

**GUIDELINES
FOR
INTERN MEDICAL OFFICERS
OF
PROFESSORIAL SURGICAL UNIT**

**PRESENTED BY
DEPARTMENT OF SURGERY, FACULTY OF
MEDICINE,
UNIVERSITY OF KELANIYA**

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INTRODUCTION

Congratulations and welcome to the Professorial Unit of the Faculty of Medicine, University of Kelaniya. The guidelines given in this booklet, are there to help you in your work. If you have any further questions, please do not hesitate to ask from a senior member of the team. This unit is attached to the North Colombo Teaching Hospital, which acts as the centre of a group of hospitals situated in close proximity.

They include the following,

- Rehabilitation hospital, Ragama
- Chest hospital, Welisara
- District hospitals, Kandana and Kiribathgoda
- Peripheral unit, Ja-ela, Andiyakanda

At this hospital consisting of 29 wards, patients can seek treatment under the following specialities and sub specialities.

- Medical – wards 9,12,13,15,16,21&22
- Surgical – wards 4,5,7,8,11, 41 & 42
- Paediatric – wards 2, 10 & 23
- Gyn & Obs – wards 6,14,17,18,24 &25

Sub specialities include:

- ENT (ward 3)
- Cardiology
- Dermatology (ward 26)
- Neurology
- Ophthalmology (ward 1)
- Oromaxillofacial
- Orthopaedics (ward 27)
- Psychiatry (ward 28 & 29)
- Radiology
- Rheumatology (rehabilitation hospital)
- Urology

The information you will receive in this chapter has been included in three sections.

- Facilities available in this unit
- Team of staff
- Method of admission of patients

Facilities available in this unit:

- Two surgical wards;
 - Male ward – ward 41 bed strength 44
 - Female ward – ward 42 bed strength 25+2 cots
- Endoscopy unit;
 - Upper gastrointestinal endoscopy (UGIE)
 - Flexible sigmoidoscopy
 - Colonoscopy / Endorectal Ultra Sound
 - Flexible cystoscopy
 - Endoscopic retrograde cholangio-pancreatography (ERCP)

- Gastrointestinal research lab;
Mainly reserved for research purposes. In addition, it provides facilities to perform upper gastrointestinal motility and manometric studies, ano-rectal physiotherapy or biofeedback for pre operative and post operative patients.
- Theatre facilities:
At present two (2) operating theatre blocks are functioning
Main (old) theatre complex.
New wing theatre situated in the professorial unit building

Our team:

- Consultants
 1. Prof. Ranil Fernando
MBBS(Col),MS(Col),FRCS(Ed), FRCS (Eng) FCRPS (Pakistan),FASI(India),PhD(C'bo)
Professor of Surgery
 2. Dr. Sumudu Kumarage
MBBS(Col),MS(Col),FRCS(Ed)
Senior Lecturer in Surgery
 3. Prof. Rohan Siriwardana
MBBS (Col), MRCS, MS (Col)
Professor in Surgery
Head/ Dept. of Surgery
 4. Dr. Bhagya Gunetilleke
MBBS(Colombo), MD(Anaes), FRCA(UK),
Senior Lecturer in Anaesthesiology
 5. Dr. Pramodh Chandrasinghe
MBBS (Kelaniya), MD (Col), MRCS (Eng), MRCSEd
Lecturer in Surgery
 6. Dr. Nalinda Munasinghe
MBBS (Kelaniya), MD (Col), MRCSEd
Lecturer in Surgery
 7. Dr. Suchintha Tillakaratne
MBBS (C'bo), MD (C'bo), MRCSEd
Lecturer in Surgery
 8. Dr. Diluka Pinto
MBBS (Kelaniya)
Lecturer in Surgery
- Senior registrar/s
Post MS trainee/s in general and gastrointestinal surgery.
- Registrar/s
Pre MS trainee/s in surgery

- Senior house officers
- House officers

- Demonstrators
Appointed by the department of surgery, post MBBS pre internship
- Technical officers
- Management assistant
- Research assistant
- Nursing staff
- Attendants and laborers

Admission policy:

- Casualty admissions
the majority of patients get admitted to this unit as casualty admissions. This unit's usual casualty day is Thursday, but once in every four weeks, we get one weekend casualty. In the second week following each weekend casualty, Wednesday and Friday are the casualty days. Therefore the total number of casualty days per month is at least nine (9) days.

