are still being exploited for their eggs and meat. In addition, turtle nesting beaches are being disturbed by tourism development activities and foraging habitats, such as sea grass beds and coral reefs are being destroyed by destructive harvesting practices and marine pollution. Each year, thousands of marine turtles are accidentally caught and drowned in fishing gear around the island and this can be considered as the most negatively affecting threat for the survival of marine turtles in Sri Lanka.

Coastal communities depend on their surrounding natural resources for day to day survival. In addition, development activities are taking place in many coastal areas of the island. As a result, very important coastal habitats are under the serious threat of extinction. Domestic travel and tourism have considerably increased after the war,

resulting in coastal habitat degradation such as damage to the coral reefs on the Pigeon Islands and Bar Reef of the Kalpitiya peninsula.

Although the nesting turtles are protected in National Parks (NP) such as Yala NP, Kumana NP, Wilpattu NP etc., natural predators account for considerable egg predation in these areas. Wild boars, Jackals, water monitors and land monitors are the main predators in National Parks. In addition, dogs have been reported attacking nesting turtles (reported in Kalametiya) and eating turtle eggs and hatchlings (reported in Rekawa Sanctuary).

The sea turtle based tourism in Sri Lanka was initially represented by the existence of the private turtle hatcheries. However, all these hatcheries are operated illegally according to the Fauna and Flora Protection Ordinance. The turtle hatchery owners purchase turtle eggs and after the incubation, hatchlings are kept in tanks for several days prior to releasing them. Tourism provides the major income for these hatcheries enabling to them to maintain the facility. Poorly maintained hatcheries typically adopt procedures that disregard the sex ratio produced and have no regard in ensuring the hatchlings undergo their vital imprinting process.

Legal Protection and Law Enforcement

All sea turtle species are protected by the Fauna and Flora Protection Ordinance (FFPO) in 1972. Under this act, it is an offence to possess, capture, kill or injure these animals or to collect and destroy their eggs or possess their parts. All the turtle and tortoise species are protected under the amendment made to the FFPO in 1993. In 2009, all turtle species were listed as strictly protected animals and high penalty was imposed under the FFPO.

Declaration of Rekawa and Ussangoda-Godawaya Sanctuaries

Since 1996, the Turtle Conservation Project (TCP) and the Department of Wildlife Conservation (DWC) continued the in-situ marine turtle nest protection programme with the Rekawa community members. In Rekawa, all marine turtle nests were protected with a wire mesh to avoid predators and 24 hr beach patrol provided the protection against poachers and predators. After the nesting female completed egg laying, turtle was measured and tagged by the TCP research officers.

Year 2006 has been declared as the 'Year of Sea Turtles' and to commemorate this declaration. Sri Lanka also organized various events. As a result, the Department of Wildlife Conservation (DWC) has declared Rekawa and Ussangoda-Godawaya turtle nesting beaches as wildlife sanctuaries on 25th May 2006 by a special gazette with the assistance of TCP, CCD and IUCN. In addition to the Sanctuary declaration, ten green turtles with satellite transmitters were released on the same day.

Community Based Turtle Conservation, Tourism and Rural Development by Turtle Conservation Project (TCP) Sri Lanka

Many governments, conservationists, scientists, and community-based organisations have sought to utilise sea turtles as flagships capitalising on their charismatic image. Conservation managers are currently turning to incentive-based approaches to encourage local communities to change their behaviour which over exploits natural resources. The Turtle Conservation Project (TCP), a registered environmental organization first visited Rekawa in 1993. At the time of TCP arrival, the community members of Rekawa were engaged in illegal activities such as collecting turtle eggs and slaughtering turtles for flesh.

In September 2006, TCP launched a Community-Based Turtle conservation and 'Turtle Night Watch' nature tourism project in Rekawa where the previous egg poachers were employed as turtle nest protectors giving them alternative employment while protecting the marine resources. This programme has recently (September 2026) commemorated its 30th anniversary achieving its financial sustainability.





























UPCOMING SLCP ACTIVITIES











Essential Paediatric for General Practice (16th August 2026)

Organised by SLCP in collaboration with College of General Practitioners of Sri Lanka was held at UCFM Tower. This session included a mini lecture series with an expert panel and a hands-on session of four stations namely; Development, Dermatology & Bowel Dysfunction, Respiratory and Feeding & Growth Problems.













Art Creation 2026

The SLCP successfully held its Art Creation Programme 2026 to celebrate World Obesity Day and promote healthy child development through creative expression. Centered on themes of balanced nutrition and physical activity, the event drew over 500 nationwide entries from preschool to Grade 11 from which 76 standout pieces were selected, and all chosen young artists were honored equally without rankings at the prize-giving ceremony held at UCFM Tower on 16 August 2026.



