
Applicant Name

St. Elizabeth Healthcare
General Surgery

Minimum Requirements

Degree required: MD or DO

Successful completion of ACGME or AOA approved residency training program in General Surgery

Note: Members who first apply for membership after March 2, 2009 must be and remain (with a lapse of no longer than one year) board certified in general surgery, or become and remain (with a lapse of no longer than one year) board certified within six years of completion of their post-graduate medical training. Only those boards recognized by the American Board of Medical Specialties, the American Osteopathic Association, the American Dental Association or the American Board of Podiatric Surgery are acceptable. This board certification requirement does not apply to applicants who on March 2, 2009 were members in good standing on the medical staff of the St. Luke Hospitals or St. Elizabeth Medical Center.

Privileges Requested

I. Core Privileges: Core privileges in General Surgery include the care, treatment or services listed immediately below. I specifically acknowledge that board certification alone does not necessarily qualify me to perform all core privileges or assure competence in all clinical areas. By signing this request, I believe that my specific training, experience and current competence qualifies me to perform each privilege that I have requested by checking in the spaces below. Please line through and initial any specific privileges within a checked privilege group that you are not requesting.

<u>Request</u>	<u>Description of Privilege</u>
_____	Admit patients; perform histories and physicals; evaluate, diagnose, consult and provide pre-, intra-, and post-operative care; perform surgical procedures to patients of all ages to correct or treat various conditions, diseases, disorders, and injuries of the alimentary tract, abdomen and its contents, including extremities, breast, skin and soft tissue, head and neck, and endocrine system.
_____	Moderate Sedation (requires proof of (a) board certification in Anesthesiology, Cardiology, Intensive Care, Pulmonology or Emergency Medicine <i>or</i> (b) current ACLS Certification <i>or</i> (c) satisfactory completion of the ASA Moderate Sedation course).
_____	<u>Breast</u> – 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, sentinel node biopsy

Endocrine – Parathyroidectomy or thyroidectomy, thyroglossal duct cyst excision

Chest – Thoracentesis, tracheostomy, tube thoracostomy

Gastrointestinal – Abdominoperineal resection, appendectomy, colon surgery for benign or malignant disease, colostomy, drainage of intra-abdominal or deep ischiorectal abscess or pelvic abscess, duodenal surgery for benign or malignant disease, enteric fistulae (management), esophageal resection and reconstruction, gastric operations for benign or malignant disease (radical, partial, or total gastrectomy), gastrostomy or enterostomy, laparotomy for diagnostic or exploratory purposes or for management of intra-abdominal sepsis or trauma, liver biopsy (intra-operative), liver resection, operations on gallbladder, biliary tract, bile ducts, hepatic ducts including biliary tract reconstruction, pancreatotomy (total or partial), repair of perforated viscus, small bowel surgery for benign or malignant disease, splenectomy

Gyn/Uro – Genitourinary procedures incidental to malignancy or trauma, orchiectomy, circumcision; gynecological procedure incidental to abdominal exploration

Hernia – Surgery of the abdominal wall, including management of all forms of hernias, including diaphragmatic hernias, inguinal hernias, and orchiectomy in association with hernia repair

Laparoscopy – Basic – diagnostic, appendectomy, cholecystectomy, lysis of adhesions, mobilization, and catheter positioning

Laparoscopy – Advanced – Nissen fundoplication (antireflux surgery), colectomy, splenectomy, adrenalectomy, common duct exploration/stone extraction

Skin/Soft Tissue – Amputations (above and below the knee) including toe, transmetatarsal, digits; incision and drainage of abscesses and cysts, management of burns, management of skin and soft-tissue tumors, inflammations, and infection;

regional lymph node dissections or biopsies, removal of ganglion (palm or wrist, flexor sheath), sclerotherapy, skin grafts, vein ligation and stripping

_____ **Vascular Access** – Hemodialysis access procedures, insertion and management of pulmonary artery catheters, IV access procedures, central venous catheter and ports, peritoneal venous shunts, shunt procedure for portal hypertension,

[For complex surgery of the hand, see separate Hand Surgery privileges delineation.]

II. Additional Privileges: In addition to the core privileges requested above, I am requesting the additional privileges below. In addition to meeting the minimum requirements for core privileges, applicants must meet all “Additional Requirements” listed for each privilege below, if any, and provide documentation (fellowship completion, training course certification, letter from program director or department chair at primary hospital, etc.) demonstrating appropriate education, training, ability and current competence. Credentialing bodies or persons may request additional documentation or information. By initialing the procedures below, I certify that I am competent to perform the procedures requested.

<u>Request</u>	<u>Description of Privilege</u>	<u>Additional Requirements</u>
_____	Bariatric surgery (open, laparoscopic with or without stapling or division of the gastrointestinal tract)	Compliance with American Society for Metabolic & for Bariatric Surgery Guidelines For Granting Privileges In Bariatric Surgery (10/05 rev.)
_____	Use of laser	
_____	EGD with and without biopsy	
_____	Colonoscopy with polypectomy	
_____	Cryoablation	
_____	Endovenous ablative therapy via all energy sources	

- | | | |
|--|--|---|
| | Fluoroscopy-assisted procedures | Radiation Safety certification required. |
| | Robotic-assisted (use of) system for general surgical procedures | See credentialing criteria identified on Medical Affairs website. |
| | Sigmoidoscopy with or without biopsy | |
| | Stereotactic breast biopsy | |

Applicant Signature

Date

Applicant Printed Name

_____ Approved

_____ Disapproved

Chair, Section of _____

Date:

Remarks: