



**Surgical Privileges Form:  
Obstetrics & Gynecology**

Clinical Privileges Request

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

**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					
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 laparoscopy +/- 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					

### Laproscopic Procedures

1. Laparoscopic assisted vaginal hysterectomy +/- oophorectomy					
1. Laparoscopic assisted vaginal hysterectomy +/- oophorectomy					
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					

### 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.
- 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

.....  
1) Name

.....  
Date