

SPECIALTY OF GENERAL SURGERY Delineation of Clinical Privileges

Criteria for granting privileges:

Current certification by the American Board of Surgery, or the American Osteopathic Board of Surgery.

Or

Successful completion of an ACGME, or AOA accredited post-graduate training program in General Surgery and board certification within 5 years of program completion.

Or

Current certification by the American Board of Surgery and board certification in Pediatric Surgery.

Or

Successful completion of an ACGME accredited post-graduate training programs in General Surgery and Pediatric Surgery, and board certification within 5 years of program completion.

Applicants will be requested to provide documentation of practice and current clinical competence as defined on the attached competency grid. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current clinical competence, and other qualifications and for resolving any doubts.

Current Clinical Competence - MLH

In addition to the required education, experience and/or training specified on each DOP (Delineation of Privilege) form, documentation of current clinical competence is required. Current clinical competence is described as having “performed the privilege recently and performed it well”.

Current clinical competence is assessed prior to granting privileges initially and is reassessed when renewing privileges at reappointment – for maintenance of privileges. Current Clinical Competence (CCC) may be location specific (acute hospital care, surgery center) and/or age specific (adult, pediatric, neonatal).

This should not be confused with FPPE (Focused Professional Practice Evaluation)

- FPPE: an evaluation of clinical competence of all new privileges as performed at the specific licensed MLH facility (MHMH, MHOBH) for which they have been initially granted. This applies to privileges for all new applicants as well as to new/additional privileges for current members.

Both FPPE and current clinical competence assessments are privilege-specific. FPPE is conducted during the period after granting new/additional privileges. FPPE must occur at the MLH facility(ies) where privileges/membership are held. Current clinical competence may be evaluated from case logs provided by non-MLH facilities.

Current Clinical Competence: Requirements for New Applicants

- If applying directly from training, or based on the training received in a formal training program, provider should submit case* logs from the program authenticated by the program director along with their recommendation attesting to the comparable training, experience and qualifications relative to the criteria for the clinical privileges requested.
- If applying more than 1 year after training completion, submit the following:

- Aggregate data from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 diagnosis codes and the number of patients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.
- Procedure list from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.
- Case logs (see specifications below) for any special privileges requested that meet the criteria specific for the number of procedures defined for current clinical competence.

Current Clinical Competence: Maintenance of Privileges for Current Members

- **For active staff members:** MLH source data will be aggregated to review cases and procedures performed. If this does not meet the minimum requirement for core and/or special privileges, the practitioner will be required to submit additional case logs from other facilities.
- **For courtesy staff members with low activity and for certain active staff with activity that has diminished and is now low:** Department chair recommendation should be obtained from their primary facility; and the practitioner should submit the following:
 - Aggregate data from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 diagnosis codes and the number of patients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.
 - Procedure list from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.
 - Case logs (see specifications below) for any special privileges requested that meet the specific number of procedures defined for current clinical competence.

Case Logs

All required case logs and/or procedure lists must contain the following information at a minimum: Date, patient identifier, CPT/ICD procedure code, diagnosis, complications, and disposition, and the facility name, name/title of the person authenticating the log, signature, date signed, and contact information. If the information requested is not available, please provide an explanation.

*A “case” is defined as an episode of care – either cognitive or procedural. For interpretive care, “case” is interpretation of one diagnostic study.

Ongoing Professional Performance Evaluation (OPPE)

OPPE is evaluated periodically (more frequently than annually) in the facility where membership/privileges are held.

To assure OPPE requirements are satisfied, the practitioner must periodically exercise the privileges in the MLH facility(ies) where he/she has membership. OPPE must occur regularly on patient encounters in the MLH facility(ies) where privileges/membership are held.