Smashing Success! SLCP Takes 3rd Place at Inter-College Badminton Tournament

Huge congratulations to our SLCP Badminton Team for locking in 3rd Place at the SLCIM Inter-College Badminton Encounter 2026! Held at the MBA Court in Colombo 7, our team showcased incredible ability, sharp strategy, and relentless determination on the court. A massive shout-out to the team for this well-deserved podium finish.



Tackling Low Birth Weight: Prevention, Detection, and Survival — Webinar Series 06

The Perinatal Society of Sri Lanka conducted its sixth webinar, "Tackling Low Birth Weight: Prevention, Detection, and Survival," on 26 June 2026. The programme brought together experts in obstetrics, paediatrics, and community medicine to address low birth weight through a multidisciplinary perspective. The discussion focused on prevention, early detection, and strategies to improve survival and outcomes of affected newborns.



Paediatric Care Across Common Clinical Challenges — SLMA International Medical Congress

A dedicated paediatric symposium titled "Paediatric Care Across Common Clinical Challenges" was held as part of the 139th Anniversary International Medical Congress of the Sri Lanka Medical Association on 24 July 2026. The symposium addressed three important areas of everyday paediatric practice: recurrent abdominal pain, evidence-based management of urinary tract infections, and normal growth and growth disorders. Experts in the respective fields provided practical updates aimed at strengthening evidence-based clinical decision-making.



Dengue: Making Dengue a Zero-Mortality Disease — Without the ICU

A comprehensive pre-congress workshop on "Dengue: Making Dengue a Zero-Mortality Disease — Without the ICU" was held on 26 July 2026 in association with the 19th Asia Pacific Congress of Paediatrics. The programme focused on practical bedside management, including fluid therapy, ultrasonography, dengue shock, bleeding, unusual manifestations, HLH, and dengue vaccination. Interactive expert discussions and bedside-focused ultrasonography training complemented the scientific sessions, with an emphasis on early recognition and appropriate intervention.



Launch of the Position Paper on Harmful Marketing of Foods and Non-Alcoholic Beverages

The Asia Pacific Pediatric Association and Sri Lanka College of Paediatricians launched a position paper on protecting children and adolescents in the Asia-Pacific region from harmful marketing of foods and non-alcoholic beverages on 29 July 2026. The launch followed a special symposium on advancing efforts to prevent adolescent obesity at the 19th Asia Pacific Congress of Paediatrics and the 28th Annual Scientific Congress of the Sri Lanka College of Paediatricians. The initiative highlighted the importance of creating healthier food environments and strengthening regional action to protect children and adolescents.



All Hands on Birth: Family-Centered Perinatal Strategies — Webinar Series 07

The seventh webinar of the Perinatal Society of Sri Lanka, "All Hands on Birth: Family-Centered Perinatal Strategies," was held on 31 July 2026. The programme brought together specialists in neonatology, obstetrics and gynaecology, and community medicine to explore a multidisciplinary and family-centred approach to perinatal care. The session highlighted the importance of coordinated maternal, newborn, and community-based strategies in improving perinatal outcomes.



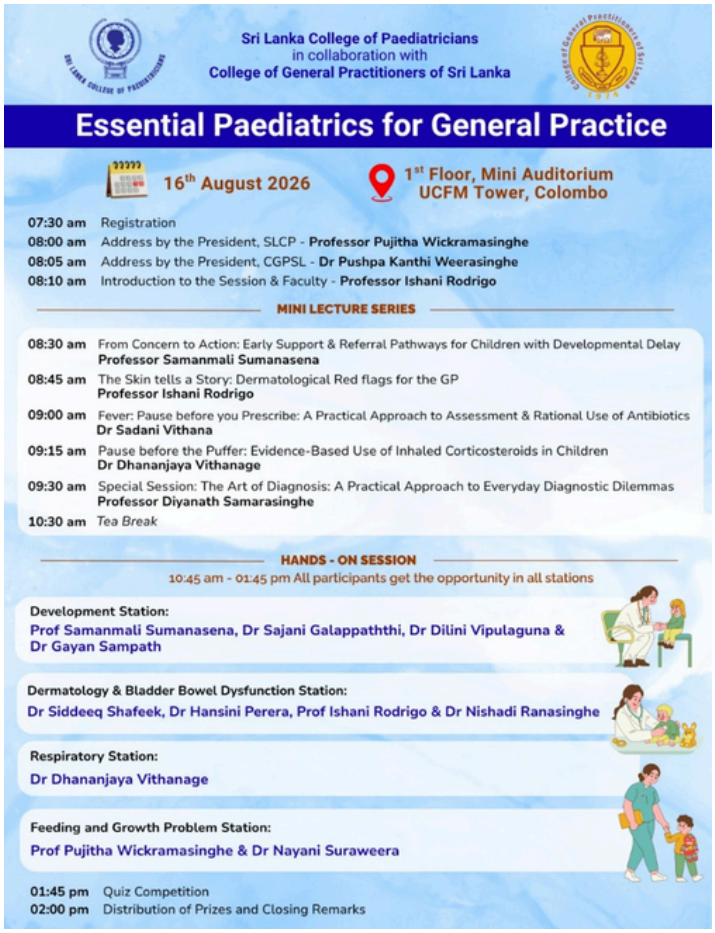
Global SLCP Network International Webinar Series — Complex Disabilities and Down Syndrome

