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# Schedule 1 Emergency Surgery

<p>Training required for all general surgeons to enable them to manage the emergency "take" (to be taken in conjunction with the schedule for critical care)</p>		<p>Advanced modules (especially applicable to military surgery)</p>
<p>Trainees, by the end of training, shall be expected to have knowledge and experience of the assessment and management of the following groups of conditions, and of the relevant basic science:-</p>		<p>Trainees with a particular interest in trauma may develop expertise in one or more of the following topics:-</p>
<p>Assessment of the acute abdomen            Appendicitis and right iliac fossa pain            Peritonitis            Acute intestinal obstruction            Intestinal pseudo-obstruction            Biliary tract emergencies            Acute pancreatitis            Strangulated hernia            Intestinal ischaemia            Swallowed foreign bodies            Gastrointestinal bleeding            Toxic megacolon            Superficial sepsis and abscesses            Acute ano-rectal sepsis            Ruptured aortic aneurysm            Acutely ischaemic limb            Acute presentations of urological disease            Acute presentations of gynaecological disease</p> <p><b>Trauma</b>            Assessment of the multiply injured patient            Closed abdominal injuries, especially splenic, hepatic and pancreatic injuries            Closed chest injuries            Stab and gunshot wounds            Arterial injuries            Injuries of the urinary tract            Initial management of head injuries and interpretation of CT scans            Initial management of severe burns</p>		<p>Triage (major accidents)            Battle triage            Field hospitals  <i>or obtain</i>            The Diploma in Disaster Medicine and Surgery</p> <p><b>Head injuries</b>            Some general surgeons will be required to take primary responsibility for the initial management of head injuries. Appropriate training should be available for those who will have this responsibility</p>
<p>This training is exemplified by the following procedures, <i>competence</i> at which should be achieved by the following stages of higher surgical training (though often sooner) :-</p>		
<p>By completion of year 1</p>	<p>By completion of higher surgical training</p>	
	<p>Usually by mid-training</p>	<p>Usually later in training</p>
<p>* Appendicectomy            Drainage of superficial abscesses            Drainage of ano-rectal sepsis            Urethral catheterisation            Suprapubic cystostomy            Exploration of scrotum for torsion            Reduction of paraphimosis            Diagnostic peritoneal lavage</p>	<p>Diagnostic laparoscopy</p> <ul style="list-style-type: none"> <li>● Closure of perforated peptic ulcer</li> <li>● Endoscopy for upper GI bleeding ; haemostasis</li> <li>● Suture of bleeding peptic ulcer</li> <li>* Emergency hernia repair</li> <li>● Laparotomy for small bowel obstruction</li> <li>● Hartmann's operation</li> <li>● Ileostomy</li> <li>● Colostomy</li> <li>● Splenectomy for trauma</li> <li>● Embolectomy</li> <li>● Fasciotomy</li> <li>● Tracheostomy</li> </ul>	<ul style="list-style-type: none"> <li>● Gastrectomy for bleeding</li> <li>● Laparotomy for large bowel obstruction</li> <li>● Laparotomy for perforated colon</li> <li>● Emergency cholecystectomy</li> <li>● Laparotomy for abdominal injury</li> <li>● Splenic repair</li> <li>● Operation for ruptured liver</li> <li>● Pancreatic debridement /drainage of pancreatic abscess</li> <li>● Laparotomy for post operative complications</li> <li>● Lateral thoracotomy</li> <li>● Median sternotomy</li> <li>● Rectal injuries</li> </ul>

- \* Individual index procedures
- These items are grouped as the index procedure of "emergency laparotomy"

## Schedule 2 Critical Care

Trainees must have an understanding of the disturbances of normal physiology and of the bacteriological, pathological and immunological changes that affect the seriously ill patient.

They should have a knowledge of the following topics, including the relevant basic science, to enable them to recognise and institute the management of life threatening conditions and to make appropriate referrals for intensive care:-

Hypotension  
Haemorrhage  
Haemorrhagic and thrombotic disorders  
Blood transfusion and blood component therapy  
Septicaemia and the sepsis syndrome  
Antibiotic therapy and the management of opportunist infection  
Gastro-intestinal fluid losses and fluid balance  
Nutritional failure and nutritional support  
Respiratory failure  
Renal failure  
Fluid overload and cardiac failure  
Myocardial ischaemia  
Cardiac arrhythmias  
Multiple organ failure  
Pain control  
Cardiac arrest, respiratory arrest and brain death  
Organ donation

A detailed knowledge of the methods and results of invasive monitoring will *not* be required.

