Sri Lanka Society of Nephrology Newsletter

Volume 6 · Issue 1 · September 2026

The Official Newsletter of the Sri Lanka Society of Nephrologists



Welcome to SLSON Newsletter

Welcome to the latest edition of the SLSON newsletter, which illuminates our collective acheivements and look ahead to fresh opportunities for growth and innovation in kidney care.

Key Highlights

- **Nationwide Engagement:** Outstanding participation from renal units across the country for recent awareness programs.
- **Community Growth:** Your inspiring initiatives keep our network connected and dynamic.
- **Looking Forward:** Continued collaboration to push the boundaries of clinical excellence and knowledge sharing.

Call for Contributions

- Share your local unit updates, success stories, and clinical experiences for upcoming issues. Please email your work to : slsonnews@gmail.com
- Help us drive a continuous culture of innovation and high standards in nephrology.

Thank you for being an essential part of our growing community.

— The Editorial Committee

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Message from the President



Dear Members and Esteemed Colleagues,

It is a privilege to address you as we reflect on the milestones achieved since our new Council assumed office on February 14th, 2026. Under this year's central theme, "Kidney Health for All, Early Action and Lasting Impact," our Society continues to drive vital initiatives in clinical care, regional education, and national policy despite challenging circumstances.

The World Kidney Day campaign began on March 4th and was planned to span the entire month. Although the ongoing fuel crisis forced us to postpone several sessions, our team adapted and successfully completed the programme. Alongside these outreach efforts, we launched a comprehensive nationwide CKD screening programme targeting patients with Diabetes Mellitus and Hypertension across all hospitals, supported by the Ministry of Health.

To foster inter-specialty collaboration and strengthen regional nephrology care, we have actively partnered with local medical associations, including meetings with the Galle Medical Association (May 12th), Sri Lanka Medical Association (June 24th), Batticaloa Medical Association (July 15th), and Kandy Society of Medicine (August 7th). We look forward to our upcoming regional meetings in Monaragala and Rathnapura. We successfully concluded the main regional program in Matara (August 21st) with your participation and that of your family members. Additionally, to expand peritoneal dialysis capabilities, we are hosting island-wide CAPD workshops in Colombo on September 3rd and Kandy on September 17th.

To date, through our collective outreach and training efforts, we have successfully educated around 6,000 medical officers across Sri Lanka.

Significant headway has been made in service development and workforce deployment, with most districts across Sri Lanka now having at least one stationed Consultant Nephrologist. Through extensive deliberations with the Ministry of Health, we are actively working on service development, education pathways, human resource allocation, updating nephrology unit service packages, and establishing the Sri Lanka Renal Registry.

Our capacity-building and clinical efforts have yielded several key accomplishments. We are preparing certified nursing education courses with the Ministry of Health for Hemodialysis and CAPD nursing officers. The web-based Hemodialysis training module is already underway, and the CAPD programme is launching shortly. We officially developed and handed over the National Guidelines for Diabetic Kidney Disease to the Ministry of Health. Implementation of the National HLA-matched organ allocation framework for the deceased donor transplant programme is underway. Additionally, we engaged directly with the Medical Supplies Division (MSD) to revise and improve technical specifications for critical nephrology items.

Through our continuous advocacy, we made every effort to include Empagliflozin as an essential drug; fortunately, it can now be ordered through the Medical Supplies Division (MSD) for next year's annual estimation. Furthermore, in collaboration with the Department of Social Services and the Ministry of Health, an eGFR threshold of less than 30 mL/min/1.73m^2 has been officially accepted as the eligibility criterion for the CKD disability allowance, and clinicians can now recommend financial assistance once patients reach this level.

Mark your calendars for our flagship event, the Annual Academic Sessions, taking place from November 25th to 27th, 2026. A dedicated pre-congress Hemodialysis workshop for nurses and Consultant Nephrologists linked to the campaign is scheduled for November 13th and 24th. Following the Annual Academic Sessions, we will host a Research Symposium on CKDu in the second week of December, organized jointly with the Ministry of Health and the WHO. Looking ahead to early next year, we are excited to hold a joint academic session with the Ceylon College of Intensivists in the first week of February 2027.

I extend my sincere gratitude to the Council and the entire membership for their commitment to advancing nephrology and improving patient care across Sri Lanka.

With warm regards,

Dr. Nalaka Herath
President,
Sri Lanka Society of Nephrology (SLSON)

Message from the Editor



As we look back on a season of intense activity, the Sri Lanka Society of Nephrology has truly expanded its educational reach across almost all regions of our island. Through dedicated regional programs under the guidance of the President of the year Dr Nalaka Herath, and many members of SLSON through their tireless efforts have brought vital clinical updates directly to doctors and nurses, placing a strong emphasis on the complex management of chronic kidney disease and its metabolic bone disease, critical strategies for delaying the progression of diabetic kidney disease, and foundational strategies for disease prevention.

