

RESIDENCY TRAINING PROGRAM SURGICAL GUIDE FOR LEVEL 2 MINIMUMS

1. Levels of surgery are defined as follows:
 - a. **Level 1** The procedure is performed by a Supervising Diplomate with the Resident assisting.
 - b. **Level 2** The procedure is performed by the Resident with a Supervising Diplomate providing Direct Supervision. The Supervising Diplomate must either participate in the capacity of assistant surgeon or be physically present in the operating room throughout the procedure. The Resident must perform all critical steps of the procedure for it to count towards Level 2 required minimums.
 - i. Please see the ABVO RTP Surgical Guide Categories for additional assistance categorizing surgeries.
 - c. **Level 3** The procedure is performed by the Resident without Supervising Diplomate assistance.
 - i. **Level 3A:** The procedure is performed under the supervision of another ABVO Resident.
 - ii. **Level 3B:** The procedure is performed under the supervision of a veterinarian who is not an ACVO Diplomate or ABVO Resident.
2. During the course of their RTP, Residents are required to perform a minimum number of the following **Level 2 surgeries** (* indicates surgeries that may be performed on cadaver specimens):
 - a. **25 lens extractions:**
 - i. 20-25 phacoemulsification/irrigation and aspiration
 - ii. 5 *intracapsular or *extracapsular lens extractions may count towards the required 25 lens extractions.
 - b. **15 anterior segment:**
 - i. Penetrating keratoplasty, corneoconjunctival transposition, lamellar keratectomy, corneal laceration repair, corneal graft, conjunctival flap/graft, *suprachoroidal CsA implant placement, etc.
 - ii. Diamond burr, grid keratotomy, anterior stromal puncture, and debridement techniques may not be counted toward minimum anterior segment surgical procedures.

- c. **15 adnexal:**
 - i. Entropion, ectropion or eyelid laceration repair, eyelid/conjunctival mass removal, eyelid reconstruction, etc.
 - d. **5 orbit and globe:**
 - i. Orbitotomy, enucleation, evisceration, exenteration, etc.
 - e. **5 nasolacrimal:**
 - i. *Parotid duct transposition, third eyelid gland replacement, nasolacrimal duct reconstruction
 - f. **5 vision-sparing glaucoma techniques:**
 - i. *Cycloablation, *shunt placement, or *combination techniques
3. The Resident must perform all of the critical steps of the procedure to count towards Level 2 surgeries. The following lists the critical steps for each procedure:
- a. Phacoemulsification:
 - i. Corneal groove, paracentesis of the anterior chamber, capsulorhexis, phacoemulsification, irrigation/aspiration, plus/minus placement of an intraocular lens, corneal suturing.
 - b. Intracapsular lens extraction:
 - i. Corneal groove, paracentesis of the anterior chamber, extension of corneal incision, delivery of the lens, corneal suturing.
 - c. Extracapsular lens extraction:
 - i. Corneal groove, paracentesis of the anterior chamber, capsulorhexis, delivery of the lens, irrigation/aspiration, corneal suturing.
 - d. Conjunctival graft:
 - i. Preparation of the wound, graft dissection, graft suturing
4. Additional information on logging surgeries:
- a. For bilateral procedures, each eye may be counted as a separate surgery
 - b. For multiple procedures performed on the same eye, each procedure may be counted provided one procedure is not necessary/an integral part of the second procedure, i.e.:
 - i. A corneal incision performed as a part of an intraocular surgery cannot be counted as a separate corneal procedure.
 - ii. A ciliary body laser ablation procedure and shunt placement on the same eye may be counted as 2 procedures.
 - iii. A lamellar keratectomy performed prior to placing a conjunctival graft, cannot be counted as a separate corneal procedure.

Lens Extraction (25)	Level 2
Phacoemulsification/irrigation/aspiration (minimum 20)	Yes
Intracapsular*	Yes
Extracapsular*	Yes

Anterior Segment (15)	
Keratoplasty	Yes
Corneconjunctival transposition	Yes
Lamellar keratectomy	Yes
Corneal laceration repair	Yes
Corneal graft	Yes
Conjunctival flap/graft	Yes
Suprachoroidal CsA implant placement*	Yes
Corneolimbal mass excision	Yes
Sector iridectomy	Yes
Corneal diamond burr, grid keratotomy, anterior stromal puncture, and debridement techniques	No
Ablation or removal of iris cyst (under microscope or not)	No
Laser iris tumor	No
Transcorneal reduction of an anterior lens luxation/Couching	No
Corneal glueing	No
Thermalkeratoplasty	No
Corneal foreign body removal without additional surgical procedure	No
Corneal crosslinking	No
Episcleral CsA implant placement	No

Adnexal (15)	
Entropion surgical technique	Yes
Ectropion surgical technique	Yes
Ectopic cilia resection	No
Eyelid laceration repair	Yes
Eyelid/conjunctival mass removal if requires suturing	Yes
Eyelid mass debulking/snipping- no suture required	No
Eyelid reconstruction	Yes
Permanent tarsorrhaphy	Yes
Medial and lateral canthoplasty techniques	Yes
Nictitans removal (mass)	No
Nictitans shortening	No
Nictitans reconstruction with suturing	No
Nictitans Cartilage- Thermal	No
Electroepilation eyelid	No

Cryotherapy eyelid only	No
Placement of subdermal fillers	No
Temporary eyelid tacking	No
Temporary tarsorrhaphy	No
Nictitans flap	No
CO2 laser mass removal if no suturing performed	No

Orbit and Globe (5)	
Orbitotomy*	Yes
Transconjunctival or transpalpebral enucleation	Yes
Evisceration	Yes
Exenteration	Yes
Vitreoretinal surgery	Yes
Pharmacologic ciliary body ablation	No
Laser retinopexy	No

Nasolacrimal (5)	
Parotid duct transposition*	Yes
Third eyelid gland replacement	Yes
Nasolacrimal duct reconstruction	Yes

Vision-Sparing Glaucoma technique (5)	
Transcleral cycloablation/cryoablation*	Yes
Endolaser photocoagulation*	Yes
Glaucoma shunt (commercial implants)*	Yes

* Can be performed on cadavers