

Approved Procedures for Non-Hospital Surgical Facilities

Dermatology – Effective February 2, 2001

- Blepharoplasty
- Endovenous Laser Sclerotherapy (May 2003)
- Liposuction to a maximum of 5 litres total aspirate
- Moh's micrographic surgery
- Lipolysis by the percutaneous application of any form of energy (December 2007)

General Surgery – Effective September 28, 2001

1. Upper gastrointestinal endoscopy¹ with or without biopsy
2. Colonoscopy with or without biopsy or minor polypectomy
3. Simple mastectomy
4. Segmental resection of breast and sentinel node biopsy
5. Resection of large or deep soft tissue lesions²
6. Deep lymph node biopsies – up to but not including full axillary dissection
7. Inguinal hernia repair, including femoral
8. Minor abdominal wall hernia repair, including umbilical hernia repair
9. Varicose vein ligation and stripping
10. Hemorrhoidectomy beyond simple single excision³
11. Trans-anal excision of rectal polyps
12. Laparoscopic procedures
13. Diagnostic
14. Biopsies – peritoneal
15. Laparoscopic Adjustable Gastric Banding⁴ (December 2007)

Footnotes:

1. Esophageal dilatation and procedures to control bleeding or the risk of bleeding are not suitable for an NHSF.
2. The terms “large or deep” refer to lesions where more resources are required than are commonly available in a medical office. Considerations include equipment, skilled assistants, proximity to the airway or critical vessels and nerves, and the extent of anesthesia that may be necessary. Surgeons are expected to make those decisions in accordance with the above and the generally accepted standards of care in Alberta.
3. Excision of a single hemorrhoid under local anesthesia may be an office procedure.
4. See extraordinary requirements in privilege approval application.

*Intravenous sedation and general anesthesia are NOT permitted in physicians' offices. It is impractical to maintain a list of all office procedures. However, the following procedures were considered for restriction and are still permitted in a physician's office: breast biopsy, pilonidal disease surgery, drainage of perianal abscesses, lateral internal sphincterotomy, anal fissurectomy and fistulotomy.

Approved Procedures for Non-Hospital Surgical Facilities

Gynecology – Effective June 8, 2001

- Perineoplasty not requiring extensive dissection
- Marsupialization of Bartholin cysts
- Cervical, vaginal and vulvar polypectomy and biopsy with risk of bleeding requiring surgical control
- Dilatation and curettage of uterus
- Cystoscopy
- Minimally invasive incontinence procedures: injectables, percutaneous slings
- Laparoscopy with minor surgical interventions:
 - Diagnostic
 - Tubal sterilization
 - Aspiration of cysts
 - Minor adhesiolysis
 - Diathermy for endometriosis (AFS Stages I and II)
- Methotrexate/Misoprostol in early pregnancy (June 2005)
- Dilatation and Suction Evacuation up to sixteen (16) weeks / 0 days (June 2005)
- Dilatation and Evacuation up to twenty (20) weeks / 0 days (June 2005)
- Oocyte Retrieval (May 2003)
- Tumescant Anterior and Posterior Vaginal Repair (December 2003)
- Trans-cervical global endometrial ablation procedures except those performed by resection or by electrocautery that does not have impedance-regulation (June 2005)
- Hysteroscopic tubal sterilization (Essure™ system) (September 2011)

Some of the larger procedures that may be performed in an office include – fulguration and vaporization of lesions of the genital tract, incision and drainage of minor vulvar and perineal abscesses, LEEP and LLETZ procedures, urodynamic studies, diagnostic hysteroscopy.

Ophthalmology – Effective October 5, 2000

- Intra-ocular surgery requiring dissection of the tissues of the globe including procedures on:
 - the cornea (including ring segment implants, keratotomies, LASIK and corneal transplant)
 - the lens and implants
 - the iris
 - the sclera
 - the vitreous
 - the retina
- Eyelid procedures requiring implants or dissection of the orbital septum or beyond.
- Lacrimal procedures requiring incision into the nasal passages.
- Orbital and socket procedures not associated with risk of intracranial or neurovascular complications, including:
 - orbital tumor excision
 - insertion of an implant
 - enucleation/evisceration with or without implant
 - socket reconstruction requiring implant, transplant or exposure of bone.[Note: Minor anterior orbital procedures are considered office procedures].
- Strabismus procedures
- Blepharoplasty
- Rheopheresis (December 2005) (all patients must be enrolled in a research study approved by a research ethics review body acceptable to the College)

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Orthopedic Surgery – Effective February 2, 2001

Arthroscopy

- diagnostic
- repair and reconstruction of ligaments
- meniscectomy, meniscal repair and arthroplasty
- excision of meniscal cysts, loose bodies and foreign bodies

Amputation

- (A) finger through MCP or IP joints, hand
- (A) toe – through TP or IP joints foot
- (A) single ray amputation hand or foot

Arthrodesis

- hand and wrist
- foot and ankle

Arthroplasties

- acromio-clavicular and sterno-clavicular joints
- radial head arthroplasty
- wrist and hand joints
- foot

Osteotomies

- hand/wrist/foot/ankle (December 2006)

Repair recurrent dislocation/ligament reconstruction

- shoulder
- elbow
- wrist
- hand
- knee
- ankle and foot

Tendons or muscles – repair/transplant/transfer

- transfers repairs and transplants at or distal to elbow or knee
- decompression/repair rotator cuff at shoulder

Fascia/tendon sheath

- plantar fasciotomy/fasciectomy of hand or foot
- release or excision of Dupuytren's contracture
- excision of minor hand tumors including ganglions
- carpal tunnel release
- excision of tendon sheaths: wrist, forearm or hand

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Arthrotomy/synovectomy

- shoulder
- elbow
- wrist and hand
- knee
- ankle and foot
- excision of Baker's cyst

Excision of bursae & ganglion

Musculo-Skeletal tumors

- biopsy of peripheral tumors
- needle biopsy only of tumors of the spine
- excision of minor tumors

Dislocations

- open reduction acromio-clavicular joint
- closed or open reduction of joints of upper extremity
- closed reduction of dislocated total hip
- closed or open reduction of patello-femoral joint
- closed or open reduction of ankle, hindfoot, midfoot or forefoot

Fractures: Upper Extremities

- closed and open reduction clavicle, humerus, radius/ulna, wrist and hand
- closed reduction of scapula

Fractures: Lower Extremities

- closed and open reduction of patella, fibula, ankle and foot
- closed reduction of tibia

Other

- single level lumbar discectomy and/or decompression – uncomplicated
- procedures listed under podiatric surgery
- removal of hardware including plates, pins, screws, nails and wires
- peripheral nerve surgery – repairs, decompression or grafts
- saucerization
- sequestrectomy
- joint manipulation (under general anesthesia or IV sedation) (December 2006)
- harvesting of bone graft (September 2006)

Approved Procedures for Non-Hospital Surgical Facilities

Otolaryngology – Effective June 8, 2001

- Deep¹ biopsy of the nasopharynx
- Deep excision of intraoral papilloma
- Major¹ excision of lip, nasal, ear or neck lesions
- Lip shave procedures
- Major partial glossectomy limited to anterior 2/3 of tongue
- Adenoidectomy
- Rigid laryngoscopy
- Rigid trans-oral nasopharyngoscopy
- Complete esophagoscopy – flexible only
- Complete bronchoscopy – flexible only
- Caldwell Luc procedure
- Intranasal antrostomy
- Intranasal complete ethmoidectomy
- Turbinate resection
- Sphenoidotomy
- Nasal septum reconstruction
- Nasal septum submucous resection
- Nasal polypectomy in conjunction with complete ethmoidectomy
- Rhinoplasty
- Complicated¹ nasal fractures
- Biopsies of the parotid beyond needle aspiration or sampling the tail of the gland
- Excision of submandibular gland
- Excision of sublingual gland
- Otoplasty
- Complicated myringoplasty
- Dissection of neck beyond the platysma muscle¹
- Deep cervical node biopsy
- Endoscopic soft-tissue surgery

Footnotes:

1. The terms “deep”, “major” and “complicated” refer to procedures that may require more resources than are commonly available in a medical office. Surgeons should make decisions as to the appropriate location for those surgical procedures and for “dissection of neck beyond the platysma muscle” in accordance with the resources necessary for unexpected complications and with generally accepted standards of care in Alberta.

Some of the larger procedures that can be performed in an office include – laser tonsil ablation, laser assisted uvulopalatoplasty, flexible laryngoscopy and nasopharyngoscopy, proximal flexible esophagoscopy and tracheoscopy, nasal polypectomy, partial ethmoidectomy, dessication of turbinates, needle aspiration of parotid gland, sample biopsy of tail of parotid gland, myringotomy.

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Podiatry – Effective October 5, 2000

- Amputation
 - single ray of the foot only
- Arthrodesis of joints of the foot and ankle
 - Lisfranc's joint procedures
- Arthroplasty of joints of the foot and ankle
 - foot procedures requiring significant exposure of the joint
 - ankle procedures which do not require tibial or fibular osteotomy for exposure
- Arthroscopy
 - ankle/subtalar joint/mid-tarsal joint
- Fractures and dislocations
 - uncomplicated closed fractures and dislocations of the foot
- Incision/excision/transfer/repair of tendons and ligaments
 - tendons and ligaments proximal to Lisfranc's joint but not of the rear-foot/leg via the interosseous route
- Neoplasms
 - benign neoplasms of the cuneiforms
 - benign neoplasms of soft tissues below deep fascia
- Neurolysis/neurectomy
 - deep nerves including and distal to the tarsal tunnel and proximal to Lisfranc's joint
- Osteotomy of bones of the foot
 - osteotomy of the calcaneus, mid-tarsus and cuneiforms"

Approved Procedures for Non-Hospital Surgical Facilities

Plastic Surgery – Effective February 2, 2001

Skin and subcutaneous tissue

- Excision of deep tumors outside a body cavity requiring exposure of bone or isolation of vascular or nerve supply.
- Grafts, flaps, and tissue expansion where there is a minimal risk of major bleeding or third space fluid loss that may require replacement fluids.
- Liposuction to a maximum of 5 litres total aspirate.

Head and neck

- Grafts and flaps as above except where there is a significant risk of airway compromise requiring post-operative or overnight monitoring.
- Eyelids (blepharoplasty, ptosis repair, tarsorrhaphy, canthopexy, canthoplasty)
- Browlift, facelift (rhytidectomy), necklift
- Nose (SMR, rhinoplasty, turbinectomy, reduction of fractures)
- Ears (otoplasty)
- Genioplasty
- Facial implants (chin, nasal and cheek) (September 2011)

Breast

- Reduction mammoplasty
- Augmentation mammoplasty
- Mastopexy
- Mastectomy without chest wall, muscle or axillary node dissection
- Capsulotomy and capsulectomy
- Gynecomastia surgery
- Reconstruction of breast or nipple

Abdomen

- Repair of abdominal wall hernia
- Abdominoplasty not requiring overnight monitoring of blood or third space fluid loss.
- Lipectomy (September 2011)

Extremities

- Brachioplasty (September 2011)

Others

- Tendon – repairs, transfers or grafts
- Peripheral nerve – repairs, decompression or grafts
- Muscle – flaps or repairs.
- Fascia – flaps, decompression or excision
- Bone – biopsies, fusions, removal of hardware, excision of exostoses, amputations of digits or rays, open and closed reduction of hand fractures
- Joints – arthrotomy, arthroscopy, arthrodesis, and reductions of hands, wrists, feet and TMJ
- Minor treatment of surgical complications such as hematoma or wound separation

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Urology – Effective June 8, 2001

- Inguinal canal surgery
- Open procedures on scrotal contents
- Penile procedures up to the level but not including implants.
- Minor urethral reconstruction, urethral fistula repair and distal hypospadias repair
- Minimally invasive incontinence procedures, including injectables and percutaneous slings
- Cystoscopy and ureteroscopy with or without biopsy or minor manipulation of stones or obstruction

Some of the larger procedures that can be performed in an office include – bladder catheterization; urodynamic procedures; percutaneous procedures; vasectomies; prostate biopsies; and newborn circumcisions.

Extended Stay Procedures – Effective November 8, 2001

- Ankle arthrotomy and primary arthroplasty (June 2007)
- Below knee amputations (March 2009)
- Hip arthrotomy and primary arthroplasty (including total joint replacement) (December 2006)
- Knee arthrotomy and primary arthroplasty (including total joint replacement) (December 2006)
- Shoulder arthrotomy and primary arthroplasty (including total joint replacement) (December 2006)
- Tibial Osteotomy (December 2006)
- Lumbar posterior spinal fusion – not exceeding two disc-space levels
- Lumbar spinal laminectomy – not exceeding two disc-space levels
- Conversion of Partial to Total Hip Arthroplasty (June 2009)