

**CLINICAL PRIVILEGES - GENERAL SURGEON**

*AUTHORITY: Title 10, U.S.C. Chapter 55, Sections 1094 and 1102.*

*PRINCIPAL PURPOSE: To define the scope and limits of practice for individual providers. Privileges are based on evaluation of the individual's credentials and performance.*

*ROUTINE USE: Information on this form may be released to government boards or agencies, or to professional societies or organizations, if needed to license or monitor professional standards of health care providers. It may also be released to civilian medical institutions or organizations where the provider is applying for staff privileges during or after separating from the Air Force.*

*DISCLOSURE IS VOLUNTARY: However, failure to provide information may result in the limitation or termination of clinical privileges.*

**INSTRUCTIONS**

**APPLICANT:** In Part I, enter Code 1, 2, or 4 in each REQUESTED block for every privilege listed. This is to reflect current capability and should not consider any known facility limitations. Sign and date the form. Forward the form to your Clinical Supervisor. *(Make all entries in ink.)*

**CLINICAL SUPERVISOR:** In Part I, using the facility master privileges list, enter Code 1, 2, 3, or 4 in each VERIFIED block in answer to each requested privilege. In Part II, check appropriate block either to recommend approval, to recommend approval with modification, or to recommend disapproval. Sign and date the form. Forward the form to the Credentials Function. *(Make all entries in ink.)*

- CODES:**
1. Fully competent within defined scope of practice. *(Clinical oversight of some allied health providers is required as defined in AFI 44-119.)*
  2. Supervision required. *(Unlicensed/uncertified or lacks current relevant clinical experience.)*
  3. Not approved due to lack of facility support. *(Reference facility master privileges list.)*
  4. Not requested/not approved due to lack of expertise or proficiency, or due to physical disability or limitation.

**CHANGES:** Any change to a verified/approved privileges list must be made in accordance with AFI 44-119.

NAME OF APPLICANT *(Last, First, Middle Initial)*

NAME OF MEDICAL FACILITY

**I. LIST OF CLINICAL PRIVILEGES - GENERAL SURGEON**

Request	Verified		Request	Verified	
		<b>A. SKIN</b>			<b>E. ESOPHAGUS (continued)</b>
		1. Burns			6. Transthoracic repair of perforations
		2. Grafting			7. Endoscopy procedures
		3. Local excisions			8. Esophageal dilatation
		4. Decubitus grafts			<b>F. STOMACH</b>
		<b>B. HEAD AND NECK</b>			1. Endoscopic procedures
		1. Parotidectomy			2. Gastrostomy
		2. Submaxillary resection			3. Pyloromyotomy
		3. Laryngectomy			4. Vagotomy and pyloroplasty
		4. Radical neck dissection			5. Vagotomy and gastroenterostomy
		5. Esophageal diverticulectomy (Zenkers)			6. Subtotal gastrectomy with/without vagotomy
		6. Glossectomy - partial or total			7. Total gastrectomy
		7. Maxillectomy			8. Feeding gastrostomy
		8. Mandibulectomy			9. Gastroenterostomy
		9. Lip cancer - local "V" or transfer graft			10. Closure of:
		10. Commando			a. Gastrointestinal fistula, internal or external
		11. Tracheostomy			b. Perforated ulcer
		<b>C. BREAST</b>			c. Gastrojejunal fistula
		1. Biopsy, needle incisional or excisional			11. Stapling procedures for morbid obesity
		2. Stereotactic breast biopsy			12. Laparoscopic Nissen fundoplication
		3. Partial mastectomy			13. Percutaneous endoscopic gastrostomy (PEG)
		4. Simple mastectomy			<b>G. INTESTINE (INCLUDING RECTUM)</b>
		5. Modified radical mastectomy			1. Appendectomy
		6. Radical mastectomy			2. Small bowel resection
		7. Augmentation mammoplasty			3. Meckel's diverticulectomy
		8. Reduction mammoplasty			4. Colectomy - partial
		<b>D. THYROID AND ENDOCRINE</b>			5. Colectomy - total
		1. Thyroglossal cystectomy			6. Colostomy
		2. Thyroid lobectomy			7. Ileostomy
		3. Bilateral subtotal lobectomy			8. Abdominoperineal resection
		4. Total thyroidectomy			9. Endoscopic procedures
		5. Parathyroidectomy			10. Hemorrhoidectomy
		6. Mediastinal parathyroidectomy			11. Anorectal fistulotomy
		7. Resection of thoracic thyroid			12. Rectal prolapse repair
		8. Thymectomy			13. Closure of:
		9. Adrenalectomy			a. Rectovesical fistula
		<b>E. ESOPHAGUS</b>			b. Rectovaginal fistula
		1. Cervical esophagostomy			c. Rectoenteric fistula
		2. Esophageal diverticulectomy - intrathoracic			14. Lateral internal sphincterotomy
		3. Esophagocardiomyotomy			15. Laparoscopic colectomy
		4. Transpleural esophageal resection			<b>H. LIVER</b>
		5. Esophagogastrectomy			1. Closed biopsy

I. LIST OF CLINICAL PRIVILEGES - GENERAL SURGEON (Continued)					
Request	Verified		Request	Verified	
		<b>H. LIVER (continued)</b>			<b>d. Intra-abdominal obstructive (continued)</b>
		2. Open biopsy			(2) Renal artery bypass/endarterectomy
		3. Hepatectomy			<b>e. Extracavitary bypass</b>
		4. Portacaval shunts			(1) Axillo-femoral-popliteal
		5. Drainage of hepatic abscess			(2) Femoral-femoral
		<b>I. BILIARY TRACT</b>			(3) Obturator
		1. Cholecystectomy			<b>f. Miscellaneous</b>
		2. Operative cholangiography			(1) Embolectomy/thrombectomy
		3. Common bile duct exploration			(2) Use of prosthetic graft/patch
		4. Common duct reconstruction			(3) Harvest of autogenous vessel for patch/bypass
		5. Biliary enteric bypass			(a) Arm vein or artery
		6. Spincteroplasty			(b) Greater or lesser saphenous vein
		7. Cholecystostomy			(c) Femoral vein
		8. Laparoscopic cholecystectomy			(4) Use of composite graft
		9. Laparoscopic common bile duct exploration			
		<b>J. PANCREAS</b>			<b>2. Venous and lymphatic system</b>
		1. Distal pancreatectomy			a. Ligation, stripping, excision of peripheral vein
		2. Whipple pancreatectomy			b. Sclerotherapy, peripheral vein
		3. Total pancreatectomy			c. Subfascial ligation
		4. Pancreatic jejunostomy			(1) Open
		5. Transduodenal pancreatic sphincteroplasty			(2) Endoscopic
		6. Pancreatic cystectomy			d. Debridement and grafting for ulceration
		7. Pancreatic cyst-gastrostomy			e. Thrombectomy/embolectom, venous
		8. Pancreatic cyst-enterostomy			f. Venous bypass or other venous reconstructive procedures
		<b>K. SPLEEN</b>			<b>g. Venous valve repair/transplant</b>
		1. Splenectomy			<b>h. Vena cava ligation/clipping</b>
		2. Splenorhaphy			<b>i. Surgical treatment of lymphedema including Thompson/Charles procedure</b>
		<b>L. HERNIA</b>			<b>3. Portal decompression</b>
		1. Inguinal			a. Insertion of peritoneovenous shunt
		2. Incisional			b. Porto-systemic shunt
		3. Femoral			c. Esophagogastric transection/devascularization
		4. Umbilical			d. Cardioesophageal balloon tamponade
		5. Hiatal			e. Splenectomy
		6. Omphalocele			<b>4. Vascular access</b>
		7. Gastroschisis			a. Insert indwelling central venous catheter
		8. Hydrocelectomy			b. Arteriovenous fistula
		9. Undescended testicle correction			c. Arteriovenous graft
		10. Laparoscopic herniorrhaphy			<b>5. Amputation</b>
		<b>M. VASCULAR</b>			a. Upper extremity
		1. Arterial system			b. Hip disarticulation
		a. Aneurysm repair			c. Above knee
		(1) Infrarenal abdominal aortic aneurysm			d. Below knee
		(2) Suprarenal abdominal aortic aneurysm			e. Transmetatarsal
		(3) Thoracoabdominal aortic aneurysm			f. Digit
		(4) Ruptured aortic aneurysm			<b>6. Vascular trauma</b>
		(5) Iliac, femoral, popliteal aneurysm			a. Repair thoracic vessels
		(6) Visceral/renal aneurysm			b. Repair abdominal/pelvic vessels
		(7) Other aneurysm			c. Repair neck vessels
		b. Cerebrovascular			d. Repair peripheral vessels
		(1) Carotid endarterectomy			e. Fasciotomy
		(2) Resect carotid body tumor			<b>7. Miscellaneous</b>
		(3) Vertebral artery operation			a. Surgical decompression for thoracic outlet syndrome
		(4) Direct repair of aortic arch branches			b. Sympathectomy
		(5) Cervical bypass of aortic arch branches			(1) Cervical/thoracic
		c. Peripheral obstructive			(2) Lumbar
		(1) Aorto-ilio-femoral endarterectomy			<b>8. Diagnostic and interventional procedures</b>
		(2) Aorto-ilio-bypass			a. Arteriography
		(3) Fem-pop-tibial endarterectomy			b. Venography
		(4) Fem-pop-tibial bypass			c. Angioscopy
		(5) Repair/bypass of axillary, brachial, radial artery			
		d. Intra-abdominal obstructive			
		(1) Celiac/superior mesenteric artery			

I. LIST OF CLINICAL PRIVILEGES - GENERAL SURGEON (Continued)					
Request	Verified		Request	Verified	
		<b>8. Diagnostic and interventional procedures (continued)</b>			<b>P. ADDITIONAL PROCEDURES (continued)</b>
		d. Atherectomy			<b>6. Genitourinary procedures</b>
		e. Vena cava filter placement			a. Oophorectomy, unilateral or bilateral
		f. Angioplasty			b. Salpingo-oophorectomy, unilateral or bilateral
		(1) Dilator for fibromuscular disease			c. Abdominal hysterectomy - total supracervical or radical
		(2) Balloon			d. Nephrectomy, partial or total
		(3) Stent placement			e. Surgical management of Wilm's tumor and neuroblastoma
		g. Deploy covered stent or stent graft			f. Surgical management of adrenal neoplasm
		h. Thrombolytic therapy			g. Repair of ureteral injuries
		i. Intravascular ultrasound			h. Cystectomy - partial or total
		<b>N. NERVE</b>			i. Cystectomy - suprapubic
		1. Sympathectomy - lumbar			j. Cutaneous ureterostomy
		2. Sympathectomy - cervical			k. Construction of ileal conduit for urinary diversion
		3. Neuroorrhaphy			<b>7. Neurosurgical emergency craniotomy for management of intracranial hemorrhage</b>
		<b>O. EXTREMITIES</b>			<b>8. Emergency thoracotomy for control of hemorrhage and/or open cardiac resuscitation</b>
		1. Hand			<b>9. Resection of neoplasms</b>
		a. Incision and drainage - bone felon			<b>10. Colonoscopy</b>
		b. Incision and drainage - paronychia			<b>11. Esophagogastroduodenoscopy (EGD)</b>
		c. Tenorrhaphy			<b>12. Endoscopic retrograde cholangiopancreatogram (ERCP)</b>
		(1) Flexor			<b>Q. LAPAROSCOPIC PROCEDURES</b>
		(2) Extensor			1. Basic video-assisted procedures (stapling, dissection, cautery, diagnosis, etc.)
		d. Tendon transplant			2. Advanced video-assisted procedures (intracorporeal suturing, anastomosis, etc.)
		e. Excision ganglion			<b>R. PEDIATRICS</b>
		2. Amputations			1. Pediatric herniorrhaphy
		a. Finger			2. Pyloromyotomy
		b. Toe			3. Circumcision
		c. Below-the-knee			4. Appendectomy
		d. Above-the-knee			5. Exploratory laparotomy
		e. Arm			6. Excision of supernumerary digit
		f. Hip disarticulation			7. Resection of neoplasm
		g. Forequarter amputation			8. Pediatric endoscopy
		h. Hemipelvectomy			<b>S. OTHER (Specify)</b>
		3. Soft tissue tumor			1. Conscious sedation
		<b>P. ADDITIONAL PROCEDURES</b>			2. ICU admitting privileges
		1. Regional limb perfusion for chemotherapy			
		2. Placement of hepatic artery catheter for perfusion			
		3. Thoracoabdominal flap reconstruction after radical mastectomy			
		4. Total parenteral nutrition (TPN) catheter insertion			
		5. Gracilis myocutaneous flaps for pelvic reconstruction			
SIGNATURE OF APPLICANT					DATE
<b>II. CLINICAL SUPERVISOR'S RECOMMENDATION</b>					
<input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND APPROVAL WITH MODIFICATION <input type="checkbox"/> RECOMMEND DISAPPROVAL					
SIGNATURE OF CLINICAL SUPERVISOR (Include typed, printed, or stamped signature block)					DATE