OFFICIAL NEWSLETTER OF SLCC

JUNE 2025

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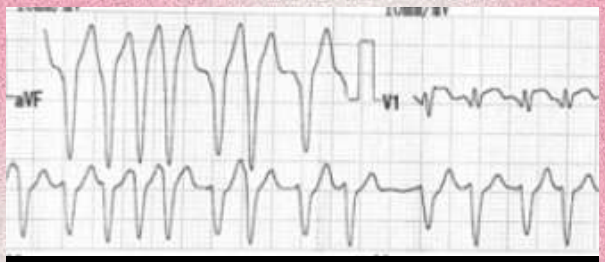
Cardiology Updates - Polonnaruwa



ECG Day





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Editorial



Dear Colleagues,
As we close out the month of June, we reflect on a period filled with noteworthy events and meaningful milestones within the cardiology community. June brought with it the Cardiology updates held in Polonnaruwa and educational moments that reminded us all of the vibrancy and continuous growth in our field. One of the key highlights was ECG Day, a highly anticipated event that emphasized the fundamental role of electrocardiography in our daily clinical practice. The event served as a valuable opportunity to revisit core concepts, explore emerging ECG interpretations, and engage with colleagues through case discussions and interactive learning.

We are excited to announce the upcoming Annual Academic Sessions, taking place from August 1st to 5th. The event kicks off with two days of live interventional workshops (August 1st and 2nd) led by internationally renowned cardiologists Prof. Azfar Zaman, Dr Sharath Reddy, Dr Justin Carter, Dr Viveka Kumar, Prof. Divaka Perera, Dr Tom Johnson and Dr Peter O'Kane. From August 3rd to 5th, the main scientific program unfolds, featuring a comprehensive interventional course designed for trainees and cardiologists, along with dedicated sessions for allied health professionals and the grand inaugural ceremony. The main conference on August 4th and 5th will cover a vast spectrum of topics presented by both local and international experts. Day 5 will also host the highly anticipated nightmare cases and the Free Paper Session, showcasing oral and e-poster presentations where researchers will share their latest findings and intriguing case reports.

In this edition of the Cardiology Newsletter, we're pleased to bring you a variety of content designed to inform and inspire including a review article that delves into a timely and relevant topic in cardiovascular medicine, a compelling case report that offers clinical insight and practical takeaways as well as an ECG and imaging quiz to challenge your diagnostic skills and reinforce your knowledge. We hope these pieces provide both educational value and professional enrichment.

As always, we would like to take this opportunity to encourage all members of the cardiology community to contribute to the newsletter. Whether it's a clinical case, a thought piece, or a quiz, your experiences and insights are what keep this publication engaging and meaningful.
We also remind you to submit your manuscripts to the SLJC, as each contribution plays a crucial role in advancing our collective understanding and in sharing knowledge with the wider medical community. Thank you for your continued support, and we look forward to seeing your contributions in upcoming editions.

Editorial desk - editorslcc.lk@gmail.com

SLCC NEWS

SLCC, in collaboration with the Polonnaruwa Clinical Society (PCS), successfully hosted the inaugural regional update in Cardiology in Polonnaruwa. This event marked a significant step in decentralizing specialist medical education and ensuring cutting-edge cardiology knowledge reaches clinicians working in peripheral regions.

The event was eagerly anticipated by several healthcare professionals, drawing local consultants and medical officers not only from the far corners of Polonnaruwa but also from across the Eastern Province. Their enthusiastic participation highlighted the growing demand for regionally accessible, high-quality medical education. The scientific program was an outstanding success, encompassing a comprehensive array of topics such as general cardiology, emergency cardiac care, electrophysiology, heart failure management, and pediatric cardiology.

These sessions were delivered by a distinguished panel of national experts, fostering dynamic discussions and practical learning. A total of 104 pre-registered doctors actively participated in this vibrant academic event filled with knowledge and state of the art updates. The event not only served as a platform for professional development but also strengthened regional networks and a renewed commitment to improving cardiovascular care in underserved areas.






Polonnaruwa




PCS ExCO 2024


2024














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EXCO 2024
Hospital Polonnaruwa









SLCC NEWS

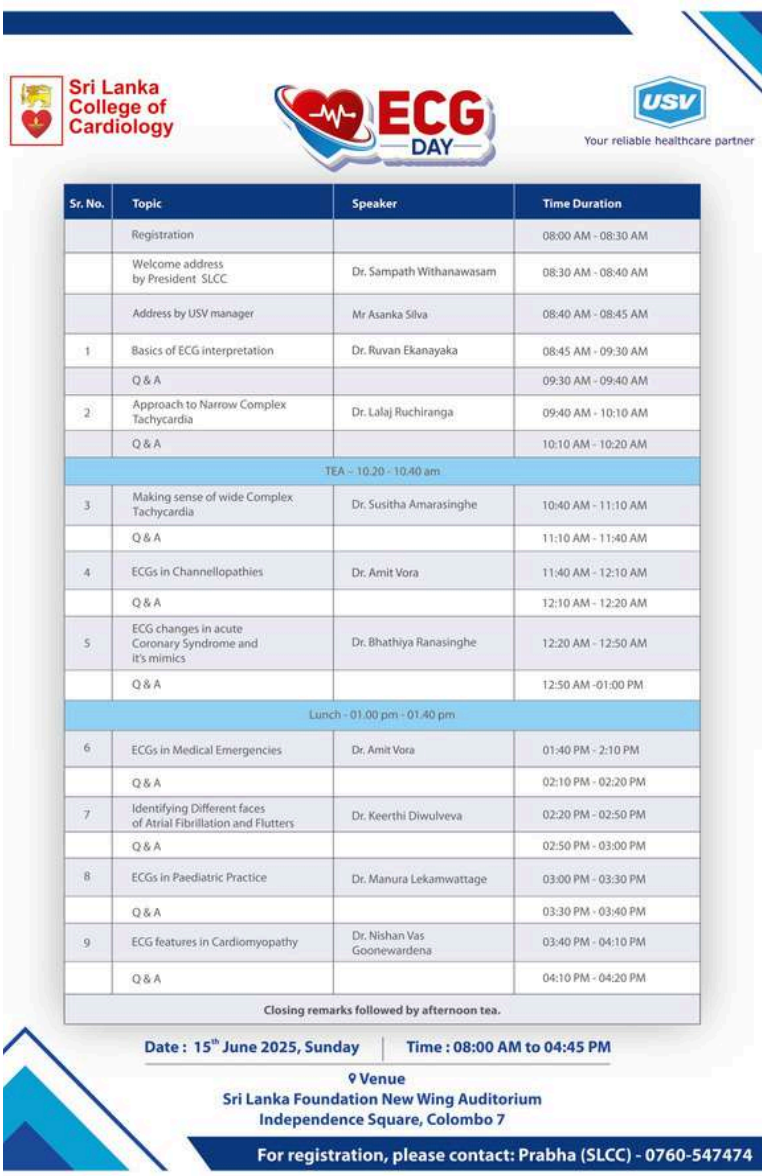
The Sri Lanka College of Cardiology (SLCC) successfully hosted ECG Day 2025 on 15th June at Sri Lankan Foundation, Independence Square, drawing a remarkable turnout of healthcare professionals.

The event, meticulously planned under the guidance of Dr. Suresh Kotegoda, Consultant Cardiologist, and with the patronage of SLCC President Dr. Sampath Withanawasam, featured a full day of insightful presentations and discussions. A number of leading cardiologists and medical officers participated in this training program, sharing their expertise on a wide range of topics.

One of the standout presentations was delivered by Dr. Amit Vora, Consultant Electrophysiologist from India, who captivated the audience with an outstanding session. Local cardio-electrophysiologists and general cardiologists also contributed with remarkable presentations, covering topics ranging from paediatric cardiology to emergency cardiac care.

The event's interactive Q&A sessions were particularly engaging, reflecting the enthusiasm and depth of knowledge among attendees.

SLCC extends its heartfelt thanks to all the participants, speakers, and organizers who contributed to making ECG Day 2025 a truly impactful and educational event.



