

Name of the Applicant: _____

Plastic Surgery	No. of Procedures Performed	Privileges Applied by Applicant	Privileges Granted by CUHKMC
(A) Core Privileges			
1. Excision of simple skin lesions			
2. Excision of simple skin cancer with / without reconstruction (autologous skin graft / local flaps) and lymph node dissection			
3. Laser treatment for benign cutaneous pathology			
4. Excision / dermabrasion for pathological scar conditions			
5. Suturing and repair of simple traumatic lacerations			
6. Reconstruction of major defects of the head and neck region, trunk, perineum and the limbs, involving the use of autologous skin graft, tissue expander, local flaps			
7. Resection of benign pathology in the head and neck region			
(B) Special Privileges			
8. Open reduction and internal fixation of fracture of the facial bones			
9. Suturing and repair of complicated traumatic lacerations, including the need for the repair of major nerves, including the facial nerve, and repair of major vessels			
10. Surgical correction of congenital conditions, including but not limited to cleft lip, cleft palate, Microtia and other congenital external ear deformities, cystic hygroma, haemangioma and different types of vascular malformations, hypospadias			
11. Reconstruction of major defects of the head and neck region, trunk, perineum and the limbs, involving the use of regional flaps and microvascular free flaps			
12. Resection of benign and malignant pathology in the head and neck region (including parotid pathology, tumour 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			
13. Breast reconstruction, primary or secondary, for defects created after mastectomy for carcinoma of the breast, involving the use of implants, autologous fat graft or composite tissue flaps			
(C) Others (Please specify)			

Signature of Applicant

Date (dd/mm/yyyy)

(Form version: 20240805)

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Approved by:

Signature: _____ Date: _____

Name & Title: _____