

**LAKWOOD REGIONAL MEDICAL CENTER
DEPARTMENT OF SURGERY GYNECOLOGICAL SURGERY**

Practitioner Name: _____

To receive privileges to perform procedures in Gynecology, the applicant must have satisfactorily meet the criteria as delineated in Section IV of the Department of Surgery Rules and Regulations. Physicians other than Board Certified in Obstetrics and Gynecology must submit documentation of training from a hospital-based post-graduate residency program and recent experience.

CORE PRIVILEGES: Those considered to be intrinsic to the discipline and are routinely included in any hospital-based post-graduate residency program. Core Procedures may be granted in accordance with the above criteria.

GYNECOLOGICAL ONCOLOGY: Current certification or active participation in the examination process leading to subspecialty certification in gynecologic oncology by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology.

Current Competency Requirements: Physicians must document the performance of an adequate number of major core and special procedures in the preceding 2 year period as determined by the Surgery Department. Physicians who do not satisfy this requirement will not automatically have privileges removed, but will be considered for re-proctoring or observation of these procedures.

CORE PRIVILEGES IN GYNECOLOGY

Requested Approved Denied

Admission, evaluation, consultation, diagnosis and pre-, intra- and post-operative care necessary to correct or treat female patients of all ages presenting with illnesses, injuries and disorders of the gynecological or genitourinary system and nonsurgical treatment of illnesses and injuries of the mammary glands, Laser (Co2 Laser Surgery-lower genital, Co2 Laser Laparoscopy, Other Lasers), Closure – urethrovaginal fistula, Operative laparoscopy, Laparoscopic assisted vaginal hysterectomy, microtuboplasty with operating laparoscope, Operative Hysteroscopy

SPECIAL PROCEDURES IN GYNECOLOGY

Requested Approved Denied

Bladder Sling with Cystoscopy

- 1) Successful completion of an industry approved course Or documentation of training during a residency or fellowship And
- 2) Documentation that practitioner performed three (3) live bladder sling and cystoscopy cases within the last two (2) years (this may include those performed during course work)
- 3) 2 observed cases required.

CORE PRIVILEGES IN GYNECOLOGIC ONCOLOGY

Requested Approved Denied

Admission, evaluation, diagnosis, consultation and surgical and therapeutic treatment of women with malignant diseases, including carcinomas of the cervix, ovary and fallopian tubes, uterus, vulva and vagina. Also included with this core set of privileges are microsurgery, chemotherapy, radical hysterectomy, and staging by lymphadenectomy, pelvic exenteration, radical vulvectomy, and the performance of procedures on the bowel, urethra and bladder as indicated, Laser (Co2 Laser Surgery-lower genital, Co2 Laser Laparoscopy, Other Lasers, Closure – urethrovaginal fistula, Operative laparoscopy, Laparoscopic assisted vaginal hysterectomy, microtuboplasty with operating laparoscope, Operative Hysteroscopy

I have carefully reviewed this delineation sheet and declare myself competent in all the procedures listed above.

Signature

Date

APPROVALS

Department of Surgery

Date

Medical Executive Committee

Date

Governing Board

Date