Specialty/Procedure Delineation of Privilege Form	Education/Training Documentation for Initial Granting	Initial Application (Proof of current clinical competence)	FPPE – Validation of competence after appointment and/or granting of a new or additional privilege (To be completed within one year)	Maintenance Requirements
Surgery, General Core	Current certification by the American Board of Surgery, or the American Osteopathic Board of Surgery. Or Successful completion of an ACGME or AOA accredited post-graduate training program in general surgery and board certification within 5 years of completion.	Aggregate data from primary practice facility for the previous 12 month time period indentifying the top 10 diagnosis codes and the number of inpatients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation. Procedure list from primary practice facility for the previous 12 month time period identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.	First 5 major cases	MLH Data will be obtained for active members when available, the applicant should supply additional case logs from other facilities' HIM departments, if necessary, to meet the minimum requirement(s) to be considered for the privilege. Courtesy members should supply case logs from other facilities' HIM departments to meet the minimum requirement(s) to be considered for the privilege. Aggregate data submitted should include the top 10 diagnosis codes, with the number of inpatients per code, and procedure lists indicating the top 10 CPT/ICD codes, with the number of procedures per code for the previous 12 months. Any complications/poor outcomes should be delineated and accompanied by an explanation. Department chair recommendation will be obtained from primary practice facility.
Surgery, General Pediatric Core	Current certification by the American Board of Surgery, or the American Osteopathic Board of Surgery and board certification in pediatric surgery. Or Successful completion of an ACGME or AOA accredited post-graduate training program in general surgery and pediatric surgery, and board certification within 5 years of completion.	Aggregate data from primary practice facility for the previous 12 month time period indentifying the top 10 diagnosis codes and the number of inpatients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation. Procedure list from primary practice facility for the previous 12 month time period identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.	First 5 episodes of care and cases including 2 inguinal hernia repair , 1 central line insertion, 1 laparoscopic appendectomy, 1 gastrostomy tube, 1 circumcision, 1 exploratory laparotomy on neonate with NEC	MLH Data will be obtained for active members when available, the applicant should supply additional case logs from other facilities' HIM departments, if necessary, to meet the minimum requirement(s) to be considered for the privilege. Courtesy members should supply case logs from other facilities' HIM departments to meet the minimum requirement(s) to be considered for the privilege. Aggregate data submitted should include the top 10 diagnosis codes, with the number of inpatients per code, and procedure lists indicating the top 10 CPT/ICD codes, with the number of procedures per code for the previous 12 months. Any complications/poor outcomes should be delineated and accompanied by an explanation. Department chair recommendation will be obtained from primary practice facility.
<i>Use of Laser</i>	Completion of an approved eight hour minimum CME course which includes training in laser principles		First 5 cases	Case log documenting 5 procedures within the previous 24 months

Specialty/Procedure Delineation of Privilege Form	Education/Training Documentation for Initial Granting	Initial Application (Proof of current clinical competence)	FPPE – Validation of competence after appointment and/or granting of a new or additional privilege (To be completed within one year)	Maintenance Requirements
	and safety, basic laser physics, laser tissue interaction, discussions of the clinical specialty field and hands-on experience with lasers. A letter outlining the content and successful completion of course must be submitted, or documentation of successful completion of an approved residency in a specialty or subspecialty which included training in laser principles and safety, basic laser physics, laser tissue interaction, discussions of the clinical specialty field and a minimum of six hours observation and hands-on experience with lasers.			
<i>Stereotactic Breast Biopsy</i>	Successful completion of training in the stereotactic and ultrasound guided technique of breast biopsy during residency or in an accredited course or institution; and possession of privileges for breast imaging interpretation. Successful completion of at least 15 hours of Category 1 continuing medical education in stereotactic breast biopsy.	Proctor evaluations for three successful cases	First 5 cases	Case log documenting 4 procedures within the previous 24 months
<i>Advanced Laparoscopic Procedures</i>	Documentation of training during general surgery residency, or documentation of hands on course or training under a preceptor or accredited fellowship.	Proctor evaluations for three successful cases for each procedure	First 5 cases	Case log documenting 4 procedures within the previous 24 months
<i>Hyperthermic Intraperitoneal Chemo perfusion (HIPEC)</i> – LIMIT TO UNIVERSITY ONLY	Maintain privileges in General Surgery AND successful completion of training in HIPEC either in residency, fellowship with training director validation letter or through CME validated by training certificate.	If HIPEC training was part of fellowship training and training was completed < 2 years prior to application for the privilege, applicant must provide case log documenting 4 successfully completed cases. OR If performing the procedure at an outside facility, applicant must provide a case log of 4 cases successfully performed within the	First 2 cases	Case log documenting 4 cases within the previous 24 months.

