

Poster Abstracts

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THE PRACTICES OF SNAKE BITE PATIENT MANAGEMENT IN SRI LANKA - A RURAL HOSPITAL STUDY

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Objectives: Snake envenoming is a major public health problem in Sri Lanka leading to significant illness and death. This study aims to assess the current practices of snake bite patient management in a rural hospital of Sri Lanka and to compare with guidelines recommended by the Sri Lanka Medical Association (SLMA).

Methods: Current study was a retrospective cohort study carried out at medical wards and the paediatric ward of Base Hospital, Elpitiya. All the patients admitted with snake bites from 1st of January, 2014 to 31st of December, 2014 were recruited to the study. Patient demographic and clinical data were collected. Management of patients was solely decided by the treating physicians.

Results: Of 489 patients traced as snake bite patients, [43 (8.8%), <12 years, 205 (41.9%), females] snake specimen was available only in 70 (14%). The median time interval between snake bite and hospital admission was 1 hour and 13 minutes (range: 15minutes-4days). The 20-min whole blood clotting test (WBCT20) was positive in 41.9% and only 5.7% received Indian polyvalent antivenom (AVS). Most common identified snake was Hump-nosed viper (*Hypnale* sp.: 11%). Of the 419 unknown snakebites, 186 (44.4%) had positive WBCT20 but only 23 (12.3%) received AVS. Surgical complications were severe enough to transfer to the surgical unit in 42 patients. Ten patients were transferred to a tertiary care centre for further management. Deaths were not reported. Local pain and swelling was managed with paracetamol, tramadol, and frusemide. One hundred and twelve (22.9%) patients were received tramadol for pain management and 244 (50%) patients were treated with frusemide to reduce oedema. Twelve patients with severe pain in the bitten finger had been given a ring block with lignocaine. Local anesthetic agent was lignocaine and those who received it had immediate pain relief which did not recur. Local anaesthetic cream had been applied on the bite site of 28 patients as a pain relief agent with a satisfactory pain control.

Conclusion: There are some differences between the current practices of managing unknown category snake bites in the study hospital and SLMA recommended guidelines. The utility of WBCT20 test is doubtful and limited sensitivity when managing unknown category snake bites in the study hospital. Identifying the snake without the specimen was not considered or may not be practical in ward setting. There are some new methods of local pain management and guidelines should also focus on pain management after snake bite. SLMA guidelines should not be limited to medical wards but to the surgical managements.