



**ATRIUM HEALTH UNION
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-31 DA VINCI ROBOTIC-ASSISTED SURGERY

CRITERIA FOR MAINTENANCE OF PRIVILEGES (CSUR-31):

The physician must perform five (5) procedures over a two (2) year period to be eligible to reapply for da Vinci Surgical Robot privileges. This will be reviewed at the time of the physician's reappointment.

STOP:

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

CAROLINAS HEALTHCARE SYSTEM UNION

Provider Name: _____

CMC-UNION GENERAL SURGERY CORE PRIVILEGES

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.

CMC - UNION		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"> • 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)
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.		

CMC - UNION		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.

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

CMC-UNION		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			
	SUR-16*	Bronchoscopy			
	SUR-17*	Endoscopic GERD Management			
	SUR-34	Esophageal Manometry with or without Provocative Testing			

					SENTINEL NODE PRIVILEGES	NUMBER	YEAR	LOCATION
				SUR-22*	Sentinel Lymph Node Biopsy			

CMC-UNION		LAPAROSCOPY PRIVILEGES	NUMBER	YEAR	LOCATION
	SUR-23*	Diagnostic and Basic Therapeutic Laparoscopy			
	SUR-28*	Advanced Therapeutic Laparoscopy			

CMC-UNION		LASER PRIVILEGES	NUMBER	YEAR	LOCATION
	SUR-26*	C02 Laser			
	SUR-27*	YAG Laser			

		BARIATRIC SURGERY	NUMBER	YEAR	LOCATION
	SUR-29*	Sleeve Gastrectomy			

		MAMMOSITE CATHETER INSERTION	NUMBER	YEAR	LOCATION
	SUR-30*	MammoSite Catheter Insertion			

		DA VINCI SUGICAL ROBOT	NUMBER	YEAR	LOCATION
	SUR-31*	da Vinci			

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 CMC-Union 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

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-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.

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.

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.

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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).

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.

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.

Sleeve Gastrectomy involves removing a large portion of the stomach leaving only a narrow tunnel or "sleeve" connected to the intestine. This results in a significant decrease in the amount of food that can be consumed at one time. It results in weight loss with lesser risk of vitamin deficiencies and malnutrition than other more invasive weight loss procedures.

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 successful completion from residency of ten (10) procedures or successful completion of ten (10) proctored procedures 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

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.

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

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.

CREDENTIALS REQUIRED:

1. Provide documentation of successful completion of a ACGME or AOA accredited Residency or Fellowship program where da Vinci was included in the training; **AND**
2. Provide verification from the Residency or Fellowship program director that the Applicant has been trained in da Vinci and has proficiently performed three (3) cases within the past two (2) years; **OR**
2. Documentation of proficiently performing three (3) da Vinci cases within the past two (2) years.

OR

1. Documentation of successful completion of a formal course on the da Vinci system offered through Intuitive Surgical; **AND**
2. Verification by the approved Robotics Proctoring Physician that the Applicant was successfully proctored for a minimum of three (3) robotic-assisted patient cases; **OR**
2. Documentation of proficiently performing three (3) da Vinci cases within the past two (2) years.

CRITERIA FOR MAINTENANCE OF PRIVILEGES (CSUR-31):

The physician must perform five (5) procedures over a two (2) year period to be eligible to reapply for da Vinci Surgical Robot privileges. This will be reviewed at the time of the physician's reappointment.