

**ATRIUM HEALTH STANLY  
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:

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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-18 (a) TRAUMA SERVICE PRIVILEGES**

**CRITERIA FOR MAINTENANCE OF PRIVILEGES:**

The physician must maintain and present evidence of a current ATLS provider certification. This will be reviewed at the time of the physician's reappointment.

**SUR-23 DIAGNOSTIC AND BASIC THERAPEUTIC LAPAROSCOPY**

**MAINTENANCE CRITERIA:**

A minimum of fifteen (15) diagnostic and basic therapeutic laparoscopic procedures (total) every two (2) years is required at the time of reappointment in order to maintain privileges in diagnostic and basic therapeutic laparoscopy. Advanced laparoscopic procedures may also be used to fulfill this requirement.

**SUR-28 ADVANCED THERAPEUTIC LAPAROSCOPY**

**MAINTENANCE CRITERIA:**

A minimum of fifteen (15) 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-29 BARIATRIC SURGERY**

**CRITERIA FOR MAINTENANCE OF PRIVILEGES:**

The physician must perform twenty-four (24) cases over a twenty-four (24) month period to be eligible to reapply for Bariatric Surgery privileges. This will be reviewed at the time of the physician's reappointment.

**CONTINUING MEDICAL EDUCATION REQUIREMENTS:**

Must provide twenty (20) hours Continuing Medical Education (CME) in bariatric surgery courses every two (2) years to be eligible to reapply for Bariatric Surgery privileges. This will be reviewed at the time of reappointment.

**SUR-33 DA VINCI ROBOTIC-ASSISTED SURGERY**

**CRITERIA FOR MAINTENANCE OF PRIVILEGES:**

The physician must perform five (5) procedures over a twenty-four (24) month period to be eligible to reapply for da Vinci Surgical Robot privileges. This will be reviewed at the time of the physician's reappointment.

**SUR-36 MICROVASCULAR FREE FLAP RECONSTRUCTION OF THE HEAD AND NECK**

**MAINTENANCE CRITERIA:**

A minimum of five (5) Microvascular Free Flap Reconstruction procedures of the Head and Neck must be performed over a twenty-four (24) month period to be eligible to reapply for the privilege. This will be reviewed at the time of reappointment.

# STOP:

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

STANLY REGIONAL MEDICAL CENTER  
 DELINEATION OF PRIVILEGES  
 SPECIALTY OF GENERAL SURGERY

Print Name: \_\_\_\_\_

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, within the past five (5) years, of an ACGME or AOA accredited residency training program in General Surgery; **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.

Please check appropriate blocks when applying for privileges:

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

SRMC	CORE PRIVILEGES
SUR-1	Privileges to 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: <ul style="list-style-type: none"> <li>• Alimentary Tract (open procedures only; laparoscopy require separate privileges)</li> <li>• Abdomen its contents, and the abdominal wall (open procedures only; laparoscopy requires separate privileges)</li> <li>• Breast (excludes breast reconstruction)</li> <li>• Skin and Soft Tissue (includes the lymphatic system)</li> <li>• Head and Neck</li> <li>• Endocrine System (thyroid, parathyroid, adrenal, pancreas, ovaries, testes)</li> <li>• Minor Extremity Surgery (including amputation)</li> </ul>

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 patients.

Print Name:

SRMC	CORE PRIVILEGES - HAND AND UPPER EXTREMITY <u>ONLY</u>
SUR-1A	Privileges to 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.
NOTE: Privileges are requested for hand and upper extremity surgery ONLY.	

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

SRMC		PERIPHERAL VASCULAR SURGERY PRIVILEGES	NUMBER	YEAR	LOCATION
	SUR-2*	Peripheral Arterial System			
	SUR-3 *	Abdominal Aorta			
ENDOSCOPIC PRIVILEGES					
	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			

Print Name:

SRMC		ENDOSCOPIC PRIVILEGES-continued:
	SUR-16*	Bronchoscopy
	SUR-17*	Endoscopic GERD Management
	SUR-34	Esophageal Manometry with or without Provocative Testing
		<b>TRAUMA SERVICE</b>
N/A	SUR-18 (a)	Trauma Service Privileges - Privileges to evaluate, diagnose, consult, provide pre-operative, intra- operative and post-operative surgical care and perform surgical procedures for trauma patients adolescents and above, and for patients from adolescents and above with greater than 5% total body surface area burns.
N/A	SUR-18 (b)	Pediatric Trauma Service Privileges - Privileges to evaluate, diagnose, consult, provide pre-operative, intra-operative and post-operative surgical care and perform surgical procedures for trauma patients from birth to adolescents, and patients from birth to adolescents with greater than 5% total body surface area burns.

