ISCSL 2025

4TH INTERNATIONAL STROKE CONFERENCE SRI LANKA

IN COLLABORATION WITH

Asia Pacific Stroke Organization

CONFERENCE BOOK

13TH OF JUNE 2025
COURTYARD BY MARRIOTT, COLOMBO
SRI LANKA

ASIA
PACIFIC
STROKE
ORGANISATION

PROGRAMME

08.00 - 08.30	**Registration**		
08.30 - 08.35	Address by President NSASL	Dr. Gamini Pathirana	
08.35 - 08.40	Address by President APSO	Prof. N. V. Ramani	
08.40 - 08.45	Address by President ASN	Dr. Ajantha Keshavaraj	
08.45 - 09.15	Tenecteplase in Acute Ischemic Stroke Current Evidence and Future Directions	Prof. Henry Ma	
09.15 - 09.45	Intracranial Arterial Stenosis Advances in Diagnosis and Management	Prof. Nijasri Suwanwela	
09.45- 10.15	Infections and stroke - a two-way street	Prof. N. V. Ramani	
10.15 - 10.45	Navigating Stroke Spasticity: Treatment Strategies Emerging Therapies and Multidisciplinary Solutions	Dr. Vishwa Kalansooriya	
10.45 - 11.15	**Tea**		
11.15 - 11.45	Thrombectomy in Patients Excluded from Guidelines Whether to Do It or Not	Prof. Henry Ma	
11.45 - 12.15	Optimizing Care for Carotid Stenosis From Screening to Surgery	Prof. Joel Arudchelvam	
12.15 - 12.45	Development of Stroke Services in Resource-Limited Settings	Prof. Tissa Wijeratne	
12.45 - 13.15	Hypercoagulable States in Stroke: Worth Testing?	Prof. N.V.Ramani	
13.15 - 14.15	**Lunch**		
14.15 - 14.45	Preventing Cardioembolic Stroke Advances in Risk Assessment and Management	Prof. Nijasri Suwanwela	
14.45 - 15.15	Stroke Rehabilitation in Resource-Limited Settings	Prof. Nirmal Surya	
15.15 - 15.45	Revolutionising Acute Stroke Care The Role of Artificial Intelligence	Prof. James Teo	
15.45 - 16.45	Quiz	Dr. M. Saamir Mohideen	
16.45 - 17.00	**Tea**		

CONTENTS

NATIONAL STROKE ASSOCIATION OF SRI LANKA

The National Stroke Association of Sri Lanka (NSASL), established on 14th January 2001, is the country's leading organization dedicated to enhancing stroke care and prevention. Founded under the leadership of Dr. Jagath Wijesekera, Senior Consultant Neurologist at the National Hospital of Sri Lanka, the association brought together a group of senior clinicians and professionals from the corporate sector, united in the mission to reduce the impact of stroke through awareness and improved care systems.

The association was built on two core objectives: to improve hospital-based stroke services and to raise public awareness on stroke prevention and early intervention. With stroke being one of the primary causes of mortality and long-term disability in Sri Lanka, these objectives continue to guide our work to this day.

Over the years, the NSASL has launched numerous public awareness initiatives, reaching communities through campaigns such as awareness walks, school-based education programs and mass media outreach. These efforts have played a crucial role in educating the public on recognizing stroke symptoms and seeking urgent care, ultimately saving lives and reducing disability.

Simultaneously, the association has remained committed to professional development within the healthcare sector. By organizing national symposia, workshops, and clinical updates, we have continuously supported the knowledge and skill development of healthcare professionals engaged in stroke treatment and rehabilitation.

NSASL has also made significant strides on the academic and international stage. Landmark events such as the first Asia Pacific Stroke Conference in 2011, the Inaugural International Stroke Conference and Rehabilitation Workshop in 2021, and the second international conference in 2023 have all strengthened Sri Lanka's presence in the global stroke care community. Building on this momentum, the Asia Pacific Stroke Conference 2026 is scheduled to be held in Colombo, Sri Lanka - a testament to the country's growing leadership in stroke care and research in the region.

In collaboration with the Ministry of Health, academic institutions, and international partners, NSASL remains steadfast in its commitment to reducing the national burden of stroke. With a strong focus on advocacy, public education, and system strengthening, the association continues to work towards a future where stroke prevention, timely intervention, and quality rehabilitation are accessible to all Sri Lankans.

Dr. Gamini Pathirana
President
National Stroke Association of Sri Lanka (NSASL)

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Message from the president
National Stroke Association of Sri Lanka

It is my great pleasure to welcome you to the International Stroke Conference Sri Lanka 2025 (ISCSL 2025), organized by the National Stroke Association of Sri Lanka (NSASL). As the premier annual stroke conference in Sri Lanka, ISCSL continues to serve as a vital platform for knowledge exchange, research collaboration, and professional development in stroke prevention, treatment, and rehabilitation.

