LEHIGH VALLEY HEALTH NETWORK

CLINICAL PRIVILEGES IN OBSTETRICS AND GYNECOLOGY

Initial ☐ **Renewed** ☐

Name_____ **Effective from** ___/___/___ **to** ___/___/___

R = Requested G = Recommended As Requested C = Recommended with Conditions N = Not Recommended

R	G	C	N	POPULATION
☐	☐	☐	☐	Pediatric: Birth - 25 Years (LVHN Surgery Center-Tilghman - 6 months - 1 Year and LVHN Children's Surgery Center - 6 months - 1 Year)
☐	☐	☐	☐	Adults: 13 - 65 Years
☐	☐	☐	☐	Geriatrics: Over 65 Years

R	G	C	N	GENERAL PRIVILEGES
☐	☐	☐	☐	Admitting (includes inpatient, outpatient procedures, and observation) (1,2,3,5,6,7,8,9,10,11,14,15,19,20)
☐	☐	☐	☐	History and Physical (1,2,3,5,6,7,8,9,10,11,14,15,19,20)
☐	☐	☐	☐	Prescribing Privileges (1,2,3,5,6,7,8,9,10,11,14,15,19,20)
☐	☐	☐	☐	Certifying of Medical Marijuana* (1, 2, 3, 5, 6, 7, 8, 9, 10, 11) (*Must satisfy certain credentialing criteria to be approved)

R	G	C	N	OBSTETRICS
☐	☐	☐	☐	Newborn Resuscitation (7,10,11) (*Must maintain/have current NRP certification and following sites of privileges: LVH-Hazleton and LVH-Schuylkill when providing primary/regular inpatient obstetrics coverage)
☐	☐	☐	☐	Amnio infusion (1,2,7,10)
☐	☐	☐	☐	Amniocentesis, 2nd and 3rd Trimester (1,2,7,10)
☐	☐	☐	☐	Amniotomy (1,2,7,10)
☐	☐	☐	☐	Anesthesia - local block (1,2,3,7,9,10,14,15,19,20)
☐	☐	☐	☐	Anesthesia - paracervical block (1,2,3,7,8,9,10,14,15,19,20)
☐	☐	☐	☐	Anesthesia - pudenal block (1,2,7,10,14,15,19,20)
☐	☐	☐	☐	Artery ligation: uterine, hypogastric (1,2,7,10,14,15,19,20)
☐	☐	☐	☐	B Lynch Procedure (1,2,7,10)

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R	G	C	N	OBSTETRICS
☐	☐	☐	☐	Cervical biopsy during pregnancy (1,2,3,7,8,10)
☐	☐	☐	☐	Cervical cerclage (1,2,7,8,10,14,15,19,20)
☐	☐	☐	☐	Cervical cerclage - MacDonald (1,2,7,8,14,15,19,20)
☐	☐	☐	☐	Cervical cerclage - Shirodkar (1,2,7,8,14,15)
☐	☐	☐	☐	Cervical cone biopsy during pregnancy (1,2,7)
☐	☐	☐	☐	Cesarean section, classical or low cervical (1,2,7,10,)
☐	☐	☐	☐	Cesarean hysterectomy (1,2,7,10)
☐	☐	☐	☐	Circumcision (1,2,7,8,10)
☐	☐	☐	☐	Dilation and Curettage (D & C), incomplete or missed abortion (under 12 weeks) (1,2,3,7,8,9,10,14,15,19,20)
☐	☐	☐	☐	Dilation and Curettage (D & C), postpartum (1,2,7,10,14,15,19,20)
☐	☐	☐	☐	Episiotomy and repair (1,2,7,10)
☐	☐	☐	☐	Evaluate and Interpret Diagnostic Obstetrical Ultrasound Examinations* (1,2,7,10,14,15) (*Must satisfy certian credentialing criteria to be approved)
☐	☐	☐	☐	POCUS Examinations: Limited Diagnostic Obstetric Ultrasound Examinations* (1,2,7,10,14,15,19,20) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Excision of vaginal lesions/Drainage of vaginal hematoma (1,2,7,8,10,14,15,19,20)
☐	☐	☐	☐	Excision of vulvar or perineal lesions/Drainage of vulvar hematoma (1,2,7,8,10,14,15,19,20)
☐	☐	☐	☐	Forceps (at Cesarean Section) (1,2,7,10)
☐	☐	☐	☐	Hemorrhoid excision (1,2,7)
☐	☐	☐	☐	Hysterectomy (1,2,7,10)
☐	☐	☐	☐	Hysterotomy (1,2,7,10)
☐	☐	☐	☐	Induction of labor (1,2,7,10)

