

MOUNTAIN STATES HEALTH ALLIANCE  
INDIAN PATH MEDICAL CENTER

CLINICAL PRIVILEGES REQUEST FORM

IPMC - Ob/Gyn

NAME: \_\_\_\_\_

	Requested	Not Requested	Granted
Perform History & Physical	_____	_____	_____
Admit Patients to Hospital	_____	_____	_____
IV Conscious Sedation	_____	_____	_____
<b><u>INTEGUMENTARY SYSTEM</u></b>			
Treatment of superficial wound; simple closure	_____	_____	_____
Secondary closure of surgical wound or dehiscence, extensive or complicated	_____	_____	_____
<b><u>BREAST</u></b>			
Puncture aspiration of cyst of breast	_____	_____	_____
<b><u>GYNECOLOGY</u></b>			
<b><u>Anorectol</u></b>			
-- Repair of retrocele	_____	_____	_____
-- Closure of rectovesical fistula	_____	_____	_____
-- Sphincteroplasty, anal, for incontinence or proplapse; adult	_____	_____	_____
-- Destruction of lesion(s), anus	_____	_____	_____
-- Repair of enterocele, vaginal approach	_____	_____	_____
-- Repair of enterocele, abdominal approach	_____	_____	_____
-- Closure of rectovaginal fistula, vaginal or transanal approach	_____	_____	_____
-- Closure of rectovaginal fistula, abdominal approach	_____	_____	_____
-- Proctoscopy	_____	_____	_____
-- Appendectomy	_____	_____	_____
<b><u>Oncology</u></b>			
-- Closure of rectovaginal fistula, abdominal approach, with concomitant colostomy	_____	_____	_____
-- Vulvectomy, partial (less than 80% of vulvar area)	_____	_____	_____
-- Vulvectomy, complete (skin and subcutaneous tissue)	_____	_____	_____
-- Vulvectomy, radical; without skin graft	_____	_____	_____
-- Vulvectomy, with inguinofemoral lymphadenectomy	_____	_____	_____
-- Pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	_____	_____	_____
-- Laparotomy, for staging or restaging of ovarian malignancy ("second look"), with or without omentectomy, peritoneal washing, biopsy of abdominal and pelvic peritoneum, diaphragmatic assessment with pelvic and limited para-aortic lymphadenectomy	_____	_____	_____
-- Radical vaginal hysterectomy	_____	_____	_____
-- Total abdominal hysterectomy, including partial vaginectomy, with limited para-aortic and pelvic lymph node biopsy(ies)	_____	_____	_____
-- Radical abdominal hysterectomy, with bilateral total pelvic and limited para-aortic lymphadenectomy	_____	_____	_____
-- Pelvic exenteration for gynecologic malignancy, with total abdominal hysterectomy or cervicectomy, with removal of bladder and ureteral transplantations, and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof.	_____	_____	_____
-- Vaginal hysterectomy, radical (Schauta type operation)	_____	_____	_____

NAME: \_\_\_\_\_

	Requested	Not Requested	Granted
-- Oophorectomy, partial or total, unilateral or bilateral for ovarian malignancy, with para-aortic and pelvic biopsies, diaphragmatic assessments, with or without salpingectomy(ies), with or without omentectomy	_____	_____	_____
<b><u>Lapatoromy</u></b>			
-- Exploratory laparotomy, exploratory celiotomy with or without biopsy(ies)	_____	_____	_____
-- Exploration, retroperitoneal area with or without biopsy(ies)	_____	_____	_____
-- Drainage of peritoneal abscess, transabdominal	_____	_____	_____
-- Drainage of retroperitoneal abscess	_____	_____	_____
-- Removal of peritoneal foreign body from peritoneal cavity	_____	_____	_____
-- Excision or destruction by any method of intra-abdominal or retroperitoneal tumors or cysts or endometriomas	_____	_____	_____
-- Excision of presacral or sacrococcygeal tumor	_____	_____	_____
<b><u>Perineum</u></b>			
-- Excision of skin and subcutaneous tissue for hidradenitis, inguinal	_____	_____	_____
-- Excision of skin and subcutaneous tissue for hidradenitis, perianal or perineal with primary closure	_____	_____	_____
-- Drainage of Skene's gland abscess or cyst	_____	_____	_____
-- Incision and drainage of perineal abscess	_____	_____	_____
-- Biopsy of perineum	_____	_____	_____
-- Perineoplasty, repair of perineum, nonobstetrical	_____	_____	_____
-- Incision and drainage of Bartholin's gland abscess	_____	_____	_____
-- Marsupialization of Bartholin's gland cyst	_____	_____	_____
-- Partial hymenectomy or revision of hymenal ring	_____	_____	_____
-- Hymenotomy, simple incision	_____	_____	_____
-- Excision of Bartholin's gland or cyst	_____	_____	_____
-- Plastic repair of introitus	_____	_____	_____
-- Clitoroplasty for adrenogenital syndrome	_____	_____	_____
-- Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy	_____	_____	_____
<b><u>Urinary Tract</u></b>			
-- Biopsy of urethra	_____	_____	_____
-- Anterior vesicourethropexy, or urethropexy (Marshall-Marchetti-Krantz type); (Birch)	_____	_____	_____
-- Cystorrhaphy, suture of bladder wound	_____	_____	_____
-- Closure of cystostomy (Separate procedure)	_____	_____	_____
-- Closure of vesicovaginal fistula, abdominal approach	_____	_____	_____
-- Excision of urethral diverticulum	_____	_____	_____
-- Marsupialization of urethral diverticulum	_____	_____	_____
-- Excision of bulbourethral gland	_____	_____	_____
-- Excision of fulguration, urethral caruncle, Skene's glands, or urethral prolapse	_____	_____	_____
-- Plastic operation on urethral sphincter, vaginal approach (eg, Kelly urethral plication)	_____	_____	_____
-- Plastic repair of urethrocele	_____	_____	_____
-- Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele	_____	_____	_____
-- Combined anteroposterior colporrhaphy	_____	_____	_____
-- Combined anteroposterior colporrhaphy, with enterocele repair	_____	_____	_____
-- Sling operation for stress incontinence	_____	_____	_____
-- Pereyra procedure (including anterior colporrhaphy, stamey & raz)	_____	_____	_____
-- Closure of urethrovaginal fistula	_____	_____	_____
-- Closure of urethrovaginal fistula, with bulbocavernosus transplant	_____	_____	_____
-- Closure of vesicovaginal fistula, vaginal approach	_____	_____	_____

