

# Case Log Instructions for the EMSAVM and MASVM Surgery



## Case log explanations and instructions:

The case log for the ESAVS Master / Surgery shall contain at least 200 cases mostly compiled in the second half of the program. Among the 200 cases, **160** shall be small animal surgery patients. From those, at least 80 shall be soft tissue surgery cases (elective are excluded) and at least 80 shall be orthopaedic cases. From the remaining forty, at least twenty shall be emergencies/ intensive care patients; **the other ones can be either Ortho or Soft tissue cases**

## The following case categories are mandatory:

1. GI: At least 10 cases of Gastro-intestinal surgery, including gastric and intestinal surgery (maximum one case of intestinal biopsies)
2. UT: At least 10 cases of Urinary tract surgery, including urinary tract stones, incontinence, pexies.
3. RS: At least 10 cases of reconstructive surgery cases, including various skin flaps after proper removal of tumors or wound treatment
4. AI: At least 10 cases of airways and/or thoracic surgery cases, including various upper airways diseases (Brachycephalic, laryngeal paralysis), Intra-thoracic surgery cases are not mandatory.  
**If the candidate cannot provide these 10 cases as a primary surgeon, at least 6 of those shall still be made as a primary surgeon. For each missing case as a primary surgeon, at least 2 cases of the same category shall be done as an assistant surgeon. Identity and location of the primary surgeon shall be given.**
5. CR: At least 10 cases of Colo-rectal and hernias cases, including various hernias repair (perineal, inguinal) and colo-rectal tumors, anal and perianal diseases
6. HN: At least 10 cases of head and neck surgery (eye, salivary glands, nose, tumors, etc...) including a minimum of 4 cases of ear surgery for otitis externa, media, ear polyps etc.
7. LA: At least 20 cases of lameness analysis
8. FR: At least 20 cases of fracture treatments
9. OA: At least 20 cases of joint diseases treatments with maximum 10 cruciate injuries
10. Em/ICU: At least 20 emergency and ICU cases
11. VA STS: Various STS up to 30
12. VA Ortho: Various Ortho up to 30

The case log will be rejected whenever more than 50% of the cases will be similar in one category. For instance, more than 50% of brachycephalic surgery cases in the airway and thoracic category or more than 50% anal sac removal in colo-rectal surgery.

**Further, a case log may not be acceptable and may be rejected in its entirety if critical concerns regarding one or more categories result in a fail, regardless of whether all other required criteria are adequately met.**

**For each case in Soft Tissue Surgery, the following information is mandatory (information is provided as an example)**

1. **Date** : 11 January 2017
2. **Name or file number** : Kiki XX, File 23112015
3. **Species, breed, age** : Dog, Labrador, 6 Y
4. **Major complain/ Problem** : Abdominal pain and vomiting
5. **Examinations (Blood work, Diagnostic imaging, Laboratory, ...)** : CBC and Profile, Abdominal XR, Abdominal Ultra-sound
6. **Final diagnosis** : intestinal foreign body
7. **Surgical procedure** : Intestinal resection und anastomosis- Single layer closure with 3/0 monofilament Biosyn in a continuous pattern. Esophagostomy tube.
8. **Complications/Results** : Massive hypoalbuminemia corrected over 4 days of intensive care. Went home 7 days after surgery
9. **Follow-up** : **1.Control at suture removal: Mention any wound issues and/or concern about potential complications of the surgery**  
**2.Further controls: Phone interview, Veterinary report or other consultation**
10. **Your comment** : Hypoalbuminemia was the most difficult aspect to control. Both human albumin and plasma transfusions were necessary
11. **Code** : GI

**For each case of Orthopaedic Surgery, the following information is mandatory (information is provided as an example)**

1. **Date** : 11 January 2017
2. **Name or file number** : Kiki XX, File 23112015
3. **Species, breed, age** : Dog, Labrador, 6 Y
4. **Major complain/ Problem** : Lameness grade 4 hindlimb
5. **Examinations (Blood work, Diagnostic imaging, Laboratory, ...)** : Orthopaedic and neurologic examination, X/R.
6. **Final diagnosis** : Cranial cruciate injury. Tibial plateau angle : 24°
7. **Surgical procedure** : TPLO with a 3,5 mm Synthes plate. Tibila plateau angle post-operative : 7°
8. **Complications/Results** : Post-operative swelling but immediate improvement after local cooling
9. **Follow-up** : Control at suture removal/uneventful. XR control at 3 months showing development of Osteoarthritis despite a good clinical improvement. No sign of infection. No lameness
10. **Your comment** : Cruciate injury managed successfully with a TPLO
11. **Code** : OA

**The case log needs to be compiled as an Excel file using the template in the appendix.**

Cases need to be summarized according to category at the beginning of the case log table (for example: GI = 11 cases, UT = 15 cases etc.)

Abbreviations may be used but must be explained at the beginning of the case log table. List the cases in chronological order.