**Surgeon Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| PREOPERATIVE CHECKS | Yes | No | COMMENTS |
| Patient details completed and informed consent signed |  |  |  |
| Filarial disease documented in patient medical record (Duration of scrotal swelling, clinical diagnosis, other urogenital LF clinical manifestations, status of filarial infection) |  |  |  |
| Medical, surgical history and patient habits have been investigated |  |  |  |
| Physical examination done- vital signs monitored, state of conjunctiva assessed |  |  |  |
| Scrotal examination- Inspection of the skin- done |  |  |  |
| Scrotal examination- palpation- done: co-presence of hernia assessed |  |  |  |
| Transillumination/ ultrasound investigations done if available. (specify in comment section which was used) |  |  |  |
| Pre-operative laboratory investigations done, as per protocol |  |  |  |
| Patient given antibiotics one hour before surgery |  |  |  |
| Patient washing the night before and morning of the surgery checked |  |  |  |
| Patient pre-op preparation (close-cutting of scrotal hair done; vital signs; temperature) checked |  |  |  |
| Equipment in the OR checked. Expiration dates for drugs and consumables checked |  |  |  |
| Patient given pre-operative medication (Pethidine 50mg IM, Diazepam10mg IV) checked |  |  |  |

**Rating Scale: 0= Not Done; 1=Partially done; 2= Done**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SURGICAL CHECKS | 0 | 1 | 2 | COMMENTS |
| 1. Cleaning of the genital area with soap |  |  |  |  |
| 2. Cleaning of genital and surrounding area with antiseptic (Chlorhexidine or povidone iodine solution) |  |  |  |  |
| 3. If local anesthesia used, pre-op anesthesia given as per protocol (Lidocaine with adrenaline). If anesthesia is spinal, specify in comments. |  |  |  |  |
| 4. Pain status assessed prior to incision |  |  |  |  |
| 5. Midline incision correctly done |  |  |  |  |
| 6. Appropriate hemostasis of any bleeding |  |  |  |  |
| 7. Total dissection of the filaricele correctly done |  |  |  |  |
| 8. Aspiration or emptying of filaricele fluid correctly done |  |  |  |  |
| 9. Opening of filaricele sac and inspection of the testis correctly done |  |  |  |  |
| 10. Resection correctly performed |  |  |  |  |
| 11. Proper suturing of tunica vaginalis |  |  |  |  |
| 12. Appropriate placing of the testis in the scrotal sac |  |  |  |  |
| 13. Appropriate suturing of scrotum |  |  |  |  |
| 14. Appropriate dressing and bandaging |  |  |  |  |
| INFECTION CONTROL & HEALTH CARE WASTE MANAGEMENT |  |  |  |  |
| 15. The surgeon correctly performed surgical handwashing |  |  |  |  |
| 16. Surgeon’s OR attire properly donned, including proper mask and cap wearing, using a sterile gown |  |  |  |  |
| 17. Sterility and asepsis maintained for each step of the surgery |  |  |  |  |
| 18. Sharps correctly disposed of |  |  |  |  |
| 19. Contaminated and non-contaminated waste correctly segregated |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| POST OPERATIVE FOLLOW-UP UNTIL DISCHARGE |  |  |  |  |
| 20. Operation notes including post-operative order written properly |  |  |  |  |
| 21. Routine antibiotic coverage (if necessitated by complex hydrocele or post-operative infection) and post-operative analgesia provided as per protocol |  |  |  |  |
| 22. Treatment of microfilaria-positive patient ensured as per protocol (if applicable) |  |  |  |  |
| 23. Duration of hospitalization as per protocol (please specify in comment section) |  |  |  |  |
| 24. Infection assessment and change of dressing as per protocol at Day 3,5,7, 14 |  |  |  |  |
| TOTAL |  |  |  |  |

**NOTE:** *For quality assurance purposes, the goal is to have surgeons obtain a score of 2 on all sections this assessment, which would add up to a total of 48 with ‘yes’ in all rows in the first table. The minimum recommended outcome of the supportive supervision is 36 (75%).*

*Any result of 1 on a specific row requires a review of that step by the supervisor with the surgeon. Any result of 0 on a specific row requires a discussion and refresher on that step. If there are three or more steps that register a 1 or below, the surgeon should be retrained on hydrocele surgery under supervision.*

***Additional Observations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***