

NATIONAL LEPROSY ERADICATION PROGRAMME

Guidelines for Facilitating Reconstructive Surgery in Leprosy

1. Background

Leprosy is known to be associated with involvement of nerves due to which deformity in hand, foot or eye occurs. Due to this leprosy affected persons become disabled. Leprosy Affected Persons (LAP) already cured but left with deformities of hand, foot or eye would require Reconstructive Surgery (RCS) for correction of their deformity, to improve their functional ability. Pre & post operative physiotherapy is essential for successful outcome of surgery and therefore an integral part of the RCS process.

Deformities are known to perpetuate stigma & discriminations, hence the priority to correct the deformities early is very significant. Reconstructive surgery aims to restore function and form as far as possible and also to prevent further disability. It also plays an important role in rehabilitation process. Reconstructive surgery will help in regaining the status of the leprosy affected in public mind thereby reducing the stigma to the disease.

DPMR services are given special emphasis in 11th Five Year Plan. About. 4000 deformed LAP are being operated every year. RCS services are to be facilitated & developed further to clear the backlog and to cope up with new deformed cases.

The proposed surgical procedure and its positive consequences should be balanced against the consequences of not doing surgery. This should be discussed with the patient. Methods of managing to live with the deformities without causing further damages to the affected parts should be explained to patients who do not want or are not suitable for surgery. Counseling and motivation of the LAP is also an important aspect under DPMR services, that need due attention.

These guidelines are framed for the service providers to apprise them about the Secondary/Tertiary centres where RCS are conducted, and procedures to be adopted for facilitating RCS in these centres.

2. Institutions / Centres for Reconstructive Surgery

2.1 Government medical colleges and other institutions are involved in conducting RCS. The list of 20 such institution providing RCS during the year 2007-08 is given at **Annexure-I.**

2.2 Leprosy institutions under the International federation of Anti-leprosy Associations (ILEP) are conducting RCS since long. List of 32 functioning institutions as on 2007-08 is given at **Annexure-II.**

2.3 Institutions conducting RCS in leprosy should have following facilities –

- Provision of beds / hospitalization
- Adequate manpower- trained surgeon, anaesthetist, OT nurse, OT assistant and Physio-technician / physiotherapist
- Operation theatre in order, with special instruments such as - Andersens tendon tunneler, Facia lata stripper, Fritschis spring retractor, iris scissors, Mosquito right angled clamp, Adsons forceps, besides general instruments and suture material etc
- Physiotherapy equipments e.g.wax bath, Ele. muscle stimulator, ADL set and appliances for exercises.
- Plaster application facility.
- Splints / prosthetic & orthotic fabrication facility.
- Alternate power supply.

It is essential that all the institutions should have facility for post operative physiotherapy services which is crucial for achieving the maximum (post surgery) functional ability. Such facility may be either available in house or in other nearby institution such as DDRC or NGO institute.

The states may identify more such centres and equip these for RCS, keeping the criteria given above in view. Names of such govt. Institutions conducting RCS regularly may be sent to the Central Leprosy Division for updating the list at **Annexure – I**.

3. Activities of the Tertiary level Centers

An operational guidelines for the Secondary/Tertiary level institutions has been issued to all concerned. In addition to care of leprosy complications and physiotherapy care, these centers will mainly provide Reconstructive Surgery services for Medical Rehabilitation of the deformed leprosy Affected Persons. Thus, the main activities are –

- RCS & other surgical interventions with pre & post operative care.
- Treatment of severe reactions / neuritis
- Treatment of complicated ulcers / wounds
- Confirmation of Relapse and its differentiation from reaction
- Experts opinion on diagnosis of leprosy in difficult cases and associated disease.
- Training of surgeons in RCS

4. Steps for referral of LAP with disability requiring RCS

4.1 Preliminary screening of deformed cases for fitness for surgery is to be done by medical officer at PHC and also by Dermatologist / Medical Specialist at district hospital. As indicated in operational guidelines on DPMR for primary level, all grade – II cases are referred to the District Hospital for further assessment.

4.2 These screened cases will be referred to the Secondary/Tertiary Institution by the District Hospital/District Nucleus by providing a referral slip, as given in the operational guidelines on DPMR for secondary level.

4.3 These referred cases are examined by the Surgeon & PT of the RCS unit. The operating surgeon finally selects cases to be operated. Soon after selection the surgeon gives instructions for pre operative preparations and date for admission / hospitalization.