[Emergency surgery is the subject of schedule 1]

The following practical skills are required:-

Current cardio-pulmonary resuscitation techniques  
Chest drain insertion  
Central venous pressure line insertion

Trainees should have an understanding of the value and limitations of ITU care, and the social and ethical consequences of choosing not to institute or continue treatment

## Schedule 3 Sub-specialty: Breast Surgery

General surgery	Sub-specialty	
	Essential sub-specialty training	Advanced sub-specialty training
<p>Trainees, by the end of training, shall be expected to have a knowledge of the diagnosis and surgical management of the following groups of conditions, and of the relevant basic science:-</p>	<p>In addition to a greater depth of knowledge, trainees should have an understanding of the following topics related to breast disease:- In addition trainees should have a</p>	<p>knowledge of the following topics in relation to breast disease:-</p>
<p>Carcinoma of the breast Benign breast disease</p> <p>and of:-</p> <p>Hormone therapy for benign and malignant breast disease</p>	<p>Epidemiology Screening programme Histo/cytopathology Mammography Ultrasound Stereotaxis Adjuvant chemotherapy: Chemotherapy for advanced disease Radiotherapy Counselling Hospice care Appropriate referral to oncologists, radiotherapists or orthopaedic surgery and have attended a Breast Training Course</p>	<p>Genetics related to surgery Immunocyto-chemistry Clinical trials Neo-adjuvant therapy and related surgery</p>
<p>This training is exemplified by <i>competence</i> to perform the following operations:-</p>		
<p>Treatment of breast abscess FNA Trucut biopsy Excision of breast lump * Mastectomy</p>	<p>* Wide excision of breast tumours Needle localisation Mammary duct fistula * Breast duct excision * Microdochectomy Axillary dissection</p>	<p><u>Reconstruction module</u>  Myocutaneous flaps Tissue expanders Complications and re-operation Breast reduction</p>
<p>Be familiar with (have assisted at) the procedures in column 2</p>	<p>Be familiar with (have assisted at) the procedures in column 3</p>	

\* Index procedures

## Schedule 4 Sub-specialty: Coloproctology

General surgery	Subspecialty	
	Essential sub-specialty training	Advanced sub-specialty training
Trainees, by the end of training shall be expected to have a knowledge of the diagnosis and surgical management of the following conditions, and of the relevant basic science:-	In addition to a greater depth of knowledge trainees should have an understanding of the following topics:-	
Neoplasms of large bowel Inflammatory bowel disease (inc.medical management) Diverticular disease Irritable bowel syndrome Haemorrhoids Anal fissure Rectal prolapse Acute appendicitis/RIF pain Intestinal obstruction Intestinal pseudo-obstruction Intestinal ischaemia Peritonitis Large bowel injuries	Anal tumours Pelvic autonomic nerves Screening for colorectal cancer Genetics of colorectal cancer Place of radiotherapy and chemotherapy in treatment Anorectal physiology Anorectal ultrasound Faecal incontinence Chronic constipation Intestinal fistulae Colonic bleeding Radiation enterocolitis Other small bowel conditions	
This training is exemplified by <i>competence</i> to perform the following operations:-		
Proctoscopy/rigid sigmoidoscopy Flexible sigmoidoscopy Outpatient haemorrhoid treatment Haemorrhoidectomy Fissure-in-ano Acute anorectal sepsis Small bowel resection Right hemicolectomy Left hemicolectomy Sub-total colectomy Colonic obstruction Colonic perforation Hartmann's procedure Colostomy Ileostomy Appendicectomy Diagnostic laparoscopy Inguinal herniorrhaphy Femoral herniorrhaphy Repair of recurrent groin hernia Umbilical and para umbilical hernia repair Incisional and para-stomal hernia repair Adult circumcision Hydrocele Epididymal cyst The use of staplers	Diagnostic colonoscopy * Therapeutic colonoscopy * Fistula-in-ano * Anterior resection of rectum AP resection of rectum Ileorectal anastomosis Panproctocolectomy Closure of Hartmann's * Prolapse surgery Diverticular disease/fistula Colostomy complications Ileostomy complications  Must also have achieved competence at the full range of procedures in column 1 of the Upper GI schedule	Incontinence surgery Sphincter repair Recto-vaginal fistula Ileo-anal and colonic pouch Colo-anal anastomosis Re-operation for pelvic malignancy Re-operation for inflammatory bowel disease Operation for intestinal fistula Complex fistula-in-ano Posterior approach to rectum Transanal microsurgery Posterior pelvic clearance Laparoscopy: advanced Block dissection of groin Rectal injuries
Be familiar with (have assisted at) procedures in column 2	Be familiar with (have assisted at) procedures in column 3	