This year's conference will bring together leading experts, researchers, and healthcare professionals to discuss the latest advancements in stroke care. Our scientific program will feature plenary sessions, workshops, and interactive discussions designed to foster innovation and improve patient outcomes. With online registration available, we aim to ensure accessibility for all participants, both local and international.

Beyond the academic sessions, I encourage our international delegates to take the opportunity to explore Sri Lanka—a breath-taking destination known for its rich history, stunning landscapes, and warm hospitality. From golden beaches and lush tea plantations to ancient cultural sites, Sri Lanka offers a unique experience that seamlessly blends scientific engagement with leisure and adventure.

On behalf of NSASL, I warmly invite you to join us for ISCSL 2025 and contribute to this dynamic exchange of knowledge. Together, let us advance stroke care and make a meaningful impact on global health.

With best wishes.

Dr. Gamini Pathirana
President
National Stroke Association of Sri Lanka (NSASL)

Message from the president
Asia Pacific Stroke Organisation

It is with great pleasure that I congratulate the Organising Committee and the members of National Stroke Association of Sri Lanka (NSASL) on the occasion of the International Stroke Conference of Sri Lanka 2025 (ISCSL 2025), held on 13 th of June 2025 in Colombo, Sri Lanka.

Stroke is a major cause of death and disability globally, even more-so in the Asia Pacific region, with significant medical, social and economic impacts. Sri Lanka has continued to provide a high level of stroke care, reflecting the tremendous responsiveness, resilience and dedication by all those involved in the prevention, management and long-term care for stroke.

The Asia Pacific Stroke Organisation (APSO) was established in 1999 by the coming together of the Asia Pacific Congress Against Stroke (APCAS) and the Asian Stroke Forum (ASF) in Cairns, Australia. APSO currently has 20-member societies, comprising professional organisations as well as patient support groups. Continuing Medical Education (CME) is one of the pillar activities of APSO, with the flagship activity being the annual Asia Pacific Stroke Conference (APSC). The inaugural APSC was held in Colombo, Sri Lanka in 2011, superbly organized by the NSASL, that set the standard for all subsequent APSCs.

NSASL has continued to be a strong supporter of APSO, for which we are truly grateful. On behalf of APSO, I congratulate and wish NSASL a very successful conference, and all attendees a memorable and fruitful experience.

With best wishes.

N Venketasubramanian Ramani
President
Asia Pacific Stroke Organisation

Message from the president
Association of Sri Lankan Neurologists

It is with great honour that I extend my sincere greetings to all participants of the International Stroke Conference Sri Lanka 2025 (ISCSL 2025), held in collaboration with the Asia Pacific Stroke Organization. This esteemed conference serves as a vital forum for the dissemination of current evidence-based practices and advances in stroke care. With contributions from globally respected experts, the program is designed to comprehensively address the multifaceted challenges in stroke prevention, management, and rehabilitation.

I wish to convey my heartfelt congratulations to Dr. Gamini Pathirana, President of the National Stroke Association of Sri Lanka (NSASL), and the organizing committee for their unwavering commitment and tireless efforts in bringing this important event to fruition. Considering that stroke continues to be a major global contributor to mortality and long-term disability, the significance and potential impact of this conference are both timely and profound. I am confident that the knowledge shared during this conference will significantly contribute to the ongoing efforts to enhance patient outcomes and improve standards of care.

I strongly encourage the members as well as trainees in all related disciplines, to make the most of this opportunity - both to enrich their professional knowledge and to translate it into meaningful improvements in clinical practice.

Dr. Ajantha Keshavaraj
President
Association of Sri Lankan Neurologists

Message from the secretary
National Stroke association of Sri Lanka

It gives me great pleasure, as the Secretary of the National Stroke Association of Sri Lanka, to extend my warmest greetings to all participants of this year's International Stroke Conference. This prestigious gathering continues to be a vital platform for advancing our collective mission to combat the global burden of stroke.

Stroke remains a leading cause of death and disability worldwide, and it demands a united, multidisciplinary response. The National Stroke Association of Sri Lanka remains steadfast in its commitment to stroke advocacy, research, public education, and capacity-building. Our focus remains clear: to improve prevention strategies, enhance acute care services, and ensure equitable access to rehabilitation and long-term support for all stroke survivors.

This year, we are particularly encouraged by the growing momentum around primary prevention, integration of technology in stroke care, and the emphasis on systems of care that can be adapted to low- and middle-income settings. These discussions are timely and crucial as we work to translate global advancements into locally relevant solutions.

The International Stroke Conference not only showcases scientific excellence but also reaffirms the spirit of collaboration that drives meaningful change.

