

**SCOTLAND MEMORIAL HOSPITAL
Clinical Privileges Delineation Form
Specialty: GENERAL SURGERY**

Physician Name: _____

I. **General Privileges**

By virtue of being granted any level of clinical privileges, a physician is automatically granted the following privileges:

Performing physical examinations and ordering and interpreting of diagnostic studies that are normally considered part of the practice of General Surgery, including, but not limited to, laboratory, diagnostic imaging, and electrocardiographic studies.

Prescribing and administering medications normally considered part of the practice of General Surgery.

Requesting consultations and technical procedures to be performed by other physicians and qualified consultants/technicians.

At the time of a clinical emergency, the provision of whatever care the physician believes to be indicated to prevent loss of life or serious injury to a patient.

II. **Specific Privileges: Clinical**

Physicians granted clinical privileges in General Surgery must demonstrate knowledge and skills usually achieved only through training sufficient to attain eligibility for Board certification in General Surgery, or equivalent experience (NOTE: if sufficient training is not documented, specific experience must be outlined in writing).

Procedure	Requested	Approved	Not Approved Approved w/ Restrictions	Procedure	Requested	Approved	Not Approved Approved w/ Restrictions
General Surgery				Herniarrophy			
Abscesses - Incision and Drainage				Strangulated, recurrent hernia, incisional herniarrophy			
Skin tumors				Pilonidal cyst			
Split thickness grafts				Hemorrhoids			
Wolff grafts				Fistula in ano.			
Pedicle grafts				Hand infection (major)			
Skin lacerations				Hand infection (minor)			
Extensive burns				Anoscopy			
Parotid gland surgery				Proctoscopy			
Lip & tongue surgery				Colonoscopy			
Thyroglossal ducts				Cystoscopy			
Branchial clefts				Bronchoscopy			
Pharyno-esoph. divertic.				Gastroscopy			
Thyroidectomy				Thoracic Surgery			
Phrenic nerve				Bronchotomy w/excns. of lesion			
Breast biopsy				Thoracotomy			
Simple & radical mastectomy				Hernia repair - diaphragmatic			
Thoracentesis & closed drainage				Embolectomy in chest, abdomen & extremities			
Thoracoplasty				Thrombectomy in chest, abdomen and extremities			
Intrathoracic surgery				Esophagus - any open procedure			
Surgery of diaphragm				Lobectomy			
Paracentesis				Pneumonectomy			
Closure perforated ulcer				Thoracic - abdominal incision			
Other gastric surgery				Thoracic - major surg.			
Pyloromyotomy				Rib & cartilage resect.			
Gall bladder & common duct surgery				Tube thoracotomy			
Splenectomy				Wedge resect ./ lung			
Pancreatic surgery				Segmental resect/ lung			
Small & large bowel surgery				Mediastinotomy			
Appendectomy				Mediastinoscopy			
Abdomino-perineal resection				Vascular Surgery			
Abdominal exploration after work-up				Peripheral vascular trauma			
Laparotomy for trauma				Thoracic vascular trauma			

Procedure	Requested	Approved	Not Approved w/ Restrictions	Procedure	Requested	Approved	Not Approved w/ Restrictions
A-V shunt (Dialysis)				OTHER			
Vena cava surgery				Conscious Sedation			
Vascular access surgery							
Reno-vascular surgery							
Peripheral vascular graft surgery							
Amputation-extremities							
Lymph node biopsy and/or excision							
Circumcision of infant							
Surgery in retroperitoneal space							
Hepatic surgery							
Laparoscopic Surgery							
Cholecystectomy							
Hernia repair							
Appendectomy							
Colon surgery							
Nissen Fundoplication							

I hereby request the clinical privileges listed above.

Applicant Signature: _____

Date: ____ / ____ / ____

DEPARTMENT CHAIRMAN APPROVAL

NOTE: Any request indicated as "Not Approved / Approved with Restrictions" must be explained here, including listing any restrictions:

Chairman, Department of Surgery

Date

General Surgery
Additional Privileges Requested