FORM APPROVED OMB Approval No. 0917-0009 Expiration Date:

# SURGICAL PRIVILEGES REQUEST FORM

#### INTRODUCTION

This Surgical Privileges Request Form must be accompanied or preceded by a completed application for medical staff appointment, including the necessary supporting documents. Many clinical privileges pertinent to the practice of surgery and surgical specialties are listed below. This list contains both outpatient and inpatient items. The request for privileges must reflect both the applicant's and the facility/staff's ability to carry out or support the various functions. Documentation of training and/or experience in performing various surgical procedures must accompany this request. Any additional privileges may be requested on the Surgical Privileges Request Form or may be presented in an attached list and referenced on this form under "other."

### **INSTRUCTIONS FOR COMPLETING THE FORM**

**Applicant:** With a check mark in the appropriate location, indicate for each item whether you are requesting *limited* or *full* privileges. *Limited* means that the applicant may function in the area of the stated clinical privileges only under the direct supervision of a provider holding *full* privileges. *Full* means that the applicant is entitled to function independently, following standards consistent with the medical community at large; in general, full surgical privileges require the completion of an accredited surgical residency. Be sure to sign the request as indicated on page 7.

**Discipline-specific supervisor or consultant:** Indicate your recommendation for each requested clinical privilege by placing a check mark in the appropriate location for either *full, limited,* or *not recommended* (N.R.). Please explain any recommended limitations or denial of privileges on an attached sheet. Your recommendations are considered by the governing body when granting or not granting privileges.

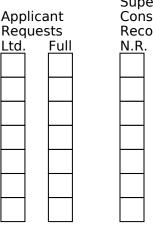
#### I. GENERAL SURGERY

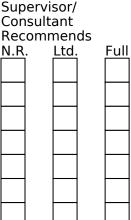
#### A. Skin

- 1. Skin tumors
- 2. Split thickness grafts
- 3. Wolfe grafts
- 4. Pedicle grafts
- 5. Skin lacerations
- 6. Extensive burns
- 7. Pilonidal cyst

## **B. Head and Neck**

- 1. Parotid gland surgery
- 2. Lip and tongue surgery
- 3. Ranula
- 4. Epulis
- 5. Resection of jaw
- 6. Thyroglossal ducts
- 7. Branchial clefts





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Circular Appendix 95-16-C.3 (04/10) Page 2 of 7

#### **B. Head and Neck**

- 8. Pharyngo-esoph. diverticulum
- 9. Thyroidectomy
- 10. Phrenic nerve

## C. Abdominal and Rectal

- 1. Paracentesis
- 2. Gastroscopy
- 3. Closure perforated ulcer
- 4. Other gastric surgery
- 5. Ramstedt Pyloromyotomy
- 6. Gallbladder and common duct surgery
- 7. Pancreatic surgery
- 8. Splenectomy
- 9. Small and large bowel surgery
- 10. Appendectomy
- 11. Abdomino-perineal resection
- 12. Abdominal exploratory after workup
- 13. I & D of intra-abdominal abscess
- 14. Traumatic laparotomy
- 15. Simple inguinal hernia
- 16. Strangulated or recurrent hernia
- 17. Ventral or femoral hernia
- 18. Proctosigmoidoscopy
- 19. Anoscopy
- 20. Hemorrhoidectomy
- 21. I & D Perirectal Abscess
- 22. Fistula in ano
- 23. Liver biopsy, open
- 24. Liver biopsy, closed

Applicant Requests Ltd. Full Supervisor/ Consultant Recommends N.R. Ltd. Full



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Ltd.	Full	N.R.	Ltd.	Full		
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Circular Appendix 95-16-C.3 (04/10) Page 3 of 7

# **D.** Breast and Thoracic

- 1. Breast biopsy
- 2. Simple & radical mastectomy
- 3. Thoracentesis & closed drainage
- 4. Rib resection for empyema
- 5. Thoracoplasty
- 6. Intrathoracic surgery
- 7. Surgery of diaphragm

### E. Other

- 1. Hand infections (major)
- 2. Hand infections (minor)
- 3. Other (Specify): \_\_\_\_\_

## **II. VASCULAR SURGERY**

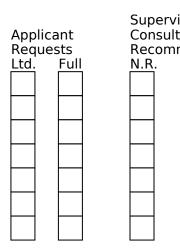
- A. Vein ligation and stripping
- **B.** Major vascular surgery
- C. Arterial grafts
- D. Other (Specify): \_\_\_\_\_