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REVIEW ARTICLE

Revolutionizing the Referral System Between Institutions: A Focus on Cardiology Services in Sri Lanka

Dr G R Francis MBBS MD (Medicine) Senior lecturer in Medicine, Faculty of Health-care sciences, Eastern University Sri Lanka, Honorary Consultant Cardiologist Teaching Hospital Batticaloa

Introduction

Despite the fact that Sri Lanka, is a relatively small country with a land area of only 65,610Km2, access to timely and comprehensive cardiac care remains a formidable challenge for a vast majority of our country's residents. Lack of transport infrastructure and systemic inefficiencies in referral pathways between healthcare institutions are the main cause for this situation. A well-functioning referral system is essential to guide patients efficiently from rural primary care settings to tertiary cardiology centers and, equally importantly, back to their communities for follow-up care. Addressing the gaps in the referral system is essential to reduce preventable deaths and improve the quality of cardiology services nationwide

This article attempts to explore the existing challenges within Sri Lanka's referral system, particularly exploring the challenges related to cardiology services, and highlight possible strategies to transform the system into one that provides the best care for the people of Sri Lanka, without placing an undue economic burden on the healthcare sector.

Types of Patient Referrals

Cardiology related patient referrals done in Sri Lanka generally fall into two broad categories:

1. Urgent Inward Referrals

These are referrals made for patients requiring urgent specialized care at a tertiary care institution due to acute life-threatening cardiac conditions. Timely appropriate care for these patients may be delayed due to many reasons.

The initial delay may occur at the point of initial presentation. A lack of cardiac diagnostic tools and skills at primary-level hospitals sometimes delays the identification of high-risk patients, thus resulting in a delayed decision to transfer. Once the decision has been taken to transfer a patient the availability of a suitable ambulance and/or lack of trained staff capable of providing advanced life support if required becomes the next challenge. Very often critically ill patients are transported accompanied by intern house officers and junior nurses over long distances.

A challenge faced by the specialized units receiving patients is the fact that the patients may be sent without prior communication. This leads to poor preparedness with ultimate detrimental effects for the patient. The shortage of CCU and HDU beds, lack of ventilators, and limited specialist staff availability mean some unstable patients are denied transfer. Even when a successful transfer is accomplished the lack of data continuity is another challenge. All of the Bed Head Ticket (BHT) data is kept back at the transferring hospital. The receiving team has to relay on the data provided by the transfer form and the facts gleaned from the accompanying doctor, who may not have a clear understanding of the complex issues related to the patient.

2. Outpatient Referrals

Then there are non-urgent referrals done on an outpatient basis for patients who are stable but require specialist evaluation or intervention,

Many tertiary cardiology clinics are overwhelmed, with outpatient appointments booked months in advance. Without clinical prioritization, low-risk patients may consume specialist time, while high-risk individuals wait longer. Referrals letters are often vague and lack clinical details, or prior investigations. Referred patients often struggle to navigate large tertiary hospitals or fail to appear for appointments due to cost, travel burden, or lack of communication. In many instances the referring cardiologist does know if the patient received specialist care or not. In many instances when patients are referred back, some may be lost to follow up leading to fragmentation in care.

To overcome these challenges and to revolutionize the referral system in Sri Lanka, the following issues can be addressed.

Streamlining the referral system

Handwritten referrals often lack essential clinical information. Documents can be lost, illegible, or disorganized. The specialist physician receiving the patient frequently will need to spend an excessive amount of time shifting through past records to understand the complete clinical picture. This results in suboptimal care, repeated testing and a waste of valuable resources.

Automated and systematic referral processes help reduce demographic and socioeconomic disparities by ensuring that all eligible patients, regardless of sex, race, or socioeconomic status, are referred for evidence-based interventions (Labarthe et al., 2016)

Digitization offers a solution. Recent projects initiated under the eIMMR and Health Information Management System (HIMS) have shown promise in facilitating electronic referrals, allowing real-time communication between peripheral and tertiary facilities (Ministry of Health, Sri Lanka, 2023). Expanding this to include cardiology referral templates could standardize and streamline the process.

Triage and Prioritization

Most units in Sri Lanka currently lack a standardized triage system to categorize cardiology referrals based on urgency. As a result, patients with life-threatening conditions may not receive priority access, while non-urgent cases crowd tertiary cardiology clinics. Referrals depend heavily on individual judgment, leading to inefficiencies and inequity.

The development of structured referral templates incorporating validated checklists can improve the quality of referrals and triage decisions. These forms could be integrated with mobile apps or online portals.

Constraints in Tertiary Centers

Advanced cardiac care in Sri Lanka is concentrated to the major centers. Peripheral hospitals lack the infrastructure especially Cath-lab facilities to manage patients from within the region. This increases the dependency on referrals to the already overloaded major centers. These units face numerous operational challenges when receiving unstable or complex cardiac patients including by not limited to:

· ICU and HDU bed shortages.
· Limited specialist and support staff availability
· Constraints on equipment and consumables
Strengthening provincial hospitals as cardiac hubs can reduce the pressure on tertiary institutions and improve timely care (Directorate for Non-Communicable Diseases, Ministry of Health, Sri Lanka, 2021).

Retransfer and Follow-Up
Many patients return to peripheral hospitals without a clear understanding of the further management plan. A significant majority are lost for follow-up after being referred back. Digital smart cards or mobile apps containing patient summaries, investigation results, and referral history may empower patients and improve handover across institutions.
Another issue is that there is no organized system to return stabilized or treated patients to their referring institutions. Patients are often left waiting, sometimes for days, at tertiary hospitals until an ambulance arrives with another patient needing tertiary care, to take them back home. This delays discharge, unnecessarily occupies hospital beds and tertiary-level resources, and contributes to overcrowding in specialized centers.
Simple rectifications in administrative policies will help to reduce this burden on the system.

Limitations in the Hub-and-Spoke Referral System for Primary PCI
The hub-and-spoke referral model for Primary Percutaneous Coronary Intervention (PCI), has been suggested to improve outcomes for patients with ST-elevation myocardial infarction (STEMI), in Sri Lanka linking peripheral hospitals (spokes) with tertiary cardiac centers (hubs). Despite this model's promise, significant challenges limit its efficiency and impact.

One major limitation is the geographic inequity of Cath service in the country. In districts far from PCI-capable hubs, ALL patients with STEMI will receive only medical management or delayed PCI. This inequality could have been addressed if the health ministry had stood firmly on the policy of providing Cath-lab facilities to all provinces before embarking on placing second units within the same province (Ministry of Health, Nutrition and Indigenous Medicine, Sri Lanka, 2016).

Another formidable challenge is transporting cardiac patients to tertiary care institutions from across the country. Long distances between rural hospitals and specialized centers significantly delay life-saving interventions. Poor infrastructure and road quality, particularly in rural areas, hinder ambulance access and patient comfort during transfers. Heavy congestion in urban centers like Colombo and Kandy prolongs travel times, even when distances are short. There is a lack of public awareness and enforcement of road etiquette for emergency vehicles which often causes ambulances to be blocked in traffic, endangering unstable patients. Well-equipped ambulances, especially with advanced cardiac life support capabilities are virtually nonexistent further compromising the safety of inter-hospital transfers.

Other problems include the lack of real-time coordination systems, such as central STEMI hotlines, electronic notification, or ambulance tracking, this severely limits pre-hospital triage and referral speed. While prehospital ECG transmission systems have been piloted, national scale-up is pending due to infrastructure and training limitations.

Furthermore, data collection on outcomes, referral delays, and patient tracking is inconsistent, making quality improvement difficult. Without a unified national STEMI registry, monitoring the effectiveness of the hub-and-spoke system is challenging.

Conclusion and recommendations

Sri Lanka's cardiology referral system is at a critical juncture. As the CVD burden grows, timely and coordinated referrals will become even more essential. Digitization, decentralization, and capacity-building can transform the current fragmented process into a responsive and efficient system. Achieving this will require collective commitment from health policymakers, IT developers, hospital administrators, cardiologists, and other related health workers.

