



**DEPARTMENT OF OB/GYN
DELINEATION OF PRIVILEGES FOR OBSTETRICS**

NAME: _____ DATE _____

The following are mandatory for privileges:

1. Neo-Natal Resuscitation
2. BLS
3. Lactation Training – 4 Hrs. Req.

Not. Req.	Req.	PRIVILEGE
		Admission, diagnosis, and management of the obstetrical patient
		Spont. Delivery, vertex presentation – Emergency
		Spont. Delivery, vertex presentation – Non-Emergency
		Episiotomy and Repair
		Breech delivery
		DELIVERY
		Multipara
		Primigravida
		Frank
		Footling
		Treatment of medical complications of obstetrics – heart, lungs, kidney, anemia, diabetes, etc.
		Repair of uterine lacerations
		Repair of vaginal lacerations
		Abdominal pregnancy
		Colpocentesis
		Colpotomy
		Culdoscopy
		Amniotomy/Amniocentesis
		Multiple pregnancy
		Low forceps – occiput anterior
		Preclampsia Mild
		Preclampsia Moderate
		Preclampsia Severe
		Eclampsia
		Evacuation of vulvar hematoma
		Circumcision of Newborn
		Repair of 3 rd and 4 th degree lacerations
		Excision of vulvar lesions at delivery
		Excision of vaginal cysts at delivery

Not Req.	Req.	Privilege
		Uterine packing
		Postpartum
		Resuscitation of infant
		Version and extraction
		Manual removal of placenta
		Repair of cervical lacerations
		Cesarean hysterectomy
		Repair of incompetent internal cervical os-cerclage, etc.
		Inversion of uterus
		Cesarean section – classical
		Cesarean section – low cervical
		Cesarean section - extraperitoneal
		Cesarean section – crash section
		Anesthesia local
		Anesthesia epidural (emergency)
		Anesthesia spinal (emergency)
		Other:
		Induction of labor medical
		Induction of labor surgical
		Ectopic pregnancy
		Salpingectomy
		Curettage
		Abortion (first trimester)
		Cervical biopsy during pregnancy – also conization of cervix
		Ligation of Hypogastric Artery

I have requested only those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform, and that I wish to exercise at HealthAlliance facilities. I also request the ability to do any procedure in an emergency situation.

Applicant's Signature: _____ Date: _____

I have reviewed the requested clinical privileges and supporting documentation for the above named applicant and recommend action on the privileges as noted above.

Department Chair's Signature: _____ Date: _____

Broadway and Mary's Avenue Campuses

**DEPARTMENT OF OB/GYN
 DELINEATION OF PRIVILEGES FOR GYNECOLOGY**

Not. Req.	Req.	Privilege
		Admission, diagnosis, and management of the gynecological patient
		D & C – diagnostic / therapeutic
		I & D – Bartholin duct abscess
		Bartholin duct cystectomy / marsupilization
		Bartholin duct cystectomy
		Biopsy of vulva
		Biopsy of cervix
		Conization of cervix – cold knife
		Conization of cervix – hot knife
		Perineotomy
		Perineorrhaphy
		Repair of rectocele
		Repair of enterocele
		Repair of cystourethrocele
		Excision of Skene’s duct cyst
		Excision of urethral caruncle
		Vulvectomy –simple
		Vulvectomy – radical with groin dissection
		Vulvectomy – radical with groin dissection and hypogastric nodes
		Hysterectomy, vaginal
		Hysterectomy, abdominal total with/without adnexa
		Hysterectomy, subtotal with/without adnexa
		Uterine septum
		Uterine suspension
		Presacral neurectomy
		Repair surgical rent of bladder, bowel
		Urteral repair
		Incisional hernia repair, incidental
		Salpingostomy/Tubal Reanostomosis
		Urethral caruncle – fulguration/excision
		Umbililcal hernia repair, incidental
		LaForte vaginal repair
		Manchester-Fothergill operation
		Repair/rectovaginal fistula
		Repair/vesicovaginal fistula
		Sturmdorf repair of cervix
		Hysterosalpingogram
		Hymenectomy/Hymenotomy
		Wedge resection of ovaries
		Hydatid mole evacuation
		Salpingoplasty
		Tubal implantation into uterus

Not Req.	Req.	Privilege
		Closure of vaginal fistula
		Evacuation of pelvic abscesses
		Evisceration repair
		Colpectomy
		Pessary insertion
		Plastic construction of vagina with skin graft for congenital absence
		Colpotomy -exploratory
		Radium insertion, cervix (Ernst)
		Radium insertion, uterus (Heymans)
		Hysterectomy, radical Wertheim
		Salpingectomy
		Oophorectomy
		Hypogastric Artery Ligation
		Laparoscopic tubal surgery
		Laparoscopic ovarian surgery
		Laparoscopic uterine surgery
		Perineoplasty
		Removal of foreign body from vagina and uterus
		Hymenoplasty
		Incompetent os surgery
		Conscious sedation
		Other:

I have requested only those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform, and that I wish to exercise at HealthAlliance facilities.

Applicant's Signature: _____ Date: _____

I have reviewed the requested clinical privileges and supporting documentation for the above named applicant and recommend action on the privileges as noted above.

Department Chair's Signature: _____ Date: _____

Broadway and Mary's Avenue Campus