



VMMC & Safdarjung Hospital,
Ministry of Health & Family Welfare,
Government of India, New Delhi.



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Document No.	TITLE		
E/ NABH/ SJH/ SOP/ 02	SOP on surgical care of patients		
Effective Date: 20/07/2020			
Function	Name	Designation	Signature
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Distribution: Quality Cell, Medical Superintendent, All Operation Theatres, All surgery wards, All Minor OTs

REVISION SUMMARY		
Version No.	Effective Date	Revision History
1.0	20/07/2020	00

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Sapna Bathla Shanu

1.0 INTRODUCTION

Surgery is a medical specialty that uses operative manual and instrumental techniques on a person to investigate or treat a pathological condition such as a disease or injury, to help improve bodily function or appearance or to repair unwanted ruptured areas.

2.0 PURPOSE:

To guide the uniformity of care for patients undergoing surgical procedures.

3.0 SCOPE:

The operative procedure is only one part of the total surgical care of the patient. Total surgical care includes establishing or confirming the diagnosis, preoperative preparation, the operative procedure, and postoperative care.

4.0 RESPONSIBILITY:

Surgeons
Anaesthesiologist
Nursing Staff
Paramedical staffs

5.0 ABBREVIATION:

NABH : National Accreditation Board For Hospitals and Healthcare providers
COP : Care Of Patients
OT : Operation Theatre

6.0 REFERENCE:

NABH: Pre Accreditation Entry Level Standards for Hospitals, First Edition, April 2014.

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7.0 POLICY:

Surgical procedures and competency levels:

All surgical procedures shall be undertaken by the surgeons as per the list of surgical procedures prepared by the OT in-charge in consultation with the surgeons and based on the list received from the concerned wards.

Pre-operative assessment and provisional diagnosis:

All patients undergoing surgical procedure (either routine or emergency) shall have an assessment done preoperatively and a provisional diagnosis and that should be documented.

The pre-operative assessment shall be done by the surgeon performing the surgery or a credentialed doctor from the team.

All patients planned for routine surgical procedure are to get admitted at least 24 hours in advance to monitor their vitals, medical fitness and preparation for procedure by the ward staff. This period is considered as necessary to make available the OT and required staff assisting the surgery.

Informed consent:

The concerned surgeon or a doctor member of his team shall obtain an informed consent for surgery from the patient/relative prior to the procedure.

The consent shall be sought after proper explanation of the benefits, risks and complications involved performing the said procedure.

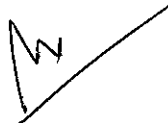

In case, the operative plan is changed intra-operatively, a fresh consent shall be sought from the patient/relative.

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Prevention of adverse events:

- All patients undergoing surgical procedure shall be properly identified through MRD number and name and preoperative checklist should be verified by the Pre-OP in charge / OT in-charge.
- Site of surgery on patient shall be marked by surgeon prior to surgery.
- Preoperative note shall explain the procedure to be performed and should be documented prior to surgery.

Qualification of performing surgeons:

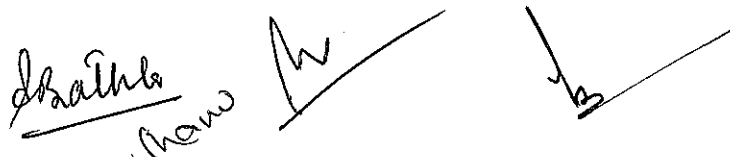
- Doctors qualified by law shall be permitted to perform the procedures.
- Such doctors shall be credentialed and given privileges to conduct the said procedures in this hospital.
- The HR, Credentialing and Privileging Committee shall do the needful.

Documentation of procedure – operative note and post-operative plan of care:

- Post-operative notes shall be prepared by the surgeon which includes procedure performed, post-operative diagnosis, plan of care and status of the patients and documented prior to transfer out of patient from recovery area.
- The post-operative care plan shall be prepared by the operating surgeon in collaboration with the anaesthesiologist and shall include advice on:
 - I.V. Fluids
 - Medications
 - Care of wound
 - Nursing care
 - Monitoring of patient vitals
 - Observation for any complications

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Infection control protocols:

- The theatre layout shall minimise the mix of sterile and unsterile patients.
- The OTs shall be cleaned and carbolised after every case.
- All OT staff shall adhere to standard precautions, handwashing, PPEs and safe handling of the patients.

Equipped Operation Theatre:

- The Operation Theatre complex shall have the necessary facilities for conducting the said procedures, changing rooms, equipments, appliances and instrumentation.