Moving forward, the Society is also actively developing a comprehensive Hemodialysis and Peritoneal Dialysis education curriculum to further strengthen nephrology clinical training.

Amidst these milestones, our hearts are heavy as we convey our deepest condolences on the passing of Vidya Jyothi Professor Rezvi Sheriff, a monumental figure and a cherished mentor whose profound guidance shaped the paths of many clinicians in our community. It is with deep sorrow that we pay tribute to such a resilient character, a distinguished national luminary who pioneered the nation's very first dialysis and kidney transplant programs, while serving as a remarkable beacon in our country's medical education. We extend our sincere thanks to Dr Chula Herath for writing a detailed tribute in honour of Professor Sheriff.

Looking towards the future, our scientific committee is now finalizing an exceptional program for the upcoming Annual Sessions, which promises to stimulate high-level academic exchange.

To uphold and advance our society's legacy of excellence, I invite all members to increase their participation as reiterated by the President.

I warmly welcome you to contribute to the newsletter whenever you can to share your clinical insights with your colleagues, and I urge you to submit your exceptional scientific findings to the congress to ensure a highly dynamic and widely attended event.

Dr Dilukshi Pilapitiya
Editor
Sri Lanka Society of Nephrology

A tribute to Vidya Jyothi Emeritus Prof. MH Rezvi Sheriff







My association with Professor Rezvie Sheriff began when I was a medical student and continued through my professional life; first a teacher, then a senior colleague when I entered the field of renal medicine; and over the years, an invaluable friend. His passing is a profound loss not only to those who knew him personally, but to Sri Lanka itself, and especially to the discipline of nephrology which he helped to shape with vision, courage and quiet determination.

Born in 1948, Professor Sheriff's distinguished journey began with brilliance that was evident from the very outset. Educated at Zahira College, Colombo, and later at Royal College, he excelled in every sphere of scholarship, winning the prestigious Lorenz Scholarship and emerging as the Best All-Island Performer at the GCE Advanced Level examination. Entering the Faculty of Medicine, University of Colombo, he continued this remarkable ascent, graduating in 1971 at the top of his batch and first in the combined order of merit, a distinction that foreshadowed the leadership he would later bring to Sri Lankan medicine.

Professor Sheriff served as Professor of Medicine at the University of Colombo until 2014, when he was conferred the title of Emeritus Professor in recognition of his immense contributions to medical education and clinical practice. Retirement, however, did not diminish his commitment to the advancement of medicine; for a further decade he continued to serve as Professor of Medicine at the Kotelawala Defense University. He also held the distinguished position of Director of the Postgraduate Institute of Medicine and served on the councils of both the International Society of Nephrology and the Asia–Pacific Society of Nephrology, contributing to the global conversation of our specialty.



Above all, Professor Sheriff will be remembered as one of the founding architects of nephrology, dialysis and kidney transplantation in Sri Lanka. He established the country's first dialysis services and, together with his surgical colleagues Professor A. H. Sheriffdeen and Professor Gerry Jayasekera, performed the first successful live-donor kidney transplant in Sri Lanka, a moment that transformed the landscape of renal medicine in our country and gave hope to countless patients and families.

To me personally, he was always someone I could look up to with admiration and gratitude. There was a time when nephrology was an emerging specialty in Sri Lanka, practiced by only a very small number of physicians. During the 1990s, for nearly a decade, Professor Sheriff, Dr Thilak Abeysekera of Kandy and I were among the few engaged in developing dialysis and transplantation services in this country. I vividly remember working with him in designing the early curriculum for nephrology training at the Postgraduate Institute of Medicine. His depth of knowledge, clarity of vision, and commitment to building a strong academic foundation for the specialty were truly remarkable. It was here that I witnessed the sharpness of his intellect, working and planning with almost algorithmic precision. When the first two trainees in nephrology commenced training in 1999, it marked the beginning of a program that has since flourished, a testament to his foresight and dedication. The true measure of a pioneer is that, in time, the path he cleared becomes a road travelled by many.

One of Professor Sheriff's most admirable qualities was his ability to inspire others to take ownership of their work. Though himself an indefatigable worker, he did not seek to control every detail. Rather, he entrusted responsibility to those around him, guiding with wisdom but allowing others the dignity of contribution. Leadership for him was never about authority; it was about enabling others to grow. I have rarely seen him display anger, nor speak harshly to anyone. His calm temperament, gracious manner and unfailing courtesy created an atmosphere in which colleagues and students alike felt encouraged and valued.

In recent years, he endured not only significant health challenges but also the devastating loss of his beloved son Omar, a sorrow that would have shaken any parent profoundly. Yet his deep faith gave him strength to bear this grief with quiet fortitude and dignity. Even in the face of personal loss and health issues, he remained steadfast in spirit, never allowing adversity to diminish his warmth of character, sense of humor or his generous engagement with colleagues, students and patients.