4.4 After the operation and immediate post operative care the cases will be referred back to respective PHC / district for post operative care as suggested by surgeon.

4.5 The dates for subsequent visit to the Hospital for periodic assessment will be indicated by the surgeon in the referral slip.

Source of patient can be either voluntarily reporting direct or patient referred by Primary and Secondary care units of the districts allocated to the Institute. Sometimes direct Patient can be also from districts of neighboring states.

5. Coordination

Coordination between institutions involved in RCS services and health care system is essential for keeping track on LAP for follow up services, to develop linkage with other departments like Social Welfare, Labour & Employment, NGOs working for rehabilitation of disabled and providing socio-economic rehabilitation services. All these institutions will work in close coordination with the District Leprosy unit of the district where it is located.

Statewise, Names of the districts where the 32 NGO and 20 Govt. Medical College/Institutions providing RCS as of now, is given as **Annexure – III**.

6. The State Implementation Committee for RCS and Rehabilitation Programme,

The state implementation committee for RCS & rehabilitation programme consisting of the State Leprosy Officer, member nominated by Central Leprosy Division, State ILEP Coordinator, PMR Specialist/ Orthopedic Surgeon, Dermatologist, Plastic Surgeon, Ophthalmologist, Dean/ Superintendent/ Principal of the Medical College, will facilitate and monitor the DPMR activities at the institution.

In the guidelines issued on 1st August 2006, the objectives of the committee were listed as.

- To look into the overall need for providing RCS and Medical Rehabilitation to the cured and current leprosy affected persons in the state.
- To periodically review performance of the tertiary level institutions providing RCS, located in the state.
- To help in maintaining coordination amongst the different level of DPMR services so that free flow of patients for RCS are available.
- To monitor activities of individual institution including record keeping and reporting.

7. Assistance to Leprosy Affected Person (LAP) undergoing major RCS

A core group formed by the Government to work out identification and involvement of PMR institution for RCS, suggested the following as major RCS operation and recommended for payment of some financial assistance to the Patients and to the Govt. institutions.

7.1 Major RCS under NLEP

<u>Hand</u>	<u>Foot</u>	<u>Eye</u>	<u>Nose</u>
Claw correction of hand	Foot drop correction and claw toe correction.	Lagophthalmos correction.	Reconstruction of Collapsed nose
Opponens plasty thumb	Soft tissue reconstruction of the sole.		
Wrist drop correction	Stabilization procedures such as arthrodesis.		
Stabilization procedure such as arthrosis			
Tissue reconstruction procedure such as contracture release and flap cover.			

It is now decided that following assistance will be provided in connection with the above mentioned major RCS in Leprosy deformed Patients.

7.2 Incentive for RCS Patients

The NGO institutions conducting Reconstructive Surgery often express that leprosy affected persons with disability who are mostly poor, are often reluctant to go for surgery, which is otherwise provided free of cost, due to long duration stay in the hospital, inability to take the disabled leprosy patients to hospital by family members and stay with them in hospital for economic reasons. To overcome these constraints it is decided to pay an incentive amounting to Rs 5000/- (Rupees five thousand only) to leprosy affected persons belonging to Below Poverty Line (BPL) families for each major operation, undergone by them .

The incentive is to be paid to all patients from B.P.L. family, whether operated in a Government or NGO Institution. Along with the operation, success of the surgery also depends on post operative care including physiotherapy. It is therefore essential to review the operated cases regularly at least till 6 months after the operation. Therefore, disbursement of the incentive money is to be linked up with the follow-up visits of the case as indicated below:

- After completion of surgery on release from hospital – Rs.3000/-
- Follow-up visit after one month (4-6 weeks) of operation – Rs.1000/-
- Follow-up visit after 3rd month of operation – Rs.1000/-

7.3 Cash Assistance for Government Institutions

A number of Medical Colleges/ PMR centers and district hospital have been upgraded with facilities for under taking RCS recently. Some more centers may also join in the future. Although these institutions will be conducting RCS in LAP free of cost, they need to incur additional expenditure for this activity. To help the Government Institutions to overcome the difficulty in managing the extra cost out of their regular budget, these institutions will be paid an

amount of Rs.5000/- (Rupees five thousand only) for each of the major RCS conducted by them. The amount shall be utilized for procurement of drugs, dressing materials, POP, splints and other items required for surgery. Remuneration for surgeon or physiotherapist will not be incurred out of this fund. NGO institutions and Govt. run leprosy institutions are not covered under this cash assistance.

