



Privileges in General Surgery

Physician name:

Education/Training Successful completion of an accredited Residency/Fellowship
In **General surgery** or equivalent Training

AND

Current certification or active participation in the examination
Process leading to certification in **General surgery** from any Equivalent training/board.

Provide care for patients in specific areas of Al Kindi hospital		
Description: (Including Transplant Surgery)		
Request <input type="checkbox"/>	Request all privileges listed below. Uncheck any privileges that you do not want to request	Service Chief Rec <input type="checkbox"/>
Additional Request		
<input checked="" type="checkbox"/>	provide care of patients in the Emergency Department, ASC, Cath Lab, ICU and regular floors	<input checked="" type="checkbox"/>
Core Privileges		
Request <input type="checkbox"/>	Request all privileges listed below Uncheck any privileges that you do not want to request	Service Chief Rec <input type="checkbox"/>
<input checked="" type="checkbox"/>	Privileges to admit, evaluate, diagnose, consult, perform history and physical exam, provide pre-, intra- and postoperative surgical care and perform surgical procedures including:	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Conditions, illnesses and injuries of the alimentary tract, abdomen and its contents	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Breasts, skin and soft tissue	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Head and neck, including trauma, vascular, endocrine, congenital, and oncologic disorders - particularly tumors of the skin, salivary glands, thyroid, parathyroid, and oral cavity	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Endocrine system, including thyroid, parathyroid, adrenal, and endocrine pancreas	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Insertion and management of chest tubes and central venous catheters	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Lumbar puncture	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Pericardiocentesis, tracheostomy, paracentesis, thoracentesis	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Basic laparoscopy including diagnostic, laparoscopic appendectomy, laparoscopic cholecystectomy, hernia	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Sentinel node biopsy for cancer	<input checked="" type="checkbox"/>
General Surgery Privileges		
Description: (Including Transplant Surgery)		
Request <input type="checkbox"/>	Request all privileges listed below Uncheck any privileges that you do not want to request	Service Chief Rec <input type="checkbox"/>
<input checked="" type="checkbox"/>	Administration of Sedation	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Use of fluoroscopy equipment (or supervision of other staff using the equipment)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Admit, treat, evaluate or provide follow-up care for inpatients ages 14 years or younger	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Advanced laparoscopic including Nissens, adrenals, spleens, bowels, pancreas	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Percutaneous endoscopic gastrostomy (PEG)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Liver surgery	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Pancreatic surgery	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Ileo-anal pull through	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Trauma	<input checked="" type="checkbox"/>

<input checked="" type="checkbox"/>	Surgical critical care	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Colonoscopy	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Radiosurgery of Breast Lesions	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Breast biopsy with sonographic guidance	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Robotic surgery	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Intestinal and Multi-organ abdominal transplantation	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Kidney Transplantation Surgery	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Liver Transplantation Surgery	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Use of Laser	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Pancreas Transplantation Surgery	<input checked="" type="checkbox"/>
Bariatric surgery		
Request <input type="checkbox"/>	Request all privileges listed below. Uncheck any privileges that you do not want to request	Service Chief Rec <input type="checkbox"/>
<input checked="" type="checkbox"/>	Bariatric Surgery Procedures: Roux-en-Y Gastric Bypass, Adjustable Gastric Banding, Sleeve Gastrectomy, Urgent or Emergent Surgery Due to Complications from Bariatric Surgery, Revisional Bariatric Surgery. Any additional procedure for weight loss.	<input checked="" type="checkbox"/>
Additional Privileges:		
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
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Physician signature :-----

Approved By:-----

Medical director signature: ------

Date:-----