On behalf of the National Stroke Association of Sri Lanka, I wish the organizing committee, international faculty, and all participants a successful and impactful conference. May your deliberations lead to new insights and enduring partnerships that bring us closer to a world where strokes are not only treatable but truly preventable.

Dr M Saamir Mohideen
Secretary
National Stroke Association of Sri Lanka

FACULTY

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Prof. Joel Arudchelvam

Prof. Joel Arudchelvam is a distinguished academic and pioneering surgeon currently serving as a professor in the Department of Surgery at the Faculty of Medicine, University of Colombo, and as a Consultant Vascular and Transplant Surgeon at the National Hospital of Sri Lanka. A graduate of the University of Colombo, he obtained his MBBS with First Class Honours across all major disciplines and numerous distinctions and gold medals, reflecting his academic excellence.

Prof. Arudchelvam holds an MD in Surgery from the Postgraduate Institute of Medicine and is a Member of the Royal College of Surgeons of England. He is also a Fellow of the College of Surgeons of Sri Lanka. His clinical training includes a prestigious fellowship at the New Zealand Liver Transplant Unit, Auckland.

He has led several historic surgical milestones in Sri Lanka, including the country's first simultaneous pancreas-kidney transplant and first limb transplant. Prof. Arudchelvam has established renal and liver transplant programmes across multiple hospitals and remains an active researcher with over 50 publications, book chapters, and authored textbooks.

His career is a testament to visionary leadership, academic rigor, and an unwavering commitment to advancing surgical care and transplantation services in Sri Lanka.

He's one of the vascular surgeons at national hospital carrying out carotid endarterectomy for carotid stenosis.

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Prof. Henry Ma

Professor Henry Ma is the Head of Neuroscience at Monash Health and Professor at Monash University. Monash Health is the largest health service network in Victoria Australia. Prof Ma's work on persistence of penumbra beyond the traditional 3-hour timeframe has generated the idea for the EXtending the time for Thrombolysis in Emergency Neurological Deficits (EXTEND) trial which extended the thrombolysis time window to 9 hours. Prof Ma is a clinician and educator, and he was the past-president of the Australasian Stroke Academy (ASA) which educate and train the new generation of stroke physicians.

Prof Ma has been instrumental in setting up collaborative multicentre clinical trials and observational studies as evidenced by his high productivity, role as the past co-chair of the Australian Stroke Trial Network (ASTN). He was a chief investigator on the Phase 1 amnion stem cell trial of stroke (I-ACT). His major research skill is in the clinical trials and penumbral imaging. He continues to be involved in global clinical trials in acute stroke management and international collaboration.

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Prof. Nirmal Surya

Prof. Nirmal Surya (M.D., D.N.B, FIAN, MNAMS, FAAN) is a globally recognized neurologist and neurorehabilitation expert with a distinguished career dedicated to advancing neurological care and patient advocacy. He serves as Hon. Associate Professor in Neurology at Bombay Hospital & Research Centre and Hon. Petrophysical at Saifee Hospital, Mumbai. He is also Honorary Neurologist to the Maharashtra Police and holds faculty positions at the Pacific Centre of Neurosciences, Udaipur, and Toronto Music Academy, Canada.

Prof. Surya is the Chairman of Surya Neuro Centre and the Founder Chairman of Epilepsy Foundation India, a non-profit organization committed to supporting patients with epilepsy. His leadership in the field is reflected in his roles as President of the Asian Oceanian Society of Neurorehabilitation and Secretary General of the World Federation for Neurorehabilitation (WFNR).

A passionate academic, Prof. Surya has authored numerous textbook chapters and serves on the editorial boards of several international journals. He is Editor-in-Chief of both the IFNR Textbook of NeuroRehabilitation and the Journal of IFNR. His dedication has earned him prestigious awards, including the AAN's Kenneth M. Viste Jr. Award (2022) and Mahatma Award (2022).

Prof. Surya's contributions continue to shape the global landscape of neurorehabilitation and neurological care.

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Prof. Tissa Wijeratne

Prof. Tissa Wijeratne OAM MD PhD FRACPis a globally acclaimed neurologist, academic, and tireless advocate for equitable brain health. He currently serves as Director of Neurology and Stroke Services at Western Health, Melbourne, and is an elected Trustee of the World Federation of Neurology (WFN). Recognised as Australia's Field Leader in Neurology for 2025 by The Australian, Prof. Wijeratne's clinical and academic influence spans continents.

A prolific researcher, he has published over 140 peer-reviewed articles in the past five years, with a citation index surpassing 140,000. He is also a renowned speaker, having delivered over 200 invited presentations globally. His contributions to World Brain Day and his efforts in advancing care for stroke, migraine, and post-COVID neurological conditions—particularly in under-resourced regions—are widely respected.