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☐	☐	☐	☐	Laceration repair, bladder and urethral (1,2,7,10,14,15,19,20)
☐	☐	☐	☐	Laceration repair, bladder only (1,2,7,10,14,15,19,20)
☐	☐	☐	☐	Laceration repair, cervical (1,2,7,10,14,15,19,20)
☐	☐	☐	☐	Laceration repair, perineal (1,2,7,10,14,15,19,20)
☐	☐	☐	☐	Laceration repair, rectal (1,2,7,10,14,15,19,20)
☐	☐	☐	☐	Laceration repair, vaginal (1,2,7,10,14,15,19,20
☐	☐	☐	☐	Laceration repair, uterine (1,2,7,10,14,15,19,20)
☐	☐	☐	☐	Laminaria, insertion (1,2,3,7,8,10,14,15,19,20)
☐	☐	☐	☐	Manual extraction of placenta (1,2,7,10,19,20)
☐	☐	☐	☐	Manual replacement of inverted uterus (1,2,7,10,19,20)
☐	☐	☐	☐	Operations on fetus to facilitate delivery (1,2,7)
☐	☐	☐	☐	Placement of Intrauterine Pressure Catheter (IUPC) (1,2,7,10)
☐	☐	☐	☐	Repair of laceration of external anal sphincter (1,2,7,10)
☐	☐	☐	☐	Termination of pregnancy, 1st Trimester (1,2,3,14,15,19,20)
☐	☐	☐	☐	Termination of pregnancy, 2nd Trimester (1,2,3,14,15,19,20)
☐	☐	☐	☐	Tocolysis (1,2,7,10)
☐	☐	☐	☐	Tubal ligation, postpartum via mini-laparotomy (1,2,7,10)
☐	☐	☐	☐	Uterine packing (1,2,3,7,10,19,20)
☐	☐	☐	☐	Uterine packing/vaginal packing (1,2,3,7,10,14,15,19,20)
☐	☐	☐	☐	Vacuum Extraction (at Cesarean Section) (1,2,7,10)

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R	G	C	N	OBSTETRICS
☐	☐	☐	☐	Vaginal delivery, breech extraction (1,2,7,10)
☐	☐	☐	☐	Vaginal delivery, forceps, after-coming head for breech (1,2,7,10)
☐	☐	☐	☐	Vaginal delivery, forceps, low or outlet (1,2,7,10)
☐	☐	☐	☐	Vaginal delivery, forceps, mid (1,2,10)
☐	☐	☐	☐	Vaginal delivery, forceps, rotation (1,2,7,10)
☐	☐	☐	☐	Vaginal delivery, vacuum extraction (1,2,7,10)
☐	☐	☐	☐	Vaginal delivery, vertex, spontaneous (1,2,7,10)
☐	☐	☐	☐	Version, external (1,2,7,10)
☐	☐	☐	☐	Version, internal & extraction (1,2,7,10)

R	G	C	N	MATERNAL FETAL MEDICINE
☐	☐	☐	☐	Abdominal/Transabdominal Cerclage* (1,14,15) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Amniocentesis, 1st Trimester (1,2,7,8)
☐	☐	☐	☐	Chorionic villous sampling (1,2)
☐	☐	☐	☐	Dilation and Evacuation of the Uterus in the 2nd Trimester of Pregnancy* (1,2,3,7,10,14,15,19,20)
☐	☐	☐	☐	Evaluate and Interpret Diagnostic Detailed Fetal Anatomic Ultrasound Examinations* (1,2,7,10) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Evaluate and Interpret Diagnostic Fetal Echocardiographic Examinations (1,2,7,10) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Fetal biopsy (1)
☐	☐	☐	☐	Fetal transfusion (1)
☐	☐	☐	☐	Percutaneous umbilical blood sampling, cordocentesis* (1) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Placental biopsy (1,2)

