

# College of Surgeons of East, Central & Southern Africa



## Regulations and Syllabus relating to Fellowship Training & Examination

### FCS<sub>(ECSA)</sub> Diploma In General Surgery

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College of Surgeons of East Central and Southern Africa

## Fellowship examination in General Surgery leading to the qualification of FCS<sub>(ECSA)</sub>

### 1 Introduction

The Fellowship examination in general surgery leads to the qualification of Fellow of the College of Surgeons of East Central and Southern Africa, FCS<sub>(ECSA)</sub>. This fellowship is a recognition that the candidate has reached the level of knowledge, understanding and practice of surgery sufficient to practice independently at a consultant or specialist level. It should be recognised however that surgery is not a static art and fellows should continue to increase knowledge and skills by means of research, conferences meetings and reading.

### 2 Requirements

#### 2.1 Academic

Candidates for the fellowship examination in general surgery should normally have passed the membership examination of this college and possess the diploma MCS<sub>(ECSA)</sub>. Exemption to this requirement will be given to those who have passed an equivalent examination such as membership of one of the Royal Colleges of Surgeons of the United Kingdom or Ireland. The basic surgical training examinations of other colleges and institutions may also be acceptable but each one will have to be reviewed by the Examination and Training Committee of the College before exemption can be given.

#### 4.12 Training Posts

Candidates will have to have spent 3 years in recognised supervised training posts after completing the requirements for MCS. Of these three years one and a half years has to be spent in a general surgical unit dealing mainly with adult abdominal surgery. The remainder of the time can be spent in units specialising in other branches of surgery for example, thoracic, urology, trauma, paediatric surgery, plastic surgery, provided that these units deal with emergencies on a regular basis. Six months of the three years may be spent outside the region in a post that has been prospectively agreed with the Examination and Training Committee. This post may be in an elective unit.

Candidates are reminded that it is in their interests to experience a wide spectrum of surgical disciplines.

#### 4.13 Registration and Logbook

Candidates will be required to register with the College at least 2 years before taking the fellowship examination. They will be provided with a logbook in which to record all their operations as well as other academic activity. This logbook is a vital record of training and has to be brought for inspection at the examination.

Examination system

## 4 Core Syllabus

The fellowship examination in general surgery of the College is an examination aimed at assessing competence in general surgery at a consultant of specialist level. The syllabus below is an outline of what the candidate will be expected to know. It is not exhaustive, but provides a guideline to the topics candidates should understand and operative procedures with which they should be familiar. It should be noted that section 4.15 includes topics that are not always included in the term 'general surgery'. This section is included because in this region of Africa many surgeons practice in areas where they might be the only surgeon available or might be covering at night for colleagues in other surgical disciplines. The level of competence expected in the topics of section 4.15 will not be at a specialist level, but the candidate should have a sufficient understanding and skills necessary to provide adequate emergency care.

Topics and practical procedures in italics are not practised widely in this region so the candidates will not be expected to know about them in detail, or to have practical experience

TOPICS	PRACTICAL PROCEDURES
<b>4.1 Non Trauma Emergency Surgery</b>	
Assessment of the acute abdomen Biliary tract emergencies Acute pancreatitis Swallowed foreign bodies Gastrointestinal bleeding Appendicitis and right iliac fossa pain Abdominal pain in children Peritonitis Acute intestinal obstruction Intestinal pseudo-obstruction Strangulated hernia Intestinal ischaemia Toxic megacolon  Acute ano-rectal sepsis Ruptured aortic aneurysm Acutely ischaemic limb Acute presentations of urological disease Acute presentations of gynaecological disease Scrotal emergencies in all age groups	<i>Diagnostic laparoscopy</i> Closure of perforated peptic ulcer, open and laparoscopic Endoscopy for upper GI bleeding Operations for GI bleeding including partial gastrectomy Emergency cholecystectomy Emergency hernia repair Laparotomy for small bowel obstruction Small bowel resection Ileostomy Laparotomy for large bowel obstruction Laparotomy for perforated colon Hartmann's operation Colostomy Appendectomy Drainage of ano-rectal sepsis Laparotomy for post operative complications Urethral catheterisation Suprapubic cystostomy Exploration of scrotum Reduction of paraphimosis Embolectomy Fasciotomy <i>Organ retrieval for transplantation</i>
<b>4.2 Trauma Surgery</b>	
Assessment of the multiple injured patient including children Closed abdominal injuries, especially splenic, hepatic and pancreatic injuries Closed chest injuries Stab and gunshot wounds Arterial injuries Injuries of the urinary tract	Tracheostomy Emergency thoracotomy Splenectomy for trauma Laparotomy for abdominal injury

