



# KMCT AYURVEDA MEDICAL COLLEGE

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## STANDARD OPERATING PROCEDURES

### SHALYATANTRA

<b>DOCUMENT NAME</b>	<b>STANDARD OPERATING PROCEDURE- SALYATANTRA</b>	
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The authority over control of this manual is as follows:

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**1.0. Introduction**

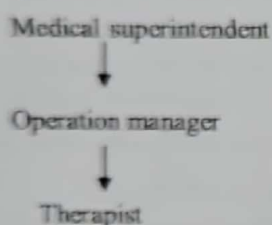
To provide general guidelines for handling patient undergoing various clinic procedures like Shalya Tantra

**2.0. Objectives:** Providing better treatment to patients.

**3.0. SCOPE**

This policy is applicable in all procedures like Shalya Tantra.

**4.0. Department Structure:**


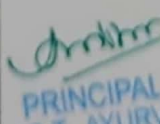



**5.0. Staff and Structure**

**Job description**


- Observe patients doing tasks, ask them questions, and review their medical history
- Evaluate a patient's condition and needs
- Develop a treatment plan for patients, laying out the types of activities and specific goals to be accomplished
- Help people with various disabilities with different tasks.
- Demonstrate exercises that can help relieve pain for people with chronic conditions
- Educate a patient's family and employer about how to accommodate and care for the patient
- Recommend special equipment, such as wheelchairs and eating aids, and instruct patients on how to use that equipment.
- Assess and record patients' activities and progress for patient evaluations, for billing, and for reporting to physicians and other healthcare providers.
- Perform as advised by the doctor.

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**6.0. POLICIES:**

**6.1. Qualification of staff:**

All procedures will be performed by trained and credentialed staff under supervision of doctors.

**6.2. Pre- procedure Assessment:**

All patients shall go a pre procedure examination which would include vital signs, general wellbeing, intake output etc.

**6.3. Pre- procedure Preparations and Medications**

Shalyatantra unit maintain written instruction for pre-preparation of patients required for each type of procedure. Nursing units will use checklist based on the instructions to check and record whether the required preparatory activities for the clinical procedure has been performed. The nurse responsible for pre-paring patient will sign the checklist and in the absence on one will record the status of preparation with time in the nursing note section of the clinical case record.

**6.4. Informed Consent**

Consent for the patients and or relatives for the clinical procedure should be obtained by the clinician performing the procedure or a clinician who member of the team / unit in the specified format after explaining the following details:

1. Nature of Procedure
2. Reason for the procedure.
3. Expected Outcome.
4. Risk Involved.
5. Expected duration of recovery
6. Other treatment options etc.

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The consent is obtained from the patient and or the surrogate (Refer Informed consent Policy) as per the hospital's policy a day prior to the scheduled date for the procedure

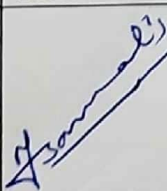
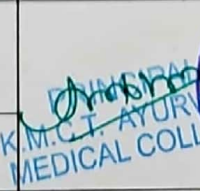
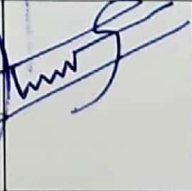
**6.5. Transfer of Patient to Procedure Area:**

The patient is accompanied and directed to treatment room by Therapists. In case of specific mobility requirements a wheel chair or stretcher is used.


**6.6. Prevention of Wrong Procedure/Side/Site and Wrong Patient:**

The prevention of wrong site/side/procedure and patient begins with the pre procedure evaluation of the patient.

The same is strengthened adhering to shalyatantra checklist for therapist.

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**6.7. Post Procedure process:**

- Post procedure patient is observed for giddiness or weakness. If required the vitals are checked
- Once the patient is found stable he/she is transferred to room.

**7.0. STANDARD OPERATING PROCEDURES:**

**General regime:**


- Food should not be taken at least 1 hour before the procedures.
- Easily digestible food should be preferred.
- Hot water should be used for all purposes.
- Day sleep should be avoided; take proper sleep at night.
- Avoid exposure to breeze, sunlight and cold atmosphere

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## AGNIKARMA

### DEFINITION

A classical para- surgical procedure of producing therapeutic burns on the body to cure certain conditions is known as Agnikarma.

