



Sri Lakshmi Narayana Institute of Medical Sciences

From
Dr K Balagurunathan,
Professor and Head,
General Surgery,
Sri Lakshmi Narayana Institute Of Medical Sciences
Bharath Institute of Higher Education and Research,
Chennai.

Date: 3/12/2017

To
The Dean,
Sri Lakshmi Narayana Institute Of Medical Sciences
Bharath Institute of Higher Education and Research,
Chennai.

Sub: Permission to conduct value-added course: MINOR BEDSIDE SURGICAL PROCEDURES

Dear Sir,

With reference to the subject mentioned above, the department proposes to conduct a value-added course titled: **MINOR BEDSIDE SURGICAL PROCEDURES**, 30 hours course on **JAN 2018- JUNE 2018**. We solicit your kind permission for the same.

Kind Regards

PROFESSOR & HOD
DEPARTMENT OF GENERAL SURGERY
SRI LAKSHMI NARAYANA INSTITUTE OF MEDICAL SCIENCES
Bharath Institute of Higher Education and Research
Chennai - 600 032

DR K BALAGURUNATHAN

HOD, GENERAL SURGERY

FOR THE USE OF DEANS OFFICE

Names of Committee members for evaluating the course:

The Dean: DR G. JAYALAKSHMI

The HOD: DR K BALAGURUNATHAN



OFFICE OF THE DEAN

Sri Lakshmi Narayana Institute of Medical Sciences

OSUDU, AGARAM VILLAGE, VILLIANUR COMMUNE, KUDAPAKKAM POST,
PUDUCHERRY - 605 602.

[Recognised by Medical Council of India, Ministry of Health letter No. U/12012/249/2005-ME (P-II) dt. 11/07/2011]
[Affiliated to Bharath University, Chennai - TN]

Circular

07.12.2017

Sub: Organising Value-added Course: MINOR BEDSIDE SURGICAL PROCEDURES

With reference to the above mentioned subject, it is to bring to your notice that Sri Lakshmi Narayana Institute of Medical Sciences, **Bharath Institute of Higher Education and Research** is organizing a value added course on "**MINOR BEDSIDE SURGICAL PROCEDURES**".

The application must reach the institution along with all the necessary documents as mentioned. The hard copy of the application should be sent to the institution by registered/ speed post only so as to reach on or before 1st January 2018. Applications received after the mentioned date shall not be entertained under any circumstances.

Dr. G. Jagan Mohan Reddy, MCh, FRCR, FRCR (S), FRCR (G)
Dean
Sri Lakshmi Narayana Institute of Medical Sciences
Osudu, Agaram Village, Villianur Commune, Kudapakkam Post,
Puducherry - 605 602.

Dean

Course Proposal

Course Title: MINOR BEDSIDE SURGICAL PROCEDURES

Course Objective:

1. Urinary catheterization – demonstration
2. indications, procedure, complications
3. Nasogastric tube insertion – demonstration
4. indications , procedure, complications
5. Incision and drainage
6. Venesection
7. Iy cannula insertion
8. Stoma care – definition,types of stoma,
9. Indications for stoma
10. patient counselling, site
11. post operative management of stoma
12. stoma related complications

Course Outcome:

Course Audience: MBBS UNDERGRADUATES

Course Coordinator: Dr K Balagurunathan

Course Faculties with Qualification and Designation:

1. Dr K Balagurunathan , Prof and HOD General Surgery
2. Dr Asayas Rosco Chandra Kumar, Prof General Surgery
3. Dr . M Senthil Velan, Prof General Surgery

Course Curriculum/Topics with schedule (Min of 30 hours)

SINo	Date	Topic	Time	Hours	Faculty
1.	25/1/2018	1. Urinary catheterization – demonstration	4-6PM	3	Dr. Senthil Velan
2.	27/1/2018	2. indications, procedure, complications	4-6PM	2	Dr K Balagurunathan

3.	2/2/2018	3. Nasogastric tube insertion - demonstration	4-7PM	3	Dr. Senthil Velan
4.	4/2/2018	4. indications, procedure, complications	4-6PM	2	Dr K Balagurunathan
5.	6/2/2018	5. Incision and drainage	4-7PM	3	Dr Asayas Busco
6.	8/2/2018	6. Venesection	4-7PM	3	Dr. Senthil Velan
7.	11/2/2018	7. Iv cannula insertion	4-7PM	3	Dr Asayas Busco
8.	12/2/2018	8. Stoma care definition, types of stoma.	4-6PM	2	Dr Asayas Busco
9.	14/2/2018	9. Indications for stoma	4-6PM	2	Dr. Senthil Velan
10.	16/2/2018	10. patient counselling, site	4-6PM	2	Dr Asayas Busco
11.	18/2/2018	11. post operative management of stoma	4-6PM	2	Dr Asayas Busco
12.	20/2/2018	12. stoma related complications	4-7PM	3	Dr. Senthil Velan
			TOTAL HOURS	30	

REFERENCE BOOKS: (Minimum 2)

1. Schwartz's Principles of Surgery, 11th Edition
2. Bailey And Love's Short Practice of Surgery 27th Ed
3. Manual of Common Bedside Surgical Procedures – Christopher J Sonnenday

VALUE ADDED COURSE

1. Name of the programme & Code

MINOR BEDSIDE SURGICAL PROCEDURES & GS08

2. Duration & Period

30 hrs JAN 2018- JUNE 2018

3. Information Brochure and Course Content of Value Added Courses

Enclosed as Annexure- I

4. List of students enrolled

Enclosed as Annexure- II

5. Assessment procedures:

Multiple choice questions- *Enclosed as Annexure- III*

6. Certificate model

Enclosed as Annexure- IV

7. No. of times offered during the same year:

1 TIME JAN 2018- JUNE 2018


8. Year of discontinuation: 2018

9. Summary report of each program year-wise

Value Added Course JAN 2018- JUNE 2018					
Sl. No	Course Code	Course Name	Resource Persons	Target Students	Strength & Year
1	GS08	MINOR BEDSIDE PROCEDURES	Dr. M SENTHIL VELAN	4 th MBBS	20 (JAN 2018- JUNE 2018)

10. Course Feed Back

Enclosed as Annexure- V


DR. M. SENTHILVELAN, MS.
Reg. No. 53176
Professor of General Surgery
Sri Lakshmi Narayana Institute of Medical Sciences
Oydar, Kalupakkal, Paludherry-605 502

RESOURCE PERSON

DR. M SENTHIL VELAN

(PROF GENERAL SURGERY)

PROFESSOR & HOD
DEPARTMENT OF GENERAL SURGERY
SRI LAKSHMI NARAYANA INSTITUTE OF MEDICAL SCIENCES
OYDAR, KALUPAKKAL, PALUDHERY-605 502
POLYMERACTIVITY-095 512

