

## List of Core and Specialised Procedures for Obstetrics & Gynaecology

The list below of privileges for core and specialised procedures is **subject to periodic review** by Farrer Park Hospital and/or Farrer Park Medical Centre from time to time depending on its business needs and/or regulatory changes.

As such, please note that your application for practising privileges is **also subject to review** and where required, Farrer Park Hospital and/or Farrer Park Medical Centre will notify you in writing to make a fresh application.

**Part A: Please tick in the appropriate boxes for the core procedures that you are applying for.**

| CORE PROCEDURES  | Tick the correct box |    |
|--|----------------------|----|
|  | Yes                  | No |
| Myomectomy (Simple)  |                      |    |
| Hysterectomy with/without Salpingo-Oophorectomy                                |                      |    |
| Displaced Intrauterine Contraceptive Device, Removal under General Anaesthesia |                      |    |
| Genetic Abnormality, Ultrasound Guided Chorionic Biopsy & Aminocentesis        |                      |    |
| Termination of Pregnancy   |                      |    |
| Gravid, Hysterotomy  |                      |    |
| Gravid, Hysterectomy   |                      |    |
| Inversion, Repositioning   |                      |    |
| Uterine Perforation, Repair  |                      |    |
| Assisted Vaginal Delivery  |                      |    |
| Caesarean Section (Classical/Lower Segment)                                    |                      |    |
| Vaginal Delivery   |                      |    |
| Prolapse, Vaginal Hysterectomy with/without Pelvic Floor Repair                |                      |    |
| Retained Placenta, Manual Removal Under General Anaesthesia                    |                      |    |
| Retroversion, Ventrosuspension   |                      |    |
| Curettage with/without Dilatation (D&C)  |                      |    |
| Curettage with Colposcopy/Biopsy/Diathermy/Cryosurgery                         |                      |    |
| Therapy of Cervix  |                      |    |
| Cervical Intraepithelial Neoplasia, Cone Biopsy without Use of Laser           |                      |    |
| Cervical Intraepithelial Neoplasia, Cone Biopsy Using Laser                    |                      |    |
| Mild Stress Incontinence, Cystoscopic Injection of Collagen                    |                      |    |
| Cervical Incompetence, Cerclage/Removal of Suture                              |                      |    |
| Ectropion, Amputation/Repair of Cervix (Trachelorrhaphy)                       |                      |    |
| Excision of Lesion of Cervix   |                      |    |
| Laser Therapy without Colposcopy   |                      |    |

| CORE PROCEDURES   | Tick the correct box |    |
|---|----------------------|----|
|   | Yes                  | No |
| Cervical Dilatation   |                      |    |
| Complicated Repair of Cervix under Anaesthesia  |                      |    |
| Colposcopy and Laser  |                      |    |
| Punch Biopsy  |                      |    |
| Clitoromegaly, Amputation   |                      |    |
| Salpingostomy (Marcosurgery)  |                      |    |
| Division/ Ligation of the Fallopian Tube  |                      |    |
| Salpingolysis (Marcosurgery)  |                      |    |
| Tubal Pathology Other Than Ectopic, Salpingectomy   |                      |    |
| Tubo-Ovarian Abscess, Drainage (Transabdominal)   |                      |    |
| Cancer Staging Under General Anaesthesia<br>(Includes Cystoscopy/Dilatation & Curettage/Biopsy) |                      |    |
| Ultrasound Guided Procedure - Aspiration  |                      |    |
| Aspiration of Cyst of Ovary   |                      |    |
| Cystectomy  |                      |    |
| Oophorectomy/Salpingo-Oophorectomy  |                      |    |
| Biopsy of Ovary   |                      |    |
| Ovariopexy  |                      |    |
| Ovarioplasty (Microsurgery)   |                      |    |
| Wedge Resection of Ovary  |                      |    |
| Examination Under Anaesthesia   |                      |    |
| Dilation Urethral   |                      |    |
| Atresia/Stenosis, Dilatation  |                      |    |
| Atresia, Vaginoplasty   |                      |    |
| Fistula, Repair (Simple)  |                      |    |
| Enterocele, Repair/Vaginal Vault Suspension (Abdominal)   |                      |    |
| Eposiotomy Repair   |                      |    |
| Foreign Body, Removal   |                      |    |
| Incarcerated Pessary, Removal   |                      |    |
| Lacerations (Simple), Debridement/Suture  |                      |    |
| Lacerations (Complex), Examination Under Anaesthesia and<br>Debridement/Suture                  |                      |    |
| Malignant Condition, Vaginectomy (Partial)  |                      |    |
| Pelvic Abscess, Colpotomy And Drainage  |                      |    |
| Colporrhaphy with Amputation of Cervix (Manchester)   |                      |    |
| Colporrhaphy with Repair of Pelvic Floor  |                      |    |
| Obliteration  |                      |    |
| Rectocele, Repair   |                      |    |

