

Surgical Privileges Form: Pediatric Surgery

Clinical Privileges Request

Applicant's Name:

Scope of Practice:

License No. (If Any):

Facility:

Date:

Place of Work:

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

CATEGORY I: GENERAL PROCEDURES

1. Insertion of peritoneal dialysis catheter				
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CATEGORY II: ABDOMINAL SURGERY

1. Operative reduction of intussusceptions				
2. Resection of mesenteric & omental cysts				
3. Small bowel resection with or without anastomosis past neonatal period				
4. Creation of ileostomy				
5. Closure of ileostomy				
6. Creation of colostomy				
7. Closure of colostomy				
8. Large bowel resection & anastomosis				
9. Cut back procedure of Anal stenosis				
10. Surgery for rectal prolapse				
11. Total and partial Splenectomy				



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CATEGORY III: General Procedures

1. Excision of thyroglossal duct				
2. Excision of branchial cyst/f				
3. Excision of periauricular				
4. Excision of Cystic hygroma				

CATEGORY IV: Thoracic Surgery

1. Tracheostomy				
2. Excision of mediastinal tumors				
3. Lung biopsy				
4. Thoracotomy lung lobectomy				
5. Surgery for esophageal				
6. Esophageal replacement				
7. Fundoplication				
8. Heller's Procedure				
9. Endoscopy:				
a. Bronchoscopy				
b. Esophagoscopy				
10. Correction of chest wall				
11. Repair of diaphragmatic				

CATEGORY V: Neonatal Surgery (Abdominal)

1. Surgery for neonatal intestinal obstruction				
2. Creation of colostomy for ARM				
3. Repair of esophageal atresia & TEF (open)				
4. Surgery for NEC				
5. Rectal suction biopsy				
6. Excision of chest wall swellings				
7. Repair of diaphragmatic hernia				
8. Omphaloplasty				
9. Repair of exomphalous minor				
10. Repair of exomphalous major				
11. Repair of Gastroschisis				



12. Repair of other midline abdominal & chest wall defects excluding umbilical hernia				
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CATEGOTY VI: Liver/ Biliary Tree

1. Surgery of biliary atresia				
2. Surgery for choledochal cyst				
3. Cholecystectomy (open)				
4. Exploration of common bile duct				
5. Excision of hepatic tumors				

CATEGORY VII: Pancreas

1. Internal drainage for pancreatic pseudocyst				
2. Distal pancreatic resection				
3. Exploration pancreatic duct & duct drainage or repair				
4. Pancreatic surgery for pancreatic tumors				

CATEGORY VIII: Renal Surgery

1. Surgery for ureteropelvic junction obstruction				
2. Cystourthroscopy				
3. Urethral dilation				
4. Surgery for urethral stricture				
5. Fulguration of posterior urethral				
6. Sting for vesico ureteric reflux				
7. Vesico ureteric reimplantation				
8. Cystolithotomy				
9. Ureterolithotomy				
10. Nephrolithotomy				
11. Partial nephrectomy				
12. Total nephrectomy				
13. Urinary diversion: Temporary &				
14. Augmentation cystoplasty				
15. Bladder neck reconstruction				
16. Surgery for urinal incontinence				
17. Bladder extrophy surgery				



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CATEGORY IX: Suprarenal Gland

Adrenalectomy				
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CATEGORY X: External Genitalia Surgery

1. Meatotomy/ Dilatation				
2. Meatolasty				
3. MAGPI procedure for hypospadias				
4. Repair of distal penile hypospadias				
5. Repair of midshaft hypospadias				
6. Correction of penile chordee				
7. Correction of penile torsion				
8. Repair of proximal and perineal				
9. Redo hypospadias repair				
10. Repair of urethral fistula				
11. Surgery for ambiguous genitalia				
12. Surgery for vaginal atresia & obstruction				
13. Vaginal reconstruction				
14. Surgery of cloacal anomalies				
15. Surgery of urogenital sinuses				
16. Surgery for tumors of the genito-urinary system				

CATEGORY XI: Large Bowel, Rectum and Anus

1. Endorectal pull through (Soave)				
2. Swenson procedure for Hirschsprung disease				
3. Duhamel procedure for Hirschsprung disease				
4. Trans anal pull through				
5. Anoplasty for low ARM				
6. Posterior sagittal anorectoplasty				
7. Abdominoperineal pull through				
8. Excision of perianal abscesses				
9. Surgery for Fistula-in-ano				
10. Hemorrhoidectomy				



CATEGORY XII: Laparoscopic & Thoracoscopic Surgery

1. Laparoscopic appendectomy				
2. Laparoscopic exploration * orchiopexy for intra-abdominal testis				
3. Laparoscopic pyloromyotomy				
4. Laparoscopic exploration for acute abdomen				
5. Laparoscopic exploration for trauma				
6. Laparoscopic cholecystectomy				
7. Laparoscopic resection of ovarian cysts				
8. Laparoscopic excision of abdominal masses				
9. Laparoscopic procedures that include intra- corporeal knotting				
10. Laparoscopic bowel resection & intra- corporeal anastomosis				
11. Laparoscopic splenectomy				
12. Laparoscopic pull through				
13. Laparoscopic abdominal tumor biopsy				
14. Laparoscopic supra renal tumor excision				
15. Laparoscopic repair of diaphragmatic hernia				
16. Thoracoscopic lung biopsy				
17. Thoracoscopic lobectomy				
18. Thoracoscopic repair of diaphragmatic hernia				
Thoracoscopic repair of diaphragmatic eventration				
19. Thoracoscopic excision of bronchogenic cyst				
20. Thoracoscopic repair of esophageal atresia & TEF				



Name of Applicant: -----

CATEGORY XIII: Neck Surgery

1. Thyroid Surgery				
2. Parathyroid Surgery				

CATEGORY XIV: Upper GIT Endoscopy

1. Rigid esophogoscopy				
2. Flexible esophogoscopy				
3. Gastroscopy for FB				
4. Gastroscopy diagnostic				
5. Esophago gastroduodenoscopy				
6. Endoscopic papilotomy				

CATEGORY XV: Laparoscopic Genitourinary Surgery

1. Laparoscopic exploration for undescended				
2. Laparoscopic orchiopexy				
3. Laparoscopic high ligation for				
4. Laparoscopic excision of multicystic				
5. Laparoscopic nephrectomy				
6. Laparoscopic resection of kidney				
7. Laparoscopic ureterolithotomy				
8. Laparoscopic pyeloplasty				

CATEGORY XV1: Additional Privileges (not included above)

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

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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).

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Chairperson's Stamp & signature

.....
Date

Other Committee Members:

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1) Name

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Date

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2) Name

.....
Date