CO-ORDINATOR

DR. K BALAGURUNATHAN

(HOD GENERAL SURGERY)

MINOR BEDSIDE SURGICAL PROCEDURES

PARTICIPANTS HAND BOOK

COURSE DETAILS

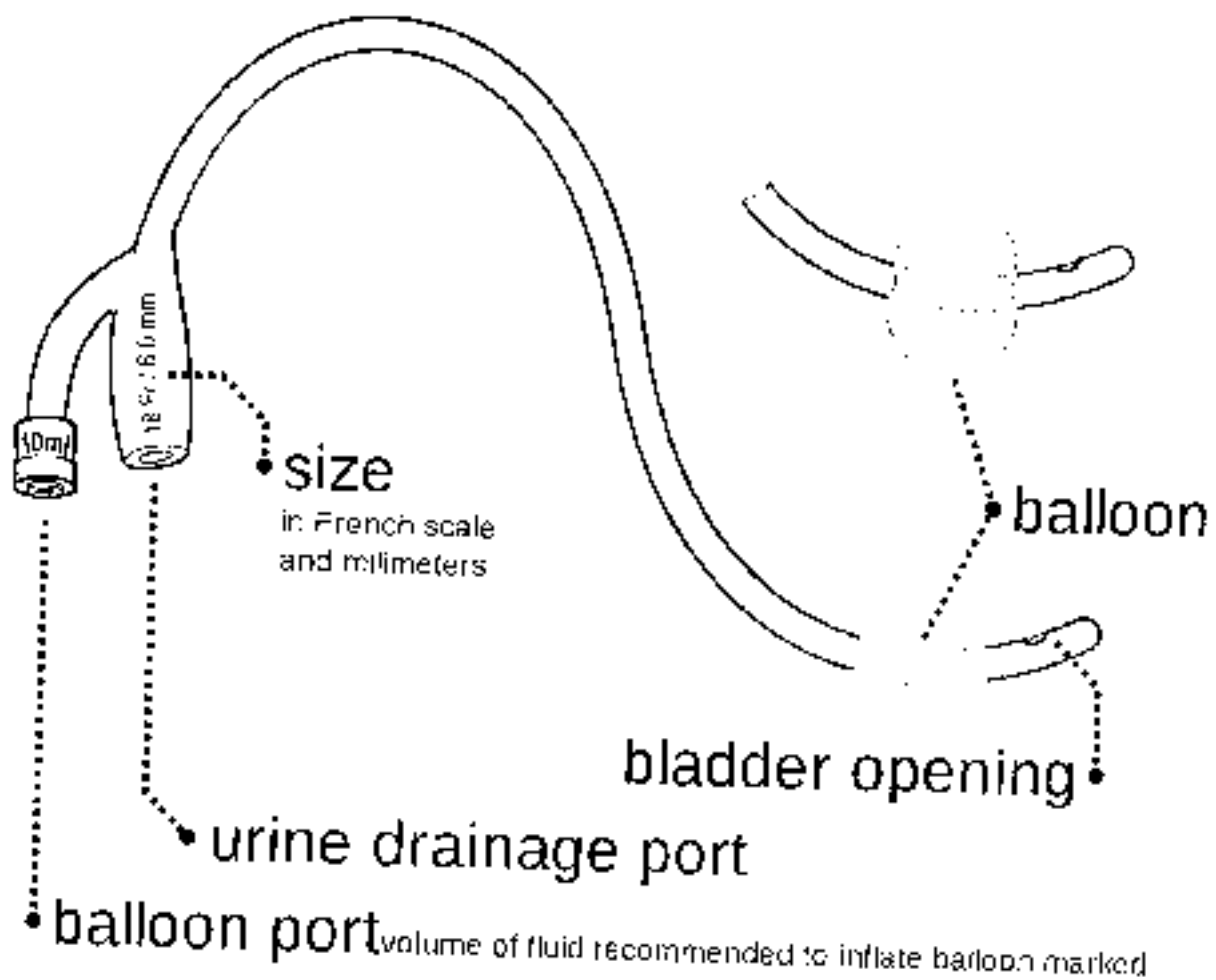
Particulars	Description
Course Title	MINOR BEDSIDE SURGICAL PROCEDURES
Course Code	GS08
Objective	<ol style="list-style-type: none">1. Urinary catheterization – demonstration2. indications, procedure, complications3. Nasogastric tube insertion – demonstration4. indications , procedure, complications5. Incision and drainage6. Venesection7. Iv cannula insertion8. Stoma care – definition,types of stoma.9. Indications for stoma10. patient counselling, site11.post operative management of stoma12.stoma related complications
Further learning opportunities	
Key Competencies	On successful completion of the course the students will have skill in handling and performing minore bedside surgical procedures
Target Student	4 th year MBBS Students
Duration	30hrs JAN 2018- JUNE 2018
Theory Session	10hrs
Practical Session	20hrs

Assessment Procedure	Multiple choice Questions
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URINARY CATHETERISATION

Catheters used :

1. simple non-self retaining red rubber catheter,
2. Foley's self retaining catheter,
3. Gibbon's catheter,
4. metal catheter.

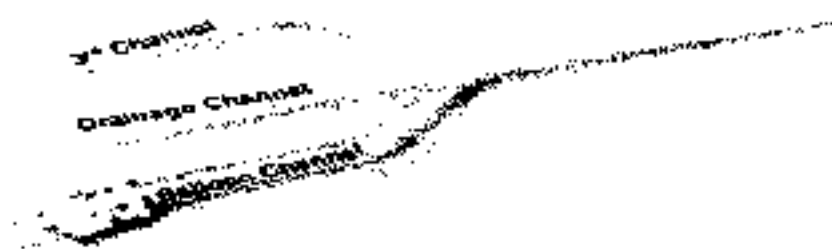


Indications

- Retention of urine due to **BPH**, stricture urethra, trauma (with all care and precaution gently one trial is done).
- In major surgery postoperative period.
- In acute conditions and in shock patients to measure the hourly urine output.

