

LAKEWOOD REGIONAL MEDICAL CENTER  
DEPARTMENT OF SURGERY  
GENERAL SURGERY PRIVILEGES

PRACTITIONER NAME \_\_\_\_\_

**CORE PROCEDURES**

Those considered to be intrinsic to the discipline and routinely included in any hospital-based post-graduate residency training program.

CORE PROCEDURES	REQUESTED ( )	APPROVED ( )	DENIED ( )
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(SELECT ENTIRE PRIVILEGE GROUP OF CORE PROCEDURES OR LINE THROUGH INDIVIDUAL PRIVILEGES TO BE DELETED.)

The following are considered Core Procedures and may be granted in accordance with the above criteria.

Admission of Patients to Hospital  
History and Physical Examination

Open Abdominal Surgery

Appendectomy  
Adrenalectomy  
Laparotomy  
Lower Esophagus  
Abdominal Approach  
Thoraco-abdominal approach  
Stomach  
Duodenum  
Small Intestine  
Hysterectomy  
Colon  
Rectum  
Liver: gallbladder and biliary tree  
Pancreas  
Ano-Rectal Surgery  
Spleen Surgery

Breast Surgery

Excision of cyst or tumor  
Mastectomy, Partial, Simple, Radical

Chest

Scalenotomy  
Decompression thoracic outlet

Endoscopic Procedures

Sigmoidoscopy\*  
Proctoscopy\*  
Anoscopy\*

Head and Neck

Thyroidectomy  
Parathyroidectomy  
Excision benign lesions  
Branchial  
Thyroglossal duct  
Salivary gland surgery  
Tracheostomy  
Nasopharyngoscopy  
Tonsillectomy  
Adenoidectomy

Abdominal Wall Hernia Repair

Pediatric (<2 years)  
Adult  
Lymph Nodes  
Biopsy\*  
Regional Node Dissection  
Intra-abdominal node dissection

Skin & Subcutaneous Tissue

Abscess\*  
Lacerations\*  
Grafting  
Burns  
Excision benign or malignant tumors of skin and soft tissues

Nerve, Tendon

Primary tendon repair  
Extensor  
Palmar fasciectomy  
Carpal tunnel syndrome  
Ulnar tunnel syndrome  
Ganglionectomy

Urologic

Circumcision\*  
Penile amputation  
Meatotomy\*  
Exploration of scrotum  
I&D scrotum\*  
Reduction torsion excision  
Hydrocelectomy  
Variocelelectomy  
Orchiopexy with or without hernia repair  
Cystotomy

General, Other

Repair lacerated arteries  
Spinal tap\*  
Paracentesis\*  
Thoracentesis\*  
Tube Thoracostomy\*  
Minor Amputations  
Major Amputations

\*Minor procedure

Department of Surgery - General Surgery Privileges - Page 2

**SPECIAL PROCEDURES**

The following procedures require specific documentation of training, current demonstrated surgical skill and experience per the established protocol.

	REQUESTED	APPROVED	DENIED
<u>Endoscopic Procedures</u>			
Gastroscopy	( )	( )	( )
Colonoscopy	( )	( )	( )
Esophagoscopy	( )	( )	( )
Bronchoscopy	( )	( )	( )
Culdoscopy	( )	( )	( )
<u>Nerve, Tendon</u>			
Flexor	( )	( )	( )
<u>Skin and Subcutaneous Tissue</u>			
Pedicle Flaps	( )	( )	( )
<u>Basic Laparoscopic Surgery</u>			
Cholecystectomy	( )	( )	( )
Appendectomy	( )	( )	( )
Hernia Repair, Inguinal or Femoral, Abdominal Wall & Groin	( )	( )	( )
Diagnostic Laparoscopic Procedures With or without biopsy	( )	( )	( )

Requirements: Certification of course in laparoscopic surgery with successful completion. Surgeon must have privileges to perform open procedures as listed. Surgeon must be observed on a total of 2 cases. *If the surgeon has been successfully observed on two (2) advanced laparoscopic cases, observation on basic laparoscopic cases is not required.*

<u>Advanced Laparoscopic Surgery</u>	( )	( )	( )
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Requirements: Certification of course for Procedures listed. Surgeon must have privileges to perform open procedures listed. Observations must total two cases.

<u>Laser Surgery</u>			
CO2	( )	( )	( )
KTP	( )	( )	( )
Yag	( )	( )	( )

<u>Moderate Sedation outside of the OR</u> <span style="border: 1px solid black; padding: 2px;">See Separate Credentialing</span>	( )	( )	( )
<u>Use of Fluoroscopy (Requires special permit)</u>	( )	( )	( )

Bariatric Surgical Privileges

\*Must meet Credentialing Requirements as outlined on the attached protocol and:

- Must have advanced laparoscopic surgery privileges
- Continuing medical education and active participation in surgical societies related to this field highly recommended
- Must maintain Current Competency 20 cases within a two year period.

<u>Laparoscopic Bariatrics *</u>	( )	( )	( )
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<u>Lap Banding *</u>	( )	( )	( )
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<u>EGD and/or Transoral procedures (w/out biopsy) to include:*</u>	( )	( )	( )
Manufactures training certificate required			

- Fundoplication
- Repair of pouch fistula and/or leak
- Dilatation of Stricture
- Pouch Revision
- Stent or collagen blue placement

**SIGNATURE OF PRACTITIONER:** \_\_\_\_\_

**APPROVALS:**

DEPARTMENT CHAIR \_\_\_\_\_ DATE \_\_\_\_\_

EXECUTIVE COMMITTEE \_\_\_\_\_ DATE \_\_\_\_\_

GOVERNING BOARD \_\_\_\_\_ DATE \_\_\_\_\_