



Pediatric 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, followed by successful completion of an accredited fellowship in pediatric surgery and current subspecialty certification or active participation in the examination process (with achievement of certification within 5 years of training completion) leading to subspecialty certification in pediatric surgery by the ABS.

Maintenance of Pediatric Advanced Life Support (PALS) training.

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

Table with 5 columns: Facility (Check ALL that are applicable to your request), 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 Pediatric Surgery Privileges:

Core privileges for pediatric surgery include the ability to admit, evaluate, diagnose, and provide consultation and surgical (including pre- and postoperative) management to neonatal and pediatric age groups (age 12 and younger) with congenital and acquired abnormalities and diseases, whether developmental, inflammatory, neoplastic, or traumatic. Practitioners may provide care to patients in the intensive care setting in conformance with unit policies. Privileges also include the ability to assess, stabilize, and determine the 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 on the following procedures list and such other procedures that are extensions of the same techniques and skills:

UMBILICAL HERNIA / EPIGASTRIC

Complex Abdominal Wall and Incisional Hernias

Skin Transfer

Splenectomy

Umbilectomy

UROLOGY

Adrenalectomy - open

Buried Penis w/ Repair

Chardee Repair

Circumcision, Meatotomy, Paraphimosis reduction, FS manipulation

Dorsal Slit repair

Epididymal Cyst excision, Urethral Cyst Excision

Exploration for UDT

Frenulectomy Division

Hydrocele repair

Hypospadias repair

Inguinal Orchiopexy

Open Nephrectomy, Varicocelectomy

Lysis Coronal Adhesions

Orchiectomy, Ochiopexy

Partial Nephrectomy, Radical Nephrectomy with lymph node biopsy -open

Penile Tourniquet

Management of Testicular Torsion

Removal Appendix Testis

Remove Penile Cyst

Scrotal Exploration

Scrotal Repair (Scrotoplasty)

Testicular Biopsy

Urachal Cyst, Sinus

Urethral Dilation, Urethromeatoplasty

Venacava Reconstruction

ABSCESS

Drainage of intraabdominal, extremity, neck, perirectal, soft tissue abscesses and pilonidal cysts

INGUINAL

Ventral and inguinal hernia repair including laparoscopic

RECTAL / COLON

Anal and Sphincter Botox
Anal Exam Under Anesthesia
Anal Tags
Anoscopy, Anoplasty (Posterior Sagittal Anorectoplasty)
Cecostomy Tube
Colectomy – total or partial – open
Dilation Rectal Stricture
Fistulotomy
Imperforate Anus Repair
MACE Tube placement
Rectal Foreign Body Removal, Rectal Injury Repair

CVL/PORT

Arterial Line Percutaneous or Cutdown
Access SVC
Contrast Injection in Device / SVC Venogram
CVL placement (including tunneled and neck cut down), repair, declotting, repositioning
ECMO Cannulation / Decannulation
Ligation Jugular
Repair Exposed Artery

ENT

Bronchoscopy +/- BAL
Bronchial Cleft Remnant repair
Cricothyroidotomy including Lap / Open Drainage Cricothyrotomy
Resection of Deep Cystic Hygroma
Eyebrow Dermoid
Frenotomy, Labial Frenectomy
Surgical Treatment of Ranulae or Mucosal Cyst Mouth / Lip
Repair Trachea
Rigid Bronchoscopy with foreign body removal
Rigid Scope with FB
Resection Thyroglossal Duct Cyst
Total Thyroid
Tracheostomy, Tracheostomy Changes/Revisions

NEONATE

Artesia with or without Taper
Congenital Diaphragm Hernia
Cystic Hygroma
Esophageal Atresia
Gastroschisis
Gastrostomy Tube placement
Surgical treatment of Hirschsprungs Disease
Leveling Colostomy
Malrotation / Laddis & Appy / Reduction Volvulus

Surgical treatment of Omphalocele
Paracentesis
PDA
Peritoneal Drain
Pyloric Stenosis
Resection of Sacrococcygeal Teratoma
Tracheoesophageal Fistula repair

