

USCG PRIVILEGES ONLY
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[-] **Obstetrics and Gynecology**

[-] Version 1.0.1

[-] Scope

[-] **Obstetrics**

Privilege(s)

The scope of privileges for obstetrics includes the evaluation, diagnosis, treatment and provision of consultation to adolescent and adult female patients and/or provision of medical and surgical care of the female reproductive system and associated disorders, including major medical diseases that are complicating factors in pregnancy. It also includes prenatal, perinatal and postnatal care of routine and complicated pregnancies and routine care of the normal neonate. Physicians may admit, or provide care to patients in the intensive care setting in accordance with MTF policies.

Supported

Not Supported

[-] **Gynecology**

Privilege(s)

Privileges in gynecology include the evaluation, diagnosis, treatment and provision of consultation and the pre-, intra-, and postoperative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system. Gynecologists nonsurgically manage disorders and injuries of the mammary glands. Physicians may admit, or provide care to patients in the intensive care setting in accordance with MTF policies. Physicians may assess, stabilize, and determine the disposition of patients with emergent conditions in accordance with medical staff policy.

Supported

Not Supported

[-] **Diagnosis and Management (D&M)**

Privilege(s)

- Urinary incontinence evaluation - office (simple) cystometrics
- Urinary incontinence evaluation - multichannel urodynamic evaluation, including complex cystometrics with leak point pressure measurement, pressure-flow studies, urethral pressure profile, and uroflowmetry
- Pelvic ultrasound - basic gynecologic ultrasound, vaginal or abdominal approach
- Therapy of condyloma and intraepithelial neoplasia

Supported

Not Supported

[-] **Obstetrical ultrasounds:**

Privilege(s)

- First trimester ultrasound
- Standard ultrasound, second or third trimester

Supported

Not Supported

[-] **Procedures**

[-] **Obstetrics**

Privilege(s)

- Cervical cerclage
- Chorionic villus sampling
- Intrauterine fetal transfusion
- Intra-amniotic operative procedures
- Cordocentesis
- Amniocentesis
- External cephalic version
- Induction and/or augmentation of labor including cervical ripening
- Placement of internal fetal and uterine monitoring devices
- Amnioinfusion
- Amniotomy
- Operative vaginal delivery
- Forceps extraction
- Vacuum extraction
- Breech extraction
- Cesarean delivery

