COLLEGE OF PHYSICIANS AND SURGEONS OF BRITISH COLUMBIA

NON-HOSPITAL MEDICAL AND SURGICAL FACILITIES ACCREDITATION PROGRAM

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Appropriate Procedures List

GYNECOLOGY

Physician name: _____ CPSID: _____

Facility applying to: _____

Please indicate only the procedures you wish to perform at the above-mentioned facility.

- ☐ Abscess – irrigation and debridement
- ☐ Bartholin's cyst/abscess marsupialization
- ☐ Biopsy – perineum, vagina, cervix
- ☐ Biopsy – cervix – with D&C
- ☐ Bladder – tension-free vaginal tape insertion, revision, Monarch TOT, urodynamics
- ☐ Cervical/vaginal lacerations
- ☐ Cervix – repair, biopsy, cryosurgery, cone biopsy, LEEP
- ☐ Colposcopy
- ☐ Cystocoele/urethrocoele/rectocele repair
- ☐ Dilation and curettage
- ☐ Examination under anesthetic
- ☐ Hydrotubation
- ☐ Hymenoplasty
- ☐ Hysteroscopy – biopsy
- ☐ Hysteroscopy – diagnostic
- ☐ Hysteroscopy – procedural – ablation
- ☐ Hysteroscopy – procedural – myomectomy
- ☐ Hysteroscopy – procedural – polypectomy
- ☐ Labiaplasty
- ☐ Laparoscopic oophorectomy/salpingectomy
- ☐ Laparoscopic ovarian cystectomy
- ☐ Laparoscopic tubal ligation
- ☐ Laparoscopy – diagnostic, biopsies, lysis of adhesions, cautery of endometriosis, aspiration
- ☐ Laser vaginal resurfacing
- ☐ Micro salpingostomy
- ☐ Myomectomy (vaginal)
- ☐ Pelvic examination under GA
- ☐ Perineal, sphincter, vaginal repair
- ☐ Polypectomy – cervical
- ☐ Removal foreign body
- ☐ Salpingolysis via laparoscope
- ☐ Salpingostomy via laparoscopy

Fertility treatment

- ☐ Intrauterine insemination
- ☐ Transabdominal egg retrieval
- ☐ Transvaginal egg retrieval
- ☐ Embryo transfer
- ☐ Microsurgical tubal reanastomosis
- ☐ Percutaneous epididymal sperm aspiration - PESA
- ☐ Testicular sperm aspiration - TESA
- ☐ Testicular sperm extraction - TESE
- ☐ Microdissection testicular sperm extraction - Micro-TESE

I hereby certify that the procedures selected in this application are within the scope of my current practice.

Physician signature: _____ Date: _____

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