

**CLINICAL PROTOCOLS UNDER RSBY-MSBY, GOVT. OF CHHATTISGARH,
DEPARTMENT OF HEALTH & FAMILY WELFARE**

ENT

PROCEDURE/SURGERY/MEDICAL CONDITION- Aural Polypectomy: FP00200001

Indication

- Causing Obstruction to drainage of discharge
- Persistent ear discharge
- Producing any complication or Conductive Deafness

Diagnostic Proof (Clinical Notes/Reports/Films specify)

- Clinical Examination
- HRCT Temporal Bone (if required)
- Complete Haemogram & Viral Marker

Post Procedure Proof (Wherever Possible)

- Histologically

Remarks (Capture Variances or any other remarks a specific to these conditions)

- In case after excision, if disease is of unsafe CSOM then definitive single stage corrective surgery Mastoid exploration should be done.

PROCEDURE/SURGERY/MEDICAL CONDITION- Mastoidectomy: FP00200005

Indication

- Should be done in case of quiescent mastoiditis/when the discharge is persistent despite myringotomy or mastoid abscess is developed
- CSOM safe type with persistent discharge despite medical treatment
- CSOM safe type with Moderate/Moderately severe to profound conductive deafness indicating ossicular disruption.
 - i. Bilateral middle ear Effusion in children with adenoid.
 - ii. Not resolving by medical Treatment.
 - iii. If the discharge in middle ear is thick and tenacious grommet insertion should be done.
 - iv. CSOM unsafe type with hearing loss confirmed audilogically.
Surgery should not be done in only hearing here unless the disease is life threatening.

Diagnostic Proof (Clinical Notes/Reports/Films specify)

- Clinical Examination and History.
- EUM (Examination under Microscope)
- 3. Audiological examination
- 4. Radiological Examination (X-ray mastoid & HRCT Scan)

Post Procedure Proof (Wherever Possible)

- PTA after 6 weeks (Only for Myringoplasty/Tympanoplasty
- Histopathological examination of tissue removed during surgery.

Remarks (Capture Variances or any other remarks a specific to these conditions)

- Regular follow up and cleaning of Mastoid cavity.
- Patient may required second stage surgery or may require for removal of residual or recurrent disease or for improvement of hearing. It is better to decide this if at the time of 1st surgery.

**PROCEDURE/SURGERY/MEDICAL CONDITION- Dacryocystorhinostomy (DCR):
FP00300008****Indication**

- Epiphora Blockage of NLD (nasolacrimal duct).

Diagnostic Proof (Clinical Notes/Reports/Films specify)

- Syringing
- Clinical Photography
- Complete Haemogram & Viral Marker

Post Procedure Proof (Wherever Possible)

- Endoscopic Visualization of Opening of Sac.
- Syringing
- Absence of Excessive Lacarimation. (Clinical Photograph)

Remarks (Capture Variances or any other remarks a specific to these conditions)

- Revision surgery if and when required
- It is almost always Endoscopic procedure

PROCEDURE/SURGERY/MEDICAL CONDITION- Rhinoplasty: FP00300022

Indication

- Crooked Nose.
- Abnormal broadening of the Nasal Bridge.
- Post Trauma multiple Fracture / abnormal appearance / mal union of Nasal Pyramid.

Diagnostic Proof (Clinical Notes/Reports/Films specify)

- Clinical Photograph documentation (Basal View: view from below to be included)
- X-ray,
- CT Scan PNS
- Complete Haemogram with viral markers, Pre operative medical checkup with ECG,

Post Procedure Proof (Wherever Possible)

- Clinical Photographs During followup

PROCEDURE/SURGERY/MEDICAL CONDITION- FESS (Functional endoscopic sinus surgery) - FP00300014

Indication

- Persistent Nasal obstruction with discharge
- Persistent Headache & Nocturnal cough.
- Nasal Polyp
- Anosmia

Diagnostic Proof (Clinical Notes/Reports/Films specify)

- Routine blood investigation ,CBC, LFT, RFT, BT PT, CT
- DNS
- X-Ray Chest, ECG
- CT Scan PNS with 2mm Cut
- Viral Marker

Post Procedure Proof (Wherever Possible)

- Nasal Endoscopy & CT Scan Paranasal sinus (PNS) Coronal Cuts

PROCEDURE/SURGERY/MEDICAL CONDITION- Septoplasty + FESS: FP00300009

Indication

- Persistent Unilateral & Periodical Bilateral Nasal obstruction since age of 19-20 years or when the septum deviation is leading to persistence of infection of maxillary or ethmoid sinus on the side of deviation of septum.
- It may be required in children if nasal obstruction is serious and it should be modified septoplasty where only correction of septum is needed.
- May be combined with FESS where indication of FESS is prevent and deviated septum is causing obstruction during the endoscopic procedure.

