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MUHS College Code : 3401

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छत्रपती शाहू महाराज शिक्षण संस्था संचलित

आयुर्वेद महाविद्यालय व रुग्णालय

CHHATRAPATI SHAHU MAHARAJ SHIKSHAN SANSTHA'S

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Pre-Operative SOP's –

- Written Consent of patient and relatives
- Nil By mouth from mid night
- Preparation of the part
- Soap Water Enema
- Inj. Xylocaine (2%) Sencsitivity Test
- Inj. Taxim 1 gm BD
- Inj. Genta 80 mg BD
- Inj Metrogyl 500mg TDS
- Watch for FHS (If ANC)
- Watch for TPR /BP
- Inform SOS

Principal

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Opp SOP's

Anesthesia:

Anesthetic:

Surgeon:

**Operative Notes: Hysterectomy Abdominal or
Vaginal / LSCS/ Ovarian
Cystectomy/Laparoscopy/Cervical Encerclage**



Dr. Animesh

Principal

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Post-Operative SOP's

- Head low Position (If Spinal Anesthesia Given)
- Neck Raised in Left or Right Lateral position (If GA)
- NBM
- IV DNS 2 Unit
- IV RL 2 Unit with Pitocin 20 IU
- IV D5 % 1 Unit
- Inj. Taxim 1 gm BD IV
- Inj. Genta 80mg BD IV
- Inj. Metrogyl 500 mg TDS
- Inj. Dynapar SOS
- Inj. Emeset SOS
- Inj. Pan D SoS
- Watch for PV Bleeding
- Watch for TPR / BP
- Maintain Input output Chart
- Inform SOS



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UTTARA BASTI

DEFINITION

Uttara Basti is a procedure in which medicine in form of Taila/Ghrita is made to pass through Yoni in to Garbhasaya and through MutraMarga in to Mutrasata in female.

STANDARD OPERATING PROCEDURE

MATERIAL REQUIREMENT

- Sims speculum
- Anterior vaginal wall retractor
- Sponge holding forcep
- Vullselumforcep
- Uterine sound
- Uttara Basticanula
- Syringe
- Bowl
- Sterile gloves
- Gauze piece
- Cotton
- Oil/Ghrita



Jeelesh
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1) PURVA KARMA

- Take consent for the procedure and evaluate patient safety for before procedure as per pre procedure checklist Whole body Abhyanga with medicated oil (BalaTaila/ Narayana Tail) for 20 minutes.
- SarvangaBashpaSweda by Nirgundi Patra Kwatha for 10 minutes
- Yoni Prakshala with PanchavalkalaKwatha
- Prepare operation theatre trolley

2) PRADHANA KARMA

- Position-Lithotomy position
- Painting with antiseptic solution at vulva and vagina.
- Visualize cervix by using Sims speculum and anterior vaginal wall retractor.
- Catch the anterior lip of cervix by vullselumforcep.
- Determine length and position of uterus by uterine sound.
- Uttara Basticanula is introduced in the direction of uterine cavity, then 3/5 ml medicated Taila/Ghrita is injected with syringe from oyer side of canula
- Remove all instruments