Revolutionizing the referral system between institutions in Sri Lanka can be somewhat achieved by the following initiatives:

· Implementing a National Cardiology Referral Portal to manage referrals, track patient journeys, and prioritize emergencies.

· Introducing referral audit systems that track referral appropriateness, outcomes, and delays.

· Empowering regional hospitals with the capacity to provide standard specialized care, while freeing up the national centers for more advanced care pathways

· Enhancing feedback loops from tertiary to primary level via automated discharge summaries and follow-up instructions.

· Encouraging patient involvement with digital tracking, appointment reminders, and post-referral education.

It is the need of the hour to rise above outdated systems and fragmented care pathways. Let us act with urgency and commitment to build a referral system that truly serves the people in an equitable and efficient manner.

References

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2. Ministry of Health, Sri Lanka. (2023). *Sri Lanka digital health blueprint: Enabling a healthier nation that contributes to its economic, social, mental, and spiritual development* (Version 1). https://isbn.directory/book/9786245719860

3. Labarthe, D. R., Goldstein, L. B., Antman, E. M., Balady, G. J., Bennett, G., Cash, R. E., ... & Williams, R. A. (2016). Evidence-based policy making: Assessment of the American Heart Association's strategic policy portfolio: A policy statement from the American Heart Association. *Circulation, 133*(18), e615–e653. https://doi.org/10.1161/CIR.0000000000000410

4. Ministry of Health, Nutrition and Indigenous Medicine, Sri Lanka. (2016). National multisectoral action plan for the prevention and control of noncommunicable diseases 2016–2020. Ministry of Health, Sri Lanka.

CASE REPORT

Vascular complications in TAVI: A barrier to success.

Suramiya RAA, Gajan G, Wijesingha WMCR, Ponnamperuma C, Srinivas B C

ABSTRACT

Introduction

Symptomatic aortic stenosis has a 50% two-year mortality if left untreated. TAVI has emerged as promising and effective treatment options for symptomatic AS. (1)TAVI is considered as a less invasive and more feasible approach when compared to conventional SAVR. However, it is associated with potentially serious complications. Vascular complications are the most common complications and are associated with poor clinical outcomes, hence, lead to high morbidity, mortality and health care cost (2).

Case history

A 74-year-old gentleman with a background history Diabetic mellitus, Hypertension, Dyslipidemia for 15 years, CABG was done on 2012 for coronary artery disease with patent grafts and severe AS of aortic stenosis (AS) with a valve area of 0.7cm$_2$, had been admitted for elective TAVI. CT aortogram revealed a suitable vasculature with some calcifications. After CT aortogram, Vascular access was decided as femoral and vascular markings were done with doppler ultrasound scan. Vascular access was obtained and Myval was deployed as per TAVI protocol. At the end of the procedure after removing the TAVI sheath, the routine double closure system failed, and the patient went into hypotensive shock because of massive hemorrhage. He was electively intubated, and an urgent blood transfusion commenced. Angiogram of iliac artery showed a dissection of the left femoral artery which was successfully managed with cover stenting. 48hours later, he developed bleeding from the secondary access site. And CT angiogram of lower limb showed a pseudoaneurysm at right common femoral artery which was managed successfully with aneurysmal repair. He had a good recovery and was discharged.

Conclusion

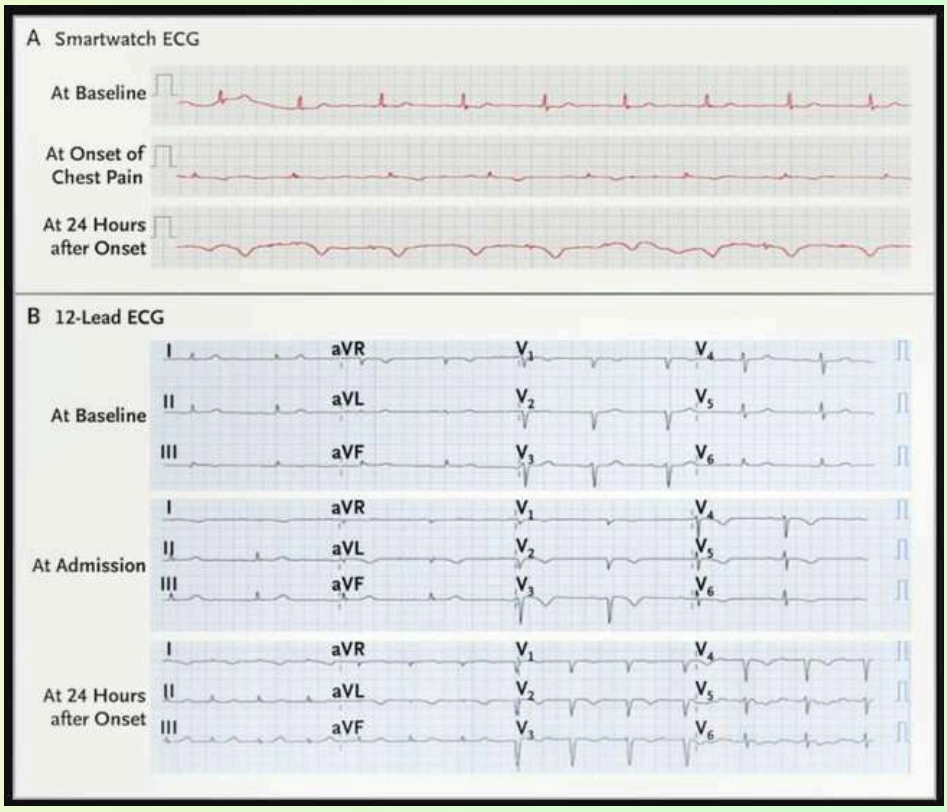
Vascular complications in TAVI are inevitable. A comprehensive approach to reducing these complications is crucial.

References

1. Amir Khosravi, Olaf Wendler. TAVI2018: from the guidelines to practice. Eur J Cardiol. 2018 Feb;15(29).
2. Czerwińska-Jelonkiewicz K, Michałowska I, Witkowski A, Dąbrowski M, Księżycka-Majczyńska E, Chmielak Z, et al. Vascular complications after transcatheter aortic valve implantation (TAVI): Risk and long-term results. J Thromb Thrombolysis. 2014;37(4):490–8.

CASE REPORT

Cardiac Injury Detected by Smartwatch

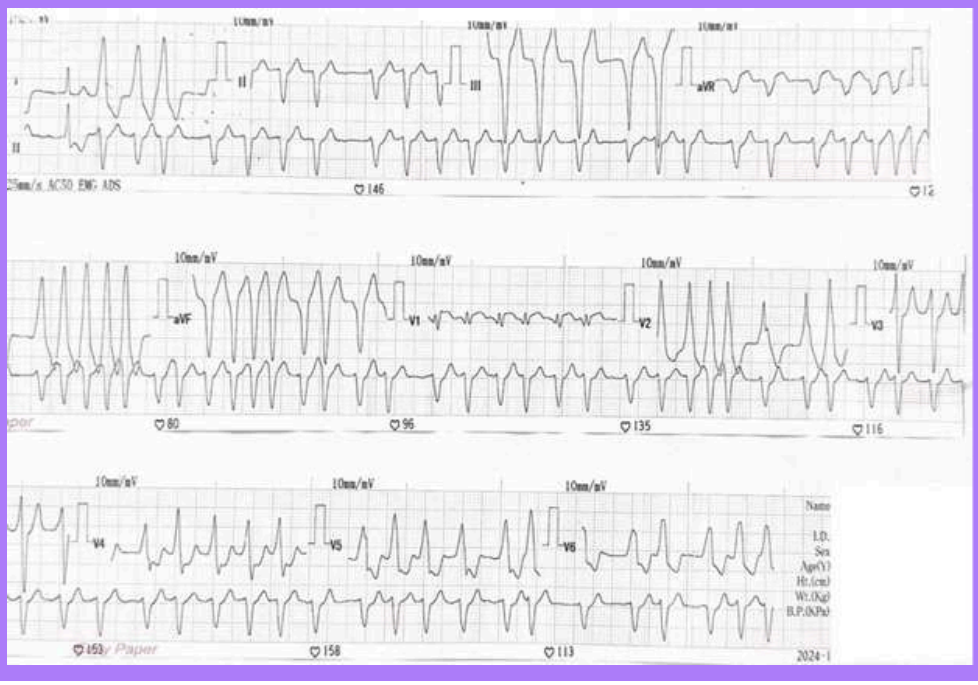


A 76-year-old retired cardiovascular nurse presented to the emergency department with a 2-hour history of chest pain that had been triggered by severe emotional distress and was associated with changes in the electrocardiogram (ECG) on her smartwatch. The physical examination was normal. The single-channel smartwatch ECG (which corresponds to lead I on a 12-lead ECG) showed new T- wave inversions and a lower QRS amplitude than had been observed at baseline (1 month before presentation) Panel A shows the findings on the smartwatch ECG over time. A 12-lead ECG showed new T-wave inversions and subtle ST-segment elevation in the V3 lead as compared with baseline (2 years before presentation; Panel B).

