OFFICIAL NEWSLETTER OF SLCC

APRIL 2026

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EDITORIAL

As we welcome April 2026, it is a privilege to once again connect with the members of the Sri Lanka College of Cardiology and reflect on our shared commitment to advancing cardiovascular care. This month arrives with a sense of renewal and cultural significance, offering both a pause in our usual pace and an opportunity to look ahead with clarity and purpose.

April is a time of celebration across Sri Lanka, as we mark the Sinhala and Tamil New Year. This cherished season reminds us of the importance of family, unity and reflection. It encourages us to momentarily step away from our professional routines and reconnect with the values that underpin compassionate and patient-centered care.

In keeping with the festive spirit, academic activities within the College have been relatively minimal during this period. While this temporary slowdown is expected, it provides a valuable opportunity for rest and rejuvenation. Such moments are essential in sustaining the energy and dedication required in our demanding field.

As we move into the coming month, we anticipate a return to a more active academic calendar, with a range of educational and professional initiatives planned. We encourage all members to re-engage actively, contribute to discussions and participate in the programs. Your involvement is vital in maintaining the strength and vibrancy of our professional community.

Wishing you and your families a joyful, peaceful and prosperous Sinhala and Tamil New Year. May the months ahead bring renewed inspiration, good health and continued excellence.

Dr. Suneth Karunarathne
Editor
Sri Lanka College of Cardiology

A LIFE THAT SHAPED MODERN CARDIOLOGY: IN MEMORY OF EUGENE BRAUNWALD



We pay tribute to Eugene Braunwald, who passed away on April 22, 2026, leaving behind a legacy that is both immense in scale and enduring in influence. For generations of cardiologists, Dr. Braunwald was more than a towering academic figure he was the embodiment of modern cardiovascular medicine. His influence spanned every major evolution of the field, from cardiac mechanics and myocardial oxygen consumption to infarct size limitation and the landmark TIMI trials. At every stage, he led with clarity of thought, vision, and an unmatched capacity to shape scientific direction. In many ways, cardiology as we know it today bears his imprint.

He held simultaneous leadership roles at both Beth Israel Hospital and Brigham and Women's Hospital, guiding two major institutions with distinct identities while maintaining an extraordinary presence in each. He attended resident reports almost daily, famously crossing Longwood Avenue twice a day for years.

Despite an overwhelming schedule that included his textbook, research, mentorship, international lectures and leadership responsibilities, those who interacted with him consistently felt seen, heard and valued. Beyond his institutional roles, Dr. Braunwald influenced global cardiology through his teaching, mentorship, and scholarship. His textbook, "Braunwald's Heart Disease", became a foundational reference for generations, shaping how countless physicians learned and practiced medicine. Many knew him first not personally, but through his writings, which guided them through their formative years in medicine.

Even in his later years, he remained intellectually active, forward-looking and deeply engaged with the future of cardiology. His passion for the field never diminished. He continued to inspire through lectures and ideas that reflected a lifetime of curiosity and dedication.

Dr. Braunwald did what he loved, for his entire life and in doing so, he transformed a discipline. He will be remembered with profound gratitude and deeply missed by the global cardiology community.



"I never lose sight of the fact that everything I do is for the patient and for the prevention and treatment of human diseases."

- Eugene Braunwald

SLCC NEWS

SLCC on the Global Stage: A Journey of International Recognition

TThe Sri Lanka College of Cardiology (SLCC) takes immense pride in its growing international recognition and strong global collaborations, reflecting its commitment to advancing cardiovascular care both nationally and globally. Since 2021, SLCC has been an affiliated cardiac society of the European Society of Cardiology (ESC), marking a significant milestone in aligning Sri Lankan cardiology with European standards of excellence, education and research. Further strengthening its global presence, SLCC was officially recognized in March 2026 as an American College of Cardiology (ACC) Sri Lanka Chapter, opening new avenues for academic exchange, professional development, and collaborative research with one of the world's leading cardiology organizations. SLCC is also a proud member society of the Asia Pacific Society of Cardiology, enhancing regional cooperation and knowledge sharing across diverse healthcare systems in the Asia-Pacific region.