7.4 Mode of Payment

District Leprosy Officer of the district in which the tertiary care institution is located **(Annexure – III)** will be responsible for disbursement of incentive money to the LAP undergoing surgery and to the Govt. institutions for conducting RCS. Mode of payment should be 'user friendly'. To achieve this aim the District Leprosy Unit of the district where the institution is located has been identified as the nodal centre for making all payment to facilitate RCS.

Occasionally, some states do arrange for RCS in other institutions, bringing in visiting surgeon from other places. Patient undergoing RCS in such camps and the Govt. Hospital organizing such services also will get the incentive for the LAP as well as for the Hospital. In such situation the local District Leprosy Unit will be authorized by the State Leprosy Society to make the payment as per rules as a Temporary Nodal Centre.

7.5 Fund Flow

7.5.1 The Nodal district leprosy officer will be authorized by the State to draw and keep an imprest account amounting to a decided limit based on likely payment to be made by the unit to LAP undergoing RCS every month. This will facilitate payment at short notice.

7.5.2 The institutions (Govt. & NGO) conducting RCS will have to send a monthly report to the District Leprosy Unit in their districts, indicating the names of Leprosy Affected Person with deformity registered in the institution during the month and listed for RCS during next month **(Annexure – IV)**. Copy of this will also be sent to other districts from where the patient comes for their information and updating of record.

7.5.3. Once the RCS is over, the Nodal District Leprosy Unit is responsible for making payment to the LAP in time. The institution will issue a certificate in the name of each patient recommending release of initial incentive amount of Rs. 3000/- in the format **Annexure – V**. This certificate must reach the District unit at least 7 days prior to the expected date of release of the patient, so that payment can be made in time. The LAP will be paid by the District Leprosy Unit in the hospital before the date of release.

7.5.4 The patient will be advised to report for check up and physiotherapy after 4-6 weeks of operation. The institution will again send another certificate to the District leprosy unit in the form at **Annexure – VI** recommending release of the 2nd installment of Rs. 1000.00 of incentive. Payment will be made by the DLU accordingly before the date of release.

7.5.5 The patient will again be advised to report for further review at the institution after 3 months. The institution will issue another certificate to the patient in the format given as **Annexure – VII**, recommending release of the last installment of Rs. 1000.00 as incentive. Payment will be made by the DLU accordingly, before the date of release.

7.5.6 Govt. Medical colleges and other institutions conducting major RCS (**Annexure – III**) will submit a Reimbursement claim to the District Leprosy Unit in which the institution is located in the attached claim form (**Annexure – VIII**). The DLU will draw the amount through a bill and make the payment at the prescribed rate. The payment will be for all patient irrespective of the district from where the patient comes.

It is important that all the Secondary/Tertiary institutions identified for conducting RCS send the monthly report in format given at Annexure – IV, indicating cases registered and listed for RCS without fail, regularly, to enable the DLU to make payment promptly.

7.5.7 For camps as indicated above, the District Leprosy Officer of the district where the Govt. institution organizing the camp is located will be responsible for making the payments. The institutions will maintain the records and submit report in format at **Annexure – IV** as well as certificates in format at **Annexure –V, VI, VII** for the patients and reimbursement claim in format at **Annexure – VIII**.

8. Monitoring the quality of RCS services

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 & quality of RCS will depend on proper selection of cases, counseling, clean surgery, post-operative physiotherapy and absence of post operative complications, resulting into physical & functional improvement

The reconstructive surgery services under DPMR will be regularly monitored under the program, so that both quantity and quality of the activities can be ascertained routinely and action for any deficiency can be taken in time.

8.1 Records & report.

- Each RCS institution will maintain a register of surgery undertaken and its follow- up.
- These institutions will send a monthly report on major RCS Surgery carried out at the Institution to the District Leprosy Officer of the district in which patient belongs to for their information and record. A copy of this report will be marked to the DLO of the district where the Institution is located.
- As indicated in this guidelines, the hospital will send regular monthly report of LAP registered and listed for RCS to the district leprosy unit in format given as **Annexure IV**
- Further the institution will utilize the **Post Operative Assessment Form** given as **Annexure IX**, for individual patients.

