

**ATRIUM HEALTH LINCOLN
DELINEATION OF PRIVILEGES
SPECIALTY OF GENERAL SURGERY**

I have reviewed the DOP/Roster provided to me by MSS and confirm as indicated below:

- My DOP is accurate and reflects privileges relevant to my current practice
- I have listed privileges that should be removed:

Printed Name: _____

Signature: _____

Date: _____

If your roster indicates that you hold any of the privileges listed below, you must provide the maintenance criteria as described, in order to maintain the privilege. Your maintenance criteria and attestation must be returned together.

SUR-21 ADVANCED THERAPEUTIC LAPAROSCOPY

MAINTENANCE CRITERIA:

A minimum of five (5) advanced laparoscopic surgical procedures (total) every two (2) years is required at the time of reappointment in order to maintain privileges in advanced laparoscopy.

SUR-27 VASECTOMY

MAINTENANCE CRITERIA:

A minimum of two (2) vasectomies every two (2) years is required at the time of reappointment in order to maintain vasectomy privileges. Physicians who would like to continue to hold any Vasectomy privileges (SUR-27) but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

STOP:

UNLESS YOU ARE REQUESTING NEW PRIVILEGES, YOU DO NOT NEED TO GO BEYOND THIS POINT.

**CAROLINAS HEALTHCARE SYSTEM LINCOLN
DELINEATION OF PRIVILEGES
SPECIALTY OF GENERAL SURGERY**

Print Name _____

- Initial appointment
- Reappointment
- Updated DOP/Sponsoring Physician Change

	YES	NO*	I have participated in direct patient care in the hospital setting and/or outpatient practice setting within the past twenty-four (24) months.
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***If the answer is "No", please do not complete this form. Contact the Medical Staff Office at (704) 355-2147 for additional instructions regarding the required proctoring process.**

*** SPECIAL PRIVILEGES WITH QUALIFICATIONS AND/OR SPECIFIC CRITERIA - PROVIDE THE NUMBER OF PROCEDURES PERFORMED WITHIN THE PAST TWO YEARS AND FACILITY WHERE THE PROCEDURES WERE PERFORMED.**

To be eligible for core privileges in General Surgery, the applicant must meet the following qualifications:

- If the applicant is not currently certified by the American Board of Surgery (ABMS) or the American Osteopathic Association (AOA), the applicant must:
 1. Provide documentation of successful completion of an ACGME or AOA accredited residency training program in General Surgery within the past five (5) years. The applicant will have five years from the date of completion of a Residency training program to obtain certification in General Surgery by the ABMS or AOA in order to remain eligible to maintain privileges; **AND**
 2. Documentation of the performance of at least one hundred (100) surgical procedures during the past two (2) years.
- If the applicant is currently certified by the American Board of Surgery (ABMS) or the American Osteopathic Association (AOA), the applicant must:
 1. Provide documentation of certification from the American Board of Surgery (General Surgery) or the American Osteopathic Association in General Surgery; **AND**
 2. Documentation of the performance of at least one hundred (100) surgical procedures during the past two (2) years.
- Prior to December 13, 2011, I was granted privileges in the Specialty of General Surgery; therefore, it is not required that I be certified by the American Board of Surgery (General Surgery) or the American Osteopathic Association (General Surgery).

Please check appropriate blocks when applying for privileges:

NOTE: "CORE" privileges cannot be amended or altered in any way.

CHSL		GENERAL SURGERY CORE PRIVILEGES
	SUR-1	<p>Privileges to admit; evaluate; diagnose; consult; and provide non-operative, pre-operative, intra-operative, and post-operative care for patients of all ages to correct or treat various conditions, illnesses, and injuries of the:</p> <ul style="list-style-type: none"> • Alimentary Tract (open procedures only; laparoscopy require separate privileges) • Abdomen its contents, and the abdominal wall (open procedures only; laparoscopy requires separate privileges) • Breast (excludes breast reconstruction) • Skin and Soft Tissue (includes the lymphatic system) • Head and Neck • Endocrine System (thyroid, parathyroid, adrenal, pancreas, ovaries, testes) • Minor Extremity Surgery (including amputation, AV fistula) • Diagnostic and Basic Therapeutic Laparoscopy (cholecystectomy, appendectomy)

NOTE: Privileges include, but are not limited to, insertion and management of arterial catheters, chest tubes, and central venous catheters, lumbar puncture, pericardiocentesis, tracheostomy, paracentesis, and complete care of critically ill patient.

