

LIST OF CLINICAL PRIVILEGES – OB/GYN - ONCOLOGY

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 Service 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

I Scope		Requested	Verified
P425461	The scope of privileges for obstetrics in gynecologic oncology include the evaluation, diagnosis, treatment (including surgery, chemotherapy and/or facilitation of radiation therapy) of patients with pre-cancerous and cancerous conditions of the vulva, vagina, cervix, uterus, fallopian tubes, ovaries, peritoneum and those resulting from the placenta (such as gestational trophoblastic neoplasia).		
Vulva and Introitus		Requested	Verified
P385399	Incision and drainage, vulva and introitus		
P385401	Laser excision, destruction or fulguration of lesion(s) of external genitalia, perineum and / or vulva		
P425462	Vulvectomy, simple or radical		
P385405	Clitoridectomy		
P385407	Treatment of abnormalities of the hymen		
P425463	Drainage, excision, or marsupialization of Bartholin's gland or cyst		
P385411	Excision or fulguration of Skene's gland, urethral caruncle and / or urethral diverticulum		
P425465	Vulvar biopsy or wide local excision		
P425466	Martius (bulbocavernosus) fat pad flap		
Vagina		Requested	Verified
P385417	Colpotomy with exploration or drainage of pelvic abscess		
P425467	Vaginal biopsy or wide local excision		
P425468	Vaginal mass excision		
P425469	Excision or laser / plasma excision and / or fulguration of vaginal lesions		
P385425	Colpocleisis, obliteration of vagina		
P385427	Excision of vaginal septum		
P425470	Vaginectomy, simple or radical		
P385431	Dilation of vagina under anesthesia		
P425471	Vaginal fistula repair (vesico-, uretero-, recto-, entero-)		
P425472	Application of vaginal / cervical applicators for radiation delivery		

LIST OF CLINICAL PRIVILEGES – OB/GYN - ONCOLOGY (CONTINUED)

Cervix		Requested	Verified
P425473	Trachelectomy, simple or radical		
Uterus		Requested	Verified
P425474	Radical hysterectomy		
P425475	Cornual or other complex uterine resection		
Ovaries		Requested	Verified
P425476	Oophoropexy		
Urologic Procedures		Requested	Verified
P425477	Ureter - surgical repair and reimplantation procedures		
P425478	Cystoscopy with or without ureteral stent placement		
P425479	Bladder reconstruction and augmentation		
P425480	Suprapubic catheter insertion		
P425481	Ureteroileoneocystostomy (ileal conduit incontinent diversion)		
P425482	Ileocolic continent urostomy		
P425483	Bladder resection or cystectomy		
Procedures of GI Tract		Requested	Verified
P425484	Enterotomy or colotomy repair		
P425485	Appendectomy		
P425486	Bowel resection or bypass		
P425487	Intestinal anastomoses		
P425488	Colostomy creation, end or loop, with or without mucous fistula		
P425489	Ileostomy creation, end or loop		
P425490	Bowel ostomy closure		
P425491	J-Pouch Reservoir creation		
P425492	Mobilization of colon		
P425493	Enbloc rectosigmoid resection with hysterectomy		
P425494	Partial gastrectomy		
P425495	Tube Gastrostomy, gastrojejunostomy, jejunostomy; placement or removal		
P425496	Anal or perianal excision or ablation of lesions		
P425497	Surgical management of enterocutaneous or colocutaneous fistula		
P425498	Rigid or flexible sigmoidoscopy or proctoscopy / anoscopy		
Procedures for Cancer Cytoreduction		Requested	Verified
P425499	Omentectomy		
P425500	Splenectomy		
P425501	Distal pancreatectomy		
P425502	Peritonectomy		
P425503	Liver mobilization		
P425504	Liver resection or ablation of liver lesions		

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Procedures for Cancer Cytoreduction (Cont.)		Requested	Verified
P425505	Diaphragmatic peritonectomy or resection		
P425506	Cavitron ultrasonic surgical aspirator (CUSA) excision		
P425507	Argon beam electrocautery		
P425508	Plasma based ablation		
Other procedures		Requested	Verified
P425509	Pelvic, inguinal, paraaortic, sentinel lymphadenectomy		
P425510	Radical pelvic resection for cancer cytoreduction		
P425511	Pelvic exenteration		
P425512	Laterally extended endopelvic resection		
P425513	Radical parametrectomy		
P425514	Hypogastric artery ligation		
P425515	Ligation and repair of abdominopelvic vasculature		
P425516	Hernia repair		
P386397	Paracentesis		
P384835	Thoracentesis		
P425517	Placement and removal of chest tubes for the management of complications of gynecologic malignancies		
P390762	Pleurodesis		
P425518	Surgical management of abdominal wound dehiscence and evisceration		
P425519	Panniculectomy		
P425520	Omental pedicle "J" flap		
P425521	Guided needle aspirations, drainage and biopsy		
P390764	Fluoroscopy		
P425522	Placement and removal of indwelling intraperitoneal catheters		
P425523	Placement and removal of indwelling central venous catheters		
P425524	Radical Cesarean hysterectomy		
P425525	Administration of parenteral and intraperitoneal chemotherapy for the treatment of gynecologic malignancies		
P425526	Reconstructive surgery in the management of gynecologic malignancies or sequelae, including but not limited to skin grafts, pedicle grafts, and skin and muscle flaps		
P425527	Colpopexy with graft prosthesis		
P425528	Robotic assisted advanced minimally invasive surgery		
SIGNATURE OF APPLICANT		DATE	

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II CLINICAL SUPERVISOR'S RECOMMENDATION

RECOMMEND APPROVAL

RECOMMEND APPROVAL WITH MODIFICATION
(Specify below)

RECOMMEND DISAPPROVAL
(Specify below)

STATEMENT:

CLINICAL SUPERVISOR SIGNATURE

CLINICAL SUPERVISOR PRINTED NAME OR STAMP

DATE