

# *Guidance for Entering Operative Procedures into the Edinburgh eLogbook*

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The following guidance was agreed at the meeting of the SAC for Plastic Surgery and the Regional TPDs held in London on 20<sup>th</sup> September 2018.

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 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 principles should be applied to the recording of any surgical procedure. The codes selected should:

1. be as simple as possible
2. yet demonstrate what you have done.
3. Use common sense
4. and consider if you could defend your coding to an ARCP panel.

If you are in doubt about how best to code a procedure (particularly for large complex cases) consider discussing the case with your supervisor to reach a consensus. It may be reasonable to record a procedure as P, SU or SS even if you have not undertaken each component part of the case that day (which happens frequently with free tissue transfer cases) but are able to perform each component part of the case to the described level.

## *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, it should be used accordingly. We would not expect 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 code = **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, and this adheres to the principle to use the simplest code available.

### *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 messages are:

- *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.*

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