COLLEGE OF PHYSICIANS AND SURGEONS OF BRITISH COLUMBIA

NON-HOSPITAL MEDICAL AND SURGICAL FACILITIES ACCREDITATION PROGRAM

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Appropriate Procedures List
PLASTIC SURGERY

Physician name: _____ CPSID: _____

Facility applying to: _____

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

Face and neck

- ☐ Biopsy
- ☐ Blephroplasty – upper and/or lower
- ☐ Browlift
- ☐ Chin augmentation
- ☐ Chondrolaryngoplasty
- ☐ Cleft lip – bilateral complete
- ☐ Debridement – joint
- ☐ Drainage/aspiration
- ☐ Excision – scar
- ☐ Excision – tumour, cyst, soft tissue mass
- ☐ Facelift
- ☐ Irrigation and debridement
- ☐ Malar augmentation
- ☐ Mandibular osteotomy – internal fixation – bilateral
- ☐ Maxillary fracture zygomatic – arch – open reduction and wiring
- ☐ Maxillary fracture zygomatic – reduction
- ☐ Nasal fracture – wire plate fixation – open reduction
- ☐ Neck lift
- ☐ Orbital floor open reduction
- ☐ Osteotomies, mandibular maxillofacial – bilateral
- ☐ Otoplasty
- ☐ Ptosis repair
- ☐ Removal forehead wrinkles
- ☐ Repair lacerations
- ☐ Rhinoplasty
- ☐ Scalp lift
- ☐ Scar revision
- ☐ Suction lipectomy*

Abdomen

- ☐ Abdominal panniculectomy
- ☐ Abdominoplasty
- ☐ Biopsy
- ☐ Drainage/aspiration
- ☐ Excision – tumour, cyst, soft tissue mass
- ☐ Irrigation and debridement
- ☐ Lipectomy
- ☐ Scar revision
- ☐ Suction lipectomy*

Upper extremities

- ☐ Biopsy
- ☐ Brachioplasty
- ☐ Drainage/aspiration
- ☐ Excision – tumour, cyst, soft tissue mass
- ☐ Irrigation and debridement
- ☐ Suction lipectomy*
- ☐ Tenolysis

Breast

- ☐ Breast augmentation
- ☐ Capsulectomy/capsulotomy
- ☐ Drainage/aspiration
- ☐ Excision – tumour, cyst, soft tissue mass
- ☐ Excision gynecomastia
- ☐ Insertion tissue expanders
- ☐ Irrigation and debridement
- ☐ Mastopexy
- ☐ Nipple areolar reconstruction and/or tattooing
- ☐ Reduction mammoplasty
- ☐ Scar revision
- ☐ Suction lipectomy*

Gender affirmation surgery (must be part of Trans Care BC provincial program)

- ☐ Chest construction — removal of breast tissue with or without contouring
- ☐ Breast construction — breast augmentation
- ☐ Female to male implant - penile, testicular or both

Groin, buttock and lower extremities

- ☐ Biopsy
- ☐ Buttock lift
- ☐ Drainage/aspiration
- ☐ Excision – tumour, cyst, soft tissue mass
- ☐ Hymenoplasty
- ☐ Irrigation and debridement
- ☐ Labiaplasty
- ☐ Laser vaginal resurfacing
- ☐ Scar revision
- ☐ Suction lipectomy*
- ☐ Thigh lift

Hand and wrist

- ☐ Amputation – finger(s), transmetacarpal
- ☐ Arthrodesis
- ☐ Arthroplasty – finger joint
- ☐ Arthroscopy
- ☐ Arthrotomy – MP/PIP/DIP joints
- ☐ Biopsy
- ☐ Bone grafting – metacarpal/phalanx
- ☐ Closed reduction
- ☐ Debridement – joint
- ☐ Excision – tumour, cyst, soft tissue mass
- ☐ External fixation
- ☐ Ganglia excision
- ☐ Hand and wrist – internal fixation device – removal
- ☐ Implant arthroplasty – metatarsal phalangeal joint
- ☐ Irrigation and debridement
- ☐ Ligament reconstruction
- ☐ Manipulation
- ☐ Median nerve release (endoscopic or open)
- ☐ Needle aponeurotomy – hand deformity
- ☐ Nerve block
- ☐ Nerve repair
- ☐ Neurolysis
- ☐ ORIF – carpal bone, scaphoid, carpus, phalangeal fracture
- ☐ Osteotomy
- ☐ Palmar fasciectomy
- ☐ Removal loose body
- ☐ Scapholunate reconstruction
- ☐ Tendon release
- ☐ Tendon repair
- ☐ Tendon transfer
- ☐ Tenolysis
- ☐ Tenoplasty
- ☐ Tenosynovectomy
- ☐ Triangular fibrocartilage complex (TFDD) repair

Skin

- ☐ Biopsy
- ☐ Dermabrasion
- ☐ Drainage/aspiration
- ☐ Excision – tumour, cyst, soft tissue mass
- ☐ Irrigation and debridement
- ☐ Scar revision
- ☐ Skin grafts – split thickness or full thickness

Tendon

- ☐ Open tendon lengthening
- ☐ Repair and reconstruction
- ☐ Soft tissue release – muscle or tendon
- ☐ Tendon repair
- ☐ Tendon transfer/transplant

*Total aspirate should not exceed 5000 ml.

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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