In addition, SLCC holds membership in the World Heart Federation (WHF), underscoring its dedication to global cardiovascular health advocacy, prevention strategies, and equitable care delivery. As a founder member of the SAARC Cardiac Society, SLCC continues to play a pioneering role in fostering collaboration among South Asian nations to address the growing burden of cardiovascular diseases in the region.

Collectively, these prestigious affiliations and partnerships reflect the international recognition of SLCC as a dynamic and forward-thinking institution. They highlight not only the academic and clinical excellence of Sri Lankan cardiologists but also the country's active contribution to the global cardiovascular community. SLCC remains committed to expanding these collaborations further, strengthening education, research and patient care for the benefit of all.









SLCC NEWS

SLCC Clinches Victory in First Annual Cricket Encounter

The Sri Lanka College of Cardiology (SLCC) was pleased to record a commendable victory at its first annual cricket encounter against the Association of Sri Lankan Neurologists, held at the Angampitiya Grounds in Kotte. SLCC posted a competitive total of 210 for 5, highlighted by an outstanding innings from Nishan Vas, who scored a well-crafted 119 runs. He further contributed with bowling, delivering an impressive spell to claim 3 wickets for 20 runs.

Despite fielding a team of 10 players, of whom eight were consultant cardiologists, SLCC demonstrated admirable teamwork, discipline, and sportsmanship throughout the match. The Association of Sri Lankan Neurologists, in response, scored 116 for 8, facing a well-coordinated bowling and fielding effort from SLCC.

This inaugural encounter was conducted in a spirit of friendly competition and mutual respect, providing a valuable opportunity for fellowship and strengthening professional relationships between the two specialties. Building on the success of this event, the next encounter is eagerly anticipated and will be held against the Sri Lanka College of Sexual Health and HIV Medicine on Sunday, 17th May, at 9:00 a.m. at the same venue.





Cardiology Trivia

WERNER FORSSMANN

From Self-Experiment to Nobel Legacy: The Birth of Cardiac Catheterization







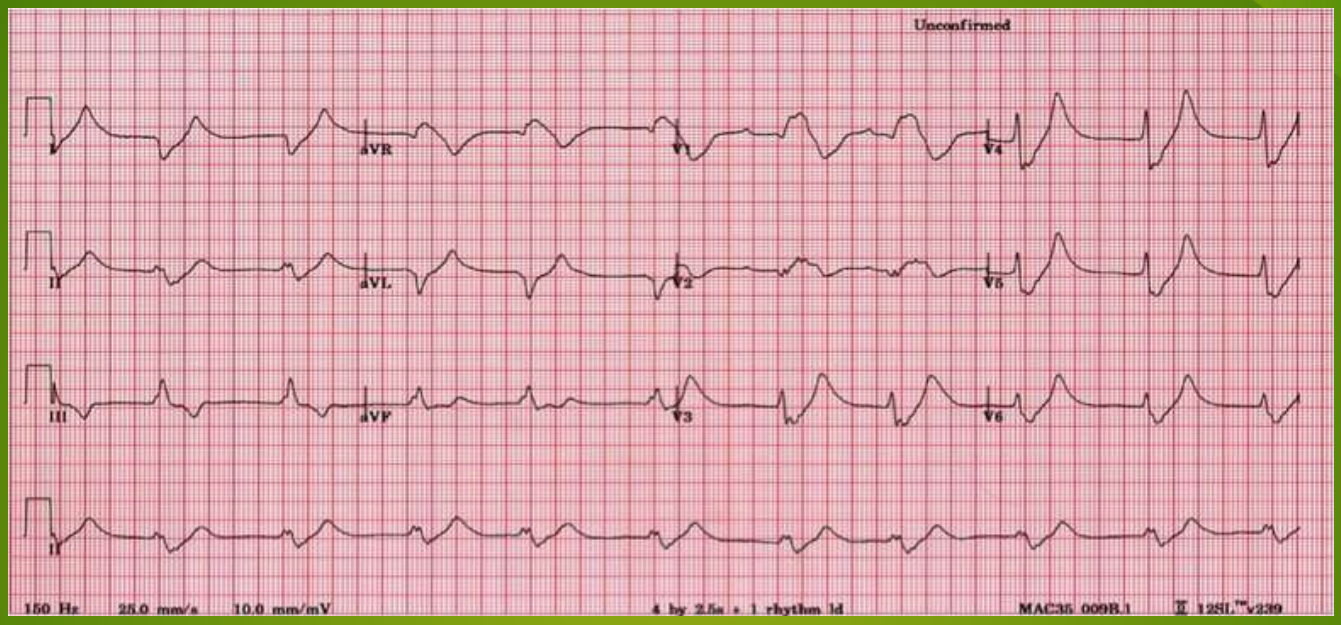
Werner Forssmann (1904–1979) was a German physician whose bold and unconventional experiment transformed the course of modern cardiology. In 1929, while working as a young surgical resident, he challenged prevailing medical beliefs by demonstrating that a catheter could be safely introduced into the human heart. At a time when such an idea was widely considered dangerous and unacceptable, Forssmann's curiosity and determination led him to test the concept on himself. This remarkable act of courage laid the foundation for one of the most important diagnostic and therapeutic tools in cardiovascular medicine.