- The institution will submit a quarterly report on RCS to the district leprosy unit in the format given as **Annexure X**.

8.2 Action at district leprosy units

- The District Leprosy Officer will collect quarterly report from institution(s) conducting RCS and compile in prescribed format (**Annexure XI**) and then analyze the report at their level and then take remedial measure, if needed.
- The District Leprosy Officer will send the compiled report to their State Leprosy Officer.
- The District Leprosy Officer will maintain links with primary, secondary and tertiary level institutions and with State Leprosy Unit and continue to keep liaison & coordinate.

8.4 Action at state leprosy unit

- The quarterly report received from the District Leprosy Officer will be compiled on format at (**Annexure XII**) by the State Leprosy Officer and analyze same for providing feedback to the respective District Leprosy Officer/ Institution for any remedial action, if required.
- The SLO will send compiled RCS follow up report on **Annexure XII** to the Central Leprosy Division, every quarter in March, June, September and December.

8.5 Action at CLD

At CLD, there will be analysis of state reports based on the cohort of cases operated in a quarter and their follow-up (after surgery) for six months to assess the quality of services. Feedback will be provided to States on quality of RCS services in different institutions, observed on cohort analysis

8.6 Quality indicator for RCS surgery:

The cohort analysis report will be utilized for working out the quality indicator for RCS surgery institution wise, at quarterly interval as, **Proportion of Operated Cases with Improved Functional Ability**. It can be calculated as:

$$= \frac{\text{Number of cases with improved functional ability at 6 months after operation}}{\text{Number of cases operated upon during the cohort period}} \times 100$$

9. Budget

The State Leprosy Officer will keep these activities in their Annual Action Plan for approval of Government of India and release of funds in advance.

**The names of Government institutions performing Re-constructive Surgery (RCS)
in leprosy affected persons**

1. Patna Medical College, Bihar.
2. Darbhanga Medical College, Bihar.
3. Cuttack Medical College, Orissa.
4. King George Medical College, Lucknow, Uttar Pradesh.
5. Regional Institute of Medical Science Ranchi, Jharkhand.
6. SSKM Hospital, Kolkatta, West Bengal.
7. Government Medical College Hospital, Bhopal, Madhya Pradesh.
8. Berhampur Medical College, Orissa.
9. Leprosy Home & Hospital Cuttack, Orissa
10. All Indian Institute of Physical Medicine Mumbai, Maharashtra
11. Central Leprosy Training & Research Institute, Chengalpattu
12. Regional Leprosy Training & Research Institute, Raipur
13. JALMA ICMR, Agra, Uttar Pradesh
14. R.G. Kar Medical College Hospital, Kolkata, West Bengal
15. N.R.S. Medical college, Kolkata, West Bengal
16. District Hospital Deharadun, Uttarakhand
17. Government Medical College, Chandigarh
18. General Hospital, Puducherry
19. Medical College, Dhule, Maharashtra
20. Medical college, Aurangabad, Maharashtra

