



## Application to Establish a Fellowship Training Center for ACVS Minimally Invasive Surgery, Small Animal Soft Tissue

**Founding Fellow or Fellow of the ACVS Founding MIS Small Animal Soft Tissue Surgery Fellowship present at the Institution/Practice:**

Name (print): \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Institution/Practice: \_\_\_\_\_

Institution/Practice Address: \_\_\_\_\_

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Please complete the following questionnaire. It will be reviewed by the MIS Fellowship Oversight Committee (FOC) for the Small Animal Soft Tissue discipline. You will receive a response within 30 days of submitting the application.

If you have questions about this application, contact the Chair of the MIS FOC for the Small Animal Soft Tissue discipline, Dr. Eric Monnet, [eric.monnet@colostate.edu](mailto:eric.monnet@colostate.edu).

1. How many Founding Fellows or Fellows of the ACVS MIS Small Animal Soft Tissue Surgery Fellowship are present at your institution/practice? \_\_\_\_\_

2. How many laparoscopic thoracoscopic towers are available in your institution/practice? \_\_\_\_\_

3. Which of the following equipment is available at your institution/practice? *Select all that apply.*

\_\_\_ Single access port

\_\_\_ Needle holder for endoscopy

\_\_\_ Near infrared light and camera

\_\_\_ 30° Telescope

\_\_\_ Other angled telescope

\_\_\_ Monopolar electrocautery

\_\_\_ Bipolar electrocautery

\_\_\_ Vessel sealant device

\_\_\_ Ultrasound dissector

\_\_\_ Endoscopic stapling equipment

4. Which of the following advanced imaging technologies are available at your institution/practice?

\_\_\_ CT scan

\_\_\_ MRI

5. How many minimally invasive surgeries are you performing per year? List the approximate total number for all that apply.

**Laparoscopy:**

- \_\_\_ Ovariectomy or ovari hysterectomy
- \_\_\_ Assisted Gastropexy
- \_\_\_ Gastropexy
- \_\_\_ Cryptorchidectomy
- \_\_\_ Adrenalectomy
- \_\_\_ Cholecystectomy

- \_\_\_ Splenectomy
- \_\_\_ Assisted cystotomy
- \_\_\_ Nephrectomy
- \_\_\_ Lymph node dissection
- \_\_\_ Others

**Thoracoscopy:**

- \_\_\_ Exploration/biopsy
- \_\_\_ Complete lung lobectomy
- \_\_\_ Partial lung lobectomy
- \_\_\_ Subtotal pericardectomy

- \_\_\_ Pericardial window
- \_\_\_ Thymoma
- \_\_\_ Persistent aortic arches
- \_\_\_ Others

6. Describe the on-site simulators available in your institution/practice?

7. Are other specialists present at your institution/practice?

**Radiologist**

On site \_\_\_ Off site \_\_\_  
Availability (hours per week): \_\_\_\_\_

**Anesthesiologist**

On site \_\_\_ Off site \_\_\_  
Availability (hours per week): \_\_\_\_\_

**Criticalist**

On site \_\_\_ Off site \_\_\_  
Availability (hours per week): \_\_\_\_\_

8. Describe equipment available to perform one lung ventilation in your institution/practice?