Prof. Wijeratne is equally dedicated to public education. He began his journey in science communication with a national award in Sri Lanka and has since written thousands of articles and currently hosts a weekly brain health segment on Channel 31 in Australia.

In 2023, he was awarded the Medal of the Order of Australia (OAM) in recognition of his exceptional service to neurology and community health education.

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Prof. James Teo

Prof. James Teo is a Professor of Neurology at King's College Hospital, London, and a leading figure in the intersection of neurology, stroke rehabilitation, and clinical informatics. With over a decade of clinical experience in the NHS and a PhD in Clinical Neurology from UCL Institute of Neurology, Prof. Teo brings a unique blend of academic excellence and digital innovation to healthcare.

He is the Chief Medical Officer of CogStack, which he co-founded, and serves in the same capacity for the London Medical Imaging and AI Centre for Value-Based Healthcare. Prof. Teo has spearheaded the implementation of cutting-edge AI technologies at both King's College Hospital and Guy's & St Thomas' NHS Foundation Trusts, particularly in natural language processing for clinical coding and research.

Prof. Teo is an expert advisor to key UK health bodies including the Department of Health and Social Care (DHSC), the NHS Health Research Authority, and NICE. His contributions to NHS policy and infrastructure have shaped national strategies on data and AI. A respected ASEAN Scholar and Oxford graduate, he has authored over 90 peer-reviewed publications. His award-winning AI initiatives have been recognized by NHSX and featured by the World Economic Forum.

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Prof. Nijasri C. Suwanwela

Prof. Nijasri C. Suwanwela is a Professor of Neurology at Chulalongkorn University in Bangkok, Thailand. She received her medical degree and completed her residency in neurology at Chulalongkorn University. She was awarded by the Anandamahidol Foundation and completed her fellowship training in cerebrovascular disease at Massachusetts General Hospital in Boston, USA.

She has held several key leadership positions, including serving as the former Head of the Division of Neurology at Chulalongkorn University and Director of the Chulalongkorn Comprehensive Stroke Center. She is currently the Director of the Chula Neuroscience Centre. She also previously served as the President of the Neurological Society of Thailand.

For international societies, she is the President-elect of the Asia Pacific Stroke Organization (APSO) and Vice President of the ASEAN Neurological Association (ASNA). She also serves as the Vice Dean for Academic Service Affairs at the Faculty of Medicine, Chulalongkorn University.

Prof. Suwanwela is the first and current Director of the Chulalongkorn University International Medical Program (CU-MEDi), the first graduate-entry international medical program in Thailand. Under her leadership, CU-MEDi has introduced numerous innovations in medical education, shaping the future of healthcare training.

She has published extensively in international peer-reviewed journals and has been invited to deliver numerous lectures both locally and internationally.

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Prof. N. V. Ramani

Prof. N Venketasubramanian Ramani is a senior consultant neurologist and Senior Partner at the Raffles Neuroscience Centre, Raffles Hospital, Singapore. He received his basic medical degree (MBBS) from the National University of Singapore (NUS), Masters of Medicine (Internal Medicine) from NUS, and Fellowship with the Royal College of Physicians (Edinburgh). His other qualifications are Fellow Academy of Medicine Singapore (Neurology), Cert Neurosonology (from both World Federation of Neurology Neurosonology Research Group and the American Society of Neuroimaging), Masters of Science (Epidemiology) (London), DLSHTM (Epidemiology), and Masters of Health Science (Stroke Management) (Newcastle).

Prof. Ramani is presently Adjunct Professor, Department of Medicine, Yong Loo Lin School of Medicine, National University of Singapore. He has received a number of teaching awards including Outstanding Tutor, Best Tutor, Special Recognition Award (Role model), and the coveted Chan Heng Leong Best Teacher Award.

Prof. Ramani is an executive committee member of numerous local and international committees. He is current President of the Asia Pacific Stroke Organisation (APSO); Chairman, Asian Stroke Advisory Panel (ASAP); Chairman, Stroke Standing Committee, ASEAN Neurological Association (ASNA); examiner, Neurosonology Group, World Federation of Neurology (WFN NSG); Advisory Council member, Singapore National Stroke Association (SNSA).

He is Specialty Editor for the Singapore Medical Journal, and was previously Associate Editor of Cerebrovascular Diseases, Cerebrovascular Diseases Extra and Neurology Asia. He is an editorial board member and reviewer for several peer-reviewed journals. His research interests are in stroke, neurosonology, dementia, neuroepidemiology and clinical trials, with more than 480 PubMed-indexed publications.

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Dr. Vishwa Kalansooriya

Dr. Vishwa Kalansooriya is a Consultant in Rehabilitation Medicine based in Belfast, United Kingdom. A Fellow of both the Royal College of Physicians and the European Board of Clinical Specialties, he brings over 18 years of experience in the UK's National Health Service (NHS), including more than a decade in Rehabilitation Medicine. He has also undergone advanced training in trauma rehabilitation.

