

National Leprosy Eradication Programme

Guidelines for organizing Reconstructive Surgery (RCS) Camps in the State/UTs during 2015-16

Background

The 12th five year plan objectives includes enhanced Disability Prevention and Medical Rehabilitation (DPMR) services for deformity in persons affected by Leprosy. Towards this end following actions were taken under the programme.

- Plan for Disability Prevention and Medical Rehabilitation (DPMR) duly approved by GOI was issued on 29th June 2006.
- Under direction of the Director General of Health Services involvement of Physical Medicine and Rehabilitation (PMR) Institutions located in Govt. Medical Colleges and outside was started. Identified PMR Institutions were upgraded with supply of equipment for RCS and Training of the identified surgeons.
- Operational guidelines for DPMR services in Primary (PHC/CHC), Secondary (District Hosp.) and Tertiary Institutions (NGO/Govt.) were prepared and issued during 2007 and modified in 2011-12 and issued to the State/UTs .
- The MOH&FW has approved revised incentive for facilitating Reconstructive Surgery in leprosy during the 12th plan .
- As against 52 approved Institutions (Govt. 20 & NGO 32) in the year 2007-08, the number of such Institutions increased to 114 (Govt. 61& NGO 53) in 2014-15. State wise number of approved Institutions is at **Annexure –I**.
- RCS in persons affected by Leprosy is not practised by the General Surgeons as the same need special equipment and training for skill development. Efforts to involve the PMR institutions have also not yielded good result.

Disability Grade II status

The number of grade-II disabled cases recorded in the country since the year 2010-11 are as below.

Year	No. of New leprosy cases Detected	No. of Gr.II disabled cases	Proportion of new cases
2010-11	126800	3927	3.10%
2011-12	127295	3865	3.04%
2012-13	134752	4650	3.45%
2013-14	126913	5256	4.14%
2014-15	125785	5794	4.61%

It is observed that although the number of new leprosy cases are gradually reducing each year, the number and proportion of Gr.II disability is going up.

The reason for this may be due to better awareness about Gr.I and Gr.II disability in leprosy cases after starting the training programmes in DPMR. Early detection and proper care of the disabled prevents further deterioration of the disability.

NLEP Aims

- One of the indicators under the 12th Plan was to reduce the no. of Gr.II disabled cases by 35% with 2011-12 as base year. However as indicated above the number of cases are now detected in higher number, but likely to go down once the backlog cases are fully detected.
- Reduction in the number of cases already detected as disabled due to leprosy through Reconstructive Surgery is another important programme component. Under the Result Framework Document (RFD), NHM, GOI has fixed the target for RCS for March 2013, March 2014 and March 2015. Achievement so far is as below:-

Year ending	Target for RCS operation	Achievement	Institutions	
			Govt.	NGO
March 2013	2700	2413	865	1548
March 2014	2500	2707	921	1786
March 2015	2500	2883	1297	1586

It is observed that performances in the Govt. institutions are showing good progress over the years. State wise Gr. II cases & RCS performance since the year 2012-13 is at **Annexure II**.

It is however observed that in States like Andhra Pradesh, Maharashtra, Orissa and Uttar Pradesh, the progress is good. Performance through Govt. Institutions was also good in Chhattisgarh, Gujarat, Madhya Pradesh, Maharashtra, Orissa and Uttar Pradesh.

- For the first time provision has been made under the 12th plan for enhanced Support through Reconstructive Surgery (RCS) in Camps. Such camps will give better visibility to the programme activity and may help in motivating still more persons to come forward to accept this service. Incentives provided for RCS are as below-
 - (I) To all persons affected by Leprosy undergoing major RCS irrespective of their financial status=Rs. 8000/- per RCS
 - (i) To all Govt. Hospitals/Institutes, providing RCS in the institution =Rs. 5000/- per RCS.
 - (ii) To all Govt. Hospitals/ Institutions, providing RCS in camps organised outside the institution= an additional amount of Rs. 5000/- per RCS.