In his now famous self-experiment, Forssmann inserted a urinary catheter into a vein in his arm and carefully advanced it into his right atrium, confirming its position using X-ray imaging. Despite the success of the procedure, his work was initially met with skepticism and even professional criticism, limiting his early career opportunities in cardiology. However, years later, his pioneering efforts were validated and expanded upon by other researchers, ultimately proving the immense clinical value of cardiac catheterization in diagnosing and managing heart disease.

Forssmann's contribution was eventually recognized at the highest level when he was awarded the Nobel Prize in Physiology or Medicine, alongside André Cournand and Dickinson Richards, who further advanced the technique into routine clinical practice. Today, cardiac catheterization remains a cornerstone of cardiology, enabling life-saving interventions and precise diagnostic evaluation. Forssmann's legacy stands as a powerful reminder of innovation, perseverance, and the enduring impact of visionary thinking in medicine.

ECG QUIZ

A 72-year-old gentleman was brought to the Emergency Department after being found collapsed on the floor of his bedroom, having last been seen well three days earlier. On arrival, he appeared confused and combative, with a GCS score of 13. His clinical condition was concerning, with blood pressure of 78/60 mmHg, a pulse rate of 74 beats per minute, a respiratory rate of 32 breaths per minute, and an oxygen saturation of 91% despite receiving high-flow oxygen via a non-rebreather mask. His medical history included congestive cardiac failure, hypertension, type 2 diabetes mellitus and osteoarthritis. He was on regular medications including enalapril, spironolactone, metoprolol and celecoxib. An ECG was performed and it was as follows.



A. Hyperkalemia
B. Acute myocardial infarction (especially hyperacute T waves)
C. Left bundle branch block
D. Ventricular tachycardia
E. Digoxin toxicity

Answer - A

Hyperkalemia

Hyperkalemia is a potentially fatal electrolyte disturbance defined as a serum potassium level above 5.5 mmol/L, with levels greater than 6.5 mmol/L considered severe. In this patient, a potassium level of 9.0 mmol/L represents a medical emergency due to the high risk of life-threatening cardiac arrhythmias. ECG changes are important in recognizing hyperkalemia, although they may not always correlate exactly with potassium levels. Early ECG findings include tall, peaked (“tented”) T waves, especially in the precordial leads. As potassium levels increase, there is progressive flattening and eventual loss of P waves, prolongation of the PR interval, and widening of the QRS complex. In advanced stages, a sine-wave pattern may develop, which can rapidly progress to ventricular fibrillation or asystole.

