



KING GEORGE'S MEDICAL UNIVERSITY U.P., LUCKNOW

IRC Schedule of BCLS and CCLS

Start	Finish	Topic	Speaker
Day 1			
8.30 am	9.00 am	Registration	
9.00 am	9.10 am	Welcome & Introduction IRC Courses & Learning Objective	Course Coordinator Course Director
9.10 am	9.25 am	BCLS Core link & Algorithm - Scene safety - Call for the Help - Checking Pulse & Respiration	
9.25 am	9.50 am	Chest Compression - Lecture Demonstration	
9.45 am	10.00 am	Introduction to COLS Importance & difference	
10.00 am	10.20 am	Airway & Breathing - Lecture & Demonstration	
10.20 am	10.50 am	Single Rescuer & Two Rescuer Algorithm	
10.50 am	11.10 am	AED Lecture - Demonstration	
11.10 am	11.30 am	Tea Break	
11.30 am	12.30 am	Hands on practice Single & Two Rescuer, & AED	3-4 students one Manikin 6-8 Students One instructor
12.30 am	1.00 pm	CPR in special Situation - Child & Infant - Pregnant woman	
1.00 pm	1.20 pm	Adult Choking	
1.20 pm	2.00 pm	Lunch	
2.00 pm	2.10 pm	BCLS Algorithm - Putting all together - Review & Question - Answer	
CCLS			
2.10 pm	2.20 pm	Introduction to CCLS - CCLS Core links	
2.10 pm	2.40 pm	CCLS Algorithm	
2.40 pm	3.00 pm	Basic & Advance Airway	
3.00 pm	3.45 pm	ECG - Interpretation & Rhythm Identification	
3.45 pm	4.15 pm	Defibrillation with TCP & Cardio version	
4.15 pm	4.45 pm	Tea Break	
4.45 pm	5.45 pm	Skill Station 1 - Airway stations - Airway adjuncts, SGA, Endotracheal Intubation Skill Station 2 - Defibrillation - - Understanding of Defibrillators, Cardioversion & TCP	Total 4 Skill Statins 2 Airway stations 2 Defibrillation stations 4 groups Swap from Airway to Defibrillation stations
5.45 pm	6.00 pm	Q & A - End of the day	

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Start	Finish	Topic	Speaker
Day 2			
9.00 am	9.30 am	Acute Coronary Syndrome	
9.30 am	9.50 am	Pharmacology	
9.50 am	10.10	Intra Osseous Approach	
10.10 am	10.30 am	Stroke	
10.30 am	10.45 am	Team Approach	
10.45 am	11.00 am	Tea Break	
11.00 am	12.30 pm	Understanding Pre arrest ECG Rhythms on Simulators - Defibrillation - Cardio-version - TCP	Demonstration & Interaction with students Station 1 VF/VT/PEA/Asystole Station 2 Tachycardia Station 3 Bradycardia
12.45 pm	1.30 pm	Lunch	
1.30 pm	3.00 pm	Code Blue / Team Approach Skill Station 1 – Cardiac arrest Skill Station 2 – Tachycardia Rhythms Skill Station 3 – Bradycardia Rhythms	Team Approach Roles Allocation to Students Case scenarios
3.30 pm	3.50 pm	ROSC & Post resuscitation care	
3.50 pm	4.30 pm	Test	
4.30 pm	4.40 pm	Putting All together - Q & A	
4.40 pm	END	Interaction, Review – Remediation and Closure Valedictory	

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**CPR provider courses organised and conducted by
Department of Anaesthesiology, KGMU, Lucknow**

Basic Cardiopulmonary Life support (BCLS) and Comprehensive Life support
(CCLS) provider course training data , July,2023 to June,2024