Causes of Retention of Urine

- Bladder outlet obstruction.
 - BPH, carcinoma prostate.
 - Prostatitis, prostatic abscess.
 - Bladder carcinoma close to bladder neck.
 - Bladder stone obstructing bladder neck.
 - Hypertrophy of bladder neck muscle.
 - Stricture at bladder neck.
 - Causes at urethral level.
 - Urethral stricture- may be due to trauma or inflammatory (gonococcal/nonspecific) or neoplastic or after catheterisation/cystoscopy or after surgery (TURP/urethral surgery/ perineal urethrostomy).
 - Urethral stone.
 - Tumours.
 - Posterior urethral valve.
 - Urethral trauma.
 - Meatal stenosis.
 - Pinhole meatus/phimosis.
 - Other causes— . — Postoperative period. — Postsurgery—of haemorrhoidectomy/ fissurectomy/fistullectomy. . Spinal injury/spinal surgery/spinal anaesthesia.
- Drugs like anticholinergics, antidepressants or antihypertensives

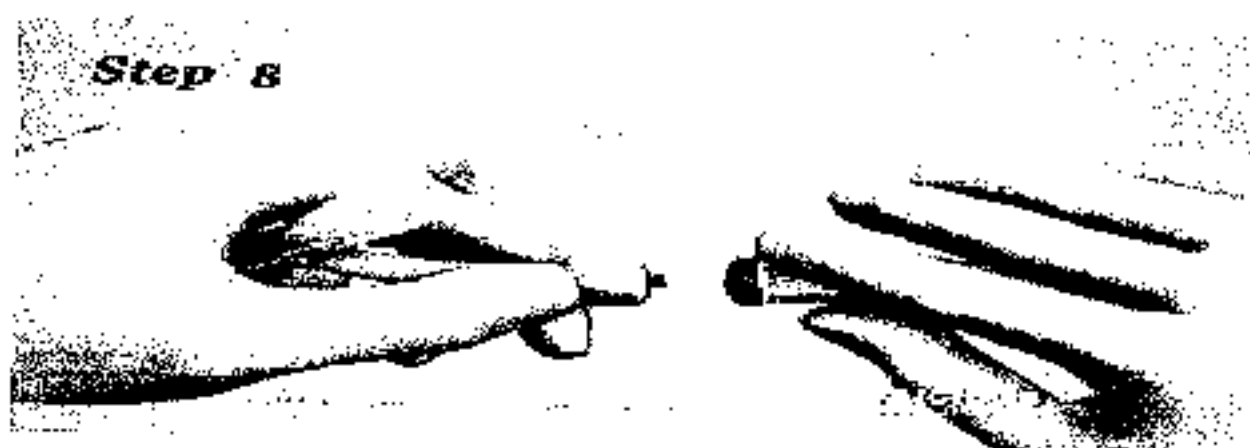


Foley's catheter is commonly used. Urosac bag, gloves, sterile towel, 2% xylocaine jelly and distilled water are needed.

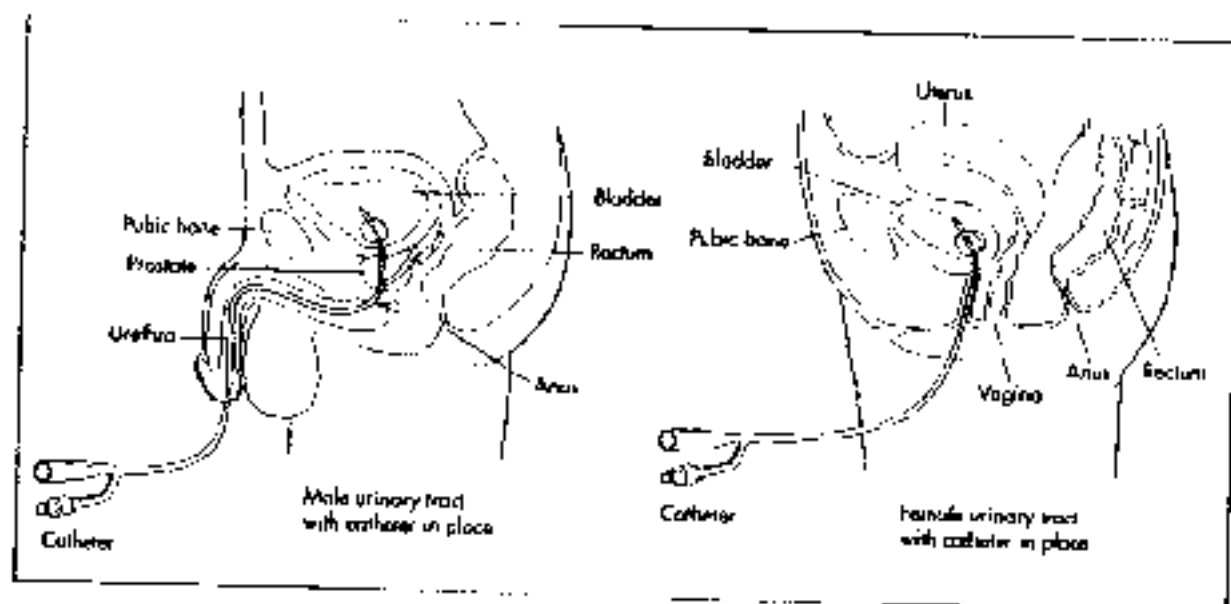
Procedure

- Explain the patient about the procedure. Sterile gloves are worn after hand wash. Patient will be in supine position with legs apart. Genitalia are cleaned with povidone iodine solution. Draping is done using sterile towel.
- Prepuce is retracted and glans is cleaned again. 20 ml of 2% xylocaine jelly is taken in a syringe and pushed into the urethra through the external meatus.
- After 5 minutes, penis is held vertically (so that urethra gets straightened to make easier passage of the catheter) and Foley's catheter tip is lubricated with jelly and is gently passed into the urinary bladder. Urine flow through the catheter confirms that it is inside the bladder.
- It is advanced further more and balloon near the tip is inflated using distilled water. Air is not used for this purpose. Normal saline may get crystallised and so ideal is distilled water

Quantity inflated should be noted in the case sheet. Usually 20 ml is used. It is actually written in the Foley's catheter. After inflation catheter is pulled out to confirm that balloon is inflated properly.



- Catheter is connected to urosac bag. Prepuce is placed in normal position otherwise paraphimosis can develop.
 - In adult 16 F catheter is used. F-French unit- 16 mm circumference (Charriere unit). Usual Foley's catheter is kept for 7-10 days. If there is a need to keep catheter for more than 10 days then silicon coated Foley's catheter is used as it is least reactive. Foley's catheter is made up of latex. In children 10 F or 8 F is used
- Three-way Foley's catheter is used to irrigate the bladder with normal saline/glycine solution continuously in post-TURP (Transurethral Resection of Prostate) or after bladder surgery or after bladder trauma.
- Foley's catheter often is reinforced with tension wires to prevent block and is called as haematuric Foley's catheter.
 - Maryfield introducer is used often to pass the Foley's catheter into the bladder. It has got a curve with a groove over the convex part to accommodate the catheter.
 - Balloon should be deflated completely before removal of the catheter otherwise urethral injury and haematuria can occur.
 - In females labia majora are retracted apart to identify the urethral orifice to pass the catheter.



Complications of Catheterisation

- Infection.
- False passage.
- Bleeding.
- **Inability to deflate the balloon while removing the catheter.**

In such occasions, following methods are used:

Inflating the balloon further with ether/ air/water and bursting the balloon. –

Passing guide wire of the ureteric catheter via the inflating channel.

