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## **RESEARCH ARTICLE**

### **Different Guidelines And Recommendation For Surgery: A General Review**

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#### **Abstract**

There are more than 50 Standard guidelines of general surgery by different institutes, governments and associations. Though the major guidelines does not include low and middle income countries.

#### **AIM :**

The aim of this study is to develop global guideline for general surgery in short form that are applicable across all hospitals and health care systems.

#### **MATERIALS AND METHODS:**

We consider medical literatures of standard general surgery guidelines as shown in Table

1. The author use the best available literatures about general surgery guidelines and management recommendations. The different research papers and books are included as shown in references.

#### **RESULTS:**

Author of this paper tries to summarize and in brief form of all standard general surgery guideline so student and policy maker could have essay form of single guideline for general surgery.

#### **CONCLUSIONS:**

All guidelines for safe surgery are based on evidence and experience based recommendations. May surgical safety checklist differ slightly because of environmental, socio-economical conditions are different. For all most all surgical guidelines are based on WHO's surgical safety guidelines. All most all guidelines contains 1. Highly recommended. 2 recommended and 3. Suggestion parts. Special cases are as in important paints.

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## 1 | INTRODUCTION

There are governments of some countries have published standard guideline for general surgery. Some universities and medical institutes and associations have also published general surgery guidelines. To make the things up to date, these guidelines are revised time to time. We consider latest version at all guidelines.

Though the all guidelines and recommendation are according to countries socio- economical, cultural-tradition and environment. It should be patient friendly and easy accessible. It is may not be rigid because of it deals with human and especially human who is in trouble.

The main aim of all guidelines is to provide patient safety steps and recommendation. Reliability, flexibility and cost-effectiveness are important of health systems.

These guidelines include guidelines for patients, hospital management, nursing and supporting staff and of course surgeons. The half of the surgical complications are preventable. 2 Data from low and middle-income countries about death rates and other major complications are not reliable. Though the guideline implementation is not so costly but poor systematization causes serious complication in surgery patient.

Some easy and straight forward procedures contain many critical steps. If any stage has Complication entire procedure may fail. Surgical procedure is tem work, the knowledge and experience matters. Almost seven million surgical patients suffer significant complications after the surgery. It has been three part.

(A) Patient

(B) Hospital or Organization

(C) Doctor or Surgeon

Medical Knowledge is increasing at an exponential rate and hence surgical guidelines must be up to date.

## 2 | PATIENTS:

- Effective communication with surgical staff and surgeon.
- Should provide all past medical documents and information about drug resistance and Allergy and past medical treatments.
- Follow all instructions and checklist provided by the Hospital. Ask doctor, if you have any quarries.
- If patient has any difficult airway or aspiration risk especially asthma, it must inform anaesthesiologist.

## 3 | HOSPITAL OR ORGANIZATIONAL GUIDELINES:

1. Tag patient and operation site correctly. Health care provider team should work accordingly.
2. Before incision, open communication in surgical team about critical detail of the operation and antibiotics and appropriate maintain of physical parameters and glycaemia.
3. For effective and safe surgery, surgical team must observed availability of all team members, knowledge about patient allergies, once good communication within team as well as patient. They must start with correct patient site and procedure and informed consent.
4. Second step for safe surgery is prevention of SSI. Start with hand washing, perfects administration of antibiotics skin preparation and sterilization and decontamination of instruments. Finally safe wound care is important part of prevention of SSI.
5. Emergency and elective surgical pathways should be managed separately.
6. WHO surgical safety checklist is used for all surgical procedure including local guidelines.
7. There should be clear mechanism because in absence of patient's records. Surgeons/hospitals use information from supporters, family and friends when patient is un conscious or confused.
8. Do not attempt cardiopulmonary resuscitation and should be revived case by case.
9. Prompt availability of blood component and massive haemorrhage protocol has to be implemented.
10. Critical care facilities are available at all times for emergency surgery specialist intensive care services are matched to specialist surgical requirements.
11. Mobilization should take place at the earliest possible opportunity and discharge with appropriate care plan.
12. A consultant should available all times for call and An acute response team is available 24/7.
13. Primary care providers must have accurate discharge information timely so they can support patient for primary care.
14. Without any delay patients should transfer to hospital and within the hospital and between the hospitals.

## 4 | DISCUSSION:

In 2008 WHO published mandatory global patient safety challenge "safe surgery save life." There are many general forgery guidelines from government and associations and hospital universities, majority, amorous topics are common for instantance, surgical site infection and effective sterilization of instruments. These are not cost dependent, but because of weak systemation and patient response to instructions. The aim of all guidelines is safe surgery saves lives.

Anaesthesia is dangerous to patients in number of ways. Hypoxia, medication reaction, and cardiac depression of our life treating problems. It may be more dangerous than surgery itself. Special guideline is definitely needed. Evidence based decisions in surgery make essay for surgeon and can improve quality of surgery through quick, easy to implement. Modules, guideline base practices become egregious. But on other hand, in emergency surgery case may not have time to collect all evidence hence guidelines and their steps are important in emergency surgery especially.

The patients undergoing emergency surgery, comparatively they are at a higher risk of death than elective surgery patient. Special surgery speciality is guided by Table-II follow the hystory as shown in diagram-I. To minimize waiting time for general and special surgery CHART-1 is good to follow.

#### 5 | IMPORTANT NOTES:

1. Rate of mortality during general anaesthesia is one of the major issue.
2. Infections are other major issue in general surgery case. (1) and (2) are preventable.
3. According WHO, one million surgical patients die during and immediate after surgery.
4. Effective sterilization of instrument and equipment are important concern.
5. An antibiotic prophylaxis just before surgery and cultural test of antibiotics can prevent SSI.
6. History taking is science as well as art. Pacucity of basic data creates serious problem.
7. Anaesthesia is dangerous to some patient in different ways.
8. Each surgical procedure have risk of human error. Team should ready to resolve error.
9. To avoid 'wrong site' or 'wrong patient' errors, surgical team should confirm verbally before incision.
10. The marking of surgical site by permanent marker pen make sure ink should allow to drug hence can not create image. 6
11. The WHO surgical safety checklist has already been very effective in minimizing the wrong site surgery.
12. Make sure all possible and available diagnostic images and radiological reports.
13. Immunocompromised patients are awaiting organ allotransplantation or have sickle cell disease are at high risk of developing complicatin. Should be treated as complication without symptoms.

14. For scar treatment and management like 'Pressure therapy', 'Laser therapy', 'Radio therapy' and 'cryo therapy' surgeon requires to refer case to specialist or separate guideline should be implimanted.7

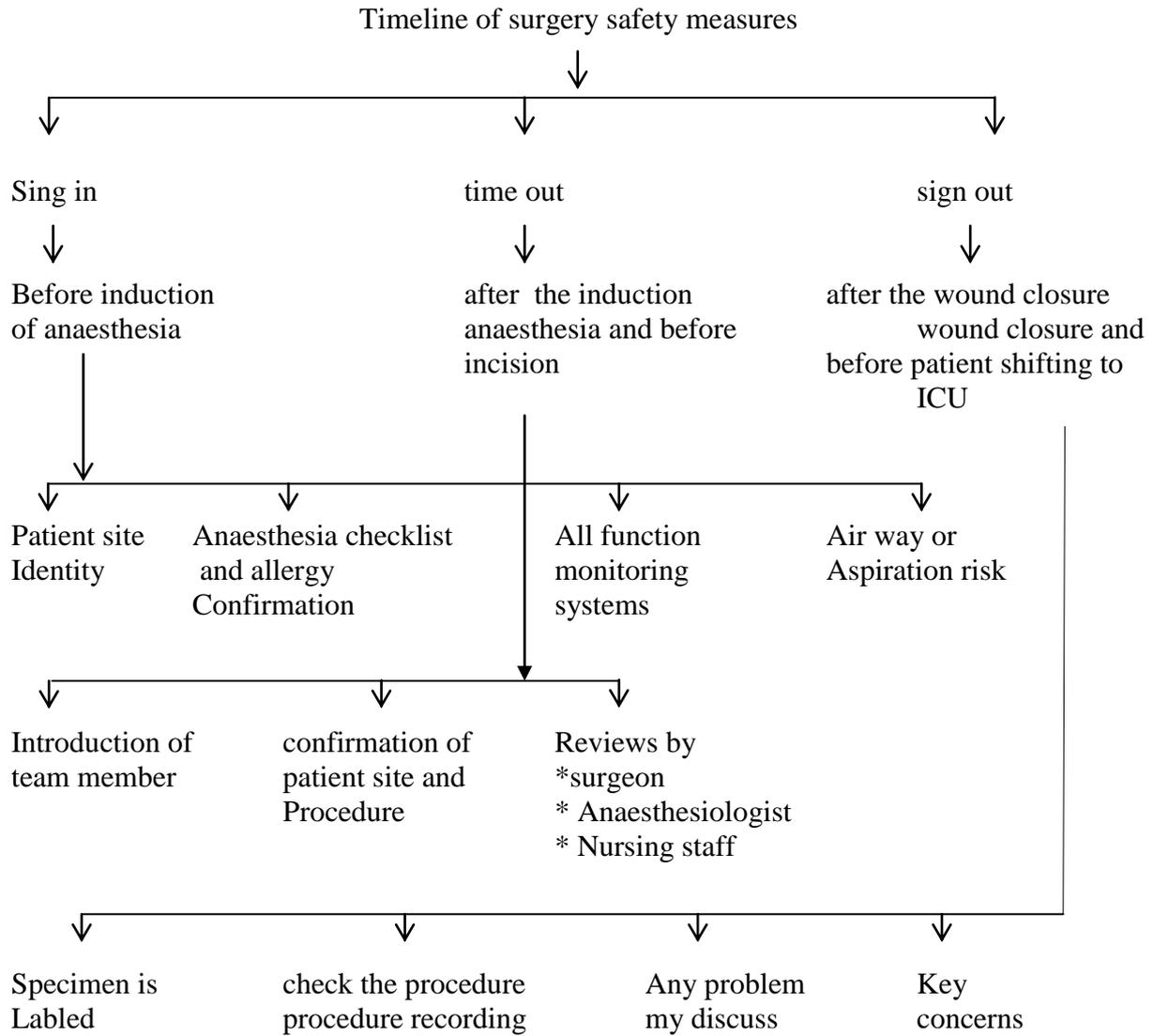
15. Use and implimantation at various standard guidelines, protocols and checklists with multidisciplinary team are specially important in developing countries for the potential savings in lives and finances.8

16. More often, there is a gap between new medical knowledge and research. Its translation to clinical practice to narrow this gap continuous discussion between surgeon and his/her supporting staff.

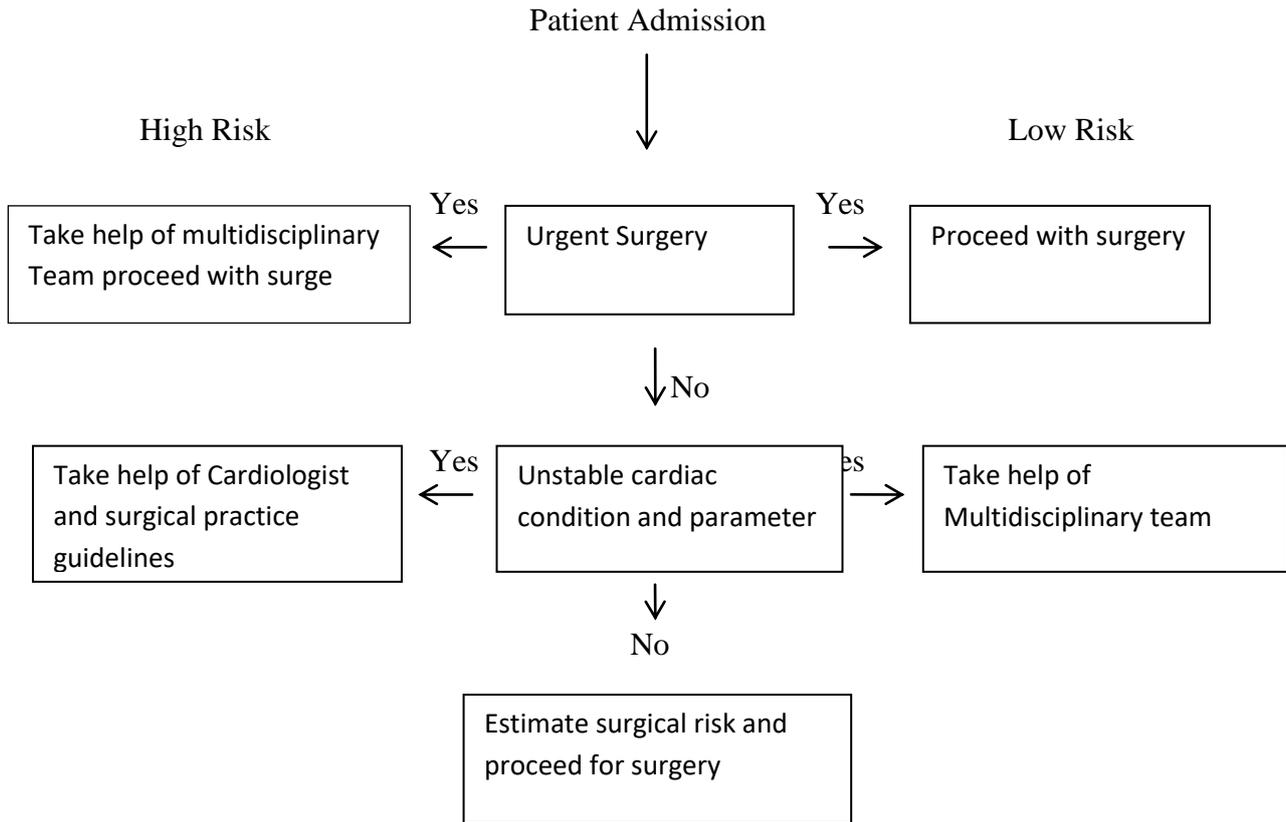
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**CHART-I**



