



**BAYMEDICAL**  
**Delineation of Privileges**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

CATEGORY I: (GYNECOLOGY) CORE PRIVILEGES				
Core Privileges <i>include:</i>	Requested	Approved		
<p>1. Admission, work-up, consultation, diagnosis and pre-, intra- and postoperative care necessary to correct or treat female patients of all ages presenting with illnesses, injuries and disorders of the gynecologic system and non-surgical treatment of illnesses and injuries of the mammary glands and urinary tract. Includes:</p> <ul style="list-style-type: none"> <li>▪ gynecology screening examinations; PAP smears; diagnosis/treatment of vaginitis, sexually transmitted diseases, abnormal uterine bleeding, and pelvic pain;</li> <li>▪ contraceptive counseling and prescription including insertion of intrauterine devices;</li> <li>▪ colposcopy with vulvar, vaginal and cervical biopsy; outpatient therapy of condyloma and intra-epithelial neoplasia; cervical cerclage; hysterosalpinography; endometrial biopsy; dilatation and curettage; cervical conization;</li> <li>▪ treatment of Bartholin cyst and abscess;</li> <li>▪ infertility and endocrine evaluation, including ovulation induction, diagnosis and treatment of hirsutism, amenorrhea, hyperprolactemia.; culdocentesis and paracentesis;</li> <li>▪ gynecology sonography;</li> <li>▪ cystocele and rectocele repair</li> <li>▪ management of threatened abortion</li> <li>▪ urethroscopy and female urodynamic evaluation; hysteroscopy; laparoscopy; suction curettage; tubal sterilization;</li> <li>▪ adnexal surgery - ovarian cystectomy, oophorectomy, salpingectomy, and</li> <li>▪ treatment of ectopic pregnancy; abdominal and vaginal hysterectomy;</li> <li>▪ exploratory laparotomy for diagnosis and treatment of pelvic pain, pelvic mass, hemoperitoneum, endometriosis, and adhesions;</li> <li>▪ surgical treatment of stress urinary incontinence;</li> <li>▪ repair of vulvar and perineal trauma (adult and pediatric)</li> </ul>				
CATEGORY I: (OBSTETRICS) CORE PRIVILEGES				
Core Privileges <i>include:</i>	Requested	Approved		
<p>1. Admission, work-up, diagnosis and treatment or consultative services of female patients of all ages presenting in any condition of pregnancy, or illnesses, injuries and disorders of the obstetric system. Includes:</p> <ul style="list-style-type: none"> <li>• Treatment of medical complications of obstetrical conditions (heart, lungs, kidney, anemia, diabetes, etc.);</li> <li>• Routine prenatal, perinatal and post-partum care;</li> <li>• Emergent and non-emergent spontaneous delivery vertex presentation; episiotomy and repair; breech delivery; twin pregnancy; pre-eclampsia; eclampsia; cesarean section; external cephalic version and extraction; manual removal of placenta; Duhressens incisions; repair of 3<sup>rd</sup> and 4<sup>th</sup> degree lacerations; excision of vulvar lesions at delivery; cervical biopsy during pregnancy and conization of cervix; inversion of uterus; management of fetal death in utero; induction of labor (medical and surgical); other obstetrical operations; prolapsed cord and abnormal pregnancy;</li> <li>• Repair of vulvar and perineal injury (adult and pediatric);</li> <li>• Obstetric sonography;</li> <li>• Amniocentesis;</li> <li>• Amnio-infusion;</li> <li>• Amniotomy;</li> <li>• Circumcision of infant;</li> <li>• Post-partum resuscitation of infant;</li> <li>• neonatal intubation;</li> </ul>				

**NOTE:**

***You must have Category I privileges for Gynecology in order to apply for Category II supplemental procedures for Gynecology. You must have category I privileges for Obstetrics in order to apply for Category II supplemental procedures for Obstetrics.***

Name: \_\_\_\_\_

CATEGORY II: SUPPLEMENTAL PROCEDURES (GYNECOLOGY)		
Supplemental Procedures for <i>Gynecology</i> which may require additional training/experience.	Requested	Approved
1. General and Gynecological Laser Use		
2. Endoscopic Surgery		
3. Loop Excisional Electrocautery Procedure		
4. Advanced Gynecological Laparoscopic Assisted Procedures		
5. Radical surgery for gynecologic malignancy		
6. Chemotherapy		
7. Microsurgical tubal reanastomosis and other microsurgical infertility procedures		
8. Metroplasty		
9. Reconstructive surgery for ambiguous genitalia		
10. Sonographic and computer tomography - guided needle aspirations, drainage and biopsy		
11. transabdominal suspension of uterus and vagina; radical vulvar surgery; presacral neurectomy, tuboplasty and other infertility surgery		
12. removal/biopsy of inguinal lymph glands;		
<b>Other:</b>		
13.		
14.		
CATEGORY II: SUPPLEMENTAL PROCEDURES (OBSTETRICS)		
Supplemental Procedures for <i>Obstetrics</i> which may require additional training/experience.	Requested	Approved
1. Advanced obstetric sonography		
2. Intrauterine fetal transfusion		
3. Other intrauterine fetal surgery		
<b>Other:</b>		
4.		
5.		

I hereby certify that I possess the training, skills, experience, and current competency for the clinical privileges I have requested and pledge to practice within the limitations and scope of these privileges.

\_\_\_\_\_  
*Physician Signature*

\_\_\_\_\_  
*Date*

<b>APPROVAL:</b>	
_____ <i>Chief of OB/GYN</i>	_____ <i>Date</i>
_____ <i>Chairman of Credentials Committee</i>	_____ <i>Date</i>
_____ <i>Chief of Medical Staff</i>	_____ <i>Date</i>
_____ <i>Board of Trustees</i>	_____ <i>Date</i>