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R	G	C	N	**MATERNAL FETAL MEDICINE - Fetal Therapy Procedures**
☐	☐	☐	☐	Drainage of fluid from fetus (1)
☐	☐	☐	☐	Fetal shunt placement (urinary tract, chest) (1)
☐	☐	☐	☐	Diagnostic Fetoscopy (1)
☐	☐	☐	☐	Therapeutic Fetoscopy - Laser* (1) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Therapeutic Fetoscopy - Radioablation (1)
☐	☐	☐	☐	Therapeutic Fetoscopy - Bipolar coagulation (1)
☐	☐	☐	☐	Therapeutic Fetoscopy - Ultrasound Guided bipolar coagulation (1)
☐	☐	☐	☐	Therapeutic Fetoscopy - Ultrasound Guided radioablation (1)

R	G	C	N	**GYNECOLOGY**
☐	☐	☐	☐	Appendectomy (in conjunction with other gynecologic procedure), laparoscopic (1,2,3,7,14,15,19,20)
☐	☐	☐	☐	Appendectomy (in conjunction with other gynecologic procedure), laparotomy (1,2,3,7,14,15,19,20)
☐	☐	☐	☐	Assisted vaginal hysterectomy, laparoscopic (1,2,3,7,10,14,15,19,20)
☐	☐	☐	☐	Bartholin cyst, excision (1,2,3,7,8,9,10,14,15,19,20)
☐	☐	☐	☐	Bartholin cyst, Incision and Drainage (I & D) and/or marsupialization (1,2,3,7,8,9,10,14,15,19,20)
☐	☐	☐	☐	Breast Aspiration (1,2,3,7,8,9,14,15,19,20)
☐	☐	☐	☐	Cervix, biopsy (1,2,3,7,8,9,10,14,15,19,20)
☐	☐	☐	☐	Cervix, Conization (1,2,3,7,8,9,10,14,15,19,20)
☐	☐	☐	☐	Colpocleisis (1,2,3,7,10,14,15,19,20)
☐	☐	☐	☐	Colposcopy (1,2,3,7,8,9,10,14,15,19,20)
☐	☐	☐	☐	Culdocentesis (1,2,3,7,8,9,10,14,15,19,20)

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☐	☐	☐	☐	Culdotomy (1,2,3,7,8,9,10,14,15,19,20)
☐	☐	☐	☐	daVinci STM Robotic System-Assisted Multi-Port Laparoscopic Procedures* (1,2,10,14,15,19,20) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	daVinci STM Robotic System-Assisted Single-Site Laparoscopic Procedures* (1,2,10,14,15,19,20) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Dilation and Curettage (D & C), diagnostic (1,2,3,7,8,9,10,14,15,19,20)
☐	☐	☐	☐	Dilation and Curettage (D & C) and/or hysteroscopy with ultrasound guidance (1,2,3,7,8,10,14,15,19,20)
☐	☐	☐	☐	Endometrial ablation global - Hydroablation* (10) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Endometrial ablation global - Microwave* (2,7,8,10,19,20) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Endometrial ablation global - Novasure* (1,2,3,7,8,9,10,14,15,19, 20) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Endometrial ablation global - Therma Choice* (1,2,3,7,8,9,10,19,20) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Endometrial biopsy (1,2,3,7,8,9,10,14,15,19,20)
☐	☐	☐	☐	Enterocele Repair (1,2,3,7,10,14,15,19,20)
☐	☐	☐	☐	ESSURE Procedure* (1,2,3,7,8,9,10) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Evaluate and Interpret Diagnostic Ultrasound Examinations of the Female Pelvis* (1,2,7,10,14,15,19,20) (*Must satisfy certian credentialing criteria to be approved)
☐	☐	☐	☐	Excision/ablation of endometriosis, laparoscopic (1,2,3,7,9,10,14,15,19,20)
☐	☐	☐	☐	Excision/ablation of endometriosis, laparotomy (1,2,3,7,10,14,15,19,20)
☐	☐	☐	☐	Excision of other intramural lesions, laparoscopic (1,2,3,7,10,14,15,19,20)
☐	☐	☐	☐	Excision of other intramural lesions, laparotomy (1,2,3,7,10,14,15,19,20)
☐	☐	☐	☐	Excision of skin lesions in conjunction with other procedure (1,2,3,7,8,9,10,14,15,19,20)
☐	☐	☐	☐	Hernia repair, abdominal (in conjunction with other gynecologic procedure) (1,2,3,7,10,14,15,19,20)
☐	☐	☐	☐	Hernia repair, incisional (in conjunction with other gynecologic procedure) (1,2,3,7,10,14,15,19,20)

