MILLARD FILLMORE SURGERY CENTER, LLC

Name ________________________________ Date __________________

DELINEATION OF PRIVILEGES -FELLOW OPHTHALMOLOGY

LEVEL I (CORE) PRIVILEGES

Core privileges are those that can be performed after successful completion of an accredited residency program in Ophthalmology.

EYELIDS:
Biopsy
Blepharoplasty for redundant skin or herniation of orbital fat through orbital septum
Blepharorraphy, tarsorrhaphy, canthoplasty
Chalazions
Excision of nevus, papilloma, tumors
Lid lacerations, reconstruction and plastic repair
Lid margin lesion, benign or malignant; block excision & plastic repair with graft
Ptosis, plastic correction: levator resection/Illif or similar method
Entropion or ectropion, plastic repair, muscle or tarsal resection or imbrication with graft (cicatricial)
CONJUNCTIVA:
Biopsy
Conjunctivoplasty: free graft with conjunctiva
Excision of lesion
Flap operation for ulcer, perforation of operative wound
Suture of conjunctiva for laceration
REPAIR/REVISION:
Excision lesion, cornea
Repair of iris, ciliary body
Suture of iris, ciliary body
Repair or revision of operative wound
Revision of aqueous shunt
OTHER:
Administration of local anesthesia
Aqueous shunt
History & Physical
Strabismus

LEVEL I (CORE) PRIVILEGES (CON'T)

GLOBE:
Astigmatic keratotomy
Anterior vitrectomy (including pars plana)
Cataract extraction:
intracapsular, extracapsular, phacoemulsification
Excision, lesion of iris, malignant or non-malignant
Intraocular lens implantation and removal
Muscle operation for squint
Paracentesis, treatment or diagnosis, aspiration
Pterygium, excision
Repair of wound for flat anterior chamber
Removal of foreign body
Repair of iridodialysis
Secondary lens implantation
GLAUCOMA:
Intraocular surgery for glaucoma, peripheral iridectomy and filtering
Trabeculectomy (with use of antimetobolites)
LACRIMAL:
Closure, lacrimal punctum
Probe, nasolacrimal duct
INJECTIONS:
Anterior chamber
Intravitreal
Retrobulbar
Subconjunctival
Sub-tenon

LEVEL I (CORE) PRIVILEGES	PHYSICIAN REQUEST		Granted	Not Granted*	With Following Requirements** (Provide Details)

LEVEL II PRIVILEGES	PHYSICIAN REQUEST		Granted	Not Granted*	With Following Requirements** (Provide Details)
Muscle Transposition (Vertical & Oblique) *(Two satisfactory cases performed under supervision of an ophthalmologist with privileges for this procedure)*					

LEVEL II PRIVILEGES	PHYSICIAN REQUEST		Granted	Not Granted*	With Following Requirements** (Provide Details)
Penetrating Keratoplasty *(Two satisfactory cases performed under supervision of an ophthalmologist with privileges for this procedure or approval from Program Director with certified list of at least five monitored successful cases or completion of a Corneal Fellowship)*					
Endothelial Keratoplasty *(Two satisfactory cases performed under supervision of an ophthalmologist with privileges for this procedure or approval from Program Director with certified list of at least five monitored successful cases or completion of a Corneal Fellowship)*					
Amniotic Membrane Transplantation *Two satisfactory cases performed under supervision of an ophthalmologist with privileges for this procedure or approval from Program Director with certified list of at least five monitored successful cases or completion of a Corneal Fellowship)*					

KEY *NOT GRANTED DUE TO: Provide Details Below	**WITH FOLLOWING REQUIREMENTS Provide Details Below
1) Lack of Documentation	1) With Consultation
2) Lack of Required Training/Experience	2) With Assistance
3) Lack of Current Competence (Databank Reportable)	3) With Proctoring
4) Other (Please Define) (i.e., Exclusive Contract)	4) Other (Please Define below)

DETAILS:____

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National Practitioner Databank Disclaimer Statement:

Kaleida Health must report to the National Practitioner Data Bank when any clinical privileges are not granted for reasons related to professional competence or conduct. (Pursuant to the Health Care Quality Improvement Act of 1986 (43 U.S.C. 11101 et seq.)

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Signature of Applicant **Date** **Signature of Clinical Chief** **Date**

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Signature of Supervising Physician

APPLICANT: PLEASE RETAIN A COPY OF THIS SIGNED DELINEATION FOR YOUR RECORDS