MAYAGUEZ MEDICAL CENTER DEPARTMENT OB & GYN

NAME:

| PROCEDURES | REQUESTED | NOT REQUESTED | RECOMMENDED | NOT RECOMMENDED |
|---|-----------|------------------|-------------|--------------------|
| GINECOLOGYC PRIVILEGES | | | | |
| VULVA AND INTROITUS | | | | |
| Vulva Biopsy | | | | |
| Wide Local Excision | | | | |
| Release of Labial Fusion | | | | |
| Hymenectomy | | | | |
| Fulguration of Urethral Caruncle | | | | |
| Excision of Skene's Duct Cyst | | | | |
| Bartholin's gland Cyst Marsupialization | | | | |
| By Laser Vaporization | | | | |
| Bartholin's gland Excision | | | | |
| Bartholin's Duct Abcess Incision and Drainage | | | | |
| Excision of Hypertrophied Clitoris | | | | |
| Laser Vaporization of Vulva | | | | |
| Vulvectomy Simple | | | | |
| Vulvectomy Radical with Groin Dissection | | | | |
| Vulvectomy Radical with Groin Dissection and Hypo gastric Nodes Sampling | | | | |
| VAGINA AND URETHRA | | | | |
| Anterior Repair – Repair of Cystourethrocoele | | | | |
| Posterior Repair – Repair of Rectocele | | | | |
| Vaginal Repair of Enterocoele | | | | |
| Kelly Plication | | | | |
| Perineotomy | | | | |
| Perineorraphy | | | | |
| Perineoplasty | | | | |

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| Colpectomy | | | | |
| Colpotomy | | | | |
| Incision and Drainage of Pelvic Abscess – Vaginal Route Pessary Insertion | | | | |
| · | | | | |
| Removal of Foreign Body from Vagina Exam Under Anesthesia of Vagina in Infants and Children Repair of large Vaginal Lacerations | | | | |
| 1 0 0 | | | | |
| Vesicovaginal Fistula Repair | | | | |
| Rectovaginal Fistula Repair | | | | |
| Urethrovaginal Fistula Repair | | | | |
| Warren Flap Operation for Fourth Degree Tear | | | | |
| Sacrospinous Ligament Suspension of Vagina | | | | |
| Excision of Transverse Vaginal Septum | | | | |
| Correction of Double Barreled Vagina | | | | |
| Vaginal Outlet Stenosis Repair | | | | |
| McIndoe Vaginoplasty for Neovaginal Plastic Construction of Vagina with Skin Graft William's Operation for Neovagina | | | | |
| Marsupialization of Sub urethral Diverticulum – Spence Operation | | | | |
| Sub urethral Diverticulectomy | | | | |
| Geobell-Stoeckel Fascia Lata Sling Operation for Urinary Incontinence | | | | |
| Transection of Goebbels – Stoekel Fascia Strap | | | | |
| Total Vaginectomy | | | | |
| BLANDER AND URETER | | | | |
| Insertion of Suprapubic Catheter | | | | |
| Marshall Marchetti Krantz Operation | | | | |
| Bursch Procedure for Urinary Incontinence | | | | |

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|---|-----------|------------------|-------------|--------------------|
| PROCEDURES | REQUESTED | NOT REQUESTED | RECOMMENDED | NOT RECOMMENDED |
| Pubo-Vesico-Urethral Suspension | | | | |
| Epiurethral Suprapubic Vaginal Suspension Operation (Sexton Operation) for Urinary Incontinence Ureteroureterostomy | | | | |
| Trans peritoneal Ureteroureterostomy (End to Side) | | | | |
| Artificial Insemination | | | | |
| | | | | |
| THE CERVIX | | | | |
| Biopsy of Cervix | | | | |
| Colposcopically Directed Biopsy of Cervix and Endocervical Curettage | | | | |
| Endocervical Curettage | | | | |
| Cryosurgery of Cervix | | | | |
| Conization of Cervix | | | | |
| Cold Knife | | | | |
| Hot Knife | | | | |
| By Laser Vaporization | | | | |
| Stumdorf Repair of Cervix | | | | |
| Abdominal Excision of Cervical Stump | | | | |
| Trachelectomy | | | | |
| Correction of Incompetent Cervix | | | | |
| Shirodkar Technique | | | | |
| McDonald Operation | | | | |
| Lash Operation | | | | |
| THE UTERUS | | | | |
| Dilatation and Curettage | | | | |
| Diagnostic | | | | |
| Therapeutic | | | | |
| Suction Curettage | | | | |
| Therapeutic Abortion | | | | |
| | | | | |

| PROCEDURES | REQUESTED | NOT REQUESTED | RECOMMENDED | NOT RECOMMENDED |
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| Hydatidiform Mole | | | | |
| Endometrial Curettage | | | | |
| Incomplete Abortion | | | | |
| Retained Sec undines | | | | |
| Hypertonic Sodium Chloride Solution Injection for Abortion | | | | |
| Management of Uterine Perforations | | | | |
| Myomectomy | | | | |
| Jones Operation for Correction of Double Uterus | | | | |
| Hysteroscopy | | | | |
| Hysteroscopic Septal Resection by Laser for Correction of Double Uterus | | | | |
| Ablation of Endometrium by Laser Vaporization or Resect scope | | | | |
| Hysterectomy (Abdominal) | | | | |
| Sub Total With Adnexae | | | | |
| Without Adnexae | | | | |
| Total With Adnexae Without Adnexae | | | | |
| Radical – Werheim With Pelvic Lymph Node Dissection With Para-aortic Lymph Node Dissection | | | | |
| Hysterosalpingogram | | | | |
| Exam Under Anesthesia | | | | |
| THE FALLOPIAN TUBES AND OVARIES | | | | |
| | | | | |
| Laparoscopy – Pelviscopy | | | | |
| Diagnostic | | | | |
| Demonstration of Tubal Patency | | | | |
| Ovarian Biopsy | | | | |
| By Laser Vaporization | | | | |