Even on his final day, he was on his way to attend to his patients; a quiet but fitting testament to a life devoted to service. It was a great life, lived with purpose, integrity and grace; and it was a peaceful farewell.

I extend my deepest condolences to Mrs. Ameena Sheriff, his daughter Habeeba and his son Rikash. May Allah grant you strength and comfort in this time of sorrow. May he be granted Jannatul Firdaus, and may his legacy continue to live on through the countless patients he healed, the students he inspired, and the colleagues he guided.



"He planted seeds beside uncertain waters,
trusting others would tend the growing field;
and now the quiet forests of our healing
stand as the harvest of his faith."

Dr Chula Herath

COUNCIL 2026

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Dr Nalaka Herath



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Dr Anupama De Silva



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Dr Dilushi Wijayaratne



Dr Aravinda Bartholomeuz



Dr S B A M Mujahith



SLSON Activities

Web based activities

SLSON Launches Online Learning Programme in Dialysis Nursing

The Sri Lanka Society of Nephrology (SLSON) is pleased to announce the upcoming launch of a structured online learning programme in dialysis nursing, designed specifically for nurses involved in the care of patients receiving haemodialysis and peritoneal dialysis.

The programme is being developed with the aim of providing nurses across the country with accessible, standardized and evidence-based learning in dialysis care.

The programme will be introduced in phases, with the first phase focusing on haemodialysis. It will cover essential aspects of haemodialysis nursing, including fundamental principles of haemodialysis, vascular access care, dialysis procedures, patient monitoring, infection prevention and control, recognition and management of common complications, and other important aspects of safe and effective dialysis practice.

By providing the programme online through the SLSON website, we hope to make high-quality educational material accessible to nurses working in dialysis units across Sri Lanka, irrespective of their geographical location. The programme is intended to complement existing institutional training and contribute towards the development of a more consistent standard of dialysis nursing practice nationally.

Importantly, the programme will incorporate structured assessments, allowing participants to demonstrate their knowledge and understanding. In the future, performance in these modules, including assessment results and successful completion, may be considered as one of the criteria in the selection and participation of nurses in SLSON educational activities and continuing medical education programmes.

The initial haemodialysis module will therefore represent the first step towards a broader, structured educational pathway for dialysis nursing. Further modules, including peritoneal dialysis, will be introduced subsequently.

Through this initiative guided by the President Dr Nalaka Herath, SLSON hopes to strengthen the knowledge, skills and professional development of nurses involved in renal replacement therapy and, ultimately, contribute to improving the quality and safety of dialysis care for patients throughout Sri Lanka.

The first phase of the programme will be launched shortly. SLSON looks forward to welcoming nurses involved in haemodialysis to this new learning platform.

Dr NA Bartholameuz

World Kidney Day 2026 Regional Events

In commemoration of **World Kidney Day 2026**, almost all nephrology units in the country collaborated with the **Sri Lanka Society of Nephrology** to conduct regional awareness programmes and educational events for their hospital staff, as well as local doctors and nurses. Centred on the theme of kidney health for all, these activities were conducted to educate medical officers and nurses regarding key management aspects of early chronic kidney disease, indications for referral, early detection, and empasised on prevention.

The following summary highlights both the individual hospital programmes and regional programmes held from March to June 2026, reflecting the Society's continued commitment to strengthening kidney health awareness throughout Sri Lanka.

Event Summary of physical events

No.	Date	Venue	Conducted by
1	04/03/2026	BH Teldeniya & BH Rikillagaskada	Dr Buddhika Wijewickrama
2	10/03/2026	DGH Negombo	Dr Nalaka Herath
3	11/03/2026	DGH Nawalapitiya	Prof Rajitha Abeysekara
4	11/03/2026	DGH Trincomalee	Dr Inoka Chathurani
5	11/03/2026	DGH Kegalle	Dr Aravinda Bartholameuz
6	11/03/2026	Army Hospital, Narahenpita	Dr Sanjaya Heiyanthuduwa
7	12/03/2026	DGH Gampaha	Dr Jalitha Thinnarachchi
8	12/03/2026	NHSL	Dr Mathu Selvarajah
9	12/03/2026	University Hospital KDU (Nurses)	Dr Dilukshi Pilapitiya
10	12/03/2026	NNSH Polonnaruwa	Dr G.J. Ramesh
11	12/03/2026	SJGH	Dr Harshani Perera
12	12/03/2026	TH Kurunegala	Dr Maithree Fernando & Dr Premil Rajakrishna
13	12/03/2026	TH Peradeniya	Prof Rajitha Abeysekara
14	12/03/2026	TH Badulla	Dr Charaka Ratnayake
15	12/03/2026	CNTH Ragama (Nurses)	Dr Nalaka Herath
16	12/03/2026	TH Jaffna	Dr Apirami Muraleetharan
17	12/03/2026	TH Batticaloa	Dr S Mujahith