| CORE PROCEDURES  | Tick the correct box |    |
|--|----------------------|----|
|  | Yes                  | No |
| Simple Tumour/Gartner's Cyst, Removal                          |                      |    |
| Stress Incontinence, Kelly's Operation                         |                      |    |
| Stress Incontinence, Sling/Combined/Abdomino-Vaginal Operation |                      |    |
| Biopsy   |                      |    |
| Abscess, Incision  |                      |    |
| Atresia/Absence, Detachment of Skin Pedicle after Vaginoplasty |                      |    |
| Bartholin Cyst, Excision/Marsupialization                      |                      |    |
| Hematoma, Evacuation   |                      |    |
| Imperforate Hymen, Hymenectomy                                 |                      |    |
| Labial Abnormality, Labioplasty                                |                      |    |
| Vulvectomy (Simple), without Using Laser                       |                      |    |
| Tight Introitus, Fenton's Operation                            |                      |    |
| Warts, Laser Vaporisation                                      |                      |    |

**Part B: Application to perform specialised procedures requires a referee's affirmation of applicant's clinical competency.**

Name of Referee: \_\_\_\_\_

Designation: \_\_\_\_\_

Date: \_\_\_\_\_

Note to referee: Please sign against the procedures ticked "Yes" by applicant to affirm that he/she is competent to perform these procedures safely and independently.

| SPECIALISED PROCEDURES   | Tick the correct box |    | Signature of Referee |
|--|----------------------|----|----------------------|
|  | Yes                  | No |                      |
| Diagnostic Laparoscopy in the Absence of Previous Surgery          |                      |    |                      |
| Diagnostic Laparoscopy in Patients with Previous Laparotomy        |                      |    |                      |
| Laparoscopic Sterilisation   |                      |    |                      |
| Laparoscopic Simple Cyst Aspiration                                |                      |    |                      |
| Laprosopic Mild and Moderate Endometriosis                         |                      |    |                      |
| Laparoscopic Endometriosis Cautery                                 |                      |    |                      |
| Laparoscopic Ovarian Biopsy  |                      |    |                      |
| Laprosopic Simple Adhesiolysis                                     |                      |    |                      |
| Laprosopic Salpingostomy   |                      |    |                      |
| Laprosopic Oophorectomy  |                      |    |                      |
| Laprosopic Ovarian Cystectomy                                      |                      |    |                      |
| Laprosopic Simple Myomectomy (Subserous Myoma < 3cm)               |                      |    |                      |
| Laprosopic Pelvic Abscess  |                      |    |                      |
| Uterosacral Uterosacral Nerve Ablation                             |                      |    |                      |
| Laprosopic Ventrosuspension  |                      |    |                      |
| Laprosopic Hysterectomy  |                      |    |                      |
| Laprosopic Surgery For Advanced Severe Endometriosis               |                      |    |                      |
| Laprosopic Myomectomy for Intramural Fibroids                      |                      |    |                      |
| Laprosopic Myomectomy for Large Fibroids (>5cm)                    |                      |    |                      |
| Laprosopic Enterolysis   |                      |    |                      |
| Laprosopic Ureteric Dissection                                     |                      |    |                      |
| Laprosopic Lymph Node Dissection                                   |                      |    |                      |
| Laprosopic Presacral Neurectomy                                    |                      |    |                      |
| Laprosopic Colposuspension   |                      |    |                      |
| Diagnostic Hysteroscopy  |                      |    |                      |
| Hysteroscopic Endometrial Ablation (Rollerball/Balloon/ Microwave) |                      |    |                      |
| Hysteroscopic Polypectomy  |                      |    |                      |
| Hysteroscopic Endometrial Resection (Loop)                         |                      |    |                      |

| SPECIALISED PROCEDURES   | Tick the correct box |    | Signature of Referee |
|--|----------------------|----|----------------------|
|  | Yes                  | No |                      |
| Hysteroscopic Resection of Fibroids  |                      |    |                      |
| Hysteroscopic Resection of Synechiae   |                      |    |                      |
| Genitalia (Female):<br>Transsexualism (Transvestism), Sex Reassignment<br>(Female to Male)                 |                      |    |                      |
| Genitalia (Female):<br>Transsexualism (Transvestism), Sex Reassignment<br>With Mastectomy (Female to Male) |                      |    |                      |
| Genitalia (Male):<br>Transsexualism (Transvestism), Sex Reassignment<br>(Male to Female)                   |                      |    |                      |
| Genitalia (Male):<br>Transsexualism (Transvestism), Sex Reassignment<br>With Mammoplasty (Male to Female)  |                      |    |                      |
| Intrauterine Insemination (IUI)  |                      |    |                      |
| Assisted Reproductive Technologies (ART)   |                      |    |                      |
| Laser Surgery  |                      |    |                      |
| Robotic Gynaecological Procedures  |                      |    |                      |

**Signature of applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_