



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

This application is completed by the following ACVS Founding Fellow or Fellow, Minimally Invasive Surgery (Large Animal Soft Tissue), affiliated with the institution/practice listed below:

Name (print): _____

Phone: _____

Email: _____

Date: _____

Institution / Practice: _____

Institution / Practice Address: _____

Please complete the following questionnaire. It will be reviewed by the **MIS Fellowship Oversight Committee (FOC) for the Large 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 Large Animal Soft Tissue discipline.

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

2. Who are the Diplomates that will be involved with training?

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

4. 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 |

5. Which of the following advanced imaging technologies are available at your institution/practice?

- | | | | |
|----------------------------------|------------------------------|-------------------------------------|---|
| <input type="checkbox"/> CT scan | <input type="checkbox"/> MRI | <input type="checkbox"/> Ultrasound | <input type="checkbox"/> Nuclear Scintigraphy |
|----------------------------------|------------------------------|-------------------------------------|---|

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

Laparoscopy

- ☐ Abdominal Exploratory
- ☐ Diagnostic Biopsy
- ☐ Adhesiolysis
- ☐ Assisted Colopexy
- ☐ Theloscopy
- ☐ Assisted nephrectomy
- ☐ Abomasopexy
- ☐ Assisted Splenectomy
- ☐ Ovariectomy
- ☐ Ovariohysterectomy
- ☐ Cryptorchidectomy
- ☐ Post Castration hemorrhage
- ☐ Cystotomy
- ☐ Bladder repair
- ☐ Nephrosplenic space ablation
- ☐ Epiploic foramen closure
- ☐ Inguinal hernia repair
- ☐ Umbilical/Incisional hernia repair
- ☐ Uteropexy
- ☐ GCT Ovariectomy
- ☐ Guided procedure (e.g. drainage, needle aspiration, injection)
- ☐ Other, please list:

Thoracoscopy

- ☐ Diagnostic/Biopsy
- ☐ Lung wedge biopsy
- ☐ Guided procedure (e.g. drainage, needle aspiration, injection)
- ☐ Assisted lobectomy
- ☐ Diaphragmatic hernia repair
- ☐ Other, please list:

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

8. Other specialty present in your institution/practice?

Radiologist on site ☐ Yes ☐ No

Radiologist off site ☐ Yes ☐ No

Availability (hours per week): _____

Anesthesiologist on site ☐ Yes ☐ No

Anesthesiologist off site ☐ Yes ☐ No

Availability (hours per week): _____

Criticalist on site ☐ Yes ☐ No

Criticalist off site ☐ Yes ☐ No

Availability (hours per week): _____