

NAPERVILLE SURGICAL CENTRE

Hand Surgery Privileges

| Name | | | | |
|----------------------|----|--|---------------------|----|
| Privileges Requested | | Procedure | Privileges Approved | |
| Yes | No | | Yes | No |
| | | Amputation finger, including revision | | |
| | | Arthrodesis, MPJ/IPJ | | |
| | | Arthrodesis, wrist | | |
| | | Arthroplasty, MPJ/IPJ, with or without implant | | |
| | | Arthroplasty, wrist, with or without implant | | |
| | | Arthroscopy, elbow, wrist | | |
| | | Arthrotomy, finger, hand, wrist, elbow | | |
| | | Bone graft | | |
| | | Darrach procedure | | |
| | | DeQuervain's release | | |
| | | Dislocations, MP/IP (including open treatment) | | |
| | | Dislocation, wrist (including open treatment and carpal instability) | | |
| | | Dupuytren's contracture release | | |
| | | External fixation device/system application, revision, removal | | |
| | | Fasciotomy, hand, wrist forearm; epicondylar stripping | | |
| | | Fingernail ablation | | |
| | | Fingernail reconstruction (including nail bed graft) | | |
| | | Fingertip injuries | | |
| | | Flaps, fasciocutaneous and muscle | | |
| | | Fracture repair, open/closed, upper extremities | | |
| | | Free tissue transfers | | |
| | | Foreign body removal | | |
| | | Hardware removal | | |
| | | Incision and drainage for infection, hematoma | | |
| | | Ligament repair/reconstruction | | |
| | | Nerve decompression, endoscopic | | |
| | | Nerve decompression, open (including carpal and cubital tunnel) | | |
| | | Nerve repair, primary | | |
| | | Nerve repair, secondary (including nerve grafting) | | |
| | | Neurolysis, nerve exploration | | |
| | | Neuroma excision and treatment | | |
| | | Non-union fracture repair | | |
| | | Placement tissue expanders | | |

| Name | | | | |
|----------------------|----|---|---------------------|----|
| Privileges Requested | | Procedure | Privileges Approved | |
| Yes | No | | Yes | No |
| | | Pollicization/Ray transfers | | |
| | | Release joint contracture | | |
| | | Skin flaps | | |
| | | Skin grafts | | |
| | | Synovectomy/tenosynovectomy, upper extremities | | |
| | | Tendon repair, extensor | | |
| | | Tendon repair, flexor | | |
| | | Tendon repair, secondary (including rod placement/tendon graft) | | |
| | | Tendon transfers | | |
| | | Tenolysis | | |
| | | Trigger finger release | | |
| | | Tumor excision | | |
| | | | | |
| | | | | |
| | | | | |

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