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Operation Theater  
Complex

# newsletter

## OBJECTIVES

Vol. 02-Issue 01-2010 | DOWITES'78 O.T. COMPLEX, CIVIL HOSPITAL KARACHI.

- TO PROVIDE STATE-OF-THE-ART OPERATION FACILITIES TO THE UNDERPRIVILEGED
- FREE OF COST OPERATION TO ALL NEEDY PATIENTS COMING TO CIVIL HOSPITAL KARACHI
- PROFESSIONALLY QUALIFIED HUMAN RESOURCE DEVELOPMENT THROUGH TEACHING AND TRAINING FACILITIES
- POVERTY ALLEVIATION THROUGH GOOD HEALTH AND EDUCATION
- RESEARCH AND DEVELOPMENT ACTIVITY.

## Sponsor an Operation and Save Life

Minor surgery 2,500  
Medium surgery 5,000

Major surgery 10,000  
Extra Major surgery 20,000

### Donate Generously

#### Zakat Account

Dowites 78 OT Complex  
A/C # 0401-010-2120-3  
United Bank Ltd.  
any branch in Pakistan

#### Donation Account

Dowites 78 OT Welfare  
Society (DOTS)  
A/C # 0401-010-2282-6  
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Dowites 78 Operation Theatre Complex  
Civil Hospital, Karachi  
Ph. 99216114, 99216115, Fax 99216113  
E-mail: dowitesotc@yahoo.com  
URL: surgeryforfree.pk

All Donation are Tax exempted by: CITCOS V/2006/482

## DOTS G.I. Centre saves millions for poor patients at CHK

We are pleased to write that the endoscopy suite was established with the help of sindh Government which was started in late September 2009, is continuing to provide G.I Care Services to ailing and needy patients of Civil Hospital, and many other hospitals of Karachi.

We are working six days a week with endoscopists of the hospital and some eminent visiting consultants.

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O.G.D.	311
E.R.C.P.	89
Sigmoidoscopy	15
Colonoscopy	95

## Dowites78 OT Complex Hosts Pre Conference Workshops For Surgicon 2010

It gives me immense pleasure to report that Dowites78 Operation Theatres (OT) Complex at Civil Hospital Karachi is proud to successfully host all of the pre-symposium workshops for SURGICON 2010, annual conference of the Society of Surgeons of Pakistan (SSP), Karachi chapter. The plan was made approximately 3 months before the event when it was decided that SURGICON 2010 workshops will be held at DOTS OT Complex. The objective of the workshop was very simple, adding on to the advancement and progression of laparoscopic surgery in Pakistan. The task was not simple.

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Dr. Ameer Khan from Manor Hospital U.K.- Bariatric Surgeon

## Clinical Audit: Surgeries at O.T. Complex, Civil Hospital Karachi.

Clinical audit is a process that has been defined as "a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change"

The objective is quality improvement. We analysed the data of surgeries performed in O.T. Complex from 15<sup>th</sup> October 2009 to 15<sup>th</sup> April 2010. It is hoped from here onwards a new culture of looking into our own performance and compare our outcomes of care are systematically evaluated. Where indicated, changes are implemented at an individual, team, or service level .

### Surgical Audit from Oct. 15, 2009 to April 15, 2010

General surgery	Minor	Medium	Major	Extra Major	Total	General surgery	Minor	Medium	Major	Extra Major	Total
Prof. Naheed Sultan	02	04	15	02	23	Prof. Amjad Siraj Memon	04	05	22	02	33
Foad Ali Moosa	04	18	32	01	55	Mudabbir Hussain	–	01	–	–	01
Bashir Ahmed Shaikh	03	24	23	03	53	Mohd. Rauf Shaikh	02	11	07	–	20
Farah Idrees	04	12	08	–	24	Javed Ahmed	–	05	19	02	26
Other	26	91	88	02	207	Others	32	64	12	02	110
Unit total	39	149	166	08	362	Unit total	38	86	60	06	190

General surgery	Minor	Medium	Major	Extra Major	Total	General surgery	Minor	Medium	Major	Extra Major	Total
Prof. Shafiq Ur Rehman	03	17	42	12	74	Prof. Iqbal Memon	02	03	13	–	18
Shahid Shamim	01	03	08	04	16	Mudabbir Hussain	–	02	–	–	02
Nizam uddin	–	01	02	–	03	Mohd. Rauf Shaikh	02	04	02	–	08
Khawar Jamali	–	02	17	–	19	Others	21	66	30	–	117
Shahida Parveen Afridi	01	04	22	–	27	Unit total	25	75	45	–	145
Shiraz Shakoor Siddique	05	15	15	04	39						
Others	15	64	54	01	134						
Unit total	25	106	160	21	312						

General surgery	Minor	Medium	Major	Extra Major	Total	ENT surgery	Minor	Medium	Major	Extra Major	Total
Prof. Qamar Baloch	01	08	13	–	22	Prof. M. Saleem Marfani	22	58	48	08	136
Pervaiz Iqbal	–	–	–	–	–	Salman Mati Ullah	02	03	02	03	10
S. Asim Ali Jaffary	–	01	04	–	05	Zeba Ahmed	–	09	07	01	17
Muhamamad Sadiq	03	04	13	01	21	Atif Hafeez	17	17	22	03	59
Umair ul Islam	01	09	14	01	25	Others	126	49	27	01	203
Others	49	59	54	–	162	Unit total	167	136	106	16	425
Unit total	54	81	98	02	235						

General surgery	Minor	Medium	Major	Extra Major	Total	ENT surgery	Minor	Medium	Major	Extra Major	Total
Prof. Saeed Quraishy	02	07	16	03	28	Prof. Umar Farooq	–	–	–	–	–
Farzana Memon	01	–	17	–	18	Iqbal Hussain Zaidi	07	23	15	05	50
Sajida Quresshi	04	05	27	07	43	Iqbal Kiyani	03	11	15	01	30
Other	26	88	139	03	256	Shuja Farrukh	03	03	04	01	11
Unit total	33	100	199	13	345	Others	91	62	13	–	166
						Unit total	104	99	47	07	257

General surgery	Minor	Medium	Major	Extra Major	Total	ENT surgery	Minor	Medium	Major	Extra Major	Total
Prof. Khalid Ahsan Malik	–	02	28	02	32	Prof. Jawaid Alam	01	10	16	01	28
Shams Nadeem Alam	–	04	–	01	05	Iqbal Hussain Zaidi	08	11	04	01	24
Adnan Aziz	07	16	16	–	39	Iqbal Kiyani	03	12	11	02	28
Munwar Iqbal	–	–	–	–	–	Ismail Hirani	06	07	09	–	22
Anees Ul Islam	–	–	–	–	–	Shuja Farrukh	06	10	09	–	25
Others	53	145	66	02	266	Others	41	32	11	01	85
Unit total	60	167	110	05	342	Unit total	65	82	60	05	212

Eye surgery	Minor	Medium	Major	Extra Major	Total
Prof. Idrees Adhi	01	64	06	28	99
Muneer Qureshi	09	10	181	03	203
Nisar Ahmed Siyal	12	08	219	30	269
Soorath Noorani	01	-	14	-	15
Others	45	68	193	-	306
Unit total	68	150	613	61	892

Peeds surgery	Minor	Medium	Major	Extra Major	Total
Prof. Talat Mehmood	03	01	04	01	09
Shahab Athar	08	23	01	-	32
Others	150	117	21	01	289
Unit total	161	141	26	02	330

Vascular surgery	Minor	Medium	Major	Extra Major	Total
Sohail Ahmed Khan	47	97	33	-	177
Others	04	04	02	-	10
Unit total	51	101	35	-	187

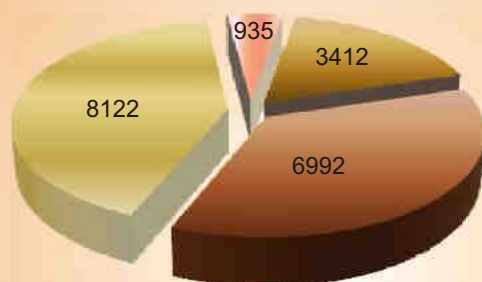
OMF surgery	Minor	Medium	Major	Extra Major	Total
Mirza M. Shakir	-	03	01	-	04
Others	15	37	31	03	86
Unit total	15	40	32	03	90

Plastic surgery	Minor	Medium	Major	Extra Major	Total
Prof. Ashraf Ganatra	03	04	16	05	28
Abdul Sami	12	12	27	02	53
Others	213	93	97	17	420
Unit total	228	109	140	24	501

### 19,461 Free of cost surgeries from Sep 2007 to April 2010

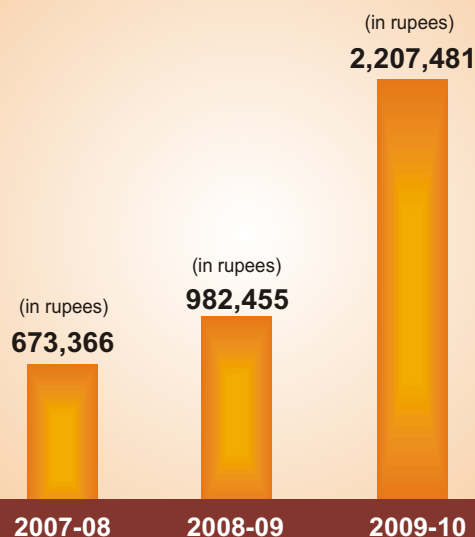
#### Categorization of Surgeries

#### Medical Supplies Consumption



Minor Surgeries	3,412
Medium Surgeries	6,992
Major surgeries	8,122
Extra Major Surgeries	935

**Total Surgeries: 19,461**



#### Surgical Highlights

General Surgery	Laposcopic Surgery	1429
General Surgery	Pancreatic Surgery	26
General Surgery	Oesophageal Surgery	28
Eye	Vitrectomy Surgery	547
Eye	Penetrating Keroplasty (PKP)	21
ENT	Functional Endoscopic Sinus Surgery (FESS)	231
ENT	Tonsillectomy	534
OMF	Open Reduction and Internal Fixation (ORIF)	102

#### Art for Health 2010 The Exhibition-cum-Auction

of art pieces is going to be held in the third quarter of this year.