Dr. Kalansooriya is currently based at the Regional Acquired Brain Injury Unit in Belfast, a specialized centre providing intensive interdisciplinary inpatient rehabilitation for patients with acquired brain injuries. Additionally, he leads the Rehabilitation Medicine service at the Northern Health and Social Care Trust.

His clinical expertise spans neurorehabilitation following acquired brain injury, trauma rehabilitation, and the management of spasticity in conditions such as cerebral palsy, spinal cord injuries, and other acquired neurological conditions.

In academia, Dr. Kalansooriya serves as the Rehabilitation Medicine Module Coordinator at the School of Medicine, Queen's University Belfast, a member of the prestigious Russell Group of universities.

FACULTY

Dr. M. Saamir Mohideen

Dr. M. Saamir Mohideen is a Board Certified Consultant Neurologist in Sri Lanka. He obtained his MBBS (2010) and MD in Medicine (2017) from the University of Colombo, Sri Lanka, and holds the MRCP (UK) qualification.

He received his specialized overseas training at King's College Hospital, London, UK, a globally recognized centre for neurology and neurosciences.

Dr. Mohideen is the current Secretary of both the National Stroke Association of Sri Lanka and the Epilepsy Association of Sri Lanka, playing a pivotal role in shaping national neurological care standards.

With special clinical interests in Stroke Neurology, Epilepsy, and Neuromuscular Diseases, he is dedicated to advancing diagnosis, treatment, and research in these key areas of neurology.

ABSTRACTS
OF
PLENARY LECTURES
AND SYMPOSIA

Tenecteplase in Acute Ischemic Stroke Current Evidence and Future Directions

Prof. Henry Ma

Alteplase has traditionally been the thrombolytic agent of choice for reperfusion therapy in patients suffering from acute ischemic stroke. Despite its efficacy, alteplase is associated with an increased risk of intracranial haemorrhage compared to placebo and requires administration through a bolus injection followed by infusion.

Tenecteplase, a specifically engineered thrombolytic agent with enhanced fibrin specificity, seeks to improve upon the efficacy and safety profile of alteplase. Over the past decade, numerous clinical trials have demonstrated the potential effectiveness of tenecteplase as a thrombolytic treatment for acute ischemic stroke. This presentation will scrutinize the available evidence supporting tenecteplase's role across various clinical scenarios, discuss its application in current clinical practice, identify gaps in the existing clinical evidence, and outline future research directions.

Intracranial Arterial Stenosis Advances in Diagnosis and Management

Prof. Nijasri Suwanwela

Intracranial arterial stenosis (ICAS) is a major cause of ischemic stroke globally, with particularly high prevalence in Asian, African, and Hispanic populations. Despite standard medical therapy, ICAS carries a substantial risk of recurrent stroke, necessitating a more individualized approach to diagnosis and treatment. This presentation highlights recent advances in ICAS care, illustrated through a clinical case example and focused on mechanism-based strategies.

Conventional noninvasive imaging tools—CT angiography, MR angiography, and transcranial Doppler (TCD)—remain essential for detecting lesions and quantifying stenosis. Recent developments, particularly in high-resolution vessel wall MRI, allow for detailed assessment of plaque morphology and etiology, enhancing diagnostic precision and risk stratification.

Therapeutic strategies have evolved significantly. Landmark trials such as SAMMPRIS and VISSIT have established intensive medical management—including dual antiplatelet therapy, statins, and risk factor control—as the standard of care. However, emerging evidence suggests that a select group of high-risk patients with hemodynamic compromise may benefit from carefully selected endovascular interventions. Ongoing research into novel antithrombotic agents, intracranial stents, and bypass techniques may expand treatment options in the near future.

Furthermore, the integration of artificial intelligence into imaging interpretation and risk prediction is poised to transform clinical decision-making by enabling earlier detection and personalized treatment planning.

In summary, rapid advances in imaging technology, pharmacotherapy, and precision medicine are reshaping the management of ICAS and driving a shift toward more personalized stroke prevention

Infections and stroke - a two-way street

Prof. N. V. Ramani

Stroke and infections are inter-related. Infections may mimic or unmask a stroke – the clinician needs to be aware and consider non-vascular causes in the differential diagnoses in a patient presenting with a ‘stroke’. Stroke may be complicated by infections, occurring in 30%, predominantly pneumonia and urinary tract infection. Stroke may increase the risk of infections due to its triggering a systemic inflammatory state, as well as the immune suppression effect of stress-induced increased glucocorticoid production.

