



**Surgical Privileges Form:
Pediatric Surgery**

Clinical Privileges Request

Applicant's Name:

Scope of Practice:

License No. (If Any):

Facility:

Date:

Place of Work:

Privileges	For applicant use		For committee use		
	Request	Signature	Recommen- -ded	Not Recommended	Signature

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					



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. Omphalooplasty					
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					

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					

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 H irschsprung disease					
3. Duham e procedure for H irschsprung disease					
4. Trans anal pull through					
5. Anoplasty for low ARM					



6. Posterior sagittal anorectoplasty					
7. Abdominoperineal pul through					
8. Excision of perianal abcesses					
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					

CATEGORY XIII: Neck Surgery

1. Thyroid Surgery					
2. Parathyroid Surgery					

CATEGORY XIV: Upper GIT Endoscopy

1. Rigid esophagoscopy					
2. Flexible esophagoscopy					
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.
- Granting privileges under supervision is no longer permitted

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:

- In exercising any clinical privileges granted, I am constrained by QCHP's policies and rules applicable generally and any applicable to the particular situation.
- 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

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Date

Other Committee Members:

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1) Name

Date

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2) Name

Date