DOTS is grateful to all the artists who have already donated and committed their paintings for the said event. We request the fraternity to show their maximum participation and make this event a bigger success. We also extend our request to the donor and philanthropists whose contribution facilitated us in performing more than 19,000 FREE OF COST procedures of poor and needy patients coming to Civil Hospital Karachi for surgical treatment.

Mansur Arif



## Infection Control Program at Dowites78 OT Complex, Civil Hospital Karachi.

**Dr. Kehkashan Mufti,**  
Addition Medical Superintendent  
incharge of Infection Control Cell  
Civil Hospital Karachi



Infections are part and parcel of our lives whether we are at home, at our workplace or in hospitals, but the most devastating and difficult to treat are hospital infections, commonly known as "Nosocomial Infections". These are the infections that are acquired during stay in the hospital.

Hospital environment poses greatest risk of acquiring infections as most seriously infected and highly susceptible patients are present and often cared for by the same staff. Beside this, infection microorganisms present in the hospital setup and on the health care providers are generally resistant to the available antibiotics. This further aggravates the situation especially in developing countries where about one quarter of patients (25%) acquire nosocomial infections. Treatment of such infection is

Not only expensive, but it also prolongs the hospital stay and sufferings of patient plus an extra burden on the limited resources of a public sector hospital like Civil Hospital, Karachi

Infection Control is an important component of a safe, high quality patient care which can only be achieved through an effective and organized program with an appropriate organizational structure and defined roles and responsibilities for key personnel. Globally this tremendous task is undertaken by an Infection Control Committee (ICC) comprising of a chairperson who should be a senior microbiologist, senior surgeon, physician or medical superintendent. At Civil Hospital, Karachi an "Infection Control Cell" was established in early 2009 headed by the writer followed by appointing members of ICC. The chairperson of this ICC is Prof. Shafiq-ur-Rehman, a senior surgeon and incharge of the OT Complex. This committee meets every month and decides about various issues relating to clean and safe environment within the hospital particularly.

For the implementation of suggestions and orders of infection committee, every health care setup has an infection control team comprising of efficient fulltime doctors and nurses. In our setup, shortage of manpower

was overcome by nominating one RMO and a staff nurse from each ward for training as master trainers for other health care staff of their ownwards.

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## DOTS G.I. Centre...

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We are grateful to various referring wards and individuals who enabled us to help their patients.

All medical and surgical wards have been communicated to depute interested doctors to this G.I Centre for training of endoscopy procedures. A rough idea was made to calculate the amount we saved from poor patients pocket through our facility was around Rupees 4 million, over the past five months.

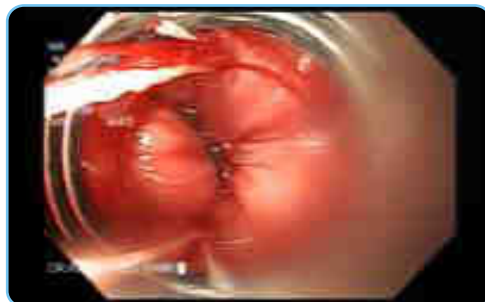
In an attempt to provide all our services free of cost with dignity, and to maximum patients, we faced difficulties to make two ends meet on financial basis.

Continuation of this endeavor is not going to be possible without support and assistance of friends of DOTS and those who can feel the pain of this sufferer, in all sects of society, governmental and non governmental (NGO's)

**Dr. Khurshed Ahmed Samo**  
Co-ordinator DOTS G.I Centre.



Dr. Furqan performing E.R.C.P



Banding of Oesophageal Varices

## First Hair Transplant at Dowites78 O.T. Complex – CHK Department of Plastic Surgery

This is our pleasure to inform that hair transplantation in the patients of post burn scalp alopecia has been started by the department of plastic and reconstructive surgery, Dow University of Health Sciences and Civil Hospital Karachi, headed by Professor Muhammad Ashraf Ganatra and performed by Dr. Asad Awan.

To the best of our knowledge our department is the first towards performing hair transplantation in the government sector in Sindh.

To date Dr. Asad Awan has performed six cases and looking forward to continue in the future. Dowites78 operation theatre complex has provided us every facility for this major undertaking. Hopefully, this cooperation will continue in the future.

## Surgicon 2010....

Continued from page 1

Six live surgical workshops over a period of 6 days was organized. More than 1000 participants from various part of Pakistan came and they interacted delegates as master trainers.

