Ref. No. | C-SAS.2  
---|---  
Title: | Soft Tissue Surgery (A)  
Category and Value: | C - 10 Credits  
Notional Study Hours: | 100  

**GENERAL GUIDANCE NOTES**

The following applies to all C modules.

Before embarking on this, or other modules, candidates must fulfil the following criteria:

a) Be a member of RCVS, or hold a registrable degree.
b) Have at least 1 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 who graduated after 2007 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. **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
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) 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, the candidate is 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 candidate themselves on a less formal basis. RCVS and the University of Edinburgh consider that a candidate will need advisers/mentors to support them through the programme. The candidate is 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.

GUIDANCE FOR THIS MODULE
Candidates working towards the designated Certificate in Advanced Veterinary Practice (Small Animal Surgery) will need to complete the following modules: A-FAVP.1 Foundations in Advanced Veterinary Practice, B-SAP.1, C-SAS.1 and at least two other C modules (from designated SAS modules) plus one other B or C module. Upon completion of all the necessary modules, a further synoptic assessment will also be required.

AIMS
This module is one of six covering Small Animal Surgery, and is the first of two modules covering Soft Tissue Surgery. The objective of this module is to promote a scientific, evidence based approach to small animal surgery, and to help candidates develop both practical and theoretical skills in the field. The candidate is expected to build on the foundation skills developed when undertaking the A and B modules, and to demonstrate progression towards advanced practitioner skills. The candidate will be able to evaluate their own standards of practice and develop strategies for continuous improvement in the future.

LEARNING OUTCOMES
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
The assessment of this module will comprise two separate components, a learning diary and case log plus a case book of four cases.

1. Learning diary and case log
Two separate documents are required:

1. A learning diary documenting learning resources such as CPD meetings, 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.
• Date
• 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 examiner 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.
Prescribed cases:

- Skin surgery (including mastectomy + reconstructive techniques) 2 cases
- Ear surgery 2 cases
- Upper airway and tracheal surgery 1 case
- Oncological surgery (may include additional skin cases that have necessitated simple flaps, grafts or complex reconstructions) 3 cases

Case logs coming close to but failing to meet these requirements (for example 6 out 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.

The case log should start from when candidate registers for this module. This is to demonstrate the range of cases seen by the candidate while studying for the module.

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. The examiner will select three other cases to be written as short case reports. The assessment of the case reports will constitute the second part of this evaluation as outlined below.

2. Case book

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

a) Short case reports (3) selected by examiner

Short case reports should be between 1000 and 1500 words (maximum) 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 candidate must state which learning objectives are being illustrated for each case report. The candidate should ensure that a range of learning objectives are covered by the three short case reports to enable the examiners to evaluate their progress.
b) Extended case report (1) selected by candidate

The extended case report should be between 2000 and 2500 words (maximum) excluding references, tables 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 candidate’s 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 case reports should be laid out in the format:

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

Differential lists should be ordered with the most likely first. Scientific terms, not lay terms should be used throughout.

All cases are to have been managed by the candidate. Cases selected should demonstrate that the candidate has dealt competently with a range of commonly presented conditions or situations from the area of practice in which they are working.

ASSESSMENT STYLE AND FORMAT

The candidate is expected to pay close attention to the specific format and style for their submission as outlined in the CertAVP Assessment Style and Format Guidelines document provided via the online learning environment.

As standard, the candidate should ensure that each submitted element:

- Displays the word count at the start of the document (where specified)
- Includes the candidate’s examination number
- Has had all other identifying details, e.g. candidate’s name and contact details, removed to ensure anonymity in the marking process

Case reports that exceed the prescribed word count will be returned unmarked.
If the candidate has any questions on the assessment process, these should be directed to the CertAVP team at Edinburgh. Full contact details are provided at induction, and via the virtual learning environment.

SYLLABUS CONTENT

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 this module would be expected to fully competent (category A). Other more challenging procedures are grouped in category B which, by the time the module 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 postgraduate training and experience, and candidates 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.

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
C-Small Animal Surgery

- Lung lobectomy – B/C
- Lung biopsy – C
- Thoracic duct ligation – C
- Thoracic omentalisation – 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