The states were requested to give higher emphasis in the medical rehabilitation aspect with increased performance under RCS. However only a limited number of states had proposed for RCS camps in their Annual Plan(PIP) for the year 2015-16, without indicating details of the plan. Such camps are needed in areas which are away from the existing RCS conducting institutions. The GOI now desire that 2 day's RCS Camps in all the state/UTs, as per their requirement, should be organized on pre-determined dates.

The guidelines has been prepared in consultation with experts and partners in NLEP for information and planning by the States/UTs.

Plan for conducting RCS Camps during 2015-16

The main objective of the RCS is to bring improvement in appearance (shape) as well as functional ability of the affected parts of the body. Success and quality of RCS will depend on proper selection of cases, counselling, preoperative physiotherapy, clean surgery, post- operative physiotherapy and absence of post - operative complication. Keeping these points in mind, the plan to hold the RCS camps may be divided into four phases viz.

- (I) Preparatory Phase
- (II) Preoperative phase
- (III) Action phase
- (IV) Post- operative phase

A. Preparatory Phase : (September – October 2015)

State Level

1. Prepare a plan for RCS camps in No. of districts as required and get approved at the State NHM. As the States/UTs are not showing uniform distribution and burden of disease , requirement of number of camps will vary.
2. Inform the district and identify the Hospital where the camps are proposed to be held
3. Identify one Nodal institution in the state, which can help in planning and organisation of the camp and intimate to the Central Leprosy Division.
4. Find out the number of surgeons, physiotherapists and other support staff needed and availability as per requirement. Considering the shortage of surgeons and other HR categories, the same team may be deputed for more than one camp.
5. In case of shortage of surgeon, write to the Central Leprosy Division with request to provide same from organisations outside the state.
6. Arrange for payment of advance to the concerned district where camps are to be held.
7. These camps are also to be utilised for training of other surgeons and support staff. List out the names of such persons to be trained, for all the camps.

District Level

1. Organise screening camps in each Block PHC/ PHC for line listing of the eligible person affected by Leprosy, with grade II disability and willing for the RCS.
2. Forward the list to the State Leprosy officer.
3. Plan for logistics support to the Hospital where the camp is to be organised. Infrastructure and other requirements under logistic management are given at

Annexure- III

4. The list of required drugs for anaesthesia varies and a list is to be obtained from the chief anaesthetist before - hand and made available.
5. Arrange to draw advance for expenditures during the camp and payment of incentive as per rule.

Block Level.

1. Complete the line listing of the eligible persons who are willing to undergo RCS and intimate the concerned district Leprosy officer and the nodal agency.
2. Make arrangement for transportation of persons for preoperative physiotherapy, RCS camps and post - operative Physiotherapy.

B. Preoperative Phase (November – December 2015)

1. The short listed eligible persons to be examined by the operative surgeon or the trained physio -technician and prepare the final list. Generally 7 operations can be performed on one table and 15 on 2 tables simultaneously in one O.T. Thus nearly 30 operations can be done in 2 days at one centre.
2. Arrange and execute preoperative physiotherapy in each of the case selected for RCS.

C. Action Phase (January – February 2016)

1. Organise an orientation training for all the identified surgeons at the nodal centre identified in the state, at least 2 weeks prior to the camps.
2. Each state have to organise at least one camp for two days on 30th – 31st January 2016. 30th. January, the martyrdom day of the father of the nation, Mahatma Gandhi is also observed as the Anti-leprosy day in the country. This is also the 1st day of the Anti-leprosy fortnight. .
3. Remaining camps in other districts may be organised for 2 days on separate dates during February 2016, depending upon availability of resource and surgeons.
4. Identified persons are to be admitted 2 days before surgery for certain laboratory test and also pre- anaesthetic test.

D. Post operative Phase

1. The operated Persons to be called and to provide post –operative physiotherapy 2-3 weeks after surgery.

2. Outcome of the surgery will be recorded by one surgeon nominated for this purpose, after follow up examination, which ranges from 1 week to 3 to 4 weeks.
3. A report in the attached format **(NLEP/Camps /I)** will be submitted by the districts where camps are held to the State Leprosy Officer. A compiled report in the format **(NLEP/CAMPS/II)** will be submitted by the SLOs to the Central Leprosy Division, in March 2016.