Stakes were as high as they could be. The reputation of SSP and success of the following mega conference was completely dependant on the organization of these workshops.

These workshops provided the opportunity, for a large number of junior and senior surgeons from within the city and from other parts of the country, to experience surgical procedures that are neither being done regularly in our country, nor there are centers where they can be taught. For this purpose SSP invited a group of consultant surgeons from United Kingdom along with some senior local surgeons who operated upon patients at Civil Hospital Karachi and conducted the training workshops. The foreign surgeons who participated as trainers are graduates of Dow Medical College, Karachi and consider this as an obligation to their Alma matter and the community. The master trainers of workshop included Dr. Khalid Makhdooni (Consultant Vascular Surgeon, UK), Dr. Aijaz Jabbar (Consultant Colorectal Surgeon, UK), Dr. Ameer Khan (Consultant Bariatric Surgeon, UK) and Dr. Yousuf Iftikhar (Consultant Upper G.I. Surgeon and Surgical Oncology, UK), Prof. Mumtaz Mahr (Consultant General Surgeon, Karachi), and Prof. Shafiq ur Rehman (Consultant General Surgeon, Karachi). The workshops were held at the Dowites78 Operation Theater Complex at Civil Hospital Karachi where surgical procedures from the operating



Dr. Aijaz Jabbar Colo-Rectal Surgeon, Sterling U.K

Rooms were telecasted to the state of art seminar room in the same building. All procedures were performed through laparoscopic surgery in which abdominal operations are carried out without making large incisions on the patient. This prevents complications related to the wound, helps the patient in early recovery and causes less pain to the patients. Surgeries that were demonstrated included single port/ single incision gallbladder surgery in which the whole procedure is performed through a single small hole in the belly button area of the patient and after the surgical procedure, patient has a minimal scar. Bariatric Surgery for morbid obesity and its' metabolic problems were also part of the workshop. These procedures provide extremely obese patients a chance to

lose weight and avoid weight related potential health problems. Demonstrations also included minimally invasive procedures for groin and abdominal wall hernias, intestinal tuberculosis and oesophageal (gullet) cancers. Presentations and video demonstration of Carotid end-arterectomy was part of the vascular surgery day. Approximately 150 to 200 participants daily attended the events that continued for six full days. During the discussions many concerns regarding these procedures were also raised. The need for continued training programs for such procedures was established, as these complex procedures require more than a few days of training before a surgeon can safely perform them. Another major concern was the cost of these procedures. According to Prof. Tariq Mehmood, president of SSP Karachi, these procedures require expensive equipment and theater useable and would not be, at the moment, freely available for our less fortunate, poor population. However, he added that once we have developed the expertise through repeated workshops and the equipment is made freely available in the government sector hospitals, these procedures would be of great benefit for

the working class and poor patients of our country because they cause less morbidity and early recovery. Overall the workshops provided an enormous prospect for dialogue among leading surgical fraternity in Pakistan towards development of surgical specialties for patients and upcoming surgeons of the country.

### Dr. Shafiq ur Rehman

Professor of Surgery DUHS  
General Seceretary DOTS



Dr. Iftikhar Yousuf with Dr. Khalid Malik performing Live Surgery



## OT Complex writes a new chapter in infection control

**Prof Amjad Siraj Memon**  
FRCS



We are fortunate at Civil hospital Karachi, that the new OT Complex has written a new chapter in the surgical service provision. It is equipped with latest autoclaves controlled by digital time devices. The atmosphere is clean and it has a designated and committed team working towards improving the standard of care of the patients.

Every year, many lives are lost because of the spread of infections in hospitals. Health care workers can take steps to prevent the spread of infectious diseases. These steps are part of infection control. Proper hand washing is the most effective way to prevent the spread of infections in hospitals. If you are a patient, don't be afraid to remind friends, family and health care providers to wash their hands before getting close to you. Patients should maintain a healthy weight, stop smoking at least 30 days prior to surgery, work with their doctors to keep blood sugar levels

under control if diabetic, and take a shower or bath the day before surgery.

Doctors should make sure to use antibiotics correctly during surgery and follow proper infection control practices before, during, and after surgery. This includes practicing good hand hygiene and using clippers at the incision site instead of a razor if hair removal is necessary.

What is a Surgical Site Infection (SSI)?

- An infection is considered to be an SSI when it occurs at the site of surgery within 30 days of an operation or within 1 year of an operation if a foreign body (e.g., an artificial heart valve or joint) is implanted as part of the surgery.
- Most SSIs (about 70%) are superficial infections involving the skin only. The remaining infections are more serious and can involve tissues under the skin, organs, or implanted material
- Signs and symptoms of an SSI can include fever and redness, swelling, heat, or pain at the surgical wound site.
- Drainage of cloudy fluid or sudden opening of the surgical wound can also suggest an SSI.

