

Consolidation Sheet

Operation Records

Trainee :	
Trainer :	Mentor :
Training Hospital :	
Training Period :	

<i>Operations</i>	<i>Training Period Jan 20_ – Jun 20_</i>			<i>Training Period Jul 20_ – Dec 20_</i>			<i>Total</i>
	<i>A</i>	<i>C</i>	<i>S</i>	<i>A</i>	<i>C</i>	<i>S</i>	
Head Injury							
<i>Head Injury Management – ICP</i>							
<i>Head Injury Management – Craniotomy/ Craniectomy</i>							
Vascular							
<i>Vascular Surgery – Spontaneous ICH</i>							
<i>Vascular Surgery – Aneurysm Surgery</i>							
<i>Vascular Surgery – AVM Surgery</i>							
<i>Vascular Surgery – Endovascular therapy</i>							
Brain Tumour							
<i>Brain Tumour – Supratentorial</i>							
<i>Brain Tumour – Infratentorial</i>							
<i>Brain Tumour – Pituitary</i>							
Hydrocephalus							
<i>Hydrocephalus – VP shunt</i>							
<i>Hydrocephalus – VA shunt</i>							
<i>Hydrocephalus – Endoscopic third ventriculostomy</i>							
<i>Hydrocephalus – External ventricular drainage</i>							
Spine							
<i>Spine – Degenerative</i>							
<i>Spine – Tumour</i>							
Functional Conditions							
<i>Epilepsy – Craniotomy</i>							
<i>Trigeminal Neuralgia / Hemifacial Spasm - Microvascular decompression</i>							
Miscellaneous*							
TOTAL							

*Miscellaneous conditions must be specifically clarified. Add rows if insufficient space.

Signature : _____

Consultant (block letters) : _____

Date : _____