FROM INTERNATIONAL JOURNALS

From New England Journal of Medicine published on March 12/19, 2026

Bleeding Risk with Apixaban vs. Rivaroxaban in Acute Venous Thromboembolism

L.A. Castellucci, V.M. Chen, M.J. Kovacs, A. Lazo-Langner, P. Greenstreet, S. Kahn, B. Côté, S. Schulman, K. de Wit, J. Douketis, D. Suryanarayan, T. Wan, E. Yeo, G. Le Templier, H.A. Tran, A. Willcox, H.J. Crowther, R. Prasad, S. Shivakumar, E. Umana, F. Ni Ainle, T. Tritschler, S. Barco, J.-P. Galanaud, M. Blondon, L. Baumann Kreuziger, S. Solymoss, C. Kearon, E. Thomas, T. Ramsay, G. Le Gal, and M. Rodger, for the COBRRA Trial Investigators

BACKGROUND

Apixaban and rivaroxaban are the oral anticoagulants most frequently used to treat acute venous thromboembolism. However, uncertainty remains about the difference in bleeding risk between the two medications.

METHODS

In an international trial with a prospective, randomized, open-label, blinded end point design, we assigned, in a 1:1 ratio, eligible patients with acute symptomatic pulmonary embolism or proximal deep-vein thrombosis to receive apixaban or riva roxaban for 3 months. Apixaban was given at a dose of 10 mg twice daily for 7 days followed by 5 mg twice daily, and rivaroxaban was given at a dose of 15 mg twice daily for 21 days followed by 20 mg daily. The primary outcome was clinically relevant bleeding, a composite of major bleeding or clinically relevant nonmajor bleeding, as defined according to the International Society on Thrombosis and Hae mostasis, during the 3-month trial period. Secondary outcomes included death from any cause.

RESULTS

A total of 2760 patients underwent randomization: 1370 to the apixaban group and 1390 to the rivaroxaban group. A primary-outcome event occurred in 44 of 1345 pa tients (3.3%) in the apixaban group and 96 of 1355 patients (7.1%) in the rivaroxaban group (relative risk, 0.46; 95% confidence interval [CI], 0.33 to 0.65; P<0.001). Death from any cause occurred in 1 patient (0.1%) in the apixaban group and in 4 pa tients (0.3%) in the rivaroxaban group (relative risk, 0.25; 95% CI, 0.03 to 2.26). Seri ous adverse events unrelated to bleeding or venous thrombosis occurred in 36 patients (2.7%) in the apixaban group and in 30 patients (2.2%) in the rivaroxaban group.

CONCLUSIONS

Among patients with acute venous thromboembolism, the risk of clinically relevant bleeding was significantly lower with apixaban than with rivaroxaban during the 3-month treatment period.

FROM INTERNATIONAL JOURNALS

From European Heart Journal published on 30, August 2025

Heart failure therapy in patients with advanced cancer receiving specialized palliative care (EMPATICC trial)

Markus S. Anker, Amir A. Mahabadi, Matthias Totzeck, Mitra Tewes, Muhammad Shahzeb Khan, Raluca. Mincu, Ulrike B. Hendgen-Cotta, Lars Michel, Baicy Mathew, Ophelia Drescher, Martin Schuler, Ulrich Keller, Kathrin Rieger, Johann Ahn, Lars Bullinger, Dominik P. Modest, Corinna Denecke, Lucie Kretzler, Luisa V. Ramer, Danara Krug, Ulf Landmesser, Lorenz H. Lehmann, Norbert Frey, Sven Bercker, Ulrich Laufs, Michael Böhm, Felix Mahfoud, Bela Merkely, Monika Diek, Javed Butler, Anja Veiser, Tim Heise, Martin Hellmich, Marius Placzek, Tim Friede, Stefan D. Anker, and Tienush Rassaf

BACKGROUND AND AIMS

Advanced cancer may resemble a heart failure (HF)-like phenotype marked by cardiac wasting, dyspnoea, congestion, and/or physical dysfunction. The trial evaluated safety and efficacy of HF therapy among patients with advanced cancer receiving specialized palliative care to improve patients' self-care ability.