### MATERIAL REQUIREMENT

- Panchadhatushalaka
- Murivenna
- Kumari
- Antiseptic solution

### PURVAKARMA

- Take consent for the procedure and evaluate patient safety for before procedure as per pre- Procedure checklist
- Murivenna
- Area demarcation for Agnikarma should be done
- Heat the Panchdhatushalaka up to red hot

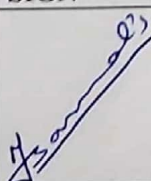


### PRADHANA KARMA

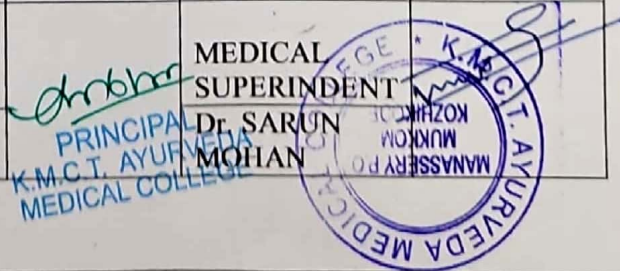
- Painting of demarcated area for Agnikarma with antiseptic solution.
- Agnikarma with Panchdhatu shalaka with Bindudagda method leaving 0.5cm-1cm gap between two points of dagdha
- Immediate kumarimajja application

### PASCHAT KARMA

- Packing with murivenna after Agnikarma over the Dagdhavrana
- Advice to avoid water contact to Dagdhavrana area for next 24 hours.
- Post procedure evaluation should be written in patient's file.

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## JALAUKAVACHARANA

### DEFINITION

Therapeutic application of medicinally usable leech for the purpose of removing vitiated blood is known as jalaukavacharana

### MATERIAL REQUIREMENT

- Medicinally usable leeches (Nirvisha Jalouka)
- Waterpot
- Kidney tray
- Haridra
- Sterile needle or lancet
- Gauze piece
- Sterile gloves

### PURVAKARMA

- Take consent for the procedure and evaluate patient safety for before procedure as per procedure checklist
- Preparation of local parts
- Preparation/activation of Jaloka by keeping it in water pot with Haridra powder dusting

### PRADHANA KARMA

- Application of Jaloka manually with or without use of skin prick by lancet or needle.
- Observation of hooking of Jaloka for complete fixation of jaloka
- Application of wet gauze piece over Jaloka
- Observation of proper suction movement of Jaloka upto self withdrawal of Jaloka
- Remove Jaloka manually by dusting of Haridra powder only if it pains or presence of tingling sensation is there.

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**PASCHAT KARMA**

- After removal of Jaloka, dusting of Haridra powder should be done on operated part to stop the bleeding
- Tight pressure bandage should be given on operated part.
- Jaloka Vamana should be done by classical method of Haridra powder dusting and finger pressure by thumb and index finger on jaloka
- Drop the Jaloka in clean water pot for rest
- Post procedure evaluation should be written in patient's file

**SAFETY PRECAUTION**

- Onetime applied Jaloka should not be used for next 7 days
- Preservation of Jaloka should be done properly
- Jaloka used in one patient should not used in another patient. It should be patient personalized.
- Jalokavacharana should be performed gently and not vigorously.

**KSHARA SUTRA THERAPY**

**DEFINITION**

The ksharasutra a medicated thread is surgical linen (Barbour thread no.20) coated repeatedly with plant based ingredients, so that a required amount of drug gets adhered on thread to achieve therapeutic value.

**INDICATIONS**

Bhagandar (Fistula in Ano)


**INVESTIGATIONS**

- Blood sugar
- Complete blood count
- Bleeding time, clotting time,
- Blood group

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- HIV, HBs Ag,
- X ray chest – to rule out TB
- ECG
- Fistulogram may be done. When branching is suspected, in recurrent fistulae and when internal opening is not appreciable.
- MRI pelvis MR fistulography
- Biopsy when specific cause is anticipated
- Examination under anaesthesia
- Probe test
- Injection technique is useful in delineating the tract


#### MATERIALS REQUIRED FOR KSHARASUTRA THERAPY

- Dressing trolley
- Hole sheets
- Betadine solution
- Operation table
- Gauze pieces
- Dressing pad
- Standard ksharasutra
- Disposable syringe- 10 ml
- Xylocaine 2% with adrenaline
- Xylocaine 2% jelly
- Distilled water/ normal saline
- Malleable copper probe
- Linen thread no 20
- Methylene blue
- Sim's speculum
- Allis forceps
- Straight and curved artery forceps
- Sponge cutting scissors
- BP handle with surgical handles

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### KSHARASUTRA PROCEDURE

#### a) Preparation of the patient

- Physician and anesthetist fitness
- Patient should be admitted on a day before the procedure
- Instructions should be given to the patient regarding the part preparation.
- The patient should be kept nil orally for at least 6 hrs before the procedure
- Inj. Tetanus Taxoid 0.5 ml, 1M, should be given on a day before the procedure to every patient
- A written informed consent should be obtained
- Preoperative antibiotics should be given.
- Xylocaine sensitivity test have to be performed in every patient those who will be planned under local anaesthesia

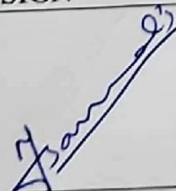


Anaesthesia: Local anaesthesia

#### b) Operative technique

- The procedure will be performed with the patient in a lithotomy position
- After painting and draping, local anaesthesia will be infiltrated at the operative site
- A probe will be passed from external opening and will be taken out from the internal opening and a ksharsutra will be applied in the tract.
- After achieving hemostasis, sterile dressing should be applied.