NOTE: Trauma and Pediatric Trauma Service Privileges include, but are not limited to, all procedures delineated as "CORE PROCEDURES" in this document, and any other operative procedures, including vascular surgery, necessary to save life or limb.

SRMC		LAPAROSCOPY PRIVILEGES	NUMBER	YEAR	LOCATION
	SUR-23*	Diagnostic and Basic Therapeutic Laparoscopy			
	SUR-28*	Advanced Therapeutic Laparoscopy			
		<b>ULTRASONOGRAPHY PRIVILEGES</b>	<b>NUMBER</b>	<b>YEAR</b>	<b>LOCATION</b>
N/A	SUR-24*	Anal and Rectal Ultrasonography			
N/A	SUR-25*	Trauma Ultrasound - FAST			

SRMC		LASER PRIVILEGES	NUMBER	YEAR	LOCATION
	SUR-26*	C02 Laser			
	SUR-27*	YAG Laser			
		<b>BARIATRIC SURGERY</b>	<b>NUMBER</b>	<b>YEAR</b>	<b>LOCATION</b>
	SUR-29*	Bariatric Surgery			
		<b>MAMMOSITE CATHETER INSERTION</b>	<b>NUMBER</b>	<b>YEAR</b>	<b>LOCATION</b>
N/A	SUR-30*	MammoSite Catheter Insertion			
		<b>DA VINCI SURGICAL ROBOT</b>	<b>NUMBER</b>	<b>YEAR</b>	<b>LOCATION</b>
N/A	SUR-33*	da Vinci Surgical Robot			

Print Name:

SRMC		HEAD AND NECK ONCOLOGIC SURGERY	MINIMUM NUMBER PERFORMED	YEAR	LOCATION
	SUR-36*	Microvascular Free Flap Reconstruction of the Head and Neck	10		

**SUR-36 MICROVASCULAR FREE FLAP RECONSTRUCTION OF THE HEAD AND NECK**

**SHORT DEFINITION:** Microvascular Free Flap Reconstruction of the Head and Neck surgery is an important skill set for surgeons performing large ablative procedures of head and neck malignancies which often leave functional and aesthetic defects. Microvascular Free Flap Reconstruction of the Head and Neck defects includes the elevation of the flap, the inset of the flap for functional purposes, and a microvascular anastomosis of the artery/vein for viability. Free flap reconstruction is the standard of care for large volume extirpative surgeries of the head and neck that cannot otherwise be reconstructed well with local or pedicled flaps.

**SKILLS AND TRAINING NEEDED**

Skills should include the ability to diagnose malignancies which will require extirpative surgery resulting in large functional/aesthetic defects. Skills should include perioperative management of patients undergoing microvascular reconstruction including ICU and floor monitoring of flap function/viability. Required knowledge and skills include elevation of tissue, inset of free flap, and microvascular anastomosis of artery/vein. Knowledge should include the management of potential complications and revisions.

**CREDENTIALS REQUIRED:**

1. Provide documentation of successful completion, within the past five (5) years, of an ACGME or AOA accredited residency training program in General Surgery; **OR**
1. Provide documentation of certification from the American Board of Surgery (ABS) or the American Osteopathic Association (AOA) in Surgery; **AND**
2. Apply for and meet the necessary criteria to be granted privileges for Core General Surgery Privileges (SUR-1); **AND**
3. Provide documentation of successful completion of an approved fellowship training in Head and Neck Oncology which included a minimum of ten (10) Microvascular Free Flap Reconstruction of the Head and Neck surgery procedures; **OR**
3. Provide documentation of successful completion of an approved, recognized course in Head and Neck Oncology which included a minimum of ten (10) Microvascular Free Flap Reconstruction of the Head and Neck surgery procedures within the past twenty-four (24) months.