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☐	☐	☐	☐	Hymenectomy, hymenotomy (1,2,3,7,8,9,10,14,15,19,20)
☐	☐	☐	☐	Hypogastric artery ligation (1,2,3,7,10,14,15,19,20)
☐	☐	☐	☐	Hysterosalpingogram (1,2,3,7,8,10,14,15,19,20)
☐	☐	☐	☐	Hysteroscopic endometrial polypectomy (1,2,3,7,8,9,10,14,15,19,20)
☐	☐	☐	☐	Hysteroscopy, advanced - Hysteroscopic resection of uterine polyp* (1,2,3,7,8,10,14,15,19,20) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Hysteroscopy, advanced - Hysteroscopic endometrial ablation with rollerball electrocautery* (1,2,3,7,8,10,14,15,19,20) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Hysteroscopy, advanced - Hysteroscopic endometrial resection with resectoscope* (1,2,3,7,8,10,14,15,19,20) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Hysteroscopy, advanced - Hysteroscopic removal of uterine leiomyoma and/or removal of intramural uterine lesions* (1,2,3,7,8,10,14,15,19,20) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Hysteroscopy, advanced - Hysteroscopic uterine septum excision* (1,2,3,7,8,10,14,15,19,20) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Hysteroscopy, diagnostic* (1,2,3,7,8,9,10,14,15,19,20) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Insertion and removal of Intrauterine Device (IUD) (1,2,3,7,8,9,10,14,15,19,20)
☐	☐	☐	☐	Interval Cervical Cerclage (1,2,7,8,10,14,15,19,20)
☐	☐	☐	☐	Laparoscopy, diagnostic (1,2,3,7,9,10,14,15,19,20)
☐	☐	☐	☐	Laparotomy, exploratory (1,2,3,7,10,14,15,19,20)
☐	☐	☐	☐	Lysis of adhesions, laparoscopic (1,2,3,7,9,10,14,15,19,20)
☐	☐	☐	☐	Oophorectomy, laparoscopic (1,2,3,7,9,10,14,15,19,20)
☐	☐	☐	☐	Lysis of adhesions, laparotomy (1,2,3,7,10,14,15,19,20)
☐	☐	☐	☐	Oophorectomy, laparotomy (1,2,3,7,10,14,15,19,20)
☐	☐	☐	☐	Ovarian cystectomy, laparoscopic (1,2,3,7,9,10,14,15,19,20)
☐	☐	☐	☐	Ovarian cystectomy, laparotomy (1,2,3,7,10,14,15,19,20)

