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# AUDIT OF THE URBAN HOSPITALS OF LAHORE ABOUT GIVEN SURGICAL POSTOPERATIVE INSTRUCTIONS

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**Abstract:**
***Objective:*** *To investigate and audit the current patterns of postoperative instructions written in urban hospitals of Lahore and to evaluate commonly neglected areas.*
***Study design:*** *A retrospective audit.*
***Place and Duration:*** *In the Department of Surgery, Jinnah Hospital Lahore, Services Hospital Lahore and Lahore General Hospital for one year period from October 2016 to October 2017.*
***Methods:*** *The surgical records of the patients were reviewed and compared with our standard postoperative instructions, which included 12 parameters; Name of the procedure, date of operation, null oral (NPO) time, amount of intravenous fluid and duration of administration; Analgesia type Management path and duration. prophylactic antibiotics / therapeutic doses administration route, duration; deep venous thrombosis (DVT) prophylaxis, frequency of steam inhalation / nebulization; mobilization outside the bed; oral administration; biopsy protocols; The signature of the operator surgeon.*
***Results:*** *The results obtained from general surgery in orthopedics 50.83% in urology at 52.91% were examined as 150 patient files in three different surgical specialties in the direction of 64.25% postoperative instructions.*
***Conclusion:*** *We concluded that operative surgeons do not take postoperative instructions seriously. Therefore, we would like to recommend a standard postoperative instruction form with patient files, patient names, bed number and hospital number of each page.*
**Key words:** *control, postoperative instructions, urban hospitals, prophylaxis of deep vein thrombosis.*

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## INTRODUCTION:

Postoperative instructions are the backbone of clinical care in patients undergoing surgery. These instructions clearly demonstrate the steps to be taken to prevent postoperative complications, and allow the patient to recover without complications. If there is a violation of the contents of the postoperative instructions list, the patient is likely to be exposed to undesirable complications, and the duration and duration of the patient's stay is longer. In addition, it will strengthen the legal positions of surgeons in any case against cases or cases. This will also help in the accreditation of hospitals in standard international organizations. Record keeping data can also be used for retrospective research studies.

## MATERIALS AND METHODS:

This retrospective audit was held in the Department of Surgery, Jinnah Hospital, Lahore, Services Hospital Lahore and Lahore General Hospital for one year period from October 2016 to October 2017. Twelve criteria were evaluated retrospectively to review the contents of the postoperative instructions and then included the following 12 standard parameters: (1) the name of the procedure; (2) date of operation; (3) zero for the oral period and when it is converted into liquid, semisolid and solid foods; (4) intravenous fluid, amount and duration, (5) analgesic route, type, dose and duration; (6) antibiotics of the therapeutic or prophylactic type are administered; (7) indicated deep venous thrombosis (DVT) prophylaxis; (8) Respiration frequency / vapor fog; (9) bed, mobilization outside the bed; (10) oral administration to the dosage and duration; (11) biopsies of participants with reception signature; (12) operator surgeon's signature, date and time. None of the surgeons knew the case notes were checked.

## RESULTS:

A total of 150 postoperative files (50 of them each), which consisted of three different surgical specialties, were examined and the writing style of the postoperative instructions was analyzed. It has been found that different specialties have a different importance in writing postoperative instructions of 64.2% of orthopedics and 50.83% of urology in general surgery. The most neglected areas; dosage, frequency, route of administration of analgesics; prophylaxis of deep vein thrombosis (DVT); mobilization routines; Biopsy protocols and operator signature of the surgeon.

Table 1: *Frequency of parameters recorded in postoperative instructions writing in the present study*

| No. | Parameter | Surgery | Orthopedics | Urology |
|---|---|---|---|---|
| 1. | Name of procedure | 100% | 100% | 100% |
| 2. | Date of operation | 94% | 76% | 91% |
| 3. | Nil per oral(NPO) duration | 83% | 51% | 67% |
| 4. | Intravenous fluids type, quantity, duration, rate of administration. | 93% | 30% | 71% |
| 5. | Analgesia route, type, duration, dose. | 71% | 87% | 65% |
| 6. | Prophylactic/therapeutic antibiotics route, dose, duration. | 92% | 96% | 83% |
| 7. | Deep venous thrombosis (DVT) prophylaxis. | 22% | 25% | 10% |
| 8. | Steam inhalation/nebulization routines. | 15% | 5% | 10% |
| 9. | Mobilization routines. | 50% | 70% | 40% |
| 10. | Switching to oral medication. | 78% | 80% | 56% |
| 11. | Biopsy protocols; labeling, handing over with receiving signature. | 31% | 15% | 17% |
| 12. | Operating surgeon's signature. | 42% | 39% | 23% |
| | Total | 64.25% | 52.91% | 50.83% |

## DISCUSSION:

In our audit, we found that 64.25% of the general surgeons found that the rules of orthopedic surgeons and urologists for the preparation of postoperative instructions belong to 50.83% Tx`qflk`q 52.91%. This operation is one of the only studies in Lahore, Pakistan, highlighting the importance of surgery at the end of the surgery by the surgeon instructions and the postoperative writing patterns. This audit work will help us to follow the instructions to make sure that all of these steps have their own professional and medical importance, so that the postoperative instructions are fully written. Surgical practice with raising awareness among laypeople has become more contentious, and postoperative instructions of consultants in surgery are more accurate in preparing students and postgraduate. Baigrie RJ et al. In a study conducted by students, counselors and emergency procedures learned better than more strict elective procedures were instructed. This aspect of patient care is rarely taught and comes to the fore in undergraduate schools. Surprisingly, it is rarely expected in graduate surgical examinations, since it is rarely a part of basic surgical skills training. Incorrect or inadequate post-operative instructions may lead to an increase in postoperative complications and even fatal outcomes. To the mark, the instructions lead to an uneventful recovery, reducing morbidity and mortality. Symons NR et al. Reported inadequate dose and frequency of inadequate control of post-operative pain with prescription painkillers, which were the most common irregularities found, for example, due to insufficient post-operative maintenance due to insufficient post-operative instructions, misuse of prescription and post-operative drugs. He represented up to 57% of preventable adverse events after surgery. We have suggested that the handwritten notes of standardized postoperative instructions should be added to the patient record, lacking reliability, as they are insufficient in the various aspects of postoperative care due to handwritten notes as they are not signed by surgeons. Therefore, a standard form is necessary to overcome the deficiencies in postoperative care instructions.

## CONCLUSION:

In the light of this audit work, we would like to conclude that the postoperative instructions should be written by the operating surgeons. They must follow strictly the prescribed instructions, and this should be taken seriously, as it has extensive implications. Therefore, we recommend that you include a printed form of standard postoperative instructions in each file with the patient name, bed number, and hospital number on each page. It is also recommended that the most modern and often computerized system and all departments of the hospital have advanced interconnection; the set of hospitals approved by the International Commission, all post-operative data is entered into the computer by the surgeon performing the surgery.

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