NAME: \_\_\_\_\_

	Requested	Not Requested	Granted
-- Closure of vesicovaginal fistula, transvesical and vaginal approach	_____	_____	_____
-- Urethroscopy	_____	_____	_____
-- Cystoscopy	_____	_____	_____
<b>Uterus Tubes &amp; Ovary</b>			
-- Hysterosalpingogram	_____	_____	_____
-- Insertion of intrauterine contraceptive device	_____	_____	_____
-- Endometrial biopsy, suction type	_____	_____	_____
-- Dilation and curettage, diagnostic and/or therapeutic	_____	_____	_____
-- Myomectomy, excision of fibroid tumor of uterus, single or multiple; abdominal approach	_____	_____	_____
-- Myomectomy, excision of fibroid tumor of uterus, single or multiple; vaginal approach	_____	_____	_____
-- Total abdominal hysterectomy (corpus and cervix) with or without removal of tube(s), with or without removal of ovary(ies)	_____	_____	_____
-- Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(ies)	_____	_____	_____
-- Vaginal hysterectomy, with or without removal of tube(s), with or without removal of ovary(ies)	_____	_____	_____
-- Vaginal hysterectomy, with or without removal of tube(s), with or without removal of ovary(ies) with repair of enterocele	_____	_____	_____
-- Vaginal hysterectomy, with total or partial colpectomy	_____	_____	_____
-- Vaginal hysterectomy, with total or partial colpectomy with repair of enterocele	_____	_____	_____
-- Insertion of intrauterine device (IUD)	_____	_____	_____
-- Removal of intrauterine device (IUD)	_____	_____	_____
-- Hydrotubation of oviduct	_____	_____	_____
-- Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments	_____	_____	_____
-- Presacral sympathectomy	_____	_____	_____
-- Hysterorrhaphy, repair of ruptured uterus (nonobstetrical)	_____	_____	_____
-- Hysteroplasty, repair of uterine anomaly (Strassman type)	_____	_____	_____
-- Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral	_____	_____	_____
-- Ligation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral or bilateral, during same hospitalization	_____	_____	_____
-- Occlusion of fallopian tube by device vaginal or suprapubic approach	_____	_____	_____
-- Salpingectomy, complete or partial, unilateral or bilateral	_____	_____	_____
-- Salpingo-oophorectomy, complete or partial, unilateral or bilateral	_____	_____	_____
-- Lysis of adhesions (salpingolysis, ovariolysis)	_____	_____	_____
-- Tubotubal anastomosis	_____	_____	_____
-- Tubouterine implantation	_____	_____	_____
-- Fimbioplasty	_____	_____	_____
-- Salpingostomy	_____	_____	_____
-- Drainage of ovarian cyst(s), unilateral or bilateral, vaginal approach	_____	_____	_____
-- Drainage of ovarian cyst(s), unilateral or bilateral, abdominal approach	_____	_____	_____
-- Drainage of ovarian abscess; vaginal approach	_____	_____	_____
-- Drainage of ovarian abscess; abdominal approach	_____	_____	_____
-- Transposition of ovaries	_____	_____	_____
-- Biopsy of ovary, unilateral or bilateral	_____	_____	_____
-- Wedge resection or bisection of ovary, unilateral or bilateral	_____	_____	_____
-- Ovarian cystectomy, unilateral or bilateral	_____	_____	_____
-- Oophorectomy, partial or total, unilateral or bilateral	_____	_____	_____

NAME: \_\_\_\_\_

	Requested	Not Requested	Granted
-- Resection of ovarian malignancy with bilateral salpingo-oophorectomy and omentectomy	_____	_____	_____
-- Surgical treatment of ectopic pregnancy, tubal or ovarian, requiring salpingectomy and/or oophorectomy, abdominal or vaginal approach	_____	_____	_____
-- Surgical treatment of ectopic pregnancy, tubal or ovarian, without salpingectomy and/or oophorectomy	_____	_____	_____
-- Surgical treatment of abdominal pregnancy	_____	_____	_____
-- Surgical treatment of interstitial, uterine pregnancy requiring total hysterectomy	_____	_____	_____
-- Surgical treatment of interstitial, uterine pregnancy with partial resection of uterus	_____	_____	_____
-- Resection of ovarian malignancy with bilateral salpingo-oophorectomy and omentectomy with total abdominal hysterectomy, pelvic and limited para-aortic lymphadenectomy	_____	_____	_____
-- Suction D & C	_____	_____	_____
-- Dilatation & Evacuation	_____	_____	_____
-- Uterine evacuation and curettage for hydatidiform mole	_____	_____	_____
<b><u>Vagina</u></b>			
-- Culdocentesis	_____	_____	_____
-- Obliteration and total excision of vagina	_____	_____	_____
-- Vaginal construction and reconstruction	_____	_____	_____
-- Obliteration of vaginal vault	_____	_____	_____
-- Colpotomy, with exploration	_____	_____	_____
-- Colpocentesis (Separate procedure)	_____	_____	_____
-- Destruction of vaginal lesion(s) simple, any method	_____	_____	_____
-- Destruction of vaginal lesion(s) extensive, any method	_____	_____	_____
-- Biopsy of vaginal mucosa; simple	_____	_____	_____
-- Biopsy of vaginal mucosa; extensive, requiring suture	_____	_____	_____
-- Colpectomy, obliteration of vagina partial	_____	_____	_____
-- Colpectomy, obliteration of vagina complete	_____	_____	_____
-- Colpocleisis (Le Fort type)	_____	_____	_____
-- Excision of vaginal septum	_____	_____	_____
-- Excision of vaginal cyst or tumor	_____	_____	_____
-- Introduction of any hemostatic agent or pack for spontaneous or traumatic nonobstetrical vaginal hemorrhage	_____	_____	_____
-- Colporrhaphy, suture of injury of vagina (nonobstetrical)	_____	_____	_____
-- Colpopexy, abdominal approach	_____	_____	_____
-- Sacrospinous ligament fixation for prolapse of vagina following hysterectomy	_____	_____	_____
-- Construction of artificial vagina; without graft	_____	_____	_____
-- Construction of artificial vagina; with graft	_____	_____	_____
-- Vaginoplasty for adrenogenital syndrome	_____	_____	_____
-- Dilatation of vagina under anesthesia	_____	_____	_____
-- Pelvic examination under anesthesia	_____	_____	_____
-- Culdoscopy, diagnostic	_____	_____	_____
-- Culdoscopy, with biopsy and/or lysis of adhesions or tubal sterilization	_____	_____	_____
<b><u>Vulva</u></b>			
-- Incision and drainage of vulva	_____	_____	_____
-- Lysis of labial adhesions	_____	_____	_____
-- Destruction of lesion(s), vulva, simple, any method	_____	_____	_____
-- Destruction of lesion(s), vulva, extensive, any method	_____	_____	_____
-- Biopsy of vulva	_____	_____	_____
<b><u>Cervix</u></b>			

