



INODAYA Hospitals - Kakinada

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Policy and procedures guide the performance of various procedures

Prepared Date: 11/11/2025

Reference: COP.07b.NABH Standards – 6th Edition

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POLICY AND PROCEDURE ON CARE OF PATIENTS UNDERGOING SURGICAL PROCEDURES

1. PURPOSE

To define a framework / system to guide the care of patients undergoing surgical procedures

2. SCOPE

This Policy and Procedure is applicable to all patients undergoing surgical procedure at Inodaya Hospital, Kakinada.

3. DEFINITION

Nil

4. RESPONSIBILITY

Medical Director, HOD – OT, Anesthetist, Surgeons and Nurses are responsible to implement this policy and procedure.

5. POLICY

- 5.1 Pre operative assessment and provisional diagnosis to be documented for surgical patients prior to surgery.
- 5.2 An informed consent to be obtained by the surgeon or his / her team member prior to procedure

Prepared by: 	Verified by: 	Approved by: 
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General surgeon	Medical Director	Managing Director



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- 5.3 Persons qualified by law are permitted to perform the procedure.
- 5.4 A brief operative note to be documented prior to transfer out of patient from recovery area.
- 5.5 Post operative plan of care to be documented by the operating surgeon.
- 5.6 Surveillance of OT environment is done on defined frequency.
- 5.7 Surgical site infections to be monitored and reported to Quality department through Quality indicators.

6. PROCEDURE

6.1 Assessment

- 6.1.1 All patients undergoing surgery are to be assessed prior to surgery.
- 6.1.2 Day Care Surgeries need to be assessed at least a day before the procedure.
- 6.1.3 ASA – I & II (Controlled) cases are taken for Day Care Surgeries
- 6.1.4 ECG is not mandatory for age less than 30 Years unless the patient has underlying Cardiac Disease.
- 6.1.5 Major surgical profile, Minor surgical profile and other investigations are to be performed depending upon the patients clinical condition.
- 6.1.6 Treating doctor / Surgeon or his / her team member to document provisional diagnosis in the patient medical record prior to surgery. This is to be done for both routine and emergency cases.

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6.2 Informed Consent

Informed consent to be obtained by the treating doctor / Surgeon or his /her team member by explaining the patient / patient attendant (as applicable) about the details related to risk, benefits, alternatives and who will perform the procedure in a language that the patient / patient’s attendant can understand.

6.3 Procedure for correct procedure on correct site on correct patient

Refer Policy and Procedure on performance of correct procedure at correct body site and side on correct patient.

6.4 Qualified Persons

- i. The surgeons are credentialed as per Policy and Procedure on Credentialing. Only qualified and competent persons are allowed to perform surgery.
- ii. Only persons who are qualified by law are permitted to perform procedure that they are entitled to perform
- iii. The information pertaining to each doctors / surgeon’s qualification(s), training experience and Registration and License are maintained in personnel files at Medical Administration department.
- iv. The Credentialing and authorization is available in personnel files.

6.5 Operative Notes

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- i. Treating doctor / surgeons or his / her team member to document information on procedure performed status of the patient before shifting from recovery area to other areas, post operative diagnosis.
- ii. Operative notes to be documented before shifting patient from recovery area to other areas.
- iii. If the documentation is done by surgical team member, the same to be counter signed by Chief Surgeon.
- iv. Screening IV Line & starting IV Fluid in Pre – OP Area , Pre – Medication & Antibiotic: To be given ½ hr before shifting to OT.

6.6 Post operative plan of care

Treating doctor / Surgeon or his / her team member to document the post operative plan of care which includes the following (as appropriate)

- a. Advice on IV fluids
- b. Medication
- c. Care of wound
- d. Nursing care
- e. Observation for any complication
- f. Pain Score, Ramsay's Sedation Score: Patients shifting is done after reassessment by Anesthetist

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- g. Patient to be monitored in Post OP Area for at least ½ hr for pain, post operative nausea and vomiting (PONV), etc.