The level of high-sensitivity troponin T was 205 ng per liter (reference range, 6 to 10). A coronary angiogram showed unobstructed coronary arteries. Echocardiography revealed left ventricular apical ballooning with an ejection fraction of 35%. A diagnosis of takotsubo (stress) cardiomyopathy was made. Although this medically trained patient used her smartwatch to identify cardiac injury, smartwatch ECGs are not approved for this indication. Treatment with a beta-blocker and an angiotensin- converting-enzyme inhibitor was started At 6 weeks of follow-up, the patient felt well, and a repeat echocardiogram was normal.

This clinical case was sourced from The New England Journal of Medicine.
Published June 7, 2025 N Engl J Med 2025;392:2256 DOI: 10.1056/NEJMicm2500438

ECG QUIZ



42 years old female patient admitted following palpitation.

What is your diagnosis?
a) Ventricular Tachycardia
b) Torsade pointes
c) Pre-excited AF
d) Rate related Left bundle conduction
e) Polymorphic VT

Answer and Explanation

C - Pre-excited AF

ECG Features of Pre-excitated AF :

1. Short PR interval (<0.12 seconds)

· Reflects early activation of the ventricles due to the accessory pathway bypassing the AV node.

2. Delta wave

· A slurred, slow upstroke at the beginning of the QRS complex.

· Represents slow initial depolarization of the ventricles via the accessory pathway.

3. Prolonged QRS duration (≥0.12 seconds)

· Due to the inclusion of the delta wave, the QRS complex becomes wider.

4. Irregular rhythm, with extremely high rates in some places — up to 300 bpm (this is too rapid to be conducted via the AV node)

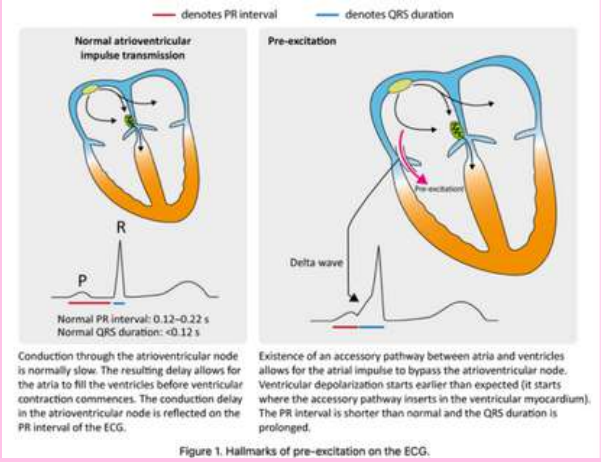
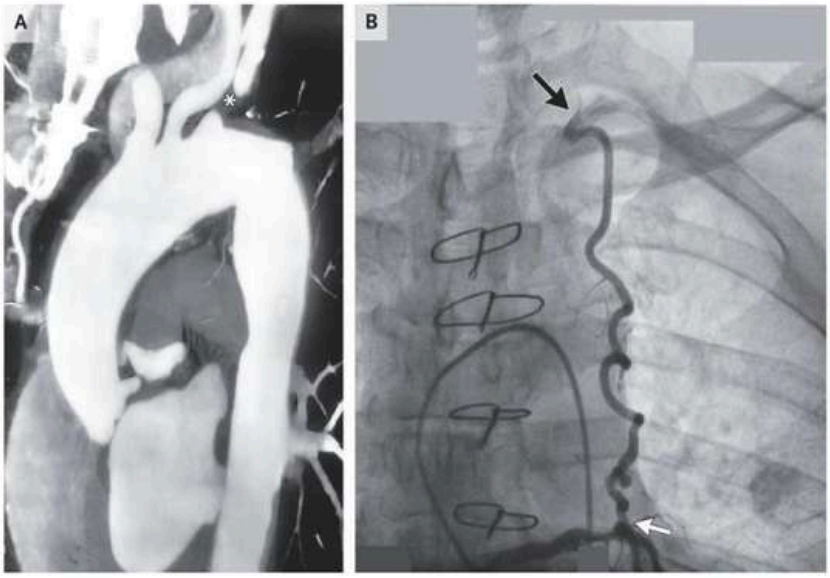


Figure 1. Hallmarks of pre-excitation on the ECG.

Thanks to Dr Susitha Amarasinghe, Consultant cardiac electrophysiologist and Dr Kalainesan Kesaven, Senior Registrar- Cardiac electrophysiology for this ECG Quiz.

IMAGING QUIZ

A 63-year-old man with a history of CABG presented with a 2-month history of angina during exertion of the left arm. Angiography revealed retrograde flow in the left internal thoracic artery graft.



What is the diagnosis?

1. Stenosis of Left Internal mammary artery
2. Coarctation of aorta
3. Left Cervical rib
4. Coronary subclavian steal syndrome
5. Aortic dissection

Answer and Explanation

4 - Coronary subclavian steal syndrome

Coronary subclavian steal syndrome (CSSS) is a rare but critical complication in patients with coronary artery bypass grafting (CABG) who received an internal mammary artery (IMA) graft. It occurs when significant stenosis or occlusion of the subclavian artery proximal to the IMA leads to retrograde flow through the graft, effectively "stealing" blood from the coronary circulation—especially during arm exertion—resulting in myocardial ischemia (1)

Its reported incidence varies, generally between 0.2% and 6.8% among patients with IMA grafts (1). Some studies suggest around 0.4–0.7%, while others report figures closer to 3–6%, reflecting differences in detection methods .

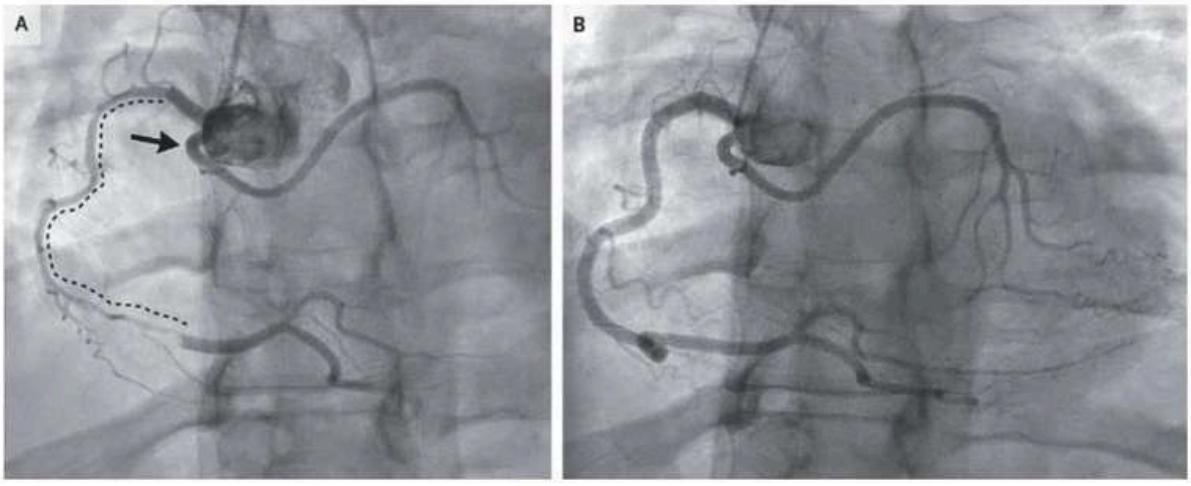
CSSS most commonly affects patients with a history of CABG involving a left internal mammary artery graft and concurrent atherosclerotic disease of the subclavian artery. It may present years—sometimes decades—after surgery. Risk factors include peripheral vascular disease and significant arm exercise that triggers the steal phenomenon .

