



Carolinan HealthCare System
NorthEast

**GENERAL SURGERY
DELINEATION OF PRIVILEGES**

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.

Core Privileges: General Surgery

Renewal of privileges: To be eligible to renew core privileges in General Surgery, the applicant must meet the following criteria:

- Demonstrated current competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

Non-Core Privileges: Trauma Surgery

Current ATLS must be maintained at all times. If applicant seeks to attain and retain this privilege, applicant must demonstrate at least 20 CME (category I or II) hours during two-year reappointment cycle devoted to trauma surgery, and participate in the management of at least 20 trauma patients during a 12 month period. The State of NC requires that at least 50% of this CME be extramural. Trauma surgery includes being able to work-up, diagnose and provide surgical treatment or consultation to patients of all ages presenting with trauma.

Non-Core Privilege: Interstim Therapy (Sacral Neuromodulation Therapy)

- The applicant must provide documentation of the successful performance of at least ten (10) procedures performed over a twenty-four (24) month period in order to be eligible to reapply for InterStim privileges;
AND
- Document additional course work as appropriate (i.e., e-learning, advanced programs, teleconference, and webcasts) and/or continuing medical education credits which demonstrates competence in the procedure.



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STOP:

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



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**General Surgery
Delineation of Privileges**

Name: _____

- Initial Appointment
- Reappointment
- Updated DOP

Applicant: Check off 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: Note that privileges granted may be exercised only at the site(s) and/or settings(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document.

NOTE 1: Applicant must apply for “CORE” privileges in order to be eligible for special procedure clinical privileges at Carolinas HealthCare System NorthEast.
NOTE 2: “CORE” privileges cannot be amended or altered in any way.
NOTE 3: If you wish to apply for privileges in Critical Care, you may do so by requesting the appropriate form from Medical Staff Services.

GENERAL SURGERY

Initial privileges: To be eligible to apply for core privileges in General Surgery, the applicant must meet the following criteria:

- MD/DO who has completed an ACGME/AOA approved residency in general surgery;
And
- Current certification or active participation in the examination process (with achievement of certification within the timeframe specified in the medical staff bylaws) leading to certification in general surgery by the American Board of Surgery or the American Osteopathic Board of Surgery;

And
Required current experience: Demonstrated current competence that the applicant has performed at least 100 general surgical procedures during the past 24 months or demonstrated successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 24 months. Note: Initial applicant should provide a letter of reference from the residency director or department chairman of their most recent hospital verifying competency to perform both general laparoscopy and vascular surgery to qualify for core.

Renewal of privileges: To be eligible to renew core privileges in General Surgery, the applicant must meet the following criteria:

- Demonstrated current competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.



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Core Privileges: General Surgery

Requested

Privileges include the performance of surgical procedures (including related admission, consultation, work-up, pre- and post-operative care) to correct or treat various conditions, illness, and injuries of the alimentary tract, abdomen and its contents, breasts, skin and soft tissue, head and neck, endocrine system and the vascular system, excluding intracranial vessels, the heart, and those vessels intrinsic and immediately adjacent thereto, and the endocrine system. Also included within this core of privileges: extremity surgery (biopsy, I&D, varicose veins, foreign body removal, and skin grafts), comprehensive management of trauma, including musculoskeletal, hand and head injuries, laparoscopy and complete care of critically ill patients with underlying surgical conditions in all areas of the hospital.

GENERAL SURGERY CORE PRIVILEGES LIST

Note: This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

- Abdominoperineal resection
- Amputations, above the knee, below knee; toe, transmetatarsal, digits
- Anoscopy
- Appendectomy
- Biliary tract resection/reconstruction
- Breast: complete mastectomy with or without axillary lymph node dissection; excision of breast lesion, breast biopsy, incision and drainage of abscess, modified radical mastectomy, operation for gynecomastia, partial mastectomy with or without lymph node dissection, radical mastectomy, subcutaneous mastectomy
- Bronchoscopy
- Circumcision
- Colectomy (abdominal)
- Colon surgery for benign or malignant disease
- Colotomy, colostomy
- Correction of diaphragmatic hernias, both congenital or acquired, and anti-reflux procedures
- Correction of intestinal obstruction
- Decortication or pleurectomy procedures
- Diagnostic procedures to include cervical and mediastinal exploration, parasternal exploration, and mediastinoscopy
- Drainage of intra-abdominal, deep ischiorectal abscess
- Emergency thoracostomy
- Enteric fistulae, management
- Enterostomy (feeding or decompression)
- Esophageal resection and reconstruction
- Esophagogastrectomy
- Esophagoscopy and dilation for benign or malignant disease
- Excision of fistula in ano/fistulotomy, rectal lesion
- Excision of pilonidal cyst/marsupialization
- Excision of retrosternal thyroid tumors
- Excision of thyroglossal duct cyst
- Gastric operations for cancer (radical, partial, or total gastrectomy)
- Gastroduodenal surgery
- Gastrostomy (feeding or decompression)
- Genitourinary procedures associated with malignancy or trauma
- Gynecological procedure incidental to abdominal exploration



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- Hepatic resection, infusion
- Hemorrhoidectomy
- Incision and drainage of abscesses and cysts
- Incision and drainage of pelvic abscess
- Incision, excision, resection and enterostomy of small intestine
- Incision/drainage and debridement, perirectal abscess
- Insertion and management of pulmonary artery catheters
- IV access procedures, central venous catheter
- 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 (intra operative), liver resection
- Management of burns
- Management of chest and neck trauma
- Management of hemorrhoids (internal and external) including hemorrhoidectomy
- Management of intra-abdominal trauma, including injury, observation, paracentesis, lavage
- Management of multiple trauma
- Management of soft-tissue tumors, inflammations and infection
- Operations for achalasia and for promotion of esophageal drainage
- Operations on gallbladder, biliary tract, bile ducts, hepatic ducts, excluding biliary tract reconstruction
- Operations upon the esophagus to include surgery for diverticulum, as well as perforation
- Pancreatectomy, total or partial
- Pancreatic sphincteroplasty
- Parathyroidectomy
- Pericardiocentesis, pericardial drainage procedure, pericardiectomy
- Peritoneal venous shunts, shunt procedure for portal hypertension
- Peritoneovenous drainage procedures for relief or ascites
- Procedures upon the chest wall, lungs including wedge resections, segmental resections, lobectomy, and pneumonectomy for benign or malignant disease
- Proctosigmoidoscopy, rigid with biopsy, with polypectomy/tumor excision
- 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
- Sclerotherapy
- Selective vagotomy
- Sentinel Node Biopsy
- Sigmoidoscopy, fiberoptic with or without biopsy, with polypectomy
- Skin grafts (partial thickness, simple)
- 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 hernias, inguinal hernias, and orchiectomy in association with hernia repair
- Surgery on the esophagus for benign or malignant disease
- Surgery on mediastinum for removal of benign or malignant tumors
- Suture of heart wound or injury
- Thoracentesis
- Thoracoscopy



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- Thoracotomy for trauma, hemorrhage, rib biopsy, drainage of empyema or removal of foreign body
- Thoracoabdominal exploration
- Thyroidectomy and neck dissection
- Tracheostomy
- Transhiatal esophagectomy
- Tube thoracostomy
- Varicose vein surgery

Non-Core Privileges

Criteria: To be eligible to apply for a non-core privilege listed below, the applicant must demonstrate successful completion of an approved and recognized course or acceptable supervised training in residency, fellowship, or other acceptable experience; and provide documentation of competence in performing that procedure consistent with the criteria set forth in the medical staff policies governing the exercise of specific privileges.