CHSL		CORE PRIVILEGES - HAND AND UPPER EXTREMITY <u>ONLY</u>
	SUR-1A	<p>Privileges to admit; evaluate; diagnose; consult; provide pre-operative; intra-operative and post-operative surgical care; and perform surgical procedures for patients of all ages, except where specifically excluded from practice and except for those special privileges listed below to correct or treat various conditions, illnesses, and injuries of the soft tissue, and minor extremity surgery.</p>

NOTE: Privileges are requested for hand and upper extremity surgery ONLY.

• **SPECIAL PRIVILEGES (SEE QUALIFICATIONS AND/OR SPECIFIC CRITERIA)**

CHSL		PERIPHERAL VASCULAR SURGERY PRIVILEGES	NUMBER	YEAR	LOCATION
	SUR-2*	Peripheral Arterial System			
	SUR-3 *	Abdominal Aorta			
	SUR-4*	Varicose Vein Treatment			

CHSL		ENDOSCOPIC PRIVILEGES	NUMBER	YEAR	LOCATION
	SUR-5 *	Diagnostic Esophagogastroduodenoscopy (EGD)			
	SUR-6 *	Therapeutic EGD with Sclerotherapy/Band Ligation			
	SUR-7 *	Therapeutic EGD with Bicap, Heater Probe, Injection Therapy			
	SUR-8 *	Percutaneous Endoscopic Gastrostomy (PEG)			
	SUR-9*	Simple Esophageal Dilatation (Maloney Dilators)			
	SUR-10*	Complex Esophageal Dilatation (Savory/Balloon)			
	SUR-11*	Esophageal Stent Placement			
	SUR-12*	Diagnostic Endoscopic Retrograde Cholangiopancreatography			
	SUR-13*	Therapeutic ERCP (Sphincterotomy/Stent Placement)			
	SUR-14*	Flexible Sigmoidoscopy with Biopsy			
	SUR-15*	Colonoscopy with or without Polypectomy			
	SUR-16*	Bronchoscopy			
	SUR-17*	Endoscopic GERD Management			
	SUR-18	Esophageal Manometry with or without Provocative Testing			

CHSL		SENTINEL NODE PRIVILEGES	NUMBER	YEAR	LOCATION
	SUR-19*	Sentinel Lymph Node Biopsy			

CHSL		LAPAROSCOPY PRIVILEGES	NUMBER	YEAR	LOCATION
	SUR-21*	Advanced Therapeutic Laparoscopy			

CHSL		ULTRASONOGRAPHY PRIVILEGES	NUMBER	YEAR	LOCATION
	SUR-22*	Anal and Rectal Ultrasonography			
	SUR-23*	Trauma Ultrasound - FAST			

CHSL		LASER PRIVILEGES	NUMBER	YEAR	LOCATION
	SUR-24*	C02 Laser			
	SUR-25*	YAG Laser			

CHSL		MAMMOSITE CATHETER INSERTION	NUMBER	YEAR	LOCATION
	SUR-26*	MammoSite Catheter Insertion			

CHSL		VASECTOMY	NUMBER	YEAR	LOCATION
	SUR-27*	Vasectomy			

PRIVILEGES REQUESTED BY:

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform, and that I wish to exercise at Carolinas Healthcare System Lincoln (CHSL), and;

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 a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Signature

Date

Print Name

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SUR-2 PERIPHERAL ARTERIAL SYSTEM

1. Successful completion of the American Board of Surgery Certificate of Special Qualifications in General Vascular Surgery or by the American Osteopathic Board of Surgery, Certification in General Vascular Surgery (attach copy); **OR**
2. Documentation of successful completion of at least ten (10) Peripheral Vascular Surgery procedures.

