

Peripheral nerve surgery training

[Neurosurgery residents](#) exceeded the required minimum number of Peripheral nerve surgery and were increasingly more exposed to PNS. However, compared with their counterparts in orthopedic and [plastic surgery](#), neurosurgery [residents](#) performed significantly fewer cases. Exposure for neurosurgery residents remains unchanged over the study period while plastic surgery residents experienced an increase in case volume. The deficiency in exposure for neurosurgical residents must be addressed to harness interest and proficiency in PNS ¹⁾.

In 2003, the goal of a study was to determine current practice patterns and attitudes of neurosurgeons toward peripheral nerve surgery.

A 13-question survey was mailed to all active members of the American Association of Neurological Surgeons and the Congress of Neurological Surgeons. Collected responses were entered into a database and were analyzed using statistical software.

Of 3800 surveys mailed there were 1728 responses for a 45% response rate. Analysis of the data revealed that respondents had a greater comfort level with simple peripheral nerve procedures, such as carpal tunnel release, and a lack of comfort with more complex peripheral nerve procedures, such as brachial plexus exploration. The majority of simple cases were treated by the surveyed neurosurgeons, whereas the majority of complex cases were referred to other surgeons, primarily to other neurosurgeons. The type of medical practice (academic, group, or solo) and the location of the practice (major city, small city, suburban setting, or rural area) showed a statistically significant correlation to simple case referral patterns, whereas the length of time since the respondent underwent training did not. Practice type and location, and years since training showed a statistically significant correlation to complex case referral patterns. Only 48.7% of the respondents believed that they had been given sufficient exposure to peripheral nerve surgery during residency training. The overwhelming majority (97.2%) of respondents favored keeping peripheral nerve surgery as part of the neurosurgical [curriculum](#) ²⁾.

Peripheral nerve surgical competency

[Peripheral nerve surgical competency](#).

Fellowships

Peripheral Nerve Surgery Fellowship ([Mayo Clinic Rochester](#)).

[Salt Lake City](#)

University of [Calgary](#).

Courses

Copenhagen Peripheral Nerve Surgery Course 2022 <https://peripheral-nerve-surgery.com/>

1)

Gohel P, White M, Agarwal N, Fields P D, Ozpinar A, Alan N. Longitudinal Analysis of Peripheral Nerve Surgery Training: Comparison of Neurosurgery to Plastic and Orthopedic Surgery. World Neurosurg. 2022 Jan 30:S1878-8750(22)00108-5. doi: 10.1016/j.wneu.2022.01.094. Epub ahead of print. PMID: 35108647.

2)

Maniker A, Passannante M. Peripheral nerve surgery and neurosurgeons: results of a national survey of practice patterns and attitudes. J Neurosurg. 2003 Jun;98(6):1159-64. doi: 10.3171/jns.2003.98.6.1159. PMID: 12816257.

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Last update: **2024/06/07 02:51**