After giving traction to catheter so as to make balloon nonmobile and fix, long, fine needle is passed per-abdomen in suprapubic place so as to puncture the balloon.

Causes for Inability to Pass the Catheter

- Urethral stricture, BPH.

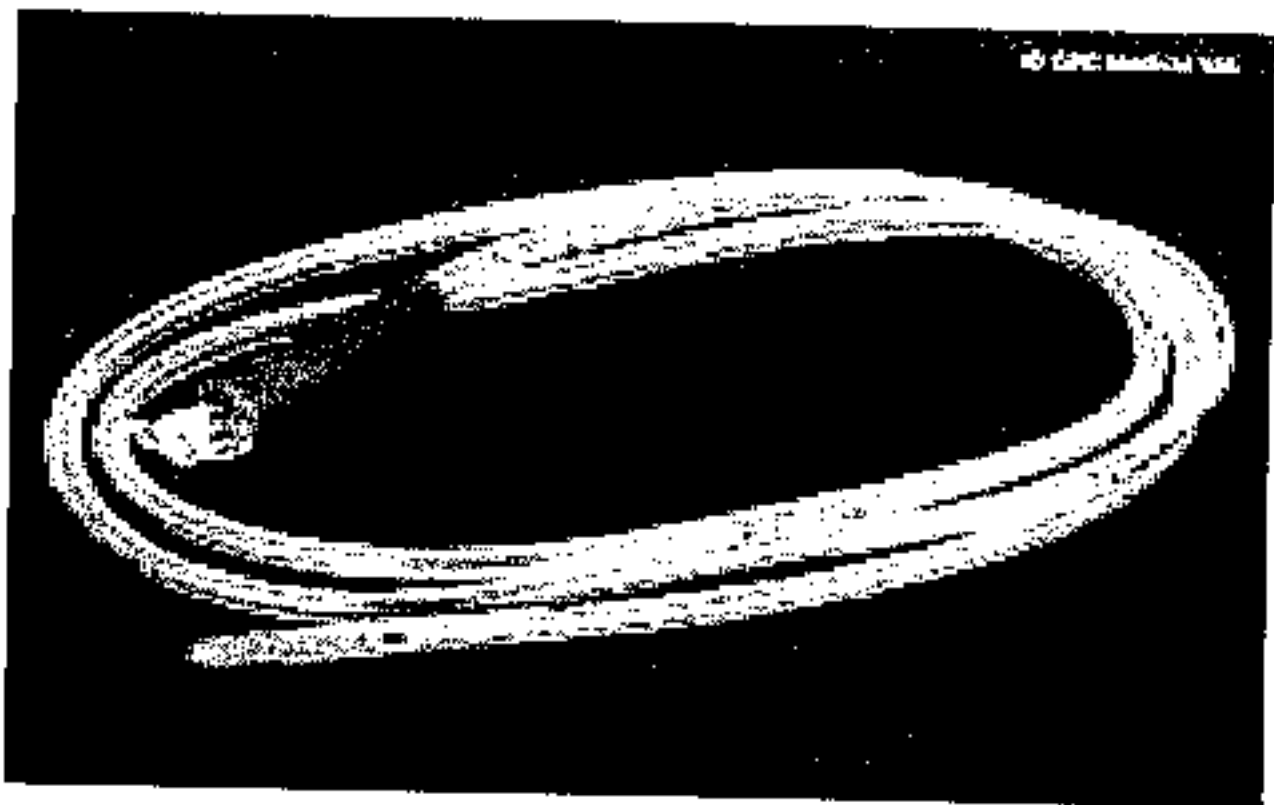
- **Meatal stenosis**

INSERTION OF A NASOGASTRIC TUBE

Indications

- For decompressing stomach in intestinal obstruction, after abdominal surgery. It prevents aspiration and distension of intestines.
- For gastric function tests.

- In gastric outlet obstruction to decompress the stomach and also to give stomach wash. Stomach tube is better (Ewald's tube) for this.
- For feeding purpose.
- **Baid test:** Passed Ryle's tube will be palpable per abdomen in pseudocyst of pancreas as stomach is stretched forward.
- Ryle's tube will not enter the stomach in Boerhaave's syndrome.



Procedure

- Procedure is explained to the patient. Usually no. 16 tube is used in adult. It is one meter long usually of plastic (earlier red rubber) with three lead shots in the tip.
- Lead shots in the tip make it easier to pass. (Infant feeding tube does not have lead shots). It has got different marking ring/rings (2, 3, and 4).

- First ring signifies O-G junction (40 cm). Two rings for body of stomach (50 cm), three for the pylorus (60 cm) and four for duodenum (70 cm).
- Xylocaine jelly 2 % is lubricated to the tube. It is passed one of the nostril (wider one) horizontally until it reaches the posterior pharyngeal wall. Patient is asked to swallow if needed with the help of cup of water.
- Tube passes through the relaxed cricopharyngeus and then into oesophagus. Afterwards it is easier to pass into the oesophagus.





- Once it is in the oesophagus adequately tube is fixed to nostril. Confirmation of the tube in the stomach is done by aspirating the bile and also by injecting 30 ml of air into the stomach through the tube which can be heard in the epigastrium with a stethoscope as a gurgling sound.
- Tube can be used for continuous drainage or drainage hourly or at regular intervals.

SECURE THE NG TUBE

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Problems with Ryle's Tube

- Discomfort to the patient.
- Blockage • Coiling in the mouth. • Displacement

ABSCESS DRAINAGE

Abscess is a localised collection of pus lined by granulation tissue covered by pyogenic membrane. It contains pus in loculi.

Bacteria Causing Abscess

- *Staphylococcus aureus*.
- *Streptococcus pyogenes*.
- Gram-negative bacteria (*E. coli*, *Pseudomonas*, *Klebsiella*).
- Anaerobes.

Factors Precipitating Abscess Formation

- General condition of the patient: Nutrition, anaemia, age of the patient.
- Associated diseases: Diabetes, HIV, immunosuppression.
- Type and virulence of the organisms.
- Trauma, haematoma, road traffic accidents.

Abscess should be drained only once it is formed under the cover of antibiotics.

Features of formed abscess are

- Pointing tenderness
- Visible pus
- Excruciating pain
- Localized swelling
- Induration (brownish induration)

Abscess is Drained by Hilton's Method

Under general or regional anaesthesia, after cleaning and draping, using needle with syringe pus is aspirated and confirmed. Adequate incision is made over the skin in longitudinal to neurovascular bundle. Pyogenic membrane is opened using sinus forceps. Pus is collected for culture and sensitivity. All loculi should be broken. Wound is washed with saline. Gauze drain or corrugated drain is placed in the wound. Antibiotics are continued. Wound is allowed to granulate and heal.

Local anaesthesia may not act as pus is acidic in nature and xylocaine will not be effective in this acidic media.

Complications

- Improper drainage and residual abscess.

