



**General Surgery Privileges  
Department of Surgery**

**Name:** \_\_\_\_\_  
*(Please print)*

- \_\_\_\_\_ Initial privileges (initial appointment)
- \_\_\_\_\_ Renewal of privileges (*reappointment, on 2 year specialty cycles*)
- \_\_\_\_\_ Modification of privileges (*request for any additional privileges beyond those previously granted*)

**Basic Education: MD or DO**

**Minimal formal training:** Successful completion of an ACGME or AOA accredited residency in general surgery. Current certification or board eligibility (with achievement of certification within 5 years of completion of training) leading to certification in general surgery by the ABS or the AOBS. Maintenance of BLS certification recommended.

**Required current experience:** At least 100 general surgery procedures, reflective of the scope of privileges requested, during the past 12 months, or demonstrated successful completion of an ACGME or AOA accredited residency or clinical fellowship within the past 12 months.

<b>Facility (Check ALL that are applicable to your request)</b>				
Baroness*	Children's**	North	East	Bledsoe/Sequatchie

\* Includes BEH Main Hospital, Miller Eye Center, Plaza Surgery and all Erlanger Ambulatory Clinics

\*\*Includes Children's Hospital Inpatient, Children's Ambulatory clinics, Children's OR and Kennedy Children's Outpatient Center

**Core General Surgery Privileges:**

The physician may admit, evaluate, diagnose, consult, perform history and physical, and provide pre, intra, and postoperative care and perform surgical procedures on patients of all ages to correct or treat various conditions, diseases, disorders, and injuries of the alimentary tract; skin, soft tissues, and breast; endocrine system; head and neck; surgical oncology; operative and non-operative trauma; and the vascular system. The physician may provide care to patients in the intensive care setting in conformance with unit policies. The physician may assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.

The core privileges in this specialty include the procedures in the following procedures list and such other procedures that are extensions of the same techniques and skills:

**Trauma, abdomen, alimentary:**

Abdominoperineal resection

Antireflux procedure, open and laparoscopic

Anoscopy

Appendectomy

Circumcision

Colectomy (abdominal)

Colon surgery for benign or malignant disease

Colotomy, colostomy

Correction of intestinal obstruction

Drainage of intra-abdominal, deep ischiorectal abscess

Emergency thoracostomy

Endoscopy (intraoperative)

Enteric fistulae, management

Enterostomy (feeding or decompression)

Esophageal perforation, repair/resection

Excision of fistula in ano-/fistulotomy, rectal lesion

Excision of pilonidal cyst/marsupialization

Gastrectomy (partial/total)

Gastric operations for cancer (radical, partial, or total gastrectomy)

Gastroduodenal surgery

Gastrostomy (open or percutaneous endoscopic)

Genitourinary procedures incidental to malignancy or trauma

Gynecological procedure incidental to abdominal exploration

Hemorrhoidectomy, including stapled hemorrhoidectomy [determine core or non-core]

Hepatic resection

Incision and drainage of abscesses and cysts

Incision and drainage of pelvic abscesses

Incision, excision, resection, and enterostomy of small intestine

Incision/drainage and debridement, perirectal abscesses

Insertion and management of pulmonary artery catheters [determine whether core or non-core]

IV access procedures, central venous catheter, and ports

Laparoscopy, diagnostic, appendectomy, cholecystectomy, lysis of adhesions, mobilization, and catheter positioning

Laparotomy for diagnostic or exploratory purposes or for management of intra-abdominal sepsis or trauma

Liver biopsy (intraoperative), liver resection

Lymph node biopsy

Management of burns

Management of intra-abdominal trauma, including injury, observation, paracentesis, and lavage

Management of multiple trauma

Operations on gallbladder, biliary tract, bile ducts, and hepatic ducts, including biliary tract reconstruction

Pancreatectomy, distal

Pancreatic debridement/pancreatic pseudocyst drainage

Pancreatic sphincteroplasty

Panniculectomy

Proctosigmoidoscopy, rigid with biopsy, with polypectomy/tumor excision

Pyloromyotomy

Radical regional lymph node dissections

Removal of ganglion (palm or wrist; flexor sheath)

Repair of perforated viscus (gastric, small intestine, large intestine)

Scalene node biopsy

Selective vagotomy

Sigmoidoscopy, fiber-optic with or without biopsy, with polypectomy

Small-bowel surgery for benign or malignant disease

Splenectomy (laparoscopic or open)

Splenorrhaphy, partial

Surgery of the abdominal wall, including management of inguinal, femoral, ventral, paraesophageal, laparoscopic, and open repair of hernias

Thoracentesis

Thoracoabdominal exploration

Tracheostomy

Transhiatal esophagectomy

Tube thoracostomy

Vagotomy and drainage

**Breast, skin, and soft tissue**

Axillary sentinel lymph node biopsy

Breast biopsy with or without needle localization

Complete mastectomy with or without axillary lymph node dissection

Excision of breast lesion

Excision of thyroglossal duct cyst

Excision of thyroid tumors

Incision and drainage of abscess

Management of soft-tissue tumors, inflammations, and infection

Modified radical mastectomy

Operation for gynecomastia

Parathyroidectomy

Partial mastectomy with or without lymph node dissection

Radical mastectomy

Skin grafts (partial thickness, simple)

Subcutaneous mastectomy

Thyroidectomy special

**Vascular surgery**

Embolectomy/thrombectomy

Hemodialysis access procedures

Insertion of vena caval filter

Peritoneal venous shunts, shunt procedure for portal hypertension

Peritoneovenous drainage procedures for relief of ascites

Sclerotherapy

Vein ligation and stripping

**Special Non-Core Privileges in General Surgery:**

If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the criteria governing the exercise of the privilege requested, including training, required previous experience, and maintenance of clinical competence. Noncore privileges include:

<b>Procedure</b>	<b>Baroness</b>	<b>Children's</b>	<b>North</b>	<b>East</b>	<b>Bledsoe/Sequatchie</b>
Advanced laparoscopic procedures (e.g., adrenalectomy, common duct, exploration/stone extraction, donor nephrectomy)					
Breast cryoblation					
Colonoscopy with polypectomy					
Diaphragmatic hernia repair					
Endovenous laser therapy					
Esophagogastroduodenoscopy with and without biopsy					
Insertion management of pulmonary artery catheters					
Kidney transplant surgery core privileges					
Liver transplant surgery core privileges					
Neck dissection					
Open or laparoscopic bariatric surgery with and without stapling					
Pancreas transplantation surgery					
Administration of moderate sedation and analgesia (see below for criteria)					
Sentinel lymph node biopsy					
Use of robotic-assisted arm for general surgical procedures					
Use of laser					
Stereotactic breast biopsy					

**Request for Privilege Not Listed in Core or Special Non-Core** *(please list the privilege and provide justification as well as any accompanying certifications or case logs)*

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**Special Procedures Privileges Criteria**

**Moderate Sedation**

CRITERIA – To administer Moderate Sedation

1. Basic education: MD, DO, DDS, or DMD
2. Successful completion of a post-graduate residency training program of at least three years' duration.
3. Trained in the professional standards and techniques to administer pharmacologic agents to predictably achieve either minimal or moderate sedation and monitor patients carefully in order to maintain them at either of these levels of sedation-either intentionally or unintentionally. Acceptable training may be the completion of a course offered by any local hospital or the local Medical Society. Documentation of completion is required.
4. Must be able to evaluate and document evaluation of the patient prior to performing minimal or moderate sedation.
5. Must be qualified to rescue patients from *deep* sedation and trained to manage a compromised airway and to provide adequate oxygenation and ventilation.
6. Current proof of ACLS, PALS, or ATLS

7. Able to demonstrate that he/she has administered minimal or moderate sedation or analgesia to at a minimum of five (5) patients during the past 12 months.

*NOTE: Deep Sedation is limited to Anesthesia/CRNAs, Critical Care, and Emergency Medicine and full Anesthesia is limited to Anesthesiologists and CRNAs and is outlined in their delineation of privileges.*

**Department Chief Recommendation:**

I have reviewed the requested clinical privileges and supportive documentation for the above named applicant.

\_\_\_\_\_ Recommended as Requested

\_\_\_\_\_ Recommended with Modifications (See comments below)

\_\_\_\_\_ Not Recommended (See comments below)

Chief Comments: \_\_\_\_\_

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Provider Signature

\_\_\_\_\_  
Date

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Chief Signature

\_\_\_\_\_  
Date