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		<p>past 24 months. OR If HIPEC training was part of fellowship training and training was completed > 2 years prior to application for the privilege, and applicant has not independently performed 4 cases within the past 24 months: Successful completion of four (4) proctored cases as evidenced by proctor evaluation forms.</p>		

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Bariatric Surgery - Adult				
<i>Laparoscopic</i>	<p>Current certification by the American Board of Surgery, or the American Osteopathic Board of Surgery.</p> <p>Or</p> <p>Successful completion of an ACGME or AOA accredited post-graduate training program in general surgery and board certification within 5 years of completion.</p> <p>AND</p> <p>Proof of residency or fellowship training in bariatric surgery as evidenced by laparoscopic bariatric surgery case log and letter indicating competency from training institution bariatric surgeon</p> <p>OR</p> <p>Must have completed an American Society for Metabolic and Bariatric Surgery Essentials Course or equivalent and provide training certificate.</p>	<p>Case log documenting the performance of at least 25 laparoscopic bariatric procedures within the previous 12 months</p> <p>OR</p> <p>Completion of 10 successfully proctored laparoscopic bariatric procedures as evidenced by submission of proctor evaluation forms.</p>	First 5 cases	Case log documenting 10 laparoscopic bariatric procedures within the previous 24 months
<i>Open Procedures</i>	<p>Current certification by the American Board of Surgery, or the American Osteopathic Board of Surgery.</p> <p>Or</p> <p>Successful completion of an ACGME or AOA accredited post-graduate training program in general surgery and board certification within 5 years of completion.</p> <p>AND</p>	<p>Case log documenting the performance of at least 25 open or laparoscopic procedures within the previous 12 months</p> <p>OR</p> <p>Completion of 10 successfully proctored Open Bariatric surgery procedures as evidenced by submission of proctor evaluation forms</p>	First 5 cases	Case log documenting 10 open or laparoscopic procedures within the previous 24 months

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	<p>Proof of residency or fellowship training in bariatric surgery as evidenced by bariatric surgery case log and letter indicating competency from training institution bariatric surgeon</p> <p>OR</p> <p>Must have completed an American Society for Metabolic and Bariatric Surgery Essentials Course or equivalent and provide training certificate.</p>			
<i>Bariatric Surgery - Pediatric</i>				
<i>Pediatric Open Gastric Sleeve Resection</i>	<p>Current certification by the American Board of Surgery, or the American Osteopathic Board of Surgery and board certification in pediatric surgery.</p> <p>Or</p> <p>Successful completion of an ACGME or AOA accredited post-graduate training program in general surgery and pediatric surgery, and board certification within 5 years of completion.</p> <p>AND</p> <p>Proof of residency or fellowship training in bariatric surgery as evidenced by bariatric surgery case log and letter indicating competency from training institution bariatric surgeon</p> <p>OR</p> <p>Bariatric surgery case log from pediatric surgery fellowship and letter indicating competency from training institution bariatric surgeon</p> <p>OR</p> <p>Bariatric surgery case log from</p>	<p>Case logs of 10 Pediatric Open or Laparoscopic Gastric Sleeve Resections within the previous 12 months</p> <p>OR</p> <p>Completion of 10 successfully proctored Pediatric Open or Laparoscopic Gastric Sleeve Resections as evidenced by submission of proctor evaluation forms</p>	First 5 cases	Case log documenting the performance of or participation in at least 5 Pediatric Open or Laparoscopic Gastric Sleeve Resections within the previous 12 months