**MAINTENANCE CRITERIA:**

A minimum of five (5) Microvascular Free Flap Reconstruction procedures of the Head and Neck must be performed over a twenty-four (24) month period to be eligible to reapply for the privilege. This will be reviewed at the time of reappointment.

Print Name:

SRMC		ULTRASOUND GUIDANCE PRIVILEGES	NUMBER	YEAR	LOCATION
	US-1 *	Ultrasound Guidance For Non-Diagnostic (Directional/ Therapeutic) Use Only			

**US-1 ULTRASOUND GUIDANCE FOR NON-DIAGNOSTIC DIRECTIONAL/ THERAPEUTIC USE ONLY**

APPLICANT MUST:

1. Submit a written request to use ultrasound. Also list type(s) of procedures for which privileges are requested (example: thoracentesis and paracentesis); **AND**
2. Either
  - (a) Show evidence of qualification by completion of a formal training program in an approved residency program;**OR**
  - (b) Show evidence of attending a CME Accreditation course on the use of ultrasound in which privileges are requested, as well as evidence of hands-on experience; **OR**
  - (c) Submit documentation log book of 10 cases in which small parts ultrasound scanner was utilized; **OR**
  - (d) Show evidence of participation in a CHS mini-course through the Department of Internal Medicine or Emergency Medicine confirming the ability to identify the pertinent structures.

In reviewing requests for privileges, the Credentials Committee will determine if the course content and hands-on experience are judged to be satisfactory for the recommendation of privileges.

I hereby request privileges to perform ultrasound guidance for non-diagnostic directional/therapeutic use only for the following procedures and have enclosed evidence of certification of my training as follows:

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I. Residency (if within the past twenty-four (24) months) – Please include the location, dates, type of residency and the name and address of the practitioner responsible for your training.

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II. Post Graduate Program – Please include course description, copy of course certificate and the name and address of the practitioner responsible for your training.

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III. CASE EXPERIENCE AT OTHER HOSPITALS: Please provide a list of cases and the name and address of the proctoring physician(s).

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**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 STANLY REGIONAL MEDICAL CENTER(Carolinas Medical Centers-Charlotte), 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 VASCULAR SURGERY**

1. Eligibility for the certification examination by the American Board of Surgery, Certificate of Special Qualifications in General Vascular Surgery or by the American Osteopathic Association (AOA) in General Vascular Surgery; **OR**
  2. Successful completion of the American Board of Surgery Certificate of Special Qualifications in General Vascular Surgery or the American Osteopathic Association (AOA) in General Vascular Surgery (attach copy); **AND**
  3. Documentation of successful completion of at least twenty (20) Peripheral Vascular Surgery procedures.
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## **SUR-3 ABDOMINAL AORTA**

1. Eligibility for the Certification Examination by the American Board of Surgery, Certificate of Special Qualifications in General Vascular Surgery or by the American Osteopathic Association (AOA) in General Vascular Surgery; **OR**
  2. Successful completion of the American Board of Surgery Certificate of Special Qualifications in General Vascular Surgery or the American Osteopathic Association (AOA) in General Vascular Surgery (enclose a copy of certificate); **OR**
  3. Documentation of successful completion of at least twenty (20) procedures upon the abdominal aorta).
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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-5); **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-5); **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-5); **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)**

1. Apply for and meet the criteria for Diagnostic Endoscopic Retrograde Cholangiopan-creatography (SUR-12); AND
2. A minimum of five (5) sphincterotomies and five (5) stent placements must be performed

**SUR-14 FLEXIBLE SIGMOIDOSCOPY WITH BIOPSY**

A minimum of fifteen (15) 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-34 ESOPHAGEAL MANOMETRY WITH OR WITHOUT PROVOCATIVE TESTING**

A minimum of five (5) procedures must be performed

## **SUR-18 (a) TRAUMA SERVICE PRIVILEGES**

**SHORT DEFINITION:** The Trauma Surgeon is responsible for all aspects of trauma care for the injured adolescents and above patients. Core Trauma Surgeon responsibilities included, but are not limited to triage, resuscitation, operative care, post-operative care, critical care, discharge planning and post discharge follow-up, and coordination of subspecialty care.

