

**NAPERVILLE SURGICAL CENTRE**

**Orthopedic Surgery Privileges**

Name				
Privileges Requested		Procedure	Privileges Approved	
Yes	No		Yes	No
		Acromioplasty, open		
		Amputation, finger, toe		
		Amputation, revision		
		Arthrodesis, hands, feet		
		Arthrodesis, wrist		
		Arthroplasty with implant (EXCLUDING MPJ and IPJ)		
		Arthroplasty: shoulder, elbow, wrist, knee, ankle, toes		
		Arthroscopic anterior cruciate ligament repair		
		Arthroscopy, diagnostic/surgical: ankle, elbow, knee, shoulder, wrist		
		Arthrotomy: shoulder, elbow, wrist, fingers, knee, ankle, toes		
		Baker's cyst excision		
		Bone biopsy		
		Bone graft		
		Bunionectomy: simple, complex, ligidus procedure, with implant, with metatarsal osteotomy, by phalanx osteotomy		
		Bursectomy		
		Carpal tunnel release, open		
		Darrach procedure		
		Dequervain's release		
		Dislocation repair, MP and IP, including open		
		Epicondylar stripping		
		Excision, biopsy, destruction skin lesions		
		Excision, curettage, debridement bone		
		External fixation system application, revision, removal		
		Fasciotomy/fasciectomy		
		Foreign body removal		
		Fracture non-union repair		
		Fracture/dislocation repair: open, closed reduction		
		Ganglionectomy		
		Graft: bone, cartilage, fascia, tendon		
		Hammertoe repair		
		Hardware removal		
		Incision & drainage abscess, hematoma		
		Joint capsulectomy/capsulotomy		
		Joint implant insertion, revision, removal (EXCLUDING MPJ and IPJ)		
		Joint injection		
		Joint manipulation		
		Laminectomy with diskectomy		
		Ligament repair (EXCLUDING wrist and fingers)		

Name				
Privileges Requested		Procedure	Privileges Approved	
Yes	No		Yes	No
		Mumford procedure of shoulder		
		Muscle biopsy		
		Muscle repair		
		Nail excision		
		Nerve biopsy		
		Nerve decompression		
		Nerve repair		
		Neurolysis		
		Neuroma excision		
		Onychoplasty		
		Ostectomy/osteotomy		
		Phalangectomy		
		Repair non-union of fractures		
		Rotator cuff repair		
		Scar revision		
		Skin grafts: adjacent tissue transfer, full thickness, split thickness		
		Synovectomy (EXCLUDING hand)		
		Tendon: graft, lengthening/shortening, release, repair, transfer (EXCLUDING wrist and hand)		
		Tenosynovectomy		
		Trigger finger release		
		Use of Fluoroscan		
		Wound debridement, repair		
		Wound dehiscence repair		

I attest that I am competent to perform the above requested procedures and can provide documentation that I possess these privileges at an Illinois licensed hospital.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Medical Director

\_\_\_\_\_  
Date