8.0 PROCEDURE

All the patients who are to undergo surgery have full details of their medical condition in their case records.

Depending on his medical condition the patient may need either elective or emergency surgical procedures.

The elective procedure could either be minor in nature or major. Emergency surgical procedures though usually major, could also be minor in nature.

Surgical patients have the preoperative assessment and the provisional diagnosis documented prior to the surgery .

Before either elective or emergency procedures, the surgeon examines the patients and makes an assessment of his/her condition based on the clinical presentation of the case, signs and symptoms, and results of the investigations.

A provisional diagnosis is made and this is documented in the patient's case notes before he is taken up for surgery. This is done mainly to avoid adverse events like wrong site, wrong patient and wrong surgery etc

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All patients admitted for elective major surgery should undergo the following tests: Blood Hb., blood grouping & Rh typing, Random blood sugar estimation, blood urea, serum creatinine, HIV, HbsAg. They should also have ECG and chest X-ray taken.(Optional)

Elective minor cases need to have the following tests done: Hb, Random blood sugar, HIV and HbsAg. They should also have their ECG and chest X-ray taken.

Preoperative initial assessment has to be done for all patients undergoing elective major and emergency operations.

If the surgeon comes across any abnormal findings in the pre operative tests, it has to be documented in the patient's records and this has also to be informed to the patient's relatives.

Patients with obvious ECG changes or patients with history of cardiac problems should be seen by the cardiologist before being taken up for surgery. The patient should be informed by the cardiologist of the potential cardiac risks during or after surgery.

Patients with poor renal function or chronic renal disease should have consultation with the nephrologists. The bystanders or relatives must be informed by the nephrologists about the possible postoperative or intra operative complications.

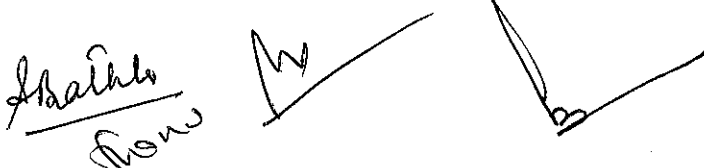
Apart from the general consent which is obtained routinely from all in-patients, patients undergoing surgery should be informed about the procedure, its probable outcome, and its possible outcome and its probable rare complications. Following this informed consent from the patient is taken. The name of the surgical procedure, site of surgery and complications of surgery should be written in capital letters.

Patients with cardiac or renal problems should be given their informed consent in his/her handwriting and signed with a witness other than a hospital staff. One of the witnesses should be the ward nurse in charge.

The patient is prepared for surgery as follows:

- The patient should not take anything orally at least 6 to 8 hours before the actual surgery.

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- The patient's weight is recorded.
- The skin of the operation site is prepared by shaving the hair and cleaning with antiseptic.
- Bowel preparation is done by giving enema.
- Artificial dentures and jewellery are removed (and receipt given or handed over to authorized people), Nail polish is cleaned.
- The patients dress is changed to a clean one.
- Patients ID tag is kept in place.
- The patients depending on their physical condition are shifted to the OT by wheel chair or trolleys.
- A Staff nurse from the ward accompanies the patient with the case sheet to the OT. The OT nurse takes over the patient after checking the case sheet and making identification and documents.
- Here after the OT staff is responsible to take care of the patient till he/she leaves the recovery room.
- Once the patient has been received at the OT, his/her dress is changed to sterile OT gown/dress supplied by the CSSD.

All type of surgeries performed in this hospital are by well qualified, experienced surgeons who have had extensive training and expertise in their particular fields. Complex surgeries are sometimes performed by a team of doctors, each dealing with his /her specialty.

Prior to surgery the case file shall be reviewed, the condition of the patient shall be checked and surgical safety checklist before induction of anaesthesia, before skin Incision and before the patient leaves the operating room shall be completed by the surgeon and anesthesiologist .

After the surgery is completed, before the patient is transferred back to the ward, the surgeon writes down and documents a brief operative note and post operative plan of care. The anesthesiologist on his/her part also notes down the details of the anaesthesia procedure starting with the pre-medication, induction till the end of anaesthesia, extubation etc.

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All the events during the stages of anaesthesia are recorded and documented. The anaesthesiologist will follow the patient in the recovery room and the surgical ICU/ward till the patient fully recovers from anaesthesia.

As a quality assurance programme, the OT and its surrounding areas like the recovery room, CSSD etc are under the strict supervision by the infection control nurse and the hospital infection surveillance team who ensures absolute sterility of the operation areas so as to avoid the risk of transmission of infection.

The plan also includes monitoring of surgical site infection rates. All the post operative patients shall be screened for the same. The hospital infection control team conducts regular documented surveillance which includes monitoring of surgical site infection sites. Culture swabs are taken from infected or suspected wound sites to analyze them with the aim to prevent or reduce the risk of hospital associated infections.

Surveillance Of Operation Theatres:

- Each health care establishment undertaking surgery must have a specific protocol for operating room procedures, including specific requirements for surgical hand washing routines and handling of sharps.
- When individuals are being admitted to hospital or presenting at an emergency unit, a detailed medical and surgical history should be collected from them or their careers to identify conditions that may require additional precautions.
- All articles used in an operation must be sterile. The principles of sterile aseptic technique must be applied to all operating room procedures. The principle of 'confine and contain' must be applied at all times for all patients.
- Sterile drapes must be used for the patient; staff must wear full sterile operating room personal protective clothing.

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- Patients should inform their doctor of their infectious status. Preoperative testing of patients should be on clinical indication.
- All staff in the surgical team should be vaccinated against hepatitis B. Surgical staff should not perform exposure-prone procedures if they are considered actively infectious with human immunodeficiency virus, hepatitis B virus or hepatitis C virus .
- Staff with dermatitis or skin wounds should be excluded from the operating team
- Operating lists should allow sufficient time for adequate infection control activities, including routine cleaning and the appropriate disposal of clinical waste.
- The operating room should be cleaned as soon as practicable after surgery, including the correct disposal of sharps and clinical waste and cleaning of all surfaces.
- Reusable instruments should be immersed in warm water and detergent as soon as possible after use and must then be thoroughly cleaned in a designated clean-up area before sterilization.

9.0 VALIDITY STATEMENT

This document is valid for one year from the date of issue.

10.0 APPENDICES AND FORMS

- * Annexure A: Surgical Safety Check List
- * Annexure B: Amendment sheet
- * Annexure C: Training log

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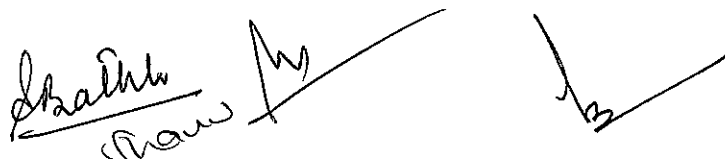
Annexure A
SURGICAL SAFETY CHECKLIST

Before Anaesthesia Induction
SIGN IN
Patients has confirmed <ul style="list-style-type: none"> • Identity • Site • Procedure • Consent
Site marked / not applicable
Anaesthesia safety check completed
Pulse oxymeter on patient and functioning
Does patient have a: Known allergy? <ul style="list-style-type: none"> • No • Yes
Difficult airway/aspiration risk <ul style="list-style-type: none"> • No • Yes, and equipment/assistance available risk of > 500ml blood loss (7ml/kg in children) • No • Yes. And adequate intravenous access and fluids planned.

Before Skin incision
TIME OUT
Confirm all team members have introduced themselves by name and role
Surgeon, anaesthesia professional and nurse verbally confirm <ul style="list-style-type: none"> • Patient • Site • Procedure
Anticipated critical events <ul style="list-style-type: none"> • Surgeon reviews: what are the critical or unexpected steps, operative duration, anticipated blood loss? • Anaesthesia team reviews: are there any patient-specific concerns? • Nursing team reviews: has sterility (including indicator results) been confirmed? are there equipment issues or any concerns?
Has antibiotic prophylaxis been given within the last 60 minutes <ul style="list-style-type: none"> • Yes • Not applicable
Is essential imaging displayed? <ul style="list-style-type: none"> • Yes • Not applicable

Before Patient Leave OT
SIGN OUT
Nurse verbally confirms with the team: The name of the procedure recorded That instrument, sponge and needle counts are correct (or not applicable) How the specimen is labeled (including patient name) Whether there are any equipment problems to be addressed
Surgeon, anaesthesia professional and nurse review the key concerns for recovery and management of this patient.

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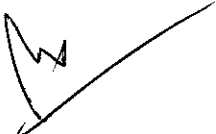
Annexure B

AMENDMENT SHEET

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Sr No.	Page No.	Clause No.	Date of Amendment	Amendment Made	Reasons	Signature of Officer In-charge	Signature of Medical Superintendent
1							
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Annexure C

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TRAINING LOG (Contents, Deviation and Amendment)



Sr .No	Training Attendee	Date	Signature
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Officer In-charge

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Dr. Anshu
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[Signature]