

KENDALL POINTE SURGERY CENTER

Delineation of Privileges Gynecology

Physician Name: _____

Date: _____

	Privileges	Denied	Granted	With Consultation
	Aspiration			
	Ovary			
	Curettage of Uterus			
	Biopsy			
	Cervix			
	Endometrium, closed			
	Ovary, Laparoscopic Only			
	Vagina			
	Vulva and perineum			
	Cauterization, cervix			
	Cerclage, cervix			
	Cervical amputation			
	Cervical polypectomy			
	Chromopertubation			
	Closure fistula			
	Rectovaginal (vag. or transanal approach)			
	Urethrovaginal			
	Vesicovaginal			
	Colpocentesis or culdocentesis			
	Condyloma acuminata, fulguration, laser			
	Conization			
	Colposcopy			
	Colpotomy w/exploration or incision & drainage			
	Cryosurgery, cervix			
	Culdoscopy			
	D&C			
	Dilatation, vaginal or cervical			
	Electrocautery, cervix			
	Examination, pelvic, manual			
	Excision			
	Adhesions, Laparoscopic Only			
	Cyst			
	Ovary, Laparoscopic Only			
	Vaginal			
	Lesions			
	Cervix			
	Endometrium, Laparoscopic Only			
	Round ligament, vulva and perineum			
	Uterus, Laparoscopic Only			
	Vaginal approach for myomectomy			
	Vaginal			

Name: _____

Gynecology

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	Privileges	Denied	Granted	With Consultation
	Fistulectomy, vaginal			
	Fulguration, genital lesions			
	Hydrotubation, fallopian tube			
	Hymenectomy			
	Hymenotomy			
	Hysterosalpingogram			
	Hysteroscopy			
	Incision and drainage			
	Bartholin Cyst			
	Ovarian cyst/abscess			
	Vagina			
	Insertion/Removal of IUD			
	Laparoscopic			
	Laparoscopic, Diagnostic			
	Laparoscopic, For Sterilization			
	Laparoscopic, Salpingectomy			
	Laparoscopic, Oophorectomy			
	Laparoscopic, Incidental Appendectomy			
	Lysis of Adhesions			
	Pelvic, Laparoscopic Only			
	Vagina			
	Marsupialization, bartholin cyst			
	Pelviscopy			
	Perineorrhaphy, non-obstetrical			
	Perienotomy, non-obstetrical			
	Polypectomy, vaginal			
	Suture, laceration of cervix			
	Perineum			
	Trachelectomy			
	Tracheloplasty			
	Vulvectomy, partial			
	Other:			

I am competent based on my education, training and experience to perform the procedures checked above. My signature on this application represents a request for privileges for the clinical procedures described above.

Physician Signature

Date:

Medical Director, Kendall Pointe Surgery Center

Date:

Name: _____

Gynecology