



POST-FELLOWSHIP TRAINING PROGRAM IN FACIAL PLASTIC SURGERY OPERATION STATISTICS

NOTE: THIS FORM IS TO BE TYPED. HANDWRITTEN FORM WILL NOT BE ACCEPTED.

NAME OF TRAINEE : _____

TRAINING CENTRE : _____

Reporting period : from _____ to _____

Indicate in each category the number of cases either performed as primary surgeon, performed as first assistant (assisted) during the year.

<u>I. TRAUMA</u>	Performed	Assisted	Subtotal	Observed	Total
Repair Soft Tissue Injury/Lacerations					
Facial Nerve Repair					
Lacrimal Duct Repair					
Nasal Fracture					
Frontal Sinus Fracture					
Nasoethmoid Fracture					
Skull/Cranial Fracture					
Midface Fracture					
Malar (Zygoma) Fracture					
Orbital Fracture					
Mandibular Fracture					
Other					
SUBTOTAL TRAUMA					

<u>II. CONGENITAL</u>	Performed	Assisted	Subtotal	Observed	Total
Hemangioma/Lymphangioma Resection Treatment					
Choanal Atresia Repair					
Cleft Lip Unilateral Repair Bilateral Repair					
Alveolar Cleft Repair					
Cleft Palate Repair					
Craniofacial Procedure					
Microtia Reconstruction					
Otoplasty (#patients-not ears)					
Other Auricular Revision					
Other					
SUBTOTAL CONGENITAL					

<u>III. RECONSTRUCTIVE</u>	Performed	Assisted	Subtotal	Observed	Total
Mandible Reconstruction					
Facial Bone Grafting/Reconstruction					
Orthognathic Procedures					
Grafts Split Thickness Full Thickness Composite Dermal/Dermal-Fat Cartilage Grafts Auricular Rib Septal					
Flaps Local Regional Distal Free Lip Detachment of Pedicle Flap					

	Performed	Assisted	Subtotal	Observed	Total
Facial Nerve Reconstruction Nerve Graft Gold Weight Lower Lid Tightening Microneurovascular Flap Muscle Sling Static Sling Other					
Scar Revision Surgery Z-Plasty W-Plasty/Geometric Broken Line Closure Complex Other Full Face Dermabrasion					
Tissue Expanders					
Other					
SUBTOTAL RECONSTRUCTIVE					

<u>IV. COSMETIC/RECONSTRUCTIVE</u>	Performed	Assisted	Subtotal	Observed	Total
Rhinoplasty					
Septorhinoplasty					
Septoplasty					
Blepharoplasty (count bilaterals as 1 procedure <u>only</u> ; count upper & lower blephs <u>each</u> as 1 procedure)					
Rhytidectomy Endoscopic Facelift					
Mentoplasty Augmentation Reduction					
Facial Implants (e.g. malar)					
Coronal/Frontal Lift					
Browlift Endoscopic Forehead Lift					
Cervicofacial Liposuction					
Skin Resurfacing Dermabrasion (major-not scars) Chemical Peel (medium & deep only) Face, Eyelid, and/or Perioral Laser Resurf. Laser Treatment of Vascular Lesions					
Hair Replacement Flap Scalp Reduction Micro, Mini or Punch Grafts					
Other					
SUBTOTAL COSMETIC/RECONSTRUCTIVE					

<u>V. HEAD AND NECK</u>	Performed	Assisted	Subtotal	Observed	Total
SUBTOTAL HEAD AND NECK					

<u>VI. OTHER</u>	Performed	Assisted	Subtotal	Observed	Total
SUBTOTAL OTHER					

TO BE PREPARED BY:

Name _____ Signature _____

TO BE CERTIFIED BY THE HEAD OF TRAINING CENTRE:

Name _____ Signature _____

Date _____