

Name of the Applicant: _____

General Surgery	Privileges Applied by Applicant	Privileges Granted by CUHKMC
(A) Core Privileges		
1. Excision of skin and subcutaneous lesions without reconstruction	<input type="checkbox"/>	<input type="checkbox"/>
2. Insertion and management of chest tubes	<input type="checkbox"/>	<input type="checkbox"/>
3. Open groin hernia repair	<input type="checkbox"/>	<input type="checkbox"/>
4. Varicose vein operations confining to ligation and stripping and injection sclerotherapy	<input type="checkbox"/>	<input type="checkbox"/>
5. Appendicectomy	<input type="checkbox"/>	<input type="checkbox"/>
6. Cholecystectomy	<input type="checkbox"/>	<input type="checkbox"/>
7. Simple bowel resection and anastomosis	<input type="checkbox"/>	<input type="checkbox"/>
8. Haemorrhoidectomy (conventional excision) and other office treatment for haemorrhoids	<input type="checkbox"/>	<input type="checkbox"/>
9. Surgery for simple anorectal fistula/abscess	<input type="checkbox"/>	<input type="checkbox"/>
10. Thyroidectomy for small (<80grams) benign nodular goiter or nodule	<input type="checkbox"/>	<input type="checkbox"/>
11. Mastectomy	<input type="checkbox"/>	<input type="checkbox"/>
12. OGD (diagnostic and simple polypectomy)	<input type="checkbox"/>	<input type="checkbox"/>
13. Colonoscopy (diagnostic and simple polypectomy)	<input type="checkbox"/>	<input type="checkbox"/>
14. Paracentesis	<input type="checkbox"/>	<input type="checkbox"/>
15. Ventilator Management	<input type="checkbox"/>	<input type="checkbox"/>
16. Endotracheal Intubation	<input type="checkbox"/>	<input type="checkbox"/>
17. Arterial Catheter Insertion and Management	<input type="checkbox"/>	<input type="checkbox"/>
18. TPN Management	<input type="checkbox"/>	<input type="checkbox"/>
19. Central Venous Lines Insertion	<input type="checkbox"/>	<input type="checkbox"/>
20. Tube Thoracostomy	<input type="checkbox"/>	<input type="checkbox"/>
21. Pleurocentesis	<input type="checkbox"/>	<input type="checkbox"/>
22. Fiberoptic bronchoscopy and bronchoalveolar lavage	<input type="checkbox"/>	<input type="checkbox"/>
23. Laparoscopic cholecystectomy and appendicectomy	<input type="checkbox"/>	<input type="checkbox"/>
(B) Special Privileges		
Breast Surgery		
24. Sentinel LN surgery	<input type="checkbox"/>	<input type="checkbox"/>
25. Oncoplastic surgery	<input type="checkbox"/>	<input type="checkbox"/>
26. Breast reconstruction after mastectomy	<input type="checkbox"/>	<input type="checkbox"/>
27. Wire guided surgery	<input type="checkbox"/>	<input type="checkbox"/>
28. Microdochectomy	<input type="checkbox"/>	<input type="checkbox"/>
29. Mammotome Procedures	<input type="checkbox"/>	<input type="checkbox"/>
30. Reduction mammoplasty	<input type="checkbox"/>	<input type="checkbox"/>
Colorectal Surgery		
31. Surgery for complex anorectal fistula, including rectovaginal fistula	<input type="checkbox"/>	<input type="checkbox"/>
32. Stapled haemorrhoidopexy	<input type="checkbox"/>	<input type="checkbox"/>
33. Surgery for rectal prolapse	<input type="checkbox"/>	<input type="checkbox"/>
34. Rectal resection for cancer / neoplasm, including local excision	<input type="checkbox"/>	<input type="checkbox"/>
35. Laparoscopic colon surgery	<input type="checkbox"/>	<input type="checkbox"/>
36. Laparoscopic rectal surgery for benign and malignant disease	<input type="checkbox"/>	<input type="checkbox"/>
37. Exenterative surgery	<input type="checkbox"/>	<input type="checkbox"/>
38. Transanal endoscopic microsurgery / Transanal endoscopic operation	<input type="checkbox"/>	<input type="checkbox"/>
39. Laparoscopic enterolysis	<input type="checkbox"/>	<input type="checkbox"/>
40. Peritonectomy	<input type="checkbox"/>	<input type="checkbox"/>
41. Hyperthermic Intraperitoneal Chemotherapy (HIPEC)	<input type="checkbox"/>	<input type="checkbox"/>
42. Robotic assisted colorectal surgery	<input type="checkbox"/>	<input type="checkbox"/>
43. Laparoscopic incisional and groin hernia repair	<input type="checkbox"/>	<input type="checkbox"/>
44. Advanced colonoscopic intervention (ESD, EMR, stent insertion)	<input type="checkbox"/>	<input type="checkbox"/>
45. Transanal Total Mesorectal Excision (TATME)	<input type="checkbox"/>	<input type="checkbox"/>
Endocrine Surgery		
46. Re-operative thyroid surgery	<input type="checkbox"/>	<input type="checkbox"/>
47. Thyroidectomy for large (>80grams) retrosternal goiter or Graves's disease	<input type="checkbox"/>	<input type="checkbox"/>
48. Thyroidectomy for thyroid cancer that necessitates a concomitant neck dissection	<input type="checkbox"/>	<input type="checkbox"/>
49. Thyroidectomy for locally advanced thyroid cancer	<input type="checkbox"/>	<input type="checkbox"/>
50. Central and/or lateral neck dissection for recurrent thyroid cancer	<input type="checkbox"/>	<input type="checkbox"/>
51. Parathyroid surgery for primary or renal hyperparathyroidism	<input type="checkbox"/>	<input type="checkbox"/>