<p>Initial management of head injuries and interpretation of CT scans Initial management of severe burns</p>	
<p><b>4.3 Surgical sepsis</b> Superficial sepsis and abscesses Pyomyositis Abdominal sepsis Empyema and thoracic sepsis Intracranial sepsis Tuberculous disease of the chest and abdomen</p>	<p>Drainage of superficial abscesses Laparotomy for sepsis Chest drainage for sepsis Thoracotomy for sepsis Burr holes and craniotomy for intracranial abscess</p>
<p><b>4.4 Critical care</b> Hypotension Haemorrhage Haemorrhagic and thrombotic disorders Blood transfusion and blood component therapy Septicaemia and the sepsis syndrome Antibiotic therapy and the management of opportunist infection Gastro-intestinal fluid losses and fluid balance, including in children Nutritional failure and nutritional support Respiratory failure Renal failure and principles of dialysis Fluid overload and cardiac failure Myocardial ischaemia Cardiac arrhythmias Multiple organ failure Pain control Cardiac arrest, respiratory arrest and brain death <i>Organ donation</i> Hypo and hyperthermia Diagnosis of brain death <i>Legal &amp; ethical aspect of transplantation</i></p>	<p>Tracheal Intubation Tracheostomy Surgical airway Cardio-pulmonary resuscitation Chest drain insertion Central venous line insertion Insertion of peritoneal dialysis catheter Primary vascular access for haemodialysis</p> <p>A detailed knowledge of the methods and results of invasive monitoring will <i>not</i> be required</p>
<p><b>4.5 Gastrointestinal surgery</b> Neoplasms of the upper GI tract Gallstone disease Jaundice Gastro-oesophageal reflux and its complications Hiatus hernia Peptic ulceration and its complications Radiation enteritis Neoplasms of large bowel Inflammatory bowel disease (inc medical management) Diverticular disease Irritable bowel syndrome Haemorrhoids Anal fissure Rectal prolapse Fistula in ano Diverticular disease/fistula Colostomy complications Ileostomy complications</p>	<p>Diagnostic upper GI endoscopy <i>Laparoscopic cholecystectomy</i> <i>Conversion to open cholecystectomy</i> Exploration of common bile duct Biliary bypass Gastrectomy Splenectomy Proctoscopy/rigid sigmoidoscopy Flexible sigmoidoscopy &amp; colonoscopy, diagnostic and therapeutic Outpatient haemorrhoid treatment Haemorrhoidectomy Procedures for fistula in ano Right hemicolectomy Left hemicolectomy Sub-total colectomy Resections for rectal cancer, restorative and excisional Ileorectal anastomosis Panproctocolectomy Closure of Hartmann's procedure Rectal injuries</p>
<p><b>4.6 Surgery of the skin &amp; integument</b> Pathology, diagnosis and management of skin lesions, benign and malignant Basal and squamous cell carcinoma Malignant melanoma Other skin cancers</p>	<p>Excision of skin lesions Excision of skin tumours Split and full thickness skin grafting Node biopsy Block dissection of axilla and groin Surgery for soft tissue tumours including sarcomas</p>
<p><b>4.7 Endocrine surgery / neck surgery</b> Diagnosis &amp; management of neck lumps Physiology &amp; pathology of:- Thyroid Parathyroid Adrenal cortex</p>	<p>Thyroid lobectomy Retrosternal goitre Thyroglossal cystectomy Submandibular salivary gland excision Parotidectomy Approach and exploration of adrenal glands</p>