Budget

1. The additional amount of Rs. 5000/- per RCS will be available to the Govt. Institutions for organising the camp, as indicated above. .
2. Incentive of Rs. 8000/- is to be paid to the all person under- going Major RCS. Out of this Rs. 5000/- will be paid on discharge for loss of wages and Traveling. Another Rs. 3000/- will be paid on subsequent 2 follow ups at 3 and 6 months, @Rs. 1500/- each time.
3. The State Govt. have to make arrangement for the following from State source.
 - (a) For operating surgeons hired from outside the state , all expenditure on their air travel and accommodation for 4 days.
 - (b) Transportation for the persons to undergo RCS alongwith their attendants for pre and post- operative physiotherapy and for the RCS camps.
 - (c) Beds for hospitalisation of the patients, accommodation for the attendants of the patients and also to arrange for their food .
 - (d) Physiotherapist, if not available locally, to be arranged on deputation for the pre-operative and the post-operative phase.
 - (e) Media coverage to highlight the importance of the RCS camps as a means of medical rehabilitation of the disabled persons , due to leprosy.

--X--

National Leprosy Eradication Programme

Report on conducting RCS Camp during 2015-16. (From district to State)

1.	Name of District	
2.	Name of State	
3.	Name of Institution where Camp was held	
4	Dates of preoperative Physiotherapy	
5.	Date of the RCS operations in Camp.	
6.	No. of eligible person selected by Block PHCs	
7.	No. of persons finally selected for operation	
8.	No. of Person in whom RCS was done	
9.	Type of RCS conducted (specily) and number against each:	
	Hand :	
	Feet :	
	Face	
	Eyes	
	Total RCS	
10.	Dates of post operative physiotherapy	
11	Date of follow up by the Surgeon	
12.	No. of person, where RCS gave good result	

Signature of DLO

National Leprosy Eradication Programme

Report on conducting RCS Camp during 2015-16. (From State to the Centre)

Name of State:

No. of Camps held on 30th & 31st January 2016 --

No. of Camps held in February 2016--

Sl. No	Name of District	Date of RCS	No. of person listed for Surgery	No. of person on whom RCS conducted	No. of person with good result	Success %
Total						

Signature of SLO

State/UT wise GOI recognized Reconstructive Surgery (RCS) Centres				
Sl.No	State	RCS Centre	Government	NGO
1	Andhra Pradesh	8	0	8
2	Assam	2	1	1
3	Bihar	4	2	2
4	Chhattisgarh	3	1	2
5	Chandigarh	1	1	0
6	Delhi	4	2	2
7	Goa	1	1	0
8	Gujarat	3	3	0
9	Haryana	1	1	0
10	Jharkhand	6	2	4
11	Kerala	2	0	2
12	Karnataka	9	5	4
13	Madhya Pradesh	3	2	1
14	Maharashtra	17	9	8
15	Manipur	1	1	0
16	Orissa	15	10	5
17	Puducherry	1	1	0
18	Rajasthan	1	1	0
19	Sikkim	1	1	0
20	Tamilnadu	10	2	8
21	Talanganana	4	2	2
22	Uttar Pradesh	5	3	2
23	Uttarakhand	1	1	0
24	West Bengal	11	9	2
Total		114	61	53

