LOG BOOK

FOR TRAINEES TOWARDS MEMBERSHIP IN OBSTETRICS AND GYNAECOLOGY (MCOG-ECSA)
LIST OF PROCEDURES TO BE PERFORMED
BY TRAINEES DURING THEIR CORE TRAINING

February 2023

The Eastern, Central and Southern Africa College of Obstetrics and Gynaecology,
P.O. Box ................. Arusha, Tanzania.
INTRODUCTION:

This log book lists a number of clinical/surgical procedures which the trainee is supposed to perform under supervision during his/her training. It also guides the trainers and training sites/hospitals on the kind of skills the trainees are supposed to be exposed to during the period of training. The trainees should endeavour to accomplish a minimum of 70% of the stipulated procedures. The trainee must do all the various categories of procedures. If for some reasons the trainee is not able to perform a stipulated procedure a written explanation must be provided and supported by the trainer. The procedures must be countersigned by the trainer/supervisor.

The duly completed log book must be submitted at least 4 weeks before the date of the final yearly examination the trainee hopes to sit. It will be assessed every year and will account to 20% of the total Score that year.

OBJECTIVES:

This logbook is meant to serve as a guide on the minimum clinical/surgical skills a trainee is expected to muster before he/she can be considered to sit for the final College Membership Examination. These are on top of other requirements, which must also be accomplished during the core specialist training, as contained in the curriculum.

HOW TO USE THE LOGBOOK:

The trainee is supposed to keep this book safe and clean.

He/she should fill the procedure as soon as performed, get it countersigned by his/her supervisor, whenever necessary discuss any issues arising therefrom. It is meant to serve as a mentorship tool on top of providing evidence of skill acquisition in the course of training.

The book must be reviewed by the supervisor quarterly and the student given an opportunity to discuss some of the procedures performed, as well as the progress being made.

It will be marked by the internal examiners, assessed by the College, thereafter reviewed by the External Examiner(s) for the examinations and a score given. This will form part of the final score aggregate.

ECSACOG-LB
ECSACOG LOGBOOK

YEAR ONE

1. OBSTETRICS:

A: ANTENATAL PROCEDURES

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Observe</th>
<th>Assist</th>
<th>Perform with assistance</th>
<th>Perform</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chorionic villous sampling</td>
<td>2</td>
<td>Optional</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Amniocentesis</td>
<td>2</td>
<td>Optional</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>External cephalic version</td>
<td>Optional</td>
<td>Optional</td>
<td>Optional</td>
<td>N/A</td>
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<tr>
<td>Insertion of cervical cerclage</td>
<td>1</td>
<td>2</td>
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<tr>
<td>Basic Obstetric / Gynecological ultrasound</td>
<td>3</td>
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B. INTRAPARTUM PROCEDURES:

<table>
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<th>Perform with assistance</th>
<th>Perform</th>
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</thead>
<tbody>
<tr>
<td>Fetal scalp blood sampling</td>
<td>Optional</td>
<td>Optional</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>Induction of labour</td>
<td>2</td>
<td>2</td>
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<tr>
<td>Fetal monitoring (CTG)</td>
<td>2</td>
<td>3</td>
<td>5</td>
<td>20</td>
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<tr>
<td>Vaginal delivery – unassisted – singleton</td>
<td>Optional</td>
<td>2</td>
<td>5</td>
<td>30</td>
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<tr>
<td>Vaginal delivery – Twins</td>
<td>Optional</td>
<td>2</td>
<td>5</td>
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<tr>
<td>Shoulder dystocia manipulation &amp; delivery</td>
<td>2</td>
<td>2</td>
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<tr>
<td>Low/Outlet ventouse</td>
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<tr>
<td>Vaginal birth – assisted breech delivery</td>
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<tr>
<td>Caesarean section without a listed complexity</td>
<td>2</td>
<td>5</td>
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<tr>
<td>Caesarean section (Repeat &gt;2)</td>
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<tr>
<td>Caesarean section for mal-presentation/malposition</td>
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<tr>
<td>Caesarean section for multiple pregnancy</td>
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<tr>
<td>Caesarean section - APH – Placenta praevia</td>
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<td>Caesarean section - APH – Abruptio Placenta</td>
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<td>Caesarean hysterectomy</td>
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<tr>
<td>Classical caesarean section</td>
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<td>Optional</td>
<td>Optional</td>
<td>N/A</td>
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Caesarean section in second stage of labour | Optional | Optional | 2 | N/A
Ruptured Uterus - Repair | 2 | 2 | N/A | N/A
Ruptured Uterus - Subtotal hysterectomy | 2 | 2 | N/A | N/A
Ruptured Uterus - Total hysterectomy | 1 | N/A | N/A | N/A
Neonatal resuscitation | 2 | 2 | 5 | 10
Obstetric anaesthesia
a) Spinal | 5 | 5 | N/A | N/A
b) General | 5 | 5 | N/A | N/A