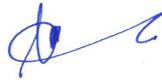
6.6 Quality Assurance Program

6.7.1 Documented System

- a. The Policy and Procedure to be followed are laid down
- On Administration of Anesthesia
 - On Moderate Sedation
 - On Care of patients undergoing Surgical Procedures
 - Hospital Infection Control Manual
 - Hospital Quality Indicator list.
- b. Operation theatre staffs are to follow the laid down procedures.

6.7.2 Monitoring

- a. Medical Administration department and HOD – OT are responsible to ensure and monitor compliance to laid down procedures. Internal Quality Audit to be conducted by Quality Assurance Department with identified technical experts.
- b. Daily rounds by HOD – OT, and Medical Administration ensures monitoring on day to day basis

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6.7.3 Performance Review

Medical Administration department and HOD – OT to review performance of OT, which includes the following

- a. O.T utilization hours
- b. Compliance to Standard Precaution
- c. Adherence to Pre-anesthesia Evaluation
- d. Care of environment (Fumigation, Culture reports)
 - i. Weakly cleaning and fogging of OT
 - ii. HEPA filters cleaning weekly and Air velocity report for every 6th month Based on particle count report.
 - iii. Culture reports. Monthly.
 - iv. HAI, UTI, RTI, SSI, IVDI
- e. Informed consent
- f. Antibiotic usage
- g. Counseling (Patient Education)
- h. Paraesthesia following anesthesia
- i. Sentinel events

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- j. Need of ventilation following anesthesia
- k. Near misses
- l. Hand washing compliance
- m. Patient and Family Education
- n. Compliance to patient safety goals
- o. Time out procedure Compliance
- p. Others (if any)

6.7.4 Corrective / Preventive Action

- To identify the gaps through monitoring system (Internal Quality Audit, Daily rounds and Performance Review).
- To find the Root Cause(s) and take appropriate corrective /preventive action(s).

6.7.5 Follow Up

All corrective / preventive action(s) are evaluated for its effectiveness.

6.7.6 Training

- a. HOD – OT to identify the training needs and coordinate for the same
- b. Periodical training to be documented for OT staff

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- c. Twice a year training to be given to the ICU staff on the documented system and other manuals.

6.7.7Continual Improvement

HOD – OT to identify areas for continual improvement. Quality Improvement plan to be made for the identified areas. The effectiveness of implementation to be monitored. Quality Assurance Department to support HOD – OT for the same

POLICIES AND GUIDELINES FOR SURGICAL PATIENTS

Aim: To provide systemic approach with structured procedure for purpose of improvement and quality assurance of health care.

Based on:

I. Arrival to hospital:

(a) Out Patient Department

(b) Emergency Room.

II. Type of operation:

(a) Elective: Operation at a time to suit both Patient and Surgeon.

(b) Urgent: Operation as soon as possible after resuscitation i.e., within 24 hours.

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(c) Emergency: Immediate life saving operation, resuscitation simultaneous with surgical treatment performed within 1 hour.

(d) Day Care : Admission for investigation, operation on planned nonresident basis

Out Patient Department:

The nature of illness is assessed by a qualified Surgeon with a detail history taking followed by thorough clinical examination and judgment which is well documented in patient's outpatient file. Initially only specific investigations are advised to confirm the diagnosis by our expert panel of qualified Doctors in various domains.

Based on spectrum of urgency, the date and time of surgery is planned. Detail description of the procedure to be performed is clearly explained to the patient in their own language with diagrammatic representation if required, including the intra operative risks, post operative morbidity if any, cost of procedure, duration of stay in hospital followed by counseling of the patient.

Every patient undergoes a unified assessment with privacy and dignity and their information and disease is kept confidential.

On Admission : A detail history, clinical reassessment and plan is documented very legibly, time, dated, named and signed by the treating Doctor in the patient's case file.

