

C-SAS.3 Small Animal Soft Tissue Surgery (B)

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 soft tissue surgery; extending and consolidating candidates' current knowledge and practice experience and developing a comprehensive understanding of the application of that knowledge in a professional practice environment.

Learning Outcomes

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

1. critically evaluate the pathophysiology and clinical disease syndromes involved in specific soft tissue surgical diseases of small animals, including the relationships between the condition, surgical technique and the overall health status of the patient;
2. critically evaluate the clinical presentation of the common soft tissue surgical conditions affecting small animals involving the oesophagus, gastrointestinal, liver, pancreas, spleen, anorectal, genitourinary, diaphragm, body wall and endocrine and ophthalmic region, and apply this knowledge in the diagnostic evaluation and surgical treatment of cases;
3. apply clinical reasoning skills and evidence-based medicine in the diagnostic approach and management of surgical diseases relevant to the topics covered;
4. critically appraise the literature relevant to clinical cases in the topics covered, and how the literature can be used to inform practice;
5. critically reflect on the appropriate case for onward referral.

Module Structure

The syllabus will be divided into 7 study units, 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. Oesophagus

Category B procedures: Per-endoscopic retrieval of oesophageal foreign body. Category C procedures: Cricopharyngeal myotomy for achalasia, Intra-thoracic surgical retrieval of oesophageal foreign body, Oesophagotomy, Oesophageal anastomosis, Oesophageal hiatal herniorrhaphy.

Study Unit 2. Gastrointestinal

Category A procedures: Gastrotomy, Enterotomy, Enterectomy. Category B procedures: Gastropexy (tube, belt, incisional, circumcostal, midline), Tube gastrotomy, Fredect-Ramstedt pyloromyotomy, Heineke-Mikulicz pyloroplasty, Y-U antral pyloroplasty. Category C procedures: Bilroth I and II

Study Unit 3. Liver, Pancreas and Spleen

Category B procedures: Hepatic biopsy, Splenectomy. Category C procedures: Cholecystectomy, Cholecystoduodenostomy, Liver lobectomy, Portocaval shunts, Pancreatic biopsy, Pancreatectomy, Partial splenectomy.

Study Unit 4. Anorectal surgery

Category B procedures: Rectal pull out, Perineal herniorrhaphy, Anal furunculosis, Anal saccullectomy. Category C procedures: Pelvic split, Dorsal approach to rectum, Resection of anal sac adenocarcinoma.

Study Unit 5. Genitourinary

Category A procedures: Cystotomy, Castration, Ovariohysterectomy, Caesarian section, Episiotomy. Category B procedures: Nephrectomy, Tube cystotomy, Urethrotomy and urethrostomy, Perineal urethrostomy (cats), Prostatic abscess (omentalisation), Prostatic cysts (omentalisation), Episioplasty. Category C procedures: Nephrotomy, Surgery for ectopic ureters, Surgery for incontinence, Vulvovaginectomy.

Study Unit 6. Diaphragm and body wall

Category A procedures: Body wall hernias including inguinal and umbilical Category B procedures: Diaphragmatic rupture Category C procedures: Body wall hernias including rupture of pre-pubic tendon, Body wall resection for oncologic resection, Diaphragmatic congenital hernia.

Study Unit 7. Endocrine and ophthalmic surgery

Category A procedures: Enucleation, surgery for entropion, eyelid reconstructive surgery, surgery for prolapsed gland of the third eyelid, conjunctival flap.

B procedures: Thyroidectomy (cat) Category C procedures: Adrenalectomy, Thyroidectomy (dog), Parathyroidectomy, Insulinoma.

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 – 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.