**LIST OF EXISTING FUNCTIONAL RCS AND MEDICAL REHABILITATION
INSTITUTIONS UNDER ILEP**

S. No	Name of Institution	Address	State
1	Emmaus Swiss Referral Hospital & Leprosy Project	L.S. Farm, PO- Palamaner – 517408, Chhittor Distt. (ALES)	Andhra Pradesh
2	Rural India Self Development Trust	Post Box 56, 20-63 Swaraj Nagar, A.C. Gardens, Kathipudi, Rajamundry- 533101 (ALES)	Andhra Pradesh
3	Urban Leprosy Centre	Damien Foundation India Trust, Bkthavachala Nagar, A K Nagar Post, Nellore – 524004 (DFIT)	Andhra Pradesh
4	Damien Leprosy Centre,	Vegavara, Gopannapalem, Eluru Tk 534450, W.G. Distt, (GLRA)	Andhra Pradesh
5	Sivanand Rehabilitation Home	Kukatpally, Hyderabad – 500872 (GLRA)	Andhra Pradesh
6	West Godavari District Leprosy Hospital	The Leprosy Mission, Narsapur, A.P. (TLM)	Andhra Pradesh
7	Philadelphia Leprosy Hospital	The Leprosy Mission, Salur, Vizianagaram, District – 535591 (TLM)	Andhra Pradesh
8	The Leprosy Mission Hospital	E. Godavari Distt, Ramachandrapuram- 533255, A.P. (TLM)	Andhra Pradesh
9	The Leprosy Mission Hospital	P.O. Ramma, Muzaffarpur- 842002 Bihar (TLM)	Bihar
10	Bethesda Leprosy Home and Hospital	The Leprosy Mission, P.O. Champa Janjgir District – 495671, Chattisgarh (TLM)	Chattisgarh
11	Chandkhuri Leprosy Hospital and Home	The Leprosy Mission, PO_ Baitalpur, Via- Hirri Mines, Bilaspur District – 495222, Chattisgarh (TLM)	Chattisgarh
12	Hubli Hospital for Handicapped	Post Box No- 54, Anand Nagar Road, Hubli – 580020, Darwad District, Karnataka – 580020 (ALES)	Karnataka
13	Sri Ramakrishna Sewa Ashram	Swami Vivekananda, Integrated Rural Health Centre, K R Extension, Tumkur, Pavagada, Karnataka – 561020 (DFIT)	Karnataka
14	Belgaum Leprosy Hospital	The Leprosy Mission, Vengurla Road, Hindalga, Belgaum District – 591108, Karnataka (TLM)	Karnataka

15	St. Joseph Leprosy Centre	Post Bag – 1, Sanawad- 451111, Distt. Khargaon (LEPRA)	Madhya Pradesh
16	Sishu Prem Samaj,	101/C- Mountana Building, Road No- 2, Lokandwala Complex, Andheri West, Mumbai – 400053 (GLRA)	Maharashtra
17	Kothara Leprosy Hospital,	The Leprosy Mission, P.O. Paratwada, Amravati District – 444805 (TLM)	Maharashtra
18	Richardson Leprosy Hospital,	The Leprosy Mission, Miraj, Sangli District – 416410, Maharashtra (TLM)	Maharashtra
19	The Leprosy Mission Hospital	Poladpur Raigad District – 402303, Maharashtra (TLM)	Maharashtra
20	HOINA Leprosy Research Trust	Post Bag 1, Muniguda, Rayagada Distt. – 765020 (LEPRA)	Orissa
21	Schieffelin Leprosy Research & Training Centre	Karigiri – 632106, Vellore Distt., Tamilnadu	Tamilnadu
22	Sacred Heart Leprosy Centre	Karaikal Road, Sakkottai, Kumbakonam RS 612401, Tanjore Distt., Tamilnadu (ALES)	Tamilnadu
23	Holy Family Hansensorium	Fathimanagar PO, Tiruchirapalli Distt., Tamilnadu (DFIT)	Tamilnadu
24	Leprosy Relief Rural Centre	Chettipatty 636455, Via – Omalur, Salem Distt. (GLRA)	Tamilnadu
25	GREMALTES	5, Gajapathy Street, Shenoy Nagar, Chennai – 600030 (GLRA)	Tamilnadu
26	The Leprosy Mission Hospital	Vadathorasalur, P.O. Tiyagadurg, V.R.P. Distt – 606206, Tamil Nadu (TLM)	Tamilnadu
27	Dayapuram Leprosy Centre	The Leprosy Mission, Manamadurai, Sivagangai Distt- 630606 Tamil Nadu (TLM)	Tamilnadu
28	Faizabad Leprosy Hospital	The Leprosy Mission, P.O. Motinagar, Faizabad Distt-224201, Uttar Pradesh (TLM)	Uttar Pradesh
29	The Leprosy Mission Hospital	P.O. Naini, District Allahabad – 211008, Uttar Pradesh (TLM)	Uttar Pradesh
30	Purulia Leprosy Home and Hospital	The Leprosy Mission, P.O. Box-9, Purulia – 723101, West Bengal (TLM)	West Bengal
31	Premanada Memorial Leprosy Hospital	The Leprosy Mission, 259 – A, A P Chandra Road, Kolkata – 700005 (TLM)	West Bengal
32	The Leprosy Mission Hospital	The Leprosy Mission Hospital, Nandnagri, Shadhara, Delhi – 110 093	Delhi

