



भारत सरकार
Government of India
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
Ministry of Health & Family Welfare
वर्धमान महावीर मेडिकल कॉलेज एवं सफदरजंग अस्पताल, नई दिल्ली
Vardhman Mahavir Medical College & Safdarjung Hospital, New Delhi- 110029



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Document No.	TITLE		
NABH/ SJH/SOP/ 07	SOP on surgical care of patients		
Effective Date: 01/03/2023			
Function	Name	Designation	Signature
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Approved By	Dr. B L Sherwal	Medical Superintendent	

Distribution: Quality Cell, Medical Superintendent, All Operation Theatres, All surgery wards, All Minor OTs

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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 in the standardization 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

Anaesthesiologists

Nursing Staff

Paramedical staffs

5.0 ABBREVIATION:

NABH: National Accreditation Board For Hospitals and Healthcare providers

COP : Care of Patients

OT: Operation Theatre

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6.0 REFERENCE:

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

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

Informed consent:

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

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- The consent shall be sought after a proper explanation of the indication, benefits, risks, and complications involved in performing the said procedure.
- In case, the operative plan is changed intra-operatively, fresh consent shall be sought from the patient/relative.

Prevention of adverse events:

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

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

- Post-operative notes shall be prepared by the surgeon including the procedure performed, postoperative diagnosis, plan of care, and status of the patient, and documented before transfer out of the patient from the recovery area.
- The post-operative care plan shall be prepared by the operating surgeon in collaboration with the anaesthesiologist and shall include advice on:

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- I.V. Fluids
- Medications
- Care of wound
- Nursing care
- Monitoring of patient vitals
- Observation for any complications
- Any post-op investigations required

Infection control protocols:

- The theatre layout shall minimise/mitigate the mix of sterile and unsterile patients.
- The OTs shall be cleaned and carbonised 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, equipment, 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/her medical condition the patient may need either elective or emergency surgical procedures.

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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 before the surgery.

Before either elective or emergency procedures, the surgeon examines the patient 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 documented in the patient's case notes before he is taken up for surgery. This is done mainly to avoid adverse events like the wrong site, wrong patient and wrong surgery, etc

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.

A 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 preoperative tests, it has to be documented in the patient's records and needs to be informed to the patient's relatives.

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

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

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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 give their informed consent in his/her handwriting and sign with a witness other than 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.
- The patient's weight is recorded.
- The skin of the operation site is prepared by shaving the hair and cleaning it with an antiseptic.
- Bowel preparation is done by giving an enema.
- Artificial dentures and jewellery are removed (and a receipt is given or handed over to authorized people), and nail polish is removed.
- The patient's dress is changed to a clean one.
- The patient's ID tag is kept in place.
- The patients depending on their physical condition are shifted to the OT by wheelchair 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.
- Hereafter the OT staff is responsible to take care of the patient till he/she leaves the recovery room.

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- Once the patient has been received in the OT, his/her dress is changed to a sterile OT gown/dress supplied by the CSSD.
- A surgical safety checklist is compiled before the start of the surgery.

All type of surgeries performed in this hospital is to be materialized 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.

Before surgery the case file shall be reviewed, the condition of the patient shall be checked and the 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 anaesthesiologist .

After the surgery is completed, and 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 anaesthesiologist 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.

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 strict supervision by the infection control nurse and the hospital infection surveillance team who ensures absolute sterility of the operation areas to avoid the risk of transmission of infection.

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The plan also includes monitoring surgical site infection rates. All the postoperative 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 to prevent or reduce the risk of hospital-associated infections.

Surveillance Of Operation Theatres:

- When individuals are admitted to the hospital or present at an emergency unit, a detailed medical and surgical history is collected from them or their attendants to identify conditions that may require additional precautions.
- All articles used in an operation are sterile. The principles of the sterile aseptic technique must be applied to all operating room procedures. The principle of 'confine and contain' is applied at all times for all patients.
- Sterile drapes are used for the patient; staff wears full sterile operating room personal protective clothing.
- Patients should inform their doctor of their infectious status. Preoperative testing of patients should be on clinical indication.
- All staff in the surgical team is 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 is excluded from the operating team
- Operating lists allow sufficient time for adequate infection control activities, including routine cleaning and the appropriate disposal of clinical waste.
- The operating room is cleaned as soon as feasible after surgery, including the correct disposal of sharps and clinical waste and cleaning of all surfaces.

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- Reusable instruments are 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 have confirmed <ul style="list-style-type: none"> • Identity • Site • Procedure • Consent
The site marked / not applicable
Anaesthesia safety check completed
Pulse oximeter on patient and functioning
Does the 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

Before Skin incision
TIME OUT
Confirm all team members have introduced themselves by name and role
The 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, and anticipated blood loss? • Anaesthesia team reviews: are there any patient-specific concerns? • Nursing team reviews: has sterility (including indicator results) been confirmed? <p>are there equipment issues or any concerns?</p>
Has antibiotic prophylaxis been given within the last 60 minutes

Before the Patient Leaves OT
SIGN OUT
The 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
The surgeon, anaesthesia professional, and nurse review the key concerns for recovery

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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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