

C-SAS.1 Small Animal Surgery Core

Credits: 10 (100 hours)

Provider: Veterinary Postgraduate Unit – School of Veterinary Science

RCVS Content Covered

Click [here](#) to view the module content as outlined by the RCVS.

Aim of the Module

The aim of this module is to develop in depth understanding of the principles of tissue healing and the physiological consequences of surgery on all body systems, and an ability to critically appraise current working practices with regard to preparation and management of the surgical patient, the surgical environment, staff and instruments. It is anticipated that the information gained in this module be used to modify working practices and upgrade to 'best practice' techniques in preparation for gaining the surgical or medical skills in other C modules.

Learning Outcomes

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

1. critically evaluate the anatomical, physiological, immunological and pathological processes involved in surgical disease, including the relationship between surgery and the overall health status of the patient, and the role of surgical trauma in this relationship;
2. critically appraise the role of asepsis, the preparation of theatre, personnel and patient for surgery including anaesthesia and analgesia;
3. critically reflect on the importance of post-surgical care, including analgesia, nutrition and post-operative rehabilitation applying current evidence-based medicine in order to achieve "best practice" standards;
4. critically evaluate the pharmacology and use of the major drug groups, especially antimicrobials, their applicability to the various surgical techniques and review and critically reflect on current practices in light of the knowledge gained;
5. apply a sound clinical reasoning process, incorporating evidence from the diagnostic database and scientific literature as well the ability to appropriately adapt to client, animal and practice factors;
6. critically reflect on the appropriate case for onward referral.

Module Structure

The syllabus will be divided into 8 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.

Study Unit 1. Pathophysiology of surgery; including the physiology of normal and disordered bone and soft tissues (including tendons, muscle, nerve and other body systems)

and the pathophysiology of trauma.

Study Unit 2. Diagnosis of surgical disease; including history, clinical examination and further diagnostic testing. The value of screening for occult disease and principles of surgical decision making, including when to refer, are also covered

Study Unit 3. Theatre Practice; including the instrumentation for soft tissue and orthopaedic surgery, preparation of surgery personal, equipment, facilities and the patient and the application of disinfectants and draping. The importance of appropriate peri-operative antimicrobial use and asepsis is emphasised.

Study Unit 4. Surgical Technique; including Halstead's principles of surgery, tissue handling techniques and the special principles of oncologic surgery.

Study Unit 5. Introduction to Current Thinking in Anaesthesia; including analgesia, sedation, premedication, induction maintenance, monitoring of the patient in non-routine surgeries. A specific focus is placed on issues with long anaesthetic times and dealing with patients in shock.

Study Unit 6. Post-Operative Care; in particular thermoregulation, nutrition and fluid balance, oxygen supplementation and the importance of monitoring.

Study Unit 7. Wound Management; including management of the surgery site, basic wound first aid and principles of wound management including dressings and casting materials as well as decision making in wound management, using current evidence-based medicine.

Study Unit 8. Surgical Ethics; including the concepts of appropriate and inappropriate surgery, decision making (including when to refer) and the importance of effective communication with owners pre-, and post-operatively.

Assessment Strategy

- **3 x 1500-word reflective case reports (90%)**
On a topic related to the relevant study units, students are required to reflect on their own practice, using evidence-based veterinary medicine to inform their reflection. Reflective case reports are written following the format of published case reports in the veterinary literature. The case report component of the assessment must be passed for successful completion of the module, and is non-compensatory with other assessments, however there is compensation between case reports. Case reports are also submitted to a discussion board for critique and discussion by/with peers. A proportion of marks for this assessment are also allocated to this discussion element.
- **1 x written journal critique (not more than 500 words) and short oral presentation of the critique (15 minutes) (10%)**
Hosted by a staff member online synchronously using MS Teams. Students present their critique to the group, and the tutor and the students then hold a discussion of all papers. These are assessed on the submitted critique as well as the discussion.
- **1 x case log – 80 cases (pass/fail)**
The case log assessment is designed to assist the candidate in developing a solid foundation for everyday practice and demonstrate the necessary knowledge and skill base in the clinical setting. This case log will include minimum case numbers of both 24 orthopaedic and 24 soft tissue surgery cases, as well as other requirements, so it is important that you have access to these cases before enrolling.

Assessments are submitted sequentially with feedback being given between assessments to aid in the development of writing skills.

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.