**SKILLS AND TRAINING NEEDED TO PERFORM THE PRIVILEGE:** Skills should include the ability to evaluate and manage multiple simultaneous trauma patients. The Trauma surgeon must understand the physiology of the healthy adult patient, the pathophysiology of the injured patient, the complications of severe trauma and massive fluid resuscitation, the manifestations of shock on other organ systems, medical and critical care management of the multiple trauma patient, and the potential complications of operations. In addition, the Trauma surgeon must be familiar with current Advanced Trauma Life Support (ATLS) recommendations, current American College of Surgeons Trauma Center verification standards and rules, and current trauma surgery literature.

### **CREDENTIALS REQUIRED:**

1. Present evidence of certification by the American Board of Surgery or by the American Osteopathic Association (AOA) in Surgery;

**OR**

1. Present evidence of having successfully completed an ACGME or (AOA) accredited General Surgery residency program and present evidence of being a current "applicant" or "candidate" for certification by the American Board of Surgery. **Please Note:** A physician who has not been certified by the American Board of Surgery or the American Osteopathic Association (AOA) within five (5) years after successful completion of an ACGME or AOA approved General Surgery residency is no longer eligible to serve as a Trauma Surgeon;

**AND**

2. Present evidence of a minimum of sixteen (16) CME credits per year in Trauma related topics. Fifty percent (50%) of these CME credits must be extramural (both Category I and II are acceptable);

**AND**

3. Present evidence of current ATLS provider certification.

### **ADDITIONAL REQUIREMENTS:**

1. Review and sign the meeting minutes from the Trauma Outcomes Committee; **AND**
2. Adhere to all requirements ascribed by the American College of Surgeons Committee on Trauma and also the NCOEMS for Trauma Surgeons in a Level 1 Trauma Center; **AND**
3. Compliance with all Trauma Service standards of care as determined by the Medical Director of Trauma and the Trauma Process Improvement Program.

### **CRITERIA FOR MAINTENANCE OF PRIVILEGES:**

The physician must maintain and present evidence of a current ATLS provider certification. This will be reviewed at the time of the physician's reappointment.

## **SUR-18 (b) PEDIATRIC TRAUMA SURGEON PRIVILEGES**

**SHORT DEFINITION:** The Pediatric Trauma Surgeon is responsible for all aspects of trauma care for the injured pediatric patient from birth to adolescents. Core Pediatric Trauma Surgeon responsibilities include, but are not limited to, triage, resuscitation, operative care, post-operative care, critical care, discharge planning and post-discharge follow-up, and coordination of subspecialty care.

**SKILLS AND TRAINING NEEDED TO PERFORM THE PRIVILEGE:** Skills include the ability to evaluate and manage multiple simultaneous pediatric trauma patients. The Pediatric Trauma Surgeon must understand the physiology of the healthy pediatric patient, the pathophysiology of the injured pediatric patient, the complications of severe trauma and massive fluid resuscitation, the manifestations of shock on other organ systems, medical and critical care management of the multiple trauma patients, and the potential complications of operations. In addition, the Pediatric Trauma Surgeon must be familiar with current Advanced Trauma Life Support (ATLS) recommendations, current American College of Surgeons Trauma Center verification standards and rules, and current pediatric trauma literature.

### **CREDENTIALS REQUIRED:**

1. Must possess current active TRAUMA SURGEON privileges; **AND**
2. Present evidence of a minimum of four (4) hours of Pediatric Trauma CME per year. Fifty percent (50%) of these CME credits must be extramural (both Category I and II are acceptable); **AND**
3. Present evidence of PALS (Pediatric Advanced Life Support) certification.

