

Non-Hospital Surgical Facility - Application for Privileges

Plastic 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: Plastic Surgery Procedure</i>	<i>check (✓)</i>	<i># of procedures (e.g. 8)</i>
Skin and subcutaneous tissue		
• Excision of deep tumors outside a body cavity requiring exposure of bone or isolation of vascular or nerve supply		
• Grafts, flaps, and tissue expansion where there is a minimal risk of major bleeding or third space fluid loss that may require replacement fluids		
• Liposuction to a maximum of 5 litres total aspirate		
• Lipolysis by percutaneous application of any form of energy		
• Lipectomy		
• Brachioplasty		
• Facial Implants		
• Thigh lift		
• Buttocks (gluteoplasty) lift		
• Fat grafting		
• Labiaplasty		
Head and neck		
• Grafts and flaps as above except where there is a significant risk of airway compromise requiring post-operative or overnight monitoring		
• Eyelids (blepharoplasty, ptosis repair, tarsorrhaphy, canthopexy, canthoplasty)		
• Browlift, facelift (rhytidectomy), necklift		
• Nose (SMR, rhinoplasty, turbinectomy, reduction of fractures)		
• Ears (otoplasty)		

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Applicant Last Name: _____

Given/First Names: _____

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)
Head and Neck (con't)		
• Genioplasty		
Breast		
• Reduction mammoplasty		
• Augmentation mammoplasty		
• Mastopexy		
• Mastectomy without chest wall, muscle or axillary node dissection		
• Capsulotomy and capsulectomy		
• Gynecomastia surgery		
• Reconstruction of breast or nipple		
Abdomen		
• Repair of abdominal wall hernia		
• Abdominoplasty not requiring overnight monitoring of blood or third space fluid loss		
Others		
• Tendon – repairs, transfers or grafts		
• Peripheral nerve – repairs, decompression or grafts		
• Muscle – flaps or repairs		
• Fascia – flaps, decompression or excision		
• Bone – biopsies, fusions, removal of hardware, excision of exostoses, amputations of digits or rays, open and closed reduction of hand fractures		
• Joints – arthrotomy, arthroscopy, arthrodesis, and reductions of hands, wrists, feet and TMJ		
• Minor treatment of surgical complications such as hematoma or wound separation		