INTESTINAL

Performance of Mucous Fistula
Diagnostic Laparoscopy
Enterorrhaphy / Colon
Explore Retroperitoneal
Fistula repair
Open Ileocolectomy
Ileostomy, Ileostomy Takedown
Treatment of Internal Hernia
Intussusception Reduction
Laparoscopic or Open Appendectomy
Laparoscopic or Open Lymph node biopsy
Laparoscopic or Open Proctopexy w/ Sigmoid
Laparoscopic J Pouch / Proctectomy
Ligation of Arm or Chest
Lysis of Adhesions Open or Laparoscopic
Loop Ileostomy
Meckel's Diverticulectomy
Omental Flap, Omentectomy
Paracentesis
Retroperitoneal Mass biopsy, excision
Small Bowel Resection
Strictureplasty
Total Abdominal Colectomy w/ Ileostomy – open
Tube Jejunostomy

STOMACH

DX / FB Removal
Esoph Dilation with Wire / With Bougie / With Egram / Retrograde
Flex Esophagoscopy
Fundoplication including laproscopic fundoplication and hiatal hernia repair
G - J Tube placement and changes
Gastric Resections
Gastro Cutaneous Fistula Closure
Gastroraphy
Gastrostomy including neonatal
Heller Myotomy
Pyloropalsty or dilation

TUMOR/LESION

Biopsy and/or resection of the following tumors/masses/lesions: Intraabdominal, lymph node, presacral, retroperitoneal, mediastinal, pleural, hepatic, pancreatic, thyroid, thoracic, pulmonary or pleural, muscle, bone, extremity, dermal

BILIARY

Surgical management of Biliary Arteria

Chemical Pleurodesis

Cholecystectomy with or without intraoperative cholangiogram – open, with or without CBD

Exploration

Hepatorrhaphy

Kasai (Portoenterostomy)

Liver Biopsy and/or resection – open

Pancreas Resection

Thoracotomy with exploration

CHEST

Aortoplexy

Bullae Resection

Cardiotomy

Chest Tube placement

Diaphragm Plication and/or resection

Esophagoscopy

Excision 1st Rib or Cervical

Lobectomy Open / Scope

Partial Thymectomy

PDA closure

Pericardial Drain placement

Pleural Flap

Scope Wedge Resection for Nodules / Mass – open or laparoscopic/thoroscopic

Thoracentesis

Vascular Ring Division

VATS / Decortication

SHUNT

Placement, removal, and/or revision of VA, VP shunts

SKIN

Anterior Tibial Hernia repair

Extra Digit Removal

Foreign body Removal Leg / Arm

Hidradenitis

Ingrown Toenail / Digital

GYN

Dilation of the Vagina
Drainage of Ovarian Cysts
Laparoscopic or Open Partial / Total Oophorectomy with or without salpingectomy
Lysis of Labial Lesions
Oophorectomy
Ovarian Cystectomy
Partial Hymenectomy
Pelvic Exam under anesthesia
Vaginal foreign body removal
Vaginal Laceration w/ Perineal

MISCELLANEOUS

Ganglion Cyst removal
PD Catheter placement

Special Non-Core Privileges in Pediatric 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 may include:

<i>Procedure</i>	<i>Baroness</i>	<i>Children's</i>	<i>North</i>	<i>East</i>	<i>Bledsoe/Sequatchie</i>
Insertion and management of pulmonary artery catheters					
Esophagogastroduodenoscopy with or without biopsy					
Advanced laparoscopic procedures (e.g., colectomy, ileocelectomy, splenectomy, adrenalectomy, common duct, exploration/stone extraction, donor nephrectomy)					
Robotic surgical procedures [Criteria: Initial = robotic training as part of residency, fellowship, or an approved robotics course. Reappointment = minimum 10 cases per year]					
Colonoscopy with polypectomy					
Pes Excavatum Repair					
Moderate Sedation (5 per year required, see below for criteria)					

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)*

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: _____

Provider Signature

Date

Chief Signature

Date