### **ADDITIONAL REQUIREMENTS:**

1. Review and sign the meeting minutes from the Pediatric Trauma Outcomes Committee; **AND**
2. Adhere to all requirements ascribed by the American College of Surgeons Committee on Trauma and also the NCOEMS for Trauma Surgeons in a Level 1 Trauma Center; **AND**
3. Compliance with all Pediatric Trauma Service guidelines and standards of care of Pediatric Trauma, as determined by the Medical Director of Pediatric Trauma, and the Pediatric Trauma Process Improvement Program; **AND**
4. Prior to exercising Pediatric Trauma Surgeon Privileges at Carolinas Medical Center, you must be assigned by the Medical Director of Pediatric Trauma to serve as an Attending on the Pediatric Trauma Service.

**SUR-22 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. Surgeons who have completed training requirements which render the person eligible or admissible for board certification by the American Board of Surgery or by the American Osteopathic Association (AOA) in General Surgery; **AND**
2. Completion of an Accreditation Council for Graduate Medical Education (ACGME) or 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**
3. Provide case log to include operative procedure and outcomes for twenty (20) SLNB cases as surgeon or first assistant; **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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**SKILLS AND TRAINING NEEDED FOR SURGEONS WHO HAVE NOT OBTAINED TRAINING IN SENTINEL NODE BIOPSY AND MAPPING DURING RESIDENCY TRAINING:**

1. Surgeons who have completed training requirements which render the person eligible or admissible for board certification by the American Board of Surgery or by the American Osteopathic Association (AOA) General Surgery **AND**
2. 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**
3. 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**
4. 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**
5. Surgeons may perform sentinel lymph node biopsy only in those anatomic regions in which they have privileges to perform a radical lymphadenectomy; **AND**

## **SUR-22 SENTINEL LYMPH NODE BIOPSY – CONTINUED:**

6. 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.

### **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-23 DIAGNOSTIC AND BASIC THERAPEUTIC LAPAROSCOPY**

### **DEFINITION:**

- a. Diagnostic laparoscopy is minimally invasive surgery for the diagnosis of a medical ailment. Instruments used in diagnostic laparoscopy should include, but are not limited to, a laparoscope, trocar, grasping, biopsy, and retracting instruments, as needed. Routine laparoscopic examination of the abdomen may include evaluation of peritoneal surfaces, diaphragm, liver, spleen, gallbladder, stomach, small intestine, colon, pelvic organs, and retroperitoneal tissues and organs. Appropriate biopsies, cytology, intraoperative ultrasound cultures, and fluid analysis may be performed as necessary, and/or other imaging modalities may be useful.
- b. Basic Laparoscopy, for the purposes of this document, includes the following operative procedures only:
  1. Laparoscopic Cholecystectomy (with or without common bile duct exploration)
  2. Laparoscopic Appendectomy

### **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, proctored tutorials or sufficient letters or certificates (not all inclusive), of the necessary skills and competence in the technique and principles of diagnostic and basic therapeutic laparoscopic procedures; **AND**
- (d) Evidence of successful completion of at least ten (10) basic 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 fifteen (15) diagnostic and basic therapeutic laparoscopic procedures (total) every two (2) years is required at the time of reappointment in order to maintain privileges in diagnostic and basic therapeutic laparoscopy. Advanced laparoscopic procedures may also be used to fulfill this requirement.

### **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.

## **SUR-24 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 or 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-25 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.

**CAROLINAS MEDICAL CENTER 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-25 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 in General Surgery (American Board of Surgery) or by the American Osteopathic Association (AOA) in General Surgery; **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; **OR**
1. General Surgery Residency with completion of above procedures confirmed by Chairman, Department of General Surgery or his/her designee; **AND**
2. Current Trauma Service privileges (SUR-18)

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## **SUR-26 AND SUR-27 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 and/or approved by the Section of General Surgery of STANLY REGIONAL MEDICAL CENTER.



## **SUR-28 ADVANCED THERAPEUTIC LAPAROSCOPY**

ADVANCED THERAPEUTIC LAPAROSCOPY, FOR THE PURPOSES OF THIS DOCUMENT, REFERS TO ANY LAPAROSCOPIC PROCEDURE WITH THE EXCEPTION OF THOSE LISTED UNDER DIAGNOSTIC AND BASIC THERAPEUTIC LAPAROSCOPY (SUR-23).

### **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. Current privileges for Diagnostic and Basic Therapeutic Laparoscopy (SUR-23); AND
2. 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
3. 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
4. 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 fifteen (15) 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.