- Septicaemia.
- Sinus formation.
- If abscess is near the major vessels, sloughing of the wall of the vessel and torrential haemorrhage can occur occasionally.
 - Sarcoma and aneurysms may mimic pyogenic abscess especially when it is deep seated and so necessary investigations like CT scan and aspiration of the content should be done before incision and drainage.

Abscess in Special Locations

Abscess in special locations may not show features of formed abscess. In those locations abscess should be drained without waiting for features of formed abscess—pointing, fluctuation. They are

- Parotid abscess.
- Breast abscess.
- Ludwig's angina --It is actually a cellulitis not an abscess but needs exploration and decompression.
- Thigh abscess.
- Ischiorectal abscess.

STOMA CARE

Definition :

Stoma is an artificial opening or 'mouth like' to the exterior, the abdominal wall so as to drain the content from the tubular structures inside, like bowel or ureter.

It is done for diversion of urine or faecal matter in case of malignancy, trauma, and sepsis or after surgery.

Types

Ileostomy: Terminal 5 cm ileum is projected out, on to the skin of abdominal wall to drain semiliquid, faecal matter.

Colostomy: Colon at different levels, as required can be brought out to the skin as colostomy, to divert faecal matter.

Cutaneous ureterostomy: Cut ends of one or both ureters are apposed to the skin of abdominal wall.

Ileal urinary conduit: Segment of isolated ileum can be used to drain urine from the ureter as urinary ileal conduit. Ureters are anastomosed to a closed ileal conduit. Ileal stoma is brought out as stoma. Different types of continent ileostomies are in use to prevent leak, soakage and discomfort.

Vesicostomy: It is done in children. Here anterior bladder wall is brought out and bladder mucosa is sutured to the skin of abdominal wall. Stoma created may be round (commonly) or square in shape.

Different types of stoma.

Preparation and Counselling of the Patient for Stoma

- Stoma of any type causes to certain extent of psychological and physical trauma to the
- Patient should be explained about the procedure and should be convinced and consoled about the stoma.
- Detailed meaning, explanation and after care of the stoma should be discussed.
- Indication for the stoma and consent for the same should be taken.
- Reassurance about the stoma, its care, and its position should be diagrammatically explained to the patient and his close relative.
- In case of obstructive disease, stoma is done as an inevitable procedure to relieve the obstruction often it may be temporary.

- Proper bowel preparation by **bowel wash**, gut irrigation is required before surgery.

Stoma site

- The surgeon selects the site of the stoma. Nurse should be there with surgeon.

Stoma is usually sited midway between anterior superior iliac spine and umbilicus. It should be away from the belt line.

- It should be away from the scar, creases, and bony points.

Patient should be assessed for proper size, adequacy for stoma in lying down, sitting, and standing positions.

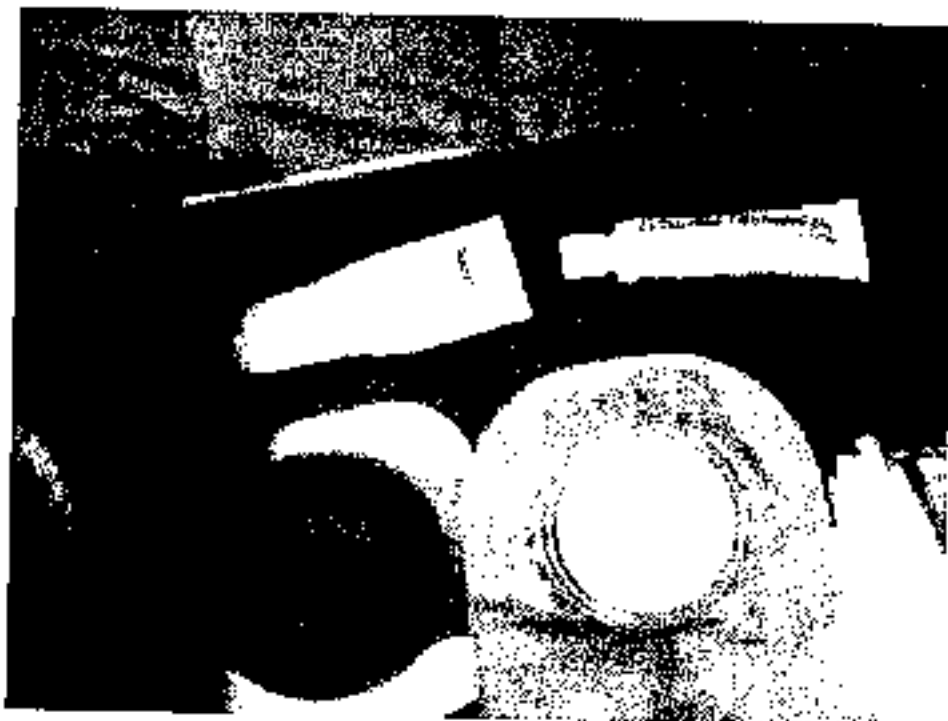
- Proper stoma appliances should be decided after thorough check up and discussion with patient and patient's relative.
- Stoma site should be marked properly before surgery.
- Ileostomy is usually sited on the right iliac fossa, colostomy on left iliac fossa.
- Allergy for the particular appliances should be checked for.
- The patient should consult stoma therapist.

Postoperative Care for the Stoma

- Stitches are removed in 6-10 days.
- Dressing should be done first over the stoma and after placement of appliance, laparotomy wound is dressed otherwise stoma appliance will not sit properly.
- Patient should be observed for any complications.

Once wound has healed patient can take bath by removing the appliances. After bath skin is dried up and stoma appliances can be fit again.

- Patient should be taught about the stoma care and its appliances. • Care and prevention of skin excoriation due to leak is also looked into.
- Psychotherapy is given for the patient.
- Skin should be absolutely dry prior to placing the stoma appliances.