\* Index procedures

## Schedule 5 Sub-specialty: Endocrine Surgery

General surgery	Subspecialty	
	Essential sub-specialty training	Advanced sub-specialty training
Trainees, by the end of training, shall be expected to have a knowledge of the patho-physiology, diagnosis and surgical management of the diseases of the following endocrine organs, and of the relevant basic science:-	In addition to a greater depth of knowledge, trainees should have an understanding of the following topics in relation to endocrine disease:-	
Thyroid Parathyroid Pituitary Adrenal cortex Adrenal medulla Gut as endocrine organ Endocrine pancreas  and the management of:-  Thyrotoxicosis Adrenal insufficiency Hyper/hypo thyroidism Carcinoid syndrome	Counselling and screening in familial disease Anaesthetic and pharma-cological problems Radio-immuno assays Imaging techniques Histo/cyto pathology	
This training is exemplified by <i>competence</i> to perform the following operations:-		
	* Thyroid lobectomy Thyroidectomy - toxic goitre Total thyroidectomy Retrosternal goitre Thyroglossal cystectomy	<u>At least three of the modules:-</u>  Re-operative thyroid surgery, including nodal dissection * Parathyroidectomy Reoperative parathyroidectomy  Endocrine pancreatic tumours  Adrenalectomy (inc.laparoscopic)  <u>Optional extras:-</u>  Block dissection of neck  Pituitary surgery  Some surgeons, in addition to training in endocrine surgery, may also train in salivary gland surgery:-  Submandibular gland excision Parotidectomy
Be familiar with (have assisted at) the procedures in column 2	Be familiar with (have assisted at) the procedures in column 3	

\* Index procedures

## Schedule 6: Technical Sub-specialty: Endoscopic Surgery

General surgery	Subspecialty	
	Essential sub-specialty training	Advanced sub-specialty training
Trainees, by the end of training, shall be expected to have a knowledge of the following topics, and of the relevant basic science:-	In addition to a greater depth of knowledge, trainees should have an understanding of the following topics:-	Trainees should, additionally, have a knowledge of the following topics:-
<p>Laparoscopic anatomy of the abdomen                      Physiology of pneumo-peritoneum                      Dangers of pneumoperitoneum                      Principles of diathermy                      Informed consent for laparo-scopic procedures</p> <p><u>Course:</u> Basic laparoscopy /cholecystectomy</p>	<p>Pre and post operative management of laparoscopic cases                      Port complications                      Technology of video imaging, cameras, insufflator etc.                      The methods of manipulation of images                      Laparoscopic instruments, clips, staplers and port types                      Management of equipment failure                      Ultrasound interpretation, internal and external techniques                      Recognition and management of laparoscopic complications                      Use and dangers of diathermy                      Anaesthetic problems in laparoscopic surgery                      Medico-legal implications of video-endoscopic surgery</p> <p><u>Course:</u> Cholecystectomy and appendicectomy techniques</p>	<p>Theory and practice of choledochoscopy                      Theory of different forms of diathermy                      Laparoscopic ultrasound                      Advanced instrumentation and equipment                      Endoscopic suturing devices                      Theory, uses and dangers of lasers and other energy sources e.g. harmonic scalpel                      Creation and maintenance of new endoscopic spaces                      Use of assistance robots and robotic instruments                      Minilaparoscopy</p> <p><u>Courses</u> in the relevant advanced endoscopic techniques</p> <p>ERCP skills are advantageous</p>
This training is exemplified by competence to perform the following operations:-		
<p>Diagnostic laparoscopy:-                      Closed and open techniques                      Insertion of one port and Veress needle                      Induction of pneumo-peritoneum                      Laparoscopic biopsy</p> <p>Be familiar with (have assisted at) the procedures in column 2</p>	<p>* Laparoscopic cholecystectomy<sup>1</sup>                      Conversion to open cholecystectomy                      Operative cholangiography                      Laparoscopic appendicectomy                      * Laparoscopic hernia repair<sup>2</sup>                      Laparoscopic adhesiolysis                      Thoracoscopy Laparoscopy in acute emergencies                      Other advanced laparoscopic procedures, as appropriate</p> <p>and have the following skills:-                      Placement of secondary ports                      Laparoscopic suturing and knotting                      Control of laparoscopic bleeding                      Use of retrieval bags                      Stone retrieval</p>	<p>Many advanced endoscopic procedures are still experimental and others are developing, but an advanced trainee should be aware of them and have assessed their potential, e.g.</p> <p>* Laparoscopic anti-reflux procedures                      Laparoscopic splenectomy                      Laparoscopic large bowel resection                      Laparoscopic rectopexy                      Laparoscopic exploration of CBD                      Laparoscopic closure of perforated duodenal ulcer</p>

