

PHILIPPINE BOARD OF OBSTETRICS AND GYNECOLOGY PART 1 WRITTEN EXAMINATION CASE REQUIREMENTS FOR FIRST APPLICATION	
Correct number is a CORE requirement . Variety in indications and/or pathologies of the cases is a CORE requirement . Cases should be done during residency training and within the FIVE (5) years prior to/before the application .	
OBSTETRIC CASES (25)	
Primary low segment cesarean section with the following indications:	
-Dystocia/Abnormal labor pattern (Must include a partogram)	2
-Non-reassuring fetal status (Must include the CTG tracing)	2
-Placental abnormalities	2
-Fetal malpresentation (frank breech/footling breech/acromiodorsoanterior)	3
-Other indications (medical/obstetrical)	3
Primary classical cesarean section	1
Repeat low segment cesarean section (s/p 1 previous cesarean section only)	1
Indicated cesarean section hysterectomy/Peripartum hysterectomy/ Hysterectomy with mole-in-situ	1
Tubal surgery for ectopic pregnancy	3
Indicated assisted vaginal delivery- forceps extraction (outlet or low forceps) OR vacuum extraction (outlet or low vacuum extraction)	3
VBAC with assisted vaginal delivery	1
Suction curettage/Vaginal evacuation of H. mole	1
Vaginal breech delivery (with live fetus weighing at least 1.5 kg)	1
Indicated manual extraction of the placenta	1
<p>Of the 25 cases, at least 13 should have been managed by the applicant as primary surgeon (Owned) and only a maximum of 12 private cases (PC) is allowed.</p> <p>*Private Case (PC) is NOT allowed in the following cases:</p> <ol style="list-style-type: none"> 1. Indicated Cesarean hysterectomy/Peripartum hysterectomy/Hysterectomy with mole-in-situ 2. Indicated forceps or vacuum extraction 3. Suction curettage/Vaginal evacuation of H. mole 4. Vaginal breech delivery 	
GYNECOLOGIC CASES (17)	
Total abdominal hysterectomy with or without salpingectomy or salpingo-oophorectomy with the following indications:	
-Myoma or Adenomyosis	4
-Ovarian New Growth (benign or malignant)	3
-Others	1
Abdominal myomectomy	1
Vaginal hysterectomy	1

Adnexal surgery in any combination of the following procedures: -Oophorocystectomy -Salpingoophorectomy OR Oophorectomy -Salpingectomy (NOT for ectopic pregnancy) - Excision of paratubal/paraovarian cyst (At least 7cm; surgical technique should be similar to oophorocystectomy)	7 At least 2 At least 1 Optional Optional
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Of the 17 cases, at least 9 should have been managed by the applicant as primary surgeon (Owned) and only a maximum of 8 private cases (PC) is allowed.

*Private Case (PC) is **NOT allowed** in the following cases:

1. Abdominal Myomectomy
2. Vaginal Hysterectomy

OTHER GYNECOLOGIC CASES (8)

Any combination of procedures below: -Diagnostic curettage or endometrial biopsy -Bartholin's cyst excision or marsupialization -Diagnostic hysteroscopic procedure -Operative hysteroscopic procedure* -Biopsy of cervix, vagina or vulva -Excision of vaginal or vulvar lesion -Colporrhaphy -Interval bilateral tubal ligation/permanent sterilization -Excision/electrocautery of genital warts -Evacuation of vulvo-vaginal hematoma (with ligation of bleeders, non-puerperal) -Repair of genital tract lacerations (non-puerperal) -Endocervical polypectomy -Vaginal myomectomy -Hysterosalpingography -Hymenectomy/Hymenotomy	Max. of 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 1
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Of the 8 cases, at least 4 should have been managed by the applicant as primary surgeon (Owned) and only a maximum of 4 private cases (PC) is allowed.

***Can be submitted as an owned case beginning 2030**

NOTE: Pedunculated subserosal or solitary pedunculated submucosal myoma are excluded from abdominal myomectomy cases. Myomectomy conducted in conjunction with or immediately preceding hysterectomy is also excluded.