18	12/03/2026	DGH Ampara	Dr Nayomi Wadduwage
19	12/03/2026	DGH Monaragala	Dr Randika Wijeratne
20	12/03/2026	CSTH Kalubowila	Dr Dinith Galabada
21	12/03/2026	DGH Hambantota	Dr Danushka Dissanayake
22	13/03/2026	TH Anuradhapura	Dr Nadeesha Nishanthi
23	13/03/2026	DGH Matara	Dr Buddhika Illeperuma
24	16/03/2026	RDHS Kegalle	Dr Aravinda Bartholameuz
25	17/03/2026	BH Homagama	Dr Dinith Galabada
26	17/03/2026	RDHS Polonnaruwa	Dr G.J. Ramesh & Dr T.M. Naseef
27	17/03/2026	RDHS Vavuniya	Dr Sasikanth, Dr Apiramie Muraleetharan & Dr Asanga Palihana
28	18/03/2026	BH Homagama – RDHS Colombo	Prof Eranga Wijewickrama, Dr Dilukshi Pilapitiya & Dr Dilushi Wijayaratne
29	19/03/2026	BH Wathupitiwala	Dr Jalitha Thinnarachchi
30	25/03/2026	BH Walasmulla	Dr Buddhika Illeperuma
31	25/03/2026	University Hospital KDU (Doctors)	Dr Dilukshi Pilapitiya
32	12/05/2026	RDHS Jaffna	Dr Brammah Thangarajah, Dr Apirami Muralitharan, Dr B. Umaginy & Dr Sivakajani Balakumar
33	11/06/2026	RDHS Kandy	Prof Rajitha Abeysekara, Dr Dimuthu Gunapala & Dr Saumya Nawaz
34	17/06/2026	RDHS Nuwara Eliya	Dr. Buddhika Wijewickrama & Dr K.Samuel Rajeen
35	19/06/2026	RDHS Matara	Dr Buddhika Illeperuma & Dr Randika Wijeratne
36	19/06/2026	RDHS Gampaha	Dr Jalitha Thinnarachchi
37	19/06/2026	RDHS Kurunegala	Dr Nalaka Herath
38	24/06/2026	RDHS Batticaloa	Dr Mujahith & Dr Inoka Chathurani
39	25/06/2026	RDHS Matale	Dr Riyasa & Dr Piyumali Nawaratne

Photo Gallery from regional events...



Photo caption: WKD 2026 awareness programme at BH Teldeniya and BH Rikillagaskada, conducted by Dr Buddhika Wijewickrama









Photo caption: *WKD 2026 awareness programme at DGH Nawalapitiya and TH Peradeniya, conducted by Prof Rajitha Abeysekara*

Photo Gallery from regional events...





Photo caption: *WKD 2026 awareness programme at DGH Gampaha, conducted by Dr Jalitha Thinnarachchi*







Photo caption: *WKD 2026 awareness programme at National Hospital of Sri Lanka, conducted by Dr Mathu Selvarajah*

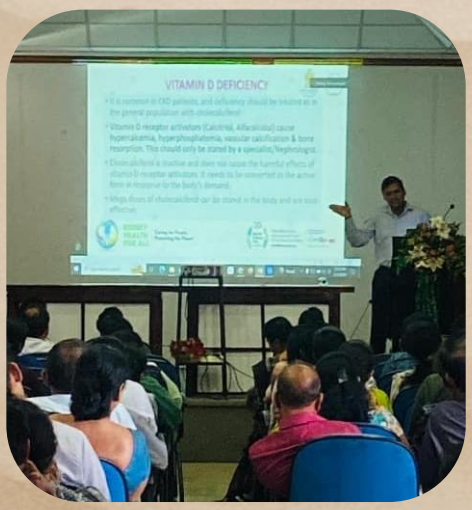


Photo caption*: WKD 2026 awareness programmes at TH Kurunegala, conducted by Dr. Maithree Fernando & Dr. Premil Rajakrishna*

Photo Gallery from regional events...







Photo caption: *WKD 2026 awareness programmes at University Hospital KDU, conducted by Dr Dilukshi Pilapitiya*





Photo caption: *WKD 2026 awareness programmes at NNSH Polonnaruwa, conducted by Dr G.J.Ramesh*





Photo caption*: WKD 2026 awareness programmes at TH Badulla, conducted by Dr Charaka Ratnayake*

Photo Gallery from regional events...





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Photo caption*: WKD 2026 awareness programmes at CNTH Ragama, conducted by Dr Nalaka Herath*





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Photo Gallery from regional events...



***Photo caption**: WKD 2026 awareness programmes at TH Batticaloa, conducted by Dr S Mujahith*



***Photo caption**: WKD 2026 awareness programmes at DGH Ampara, conducted by Dr Nayomi Wadduwage*



***Photo caption**: WKD 2026 awareness programmes at TH Anuradhapura, conducted by Dr Nadeesha Nishanthi*

Joint Activities

1. **<u>In Collaboration with Galle Medical Association – Workshop for Medical Officers</u>**
   SLSON in collaboration with Galle Medical Association (GMA) held on 12th May 2026 at GMA Auditorium, National Hospital Galle.