METHODS

Patients with stage 4 solid tumours with a life expectancy of 1–6 months receiving specialized palliative care were enrolled. Patients were required to meet at least two cardiovascular risk criteria and at least one criterion for functional limitation. Participants were randomized 1:1 to receive optimized HF therapy (up to four drugs: sacubitril/valsartan, empagliflozin, ivabradine, ferric carboxymaltose) or placebo in a double-blind setting. The primary hierarchical endpoint included: (i) days alive and able to wash oneself, (ii) ability to walk 4 m, and (iii) self-reported patient global assessment (PGA) of subjective well- being, during the 30-day placebo-controlled phase.

RESULTS

In five centres, 93 patients were randomized. The primary endpoint did not differ between groups (win ratio 0.95, 95% confidence interval [CI] 0.57–1.58; P = .83). Overall, mortality was 32% at 30 days (not different between groups). In patients alive at 30 days, HF therapy reduced N-terminal pro-B-type natriuretic peptide levels by 41% (P = .040), increased left ventricular ejection fraction by 2.9% (P = .036), and improved PGA scores (odds ratio 0.22, 95% CI 0.06–0.75; P = .016).

CONCLUSIONS

In a population with advanced cancer receiving specialized palliative care and high early mortality, optimized HF therapy did not improve patients' self-care ability. Among survivors at 30 days, improvements in quality of life measures and cardiac biomarkers suggest potential benefit of individualized HF therapy, which is hypothesis generating and needs validation.

KAVILI & CALORIES

How Much is Too Much This Avurudu?



Asmi
1 piece (~40 g)
≈ 150 kcal

Athirasa
1 piece (~50 g)
≈ 160 kcal

Aluva
1 piece (~50 g)
≈ 130 kcal

Mung Kavum
1 piece (~40 g)
≈ 150 kcal

Milk Toffee
1 piece (~50 g)
≈ 200 kcal

Aggala
1 ball (~40 g)
≈ 130 kcal

Oil Cake
1 piece (~50 g)
≈ 150 kcal

Milk Rice
1 piece (~100 g)
≈ 180 kcal

Kokis
1 piece (~40 g)
≈ 130 kcal

HEALTHY EATING, HEALTHY HEART

The Science Behind the Plate

Cardiovascular events, including myocardial infarction and related acute presentations collectively termed Acute Coronary Syndrome, remain a leading cause of global morbidity and mortality. However, an expanding body of scientific evidence indicates that a substantial proportion of these events are preventable through modification of lifestyle factors, particularly dietary habits. Nutritional choices play a critical role in cardiovascular health by influencing lipid profiles, vascular inflammation, glycaemic control, and body weight, thereby reducing the likelihood of atherosclerotic plaque formation and subsequent coronary events

What we eat has a powerful impact on our heart health because certain foods can help lower harmful cholesterol, reduce inflammation in the blood vessels, control blood sugar and maintain a healthy weight, all of which make it harder for blockages to form in the coronary arteries. Studies consistently show that diets rich in vegetables, fruits, whole grains, legumes like beans and lentils, nuts, seeds and heart healthy fats such as olive oil are linked with fewer coronary events and better long-term health outcomes when compared with diets high in processed foods, sugary drinks and refined carbohydrates (such as white bread or sweets).

One of the best studied and most heart friendly eating patterns is the Mediterranean diet, which emphasizes colourful plant foods, whole grains, fish, lean proteins and minimal processed meats and added sugars and large population studies suggest that people who follow this way of eating have significantly lower rates of coronary heart disease and related emergencies. Unlike trendy diets that focus only on calories, fat, or carbs, this approach highlights food quality, variety and balance, making it easier to follow long term and more effective in protecting the heart.