Proper protocols should be there for each person with a responsibility in theater and that includes the pre-operative care in the wards. The patients with risk factors for infection, communicable diseases and Hepatitis/HIV infections should be clearly marked and treated according to the protocols, with prior intimation to the OT staff regarding such patients.



In the end I would conclude by saying that in most instances there are even clear and written protocols, but unfortunately they are not implemented. And that is an area we must work on to ensure the safety of patients and theater personnel.

## SOGP Workshop in DOTS Auditorium

**Dr. Nusrat Shah**  
Assistant Professor,  
Gynae Unit - III,  
Civil Hospital Karachi

Society of Obstetricians and Gynecologists of Pakistan (SOGP) conducted an Obstetrics workshop on "operative vaginal delivery in the OT Complex, Auditorium, Civil Hospital Karachi, on 23<sup>rd</sup> January 2010 from 9:30am to 1:00pm. This workshop was conducted as a pre-conference workshop on the occasion of 13<sup>th</sup> Biennial International Conference of the Society of Obstetricians and Gynecologists of Pakistan



The purpose of this workshop was to offer hands-on training to obstetric residents on instrumental vaginal delivery and shoulder dystocia. These procedures are considered life saving emergency procedures and are fundamental to the training of every obstetrician.

The facilitators of this workshop were Dr. Nusrat Shah, Assistant Professor, Gynae Unit III, Dr. Tehmina Ali, Assistant Professor, Gynae Unit I and Dr. Shazia Jabbar, Assistant Professor, Gynae Unit II. There were 40 participants who registered for the workshop (there was no registration fee) and they included participant from all three units of the Department of Obstetrics and Gynaecology, Civil Hospital Karachi as well as from other hospitals of Karachi.

The workshop started with an interactive discussion and presentation of the main topics which was followed by hands-on sessions on three stations (Forceps, Vacuum and Shoulder dystocia) where models of the baby, pelvis and instruments

were kept and all participants got the chance of practically performing all three procedures on the models.

The practice session was followed by Certificate distribution and refreshments.



## Role of Anaesthetist in the spread and control of infection in operation theatre

**Dr. Safia Zafar Siddiqui**  
MBBS, MCPS, FCPS,  
M-Sc Pain Medicine  
Assistant Professor,  
Department of Anaesthesiology,  
Surgical Intensive Care &  
Pain Management  
Dow Medical College &  
Civil Hospital Karachi.



Anaesthetists have a great role in operation theatre (OT) in relation with infection. Infection can be spread from anaesthetist to patient, from patient to anaesthetist and from patient to patient.

Anaesthesia personnel are at risk of occupationally acquired infections including respiratory infections and blood borne infections. The respiratory infection of great importance is Tuberculosis, while the blood borne

infections of great concern includes human immunodeficiency virus, hepatitis B virus and hepatitis C virus. The principle route of infection is percutaneous injuries (needle sticks and other sharp objects injuries), mucosal contact (eye, mouth or other mucus membranes) or contact of non-intact skin (broken or injured).<sup>[1]</sup>

The list of equipments by which anaesthetists can spread and control infections is as follows:

Laryngoscope, megills forceps, bougies, stillete, endotracheal tubes, nasal tubes, mouth gag, face mask, laryngeal mask airway, catheter mount, angle piece, suction catheter, suction nozzle, breathing circuits, air filter, syringes, stethoscope, gloves, etc.<sup>[2]</sup>

Recommendations for the control of infection

- Make a policy and comply with it
- Environment of theatre and surrounding area should be clean and acceptable for patients, visitors and staff
- If theatre personnel are infected (flu, skin disease, etc.) they should not come inside
- All the staff in the theatre should change their dress, wear cap and face mask (if directly involved in the operation)
- Gloves must be worn as disposable items. They should be put on immediately before an episode of patient contact and removed as soon as the activity is completed, and before contact with

fomites, including curtains, pens, clinical notes, keyboards and telephones.

Use disposable items (ETT, suction catheter, nasal tube, air filter, etc.)

For reusable items (laryngoscope, megills forceps etc.) wash with clean water and detergent, and then sterilise it accordingly (CSSD, ethylene oxide). Try to use disposable laryngoscope if possible

- Try to use disposable LMA. Reusable LMAs are recommended to be used forty times but before each use it should be sterilised and packed aseptically.
- Bougies may be disinfected up to five times between patients and stored in a sealed pack
- Face masks and breathing circuits should be disposable. If reusable they should be washed and cleaned with disinfectant between each use.
- Air filter is a device to protect anaesthesia machines from patients' expiratory gas. It should be used between patient and circuit and must be changed between each patient.
- The surface of anaesthesia machine and monitoring equipments, especially those areas which are likely to have been touched by the gloved hand that has been in contact with blood and secretions should be regarded as contaminated and cleaned at the earliest opportunity, probably between patients. All equipment that touches intact skin or does not ordinarily touch the patient at all, should be cleaned with a detergent at the end of the day or whenever visibly contaminated. This includes non-invasive blood pressure cuffs and tubings, pulse oxymeter probes and cables, stethoscope, ECG cables, blood warmer, etc., and the exterior of anaesthetic machines and monitors.