2. **Pre-congress Workshop – Optimizing Kidney Care: From Acute to Chronic Diseases**

Sri Lanka Medical Association in collaboration with SLSON held on 24th June 2026, at the SLMA Auditorium.




















3. **Batticaloa Regional Meeting – 2 programs**

SLSON in collaboration with Batticaloa Medical Association held on 15th July 2026.

- Theme - Advancing Kidney Care Through Knowledge, Collaboration & Compassion held on 15th July 2026, at Main Auditorium. TH Batticaloa. (for doctors)

- Theme - Enhancing Skills, Improving Outcomes and Strengthening Dialysis Care held on 15th July, at East Lagoon Hotel, Batticaloa (for doctors and nurses working nephrology and dialysis units - HD workshop)







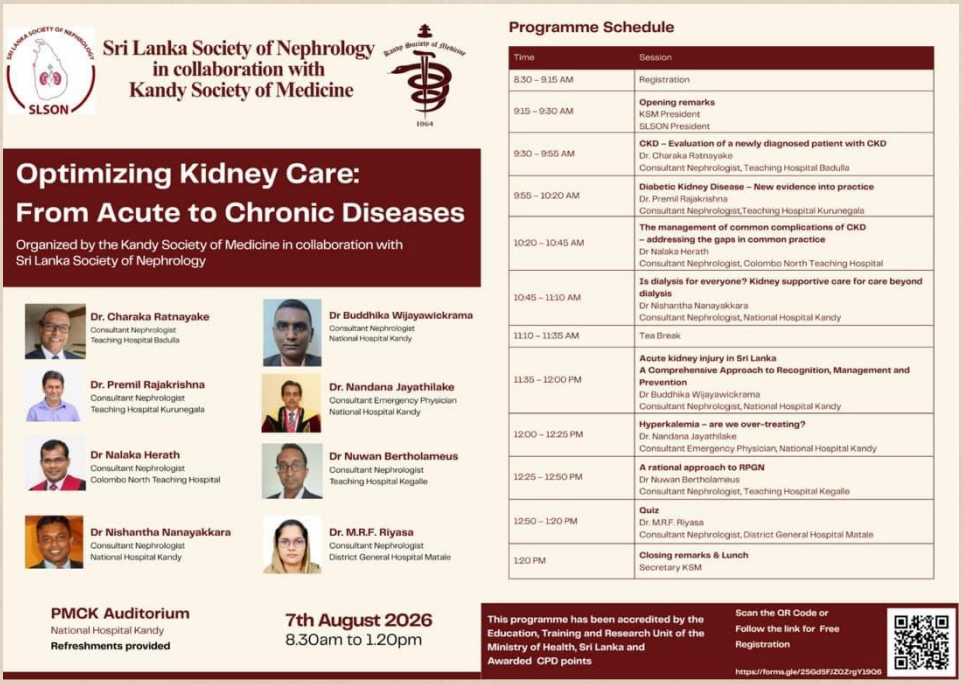






4. Optimizing Kidney Care: From Acute to Chronic Diseases

SLSON in collaboration with Kandy Society of Medicine held on 07th August, at National Hospital, Kandy













5. **Specialty Update on Nephrology**

Ceylon College of Physicians in collaboration with SLSON held on 11th August, at ClinMARC Auditorium, NHSL.

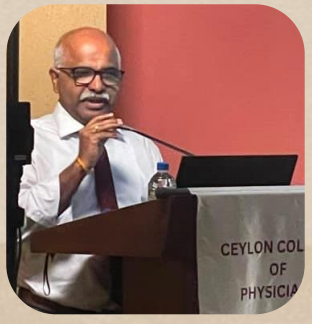




















6. <u>Hemodialysis Update</u> - A Workshop was held on 23rd July at CNTH Ragama.








7. <u>Regional Clinical Sessions – Kidney Pearls for Every Doctor</u>

SLSON in collaboration with NCD Unit, RDHS Office Gampaha held on 06th August at Base Hospital, Kiribathgoda

8. Peritoneal Dialysis Workshop held in Colombo

Peritoneal Dialysis Workshop 2026 - Colombo
Mastering Continuous Ambulatory Peritoneal Dialysis

3rd September 2026
@ Manderina Hotel
0815 - 1600

Time Slot	Topic	Resource Person
0815-0830	Registration and Welcome	
0830-0850	Understanding CAPD	Dr Dinith Galabada
0850-0910	Patient Selection	Dr. Udana Rathnapala
0910-0930	Preparation and post PD catheter insertion care	Dr. Nalaka Herath
0930-0950	Tea Break	
0950-1020	Infections in Peritoneal Dialysis	Dr. Jalitha Thinnarachchi
1020-1040	Mimics of Peritonitis - When to think beyond infections	Dr. Harshani Perera
1040-1100	Nutrition in patients on PD	Dr. Ranga Weerakkody
1100-1120	Fluid overload in PD	Dr. Dilushi Wijayarathna
1120-1140	Complications related to PD Catheters	Dr. Chanaka Abeyrathna
1140-1200	Role of Automated Peritoneal Dialysis (APD)	Dr. Dilukshi Pilapitiya
1200-1300	Lunch Break	
1300-1600	Clinical Skills Demonstrations A. PD Effluent sampling in suspected peritonitis and IP antibiotic administration (THK) B. Exit site dressing and care (THK) C. Catheter troubleshooting (NHK) D. Performing PET and interpretation (NHK) E. APD F. Patient Education (NHK)	Dr.





















9. Regional Sessions Matara

This time regional sessions was held at Matara, in collaboration with Ruhunu Clinical Society. The tradition of bringing our community together continued this year with this year's regional session in Matara.

















Beyond the academic discussions, the event brought members and their families together for a memorable evenings filled with music, laughter, and companionship. Our members showcased their talents in music as usual, fostering a warm lively atmosphere. The camaraderie continued into the following day as families explored the sights around Matara, with a scenic visit to the famous Madol Duwa, making the trip both enriching and memorable.









SLSON UPCOMING EVENTS

Annual Academic Sessions 2026



The Annual Academic Sessions 2026 of SLSON will take place from November 24th to 26th at the Shangri-La Hotel, Colombo, in collaboration with Asian Pacific Society of Nephrology (ASPN), and Indian Society of Nephrology. We are proud to host over 20 international speakers, making this a truly global event.

This year's pre-congress highlight is two seperate Haemodialysis workshops aimed at educating doctors and nurses in addition to consultants and trainees. The specialised workshop will be led by distinguished experts from the Royal Free hospital, UK, under the guidance of Professor Andrew Davenport.

The main congress will feature a comprehensive academic program with 5 plenaries and 7 symposia, covering a wide range of nephrology topics, including separate sessions dedicated to tropical nephrology, kidney transplant, genetic renal diseases, CAPD, etc.

We strongly urge all members and nephrology trainees to submit their abstracts for consideration and participate in this vibrate envirnment to enrich our scietific knowledge.

Annual Academic Sessions 2026

The Scientific programme



SLSON UPCOMING EVENTS -
Annual Academic Sessions 2026

Call For Abstracts

The Sri Lanka Society of Nephrology (SLSON) invites you to submit abstracts for the upcoming Annual Academic Sessions scheduled to be held from 24th to 26th November 2026.
The deadline for submission is 30th September 2026.

Guidelines for Abstract Preparation & Submission

1. Eligibility:
   - Any research related to nephrology will be considered.
   - Ethical approval must be obtained for research involving human or animal subjects, where applicable.
2. Formatting Requirements:
   - Title: In bold, UPPERCASE letters.
   - Author Names: Last name followed by initial(s). Do not use prefixes (e.g., Prof./ Dr./ Mr./ Mrs.) Example: Abeykoon AB[1], Basnayake RM[2].
   - Presenting Author: Underline the name of the presenting author.
   - Affiliations: List affiliations on the line below the author names.
3. Abstract Structure:
   - Research Abstracts:
     - Introduction/Objectives
     - Methods
     - Results
     - Conclusions
   - Case Reports:
     - Introduction
     - Case Report
     - Conclusion
4. Additional Instructions:
   - Do not include graphs, tables, figures, or references.
   - Begin text without indentation; no spacing between paragraphs.
   - Maximum word count: 250 words (exclusive of title, authors, and affiliations).
   - Font: Times New Roman, size 12, single line spacing.
   - Include word count at the bottom of the abstract.
5. Submission Process:
   - Abstracts can to be submitted through registered online portal only, please register/login to your account using, https://platform.slson.lk/public/
     Please note that one author is allowed to submit a maximum of three (03) abstracts only.
   - A confirmation email will be sent within 7 days. Check spam folders if not received.

- Abstract submission opens :**1st July 2026**
- Abstract submission closes :**30th September 2026**
- Oration submission deadline :**15th September 2026**
- Announcement of decision on abstract : **26th October**
- Deadline for registration of presenting author : **On or before 11th November**

Important instructions

- Accepted abstracts must be presented during the sessions.
- The presenting author should register for the sessions upon acceptance of the abstract.
- Appoint an alternative presenter if the original author is unavailable.

SLSON UPCOMING EVENTS -
Annual Academic Sessions

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Call For Oration

The Sri Lanka Society of Nephrology (SLSON) invites applications for the prestigious "Vidyajothi Professor Rezvi Sheriff Oration" at the upcoming Annual Academic Sessions which will be held from 24th – 26th November 2026. The oration is the most prestigious event of the academic sessions of the society and recognizes significant work done in the field of nephrology or related field of work.