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SUR-3 ABDOMINAL AORTA

1. Successful completion of the American Board of Surgery Certificate of Special Qualifications in General Vascular Surgery or by the American Osteopathic Board of Surgery, Certification in General Vascular Surgery (attach copy); **OR**
2. Documentation of successful completion of at least ten (10) procedures upon the abdominal aorta.

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SUR-4 VARICOSE VEIN TREATMENT

1. Successful completion of the American Board of Surgery Certificate of Special Qualifications in General Vascular Surgery or by the American Osteopathic Board of Surgery, Certification in General Vascular Surgery (attach copy); **OR**
2. Documentation of successful completion of at least ten (10) Varicose Vein Treatments.

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ENDOSCOPIC PROCEDURES

For each of the procedures listed below, you are required to demonstrate the performance of a minimum number of procedures in each category. For each procedure, the applicant must also demonstrate that he/she possesses the cognitive and technical skills necessary to perform the procedure. Please submit a case log for each of the privileges being requested.

SUR-5 DIAGNOSTIC ESOPHAGOGASTRODUODENOSCOPY (EGD)

A minimum of twenty-five (25) procedures must be performed

SUR-6 THERAPEUTIC EGD WITH SCLEROTHERAPY/BAND LIGATION

1. Apply for and meet the criteria for Diagnostic Esophagogastroduodenoscopy (SUR-4); **AND**
2. a minimum of five (5) procedures must be performed

SUR-7 THERAPEUTIC EGD WITH BICAP, HEATER PROBE, INJECTION THERAPY

1. Apply for and meet the criteria for Diagnostic Esophagogastroduodenoscopy (SUR-4); **AND**
2. A minimum of five (5) procedures must be performed.

SUR-8 PERCUTANEOUS ENDOSCOPIC GASTROSTOMY (PEG)

1. Apply for and meet the criteria for Diagnostic Esophagogastroduodenoscopy (SUR-4); **AND**
2. A minimum of five (5) procedures must be performed

ENDOSCOPIC PROCEDURES - CONTINUED

SUR-9 SIMPLE ESOPHAGEAL DILATATION (MALONEY DILATORS)

A minimum of ten (10) procedures must be performed

SUR-10 COMPLEX ESOPHAGEAL DILATATION (SAVORY/BALLOON)

A minimum of five (5) procedures must be performed

SUR-11 ESOPHAGEAL STENT PLACEMENT

A minimum of three (3) procedures must be performed

SUR-12 DIAGNOSTIC ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY

A minimum of thirty-five (35) procedures must be performed

SUR-13 THERAPEUTIC ERCP (SPHINCTEROTOMY/STENT PLACEMENT)

Apply for and meet the criteria for Diagnostic Endoscopic Retrograde Cholangiopan-creatography (SUR-11);
AND

A minimum of five (5) sphincterotomies and five (5) stent placements must be performed

SUR-14 FLEXIBLE SIGMOIDOSCOPY WITH BIOPSY

A minimum of ten (10) procedures, five (5) with biopsy, must be performed

SUR-15 COLONOSCOPY WITH OR WITHOUT POLYPECTOMY

A minimum of fifty (50) procedures must be performed, fifteen (15) with polypectomy

SUR-16 BRONCHOSCOPY

A minimum of fifteen (15) procedures must be performed

SUR-17 ENDOSCOPIC GERD MANAGEMENT

Documentation of course in the management of Endoscopic GERD and five (5) proctored cases

SUR-18 ESOPHAGEAL MANOMETRY WITH OR WITHOUT PROVOCATIVE TESTING

A minimum of five (5) procedures must be performed

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SUR-19 SENTINEL LYMPH NODE BIOPSY

SHORT DEFINITION: Sentinel lymph node biopsy (SLNB) is a procedure for staging patients with cancer. SLNB, when performed in conjunction with regional lymphadenectomy, may enhance staging accuracy by identifying occult deposits of microscopic disease that are undetected by routine histological examination of the standard lymphadenectomy specimen. When performed by experienced surgeons, SLNB is highly accurate and reliably reflects the histology of the nodal basin.

