



The plans are ready for the 10-storey state-of-the-art building costing Rs. 2 billion which will house little cardiac patients on four floors, the Medical Intensive Care Unit (ICU) on three floors, the



Dr. Dumindra Samarasinghe

Neonatal ICU on two floors and training facilities in critical care on the remaining floor. It may seem a huge sum of money but when looking at the bigger picture it would help save the lives of 200,000 children in 20 years. Then a child's life would have been saved at just Rs. 10,000, reiterates Dr. Duminda Samarasinghe. The Cardiac

Complex will comprise four dedicated operating theatres (OTs), a catheterization laboratory, a 36-bed ICU, a high dependency unit and wards. Not only heart patients but also newborns and children with other critical illnesses will be treated in this building. Giving the backdrop in which such a centre of excellence is needed, Dr. Samarasinghe says that Paediatric Cardiologists are stationed at the Jaffna Teaching Hospital, the Anuradhapura Teaching Hospital, the Kurunegala Hospital, the Peradeniya Teaching Hospital and the Karapitiya Teaching Hospital. Children from all over the country are referred to the LRH Paediatric Cardiac Unit for surgery and interventions as nowhere else are there Paediatric Cardiac Surgeons.

Currently, heart surgery on these children is performed in two cardiac operating theatres, which had earlier been general theatres refurbished about 10 years ago. Once the surgeries are done, these children are transferred to an 18-bed ICU. A major issue is that the ICU beds are inadequate, points out Dr. Samarasinghe, explaining that only about 40% of children who need surgery can be accommodated.

Meanwhile, even the OTs have not been custom-made for heart operations. Pointing out why such centres of excellence cannot be built all over the country, Dr. Samarasinghe says that the current thinking is for expertise and skill to be concentrated at one centre, according to lessons learnt from other countries. A high-volume centre with better resources results in less morbidity and mortality. Citing the example of the United Kingdom, he adds that it has reduced the 11 Paediatric Cardiac Centres spread across the country to seven.

Project Vision
To provide timely and appropriate treatment to all newborn babies and children with heart disease and critical illnesses in Sri Lanka, through the government free healthcare system.

Project Mission
To establish a dedicated Cardiac and Critical Care Complex at LRH and to maintain it as the tertiary care referral centre for children with heart disease and critical illnesses in Sri Lanka.

Background and situation analysis
Sri Lanka has achieved excellent figures in childhood mortality reduction through proper management of malnutrition, respiratory diseases and diarrhoeal illnesses. Current infant mortality rate in Sri Lanka is 8 per 1000 live births. As we have 370,000 live births per year in Sri Lanka, it is estimated that approximately 3000 children die before reaching their first birthday every year. A clear majority of them die due to a heart disease or a severe acute illness. Most of these

deaths can be prevented if we have cardiac surgical and intensive care facilities for timely intervention.

Heart disease in children is a major contributor to childhood mortality in Sri Lanka. It is estimated that approximately 3000 children are born with heart disease every year in Sri Lanka. These numbers tally with the data from the Cardiology Unit at LRH. At the moment we have facilities to perform 900 cardiac surgical procedures and 600 cardiac catheter interventions every year. Those who are not treated get added to the already long waiting lists and will succumb to their illness due to lack of facilities for treatment. Most of the children with heart disease need surgery only once in their lifetime. Once treated, a clear majority can lead a normal life. If their cardiac lesion is not corrected at the appropriate age, they will have repeated admissions to hospitals making it a burden to the family and to society as well.