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52.	Minimally invasive thyroid surgery	<input type="checkbox"/>	<input type="checkbox"/>
53.	Robotic-assisted thyroid surgery	<input type="checkbox"/>	<input type="checkbox"/>
54.	Radiofrequency Ablation (RFA) for Thyroid Nodules		
55.	Open adrenalectomy	<input type="checkbox"/>	<input type="checkbox"/>
56.	Laparoscopic adrenalectomy	<input type="checkbox"/>	<input type="checkbox"/>
57.	Robotic-assisted adrenalectomy	<input type="checkbox"/>	<input type="checkbox"/>
58.	Pancreatic surgery for neuroendocrine tumor	<input type="checkbox"/>	<input type="checkbox"/>
59.	Laparoscopic pancreatic surgery for neuroendocrine tumor	<input type="checkbox"/>	<input type="checkbox"/>
Head and Neck Surgery			
60.	Reconstruction of major defects of the head and neck region, involving the use of regional flaps and microvascular free flaps	<input type="checkbox"/>	<input type="checkbox"/>
61.	Resection of benign and malignant pathology in the head and neck region (including parotid pathology, tumor in the nasal cavity, nasopharynx, oral cavity, oropharynx, larynx, hypopharynx, skull base, paranasal sinuses and parapharyngeal space), with or without the need for lymph node dissection and reconstruction	<input type="checkbox"/>	<input type="checkbox"/>
Hepatobiliary and pancreatic surgery and liver transplantation			
62.	Endoscopic Retrograde Cholangiopancreatography (ERCP)	<input type="checkbox"/>	<input type="checkbox"/>
63.	Major liver resection	<input type="checkbox"/>	<input type="checkbox"/>
64.	Shunt operation for portal hypertension	<input type="checkbox"/>	<input type="checkbox"/>
65.	Bile duct surgery except simple bile duct exploration	<input type="checkbox"/>	<input type="checkbox"/>
66.	Pancreatic resection including Whipple's operation	<input type="checkbox"/>	<input type="checkbox"/>
67.	Laparoscopic pancreatic surgery	<input type="checkbox"/>	<input type="checkbox"/>
68.	Laparoscopic liver resection and other liver surgery	<input type="checkbox"/>	<input type="checkbox"/>
69.	Laparoscopic splenectomy	<input type="checkbox"/>	<input type="checkbox"/>
70.	Laparoscopic bile duct procedures	<input type="checkbox"/>	<input type="checkbox"/>
71.	Robotic hepatobiliary and pancreatic surgery	<input type="checkbox"/>	<input type="checkbox"/>
72.	RFA and other energy treatment for liver tumor	<input type="checkbox"/>	<input type="checkbox"/>
73.	Living donor hepatectomy	<input type="checkbox"/>	<input type="checkbox"/>
74.	Liver transplantation	<input type="checkbox"/>	<input type="checkbox"/>
75.	Procurement of deceased donor liver	<input type="checkbox"/>	<input type="checkbox"/>
Upper Gastrointestinal and Esophageal Surgery			
76.	Gastrectomy (open)	<input type="checkbox"/>	<input type="checkbox"/>
77.	Open surgery for GERD	<input type="checkbox"/>	<input type="checkbox"/>
78.	Laparoscopic gastrectomy	<input type="checkbox"/>	<input type="checkbox"/>
79.	Laparoscopic surgery for reflux	<input type="checkbox"/>	<input type="checkbox"/>
80.	Laparoscopic and open bariatric surgery	<input type="checkbox"/>	<input type="checkbox"/>
81.	Advanced endoscopic procedures of GI tract: Haemostasis for gastric and oesophageal lesion, ESD, EMR	<input type="checkbox"/>	<input type="checkbox"/>
82.	Advanced endoscopic procedures of GI tract: Haemostasis for gastric and oesophageal lesion, POEM	<input type="checkbox"/>	<input type="checkbox"/>
83.	Advanced endoscopic procedures of GI tract: Haemostasis for gastric and oesophageal lesion, Antireflux procedure	<input type="checkbox"/>	<input type="checkbox"/>
84.	Open esophagectomy	<input type="checkbox"/>	<input type="checkbox"/>
85.	Minimally invasive esophagectomy	<input type="checkbox"/>	<input type="checkbox"/>
86.	Endoscopic ultrasound	<input type="checkbox"/>	<input type="checkbox"/>
87.	Open surgery and MIS for benign and/or functional esophageal diseases	<input type="checkbox"/>	<input type="checkbox"/>
88.	Robotic assisted upper GI surgery	<input type="checkbox"/>	<input type="checkbox"/>
Vascular Surgery			
89.	Arterial Surgery: Extremities •Infra-inguinal arterial bypasses: Femoro-popliteal and femoro-distal bypasses •Extra-anatomical bypasses: Femoro-femoral and axillo-femoral bypasses •Femoro/popliteal endarterectomy, thrombectomy and embolectomy •Upper limb artery embolectomy / thrombectomy	<input type="checkbox"/>	<input type="checkbox"/>
90.	Arterial Surgery: Abdominal Aorta (Simple) •Open repair of infrarenal aortic aneurysms / iliac aneurysms •Aorto-ililac / aorto-femoral bypasses	<input type="checkbox"/>	<input type="checkbox"/>
91.	Arterial Surgery: Abdominal Aorta and Visceral (Complex) •Open repair of juxtarenal / pararenal aorta with reconstruction •Visceral (Celiac, SMA, renal artery) artery bypasses and reconstruction	<input type="checkbox"/>	<input type="checkbox"/>
92.	Arterial Surgery: Thoracic / Thoraco-Abdominal •Open repair of thoraco-abdominal aorta with reconstruction	<input type="checkbox"/>	<input type="checkbox"/>
93.	Arterial Surgery: Cerebrovascular •Carotid endarterectomy Extracranial carotid / subclavian bypasses	<input type="checkbox"/>	<input type="checkbox"/>
94.	Endovascular Surgery: Extremities •Angioplasty and stenting of lower limb arteries •Angioplasty and stenting of upper limb arteries	<input type="checkbox"/>	<input type="checkbox"/>

