



**Application to Establish a Fellowship Training Center for
ACVS Minimally Invasive Surgery, Small Animal Soft Tissue**

Founding Fellow or Fellow of the ACVS Founding MIS Small Animal Soft Tissue Surgery Fellowship present at the Institution/Practice:

Name (print): _____

Phone: _____

Email: _____

Institution/Practice: _____

Institution/Practice Address: _____

Please complete the following questionnaire. It will be reviewed by the MIS Fellowship Oversight Committee (FOC) for the Small Animal Soft Tissue discipline. You will receive a response within 30 days of submitting the application. If you have questions about this application, contact the Chair of the MIS FOC for the Small Animal Soft Tissue discipline.

1. How many Founding Fellows or Fellows of the ACVS MIS Small Animal Soft Tissue Surgery Fellowship are present at your institution/practice? _____

2. How many laparoscopic thoracoscopic towers are available in your institution/practice? _____

3. Which of the following equipment is available at your institution/practice? *Select all that apply.*

- | | |
|---|--|
| <input type="checkbox"/> Single access port | <input type="checkbox"/> Monopolar electrocautery |
| <input type="checkbox"/> Needle holder for endoscopy | <input type="checkbox"/> Bipolar electrocautery |
| <input type="checkbox"/> Near infrared light and camera | <input type="checkbox"/> Vessel sealant device |
| <input type="checkbox"/> 30° Telescope | <input type="checkbox"/> Ultrasound dissector |
| <input type="checkbox"/> Other angled telescope | <input type="checkbox"/> Endoscopic stapling equipment |

4. Which of the following advanced imaging technologies are available at your institution/practice?
 CT scan MRI

5. How many minimally invasive surgeries are you performing per year? List the approximate total number for all that apply.

Laparoscopy:

- ___ Ovariectomy or ovari hysterectomy
- ___ Assisted Gastropexy
- ___ Gastropexy
- ___ Cryptorchidectomy
- ___ Adrenalectomy
- ___ Cholecystectomy

- ___ Splenectomy
- ___ Assisted cystotomy
- ___ Nephrectomy
- ___ Lymph node dissection
- ___ Others

Thoracoscopy:

- ___ Exploration/biopsy
- ___ Complete lung lobectomy
- ___ Partial lung lobectomy
- ___ Subtotal pericardectomy

- ___ Pericardial window
- ___ Thymoma
- ___ Persistent aortic arches
- ___ Others

6. Describe the on-site simulators available in your institution/practice?

7. Are other specialists present at your institution/practice?

Radiologist

On site ___ Off site ___
Availability (hours per week): _____

Anesthesiologist

On site ___ Off site ___
Availability (hours per week): _____

Criticalist

On site ___ Off site ___
Availability (hours per week): _____

8. Describe equipment available to perform one lung ventilation in your institution/practice?