**Philippine Society of General Surgeons, Inc.**

3rd FLOOR PCS BUILDING, 992 EDSA QUEZON CITY

Telephone (63 2) 8 671 2004 / 0917 802 2903 / 0918 908 1795

[www.psgs.org.ph](http://www.psgs.org.ph) Email: psgs.secretariat@gmail.com





**TABULATION OF OPERATIONS (ENTIRE RESIDENCY)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **PROCEDURES** | **Operations**  **assisted (done**  **by consultant &**  **senior resident)** | | | | **Operations**  **performed**  **under**  **supervision** | **Operations**  **performed**  **independently** |
|  | **1st to 3rd** | | **4th to 5th** | |  |  |
| 1. HEAD AND NECK (Minimum - 15) |  | |  | |  |  |
| 1. Thyroidectomy (Minimum - 10) |  | |  | |  |  |
| 1. Parotidectomy (Minimum - 1) |  | |  | |  |  |
| 1. Neck Dissection (Modified / Radical / Selective) (Minimum - 1) |  | |  | |  |  |
| 1. Maxillectomy/Mandibulectomy |  | |  | |  |  |
| *(Others, please specify)* |  | |  | |  |  |
|  |  | |  | |  |  |
|  |  | |  | |  |  |
|  |  | |  | |  |  |
| II. BREAST (Minimum - 10) |  | |  | |  |  |
| 1. Modified Radical Mastectomy |  | |  | |  |  |
| 1. Conservative Breast Surgery |  | |  | |  |  |
| 1. Wide excision with axillary node dissection |  | |  | |  |  |
| 1. Segmentectomy/Quadrantectomy |  | |  | |  |  |
| 1. Total/Simple/Subcutaneous Mastectomy |  | |  | |  |  |
| *(Others, please specify)* |  | |  | |  |  |
|  |  | |  | |  |  |
|  |  | |  | |  |  |
|  |  | |  | |  |  |
| III. ESOPHAGUS, STOMACH, DUODENUM (Minimum - 5) |  | |  | |  |  |
| 1. Esophageal surgery |  | |  | |  |  |
| 1. Gastric surgery    * + Gastric resection of any variety at least 1      + Patching |  | |  | |  |  |
| 1. Duodenal surgery |  | |  | |  |  |
|  |  | |  | |  |  |
| *(Others, please specify)* |  | |  | |  |  |
|  |  | |  | |  |  |
|  |  | |  | |  |  |
|  |  | |  | |  |  |
| IV. SMALL & LARGE BOWEL, RECTUM (15) |  | |  | |  |  |
| 1. Adhesiolysis |  | |  | |  |  |
| 1. Enterostomy |  | |  | |  |  |
| 1. Bowel resection with or without anastomosis |  | |  | |  |  |
| 1. Omentectomy |  | |  | |  |  |
| 1. Colectomy (10)  * MUST have performed at least 10 operations independently or under direct supervision |  | |  | |  |  |
| 1. 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) |  | |  | |  |  |
| 1. Without CBD Exploration |  | |  | |  |  |
| 1. With CBD Exploration (Minimum -1) |  | |  | |  |  |
| 1. Laparoscopic (Minimum – 5) |  | |  | |  |  |
| 1. Bilio-Enteric Bypass |  | |  | |  |  |
| 1. T-tube Choledochostomy |  | |  | |  |  |
| 1. Sphincterotomy/Sphincteroplasty |  | |  | |  |  |
| 1. Distal pancreatectomy |  | |  | |  |  |
| 1. Whipple’s operation |  | |  | |  |  |
| 1. Splenorrhaphy/Splenectomy |  | |  | |  |  |
| 1. Devascularization procedure |  | |  | |  |  |
| 1. Shunting procedure |  | |  | |  |  |
| 1. Hepatic resection |  | |  | |  |  |
| *(Others, please specify)* |  | |  | |  |  |
|  |  | |  | |  |  |
|  |  | |  | |  |  |
|  |  | |  | |  |  |
|  |  | |  | |  |  |
|  |  | |  | |  |  |
| VII. TRAUMA (Minimum – 10) |  | |  | |  |  |
| 1. Exploratory Laparotomy for intraabdominal injuries |  | |  | |  |  |
| 1. Exploratory Thoracotomy |  | |  | |  |  |
| 1. Major Vessel repair |  | |  | |  |  |
| 1. Major Amputation (limb) |  | |  | |  |  |
| 1. Neck Exploration for trauma |  | |  | |  |  |
| 1. 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)* | | |