



Non-Hospital Surgical Facility - Application for Privileges

General Surgery Procedure Checklist

This document must be completed and attached to your NHSF Application for Privileges. ONLY check (✓) those procedures for which you are requesting NHSF approval. You must also indicate the number of procedures performed in the past 12 months in all NHSFs and hospitals.

Applicant Last Name: _____
(Please Print)

Given/First Names: _____
(Please Print)

Facility Name: _____

Type/Description of Procedure	ONLY check (✓) those procedures for which you are requesting NHSF approval	You MUST include total number of procedures performed in the <u>past 12 months</u> (all NHSFs and hospitals)
<i>Example: General Surgery Procedure</i>	<i>check (✓)</i>	<i># of procedures (e.g. 8)</i>
Upper gastrointestinal endoscopy¹ with or without biopsy		
Colonoscopy with or without biopsy or minor polypectomy		
Simple mastectomy		
Segmental resection of breast and sentinel node biopsy		
Resection of large or deep soft tissue lesions²		
Deep lymph node biopsies – up to but not including full axillary dissection		
Inguinal hernia repair, including femoral		
Minor abdominal wall hernia repair, including umbilical hernia repair		
Varicose vein ligation and stripping		
Hemorrhoidectomy beyond simple single excision³		
Trans-anal excision of rectal polyps		
Diagnostic		
Biopsies – peritoneal		
Laparoscopic Adjustable Gastric Banding⁴		

Notes:

1. Esophageal dilatation and procedures to control bleeding or the risk of bleeding are not suitable for an NHSF.
2. The terms “large or deep” refer to lesions where more resources are required than are commonly available in a medical office. Considerations include equipment, skilled assistants, proximity to the airway or critical vessels and nerves, and the extent of anesthesia that may be necessary. Surgeons are expected to make those decisions in accordance with the above and the generally accepted standards of care in Alberta.

3. Excision of a single hemorrhoid under local anesthesia may be an office procedure.
4. Applications for Laparoscopic Adjustable Gastric Banding must include documented evidence of the following:
 - That the surgeon possess advanced laparoscopic surgical training including the amount of didactic and hands-on experience with the procedures;
 - That the surgeon holds privileges for Laparoscopic Adjustable Gastric Banding in the same health region as the non-hospital surgical facility;
 - Concurrence in writing from the Chief of Anesthesia or designate within the department of anesthesia in the same health region; that conditions established in the non-hospital surgical facility are safe for the patients undergoing the procedure;
 - That anesthesiologists providing services are experienced with the specific needs of this group of patients, including the minimal use of narcotics;
 - That the surgeon and patients are part of a bariatric surgery program, that includes the necessary pre-operative and post-operative patient support;
 - That the non-hospital surgical facility is equipped with bariatric sized equipment;
 - That the Medical Director of the facility agrees to a College audit of the first 100 cases at the facility's expense.
 - That nursing staff have been trained in the specifics of care necessary for intra and post-operative care of these patients.