DEPARTMENT OF SURGERY
DELINEATION OF PRIVILEGES FOR GENERAL SURGERY

NAME: _________________________________________  DATE: ____________________

Please check the “Requested” box for each privilege requested. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current competence, current clinical activity and other qualifications and for resolving any doubts related to qualifications for requested privileges.

Other Requirements:
1. Note that privileges granted may only be exercised at the site(s) and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.
2. This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organization, regulatory, or accreditation requirements that the organization is obligated to meet.

Qualifications for General Surgery

Initial privileges: To be eligible to apply for privileges in general surgery, the applicant must meet the following criteria: Successful completion of an Accreditation Council for Graduate medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in general surgery.

AND/OR

Current certification or active participation in the examination process leading to certification in general surgery by the American Board of Surgery or the American Osteopathic Board of Surgery.

CORE PRIVILEGES: GENERAL SURGERY

☐ Requested

Admit, evaluate, diagnose, consult, and provide pre-, intra-, and postoperative care and perform surgical procedures to 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, trauma, and nonoperative trauma; and the vascular system. May provide care to patients in the intensive care setting in conformance with unit policies. 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 on the attached procedures list and such other procedures that are extensions of the same techniques and skills.
Non-core privileges: Colonoscopy with polypectomy

☐ Requested

Initial privileges: Successful completion of an accredited residency in general surgery that included training in lower endoscopy procedures with a minimum of 50 procedures performed during training or equivalent training and/or experience obtained outside a formal program that is at least equal to that obtained within the formal residency program.

Non-core privileges: Advanced laparoscopic procedures (e.g., colectomy, splenectomy, adrenalectomy, common duct, exploration/stone extraction, donor nephrectomy and nissen fundoplication (antireflux surgery))

☐ Requested

Initial privileges: Successful completion of an accredited residency in general surgery that included advanced laparoscopic training or completion of a hands-on CME course.

Non-core privileges: Stereotactic breast biopsy

☐ Requested

Initial privileges: Successful completion of training in the stereotactic- and ultrasound-guided technique of breast biopsy during residency or in an accredited course or institution and possession of privileges for breast imaging interpretation.

Non-core privileges: Sentinel lymph node biopsy

☐ Requested

Initial privileges: Successful completion of an ACGME or AOA residency in general surgery that included training in sentinel lymph node biopsy or successful completion of a hands-on CME course and proficiency in the standard diagnosis and surgical management of breast cancer.

CORE PROCEDURES LIST

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques.

To the applicant: If you wish to exclude any procedures, please strike through the procedures that you do not wish to request, and then initial and date.

- Performance of history and physical exam
Trauma, abdomen, alimentary

- Abdominoperineal resection
- Amputations, above and below the knee, toe, transmetatarsal, digits
- 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 resection and reconstruction
- Distal esophagogastrectomy
- Excision of fistula in ano/fistulotomy, rectal lesion
- Excision of pilonidal cyst/marsupialization
- Gastric operations for cancer (radical, partial, or total gastrectomy)
- Gastroduodenal surgery
- Gastrostomy (feeding or decompression)
- Genmitourinary procedures incidental to malignancy or trauma
- Gynecological procedure incidental to abdominal exploration
- Hepatic resection
- Hemorrhoidectomy, including stapled hemorrhoidectomy
- 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 (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
- Management of burns
- Management of intra-abdominal trauma, including injury, observation, paracentesis, lavage
- Management of multiple trauma
- Operations on gallbladder, biliary tract, bile ducts, hepatic ducts, including iliac duct reconstruction
- Pancreatectomy, total or partial
- Pancreatic sphincteroplasty
• Panniculectomy
• Protosigmoidoscopy, 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, fiberoptic with or without biopsy, with polypectomy
• Small-bowel surgery for benign or malignant disease
• Splenectomy (trauma, staging, therapeutic)
• Surgery of the abdominal wall, including management of all forms of hernias, including diaphragmatic and inguinal hernias, and orchiectomy in association with hernia repair
• Thoracentesis
• Thoracoabdominal exploration
• Tracheostomy
• Trtanshiatal esophagectomy
• Tube thoracostomy

Breast, skin, and soft tissue
• Complete mastectomy with or without axillary lymph node dissection
• Excision of breast lesion
• Breast biopsy
• Incision and drainage of abscess
• Management of soft-tissue tumors, inflammations, and infection
• Modified radical mastectomy
• Operation for gynecomastia
• Partial mastectomy with or without lymph node dissection
• Radical mastectomy
• Skin grafts (partial thickness, simple)
• Subcutaneous mastectomy
• Endocrine system
• Excision of thyroid tumors
• Excision of thyroglossal duct cyst
• Parathyroidectomy
• Thyroidectomy and neck dissection

Vascular surgery
• Hemodialysis access procedures
• Peritoneal venous shunts, shunt procedure for portal hypertension
• Peritoneovenous drainage procedures for relief or ascites
• Sclerotherapy
• Vein ligation and stripping
ACKNOWLEDGMENT OF PRACTITIONER

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform.

I also request the ability to do any procedure in an emergency situation. I understand that:

   a. In exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.

   b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Signed: __________________________________________________  Date: ____________________

DEPARTMENT CHAIR’S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

☑ Recommend all requested privileges

☑ Recommend privileges with the following conditions/modifications:

☑ Do not recommend the following requested privileges:

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<thead>
<tr>
<th>Privilege</th>
<th>Condition/modification/explanation</th>
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Notes:
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Department Chair’s Signature: ___________________________  Date: __________