(1) Monteagudo-Vela M, Bastante T, Monguió-Santín E, Del Val D, Panoulas V, Reyes-Copa G. Coronary-subclavian steal syndrome: a case report of a rare entity that can become a deadly threat. Eur Heart J Case Rep. 2023 Jan 10;7(1):ytac490. doi: 10.1093/ehjcr/ytac490. PMID: 36685100; PMCID: PMC9851414.

This clinical case was sourced from The New England Journal of Medicine.

IMAGING QUIZ

A 32-year-old woman presented with severe chest pain. An ECG showed ST-segment elevations. Coronary angiography showed an abrupt caliber change in the right coronary artery.



What is the most likely diagnosis?

1. Thrombotic RCA occlusion
2. Anomalous origin of RCA
3. Spontaneous coronary dissection
4. Diffuse RCA coronary ectasia
5. Severe RCA coronary spasm

Answer and Explanation

3 - Spontaneous Coronary dissection

Spontaneous coronary artery dissection (SCAD) is a non-atherosclerotic tear or intramural hematoma within a coronary artery that can lead to acute coronary syndrome. It predominantly affects otherwise healthy, younger to middle-aged women—typically aged 45–55—and may account for 2–4% of ACS cases overall, rising to up to 35% in women under 50 and 40% in pregnancy-associated MI (1) Approximately 90% of SCAD patients are female, with peripartum cases representing 5–17% of SCAD overall—occurring at about 1.8 per 100,000 pregnancies—and comprising nearly 43% of pregnancy-associated MIs (2). Many patients have fibromuscular dysplasia or connective tissue disorders and often lack traditional cardiovascular risk factors.

Management depends on clinical stability: hemodynamically stable patients without high-risk features are typically managed conservatively. Revascularization via PCI or CABG is reserved for patients with ongoing ischemia, left main involvement, or hemodynamic compromise, but carries higher risk in SCAD due to fragile vessel walls.

(1)Pender P, Zaheen M, Dang QM, Dang V, Xu J, Hollings M, Lo S, Negishi K, Zaman S. Spontaneous Coronary Artery Dissection: A Narrative Review of Epidemiology and Public Health Implications. Medicina (Kaunas). 2025 Apr 1;61(4):650. doi: 10.3390/medicina61040650. PMID: 40282941; PMCID: PMC12028618.
(2)Messina Alvarez AA, Bilal MA, Damlakhy AR, Manasrah N, Chaudhary A. Spontaneous Coronary Artery Dissection: A Literature Review. Cureus. 2023 Sep 24;15(9):e45868. doi: 10.7759/cureus.45868. PMID: 37885493; PMCID: PMC10597803.

This clinical case was sourced from The New England Journal of Medicine.

ACADEMIC CALENDAR

Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Acute Cardiac Care Proficiency Program for Medical Officers	**Back to basics teaching programme-** March 1st & 2nd	**Heart Failure Symposium** - April 6th	**Cardiology updates Colombo -** May 4th	**Cardiology updates - Polonnaruwa -** June 4th		**Live Interventional workshops :** August 1st to 2nd		**CT, MRI, Echo and Nuclear Imaging day : October** 11th to 12th		
Senior Registrars' Program: weekly			**Cardiology updates Badulla** - May 28th	**ECG workshop** - June 15th		**Annual Academic Sessions** : August 3rd to 5th				

We kindly request contributions from the cardiology community in the scope of the following topics:



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 - editorslcc.lk@gmail.com

Call for Submissions
Sri Lankan Journal of Cardiology (SLJC)
Volume 8 Issue 1- 2025

The Sri Lankan Journal of Cardiology (SLJC) is now accepting contributions for its upcoming 2025 issue 1. We invite all medical professionals, researchers, and academics to submit their work.

We welcome:

- Original Research Articles
- Case Reports
- Review Articles
- Clinical Audits

Whether you're sharing new findings or unique clinical experiences, your contribution is valuable to advancing cardiac care and knowledge in Sri Lanka and beyond.

Author guidelines are available on the SLCC website
https://slcc.lk/wp-content/uploads/2025/04/SLJC-Author-Guidelines.pdf

Please submit your manuscript to editorslcc.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

a) title
b) author names & institutional affiliations
c) corresponding author
d) 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

a) introduction,
b) results and findings or case report,
c) discussion
d) conclusion
e) references.

- Please include :

f) acknowledgements
g) conflicts of interest statement,
h) consent
i) ethical approval.

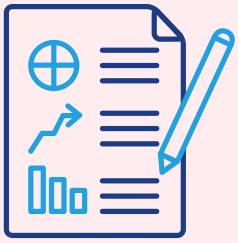
In regard to references, **please utilize an accepted referencing software and avoid manual input.** The style to be utilized is "numbered". Use a (..) for the reference within the text with a relevant number. Example of reference is as follows.

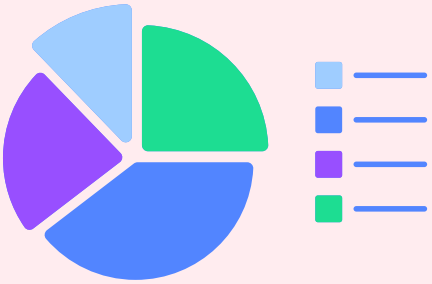
Bitigen, A., et al., Mitral regurgitation and ventricular septal defect as a complication of penetrating cardiac trauma: a case report. Turkish Thoracic Cardiovascular Surgery Magazine, 2010. 18(1): p. 058-060. Additionally, patients suffering from anxious and depressive disorders are more likely to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

The manuscript should be typed in :

- **Font : Times New Roman - Size12**
- **Headings Font : Calibri - Size 14**
- Include page numbering
- Use SI units

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

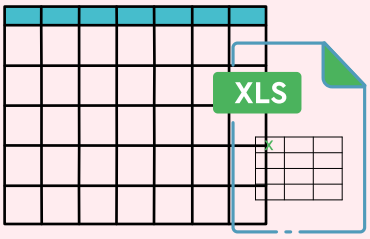




With regard to preparing figures, please adhere to the formatting instructions outlined below:

• 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

We look forward to your submission for our next issue.

