

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

| | Applicant Requests | | Supervisor/Consultant Recommends | | |
|---------------------------|--------------------------|--------------------------|----------------------------------|--------------------------|--------------------------|
| | Ltd. | Full | N.R. | Ltd. | Full |
| 1. Skin tumors | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Split thickness grafts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Wolfe grafts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Pedicle grafts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Skin lacerations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Extensive burns | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Pilonidal cyst | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

B. Head and Neck

| | Applicant Requests | | Supervisor/Consultant Recommends | | |
|---------------------------|--------------------------|--------------------------|----------------------------------|--------------------------|--------------------------|
| | Ltd. | Full | N.R. | Ltd. | Full |
| 1. Parotid gland surgery | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Lip and tongue surgery | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Ranula | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Epulis | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Resection of jaw | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Thyroglossal ducts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Branchial clefts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

B. Head and Neck

| | Applicant Requests | | Supervisor/ Consultant Recommends | | |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|
| | Ltd. | Full | N.R. | Ltd. | Full |
| 8. Pharyngo-esoph. diverticulum | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Thyroidectomy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Phrenic nerve | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

C. Abdominal and Rectal

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

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

| Applicant Requests | | Supervisor/ Consultant Recommends | | |
|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|
| Ltd. | Full | N.R. | Ltd. | Full |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

E. Other

1. Hand infections (major)
2. Hand infections (minor)
3. Other (Specify): _____

| Applicant Requests | | Supervisor/ Consultant Recommends | | |
|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|
| Ltd. | Full | N.R. | Ltd. | Full |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

II. VASCULAR SURGERY

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

| Applicant Requests | | Supervisor/ Consultant Recommends | | |
|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|
| Ltd. | Full | N.R. | Ltd. | Full |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

III. OPHTHALMOLOGIC

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

| Applicant Requests | | Supervisor/ Consultant Recommends | | |
|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|
| Ltd. | Full | N.R. | Ltd. | Full |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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**

| Applicant Requests | | Supervisor/ Consultant Recommends | | |
|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|
| Ltd. | Full | N.R. | Ltd. | Full |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

IV. EAR, NOSE, AND THROAT (ENT)

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

Applicant
Requests

| Ltd. | Full |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

Supervisor/
Consultant
Recommends

| N.R. | Ltd. | Full |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

IV. EAR, NOSE, AND THROAT (ENT)

- F. Tonsillectomy, adenoidectomy**
- G. Biopsy lesions of nose or auricle**
- H. Laryngoscopy**
- I. Nasal packing**
- J. Nasal fracture reduction**
- K. Reconstructive surgery of congenital deformities, including facial abnormalities (i.e., cleft lip and palate)**
- L. Split thickness skin graft**
- M. Full thickness skin graft**
- N. Bone, cartilage, and alloplastic grafts**
- O. Blepharoplasty**
- P. Rotation flaps**
- Q. Myringotomy**
- R. Myringotomy with tube insertion**
- S. Excision of rhinophyma**
- T. Tympanotomy, tympanoplasty**
- U. Mastoidectomy, simple**
- V. Middle ear—removal of polyps, stapes mobilization**
- W. Otoplasty**
- X. Stapedectomy**
- Y. Rhinoplasty, septoplasty**
- Z. Maxillo-facial injury repairs, including fractures**
- AA. Excision of nasal mucosa, turbinates, polyps**
- BB. Sinusotomy**
- CC. Radical mastoidectomy**
- DD. Palatoplasty**
- EE. Lip resection**
- FF. Other (Specify): _____**

| Applicant Requests | | Supervisor/Consultant Recommends | | |
|--------------------|------|----------------------------------|------|------|
| Ltd. | Full | N.R. | Ltd. | Full |
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V. UROLOGICAL SURGERY

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

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