## **SUR-29 BARIATRIC SURGERY**

**DEFINITION:** Bariatric Surgery is employed as a method of long-term weight control for the seriously obese. Bariatric Surgery involves reducing the size of the gastric reservoir. This, in turn, helps the patient learn to eat moderately by eating small amounts and chewing each mouthful slowly.

This procedure involves creating a very small stomach pouch from which the rest of the stomach is permanently divided and separated. Because the lower part of the stomach is bypassed, the result is a very early sense of fullness, followed by a profound sense of satisfaction.

### **SKILLS AND TRAINING NEEDED:**

1. Board Certification by the American Board of Surgery or by the American Osteopathic Association (AOA) in General Surgery; AND
2. Current Core Privileges in General Surgery (SUR-1); AND
3. Documentation of successful completion of a preceptorship in bariatric surgery to include all aspects of bariatric surgery, i.e., patient education, facilitation of support groups, operative techniques, and post-operative care; AND
4. Documentation of successfully performing twenty-four (24) procedures in the past twelve (12) months to include BMI of patient, average length of stay, ICU length of stay (if necessary), GI leak rate, operating room time, thirty day outcomes, deaths and other complications.
5. Additional requirements for *laparoscopic* bariatric surgery include:
  1. Current privileges to perform Advanced Laparoscopic Procedures (SUR-28), AND
  2. Documentation of successful completion of seventy-five (75) Laparoscopic Bariatric Surgery cases

### **OTHER CRITERIA:**

The performance of these procedures will be carefully monitored. Patient selection and education, as well as short, intermediate, and long-term management of primary bariatric surgery patients is extremely complex. This requires considerable experience and judgment.

Time to complete the procedure will be carefully considered in determining the continued performance of this procedure by an individual surgeon.

### **CRITERIA FOR MAINTENANCE OF PRIVILEGES:**

The physician must perform twenty-four (24) cases over a twenty-four (24) month period to be eligible to reapply for Bariatric Surgery privileges. This will be reviewed at the time of the physician's reappointment.

### **CONTINUING MEDICAL EDUCATION REQUIREMENTS:**

Must provide twenty (20) hours Continuing Medical Education (CME) in bariatric surgery courses every two (2) years to be eligible to reapply for Bariatric Surgery privileges. This will be reviewed at the time of reappointment.

### **SUR-30 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. Board Certification by the American Board of General Surgery or by the American Osteopathic Association (AOA) in General Surgery; **AND**
2. Hold current privileges to perform Sentinel Lymph Node Biopsy (SUR-22); **AND**
3. Submit documentation of successful completion of an approved MammoSite training course

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### **SUR-33 DA VINCI ROBOTIC-ASSISTED SURGERY**

#### **DEFINITION:**

The da Vinci surgical system itself is a large console, controlled by the surgeon, with three interactive robotic arms, specialized surgical instrumentation, and a high-performance video system. The video system provides surgeons with a highly magnified, three-dimensional view of a patient's interior, while the surgical instrumentation allows for improved precision and manipulation in tight spaces.

#### **SKILLS AND TRAINING NEEDED:**

The applicant must meet the following:

1. Currently eligible for certification by the American Board of Surgery or by the American Osteopathic Association (AOA) in General Surgery; **AND**
2. Current privileges in Advanced Laparoscopy (SUR-28); **AND**
3. Current privileges to perform the procedure open; **AND**
4. Documentation of successful completion of a formal course on the da Vinci system where the practicum was eight (8) hours or greater, with at least three (3) hours of personal time on the da Vinci system on animate tissues or a cadaver model; **AND**
5. Documentation of a minimum of an additional three (3) hours of personal time on the da Vinci system in a lab setting; **AND**
6. Verification by the approved Robotics Proctoring Physician that the Applicant was successfully proctored for a minimum of three (3) robotic-assisted patient cases.

#### **CRITERIA FOR MAINTENANCE OF PRIVILEGES:**

The physician must perform five (5) procedures over a twenty-four (24) month period to be eligible to reapply for da Vinci Surgical Robot privileges. This will be reviewed at the time of the physician's reappointment.