\* Index procedures ; the total number of laparoscopic procedures should also be recorded

- (1) A surgeon who is to practice Laparoscopic cholecystectomy as a consultant must have spent a minimum of 6 months with a recognised endoscopic trainer.
- (2) Laparoscopic hernia repair is included subject to approval by SERNIP.

General surgery	Subspecialty	
<p>Trainees, by the end of training, shall be expected to have a knowledge of the diagnosis and surgical management of the following groups of conditions in children, and of the relevant basic science:-</p>	<p>In addition to a greater depth of knowledge, trainees should have an understanding of the following topics so as to facilitate appropriate referral to specialist units:-</p>	
<p>RIF pain            Testicular pain            Paediatric trauma            Burns            Intussusception            Pyloric stenosis            Hirschprung's disease            Ano-rectal anomalies            Tracheo-oesophageal fistula            Spina bifida</p>	<p>Congenital small bowel obstruction            Intestinal malrotation            Associated anomalies            Paediatric oncology            Management of less complex abdominal trauma</p>	
<p>This training is exemplified by <i>competence</i> to perform the following operations:-</p>		
<p>Appendectomy            * Herniotomy            Circumcision            Reduction of paraphimosis            Exploration for testicular torsion</p>	<p>* Orchidopexy            Repair of incarcerated inguinal hernia            * Pyloromyotomy            Reduction of intussusception            Thyroglossal cyst            Central venous access</p>	<p>Neonatal and complicated cases should be transferred to a Specialist Paediatric Unit</p>
<p>Be familiar with (have assisted at) the procedures in column 2</p>	<p>Be familiar with (have assisted at) the procedures in column 3</p>	

General surgery		Subspecialty	
	Essential sub-specialty training	Advanced sub-specialty training (modular)	
Trainees, by the end of training, shall be expected to have a knowledge of the following topics, and of the relevant basic science:-	In addition to a greater depth of knowledge, trainees should have an understanding of the following topics:-		
Pathology of renal and hepatic disease Patho-physiology of renal and hepatic failure Peritoneal- and haemo-dialysis Management of fluid and electrolyte disorders	Selection of patients for transplantation Post-operative management Immuno-pathology of rejection Management of rejection Immunosuppression Opportunist infections Immunosuppression and cancer Transmission of viral and fungal diseases Tissue typing The HLA system Bladder dysfunction In vitro preservation of organs		
This training is exemplified by <i>competence</i> to perform the following operations:-			
Arterial & venous anastomosis Harvesting saphenous vein  In addition there will be opportunities for:-  Appendicectomy Herniorrhaphy Intestinal resection and anastomosis Laparotomy for acute abdomen Splenectomy  Attendance at organ retrievals provides unique experience of retroperitoneal dissection and trainees should take advantage of such opportunities throughout HST	<ul style="list-style-type: none"> <li>● Donor nephrectomy</li> <li>    Donor hepatectomy</li> <li>● Renal transplantation</li> <li>● Uretero-neocystostomy</li> <li>● Uretero-ureterostomy</li> <li>● Renal biopsy</li> <li>● Transplant nephrectomy</li> <li>* Vascular access</li> <li>* Peritoneal access</li> <li>    Parathyroidectomy</li> <li>    Adrenalectomy</li> <li>● Drainage of intra- and extra-peritoneal collections</li> <li>    Live donor transplantation</li> <li>    Arterial thrombectomy</li> </ul>	<p><b>Renal procedures:-</b>                      Work bench preparation of the kidney                      Ileal and colonic conduits                      Uretero-pyelostomy                      Bladder (psoas) hitch                      Boari flap                      Partial nephrectomy                      Bilateral nephrectomy                      Secondary vascular access                      Renal artery reconstruction                      Renal vein reconstruction</p> <p><b>Pancreatic module:-</b>                      Donor pancreatectomy                      Pancreatic transplantation</p> <p><b>Hepatic module:-</b>                      Liver transplantation                      Recipient hepatectomy                      Roux loop construction</p>	
Participate in the procedures in column 2 when possible	Be familiar with (have assisted at) the procedures in column 3		