Number of candidates

Trained for BCLS=156

Number of candidates trained for CCLS=0

Total candidates trained=156

Trained BCLS candidate list 2 July, 2023				
S No	Name	Email	Course	Result
1	Akanksha shukla	akanksha786t@gmail.com	BCLS	Passed
2	Khushboo nishad	nkushbu76@gmail.com	BCLS	Passed
3	Yatendra Umrao	umrao7389@gmail.com	BCLS	Passed
4	Pankaj Singh	singhp34571@gmail.com	BCLS	Passed
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6	Vandana patel	vaishu.v9293@gmail.com	BCLS	Passed
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8	Reena singh	reena1132002@gmail.com	BCLS	Passed
9	Ratan chand	ralanchand.sunil6970@gmail.com	BCLS	Passed
10	Anjali verma	anjaliiverma1809.av@gmail.com	BCLS	Passed
11	Neelam rao	raoneelam1993@gmail.com	BCLS	Passed
12	Saumya	sarikanigam3635@gmail.com	BCLS	Passed
13	Sanjana Singh	sanjanasingh1994lko@gmail.com	BCLS	Passed
14	Sadhana agarhari		BCLS	Passed
15	Yamini shukla	yaminishukla1999@gmail.com	BCLS	Passed
16	Supriya Kumari	SupriyaKumari33433@gmail.com	BCLS	Passed
17	Sandhya kumari	sandhyakumari12.sk@gmail.com	BCLS	Passed
18	Indrajeet Kushwaha	manishmaurya5537@gmail.com	BCLS	Passed
19	AMARJEET SINGH	amarjeetsingh963@gmail.com	BCLS	Passed
20	SHUBHAM TRIPATHI	Tripathishubham759@gmail.com	BCLS	Passed
21	VIKASH VERMA	vermavikash173@gmail.com	BCLS	Passed
22	Priyanka Verma	priyankaverma191093@gmail.com	BCLS	Passed
23	Sadhna yadav	sadhnayadav3386@gmail.com	BCLS	Passed
24	ANJU SINGH	anjusingh7800@gmail.com	BCLS	Passed
25	Gulbasha Siddiqui	gulbasharsiddiqui19@gmail.com	BCLS	Passed
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28	Suman C Bala	sumanziva1@gmail.com	BCLS	Passed
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30	Km Nisha Yadav	nishyadav2672@gmail.com	BCLS	Passed
31	Nisha Gupta	ng607748@gmail.com	BCLS	Passed
32	Amayra khan	anshubht67@gmail.com	BCLS	Passed
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34	Anjalitripathi	anjalitripathi42@gmail.com	BCLS	Passed
35	Anshika maurya	mauryaanshika133@gmail.com	BCLS	Passed
36	Anshu Devi	anshuvermabbk10@gmail.com	BCLS	Passed
37	Madhu verma	mv2110009@gmail.com	BCLS	Passed

S. S. Verma
1-02-25
ADDITIONAL PROFESSOR
Deptt. of Anaesthesiology
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38	Nishi singh	Ashu15AT@gmail.com	BCLS	Passed
39	Vaishnavi shukla	shuklavaishnavi667@gmail.com	BCLS	Passed
40	Bharti Verma	bhartiv191967@gmail.com	BCLS	Passed
41	Shalu Sharma	6394shalu@gmail.com	BCLS	Passed
Total candidates=41				

Trained BCLS candidate list 23 July, 2023				
S No	Name	Email	Course	Result
1	Suneela Devi	suneelarathour74@gmail.com	BCLS	Passed
2	Julie Ross	rossjulie607@gmail.com	BCLS	Passed
3	Arti singh	arti5799931@gmail.com	BCLS	Passed
4	Arpita Verma	vermaarpita9918@gmail.com	BCLS	Passed
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18	Pushpa	pushpay157@gmail.com	BCLS	Passed
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39	Sanjay Kumar	sanjaybrh514@gmail.com	BCLS	Passed
40	Pooja devi	nishapooja109@gmail.com	BCLS	Passed

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 Dr. Sateesh Verma
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 ADDITIONAL PROFESSOR
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Trained BCLS candidate list 30 July, 2023

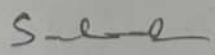
Total candidates=34

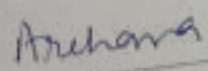
Trained BCLS candidate list 6 August, 2023

ADDI 1-02-25
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29	SHEELU PATEL	patelsheelu3@gmail.com	BCLS	Passed
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33	Anupama pathak	anupamapathak73791547@gmail.com	BCLS	Passed
34	Avani shukla	shuklaavani2@gmail.com	BCLS	Passed
35	Danish Ahmad Ansari	danish.ahmad12@gmail.com	BCLS	Passed
36	Radha	radhey7433@gmail.com	BCLS	Passed
37	Monika pandey	pandeykirti146@gmail.com	BCLS	Passed
38	Aaradhana tiwari	aradhanat090@gmail.com	BCLS	Passed
39	Shweta Rai	shwetarai201989@gmail.com	BCLS	Passed
40	Rajeshwari Gupta	guptarajeshwari41@gmail.com	BCLS	Passed
41	Damini pandey	daminipanday5@gmail.com	BCLS	Passed
Total candidates=41				


 Dr. Sateesh Verma
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Essentials of Stapled and Hand-sewn bowel Anastomosis (ESHA) Course

Didactic lectures with Hands on Workshop

Date

Venue

**Department of Surgery (General)
King George's Medical University UP
India 226003**

**Supported by
Covidien Healthcare India Ltd.**

I. OBJECTIVES

By the end of this course participants should be able to...

