THE CENTER FOR SURGERY
Staffed for your specialty.℠

475 E. Diehl Road
Naperville, IL 60563
630.505.7733 phone
630.505.0656 fax

centerforsurgery.com

DELINEATION OF PRIVILEGES — General Surgery - Page 1

Physician Name: Date:

Some privileges may be granted with consultation or limitations posed for cause by the Board of Directors, subject to the authority of the Medical Advisory Committee to grant delineated privileges. Privileges may be increased only with documentation or justification for change. You must be able to document that you have the same privileges in another hospital before being granted privileges at the Center. Please place a check mark in front of each procedure which you are requesting privileges to perform.

- ☐ Anastomosis, arteriovenous
- ☐ Anoscopy
- ☐ Aspiration
  - ☐ Breast
  - ☐ Skin and subcutaneous tissue
- ☐ Biopsy
  - ☐ Anus
  - ☐ Abdomen, percutaneous
  - ☐ Artery
  - ☐ Breast
    - ☐ Needle Biopsy
  - ☐ Cervical node
  - ☐ Lip
  - ☐ Lymph Node
  - ☐ Mouth
  - ☐ Muscle
  - ☐ Rectum, open
    - ☐ closed, endoscopic
  - ☐ Skin and subcutaneous tissue
  - ☐ Soft Tissue
  - ☐ Uvula
- ☐ Bone marrow harvests
- ☐ Closure
  - ☐ Abdominal wall, secondary
  - ☐ Gastrostomy
- ☐ Colonoscopy
  - ☐ with biopsy/fulguration
- ☐ Creation, AV fistula (or revision)
- ☐ Debridement
  - ☐ Skin and subcutaneous tissue
  - ☐ V/Y of thumb
- ☐ Dilatation, anus/anal sphincter
- ☐ Division
  - ☐ Muscle, soft tissue
  - ☐ Rectal stricture
- ☐ Ear piercing
- ☐ Electrocautery, rectal lesion or tissue
- ☐ Epididymectomy
- ☐ Evacuation of hematoma, breast
- ☐ Excision
  - ☐ Breast tissue
  - ☐ Cyst, coded by site
  - ☐ Lesion
    - ☐ Abdominal Wall
    - ☐ Anus
    - ☐ Breast
    - ☐ Chest wall, incl. ribs
    - ☐ Groin
    - ☐ Parotid Gland
  - ☐ Perianal Tissue
    - ☐ Pilonidal
    - ☐ Rectum
    - ☐ Soft tissue
    - ☐ Subcutaneous tissue or skin
    - ☐ Thyroglossal duct
  - ☐ Lymph node
    - ☐ Axillary
    - ☐ Cervical, superficial
    - ☐ Inguinal
    - ☐ Nipple
    - ☐ Accessory nipple
    - ☐ Urachnal cyst or sinus
    - ☐ Vein, varicose, lower limb

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DELINEATION OF PRIVILEGES — General Surgery - Page 2

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- ☐ Embolectomy, arm by incision
- ☐ Exploration
  - ☐ Inguinal canal and 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
- ☐ Incision
  - ☐ Skin and subcutaneous tissue
  - ☐ Soft tissue
- ☐ Incision and drainage
  - ☐ Breast
  - ☐ Hand, soft tissue
  - ☐ Hematoma, coded by site
  - ☐ Muscle
  - ☐ Perianal abscess
  - ☐ Sebaceous cyst
  - ☐ Skin
  - ☐ Soft tissue, coded by site
  - ☐ Thyroglossal cyst
- ☐ Injection
  - ☐ Cortisone
  - ☐ Intercostal block
  - ☐ Stellate ganglion block
  - ☐ Steroid into joint or ligament
- ☐ Insertion
  - ☐ Cannula, hemodialysisRemoval
  - ☐ Catheter
    - ☐ Bladder
    - ☐ Hickman
    - ☐ Broviac, to vein
    - ☐ Mediport, to artery
    - ☐ Port-a-Cath

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DELINEATION OF PRIVILEGES — General Surgery - Page 3

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- ☐ IV Sedation
- ☐ Lavage, peritoneal
- ☐ Ligation, blood vessel, lower limb
- ☐ Laparoscopic Cholecystectomy
- ☐ 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 inducted
- ☐ Porta Cath, Insertion
- ☐ Proctoscopy
- ☐ 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
- ☐ Suture
  - ☐ Skin and subcutaneous tissue
  - ☐ Vein
- ☐ Thyroidectomy
  - ☐ Partial
  - ☐ Total
- ☐ Other procedure, anus
- ☐ Xray Interpretation
- ☐ Other ______________________

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______________________ ______________________
Physician's Signature Date

______________________ ______________________
Chairman, Medical Advisory Committee,
The Center For Surgery Date