



Milestones

Sri Lanka is proud to say it has been providing free health care, within a heritage of a national health care system of 150 years. Having a sprawling complex of buildings dedicated to healthcare, cardiology has its own dedicated unit, “The Institute of Cardiology” along with its cardiothoracic wards and theatres. Since becoming functional the objective has been to provide holistic and up-to-date cardiac care. However there have been deficiencies. In 1996, a Sri Lankan physician interested in the field of cardiology noted and lamented the lack of cardiac rehabilitation in Sri Lanka. Having received my foreign training in Australia I had first hand experience in cardiac rehabilitation and its merits. Its absence in Sri Lanka, shed light on an area of care being given step motherly treatment and motivated me to commence cardiac rehabilitation in Sri Lanka, as a young resident cardiologist.

The Sri Lankan Heart Association, , laid the foundation for cardiac rehabilitation by creating a Sri Lankan arm of the “Cardiac rehabilitation subcommittee SAARC” for which I was nominated as a committee member in 1998. However, it was an uphill task. Initiating the programme appeared to lack momentum in its early stages and despite recognizing the need, there was little in the way of support from colleagues and physicians due to many logistical reasons.

After nearly 4 years of pursuing the objective with dedication, compromise and understanding led to a breakthrough in 2002 and I was officially given permission to commandeer the programme.

The need to have a holistic approach even in rehabilitation was recognized early and I ensured that a comprehensive multidisciplinary team was created.

Cardiac rehabilitation in Sri Lanka- The initiative and the 16 year journey

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Gathering professionals & specialists in addition to my role as the cardiologist was a struggle as getting the individuals with experience and dedication released from their respective jobs to contribute was difficult. However I was successful in recruiting a nutritionist, rehabilitation registrar, rehabilitation nurse, physiotherapist, psychologist, pharmacist and dietician in addition to medical officers trained in cardiology. With humble beginnings, we started our programme on the 22nd of March 2002. The very first session, despite our effort, had only two patients.



Not being deterred by this we continued to work and had a welcome opportunity at the Sri Lanka Medical Association foundation session held in 2003, where we were able to promote our work through a symposium on Cardiac Rehabilitation. Soon after, recognition by our surgical colleagues led to an influx of patients attending the rehabilitation programme. Thus it filled a critical void that has been present till then.

The effect was widespread as regional centres around the country also started to show interest in beginning their own programmes following our protocols.

The gradual steady buildup of patients from post CABG, post MI and eventually post PCI cohorts led to surprising findings and with accumulating



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data there was reward from an academic standpoint. There were both local and international opportunities to present our findings and we successfully presented our findings “ Cardiac Rehabilitation-An initiative in Sri Lanka”& “ Cardiac Rehabilitation Programme: An audit of Patient experience”, both of which were well received and the former won the prestigious “Wijerama Award” given by the Ceylon College of Physicians for the year 2003, which gave the opportunity to promote our cardiac rehabilitation work. Accreditation is a must, and not being ignorant of this, in 2004 with much effort we were thankful when we got an opportunity to send our team in 2004 to be trained at the famous “ Heart Research Centre” in The Royal Melbourne Hospital, under the tutelage of Dr Alan Globe, a world renowned expert in “ Cardiovascular Rehabilitation and Prevention”.

Having established a globally accepted protocol and following international standards, we implemented cardiac rehabilitation through education, exercise etc., through a structured programme held over 12 sessions conducted by our multi-disciplinary team of trained experts.

Over a period of 16 years as of 2018, we have registered 5868 patients. This number alone is a testament to the success and appreciation the programme has been able to gain. The programme being a nonprofit one has been able to survive and grow solely on the generosity and donations of well wishers who recognize the void cardiac rehabilitation filled since its inception. We currently have a dedicated floor in the Institute of Cardiology, in the National Hospital of Sri Lanka allocated for the programme, equipped and funded through generous donations and is currently a self-sufficient programme.

