*Guidance for Entering Operative Procedures into the Edinburgh eLogbook using the “New” Lexicon of Plastic Surgical Procedures*

It has become apparent that there is some confusion regarding the manner in which it is intended for trainees to enter data into their surgical logbooks.

The intention of any log of surgical activity is to reflect a true record of that individual surgeon’s operative experience. It is beholden upon the individual surgeon to record data that is both accurate, and in the spirit of reasonable practice.

When the new lexicon of operative procedures was designed, operation descriptors were made available for both large procedures, and for small (or part) procedures. Feedback suggests there is some confusion about where it is appropriate to break down procedures into their individual components. It is our hope that the new lexicon facilitates the demonstration of the activity each trainee has been exposed to, but it is not the intention that individuals would systematically break down procedures into their component parts simply to artificially increase the perceived number of procedures.

The following three examples of how we would expect operations to be entered using the new lexicon of operative terms should act as a guide to what we consider to be the “spirit of reasonable practice”.

Example 1

Operation = Excision of a BCC from the temple and full thickness skin graft closure.

As there is a specific procedure descriptor for this procedure, we would expect it to be used accordingly. We would not expect to see the operation broken down into “excise lesion” & “harvest FTSG” & “closure wound in post-auricular sulcus” & “closure of wound with FTSG”. The design of the lexicon intends to prevent this being done.

Appropriate recording = Excision of BCC & FTSG

Example 2

Operation = Repair of ten tendons, one nerve and one artery in a straightforward level five “spaghetti wrist” injury.

There are clearly many components to this operation, and trainees will wish to highlight this. This is particularly important if they have only performed part of the procedure, and yet have assisted with other parts of the procedure.

Appropriate recording = Primary repair multiple digits flexor tendons zone 3-5

Neurosynthesis forearm/arm

Repair artery at wrist level

We would not expect this procedure to be broken down into “EUA wrist wound” & “extend wrist wound” & “lavage wrist wound” & “neurosynthesis forearm/arm” & “repair artery at wrist level” & “primary repair single digit flexor tendon zone 3-5” & “primary repair single digit flexor tendon zone 3-5” & “primary repair single digit flexor tendon zone 3-5” & “primary repair single digit flexor tendon zone 3-5”............... etc.

It is important for trainees to demonstrate that they have performed procedures where multiple tendons were repaired, as well as single repairs. Again, the design of the lexicon should make it clear what is intended.

Example 3

Operation = DIEP breast reconstruction where the trainee has simply assisted all aspects of the procedure.

In this instance there is a single descriptor to cover this operation and so we would expect it to be used. We would not expect to see the procedure broken down into “excision of scar chest” & “excision of rib chest” & “explore internal mammary vessels” & “raising of DIEP flap” & “repair of abdominal wall defect with mesh” & “abdominoplasty” & “closure wound abdomen” & “arterial vascular anastomosis” & “venous anastomosis” & “closure wound chest”.......... etc.

Appropriate recording = Free DIEP flap (which is found through the “Breast – reconstruction” portal)

Where a trainee has performed part of the procedure, it is appropriate to record that by adding component parts of the larger procedure. For instance, if the trainee has raised the flap, and performed the arterial anastomosis, it would be reasonable to breakdown the procedure thus:

Appropriate recording = Free DIEP flap (which is found through the “Breast – reconstruction” portal)

Raise free flap

Arterial anastomosis

Summary

The new lexicon of terms is designed to make data entry simple and intuitive. The key guidance is:

* *If there is a simple descriptor that describes the whole operation - use it.*
* *It is appropriate to add additional descriptors to the same operative episode if this will demonstrate specific parts of a procedure a trainee has performed.*