Infections/inflammation may increase risk for stroke eg cerebral embolism from infective endocarditis, herpes zoster especially herpes zoster ophthalmicus, HIV, infective meningitis by bacteria/fungi/parasites. Acute infectious diseases lead to systemic inflammation, thence to stroke by the induction of procoagulant acute-phase reactants or destabilization of atherosclerotic plaques. Chronic infections trigger inflammatory mechanisms leading to pathogenesis and progression of atherosclerosis, plaque rupture, thrombosis, and stroke. Primary prevention of infection-related stroke is possible via treating influenza, and vaccinating against influenza, pneumococcus, herpes zoster – prophylactic antibiotics are not helpful. Statins in people free of CVD with otherwise normal LDL cholesterol levels but elevated hs-CRP reduce in cardiovascular end points, including stroke.

Navigating Stroke Spasticity: Emerging Therapies and Multidisciplinary Solutions

Dr. Vishwa Kalansooriya

Spasticity is a motor disorder marked by a velocity-dependent increase in muscle tone and exaggerated reflexes associated with hypertonia. Clinical presentation can vary between subtle neurological manifestations and severely increased muscle tone, leading to numerous complications. Yet, spasticity can at times be beneficial by allowing patients to bear weight, stand, or ambulate, which in turn reduces the risk of osteoporosis and improves overall wellbeing.

The incidence of post-stroke spasticity (PSS) varies between 19% and 92% of stroke survivors, with prevalence as high as 38% during the first year following a stroke. When managing spasticity, it is crucial to identify clear, realistic, and well-defined goals agreed upon with the patient to empower, motivate, and improve engagement. The ICF model can be utilised for post-stroke management, i.e., in goal setting, intervention planning and outcome evaluation.

Tailored pharmacological and surgical interventions remain the mainstay of treatment in managing spasticity. Evidence for the use of non-pharmacological treatment remains unclear.

Thrombectomy in patients excluded from guidelines - whether to do or not

Prof. Henry Ma

Since the publication of seminal thrombectomy trials for acute ischemic stroke, such as EXTEND IA, thrombectomy has emerged as the most efficacious reperfusion therapy, significantly improving functional outcomes for patients. Nonetheless, existing evidence predominantly pertains to a specific patient cohort, thereby excluding individuals with pre-existing disabilities or comorbid conditions such as cancer.

This lecture will delve into the present state of thrombectomy for these 'excluded' patient groups and evaluate the potential benefits and drawbacks of upcoming clinical trials, including STAYHOME.

Optimizing Care for Carotid Stenosis: From Screening to Surgery

Prof. Joel Arudchevam

Carotid endarterectomy (CEA) is a well-established surgical procedure for managing significant carotid artery stenosis, particularly in patients with prior stroke or transient ischemic attacks (TIA). The bifurcation of the common carotid artery, typically at the level of the C4 vertebra, is the common site for atherosclerotic plaque formation. This region lies in close proximity to cranial nerves including the vagus, hypoglossal, and glossopharyngeal nerves. Diagnosis of carotid stenosis is typically achieved through carotid duplex scanning, with CT angiography reserved for equivocal cases.

CEA is generally indicated for symptomatic patients with stenosis exceeding 60%. In our unit, procedures are routinely performed under general or local anaesthesia, using a standard longitudinal incision and venous patch repair following plaque removal. Routine shunting is employed during the operation.

In a retrospective review of 46 CEAs performed at the National Hospital of Sri Lanka, 73.9% of patients were male, with a median age of 65 years. The mean follow-up duration was 229.5 days, with no recorded mortality. Delays were noted in diagnosis (mean 49.7 days) and surgical intervention (mean 20 days). Perioperative complications included myocardial infarction (4.3%) and cranial nerve injuries (19.7%). These findings highlight the need for system-level improvements to reduce preoperative delays and optimize patient outcomes.

Development of stroke services in resource limited setting

Prof. Tissa Wijerathna

Stroke remains a leading cause of death and disability globally, with the highest burden borne by low- and middle-income countries (LMICs). Delivering effective stroke care in resource-limited settings demands innovation, systems thinking, and cross-sector collaboration. This abstract presents the 20-year journey of developing a comprehensive, multidisciplinary stroke service at Western Health—one of Australia's most culturally diverse and underserved regions—despite limited neurologist full-time equivalent (EFT) staffing and infrastructure.

Since 2005, the Western Health Stroke Service has evolved from modest beginnings into a national and international leader in stroke care. Key milestones include the establishment of a dedicated acute stroke unit, 24/7 thrombolysis access, simulation-based education programs, and integration of telehealth for remote support. Through strong partnerships with colleagues across Melbourne, the service embedded research and education as core pillars, supporting over 50 research projects, multiple PhD candidates (42 completed PhDs) , and national audits.

We have contributed significantly to policy, practice, and capacity-building at local, national, and global levels, with regular publications (over 250 papers since 2006) , collaborative trials, and involvement in WHO and WSO/WFN initiatives. Education programs have trained hundreds of healthcare professionals across Australia and internationally, with particular emphasis on LMIC knowledge transfer and mentorship.