In addition to choosing wholesome foods, reducing salt intake, cutting back on sugary beverages and limiting red meat also help control blood pressure and body weight, both major risk factors for heart disease. When healthy eating is combined with regular physical activity, avoiding tobacco and managing stress, the protective effects multiply, giving your heart the strongest possible defence against blockages and sudden events. Evidence shows that even small changes like adding more vegetables at meals, swapping sugary drinks for water or unsweetened tea and choosing whole grains instead of refined ones, can start reducing heart risk within weeks to months.

A healthy Sri Lankan diet can significantly reduce the risk of heart emergencies when it emphasizes traditional, minimally processed foods. Meals based on red or brown rice, lentil curries such as dhal, vegetable dishes like gotukola sambol, pumpkin and murunga, provide fibre and essential nutrients that support heart health. Using coconut in moderation, choosing fish instead of red meat and limiting fried foods and sugary drinks have been shown to help lower cholesterol and improve cardiovascular outcomes.

Eating with your heart in mind isn't about perfection or strict diets. It's about making consistent, thoughtful choices that give your body the nourishment it needs and reduce the chances of a life threatening heart problem.



Reference

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2. American Heart Association (2021) 'Dietary guidance to improve cardiovascular health: A scientific statement from the American Heart Association', Circulation, 144(23), pp. e472–e487.

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UPCOMING EVENTS

Organized by the Sri Lanka College of Cardiologiy in Collaboration with Anuradhapura Medical Association

CARDIOLOGY REGIONAL SESSIONS ANURADHAPURA 2026

HOTEL GOLDEN MANGO - ANURADHAPURA

May 14 2026

CPD POINTS AVAILABLE

Main Scientific Programme - For General Practitioners , Medical Officers, Postgraduate Trainees

8:20 - 8:25	Welcome Address – President, Anuradhapura Medical Association - Prof. Anjana De Silva
8:25 - 8:30	Opening Address – President, Sri Lanka College of Cardiology - Dr. Asunga Dunuwille
	Symposium 1 - Cardiac Emergencies in Cinical Practice
8:30 - 9:00	Chest Pain in the Real World – Rapid Recognition of Acute Coronary Syndrome - Dr. Ajith Wanniarachchi (Consultant Cardiologist)
9:00 - 9:30	Blackouts Uncovered - A Practical Approach to Syncope - Dr.Keerthi Divulwewa (Consultant Cardiac Electrophysiologist)
9:30 - 10:00	When the Heart Races – Managing Acute Arrhythmias in Practice - Dr. Sandun Iddagoda (Consultant Cardiac Electrophysiologist)
10:00 - 10:20	Tea Break
	Symposium 2 - Cardiovascular Risk & Prevention
10:20 - 10:50	Hypertension Masterclass – Smart Strategies for Better BP Control - Dr. Sanjeewa Rajapaksha (Consultant Cardiologist)
10:50 - 11:20	Lipids That Kill – Modern Dyslipidemia Management Simpified - Dr.M.R. Mubarak (Consultant Cardiologist)
11:20 - 11:50	Prevention is Better Than Cure – Primary Prevention of Cardiovascular Disease - Dr. Nishan Vas Goonewardane (Consultant Cardiologist)
11:50 - 12:00	Quick Discussion Panel
12:00 - 12: 40	Lunch Break
	Symposium 3- Arrythmias and Heart Failure- Modern Management
12:40 - 13:10	The Failing Heart – Modern Heart Failure Management Essentials - Dr. Wasantha Kapuwatte (Consultant Cardiologist)
13:10 - 13:40	Beyond Drugs – Device Therapy in Heart Failure: Who, When and Why - Dr. Asunga Dunuwille (Consultant Cardiac Electrophysiologist)
13:40 - 14:10	Palpitations Puzzles - Sorting Benign from Dangerous Arrhythmia - Dr Susitha Amarasinghe (Consultant Cardiac Electrophysiologist)
14:10 - 14:40	Atrial Fibrillation Decoded – Latest Evidence Based Approach - Dr. Asunga Dunuwille (Consultant Cardiac Electrophysiologist)
14:40 - 15:10	Bonus Session: Everyday Cardiology Pearls – What should not be missed in Clinical Practice - Dr. Arulkumar Jegavanthan (Consultant Cardiologist)
15:10 - 15:40	Grand Cardiology Quiz – Test Your Clinical Skills (Prizes for Winners) - Dr. Neranga Samarathunga (Consultant Cardiologist)
15:40 - 15:50	Vote of Thanks - Secretary, Anuradhapura Medical Association - Dr. Nayani Suraweera

