

# KENDALL POINTE SURGERY CENTER

## Delineation of Privileges General Surgery

Physician Name: \_\_\_\_\_

Date: \_\_\_\_\_

	Privileges	Denied	Granted	With Consultation
	Anoscopy			
	Aspiration			
	Breast			
	Skin and subcutaneous tissue			
	Biopsy			
	Anus			
	Abdomen, percutaneous			
	Breast			
	Needle Biopsy			
	Lumpectomy,			
	w/ w out axillary node dissection unilateral			
	Cervical Node			
	Lip			
	Lymph Node			
	Mouth			
	Muscle			
	Rectum, open			
	Closed, endoscopic			
	Skin and subcutaneous tissue			
	Soft Tissue			
	Uvula			
	Closure			
	Gastrostomy			
	Colonoscopy			
	w/biopsy/fulguration			
	Creation, AV fistula (or revision)			
	Debridement			
	Skin and subcutaneous tissue			
	V/Y of thumb			
	Dilation, anus/anal sphincter			
	Division			
	Muscle, soft tissue			
	Rectal stricture			
	Electrocautery, lesion or tissue			
	Epididymectomy			
	Evacuation of hematoma, breast			

Name: \_\_\_\_\_

General Surgery

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	Privileges	Denied	Granted	With Consultation
Excision				
Breast tissue				
Cyst, coded by site				
Lesion				
Abdominal Wall				
Anus				
Breast				
Chest wall, incl. ribs				
Groin				
Parotid Gland				
Rectal				
Perianal Tissue				
Pilonidal Cyst & sinus tract excision				
Rectum				
Soft tissue				
Subcutaneous tissue or skin				
Thyroglossal duct				
Lymph Node				
Axillary				
Cervical, superficial				
Inguinal				
Accessory nipple				
Urachnal cyst or sinus				
Vein, varicose, lower limb				
Embolectomy, arm by incision				
Exploration				
Inguinal area				
Neck				
Nipple				
Undescended testes				
Fissurectomy, anal				
Fistulectomy/fistulotomy, anal				
Ganglionectomy, hand				
Other site				
Graft, skin				
Full thickness				
Pedicle/attachment to other site				
Rotation flap				
Hemorrhoidectomy				
Herniorrhaphy				
Epigastric				
Femoral				
Incisional				
Inguinal				
Umbilical				
Ventral				

Name: \_\_\_\_\_

General Surgery

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	Privileges	Denied	Granted	With Consultation
Incision				
Skin and subcutaneous tissue				
Soft tissue				
Incision and drainage				
Breast				
Hand, soft tissue				
Hematoma, coded by site				
Muscle				
Perianal abscess				
Sebaceous cyst				
Skin and subcutaneous tissue soft tissue, coded by site				
Thyroglossal cyst				
Injection				
Cortisone				
Intercostal block				
Stellate ganglion block				
Steroid into joint or ligament				
Insertion				
Cannula, hemodialysis				
Catheter				
Hickman				
Broviac, to vein				
Mediport, to artery				
Port-aCath				
Ligation, blood vessel, lower limb				
Laparoscopic Cholecystectomy, possible Cholangiogram				
Laparoscopic, Diagnostic				
Laparoscopic Inguinal Herniorrhaphy; unilateral; bilateral				
Laparoscopic Ventral Herniorrhaphy				
Marsupialization, pilonidal cyst or excise				
Mastectomy, partial w/axillary lymphadenectomy				
Mastotomy, subcutaneous, incision of breast				
Nipple reconstruction				
Parathyroidectomy				
Patch, spinal blood				
Perineorrhaphy, non-obstetrical				
Perienotomy, non-obstetrical				
Peritoneocentesis				
Perma Cath, Insertion				
Pneumoperitoneum, surgically induced				
Porta Cath, Insertion				
Proctoscopy				

Name: \_\_\_\_\_

General Surgery

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	Privileges	Denied	Granted	With Consultation
	Removal			
	Anal seton			
	Arterial or venous catheter			
	Foreign body from peritoneal cavity			
	Implant			
	Sutures, coded by site			
	Tube, small intestine			
	Replacement			
	Catheter, indwelling, urinary			
	Tube, gastrostomy			
	Resection, breast, segmental			
	Revision			
	Arterial or venous catheter			
	AV fistula, for dialysis			
	Colostomy			
	Ileostomy, simple			
	Stome, small intestine			
	Sphincterotomy, small			
	Spinal tap			
	Sutures, coded by site			
	Skin and subcutaneous tissue			
	Vein			
	Thyroidectomy			
	Partial			
	Total			
	Other procedure, anus			
	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, LLC

\_\_\_\_\_  
Date: