



**Surgical Privileges Form:
ORL - HNS**

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: OTOTOLOGY PROCEDURES

1. Pinna-plasty					
2. Ossiculoplasty					
3. Stapedectomy					
4. Mastoidectomy					
a. Canal wall up					
b. Simple					
c. Modified radical					
d. Radical					
5. Mastoid reconstruction					
6. Tympanic neurectomy					
7. Cochlear implantation					



8. Facial nerve exploration					
9. Labyrinthectomies					
10. Surgery for hydrops lymphaticus					
11. Excision of glomus tumor					
a. Glomus tympanicum					
b. All other types					
12. Petrosectomy					
a. Partial					
b. Total					
13. Middle fossa approach					
14. Posterior fossa approach					
15. Ear canal osteoma excision					
16. Use of laser					
a. CO2 (to assist in otological surgery)					
b. KTP (to assist in otological surgery)					
17. Use of navigation (to assist in otological surgery)					
18. Radiofrequency assisted operation					
19. Coblation assisted operation					



CATORGY II: RHINOLOGY PROCEDURES

2. Septal reconstruction					
3. Reconstruction of septal perforation					
4. Caldwell-luc operation					
5. Maxillary artery ligation					
6. Nasal polypectomy					
7. Rhinoplasty					
a. External approach					
b. Internal approach					
8. Lateral rhinotomy					
9. Ligation of sphenopalatine artery					
10. FESS					
11. Classical sinus surgical operations					
a. Intranasal:					
i. maxillary antrectomy & antrostomy					
ii. anterior ethmoidectomy					
iii. posterior ethmoidectomy					
iv. sphenoidectomy					
b. External:					
i. Ethmoidectomy external					
ii. Frontal trephination					
iii. Frontal ethmoidectomy					



iv. Frontal sinus obliteration					
v. Ligation of anterior ethmoidal cavity					
12. Transposition of the nose					
13. Maxillectomies					
a. Medial					
b. Total					
14. Osteoplastic flap operations					
15. Rhinoseptoplasty					
16. Use of laser					
a. CO2 (to assist in nasal surgery)					
b. KTP (to assist in nasal surgery)					
17. Use of navigation (to assist in nasal surgery)					



CATEGORY III: LARYNX, HEAD AND NECK SURGERIES

1. Uvulopalatopharyngoplasty					
2. Partial glossectomy					
3. Dohlman's procedure					
4. Various neck flaps					
5. Total laryngectomy					
6. Pharyngolaryngectomy					
7. Partial laryngectomy					
8. Voice restoration procedures					
9. Neck dissection					
10. Thyroplasty					
11. Ranula excision					
12. Submandibular gland excision					
13. Superficial parotidectomy					
14. Thyroglossal cyst excision					
15. External carotid artery ligation					
16. Neck lymph node biopsy					
17. Excision of branchial cyst					
18. Laryngo-fissure					
19. Excision of pharyngeal pouch					
20. LAUP					



21. Thyroidectomy (all types)					
22. Aryepiglottoplasty					
23. Use of laser					
a. CO2 (to assist in nasal surgery)					
b. KTP (to assist in nasal surgery)					
24. Use of navigation (to assist in larynx, head and neck surgery)					
25. Vocal folds (cords) injection with various materials (e.g fat, Teflon, etc)					
26. Botulinum toxin injection in the circopharyngeal sphincter					

CATEGORY IV: AUDIOLOGY PROCEDURES

1. Video nystagmography and caloric testing					
2. Rotatory chair test					
3. Hearing aids assessment and programming					
4. Auditory brain stem evoked response testing (with or without sedation)					
5. Cochlear implant programming procedure					
6. Auditory rehabilitation technique					



CATEGORY V: 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)

.....
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

.....
Date

.....
2) Name

.....
Date