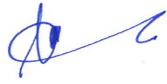
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General Preparation of a Patient is done as follows:

- 1) Investigation Profile: Depending on the nature of illness / operation, profile packs are available which are very cost effective and specific to each disease. Special supportive investigations if required are done e.g. 2D Echo etc, In patient's above 50 years of age. Unless if patient is having cardiac problem.
- 2) Pre-Anesthetic check up: This includes evaluation of the patient by a qualified Anesthetist for fitness for anesthesia and surgery and also the type of anesthesia to be given is discussed with the patient. This also includes the pre-medications required prior to surgery.
- 3) Specialty referral is given for any medical illness the patient has and also to obtain fitness for surgery.
- 4) Dietary considerations e.g., NBM status, bowel cleansing etc. is clearly mentioned in pre-operative advice including the part preparation which is done on the day of surgery.
- 5) Supportive Requirements : Pertaining to each operation is arranged well in advance e.g., compatible blood, blood products, prosthesis etc.,
- 6) Informed Consent is taken by attending Surgeon / Team in their vernacular / local language and in case of emergency surgery, High Risk Consent is also taken after explaining the patient and attendees in detail.

Before shifting the patient to Operation Theatre, the following is observed:

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- 1) Priority is given first to Emergency patients followed by Day Care operations, Diabetic patients, Major operations and lastly to infected cases e.g., Debridement's, perianal cases etc.,
- 2) Pre operative check list is maintained and checked by the Duty Doctor / Sister before shifting the patient to O.T.
- 3) Case file with operation permit, X-rays and all relevant reports are checked for name, age, sex, UHID, IPID.
- 4) Site / Side of surgery are marked.
- 5) Identification band is applied on the patient's wrist.

Before patient is anesthetized on Operation table, once again the attending surgeon / team members explain the patient in brief about the procedure and recovery and brief reassessment is done.

Documentation of post operative notes with further plan of action:

Operation notes are well documented by the Surgeon / Assistant who performed the surgery which includes a detailed operative findings and the procedure performed including Date / Time of operation and duly signed. It also includes the post operative advice regarding NBM status, IV fluids, IV antibiotics, analgesics with the dosages, route of administration and

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frequency along with other supportive management e.g., position of patient, Ryles’s tube aspiration, Intake output chart, etc.,

Any HPE (Hysto pathological examination)specimen, pus for culture and sensitivity etc, is dispatched as early as possible to the respective labs with details of patient labeled on it.

Post operative period:

Patient’s are initially stationed in recovery room till their complete recovery and then either shifted to ICU / HDU where they are constantly monitored by the intensive care team or in the respective wards where they frequently visited and assessed by the duty doctor / qualified nursing staff. Any major complaint is informed to the primary consultant, immediate and appropriate action is taken.

Pain Management: Pain in post operative period which is a common complaint is taken care by use of NSAID’s at regular basis and not PRN. Initial 48 hours of post operative period, injectable route is preferred followed by oral medications. Narcotic analgesics are reserved for advance cancer patients, terminally ill patients etc.

If dose increase of analgesics is required, it may indicate change in underlying pathology and not due to development of tolerance; hence re-evaluation is required and done.

Wound inspection is usually done on II post operative day. Early mobilization of the patient is practiced to avoid / minimize complications. This supports fast recovery and early return to work.

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Discharge : Discharge of the patient is planned well in advance and a detailed discharge summary is given with clear advice / instructions which includes all medications to be taken, type of diet, date, time and place for review, any precautions to be taken etc., which is duly signed.

Terminally Sick Patients / Death of a Patient:

Patients are equally respected and taken care accordingly and in the event of death, a death summary is issued to the relatives duly signed by the attending surgeon. Every death is recorded and reported for yearly auditing.

Infection Control Policy:

There is a written infection control policy for infection prone areas e.g., operation theatre, minor OT, dressing room including equipment used etc., which is sincerely followed.

Regular monthly meetings are held by our infection control team who constantly survey, monitor, update and educate all medical and non-medical health care professionals.

Refer Infection Control Manual

Quality Assurance:

Printed quality assurance manual is maintained by the hospital including various procedures / surgeries available at various patient care areas.

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It also includes infection control policy and biomedical waste management.