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☐	☐	☐	☐	Perineorrhaphy (1,2,3,7,8,9,10,14,15,19,20)
☐	☐	☐	☐	Perineotomy (1,2,3,7,9,10,14,15,19,20)
☐	☐	☐	☐	Pessary insertion (1,2,3,7,8,9,10,14,15,19,20)
☐	☐	☐	☐	Presacral neurectomy, laparoscopic (1,2,10,14,15,19,20)
☐	☐	☐	☐	Presacral neurectomy, laparotomy (1,2,10,14,15,19,20)
☐	☐	☐	☐	Pubovaginal Sling Procedure (1,2,7,10,14,15,19,20)
☐	☐	☐	☐	Rectocele, repair (posterior colporraphy) (1,2,3,7,8,10,14,15,19,20)
☐	☐	☐	☐	Removal of foreign body from peritoneal and pelvic cavity, laparoscopic (1,2,3,7,9,10,14,15,19,20)
☐	☐	☐	☐	Removal of foreign body from peritoneal and pelvic cavity, laparotomy (1,2,3,7,10,14,15,19,20)
☐	☐	☐	☐	Removal of foreign body from uterus, laparoscopic (1,2,3,7,9,10,14,15,19,20)
☐	☐	☐	☐	Removal of foreign body from uterus, laparotomy (1,2,3,7,10,14,15,19,20)
☐	☐	☐	☐	Removal of foreign body from vagina (1,2,3,7,9,10,14,15,19,20)
☐	☐	☐	☐	Repair of urethral diverticulum (1,2,3,10,14,15,19,20)
☐	☐	☐	☐	Repair of vaginal fistulas (1,2,3,7,10,14,15,19,20)
☐	☐	☐	☐	Salpingectomy, laparoscopic (1,2,3,7,9,10,14,15,19,20)
☐	☐	☐	☐	Salpingectomy, laparotomy (1,2,3,7,10,14,15,19,20)
☐	☐	☐	☐	Salpingo-oophorectomy, laparoscopic (1,2,3,7,9,10,14,15,19,20)
☐	☐	☐	☐	Salpingo-oophorectomy, laparotomy (1,2,3,7,10,14,15,19,20)
☐	☐	☐	☐	Salpingoplasty, laparoscopic (1,2,3,7,9,10,14,15,19,20)
☐	☐	☐	☐	Salpingoplasty, laparotomy (1,2,3,7,10,14,15,19,20)

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☐	☐	☐	☐	Salpingostomy, laparoscopic (1,2,3,7,9,10,14,15,19,20)
☐	☐	☐	☐	Salpingostomy, laparotomy (1,2,3,7,10,14,15,19,20)
☐	☐	☐	☐	Salpingotomy, laparoscopic (1,2,3,7,9,10,14,15,19,20)
☐	☐	☐	☐	Salpingotomy, laparotomy (1,2,3,7,10,14,15,19,20)
☐	☐	☐	☐	Sigmoidoscopy (1,2,3,9,19,20)
☐	☐	☐	☐	Single-Incision Laparoscopic Surgery (SILS)* (1,2,3,7,10,14,15,19,20) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Sonohysterography injection procedure (SIS) (In Hospital) (1,2,3,7,10,14,15,19,20)
☐	☐	☐	☐	Supracervical hysterectomy, abdominal, laparotomy (1,2,3,7,10,14,15,19,20)
☐	☐	☐	☐	Supracervical hysterectomy, laparoscopic (1,2,3,7,10,14,15,19,20)
☐	☐	☐	☐	Total hysterectomy, abdominal, laparotomy (1,2,3,7,10,14,15,19,20)
☐	☐	☐	☐	Total hysterectomy, laparoscopic (1,2,3,7,10,14,15,19,20)
☐	☐	☐	☐	Total hysterectomy, vaginal (1,2,3,7,10,14,15,19,20)
☐	☐	☐	☐	Trachelectomy, laparoscopic (1,2,3,7,10,14,15,19,20)
☐	☐	☐	☐	Trachelectomy, laparotomy (1,2,3,7,10,14,15,19,20)
☐	☐	☐	☐	Tubal ligation, laparotomy (1,2,3,7,10,14,15,19,20)
☐	☐	☐	☐	Tubal ligation via electrocautery, laparoscopic (1,2,3,7,10,14,15,19,20)
☐	☐	☐	☐	Tubal ligation via hulka clip, laparoscopic (1,2,3,7,10,14,15,19,20)
☐	☐	☐	☐	Tubal ligation with Filshie clip, laparoscopic (1,2,3,7,10,14,15,19,20)
☐	☐	☐	☐	Tubal reanastomosis, laparoscopic (1,2,3,7,10,14,15,19,20)
☐	☐	☐	☐	Tubal reanastomosis, laparotomy (1,2,3,7,10,14,15,19,20)

