

NAPERVILLE SURGICAL CENTRE

Gynecology Privileges

Name				
Privileges Requested		Procedure	Privileges Approved	
Yes	No		Yes	No
		Bartholin cystectomy, marsupialization		
		Cervical biopsy		
		Cervical cerclage		
		Cervical conization		
		Cervical dilatation		
		Cervical polypectomy		
		Chromopertubation		
		Circumcision		
		Colposcopy, diagnostic, with biopsy		
		Cystoscopy, diagnostic		
		Dilatation & curettage		
		Endometrial biopsy		
		Excision, biopsy, destruction vaginal, vulvar, perineal, perianal lesions		
		Excision, biopsy, destruction skin lesions		
		Foreign body removal		
		Hymenotomy		
		Hymenectomy		
		Hysteroscopy; diagnostic, with biopsy, endometrial ablation, myomectomy, division uterine septum		
		Hysterosalpingogram		
		Incision & drainage abscess, hematoma		
		IUD removal		
		Laparoscopy/pelviscopy: diagnostic, with aspiration, biopsy, excision/destruction pelvic lesions, lysis adhesions, myomectomy, oophorectomy/salpingectomy, removal ectopic pregnancy, tubal fulguration/occlusion/ligation, tubotubal anastomosis		
		Laparotomy: diagnostic, with aspiration, biopsy, excision/destruction pelvic lesions, lysis adhesions, myomectomy, oophorectomy/salpingectomy, removal ectopic pregnancy, tubal fulguration/occlusion/ligation, tubotubal anastomosis		
		Laser surgery		
		Needleplexy		
		Pelvic Exam Under Anesthesia		

Name				
Privileges Requested		Procedure	Privileges Approved	
Yes	No		Yes	No
		Pelviscopy		
		Perineoplasty		
		Posterior vaginal repair		
		Rectovaginal fistula repair		
		Vaginal septum excision		
		Vulvectomy		

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