Refer Infection Control Manual

COP 7.b. VARIOUS CLINICAL PROCEDURES

ANGIOPLASTY

Complications

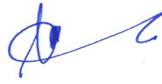
The most common problem is a gradual re-narrowing of the treated arteries, which causes angina symptoms to return. This is known as re-stenosis and occurs in about 30% of patients.

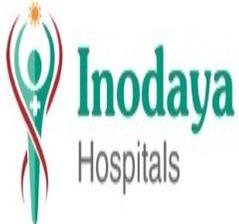
Using stents may help to slow down re-stenosis. Using stents that also release a certain type of medicine (known as drug-eluting stents) may slow down the process further still.

However, if re-stenosis does occur, the specialist may need to ask you to have some further tests and the angioplasty may need to be repeated.

In a small proportion of people who have angioplasty, the treated coronary artery becomes completely blocked during or soon after the procedure. The angioplasty may need to be repeated straight away or, in about two out of 100 people who have an angioplasty, emergency surgery to bypass the affected veins may be needed.

CIRCUMCISION

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Alternatives

- There are creams that claim to help with a tight foreskin. They thin and soften the foreskin so it is easier to pull back. However there is no scientific proof that they permanently work.
- A surgeon may be able to loosen the foreskin by making one or a few small slits in it rather than remove it completely.
- If parts of the foreskin stay stuck to the penis the skin can be separated with a minor operation. This is called “division of adhesions”

Specific **side –effects** of circumcision include.

- Pain at the end of the penis
- Swollen and bruised skin around the penis which may last several weeks

Complications

Specific complications of circumcisions are rare which include those below,

- Damage to the penis or urethra (the tube that carries urine out of the body). This is very rare but may require another operation.
- Removal of too little or too much of the foreskin.
- Scarring can result from the operation.
- The penis may feel more or less sensitive after the operation.

COLONOSCOPY

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Alternatives

Barium enema CT scan

Side-effects

For this procedure they may include:

- Feeling bloated and having wind pains – these usually clear up quite quickly
- Feeling sleepy as a result of the sedative
- After a biopsy, a small amount of blood may be present in the stool.

Complications

Possible complications of a colonoscopy include:

- Damage to or perforation of the colon during the procedure. This can lead to bleeding and infection, which may require treatment with medicines or surgery.
- In a few cases, the colonoscopy is not successfully completed and may need to be repeated.

CYSTOSCOPY

Side-effects

For cystoscopy, the may include:

- A small amount of discomfort after the procedure – this will settle in a few hours,

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- Temporary swelling of the urethra after the procedure – this should not last long, but a narrow tube (catheter) may need to be temporarily left in the bladder to drain urine until the swelling goes down,
- A stinging sensation when passing urine for a couple of days after the procedure,
- A small amount of blood in the urine – this is quite normal, especially if a biopsy is taken, and should clear up gradually within 48 hours.

Complications

Possible complications of a cystoscopy include:

- Development of a urinary tract infection or inflammation, requiring treatment with medicines.
- Very rarely, the urethra or bladder may be damaged or perforated. This can lead to bleeding and infection, which may require treatment with medicines or surgery.
- In a few cases, the cystoscopy is not successful and has to be repeated.

ENDOSCOPY

Alternatives

- Barium meal – this X-ray based test tends to provide less information than a gastro scopy,
- CT scan,
- Ultrasound.

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Side-effects

For this procedure, they may include:

- a sore throat – which usually settles in a day or two,
- feeling bloated – this usually clears up quite quickly,
- Feeling sleepy as a result of the sedative.

Complications

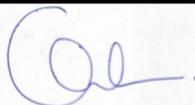
The possible complications of a gastroscopy include:

- There is a possibility that the oesophagus, stomach or intestine may be damaged or, in rare and extreme cases, perforated during the procedure. This can lead to bleeding and infection, which may require treatment with medicines or surgery.
- There is a slightly increased risk of chest infection after the procedure.
- In a few cases, the gastroscopy is not successfully completed and may need to be repeated.