Guidelines for submission

- Oration should be on a topic related to kidney diseases.
- The oration should be based on original work carried out by the applicant.
- The content should not have been presented before as an oration, keynote address or a presidential address in a similar format.
- The oration should not exceed 45 minutes.
- Submitting oration should be written in full. The IMRAD format is suggested unless the content requires otherwise.
- The oration should be typed in A4 sized paper, using font type Times New Roman, font size 12 and double line spacing. Harvard or Vancouver system of referencing can be used.

The submission should include

- Two (2) digital copies of the oration script should be submitted. Of these, one (1) copy should be with the applicant details and one (1) copy without the details.
- Curriculum Vitae of the applicant
- A cover letter should indicate the work and contributions made to the advancement of the field of nephrology. It should also state that the oration is based on original work and that the script has not been presented as an oration, keynote address or a presidential address. An explanation of why the applicant believes that the work is of sufficient merit to deserve an oration. A separate sheet stating the list of the original papers/publications on which the Oration is based.
- The Letter of Declaration should consist of the following
    a. In multi-author works, applicant informing co-authors about the submission.
    b. Declaration by the applicant that co-authors have no objections to the submission.
    c. Provide details of the applicant's contributions to the manuscript (design, data collection, analysis, writing).
    d. Declaration if any part of the work was previously presented as an Oration.
    e. Declaration of financial or other conflicts of interest.
    f. In areas of service development or expansion, relevant stakeholders should be duly informed and their consent taken for submission of oration.

All submissions should be emailed to : nephrology.slson@gmail.com

SLSON scientific committee will evaluate all submissions & the committee decision will be final.

UPCOMING EVENTS
INTERNATIONAL EVENTS



7th Asia Pacific AKI CRRT Congress 2026 (AP AKI CRRT 2026)
18 - 20 September 2026
Taipei International Convention Center, Taipei, Taiwan



ASN Kidney Week 2026:
October 21 – 25, 2026 Colorado Convention Center in Denver, Colorado.



12th World Kidney Congress
November 16 – 17, 2026,
Tokyo, Japan



World Congress of Nephrology 2027
April 1 – 4, 2027,
Kuala Lumpur, Malaysia

QUIZ

1. A 19-year-old man presents for follow up after right ureteroscopic stone extraction for a 7 mm obstructing calculus. Stone analysis reveals 95% calcium oxalate monohydrate and 5% calcium oxalate dihydrate. His medical history is otherwise unremarkable. He takes no medications.
   Examination reveals a thin, young man in no distress. He is afebrile. His blood pressure is 130/78 mmHg, and pulse is 76/min. Physical examination findings are normal. His laboratory parameters are as follows:

Serum study	Result	Normal range
Serum creatinine	1.7 mg/dl	0.7-1.3
eGFR	57.2 ml/min/1.73m2	>90

24 hours Urine study	Result	Normal range
Volume	1.8L	
pH	5.9	4.5-8.0
Calcium	100 mg	<300(for males)
Oxalate	98 mg	<40
Citrate	531 mg	250-1000
Uric acid	302 mg	250-750
Sodium	148 mEq	varies

An ultrasound KUB (kidney ureter bladder) performed after the ureteroscopy shows extensive bilateral nephrocalcinosis and resolution of right-sided hydronephrosis. In addition to increased fluid intake, which of the following is MOST appropriate therapy for this patients' hyperoxaluria?

a) Low calcium diet
b) Oxalobacter formigenes
c) Low oxalate diet
d) Pyridoxine
e) Liver kidney transplantation

Answer d; Pyridoxine

This patient has primary hyperoxaluria based on his presentation with calcium oxalate monohydrate stone disease, nephrocalcinosis, CKD and severe hyperoxaluria. Primary hyperoxaluria is a rare autosomal recessive disorder, which results in overproduction of oxalate. Type 1 is the most common of three types of primary hyperoxaluria, accounting for approximately 80% of the cases. This disorder is due to deficiency of the hepatic peroxisomal enzyme alanine:glyoxylate aminotransferase (AGT). There have been >150 mutations identified of the AGXT gene that encodes AGT. Pyridoxine is a co factor for AGT and has been shown to significantly decrease urinary oxalate excretion in individuals with 2 of the most common primary hyperoxaluria type 1 mutations.

Because most of the urinary oxalate is derived from an endogenous source, dietary restriction of oxalate has limited efficacy in reducing hyperoxaluria.

Oxalobacter formigenes is an anaerobic colonic bacterium that is capable of oxalate degradation and promotes intestinal oxalate excretion, this lives in healthy gut. But unfortunately, a randomized trial failed to demonstrate a significant change in urinary oxalate in patients with primary hyperoxaluria who received O. formigenes compared with those given placebo.