Diagnostic Proof (Clinical Notes/Reports/Films specify)

- Routine blood investigation ,CBC, LFT, RFT, BT PT, CT
- DNS
- X-Ray Chest, ECG
- CT Scan PNS with 2mm Cut

Remarks (Capture Variances or any other remarks a specific to these conditions)

- Septoplasty & FESS should be done in same procedure

PROCEDURE/SURGERY/MEDICAL CONDITION- Septo–Rhinoplasty

Indication

- Crooked Nose
- Abnormal broadening of the Nasal Bridge.
- Post Trauma multiple Fracture / abnormal appearance / mal union of Nasal Pyramid with severe deviation of Nasal septum amounting to persistent Nasal obstruction on one or both side.

Diagnostic Proof (Clinical Notes/Reports/Films specify)

- Clinical Photographs (Basal View)
- X-ray,
- CT Scan PNS
- Complete Haemogram with viral markers, Pre operative medical checkup with ECG

Post Procedure Proof (Wherever Possible)

- Clinical Photographs

PROCEDURE/SURGERY/MEDICAL CONDITION- Septoplasty FP00300023

Indication

- Severe deviation of Nasal septum amounting to persistent Nasal obstruction on one or both side.
- Diagnostic Proof (Clinical Notes/Reports/Films specify)
- X-ray,
- CT Scan PNS
- Complete Haemogram with viral markers, Pre operative medical checkup with ECG

PROCEDURE/SURGERY/MEDICAL CONDITION- Nasal Polypectomy: FP00300017, FP00300018

Indication

- Persistent Nasal obstruction with discharge
- Persistent Headache & Nocturnal cough.
- Nasal Polyp
- Anosmia

Diagnostic Proof (Clinical Notes/Reports/Films specify)

- Polyps in the Nasal Cavity
- Diagnostic Endoscopy
- Routine blood investigation ,CBC, LFT, RFT, BT PT, CT
- DNS
- X-Ray Chest, ECG
- CT Scan PNS with 2mm Cut

Post Procedure Proof (Wherever Possible)

- Nasal Endoscopy
- Histopathology for abnormal appearance

Remarks (Capture Variances or any other remarks a specific to these conditions)

- Nasal polypectomy is always combined with Endoscopic sinus surgery.

PROCEDURE/SURGERY/MEDICAL CONDITION- Rhinosporidiosis: FP00300035

Indication

- Presence of mullberry like / pinkish mass with Nasal obstruction with blood stained discharge

Diagnostic Proof (Clinical Notes/Reports/Films specify)

- Routine blood investigation ,CBC, LFT, RFT, BT PT, CT
- DNS
- X-Ray Chest, ECG

Post Procedure Proof (Wherever Possible)

- Clinical Photograph
- Histopathological Examination with high degree of suspicion

Remarks (Capture Variances or any other remarks a specific to these conditions)

- Recurrence rate are very high in poor post of follow up and continuous bathing in infected water

PROCEDURE/SURGERY/MEDICAL CONDITION- Adeno Tonsillectomy: FP00400001

Indication

- Recurrent URI with enlargement of Adeno Tonsill despite of medical management.
- Mouth breathing and snoring

Diagnostic Proof (Clinical Notes/Reports/Films specify)

- Nasal Endoscopy
- X-ray soft tissue
- Nasopharynx
- Complete Haemogram & Viral Marker

PROCEDURE/SURGERY/MEDICAL CONDITION- Adenoidectomy: FP00400002

Indication

- Persistent mouth breathing despite conservative management for 3- 6 months
- Conductive deafness
- Adenoid faceies

Diagnostic Proof (Clinical Notes/Reports/Films specify)

- Nasal Endoscopy
- X-ray soft tissue
- Nasopharynx
- Audiological Examination
- CT Scan for Adenoid
- Complete Haemogram & Viral Marker

Post Procedure Proof (Wherever Possible)

- Histopathological Examination

Remarks (Capture Variances or any other remarks a specific to these conditions)

- Breathing Exercises for 3-6 month

**PROCEDURE/SURGERY/MEDICAL CONDITION- Parapharyngeal - tumour
Excision: FP00400012**

Indication

- Presence of tumour in parapharyngeal space.
- Dysphagea due to bulge by tumour mass and pressure effect to the adjacent structures causing deafness, dysphonia and dyspnoea.