EPIDURAL

Side-effects

Side-effects are the unwanted but usually mild and temporary effects of a successful procedure. These can include the following.

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- Inability to pass urine. If this occurs, a urinary catheter can be inserted into the bladder temporarily.
- Nausea and vomiting. Although this can occur, it is much less common than with general anaesthesia.
- Backache. This is thought to result from the relaxation of the back muscles after the epidural anaesthetic has been inserted.
- A drop in blood pressure. After the epidural drug is given, the anaesthetist will check your blood pressure frequently. If your blood pressure falls, then it may be necessary to give drugs and more fluids through a drip.
- Loss of leg strength or control of the leg muscles. This wears off with the anaesthetic.
- Imbalance in pain relief. Sometimes after the epidural anaesthetic is given, the drug does not spread equally around the spinal cord, meaning that one half of the body is better anaesthetized than the other. A top-up dose can usually correct this.
- Itchy skin. Some of the drugs used for epidurals can cause itchiness. The anaesthetist can change the drug to deal with this

Complications

They can include:

- Headache. If the epidural needle nicks the covering of the spinal cord there may be a small leak of fluid from around the cord, which can cause a headache when you sit or stand up. This can last for up to a week.

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- Bleeding. There are many blood vessels around the spinal cord and occasionally one will be pricked as the epidural needle goes in. this requires careful observation in hospital.
- Infection. This is uncommon because the skin is cleaned before the (sterile) needle is inserted. However, if there is an infection, drainage of the infected area and antibiotics may be necessary.
- Longer-term numbness. Some people have patches of numbness lasting up to three months. Permanent damage, such as paralysis (complete loss of sensation and movement) very rare.

FESS

Complications include minor damage to the lining of the nose or sinuses, or damage to the skull bone.

HAEMORRHOIDECTOMY

Alternatives

Rich fibre diet, banding, sclerotherapy, cryotherapy, light coagulation

HYSTEROSCOPY

Alternatives:

Ultrasound, D & C

Side-effects

For hysteroscopy, side-effects may include:

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- Some slight abdominal pain, similar to period pain,
- Some vaginal bleeding for several days – although, occasionally, bleeding and discharge continue for up to a month.

Complications

In a few cases, the hysteroscopy may not be successfully completed and need to be repeated. It is also possible for the womb to be damaged or perforated during the procedure. This can lead to bleeding and infection, which may require treatment with medicines, surgery or, in an extreme case, a hysterectomy (removal of the womb)

HYSTERECTOMY

Alternatives:

Excessively heavy and painful periods can also be treated with medicines, a hormone-releasing coil (Mirena coil), or by relatively minor surgical procedures to remove part of the lining of the womb using heat or microwave energy (endometrial ablation).

Side-effects

Common side-effects of hysterectomy include feeling or being sick as a result of the anaesthetic or painkillers. Medicines are available to help avoid this. There is likely to be some pain and tenderness, and possibly some bruising around the lower abdomen. Constipation is quite common and this can be treated with a high fibre diet and laxatives.

Complications

Complications that are specific to a hysterectomy include a urine infection or accidental damage to other organs and tissues in the abdomen.

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After pelvic surgery it is also possible to develop a blood clot, usually in a vein in the leg (deep vein thrombosis). Women having a hysterectomy are given preventative treatments such as “graduated” support stockings to help maintain the blood flow in the veins of the legs during and after the procedure.

INGUINAL HERNIA REPAIR

Complications

- There’s a small chance of continuing pain in the groin area, caused by the handling of a nerve during surgery, or by the pressure on the nerves by scar tissue that forms during healing.
- In men, painful swelling of the scrotum or testicles occasionally occurs. This may require further surgery.
- Inguinal hernias recur in 1-4% of cases treated.
- A small percentage of people have an inherited tendency to scars that are unusually red and raised.

KNEE REPLACEMENT

Complications

- Blood clots
- Infections
- Stiffness

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Implant Lossening/Failure: Most knee replacements last an average of about 20 years. Some last less than 10, some more than 30. But every implant eventually wears out. This is more of a problem in younger patients, who live longer, and typically place more demands on the implanted joint.