C. POSTPARTUM

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Observe</th>
<th>Assist</th>
<th>Perform with assistance</th>
<th>Perform</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPH (&gt;1000 mls loss) – Medically management</td>
<td>Optional</td>
<td>Optional</td>
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<tr>
<td>PPH (&lt;1000 mls loss) surgical management</td>
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<tr>
<td>a) EUA +/- Exploration</td>
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<td>b) Cervical Repairs</td>
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<tr>
<td>c) Manual removal of placenta</td>
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<td>5</td>
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<tr>
<td>d) B-Lynch suture</td>
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<tr>
<td>e) Hysterectomy</td>
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<tr>
<td>f) Uterine artery ligation</td>
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<td>N/A</td>
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<tr>
<td>g) 1st/2nd degree perineal tear</td>
<td>Optional</td>
<td>Optional</td>
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<tr>
<td>h) 3rd/4th degree perineal tear</td>
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2. GYNAECOLOGY:

a) Cancer Screening:

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<tbody>
<tr>
<td>Pap Smears</td>
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<td>Optional</td>
<td>5</td>
<td>20</td>
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<tr>
<td>VIA/VILI</td>
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<tr>
<td>Colposcopy +/- Biopsy (Cx)</td>
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<tr>
<td>EUA +/- Biopsy (Cx)</td>
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<td>LEEP</td>
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<td>Cryotherapy</td>
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<td>Conization</td>
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<td>Vulval biopsy</td>
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<tr>
<td>Fractional D+C/ Endometrial sampling</td>
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### b) Other Diagnostic/Curative procedures

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<td>MVA</td>
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<td>Electric Suction Curetage</td>
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<tr>
<td>Medical evacuation</td>
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<tr>
<td>Hysterectomy (+/- D&amp;C; Endometrial Polypectomy</td>
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<tr>
<td>Cystoscopy</td>
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<td>IUCD insertion (Interval)</td>
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<td>IUCD insertion (Postpartum)</td>
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<td>Displaced IUCD Removal/Retrieval</td>
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<td>3</td>
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<tr>
<td>Implant insertion</td>
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<tr>
<td>Implant removal</td>
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<td>1</td>
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<td>10</td>
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<tr>
<td>Vasectomy</td>
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<td>Tubal ligation (Minilap)</td>
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<td>Secondary wound closure</td>
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<td>Sexual based violence</td>
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<td>Chemotherapy</td>
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<tr>
<td>Counselling for family planning</td>
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### c) Laparotomy:

<table>
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<tr>
<th>Procedure</th>
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<th>Assist</th>
<th>Perform with assistance</th>
<th>Perform</th>
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<tbody>
<tr>
<td>Ovarian Cystectomy/Benign tumours/TOM</td>
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<tr>
<td>Myomectomy</td>
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<td>N/A</td>
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<tr>
<td>TAH (Simple/Extended)</td>
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<td>TAH + BSO</td>
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<tr>
<td>Wertheim’s Hysterectomy</td>
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<td>Debulking</td>
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<td>Pelvic abscess drainage</td>
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<td>Burst abdomen repair</td>
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<tr>
<td>Salpingectomy</td>
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<td>2</td>
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<tr>
<td>Adhesiolysis</td>
<td>1</td>
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<td>N/A</td>
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<td>Bowel resection +/- Colostomy/ileostomy/end-end anastomosis</td>
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<td>Appendectomy</td>
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d) Vulva/Perineum:

<table>
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<th>Procedure</th>
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<td>Bartholin’s Abscess/Cyst</td>
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<td>Vulvectomy (Simple)</td>
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<td>Radical</td>
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<tr>
<td>Perineorrhaphy</td>
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<tr>
<td>Hymen surgery</td>
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e) Vaginal surgery:

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<tbody>
<tr>
<td>Anterior Repair</td>
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<td>Posterior Repair</td>
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<tr>
<td>Combined Antero-posterior repair</td>
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<tr>
<td>VVF Repair</td>
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<td>RVF Repair</td>
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<td>Colpotomy</td>
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<td>Vaginal hysterectomy</td>
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<tr>
<td>Sling surgery</td>
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f) Laparoscopy:

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<td>Salpingectomy (for Ectopic)</td>
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<td>Cystectomy</td>
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<td>N/A</td>
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<td>Adhesiolysis</td>
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<td>N/A</td>
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<td>Endometriosis</td>
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<tr>
<td>Oophorectomy</td>
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<td>Hysterectomy</td>
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<td>Myomectomy</td>
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<td>Node dissection</td>
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<td>Tubal ligation</td>
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CLINICAL CASE PRESENTATIONS

Student should have done 5 Clinical case Presentations during year 1
## ECSACOG LOGBOOK

### YEAR TWO

1. **OBSTETRICS:**

#### A: ANTENATAL PROCEDURES

<table>
<thead>
<tr>
<th>Procedure</th>
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<tbody>
<tr>
<td>Chorionic villous sampling</td>
<td>2</td>
<td>Optional</td>
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<td>N/A</td>
</tr>
<tr>
<td>Amniocentesis</td>
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<td>Optional</td>
<td>Optional</td>
<td>N/A</td>
</tr>
<tr>
<td>External cephalic version</td>
<td>Optional</td>
<td>Optional</td>
<td>Optional</td>
<td>N/A</td>
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<tr>
<td>Insertion of cervical cerclage</td>
<td>Optional</td>
<td>Optional</td>
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<tr>
<td>Basic Obstetric / Gynecological ultrasound</td>
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#### B. INTRAPARTUM:

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<th>Observe</th>
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<tbody>
<tr>
<td>Fetal scalp blood sampling</td>
<td>Optional</td>
<td>Optional</td>
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<td>N/A</td>
</tr>
<tr>
<td>Induction of labour</td>
<td>Optional</td>
<td>Optional</td>
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<td>30</td>
</tr>
<tr>
<td>Fetal monitoring (CTG)</td>
<td>Optional</td>
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<tr>
<td>Vaginal delivery – unassisted – singleton</td>
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<tr>
<td>Vaginal delivery – Twins</td>
<td>Optional</td>
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### Neonatal resuscitation

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### C. Postpartum

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<td>b) Cervical Repairs</td>
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<td>c) Manual removal of placenta</td>
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<td>d) B-Lynch suture</td>
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### 2. GYNAECOLOGY:

#### b) Cancer Screening:

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#### b) Other Diagnostic/Curative procedures

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ECSACOG-LB
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**c) Laparotomy:**

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**d) Vulva/Perineum:**

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### e) Vaginal surgery:

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### f) Laparoscopy:

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### CLINICAL CASE PRESENTATIONS

Student should have done 5 Clinical case Presentations during year 2
## ECSACOG LOGBOOK

### YEAR THREE

1. **OBSTETRICS:**

#### A: ANTENATAL PROCEDURES

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#### B. INTRAPARTUM:

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### Ruptured Uterus - Total hysterectomy

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### Neonatal resuscitation

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### Obstetric anaesthesia

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### C. Postpartum

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<td>b) Cervical Repairs</td>
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<td>c) Manual removal of placenta</td>
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<td>d) B-Lynch suture</td>
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<td>e) Hysterectomy</td>
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<td>f) Uterine artery ligation</td>
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<td>g) 1st/2nd degree perineal tear</td>
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<td>h) 3rd/4th degree perineal tear</td>
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### 2. GYNAECOLOGY:

#### b) Cancer Screening:

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<td>Fractional D+C/Endometrial sampling</td>
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#### b) Other Diagnostic/Curative procedures

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ECSACOG-LB
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<td>IUCD insertion (Postpartum)</td>
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<td>IUCD Removal/Retrieval</td>
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<td>Implant insertion</td>
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<td>Tubal ligation (Minilap)</td>
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**c) Laparotomy:**

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<td>TAH + BSO</td>
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<td>Salpingectomy</td>
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<td>Adhesiolysis</td>
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ECSACOG-LB
### d) Vulva/Perineum:

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### e) Vaginal surgery:

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<td>Posterior Repair</td>
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<td>RVF Repair</td>
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### f) Laparoscopy:

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### CLINICAL CASE PRESENTATIONS

Student should have done 5 Clinical case Presentations during year 3
**ECSACOG LOG BOOK**

**YEAR FOUR**

b. **OBSTETRICS:**

A: **ANTENATAL PROCEDURES**

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<td>External cephalic version</td>
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B. **INtrapartum:**

