Conclusion: LGI endoscopy yielded significant diagnostic findings in patients with altered bowel habits. However, the high rate of normal and abandoned procedures underscores the need for better patient selection and bowel preparation. Functional disorders should be considered, and standardized reporting is essential to avoid missed diagnoses, particularly colorectal cancer.

OP 27

Pre-hospital delays in acute ischaemic stroke: A cross-sectional study of patients seeking care at a tertiary care centre in northern Sri Lanka

Sivakumar G, Daranagama DAM, Bandaranayake RSMUDP, Lizny AM, Luxman T, Kumar R, Arasalingam A

Faculty of Medicine, University of Jaffna

Introduction: Patients with acute ischaemic stroke, a leading cause of morbidity and mortality, benefit from thrombolytic therapy. Pre-hospital delays (> 4.5 hours) are a significant barrier to receiving thrombolysis in resource-poor settings.

Objective: To describe time to hospital arrival, associated factors, and self-reported reasons for delays amongst patients with acute ischaemic stroke who did not receive thrombolysis at Teaching Hospital Jaffna (THJ).

Methods: A hospital-based cross-sectional study was conducted at the medical wards of THJ among patients who did not receive thrombolysis after acute ischaemic stroke during a 3-month period in 2022. Data were collected from patients or caregivers using interviewer-administered questionnaires and data extraction sheets, and analysed using SPSS (v20). The Mann-Whitney U test and Kruskal Wallis test were used to assess differences in arrival time (significance level 0.05).

Results: Of 105 patients, the majority were males (60 %, n=63), aged ≥60 years (73.3%, n=77), did not complete O/L (56.8%, n=64), resided ≤50 km of THJ (73.3,

n=77), and did not present first to THJ (69.5%, n=73). Median time from symptom onset to hospital arrival was 13.8 h (IQR 5.1-29.8 h). Only 20% (n=21) arrived in hospital within 4.5 hours. Participants living further away (p=0.02), presenting first to another healthcare facility (p=0.03) and without a history of stroke (p=0.01) were more likely to arrive later. Common self-reported reasons for arriving after 4.5 hours included: waiting for symptoms to improve (44.0%, n=37), waiting to be taken to the hospital (17.8%, n=15), and lack of transport (10.7%, n=9). Sex and education level were not associated with hospital arrival time (p >0.05).

Conclusion: Arriving after the window period could be a primary reason, patients do not receive thrombolysis. Public awareness regarding symptom recognition, the window for treatment, and the availability of the 1990 ambulance service needs to be raised, alongside efforts to improve stroke care facilities in rural hospitals.

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OP 28

Participation in outreach Non-communicable Disease Screening Programme and factors associated with it- Chavakachcheri, Northern Province, Sri Lanka

Rajeev G, Tharshika T

Base Hospital, Chavakachcheri

Introduction: Noncommunicable diseases (NCDs) represent a critical public health challenge in Sri Lanka, accounting for a substantial proportion of morbidity and mortality nationwide. Among these, diabetes mellitus, hypertension, and cardiovascular diseases are particularly prevalent. Outreach screening programmes play a vital role in early detection.