



**Surgical Privileges Form:**

**Clinical Privileges Request**

**General surgery**

Applicant's Name: .....

Scope of Practice: .....

License No. (If Any): .....

Facility: .....

Date: .....

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

**CATEGORY I: Neck Surgery**

1. Excision of Brancheal cyst					
2. Excision of Thyroglossal cyst/ Fistula					
3. Thyroidectomy					
4. Parotidectomy					
5. Submandibular Sialadenectomy					
6. Cervical Sympathectomy					
7. Modified Radical neck Dissection					

**CATEGORY II: Gastroesophageal Surgery**

1. Esophagectomy					
2. Vasoligation of Esophageal & Gastric Varices					
3. Esophageal Transection					



4. Radical Gastrectomy					
5. Laparoscopic Gastrectomy					
6. Laparoscopic Gastrojejunostomy					
7. Vagotomy – Gastrojejunostomy					
8. Laparoscopic Fundoplication					
9. Laparoscopic Repair of Diaphragmatic Hernia					
10. Laparoscopic Hellers Myotomy					
11. Cystogastrostomy					

#### CATEGORY III: Bariatric Surgery

1. Laparoscopic Sleeve Gastrectomy					
2. Laparoscopic insertion/ removal of Gastric Band					
3. Laparoscopic Gastric Bypass					
4. Laparoscopic Duodenal Switch					
5. Endoscopic Gastric Balloon Insertion					

#### CATEGORY IV: Spleen & Lymph Nodes

1. Laparoscopic Splenectomy					
2. Laparoscopic Omentectomy					
3. Laparoscopic Lymph Node Biopsy					
4. Laparoscopic Adhesiolysis					

#### CATEGORY V: Hepatobiliary

1. Laparoscopic Common bile duct exploration					
2. Laparoscopic drainage of liver abscess					
3. Marsipulization of Hydatid cyst of Liver					



4. Partial Hepatectomy					
5. Laparoscopic Hepatic segmentectomy					
6. Hepaticojejunostomy					
7. Choleduchoduodenostomy					
8. Carcinoma of the Gall Bladder					
9. Carcinoma of the Billiary tree					

#### CATEGORY VI: Pancreas

1. Distal Pancreatectomy					
2. Laparoscopic distal Pancreatectomy					
3. Pancreatecoduodenectomy (Whipple)					
4. Pancreaticojejunostomy ( Puestow )					

#### CATEGORY VII: Small Bowel

1. Cystojejunostomy					
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#### CATEGORY VIII: Colorectal Surgery

1. Left hemicolectomy					
2. Sigmoid Colectomy					
3. Reversal of Hartmann					
4. Anterior Resection					
5. Total Colectomy					
6. Laparoscopic right hemicolectomy					
7. Laparoscopic Left hemicolectomy					
8. Laparoscopic Sigmoid Colectomy					
9. Laparoscopic Anterior Resection					
10. Laparoscopic Total Colectomy					
11. Laparoscopic Rectopexy					
12. Sphincteroplasty					
13. Ileal pouch and ilio-anal					

#### CATEGORY IX: Breast

1. Lumpectomy / Axillary Clearance					
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2. Sentinel Lymph Node Dissection					
3. Mastectomy					

**CATEGORY X: Adrenals**

1. Adrenalectomy					
2. Laparoscopic Adrenalectomy					

**CATEGORY XI: Hernia**

1. Repair of Large Hernia with Dermolipectomy					
2. Open repair of hernia with Anterior Component separation					
3. Open repair of hernia with Posterior Component Separation					
4. Laparoscopic repair of inguinal Hernia					
5. Laparoscopic repair of femoral Hernia					
6. Laparoscopic repair of Epigastric Hernia					
7. Laparoscopic repair of Paraumbilical Hernia					
8. Laparoscopic repair of Lumbar Hernia					
9. Laparoscopic repair of Incisional Hernia					
10. Laparoscopic repair of hernia with Anterior Component separation					

**Category XII: Additional Privileges**

1.					
2.					
3.					
4.					
5.					



**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:

- 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.

.....  
Applicant's signature (Stamp if any)

.....  
Date

.....  
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

.....  
Date

.....  
2) Name

.....  
Date