

# ADVANCED SURGICAL PRIVILEGES FORM / PEDIATRIC SURGERY

Applicant's Name: .....

License No. (If Any): ..... Date:  DD  MM  YY

## CATEGORY I: GENERAL PROCEDURES

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Insertion of peritoneal dialysis catheter	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2. Lymph nodes biopsy neck region	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
3. Excision of branchial cyst/fistula	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
4. Excision of cystic hygroma	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

## CATEGORY II: ABDOMINAL SURGERY

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Operative reduction of intussusceptions	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2. Resection of mesenteric & omental cysts	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
3. Small bowel resection with or without anastomosis past neonatal period	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
4. Creation of ileostomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
5. Closure of ileostomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
6. Creation of colostomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
7. Closure of colostomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
8. Large bowel resection & anastomosis	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
9. Cut back procedure of anal stenosis	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
10. Surgery for rectal prolapse	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
11. Total and partial splenectomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
12. Surgery for omphalomesenteric remnants	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
13. Surgery for intestinal obstruction past the neonatal period	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

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### CATEGORY III: THORACIC SURGERY

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Tracheostomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2. Lung biopsy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
3. Thoracotomy lung lobectomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
4. Surgery for esophageal replacement	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
5. Fundoplication	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
6. Heller's Procedure	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
7. Endoscopy:					
a. Bronchoscopy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
b. Esophagoscopy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
8. Correction of chest wall deformities	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
9. Repair of diaphragmatic eventration	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

### CATEGORY IV: NEONATAL SURGERY (ABDOMINAL)

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Surgery for neonatal intestinal obstruction	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2. Creation of colostomy for ARM	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
3. Repair of esophageal atresia & TEF (open)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
4. Surgery for NEC	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
5. Repair of diaphragmatic hernia	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
6. Omphaloplasty	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
7. Repair of exomphalos minor	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
8. Repair of exomphalos major	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

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Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
9. Repair of gastroschisis	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
10. Repair of other midline abdominal & chest wall defects excluding umbilical hernia	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

### CATEGORY V: LIVER/ BILIARY TREE

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Surgery of biliary atresia	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2. Surgery for choledochal cyst	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
3. Cholecystectomy (open)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
4. Exploration of common bile duct	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

### CATEGORY VI: PANCREAS

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Internal drainage for pancreatic pseudocyst	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2. Distal pancreatic resection	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
3. Exploration pancreatic duct & duct drainage or repair	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

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### CATEGORY VII: RENAL SURGERY

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Surgery for ureteropelvic junction obstruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Cystourethroscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Urethral dilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Surgery for urethral stricture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Fulguration of posterior urethral valve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. STING for vesicoureteric reflux	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Vesicoureteric reimplantation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Cystolithotomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Uretero-lithotomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Nephrolithotomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Partial nephrectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Total nephrectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Urinary diversion: temporary & permanent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Augmentation cystoplasty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Bladder neck reconstruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Surgery for urinal incontinence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Bladder extrophy surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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### CATEGORY VIII: SUPRARENAL GLAND

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Adrenalectomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

### CATEGORY IX: EXTERNAL GENITALIA SURGERY

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Meatotomy/ dilatation	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2. Meatoplasty	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
3. MAGPI procedure for hypospadias	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
4. Repair of distal penile hypospadias	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
5. Repair of midshaft hypospadias	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
6. Correction of penile chordee	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
7. Correction of penile torsion	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
8. Repair of proximal and perineal hypospadias	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
9. Redo hypospadias repair	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
10. Repair of urethral fistula	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
11. Surgery for ambiguous genitalia	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
12. Surgery for vaginal atresia & obstruction	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
13. Vaginal reconstruction	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
14. Surgery of cloacal anomalies	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
15. Surgery of urogenital sinuses	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
16. Surgery for lesions of the genitourinary system	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

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### CATEGORY X: LARGE BOWEL, RECTUM, AND ANUS

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Endorectal pull through (Soave)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2. Swenson procedure for Hirschsprung disease	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
3. Duhamel procedure for Hirschsprung disease	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
4. Transanal pull through	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
5. Anoplasty for low ARM	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
6. Posterior sagittal anorectoplasty	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
7. Abdominoperineal pull through for ARM	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
8. Excision of perianal abscesses	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
9. Surgery for fistula-in-ano	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
10. Hemorrhoidectomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

### CATEGORY XI: LAPAROSCOPIC & THORACOSCOPIC SURGERY

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Laparoscopic appendectomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2. Laparoscopic exploration orchiopexy for intra-abdominal testis	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
3. Laparoscopic pyloromyotomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
4. Laparoscopic exploration for acute abdomen	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
5. Laparoscopic exploration for trauma	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
6. Laparoscopic cholecystectomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
7. Laparoscopic resection of ovarian cysts	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
8. Laparoscopic excision of abdominal lesions	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

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Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
9. Laparoscopic procedures that include intra- corporeal knotting	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
10. Laparoscopic bowel resection & intra- corporeal anastomosis	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
11. Laparoscopic splenectomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
12. Laparoscopic pull through	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
13. Laparoscopic abdominal biopsy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
14. Laparoscopic suprarenal lesion excision	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
15. Thoracoscopic lung biopsy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
16. Thoracoscopic lobectomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
17. Thoracoscopic repair of diaphragmatic hernia	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
18. Thoracoscopic repair of diaphragmatic eventration	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
19. Thoracoscopic excision of bronchogenic cyst	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
20. Thoracoscopic repair of esophageal atresia & TEF	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

### CATEGORY XII: NECK SURGERY

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Thyroid Surgery	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2. Parathyroid Surgery	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

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### CATEGORY XIII: UPPER GIT ENDOSCOPY

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Rigid esophagoscopy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2. Flexible esophagoscopy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
3. Gastroscopy for foreign body	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
4. Gastroscopy diagnostic	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
5. Esophago- gastroduodenoscopy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
6. Endoscopic papillotomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

### CATEGORY XIV: LAPAROSCOPIC GENITOURINARY SURGERY

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Laparoscopic exploration for undescended testis	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2. Laparoscopic orchiopexy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
3. Laparoscopic high ligation for hydrocele	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
4. Laparoscopic excision of multi-cystic kidney	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
5. Laparoscopic nephrectomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
6. Laparoscopic resection of kidney lesions	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
7. Laparoscopic uretero-lithotomy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
8. Laparoscopic pyeloplasty	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

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### **ADDITIONAL PRIVILEGE (NOT INCLUDED ABOVE)**

Privileges	For applicant use		For committee use				
	Request	Signature	Recommended			Not Recommended	Reason for rejection (if any)
			Facility type				
	Hospital	Day care	Clinic under LA				

**Note:**

You must submit along with this application all necessary document(s) to support your request.

Applicant's signature ..... Date:

# ADVANCED SURGICAL PRIVILEGES FORM / PEDIATRIC SURGERY

## FOR COMMITTEE USE ONLY

### Committee Decision:

Evaluation type:

By Interview  virtual / personal

By documents only

Or both

### Other comments:

.....

We have reviewed the requested clinical privileges and supporting documentation for the above-named applicant, and We have made the above-noted recommendation(s).

.....

Name, Signature & Stamp

Date:  DD  MM  YYYY

Name, Signature & Stamp

Date:  DD  MM  YYYY