**DIAGRAM -I**



**TABLE: 1**

<b>Sr.</b>	<b>TITLE</b>	<b>YEAR</b>
1	WHO guidelines for state surgery	2009
2	Current surgical guidelines oxford medicine online	2009
3	Standard treatment guidelines for general surgery ministry of health and welfare government of India	N.A.
4	Guidelines for day-case surgery	2019
5	Standards and guidance Royal college of surgeons of England	
6	Global surgery booklet	2018
7	Office-based surgery guidelines Massachusetts medical society	2011
8	Eastern association for the surgery of Trauma practice management guidelines	N.A.
9	Clinical guidelines (surgery / surgical specialities) the Royal college of surgeons of Edinburgh	2020
10	Acute care surgery guidelines department of surgery UT health Houston MC Govern Medical school	N.A.
11	Useful guides and standards Royal Australian College of surgeons.	N.A.
12	Digestive surgery guideline	20122
13	Espen practical guidance: clinical nutrition in surgery	2021
14	Best practice in surgery: guideline surgery university of Toronto	N.A.
15	COVID-19 guidelines and Resources American board of surgery	2020
16	Guidelines world society of Emergency surgery	N.A.
17	General Guidelines John Hoskins Department of surgery	N.A.
18	NSW emergency surgery guideline and principal for improvement	2021
19	Guidelines the American Association for surgery of Trauma	2011
20	Guideline world society for emergency surgery	2019
21	Clinical practice, crediting and reporting guidelines The society of Thoracic surgeon	2021
22	Dynamic practice guidelines for emergency general surgery Canadian association of general surgeons	2020
	N.A. = Not Available	

**TABLE – II**

There are different short of guidelines for various types of surgery these branches are:

<b>Sr.</b>	<b>Title</b>	<b>Remark</b>
1	Cardiac surgery	www.academicoup.com www.sts.org
2	Orthopaedic surgery	www.aaos.org www.clinicalestablishment.gov.in
3	Head and neck surgery	www.entnet.org www.sts.org
4	Endocrine surgery	www.baets.org.uk www.endocrine surge.org
5	Bariatric surgery	www.theossi.com www.asmb.org.
6	Vascular surgery	www.vascular.org www.esvs.org.
7	Cardio thoracic surgery	www.oup.com www.eacts.org
8	Oncology surgery	www.surgonc.org www.essoweb.org
9	Gynaecologic surgery	www.gtmer.ch www.ocog.org www.gunsurgery.org
10	Neurosurgery	www.aans.org www.cns.org www.facs.org