LAMINECTOMY

Complications

Some degree of neck or back pain is common after this operation, but relief can be achieved with pain-killing injections or tablets. Some oozing from the wound is also common, but is not usually serious and settles spontaneously after a few days.

Infection of the wound is very uncommon and can usually be treated with antibiotic

LAPAROSCOPY

Complications

Specific complications of laparoscopy are uncommon but can include accidental damage to internal organs, which would require a larger incision to repair. There is also a risk of abdominal bruising, which usually settles without treatment

Occasionally the surgeon may need to “convert” to open laparotomy, involving a larger incision in the abdomen. This is because sometimes it is impossible to carry out the operation properly or safely using the laparoscope and the surgeon needs a larger field of view and more direct access to the internal organs. If treatment is planned, the consent form will contain a clause to agree to a conventional laparotomy, if this becomes necessary. The exact chance of having to convert to an open laparotomy will depend on the type of surgery. Overall it occurs in 3-5% of operations.

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LAPCHOLE

Alternatives

- Medicines can sometimes be used to dissolve the gallstones, but this does not work for everyone and can take up to two years or longer.
- If the gallstones are blocking the bile ducts, it may be possible to view them using an endoscope (a narrow tube that is passed down the throat) rather than open surgery. This is known as an ERCP (endoscopic retrograde cholangio pancreatography). Gallstones can sometimes be removed by enlarging the bile duct and removing the stones with special tools attached to the endoscope.
- Another type of non-surgical treatment breaks up the stones using ultrasound waves (lithotripsy). This is only suitable when a small number of stones is present and is an uncommon treatment option.

Complications

- Damage to organs or blood vessels in the abdomen
- Injury to the bile duct
- Jaundice

Occasionally, it is not possible to complete the operation with the “keyhole” method and the operation may need to be converted to opening the abdomen. This complication is uncommon.

In the longer term, some people experience ongoing abdominal symptoms, such as pain, bloating, wind and diarrhea. This is known as “post cholecystectomy syndrome” and may require further investigation and treatment.

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LIPOSUCTION

Alternatives

Abdominoplasty

Side-effects

Anyone having liposuction can also expect:

- Considerable bruising, which can be painful and usually takes about a month to disappear 1.5
- Lumpiness or swelling, which may not completely settle for up to six months1
- Scars, typically 1-2 cm long, pink and noticeable at first, which should become finer after a few weeks1
- thrombophlebitis (inflammation of the veins – not the same as thrombosis) around the inside of your knee and inner part of your upper thigh if these areas are treated, which should settle after a few weeks1
- Swollen ankles1

If you have large areas treated or are prone to anaemia, you may need to take iron tablets for about a month after the operation.1

Complications

Specific complications of liposuction are rare but can include:

- The development of fluid-filled areas under the skin. Which may need to be drained with a needle5

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- Fat getting into one of the blood vessels, which could travel in the veins and cause a blockage in the lungs⁷
- Numbness in the treated area that can last for several months, but can be permanent.
- Damage to internal organs, which may require surgery to repair and can occasionally be fatal⁵
- Serious disruption of the fluid balance of the body due to fluid being injected and sucked out, which in very rare cases can cause breathing problems and be fatal^{5,8}
- Unusually red or raised scars (called keloid scars) which some people have an inherited tendency to form¹
- an unexpected allergic reaction to the fluid used for wet liposuction

The chance of complications depends on the type of procedure that is being performed. Generally speaking, if you are having large volumes of fat and fluid removed during the operation, the risk of complications is higher.

MASTECTOMY

Alternatives

Depending on the size and position of the lump, and the type of cancer found, there may be alternatives to having a mastectomy. These include surgical alternatives in which only a part of the breast is removed. This is known as breast-conserving surgery or lumpectomy, which may be followed by radiotherapy treatment.

Research has shown that breast-conserving surgery with radiotherapy is as effective as mastectomy for treating early breast cancer, although they do have different side-effects.