SKILLS AND TRAINING NEEDED FOR SURGEONS TRAINED IN SENTINEL NODE BIOPSY AND MAPPING DURING RESIDENCY AND/OR FELLOWSHIP TRAINING:

1. Completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Associate (AOA) accredited residency program in which structured experience in sentinel node biopsy and lymphatic mapping was incorporated. The applicant must provide the location, dates, type of residency and a letter of documentation of training and competency from his/her instructor(s); **AND**
2. Provide case log to include operative procedure and outcomes for twenty (20) SLNB cases as surgeon or first assistant; **AND**
3. Surgeons may perform sentinel lymph node biopsy only in those anatomic regions in which they have privileges to perform a radical lymphadenectomy; **AND**
4. Any surgeon applying for privileges to perform sentinel lymph node biopsy must provide the hospital sufficient information and documentation to show that he/she has had appropriate training and experience, which would qualify him/her to perform the procedure.

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SKILLS AND TRAINING NEEDED FOR SURGEONS WHO HAVE NOT OBTAINED TRAINING IN SENTINEL NODE BIOPSY AND MAPPING DURING RESIDENCY TRAINING:

1. Provide documentation of completion of a continuing medical education (CME) course in SLNB indications and technique. Documentation should include:
 - Completion of a post graduate training program including course description. Course should include discussion of operation of the gamma detector, indications and contraindications to performing the procedures, safety requirements, including radiation safety, and "hands-on" experience using the equipment under competent supervision; **AND**
 - Copy of course certificate; **AND**
 - Name and address of the practitioner responsible for training; **AND**
2. Provide documentation of individual surgeon experience as Surgeon or First Assistant in at least twenty (20) cases of Sentinel Node followed by complete Lymph Node (LN) dissections with a false negative rate of $\leq 5\%$; **OR**
3. Provide documentation of individual surgeon experience as surgeon or first assistant in at least twenty (20) proctored cases of sentinel lymph node biopsy. A combination of 3 and 4 is acceptable; **AND**
4. Surgeons may perform sentinel lymph node biopsy only in those anatomic regions in which they have privileges to perform a radical lymphadenectomy; **AND**
5. Any surgeon applying for privileges to perform sentinel lymph node biopsy must provide the hospital sufficient information and documentation to show that he/she has had appropriate training and experience, which would qualify him/her to perform the procedure.

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SUR-19 SENTINEL LYMPH NODE BIOPSY – CONTINUED:

OTHER:

- The performance of this procedure will be carefully monitored. Local recurrences, false negatives and deviations from accepted standards will be considered in determining continued performance of this procedure by an individual surgeon.
- Contraindications to SLNB in patients with breast cancer: suspicious palpable axillary lymph nodes, extensive axillary surgery. Contraindications to SLNB in patients with melanoma: suspicious palpable lymph nodes in the draining basin, lesions that have undergone wide local excision (relative contraindication, extensive previous nodal surgery in the draining basin).
- The overwhelming thrust of the data define the use of both sulfur colloid and blue dye in optimal performance of the technique, therefore, all patients should be evaluated with both modalities. All patients who undergo SLN biopsy for melanoma should undergo preoperative lymphoscintigraphy.
- Patients with a positive SLNB should, under routine circumstances, undergo completion LN dissection .
- Immunohistochemistry for the routine analysis of the sentinel noted in patients with breast cancer should not be performed unless performed under the auspices of a clinical research trial. PCR analysis of the SLN in patients with melanoma remains experimental and should only be performed in patients enrolled on institutional review board (IRB) approved trials.

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SUR-21 ADVANCED THERAPEUTIC LAPAROSCOPY

DEFINITIONS:

There is a core group of technical skills common to all advanced laparoscopic operations. Examples of such skills include two-handed dissection, intracorporeal suturing and intra and extracorporeal knot tying. Since many advanced laparoscopic skills are common to all advanced laparoscopic operations, experience in a specific operation enhances the acquisition of skills necessary to perform others. Therefore the combined experience in advanced procedures is one factor to be considered when granting privileges for advanced therapeutic laparoscopy. Other factors to be considered include the surgeon's training, area of sub-specialization, and the role of laparoscopy within that area of sub-specialization

QUALIFICATIONS:

1. Documentation, via an approved residency, formal course, proctored tutorials or sufficient letters or certificates (not all inclusive), of the necessary skills and competence in the techniques and principles of advanced laparoscopy; **AND**
2. Only surgeons who are credentialed to perform procedures in the traditional manner may apply for privileges to perform procedures using laparoscopy. Surgeons may only utilize laparoscopic techniques for those procedures for which they have privileges to perform via standard open techniques.; **AND**
3. Evidence of successful completion of at least ten (10) advanced laparoscopic surgical procedures.