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<td>Induction of labour</td>
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<td>Fetal monitoring (CTG)</td>
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<td>Vaginal delivery – Twins</td>
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<td>Shoulder dystocia manipulation &amp; delivery</td>
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<td>Low/Outlet ventouse</td>
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<td>Caesarean section in second stage of labour</td>
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### Neonatal Resuscitation

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### Obstetric Anaesthesia

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<td>a) Spinal</td>
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<td>b) General</td>
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### C. Postpartum

#### Procedure

- **PPH (>1000 mls loss) – Medically management**
  - Optional: Observe, Assist, Perform with assistance: Optional, Perform: 10
- **PPH (.1000 mls loss) - surgical management**
  - a) EUA +/- Exploration
    - Optional: Observe, Assist, Perform with assistance: Optional, Perform: 5
  - b) Cervical Repairs
    - Optional: Observe, Assist, Perform with assistance: Optional, Perform: 5
  - c) Manual removal of placenta
    - Optional: Observe, Assist, Perform with assistance: Optional, Perform: 5
  - d) B-Lynch suture
    - Optional: Observe, Assist, Perform with assistance: Optional, Perform: 3
  - e) Hysterectomy
    - Optional: Observe, Assist, Perform with assistance: Optional, Perform: 3
  - f) Uterine artery ligation
    - Optional: Observe, Assist, Perform with assistance: Optional, Perform: 1
  - g) 1\textsuperscript{st}/2\textsuperscript{nd} degree perineal tear
    - Optional: Observe, Assist, Perform with assistance: Optional, Perform: 5
  - h) 3\textsuperscript{rd}/4\textsuperscript{th} degree perineal tear
    - Optional: Observe, Assist, Perform with assistance: Optional, Perform: 5

### 2. GYNAECOLOGY:

#### b) Cancer Screening:

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<th>Perform with assistance</th>
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<td>VIA/VILI</td>
<td>Optional</td>
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<td>Colposcopy +/- Biopsy (Cx)</td>
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<td>EUA +/- Biopsy (Cx)</td>
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<td>LEEP</td>
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<td>Conization</td>
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<tr>
<td>Vulval biopsy</td>
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<tr>
<td>Fractional D+C/Endometrial sampling</td>
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#### b) Other Diagnostic/Curative procedures

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<tr>
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<tr>
<td>MVA</td>
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<td>Electric Suction Curratage</td>
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<td>Medical evacuation</td>
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### Hysteroscopy (+/- D&C; Endometrial Polypectomy)
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### Cystoscopy
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### IUCD insertion (Interval)
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### IUCD insertion (Postpartum)
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### IUCD Removal/Retrieval
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<td>IUCD Removal/Retrieval</td>
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### Implant insertion
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### Implant removal
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<tbody>
<tr>
<td>Implant removal</td>
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### Vasectomy
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<td>Vasectomy</td>
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### Tubal ligation (Minilap)
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<td>Tubal ligation (Minilap)</td>
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### Secondary wound closure
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### Gender based violence
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### Chemotherapy
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### c) Laparotomy:

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<tbody>
<tr>
<td>Ovarian Cystectomy/Benign tumours/TOM</td>
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<td>Myomectomy</td>
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<td>TAH (Simple/Extended)</td>
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<td>TAH + BSO</td>
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<td>Pelvic abscess drainage</td>
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<td>Burst abdomen repair</td>
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<td>Salpingectomy</td>
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<td>Adhesiolysis</td>
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<td>Bowel resection +/- Colostomy/ileostomy/end-end anastomosis</td>
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### d) Vulva/Perineum:

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<td>Bartholin’s Abscess/Cyst</td>
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<td>Vulvectomy (Simple)</td>
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<td>Radical</td>
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<td>Perineorrhaphy</td>
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<td>Hymen surgery</td>
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ECSACOG-LB
## E) Vaginal Surgery

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<td>Posterior Repair</td>
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<td>Combined Antero-posterior repair</td>
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<td>VVF Repair</td>
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<td>RVF Repair</td>
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<td>Vaginal hysterectomy</td>
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<td>Sling surgery</td>
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### f) Laparoscopy:

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<td>Cystectomy</td>
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<td>Optional</td>
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<td>Adhesiolysis</td>
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<td>Endometriosis</td>
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<td>Oophorectomy</td>
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<td>Hysterectomy</td>
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### CLINICAL CASE PRESENTATIONS

Student should have done 5 Clinical case Presentations during year 4