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R	G	C	N	GYNECOLOGY
☐	☐	☐	☐	Uterine myomectomy, laparoscopic (1,2,3,7,10,14,15,19,20)
☐	☐	☐	☐	Uterine myomectomy, laparotomy (1,2,3,7,10,14,15,19,20)
☐	☐	☐	☐	Uterine suspension, laparoscopic (1,2,3,7,10,14,15,19,20)
☐	☐	☐	☐	Uterine suspension, laparotomy (1,2,3,7,10,14,15,19,20)
☐	☐	☐	☐	Vaginotomy (1,2,3,7,10,14,15,19,20)
☐	☐	☐	☐	Vaginal biopsy (1,2,3,7,8,9,10,14,15,19,20)
☐	☐	☐	☐	Vaginectomy (1,2,3,7,10,14,15,19,20)
☐	☐	☐	☐	Vaginoplasty, construction and reconstruction (1,2,3,7,10,14,15,19,20)
☐	☐	☐	☐	Vulvar biopsy (1,2,3,7,8,9,10,14,15,19,20)
☐	☐	☐	☐	Vulvectomy, simple (1,2,3,7,8,10,14,15,19,20)

R	G	C	N	UROGYNECOLOGY
☐	☐	☐	☐	Anal sphincter plasty (1,2,3,7,10,14,15,19,20)
☐	☐	☐	☐	Anterior repair with tissue/mesh augmentation* (1,2,3,7,10,14,15,19,20) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Anterior repair without tissue/mesh augmentation (1,2,3,7,10,14,15,19,20)
☐	☐	☐	☐	Apical, anterior and posterior repair with mesh* (1,2,3,7,10,14,15) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Bladder biopsy (1,2,3,10,14,15)
☐	☐	☐	☐	Cystocele, urethrocele repair (anterior colporrhapy) (1,2,3,7,10,14,15,19,20)
☐	☐	☐	☐	Cystoscopy (1,2,3,7,8,9,10,14,15,19,20)
☐	☐	☐	☐	Cystoscopy with ureteral stent placement (1,2,3,14,15,19,20)
☐	☐	☐	☐	Cystostomy, repair (1,2,3,7,10,14,15,19,20)

LEHIGH VALLEY HEALTH NETWORK

CLINICAL PRIVILEGES IN OBSTETRICS AND GYNECOLOGY

Initial ☐ **Renewed** ☐

Name_____ **Effective from** ___/___/___ **to** ___/___/___

R = Requested G = Recommended As Requested C = Recommended with Conditions N = Not Recommended

R	G	C	N	UROGYNECOLOGY
☐	☐	☐	☐	Cystotomy (1,2,3,7,10,14,15,19,20)
☐	☐	☐	☐	Intravesical injection (1,2,3,7,8,14,15,19,20)
☐	☐	☐	☐	InterStim Therapy (1,2,3,10,14,15,19,20)
☐	☐	☐	☐	LeFort colpocleisis (1,2,3,7,10,14,15,19,20)
☐	☐	☐	☐	Paravaginal repair (1,2,3,7,10,14,15,19,20)
☐	☐	☐	☐	Peri-urethral collagen injection (1,2,3,7,8,14,15,19,20)
☐	☐	☐	☐	Posterior repair with tissue/mesh augmentation* (1,2,3,7,10,14,15) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Pubo-vesico-urethral suspension, abdominal (1,2,3,7,10,14,15,19,20)
☐	☐	☐	☐	Pubo-vesico-urethral suspension, Burch type (1,2,3,7,10,14,15,19,20)
☐	☐	☐	☐	Sacrocolpopexy (1,2,3,7,10,14,15,19,20)
☐	☐	☐	☐	Sacrospinous suspension (1,2,3,7,10,14,15,19,20)
☐	☐	☐	☐	Skenes duct cyst, excision (1,2,3,7,8,9,10,14,15,19,20)
☐	☐	☐	☐	Sub-urethral sling: obturator approach (TVT-Obturator)* (1,2,3,7,10,14,15) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Sub-urethral sling: retropubic approach (TVT)* (1,2,3,7,10,14,15) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Tension-Free Vaginal Tape Procedure - Retropubic Exact (TVT-Retropubic Exact)* (1,2,3,7,10,14,15,19,20) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Tension-Free Vaginal Tape Procedure - Transobturator Abbrevo (TVT-Transobturator Abbrevo)* (1,2,3,7,10,14,15,19,20) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Ureter reanastomosis (1,2,3,14,15)
☐	☐	☐	☐	Ureter reimplantation (1,2,3,14,15)
☐	☐	☐	☐	Ureteral repair (1,2,3,7,14,15)
☐	☐	☐	☐	Urethral caruncle, excision (1,2,3,7,14,15)

