# The College of Surgeons of Hong Kong

Remarks: Programme Directors of respective Specialty Boards will conduct random check of the trainee’s Logbook Summary and Logbook Summary Report against the operation data from the Hospital Authority. The College reserves to take appropriate action should any untrue reporting of data was found.

*Specialty Board of Neurosurgery*

**Consolidation Sheet**

**Operation Records**

|  |
| --- |
| Traninee : |
| Trainer : | Mentor : |
| Training Hospital : |
| Training Period : |

|  |  |  |  |
| --- | --- | --- | --- |
|  | ***Training Period******Jan 20\_ – Jun 20\_*** | ***Training Period******Jul 20\_– Dec 20\_*** | ***Total*** |
| ***Operations*** | ***A*** | ***C*** | ***S*** | ***A*** | ***C*** | ***S*** |
| **Head Injury** |  |
| ***Head Injury Management – ICP*** |  |  |  |  |  |  |  |
| ***Head Injury Management – Craniotomy/ Craniectomy*** |  |  |  |  |  |  |  |
| **Vascular** |  |
| ***Vascular Surgery – Spontaneous ICH*** |  |  |  |  |  |  |  |
| ***Vascular Surgery – Aneurysm Surgery*** |  |  |  |  |  |  |  |
| ***Vascular Surgery – AVM Surgery*** |  |  |  |  |  |  |  |
| ***Vascular Surgery – Endovascular therapy*** |  |
| **Brain Tumour** |  |
| ***Brain Tumour – Supratentorial*** |  |  |  |  |  |  |  |
| ***Brain Tumour – Infratentorial*** |  |  |  |  |  |  |  |
| ***Brain Tumour – Pituitary*** |  |  |  |  |  |  |  |
| **Hydrocephalus** |  |
| ***Hydrocephalus – VP shunt*** |  |  |  |  |  |  |  |
| ***Hydrocephalus – VA shunt*** |  |  |  |  |  |  |  |
| ***Hydrocephalus – Endoscopic third ventriculostomy*** |  |  |  |  |  |  |  |
| ***Hydrocephalus – External ventricular drainage*** |  |  |  |  |  |  |  |
| **Spine** |  |
| ***Spine – Degenerative*** |  |  |  |  |  |  |  |
| ***Spine – Tumour*** |  |  |  |  |  |  |  |
| **Functional Conditions** |  |
| ***Epilepsy – Craniotomy*** |  |  |  |  |  |  |  |
| ***Trigeminal Neuralgia / Hemifacial Spasm -******Microvascular decompression*** |  |  |  |  |  |  |  |
| **Miscellaneous\*** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| ***TOTAL*** |  |  |  |  |  |  |  |

***A – First Assistant / C – Under Supervision / S – Without Supervision***

\*Miscellaneous conditions must be specifically clarified. Add rows if insufficient space.

**Signature : Consultant (block letters) : Date :**