- 1) Perform Hand-sewn anastomosis along with knowledge of its principles
- 2) Identify types of Gastrointestinal stapling devices and principles of their use.
- 3) Perform anatomic side-to-side (functional end-to-end) stapled anastomoses.
 - a) colocolic
 - b) enterocolic
 - c) enteroenteric
- 4) Perform simulated end to end anastomoses with the circular stapler
 - a) using double staple technique
 - b) using distal handsewn pursestring

II. ASSUMPTIONS

Review principles of handsewn and mechanical sutures in operation on the alimentary tract as enclosed in the suggested readings.

III. SUGGESTED READING

Please read the enclosed reviews "Operations on the Small and Large Intestine," from Mastery of Surgery by Nyhus and Baker, 2nd edition.

Steichen, FM. Mechanical Sutures in Operations on the Alimentary tract. In Lloyd M. Nyhus and Robert J. Baker (eds). Mastery of Surgery. Boston/Toronto/London: Little, Brown, and Company, 1992. Pages 455-474.

Review surgical anatomy of the small and large intestine as enclosed in the suggested readings.

Healey, John E, Jr., M.D. and Joseph Hodges, M.D., Surgical Anatomy. Toronto / Philadelphia: B.C. Decker Inc., Publisher, 1990. Pages 190-197.

IV. DESCRIPTION OF LABORATORY MODULE

After a 15 minute overview, participants will rotate through the following two stations,

Station 1) enteroenterostomy: anatomic side-to-side and functional end to- end anastomosis.

- a) colon-colon b) small bowel-small bowel c) small bowel-colon

Station 2) End to end anastomosis with circular stapler

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a) using double staple technique b) using distal handsewn pursestring technique

Each station will take approximately 30 minutes.

V. DESCRIPTION OF TECHNIQUE/PROCEDURE

I. Anatomic Hand-sewn anastomosis.

Technique Of Hand Sewn Two Layered Bowel Anastomoses

- 1) The two bowel ends that are to be anastomosed are next to each other.
- 2) Two seromuscular corner sutures are placed 0.5 cm. from the cut edges, each is then tied and tagged with a straight clamp. The needle and suture is cut distal to the clamps.
- 3) Posterior (outer) interrupted layer: Interrupted (seromuscular) Lembert stitches are placed between the corner sutures, enter right bowel segment 0.5 cm. from the cut edge exit 0.1 cm. from the cut edge continue with same suture, enter left bowel segment enter 0.1 cm. tied (four knots). Place sutures approximately 0.5 cm apart. All but the two corner sutures are cut leaving a 0.3 cm tail and leaving the tied corner sutures tagged with clamps.
- 4) Posterior (inner) running layer: Starting in the middle of the posterior wall of the anastomosis, take a bite of the mucosa and submucosa and tie the suture to itself.
- 5) Start another suture next to it in the same manner. Each running suture goes towards each corner, in an over and over manner (0.5 cm below the cut edge and 0.5 cm. apart from each other) incorporating the mucosal and submucosal layers of each lumen to form the posterior inner layer of the anastomosis.
- 6) Anterior (inner) running layer: The running sutures are continued around the corners until the anterior wall is reached at each end. Continue the over and over stitch from each corner taking the mucosa and submucosa (0.5 cm below the cut edge and 0.5 cm. apart from each other) coming together anteriorly in the middle and tying the two ends (4 knots) after cutting the needles of each. Cut suture leaving 0.5 cm. long. After the inner layer of the anastomosis has been completed, the non crushing bowel clamps are removed (if used).
- 7) Anterior (outer) interrupted layer: Anterior (seromuscular) Lembert sutures are placed. Enter the right bowel segment 0.5 cm away from cut edge, exiting 0.1 cm away from cut edge, continuing with the same suture to the left bowel segment. Enter the left bowel segment 0.1 cm away from bowel edge, exit 0.5 cm away from cut edge. Place the Lembert sutures 0.5 cm. apart. Sutures are tied (4 knots) as they are placed. Once all sutures are placed and tied, they are cut 0.5 cm. distal to the knots

Technique Of Hand Sewn Single Layered Bowel Anastomoses

- 1) The two bowel ends that are to be anastomosed are next to each other.
- 2) Two seromuscular corner sutures are placed 0.5 cm. from the cut edges, each is then tied and tagged with a straight clamp. The needle and suture is cut distal to the clamps.
- 3) Anterior sero submucosal layer: Leaving the mucosa, the suture goes into the side (0.5 cm away) of the cut surface through the submucosa, circular and longitudinal muscularis layers and goes out to the bowel through the serosa. It continues trespassing the wall of the serosa, muscularis layers and mucosa of the opposite side back into the opposite stump. The stitches are tied in the interior of the viscus, under the submucosa. The mucosa remains untouched.