| Page #5 PROCEDURES | REQUESTED | NOT REQUESTED | RECOMMENDED | NOT RECOMMENDED |
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| Electro coagulation of Endometriosis | | | | |
| By Laser Vaporization | | | | |
| Lysis of Adhesions | | | | |
| Control of Hemorrhage | | | | |
| Sterilization | | | | |
| Electro coagulation | | | | |
| Silastic Band Technique | | | | |
| Hulka Clip Technique | | | | |
| Sterilization – Minilaparotomy | | | | |
| Pomeroy Operation | | | | |
| Modified Irving Technique | | | | |
| Uchida Technique | | | | |
| Parkland Technique | | | | |
| Salpingectomy | | | | |
| Fimbrioplasty | | | | |
| Tuboplasty | | | | |
| Micro resection and Anastomosis of the Fallopian Tube | | | | |
| Uterine Implantation of the Fallopian Tube | | | | |
| Salpingo-oophorectomy | | | | |
| Wedge Resection of the Ovary | | | | |
| Ovarian Cystectomy (Cyst-oophorectomy) | | | | |
| Ophorectomy (Ophorocystectomy) | | | | |
| MISCELLANEOUS | | | | |
| Exploratory Laparatomy | | | | |
| Lysis of Adhesions | | | | |
| Repair of Bladder Laceration | | | | |
| Repair of Intestinal Laceration | | | | |

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|---|-----------|------------------|-------------|--------------------|
| PROCEDURES | REQUESTED | NOT REQUESTED | RECOMMENDED | NOT RECOMMENDED |
| Incision Hernia Repair | | | | |
| Umbilical Hernia Repair | | | | |
| Appendectomy | | | | |
| Hypo gastric Artery Ligation | | | | |
| Supracolic Total Omentectomy | | | | |
| In Vitro Fertilization | | | | |
| Gamete Intra Fallopian Transfer | | | | |
| Pelvic Sonography | | | | |
| Arterial Blood Gases | | | | |
| OBSTETRICAL PRIVILEGES | | | | |
| Spontaneous Vaginal Delivery | | | | |
| Vertex Presentation | | | | |
| Emergency | | | | |
| Non-Emergency | | | | |
| Multipara | | | | |
| Primigravida | | | | |
| Breech Presentation (Frank) | | | | |
| Emergency | | | | |
| Non-Emergency | | | | |
| Multipara | | | | |
| Primigravida | | | | |
| Forceps Delivery | | | | |
| Low Forceps | | | | |
| Piper Forceps Application to Affercoming Head | | | | |
| Version and Extraction | | | | |
| Breech External Version | | | | |
| Vaginal Birth After Cesarean Section | | | | |
| Amniotomy | | | | |

| PROCEDURES | REQUESTED | NOT REQUESTED | RECOMMENDED | NOT RECOMMENDED |
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| External Fetal Monitoring | | | | |
| Internal Fetal Monitoring | | | | |
| Episiotomy and Repair | | | | |
| Medial | | | | |
| Medio Lateral | | | | |
| Proctoepisiotomy | | | | |
| Repair of Third and Fourth Degree Lacerations | | | | |
| Repair of Vaginal Lacerations | | | | |
| Repair of Uterine Lacerations | | | | |
| Manual Removal of Placenta | | | | |
| Cesarean Section | | | | |
| Classical | | | | |
| Low Cervical | | | | |
| Kerr | | | | |
| Korning | | | | |
| Cesarean Hysterectomy | | | | |
| Excision of Vulvar Lesions at Delivery | | | | |
| Excision of Vaginal Cysts | | | | |
| Hemorrhoid Excision | | | | |
| Management of Inversion of Uterus | | | | |
| Anesthesia | | | | |
| Local | | | | |
| Pudental Block | | | | |
| Paracervical Block | | | | |
| Regional – Emergency | | | | |
| Saddle Block | | | | |
| Spinal | | | | |
| Epidural | | | | |

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| PROCEDURES | REQUESTED | NOT REQUESTED | RECOMMENDED | NOT RECOMMENDED |
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| General – Emergency | , | | | |
| Evacuation of Vulvar – Hematoma | | | | |
| Uterine Packing | | | | |
| Destructive Operations – Fetus Craniotomy, Basiotripsy, Decapitation, Cranial Puncture, Cranioclasis, Cleidotomy | | | | |
| Amniocenthesis | | | | |
| Induction of Labor Medical | | | | |
| Surgical | | | | |
| Colpocenthesis – Culdocenthesis | | | | |
| Colpotomy | | | | |
| Culdoscopy | | | | |
| Fetal Scalp pH | | | | |
| Chorion Biopsy | | | | |
| Infant Resuscitation | | | | |
| Treatment of Medical Complications in Obstetric Patients | | | | |
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| APPLICANT SIGNATURE | | | DATE | |
| / / RECOMMENDED | | / / NOT REC | OMMENDED | |
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| DEPARTMENT DIRECTOR | | | DATE | |