

UNIVERSITY OF MARYLAND MEDICAL SYSTEM
Division of Pediatric Surgery
Department of Surgery
Delineation of Privilege Form

Applicants for membership in the Department of Surgery of the University of Maryland Medical System may request admission to the active staff, the courtesy staff, or the affiliate staff.

Please indicate the staff category to which you wish to apply:

_____ Active _____ Courtesy _____ Affiliate

Name: _____ **Date:** _____

Please comment only in the areas which you wish to apply for privileges

Operative Procedures	Check if Requested	Chair Approval Initial if Yes Write Not Approved if No
Integument		
Burn Debridement		
Burn Excision		
Skin Graft		
Pedicle Graft		
I & D Abscess		
Excision Skin Lesion		
Closure Complex Laceration		
Scar Revision		
Breast Biopsy		
Subcutaneous Mastectomy		
Excision Pilonidal Cyst		
Other Major		
Other Minor		
Plastic		
Cleft Lip Repair		
Cleft Palate Repair		
Major Reconstruction Ear or Face		
Other Major		
Other Minor		
Head and Neck		
Major Tumor		
Radical Neck Dissection		
Thyroidectomy (any)		
Parathyroidectomy		
Branchial Cleft Anomaly		
Thyroglossal Duct Cyst		
Other Major		
Other Minor		
Lymphatic		
Cystic Hygroma		
Node Biopsy		
Regional Node Dissection		
Lymphangioma, Hemangioma		

Name: _____ Date: _____

Operative Procedures	Check if Requested	Chair Approval Initial if Yes Write Not Approved if No
Thoracic		
Bronchoscopy-Esophagoscopy		
Laryngoscopy		
Bronchoscopy-Diagnostic		
-With Bronchography		
-With Removal Foreign Body		
Tracheostomy		
Repair Deformity Chest Wall		
Chest Wall Resection		
Thoracotomy for Drainage, Biopsy, or Other		
Pneumonectomy, Lobectomy or Segmental Resection		
Thymectomy		
Excision Mediastinal Mass		
Repair Diaphragmatic Hernia		
-Bochdalek		
-Morgagni		
Other: (1) Repair Eventration		
(2) Exc. Trachial Fistula		
Other Major		
Other Minor		
Cardiovascular		
Atrial Septal Defect		
Ventricular Septal Defect		
Tetrology-Repair		
Valve Reconstruction		
Other Open Operation		
Shunts (Systemic-Pulmonary)		
Pulmonary Banding		
Pericardiectomy		
Coarctation/Arch Anomalies		
Patent Ductus Arteriosus		
Vascular Ring		
Other Closed Operations		
Renal Artery Reconstruction		
Operation Other Visceral Arteries		
Peripheral Arterial Repair		
Resection A-V Malformation		
Creation AV Shunt or Fistula		
Insertion Hyperal Catheter		
Broviac Catheter		
Other Major		
Thoroco-Abdominal Bypass		
Other Minor		

Name: _____ Date: _____

Operative Procedures	Check if Requested	Chair Approval Initial if Yes Write Not Approved if No
Alimentary Tract		
Transthoracic Ligation Esoph. Varices		
Esophagoscopy-Diagnostic		
-With Dilation		
-Removal Foreign Body		
- Dilatation Alone		
-Injection Varices		
Gastroscopy		
Gastroduodenoscopy		
Colonoscopy		
Esophagostomy		
Repair Esophageal Atresia with TEF		
Primary Repair Esophageal Atresia		
Division TEF (H Type)		
Esophageal Resection with or without Anastomosis		
Esophageal Replacement (with Colon, Stomach or Intestine)		
Heller Procedure		
Anti-reflux Procedure: Belsey		
Anti-reflux Procedure: Nissen		
Other Major		
Esophagogastrostomy		
Other Minor		
Gastrostomy		
Major Gastric Operation		
Pyloromyotomy		
Midgut Volvulus		
Ladd Procedure for Malrotation		
Repair Intestinal Atresia or Stenosis (excluding Esophagus and Anus)		
Bowel Resection for :		
-Necrotizing Enterocolitis		
- Inflammatory Bowel Disease		
-Intussusception		
-Other Anomaly		
- Polyposis		
-Malignancy		
-Other		
Procedures for Meconium Ileus		
Colostomy For:		
-Anorectal Atresia		
-Hirschsprung's		
-Other		
Closure any Enterostomy		
Perineal Anoplasty for:		
-Anal Atresia		
-Secondary Revision		