\* Index procedures

- These items are grouped as the index procedure "Exploration of renal transplant (for biopsy, revision of ureteric drainage, sepsis or nephrectomy)"

General surgery		Subspecialty	
	Essential sub-specialty training	Advanced sub-specialty training	
<p>Trainees, by the end of training, shall be expected to have a knowledge of the diagnosis and surgical management of the following groups of conditions, and of the relevant basic science:-</p>	<p>In addition to a greater depth of knowledge, trainees should have an understanding of the following topics:-</p>	<p>This training is exemplified by <i>competence</i> to perform the following operations:-</p> <p>(A trainee will not generally attain competence in all modules)</p>	
<p>Neoplasms of the upper GI tract                      Management of perforations of the upper GI tract                      Management of intestinal obstruction                      Management of GI bleeding                      Gallstone disease                      Jaundice                      Gastro-oesophageal reflux and its complications                      Peptic ulceration and its complications                      Radiation enteritis                      Acute and chronic pancreatitis and their complications                      Abdominal trauma</p>	<p>Epidemiology and aetiology of oesophago-gastric, pancreato-biliary and liver cancer                      Principles of screening for cancer                      The use and limitations of multimodality treatment for upper GI cancer                      Oesophageal motility disorders                      Chronic pancreatitis                      Crohn's disease                      Other small bowel conditions</p>	<p><u>Upper GI:-</u></p> <ul style="list-style-type: none"> <li>* Oesophagectomy</li> <li>* Total and subtotal gastrectomy                              Extended lymphadenectomy</li> <li>* Laparoscopic anti-reflux surgery and conversion                              Collis-Nissen procedure</li> <li>* Redo gastric surgery                              Redo anti-reflux surgery                              Laparoscopic Heller's myotomy and conversion                              Long oesophageal myotomy                              Pharyngeal pouch                              Operations for morbid obesity</li> </ul> <p><u>Endoscopic procedures:-</u></p> <ul style="list-style-type: none"> <li>• Oesophageal stenting</li> <li>• Laser recanalisation</li> <li>• Mucosal resection</li> <li>• Variceal banding /sclerotherapy</li> </ul> <p><u>HPB:-</u> Repair of biliary stricture                      Whipple's procedure                      Pancreatectomy (distal and total)                      Drainage of infected pancreatitis                      Drainage of pancreatic pseudo-cyst                      Liver injuries                      Hydatid disease                      Liver transplantation                      Porto-systemic shunt</p> <p><u>Endoscopic procedures:-</u>                      ERCP</p> <ul style="list-style-type: none"> <li>• Endoscopic sphincterotomy</li> <li>• Biliary stenting</li> <li>• Pancreatic stenting</li> </ul>	
<p>This training is exemplified by <i>competence</i> to perform the following operations:-</p>			
<p>Inguinal herniorrhaphy                      Femoral herniorrhaphy                      Repair of recurrent groin hernia                      Umbilical and para umbilical hernia repair                      Incisional and para-stomal hernia repair                      Hydrocoele                      Epididymal cyst                      Small bowel resection                      Sutured and stapled anastomoses                      Diagnostic laparoscopy                      Diagnostic upper GI endoscopy                      Appendicectomy                      Closure of perforated ulcer                      Control of upper GI bleeding</p>	<ul style="list-style-type: none"> <li>• Endoscopic control of upper GI bleeding</li> <li>• Oesophageal dilatation</li> <li>• Operations for upper GI bleeding</li> <li>* Laparoscopic cholecystectomy<sup>1</sup>                              Conversion to open cholecystectomy                              Exploration of common bile duct</li> <li>* Biliary bypass</li> <li>* Gastrectomy                              Formation of Roux-en-Y loop                              Splenectomy</li> </ul> <p>Plus a minimum of one of the following from column 3:-</p> <p>Oesophagectomy/total gastrectomy                      Laparoscopic anti-reflux surgery and conversion                      Pancreatectomy                      Liver resection</p> <p>Must also have achieved competence at the full range of procedures in column 1 of the coloproctology schedule</p>	<p><u>Endoscopic procedures:-</u></p> <ul style="list-style-type: none"> <li>• Oesophageal stenting</li> <li>• Laser recanalisation</li> <li>• Mucosal resection</li> <li>• Variceal banding /sclerotherapy</li> </ul> <p><u>HPB:-</u> Repair of biliary stricture                      Whipple's procedure                      Pancreatectomy (distal and total)                      Drainage of infected pancreatitis                      Drainage of pancreatic pseudo-cyst                      Liver injuries                      Hydatid disease                      Liver transplantation                      Porto-systemic shunt</p> <p><u>Endoscopic procedures:-</u>                      ERCP</p> <ul style="list-style-type: none"> <li>• Endoscopic sphincterotomy</li> <li>• Biliary stenting</li> <li>• Pancreatic stenting</li> </ul>	
<p>Be familiar with (have assisted at) the procedures in column 2</p>	<p>Be familiar with (have assisted at) the procedures in column 3</p>		