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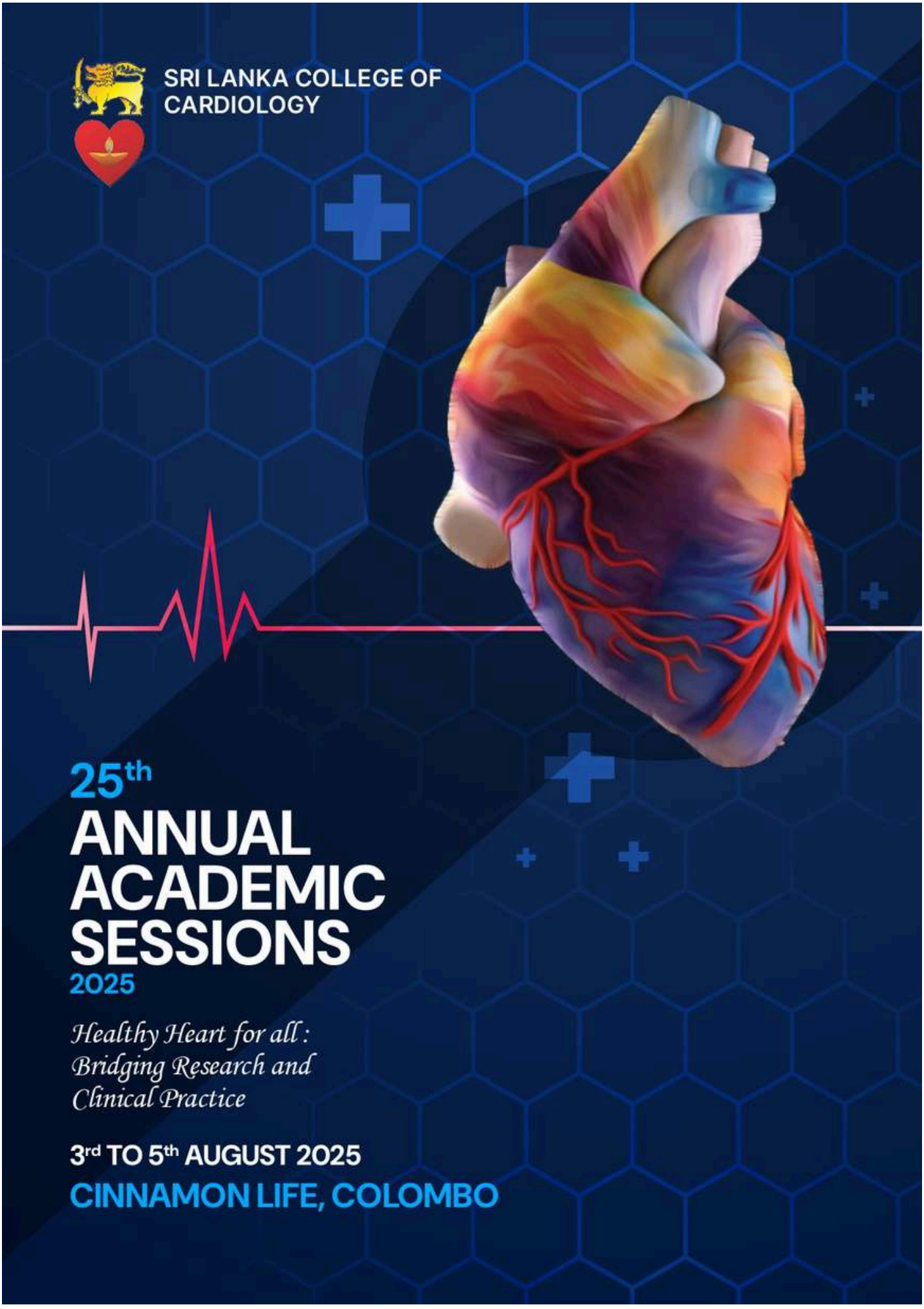
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2025
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Bridging Research and
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3rd TO 5th AUGUST 2025
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SRI LANKA COLLEGE OF CARDIOLOGY

03rd AUGUST 2025

DAY 01, HALL – THE LUMINA BALLROOM, INTERVENTIONAL PROGRAM

08.00 - 08.05	**Welcome Address**	Dr. Sampath Withanawasam President Sri Lanka College of Cardiology
08.05 - 09.30	**Symposium 01: Basics in Coronary Interventions**	
08.05 - 08.30	Optimizing Coronary Angiography: Essential Views and Techniques for High Quality Imaging	Prof. Divaka Perera
08.30 - 08.55	Catheter Selection in Difficult Anatomy	Dr. Ajith Mullasari
08.55 - 09.20	Basic Principles in Coronary Guide Wire Selection	Dr. Justin Carter
09.20 - 09.30	Discussion	
09.30 - 09.50	**CTO - Anterograde Wire Escalation and Antegrade Re-Entry**	Dr. Sharath Reddy
09.50 - 09.55	Discussion	
09.55 - 11.20	**Symposium 02: Bifurcation Masterclass**	
09.55 - 10.20	Bifurcation Techniques in Complex Anatomy	Dr. Peter O'Kane
10.20 - 10.45	Place of Coronary Imaging in Bifurcation PCI	Dr. Tom Johnson
10.45 - 11.10	Coronary Physiology in Bifurcation PCI	Prof. Divaka Perera
11.10 - 11.20	Discussion	
11.20 - 11.35	**Recent Developments in Usage of DCB**	Prof. Bruno Scheller
11.35 - 11.40	Discussion	
11.40 - 12.05	**Troubleshooting in TAVR**	Prof. Azfar Zaman
12.05 - 12.10	Discussion	
12.10 - 13.10	**Symposium 03: Interventions in ACS**	
12.10 - 12.25	Interventions in Patient with High Thrombus Burden	Dr. Peter O'Kane
12.25 - 12.40	Multi-Vessel Disease in ACS	Dr. Tom Johnson
12.40 - 12.55	Interventions in High Bleeding Risk Patients	Dr. Justin Carter
12.55 - 13.10	Discussion	
13.10 - 14.00	**Lunch**	
14.00 - 14.25	**New Developments in Cardiac Implantable Electronic Devices**	Dr. Mevan Wijetunga
14.25 - 14.30	Discussion	

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14.30 - 14.55	**Pulmonary Valve Interventions**	Dr. Trevor Richens
14.55 - 15.00	Discussion	

15.00 - 16.10	**Symposium 04: Heart and Lung Transplant**	
15.00 - 15.20	The Role of Cardiologist in Developing Transplant Cardiology	Dr. Andrew Morley Smith
15.20 - 15.40	Heart Lung Transplant Surgery - Where Do We Start?	Dr. Anil Abeywickrama
15.40 - 16.00	Developing Complex Heart Lung Failure Services Hub and Spoke Model	Dr. Shirmila Withana
16.00 - 16.10	Discussion	

16.10 - 16.15	**Closing Remarks** **Dr. Vajira Senaratne** **Course Director, Scientific Committee**	

	End of the Day 01	

03rd AUGUST 2025

DAY 01, HALL – THE STUDIO, ALLIED HEALTH PROFESSIONALS' PROGRAM

07.00 - 07.45	**Registration**	
07.45 - 07.50	**National Anthem**	
07.50 - 08.00	**Opening Remarks**	Dr. Sampath Withanawasam President Sri Lanka College of Cardiology

08.00 - 09.00	**Symposium - Acute Coronary Syndrome**	
08.00 - 08.15	STEMI in the Emergency department-Time is Muscle	Dr. Rasika Sovis
08.15 - 08.30	In-hospital Care of Acute Coronary Syndrome- Prevent early Deaths	Dr. Tharanga Fernando
08.30 - 08.45	Dos and Don'ts after Acute Coronary Syndrome-Discharge Instructions	Dr. Nawshad Ali
08.45 - 09.00	Discussion	

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09.00 - 10.00	**Symposium- Heart failure**	
09.00 - 09.15	Acute Heart Failure in the Emergency Department-Save the Drowning	Dr. Indika Marasinghe
09.15 - 09.30	In-patient monitoring of Heart Failure- Walking a Tightrope	Dr. Sumudu Wickramasinghe
09.30 - 09.45	Heart Failure in the Community & Outpatients: It's not only the Medicines	Dr. Nadeeja Senevirathne
09.45 - 10.00	Discussion	
10.00 - 11.00	**Symposium- Cardiac Interventions 01**	
10.00 - 10.15	Optimizing CKD & diabetes prior to Interventions-Preparedness Prevents Complications	Dr. Sunderalingam Vinothan
10.15 - 10.30	Radiation Exposure in the Cath Lab-Use Minimum when Essential	Dr. Ravi Gajaweera
10.30 - 10.45	How to Minimize Complications During Procedures-Help Cardiologist save the Patient	Dr. Nilushka Rupasinghe
10.45 - 11.00	Discussion	
11.00 - 11.30	**Tea**	
11.30 - 12.30	**Symposium- Preventive Cardiology**	
11.30 - 11.45	Preventive Cardiology- Exercise & physical activity	Dr. Indika Wickramatunga
11.45 - 12.00	Preventive cardiology- Do we have an optimal diet?	Dr. Upul Wickramarachchi
12.00 - 12.15	Preventive cardiology –Diabetes & Heart	Dr. Chamara Ratnayake
12.15 - 12.30	Discussion	
12.30 - 13.30	**Symposium-Cardiac Interventions 02**	
12.30 - 12.45	Cardiac Arrest in the Cath Lab-Do Not Panic	Dr. Sandun Iddagoda
12.45 - 13.00	Principles of Right Heart Catheterization-Do it Right	Dr. Geeth Sooriyasena
13.00 - 13.15	PTMC -Success Depends on Preparation	Dr. Dinuka Liyanage
13.15 - 13.30	Discussion	
13.30 - 14.00	**Quiz**	
14.00 - 14.10	**Closing Remarks** **Dr. Suneth Karunarathna** **Course Co - Director, Scientific Committee**	
14.10	**Lunch**	

