



## European College of Veterinary Surgeons

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### Minimal surgical case number recommendations.

#### LARGE ANIMAL (EQUINE EMPHASIS) CURRICULUM

The Large Animal (Equine Emphasis) Core Curriculum consists of a minimum of 300 procedures. These numbers refer to numbers of animals undergoing surgical procedures. The majority of cases (>80%) should be Equine. Cases listed in the Surgery Case Log to satisfy core curriculum requirements must be performed on live animals with spontaneously occurring disease. Procedures performed on cadaver limbs and dead animals do not count towards the case log. Animals undergoing bilateral procedures may be counted only once per anaesthetic period in the log. Animals undergoing separate anaesthetic episodes can be counted as undergoing separate procedures.

These recommended case numbers should be completed prior to applying to take the ECVS Certifying Examination. There is no upper time limit on the completion of the recommended case numbers. The 165 surgical procedures listed below under specific categories must be performed as primary or assistant surgeon as defined in the ECVS Training Brochure. 69 surgical procedures out of the specified 165 should be performed as the primary surgeon, and the minimum number laid down for each group should be achieved. If the recommended case numbers are met or exceeded, the candidate can expect the Credentials Committee to approve the Case Log as being balanced. If a candidate falls short in some categories, passage through the process will be at the discretion of the Credentials Committee.

All procedures included in the Surgical Case Log should be specialist procedures of the type encountered in a surgical referral center. Minor and routine procedures like castrations, removal of minor skin tumors and cast changes should be omitted.

In addition to 300 surgical procedures residents must perform 50 in depth lameness investigations. For 20 of these investigations the resident should be the primary investigator. Primary investigator is defined as being responsible for the investigation, including history taking, examination, decision on the appropriate treatment and carrying out the treatment under the overall supervision of the supervisor.

Category and (codes)	Number required (as primary surgeon in brackets)	
<b><u>Abdominal Surgery (AB)</u></b>	40	(18)
Including colic/gastrointestinal, ruptured bladder repair, patent urachus, caesarian section, uterine torsion and ovariectomy (if possible by laparoscopy)		
<b><u>Fracture Fixation (FF)</u></b>	8	(3)
Including lag screw fixation and plated long bone fixation.		
<b><u>Wounds, Reconstructions and Debridements (WR)</u></b>	20	(13)
Including ventral hernia repair after colic surgery.		
<b><u>Tendon Injuries and Deformities (TE)</u></b>	9	(5)
Including distal check desmotomy, proximal check desmotomy, tendon lacerations and other tendon procedures.		



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<b><u>Surgical Treatment of Angular Limb Deformities (AD)</u></b>	3	(1)
Including periosteal strippings and transphyseal bridging.		
<b><u>Surgery of the Foot (FT)</u></b>	10	(5)
Including debridement of osteomyelitis, neurectomy, street nail surgery		
<b><u>Urogenital Surgery (UG)</u></b>	13	(6)
Such as sterile closed castration, surgery of the penis, cryptorchidectomy, funiculitis, rectovaginal procedures (lacerations, fistulae, urethroplasty), abdominal cryptorchid: (if possible by laparoscopy), rectovaginal laceration 3th degree:		
<b><u>Ophthalmic Surgery (OP)</u></b>	2	
Such as eyelid lacerations and corneal-scleral transpositions		
<b><u>Upper Respiratory Surgery (UR)</u></b>	25	(10)
Such as prosthetic laryngoplasty, soft palate displacement, Epiglottic entrapment, subepiglottic cyst and dental/paranasal sinus procedures, incisor tooth fracture repair, buccotomy		
<b><u>Arthroscopic surgery (AR)</u></b>	35	(8)
Such as tarsocrural joint, femoropatellar joint and femorotibial joint, fetlock and carpus.		
<b><u>Subtotal of specified procedures:</u></b>	<b>165</b>	<b>(69)</b>
Minimum of an additional surgeries of any of the above types In the case log, additional surgical procedures should be classified under the categories listed above; if this is not possible, use the code (O).	<b>135</b>	<b>(31)</b>
<b>TOTAL SURGICAL PROCEDURES:</b>	<b>300</b>	<b>(100)</b>
<b>Lameness investigations</b>	50	(20)
<b>TOTAL PROCEDURES</b>	<b>350</b>	<b>(120)</b>

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