- At the end of the day the OT should be cleaned with water and waste should be disposed off properly.

### References:

1. Ippolito G, Puro V, Petrosillo N, et al. Prevention, management & chemoprophylaxis of occupational exposure to HIV. *Advances in Exposure Prevention*. 1997; 6-25.
2. Gemmell L, Birks R, Radford P, Jeffries D, Ridgway G, McIvor D. *Infection Control in Anaesthesia*. Anaesthesia, 2008, 63; 1027-1036.

## Waste Management

The Waste management system of any hospital plays an important role in controlling spread of infectious diseases. At Civil Hospital Karachi we have a well organized waste management/disposal cell headed by the writer. Initially it was organized in 1993, when an incinerator machine was installed with the help of a non-governmental organization (NGO). The incinerator machine incinerates about 72 kg of the infectious (Hazardous) material in one hour.

The infectious (Hazardous) material is segregated from the non infectious material at source. This important role is being played by the nursing staff, in the wards, operation theaters, and in dressing room e.t.c. but ideally this should not be done manually as pricks and cuts cause rapid spread of diseases like Hepatitis B, C and AIDS. Now the CHK has purchased waste/sharp bins for this purpose. These sharp bins also Known as "Danger Boxes" are immediately sent to incinerator after it is filled up to  $\frac{3}{4}$  mark. Further more the waste disposal cell is trying its best to collect, seggregate and dispose off waste as soon as possible.

After the inauguration of OT Complex in September 2007 by the Dowites of 1978 batch, the quality of surgeries has improved tremendously and the rate of infection has gone down.

This has been confirmed by the CHK infection control cell. I am optimistic that working together, we can reduce the spread of infection and improved patients care.

**Dr. Capt. Safder Ahmed Awan**  
Additional Medical Superintendent  
Civil Hospital, Karachi.  
Incharge Hospital Waste  
Management System.

### HVAC UNITS:

*The Heat Ventilation & Air Condition (HVAC) system has antibacterial Hepa filters and Bag filters with five air changes per hour. The Units are installed in all 14 operation theatres in the Complex. The system is internationally recommended for OT environment.*



## Central Sterile and Supply Department of OT Complex Seeks ISO 9001-2000 Certification

Expertise of a Surgeon can go in vain if patient receives an infection from the environment where he/she is operated and carries more complications then it had before entering the theatre environment. One of the objectives behind Dowites78 Operation Theatre Complex, has been the infection free theatre environment as set by the international standards.



To achieve this preliminary objective, the administration has set up its Standard Operating Protocols in every section of this complex. The Central Sterile and Supply department abbreviated as CSSD

has a pivotal role in controlling the infection in Operation Theatres by providing sterile instruments and OT linen, along with Housekeeping and Linen departments which maintain hygienic environment and provision of clean linen respectively.

As required by the WHO standard, a well-set Central Sterile and Supply Department (CSSD) is mandatory for an effective infection control in surgical patients. Allocated at the far East side of Edhi Wing, the CSSD of Operation Theatre Complex is equipped with two gas based Autoclaves with two boilers, water softening plant and steam generator. It is designed into three zones namely Soil Zone, Clean Zone and Sterile zone.

Soil Zone is used for receiving and cleaning used and dirty instruments. Stainless steel fixture and furniture help to reject any germs harbouring in the department. After being cleaned and

washed, the instruments are moved to the Clean Zone where they are dried and packed along with washed linen and autoclave-able Mackintosh



sheets are wrapped in green paper especially used for autoclaving purpose. A indicator of sterilization (steam chart 134 c-121c) is placed in each pack which changes its colour according to the procedure.

After being autoclaved, the sterilized goods proceed into the sterilized Zone and stored here for next day/time use.

The standard of sterilization is judged by international parameters, set up through ISO-9001-2000 certification. In order to come up to that standard, a list of do's and don'ts are given to comply along with required facilities. We are confident that OT Complex would soon be able to obtain ISO-9001-2000 certificate which is in the process.

Muhammad Shahid Siddiqui  
Incharge: CSSD – OT Complex

### Items being utilized in CSSD

#### Equipments

Sealing Machine (For Packing With Sealing)
High Pressure Steam Sterilizer Machine (600-Liters)
Automatic Steam Generator (Gas Boiler)
Automatic Steam Generator (Electric Nboiler)
Water Softener Plant With Soft Water Storage Tank
Water Filter Jar With Cartridge.20",5micron
Ethylene Oxide Gas Sterilizer (In Pipeline)
Incubator For Sgm Test Biolog Indi Steam (In Process)
Automatic Washer Disinfectant (In Process)