03rd AUGUST 2025

DAY 01, HALL – LUMINA BALLROOM, INAUGURATION CEREMONY (18.00 Onwards)

SRI LANKA COLLEGE OF CARDIOLOGY

04th AUGUST 2025

DAY 02, HALL – LUMINA BALLROOM

08.00 - 08.05	**National Anthem**	
08.05 - 08.10	**Welcome Address**	Dr. Sampath Withanawasam President Sri Lanka College of Cardiology
08.10 - 08.30	**Plenary 01: Rheumatic Heart Disease A Continuing Challenge in Modern Cardiology**	Dr. JC Mohan
08.30 - 09.30	**Chronic Coronary Syndrome:** (Case Based Discussion - Heart Team Approach) Moderator - Dr. W. S. Santharaj	
08.30 - 08.35	Case Presentation - Complex Coronary Lesions in CCS	Dr. Sanjeewa Rajapakse
08.35 - 08.50	Should I Offer PCI?	Dr. Tom Johnson
08.50 - 09.05	Is CABG a Better Option?	Prof. Catherine Sudarshan
09.05 - 09.20	Can I Manage This Patient Medically?	Prof. Divaka Perera
09.20 - 09.30	Panel Discussion	
09.30 - 09.50	**Plenary 02: Personalized Lipid Management - Tailoring Treatment to Patient Needs**	Prof. Chandra Mani Adhikari
09.50 - 10.25	**Dr. G. R. Handy Memorial Oration**	Prof. Bruno Scheller
10.25 - 10.45	**Tea Break**	
	Opening of Trade Exhibition	Dr. Gamini Galappatthi Vice President Sri Lanka College of Cardiology
10.45 - 11.45	**Symposium 01: Valvular Heart Disease**	
10.45 - 11.00	Use of Clinical and Imaging Parameters in Intervening in Aortic Valvular Disease	Prof. Upendra Kaul
11.00 - 11.15	TAVR vs SAVR in Contemporary Aortic Valvular Disease Management	Prof. Azfar Zaman
11.15 - 11.30	Novel Approach to Managing Mitral Regurgitation	Dr. Subash Chandra
11.30 - 11.45	Discussion	
11.45 - 12.05	**Plenary 03: Antiplatelet and Antithrombotic Therapy After PCI**	Dr. Gotabhaya Ranasinghe
12.05 - 12.25	**Plenary 04: CMR in Cardiomyopathies**	Dr. Kevin Roman

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12.25 - 13.25	**Symposium 02: Acute Coronary Syndrome**	
12.25 - 12.40	Advances in STEMI Management	Dr. Ajith Mullasari
12.40 - 12.55	Interpretation of Cardiac Biomarkers in ACS	Prof. Azfar Zaman
12.55 - 13.10	Early vs Delayed Invasive Strategy in NSTE - ACS What Does the Evidence Say?	Dr. Peter O'Kane
13.10 - 13.25	Discussion	
13.25 - 14.15	**Lunch Break**	
14.15 - 15.15	**Symposium 03: Preventive Cardiology**	
14.15 - 14.30	Residual Risk in ASCVD - Current Trends	Prof. Chandra Mani Adhikari
14.30 - 14.45	A Guide to Pre-Sport Heart Screening	Dr. Justin Carter
14.45 - 15.00	Cardiac Rehabilitation: A Pathway to Recovery	Prof. Azfar Zaman
15.00 - 15.15	Discussion	
15.15 - 15.35	**Plenary 05: Cardiogenic Shock - From Pathophysiology to Management**	Dr. Trevor Richens
15.35 - 15.50	**Tea Break**	
15.50 - 16.50	**Symposium 04: Cardiomyopathy**	
15.50 - 16.05	Decoding Cardiomyopathy: Insights into Classification and Genetics of Cardiomyopathy	Prof. Pascal Mckeown
16.05 - 16.20	Myocarditis: Challenges in Diagnosis and Management	Dr. Trevor Richens
16.20 - 16.35	Hypertrophic Cardiomyopathy: Advances in Diagnosis and Therapy	Prof. Pascal Mckeown
16.35 - 16.50	Discussion	
16.50 - 17.50	**Symposium 05: Atrial Fibrillation - A Case Based Discussion**	
16.50 - 17.02	What is New in AF Guidelines?	Dr. Mevan Wijetunga
17.02 - 17.14	Screening and Newer Anti Arrhythmic Drugs for AF: What is on the Horizon?	Dr. C. Narasimhan
17.14 - 17.20	Discussion	
17.20 - 17.50	Case Based Discussion Moderator - Dr. Suresh Kottegoda	Dr. Mevan Wijetunga Dr. Asunga Dunuwille Dr. C. Narasimhan
	End of the Day 02	

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04th AUGUST 2025

DAY 02, HALL – THE STUDIO

08.30 - 09.30	**Decoding Arrhythmias** Moderator: Dr. Susitha Amarasinghe	
08.30 - 08.45	Decoding Arrhythmias - 01	Dr. Mevan Wijetunga
08.45 - 09.00	Decoding Arrhythmias - 02	Dr. Rohan Gunawardene
09.00 - 09.15	Decoding Arrhythmias - 03	Dr. C. Narasimhan
09.15 - 09.30	Discussion	

10.45 - 11.45	**What You Need to Know in POCUS** Moderator: Dr. Wasanthi Rathnayaka	
10.45 - 11.00	What You Need to Know in POCUS - 01	Dr. Wasantha Kapuwatta
11.00 - 11.15	What You Need to Know in POCUS - 02	Dr. K. Suntharesan
11.15 - 11.30	What You Need to Know in POCUS - 03	Dr. Ruwan Munasingha
11.30 - 11.45	Discussion	

11.45 - 12.15	**Meet the Experts: Outcomes of Patients with Ischemic Cardiomyopathy - Medical Therapy vs CABG vs PCI**	Prof. Divaka Perera

12.15 - 12.30	Coronary Interventions: Live in Box	Dr. Subash Chandra
12.30 - 12.45	Coronary Interventions: Live in Box	Dr. Aditya Batra
12.45 - 13.00	Discussion	

14.00 - 15.00	**Critical ECGs in ACS: Life-Saving Patterns Every Physician Must Recognize** Moderator: Dr. Ajith Wanniarachchi	
14.00 - 14.15	Critical ECGs in ACS - 01	Dr. Roshan Paranamana
14.15 - 14.30	Critical ECGs in ACS - 02	Dr. Gamini Galappaththy
14.30 - 14.45	Critical ECGs in ACS - 03	Dr. Chandrike Ponnamperuma
14.45 - 15.00	Discussion	

