



**Surgical Privileges Form:  
Plastic 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: BODY CONTOURING PROCEDURES**

1. Abdominal Dermolipectomy					
2. Brachioplasty					
3. Thigh lifts					
4. Liposuction					
a. Trochanteric					
b. Thighs					
c. Gluteal region					
5. Breast Surgery					
a. Reduction					
b. Augmentation					
c. Mastopexy					
d. Reconstruction					

**CATEGORY II: FACIAL AESTHTIC PROCEDURES**

1. Face lift					
2. Laser resurfacing of the face					
3. Blepharoplasty					
a. Upper lid					
b. Lower lid					



4. Aesthetic Rhinoplasty					
5. Nasal Septoplasty					
6. Otoplasty					
7. Ear Reconstruction					

### CATEGORY III: CONGENITAL DEFORMITIES

1. Face					
a. Cleft lip repair					
b. Cleft palate repair					
2. Other craniofacial deformities					
3. Hand					
a) Syndactyly correction					
1) Simple					
2) Complex					
b) Polydactuly reconstruction					
1) Simple					
2) Complex					
c) Thumb					
d) Cleft hand reconstruction					
e) Amniotic band correction					
f) Muscle transfer for obstetric palsy					
4. Male genitalia					
A) Hypospadias repair					
I) Coronal					
II) Penile					
III) Scrotal					



5. Degenerative Conditions					
a. C.T. open decompression					
b. Trigger finger release					
c. De Quervan's tenosynovitis release					
d. Hand ganglia excision					
e. Giant cell tumor excision					
f. Excision arthroplasty CM CJ					
g. Arthrodesis of hand					
h. Arthroplasty of hand					
6. Skin tumors excision and reconstruction					
a. Malignant (complex)					

#### CATEGORY V: TRAUMA AND RECONSTRUCTION

1. Hand Trauma					
a. Exploration of hand injury					
b. ORIF of hand fractures					
c. K-Wire fixation of hand fractures					
d. Flexor tendon repair					
e. Extensor tendon repair					
f. External fixator application					
g. Repair of nerve injuries					
h. Repair of vascular injuries					
i. Re-Plantation of amputated parts					
j. Reconstruction of complex hand injuries					
k. Muscle transfer for nerve palsy (hand)					
2. Burns					



a. Excision and grafting					
b. Excision and flap reconstruction					
3. Skin reconstruction					
a. Skin grafting					
b. Skin flaps					
i) Local flaps					
ii) Complex local flaps					
iii) Free flaps					
4. Breast reconstruction					
a. Latissimus dorsi flap					
b. TRAM flap					
c. Tissue expansion					

**CATEGORY VI: 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:

- 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