

Good morning, everyone my friends and colleagues from the Climb Programme and distinguished guests. I am very pleased to be here today. My name is Sujeewa Fernando and I am a Consultant Urogynaecologist based in Betsi Cadwaladr University Health Board, East Locality. I am also working as the Clinical Director at Wrexham Maelor Hospital, Womens Services. I have been recently elected as the Welsh Fellows Representative for the Royal College of Obstetricians and Gynaecologists in London. I worked very closely with HEIW as the Deputy Training Programme Director and was Head of School for Obstetrics and Gynaecology for a period of time. For the work I have done in training I was awarded the National Trainer of the year for Wales and subsequently for the entire UK. I am proud to be able to share some of my work with you starting with a bit of my background.

My personal background – I was born in Sri Lanka and did my basic medical degree at the Faculty of Medicine University of Kelaniya in North Colombo, Sri Lanka. I then moved to the UK following that I completed my Specialty Training in the West Locality of Yorkshire and Humber Deanery. My main interest is pelvic floor dysfunction in women, and I have committed myself to improve the quality of pelvic floor dysfunction including all pelvic health of women in North Wales and the plan is to eventually to spread the work initiated in North Wales, to all Wales, the UK and around the globe.

I am going to bring your attention to 2 individual cases:

Subject A

Is a 48-year-old woman who has given birth to three children. Due to problems, she encountered following her last childbirth, she had to stop working and also she became single. Her child was delivered with the aid of forceps and following the forceps delivery, she became double incontinent and developed pain during sexual intercourse. She could no longer undertake manual work as she constantly had to go to the toilet to freshen up. Regularly she had to buy incontinence pads and sanitary products; and she lost her self-esteem to have intimacy with her partner. Her partner then sadly left her, she also lost her job. Now she has to look after three children with basic financial support. She became depressed and her incontinence problems continued to become a huge issue in her life until she saw a doctor who could direct her to the right channels to get support. Women should not suffer silently, and they should feel confident to come forward as there is help and support available. Whereas, when we look at:-

Subject B

Who had fantastic antenatal and intrapartum care and went on to have a successful normal delivery with no tears and was provided with early access to pelvic floor muscle training. She returned to routine work very quickly and has only got fond memories of her pregnancy and childbirth. She is looking forward to having her second child and is happily married. This is such a hugely different experience to the outcome of Subject A.

In a way – sad. How can we improve this sad situation? It is not difficult. Awareness, communication, education and engagement can make a huge difference to lives of women who suffer silently. What we see is the tip of the iceberg. My aim is to enhance the quality of life of women like Subject A who live across the globe.

Initial self-steps of Pelvic Floor Protection Workshops have been launched and I hope to spread throughout Wales, the UK and across the globe, especially to developing countries. Several pathways are in place and “Get it right at the first time (GIRFT)” approach is the way forward. I have supported organising awareness roadshows and workshops across Wales to educate Health Care Professionals and women of childbearing age and school children. This is a small initial step of a life-long project.

As this is an ongoing issue to pelvic floor dysfunction and tears, I have organised and facilitated perineal tear support as well as higher perineal degree tear suturing courses and workshops to encourage Juniors Doctors, trainees and midwifery colleagues to attend. This education and training enables medical staff to identify these tears and to manage them appropriately. Giving an appropriate episiotomy at the time of delivery is very important to reduce higher degree perineal tears.

I have also managed to secure funding to introduce a special scissors called Episcissors, which is made in such a way that it cuts at a 60degree angle just at the time of childbirth which reduces the risk of higher degree perineal tear, and it also minimises the risk of developing third- and fourth-degree tear. Is not expensive but the outcome of the procedure and the long-term effects to women as in the case of Subject A is improved massively, using small interventions like using the Episcissors. Overall continuous education and engagement with health care professional training workshops and spreading this knowledge across Wales the UK and the globe, will eventually help to improve the lives of women like Subject A.

This is my long-term aim please join me to stop women who are suffering silently and to help them come forward, to improve the quality of their lives.

This is my plea to help to protect the pelvic floors of women who suffer across the world.

Thank you very much for listening.