A Project by Cardiology Unit - Teaching Hospital Anuradhapura

Further Details Contact 0711348991 (Dr. Akalanka)

UPCOMING EVENTS

Organized by the Sri Lanka College of Cardiology in Collaboration with Anuradhapura Medical Association

CARDIOLOGY REGIONAL SESSIONS – ANURADHAPURA 2026

CPD POINTS +AVAILABLE+

REGIONAL DIRECTOR OF HEALTH SERVICES' MAIN AUDITORIUM

May 14 2026

Parallel Session - For Cath Lab / Cardiology / Emergency care Nurses, Cardiographers, Radiographers and Allied Health Staff

7:20 – 7:25	Welcome Address – President, Anuradhapura Medical Association – Prof. Anjana De Silva
7:25 – 7:30	Opening Address – President, Sri Lanka College of Cardiology – Dr. Asunga Dunuwille
7:30 – 7:35	Welcome Address – Mr. Kamal Dissanayake (Chief Nursing Officer)
7:35 – 8:25	ECG Secrets Every Cardiac Nurse Should Know – Recognizing Dangerous Rhythms in Seconds – Dr. Nawshad Ali (Consultant Cardiologist)
8:25– 9:15	Radiation in the Cath Lab – Protecting Yourself While Saving Lives – Dr.Madurika Kaviratne (Consultant Radiologist)
9:15 – 9:35	Tea Break
9:35 – 10:25	When the Patient Arrests in the Cath Lab – Team Roles and Crash Management – Dr.A Aravindan (Consultant Cardiologist)
10:25– 11:15	Recognizing the Deteriorating Cardiac Patient– Early Warning Signs Every Nurse Must Know (Extended Session) – Dr. T. Vaikunthan (Consultant Cardiologist)
11:15 – 12:05	Inside the Cath Lab – Patient Preparation, Sterility and Procedural Safety – Dr. Ajith Wanniarachchi (Consultant Cardiologist)
12:05 – 12:55	Cardiology Challenge Quiz – Interactive Quiz (Prizes for Winners) – Dr.Neranga Samarasinghe (Consultant Cardiologist)
12:55 – 1:00	Vote of Thanks – Secretary, Anuradhapura Medical Association – Dr. Nayani Suraweera

A Project by Cardiology Unit - Teaching Hospital Anuradhapura

Furthur Details Contact 0711348991 (Dr. Akalanka)

UPCOMING EVENTS



ACADEMIC YEAR

Apr 2026	May 2026	Jun 2026	Jul 2026	Aug 2026	Sep 2026	Oct 2026	Nov 2026	Dec 2026
Peripher-al cardiol-ogy update	Cardiol-ogy update	Peripher-al Cardiolo-gy update		Live Interven-tional workshops	Heart walk	CT, MRI, Echo and Nuclear Imaging day	Annual General Meeting	
		ECG workshop		Annual Academic Sessions				

We kindly request contributions from the cardiology community in the scope of the following topics to be published in the newsletter:



Review articles on

- The importance of research, audits and ethics.
- Revolutionizing the referral system between institutions.
- Strategies to address waiting lists for cardiac catheter interventions and surgeries.
- Identifying and overcoming pitfalls in prescription patterns to improve patient care.
- Sharing of facilities and duties within the system and healthcare professionals to uplift healthcare in a resource-poor setting.
- Prevention of non-communicable diseases.

Case reports mainly within the interventional field and also in general cardiology.

