DEPARTMENT OF SURGERY
DELINEATION OF PRIVILEGES FOR NEUROSURGERY

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 Neurosurgery

Initial privileges: To be eligible to apply for privileges in neurosurgery, 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 neurosurgery.

AND/OR

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

CORE PRIVILEGES: NEUROSURGERY SURGERY

☐ Requested

Admit, evaluate, diagnose, consult, and provide consultation, non-operative, and pre-, intra-, and postoperative care to adult patients of presenting with injuries or disorders of the central, peripheral, and autonomic nervous systems, including their supporting structures and vascular supply. Provide evaluation and treatment of pathological processes that modify function or activity of the nervous system, including the hypophysis, and provide operative and non-operative management of pain. These privileges include but are not limited to care of patients with disorders of the nervous system (i.e., the brain, meninges, skull, skull base, and their blood supplies), including the surgical and endovascular treatment of disorders of the intracranial and extracranial vasculature supplying the brain and spinal cord; the pituitary gland; the spinal cord, meninges, and vertebral column; and the cranial and spinal nerves throughout their distribution. May provide care to patients in the intensive care setting in conformance with unit policies. 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 attached procedure list and such other procedures that are extensions of the same techniques and skills.

**Non-core privileges: Use of Laser (Holmium)**

- **Requested**

  **Initial privileges:** Successful completion of an approved residency in a specialty or subspecialty that included training laser principles or completion of an approved 8- to 10-hour minimum continuing medical education (CME) course that included training in laser principles. In addition, an applicant for privileges should spend time after the basic training course in a clinical setting with an experienced operator who has been granted laser privileges acting as a preceptor. Practitioner agrees to limit practice to only the specific laser types for which he or she has provided documentation of training and experience. The applicant must supply a certificate documenting that he or she attended a wavelength and specialty-specific laser course and also present documentation as to the content of that course.

**Non-core privileges: Balloon kyphoplasty**

- **Requested**

  **Initial privileges:** Successful completion of an ACGME- or AOA-accredited residency program in neurosurgery or neuroradiology. Applicants must also have completed an approved training course in the use of the inflatable bone tamp and have been proctored in their initial cases by a Kyphon company representative. Applicants must also have completed training in radiation safety.

**Non-core privileges: Lumbar disc arthroplasty**

- **Requested**

  **Initial privileges:** Successful completion of an ACGME- or AOA-accredited spine fellowship or completion of an ACGME- or AOA-accredited residency program in orthopedic or neurosurgery that included extensive experience in disc arthroplasty and a series of mentored operations with another surgeon accomplished in disc arthroplasty and completion of a lumbar disc arthroplasty course by the offering technology company.

**Non-core privileges: Cervical disc arthroplasty**

- **Requested**

  **Initial privileges:** Successful completion of an ACGME- or AOA-accredited spine fellowship or completion of an ACGME- or AOA-accredited residency program in orthopedic or neurosurgery that included extensive experience in disc arthroplasty and a series of mentored operations with another surgeon accomplished in disc arthroplasty and completion of a cervical disc arthroplasty course by the offering technology company.

**Non-core privileges: Administration of sedation and analgesia**
See Hospital Policy for Conscious Sedation and request for privileges under Delineation of Privileges.

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
- Ablative surgery for epilepsy
- All types of craniotomies, craniectomies, and reconstructive procedures (including microscopic) on the skull, including surgery on the brain, meninges, pituitary gland, and cranial nerves and including surgery for cranial trauma and intracranial vascular lesions
- Angiography
- Discography and intradiscal/percutaneous disc treatments
- Endoscopic minimally invasive surgery
- Endoscopic laser foraminalplasty
- Epidural steroid injections for pain
- Laminectomies, laminotomies, and fixation and reconstructive procedures of the spine and its contents, including instrumentation
- Lumbar puncture, cisternal puncture, ventricular tap, and subdural tap
- Management of congenital anomalies, such as encephalocele, meningocele, and myelomeningocele
- Muscle biopsy
- Myelography
- Nerve biopsy
- Nucleoplasty
- Ordering of diagnostic studies and procedures related to neurological problems or disorders
- Percutaneous and subcutaneous implantation of neurostimulator electrodes
- Peripheral nerve procedures, including decompressive procedures and reconstructive procedures on the peripheral nerves
- Posterior fossa-microvascular decompression procedures
- Radiofrequency ablation (Currently unavailable as of 1.13.17)
- Selective blocks for pain, stellate ganglion blocks, and nerve blocks
- Shunts (ventriculoanteroinal, ventriculoatrial, ventriculopleural, subdural peritoneal, and lumbar subarachnoid/peritoneal (for other cavity))
- Spinal cord surgery for decompression of spinal cord or spinal canal, for intramedullary lesion, intradural extramedullary lesion, rhizotomy, cordotomy, dorsal root entry zone lesion, tethered spinal cord, or other congenital anomalies (e.g., diastematomyelia)
- Stereotactic surgery (Currently unavailable as of 1.13.17)
- Surgery for intervertebral disc disease
- Surgery for intervertebral disc disease and surgery on the sympathetic nervous system
- Transsphenoidal procedures for lesions of the sellar or parasellar region, fluid leak, or fracture
- Ultrasonic surgery procedures (Currently unavailable as of 1.13.17)
• Video-assisted thoracic surgery
• Ventricular shunt operation for hydrocephalus, revision of shunt operation, and ventriculocisternostomy
• Ventriculography

**Radiology Procedures**

- Fluoroscopy - **NOTE:** A practitioner requesting fluoroscopy will have to submit documentation from training indicating that it was used under supervision in the training program and complete the Radiology paperwork in the application package.

**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 neurosurgery 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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