

Surgical Privileges Form: Obstetrics & Gynecology

Clinical Privileges Request

Applicant's Name:

Scope of Practice:

License No. (If Any):

Facility:

Date:

Privileges	Requested (To be completed by the applicant)	Recommended (For committee use)		Not Recommended (For committee use)
		Under Supervision	Independent	

OUTPATIENT PROCEDURES

1. Colposcopy				
2. Vulvoscopy + vaginoscopy				
3. LLETZ				
4. Insertion of HRT implant				
5. Insertion/removal of inplanon/norplan implants				

RADIOLOGY PROCEDURES

1. Hycosyexamination				
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LABOR ROOM PROCEDURES

1. Induction/ Augmentation of labour				
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2. Artificial rupture of membranes				
3. Application of foetal scalp electrode				
4. Foetal blood sampling				
5. Cord blood collection for stem cell reservation				
6. Normal vaginal delivery				
7. Forceps/ Vacuum assisted delivery				
8. Episiotomy and repair				
9. Repair of 1st and 2nd degree tears				
10. External cephalic version				
11. Breech assisted delivery				
12. Breech extraction				
13. Twin delivery				

OPERATING THEATRE PROCEDURES

1. Manual removal of placenta				
2. Repair of cervical tear				
3. Cervical cerclage procedures				
4. Lower segment caesarean section				
5. Dilatation and curettage /removal of products of conception				
6. Suction evacuation of the uterus				
7. Incision/excision of hymen				
8. Excision of vulva/vaginal lesions				
9. Incision and drainage of vulval abscess/haematoma				
10. Marsupialisation + Excision of bartholin				



11. Total abdominal hysterectomy +/-bilateral salpingo-oophorectomy				
12. Oophorectomy/ ovarian cystectomy				
13. Salpingectomy				
14. Laparotomy and drainage of pelvic abscess				
15. Vaginal hysterectomy +/-salpingo-oophorectomy				
16. Diagnostic hysteroscopy				
17. Diagnostic laproscopy +/-sterilization				
18. Anterior vaginal repair				
19. Posterior vaginal repair+/-perineorrhapy				
20. Repair of enerocoele				
21. Robotic Surgery Please specify:				

GYNAE/OBS PROCEDURES

1. Microwave endometrial ablation				
2. Thermachoice endometrial ablation				
3. Other endometrial procedure				
4. Hysteroscopic resection of fibroids/ septae				
5. Manchester repair				
6. Tubal reconstruction/ anastomosis				
7. Insertion of uterine balloon				
8. Repair of 3rd degree tear				



9. Repair of 4th degree tear				
10. Caesarean hysterectomy				
11. Abdominal cerclage				
12. B Lynch Sutures				
13. Surgical management of placenta incerta/accreta				
14. Repair of ruptured uterus				

FETO MATERNAL MEDICINE PROCEDURES

1. Transvaginal/abdominal Obstetric ultrasound examination				
2. Detailed anomaly scan (level3)				
3. Prenatal diagnosis				
4. Foetal screening and assessment				
5. Amniocentesis				
6. Amnio-infusion/reduction				
7. Chorionic villus biopsy				

Assisted reproduction Procedures

1. Prescribing of gonadotrophins				
2. Prescribing of Clomiphene citrate				
3. Prescribing of GnRH agonists				
4. Intra-uterine insemination				
5. Oocyte retrieval (transvaginal/ transabdominal/ transurethral)				
6. Laproscopic oocyte retrieval or embryo transfer				
7. Transvaginal intra-uterine embryo transfer				



8. Transvaginal aspiration of ovarian cysts				
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Laprosopic Procedures

1. Laparoscopic assisted vaginal hysterectomy +/- oophorectomy				
2. Laparoscopic oophorectomy or ovarian cystectomy				
3. Laparoscopic salpingectomy or salpingostomy				
4. Laparoscopic adhesiolysis				
5. Laparoscopic ovarian drilling				
6. Laparoscopic ablation of endometriosis				
7. Laparoscopic vault suspension				
8. Laparoscopic uterine suspension				
9. Laparoscopic transaction of uterosacral nerve				
10. Laparoscopic lymphadenectomy				

Urogynae procedures

1. Vaginal repairs involving the use of meshes				
2. Sarco-spinous fixation				
3. Injection of bulking agents/ Botox				
4. Sacro-colpopexy				



5. Ventro-suspension (abdominal)				
6. Colposuspension				
7. Insertion of TVT (tension-free vaginal tape)				
8. Insertion of TOT (Transobturator tape placement)				
9. Urethral dilatation				
10. Cystoscopy				
11. Fenton Repair				
12. Le fort procedure				
13. Vulval/vaginal reconstructive plastic procedures				

Gynae Oncology Procedures

1. Laser ablation of preinvasive disease of vulva/ vaginal/cervix				
2. Radical hysterectomy				
3. Radical vulvectomy				
4. Pelvic/Para-aortic and groin node dissection				
5. Omentectomy				
6. Debulking of ovarian malignancy				

High Risk Privileges

It includes high risk procedures, services, administration of high risk drugs and high risk due to the use of instrumentation or the use of implantable medical devices require skills in implementation, calibration and monitoring. Evidence of training must be provided.

These are high risk privileges that the physician were able to maintain/ perform the minima number of times required in the past year

INVASIVE FETAL DIAGNOSTIC PROCEDURES

1. Fetal reduction				
2. Intrauterine fetal blood sampling. Transfusion and insertion of fetal shunts				

Name of Applicant: -----



MAJOR LAPAROSCOPIC SURGICAL PROCEDURES

1. Laparoscopic hysterectomy				
2. Laparoscopic myomectomy				
3. Dissection of severe endometriosis including deep pelvic nodules				
4. Pelvic lymph node dissection				

Additional Privileges

1.				
2.				
3.				
4.				
5.				
6.				

Notes:

- If additional privilege(s) are desired, please indicate this in the space provided above.
- You must submit along with this application all necessary document(s) to support your request. If documentation is incomplete, your request will not be accepted.

By signing below, I acknowledge that I have read, understand, and agree to abide by QCHP standards for privileging. I have requested only those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and wish to exercise, and I understand that:

- a) In exercising any clinical privileges granted, I am constrained by QCHP's policies and rules applicable generally and any applicable to the particular situation.
- b) Any restriction on the clinical privileges granted to me is waived in an emergency situation

and in such situation my actions are governed by the recognized policies and rules.

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Applicant's signature (Stamp if any)

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Date

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1. Medical Director (of the facility the applicant will perform surgeries in) Stamp & Signature

.....
Date

For Committee use only

Evaluation Committee Chairman:

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and I have made the above-noted recommendation(s).

.....
Chairperson's Stamp & signature

.....
Date

Other Committee Members:

.....
1) Name

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Date

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1) Name

.....
Date