**PBA: Varicose Vein Surgery (SFJ Ligation + Stripping +/- Avulsion)**

**PROCEDURE-BASED ASSESSMENT IN GENERAL SURGERY**

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| Trainee: | Assessor: | Date: |
| Hospital: | Surgery:  | Duration: |
| Operation more difficult than usual? Yes / No (If yes, state reason)  |

***Feedback***

*Verbal and written feedback is a mandatory component of this assessment. Please use this space to record areas of strength and suggestions for development which were highlighted during discussion with the trainee.*

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| **TRAINEE’S REFLECTIONS** |
| Trainee’s reflections on this activity |  |
| What did I learn from this experience? |  |
| What did I do well? |  |
| What do I need to improve or change? How will I achieve it? |  |
| Trainee’s comments |  |

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| **ASSESSOR’S FEEDBACK** |
| General |  |
| Strengths |  |
| What did the trainee do well? |  |
| Development needs |  |
| Recommended actions |  |

***Rating***

*N=Not observed / I=Improvement required / S=Satisfactory / A=Above Average / E=Excellent / NA=Not applicable*

|  |  |  |
| --- | --- | --- |
| Competencies | RatingN / I / S / A / E / NA | Comments |
| I. | **Pre-operative planning** |  |  |
| 1 | Reviews patient’s record and investigation results carefully |  |  |
| 2 | Demonstrates recognition of anatomical and pathological abnormalities and selection of appropriate operative strategies  |  |  |
| 3 | Ensures varicosities are marked accurately with an indelible marker  |  |  |
|  |  |  |  |
| II. | **Pre-operative preparation** |  |  |
| 1 | Checks in theatre that consent has been obtained |  |  |
| 2 | Gives effective briefing to theatre team |  |  |
| 3 | Ensures appropriate drugs administered where applicable (e.g. antibiotics) |  |  |
| 4 | Ensures proper and safe positioning of the patient on the operating table |  |  |
| 5 | Demonstrates careful skin preparation and draping of the patient’s operative field |  |  |
| 6 | Ensures general equipment and materials are deployed safely (e.g. diathermy) |  |  |
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| III. | **Intra-operative technique** |  |  |
| 1 | Demonstrates knowledge of optimal skin incision / access to expose SFJ |  |  |
| 2 | Achieves an adequate exposure through purposeful dissection in correct tissue planes and identifies all structures correctly |  |  |
| 3 | Follows an agreed, logical sequence or protocol for the procedure |  |  |
| 4 | Consistently handles tissue well with minimal damage |  |  |
| 5 | Controls bleeding promptly by an appropriate method |  |  |
| 6 | Demonstrates a sound technique of knots and sutures |  |  |
| 7 | Uses instruments appropriately and safely |  |  |
| 8 | Proceeds at appropriate pace with economy of movement |  |  |
| 9 | Anticipates and responds appropriately to variation e.g. anatomy |  |  |
| 10 | Deals calmly and effectively with unexpected events/ complications |  |  |
| 11 | Uses assistant(s) to the best advantage at all times |  |  |
| 12 | Communicates clearly and consistently with the scrub team and the anaesthetist |  |  |
| 13 | Identifies clearly the saphenofemoral junction through cribriform fascia with ligation and division of the tributaries as required |  |  |
| 14 | Divides and ligates (transfixion) at saphenofemoral junction appropriately |  |  |
| 15 | Proper passage of stripper and stripping of the great saphenous vein |  |  |
| 16 | Avulsion of the marked varicosities using small stab incisions where applicable |  |  |
| 17 | Proper closure of incisions with good skin apposition |  |  |
| 18 | Proper application of crepe bandages to the lower limb after operation |  |  |
|  |  |  |  |
| IV. | **Post-operative management** |  |  |
| 1 | Ensures the patient is transferred safely from the operating table to bed |  |  |
| 2 | Constructs a clear operation note |  |  |
| 3 | Records clear and appropriate post-operative instructions |  |  |
| 4 | Maintains a good rapport with patient and relative, willing to communicate with them the progress and answering their questions; full explanation of the pathologic finding and appropriate referral to other specialties if necessary |  |  |

**N.B.** *\*Assessors are normally trainers, associate consultants, consultants or professor.*

 *\*The trainee should explain what he / she intends to do throughout the procedure. The Assessor should provide verbal advice if required, and intervene if patient safety is at risk.*

***Overall Rating*** *(tick as appropriate)*

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| Level 1 – Can do with assistance | 🞎 | Comments: |
| Level 2 – Competent to do independently | 🞎 |  |
| Level 3 – Manage to complete complex case | 🞎 |  |
| and deal with complications |  |  |

***Signatures***

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| Trainee: | Assessor: |