

REF. NO.	C-SAS.2
TITLE:	SOFT TISSUE SURGERY (A)
VALUE:	10 CREDITS
NOTIONAL STUDY HOURS:	100

GENERAL GUIDANCE NOTES

The following applies to all C modules.

Before embarking on this module, candidates must fulfil the following criteria:

- a) Be a member of RCVS
- b) Have at least one year's postgraduate experience working as a veterinary surgeon
- c) Be enrolled with RCVS if intending to take the Certificate in Advanced Veterinary Practice (enrolment will be valid for 10 years)
- d) It is also recommended that candidates will have already declared themselves competent in their 'Year One Competencies', by completing the Professional Development Phase (PDP) before enrolling for any modules.
- e) The candidate should have completed module B-SAP.1 and preferably also C-SAS.1
- f) It is the responsibility of the candidate to ensure that they have access to sufficient surgical cases to produce adequate material for the module
- g) Subsequent to study of module C-SAS.1, it is the responsibility of the candidate to be aware of the limitations of their facilities to carry out surgical techniques that might be taught in the course of this module.

PREPARING FOR A C MODULE

Before embarking on any module, candidates are advised to plan a structured programme of continuing professional development to help them achieve their objectives. Involvement in 'learning sets' and networks of other candidates working towards the same or similar modules is encouraged; this could be a service provided by CPD providers, or could be initiated by the candidates themselves on a less formal basis. RCVS considers that candidates will need advisers/mentors to support them through the programme. Candidates are free to choose their own advisers/mentors, or they may wish to enrol on a course offered by a university or by other CPD providers, where tutorial or supervisor support is available. This module requires some knowledge about procedures rarely performed in first opinion practice. It is strongly advised that candidates seek advice from their mentor regarding 'seeing practice' with specialist surgeons.

GUIDANCE FOR THIS MODULE

Coverage of this module may be integrated with others, particularly other B and C modules. All candidates will normally have completed the A module, Professional Key skills, and at least one of the B modules, before undertaking a C module, although candidates can choose to work through modules in a different order if they wish.

CPD providers may offer the module as a self-standing course or may wish to combine it with others as part of a longer study programme.

In whichever order modules are tackled, compliance with best practice for all the topics covered by module A-PKS.1 will be expected whenever these are appropriate in C modules. For example, awareness of, and compliance with, all relevant legislation, welfare and ethical principles will be required throughout.

This module is one of six covering Small Animal Surgery, and is the first of two modules covering Soft Tissue Surgery. The aim of the module is to enable the candidate to extend and consolidate clinical knowledge and skills gained at undergraduate level, and to develop an in-depth understanding of the application of that knowledge in a practice environment in relation to Soft Tissue Surgery in the areas as outlined below.

LEARNING OBJECTIVES

At the end of the module, candidates should be able to:

- Thoroughly understand the anatomical, physiological, immunological and pathological processes involved in specific surgical diseases, including the relationships between the condition, surgical technique and the overall health status of the patient.
- Show thorough familiarity with the clinical presentation of the common surgical conditions affecting dogs, cats and small mammals.
- Understand and promote the diagnostic processes necessary prior to embarking on a surgical procedure.
- Review and constructively criticise current literature on the soft tissue surgery, to enable them to determine its relevance to their current practice.
- Utilise their understanding of Evidence Based Medicine and Decision Analysis to develop practical diagnostic and treatment protocols for their patients.
- Use available resources and communicate with owners in such a way as to achieve optimum results in their practice circumstances in relation to surgical cases.
- Review the outcomes of at least part of their clinical work, using the process of clinical audit to improve performance.

- Recognise when a case is truly unusual, and become familiar with the information resources available to enable them to deal with such cases.
- Recognise when a case is beyond their personal or practice capabilities, and provide an effective channel of referral.

ASSESSMENT STRATEGY FOR THIS MODULE

It is suggested that this module could be assessed by the following methods:

- A **learning diary**, that documents the candidate's experiences over the period that the module is being completed, includes critical commentaries upon at least some of the learning resources used, and describes the application of the learning process to a wide range of cases encountered in practice
- A **case log** of 50 soft tissue surgical cases, not including minor biopsies or elective neutering. Numbers of neuters/minor procedures should be listed in an Appendix at the end of the case log. Brief details of each case should be included as for C-SAS.1 to allow the assessors to choose 3 cases for detailed write-up. These three cases should be written up to 1500 words in length each, including a critical discussion covering diagnosis, prognosis associated with the choice of surgical technique and outcome with regard to the current literature. Candidates should not rely on course notes for this information but should revert to published evidence and use referencing systems.
- A **reflective essay**, of about 1000 words, completed at the end of the module, reflecting upon how the course of study has resulted in a more competent practitioner. This may be incorporated into a final reflective essay to be produced before the full qualification is awarded.
- All case logs, reports and essays should be retained by the candidate to be resubmitted at the final synoptic assessment for the full qualification.