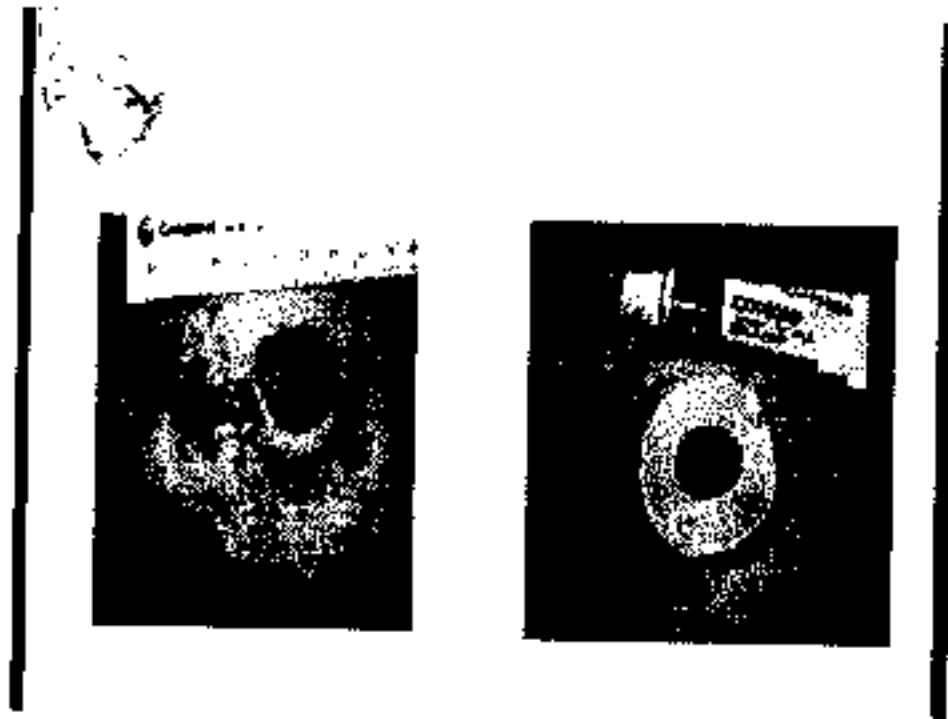




Complications of Stoma

- Skin excoriation.
- Mucosal prolapse
- Stenosis and block.
- Infection either bacterial or candidial.
- Diarrhoea due to irritation.
- Leak due to improper fitting of the appliances, scar, irregularity of stoma, prolapse.
- Bleeding from the stoma edge.
- Herniation of the abdominal contents adjacent to stoma.

Skin Excoriation It is a major problem in stoma patients. It is basically due to leak adjacent to appliances.



Causes for excoriation:

- Leak due to improper appliances.
- Wet skin before placing the appliance.
- Inadequate stoma hole.
- Improper and inadequate adhesive sheet usage.
- Allergy • Infection like of bacteria and Candida.
- Altered weight of the patient.

- Stoma bag is overfilled or kinked or air in the stoma bag. Treatment of excoriation
- Control of infection by antibiotics or control of moniliasis.
- Allergy has to be confirmed, and if it is the cause the agent is found out and treated as required.
- Zinc oxide cream application.
- Change of the type of appliance. • Refashioning of the stoma.

Stoma Appliances Stoma appliances are devices, which are used to collect and dispose the effluent materials which come out of the stoma.

Ideal Stoma Appliance :

- Leak proof.
- Should not damage the stoma and surrounding skin.
- Should prevent odor.
- Should be available.
- Easier to use.

Types of Appliances

- Closed type is discarded when full and is used in patients with well formed stool.
- Drainable type is used in patients with loose liquid stool. It can be emptied and retained and re used. Immediately after colostomy, drainable appliance is used. Later it can be changed over to closed type.
- One-piece stoma appliance with a bag and adhesive attached system, which adheres to skin around the stoma

• Two-piece stoma appliance has got a flange with adhesive system and a bag over it, which can be removed and replaced with a new one without disturbing the flange underneath. Bag can be

• Transparent, in which fluid can be visualized. It is used in initial period of the stoma.

• Opaque, in which fluid cannot be visualized. It is used eventually later.

General Care and Advice to Patients with Stoma

• Patient can have normal diet. Diet, which regulates the bowel action, is better. Plenty of water is advisable.

• Patient can go for normal work, exercise like sports, swimming, tennis. Stoma appliances suitable for these works are available.

VENESECTION

Equipment needed for venesection

Treatment request form Written consent (1st venesection only)

Chair / bed

Dinamap for observations

Venesection pack (includes bag and needle)

Venesection trolley Weighing scales

Gloves and apron

Tourniquet 2% Chlorhexidine in 70% alcohol wipe

Dressing Tape Gauze/bandage

Additional equipment for an isovolaemic venesection

IV fluid giving set Volumetric pump 500ml normal saline (and prescription)

Cannulation equipment

If patient prone to fainting/feeling faint, they may require IV fluids alongside their venesection

Patients suitable for venesection

Haemochromatosis (C282Y homozygote or C282Y h63d conjugate)

Polycythaemia Rubra Vera (PRV)

Transfusion associated iron overload

PROCEDURE

Open the venesection pack Re-check patient consent and willingness to proceed

Extend patient's arm and support on pillow

Apply hand-gel, put on gloves and apron

Apply tourniquet (single use) Assess venous access – ante-cubital fossa Insert needle at 15-30° angle, secure with tape, once venous access is established – blood will flow into the bag

If additional blood samples are needed, these can be taken now via the blood collection pouch

Place venesection bag on scales, below the level of the ante-cubital fossa

Select an appropriate vein for venesection. (Rotate the veins used to prevent excessive scarring of the vein walls). Apply the blood pressure cuff and pump to 40 mmHg.

Select the vein in the ante-cubital fossa. Wipe the vein site with alcohol swab and let the area dry for 30 secs.

Smoothly insert the butterfly needle bevel up into the vein to establish flow.

Take blood tests if required for Ueb, Hct, Ferritin etc via a 10ml syringe. Use forceps to prevent blood loss from tubing.

Attach butterfly to the luer lock connector and release the clamp. Release pressure cuff to 20mmHg. Take the required amount of blood, usually 400mls.

Once venesection is complete, remove the needle and apply pressure to the site for 5 minutes.

Ensure closing of clamp on bottle and dispose into yellow medical waste bin. Remove butterfly and cover with a pressure dot and gauze square.

IV CANNULA INSERTION

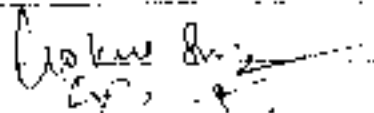
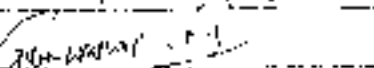
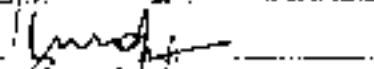
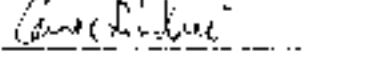
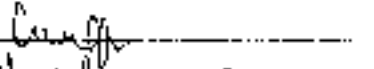
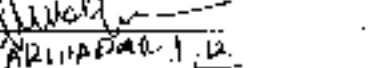
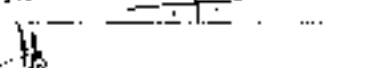
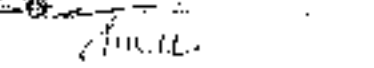
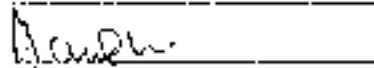
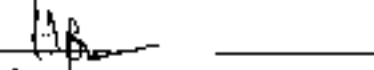


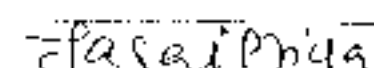
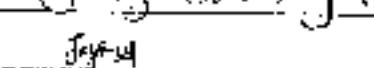

