

ग्रीनसिटी हस्पिटल प्रा. लि. र गैरआवासिय नेपाली संघबीच भएको सम्झौता अनुरूप दैलेख सदरमुकाममा पाठेघर (आङ्ग) खस्ने समस्या भएका महिलाहरुको

शल्यक्रिया शिवीर सम्पन्न भएको प्रतिवेदन

गैरआवासिय नेपाली संघको सहकार्यमा यस अस्पतालले दैलेख जिल्लाको सदरमुकाममा पाठेघर (आङ्ग) खस्ने समस्या भएका महिलाहरुको शल्यक्रिया सफलतापूर्वक सम्पन्न गर्न पाएकोमा सम्बद्ध सबैलाई धन्यवाद ज्ञापन गर्न चाहन्छ। समझदारी पत्र (Memorandum of Understanding) अनुरूप मिति २०७३/०१/०४ देखि २०७३/०१/८ सम्म शिवीर सञ्चालन गरिएको थियो भने थप एक दिन थप उपचारको लागि बस्नु परेको थियो। उक्त शिवीरको उद्घाटन स्थानीय विकास राज्यमन्त्री कुन्ती शाहीले गर्नु भएको थियो भने कार्यक्रममा गैरआवासिय नेपाली संघका प्रतिनिधि भोमा लिम्बु, श्याम तामाङ, सुश्मा राई, मिङ्गमार तामाङ, लगायत विदेशी २ जना समेत उपस्थित हुनु हुन्थ्यो। शिवीर उद्घाटनदेखि अन्त्य नहुँदासम्म यस अस्पतालका अध्यक्ष श्री लोक बहादुर टन्डन स्वयम् उपस्थित भई व्यवस्थापन लगायतको सम्पूर्ण कार्य सञ्चालन गर्नु भएको थियो। कार्यक्रम सम्बन्धी विवरण देहाय बमोजिम रहेको छ :

१. समझदारी बमोजिम दैलेख जिल्लाको सदरमुकाममा मिति २०७३/०१/४ गतेदेखि २०७३/०१/०८ गतेसम्म पाठेघर (आङ्ग) खस्ने समस्या भएका महिलाहरुको निःशुल्क स्वास्थ्य जाँच तथा शल्यक्रिया गरी त्यस्ता विरामीहरुलाई निःशुल्क औषधी समेत उपलब्ध गराइएको थियो।

१. गैरआवासीय नेपाली संघ र ग्रीनसिटी अस्पतालबाट संचालित निःशुल्क स्वास्थ्य शिविरमा ४६१ जना महिलाको स्वास्थ्य परीक्षण गरिएको थियो।
२. स्वास्थ्य परीक्षण पश्चात् ३८ जना महिलाहरुको पुनः स्वास्थ्य परीक्षण, ल्याबरोटरी परीक्षणहरु तथा अन्य आवश्यक परीक्षणहरु गरियो।
३. सबै परीक्षणहरु पश्चात शल्यक्रिया गर्न उपयुक्त भएका महिलाहरुको निःशुल्क शल्यक्रिया गरियो भने समस्या जटिल भई तत्काल शल्यक्रिया गर्न संभव नभएका महिलाहरुलाई सुविधा सम्मन्न अस्पतालमा शल्यक्रियाको लागि रिफर गरियो।
४. शल्यक्रिया पश्चात आवश्यकता अनुसार २ देखि ४ दिनसम्म अस्पतालमा राखी स्वास्थ्य लाभ पश्चात डिस्चार्ज गरियो।
५. शल्यक्रिया पश्चात् दुइजना महिलाको स्वास्थ्यमा जटिलता उत्पन्न भई विशेष उपचार गरियो। त्यसमध्य एकजना महिलालाई थप उपचारको लागि नेपालगञ्जमा पठाईयो।
६. शल्यक्रिया पछि डिस्चार्ज गर्दा महिलाहरुलाई स्वास्थ्य शिक्षा, शल्यक्रिया पश्चात गर्न हुने, नहुने कार्यहरुवारेमा जानकारी गराउने काम भयो।