Assessment methods to be determined
appropriate to each module.

MODULE CONTENT

Candidates are strongly recommended to take the 'core' Surgery module – Small Animal Surgical Practice (C-SAS.1) – before attempting this module. Whilst this module may be taken as a free-standing module, it assumes a sound understanding of the principles covered within C-SAS.1

The syllabus is divided into sections based on anatomical location. A series of surgical procedures is listed in each section. Candidates will be expected to become familiar with the following categories of information for each surgical procedure:

- Signalment, clinical signs, differential diagnosis
- Appropriate investigative techniques
- Options for surgical management of the disease
- Anatomy, procedures and techniques
- Special issues regarding theatre practice or aseptic technique
- Prognosis and outcomes
- Complications

SURGICAL PROCEDURES

All surgical procedures listed in the syllabus are categorised in terms of difficulty as A, B or C. The rationale for this is that there are clearly some surgical procedures that candidates studying for the Certificate in Small Animal Practice would be expected to fully competent (category A). Other more challenging procedures are grouped in category B which, by the time the full set of surgical modules has been completed, the candidate may be expected to perform competently. Category C procedures are those advanced techniques which are usually performed by surgeons with significant post graduate training and experience, and candidates for the CertSAP will not be expected to demonstrate experience or competence in these techniques. However, candidates will be expected to understand an understanding of the full range of techniques in terms of indications, diagnosis, complications and prognosis, sufficient to be able to advise referral where appropriate.

SURGICAL SYLLABUS

- Skin
 - Advancement flaps - A
 - Bipedicle and transposition flaps – B
 - Free skin grafts – B
 - Axial pattern flaps – B/C
 - Wound augmentation with omentum – B
 - Microvascular techniques – C
 - Muscle flaps – C
 - Myocutaneous flaps – C
 - Compound flaps – C
 - Mastectomy
 - Simple – A
 - Radical – B

- Resection for skin fold pyoderma – A
- Screw tail resections – B
- Aural
 - Aural haematoma – A
 - Lateral wall resection – A/B
 - Pinnectomy – A
 - Total ear canal ablation with lateral bulla osteotomy – B/C
 - Para-aural abscessation – C
 - Ventral bulla osteotomy – B/C
- Nasal
 - Nasal planum resection
 - cat - B
 - dog - C
 - Dorsal rhinotomy – B/C
 - Ventral rhinotomy – C
 - Trephination of sinuses and treatment of aspergillosis – B
- Oral
 - Cleft palate repair
 - Soft palate – B/C
 - Hard palate – C
 - Hare lip – C
 - Rostral mandibulectomy – B
 - Horizontal mandibulectomy – C
 - Total mandibulectomy – C
 - Rostral maxillectomy – B
 - Caudal maxillectomy - C
 - Radical naso-maxillectomy – C
 - Partial glossectomy – B/C
 - Sialoadenectomy - B
- Airway and thorax
 - Stenotic nares – A
 - Soft palate resection – B
 - Excision of everted laryngeal ventricles – B
 - Tonsillectomy – B
 - Unilateral arytenoid lateralisation – B/C
 - Tracheoplasty for tracheal collapse – C
 - Tracheal resection and anastomosis – C
 - Tracheal avulsion – C
 - Chest tube placement and management – A/B
 - Lung lobectomy – B/C
 - Lung biopsy – C
 - Thoracic duct ligation – C
 - Thoracic omentisation – C
 - Pericardectomy – B/C
 - Lateral thoracotomy – B
 - Median sternotomy – C

- Chest wall reconstruction – C
- Ligation of a patent ductus arteriosus – C
- Surgical management of a vascular ring anomaly – B/C
- Thymectomy – C
- Endoscopic soft tissue surgery
 - Instrumentation and principles
 - Thoracoscopy – C
 - Laparoscopy - C
- Oncologic surgery
 - Principles of oncologic surgery - A
 - Staging of oncologic patients - A
 - Skin tumours – A/B
 - Radical resections - C