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Sometimes, hormone therapy or chemotherapy may be used to shrink the lump before surgery, to reduce the amount of breast tissue that needs to be removed.

Side-effects

Side-effects are the unwanted but mostly temporary effects of a successful procedure. Examples include feeling sick as a result of the general anaesthetic or painkillers. Common side-effects specific to mastectomy include:

- pain or discomfort and tightness in the breast area
- pain or discomfort and stiffness in the arm and shoulder, especially if all the lymph nodes have been removed
- “pins and needles” or numbness in the underarm skin, because nerves here can be irritated or damaged during the operation – usually temporary, but the breast care nurse should be contacted if it becomes severe
- A scar, which will be red at first but should fade over time

Complications

Possible complications specific to mastectomy:

- Collection of fluid the arm (known as seroma), which may need to be drained
- Pain that runs from the armpit to the hand. This can be treated with physiotherapy and antibiotics, but it may last months and may recur
- Build-up of fluid in the arm, if the lymph nodes have been removed. This is called lymphoedema and makes the arm and hand swollen and painful. It can occur months or years after the surgery. Women who have all their lymph nodes removed or treated with radiotherapy are more like to develop this condition. The breast care

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nurse will provide advice about how to prevent lymphoedema with skin care and exercise.

RHINOPLASTY

Side effects

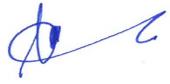
There are also a number of specific side effects to expect after a rhinoplasty.

- If you have had augmentation rhinoplasty and it has been necessary to take a bone graft from another part of the body, you will be left with a scar.
- If you have had an augmentation rhinoplasty and a bone graft taken from your hip, you can expect this to be quite painful for about 10 days, particularly when you walk.
- It is quite common for there to be some difficulty with breathing through the nose during the first week after the operation, particularly in a reduction rhinoplasty, which disappears as the swelling settles. Occasionally though, the difficulty persists and can be permanent

Complications

A rhinoplasty carries risks of developing complications listed below

- Chest infection (particularly if the patient smokes)
- Heavy nose bleeding either shortly after the operation, or after a week to 10 days which may require treatment in hospital.
- Infection of the nose.
- Temporary loss or reduction in sensitivity to smell after the operation, which can become permanent, although this is rare.
- Changes in the shape of the nose as scar tissue matures which may require going back to hospital for minor adjustments at a later date.

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- A manufactured implant can occasionally push through the skin of the nose or its lining and need to be removed (after an augmentation rhinoplasty). This can happen months or years later, and is more likely if a large implant has been used or if the nose is accidentally injured.

Overall, about one in ten people need further surgery after having a rhinoplasty. This is either due to complications happening or if the nose does not look right after the operation

TOTAL HIP REPLACEMENT

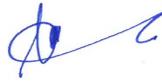
Risk

- Blood clots in the leg
- Blood clots in the lung
- Urinary infections or difficulty urinating

Complications that affect the hip are less common, but in these cases, the operation may not be as successful:

- Difference in leg length
- Stiffness
- Dislocation of hip (ball pops out of socket)
- Infection in hip

A few of the complications, such as infection or dislocation, may require reparation

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TONSILLECTOMY

Alternatives

Many children “grow out” of tonsillitis over a year or so and do not need any treatment at all.1.2

There are treatments for tonsillitis that don’t involve surgery, such as painkillers to help reduce discomfort. Antibiotics are the only other treatment that is used to try to treat sore throats in the long-term.1

Sometimes, a long-term course of antibiotics is prescribed to try and avoid the need for a tonsillectomy. Tonsillitis that is caused by bacteria often responds well to this treatment

Complications

Specific complications of tonsillectomy are rare but include those below.

- Bleeding that starts within the first 24 hours after the operation. It may be necessary to be taken back to the operating theatre to have the bleeding stopped.
- Bleeding four to seven days after the operation. This is called a secondary hemorrhage and can be the result of an infection. If this happens you should contact the hospital immediately.
- There is a very small risk of accidental damage to the teeth or Jew, caused by the instruments used to keep the mouth open during surgery
- If bits of blood and tissue from the operation get into the throat and down into the lungs it can cause a chest infection and breathing problems. If this happens, oxygen and antibiotics will be given.