<p>Adrenal medulla  Management of :-  Thyrotoxicosis  Adrenal insufficiency  Hyper and hypo thyroidism  Carcinoid syndrome  Anaesthetic and pharmacological problems  Imaging techniques for endocrine organs</p>	
<p><b>4.12 Breast surgery</b>  Carcinoma of the breast  Benign breast disease  Hormone therapy for benign and malignant breast disease  Histo-/cytopathology  Mammography  Ultrasound  Adjuvant chemotherapy:  Chemotherapy for advanced disease  Radiotherapy  Counselling  Hospice care</p>	<p>Treatment of breast abscess  Fine needle aspiration cytology  Trucut biopsy  Excision of breast lump  Mastectomy  Wide excision of breast tumours  Axillary dissection with other breast operations</p>
<p><b>4.9 Hernias</b>  External and internal abdominal herniae. Anatomy, presentation, complications  Hernia in childhood</p>	<p>Surgery for all abdominal herniae, using open <i>and laparoscopic</i> techniques  Repair of childrens' herniae</p>
<p><b>4.10 Urology</b>  Undescended testicle  Development and natural history of the prepuce  Pathology of the scrotum and its contents  Male sterilization, including counselling and informed consent</p>	<p>Operations for hydrocoele, epididymal cyst and varicocele  Adult circumcision  Vasectomy</p>
<p><b>4.11 Paediatric surgery</b>  Infantile pyloric stenosis  Childrens tumours eg Wilms  Congenital abnormalities of bladder and abdominal wall  Anorectal anomalies  Tracheoesophageal abnormalities</p>	<p>Ramstedt's procedure  Orchidopexy  Circumcision in children</p>
<p><b>4.12 Vascular surgery</b>  Atherosclerosis  Ischaemic limb  Aneurysmal disease  Venous thrombosis &amp; embolism  Hyper-hypo coagulable state  Chronic venous insufficiency  Arteriography  Vascular CT scanning  Magnetic Resonance Angiography  Vascular ultrasound  Varicose veins  Mesenteric ischaemia</p>	<p>Vascular suture/anastomosis  Approach to/control of infra-renal aortic, iliac and femoral arteries  Control of venous bleeding  <i>Balloon thrombo-embolectomy</i>  Amputations of the lower limb  Fasciotomy  Primary operation for varicose veins  <i>Abdominal aortic aneurysm repair, elective and ruptured</i>  <i>Femoro-popliteal bypass</i>  <i>Femoro-femoral bypass</i></p>
<p><b>4.13 Research and ethics</b>  Critical appraisal of the surgical literature  Scientific method &amp; statistics as applied to surgery  Informed consent  Ethical aspects of surgical practice  Genetic aspects of surgical disease</p>	
<p><b>4.14 Minimal Access surgery</b>  Physiology of pneumo-peritoneum  Informed consent for laparoscopic procedures  Pre and post operative management of laparoscopic cases</p>	<p><i>Diagnostic laparoscopy</i>  <i>Closed and open techniques of port insertion</i>  <i>Laparoscopic biopsy</i>  <i>Laparoscopic appendicectomy</i>  <i>Laparoscopic adhesiolysis</i>  <i>Thoracoscopy</i></p>

<p><i>Port complications</i>  <i>Technology of video imaging, cameras, insufflator etc</i>  <i>Laparoscopic instruments, clips, staplers and port types</i>  <i>Management of equipment failure</i>  <i>Recognition and management of laparoscopic complications</i>  <i>Use and dangers of diathermy</i>  <i>Anaesthetic problems in laparoscopic surgery</i></p>	<p><i>Laparoscopic suturing and knotting</i>  <i>Control of laparoscopic bleeding</i></p>
<p><b>4.15 Other surgical specialties</b>  limb trauma  Open and closed Fractures  Dislocation of joints  Nerve injuries  Flexor and extensor tendon repairs  Acute septic arthritis   Spinal injury   Head injury   Open and closed Chest injuries   Obstetric and gynaecological emergencies   Anaesthesia</p>	<p>Open and closed reduction of dislocations  Manipulation and POP splintage of fractures  Skin and skeletal traction  Open fracture debridement and external fixation  Nerve repair  Flexor and extensor tendon repair  Surgical approaches to the joints and arthrotomy   Emergency management of spinal injury   Emergency management of closed and open head injury  Burr holes and craniotomy   Insertion and mangement of chest drains  Thoracotomy and post operative management   Approaches to the female pelvis  Episiotomy  Caesarian section  Surgery for rupturesd ectopic pregnancy   Use of local anaesthesia  Digital block  Axillary block  Spinal anaesthesia  Use of ketamine  Simple general anaesthesia</p>