The Global SLCP Network International Webinar Series continued on 26 August 2026 with a programme focusing on childhood disability and long-term support. The webinar addressed the paediatrician's role in managing complex disabilities and explored early screening, lifelong support, and meaningful inclusion for individuals with Down syndrome. Speakers from Sri Lanka and the United Kingdom contributed perspectives spanning clinical care, neurodiversity, community paediatrics, and long-term developmental support.



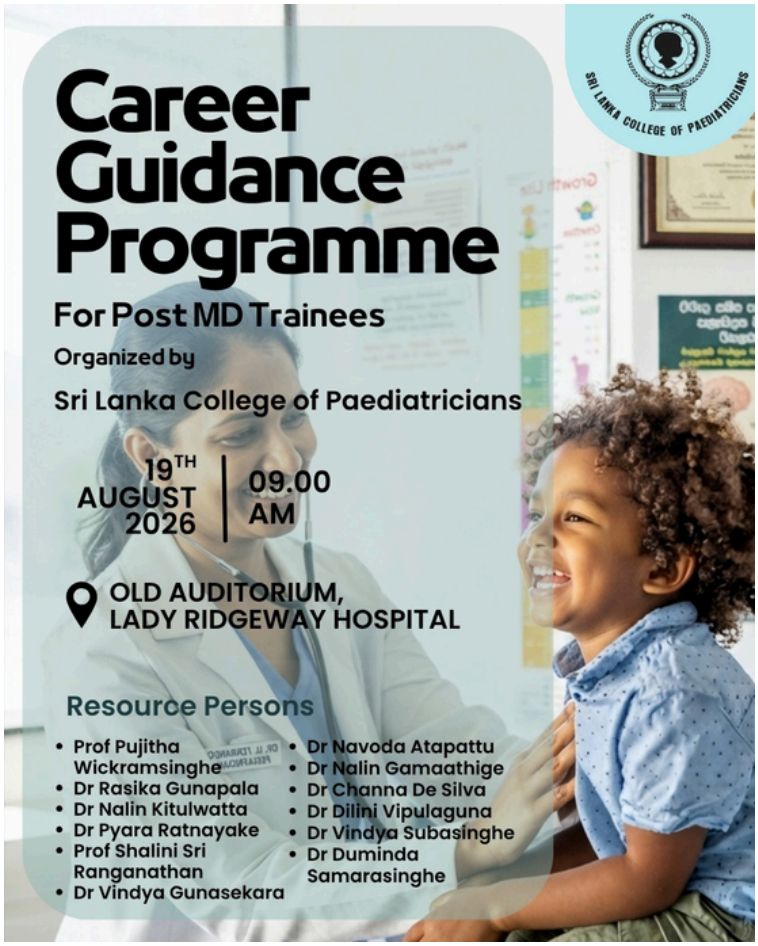
Childhood Origins to Adult Outcomes in Endocrinology

The Pre-Congress Programme on “Childhood Origins to Adult Outcomes in Endocrinology” was held on 13 August 2026 in Colombo, in collaboration with the Sri Lanka College of Paediatricians. The programme covered a broad spectrum of paediatric endocrinology, including type 1 diabetes, emerging diabetes technologies, pituitary imaging, growth disorders, childhood obesity, and MASLD. Local and international experts combined clinical updates with case-based and interactive discussions, highlighting the lifelong implications of endocrine disorders beginning in childhood.



Essential Paediatrics for General Practice

The Sri Lanka College of Paediatricians, in collaboration with the College of General Practitioners of Sri Lanka, conducted “Essential Paediatrics for General Practice” on 16 August 2026. The programme provided primary-care practitioners with practical updates on developmental delay, dermatological red flags, rational antibiotic use, inhaled corticosteroid therapy, and common diagnostic dilemmas. Hands-on stations in development, dermatology, bladder and bowel dysfunction, respiratory medicine, feeding, and growth provided participants with opportunities to strengthen practical skills relevant to everyday practice.