Supported

Not Supported

	Extraperitoneal cesarean section	<input type="radio"/>	<input checked="" type="radio"/>
C	Manual extraction of the placenta	<input type="radio"/>	<input checked="" type="radio"/>
C	Repair of episiotomy and obstetric lacerations	<input type="radio"/>	<input checked="" type="radio"/>
	Newborn circumcision	<input type="radio"/>	<input checked="" type="radio"/>
	Dilatation and extraction	<input type="radio"/>	<input checked="" type="radio"/>
	Gynecology		
	Privilege(s)	Supported	Not Supported
C	Intrauterine device insertion/removal	<input type="radio"/>	<input checked="" type="radio"/>
C	Subcutaneous contraceptive rod insertion/removal	<input type="radio"/>	<input checked="" type="radio"/>
C	Breast mass aspiration	<input type="radio"/>	<input checked="" type="radio"/>
C	Cystourethroscopy with or without biopsy	<input type="radio"/>	<input checked="" type="radio"/>
	Cystotomy with ureteral stent placement	<input type="radio"/>	<input checked="" type="radio"/>
C	Culdocentesis	<input type="radio"/>	<input checked="" type="radio"/>
	Paracentesis	<input type="radio"/>	<input checked="" type="radio"/>
C	Hysterosalpingography	<input type="radio"/>	<input checked="" type="radio"/>
C	Hysteroscopy, diagnostic or operative	<input type="radio"/>	<input checked="" type="radio"/>
C	Laparoscopic approach to gynecologic procedures	<input type="radio"/>	<input checked="" type="radio"/>
	Anoscopy	<input type="radio"/>	<input checked="" type="radio"/>
	Proctoscopy, rigid	<input type="radio"/>	<input checked="" type="radio"/>
	Labial fat pad flap (maritus)	<input type="radio"/>	<input checked="" type="radio"/>
	Anal sphincteroplasty	<input type="radio"/>	<input checked="" type="radio"/>
	Central venous catheter insertion	<input type="radio"/>	<input checked="" type="radio"/>
C	Colposcopy with or without cervical biopsy	<input type="radio"/>	<input checked="" type="radio"/>
	Thoracostomy tube placement	<input type="radio"/>	<input checked="" type="radio"/>
	Vulva and Introitus:		
	Privilege(s)	Supported	Not Supported
C	Incision and drainage, vulva and introitus	<input type="radio"/>	<input checked="" type="radio"/>
	Local or laser excision, destruction or fulguration of lesion(s) of external genitalia, perineum and/or vulva	<input type="radio"/>	<input checked="" type="radio"/>
	Vulvectomy	<input type="radio"/>	<input checked="" type="radio"/>
	Clitoridectomy	<input type="radio"/>	<input checked="" type="radio"/>
C	Treatment of abnormalities of the hymen	<input type="radio"/>	<input checked="" type="radio"/>
C	Excision or marsupialization of Bartholin's gland or cyst	<input type="radio"/>	<input checked="" type="radio"/>
	Excision or fulguration of Skene's gland, urethral caruncle and/or urethral diverticulum	<input type="radio"/>	<input checked="" type="radio"/>
	Radical vulvectomy with/without node dissection	<input type="radio"/>	<input checked="" type="radio"/>
C	Labioplasty/minor surgical procedures of the vulva and vagina	<input type="radio"/>	<input checked="" type="radio"/>
C	Biopsy of vulva	<input type="radio"/>	<input checked="" type="radio"/>
	Vagina		
	Privilege(s)	Supported	Not Supported
C	Colpotomy with exploration or drainage of pelvic abscess	<input type="radio"/>	<input checked="" type="radio"/>
C	Biopsy of vaginal mucosa	<input type="radio"/>	<input checked="" type="radio"/>
	Excision or laser excision and/or fulguration of vaginal lesions	<input type="radio"/>	<input checked="" type="radio"/>
	Colpocleisis, obliteration of vagina	<input type="radio"/>	<input checked="" type="radio"/>
C	Excision of vaginal septum	<input type="radio"/>	<input checked="" type="radio"/>
	Vaginectomy	<input type="radio"/>	<input checked="" type="radio"/>