Facilities to treat critically ill children and newborn babies are even worse. Children who are acutely ill are managed in general wards due to lack of Intensive Care Unit (ICU) beds. It is difficult to implement a proper medical emergency call system or retrieval system as even if a critically ill patient is resuscitated in the ward, it is difficult to get an ICU bed to manage the all-important critical stage. Patients with severe pneumonia, dengue shock, severe sepsis and Guillain-Barre syndrome are some examples where they will lead a normal life once the acute phase is properly managed. Lady Ridgeway Hospital for Children (LRH) is the tertiary care referral centre which provides comprehensive care for children with heart disease

and critical illnesses in Sri Lanka. It is a dedicated children's hospital with over 900 beds for in-ward patients. Approximately 3000 children are treated in outpatient clinics every day. Considering these figures, LRH is perceived as the largest children's hospital in the world. In keeping with the government free healthcare policy, all services including high cost cardiac surgery and cardiac catheter interventions are provided totally free of charge. It is an accepted fact that the number of ICU beds in such a hospital should be between 10-

30% of the total bed strength. Unfortunately currently we have only 11 medical ICU beds, which is about 1% of the bed strength. This highlights the gravity of the issue that critically ill children face and the dire need to improve such facilities to bring down childhood mortality in the country.

Problem to be addressed
A significant number of children born with congenital and acquired heart disease die due to lack of surgical facilities. Many other new-borns and children with other critical illnesses succumb to their illnesses due to lack of intensive care facilities. Proposed solution
To construct a Cardiac and Critical Care Complex with adequate number of operating theatres, intensive care beds and other facilities to provide timely and appropriate treatment for children with heart disease and critical illnesses in Sri Lanka.

Justification
A clear majority of these children can lead a normal life if timely and appropriate treatment is provided. Even if it is high cost medical care, it is very cost-effective according to WHO definition of cost-effectiveness of high cost medical interventions. These children, if not treated at the appropriate age, incur a higher cost to the healthcare system due to complications they develop which always need repeated hospital admissions. It is an acclaimed fact that when a country reaches a single digit infant and under-five year mortality rates, to reduce it further, it should invest in treatment of heart disease and critical illnesses as

of the requests made for an ICU bed for a critically ill child, only 40% could be admitted to the Paediatric Intensive Care unit at LRH leaving 60% at the risk of losing their lives due to lack of ICU facilities. Many of them succumb to their illnesses due to lack of ICU beds.

3. Lack of facilities for hands-on-training and research – Lack of infrastructure facilities to establish a proper in-service training programme is a major issue in professional development.

Modes of Intervention by the project

1. Expansion of infrastructure for children with heart disease
 - a. Number of cardiac operating theatres will increase from 2 to 4
 - b. Number of cardiac ICU beds will increase from 18 to 40 (with existing and second phase ICU beds)
 - c. Addition of a state of the art catheterisation laboratory for catheter interventions
2. Expansion of infrastructure for critically ill children
 - a. Number of Paediatric ICU beds will be increased from 11 to 36
 - b. Number of Neonatal ICU beds will be increased from 15 to 50

With expansion of ICU facilities for children, we will be able to accommodate all critically ill children in an intensive care unit. This will help in bringing down the morbidity and mortality due to critical illnesses like dengue, pneumonia, severe sepsis etc.

3. Expansion of facilities for training and research

- a. Specific areas for training and research
- b. Areas with facilities for simulation training
- c. Discussion areas and a lecture hall for workshops

With addition of training areas, we will be able to train the staff to provide optimum care for the children treated at LRH. This can be further expanded to training of staff in peripheral paediatric units as well. Lack of a proper research facility is one of the main reasons for poor research culture in Sri Lanka. With the establishment of a research, skills and computer laboratory, we will be able to provide the infrastructure to facilitate and develop research culture in Sri Lanka.

Structure and components of the proposed building
Ground floor – Changing rooms for theatre staff, storage and cleaning areas
1st Floor – Four cardiac operating theatres and one cardiac catheterisation laboratory
2nd Floor – Cardiothoracic Intensive Care Unit
3rd Floor – A conference room for combined surgical meetings, cardiac simulation training, accommodation for visiting overseas teams/on call rooms, expansion of high end cardiac services like cardiopulmonary testing and electrophysiology
4th 5th and 6th Floors – Paediatric Intensive Care Unit
7th and 8th Floors – Neonatal Intensive Care Unit
9th Floor – Lecture theatre, computer laboratory, research laboratory, advanced paediatric life support training centre and a purpose-designed training complex.