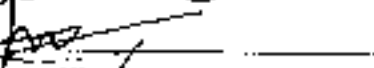
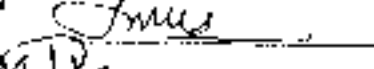
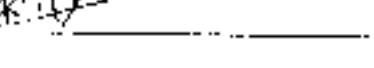


1. Check and make sure that all needed things are present (sterile/ clean gloves, IV cannula (Gauge size depends on patient's age and condition), cotton balls with alcohol, dry cotton balls, sterile gauze, waste receptacle and/or sharps container, plaster, splint, tourniquet, and labels).
2. Explain well the procedure to the patient and significant others and depending on institution, obtain consent from the patient.
3. Observe proper Hand hygiene before and after the procedure.
4. Assess and choose for IV site, making sure that the working area is well lighted.
5. Apply tourniquet to 5 to 12 cm above the injection site.
6. Check for radial pulse below the tourniquet.
7. Prepare the site with an effective antiseptic solution or with cotton balls with alcohol in circular motion and allow it to dry for 30 seconds (Always wear gloves when doing a venipuncture).
8. With an appropriate IV cannula, pierce the skin with the correct technique.

9. Upon visualization of back flow, continue inserting the cannula into the vein.
10. Position the cannula parallel to the skin; holding the stylet stationary and slowly advance the cannula until the hub is 1mm to the puncture site.
11. Carefully slip sterile gauze under the hub. Then release the tourniquet and remove the stylet while applying a digital pressure over the cannula with one finger about 1 to 2 inches from the tip of the inserted cannula.
12. Then you may connect the specified infusion tubing or port prescribed by the physician.
13. Anchor the cannula firmly with a transparent plaster or tape and a small piece of sterile OS; apply splint if needed.
14. Label on the IV tape near the IV site to indicate the date of insertion, type and gauge of cannula and countersign.
15. Observe the patient and encourage the patient to verbalize any discomfort. Report any untoward effect.
16. Document the procedure in the patient's chart and endorse thereafter to next shift.
17. And lastly, discard sharps and waste properly according to protocol of institution.

VALUE ADDED COURSE

MINOR BEDSIDE SURGICAL PROCEDURES and G808

List of Students Enrolled JAN 2018- JUNE 2018

Sl. No	Year MBBS Student Name of the Student	Roll No	Signature
1	GOKUL SRIRAM D	U16MB291	
2	GOLLA SRUTHI	U16MB292	
3	GOMATHI M	U16MB293	
4	GRACELIN RINI J	U16MB294	
5	GIJNA SUNDARI M	U16MB295	
6	GUNTI YAGNA NARAYANAN	U16MB296	
7	HANEESHA PALEETI	U16MB297	
8	HARIHARAN J K	U16MB298	 HARIHARAN J. K.
9	HARI PRIYA	U16MB299	
10	HARSHIKA S	U16MB300	 Harshika
11	HARITHA SREE K	U16MB301	
12	HARSHIHA CHOWDARY P	U16MB302	
13	HEMA PRIYA	U16MB303	
14	JADHAV MAHESH MOJIAN RAO	U16MB304	 MUR
15	JAGAI PRYA	U16MB305	 Jagai Priya
16	JAYASRI J	U16MB306	
17	JESTIN K J	U16MB307	
18	JEYACHANDRAN S	U16MB308	
19	JINCY J MANI	U16MB309	
20	KARTHIK K	U16MB310	



Minor Bedside Surgical Procedures

MULTIPLE CHOICE QUESTIONS

Course Code: GS08

ANSWER ALL THE QUESTIONS

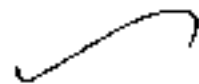
1. catheters used for urinary drainage

- a. simple non-self retaining red rubber catheter
- b. Foley's self retaining catheter,
- c. Gibbon's catheter,
- d. all of the above



2. cause for inability to pass urinary catheter

- a. Urethral stricture
- b. BPH.
- c. Meatal stenosis
- d. all of the above




3. Methods to be followed to deflate the balloon while removing obstructed catheter

- a. Inflating the balloon further with ether/ air/water and bursting the balloon. -
- b. Passing guide wire of the ureteric catheter via the inflating channel.
- c. After giving traction to catheter so as to make balloon nonmobile and fix, long, fine needle is passed per-abdomen in suprapubic place so as to puncture the balloon.

d. all of the above





**SRI LAKSHMI NARAYANA INSTITUTE OF HIGHER EDUCATION
AND RESEARCH**

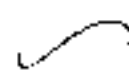
4. Problems with Ryle's Tube

a. Discomfort to the patient.

b. Blockage

c. Coiling in the mouth.

d. Displacement



5. First ring of ryles tube signifies

a. O-G junction .

b. body of stomach

c. the pylorus

d. duodenum



6. What is Terminal 5 cm ileum is projected out, on to the skin of abdominal wall to drain semiliquid, faecal matter called?

a. Ileostomy

b. ileo-urinary conduit

c. colostomy

d. none



7. where is the usual stoma site?

a. midway between asis and umbilicus

b. midway between pubic symphysis and umbilicus

c. para umbilical

d. none



**SRI LAKSHMI NARAYANA INSTITUTE OF HIGHER EDUCATION
AND RESEARCH**

8. what are the Complications of Stoma ?

- a. Skin excoriation.
- b. Mucosal prolapse
- c. Stenosis and block.
- d. All of the above

ASSESSOR NAME :

SIGNATURE :

DATE :

nt - 20/2/2018

Dr. M. SENTHILVELAN, MS.

Reg. No. 53175

Professor General Surgery

Sri Lakshmi Narayana Institute of Medical Sciences,

Osudu, Kuddalore, Puducherry-605 002

✓
4/1



GOKUL SRIJANM D / 01648291

**SRI LAKSHMI NARAYANA INSTITUTE OF HIGHER EDUCATION
AND RESEARCH**

Annexure - IV

Minor Bedside Surgical Procedures

MULTIPLE CHOICE QUESTIONS

Course Code: G508

ANSWER ALL THE QUESTIONS

1. catheters used for urinary drainage

a. simple non-self retaining red rubber catheter

b. Foley's self retaining catheter.

c. Gibbon's catheter.

d. all of the above

2. cause for inability to pass urinary catheter

a. Urethral stricture

b. BPH.

c. Meatal stenosis

d. all of the above

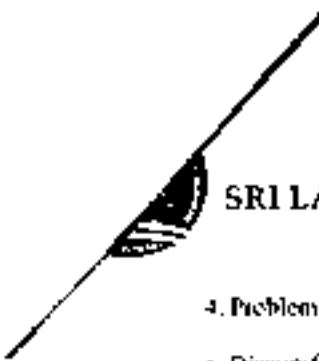
3. Methods to be followed to deflate the balloon while removing obstructed catheter

a. Inflating the balloon further with either air/water and bursting the balloon -

b. Passing guide wire of the ureteric catheter via the inflating channel

c. After giving traction to catheter so as to make balloon nonmobile and fix, long, fine needle is passed per-abdomen in suprapubic place so as to puncture the balloon.

d. all of the above



**SRI LAKSHMI NARAYANA INSTITUTE OF HIGHER EDUCATION
AND RESEARCH**

4. Problems with Ryle's Tube

- a. Discomfort to the patient.
- b. Blockage
- c. Coiling in the mouth.
- d. Displacement

5. First ring of ryles tube signifies

- a. O-G junction.
- b. body of stomach
- c. the pylorus
- d. duodenum

6. What is Terminal 5 cm ileum is projected out, on to the skin of abdominal wall to drain semiliquid, faecal matter called?

