

UNIVERSITY OF MARYLAND MEDICAL CENTER MIDTOWN CAMPUS

Gynecology

Delineation of Privilege Form

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Name: _____

Date: _____

Privilege / Operative Procedure	Applicant Check (✓) if requested	Department Chief (Initial)		
		Recommended	Not Recommended	Conditions (provide explanation)
Category I Privileges				
Admit, treat and consult on patients with diseases / disorders/ conditions affecting the reproductive system of the body				
Consult on patients with diseases / disorders/ conditions affecting the reproductive system of the body				
ICU/CCU privileges restricted to care of the OB/GYN needs of the patient				
Treatment of ectopic pregnancy and other accidents of pregnancy such as incomplete, complete or missed abortion				
GYNECOLOGY: Category I privileges				
Diagnostic D & C				
I & D of Bartholin cyst or perineal abscess				
Cervical biopsy (not with colposcope)				
Vulvar biopsy (small punch-Keyes)				
Marsupialization of Bartholin cyst				
Pap smear				
Operations for treatment of benign pelvic disease: D & C with conization				
Operations for treatment of benign pelvic disease: laparotomy				
Operations for treatment of benign pelvic disease: abdominal hysterectomy				
Operations for treatment of benign pelvic disease: vaginal hysterectomy				
Operations for treatment of benign pelvic disease: salpingectomy				
Operations for treatment of benign pelvic disease: oophorectomy				
Diagnostic laparoscopy				
Operation for treatment of urinary stress incontinence: vaginal approach				
Vesicovaginal fistula repair				

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GYNECOLOGY: Category I privileges				
Rectovaginal fistula repair				
Operation for treatment of carcinoma of vulva				
Operation for treatment of carcinoma of vagina				
Operation for treatment of carcinoma of uterus				
Operation for treatment of carcinoma of ovary				
Operation for treatment of noninvasive carcinoma of cervix				
Colposcopy				
Placement of ureteral catheters				
Cystectomy				
Repair of rectocele, enterocele, cystocele				
Colpoplasty				
Colpocleisis				
Myomectomy				
Fine needle aspiration				
Cystoscopy				
Hysterosalpingography				
Uterosacral vaginal fixation				
Metroplasty				
Hysterectomy, vaginal				
Hysterectomy, abdominal				
Presacral neurectomy				
GYNECOLOGIC ONCOLOGY				
Uterovaginal fistula				
Treatment of malignant disease with chemotherapy to include gestational trophoblastic disease				
Radical hysterectomy for treatment of invasive carcinoma of cervix				

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GYNECOLOGIC ONCOLOGY (continued)				
Radical surgery for treatment of gynecological malignancy to include procedures on bowel, ureter, bladder as indicated				
Treatment of invasive carcinoma of vulva by radical vulvectomy				
Treatment of invasive carcinoma of the vagina by radical vaginectomy and other appropriate surgery				
Node dissection				
Proctoscopy				
REPRODUCTIVE ENDOCRINOLOGY				
Treatment of Aschermann's syndrome				
SPECIAL PROCEDURES / TESTS				
Hysteroscopy				
Endometrial ablation				
Urinary dynamics lab				
Urethral diverticulum / caruncle				
Category II Privileges – Require successful completion of an approved recognized course when such exists, acceptable supervised residency & fellowship or other acceptable advanced training				
GYNECOLOGY				
Diagnostic and operative pelviscopy				
Operative laparoscopy				
Operation for treatment of urinary stress incontinence; retropubic urethral suspension (Burch, Marshall Marchetti)				
Operation for treatment of urinary stress incontinence: sling procedure				
Needle suspension procedure for stress incontinence (Raz, Pereyra, Stamey)				
Sacrospinous suspension				
Laparoscopic Burch procedure				
Collagen implants for urinary stress incontinence				

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SPECIAL PROCEDURES/ TESTS				
Micosurgical tubal operations: salpingolysis / salpingoplasty / salingotomy				
Microsurgical tubal operations: tubal anastomosis				
Microsurgical tubal operations: tubal reimplantation				
Laparoscopic assisted vaginal hysterectomy (LAVH)				
Use of Laser: use limited to approved applications for the specific laser requested				
USE OF LASER				
Use limited to approved applications for specific laser requested				
CO2- vulva, vagina, cervix				
CO2- other (please specify)				
NdYAG- (lower genital tract, intrauterine, intra-abdominal)				
NdYAG- other (please specify)				

Acknowledgment of Practitioner:

I have requested only those specific privileges for which, by education, training, current experience and demonstrated performance, I am qualified to perform and for which I wish to exercise at UMMC Midtown; and I understand that in exercising any clinical privileges granted, I am constrained by all UMMC Midtown and medical staff policies and rules applicable generally and all applicable to the particular situation.

Applicant's Signature

Date