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4) Posterior sero submucosal layer: The sutures extend deeply enough to include the submucosa without penetrating the mucosa 0.5cm away from cut surface. The suture goes into the wall of the serous surface, through the serosa, muscularis and submucosa, out into the side of the cut surface between the mucosa and submucosa, back into the side of the cut surface of the opposite stump between the mucosa and submucosa, through the submucosa, muscularis and serosa, out through the serous surface wall. The stitches are tied on the exterior, under the serosa.

II. Anatomic side-to-side (functional end-to-end) anastomosis.

- 1) Circumferentially clear of fat from the intended areas of bowel division.
- 2) Resect intended lesion/area.
- 3) Align the antimesenteric borders, stapled ends together.
- 4) Place a crotch stitch 6-8 cm from the stapled ends just lateral to the antimesenteric border, taking care to rotate the antimesenteric borders toward one another.
- 5) Cut off antimesenteric corner of each staple line.
- 6) Insert one fork of GIA-type stapler into each limb.
- 7) Close stapler, taking care to align antimesenteric borders and exclude mesentery/adjacent tissues. Fire stapler smoothly, moving only the trigger and not the body of the stapler.
- 8) Remove the forks of the stapler. Inspect the staple line for bleeding.
- 9) Use allis clamps to close resultant enterotomy, ensuring that the staple lines just performed, are not in contact
- 10) Apply the TA-type stapler beneath the allis clamps and fire.
- 11) Excise excess tissue before removing TA stapler. Inspect staple line for adequacy of hemostasis.
- 12) Close mesenteric defect.

III. End-to-end anastomosis: simulated colorectal anastomosis.

- 1) Curcumferentially clear of fat, the intended aras of bowel division.
- 2) Either A) place automatic pursestring across proximal part of colon with straight bowel clamp just distal and divide colon sharply, or B) use GIA stapler to divide colon, excise proximal staple line, and place handsewn pursestring.
- 3) Use allis clamps to grasp edges of colotomy for anastomotic sizing.
- 4) Place chosen anvil into lumen and tie pursestring.
- 5) Place TA stapler across the point chosen for division of the rectum. Place angled Hayes clamps proximally for bowel control.
- 6) Fire TA stapler and sharply divide rectum. Remove specimen.
- 7) A) For double stapled technique, pass circular stapler per rectum to end of rectal stump. Advance spike completely.
- B) For handsewn pursestring, excise TA staple line. Place handsewn pursestring at divided edge of rectum. Have assistant pass circular stapler per rectum, tie pursestring around spike shaft. Advance spike completely.
- 8) Place anvil on spike, close stapler, and fire.
- 9) Partially open stapler, gently disengage from anastomosis and remove. Inspect donuts for completeness.

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Stapled and Hand-sewn GI Anastomosis – Course Module

I. OBJECTIVES

By the end of this course participants should be able to...

- 1) Perform Hand-sewn anastomosis along with knowledge of its principles
- 2) Identify types of Gastrointestinal stapling devices and principles of their use.
- 3) Perform anatomic side-to-side (functional end-to-end) stapled anastomoses.
 - a) colocolic
 - b) enterocolic
 - c) enteroenteric
- 4) Perform simulated end to end anastomoses with the circular stapler
 - a) using double staple technique
 - b) using distal handsewn pursestring

II. ASSUMPTIONS

Review principles of handsewn and mechanical sutures in operation on the alimentary tract as enclosed in the suggested readings.

III. SUGGESTED READING

Please read the enclosed reviews "Operations on the Small and Large Intestine," from Mastery of Surgery by Nyhus and Baker, 2nd edition.

Steichen, FM. Mechanical Sutures in Operations on the Alimentary tract. In Lloyd M. Nyhus and Robert J. Baker (eds). Mastery of Surgery. Boston/Toronto/London: Little, Brown, and Company, 1992. Pages 455- 474.

Review surgical anatomy of the small and large intestine as enclosed in the suggested readings.

