



Surgical Privileges Form:

Clinical Privileges Request

General surgery (Core Privileges)

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: Skin & subcutaneous Surgery (Core Privileges)

1. Excision of Sebaceous cyst					
2. Excision of Lipoma					
3. Excision of Ingrown nail					
4. Excision of skin nodule / wart					
5. Incision and drainage of abscess					
6. Aspiration of skin swelling (FNA)					
7. Excision of Pilonidal Sinus					
8. Ray`s mid- metatarsal Amputation of toe					
9. Debridement of Diabetic Foot					
10. Cut wound Suturing					
11. Foreign body removal					

CATORGY II: Neck Surgery (Core Privileges)

1.Excision of Lymph node					
2.Thyroid FNA					



CATEGORY III: Gastroesophageal Surgery (Core Privileges)

1. Partial Gastrectomy for Benign lesions					
2. Gastrojejunostomy					
3. Laparoscopic closure of Perforated uodenal Ulcer					
4. Feeding Jujenostomy					

CATEGORY IV: Spleen & Lymph Nodes (Core Privileges)

1. Splenectomy for trauma					
2. Laparoscopic Peritoneal biopsy					

CATEGORY V: Hepatobiliary (Core Privileges)

Laparoscopic Cholecystectomy					
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CATEGORY VI: Small Bowel (Core Privileges)

1. Open & Laparoscopic Appendectomy					
2. Laparoscopic Mickle`s Diverticulectomy					
3. Small Bowel Resection & Anastomosis					
4. Laparotomy and Exploration					
5. Laparoscopic Exploration					

CATEGORY VII: Colorectal Surgery (Core Privileges)

1. Right hemicolectomy					
2. Hartmann`s Procedure					
3. Haemorrhoidectomy					
4. Fistulectomy / Fistulotomy					
5. Fissurectomy / Sphincterotomy					



CATEGORY VIII: Breast (Core Privileges)

1. FNA / Core Biopsy					
2. Lumpectomy for benign conditions					

CATEGORY IX: Hernia (Core Privileges)

1. Open repair of inguinal Hernia					
2. Open repair of femoral Hernia					
3. Open repair of Epigastric Hernia					
4. Open repair of Paraumbilical Hernia					
Open repair of Lumbar Hernia					
5. Open repair of Incisional Hernia					

Category XI: Additional (Core Privileges)

1-Stripping of Varicose Veins and perforators ligation					
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Note:

- 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

.....
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

.....
Date

Other Committee Members:

.....
1) Name

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Date

.....
1) Name

.....
Date