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	bariatric surgery fellowship and certificate from American Society for Metabolic and Bariatric Surgery			
<i>Pediatric Laparoscopic Gastric Sleeve Resection</i>	<p>Current certification by the American Board of Surgery, or the American Osteopathic Board of Surgery and board certification in pediatric surgery. Or Successful completion of an ACGME or AOA accredited post-graduate training program in general surgery and pediatric surgery, and board certification within 5 years of completion.</p> <p>AND</p> <p>Proof of residency or fellowship training in bariatric surgery as evidenced by bariatric surgery case log and letter indicating competency from training institution bariatric surgeon OR Bariatric surgery case log from pediatric surgery fellowship and letter indicating competency from training institution bariatric surgeon OR Bariatric surgery case log from bariatric surgery fellowship and certificate from American Society for Metabolic and Bariatric Surgery</p>	<p>Case logs of 10 Pediatric Laparoscopic Gastric Sleeve Resections within the previous 12 months</p> <p>OR</p> <p>Case log documenting 10 laparoscopic foregut procedures (laparoscopic Nissen fundoplication, lap splenectomy, lap gastrostomy tube insertion, lap cholecystectomy) and/or advanced laparoscopic procedures (such as laparoscopic ovarian mass resection, laparoscopic Soave pull-through, laparoscopic assisted colectomy)</p> <p>AND</p> <p>Completion of 10 successfully proctored Pediatric Laparoscopic Gastric Sleeve Resections as evidenced by submission of proctor evaluation forms</p>	First 5 cases	Case log documenting the performance of or participation in at least 5 Pediatric Laparoscopic Gastric Sleeve Resections within the previous 12 months
<i>Pediatric Open Roux-en-Y Gastric Bypass</i>	<p>Current certification by the American Board of Surgery, or the American Osteopathic Board of Surgery and board certification in pediatric surgery. Or Successful completion of an ACGME or AOA accredited post-graduate training program in general surgery and pediatric surgery, and board certification</p>	<p>Case logs of 10 Pediatric Open or Laparoscopic Roux-en-Y Gastric Bypass procedures within the previous 12 months</p> <p>OR</p> <p>Completion of 10 successfully proctored Pediatric Open or Laparoscopic Roux-en-Y Gastric Bypass procedures as evidenced by submission of proctor evaluation forms</p>	First 5 cases	Case log documenting the performance of or participation in at least 5 Pediatric Open or Laparoscopic Roux-en-Y Gastric Bypass procedures within the previous 12 months

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	<p>within 5 years of completion.</p> <p>AND</p> <p>Proof of residency or fellowship training in bariatric surgery as evidenced by bariatric surgery case log and letter indicating competency from training institution bariatric surgeon</p> <p>OR</p> <p>Bariatric surgery case log from pediatric surgery fellowship and letter indicating competency from training institution bariatric surgeon</p> <p>OR</p> <p>Bariatric surgery case log from bariatric surgery fellowship and certificate from American Society for Metabolic and Bariatric Surgery</p>			
<i>Pediatric Laparoscopic Roux-en-Y Gastric Bypass</i>	<p>Current certification by the American Board of Surgery, or the American Osteopathic Board of Surgery and board certification in pediatric surgery.</p> <p>Or</p> <p>Successful completion of an ACGME or AOA accredited post-graduate training program in general surgery and pediatric surgery, and board certification within 5 years of completion.</p> <p>AND</p> <p>Proof of residency or fellowship training in bariatric surgery as evidenced by bariatric surgery case log and letter indicating competency from training institution bariatric surgeon</p> <p>OR</p> <p>Bariatric surgery case log from pediatric surgery fellowship and letter indicating competency from</p>	<p>Case logs of 10 Pediatric Laparoscopic Roux-en-Y Gastric Bypass procedures within the previous 12 months</p> <p>OR</p> <p>Case log documenting 10 laparoscopic foregut procedures (laparoscopic Nissen fundoplication, lap splenectomy, lap gastrostomy tube insertion, lap cholecystectomy) and/or advanced laparoscopic procedures (such as laparoscopic ovarian mass resection, laparoscopic Soave pull-through, laparoscopic assisted colectomy)</p> <p>AND</p> <p>Completion of 10 successfully proctored Pediatric Laparoscopic Roux-en-Y Gastric Bypass procedures as evidenced by submission of proctor evaluation forms</p>	First 5 cases	Case log documenting the performance of or participation in at least 5 Pediatric Laparoscopic Roux-en-Y Gastric Bypass procedures within the previous 12 months

