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

3rd FLOOR PCS BUILDING, 992 EDSA QUEZON CITY

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 **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)*  |  |  |  |  |
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| 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)* |  |  |  |  |
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| 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)  |  |  |  |  |
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| 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)*  |  |  |  |  |
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| VII. TRAUMA (Minimum – 10) |  |  |  |  |
| 1. Exploratory Laparotomy forintraabdominal 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* |  |  |  |  |
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|  |  |  |  |  |
| Submitted by: |  |  | *Certified Correct:* |
|  |  |  |  |
| Signature over printed name |  |  | *Training Officer (Signature over printed name)* |
|  |  |  |  |
| Training Hospital |  |  | *Department Chairman (Signature over printed name)* |