



**European Academy of Facial Plastic Surgery**  
Board of education

**Sent complete typed and signed in-training log to**

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**EAFPS FELLOWSHIP IN-TRAINING OPERATION LOG**

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**I. TRAUMA**

	Performed	Assisted	Subtotal	Observed	Total
Repair Soft Tissue Injury/Lacerations					
Facial Nerve Repair					
Lacrimal Duct Repair					
Nasal Fracture					
Frontal Sinus Fracture					
Naso-ethmoid Fracture					
Skull/Cranial Fracture					
Midface Fracture					
Malar (zygoma) Fracture					
Orbital Fracture					
Mandibular Fracture					
Other					
<b>Subtotal Trauma</b>					

**II. CONGENITAL**

	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 ( <i>#patients-not ears</i> )					
Other Auricular Revision					
Other					
<b>Subtotal Congenital</b>					

**III. RECONSTRUCTIVE**

	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	_____	_____	_____	_____	_____
Facial Nerve Reconstruction					
- Nerve Graft	_____	_____	_____	_____	_____
- Gold Weight	_____	_____	_____	_____	_____
- Lower Lid Tightening	_____	_____	_____	_____	_____
- Microvascular 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					
<b>Subtotal Reconstructive</b>					

**IV. COSMETIC/RECONSTRUCTIVE**

	Performed	Assisted	Subtotal	Observed	Total
Rhinoplasty					
Septorhinoplasty					
Septoplasty					
Blepharoplasty					
- Upper Cosmetic	_____	_____	_____	_____	_____
- Upper Functional	_____	_____	_____	_____	_____
- Lower w/ fat repositioning	_____	_____	_____	_____	_____
- Lower Cosmetic	_____	_____	_____	_____	_____
- Skin Pinch	_____	_____	_____	_____	_____
Rhytidectomy					
- Extended SMAS	_____	_____	_____	_____	_____
- Deep Plane	_____	_____	_____	_____	_____
- Mini-Lift	_____	_____	_____	_____	_____
- Plication Lift	_____	_____	_____	_____	_____
- Midface Lift	_____	_____	_____	_____	_____
Mentoplasty (Chin)					
- Augmentation	_____	_____	_____	_____	_____
- Reduction	_____	_____	_____	_____	_____
Facial Implants (e.g. malar)					
Coronal/Frontal Lift					
Browlift					
- Endoscopic Forehead Lift	_____	_____	_____	_____	_____
- Transtemporal	_____	_____	_____	_____	_____
- tricophytic	_____	_____	_____	_____	_____
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	_____	_____	_____	_____	_____
Fat Transfer					
Other					
<b>Subtotal Cosmetic/Reconstructive</b>					

**V. HEAD AND NECK**

	Performed	Assisted	Subtotal	Observed	Total
<b>Subtotal Head and Neck</b>					

**Fellow's Signature**

**Date** \_\_\_\_\_

**Fellowship Director Signature**

**Date** \_\_\_\_\_