## AUTHORITY: Title 10, U.S.C. Chapter 55, Sections 1094 and 1102 PRINCIPAL PURPOSE: To define the scope and limits of practice for individual providers. Privileges are based on evaluation of the individual's credentials and performance ROUTINE USE: Information on this form may be released to government boards or agencies, or to professional societies or organizations, if needed to license or monitor professional standards of health care providers. It may also be released to civilian medical institutions or organizations where the provider is applying for staff privileges during or after separating from the Air Force DISCLOSURE IS VOLUNTARY: However, failure to provide information may result in the limitation or termination of clinical privileges INSTRUCTIONS APPLICANT: In Part I, enter Code 1, 2, or 4 in each REQUESTED block for every privilege listed. This is to reflect your current capability. Sign and date the form and forward to your Clinical Supervisor CLINICAL SUPERVISOR: In Part I, using the facility master privileges list, enter Code 1, 2, or 4 in each VERIFIED block in answer to each requested privilege. In Part II, check appropriate block either to recommend approval, to recommend approval with modification, or to recommend disapproval. Sign and date the form and forward the form to the Credentials Office. CODES: 1. Fully competent within defined scope of practice. 2. Supervision required. (Unlicensed/uncertified or lacks current relevant clinical experience. 3. Not approved due to lack of facility support. (Reference facility master Strawman. Use of this code is reserved for the Credentials Function.) 4. Not requested/not approved due to lack of expertise or proficiency, or due to physical disability or limitation. CHANGES: Any change to a verified/approved privileges list must be made in accordance with ervice specific credentialing and privileging policy NAME OF APPLICANT NAME OF MEDICAL FACILITY PROVIDERS REQUESTING PRIVILEGES IN THIS SPECIALTY MUST ALSO REQUEST PRIVILEGES IN THEIR PRIMARY OB/GYN SPECIALTY Requested Verified I Scope The scope of privileges for OB/GYN female pelvic medicine and reconstructive surgery (FPMRS) include the evaluation, diagnosis and treatment of patients with disorders of P425399 the pelvic floor, to include uterovaginal / vaginal prolapse, urinary / anal incontinence, voiding dysfunction, defecatory dysfunction. Procedures Requested Verified Urinary incontinence evaluation - multichannel urodynamic evaluation, including complex P385316 cystometrics with leak point pressure measurement, pressure-flow studies, urethral P388804 Cystotomy with ureteral stent placement P388802 Cystorurethroscopy with or without biopsy P388816 Labial fat pad flap (maritus) P388818 Anal sphincteroplasty P385411 Excision or fulguration of Skene's gland, urethral caruncle and / or urethral diverticulum P385445 Closure of vaginal fistula P385425 Colpocleisis, obliteration of vagina P385429 Vaginectomy P385447 Paravaginal repair - abdominal or vaginal approach P385449 Colpopexy with or without graft prosthesis (sacral colpopexy)

LIST OF CLINICAL PRIVILEGES – OB/GYN - FEMALE PELVIC MEDICINE AND RECONSTRUCTIVE SURGERY

Evaluation of complex pelvic floor disorders (including Pelvic floor electromyography and P425401 neurodiagnostic studies) Evaluation of fecal incontinence (including ultrasound imaging of pelvic floor and P425402 anorectal manometry) P425403 Implantation, removal or revision of sacral nerve stimulator electrodes and generator Operations on the ureter and urinary bladder (including ureteroneocystostomy, P425404 ureteroureterostomy, psoas hitch, Boari flap, closure of fistula) P425405 Fluoroscopy (to include retrograde pyelography, video urodynamics) P425406 Excision / revision of vaginal mesh prostheses (all approaches) P388669 Anoscopy P388814 Proctoscopy, rigid P385543 Surgical repair of ureter

## DOD MPL, OB/GYN - FEMALE PELVIC MEDICINE AND RECONSTRUCTIVE SURGERY, GENERATED FROM JCCQAS FOR AFMS USE, JAN 2019

LIST OF CLINICAL PRIVILEGES – OB/GYN - FEMALE PELVIC MEDICINE AND RECONSTRUCTIVE SURGERY (CONTINUED)						
Procedures (Cont.)				Requested	Verified	
P425408	Surgical management of pelvic floor disorders (including pelvic pain, pelvic organ prolapse, defecation disorders, urinary / fecal incontinence, voiding dysfunction and painful bladder syndrome)					
P425409	Insertion of artificial bladder neck sphincter					
P425410	Construction or revision of neovagina (with/without prosthesis, all approaches)					
P385527	Gracilis myocutaneous flaps for pelvic reconstruction					
P385531	Reconstructive surgery for ambiguous genitalia					
P385545	Bowel resection and bypass					
P425411	Robotic approach to gynecologic procedures					
P425412	Botox injection (for bladder, pelvic floor, and anal sphincter)					
P425546	Operations for incontinence, with or without prosthesis, all approaches (abdominal, vaginal or endoscopic / laparoscopic)					
SIGNATURE OF APPLICANT			DATE			
II CLINICAL SUPERVISOR'S RECOMMENDATION						
RECOMMEND APPROVAL RECOMMEND APPROVAL WITH MODIFICATION RECOMMEND DISAPPROVAL						
	(Specify below) (Specify below)					
STATEMENT:						
CLINICAL SUP	ERVISOR SIGNATURE	CLINICAL SUPERVISOR PRINTED NAME OR S	TAMP	DATE		