Healey, John E, Jr., M.D. and Joseph Hodges, M.D., Surgical Anatomy. Toronto / Philadelphia: B.C. Decker Inc., Publisher, 1990. Pages 190-197.

IV. DESCRIPTION OF LABORATORY MODULE

After a 15 minute overview, participants will rotate through the following two stations,

Station 1) enteroenterostomy: anatomic side-to-side and functional end to- end anastomosis.

- a) colon-colon b) small bowel-small bowel c) small bowel-colon

Station 2) End to end anastomosis with circular stapler

- a) using double staple technique b) using distal handsewn pursestring technique

Each station will take approximately 30 minutes.

V. DESCRIPTION OF TECHNIQUE/PROCEDURE

I. Anatomic Hand-sewn anastomosis.

II. Anatomic side-to-side (functional end-to-end) anastomosis.

- 1) Circumferentially clear of fat from the intended areas of bowel division.
- 2) Resect intended lesion/area.
- 3) Align the antimesenteric borders, stapled ends together.

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- 4) Place a crotch stitch 6-8 cm from the stapled ends just lateral to the antimesenteric border, taking care to rotate the antimesenteric borders toward one another.
- 5) Cut off antimesenteric corner of each staple line.
- 6) Insert one fork of GIA-type stapler into each limb.
- 7) Close stapler, taking care to align antimesenteric borders and exclude mesentery/adjacent tissues. Fire stapler smoothly, moving only the trigger and not the body of the stapler.
- 8) Remove the forks of the stapler. Inspect the staple line for bleeding.
- 9) Use allis clamps to close resultant enterotomy, ensuring that the staple lines just performed, are not in contact
- 10) Apply the TA-type stapler beneath the allis clamps and fire.
- 11) Excise excess tissue before removing TA stapler. Inspect staple line for adequacy of hemostasis.
- 12) Close mesenteric defect.

III. End-to-end anastomosis: simulated colorectal anastomosis.

- 1) Circumferentially clear of fat, the intended areas of bowel division.
- 2) Either A) place automatic pursestring across proximal part of colon with straight bowel clamp just distal and divide colon sharply, or B) use GIA stapler to divide colon, excise proximal staple line, and place handsewn pursestring.
- 3) Use allis clamps to grasp edges of colotomy for anastomotic sizing.
- 4) Place chosen anvil into lumen and tie pursestring.
- 5) Place TA stapler across the point chosen for division of the rectum. Place angled Hayes clamps proximally for bowel control.
- 6) Fire TA stapler and sharply divide rectum. Remove specimen.
- 7) A) For double stapled technique, pass circular stapler per rectum to end of rectal stump. Advance spike completely.
B) For handsewn pursestring, excise TA staple line. Place handsewn pursestring at divided edge of rectum. Have assistant pass circular stapler per rectum, tie pursestring around spike shaft. Advance spike completely.
- 8) Place anvil on spike, close stapler, and fire.
- 9) Partially open stapler, gently disengage from anastomosis and remove. Inspect donuts for completeness.

Aruhana
Registrar
King George Medical University
Lucknow



CERTIFICATE



This Certifies that

Dr. _____

*Has successfully completed the training
program requirement for*

**ESSENTIALS OF STAPLED AND
HAND-SEWN ANASTOMOSES COURSE**

conducted by Department of Surgery, King George's Medical University UP India

DATE

PROF ABHINAV A SONKAR
HEAD OF SURGERY

PROF H S PAHWA

Registrar
King George Medical University
Lucknow

KGMU : Department of Surgery (General)

Basic Surgical Skill Course

Difficulty Level: Foundation Course

Target: UG/PGY1

Supported by Covidien

Time	Schedules Topics
3 min	Introduction to the course, Defining Learning Outcomes
9 am - 10 am	<i>Preteaching Questionnaire</i> Principles of Asepsis and Anti sepsis, Hand Hygiene Technique Gloving and Gowning: Ideal Methods of wearing and removal <i>Post-teaching Questionnaire</i>
10 am - 1 pm	Knotting and Suturing Module Basic Knots: Introduction Knot Security General Principles of Knot tying Square Knot: 2-hand and 1-hand technique Surgeon's/Friction knot Granny Knot Deep tie Ligation around Hemostatic Clamp Instrument tie Suturing Techniques: Holding /Manipulation of needles Interrupted sutures, continuous sutures, subcuticular sutures Principles of Suture election and Suture Materials, Needles <i>Hands-on Training Session (with Faculty)</i> Lunch <i>Practice Session (without assistance)</i> <i>Test Session (Post Lunch)</i>