	Dilation of vagina under anesthesia	<input type="radio"/>	<input checked="" type="radio"/>
	Vaginectomy, radical, with lymph node dissection	<input type="radio"/>	<input checked="" type="radio"/>
	Vaginal repair	<input type="radio"/>	<input checked="" type="radio"/>
	Anterior or posterior or combined colporrhaphy, repair of cystocele	<input type="radio"/>	<input checked="" type="radio"/>
	Posterior colporrhaphy, repair of rectocele with perineoplasty or perineorrhaphy	<input type="radio"/>	<input checked="" type="radio"/>
	Operations for incontinence with or without prosthesis, including urethral sling procedure, retropubic urethropexy, and cystoscopy with transurethral or periurethral injection	<input type="radio"/>	<input checked="" type="radio"/>
	Repair of enterocele	<input type="radio"/>	<input checked="" type="radio"/>
	Construction of artificial vagina (vaginal atresia or absence) with or without graft	<input type="radio"/>	<input checked="" type="radio"/>
	Closure of vaginal fistula	<input type="radio"/>	<input checked="" type="radio"/>
	Paravaginal repair - abdominal or vaginal approach	<input type="radio"/>	<input checked="" type="radio"/>
	Colpopexy and/or colporrhaphy with or without graft prosthesis	<input type="radio"/>	<input checked="" type="radio"/>
	Culdoplasty	<input type="radio"/>	<input checked="" type="radio"/>
	Cervix		
	Privilege(s)	Supported	Not Supported
	Biopsy or local excision, with or without fulguration; quadrant biopsy, including loop electrosurgical excision procedure (LEEP) and/or laser excision	<input type="radio"/>	<input checked="" type="radio"/>
	Biopsy of cervix, circumferential (cone), with or without dilation and curettage	<input type="radio"/>	<input checked="" type="radio"/>
	Cauterization of cervix	<input type="radio"/>	<input checked="" type="radio"/>
	Trachelectomy	<input type="radio"/>	<input checked="" type="radio"/>
	Cervical cryotherapy	<input type="radio"/>	<input checked="" type="radio"/>
	Tracheloplasty, surgical repair of uterine cervix, vaginal approach	<input type="radio"/>	<input checked="" type="radio"/>
	Uterus		
	Privilege(s)	Supported	Not Supported
	Endometrial ablation, all techniques	<input type="radio"/>	<input checked="" type="radio"/>
	Endometrial Biopsy/aspiration	<input type="radio"/>	<input checked="" type="radio"/>
	Myomectomy; excision of fibroid tumor of uterus	<input type="radio"/>	<input checked="" type="radio"/>
	Insufflation of uterus and tubes with air or CO2 (Rubins test)	<input type="radio"/>	<input checked="" type="radio"/>
	Injection procedure for hysterosalpingography, hysteroscopy or sonohysterosalpingogram	<input type="radio"/>	<input checked="" type="radio"/>
	Uterine suspension with or without shortening of round ligaments - may include Interposition operation with or without pelvic floor repair	<input type="radio"/>	<input checked="" type="radio"/>
	Metroplasty	<input type="radio"/>	<input checked="" type="radio"/>
	Total hysterectomy with or without tubes, and/or ovaries, one or both	<input type="radio"/>	<input checked="" type="radio"/>
	Supracervical hysterectomy, subtotal hysterectomy with or without tubes and/or ovaries	<input type="radio"/>	<input checked="" type="radio"/>
	Radical hysterectomy with or without node dissection	<input type="radio"/>	<input checked="" type="radio"/>
	Shortening of uterosacral ligaments	<input type="radio"/>	<input checked="" type="radio"/>
	Dilatation and curettage - diagnostic and / or therapeutic	<input type="radio"/>	<input checked="" type="radio"/>
	Fallopian Tubes		
	Privilege(s)	Supported	Not Supported
	Incision, transection or interruption of Fallopian tube(s)	<input type="radio"/>	<input checked="" type="radio"/>
	Salpingectomy, partial or complete	<input type="radio"/>	<input checked="" type="radio"/>
	Salpingostomy	<input type="radio"/>	<input checked="" type="radio"/>
	Tubal repair procedures, including anastomosis, neosalpingostomy, fimbrioplasty	<input type="radio"/>	<input checked="" type="radio"/>
	Tubal reconstructive procedures using microsurgery	<input type="radio"/>	<input checked="" type="radio"/>
	Elective sterilization, hysteroscopic approach (Essure)	<input type="radio"/>	<input checked="" type="radio"/>

