

Privileges for: Plastic Surgery

Request

ST. ELIZABETH - EDGEWOOD
ST. ELIZABETH - FLORENCE
ST. ELIZABETH - FT. THOMAS
ST. ELIZABETH - GRANT CO. (Surgical & other invasive procedures requiring general anesthetic are not offered)

MEC Approval: August 27, 2009, Rev. April 28, 2011, 2.27.2014, 3.27.2014

Board Approval: September 14, 2009, Rev. May 2, 2011, May 5, 2014

DEPARTMENT APPROVAL

_____ Approved _____ Disapproved

Department/Section Chair Signature Date

MINIMUM REQUIREMENTS

Degree required: MD or DO

Successful completion of ACGME or AOA approved residency training program in plastic surgery

Note: For Practitioners (excluding AHPs) who apply for membership after March 2, 2009 be and remain (with a lapse of no longer than one year) board certified in their principal practice specialty, 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 or the American Osteopathic Association 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

Pursuant to Bylaws Section 6.1.4, practitioners may exercise the privileges requested and awarded below only at facilities where St. Elizabeth Healthcare offers those services.

I. Core Privileges: Core privileges in plastic 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.

DESCRIPTION OF CORE PRIVILEGES

Core privileges must be checked if requesting any of the following procedures for proper credentialing.

Admit patients; perform histories and physicals; evaluate, diagnose, consult and provide pre-, intra-, and post-operative plastic surgery care; and perform plastic surgery procedures; intraoperative consultation privileges regarding cosmetic or reconstructive procedures consistent with the discipline of plastic surgery and competency demonstrated by certification by the American Board of Plastic Surgery; admission and operative privileges require participation in on call schedules as requested by the Section Chairman overseeing the Division of Plastic Surgery or the Department of Surgery Chairman.

Treatment of Skin Neoplasms, Diseases and Trauma

Benign and malignant lesions of the skin and soft tissue; reconstructive grafts and flaps; scar revisions; treatment of vascular lesions

Surgery of the Breast

Breast reconstruction; breast reduction; breast biopsy; congenital anomalies; mastectomies (subcutaneous and simple); removal of port-a-cath

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Treatment of Facial Diseases and Injuries Including Maxillofacial Structures

Facial fractures including the mandible; nose deformity; ear deformity; jaw deformity; eyelid deformity; cleft lip and palate deformity; craniofacial surgery; skull base surgery; facial deformity and wound treatment; tumors of the head and neck

Reconstructive Microsurgery

Microvascular flaps and grafts/free tissue transfer; replantation and revascularization of the upper and lower extremities and digits; reconstruction of peripheral nerve injury

Reconstruction of Congenital and Acquired Defects of the Trunk and Genitalia

Vaginal and penile reconstruction, but only to the extent necessitated by trauma; chest and abdominal wall reconstruction; sternal and chest wall reconstruction to include the harvest of all flaps necessary for reconstruction; the use of all prosthetic materials in the course of reconstruction.

Complex Wound Healing and Burn Treatment

Initial burn management; acute and reconstructive burn treatment

Cosmetic Surgery

abdominoplasty, facial cosmetic surgery including cosmetic surgery of the eyelids and orbit; plastic surgery for the massive weight loss patient including cosmetic procedures of the trunk, buttocks, hips and thighs; the use of alloplastic and autogenous tissue implantation for cosmetic and reconstructive procedures; incidental herniorrhaphy at the time of abdominoplasty; breast augmentation; breast lift (mastopexy); cosmetic rhytidectomy; cosmetic rhinoplasty and all associated procedures in the course of rhinoplasty surgery (septoplasty cartilage grafting, etc.); cosmetic blepharoplasty; subcutaneous injections; skin peeling and dermabrasion; vein sclerotherapy; liposuction

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 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.

DESCRIPTION OF ADDITIONAL PRIVILEGES

Laser therapy for vascular and cutaneous lesions

(ADDITIONAL REQUIREMENT: Proof of Competency)

YAG

(ADDITIONAL REQUIREMENT: Proof of Competency)

CO2

(ADDITIONAL REQUIREMENT: Proof of Competency)

Tunable dye

Fluoroscopy

(ADDITIONAL REQUIREMENT: Radiation Safety certification required.)

Moderate Sedation (requires proof of (a) board certification in Anesthesiology, Cardiology, Intensive Care, Pulmonology or Emergency Medicine or (b) current ACLS Certification or (c) satisfactory completion of the ASA Moderate Sedation course).

Anesthesia Section Chair

Date

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Applicants Signature: _____ Date: _____