

Attending Surgeon: \_\_\_\_\_

MR #: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## PACE - Prostatectomy Assessment and Competency Evaluation

DOMAINS*	1	2	3	4	5
<b>Bladder Drop</b>					
<b>Console Surgeon:</b>					
<b>Identify and Dissect away from Umbilical Ligaments &amp; Pubic Bone</b>	<ul style="list-style-type: none"> <li>• Injury to the Bladder/Pelvic Side Wall and/or adjacent Obturator Vessels/Nerve</li> </ul>		<ul style="list-style-type: none"> <li>• Entry into Peri-vesical Fat; or Bleeding Obscuring the Operative Field; or Inadequate Lateral Dissection and/or Curtain of Tissue left anteriorly</li> </ul>		<ul style="list-style-type: none"> <li>• Clean Dissection that respects all Surgical Planes with Minimal /no Bleeding and Preservation of Accessory Vessels if present</li> </ul>
<b>Preparation of the Prostate</b>					
<b>Console Surgeon:</b>					
<b>Defatting Prostate with Dorsal Venous Complex (DVC) Preservation</b>	<ul style="list-style-type: none"> <li>• DVC and/or Periprostic Bleeding</li> <li>• Inadequate Defatting/Injury of Anterior Prostate-Vesical Junction</li> <li>• Untimely and/or Inadvertent Opening of Endopelvic Fascia</li> <li>• Bladder not released from Pelvic Side Wall</li> </ul>		<ul style="list-style-type: none"> <li>• Suboptimal Hemostasis</li> <li>• Inadequate Anterior Prostate-Vesical Exposure with Acceptable Bladder release from Pelvic Side Wall</li> </ul>		<ul style="list-style-type: none"> <li>• Adequate Prostate-Vesical Exposure with Minimal/no Bleeding</li> <li>• Appropriate and Planned Opening of Endopelvic Fascia</li> <li>• Bladder released from Pelvic Side Wall</li> </ul>
<b>Bladder Neck Dissection</b>					
<b>Console Surgeon:</b>					
<b>Dissection of the Bladder Neck from the Prostate</b>	<ul style="list-style-type: none"> <li>• Wrong Plane with Subsequent Entry into the Prostate and/or weak (thin) Posterior Bladder Neck</li> <li>• Injury or close proximity to the Ureteric Orifices or Trigon</li> <li>• Leaves Prostate Tissue on the Bladder</li> </ul>		<ul style="list-style-type: none"> <li>• Disproportionate Bladder Neck</li> <li>• Deviates from Prostate-Vesical Junction but returns to the Correct Plane</li> </ul>		<ul style="list-style-type: none"> <li>• Identifies and divides the Natural Groove which delineates the Prostate-Vesical Junction</li> <li>• Proportionate Bladder Neck with adequate thickness and without entry into the Prostate</li> </ul>
<b>Dissection of the Seminal vesicles (SV) and Posterior Anatomical Plane</b>					
<b>Console Surgeon:</b>					
<b>Dissection of Seminal Vesicles (SV)</b>	<ul style="list-style-type: none"> <li>• Unintentional Retained Portion of SV</li> <li>• Excessive Use of Cautery</li> <li>• Uncontrolled bleeding from vessels around SV</li> </ul>		<ul style="list-style-type: none"> <li>• Complete Removal of the SV despite Inadvertant Entry</li> <li>• Vessels Torn with subsequent Control of Bleeding</li> </ul>		<ul style="list-style-type: none"> <li>• Complete Atraumatic Removal of SV with Minimal Traction</li> <li>• Appropriate Use of Cautery</li> </ul>
<b>Development of Posterior Anatomical Plane</b>	<ul style="list-style-type: none"> <li>• Entry into the Base of the Prostate</li> <li>• Inappropriate use of Cautery</li> <li>• Rectal injury</li> </ul>		<ul style="list-style-type: none"> <li>• Initial Entry into Suboptimal Plane close to the Prostate or Rectum with subsequent Correction of the Anatomical Plane</li> </ul>		<ul style="list-style-type: none"> <li>• Anatomical Plane created down to the Posterior Urethra with Minimal Bleeding and Tearing of Tissue</li> </ul>
<b>Preservation of Neurovascular Bundle (NVB)</b>					
<b>Console Surgeon:</b>					
<b>Neurovascular Bundle (NVB) Preservation</b>	<ul style="list-style-type: none"> <li>• Entry into the Prostate</li> <li>• Inappropriate Use of Cautery</li> <li>• Damage to the Main Trunk of the NVB</li> </ul>		<ul style="list-style-type: none"> <li>• Excessive Traction on/around NVB</li> <li>• Poor Set up/Visualization of Operative Field</li> <li>• Excessive Bleeding</li> <li>• Inadequate Release of NVB at/ adjacent to Apex of the Prostate</li> </ul>		<ul style="list-style-type: none"> <li>• Balanced Hemostasis with Proper Dissection up to and beyond the Apex of Prostate and Urethra</li> <li>• Appropriate Use of Cautery</li> </ul>
<b>Apical Dissection</b>					
<b>Console Surgeon:</b>					
<b>Apical Dissection</b>	<ul style="list-style-type: none"> <li>• Entry into the Apex of Prostate with Remnants of Prostate Tissue left on the Urethra</li> <li>• Untimely Entry into the DVC</li> <li>• Excessive Traction and injury/shortening of the Urethra</li> <li>• Injury to the Lateral Apical NVB</li> </ul>		<ul style="list-style-type: none"> <li>• Unable to clearly separate Prostatic Apex from the Urethra</li> <li>• Inadequate Closure of the Dorsal Venous Sinuses with Persistent Bleeding</li> <li>• Uneven edges of the urethral incision</li> </ul>		<ul style="list-style-type: none"> <li>• Complete Control of Dorsal Venous Sinuses with Adequate Urethral Length and Preservation of the NVB</li> </ul>
<b>Urethro-Vesical anastomosis</b>					
<b>Console Surgeon:</b>					
<b>Needle Entry</b>	<ul style="list-style-type: none"> <li>• Needle Tip usually (&gt;75%) enters Non-Perpendicular</li> </ul>		<ul style="list-style-type: none"> <li>• Needle Tip usually enters half the time Non-Perpendicular</li> </ul>		<ul style="list-style-type: none"> <li>• Needle Tip usually (&gt;90%) enters Perpendicular</li> </ul>
<b>Needle Driving &amp; Tissue Trauma</b>	<ul style="list-style-type: none"> <li>• Wrist Rotation seen &lt;25% times with Tissue Trauma</li> </ul>		<ul style="list-style-type: none"> <li>• Wrist Rotation seen &lt;50% times with Minimal Tissue Trauma</li> </ul>		<ul style="list-style-type: none"> <li>• Wrist Rotation almost always (&gt;90%) seen with no Tissue Trauma</li> </ul>
<b>Urethro-Vesical Approximation</b>	<ul style="list-style-type: none"> <li>• Poor Approximation of Posterior Plate</li> <li>• Significant Leakage after Irrigation requiring Re-anastomosis</li> </ul>		<ul style="list-style-type: none"> <li>• &lt;50% of Circumferential Approximation</li> <li>• Minor Leakage after Irrigation requiring Repair</li> </ul>		<ul style="list-style-type: none"> <li>• Well Approximated</li> <li>• Water Tight after Irrigation</li> </ul>

\* The presence of any single or multiple criteria within each anchor qualifies for that score.