3) PASHCHATA KARMA

- Patient is given head low position for 15 minutes



Reshumbes

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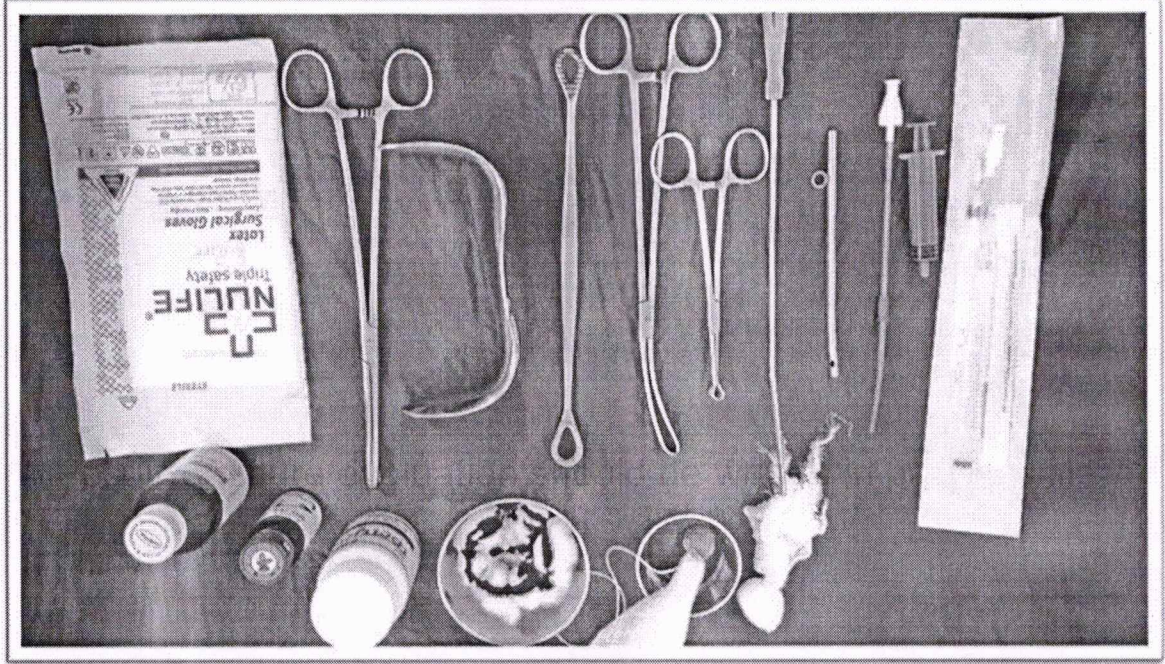
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- Post procedure evaluation should be written in patient's file



Uttarbasti kit



Reshman

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SOP'S Of kalka Dharan:

Patient is received in Prasuti Tantra OPD. After checking of oxygen saturation & temperature at the entrance of hospital According to COVID situation.

1. General examination is done by Respective Consultant
2. Pt is registered in OPD register.
3. Consultant verifies the OPD case paper and write down her observation and treatment.
4. The procedure is done in OPD
5. Ask to patient to empty the bladder
6. Lithotomy position is given to the patient
7. Vulval toileting with betadine solution
8. P/S or P/V examination is done with all aseptic precaution
9. Drug (kalka) preparation is done According to diseases
10. After routine gynecological examination rule out nation any or PID all investigations should done
11. Snehan swedan
12. Local aseptic care
13. Sterile cloths is covered to abdomen
14. Medicated paste(Kalka) is covered with sterile gauze piece with thread
15. Tail or medicated ghee is used according to diseases
16. Medicated kalka is placed in to vagina



Jeehmes
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17. Give Instructions to the patient keep Kalka for 1 hrs to 2 hrs till the sensation of micturition
18. Remove the kalka by pulling the gauze thread
19. After the procedure ask to patient to lie in supine position for 10 min then allow to go.

Beeshmish

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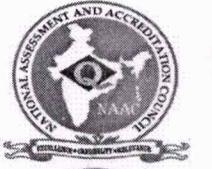
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YONI PICHU

Definition- Dipping of a gauze piece in Taila or Ghrita and kept in vagina is called Yoni Pichu.

STANDARD OPERATING PROCEDURE

MATERIAL REQUIREMENT

- Sterile gloves
- Gauge piece
- Medicated oil/Ghrita
- Bowl

1) PURVA KARMA

- Take consent for the procedure and evaluate patient safety for before procedure as per pre procedure checklist
- Patient is advised to empty her bladder.
- Slightly warm Oil/Ghrita

2) PRADHANA KARMA

- Position-Dorsal position with thigh flexed.
- Sterile gauze piece will be dipped in medicated oil/Ghrita and then enter it in the vagina.



