COLLEGE OF PHYSICIANS AND SURGEONS OF BRITISH COLUMBIA

NON-HOSPITAL MEDICAL AND SURGICAL FACILITIES ACCREDITATION PROGRAM

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Appropriate Procedures List
OPHTHALMOLOGY

Physician name: _____ CPSID: _____

Facility applying to: _____

Please indicate only the procedures you wish to perform at the above-mentioned facility. If specified, please provide the number of procedures performed in the last three years to ensure current experience requirements are met as per the BCMQI dictionary.

- ☐ Allotex inlay
- ☐ Biopsy – orbital tumour
- ☐ Blepharoplasty, upper
- ☐ Intraocular lens implant – primary
- ☐ Cataract extraction – phacoemulsification
- ☐ Corneal tissue addition for keratoplasty (CTAK)
- ☐ Ectropion/entropion
- ☐ Intraocular foreign body – removal
- ☐ Intraocular lens implant – secondary
- ☐ Lacrimal duct probing
- ☐ Ptosis repair
- ☐ Strabismus
- ☐ Aspiration needle biopsy
- ☐ Blepharoplasty, lower
- ☐ Cataract extraction – femtosecond assisted*
- ☐ Clear lens extraction with intraocular lens implant
- ☐ Corneal allogenic intrastromal ring implants (CAIRS)
- ☐ Cautery of corneal ulcer
- ☐ Eyelid reconstruction
- ☐ Intraocular lens exchange
- ☐ Intraocular lens repositioning
- ☐ Pterygium excision
- ☐ Snip procedure, two or three

Refractive surgery

- ☐ Automated lamellar keratoplasty
- ☐ LASEK
- ☐ Limbal relaxing incisions
- ☐ Photorefractive keratectomy
- ☐ Epi-LASIK
- ☐ LASIK
- ☐ Phakic intraocular lens implant
- ☐ Radial keratotomy

*Facility must be approved for femtosecond laser use.

Immediately sequential bilateral surgery may only be performed at facilities with accreditation for this service.

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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