Quizzes on ECG, Echo-cardiograghy, CT, MRI, and intervention procedures such as angiograms and PCI.

Your contributions will help foster collaboration and knowledge-sharing within our field.
Please forward your submissions to the editorial desk - **slcceditor.lk@gmail.com**

SLJC AUTHOR GUIDELINES

All submissions will be subjected to internal peer review and external review will be solicited at the discretion of the editorial board.

- The manuscript should have a Title page, which should include,

1. Title
2. Author names & institutional affiliations
3. Corresponding author
4. Contact information of the corresponding author, email and contact number

(The contact number will be available only to the Editor in chief and will not be published).

- The manuscript should contain an abstract, limited to 350 words, with sections on introduction, methods, results, discussion, conclusions and five keywords.

- The body of the manuscript should contain,

1. Introduction,
2. Results and findings or case report,
3. Discussion
4. Conclusion
5. References.

Please include :

6. Acknowledgements
7. Conflicts of interest statement,
8. Consent
9. Ethical approval.

In regard to references, please utilize an accepted referencing software and avoid manual input. The style to be utilized is “numbered”. Use a (..) for the reference within the text with a relevant number.
Example of reference is as follows.

Bitigen, A., et al., Mitral regurgitation and ventricular septal defect as a complication of penetrating cardiac trauma: a case report. Turkish Thoracic Cardiovascular Surgery Magazine, 2010 18(1): p. 058-060. Additionally, patients suffering from anxious and depressive disorders are more likely to have increased activity of sympathetic nervous system (23) and subsequently catecholamine overload (23, 25).

The manuscript should be typed in :

· Font : Times New Roman - Size 12
· Headings Font : Calibri - Size 14
· Include page numbering
· Use SI units

File formats which are accepted for submission include Microsoft word (DOC, DOCX).

FIGURE FORMATTING

With regard to preparing figures, please adhere to the formatting instructions outlined below:

- Figures should be provided embedded in the main manuscript file in the correct position.
- Figures should ALSO be provided as separate files (not embedded in the main manuscript file) and be submitted with acceptable quality.
- Multi-panel figures (those with parts a, b, c, d etc.) should be submitted as a single composite file that contains all parts of the figure.
- Figures should be numbered in the order they are first mentioned in the text, and uploaded in this order along with an appropriate figure title.
- Figure titles (max 20 words) and legends (max 200 words) should be provided in the main manuscript, and also in the individual graphic file.
- Each figure should be closely cropped to minimize the amount of white space surrounding the illustration.
- Individual figure files should be within 5 MB if possible. If a suitable format is chosen, this file size is adequate for extremely high quality figures.
- Please note that it is the responsibility of the author(s) to obtain permission and consent where and when relevant.

TABLE FORMATTING

When creating and including tables, please follow the formatting guidelines provided below:

- Tables should be numbered and cited in the text in sequence using Arabic numerals (i.e. Table 1, Table 2 etc.).
- Tables less than one A4 or letter page in length can be placed in the appropriate location within the main manuscript file.
- Tables larger than one A4 or letter page in length can be placed at the end of the main manuscript file. Please cite and indicate where the table should appear at the relevant location in the main manuscript file so that the table can be added in the correct place during production.
- Table titles (max 20 words) should be included above the table, and legends (max 200 words) should be included underneath the table.
- Tables should not be embedded as figures or spreadsheet files, but should be formatted using 'Table object' function in your word processing program.
- Color and shading of tables may not be used.

Should you have any inquiries regarding the author guidelines or the submission process, contact us at editorslcc.lk@gmail.com

SRI LANKAN JOURNAL OF CARDIOLOGY



CALL FOR SUBMISSIONS

Volume 9, Issue 1, June 2026

Share your Review Articles, Original Research, Case Reports and Clinical Audits.

Now accepting submissions for the upcoming volume of the SLJC

Submission Deadline Extended

-Friday, 15th May, 2026-

Submit to editorslcc.lk@gmail.com

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