**Statewise name of Districts where the Govt.
as well as NGO Centres providing RCS are located**

State	S. No.	District	Government RCS center	NGO RCS Centers
Andhra Pradesh	1	Chhittor		Emmaus Swiss Referral Hospital & Leprosy Project
	2	Rajamundry		Rural India Self Development Trust
	3	Nellore		Urban Leprosy Centre
	4	West Godavari		(i) Damien Leprosy Centre (ii) The Leprosy Mission Hospital, Narsapur
	5	Hyderabad		Sivanand Rehabilitation Home
	6	Vizianagaram		Philadelphia Leprosy Hospital
	7	East Godavari		The Leprosy Mission Hospital Ramchandra Puram
Total		7	0	8
Bihar	1	Muzaffarpur		The Leprosy Mission
	2	Patna	Patna Medical College	
	3	Dharbhanga	Dharbhanga Medical College	
Total		3	2	1
Chhattisgarh	1	Janjgir		Bethesda Leprosy Home and Hospital
	2	Bilaspur		Chandkhuri Leprosy Hospital and Home
	3	Raipur	RLTRI	
Total		3	1	2
Karnataka	1	Darwad		Hospital for Handicapped, Hubli
	2	Tumkur		Sri Ramakrishna Sewa Ashram SVIRHC, Pavagada
	3	Belgaum		TLM, Hindalga
Total		3	0	3

Madhya Pradesh	1	Khargaon		St. Joseph Leprosy Centre, Sanawad
	2	Bhopal	Government Medical College Hospital	
Total		2	1	1
Maharashtra	1	Mumbai	All India Institutes of Physical Medicine and Rehabilitation	Sishu Prem Samaj, Andheri West
	2	Amravati		The Leprosy Mission Hospital, Kothara
	3	Sangli		Richardson Leprosy Hospital, TLM Miraj
	4	Raigad		The Leprosy Mission Hospital Poladpur
	5	Dhule	Medical College	
	6	Aurangabad	Medical College	
Total		6	3	4
Tamilnadu	1	Vellore		Schieffelin Leprosy Research & Training Centre, Karigiri
	2	Tanjore		Sacred Heart Leprosy Centre Sakkotai
	3	Tiruchirapalli		Holy Family Hansensorium Fathimanagar
	4	Salem		Leprosy Relief Rural Centre Chettipatty
	5	Chennai		GREMALTES, Shenoyanagar, (GLRA)
	6	Villupuram		The Leprosy Mission Hospital Vadathorsalur
	7	Sivagangai		Dayapuram Leprosy Centre, TLM Manamadurai
	8	Kanchipuram	Central Leprosy Teaching & Research Institute, Chengalpattu	
Total		8	1	7
Uttar Pradesh	1	Faizabad		The Leprosy Mission Hospital, Motinagar
	2	Allahabad		The Leprosy Mission Hospital, Naini
	3	Agra	JALMA ICMR	
	4	Lucknow	King George Medical College	
Total		4	2	2

West Bengal	1	Purulia		Purulia Leprosy Home and Hospital
	2	Kolkata	(i) SSKM Hospital	Premanada Memorial Leprosy Hospital
			(ii) R.G. Kar Medical College	
			(iii) N.R.S. Medical College	
Total	2	2	3	2
Delhi	1	North East Delhi		The Leprosy Mission Hospital Shahdhara
Total	1	1	0	1
Orissa	1	Cuttack	(i) Cuttack Medical College	
			(ii) Leprosy Home & Hospital Cuttack	
	2	Ganjam	Berhampur Medical College	
	3	Rayagada		HOINA Leprosy Research Trust, Muniguda
Total	3	3	3	1
Chandigarh	1	Chandigarh	Government Medical College	
Total	1	1	1	0
Jharkhand	1	Ranchi	Regional Institute of Medical Science	
Total	1	1	1	0
Uttarakhand	1	Dehradun	District Hospital Dehradun	
Total	1	1	1	0
Puducherry	1	Puducherry	General Hospital	
Total	1	1	1	0
Grand Total	46	46	20	32

**Monthly report on LAP registred and listed for major Reconstructive Surgery
at the Secondary/Tertiary centre
(Govt and NGO)**

Name of the hospital _____ District _____

State _____ Reporting Month _____

S. No.	Name of the patient	Age/ Sex	Postal Address (PHC/ Dist. Hospital)	Type of disability	Date of registration	Proposed period of hospitalization		Date on which listed for RCS
						From	To	

Signature of Officer Incharge

Send to

1. DLOs of District where the Hospital is located.....
2. DLOs of District to which the Patient belongs.....

**Certificate for payment of Incentive for
Major RCS to leprosy affected person (Initial Payment)**

Name of Institution:

CERTIFICATE

It is certified that Sri/ Smt.
had undergone Reconstructive Surgery for correction of deformity of (Give details)
.....

The patient is in this Hospital as in-patient from..... for surgery and
physiotherapy care and is scheduled to be released on

The Patient (strike off whichever is not applicable):

- (a) Was referred to this institute from.....
- (b) Reported to the institute directly and his name was forwarded to the concerned District Leprosy
Officer in the report for the month of

It is recommended that the patient may be paid the initial incentive amount of Rs. 3000/- (Rupees three thousand) only as per Government rules.

Signature / LTI of the Patient

**Signature
Name of the Surgeon/ in-charge
Office Seal**

To,

DLO, District :.....
State:

For DLOs Office only

Verified from record of grade –II disability patients and paid on the basis of this certificate, an amount of
Rs. 3000/- (Rupees three thousand only) to Sri/ Smti.....as initial incentive for major
RCS on.....as the patient belongs to B.P.L. family.

Received as above

Signature/ LTI of the Patient

**Signature, Name and
Seal of DLO**

Certificate for payment of incentive for major RCS to leprosy affected person (second installment)

Name of Institution:

CERTIFICATE

It is certified that Sri/ Smt.
had undergone Reconstructive Surgery for correction of deformity of (Give details)
.....

The RCS was conducted on and patient was released on

The patient is again in this Hospital as in-patient from..... for review and physiotherapy care, after 4-6 weeks of operation and is being released on

The Patient was reviewed for assessment of post operative status and observed as below -

- a)
- b)
- c)

It is recommended that the patient may be paid the second installment of Rs. 1000/- (Rupees one thousand) only as per Government rules.

Signature / LTI of the Patient

**Signature
Name of the Surgeon/ incharge
Office Seal**

To,

DLO, District :.....
State:

For DLOs Office only

Verified from record of grade –II disability patients and paid on the basis of this certificate, an amount of Rs. 1000/- (Rupees one thousand only) to Sri/ Smti.....as second installment of incentive for major RCS on..... as the patient belongs to B.P.L. family.

Received as above

**Signature, Name and
Seal of DLO**

Signature/ LTI of the Patient

**Certificate for payment of incentive for major RCS
to leprosy affected person (final installment)**

Name of Institution:

CERTIFICATE

It is certified that Sri/ Smt.
had undergone Reconstructive Surgery for correction of deformity of (Give details)
.....

The RCS was conducted on and patient was released on

The patient is again in this Hospital as in-patient from..... for review and
physiotherapy care after 3 months of operation and is being released on

The Patient was reviewed for assessment of post operative status and functional ability. The review
outcome is –

- a).....
- b)
- c)

It is recommended that the patient may be paid the final installment of Rs. 1000/- (Rupees one
thousand) only as per Government rules.

Signature / LTI of the Patient

Signature

Name of the Surgeon/ Incharge

Office Seal

To,

DLO, District :.....

State:

For DLOs Office only

Verified from record of grade –II disability patients and paid on the basis of this certificate, an amount of
Rs. 1000/- (Rupees one thousand only) to Sri/ Smt.....as final installment of incentive
for major RCS on.....as the patient belongs to B.P.L. family. The patient has thus been paid a
total amount of Rs 5000.00 (Rupees five thousand) till date.

Received as above

**Signature, Name and
Seal of DLO**

Signature/ LTI of the Patient

Reimbursement claim by Identified Government Medical College/ District Hospital for Major RCS for submission to District Leprosy Unit of the district where the Institution is located

1. Name of the Medical College / District Hospital
2. Period for which claim submitted:
3. Details of claim:

S. No.	Name of Patient	Type of Surgery	Date of RCS	Period of Hospitalization	Monthly report in which name of the patient was reported (Annex – IV)

4. Total amount claimed by the Institution for the above period @ Rs. 5000X_____ (No. of RCS operation) = Rs. _____ (Rupees _____) only.

5. **Certificate**

It is certified that a total of _____ major RCS operation have been conducted by this organization during the period from _____ to _____ for which a claim of Rs _____ is hereby submitted along with required details. The information provided above is correct.