Teaching Method

MCQs
Lecture with Demonstration
Lecture with Demonstration
MCQs

Lecture
Lecture with Demonstration
Lecture with Demonstration
Lecture with Demonstration
Lecture with Demonstration
Lecture with Demonstration
Lecture with Demonstration
Lecture with Demonstration

Lecture
Lecture
Lecture

free practice session

MCQs and Practical test (OSCE Pattern)

Aradhana
Registrar
King George Medical University
Lucknow



Certificate of Completion

Basic Surgical Skills Course

Dr. _____

Has Successfully Completed a Course on
basic techniques of Essential Surgical Skills
conducted by

Department of Surgery (General)
King George's Medical University UP
on _____.

After His/Her performance in the post course OSCE evaluation,
he/she is awarded following Clinical Competence

Novice/ Advanced Beginner/ Competent/ Proficient/ Expert

Course Faculty

Prof Abhinav A Sonkar
Head of Surgery (Gen) / Course Director

Prof Harvinder S Pahwa
PG Incharge, Dept of Surgery (Gen)

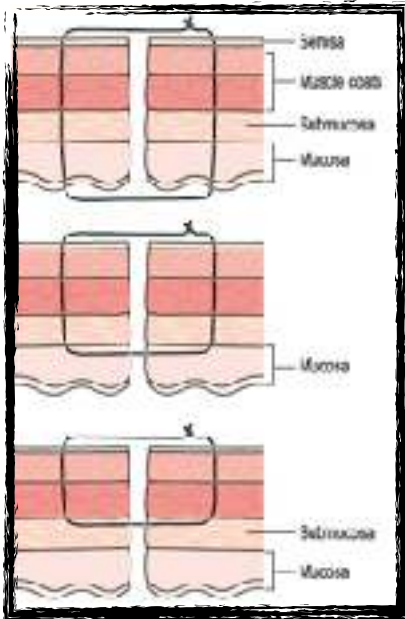
Prof Surender Kumar
Dept of Surgery (Gen)

Dr Faraz Ahmad
Dept of Surgery (Gen)

Prof Awanish Kumar
Registrar
King George Medical University
Lucknow

Dr Akshay Anand
Dept of Surgery (Gen)

Dr Ajay K Pal
Dept of Surgery (Gen)



Essentials of Stapled and Hand-sewn bowel Anastomosis (ESHA) course



King George's Medical University UP Department of Surgery (General)

Course Faculty



Prof Abhinav A Sonkar
Head of Surgery
Course Director



Prof H S Pahwa



Dr Awanish Kumar



Dr Faraz Ahmad



Dr Ajay Kr Pal



Registrar
Dr Akshay Anand
King George's Medical University
Lucknow



KING GEORGE'S MEDICAL UNIVERSITY U.P., LUCKNOW

Notice Date : 05.02.2022

Skill lab Teaching of 2019 & 2020 Batch

Unit Wise Days Allotment

Skill lab teaching for 2019 & 2020 w.e.f. 21.02.2022

S.No.	Day Allotted	2019 batch (6days/week)	2020 batch (5days/week)
		Unit	Unit
1	Monday	3	3
2	Tuesday	6	6
3	Wednesday	1	1
4	Thursday	5	4&5
5	Friday	2	2
6	Saturday	4	----

All units are requested to ensure that all the skill in the attached list are demonstrated & taught to the students in the unit.

Email: vc@kgmcindia.edu

Aradhana
Registrar
King George Medical University
Lucknow



KING GEORGE'S MEDICAL UNIVERSITY U.P., LUCKNOW

Notice Date : 05.02.2022

Skill lab Teaching of 2019 & 2020 Batch

Unit Wise Days Allotment

Skill lab teaching for 2019 & 2020 w.e.f. 21.02.2022

S.No.	Day Allotted	2019 batch (6days/week)	2020 batch (5days/week)
		Unit	Unit
1	Monday	3	3
2	Tuesday	6	6
3	Wednesday	1	1
4	Thursday	5	4&5
5	Friday	2	2
6	Saturday	4	----

All units are requested to ensure that all the skill in the attached list are demonstrated & taught to the students in the unit.

