

REF. No.	C-SAS.3
TITLE:	SOFT TISSUE SURGERY (B)
VALUE:	10 CREDITS
NOTIONAL STUDY HOURS:	100

GENERAL GUIDANCE NOTES

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.

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 the third module covering Small Animal Surgery, and is the second 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.

ASSESSMENT STRATEGY FOR THIS MODULE

Assessment of this module will comprise two separate components:

ASSESSMENT PART 1:

Two separate documents are required:

1. A **learning diary** documenting learning resources such as CPD meeting, RCVS library, seeing practice used during the period of study for this module.
2. A **case log** of 50 soft tissue surgical cases. These do not need to be consecutive and should NOT include incisional biopsies and elective neutering.

The case log should include the following information:

Case no.
Patient unique identifier
Species
Breed
Age
Sex
Presenting complaint
Procedure
Complications
Outcome

Cases that have multiple procedures performed can be included more than once providing that each case appears only once for each period of general anaesthesia.

The case log and learning diary should be submitted for initial assessment. The assessor will assess the case log for the range of cases. Case logs which include at least 7 out of 8 of the following prescribed cases and meet the other requirements for submission will be accepted. The candidate must select one case to write as an extended case report which must include photographic support and which should demonstrate a more advanced procedure (see below). The assessor will select three other cases to be written as case reports (see below). The assessment of the case reports will constitute the second part of this evaluation.

Prescribed cases:

Alimentary surgery (which should include 1 gastropexy, 1 enterotomy or gastrotomy and one additional alimentary procedure)	3 cases
Genitourinary surgery	2 cases
Diaphragm and body wall	2 cases
Endocrine surgery	1 case

Case logs coming close to but failing to meet these requirements (for example 6 out of 8 prescribed cases) can be submitted for review but the candidate may be asked to provide additional evidence of a suitable case load before progressing further or may be asked to resubmit an amended case log at a later date.

ASSESSMENT PART 2: CASE REPORTS

Four case reports in total must be submitted. These will include 3 short case reports selected by the assessor and one extended case report selected by the candidate. The same case cannot be used for more than one case report. The assessor may indicate what emphasis should be placed on the 3 selected case reports.

Each case report should be presented following the publishing guidelines of the Journal of Small Animal Practice. The reports must be typed in 12 font Times New Roman text and be double spaced. A word count (excluding reference list and figure legends) must be included.

Short case reports should be between 1000 and 1500 words excluding references and figure legends. References from both the current published literature and standard reference sources should be used sparingly to support major statements in the text. These case reports are intended to demonstrate the application of selected key learning objectives for this module by the candidate and need not be exhaustive

The extended case report should be between 2000 and 2500 words excluding references and figure legends. The candidate must provide photographic documentation supporting the case and demonstrating their direct involvement in it. This case report is intended to showcase the candidates surgical skills, problem solving abilities and application of theory to clinical practice. It is hoped that the case report will demonstrate that the candidate is attempting a 'best practice' approach to the case and that they will be able to critically appraise their own performance.

The essays should be laid out in the format

Title
Introduction
Materials and Methods or Case Description
Discussion
References
Figures
Tables

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.

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

o Alimentary:

- Oesophagus

- o Cricopharyngeal myotomy for achalasia – C

- o Per-endoscopic retrieval of oesophageal foreign body – B

- o Intra-thoracic surgical retrieval of oesophageal foreign body - C

- o Oesophagotomy – B/C

- o Oesophageal anastomosis – C

- o Oesophageal hiatal herniorraphy – C

- Gastrointestinal

- o Gastrotomy – A

- o Gastropexy: tube, belt, incisional, circumcostal, midline – B

- o Tube gastrostomy – A/B

- o Fredect-Ramstedt pyloromyotomy – B

- o Heineke-Mikulicz pyloroplasty – B

- o Y-U antral pyloroplasty – B

- o Bilroth I and II – C

- o Enterotomy – A
- o Enterectomy – A
- o Sub-total colectomy – B
- Liver, Pancreas and Spleen
 - o Cholecystectomy – C
 - o Cholecystoduodenostomy – C
 - o Liver lobectomy – B/C
 - o Hepatic biopsy – B
 - o Portocaval shunts – C
 - o Pancreatic biopsy – B/C
 - o Pancreatectomy – C
 - o Splenectomy – B
 - o Partial splenectomy - C
- Anorectal surgery
 - o Pelvic split – C
 - o Rectal pull out – B
 - o Dorsal approach to rectum – C
 - o Perineal herniorrhaphy – B
 - o Anal furunculosis – B
 - o Anal saccullectomy – B
 - o Resection of anal sac adenocarcinoma – C
- Genitourinary
 - o Nephrectomy - B
 - o Nephrotomy – C
 - o Surgery for ectopic ureters – C
 - o Cystotomy – A
 - o Tube cystotomy – A/B
 - o Surgery for incontinence – C
 - o Vulvovaginectomy – C
 - o Urethrotomy and urethroostomy – B
 - o Perineal urethroostomy (cats) – B
 - o Castration – A
 - o Prostatic abscess (omentalisation) – B
 - o Prostatic cysts (omentalisation) – B
 - o Ovariohysterectomy – A
 - o Caesarian section – A
 - o Episiotomy – A
 - o Episioplasty – B
- Diaphragm and body wall
 - o Body wall hernias including inguinal and umbilical – A/B
 - o Body wall trauma including rupture of pre-pubic tendon – B/C
 - o Body wall resection for oncologic resection – B/C
 - o Diaphragmatic rupture – B
 - o Diaphragmatic congenital hernia – B/C
- Endocrine
 - o Adrenalectomy – C
 - o Thyroidectomy
 - o Cat – B
 - o Dog - C
 - o Parathyroidectomy – B/C
 - o Insulinoma – C