State/UTs wise Gr. II Disability & Re-Constructive Surgery (RCS) conducted

S. No.	States/UTs	2012-13		2013-14		2014-15	
		No. of Gr. II Disability	RCS Conducted	No. of Gr. II Disability	RCS conducted	No. of Gr. II Disability	RCS Conducted
1	Andhra Pradesh	412	429	418	487	242	351
2	Arunachal Pradesh	1	0	4	0	1	0
3	Assam	76	20	80	16	115	52
4	Bihar	510	41	513	85	525	149
5	Chhattisgarh	464	145	607	239	694	171
6	Goa	0	1	0	0	0	1
7	Gujarat	256	154	298	136	279	133
8	Haryana	12	0	37	0	32	20
9	Himachal Pradesh	17	0	21	0	33	0
10	Jharkhand	52	32	88	57	124	65
11	Jammu & Kashmir	2	0	3	0	2	0
12	Karnataka	113	97	129	140	146	134
13	Kerala	73	0	66	0	51	16
14	Madhya Pradesh	333	227	317	213	391	212
15	Maharashtra	644	359	813	495	713	389
16	Manipur	2	1	3	0	3	1
17	Meghalaya	6	0	5	0	10	5
18	Mizoram	0	0	0	0	0	0
19	Nagaland	47	0	38	0	8	0
20	Orissa	265	262	449	248	404	307
21	Punjab	10	0	33	0	41	17
22	Rajasthan	45	0	40	2	57	4
23	Sikkim	3	5	1	1	1	0
24	Tamil Nadu	172	113	164	107	187	105
25	Telengana					182	57
26	Tripura	1	0	6	0	8	0
27	Uttar Pradesh	703	311	722	268	682	424
28	Uttarakhand	12	12	11	15	11	17
29	West Bengal	289	99	234	108	466	172
30	A & N Islands	0	0	2	0	3	0
31	Chandigarh	0	1	2	0	10	0
32	D & N Haveli	0	0	0	0	2	0
33	Daman & Diu	0	0	1	0	3	0
34	Delhi	127	101	150	88	367	76
35	Lakshadweep	0	0	0	0	0	0
36	Puducherry	3	3	1	2	1	5
	Total	4650	2413	5256	2707	5794	2883

Logistic requirements for RCS Camps

1. List of instruments in the operation theatre.

- i. The minimum special instrument required are :
 1. Anderson Tunneler Straight
 2. Anderson Tunneler Curved
 3. Mosquito artery forceps - 4
 4. Skin hooks - 4
 5. Three prong/cats retractor - 2
 6. Small curved blunt tip dissecting scissors 5 inch size
 7. Fine needle holder
 8. Gillies Forceps tooth - 1
 9. McIndoe forceps plan - 1
 10. Indelible ink / readymade marking ink pens
 11. Plantaris stripper
 12. Palmaris stripper
 13. Curved right angled hooky/artery for lagophthalmos
 14. Fine tunneler for lagophthalmos
 15. Thick curvedtunneler for foot drop
- ii. Besides above preparation trolley, general instrument trolley and POP trolley are required.
- iii. Adequate numbers of sterilized towels to be made available.
- iv. Autoclave sterilised instruments only should be used in surgery.

2. Anaesthesia

- a. Each operation table is monitored by a qualified anaesthetist before, during and after surgery, even if patient is operated under local anaesthesia. This is to ensure better patient management and free surgeon to concentrate on techniques.
- b. The list of required drugs for anaesthesia varies and a list to be obtained from Chief Anaesthetistbefore- hand and made available.

3. For Emergency

- a. Apex senior list of surgeons to be available – one national and other at state level ,whowill rush to assist a case.
- b. Wherever possible one bed in ICU, be kept vacant for any unforeseen complication in the camp for avoiding anti-publicity.
- c. One physician (MD general medicine) to be kept on call for 3 days.

4. PhysicalInfrastructure

- a. Functional OT with 2 tables
- b. Indoor facility for Male/Female
- c. Hall for group physiotherapy (20ft. X 30ft.)
- d. Instruments/ apparatus like Boyel's app.
- e. Suction Machine /Oxygen cylinder/Autoclave
- f. Lab for routine investigation

5. Human Resource

- a. General Surgeon/ Ortho surgeon
- b. Anesthetist -01
- c. Staff nurse with OT experience - 3
- d. OT technician - 2,
- e. Physiotherapist - 1,
- f. Physiotherapy technician - 2,
- g. ANM/PMW - 4