LEHIGH VALLEY HEALTH NETWORK

CLINICAL PRIVILEGES IN OBSTETRICS AND GYNECOLOGY

Initial ☐ **Renewed** ☐

Name_____ **Effective from** ___/___/___ **to** ___/___/___

R = Requested G = Recommended As Requested C = Recommended with Conditions N = Not Recommended

R	G	C	N	**UROGYNECOLOGY**
☐	☐	☐	☐	Uterosacral suspension (1,2,3,7,10,14,15)

R	G	C	N	**INFERTILITY (Requires sub-specialty training)**
☐	☐	☐	☐	Assisted reproductive technology, including gametic and/or zygote transfer (GIFT, ZIFT) (1,2)
☐	☐	☐	☐	In-vitro fertilization (1,2)
☐	☐	☐	☐	Oocyte retrieval (1,2)
☐	☐	☐	☐	Tubal implantation into uterus, microsurgery (1,2)

R	G	C	N	**GYNECOLOGY ONCOLOGY (Requires sub-specialty training)**
☐	☐	☐	☐	Bowel reanastomosis (1,2,19,20)
☐	☐	☐	☐	Chemotherapy, gynecologic (1,2,19,20)
☐	☐	☐	☐	Colostomy (1,2,19,20)
☐	☐	☐	☐	Cystectomy (1,2,19,20)
☐	☐	☐	☐	Cystoscopic placement of ureteral catheters (1,2,19,20)
☐	☐	☐	☐	Enterostomy (1,2,19,20)
☐	☐	☐	☐	Flaps - Skin and musculocutaneous (1,2,19,20)
☐	☐	☐	☐	Fluoroscopy privileges* (1,2,3,9,19,20) (Additional requirements as necessary as per the Medical Physicist/Safety Radiation Officer) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Heated Intraperitoneal Chemotherapy (HIPEC)* (*Must satisfy certain credentialing criteria to be approved) (1,2,19,20)
☐	☐	☐	☐	Hysterectomy, radical (1,2,19,20)
☐	☐	☐	☐	Ileal loop/Urinary diversion procedures (1,2,19,20)
☐	☐	☐	☐	Illeostomy (1,2,19,20)

LEHIGH VALLEY HEALTH NETWORK

CLINICAL PRIVILEGES IN OBSTETRICS AND GYNECOLOGY

Initial ☐ **Renewed** ☐

Name_____ **Effective from** ___/___/___ **to** ___/___/___

R = Requested G = Recommended As Requested C = Recommended with Conditions N = Not Recommended

R	G	C	N	GYNECOLOGY ONCOLOGY (Requires sub-specialty training)
☐	☐	☐	☐	Inguinal lymphadenectomy (1,2,19,20)
☐	☐	☐	☐	Interstitial radioactive implants (1,2,19,20)
☐	☐	☐	☐	Jejunostomy (1,2,19,20)
☐	☐	☐	☐	Omentectomy (1,2,3,7,19,20)
☐	☐	☐	☐	Para aortic lymphectomy (1,2,19,20)
☐	☐	☐	☐	Paracentesis (1,2,19,20)
☐	☐	☐	☐	Pelvic exenteration, anterior (1,2,19,20)
☐	☐	☐	☐	Pelvic exenteration, complete (1,2,19,20)
☐	☐	☐	☐	Pelvic exenteration, posterior (1,2,19,20)
☐	☐	☐	☐	Pelvic lymphadenectomy (1,2,7,19,20)
☐	☐	☐	☐	Pelvic lymphadenectomy, laparoscopic (1,2,7,19,20)
☐	☐	☐	☐	Placement of gastrostomy tube (1,2,19,20)
☐	☐	☐	☐	Placement of temporary and permanent access catheters (venous, intraperitoneal, radioisotope and chemotherapy installation) (1,2,3,19,20)
☐	☐	☐	☐	Radium insertion, cervix (1,2,19,20)
☐	☐	☐	☐	Radium insertion, uterus (1,2,19,20)
☐	☐	☐	☐	Sentinel node mapping and biopsy/dissection* (1,2,19,20) (*Must satisfy certian credentialing criteria to be approved)
☐	☐	☐	☐	Small and large bowel resection, bypass (1,2,19,20)
☐	☐	☐	☐	Splenectomy in conjunction with gynecologic oncology privileges (1,2,19,20)
☐	☐	☐	☐	Thoracentesis (1,2,19,20)
☐	☐	☐	☐	Urinary diversion (1,2,19,20)