- Requested – Laser Surgery**
- Requested – Endoscopy (colonoscopy)**
- Requested – Gastroscopy**

Non-Core Privilege: VNUS Procedure

Requested

Criteria: Attendance at course **OR** 10 proctored cases.

Non-Core Privilege: Trauma Surgery

Requested

MD/DO and successful completion of an ACGME/AOA accredited residency in general surgery. Current ATLS must be maintained at all times. If applicant seeks to attain and retain this privilege, applicant must demonstrate at least 20 CME (category I or II) hours during two year reappointment cycle devoted to trauma surgery, and participate in the management of at least 20 trauma patients during a 12 month period. The State of NC requires that at least 50% of this CME be extramural. Trauma surgery includes being able to work-up, diagnose and provide surgical treatment or consultation to patients of all ages presenting with trauma.

Non-Core Privilege: CyberKnife in a Supportive Role

Requested

Criteria

- Successful completion of an ACGME/AOA-accredited residency or fellowship in neurosurgery; **AND**
- Verification from the program director that the training program included specific training in stereotactic surgery; **OR**
- Applicant must also attend the 2-day CNS Radiosurgery course provided by Accuray; **OR**
- Applicants with prior experience must provide documentation of comparable privileges and current competency from a facility where he/she held this privilege.

Non-Core Privilege: da Vinci Robot

Requested

Criteria:

1. Documentation of successful completion of an ACGME-accredited or AOA-accredited residency training program in which the da Vinci Robot was included in the program; **OR**



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2. Applicants with prior experience must provide documentation of comparable privileges and current competency from a facility where he/she held this privilege; **OR**
3. Completion of two (2) courses by Vendor (on-site and off-site); **AND**
4. Prior to the granting of da Vinci Robot privileges independently, completion of the *PERMISSION TO BE PROCTORED REQUEST FORM* requesting to be proctored by a physician who is currently credentialed for use of the da Vinci Robot; **AND**
5. Verification by the approved Robotics Proctoring Physician that the Applicant was successfully proctored for a minimum of three (3) robotic-assisted patient cases.
6. All applicants must have current privileges to perform planned robot-assisted procedures open.

Non-Core Privilege: Interstim Therapy (Sacral Neuromodulation Therapy)

Requested

Definition of Procedure: The therapy involves electrical stimulation of the sacral nerves (in the sacrum through either S-3 or S-4) via a totally implantable system that includes a lead, implantable pulse generator (OPG), and an extension, which connects the lead to the IPG.

Specific Skill and Training Required

- Documentation of completion of an ACGME or AOA approved Surgery Residency Training Program; **AND**
- Provide documentation of successful completion of an accredited formal course/workshop on InterStim Continence Control Therapy (i.e. Theory and Technique course or InterStim Physician Education Program on-line course at www.training.interstim.com); **AND**
- Proctoring for the first two (2) cases by a Certified Implanter credentialed to perform this procedure. Upon completion of the proctored cases, the proctoring physician must provide a proctoring report to the Credentials Committee demonstrating that the applicant has demonstrated competency to perform the procedure and could safely perform the procedure without additional proctoring; **OR**
- Documentation from the current director/chief attesting to sufficient experience and competence and provide documentation that demonstrates proficiency as evidenced by quality data, i.e., case log to include outcomes, on ten (10) cases within the past twenty-four (24) months.



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Criteria for Maintenance of Privileges (To be reviewed at the time of reappointment)

- The applicant must provide documentation of the successful performance of at least ten (10) procedures performed over a twenty-four (24) month period in order to be eligible to reapply for InterStim privileges; **AND**
- Document additional course work as appropriate (i.e., e-learning, advanced programs, teleconference, and webcasts) and/or continuing medical education credits which demonstrates competence in the procedure.

ACKNOWLEDGEMENT OF PRACTITIONER

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 NorthEast 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.
- (c) Adverse clinical privilege(s) actions are subject to the reporting requirements of the National Practitioner Data Bank and North Carolina Medical Board.

Signed _____

Date _____

Print Name