- a. ileostomy
- b. ileo-urinary conduit
- c. colostomy
- d. none

7. where is the usual stoma site?

- a. midway between asis and umbilicus
- b. midway between pubic symphysis and umbilicus
- c. para umbilical
- d. none



**SRI LAKSHMI NARAYANA INSTITUTE OF HIGHER EDUCATION
AND RESEARCH**

8. What are the Complications of Stoma ?

- a. Skin excoriation.
- b. Mucosal prolapse
- c. Stenosis and block.
- d. all of the above



(2/2)

ASSESSOR NAME

SIGNATURE

DATE

M SENTHILVELAN.

M.S. 20/2/2018

Dr. M. SENTHILVELAN, MS.
Reg. No. 63178
Professor Emerita in Surgery
Sri Lakshmi Narayana Institute of Higher Education
Durai.



Sri Lakshmi Narayana Institute of Medical Sciences

Affiliated to Bharath Institute of Higher Education & Research

Chennai - 605 002, Tamil Nadu, India. Ph: 044-26222222



CERTIFICATE OF MERIT

This is to certify that HARIHARAN J K has actively participated in the Value

Added Course on **MINOR BEDSIDE SURGICAL PROCEDURES** held during Jan 2018

June 2018 Organized by Sri Lakshmi Narayana Institute of Medical Sciences,

Pondicherry- 605 502, India.

Dr. M. SENTHILVELAN, MS.

Reg. No. 50175

Professor, General Surgery

Sri Lakshmi Narayana Institute of Medical Sciences

Osaka - Kullapalayam, Puducherry-605 502

Dr. M Senthil Velan

RESOURCE PERSON

PROFESSOR & HOD

DEPARTMENT OF GENERAL SURGERY

Sri Lakshmi Narayana Institute of Medical Sciences

Chennai - 605 002, India

FCI Registration No. - 005 502

Dr. K BALAGURUNATHAN

COORDINATOR



Sri Lakshmi Narayana Institute of Medical Sciences

Affiliated to Bharath Institute of Higher Education & Research

Biher, District - Patna, State - Bihar, India - 801 101



CERTIFICATE OF MERIT

This is to certify that GOKUL SRIRAM D has actively participated in the Value

Added Course on **MINOR BEDSIDE SURGICAL PROCEDURES** held during Jan 2018

- June 2018 Organized by Sri Lakshmi Narayana Institute of Medical Sciences,

Pondicherry- 605 502, India.

Dr. M. SENTHILVELAN, MS.

Reg. No. 251175

Professor, General Surgery

Sri Lakshmi Narayana Institute of Medical Sciences

Class: Kuppasakam, Pondicherry-605 502

Dr. M Senthil Velan

RESOURCE PERSON

PROFESSOR & HOD

GENERAL SURGERY

Sri Lakshmi Narayana Institute of Medical Sciences

Class: Kuppasakam, Pondicherry-605 502

FCI Certificate No. - 605 502

Dr. K BALAGURUNATHAN

COORDINATOR

Student Feedback Form

Course Name: MINOR BEDSIDE PROCEDURES

Subject Code: G508

Name of Student: Arumathi M Roll No.: V16MB243

We are constantly looking to improve our classes and deliver the best training to you. Your evaluations, comments and suggestions will help us to improve our performance

Sl. NO	Particulars	1	2	3	4	5
1	Objective of the course is clear					✓
2	Course contents met with your expectations				✓	
3	Lecturer sequence was well planned					✓
4	Lectures were clear and easy to understand					✓
5	Teaching aids were effective					✓
6	Instructors encourage interaction and were helpful					✓
7	The level of the course					✓
8	Overall rating of the course	1	2	3	4	5

* Rating: 5 - Outstanding; 4 - Excellent; 3 - Good; 2 - Satisfactory; 1 - Not-Satisfactory

Suggestions if any:

Date: 20/2/2018

Arumathi M
Signature

Student Feedback Form

Course Name: MINDR BEDSIDE PROCEDURES

Subject Code: GS08

Name of Student: Jayanti J Roll No.: U16 MB306

We are constantly looking to improve our classes and deliver the best training to you. Your evaluations, comments and suggestions will help us to improve our performance

SL NO	Particulars	1	2	3	4	5
1	Objective of the course is clear					✓
2	Course contents met with your expectations				✓	
3	Lecturer sequence was well planned					✓
4	Lectures were clear and easy to understand			✓		
5	Teaching aids were effective					✓
6	Instructors encourage interaction and were helpful				✓	
7	The level of the course					✓
8	Overall rating of the course	1	2	3	4	5 ✓

* Rating: 5 - Outstanding; 4 - Excellent; 3 - Good; 2 - Satisfactory; 1 - Not-Satisfactory

Suggestions if any:

Date: 20/2/18

Jayanti
Signature

Date 18/6/2018

From
Dr K. Balagurunathan,
Professor and Head,
General Surgery,
Sri Lakshmi Narayana Institute Of Medical Sciences
Bharath Institute of Higher Education and Research,
Chennai.

Through Proper Channel

To
The Dean,
Sri Lakshmi Narayana Institute Of Medical Sciences
Bharath Institute of Higher Education and Research,
Chennai.

Sub: Completion of value-added course: MINOR BEDSIDE SURGICAL PROCEDURES

Dear Sir,

With reference to the subject mentioned above, the department has conducted the value added course titled **MINOR BEDSIDE SURGICAL PROCEDURES** for 20 students on JAN 2018- JUNE 2018. We solicit your kind action to send certificates for the participants, that is attached with this letter. Also, I am attaching the photographs captured during the conduct of the course.

Kind Regards

PROFESSOR & HOD
DEPARTMENT OF GENERAL SURGERY
SRI LAKSHMI NARAYANA INSTITUTE OF MEDICAL SCIENCES
Bharath Institute of Higher Education and Research,
Chennai - 600 032

Dr. BALAGURUNATHAN

HOD General Surgery

Encl: Certificates

Photographs