In February 2013, we also incorporated the heart failure(HF) rehabilitation programme and successfully assimilated it into the ongoing programme. Having realized that heart failure patients tend to get neglected and their repeated admissions tend to burden the health care system we decided to enlighten and treat HF failure patients with a similar vigor. To achieve this, we utilized WHO funds and sent our team to get trained and accredited at the famous Melbourne Heart Research centre in Royal Melbourne Hospital , Australia. Our sole objective of this endeavor was to encourage the optimal management of HF patients and to introduce evidence based management practices through rehabilitation.

The effect of our programmes has been widespread, as after nearly 16 years into rehabilitation we have undertaken training others and spreading the message of its importance through workshops and lectures.

Our surgical colleagues and physicians have been trained by our team of experts and having recognized the fruits of our labor the “ Sri Lanka Heart Association” in 2018 mandated that all peripheral cardiac stations in the island must initiate and continue cardiac rehabilitation, a clear sign that cardiac rehabilitation had finally rooted itself as a pivotal component within cardiac care in the country.

For me this was a phenomenal achievement. After striving so long to impress upon our colleagues its importance cardiac rehabilitation has finally gained its due recognition. Our team conducted the first of a series of workshops in General Hospital Rathnapura in April 2018. The promise of establishing and firmly rooting cardiac rehabilitation was ensured by the participation of a keen group of doctors, nurses, physiotherapists led by Dr Chinthaka Hathalahawatta along with Dr Z Jamaldeen, and the event was initiated by Dr M R Mubarak, the current President of SLHA for 2018.





[The physiotherapist engaging with the patients and conducting the exercises.]



[Senior nursing officers educate and demonstrate patients about interventional procedures and resuscitation]



[A medical officer educates the participants regarding myocardial infarction, treatment and prevention]

The cadre of Cardiologists has increased compared to 15 years ago (Figure 1) and this number will rise in the future. As of present there are adequate Cardiologists spread across the island working tirelessly and have the capacity and potential to be dedicated leaders for their cardiac rehabilitation teams in their respective regions.

The second successful programme was conducted on the 14th of May, 2018 under the patronage of Dr Sanjeeva Rajapakse and Dr Wasantha Kapuwatte in Ragma, Colombo North General Hospital.

I am confident that with the continuation of this successful programme and the dedication of our cardiologists, cardiac rehabilitation will become an accepted component of cardiac care that cardiac patients should receive in Sri Lanka.

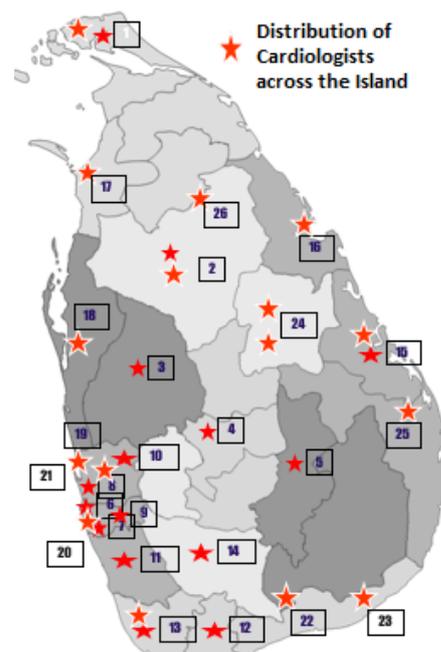


Figure-1: A graphical representation showing the distribution of cardiologists across the island as of 2018.



I firmly believe, that cardiac rehabilitation is still an evolving field and will continue to improve with time. Having been involved since its inception and leading the process of establishing cardiac rehabilitation in Sri Lanka, 16 years into the process I am glad, that the void in cardiac care has been filled and hope that it will continue to flourish and inspire others to perpetuate and ensure cardiac rehabilitation remains a vital part of cardiac care given to all cardiac patients who would benefit by it.

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