## **III. OPHTHALMOLOGIC**

- A. Chalazion
- **B.** Pterygium
- C. Enucleation

#### IV. EAR, NOSE, AND THROAT (ENT)

- A. Tracheostomy
- B. I & D abscess or hematoma of canal or auricle
- C. Laceration repair of nose or auricle



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Recommends							
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Supervisor/

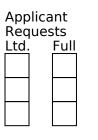
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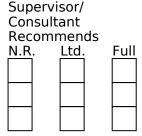
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Supervisor/

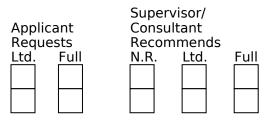




Circular Appendix 95–16–C.3 (04/10) Page 4 of 7

# IV. EAR, NOSE, AND THROAT (ENT)

- D. Foreign body removal from nose or ear
- E. Complex laceration repair of nose/ear/face/neck



IV. EAR, NOSE, A	ND THROAT (ENT)		Applicant Requests Ltd. Ful	Cor Rec	pervisor/ nsultant commends L. Ltd.	Full
F. Tonsillecto	omy, adenoidectomy					
G. Biopsy les	ions of nose or auricle			1		
H. Laryngosc	ору			1		
I. Nasal pacl	king					
J. Nasal frac	ture reduction			1		
K. Reconstru including † palate)	ctive surgery of congenital facial abnormalities (i.e., cl	deformities, eft lip and				
L. Split thick	ness skin graft					
M. Full thickn	iess skin graft					
N. Bone, cart	ilage, and alloplastic grafts	5		1		
O. Blepharop	lasty					
P. Rotation f	laps			1		
Q. Myringoto	my					
R. Myringoto	my with tube insertion					
S. Excision o	f rhinophyma			1		
T. Tympanot	omy, tympanoplasty			1		
U. Mastoidec	tomy, simple			1		
V. Middle ea	r—removal of polyps, stapes	s mobilization		1 [		
W. Otoplasty				1		
X. Stapedect	omy					
Y. Rhinoplast	ty, septoplasty			1		
Z. Maxillo-fa	cial injury repairs, including	, fractures		1		
AA. Excision	of nasal mucosa, turbinates	s, polyps		1		
BB. Sinusoto	my			]		
CC. Radical r	nastoidectomy			]		
DD. Palatopla	asty			] [		
EE. Lip resec	tion			] [		
FF. Other (S	pecify):			] [		

# V. UROLOGICAL SURGERY

- A. Nephrectomy
- **B.** Pyelostomy
- C. Ureterotomy
- **D.** Cystostomy

Applicant Requests Ltd. Full						

Consu	Supervisor/ Consultant Recommends						
<u>N.R</u> .	Ltd.	Ful					

Circular Appendix 95–16–C.3 (04/10) Page 6 of 7

### **V. UROLOGICAL SURGERY**

- E. Suprapubic prostatic resection
- F. Other suprapubic bladder surgery
- G. Cystectomy
- H. Cystoscopy and retrograde pyelogram
- I. Transurethral cysto. and prostate surgery
- J. Hydrocele, spermatocele, varicocele
- K. Vasectomy
- L. Testicular surgery
- M. Circumcision & meatotomy
- N. Major surgery of penis
- O. Other (Specify): \_\_\_\_\_

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# SURGICAL PRIVILEGES REQUEST FORM

1. I hereby request the clinical privileges as indicated on the forms attached.

	Applicant	Date	
2.	I hereby recommend the clinical privileges as	s indicated.	
	Supervisor/Consultant	Date	
3.	As Chairperson of the Medical Staff Executiv (check one)	ve Committee, I hereby	recommend the clinical privileges
	As noted.		
	With the following exceptions, deletio	ns, additions, or conditi	ons:
	Clinical Director	Date	
4.	I hereby recommend the applicant for clinica	l privileges.	
	Service Unit Director	Date	
5.	Privileges are hereby granted: (check one)		
	As noted.		
	With the following exceptions, deletio	ns, additions, or conditi	ons:
	Chairperson of the	Date	
	Governing Body		

## ESTIMATED AVERAGE BURDEN TIME PER RESPONSE

Public reporting burden for this collection of information is estimated to average 60 minutes per response including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Reports Clearance Officer, Indian Health Service, 801 Thompson Avenue, TMP Suite 450, Rockville, MD 20852, ATTN: PRA (0917–0009). Please *do not send* this form to this address.