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	training institution bariatric surgeon OR Bariatric surgery case log from bariatric surgery fellowship and certificate from American Society for Metabolic and Bariatric Surgery			
Endoscopic Adult Procedures		See specific procedures below		See specific procedures below
<i>EGD</i>		Case log documenting the performance of at least 25 procedures within the previous 24 months	First 5 cases	Case log documenting the performance of at least 25 procedures within the previous 24 months
<i>Colonoscopy, fiberoptic</i>		Case log documenting the performance of at least 50 procedures within the previous 24 months	First 5 cases	Case log documenting the performance of at least 50 procedures within the previous 24 months
<i>Sigmoidoscopy fiberoptic</i>		Case log documenting the performance of at least 15 procedures (May be all colonoscopies or all sigmoidoscopies or a combination of both) within the previous 24 months	First 5 cases (If surgeon completes colonoscopy FPPE, sigmoidoscopy FPPE is fulfilled)	Case log documenting the performance of at least 15 procedures within the previous 24 months. (If surgeon meets colonoscopy maintenance, sigmoidoscopy maintenance is satisfied)
<i>Bronchoscopy</i>		Case log documenting the performance of at least 25 procedures within the previous 24 months	First 5 cases	Case log documenting the performance of at least 25 procedures within the previous 24 months
Endoscopic Pediatric Procedures		See specific procedures below		See specific procedures below
<i>EGD</i>		Case log documenting the performance of at least 25 procedures within the previous 12 months	First 5 cases	Case log documenting 25 procedures within the previous 24 months
<i>Colonoscopy, fiberoptic (Pediatric)</i>		Case log documenting the performance of at least 3 pediatric procedures within the previous 12 months	First 5 cases	Case log documenting 6 procedures within the previous 24 months
<i>Sigmoidoscopy, fiberoptic</i>		Case log documenting the performance of at least 15 procedures within the previous 12 months	First 5 cases	Case log documenting 6 procedures within the previous 24 months
<i>Robotic Surgery</i>	Applicants whose formal surgical training included robotic surgery: Training director letter validating competence in robotic surgery OR Applicants without formal surgical training in robotic surgery: Training Certificate validating	Applicants whose formal surgical training included robotic surgery: Case log from training reflecting applicant was primary surgeon OR If training logs are not available, privilege will be initially granted with a limit requiring five successful cases evidenced by retrospective review.	First 5 cases	Case log documenting the performance of at least 10 procedures over the previous 24 months

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	completion of a robotic surgery training course which included didactic and laboratory training	OR Applicants without formal surgical training in robotic surgery: Privilege initially granted with a limit requiring concurrent proctoring of five successfully completed cases.		

General Surgery Core Privilege:

Admit, evaluate, diagnose, consult, and provide pre-, intra-, and post-operative care, and perform surgical procedures, to patients of all ages, except where specifically excluded from practice, to correct or treat various conditions, diseases, disorders, and injuries of the alimentary tract, abdomen and its contents, extremities, breast, skin and soft tissue, head and neck, vascular and endocrine systems. Provide management of trauma and complete care of critically ill patients with underlying surgical conditions in the emergency department, intensive care unit and trauma/burn units.

Access, stabilize and determine disposition of patients with emergency conditions consistent with the Medical Staff policy regarding emergency or consultative services.

The core privileges in this specialty include the procedures on the attached list and such other procedures that are extensions of the same techniques and skills.

- Abdominoperineal resection
- Amputations, upper and lower extremity
- Anoscopy
- Appendectomy
- AV graft and/or fistula for dialysis
- Biliary endoscopy
- Biliary enteric anastomosis
- 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
- Chest tube thoracostomy
- Colectomy (abdominal)
- Colon surgery for benign or malignant disease
- Colotomy, colostomy
- Correction of intestinal obstruction
- Drainage of intra-abdominal, deep ischiorectal abscess
- Emergency thoracotomy
- Enteric fistulae, management
- Enterostomy (feeding or decompression)
- Esophageal resection and reconstruction
- Esophagogastrectomy
- Excision of fistula in ano/fistulotomy, rectal lesion, LIS
- 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
- Gastroscopy
- Gastrostomy (feeding or decompression)

