

aneurysm about 2 cm in diameter with the development of hemobilia. Angioembolization of the IV segment of the liver artery was performed. The control angiogram showed stable hemostasis. The postoperative period was uneventful.

Results and discussion. The patient was discharged on the 24th day in a satisfactory condition for outpatient treatment after removing the Pikovsky drainage.

Conclusion. This observation shows the possibility of developing hemobilia without signs of intra-abdominal bleeding in penetrating abdominal wounds with liver damage. The use of X-ray endovascular diagnostic methods can improve the treatment results for patients with hemobilia of traumatic genesis.

ЛИТЕРАТУРА

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STRATEGIES FOR PREVENTION OF NON-COMMUNICABLE DISEASES IN SRILANKA

Walpola Kankanamalage Thilini Udarika,
Bihara Rasanjalee Mathotaarachchi

Grodno state medical university

Научный руководитель: Трус Е. И.

Introduction. In Sri Lanka, which shows similar trends as the rest of the world, Non Communicable diseases (NCDs) are among the most prevalent course of mortality. During the 21st century, the NCDs accounted for the first ten causes of the hospital deaths in Sri Lanka. About 25 to 30 per cent of Sri Lankan adults have hypertension, while a greater than 10% proportion of the adult citizens has been identified as Diabetes Mellitus patients in recent years [1].

Aim of the study. To study preventive measures for NCDs in Sri Lanka.

Materials and methods. Study of regulatory documents.

Results and discussion. In Sri Lanka, **National Multisectoral Action Plan for the Prevention and Control of NCDs** (2010-2020) was implemented, which played a significant role in raising public awareness and addressing tobacco and alcohol use, poor nutrition, and lack of exercise. Further development of the primary health care system included enhancing screening and monitoring for the timely management of cardiovascular risk factors. Additionally, advocacy, partnerships, and leadership are

essential, which involves collaboration with health professionals, civil society, and universities . **The National Policy and Strategic Framework for NCD Prevention** (2023-2033) acknowledges the impetus of aims to incorporate CVD risk screening and management within primary health care to enhance access to care and ensure early detection. The strategy includes encouraging food manufacturers to reduce trans fats, sugar and salt in their products, and increasing public awareness of CVD risk factors. **Healthy lifestyle centers (HLCs)**, are set up in public health facilities for screening of individuals for cardiovascular disease risk factors that include high blood pressure, cholesterol, diabetes and obesity. HLCs offer lifestyle advice, education on healthy living, and referrals for treatment. Routine Testing in Healthy Lifestyle Clinics: Services are offered at HLCs without charge. Tests are conducted for Hypertension, Diabetes, Cholesterol, Being overweight and Body Mass Index. The goal is to detect risk factors before they can cause heart disease and to provide treatment to diminish the risk. **The screening services** – provided free of charge – are intended to detect early signs of cardiovascular disease. Cigarette packages with graphic health warnings, prohibition of advertising and sponsorship of tobacco products. The legal age to sell tobacco products has been raised, Youth smoking prevention programs at the community level have been implemented. **Alcohol Control-** Sri Lankan government regulations restrict the advertising, availability, and taxation of alcohol and further, public health campaigns which educate citizens about relationship between alcohol use and cardiovascular disease were taken place in recent years. Legal restrictions for betel quid have been implemented.

Conclusion. Through such preventive programmes and measures, Sri Lanka hopes to achieve reduction in the number of diabetes and hypertension cases resulting in a reduction in the number of heart attacks, strokes, and heart failures.

ЛІТЕРАТУРА

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