- Admission at request
A few patients will be admitted at request by a consultant or from the clinics.

- Transfers from other wards
Few patients who have been followed up by our unit will be transferred from other wards once they are admitted to them as casualty admissions. Furthermore, the patients who have been referred to our consultants will also get admitted their request.

- Transfers from other hospitals
A few patients will be transferred from other hospitals for specialized management.

WHAT DOES THE UNIT EXPECT FROM YOU

Usually house officers are the first to receive the patients on their admission to a ward. Therefore, they will have a greater responsibility in immediate management of these patients than the other members of the staff. In addition, you will have to get involved at various stages of the subsequent patient management too. As a result of that, your active involvement at every stage is needed for the smooth functioning of this unit. For this purpose, we expect the following from you.

Ward rounds;

you should be able to do at least two (2) ward rounds a day. The morning ward round has to be completed around 7.45 am before senior registrar or a consultant arrives. The night ward round should be done by the person who is on call for that particular night and if a problem arises always inform a senior staff member. The night rosters should be arranged according to the number of house officers and it has to be made available in the ward at any time for other staff members. On the night round, please ensure that investigations are available to facilitate decisions to be made on the ward round, next day. The oncall rosters of the senior staff members are also available in the ward.

While you are clerking patients, please write good histories and precise examination findings.

Being punctual helps you to carry out duties well. Please carry the note books during ward rounds and take relevant notes as this will help you to do your work well.

Ordering laboratory investigations;

All biochemical and urinary investigations from this unit are done at professorial unit's laboratory, which is situated in professorial unit building. All haematological & histopathological investigations are done at the department of pathology, faculty of medicine.

Patients who are waiting for FNAC procedure should be sent to the department of pathology, faculty of medicine on any day from 8.00 am to 12.00 noon with the following.

- Properly filled request form
- Two(2) 23G needles
- One(1) 10cc syringe

Regarding investigations such as bone marrow aspiration, truocut biopsies etc. which need the assistance of a laboratory technician or a pathologist, make sure to inform them as early as possible through a request form giving details regarding the procedure, indication, the date and time that you are planning to perform it and a supportive clinical history.

When you are sending specimens for histological examinations, make sure to label it properly, to send with it a properly filled request form with a supportive clinical history.

Liaison with department of radiology;

Whenever you are requesting for radiological investigations, please follow the following instructions.

Always discuss with a consultant radiologist or a medical officer regarding all urgent investigations except plain x-rays.

All radiological investigations except plain x-rays must be requested through a consultant. Regarding investigations, which need prior preparations of patients, please discuss with the department and follow the protocols advocated by them.

Regarding surgical procedures such as retrograde ureteric catheterization, basket extraction of ureteric calculi which need assistance of a radiologist / radiographer, make sure to inform them before 12.00 noon on the previous day.

The following radiological investigations are available in this hospital at present.

- Plain X-rays
- IVU/ retrograde pyelography / MCUG
- Ultrasonography
- Double contrast barium swallow/ meal and follow-through and enema
- Sinogram/loopogram
- PTC/ Cholangiogram/US guided biopsy
- Myelogram
- CT scans- done at NHSL on every Tuesday & Friday at 2.00pm. an appointment book is maintained at the department of radiology
- MRI/ angiogram

Any queries regarding radiological investigations can be discussed at the monthly radiological meeting.

Preparation of patients for operation and attending operating theatres;

The preparation of patients for operation is the responsibility of the house officers. During this procedure always stick to the protocols that are used by the unit at the time.

