

INDIAN COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

*The Federation of Obstetric and Gynaecological Societies of India (FOGSI) office.
Trade World, C-5,6,7,9,12,13, 1st Floor, D wing Entrance, Kamala City, Senapati Bapat Marg,
Lower Parel (W), Mumbai-400013. Tel Nos. 022-2302 1648/1654/1343*

Email: icogoffice@gmail.com; Website: <http://www.icogonline.org>



Founded 1984

LOG BOOK

for

*Certificate Course for
Gynaecological Endoscopy and
Minimal access surgery*

Candidate Name:-----

Examination Reg. No:-----

Declaration

I,hereby do solemnly declare that all information contained in this LOGBOOK is a true and accurate record of my professional experience, education and training from to representing the period of training for the Certificate Course in Gynaecological Endoscopy and Minimal access surgery

Signature of Candidate:

Trainee Number:

Date:

Signature of Guide:

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GENERAL INSTRUCTIONS TO CANDIDATES

The purpose of the Log Book is:

- i) To help the candidate record his training in brief detail so that experience can be recorded and deficiencies identified and remedied**
- ii) To help both consultants and the college to assess overall training and provide the extra experience for trainees in the areas where it is most needed**

The timing of the Log Book:

Logbooks should be completed during training in centers recognized by the College. Any queries concerning log book/training should be referred to the Examination Department (Chairman/Secretary) of the Indian College of Obstetricians and Gynaecologists.

The candidate should bring to the examination completed Log Books.

Candidates are strongly advised to carry the Log Book with them at all times and to fill it in on a daily basis. This will avoid much retrospective record hunting. Candidates should discuss the progress of the Log Book with their Consultant at least every week and a summary of experience must be signed by the consultant.

Confidentiality:

Candidate must not identify patients by name. Cases should be recorded by hospital number and /or patient's initials.

SUBSPECIALITY

- **Endoscopic Surgery in Gynaecology**
(Areas to be covered in Endoscopic Surgery)

A. LAPROSCOPIC PROCEDURES

- a) **Diagnostic**
- b) **Therapeutic**

B. HYSTEROSCOPIC PROCEDURES

- a) **Diagnostic**
- b) **Therapeutic**

CASE RECORD OF LAPAROSCOPIC SURGERY

A. Diagnostic Procedures

B. Therapeutic Procedure

A. Diagnostic Laparoscopy Cases

1. Infertility Workup

- a) **Tubal Patency Assessment (Chromopertubation)**
- b) **Pelvic Adhesions**
- c) **Ovulatory Disorder Assessment (PCOS)**
- d) **Pelvic Endometriosis**

2. Diagnosis of Chronic Pelvic Pain

- a) **Chronic Pelvic Inflammatory Disease (PID)**
- b) **Minimal Endometriosis**
- c) **Pelvic Adhesions**

3. Investigations of Cases with Amenorrhoea

- a) **Intersex Disorder**
- b) **Pelvic Tuberculosis**

4. Evaluation of Cases with Mullerian Abnormalities

5. Diagnosis of Clinically Suspected Pelvic mass (fibroid, ovarian cyst, T.O. Mass)

6. Diagnosis of Acute Pelvic Pathology

- a) **Ectopic Pregnancy**
- b) **Appendicitis**
- c) **Acute Salpingitis**
- d) **Corpus Luteal Haemorrhage**

LAPAROSCOPIC THERAPEUTIC PROCEDURES

1. MINOR PROCEDURES

- a) Tubal Sterilization**
- b) Adhesiolysis**
- c) Aspiration of Simple Ovarian Cysts**
- d) Ovarian Biopsy**

2. MODERATE PROCEDURE

A. ECTOPIC PREGNANCY

- a) Salpingectomy**
- b) Salpingostomy**
- c) Salpingo-oophorectomy**

B. ENDOMETRIOSIS ABLATION BY DIATHERMY

C. OVARIAN SURGERY

- a) Drilling Surgery (LOD)**
- b) Ovarian Cystectomy**
- c) Salpingo-ovariolysis**
- d) Drainage of Ovarian Endometrioma**

D. UTERUS

- a) Myomectomy**
- b) Laparoscopic Assisted Vaginal Hysterectomy (LAVH)**

E. MAJOR (EXTENSIVE) PROCEDURE

- a. Major Endometriosis – Surgery**
- b. Pelvic Lymphadenectomy**
- c. Radical Hysterectomy & Pelvic Lymphadenectomy**

HYSTEROSCOPIC SURGERY

DIAGNOSTIC PROCEDURES

A. DIAGNOSTIC PROCEDURES

- a) Infertility Workup**
- b) Uterine Malformations**
- c) Recurrent Miscarriage**
- d) Misplaced IUCD**
- e) Abnormal Uterine Bleeding**
- f) Post Menopausal Bleeding**

OPERATIVE HYSTERSCOPY

- a) Polypectomy**
- b) Myomectomy**
- c) Synaecolysis**
- d) Removal of Foreign Body or IUCD (missing threads)**
- e) Endometrial Biopsy**
- f) Tubal Cannulation**
- g) Sterilization – blocking intestinal portion of the tube**
- h) Metroplasty (Septum Resection)**
- i) Endometrial Resection**

PERSONAL DETAILS OF THE CANDIDATE**Family Name (Surname):** _____ **Forenames:** _____**Sex:** Male/Female**Date of Birth:** _____**Date and Place of Graduation (Specify University):** _____**Postgraduate Qualifications:** _____

