



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

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

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.*

____ Single access port

____ Needle holder for endoscopy

____ Near infrared light and camera

____ 30° Telescope

____ Other angled telescope

____ Monopolar electrocautery

____ Bipolar electrocautery

____ Vessel sealant device

____ Ultrasound dissector

____ 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?