OTOLARYNGOLOGY Delineation of Privileges

Procedure	Requested	Approved	Not Approved/ Approved with Restrictions
General			
Adenoidectomy			❑
Tonsillectomy			❑
Nasal Polypectomy			❑
Submucous Resection			❑
Nasal Septoplasty			❑
Turbinectomy			❑
Antrotomy			❑
Caldwell-Luc Operation			❑
Transanthral Ligation of Vessels			❑
Vidian Neurectomy			❑
Intranasal Ethmidectomy			❑
External Ethmoidectomy			❑
Frontoethmoidectomy			❑
Frontal Sinus Trephine			❑
Osteoplastic Frontal Sinusectomy			❑
Frontal Sinus Ablation			❑
Radical Pan-Sinusectomy			❑
Dacryocystorhinostomy			❑
Hypophysectomy			❑
Cryosurgery			❑
Head and Neck			
Ear and Mastoid			
Excision of Tumors			❑
Temporal Bone Resection			❑
Excision of Auricle and Neck Dissection			❑
Salivary Glands			
Parotidectomy with or without facial nerve disection or nerve graft			❑
Submaxillary Gland Excision			❑
Nose and Maxilla			
Lateral Rhinotomy			❑
Total / Partial Maxillectomy			❑
Radical Maxillectomy with Orbital Exteneration			❑
Excision Nasal Pharyngeal Tumors via Transethmoid, transantral or transpalatal routes			❑
Oral Cavity			
Partial Glossectomy			❑
Partial Mandibulectomy			❑
Composite resection-primary and tumor with radical neck disection, i.e. primary in floor of mouth, alveoli, tongue, buccal region, tonsil or any combination			❑
Lips			
Lip Shave			❑
Wedge Resection			❑
Abe-Estlander Flaps			❑

Procedure	Requested	Approved	Not Approved/ Approved with Restrictions
Neck			
Incision & Drainage of neck abscess and/or retropharyngeal space			❑
Node Biopsy & Excision Benign Lesions			❑
Neck Exploration for Trauma			❑
Radical Neck Dissection			❑
RND combined with Transternal Mediastinal Dissection			❑
Diverticulectomy			❑
Laryngectomy (subtotal, widefield, with or without regional node dissection)			❑
Post Laryngectomy Vocal Rehabilitation			❑
Exploration & Repair Laryngeal Fractures			❑
Laryngofissure			❑
Arytenoidectomy or Arytenoidopexy			❑
Laryngeal Reinnervation			❑
Cervical Esophagectomy (with laryngectomy and/or neck dissection with reconstruction)			❑
Tracheal Resection with Repair			❑
Repair Tracheal Esophageal Fistula			❑
Tracheotomy			❑
Major Vessel Ligation & Grafting			❑
Arterial Infusion Procedures			❑
Excision Congenital Cysts (brachial, thyroglossal,demoids, teratomas)			❑
Excision Laryngocele			❑
Epiglottidectomy			❑
Otologic			
Myringotomy (with or without insertion of PE tubes)			❑
Tympanoplasty (with medial / lateral grafts)			❑
Tympanoplasty with Mastoidectomy			❑
Simple Mastoidectomy			❑
Modified Radical Mastoidectomy			❑
Radical Mastoidectomy			❑
Surgical Sinus Ablation			❑
Stapedectomy			❑
Stapes Mobilization			❑
Middle Ear Exploration			❑
Ossicular Reconstruction			❑

Procedure	Requested	Approved	Not Approved/ Approved with Restrictions
Repair of oval and/or Round Window Fistula			❑
Facial Nerve Decompression (tympanomastoid translabyrinth)			❑
Facial Nerve Graft / Repair			❑
Tympano-Mastoid Reconstruction			❑
Tympanic Neurectomy			❑
Labyrinthectomy			❑
Decompression Membranous Labyrinth			❑
Sacculotomy			❑
Endolymphatic Sac Operation			❑
Cochlear Implant Surgery			❑
Plastic & Reconstructive			
Reconstruction External Ear			❑
Otoplasty			❑
Rhinoplasty			❑
Laryngoplasty			❑
Tracheoplasty			❑
Mentoplasty			❑
Rhytidectomy			❑
Chemical Peel			❑
Blepharoplasty			❑
Brow Lift			❑
Juri Hair Transplantation Flap			❑
Reduction Facial Fractures			❑
Frontal			❑
Nasal			❑
Maxilla (LeFort I, II, III)			❑
Malar with or without Orbital Floor			❑
Orbital Blowout			❑
Mandible (Closes, Open)			❑
Pedicle Flap Procedure (chest, neck, shoulder-neck, forehead, sclap, cheek)			❑
Simple & Musculocutaneous advancement & rotational flaps			❑
Grafts			
Split & full thickness skin			❑
Composite			❑
Dermal			❑
Cartilage			❑
Bone			❑
Implants			❑
Facial Sling Procedures			❑
Facial Nerve Reanimation procedures			❑
Oral autral fistula repair			❑
Prognathism correction			❑

Procedure	Requested	Approved	Not Approved/ Approved with Restrictions
Retrognathism correction			❑
Cleft Lip & palate Repair			❑
Temperomandibular Joint Exploration			❑
Condylectomy			❑
Excision Skin Lesions			❑
Scar Revisions			❑
Endoscopy			
Laryngoscopy – Diagnostic			❑
Routine or Microscopic (suspension)			❑
With Foreign Body Removal			❑
With Excision of Benign or Malignant Lesions			❑
With Teflon Injection of Vocal Cord			❑
Esophogascopy – Diagnostic			❑
With Foreign Body Removal			❑
With Stricture Dilation			❑
Bronchoscopy – Diagnostic (Rigid or Flexible)			❑
With Foreign Body Removal			❑
With Stricture Dilation			❑
Medicstinoscopy			❑
			❑
			❑
			❑
			❑
			❑

I hereby request the 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.

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Chairman, Department of Surgery _____ Date _____