#### c) Postoperative care

- Oral analgesics for post operative 1-2 days
- Oral antibiotics- first five days
- Triphalaguggulu, two tablets three times a day
- Warm Sitz bath 2 times a day, by adding Nalpamaradi choorna / Triphala churna in water.
- Bulk laxative, isabgol- 4tsf with lukewarm water at bedtime for a month or any laxative.
- Daily dressing cleaning of the tract with Antiseptic solution and application of jatyadi taila in the wound

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**Further planning**

- After 7 days kshara sutra should be changed.
- Kshara sutra should be changed once in a week till the fistulous tract cuts completely.
- Patient should be assessed weekly till the wound heals completely

**KSHARASUTRA BANDHANA IN NADIVRANA**
**MATERIAL REQUIREMENT**

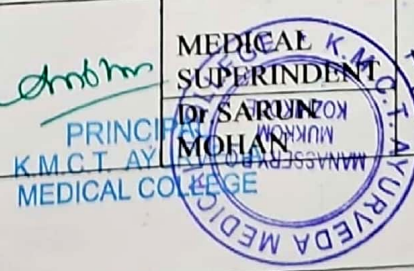
- Sponge holding forceps
- Betadine solution and spirit
- Sterile gauze piece and cotton
- Sterile linen hole sheet
- Cotton bandages
- Standard kshara sutra
- Disposable syringe –10 ml
- Xylocaine 2% with adrenaline
- Xylocaine 2% jelly
- Distilled water or normal saline
- Malleable copper probe
- Linen thread no.20
- Straight and curved artery forceps
- Allis tissue forceps
- Sims speculum
- Probes (different size and length, malleable/non malleable)
- Tissue cutting scissors
- BP handle with surgical blades


*Subhasreegh*

**PURVA KARMA**

- Obtain written informed consent for the procedure
- Part preparation, site demarcation painting and draping is done.
- Infiltration of local anesthetic (lignocaine 1%)

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### PRADHANA KARMA

- Expose the area and confirm the site
- Probing done into the external to another ext opening and define the tract ( if needed do retrograde probing)
- Ligation of ksharasutra with the help of probe.
- If needed explore the external opening of bhagandara /nadivrana for the drainage of discharge.

### PASHCHAT KARMA




- Clean operative site with betadine
- Packing done with gauze piece
- Apply bandages at operative site
- Change the previous ksharasutra on every seventh day.

## KSHARASUTRA BANDHANA IN ARSHAROGA

### MATERIAL REQUIREMENT

- Sponge holding forceps
- Betadine solution
- Sterile gauze piece and cotton
- Sterile linen hole sheet
- Cotton bandages
- Standard ksharasutra
- Disposable syringe – 10 ml
- Xylocaine 2% with adrenaline
- Xylocaine 2% jelly
- Distilled water or normal saline
- Malleable copper probe
- Linen thread no.20
- Straight and curved artery forceps

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- Allis tissue forceps
- Pile holding forceps
- Sims speculum
- Tissue cutting scissors
- BP handle with surgical blades
- Round body needle
- Roller gauze

**PURVA KARMA**

- Obtain written inform consent
- Lithotomy position
- Part preparation, site demarcation and painting and draping is followed
- Infiltration of local anesthetic (lignocaine 1%)
- 4 finger dilatation (2+2) if needed

**PRADHANA KARMA**

- Expose the area and confirm the site
- Hold the body of Arsha with pile holding/ sponge holding forceps
- Transfix the ksharasutra on the root (pedicle) of arsha and ligation in different directions
- Repeat same procedure in other Arsha

**PASHCHAT KARMA**


- Clean operative site with Betadine.
- Packing done with gauze piece

*Dr. Subhasree G H*

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## KSHARA KARMA IN ABHYANTARARSHAS/ INTERNAL HAEMORRHOIDS

### INDICATIONS

- Soft, spread out, deep rooted and elevated type of arshas
- Second, third and fourth degree of internal piles.


### CONTRAINDICATIONS

- External piles
- Thrombosed piles
- Raktapitta, Pravrdhajwara, Thrisna, Udara Rogas, Murcha, Hrudroga, Pramesha, ShiroRoga, Pandu Roga, Arochaka, Sarvangashopha, Raktajagulma etc

### EXAMINATION OF THE PATIENT

- Inspection- Thrombosed/prolapsed haemorrhoids, external haemorrhoids and skin tags are visualized.
- Per rectal digital examination- Thrombosed haemorrhoids, as well as other associated conditions such as anal cancer, BPH may be felt per rectum.
- Proctoscopy- internal haemorrhoids occur in 3, 7 & 11'o clock positions. These are visualized during protoscopy. Haemorrhoids are classified into 4 degrees by descent
  - First degree- haemorrhoids does not come out of the anus and bleeding in "splash of the pan" during defecation.
  - Second degree- haemorrhoids come out only during defecation and reduced spontaneously after defecation.
  - Third degree- haemorrhoids come out only during defecation and do not return by themselves. But need to be replaced manually and then they stay reduced.
  - Fourth degree- haemorrhoids are permanently prolapsed and proper replacement is not possible.

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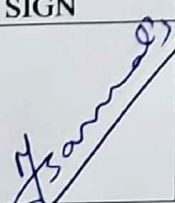


**INVESTIGATION**

- Blood sugar
- Complete blood count
- ESR
- Blood group
- Bleeding time, clotting time
- HIV, HBsAG.
- Chest X-ray and ECG
- Diagnostic- Proctoscopy

**INSTRUMENTS AND REQUIREMENTS NEEDED FOR KSHARA KARMA**

- OT Table and lights
- Instrument trolley
- Dressing drums
- Instrument trays
- Kidney trays
- Bowls
- Towel clips
- Sponge holding forceps
- Betadine solution
- Sterile gauze piece and cotton
- Sterile linen hole sheet
- Cotton bandages
- Cheatles forceps
- Cautery machine
- Anesthesia equipment
- Arshoyantra(eka chindra)- proctoscope without slit
- Arshoyantra(dwi chindra)- proctoscope with slit
- Sims speculum
- Darvyakriti shalaka- scoop for kshara application
- Allis tissue forceps.

*Arshoyantra*

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- Hemostatic curved artery forceps
- Plain forceps tooth forceps
- Pile holding forceps
- Sponge holding forceps
- Needle holder
- Round body needle
- Tissue cutting scissors
- Pratisaraneeya kshara
- Nimbu swarasa- lemon juice
- Normal saline
- Disposable syringe – 10 ml
- Xylocaine 2% with adrenaline
- Xylocaine 2% jelly

Anaesthesia –local

**PURVA KARAMA**

- Physician and anaesthetist fitness
- Instructions should be given to the patient regarding the part preparation
- The patient should be kept nil orally for at least 6 hrs, before the procedure.
- Inj. Tetanus toxoid 0.5 ml.1 M should be given on a day before the procedure to every patient
- A written informed consent should be obtained
- Xylocaine sensitivity test have to be performed in every patient those who will be planned under local anaesthesia.
- The procedure will be performed with the patient in a lithotomy position
- After painting and draping, local anaesthesia will be infiltrated at the operative site

**PRADHANA KARMA (OPERATIVE)**

Pratisaraneeya kshara applied on internal piles and wait for shata matrakala (1-2 mins) and later washed with lemon juice.

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**PASCHAT KARAMA (POST OPERATIVE)**

- Triphala guggulu- 2 tabs thrice daily for 15 days.
- Gandhaka rasayana 2 tabs thrice daily for 15 days
- laxative churna -5 gms at night time for 15 days
- Raktastambhana medicine (If needed)

**BHEDANA KARMA IN VIDRADHI**

**DEFINITION**

Process of bhedana karma demarcated area is shastrakarma.

**MATERIAL REQUIREMENT**

- Sponge holding forceps
- Betadine and spirit
- Artery, allis and babcock's tissue forceps
- Tissue cutting scissors
- BP handle with different surgical blades
- Sterile gauze piece and cotton
- Sterile linen hole sheet
- Cotton bandages

**PURVA KARMA**


- Obtain written informed consent
- Part preparation, site demarcation and painting and draping is followed
- Infiltration of local anaesthetic (lignocain gel 1%)

*Subhasree*

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### PRADHANA KARMA

- Expose the area and confirm the site
- With the help of surgical blade apply bhedana karma on the vidradhi is followed
- Drain all dushta puyasrava
- Apply blunt dissection with finger

### PASHCHAT KARMA

- Clean operative site with antiseptic solution
- Apply packing of jathyadi taila and murivenna taila with roller gauze upto healing.
- Apply appropriate bandage according to site.

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