LEHIGH VALLEY HEALTH NETWORK

CLINICAL PRIVILEGES IN OBSTETRICS AND GYNECOLOGY

Initial ☐ **Renewed** ☐

Name_____ **Effective from** ___/___/___ **to** ___/___/___

R = Requested G = Recommended As Requested C = Recommended with Conditions N = Not Recommended

R	G	C	N	**GYNECOLOGY ONCOLOGY (Requires sub-specialty training)**
☐	☐	☐	☐	Vagina, neoformation (1,2,19,20)
☐	☐	☐	☐	Vaginectomy, extensive (1,2,19,20)
☐	☐	☐	☐	Vulvectomy, radical (1,2,19,20)

R	G	C	N	**LASER SURGERY**
☐	☐	☐	☐	External (Cervical, vaginal, vulva)* (1,2,3,7,8,9,10,14,15) (*Must satisfy certain credentialing criteria to be approved)

R	G	C	N	**OTHER**
☐	☐	☐	☐	Fluoroscopy privileges* (1,2,3,5,6,7,8,9,10,19,20) (Additional requirements as necessary as per the Medical Physicist/Safety Radiation Officer) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Moderate Sedation - Pediatric (birth - 25 years)*** (1,2,3,5,6,7,8,10,11) (Applicant must satisfy certain credentialing criteria to be approved for this privilege.)
☐	☐	☐	☐	Moderate Sedation - Adult* (13 years or older)*** (1,2,3,5,6,7,8,10,11) (*Must satisfy certain credentialing criteria to be approved)

LEHIGH VALLEY HEALTH NETWORK

CEDAR CREST & I-78 PO BOX 689

ALLENTOWN, PA 18105-1556

CLINICAL PRIVILEGES IN OBSTETRICS AND GYNECOLOGY

Name_____

Privileges by Location:

1 – LVH-Cedar Crest
2 – LVH-Muhlenberg (includes the Behavioral Health Center and Cancer Center)
3 – LVH-17th & Chew (includes TSU)
5 – LVH-Tilghman
6 – LVHN Surgery Center-Tilghman
7 – LVH-Hazleton
8 – Health and Wellness Center at Hazleton
9 - LVHN Children's Surgery Center
10 - LVH-Schuylkill East Norwegian
11 - LVH-Schuylkill South Jackson
13 - LVH-Hecktown Oaks
14 - LVH-Coordinated Health - Allentown
15 - LVH-Coordinated Health - Bethlehem
16 - LVHN Ambulatory Surgery Center of Lopatcong, Inc
17 - LVHN East Stroudsburg Ambulatory Surgery Center
18 - LVH-Pocono
19 - LVH-Carbon
20 - LVH-Dickson City

LEHIGH VALLEY HEALTH NETWORK

CLINICAL AREA OBSTETRICS AND GYNECOLOGY

Name_____

Acknowledgement of Practitioner

I hereby request the privileges noted.

Practitioner Signature:_____Date:_____/_____/_____

*****Recommendations*****

I have reviewed the request for clinical privileges and supporting documentation and

☐ **Recommend As Requested** ☐ **Recommend with Exceptions** ☐ **Do Not Recommend**

the privileges requested above.

EXCEPTIONS

Exception to Privilege:	Conditions/Modifications

Explanation:

_____	_____	_____/_____/_____
Title	Signature	Date
_____	_____	_____/_____/_____
Title	Signature	Date
_____	_____	_____/_____/_____
Title	Signature	Date
_____	_____	_____/_____/_____
Title	Signature	Date
_____	_____	_____/_____/_____
Title	Signature	Date