NAME: \_\_\_\_\_

	Requested	Not Requested	Granted
-- Colposcopy (vaginocopy)	_____	_____	_____
-- Colposcopy, with biopsies, or biosy of the cervix	_____	_____	_____
-- Biopsy, single or multiple, or local excision of lesion, with or without fulguration	_____	_____	_____
-- Endocervical curettage	_____	_____	_____
-- Cauterization of cervix, electro or thermal	_____	_____	_____
-- Cryocautery	_____	_____	_____
-- Laser ablation cervix	_____	_____	_____
-- Conization of cervix, with or without fulguration	_____	_____	_____
-- Trachelectomy (cervicectomy), amputation of cervix	_____	_____	_____
-- Excision of cervical stump, abdominal approach	_____	_____	_____
-- Cerclage of uterine cervix, nonobstetrical	_____	_____	_____
-- Trachelorrhaphy, plastic repair of unterine cervix, vaginal approach	_____	_____	_____
-- Surgical treatment of cervical pregnancy, with evacuation	_____	_____	_____
-- Insertion of cervical dilator (eg, laminaria, prostaglandin)	_____	_____	_____
-- Cerclage of cervix, during pregnancy, vaginal	_____	_____	_____
-- Cerclage of cervix, during pregnancy, abdominal	_____	_____	_____
<b><u>Assisted Reproduction</u></b>			
-- Follicle puncture for oocyte retrieval, any method	_____	_____	_____
-- Gamete or zygote intrafallopian transfer, any method	_____	_____	_____
-- Vaginal oocyte retrieval	_____	_____	_____
<b><u>Laparoscopy</u></b>			
-- Laparoscopy, diagnostic	_____	_____	_____
-- Operative laparoscopy	_____	_____	_____
-- Laparoscopic Urethral Suspension	_____	_____	_____
-- Laser use (Co2, YAG, Argon, ABC)	_____	_____	_____
<b><u>Hysteroscopy</u></b>			
-- Hysteroscopy, diagnostic	_____	_____	_____
-- Operative hysteroscopy	_____	_____	_____
<b><u>OBSTETRICS</u></b>			
Low forceps operation	_____	_____	_____
Mid forceps operation	_____	_____	_____
High forceps operation	_____	_____	_____
Breech extraction	_____	_____	_____
Vacuum extraction	_____	_____	_____
Artificial rupture of membranes	_____	_____	_____
Internal and combined version and extraction	_____	_____	_____
Medical induction of labor	_____	_____	_____
Episiotomy	_____	_____	_____
Operations on fetus to facilitate delivery	_____	_____	_____
Other operations assisting delivery (replacement of prolapsed umbilical cord, incision of cervix to assist delivery)	_____	_____	_____
Amnioinfusion	_____	_____	_____
Classical cesarean section	_____	_____	_____
Low cervical cesarean section	_____	_____	_____
Extraperitoneal cesarean section	_____	_____	_____
Intrauterine transfusion	_____	_____	_____
Manual removal of retained placenta	_____	_____	_____
Manual exploration of uterine cavity	_____	_____	_____

NAME: \_\_\_\_\_

	Requested	Not Requested	Granted
Amniocentesis, any method	_____	_____	_____
Fetal contraction stress test	_____	_____	_____
Fetal non-stress test	_____	_____	_____
Fetal scalp blood sampling	_____	_____	_____
Initiation and/or supervision of internal fetal monitoring during labor	_____	_____	_____
Hysterotomy, abdominal	_____	_____	_____
Insertion of cervical dilator (eg, laminaria, prostaglandin, catheter)	_____	_____	_____
Episiotomy, repair of obstetrical laceration	_____	_____	_____
Hysterorrhaphy of ruptured uterus	_____	_____	_____
Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care	_____	_____	_____
Vaginal delivery only (with or without episiotomy and/or forceps) including postpartum care	_____	_____	_____
External cephalic version, with or without tocolysis	_____	_____	_____
Routine obstetric care including antepartum care, cesarean delivery, and postpartum care	_____	_____	_____
Subtotal or total hysterectomy after cesarean delivery	_____	_____	_____
OB Ultrasound	_____	_____	_____
<b><u>NURSERY</u></b>			
Umbilical venous catheterization	_____	_____	_____
resuscitation of the newborn in the delivery room to include endotracheal intubation	_____	_____	_____
Circumcision	_____	_____	_____
<b><u>Perinatology</u></b>			
-- Amnioscopy	_____	_____	_____
-- Intrauterine transfusion	_____	_____	_____
-- Cordocentesis	_____	_____	_____
-- Chorionic Villus biopsy	_____	_____	_____
<b><u>OTHER</u></b>			
Other (Specify): _____	_____	_____	_____

NAME: \_\_\_\_\_

	<b>Requested</b>	<b>Not Requested</b>	<b>Granted</b>
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OTHER:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DEPARTMENT CHAIR REVIEW:**

I HEREBY CERTIFY THAT I HAVE REVIEWED EACH COGNITIVE AND PROCEDURAL PRIVILEGE REQUEST AS SUPPORTED BY DOCUMENTATION OF TRAINING/EXPERIENCE AND CLINICAL COMPETENCE AND FEEL THE APPLICANT IS QUALIFIED TO PERFORM PRIVILEGES AS DESIGNATED ABOVE.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(DEPARTMENT CHAIR)

*APPROVED*

*DATE*

CREDENTIALS COMMITTEE: \_\_\_\_\_

MEDICAL EXECUTIVE COMMITTEE: \_\_\_\_\_

COMMUNITY BOARD: \_\_\_\_\_

MSHA BOARD OF DIRECTORS: \_\_\_\_\_