#### Disposable

Sterilization Packing Paper 120x120cm
Sterilization Packing Paper 100x100cm
Sterilization Packing Paper 75x75cm
Sterilization Packing Paper 60x60cm
Steriking Gusseted Roll Rb50 3" X100mtr
Steriking Gusseted Roll Rb51 4"X100mtr
Steriking Gusseted Roll Rb53 8"X100mtr
Steriking Flat Roll R-39 2" X200mtrs
Steriking Flat Roll 16" X200mtrs

#### Chemicals And Indicators

Haz-Tab (Surface, Floors, Walls Disinfection)
Triacide-N-Un 1903/200ml (Instruments Disinfection)
Purell Hand Sanitizer
Hydrogen Peroxide
Bowie Towel with Bowie Dick Test Sheet (To confirm the performance of Sterilizer)
Auto Clave Tape
Steam Chart 134c (To confirm The process of Sterilization)
Steam Chart 121c (To confirm the process of Sterilization)
Biological indicator (Required)

## Infection Control Program....

Continued from page 4

Many discussions, presentation, talks and meetings were held at different places, the latest being two seminars at Dowites78 OT Complex auditorium room on January 18<sup>th</sup> and February 11<sup>th</sup> 2010.

Speakers at the seminar highlighted different aspects of infection and discussed various future strategies for its control. Two most important steps for controlling infection is hand washing/sanitization and proper disposal of hazardous waste especially pointed and sharp objects. For this purpose, dispensers are being installed at many sites in each ward to easily sanitize hands. Plastic boxes are also introduced in wards for safe disposal of sharp objects to prevent pricks and other injuries.

Now, many staff nurses are registered for further advanced training in infection free procedures and later act as master trainers for their colleagues. In this way, awareness is created in patients, relatives, visitors, senior and junior healthcare providers. Biggest beneficiary of these teaching sessions will be patients who are operated in OT Complex by a team of expert, trained and dedicated doctors and nurses. Future holds many hopes from the state of art operation theatre complex. God bless those who were amongst its financers and now its care takers.



# FINANCIAL AUDIT : Dowites78 O.T. Complex

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### "AUDITORS' REPORT TO THE GOVERNING BODY"

We have audited the annexed balance sheet of **DOWITES 78 OPERATION THEATRE WELFARE SOCIETY**, Karachi as at June 30, 2009 and the related receipt and expenditure account together with the notes forming part thereof for the year then ended.

These financial statements are the responsibility of the Governing Body. Our responsibility is to express an opinion on these financial statements based on our audit.

We have conducted our audit in accordance with auditing standards as applicable in Pakistan. These standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting policies used and significant estimates made by the management, as well as evaluating the overall presentation of the financial statements. We believe that our audit provides a reasonable basis for our opinion.

- The payment made and /or the expenditure incurred during the year was for the purpose of the approved objects of the Society;
- Where funds were received for a specific stated purpose, there have been spent for that purpose only; and;
- The financial statements give a true and fair view of the society's affairs as at June 30, 2009.

Date: 29<sup>th</sup> September 2009  
Place: Karachi.

  
**HYDER & COMPANY**  
CHARTERED ACCOUNTANTS

### **DOWITES 78 OPERATION THEATRE WELFARE SOCIETY BALANCE SHEET AS AT 30TH JUNE, 2009**

	NOTES	30.06.2009 RUPEES	30.06.2008 RUPEES
<b>FUNDS AND LIABILITIES</b>			
<b>GENERAL FUND</b>			
Surplus B/F from Receipts and expenditure		121,841,516	120,311,626
<b>CURRENT LIABILITIES</b>			
Accrued & other liabilities		457,562	326,967
		<u>122,299,078</u>	<u>120,638,593</u>
<b>ASSETS</b>			
<b>NON-CURRENT ASSETS</b>			
Property, plant and equipment	3.0	108,505,817	110,991,063
<b>CURRENT ASSETS</b>			
Advance tax		2,558	883
Advances, deposits & other receivables		180,869	1,771,022
Cash and bank	4.0	13,609,834	7,875,625
		<u>13,793,261</u>	<u>9,647,530</u>
		<u>122,299,078</u>	<u>120,638,593</u>

**DOWITES 78 OPERATION  
THEATRE WELFARE SOCIETY  
RECEIPT & EXPENDITURE ACCOUNT  
FOR THE YEAR ENDED 30TH JUNE, 2009**

	NOTES	30.06.2009 RUPEES	30.06.2008 RUPEES
Donation & Zakat		22,199,157	26,240,915
		22,199,157	26,240,915
Less: Expenditures	5.0	20,505,767	16,568,580
		1,693,390	9,672,335
Less: Other Loss		163,500	-
Net surplus for the year		1,529,890	9,672,335
Surplus brought forward		120,311,626	110,639,291
Surplus transferred to balance sheet		121,841,516	120,311,626

**DOWITES 78 OPERATION  
THEATRE WELFARE SOCIETY  
NOTES TO THE ACCOUNTS  
FOR THE YEAR ENDED 30TH JUNE, 2009**

**1.0 STATUS AND ACTIVITIES**

Dowites 78 Operation Theatre Welfare Society Karachi is registered under the voluntary social Welfare Agencies (Registration & control) Ordinance, 1961 (XLVI of 1961) and has been granted registration on under the said Ordinance, Dowites 78 has been formed with the primary aim to establish a modern Dowites 78 Operation Theatre Welfare Society Karachi. As a non-profit organization for the welfare and rehabilitatin of patients and to meet its recurring expenditures in the future. The operation of Dowites 78 are financed by donations, grants and endowments (in cash or kind).

