

CHRISTUS CABRINI SURGERY CENTER

REQUEST AND APPROVAL OF PRIVILEGES – GYN

Applicants Name:

Date:

R=Requested

NR=Not Requested

TA = Temporary Privileges

A=Approved

D=Denied

Procedure	R	NR	TA	A	D
Evaluation and diagnosis of medical conditions to determine need for surgical interventions.					
Initial interpretation and assessment of x-ray films and fluoroscopy peri-operatively with documentation of findings.					
Anterior and Posterior Repair					
Appendectomy					
Balloon Ablation					
Biopsy of Ovary, Unilateral or Bilateral					
Biopsy of Pelvic Node					
Biopsy or Local Excision of Lesion					
Cervical Cerclage					
Cervical Conization					
Chromotubation					
Colopotomy/Culdoscopy/Colposcopy					
Cone – LLETZ, LEEP Procedures					
D&C					
D&C Cervical Biopsy					
D&C Fulguration Condyloma					
Destruction of Vaginal Lesion					
Diagnostic Lap/ D&C					
Diagnostic Laparoscopy					
Dilation of Vagina under Anesthesia					
Endometrial Ablation					
Endometrial Biopsy					
Excision Barthilon Gland/Cyst					
Foreign Body Removal Vagina/Uterus					
Hydatid Mole Evacuation					
Hymenectomy					
Hymenotomy, Simple Excision					
Hysterosalpingography					
Hysteroscopy – Diagnostic and Operative, Ablation					
I&D					
Incision and Drainage of Labia/Vulvar Wound Abscess					
Infertility Tubal Surgery / Micro Surgery					
IV Sedation					
Laparoscopic Fulguration					
Laparoscopic Lysis of Adhesions					
Laparoscopic Salpingectomy					
Laparoscopic Tubal					
LaparoscopicTubal / D&C					
Laparoscopic Vaginal Hysterectomy					
Laser Cervix					
Lipectomy					
Ligation/Transection Fallopian Tubes (Abdominal or Vaginal approach, Laparoscopic)					

