

MEDSTAR UNION MEMORIAL HOSPITAL  
 DELINEATION OF PRIVILEGES  
 GYNECOLOGY

Name (print or type): \_\_\_\_\_  
Last
First
M.I.

CORE PRIVILEGES:	REQUESTED	RECOMMENDED	COMMENTS
Admitting/Attending Privileges			
Consulting Privileges			
Appendectomy, Incidental			
Bartholin Duct Cystectomy and/or Marsupialization			
Cervix and/or Vaginal Biopsy			
Cryosurgery: Cervix, Vagina, Vulva			
Colposcopy			
Colpotomy - Exploratory			
Culdocentesis			
Cystourethrocele Repair			
D&C-Diagnostic			
D&C-Therapeutic			
Ectopic Pregnancy surgical/medical management , via laparotomy or laparoscopy			
Enterocoele Repair			
Exploratory Laparotomy for:			
Lysis of Adhesions			
Myomectomy			
Removal of adenexal structure(s)			
Tubal Ligation			
Uterine Suspension			
Hymenectomy-Hymenotomy			
Hysterectomy – Abdominal -Total/Subtotal with or without Adnexae			
Hysterectomy – Vaginal - with or without Adnexae			
Hysterosalpingogram			
Hysteroscopy - Diagnostic			
I & D Bartholin Duct Abscess			
Laparoscopy - Diagnostic			
Laparoscopic Tubal Ligation:			
Falope Ring			
Cautery			
Filshie Clip			
Loop Electrical Excision of Cervix			
Perineoplasty			
Perineorrhaphy			
Rectocele Repair			
Uterine Cervix-Cold Conization			
Vulva Biopsy			
<b>ADVANCED GYN NON CORE PRIVILEGES:</b>			
Abdominal Sacro-Colpopexy			
Bladder Sling Operations			
Cervix - CO <sub>2</sub> Laser			
Colpocleisis			
Cystoscopy			
Endometrial Ablation (all types)			
Evisceration Repair			
Hypogastric Artery Ligation			
Hysteroscopy – Operative (Including resectoscopic procedures)			
Hysteroscopy - Fallopian Tube Cannulation			
Incisional Hernia Repair (Incidental)			
Incompetent Cervical OS Repair			
Intra-Abdominal CO <sub>2</sub> Laser			
LaForte Vaginal Repair			
Laparoscopic Hysterectomy / Supra Cervical w/ or w/o adnexae			

Laparoscopic Assisted Vaginal Hysterectomy w/ or w/o adnexae			
Laparoscopic Myomectomy			
Laparoscopic Sacro Culpoplexy			
Laparoscopy - CO <sub>2</sub> Laser			
Manchester-Fothergill Operation			
Meckel's Diverticulum, Incidental			
Metroplasty			
Omentectomy			
Paracentesis			
Pelvic Abscess Drainage			
Presacral Neurectomy			
Proctosigmoidoscopy with Biopsy			
Proctosigmoidoscopy (Flexible Scope)			
Proctosigmoidoscopy (Rigid Scope)			
Recto-Vaginal Fistula Repair (low)			
Recto-Vaginal Fistula Repair (high)			
Sacrospinalis Suspension			
Surgical Repair of Bowel Rent			
Surgical Repair of Bladder Rent			
Transabdominalsuprapubic Urethropexy			
Transvaginal Urethropexy			
Umbilical Hernia Repair, Incidental			
Ureteral Catheterization w/ or w/o Retrograde Pyelography			
Urethral Caruncle Excision/Fulguration			
Urethral Dilation			
Urodynamics			
Vagina - CO <sub>2</sub> Laser			
Vaginal Reconstruction for Congenital Absence (McIndoe Procedure)			
Vaginal Skin Grafting			
Vaginectomy			
Vesico-Vaginal Fistula Repair			
Vulva - CO <sub>2</sub> Laser			
Vulvectomy-Simple			
GYN ONCOLOGY-NON CORE:			
Chemotherapy			
Colostomy			
Exenteration, Complete			
Exenteration, Anterior			
Exenteration, Posterior			
Gastrostomy Tube			
Hysterectomy, Radical (Wertheim)			
Intestinal Resection & Re-Anastomosis			
Ileal Conduit or Continent Urinary Diversions			
Implant for venous access (Porta Cath)			
Pelvic Lymph Node Sampling			
Pelvic Malignancy Terminal Care Of			
Para-Aortic Node Sampling			

Total Parenteral Nutrition Management			
Vulvectomy, Radical with Groin and Pelvic Node Dissection			
Radium Insertion, Cervical/Vaginal			
Radium Insertion, Uterine			
REI/IVF – NON CORE:			
Ovulation Induction with Gonadotropins			
IUI			
Assisted Reproductive Techniques (IVF/GIFT/ZIFT)			
Tubal Surgery Microsurgical Technique (Tuboplasty, Reversal of Sterilization)			
OTHER:			

**BOARD CERTIFICATION: After 3 years out of residency to start process, then have up to 6 years to obtain certification.**

**(Electronic)** By typing my name below, I certify the above statements to be true and correct to the best of my knowledge, and that this information can be used for the purpose of processing my MedStar Union Memorial Hospital Delineation of Privilege Form. **(Non-Electronic)** If filling out the delineation by hand, please provide your original signature and date.

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Applicant's Signature

Date

Reviewer's Comments:

I certify that I have reviewed the applicant's application for initial appointment or reappointment and request for delineation of privileges, and that I recommend the approval of the delineations of privileges as specified above.

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Department Chief Signature

Date