Please Note: If the laser is to be used to perform the procedure, the surgeon must have laser privileges.

MAINTENANCE CRITERIA:

A minimum of five (5) advanced laparoscopic surgical procedures (total) every two (2) years is required at the time of reappointment in order to maintain privileges in advanced laparoscopy.

OTHER CRITERIA:

- (a) The performance of these procedures will be carefully monitored. Time to complete the procedure will be carefully considered in determining the continued performance of this procedure by an individual surgeon.
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SUR-22 ANAL AND RECTAL ULTRASONOGRAPHY

DEFINITION: Anal and rectal ultrasonography involves the insertion of a 360 radial ultrasound probe into the rectum or anus for the evaluation of rectal tumors or anal sphincters. Rigid Proctoscopy is necessary when performing rectal ultrasonography.

SKILLS AND TRAINING NEEDED:

1. Performance and interpretation of anal and rectal ultrasonography for the evaluation of anal incontinence, anal cancer, anal abscesses/fistulas, rectal polyps and rectal cancer; **AND**
2. Performance of Rigid Proctoscopy for rectal ultrasonography

CREDENTIALS TO PERFORM THIS PRIVILEGE:

1. Documentation of training in an ACGME or AOA approved Colorectal Fellowship; **AND**
2. Documentation of completion of twenty-five (25) anorectal sonograms, including interpretation, under the supervision of a credentialed physician; **OR**
1. Documentation of training in an ACGME of AOA approved Surgery Residency Program; **OR**
2. Documentation of completion of a qualified course in the use of Anal and Rectal Ultrasonography with completion of fifteen (15) anorectal sonograms, including interpretation, under the supervision of a credentialed physician with current privileges; **AND**
3. Documentation of completion of twenty-five (25) anorectal sonograms, including interpretation, under the supervision of a credentialed physician.

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SUR-23 TRAUMA ULTRASOUND

DEFINITION: Confirmation of traumatic free intraperitoneal and intrathoracic fluid by Focused Assessment with Sonography in Trauma (FAST) examination.

SKILLS AND TRAINING: These procedures will require the ability to utilize 2D and M-Mode bedside ultrasound to obtain real-time and static images and correlate these with clinical data to diagnose emergency conditions and facilitate emergency care at the bedside during resuscitation. An understanding of the ultrasound physics, anatomy, and differentials with application to real-time sonography is essential. See detailed requirements listed below specific to the indication.

TRAUMA ULTRASOUND RATIONALE: The emergent use of a rapid, non-invasive, repeatable, non-ionizing test can facilitate the diagnosis of hemoperitoneum, or hemopericardium. The absence of hemoperitoneum, or hemopericardium, while not ruling out injury, will facilitate prioritization of procedures and resources for trauma patients.

PATIENT PROTOCOL: The FAST (Focused Assessment with Sonography in Trauma) examination evaluates the following dependent peritoneal pouches of:

1. Hepatorenal space also known as Morison's pouch
2. Splenorenal space
3. Pelvic also known as the retrovesical space
4. Subcostal view to look at the pericardium. Additional Paracolic views may also be used.

SUR-23 TRAUMA ULTRASOUND – CONTINUED:

CONFIRMATION OF RESULTS: Combination of one or more of the following:

1. Clinical serial examinations
2. Diagnostic peritoneal aspirate and lavage
3. Abdominal CT
4. Surgery to include laparotomy and thoracotomy. Accuracy for detection of hemoperitoneum must equal or exceed eighty (80) percent for certification. All exams will be reviewed on hard copy film jointly by a representative of the Emergency Department, Department of Surgery and Department of Radiology for certification.