7. शल्यक्रियाका लागि छनौट भएका महिलाहरुलाई अस्पतालसम्म आउन र जानका लागि पहाडका क्षेत्रको हकमा रु १,०००/- (अक्षरेपी एक हजार मात्र) भुक्तानी दिइयो ।
8. विरामीलाई अस्पतालमा रहदासम्म विहान, बेलुका खाना, नास्ता र दुध उपलब्ध गराइयो ।
9. विरामीलाई शल्यक्रिया अगाडि र पछाडिको उपचार, औषधी समेत उपलब्ध गराइयो ।
10. सम्झौता अनुरूप शल्यक्रिया खर्च रु. ८३६,०००/- गैरआवासीय नेपाली संघका प्रतिनिधि, स्वयंसेवक तथा यस अस्पतालका चिकित्सक, प्राविधिक, प्रशासनिक कर्मचारीको साथै औषधी र औजारहरु समेत लैजान र ल्याउनको लागि यातायात खर्च रु. ६७,०००/- एफएम मेडिया चार्ज रु. ७,५००/- र खाने बस्ने खर्च रु. ६५,२५६/- औषधी तथा सरसामान खर्च रु. ३९४,३४०/-, प्रशासनिक खर्च रु. ५०,०००/-, जेनेरेटर खर्च रु. १०,०००/- खर्च भएको छ ।
11. शल्यक्रिया गरेको विरामीमध्ये एक जनाको अवस्था जटिल भई नेपालगञ्जमा उपचार गर्न पठाउँदा एम्बुलेन्स खर्च रु १४,०००/-, हस्पिटल बेड, ल्याव तथा औषधी खर्च रु २९,२५२/- गरी जम्मा रु. ४३,२५२/- थप खर्च भएको छ ।
12. यसरी अस्पतालले दैलेखमा शल्य क्रिया शिवीर सम्पन्न गर्न जम्मा रु. १४,७३,३४८/- खर्च गरेको छ ।
13. शिवीर सञ्चालन सम्बन्धी थप विवरण, खर्चको फाँटवारी र प्राविधिक प्रतिवेदन अनुसूची १, २ र ३ मा संलग्न गरिएको छ ।

अनुसूची - १ : शिवीरको विवरण

VH CAMP AT DAILEKH

NRN ICC Uterine Prolapse Project team, Dailekh

- Mrs. Bhoma Limbu (UP health camp coordinator, Dailekh).
- Mrs. Sushma Rai (Co-Chair, Uterine Prolapse Project, NRNA)
- Mr. Shyam Tamang
- Mr. Mingmar Tamang (Nepal coordinator)

Green City Hospital coordinator at Dailekh.

- Mr. Lok Bahadur Tandan, Chairman, GCH

Local coordinator Dailekh Hospital.

- Dr. Nirmal Rasaili

Camp and Travel plan

Date	Activities
2 nd Baisakh 2073	<ul style="list-style-type: none">• Team move from KTM to Nepalgunj
3 rd Baisakh 2073	<ul style="list-style-type: none">• Pick Dhan Bahadur from Nepalgunj• Team Move from Nepalgunj to Dailekh.
4 th Baisakh 2073	<ul style="list-style-type: none">• Inauguration• Screening
5 th Baisakh 2073	<ul style="list-style-type: none">• Screening• Pre-operative investigation• Preparation for surgery
6 th Baisakh 2073	<ul style="list-style-type: none">• Surgery
7 th Baisakh 2073	<ul style="list-style-type: none">• Surgery• Post-Operative Visit
8 th Baisakh 2073	<ul style="list-style-type: none">• Post-Operative Visit
9 th Baisakh 2073	<ul style="list-style-type: none">• Return to Nepalgunj
10 th Baisakh 2073	<ul style="list-style-type: none">• Nepalgunj to Kathmandu

अनुसूची - २ खर्च विवरण

VH camp Expenses Details (Dailekh 2073.01.03 to 2073.01.09)

Details	As per MOU		
	NoS	Rate	Total
Patient	38	22,000.00	836,000.00
Medicine & M. Equipment Charge		394,340.00	394,340.00
Administrative Charge		50,000.00	50,000.00
Fuel for Generator		10,000.00	10,000.00
Sub total: (A)			1,290,340.00

