

MEDICAL AND DENTAL STAFF
 NATCHITOCHE PARISH HOSPITAL
 Delineation of Staff Privileges
 Otorhinolaryngology

Diagnosis and Management

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| <ul style="list-style-type: none"> _____ Lesions of the oral cavity _____ Diseases of the pharynx _____ Diseases of the tonsils and adenoids _____ Diseases of the nasopharynx _____ Diseases of the larynx, cervical _____ Diseases of the trachea and bronchi _____ Diseases of the esophagus _____ Diseases of the nose and paranasal sinuses _____ Nosebleed _____ Malformations of the nasal septum _____ Maxillary and nasal fractures _____ Acute and chronic disease of the nose _____ Acute and chronic sinusitis _____ Neoplasm of the nose and sinuses _____ Other (please list) _____ _____ _____ _____ _____ _____ | <ul style="list-style-type: none"> _____ Neoplasm of the Pharynx _____ Neoplasm of the larynx _____ Neoplasm of bronchial tree _____ Hearing disorders _____ Disorders of the labyrinth _____ Diseases of the external ear _____ Diseases of the middle ear and mastoid _____ Diseases of the tympanic membranes _____ Speech disorders _____ Rehabilitation of persons with hearing loss _____ Dizziness and vertigo _____ Diseases of the facial nerve _____ Cysts & other tumors of neck (Excluding: Thyroid tumors, carotid body tumors, and parathyroid tumors) _____ Other (please list) _____ _____ _____ |
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Procedures

- | | |
|---|---|
| <ul style="list-style-type: none"> _____ Excision of neoplasms of ear and mastoid _____ Temporal bone resection _____ Excision of auricle _____ Repair of atresia of ear _____ Parotidectomy _____ Facial nerve dissection _____ Facial nerve graft _____ Submaxillary gland excision _____ Salivary calculus removal _____ Lateral rhinotomy _____ Maxillectomy _____ Radical maxillectomy with orbital exenteration _____ Excision of nasopharyngeal neoplasm via transthemoid transpalatal routes _____ Repair of laryngeal fractures _____ Exploration of recurrent laryngeal nerves | <ul style="list-style-type: none"> _____ Lip Shave _____ Wedge Resection _____ Abbe flap _____ Estlander flap _____ Glossectomy _____ Mandibulectomy _____ Resection of neoplasm of oral cavity _____ Resection of neoplasm of oropharynx or hypopharynx _____ Incision and drainage of neck abscess _____ Excision of benign lesions in neck _____ Radical neck dissection _____ Diverticulectomy _____ Laryngectomy _____ Facial Sling Procedures _____ Choanal atresia repair |
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Procedures, continued

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| <input type="checkbox"/> Arytenoidectomy | <input type="checkbox"/> Cleft lip and palate repair |
| <input type="checkbox"/> Cervical esophagectomy | <input type="checkbox"/> Temporomandibular joint exploration |
| <input type="checkbox"/> Cervical tracheal resection with repair | <input type="checkbox"/> Condylectomy |
| <input type="checkbox"/> Tracheotomy | <input type="checkbox"/> Excision skin lesions |
| <input type="checkbox"/> Styloidectomy | <input type="checkbox"/> Scar revisions |
| <input type="checkbox"/> Ligation of major head and neck vessels | <input type="checkbox"/> Excision rhinophyma |
| <input type="checkbox"/> Excision of congenital cysts (bronchial and thyroglossal) | <input type="checkbox"/> Laceration repair |
| <input type="checkbox"/> Excision of laryngocele | <input type="checkbox"/> Adenoidectomy |
| <input type="checkbox"/> Pharyngotomy | <input type="checkbox"/> Tonsillectomy |
| <input type="checkbox"/> Pharyngectomy | <input type="checkbox"/> Nasal Polypectomy |
| <input type="checkbox"/> Myringotomy | <input type="checkbox"/> Submucous resection |
| <input type="checkbox"/> Tympanoplasty | <input type="checkbox"/> Nasal septoplasty |
| <input type="checkbox"/> Mastoidectomy | <input type="checkbox"/> Septal dermoplasty |
| <input type="checkbox"/> Radical mastoidectomy | <input type="checkbox"/> Turbinectomy |
| <input type="checkbox"/> Cartilage and bone grafts | <input type="checkbox"/> Antrotomy |
| <input type="checkbox"/> Surgical sinus ablation | <input type="checkbox"/> Caldwell-Luc procedure |
| <input type="checkbox"/> Stapedectomy | <input type="checkbox"/> Transantral ligation of vessels |
| <input type="checkbox"/> Skin Grafts | <input type="checkbox"/> Vidian neurectomy |
| <input type="checkbox"/> Exploratory tympanotomy | <input type="checkbox"/> External ethmoidectomy |
| <input type="checkbox"/> Pedicle flap procedures | <input type="checkbox"/> Frontoethmoidectomy |
| <input type="checkbox"/> Facial nerve decompression | <input type="checkbox"/> Frontal disc trephine |
| <input type="checkbox"/> Tympanic neurectomy | <input type="checkbox"/> Osteoplastic frontal sinusectomy |
| <input type="checkbox"/> Labyrinthectomy | <input type="checkbox"/> Frontal sinus ablation |
| <input type="checkbox"/> Decompression membranous labyrinth | <input type="checkbox"/> Radical pan-sinusectomy |
| <input type="checkbox"/> Reconstruction of external ear and nose | <input type="checkbox"/> Dacryocystorhinostomy |
| <input type="checkbox"/> Otoplasty | <input type="checkbox"/> Hypophysectomy (trans-sphenoidal) with neuro-surgical consult |
| <input type="checkbox"/> Rhinoplasty | <input type="checkbox"/> Laryngoplasty |
| <input type="checkbox"/> Tracheoplasty | <input type="checkbox"/> Mentoplasty |
| <input type="checkbox"/> Blepharoplasty | <input type="checkbox"/> Other (please list) |
| <input type="checkbox"/> Reduction of facial fractures | _____ |
| <input type="checkbox"/> Endoscopic Sinus Surgery | _____ |
| | _____ |
| | _____ |

The Privileges Listed Below Require Documentation of Training and Experience.

<input type="checkbox"/> Laser				
<input type="checkbox"/> ENDOSCOPIC PROCEDURES	Rigid Scope	Fiberoptic	Biopsy	Polypectomy
<input type="checkbox"/> Bronchoscopy	_____	_____	_____	_____
<input type="checkbox"/> Esophagoscopy	_____	_____	_____	_____
<input type="checkbox"/> Laryngoscopy	_____	_____	_____	_____

I am mentally and physically capable of performing the privileges in which I am requesting:
