

## C-SAS.2 Small Animal Soft Tissue Surgery (A)

**Credits:** 10 (100 hours)

**Provider:** Veterinary Postgraduate Unit – Institute of Veterinary Science

### RCVS Content Covered

The following outlines the modular content as set out by the RCVS.

**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

## Aim of the Module

The aim of this module is to develop and consolidate in-depth knowledge of soft tissue surgery and to develop a comprehensive understanding of the application of that knowledge in a professional practice environment.

## Learning Outcomes

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

1. demonstrate a systematic understanding of 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;
2. demonstrate a comprehensive knowledge of the clinical presentation of the common surgical conditions affecting dogs, cats and small mammals involving the skin, aural, nasal, oral, airway and thoracic regions;
3. demonstrate a comprehensive understanding of appropriate diagnostic procedures applicable to surgery involving the skin, aural, nasal, oral, airway and thoracic regions;
4. demonstrate the ability to utilise a sound clinical reasoning process and a critical awareness of current evidence based medicine, incorporating evidence from the diagnostic database and scientific literature as well as the ability to appropriately adapt to client, animal and practice factors;
5. demonstrate a critical evaluation of the scientific literature relating to their area of work;
6. demonstrate the ability to recognise the appropriate case for onward referral.

## Module Structure

The syllabus will be divided into 7 study units, each containing basic lecture and reading material supported by weekly interactions in the form of asynchronous case based discussions, other discussions and/or synchronous journal clubs/literature critiques.

Each study unit will be based on an anatomical location.

A series of surgical procedures is listed in each study unit. Candidates will be expected to become familiar, for each surgical procedure, with typical patient signalment (where appropriate), 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.

These surgical procedures are categorised, in terms of difficulty, as A, B or C. For category A procedures candidates would be expected to be fully competent, and by the end of the module may be expected to perform competently all category B procedures. However, candidates will not be expected to demonstrate experience or competence in category C techniques but will be expected to have an understanding of the full range of techniques sufficient to be able to advise referral where appropriate.

### **Study Unit 1 Skin**

*Category A procedures:* Advancement flaps, Simple mastectomy, Resection for skin fold pyoderma.

*Category B procedures:* Bipedicle and transposition flaps, Free skin grafts, Wound augmentation with omentum, Radical mastectomy, Screw tail resections.

*Category C procedures:* Axial pattern flaps, Microvascular techniques, Muscle flaps, Myocutaneous flaps, Compound flaps.

### **Study Unit 2 Aural**

*Category A procedures:* Aural haematoma, Pinnectomy.

*Category B procedures:* Lateral wall resection, Total ear canal ablation with lateral bulla osteotomy

*Category C procedures:* Para-aural abscessation, Ventral bulla osteotomy.

### **Study Unit 3 Nasal**

*Category B procedures:* Nasal planum resection in a cat, Trephination of sinuses and treatment of aspergillosis.

*Category C procedures:* Nasal planum resection in a dog, Dorsal rhinotomy, Ventral rhinotomy.

### **Study Unit 4 Oral**

*Category B procedures:* Rostral mandibulectomy, Rostral maxillectomy, Sialoadenectomy.

*Category C procedures:* Cleft palate repair covering soft and hard palate and hare lip, Horizontal mandibulectomy, Total mandibulectomy, Caudal maxillectomy, Radical nasomaxillectomy, Partial glossectomy.

### **Study Unit 5 Airway and Thorax**

*Category A procedures:* Stenotic nares, Chest tube placement and management.

*Category B procedures:* Soft palate resection, Excision of everted laryngeal ventricles, Tonsillectomy, Lateral thoracotomy.

*Category C procedures:* Unilateral arytenoid lateralisation, Tracheoplasty for tracheal collapse, Tracheal resection and anastomosis, Tracheal avulsion, Lung lobectomy, Lung biopsy, Thoracic duct ligation, Thoracic omentisation, Pericardectomy, Median sternotomy,

Chest wall reconstruction, Ligation of a patent ductus arteriosus, Surgical management of a vascular ring anomaly, Thymectomy.

### **Study Unit 6 Endoscopic Soft Tissue Surgery**

A review of instrumentation and principles followed by the Category C procedures: Thoracoscopy and Laparoscopy.

### **Study Unit 7 Oncologic Surgery**

A review of the principles of oncologic surgery, and staging of oncologic patients followed by the Category B subject of skin tumours; and the category C subject of radical resections.

### **Assessment Strategy**

Portfolio of cases (20 case logbook presenting a broad spread of cases covered by the study units outlined above), 3 x reflective case reports (1500 words each) where you will need to be prepared to present cases covered by any of the study units mentioned above, with the exception of endoscopic surgery, 1 x short answer question and/or MCQ test and 1 x journal critique/journal club presentation (pass/fail)

PLEASE NOTE: It is your responsibility to ensure that you have access to sufficient appropriate cases where you were the primary decision maker to produce adequate material for the module. This may not be possible with some internship positions. You must also be aware of any limitations of your facilities that may make the accumulation of appropriate cases difficult or impossible.