The nation unites to build a new hospital wing for critically ill children



recognition came last year when they were placed No. 1 in the 'Cardiology Team of the Year' category at the prestigious British Medical Journal (BMJ) South Asia Awards. Teamwork has been the secret of success of around 200 people including Consultant Paediatric Cardiologists, Consultant Paediatric Cardiac Surgeons, Consultant Anaesthetists, doctors, nurses and minor staff. Going beyond the call of duty and certainly not watching the clock to rush off to private practice, they 'man' and 'woman' LRH's heart unit.

MEET THE ORGANISERS
Little Hearts is a nation-owned project supported by Sri Lanka College of Paediatricians (SLCP). SRI LANKA COLLEGE OF PAEDIATRICIANS Sri Lanka College of Paediatricians (SLCP) is the apex professional body in child care in Sri Lanka. It is represented by the paediatricians from all districts of Sri Lanka. At present 240 doctors are members of the college inclusive of all the Consultant Paediatricians in the country. SLCP acts as the advisory body of the Ministry of Health in decisions related to childcare in Sri Lanka. These professionals have first-hand experiences and a profound understanding of the children's healthcare needs nationwide. For that reason, when Little Hearts idea was presented at the council meeting, SLCP unanimously approved and supported the project. SLCP is responsible for monitoring Little Hearts activities, as well as managing the funds raised by the

campaigns. SLCP President Dr. Ramya de Silva expressed gratitude to the contributors and invited everyone to join the cause. "We have been deeply moved by the support people

expressed by Sushen, an IT expert who had lived abroad and had the means to take his little son to any centre of excellence across the world, be it Australia, Singapore, India, England or America. However, he had opted to get a device closure procedure done on his son's tiny heart at the LRH. "Mihipita devivaru" or 'gods on earth', is how these and numerous other parents who pass through the portals of the Paediatric Cardiac Unit, with heavy hearts but leave with joy as their children have got a new lease of life, describe the doctors. While the team will remain in the very hearts of the children and families they have touched, worldwide

have given us so far," said Dr. de Silva. "Now we need to include our entire nation and give them a chance to lend a hand to our little ones in need." SLCP President-Elect Dr. LakKumar Fernando concluded the launch of Little Hearts on a hopeful note. "If we all join hands today, we can build the future in which every child receives the help they need, when they need it," said Dr. Fernando. "Only that way will all of our children have an equal opportunity at a healthy and happy life."



One of the supporters of this cause, former national cricketer Kumar Sangakkara, is confident that "together we can build an institution that will nurture and serve our children for generations to come." "No parent ever dreams that their child would suffer from a [critical] illness, so by contributing to this project, we are ensuring the wellbeing of our own children as well," Sangakkara added. "That is a cause worth investing our hearts and minds into."

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It can happen to anyone

The parents of three from among thousands of children who are going about their routines and leading normal lives — thanks to the gifted hands and care of the LRH heart team — are eager to tell their stories to the Sunday Times.

In Katana, it is seven-year-old Shevon who keeps a look out for our vehicle and points out the gate through which we should enter. As we chat to his mother, Samantha Perera, and her tears flow at the very thought of the agony they went through with the fear of losing her younger son, he climbs onto her lap and looks lovingly at her face. For Samantha and her husband, it had been double agony. Their first-born, Shane, who is now 9 years old had been diagnosed with a heart issue when he was about three months. Back then in 2007, the LRH's Paediatric Cardiac Unit had limited facilities and beds. A date would be given for the intervention but if a critically-ill baby was brought in, the staff would be compelled to use those facilities to save that baby. So in desperation, the family sold whatever they had and begged the benevolence of kith and kin to collect the large sum of money needed to get Shane's heart repaired at a private hospital.

The second time round, as soon as baby Shevon was placed in her arms after the Caesarian birth, Samantha realized that all was not right with his heart. The family was devastated and Samantha was distraught, for this time it was much worse and if they had to pay private hospital bills they would have to sell the very roof above their heads and end up as paupers.