\* Index procedures

• These items are grouped as the index procedure of "therapeutic upper GI endoscopy"

1. A surgeon who is to practice Laparoscopic cholecystectomy as a consultant must have spent a minimum of 6 months with a recognised endoscopic trainer.

## Schedule 10 Sub-specialty: Vascular Surgery

General surgery		Subspecialty	
	Essential sub-specialty training	Advanced sub-specialty training	
Trainees, by the end of training, shall be expected to have a knowledge of the diagnosis and surgical management of the following groups of conditions, and of the relevant basic science: -	In addition to a greater depth of knowledge, trainees should have an understanding of the following topics:-		
<p>Ischaemic limb Arterial trauma Venous thromboembolism Hyper/hypo coagulable state Chronic venous insufficiency</p> <p>and of the following investigations:-</p> <p>Arteriography Continuous wave doppler Duplex ultrasound</p>	<p>Atherosclerosis Angioplasty/stenting Thrombolysis Reno-vascular disease Raynaud's/vasospastic disorders Lymphoedema Cerebrovascular disease Vasculitis Mesenteric ischaemia Graft prosthetics Graft surveillance Autonomic dysfunction Reperfusion injury Sclerosant therapy</p>		
This training is exemplified by <i>competence</i> to perform the following operations:-			
<p>Vascular suture/anastomosis Approach to/control of infra-renal aortic, iliac and femoral arteries Control of venous bleeding Balloon thrombo-embolectomy Above knee amputation Fasciotomy Long saphenous varices</p>	<ul style="list-style-type: none"> <li>* Abdominal aortic aneurysm repair: elective</li> <li>* Abdominal aortic aneurysm repair: emergency</li> <li>Ilio-femoral bypass</li> <li>* Femoro-popliteal above knee bypass</li> <li>* Femoro-popliteal below knee bypass</li> <li>Infra popliteal bypass</li> <li>* Carotid endarterectomy</li> <li>Axillo-femoral bypass</li> <li>Femoro-femoral bypass</li> <li>Thrombo-embolectomy</li> <li>Redo surgery</li> <li>Infected femoro-popliteal grafts</li> <li>Per-operative: thrombolysis angiography</li> <li>Below knee amputation</li> <li>Short saphenous varices</li> <li>Recurrent varicose veins</li> <li>Arterial injuries</li> </ul>	<p>Supra renal aortic aneurysm Aortic dissection Renal/visceral artery reconstruction Per-operative angioplasty Carotid body tumour Thoracic outlet syndrome Thoracoscopic sympathectomy Arterio venous malformations Upper limb arterial reconstruction Portal hypertension Venous reconstruction Lumbar sympathectomy Through knee amputation Vascular access for dialysis Vena caval filter placement Infected aortic graft</p>	
Be familiar with (have assisted at):-	Be familiar with (have assisted at) the procedures in column 3		
<p>Abdominal aortic aneurysm repair Fem-pop bypass Fem-fem X over graft BK amputation</p>	As advanced		

\* Index procedures