What began as a small service in the western suburbs of Melbourne now serves as a scalable model for resource-limited settings worldwide. This experience demonstrates that through visionary leadership, multidisciplinary teamwork, and a commitment to continuous learning, high-quality stroke care is achievable even in constrained environments. For Sri Lanka and other LMICs, this story offers practical pathways to transform care through partnership, innovation, and a relentless focus on equity.

Hypercoagulable states in stroke - worth testing?

Prof. N.V.Ramani

The terms Hypercoagulable state, Procoagulant state, Prothrombotic state, Thrombophilia are used interchangeable and refer to a tendency to form thrombi/clots easily. It is an uncommon cause of ischaemic stroke, and may be found in 3-15% of patients, and in some studies also in otherwise healthy controls. Investigations include full blood count, ESR, anti-thrombin III, protein C, protein S, activated protein-C resistance, Leiden V factor, PT, aPTT, d-dimer, homocysteine, antiphospholipid antibodies (eg lupus anticoagulant, anti-cardiolipin antibodies, VDRL), B2 glycoprotein1 antibody, prothrombin G20210A. They may best tested in those who have an otherwise cryptogenic stroke. Repeat is suggested, especially if borderline; PS, PC should not be tested if on warfarin nor lupus anticoagulant if on heparin. Consider the cost of tests.

Management includes removal of triggers, treatment of underlying illness, best in conjunction with internist, haematologist or immunologist. Anticoagulation if employed with warfarin targets INR 2.0 – 3.0, anti-platelets if appropriate.

Preventing Cardioembolic Stroke Advances in Risk Assessment and Management

Prof. Nijasri Suwanwela

Cardioembolic stroke, most commonly caused by atrial fibrillation (AF), remains one of the most severe ischemic stroke subtypes, associated with high mortality, disability, and recurrence. With global aging and increasing prevalence of AF, prevention of cardioembolic stroke has become a critical priority. This presentation explores recent advances in risk assessment, screening, and management strategies aimed at improving outcomes in patients at risk for cardioembolism.

Traditional risk stratification models, such as CHA_2DS_2-VASc, remain essential but are increasingly being supplemented by more refined tools, including biomarker-based scoring, machine learning prediction algorithms, and imaging markers such as left atrial enlargement or fibrosis on cardiac MRI. The use of wearable and implantable devices for AF detection—particularly in cryptogenic stroke—has revolutionized our ability to identify occult cardioembolic sources.

In terms of management, direct oral anticoagulants (DOACs) have become the cornerstone of stroke prevention in non-valvular AF, offering superior safety and comparable efficacy to warfarin. However, clinical dilemmas remain, particularly in patients with advanced age, chronic kidney disease, or high bleeding risk. New approaches, including left atrial appendage occlusion and low-dose anticoagulation in select populations, are expanding the therapeutic landscape.

In conclusion, precision risk assessment, early detection, and individualized treatment strategies are reshaping the prevention of cardioembolic stroke in the modern era

Stroke Rehabilitation in Resource-Limited Settings

Prof. Nirmal Surya

Stroke remains a leading cause of disability worldwide, with low- and middle-income countries (LMICs) bearing a disproportionately high burden. In these settings, stroke rehabilitation faces numerous obstacles, including limited healthcare infrastructure, a shortage of trained professionals, and financial and geographical barriers that restrict access to care. Despite its critical role in improving functional outcomes and quality of life for stroke survivors, rehabilitation services in many LMICs remain fragmented, under-resourced, or inaccessible.

This abstract explores the current landscape of stroke rehabilitation in LMICs, highlighting systemic challenges such as the absence of multidisciplinary care teams, lack of standardized rehabilitation protocols, and minimal community-based support. It also outlines promising approaches to address these issues, including task-shifting to community health workers, use of tele-rehabilitation, and culturally tailored interventions. Emphasis is placed on early rehabilitation, continuity of care, and caregiver engagement as key factors in improving outcomes.

In addition, the abstract discusses the policy implications and the urgent need to integrate stroke rehabilitation into national health strategies for non-communicable diseases. Investment in workforce development, infrastructure, and context-specific research is essential. Collaborative efforts among governments, NGOs, and international organizations can help scale effective rehabilitation models and reduce the global burden of stroke-related disability.

Revolutionizing Acute Stroke Care: 'The Role of Artificial Intelligence

Prof. James Teo

AI is the trending term across all industries and across all of healthcare. Stroke was one of the early adopters of early technology in 2010s, and the next generation of technologies and uses are wide ranging across all of stroke from acute care to population health.

