

**Harris Methodist Southlake
Center for Diagnostics and Surgery**

Core Privileges in Otolaryngology

Name: _____

Please indicate with a check mark the privileges requested.

Qualifications

To be eligible for core privileges in otolaryngology, the applicant must meet the following qualifications:

- Documentation of the performance of at least 100 procedures in the past two years in the areas of head and neck, plastic, reconstructive, and otologic surgery, or successful completion of a hospital-affiliated formalized residency or clinical fellowship in the past two years;

and

- Current certification or eligibility to participate in the examination process leading to certification in otolaryngology by the American Board of Otolaryngology or the American Osteopathic Board of Surgery,

and

- Successful completion of an ACGME- or AOA-accredited residency in otolaryngology.

_____ Privileges included in the core

Privileges to admit, evaluate, diagnose, and provide non-surgical and surgical care to patients of all ages—except as specifically excluded from practice and except for those Special Procedure Privileges—to correct or treat illnesses, injuries, and disorders of the head and neck affecting the ears, nose, facial skeleton, and respiratory and upper alimentary systems.

- Tongue surgery, reduction and local tongue flaps
- All forms of surgery on the auditory canal, the tympanic membrane, and the contents of the middle and inner ear
- Mastoidectomy
- Surgery of the larynx, including biopsy, partial or total laryngectomy
- Laryngoscopy, with or without biopsy
- Suspension microlaryngoscopy
- Salivary duct surgery
- Salivary gland surgery, including plastic repair of salivary complex
- Surgery of the nasopharynx, including nasal septoplasty, surgery on the frontal and maxillary sinuses and ethmoid sinuses, and surgery of the nasal mucosa and turbinates
- Surgery of the oral pharynx, hypo pharynx, arytenoids cartilages, and epiglottis
- Caldwell-Luc procedure
- Reduction of facial fractures
- Ranula excision

- Lip surgery including lip shave, partial or total resection with primary repair, or by local or distant flaps
- Facial sling procedure
- Implants and repair of implants
- Chemical peel
- Skin grafting procedures, full thickness or split thickness
- Tonsillectomy and adenoidectomy
- Dacryocystorhinostomy
- Posterior or middle fossa microsurgery
- Rhinoplasty
- Otoplasty
- Surgery of the oral cavity, including partial or total glossectomy, mandibulectomy, composite resection-primary and tumor with neck dissection
- Facial plastic surgery, including cosmetic surgery of the eyelids, face lips, and external ear and repair of simple or complicated lacerations
- Myocutaneous flaps (pectorals, trapezius, sternocleidomastoid)
- Neurovascular pedicle flaps (chest, shoulder, forehead, scalp, cheek)
- Repair of fistulas – oral-antral, oral-maxillary, oral-cutaneous, pharyngocutaneous, tracheocutaneous, esophagocutaneous
- Parathyroidectomy
- Thyroidectomy
- Esophagoscopy (rigid or flexible) with biopsy, foreign body removal or stricture dilation
- Bronchoscopy (rigid or flexible) with biopsy, foreign body removal or stricture dilation
- Harvesting of skin, fat, or bone grafts of the head and neck, hip, trunk and extremities
- Surgical removal of teeth in association with radical resection

Special procedures privileges

To be eligible to apply for a special procedure privilege listed below, the applicant must demonstrate successful completion of an approved and recognized course or acceptable supervised training in residency, fellowship, or other acceptable experience; and provide documentation of competence in performing that procedure consistent with the criteria set forth here.

| Procedure | Criteria | Requested | Recommended | Not Recommended |
|--------------------------|----------|-----------|-------------|-----------------|
| Endoscopic sinus surgery | 20 cases | | | |
| | | | | |
| | | | | |

****If the procedure that you are interested in is not included on this form, please provide a separate written request and appropriate documentation of training and experience.**

Acknowledgement of practitioner

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform, and that I wish to exercise at **Harris Methodist Southlake**, and

I understand that:

(a) In exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.

(b) Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Signed: _____

Date: _____

Credentials Committee Recommendations: _____ **Recommend** _____ **Deny**

I have reviewed the requested clinical privileges and supportive documentation for the above named applicant and recommend action on the privileges as noted above.

Signed: _____

Date: _____

Recommended/Not recommended with the following modification(s) and reason(s):