- Genitourinary procedures associated with malignancy or trauma
- Gynecological procedures
- Hepatic resection, infusion
- 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
- Incision/excision of pilonidal cyst
- Insertion and management of pulmonary artery catheters
- Interpretation of intraoperative images pertaining to procedures
- Intraoperative angiography and imaging
- Intraoperative colonoscopy
- Intraoperative esophagogastroduodenoscopy (EGD)
- IV access procedures, central venous catheter
- Laparoscopy, diagnostic, appendectomy, cholecystectomy, abdominal wall hernia repair, 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
- Lymph node dissection, axillary, inguinal, retroperitoneal, cervical
- Management of burns
- Management of hemorrhoids (internal and external), including hemorrhoidectomy
- Management of intra-abdominal trauma, including injury, observation, paracentesis, and lavage
- Management of multiple trauma
- Management of perineal burns
- Management of soft-tissue tumors, inflammation and infection
- Operations on gallbladder, biliary tract, bile ducts and hepatic ducts
- Pancreatectomy, total or partial
- Pancreatic sphincteroplasty
- Parathyroidectomy
- Peritoneal venous shunts, shunt procedure for portal hypertension
- Peritoneovenous drainage procedures for relief of ascites
- Proctosigmoidoscopy, rigid with biopsy, with polypectomy/tumor excision
- Radical regional lymph node dissections, including radical neck dissection, retroperitoneal, pelvic and inguinal
- Removal of ganglion
- Repair of perforated viscus
- Repair of vessel
- Cervical and other site lymph node biopsy)
- Selective vagotomy
- Sentinel Node Biopsy
- Skin grafts
- 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 treatment of anal fissure
- Thorocentesis
- Thoracoabdominal exploration
- Thyroidectomy and neck dissection
- Tracheostomy
- Transhiatal esophagectomy

Hand Surgery (as part of general surgery)

- Incision and drainage
- Fasciotomy and fasciectomy
- Lacerations
- Open and closed reductions of fractures
- Removal of soft tissue mass, ganglion palm or wrist, flexor sheath, etc.
- Skin grafts
- Treatment of infections

General Surgery Pediatric Core Privilege:

Admit, evaluate, diagnose, consult and provide surgical (including pre- and postoperative) care to premature and newborn infants, children, and adolescents, to correct various conditions, disorders and injuries of the alimentary tract, abdomen and its contents, chest and its contents, breast, skin and soft tissue, head and neck, vascular system (excluding the intracranial vessels and the heart); endocrine system and minor extremity surgery (biopsy, I&D, foreign body removal, and skin grafts), comprehensive management of trauma including musculoskeletal, hand and head injuries, and complete care of critically ill patients with underlying surgical conditions in the emergency department, pediatric intensive care unit, and the trauma/burn units.

Access, stabilize and determine disposition of patients with emergency conditions consistent with the Medical Staff policy regarding emergency or consultative services.

The core privileges in this specialty include the procedures on the attached list and such other procedures that are extensions of the same techniques and skills.

- Appendectomy
- Biliary tract reconstruction
- Biliary tract surgery, excluding reconstruction
- Branchial cleft cyst resection
- Breast surgery (excisional biopsy and subcutaneous or simple mastectomy)
- Bronchoscopy
- Bronchoscopy-diagnostic or dilatation
- Central venous access, percutaneous or cutdown
- Catheterization of bladder
- Circumcision
- Correction of chest wall deformities, including minimal access techniques
- Correction of intussusception
- Correction of malrotation of intestine, congenital megacolon, and intestinal obstructions (including newborn)
- ECMO cannula placement
- Excision of Meckel's diverticulum
- Excision of neck masses
- Gastrostomy
- Gastro-duodenoscopy
- Gastrointestinal esophageal dilatation, gastroscopy, and G-tube placement
- Hepatic resection for tumor or trauma
- Incision and drainage of superficial abscesses, excision of subcutaneous cysts or tumors, and removal of subcutaneous foreign body
- Incision and drainage (skin)
- Insertion and management of central venous catheters, long-term
- Insertion and management of pulmonary artery catheter
- Insertion and management of chest tube
- Intraoperative colonoscopy
- Intraoperative esophagogastroduodenoscopy (EGD)
- Jejunostomy