Media Charge	7,500.00
Transportation Cost (KTM to Dailekh And return)	67,000.00
Lodging And Fooding (KTM To Dailekh And Return)	40,811.00
Fooding Charge for Medical Team at Dailekh	24,445.00
Sub total: (B)	139,756.00

Ambulance Charge from Dailekh to Nepalgunj	12,000.00
Transportation charge after discharge from Hospital, Nepalgunj	2,000.00
Emergency case treatment charge at Nepalgunj	29,252.00
Sub total: (C)	43,252.00

Grand Total (A+B+C):	1,473,348.00
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अनुसूची - ३ प्राविधिक प्रतिवेदन

REPORT OF THE VAGINAL HYSTERECTOMY CAMP JOINTLY ORGANIZED BY GREENCITY HOSPITAL AND NON RESIDENTIAL NEPALI ASSOCIATION AT DAILEKH DISTRICT HOSPITAL APRIL 16, 2016 TO APRIL 19, 2016

By Dr. Rupa Jha, (MBBS, MD- Obstetrics & Gynecology)

CAMP TEAM MEMBERS

Greencity Hospital Team

1. Lok Bahadur Tandon, Chairman GCH and Coordinator of the camp
2. Dr. Binod Mahaseth, Consultant Gynecologist
3. Dr. Rupa Jha, Consultant Gynecologist
4. Dr. Nabin Regmi, Anesthesiologist
5. Sabitra Pandey, OT In-charge Nurse
6. Suresh Gyanwali OT Technician
7. Chandra shahi, OT Nurse
8. Dhan Bahadur Buda, OT assistant

Dailekh Hospital Team

9. Dr. Nirmal Rasaili, Medical Director
10. Dr. Madhav Poudel, Medical Officer
11. Naina Thapa, OT Nurse
12. Kusum KC, Post Op Nurse
13. Roshani Hamal, Post Op Nurse
14. Deepa Khadka, Post Op Nurse
15. Roshani Thapa, Post Op Nurse

Volunteers

16. Dr. Laxmi Tamang, Counselor
17. Miguel Lamas Delgado, Midwife From Spain
18. Marta Lujan Gonzalez, Midwife From Spain

DAILY ACTIVITIES

Day 1: 2073 - 01 -04 (16th April, 2016)

Screening OPD started at 10:00 am and a formal opening program was also organized.

Welcome speech was given by honorable state minister for federal and local development Kunti Shahi and other chief guests were chief district Officer, district superintendent of police and leaders from different political parties.

Screening of patients was conducted at three places. at first station screening was done by two medical officers where they screened 1st and 2nd degree prolapse and sent them to take pelvic floor exercise class and also to insert Ring Pessary at another station, patients coming with vaginal discharge syndrome, STIS were treated at another station, and patients with 3rd degree utero vaginal prolapse were screened by gynecologist. Any associated ovarian pathology, uterine pathology and medical disorder were ruled out and selected cases were sent for pre-operative investigations as well as pre anesthetic checkup.

On first day of screening total 133 cases were seen among them 10 were 3rd degree utero vaginal prolapse 9 were sent for pre-operative investigation but one was known case of HIV and was on anti-retroviral drug so it was cancelled as we could not do CD4+ count and viral load in Dailekh hospital and also there were no facility of fumigation in operation theatre so, case was planned to do in Kathmandu in Greencity hospital.

Day 2: 2073 - 01 - 05 (17th April, 2016)

Screening started from 10am morning, total of 201 cases were screened. Maximum number of patients were having vaginal discharge syndrome, cervicitis, 3 fibroid uterus, two patients with adnexal mass, abnormal uterine bleeding-13, vault prolapse -4 and 3rd degree utero vaginal prolapse were 12 and selected cases were sent for pre-operative investigations as well as pre anesthetic checkup. Among them 2cases were cancelled as one of them had oxygen saturation less than 70% with crepitation all over the lung field and another patient had significant changes in ECG.

Other patients with diagnosis of fibroid uterus and ovarian tumor were referred to Greencity hospital for free treatment. Screening continued till 5:30pm and rest of patients were treated as per diagnosis.