A low calcium diet is inappropriate for this patient. Higher dietary calcium intake has consistently been shown to reduce risk of stone formation. Indeed, a significant reduction in risk of recurrent stone disease has been demonstrated in patients who from calcium stones with idiopathic hypercalciuria who were assigned to receive a normal calcium diet with lower animal protein and sodium content compared with those randomized to receive a diet lower in calcium. Urinary oxalate was increased from baseline in the men randomized to follow a low calcium diet. Urinary oxalate is modulated by calcium intake, calcium binds oxalate in the gut and limits intestinal oxalate absorption. A lower calcium diet thus may lead to increased enteric oxalate absorption and urinary oxalate excretion.

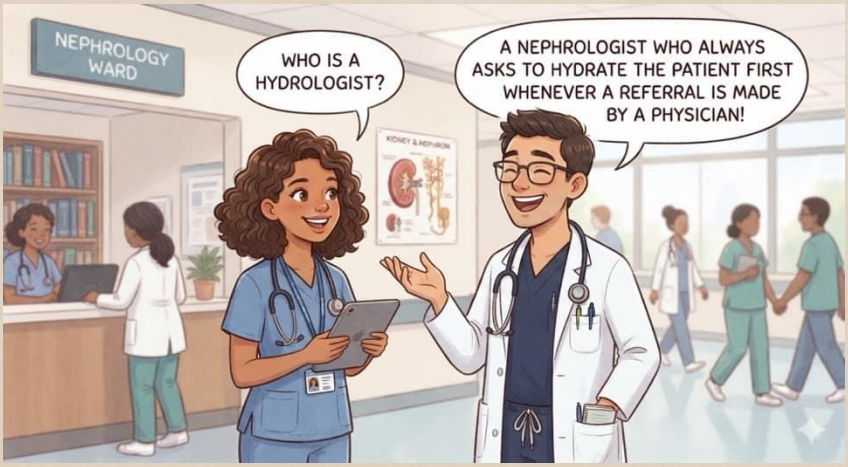
Because the liver is the source of the underlying enzymatic defect liver transplantation is considered the curative procedure. The exact timing of liver transplantation and the decision to perform simultaneous liver kidney transplantation is controversial and will be based in the type of genetic defect, responsiveness to medical therapy and the eGFR. Transplant is usually delayed and medical therapy maintained until CKD has reached stage 3b or worse. Many patients may undergo both kidney and liver transplant because there is already significant kidney damage, and the kidney function may worsen with the transplant procedure or with the CNI therapy after transplant.

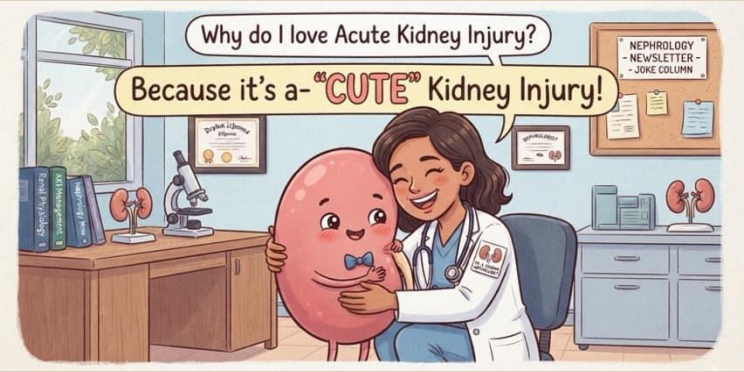
Lumisaran, an RNA interference (RNAi) therapy has been approved as new therapy and is promising emerging therapy. This drug increases the excretion of oxalate precursor, glycolate.

Laughter is the best med!

Get ready for some *nephro-logical h*umor!

new feature!





Patient: How is my scan doctor?
Doctor: Your kidney stone results have come back. Prepare for the worst. You didn't pass this time!
Patient: Oh no doctor. I'm a very optimistic patient. I believe that *this too, shall pass!*

Nephrologist- As nephrologists we always know kidney is the most important organ in the body.
What is the second most important organ?
Med student - hrrr... heart, may be brain
Nephrologist- it's always the second kidney

A Nephrologist is reviewing a renal diet sheet with a patient who loves food.
Nephrologist: "To protect your kidneys, we need to strictly limit your potassium, phosphorus, sodium, and protein."
Patient: "Okay... so what *can* I eat?"
Nephrologist: "Ice cubes. But only if they're made from distilled, low-mineral water, and you chew them very slowly to avoid volume overload.

Nephrologist- What is the function of kidney?
Med student- production urine.
Nephrologist - eeer, then what is the function of GI tract???
Always think before answering!

Emergency -
An elderly chap, admitted with cardiac arrest resuscitated for a down time of 20 minutes. Still blood pressure is low. But he hasn't passed urine. What should we do?
Nephrologist - Let me know if he passes urine, then we may have to evaluate

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"KIDNEY HEALTH FOR ALL: EARLY ACTION, LASTING IMPACT"