



# DEPARTMENT OF ANAESTHESIOLOGY

## GOVERNMENT INSTITUTE OF MEDICAL SCIENCES,

KASNA, GREATER NOIDA, GAUTAM BUDDH NAGAR-201310, 0120-2341738

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### Why should you join PG course at GIMS

1. Excellent infrastructure
2. Dedicated faculty
3. Faculty: student ratio > 1
4. Fully operational modular OTs
5. All surgical specialities with superspecialities
  - Anesthesia for General Surgery
  - Anesthesia for laparoscopic procedures
  - Anesthesia for Urological procedures
  - Pediatric anesthesia
  - Transplant anesthesia like THR, TKR
  - Anesthesia for comorbisid patients
  - Regional anesthesia
  - Ultrasound guided blocks
  - PNS guided nerve stimulation
  - Anesthesia for maxillofacial surgeries
  - Anesthesia for laser surgeries
  - Anesthesia for MRI & CT Scans
6. Intensive care units: Surgical, Respiratory, Emergency & Medical ICU
7. State of the art equipment
  - Workstations: Drager, mindray etc
  - Ultrasound machines: Sonosite, Philips, Esoate
  - Videolaryngoscope: C-MAC, Kingvision, BPL etc
  - Flexible scopes: Karl Storz, Ambu



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**Seminar Rooms and Library: Central and Departmental**

**Equipped with books, e- journals and Interactive teaching panels**

**Simulation and skills lab with high fidelity and medium fidelity mannequins**

- **Highest hands on exposure to the previous post graduates working in the region.**

### **SOP FOR ELECTIVE OPERATING ROOM PROCEDURES**

1. Patients should be PAC Fit
2. A pre-anaesthetic visit to be done by resident the night before surgery.
3. Following cases should be taken up as first/ priority cases and put at top of the OT list:
  - Children,
  - Patients with comorbidities like DM, HTN, Cardiac Diseases, etc.
  - Faculty, Staff & relatives of staff
  - Major/long duration cases
4. Patients who are shifted from the OT directly to ICU should be accompanied by the surgeon and anaesthetist.
5. A comprehensive OT list will be prepared by the Anaesthesia department for the OT lists received before 2.30 pm.
6. APS round to be done next day for the patients operated on previous day.
7. All personnel entering the operating room must wear appropriate surgical attire, including masks, caps, and gowns.
8. The patient shall be dropped from the list if the pre-anaesthetic order could not be followed e.g. patient had not received medicines or the advised investigation has not been done. Compliance with above will prevent unnecessary delays, wastage of time and resentment on part of the patient for having the surgery deferred.
9. High risk patients with co-morbidities must be sent for a consultant referral 2-3 days prior to the surgery to the consultant in-charge of the respective OT where the case will be posted.



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10. Patients must be properly identified and verified before entering the Operating Room.
11. Not more than 1 attendant should accompany the patient in the pre-operative area
12. No transaction of money should be done near the OT complex area.
13. Maintenance of OT decorum at all times (no shouting/abuse)