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05th AUGUST 2025

DAY 03, HALL – LUMINA BALLROOM

08.00 - 08.20	**Plenary 06: What is New in ESC Guidelines 2024**	Dr. Naomali Amarasena
08.20 - 09.20	**Symposium 06: Adult Congenital Heart Disease**	
08.20 - 08.35	Natural History of Treated Complex Congenital Heart Disease	Dr. Elizabeth Orchard
08.35 - 08.50	Multimodality Imaging in Adult Congenital Heart Disease	Dr. Kevin Roman
08.50 - 09.05	When to Intervene in Adult Congenital Heart Disease	Dr. Trevor Richens
09.05 - 09.20	Discussion	
09.20 - 09.40	**Plenary 07: The Role of AI in Predicting and Preventing Cardiovascular Events**	Prof. Upendra Kaul
09.40 - 10.00	**Plenary 08: Aortopathy - Interventions in Aortic Disease**	Dr. Kevin Roman
10.00 - 10.20	**Plenary 09: Dilemmas in the Management of RV Failure**	Dr. Trevor Richens
10.20 - 10.35	**Tea Break**	
10.35 - 11.05	**Dr. Pramod Ranathunga Research Award**	
11.05 - 12.05	**Symposium 07: Heart Failure**	
11.05 - 11.17	Heart Failure Treatment Tailor-Made: From Guidelines to Personalized Care	Dr. JC Mohan
11.17 - 11.29	The Interplay of Heart and Kidney: Advances in Understanding and Management of Cardiorenal Syndrome in Heart Failure	Prof. Upendra Kaul
11.29 - 11.41	Novel device strategies in heart failure management: Conduction System Pacing	Dr. Mevan Wijetunga
11.41 - 11.53	Surgical Options in the Management of End Stage Heart Failure	Prof. Catherine Sudarshan
11.53 - 12.05	Discussion	
12.05 - 12.25	**Plenary 10: Inflammation and CV Diseases – Biomarkers and Mechanisms**	Prof. Keith Channon
12.25 - 12.45	**Myocarditis and Pericarditis: A diagnostic challenge to the Cardiologist**	Dr. Chathurika Withana
12.45 - 13.35	**Lunch**	

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13.35 - 14.35	**Symposium 08: Hypertension**	Joint Symposium with European Society of Cardiology
13.35 - 13.50	How to diagnose and manage nocturnal hypertension	Prof. Gianfranco Parati
13.50 - 14.05	Hypertension in Special Populations	Prof. Isabella Sudano
14.05 - 14.20	Approach to a Patient with Resistant Hypertension	Prof. Isabella Sudano
14.20 - 14.35	Discussion	
14.35 - 15.35	**Symposium 09: Pregnancy and Heart Disease**	
14.35 - 14.50	Risk Stratification and Preconception Counseling: The Way Forward to Minimize Cardiac Morbidity and Mortality	Dr. Elizabeth Orchard
14.50 - 15.05	Management of Valvular Heart Disease in Pregnancy	Dr. W. S. Santharaj
15.05 - 15.20	Navigating Heart Failure in Pregnancy: Challenges and Solutions	Dr. Elizabeth Orchard
15.20 - 15.35	Discussion	
15.35 - 15.50	**Tea Break**	
15.50 - 16.10	**Plenary 11: Place of CT in Coronary Artery Disease**	Dr. Justin Carter
16.10 - 17.00	**Quiz**	Dr. Bhathiya Ranasinghe Dr. Disna Amaratunga
17.00 - 17.05	**Closing Remarks** **Dr. Nimali Fernado** **Course Director, Scientific Committee**	
17.05 - 18.00	**Award Ceremony**	
	End of the Day 03	

05th AUGUST 2025

DAY 03, HALL – THE STUDIO

08.00 - 09.30	**Poster presentation**	
09.30 - 10.30	**Nightmare case presentation**	
10.30 - 12.30	**Free papers - Oral presentation**	

SRI LANKA COLLEGE OF CARDIOLOGY

INTERVENTIONAL WORKSHOP

VENUE – AUDITORIUM, ASIRI CENTRAL HOSPITAL, COLOMBO

01st AUGUST 2025

DAY 01 (08.00 – 18.00)

LIVE CASE OPERATORS


Prof. Azfar Zaman


Dr. Sharath Reddy


Dr. Justin Carter


Dr. Viveka Kumar

02nd AUGUST 2025

DAY 02 (08.00 – 18.00)

LIVE CASE OPERATORS


Prof. Divaka Perera


Dr. Tom Johnson


Dr. Peter O'Kane


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Sessions Co-ordinator
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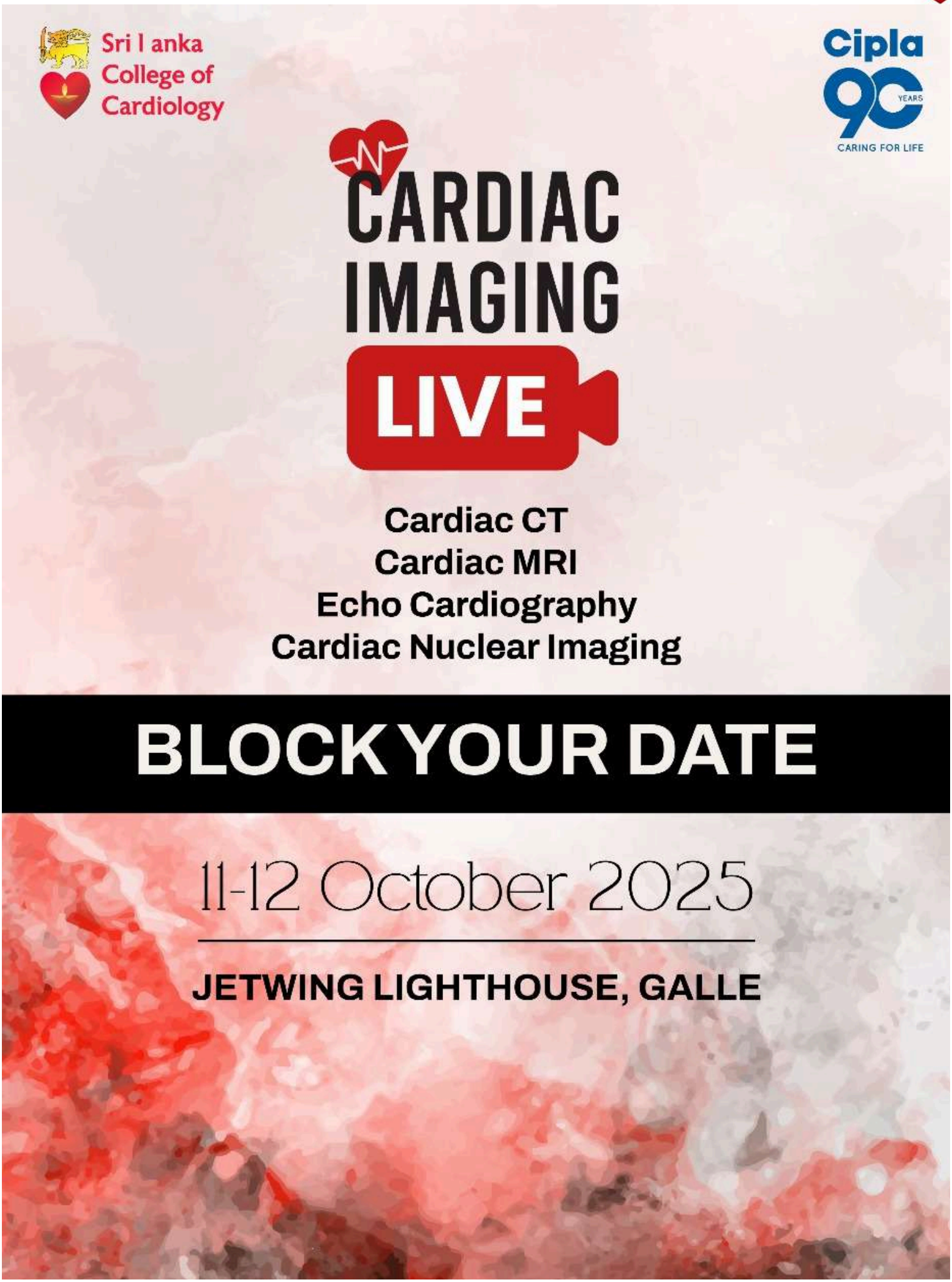
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