Name: _____ Date: _____

Operative Procedures	Check if Requested	Chair Approval Initial if Yes Write Not Approved if No
Reconstruction Anorectal		
-Atresia		
-Sacroperineal		
-Pena		
Abdominosacroperineal		
Abdominoperineal		
Hirschprung's Procedures:		
-Other Soave		
-Swenson		
-Duhamel		
-Myectomy		
- Sigmoidoscopy/Proctoscopy		
Repair Rectal Prolapse		
Rectal Biopsy		
Appendectomy		
Laparotomy For:		
-Lysis Adhesions		
-Reduction Intussusception		
-Hodgkin's Staging		
-Biopsy-Tumor		
-Trauma		
-Omental, Mesenteric Cysts		
-Abscess Drainage		
-Other		
-Rectal, Other		
Other Abdominal		
Omphalocele/Gastroschisis:		
-Initial Closure		
-Subsequent Procedures		
Excision Urachal Remnant		
Excision Omphalomesenteric		
-Duct Remnant		
Umbilical Herniorrhaphy		
Ventral Herniorrhaphy		
Inguinal Herniorrhaphy		
-Bilat		
-Unilat		
Other Herniorrhaphies		
Hepatic Resection		
-Tumor		
-Trauma		
Suture Hepatic Laceration		
Liver Biopsy		
-Needle		
-Open		

Name: _____ Date: _____

Operative Procedures	Check if Requested	Chair Approval Initial if Yes Write Not Approved if No
Cholecystectomy and/or Common Duct Exploration		
Biliary Reconstruction		
-Portoenterostomy		
-Choledochal Cyst		
-Other		
Portosystemic Venous Shunts		
Operations on Pancreas		
Splenectomy		
Splenic Repair		
Excision Neuroblastoma		
Adrenalectomy		
Sacrococcygeal Teratoma		
Other Major		
Other Minor		
Urology		
Cystogram		
Cystoscopy		
Endoscopic Resection		
Nephrectomy		
-Tumor		
-Trauma		
-Cystic Dysplasia		
-End-Stage Disease		
-Donor for Transplant		
-Other		
Partial Nephrectomy		
-Tumor		
-Anomaly		
-Other		
Renal Biopsy		
Cystectomy		
Submucous Cystectomy		
Partial Cystectomy		
Renal Transplant		
Nephrosotomy/Pyelostomy		
Ureterostomy		
Ileal Loop		
Ureterosigmoidostomy		
Urinary Undiversion		
Pyeloplasty		
Ureteral Reconstruction		
Ureteral Reimplantation(s)		
Operation on Ureterocoele		
Closure Extrophy		
Epispadias Repair		

Name: _____ Date: _____

Operative Procedures	Check if Requested	Chair Approval Initial if Yes Write Not Approved if No
Hypospadias Repair		
Circumcision		
Orchidopexy		
Orchiectomy		
Torsion Testis or Appendages		
Testicular Biopsy		
Other Major		
Other Minor		
Renal Catheter		
Gynecology		
Laparotomy for Intersex		
Vaginoscopy for Foreign Body		
Correction of Congenital Anomalies:		
-Oophorectomy		
-Hysterectomy		
-Vaginal Reconstruction		
-Plastic Operation on Vulva or Perineum		
-Clitorectomy or Clitoroplasty		
EUA		
Musculoskeletal		
Tendon Repair or Transfer		
Nerve Repair		
Major Tumor Resection		
-Rhabdomyosarcoma		
Amputation		
Repair Syndactyly		
Excision Ganglion		
Excision Supernumerary Digit		
Other Major:		
-Torticollis Repair		
-Anterior Fusion		
Other Minor		
Other:		
-Fasciotomy		
-Reimplantation		
-Muscle Biopsy		
Moderate (Conscious) Sedation - Criteria for Approval: 1. Proof of Current BCLS certification (please attach); 2. Completion of age-appropriate basic airway management in-service by the UMMC Department of Anesthesia (and every two years thereafter for reappointment). <i>(Physicians board certified in Anesthesiology, Critical Care Medicine, Emergency Medicine, Neonatology, or Oral & Maxillofacial Surgery are not required to fulfill criteria 2.)</i>		
Unclassified Major		
Unclassified Minor		

Name: _____ Date: _____

I wish to apply for privileges in the following category (ies): Please circle number below:

- I. General Pediatric Surgery – including neonatal
- II. General Pediatric Surgery – excluding neonatal
- III. General and Thoracic Surgery – including neonatal

Applicant's Signature

Date

Division Head's Signature

Date

Department Head's Signature

Date

Applicant's Confirming Signature
(Do Not Sign Until All Other Signatures Are Acquired)

Date

Revised 2/93