Make sure to prepare four surgical lists to be sent to the following:

Operating theatre – two lists should be sent before 12.00 noon of the previous day

Director- one list

Ward – keep one copy in the ward

Before you prepare above lists, you should inform and discuss with the relevant consultant and it should be done according to the surgical appointment diaries available for each consultant. One house officer is supposed to attend the routine and casualty theatres.

When you send the patients to the theatre, please make sure to send the relevant x-rays, biopsy reports, blue charts and other necessary items such as pre-operative medication, catheters etc. with them.

Make sure to inform the ICU on the previous if a patient needs ICU care post operatively.

Casualty lists should be prepared with the help of the staff members and they have to be sent to the relevant theatre around 12.00 noon

The routine theatre schedule for each consultant is as follows:

Monday 8.00am – 4.00pm – Dr. Sumudu Kumarage

Tuesday 8.00am – 4.00pm – Prof. Rohan Siriwardana

Wednesday 8.00 am – 12.00 noon – Prof. Ranil Frnando

Liasion with division of anaesthesia;

Make sure that a pre operative assessment for anaesthesia is done is all patients prior to a routine operation by a consultant anaesthetist or by a M.O. (anaesthesia)

Many patients who are scheduled for routine operations will be seen by consultant anaesthetist at his / her clinic and they will bring an anaesthetic referral form. Please carry out the instructions given there when you prepare them. Otherwise, make sure to refer them to an anaesthetist during his/ her ward round on the previous day.

Cross matching of blood;

Cross matching of blood for operations should be done by you or by the medical officer, blood bank. The duty hours of medical officers of blood bank are as follows:

Weekdays 8.00am – 8.00pm

Saturdays 8.00am – 4.00pm

Sundays & public holidays 8.00am – 12.00 noon

Request for routine operations should be sent before 9.00 am on the previous day and if in any delay, please discuss with M.O. blood bank before you send it.

Make sure that the patients had already donated blood especially for routine operations before you request for it.

Requirment of blood for routine / emergency operations depends on each consultant and please discuss with them prior to your request.

Making appointments and preparation of patients for endoscopic procedures;

The indications and the expected number of patients a day endoscopic procedures depend on each consultant and always follow the instructions given by them.

Each appoitment should be given in the appropriate diaries available in the ward. Always follow the protocols that are used in the unit at present regarding the preparation of patients.

The schedule for endoscopic procedures is as follows:

Tuesday 9.00am – 12.00 noon

Friday 9.00am – 12.00 noon

Issuing diagnosis cards, medical certificates and death certificates;

A diagnosis card must be issued to each patients who needs to be followd up later. In addition, you are supposed to issue a diagnosis card to any patient treated by this unit if he/she requests for it. It should be written clearly and should include;

- Diagnosis /surgery
- Presenting complaint
- Indication for surgery
- Investigation results
- Treatment given
- Follow up plan with the clinic days
- Other information such as blood group drug allergy etc
- Full name of the consultant who treated and the house officer

All private and government medical certificates must be issued by a house officer and relevant books will be available at your request form nursing staff. In any doubt in issuing a medical certifietae, always get advise from a senior staff member or from the hospital administration officer.

A death certificate must be issued by the house officer who attended the death of that particular patient only if an inquest is not requested. An inquest must be requested for all deaths for which you cannot give a definitive cause of death such as:

- Homicidal attempts
- Suicidal attempts
- Death within 24 hours of admission where you cannot identify the cause
- Deaths while in jail / custody
- Deaths during anaesthesia or immediately after an operation
- Deaths due to burns etc.

N.B. this includes only the common indications, but not all for an inquest. In any doubt, please contact JMO office for futher details

All insurance claim applications should be signed by the consultant who are treated that particular patient or by the hospital director.

Follow up patients;

All patients who are discharged from the ward with further management plans are mainly followed up at the clinics. Each consultant has separate clinics for this purpose. House officers are supposed to attend these clinics and to see the patinets whom a senior staff member has already seen. New patient are given red numbers and follow up patients are given blue numbers.

Please check with each consultant whether a particular patient needs follow up.