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	<ul style="list-style-type: none"> • Intra-arterial thrombolysis • Lower limb atherectomy 		
95.	Endovascular Surgery: Abdominal Aorta <ul style="list-style-type: none"> • Endovascular repair of infrarenal abdominal aortic aneurysms • Endovascular repair of iliac aneurysms • Embolization of iliac arteries 	<input type="checkbox"/>	<input type="checkbox"/>
96.	Endovascular Surgery: Complex Aorta <ul style="list-style-type: none"> • Endovascular repair of suprarenal abdominal aortic aneurysms (EVAR) with the use of fenestrated / branched devices 	<input type="checkbox"/>	<input type="checkbox"/>
97.	Endovascular Surgery: Thoracic Aorta <ul style="list-style-type: none"> • Endovascular repair of thoracic aorta (TEVAR) for thoracic / thoraco-abdominal aneurysms and dissections 	<input type="checkbox"/>	<input type="checkbox"/>
98.	<ul style="list-style-type: none"> • TEVAR with fenestrated or branched devices Endovascular Surgery: Cerebrovascular <ul style="list-style-type: none"> • Carotid angioplasty and stenting • Vertebral artery stenting 	<input type="checkbox"/>	<input type="checkbox"/>
99.	Vascular Access / Dialysis Procedures <ul style="list-style-type: none"> • AV fistula creation / revision • AV Grafts for dialysis • Central venous catheter insertion 	<input type="checkbox"/>	<input type="checkbox"/>
100.	Endovenous Interventions: Basic <ul style="list-style-type: none"> • Procedures for varicose veins other than ligation / stripping and injection sclerotherapy • Radiofrequency ablation • Mechanical / chemical ablation • Endovenous glue therapy • High intensity focused ultrasound ablation 	<input type="checkbox"/>	<input type="checkbox"/>
101.	Endovenous Interventions: Complex <ul style="list-style-type: none"> • Inferior vena cava filter insertion • Superior vena cava angioplasty and stenting • Lower limb venous thrombectomy and stenting • Upper limb venous thrombectomy and stenting • Venous thrombolysis 	<input type="checkbox"/>	<input type="checkbox"/>
(C)	Others (Please specify)		
	_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	<input type="checkbox"/>	<input type="checkbox"/>

For Official Use only

Approved by:

Signature: _____ Date: _____

Name & Title: _____