

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

**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 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. critically evaluate 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. apply clinical reasoning skills and evidence-based medicine in the recognition of clinical presentations, diagnostic approach and management of the common surgical conditions affecting small animals involving the skin, aural, nasal, oral, airway and thoracic regions;
3. critically appraise the literature relevant to clinical cases in the topics covered and how the literature can be used to inform practice;
4. critically reflect on the appropriate case for onward referral.

### Module Structure

The syllabus will be divided into 7 study units, each containing 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 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. 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 understand 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 naso-maxillectomy, 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**

- **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 group discussion (10%)**

Hosted by a staff member online synchronously using MS Teams. 2-4 students critique the same paper, and then discuss their critiques and any variations with 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 – 20 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.

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.