- Laparoscopic nissen fundoplication
- Laparotomy for diagnostic or exploratory purposes, or for management of intra-abdominal sepsis and trauma
- Laryngoscopy
- Management of all forms of simple soft tissue tumors, inflammations, and infections
- Management of congenital defects of the abdominal wall and diaphragm, excluding groin and umbilical hernia
- Management of conditions of the male/female genitourinary system including tumors, congenital anomalies, traumatic injuries and infections
- Management of major vascular anomalies including patent ductus and vascular ring
- Management of simple pediatric trauma
- Management of tracheoesophageal fistulas or other congenital anomalies of the upper respiratory tract or the upper intestinal tract
- Nephrectomy for congenital anomalies, infection, tumors and tumors
- Peripheral arterial/venous access, percutaneous or cutdown
- Proctosigmoidoscopy
- Pulmonary resection for congenital anomalies, infection and tumors
- Pyloromyotomy
- Simple excision, biopsy (skin)
- Small bowel resection
- Suprapubic cystostomy tubes for neurogenic bladder
- Surgical management of adrenal and retroperitoneal tumors
- 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 of the spleen and associated lymphatic structures, including staging procedures for lymphoma and other forms of malignant disease
- TEF
- Thoracentesis
- Thoracoscopy
- Thoracotomy with drainage
- Tissue laceration repair
- Tracheostomy
- Tube thoracostomy
- Ventilator management > 48 hours

Special: The physician requesting special privileges must meet the minimum criteria for the specialty core and demonstrate the appropriate post graduate training and/or demonstrate successful completion of an approved, recognized course when such exists, or other acceptable experience.

Administration of moderate sedation: See Credentialing Policy for Sedation and Analgesia by Non-Anesthesiologists.
Requires: Separate DOP, ACLS, NRP or PALS certification

General Surgery Clinical Privileges

Check below the particular privileges desired in General Surgery for each facility:

Please check (✓) applicable age categories for each privilege requested.

Privilege Description	Methodist Healthcare – Memphis Hospitals (MHMH) Germantown, Le Bonheur Medical Center, North, South & University, Outpatient Clinics & Diagnostic Facilities				Methodist Healthcare – Olive Branch Hospital (MHOBH)
	Neonates (0-28 days)	Infants (29 days– 2 Years)	Children & Adolescents (2-18 years)	Adults & Adolescents (13-& Above)	Adults & Adolescents (13-& Above)
General Surgery Core					
General Surgery Pediatric Core					
Special Privileges					
Use of Laser					
Stereotactic Breast biopsy					
Advanced Laparoscopic Procedures including splenectomy, adrenalectomy, colon resection and Laparoscopic Nissen Fundoplication					
Adult Laparoscopic Bariatric Privileges					
Adult Open Bariatric Privileges					
Pediatric Open Gastric Sleeve Resection - Up to age 25 if followed at Le Bonheur for comorbidities such as congenital heart disease					
Pediatric Laparoscopic Gastric Sleeve Resection - Up to age 25 if followed at Le Bonheur for comorbidities such as congenital heart disease					
Pediatric Open Roux-en-Y Gastric Bypass- Up to age 25 if followed at Le Bonheur for comorbidities such as congenital heart disease					
Pediatric Laparoscopic Roux-en-Y Gastric Bypass - Up to age 25 if followed at Le Bonheur for comorbidities such as congenital heart disease					
Endoscopic Procedures					
EGD					
Colonoscopy, fiberoptic					
Sigmoidoscopy, fiberoptic					
Bronchoscopy- diagnostic or dilatation					
<i>Hyperthermic Intraperitoneal Chemo perfusion (HIPEC) – LIMIT TO UNIVERSITY ONLY</i>					
<i>Robotic surgery</i>					
Limitations	Clinical privileges are granted only to the extent privileges are available at each facility.				
Darkly shaded areas represent privileges not available to any practitioner due to the privilege not being offered by the facility.					

Note: Privileges for administration of moderate sedation require completion of a separate Delineation of Privilege form.

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 for which I wish to exercise at the facilities indicated above, to the extent services are available at each facility, and I understand that:

(a) in exercising any clinical privileges granted, I am constrained by facility 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 situation my actions are governed by the applicable section of the medical staff bylaws or related documents

Physician's Signature

Date

Printed Name