This talk will explain the cross-cutting nature of the technology and the dependency of AI on large-scale infrastructure for Big Data. Prof James Teo will also talk through the next generation of technologies under development like general-purpose prediction models, multimodal foundation models and agentic AI.

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Ref: 1.Baig MU, Bodle J. Thrombolytic Therapy. [Updated 2022 Sep 8]. In: StatPearls [Internet] *AMI: Acute myocardial infarction

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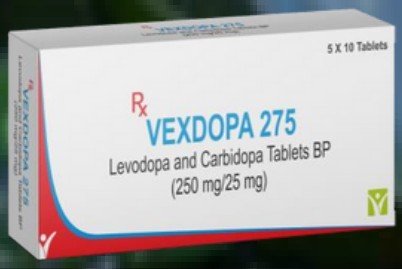

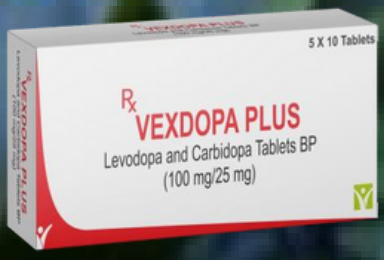

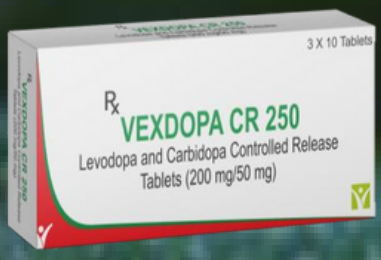

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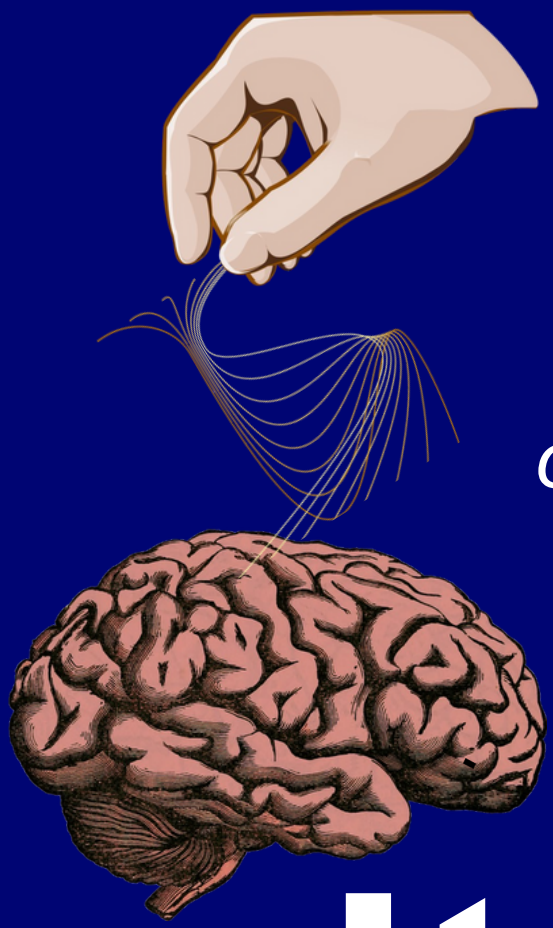

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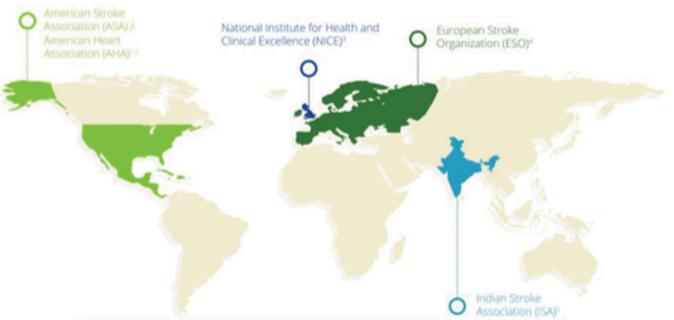

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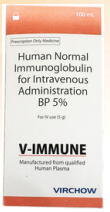

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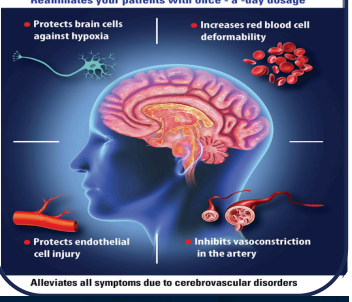

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Reference: 1. Opheim A, Danielsson A, Alt Murphy M, et al. Early prediction of long-term upper limb spasticity after stroke: part of the SALGOT study. Neurology. 2015;85(10):873-80 2. Early Identification, Intervention and Management of Post-stroke Spasticity: Expert Consensus Recommendations. Bavikatte G. et al, Journal of Central Nervous System Disease Volume 13: 1–8.
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