Email: vc@kgmcindia.edu

Aradhana
Registrar
King George Medical University
Lucknow



KING GEORGE'S MEDICAL UNIVERSITY U.P., LUCKNOW

Notice Date : 03.08.2022

Skill lab Teaching of P.G Students of 2022 Batch

Unit Wise Days Allotment

Skill lab teaching for 2022 w.e.f. 20.08.2022

S.No.	Day Allotted	JR-1 Unit	JR-2 Unit	JR-3 Unit
1	Monday	6	6	6
2	Tuesday	4	4	4
3	Wednesday	1	1	1
4	Thursday	3	3	3
5	Friday	5	5	5
6	Saturday	2	2	2

All units are requested to ensure that all the skill in the attached list are demonstrated & taught to the students in the unit.

Email: vc@kgmcindia.edu

Aradhana
Registrar
King George Medical University
Lucknow



King George's Medical University

Department of Obstetrics & Gynaecology

Lucknow - 226 003

Ref. No. : OG/ 3431/22.....

Dated7.12/22.....

NOTICE

Skill Lab Teaching Schedule

2019'B' Batch

Timing - 11.30 – 1PM

Venue: Skill Lab, Scientific Convention Center, 2nd Floor, KGMU, U.P., Lucknow

Sl. No.	Date	Topic	Faculty
1	12/12/22(Monday)	Ante Natal Examination	Dr. Vandana Solanki
2	20/12/22(Tuesday)	Conduct of Normal Delivery	Prof. P.L. Sankhwar

Copy to:

- Skill Lab, Scientific Convention Center, 2nd Floor, KGMU U.P., Lucknow
- Notice Board , QMH

UG Teaching Incharge/ Co- incharge

(Prof. S.P. Jaiswar)
Head of the Department



KING GEORGE'S MEDICAL UNIVERSITY U.P., LUCKNOW



Phone : 2257742

King George's Medical University Department of Obstetrics & Gynaecology Lucknow - 226 003

Ref. No. : OG/ ...3330/22

Dated 28/11/22

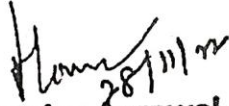
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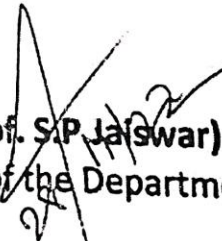
2018 "D" batch Demonstration class will be held in Skill Lab Scientific Convention Centre 2nd floor on 29/11/22 from 12:00 noon to 2:00 PM.

Topic: Antenatal Examination.

Following faculty members ^{to} are requested to take it.

Prof. Amita Pandey / Dr. Monica Agrawal


28/11/22
Dr. Monica Agrawal
UG Teaching /Co-Incharge


(Prof. S.P. Jaiswar)
Head of the Department

Email: vc@kgmcindia.edu


Registrar
King George Medical University
Lucknow



KING GEORGE'S MEDICAL UNIVERSITY U.P., LUCKNOW



Phone : 2257742

King George's Medical University

Department of Obstetrics & Gynaecology
Lucknow - 226 003

Ref. No. : OG/ 3277/22

Dated 12/11/22

NOTICE

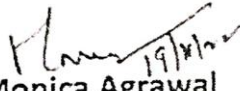
2018 "D" batch Demonstration class will be held in Skill Lab in Scientific Convention Centre 2nd floor on 21/11/22 from 12:00 noon to 2:00 PM.

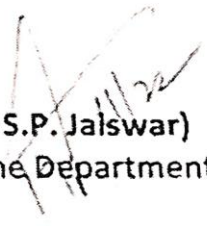
Topic: Mechanism of Normal Labour.

Following faculty members are requested to take it.

Prof .Renu Singh

Dr. Vandana Solanki


Dr. Monica Agrawal
UG Teaching /Co-Incharge


(Prof. S.P. Jaiswar)
Head of the Department

Email: vc@kgmcindia.edu


Registrar
King George Medical University
Lucknow



KING GEORGE'S MEDICAL UNIVERSITY U.P., LUCKNOW

DEPARTMENT OF OBSTETRICS & GYNAEOLOGY KING GEORGE MEDICAL UNIVERSITY LUCKNOW

Schedule of Skill lab

MBBS Batch-2020 Phase-3.2

Time-12:00 am to 1:00 pm

S.no	Day	Topics
1.	Monday	• Antenatal Examination • Antenatal Care • Per speculum/Per Vaginal Examination • PAP Smear • Infection Prevention • Urinary Catheterization
2.	Tuesday	• Fetal Skull • Pelvic Assessment • Mechanism of normal labor • Conduct of Normal Delivery • AMTSL
3.	Wednesday	• Breech Delivery • External cephalic version • Management of Anemia (Role of Injectable I.V.) • Management of PPH • Management of Eclampsia
4.	Thursday	• Forceps Delivery • Ventouse Delivery • Episiotomy Repair • Cervical tear Repair • Management of Shoulder Dystocia
5.	Friday	• Interval IUCD Insertion • PPIUCD Insertion • MVA instrument & techniques • Temporary Methods of Contraception's • Correct way of Breastfeeding