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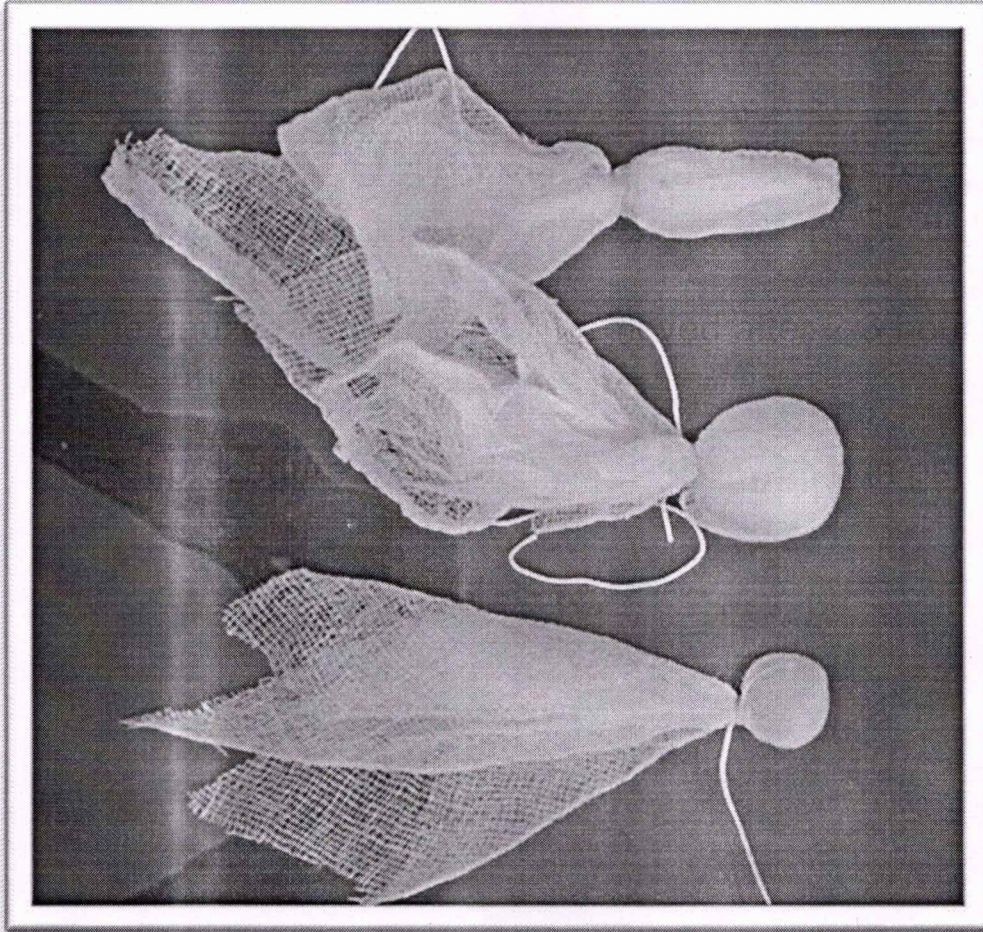
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3) PASHCHATA KARMA

- The gauze piece should be removed after 2-3 hours or when patient feels urine sensation
- Post procedure evaluation should be written in patient's file



YONI PICHU



J. Shrinivas
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YONI PRAKSHALANA

DEFINITION

This is the special procedure with which asepsis is produced. This can be correlated with irrigation of vagina or douche

STANDARD OPERATING PROCEDURE

Material requirement

- Sterile gloves
- Gauge piece
- Cotton
- Kwatha
- Douche Can
- Rubber tube
- Vaginal nozzle
- Sponge holding forcep

1) PURVA KARMA

- Take consent for the procedure and evaluate patient safety for before procedure as per pre
- procedure checklist



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- Patient is advised to empty her bladder.

- Prepare Kwatha

2) PRADHANA KARMA

- Position-Dorsal position with thigh flexed.
- Vaginal nozzle will be inserted in vagina without lubrication.
- Then slowly wash with 500 ml medicated Kwatha in clockwise and anticlockwise direction.

3) PASHCHATA KARMA

- Patient is advised to cough for expulsion of the remaining Kwatha from vagina.
- Clean the vulva and vagina with gauze piece
- Post procedure evaluation should be written in patient's file



Principals

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3. Pt is registered in OPD register.
4. Consultant verifies the OPD case paper and write down her observation and treatment.
5. The procedure is done in OPD
6. Ask to patient to empty the bladder
7. Lithotomy position is given to the patient
8. Vulval toileting with betadin solution
9. P/S or P/V examination is done with all aseptic precaution
10. Drug (kwatha) preparation is done According to diseases
11. In this procedure vaginal canal ,fornixes, cervix are washed with medicated Luke warm kwatha
12. 1000 ml kwatha is taken
13. Procedure is conducted in all aseptic precaution
14. Keep Patient in observation for halfhour
15. After that consultant reexamine the patient for all vital sign and allow to go.



(Signature)

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