The clinic schedule for each consultant is as follows:

CONSULTANT	CLINIC	THEATRE	ENDOSCOPY
1. Prof. Ranil Fernando MBBS(Col),MS(Col), FRCS(Ed), FRCS (Eng) FCRPS (Pakistan),FASI(India),PhD(C'bo) Professor in Surgery Head/ Dept. of Surgery	Friday 8 am Room no. 41/44	Wednesday 8am	Tuesday 8 am
2. Dr. Sumudu Kumarage MBBS(Col),MS(Col), FRCS(Ed) Senior Lecturer in Surgery	Tuesday 2 pm Room no. 42/43	Monday 8am	Friday & Tuesday 8 am
3. Dr. Bhagya Gunetilleke MBBS(C'bo), MD(Anaes), FRCA(UK), Senior Lecturer in Anaesthesiology	Wednesday 8 am Room no. 19		
4. Prof. Rohan Siriwardana MBBS (Col), MRCS, MS (Col) Senior Lecturer in Surgery	Monday 8 am Room no. 40/41 Wednesday & Friday Liver clinic @ faculty 8 am	Tuesday 8am	Tuesday & Friday 8am
5. Dr. Pramodh Chandrasinghe MBBS (Kelaniya), MD (Col) MRCS (Eng), MRCSEd Lecturer in Surgery			
6. Dr. Nalinda Munasinghe MBBS (Kelaniya), MD (Col) Lecturer in Surgery			
7. Dr. Suchintha Thilakaratne MBBS (C'bo), MD (C'bo), MRCS (Ed) Lecturer in Surgery			
8. Dr. Diluk Pinto MBBS (Kelaniya) Lecturer in Surgery			

N.B. patients with haemorrhoids and varicose veins are followed up at a rectal clinic. The main purpose of this clinic is to give sclerotherapy to above patients if clinically indicated.

Maintenance of major and minor operation diaries

Each house officer is responsible for the maintenance of major and minor operation diaries, which are available in the wards. The person who attends the theatre or the person who is on call for that particular night should enter the relevant details.

Attending the unit meeting

Every Thursday, at 10am all the members of the unit will meet to discuss weekly mortality, morbidity and management of difficult cases in the ward. This is a quality control measure of this unit and it is your responsibility to attend this and make your proposals. Here you will have to present the details regarding all deaths, which took place during that week. Therefore be prepared with the clinical details, BHTs and details of inquests if done. Furthermore, you are supposed to discuss any morbidity of the ward where you do not agree with the current management plan or where a proper management plan is not proposed.

SPECIAL POINTS TO REMEMBER

Admitting new patients ;

All new admissions should be seen by a doctor within 30 minutes
Urgent cases should be selected and attended
Any immediate problems should be informed to seniors immediately
Urgent investigations should be noted separately and tracked

Discharging patients ;

Before discharge HO should speak to patients about drugs, discharge instructions and any other relevant matters.
Check whether drugs are written properly and diagnosis cards are given to the patients.

Discharge card :

All patients should have a detailed diagnosis card given to them. (unless specified)
Diagnosis card written with relevant details is the responsibility of HO. For major surgeries, card should be approved by the registrar
Document the accountable HO's name at the end of the card.

During the visiting hours ;

One house officer should be within the ward premises to help the visitors and to give relevant information about the patients. This should not be done by the nurses.
Any complaint of relatives should be duly handled and when necessary should be diverted to seniors.

Attending to emergencies / on calls

The house officer should be within the hospital premises or should be available within 10 mins
Oncall HO should respond to calls immediately. If failed to do so will be inquired in detail.
Any situation that is beyond the ability of HO should be informed without delay.

Leave / second on call

Any house officer take leave should have a prior approval of HOD unless it is an emergency
Second on call HO should be available in case 1st oncall HO cannot handle the ward work

Conflicts with staff

At all times should not have conflicts with permanent ward staff.
All difficult situations should be directed to seniors than going into conflicts.

House officer is the first contact person with the patients. The unit reflected by the actions of the HO. A efficient house officer is a asset to a unit

BEST WISHES