**2.0 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:-**

**2.1 ACCOUNTING CONVENTION:-**

These accounts have been prepared on the basis of historical cost convention.

**2.2 OPERATING FIXED ASSETS:**

Depreciaiton is charged applying the reducing balance method at the rates specified in the operating assets note.

**3.0 PROPERTY, PLANT & EQUIPMENT**

Operating fixed assets

	30.06.2009 RUPEES	30.06.2008 RUPEES
3.1	108,505,817	110,991,063
	<u>108,505,817</u>	<u>110,991,063</u>



## 3.1 OPERATING ASSETS

PARTICULARS	W.D.V 01-07-2008	ADDITION/ (DELETION)	TOTAL	RATE	DEPRECIATIO FOR THE YEAR	W.D.V. 30-06-2009
<b>OWNED</b>						
Building	75,106,534	1,923,269	77,029,803	5%	3,851,490	73,178,312
Medical Equipment	12,104,920	197,774	12,302,694	15%	1,845,404	10,457,290
AC Split Unit	7,151,513	210,000	7,361,513	15%	1,104,227	6,257,286
C.C. T.V Camera	1,487,080	739,700 (341,250)	1,685,530	30%	565,659	1,319,871
Computer & Software	292,285	44,600	336,885	30%	101,066	235,820
Elevators	2,591,320	2,167,972	4,759,292	15%	713,894	4,045,398
Fridge & Dispenser	28,135	-	28,135	15%	4,220	23,915
Furniture Fixture	784,229	-	784,229	15%	117,634	666,594
Gas pipe Line & Generator Installation	2,779,075	197,000	2,976,075	15%	446,411	2,529,664
Motor & pumps	34,532	-	34,532	15%	5,180	29,352
OT S.S. Furniture & O.T. Table	3,543,650	230,000	3,773,650	15%	566,048	3,207,603
Office Equipment	200,388	101,135	301,523	15%	45,228	256,294
P.A. B.X. System	140,888	-	140,888	15%	21,133	119,754
Signages & Engraving	169,266	-	169,266	15%	25,390	143,876
<b>DONATED</b>						
Generator	4,250,000	-	4,250,000	15%	637,500	3,612,500
O.T. Table	276,250	-	276,250	15%	41,438	234,813
Photocopier	51,000	-	51,000	15%	7,650	43,350
Medical Equipment	-	2,522,500	2,522,500	15%	378,375	2,144,125
2009	110,991,063	7,992,700	118,983,763		10,477,946	108,505,817
2008	105,276,808	16,448,374	121,725,182		10,734,119	110,991,063

## 4.0 CASH AND BANK


Cash in hand	25,232	30,566
Cash at bank	13,584,602	7,845,059
	13,609,834	7,875,625


## 5.0 EXPENDITURE

	30.06.2009 RUPEES	30.06.2008 RUPEES
AC Repair & maintenance	279,240	-
Advertisement	157,679	75,984
Audit fee	15,000	10,000
Bank charges	1,400	3,150
Consultancy	-	50,000
Conveyance & transportation	28,949	12,275
Entertainment	10,779	2,361
Inauguration	-	411,028
Internet	14,015	1,400
Legal & professional	13,000	-
Medical supplies & repair	939,734	738,202
Office maintenance	254,641	145,245
Photostate	774	196
Postage	7,466	23,856
Printing, stationary & comuter supplies	156,898	82,707
Repair & maintenance	604,977	398,419
Salaries, wages & other benefits	4,810,127	2,725,775
Security services	279,000	183,000
Telephone	730	8,400
Depreciation	10,477,946	10,734,119
Electric maintenance	160,868	60,258
Gas filling	21,610	1,100
General	27	43,283
Generator	72,036	389,983
Installation	-	33,625
Lab investigation	350	8,000
Linen consumed	156,430	62,500
News papper	7	64
Janitorial & maintenance	-	342,250
Water	-	21,400
Painting & exhibition	1,406,134	-
Services contract	635,950	-
	20,505,767	16,568,580

## 6.0 GENERAL

-Figures have been rounded off to nearest rupee.  
-Corresponding figures have re-arranged and regrouped wherever necessary for the purpose of comparison

  
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DR. S. MINHAJUDDIN  
President  
DOWITES 78  
Operation Theatre Welfare Society  
Civil Hospital Karachi.

  
Prof. SHAFIQ-UR-REHMAN  
GENERAL SECRETARY  
DOWITES 78  
Operation Theatre Welfare Society  
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