Day 3: 2073 -01 -06 (18th April, 2016)

Operation started from 8:00 am and continued till 6:00pm. Total 12 vaginal hysterectomy with pelvic floor repair was done. Out of 12 patients, 11 patients were uneventful in post-operative period but one had high blood pressure post operatively although she was normotensive preoperatively.

Patient was 48yrs old, she was normotensive previously. Postoperatively her blood pressure shoot up to 220/140 mm of Hg despite of pethidine and diclofenac injection after one hour of operation. Her highest recorded heart rate was 105 beats/min. She had no complaints of pain, and was managed in stepwise with Nifedipine sublingual 10mg +midazolam 3mg IV +10 mg furosemide 20mg IV, 4 repeated doses of 0.5mg inj nitroglycerine, amlodipine 10mg oral so that her BP lowered to 150/100mm of Hg. The next day she was managed with adequate analgesia +amlodipine 10mg in combination with Losartan 25mg and also with 10mg sublingual Nifedipine single dose with 3mg Midazolam. In stepwise manner her BP was stabilized 130/90mm of Hg. Thereafter from second post-operative day onwards oral analgesics and oral amlodipine 10mg+ Losartan 25mg in combination once a day was enough to maintain BP 130/80mm of Hg. Case was managed efficiently.

Although operation was going on, uterine prolapse screening was continued by medical officers in OPD and after operation gynecologist also joined and total 7 cases of 3rd degree UVP was screened and sent for pre op investigation as well as pre anesthetic checkup. Total 79 cases were seen.

In evening post-operative rounds was done and all post-operative patients conditions (vitals, urine output, bleeding per vaginal, and pt's complaints) were assessed and treated accordingly and nurses and doctor on duty were there to take care of patients.

Day 4: 2073 -01 -07 (19th April, 2016)

Next day operation started at 8:00am. Total 48 cases were seen but 3rd degree prolapse case was not there and cases of medical disorder were treated in OPD basis. Total 14 vaginal hysterectomy were done. Among them one patient became critical during operation.

She was 45 years P₇₊₀ L₆ lady with 3rd degree UVP and was fit for surgery. Before surgery spinal anesthesia was given with hyperbaric bupivacaine 3ml but during operation patient was anxious so b 2mg midazolam, 30mg ketamine (sedation dose); 0.2mg Glycopyrolate and 40mg Propofol bolus dose for sedation was given, immediately saturation fell, pulse, BP were not detectable, ECG showed no rhythm so immediate CPR was done, injection atropine, adrenaline given and patient was intubated, airway was maintained. Patient revived within 30 seconds of cardiac arrest and within 10 minutes operation was completed. In our remote

setup ventilator was not available so immediate extubation was planned following operation. Patient was extubated but just after extubation she developed carpopedal spasm & ophisthotonus resembling hypo-calcemic tetany. The provisional diagnosis hypo calcemic tetany with differential diagnosis of generalized tonic clonic seizure was made. Inj midazolam 2mg IV immediately pushed & immediately inj calcium gluconate 10%, 10mg over 10minutes was given. During the period saturation dropped and immediately re-intubation was done, on auscultation crepitation on right chest were heard suggesting of aspiration during tetanic spasm. Her BP dropped so Noradrenaline and Dopamine was started. On next day both Noradrenaline and dopamine tapered and stopped on 1st and 2nd post-operative day respectively. Post resuscitation care was done according to devices available in our remote setup. Re-extubation was done 7hrs after surgery. Patient was conscious but confused. Adequate oxygenation and sedation was done. Referral to tertiary Centre was done on 2nd post-operative day after stabilization of patient. She developed delirium postoperatively and for that oral olanzepam was prescribed by psychiatrist and delirium disappeared after 2days of olanzepam treatment. Patient is fine and stopped olanzepam from 7th post-operative day and was discharged with advice of psychiatric follow up.

Rest of patients were discharged on 5th post-operative day with oral antibiotics and analgesics. All patients were fine.

SUMMARY

Total 461 cases were seen from 04- 07 Baishak 2073. Out of that total 38 were selected for operations and referral. 2 patients became critical after and during operation but were managed very well. One patient was brought to Nepalgunj and was successfully treated and discharged after a week, other patients were uneventful and were discharged on 5th post-operative day.