[-] Ovaries			
	Privilege(s)	Supported	Not Supported
	Drainage of ovarian cysts - unilateral or bilateral	<input type="radio"/>	<input checked="" type="radio"/>
	Biopsy of ovary	<input type="radio"/>	<input checked="" type="radio"/>
	Oophorectomy, partial or complete	<input type="radio"/>	<input checked="" type="radio"/>
	Cystectomy (related to ovaries)	<input type="radio"/>	<input checked="" type="radio"/>
[-] Perineum			
	Privilege(s)	Supported	Not Supported
	Biopsy of perineum	<input type="radio"/>	<input checked="" type="radio"/>
	Excision/fulguration of local perineal lesions	<input type="radio"/>	<input checked="" type="radio"/>
	Incision and drainage of perineal cyst, abscess	<input type="radio"/>	<input checked="" type="radio"/>
	Perineoplasty	<input type="radio"/>	<input checked="" type="radio"/>
	Perineorrhaphy	<input type="radio"/>	<input checked="" type="radio"/>
	Perineal fistula repair	<input type="radio"/>	<input checked="" type="radio"/>
[-] Other			
	Privilege(s)	Supported	Not Supported
	Laser fulguration of intra-abdominal lesions (laparoscopic)	<input type="radio"/>	<input checked="" type="radio"/>
	Methotrexate injection for treatment of ectopic pregnancy	<input type="radio"/>	<input checked="" type="radio"/>
	Radioactive source applications	<input type="radio"/>	<input checked="" type="radio"/>
	In vitro fertilization	<input type="radio"/>	<input checked="" type="radio"/>
	Gracilis myocutaneous flaps for pelvic reconstruction	<input type="radio"/>	<input checked="" type="radio"/>
	Therapeutic abortion	<input type="radio"/>	<input checked="" type="radio"/>
	Reconstructive surgery for ambiguous genitalia	<input type="radio"/>	<input checked="" type="radio"/>
	Ultrasound or CT-guided needle aspiration, drainage or biopsy	<input type="radio"/>	<input checked="" type="radio"/>
	Abdominal and/or pelvic lymph node dissection	<input type="radio"/>	<input checked="" type="radio"/>
[-] Pelvic Pain Procedures			
	Privilege(s)	Supported	Not Supported
	Presacral neurectomy	<input type="radio"/>	<input checked="" type="radio"/>
	Uterosacral nerve ablation	<input type="radio"/>	<input checked="" type="radio"/>
	Local anesthetic injection at trigger point(s)	<input type="radio"/>	<input checked="" type="radio"/>
[-] Procedures involving blood vessels, ureters, bladder, gastrointestinal tract and/or abdominal wall			
	Privilege(s)	Supported	Not Supported
	Surgical repair of injury to bowel, ureter, and pelvic vessels	<input type="radio"/>	<input checked="" type="radio"/>
	Bowel resection and bypass	<input type="radio"/>	<input checked="" type="radio"/>
	Gastrostomy	<input type="radio"/>	<input checked="" type="radio"/>
	Cecostomy	<input type="radio"/>	<input checked="" type="radio"/>
	Incontinent urinary conduit	<input type="radio"/>	<input checked="" type="radio"/>
	Continent urinary conduit	<input type="radio"/>	<input checked="" type="radio"/>
	Lysis of adhesions, laparoscopy or laparotomy	<input type="radio"/>	<input checked="" type="radio"/>
	Hypogastric artery ligation	<input type="radio"/>	<input checked="" type="radio"/>
	Supra- and Infra-colic omentectomy	<input type="radio"/>	<input checked="" type="radio"/>
	Repair of wound dehiscence	<input type="radio"/>	<input checked="" type="radio"/>
	Repair of injury to the urinary bladder	<input type="radio"/>	<input checked="" type="radio"/>
[-] Anesthesia Privileges:			
	Privilege(s)	Supported	Not Supported
	Topical and local infiltration anesthesia	<input type="radio"/>	<input checked="" type="radio"/>

	Peripheral nerve block anesthesia	<input type="radio"/>	<input checked="" type="radio"/>
C	Pudendal nerve block anesthesia	<input type="radio"/>	<input checked="" type="radio"/>
C	Paracervical block anesthesia	<input type="radio"/>	<input checked="" type="radio"/>
	Subarachnoid block anesthesia	<input type="radio"/>	<input checked="" type="radio"/>
	Epidural block anesthesia	<input type="radio"/>	<input checked="" type="radio"/>
	Moderate sedation	<input type="radio"/>	<input checked="" type="radio"/>
	Endotracheal intubation	<input type="radio"/>	<input checked="" type="radio"/>

Other (Facility - or Provider-Specific Privileges Only)

U.S. COAST GUARD OB/GYN CORE PRIVILEGES

USCG PRIVILEGES
START HERE

Privilege(s)	Supported	Not Supported
Performance of gynecology screening examinations	<input checked="" type="radio"/>	<input type="radio"/>
Perform Pap smears	<input checked="" type="radio"/>	<input type="radio"/>
Diagnosis and treatment of vaginitis, sexually-transmitted diseases, abnormal uterine bleeding, and pelvic pain	<input checked="" type="radio"/>	<input type="radio"/>
Therapy of condyloma	<input checked="" type="radio"/>	<input type="radio"/>
Contraceptive counseling and prescription, including insertion/removal of intrauterine devices or subcutaneous contraceptive rods	<input checked="" type="radio"/>	<input type="radio"/>
Endometrial biopsy	<input checked="" type="radio"/>	<input type="radio"/>
Marsupialization of Bartholin's gland or cyst	<input checked="" type="radio"/>	<input type="radio"/>