"Puduma manasika peedanayak thibbe," murmurs Samantha, adding that there was unimaginable mental trauma. The hospital rounds began — this time, however, all the necessary tests such as echocardiograms for Baby Shevon were carried out at the LRH. The LRH heart unit took the family into its fold, while both Dr. Samarasinghe and Paediatric Cardiac Surgeon Dr. Kanchana Singappuli reassured them. "We never had to run after the doctors, they would stop by us and explain everything," says Samantha, with tender looks at the statue of Jesus Christ which has pride of place in their home as she showers blessings on the heart team. Implicit faith, Samantha had in the doctors and the events are now a very stark but happy memory — Shevon undergoing the first lengthy surgery for a major heart defect plus a hole in the heart in January 2011 and another one two weeks later to close a second tiny hole in his heart.

We leave the home of Shevon after he has recited Sinhala poems, told us that he wishes to become an engineer and how fond he is of completing jigsaw puzzles. Next Sajeewa Priyankara and Sumithra Kumari of Dankotuwa tell us about 10-year-old Sakila and Sushen Ratanunga of Colombo about his beloved son who will turn six in September. Soon after birth, Sakila would turn blue when he cried and was sent from Negombo Hospital where he was born to the LRH. This was in 2005 and LRH did not have the facilities to perform the necessary interventions and surgery. So the baby was taken to

the Cardiology Institute of the National Hospital and to Sri Jayawardanepura Hospital. The waiting was unbearable and Sajeewa and Sumithra begged and pleaded for the money needed to attend to his heart at a private hospital. One intervention and two open-heart surgeries at a private hospital and nearly Rs. 1.5 million — which they could ill-afford — later, Sakila was still constantly ill. They could not collect any more money to do another open-heart surgery that was needed. It was then that Sajeewa and Sumithra heard that LRH had commenced heart operations. "Since Sakila's birth, we had been in hospital for 114 days," remembers Sumithra, while Sajeewa creates the image of the family having to spread a cloth and beg by the roadside if succor had not been forthcoming from the LRH heart team. The same sentiments about the wonder that is the heart team are expressed by Sushen, an IT expert who had lived abroad and had the means to take his little son to any centre of excellence across the world, be it Australia, Singapore, India, England or America. However, he had opted to get a device closure procedure done on his son's tiny heart at the LRH. "Mihipita devivaru" or 'gods on earth', is how these and numerous other parents who pass through the portals of the Paediatric Cardiac Unit, with heavy hearts but leave with joy as their children have got a new lease of life, describe the doctors. While the team will remain in the very hearts of the children and families they have touched, worldwide



Shevon loves to recite Sinhala poetry. Pix by M.A. Pushpa Kumara



Dr. Ramya de Silva



Dr. LakKumar Fernando

Ways to Donate

1. Direct bank deposits:
Bank: Bank of Ceylon, Borella Super Grade Branch
Account name: LITTLE HEARTS
Acc No: 79738633 (Current Account)
Swift Code: BCEYLKX Bank Code: 7010 Branch Code: 38

2. Online donations:
a. Via our website using Visa/Master cards – Visit <http://littlehearts.lk/donation/> (Secure payment gateway from Sampath Bank)
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6. Donate your Dialog Star points.
a. Use Dialog Selfcare app and go to Loyalty > Star Points > Donate > Institution "Little Hearts" and enter the points to donate.
b. Dial #141# > type 6 (Donate points) > type 92 (Next) > Type 4 (Little Hearts) > enter the amount to be donated and send.
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7. Donate at Keells Super
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**Eventhough, we have given two main categories of donation, we value every Rupee, Dollar or Pound you donate. Therefore, feel free to donate any amount you wish. Please email your contribution details to info@littlehearts.lk or register using our online page. Please consider this as a national need and make your generous contribution to save future generations of Sri Lanka. Contact us: info@littlehearts.lk or call us at 0766411730/ 0716441122



Sakila's Second Birth

Soon after birth, Sakila would turn blue when he cried and was sent from Negombo Hospital where he was born to the LRH. This was in 2005 and LRH did not have the facilities to perform the necessary interventions and surgery. So the baby was taken to