Signature, Name and Seal of Incharge
Date:

6. **For DLOs office only**

Verified from record of grade II deformity patients and paid on the basis of this reimbursement claim, an amount of Rs.....(Rupees.....) only.

Signature of the DLO

Postoperative Follow up of RCS in Leprosy

Name of Institute: _____ Hosp. / MDT No.: _____

Name : _____ Sex: _____ Age: _____ Occupation: _____

Date of operation: _____ Type of operation: _____

Follow-up (date): 1st month 3rd month 6th month yearly 1st 2nd 3rd 4th 5th

HAND			
Fully open hand	Hyperextension of MCP Jts. Absent	Yes	No
Fully closed hand possible		Yes	No
Lumbrical position		Yes	No
Grasp	Good grasp of opposite forearm possible	Yes	No
Thumb	a. Abduction & Opposition possible	Yes	No
	b. Pulp to pulp pinch possible	Yes	No

FOOT			
Drop foot correction	Heel to toe walking gait	Yes	No
Claw Toes correction	Straight toes	Yes	No

EYE			
Lag ophthalmos correction	Able to fully close eye /s	Yes	No

MCP Jts. : - Metacarpo- Phallangeal Joints
Post operative follow-up:
First : 1st month after discharge
Second : 3 months after discharge
Third : 6 months after discharge
Then onwards: Yearly once for total 5 years.

Signature of MO

Signature of PT

Annexure X

**Quarterly report on RCS follow up for the period -----
(to be submitted by the institution to district)**

Institution/RCS – Centre.....

District.....State.....Cohort period*.....

Reporting quarter**.....

S.No.	Cohort period	No. of cases operated			Follow up exam at quarter ending	Observation on physical & functional improvement after 6 month of operated										No. of cases with Post operative complications			% of cases with over all improvement				
						No. of cases with improved shape	No. of cases with improved functions																
							Eye	Hand			Foot		Others (specify)										
		E	H	F		E	H	F	Able to fully close eye	Grasp	Pinch	Lumbrical position possible	Heal to toe walking gait	Ulcer-grafting/healing done		E	H	F	E	H	F	Total	
1	Jan-Mar 2008				Apr-Jun 2008																		
					July-Sep 2008																		

* Cohort period is the period in which cases were operated upon _____

** Reporting quarter is the period of reporting after 6 month of operations _____

E - Eye
H – Hand
F – Foot

**Signature of the surgeon/in-charge of the institution
Seal**

Annexure XI

**Quarterly report on RCS follow-up for the period -----
(to be submitted by the district to state)**

District.....(State).....Cohort period.....Reporting
quarter.....

S. No.	Name of institution/RCS Centers	No. of cases operated during cohort period			Observation on physical & functional improvement													No. of cases with Post operative complications			% of cases with over all improvement			
					No. of cases with improved shape			No. of cases with improved functions																
								Eye	Hand			Foot												
		E	H	F	E	H	F	Able to fully close eye	Grasp	Pinch	Lumbrical position possible	Heal to toe walkin g gait	Ulcer-grafting/healing done	Others (specify)	E	H	F	E	H	F	Total			
1																								
2																								
3																								
4																								
5																								
6																								
7																								
8																								
9																								
10																								
Total																								

E - Eye
H - Hand
F - Foot

Name & signature of District Leprosy Officer

**Quarterly report on RCS follow up for the period -----
(to be submitted by the State to CLD)**

State..... Cohort period*.....
Reporting quarter**.....

S. No	Name of Institution	No. of cases operated During cohort period			Observation on physical & functional improvement after 6 month of operation													No. of cases with Post operative complications			% of cases with over all improvement			
					No. of cases with improved shape	No. of cases with improved functions																		
						Eye	Hand			Foot		Others (specify)												
		E	H	F	E	H	F	Able to fully close eye	Grasp	Pinch	Lumbrical position possible	Heal to toe walkin g gait	Ulcer-grafting/ healing done		E	H	F	E	H	F	Total			
1																								
2.																								
3.																								
4.																								
5.																								
6.																								
7.																								
Total																								

* Cohort period is the period in which cases were operated upon _____

** Reporting quarter is the period of reporting after 6 month of operations _____

E - Eye
H - Hand
F - Foot

Name & signature of State Leprosy Officer