Career Guidance Programme for Post-MD Trainees

The Sri Lanka College of Paediatricians conducted a Career Guidance Programme for Post-MD Trainees on 19 August 2026 at the Lady Ridgeway Hospital for Children. Experienced paediatricians from a range of professional backgrounds served as resource persons, providing guidance to trainees as they planned the next stages of their careers. The programme provided an opportunity to discuss career pathways, professional development, and the transition from postgraduate training to specialist practice.



Childhood Arrhythmias: A Practical Approach to Diagnosis & Management

The August Monthly Clinical Update of the Sri Lanka College of Paediatricians focused on “Childhood Arrhythmias: A Practical Approach to Diagnosis & Management.” Held on 21 August 2026 at Lady Ridgeway Hospital for Children as a hybrid session, the programme combined a clinical case presentation with an expert lecture by a cardiac electrophysiologist. The session provided a clinically oriented approach to recognising, diagnosing, and managing important arrhythmias encountered in children.



Supporting Children with Neurodevelopmental Delay or Disorder in Family Practice

A CPD workshop titled “Supporting Children with Neurodevelopmental Delay or Disorder in Family Practice” was held on 12 September 2026, bringing together expertise from paediatrics and family medicine. Using a case-based approach centred on the experience of Green Memorial Hospital, Manipay, the programme explored the recognition and management of neurodevelopmental concerns within primary care. Importantly, the inclusion of a parent representative incorporated the family perspective into discussions on assessment, referral, support, and continuity of care.



Vaccination and Beyond: Adapting to a Changing World

The 14th Annual Scientific Sessions of the Vaccines and Infectious Diseases Forum of Sri Lanka, themed “Vaccination and Beyond: Adapting to a Changing World,” was held on 13 September 2026. The programme addressed contemporary challenges in infectious diseases and immunisation, including dengue, meningococcal disease, atypical pneumonia, antimicrobial stewardship, vaccination of older adults, healthcare workers and adolescents, and vaccination in special circumstances. The multidisciplinary programme highlighted the evolving role of vaccination and evidence-based infectious disease practice across the life course.

Guidelines on submission of articles for the SLCP NEWSLETTER

All communications should be addressed to
Sri Lanka College of Paediatricians.

Only electronic submissions to the following email address are accepted and no hard copies will be entertained as submissions.

Email: paednewsletter@gmail.com
Intellectual responsibility for pictures/articles submitted lies with the person submitting the pictures/articles and The Sri Lanka College of Paediatricians (SLCP) will not assume any responsibility whatsoever for them.

Contents

- Cover Page/ Front Page

A photograph – Can be submitted by any member of Sri Lanka College of Paediatricians. It should be followed by the cover story not exceeding 150 words. A nature photograph/ a photograph of a college function will be accepted.

- Inner pages

You are kindly requested to submit articles under the following topics for the Newsletter in MS Word format. Tables and figures should be submitted separately. Pictures should be of high quality (at least 300 DPI).
Any article with an academic interest/ non-academic interest falling under following categories will be accepted. Maximum word count is 1000 for academic and 800 for non-academic articles. Only 2 pictures, photographs (300 DPI) or tables are allowed in one article.

ARTICLES RELATED TO PROFESSIONAL DEVELOPMENT

- Review articles/ Review of a review
- Case History or Case Based Discussion
- Patient Story with a picture
- Young Paediatricians' Niche – Open only for Registrars and Senior registrars in Paediatrics and related sub-specialties, and writing on current practice of a common disease. This has to be a detailed and up to date narrative. It will be checked for plagiarism.
- Monthly clinical update
- MCQ corner

ARTICLES RELATED TO PERSONAL DEVELOPMENT

- Non-technical article – An article on a song/ book/ painting/ cartoon/ movie
- Information Technology related articles
- Finance management
- Articles on any other topic of interest too can be submitted.

ARTICLES RELATED TO UNIT/TEAM DEVELOPMENT

- New innovations in your unit/ any new developments related to paediatrics and child health by a paediatrician.
- Briefings on regional sessions held.
- Any other collaborative sessions related to paediatrics.

Please submit the documents to paednewsletter@gmail.com with a cover letter.

Articles submitted before the 10th of each month will be considered for publication on that month's issue. Late submissions will be considered for the next issue. However depending on the availability of space and similarity of the articles they may be considered for upcoming issues.