TRAINING: All individuals should complete a basic one day course or series of lectures equal in length to a one day course including aspects of trauma, the physics of ultrasound, trauma and ultrasound anatomy, and actual “hands-on” scanning. Completion of seventy-five (75) examinations is necessary for certification including:

- (a) Fifteen (15) examinations precepted by a credentialed individual and include some abnormal examinations.
- (b) Sixty (60) examinations may be performed without a credentialed individual present, but are subject to outcome analysis.

CREDENTIALS TO PERFORM THE PRIVILEGE:

1. Certification eligibility in General Surgery (American Board of Surgery or American Osteopathic Board); **OR**
1. Completed Accredited Surgery Residency approved by ACGME or AOA; **AND**
2. Trauma Ultrasound Course and performance of cited ultrasounds with confirmation by quality assurance mechanisms including other diagnostics, overreading, outcome, or combinations of above.

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SUR-24 AND SUR-25 SURGICAL LASER PRIVILEGES

PLEASE PRESENT EVIDENCE OF TRAINING IN:

1. Physics and Safety
2. Application of the requested laser (i.e. course work with lab usage of each laser requested, documentation of hands-on experience, etc.)

SOURCE OF TRAINING:

- I. RESIDENCY: Please include the location, dates, type of residency and the name and address of the practitioner responsible for your training, **OR**
 - II. POST GRADUATE PROGRAM: Please include *course description, copy of course certificate, and the name and address of the practitioner responsible for your training, **AND**
 - III. CASE EXPERIENCE AT OTHER HOSPITALS: Please provide a list of cases and the name and address of the proctoring physician(s).
- Courses attended to change or advance privileges must be courses that have been recognized for Category I American Medical Association Physicians Recognition Award credit and/or are sponsored by a medical organization whose board is a member of the American Board of Medical Specialties or American Osteopathic Association Boards and/or approved by the Section of General Surgery of Carolinas HealthCare System (Carolinas Medical Centers-Charlotte).

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SUR-26 MAMMOSITE CATHETER INSERTION

DEFINITION: MammoSite is an internal radiation treatment option. It is a form of partial breast irradiation and works by delivery radiation from inside the lumpectomy cavity directly to the tissue surrounding the cavity where cancer is most likely to recur.

The surgeon removes the tumor and inserts a small, uninflated balloon (MammoSite) which is attached to a thin catheter inside the lumpectomy cavity, the balloon is then inflated using a saline solution to fill the cavity. A portion of the catheter will remain outside of the breast, which will allow the Radiation Oncologist to connect the catheter to a computer controlled machine that delivers a radioactive seed inside the balloon. The seed allows radiation to be directed to the area of the breast where cancer is most likely to recur. After the treatment period the balloon is deflated and removed.

SKILLS AND TRAINING NEEDED:

1. Hold current privileges to perform Sentinel Lymph Node Biopsy (SUR-19); **AND**
2. Submit documentation of successful completion of an approved MammoSite training course

SUR-27 VASECTOMY

DEFINITION:

A Vasectomy is a surgical procedure performed on males in which the vas deferens are cut, tied, cauterized or otherwise interrupted. The semen no longer contains sperm after the tubes are cut, so conception cannot occur. The testicles continue to produce sperm, but they die and are absorbed by the body.

SKILLS AND TRAINING NEEDED:

- (a) Completion of an ACGME or AOA approved General Surgery residency training program; **AND**
- (b) Current Core Privileges in General Surgery (SUR-1); **AND**
- (c) Documentation via an approved residency, formal course, or proctoring of the necessary skills and competence in vasectomy procedures; **AND**
- (d) Evidence of successful completion of at least ten (10) vasectomy procedures in the past twenty-four (24) months.

Please note: If the laser is to be used to perform the procedure, the surgeon must have laser privileges.

MAINTENANCE CRITERIA:

A minimum of two (2) vasectomies every two (2) years is required at the time of reappointment in order to maintain vasectomy privileges. Physicians who would like to continue to hold any Vasectomy privileges (SUR-27) but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.