

Philippine Society of General Surgeons, Inc.

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## TABULATION OF OPERATIONS (ENTIRE RESIDENCY)

PROCEDURES	Operations assisted (done by consultant & senior resident)		Operations performed under supervision	Operations performed independently
	1 <sup>st</sup> to 3 <sup>rd</sup>	4 <sup>th</sup> to 5 <sup>th</sup>		
I. HEAD AND NECK (Minimum - 15)				
1. Thyroidectomy (Minimum - 10)				
2. Parotidectomy (Minimum - 1)				
<ol> <li>Neck Dissection (Modified / Radical / Selective) (Minimum - 1)</li> </ol>				
4. Maxillectomy/Mandibulectomy				
(Others, please specify)				
II. BREAST (Minimum - 10)				
1. Modified Radical Mastectomy				
2. Conservative Breast Surgery				
a) Wide excision with axillary node dissection				
b) Segmentectomy/Quadrantectomy				
3. Total/Simple/Subcutaneous Mastectomy				
(Others, please specify)				
III. ESOPHAGUS, STOMACH, DUODENUM (Minimum - 5)				
1. Esophageal surgery				
<ul> <li>2. Gastric surgery</li> <li>Gastric resection of any variety at least 1</li> <li>Patching</li> </ul>				
3. Duodenal surgery				
(Others, please specify)				

IV. SMALL & LARGE BOWEL, RECTUM		
(15)		
1. Adhesiolysis		
2. Enterostomy		
3. Bowel resection with or without anastomosis		
4. Omentectomy		
<ul> <li>5. Colectomy (10)</li> <li>MUST have performed at least 10 operations independently or under direct supervision</li> </ul>		
6. LAR or APR - 1		
(Others, please specify)		
V. APPENDECTOMY (Minimum - 10)		
VI. HEPATOBILIARY, GALL-BLADDER, PANCREAS, SPLEEN, AND PORTAL HYPERTENSION (Minimum - 25)		
1. Cholecystectomy (Minimum - 10)		
a) Without CBD Exploration		
b) With CBD Exploration (Minimum -1)		
c) Laparoscopic (Minimum – 5)		
2. Bilio-Enteric Bypass		
3. T-tube Choledochostomy		
4. Sphincterotomy/Sphincteroplasty		
5. Distal pancreatectomy		
6. Whipple's operation		
7. Splenorrhaphy/Splenectomy		
8. Devascularization procedure		
9. Shunting procedure		
10.Hepatic resection		
(Others, please specify)		
(Omers, pieuse specijy)		

VII. TRAUMA (Minimum – 10)		
1. Exploratory Laparotomy for intraabdominal injuries		
2. Exploratory Thoracotomy		
3. Major Vessel repair		
4. Major Amputation (limb)		
5. Neck Exploration for trauma		
6. Non-operative management for abdominal trauma may be considered as long as the case reported is well- documented to include the case abstract and the necessary imaging modalities utilized available for verification		
(Others, please specify)		
VIII. HERNIA (5)		
1. Inguinal and abdominal wall (open or lap)		
IX. SURGICAL SUBSPECIALTY OPERATIONS (Minimum – 5)		
*performing/assisting in a minimum of 5 major sub-specialty surgeries		

Submitted by:

Certified Correct:

Signature over printed name

Training Officer (Signature over printed name)

Training Hospital

Department Chairman (Signature over printed name)