Diagnostic Proof (Clinical Notes/Reports/Films specify)

- X-Ray, Soft Tissue Neck, Lat View, CT Scan Neck/Base of Skull/Thorax
- Completely Haemogram with viral markers, pre operative medical checkup with ECG and other relevant investigation.

Post Procedure Proof (Wherever Possible)

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- Histopathology of Tumour mass

Remarks (Capture Variances or any other remarks a specific to these conditions)

- Regular follow up & revision surgery if recurrence occurs

**PROCEDURE/SURGERY/MEDICAL CONDITION- Parapharyngeal Abscess
Drainage: FP00400011**

Indication

- Presence of abscess in parapharyngeal space.
- Dysphagea due to bulge and pressure effect to the adjacent structures causing deafness, dysphonia and dyspnea.

Diagnostic Proof (Clinical Notes/Reports/Films specify)

- X-Ray, Soft Tissue Neck, Lat View, CT Scan Neck from Base of Skull to inlet of Thorax,
- Completely Haemogram with viral markers pre operative medical checkup with ECG and other relevant investigation, FNAC

Post Procedure Proof (Wherever Possible)

- and Culture sensitivity of the pus aspirated

Remarks (Capture Variances or any other remarks a specific to these conditions)

- Regular follow up and long term hospitalization is needed

**PROCEDURE/SURGERY/MEDICAL CONDITION- Tonsillectomy + Styloidectomy:
FP00400018**

Indication

- Elongated styloid process causing symptom of odynophagia referred otalgia and glossopharyngeal Neuralgia either unilateral / Bilateral

Diagnostic Proof (Clinical Notes/Reports/Films specify)

- OPG.
- Complete Haemogram & Viral Marker

Post Procedure Proof (Wherever Possible)

- Improvement of symptoms

Remarks (Capture Variances or any other remarks a specific to these conditions)

- symptoms of pain may persist indicates undesirable indication

**PROCEDURE/SURGERY/MEDICAL CONDITION- Tonsillectomy Bilateral:
FP00400021**

Indication

- Recurrent Episode of Tonsillitis more than 3 Episode per year in spite of adequate Antibiotic course obstructive sleep apnea syndrome/ snoring /Fever/URI

Diagnostic Proof (Clinical Notes/Reports/Films specify)

- Clinical Examination Complete Haemogram & Viral Marker

Post Procedure Proof (Wherever Possible)

**PROCEDURE/SURGERY/MEDICAL CONDITION- Tonsillectomy Unilateral:
FP00400022**

Indication

- Tonsillar cyst
- Tonsillolith
- As a procedure of styloidectomy

Diagnostic Proof (Clinical Notes/Reports/Films specify)

- Clinical Examination
- Post Procedure Proof (Wherever Possible)
- Histopathological Examination.

BAL Shravan Yojana

PROCEDURE/SURGERY/MEDICAL CONDITION- Cochlear Implant

Indication

- Indications contra indication and criteria for selection of cases already been included in Mukhyamantri Bal Shravan Yojana. However the age limit should be modified to 5 Year rather than 7 years.

Remarks (Capture Variances or any other remarks a specific to these conditions)

- For early detection, Screening of new born baby by OAE should be done and this facility should be provided to all District Hospital.
- To search new cases Mitantin, MPW, Anganwadi Worker should be given financial incentive (Rs.500/- to 1500/-).
- If they bring cases under 3 year of age

PROCEDURE/SURGERY/MEDICALCONDITION- Myringoplasty/Tympanoplasty

Indication

- Safe CSOM with more than moderate conductive hearing loss persist.
- Traumatic Perforation more than 6 weeks.

Diagnostic Proof (Clinical Notes/Reports/Films specify)

- Clinical Examination
- PTA
- Complete Haemogram & Viral Marker

Post Procedure Proof (Wherever Possible)

- Improvement of Symptom

Remarks (Capture Variances or any other remarks a specific to these conditions)

- Revision of surgery in case of failure.