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TURP

Alternatives

Not all men who have BPH need to have a TURP. There are a number of options.

Medicines - These need to be taken daily, to improve the flow of urine and/or shrink the prostate.

Heat therapy - This uses microwaves, lasers or an electric current to destroy excess prostate tissue. It is more effective than drugs for men who have severe symptoms, and may cause fewer side-effects than a TURP.

A stent - This is a short tube that can be inserted into the urethra to help improve the flow of urine. However, a stent usually becomes blocked over time, so this option is only suitable for men who aren't suited to surgery or drug treatment.

Herbal remedies – Saw palmetto extract is one of several herbal remedies that some men find helpful. There is some scientific evidence that it may be a beneficial treatment for men with BPH.

No treatment – If the symptoms are not too troublesome, some men choose not to have any treatment. The symptoms of BPH do not always get worse over time and may get slightly better.

Side-effects

Feeling sick as a result of the general anaesthetic and some discomfort from the catheter. In addition to these, there are some specific side-effects can be expected for this operation.

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- The urine will contain blood for several days – this will gradually clear.
- Most men find that a lasting side-effect of a TURP is dry orgasm (retrograde ejaculation). This happens because the surgery makes it possible for semen to travel back up into the bladder rather than out through the penis at the time of orgasm. However, this should not interfere with sex and, after recovery from the operation, most men return to the same level of sexual activity as before the treatment.

Complications

The complications of this operation include excessive bleeding, a urinary tract infection of an unexpected reaction to the anaesthetic. It is also possible for too much water to be absorbed from the fluid used to flush the bladder during the operation. This can temporarily upset the balance of salts in the blood, which can be harmful, particularly for people who already have heart or kidney problems. The condition is sometimes known as TURP syndrome.

Rarely, it is also possible to develop a blood clot (known as a deep vein thrombosis or DVT) in the veins of the leg. This is break off and travel to the lungs to cause a blockage. In the majority of cases, this is treatable, but it can be a dangerous condition. People having surgery are routinely given medicines or compression stockings to wear during the operation to help prevent a DVT.

A TURP can sometimes cause longer-term problems. These can include:

- Reduced fertility – this happens to about 1 in 10 men who have a TURP
- Persistent urinary incontinence, even after the initial recovery period – this happens to about 1 to 100 men who have a TURP

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- Some men continue to have problems emptying their bladder completely
- In a small number of cases, men may develop erection problems

VASECTOMY

Alternatives

There are many different types of contraception. Couples also have the option of female sterilization, although this surgical procedure is not as simple to perform, has more risks than vasectomy and requires a general anaesthetic.

Side-effects

After a vasectomy, there will be numbness caused by the local anaesthetic. As the anaesthetic wears off, the scrotum may be sore and bruising may develop. Occasionally, if the surgeon has difficulty finding both the vas deferens, the bruising can be quite severe.

Complications

Most men are not affected, but the main possible complications of any surgery are excessive bleeding during or very soon after the operation or infection. Complications may require further treatment such as returning to theatre to stop bleeding, or antibiotics to treat an infection.

Specific complications of vasectomy are rare. But can include the following problems:

- Bleeding can occur inside the scrotum, causing it to swell and become painful. This is called a haematoma.

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- It is possible for sperm to leak out of the cut tubes and collect in the surrounding tissues. If this happens, hard lumps, called sperm granulomas can form. This is rare but can be painful, and some men opt to have these lumps removed.
- Very occasionally, the cut tubes become inflamed and cause other tubes next to the testicles to swell. If this happens, it can cause a dull ache in the testicles that can last for several months.
- A small proportion of men experience pain for longer. This may be due to pinched nerves or scarring and might require further surgery
- Very rarely, even when performed correctly, there is a very small risk the tubes can rejoin naturally and the man will become fertile again.

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