Monica Agarwal
(Dr. Monica Agarwal) 20/05/24

UG Teaching Incharge

Anjoo 20/5/24
(Prof. Anjoo Agarwal)

Head of the department

Email: vc@kgmcindia.edu

Aradhana
Registrar
King George Medical University
Lucknow



KING GEORGE'S MEDICAL UNIVERSITY U.P., LUCKNOW

DEPARTMENT OF OBSTETRICS & GYNAEOLOGY KING GEORGE MEDICAL UNIVERSITY LUCKNOW

Schedule of Skill lab

MBBS Batch-2018

Time-12:00 am to 1:00 pm

S.no	Day	Topics
1.	Monday	• Antenatal Examination • Antenatal Care • Per speculum/Per Vaginal Examination • PAP Smear • Infection Prevention • Urinary Catherization
2.	Tuesday	• Fetal Skull • Pelvic Assessment • Mechanism of normal labor • Conduct of Normal Delivery • AMTSL
3.	Wednesday	• Breech Delivery • External cephalic version • Management of Anemia (Role of Injectable I.V.) • Management of PPH • Management of Eclampsia
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5.	Friday	• Interval IUCD Insertion • PPIUCD Insertion • MVA instrument & techniques • Temporary Methods of Contraception's • Correct way of Breastfeeding

Monica Agrwal
Dr. Monica Agrwal 27/08/22

UG Teaching Incharge

Seema Mehrotra
Dr. Seema Mehrotra 27/08/22

Skill Lab Incharge

Email: vc@kgmcindia.edu

Aradhana
Registrar
King George Medical University
Lucknow



KING GEORGE'S MEDICAL UNIVERSITY U.P., LUCKNOW

DEPARTMENT OF OBSTETRICS & GYNAEOLOGY KING GEORGE MEDICAL UNIVERSITY LUCKNOW

Schedule of Skill lab

MBBS Batch 2019

Time-12:00 am to 1:00 pm

S.no	Day	Topics
1.	Monday	• Antenatal Examination • Antenatal Care • Urinary Catheterization • Fetal Skull • Pelvic Assessment
2.	Tuesday	• Mechanism of normal labor • Conduct of Normal Delivery • AMTSL Per speculum/Per Vaginal Examination • PAP Smear • Infection Prevention
3.	Wednesday	• Management of Anemia (Role of Injectable I.V.) • Management of PPH • Management of Eclampsia • Episiotomy Repair • Cervical tear Repair
4.	Thursday	• Forceps Delivery • Ventouse Delivery • Management of Shoulder Dystocia • Breech Delivery • External cephalic version
5.	Friday	• Interval IUCD Insertion • PPIUCD Insertion • MVA instrument & techniques • Temporary Methods of Contraception's • Correct way of Breastfeeding

Monica Agrwal 27/04/23
Dr. Monica Agrwal

UG Teaching Incharge

Seema Mehrotra 27/4/23
Dr. Seema Mehrotra
Skill Lab Incharge

Email: vc@kgmcindia.edu

Aradhana
Registrar
King George Medical University
Lucknow



Phone : 2257742



किंग जार्ज चिकित्सा विश्वविद्यालय
प्रसूति एवं स्त्री रोग विभाग
लखनऊ - 226003

पत्रांक 064/1395/24

दिनांक 30/5/24

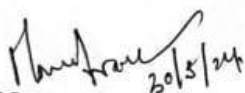
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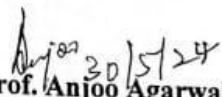
This is to inform you all that MBBS Undergraduate Clinical/Demonstration Teaching classes is scheduled to be held as follows: -

Batch	Day	Time	Place
2020 Phase 3.2	Tuesday	12:00 pm - 1PM	Skill Lab
2021 Phase 3.1	Thursday	11:30 am - 1pm	Skill Lab

*The faculty member can use skill lab models for teaching purpose (in front of skill lab room).

*All the students are directed to mark your attendance in attendance register under supervision of sister incharge Skill lab.


(Dr. Monica Agrawal)
UG Teaching co-incharge


(Prof. Anjoo Agarwal)
Head of the Department.


Registrar
King George Medical University
Lucknow