

Privileges for: Vascular Surgery

Request

Document Review: MEC 8/27/09; 3.27.2014; 10.27.2016; Board 9/14/09, Rev. 9/13/10, Rev 5/5/014, Rev. 1.2017

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

DEPARTMENT APPROVAL

Approval Disapproved

Department/Section Chair Signature Date

MINIMUM REQUIREMENTS

Degree required: MD or DO

FOR POST-3/2/09 APPLICANTS: For vascular surgeons who first apply for membership after 3/2/09, successful completion of ACGME or AOA approved post-graduate training program in vascular 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 vascular 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

Admit patients and perform histories and physicals

Surgery of the arterial system (excluding the heart and intracranial vessels) including arterial repair; embolectomy and thrombectomy; direct/open repair of aneurysms; thromboendarterectomy; arterial bypass with autogenous or othergraft; intra-operative angiography, angioplasty, stenting, angiосcopy, and thrombolytic therapy; arterial biopsy or excision; manipulation, exposure, or decompression of vascular structures - 34001, 34051, 34101, 34201, 35301-35306, 35311, 35321, 35331, 35371, 92929, 92933, 92934,92937

Surgery of the venous system, including varicose vein surgery; interruption of inferior or superior vena cava (filter, ligation, clipping); venous bypass; valve reconstruction; other excision or ligation of vein; venous thrombectomy; venous repair

Vascular access, including dialysis access (catheters, grafts, fistulae); central venous access; Swan-Ganz catheterization; arterial line placement - 36556, 93503

Amputations and fasciotomies- upper and lower extremity - 82.12, 83.14, 84.00-84.18 / 23920, 294900, 24920, 24999, 25900, 25920, 25927, 25999, 26040, 26045, 26951, 27025, 27295, 27305, 27590, 27591, 27592, 27598, 27880, 27881, 27882, 27888, 27889, 27899, 28008, 28800, 28805, 28810, 28820, 28825

Sympathectomy - lumbar; cervical - 05.22, 05.23 / 64802, 64818

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

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Anesthesia Section Chair

Date

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 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 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.

DESCRIPTION OF ADDITIONAL PRIVILEGES

Diagnostic Angiography

(ADDITIONAL REQUIREMENT: 100 procedures, 50 as primary operator)

Diagnostic Angiography; Carotid - 88.41 / 36221-36228

(ADDITIONAL REQUIREMENT: 50 procedures, 25 as primary operator)

Endovascular Peripheral Interventions

Endovascular Interventions; Peripheral - 35450-35476, 37191-37214, 37184-37188, 37182-37183, 37221-37239; 37241-37244

(ADDITIONAL REQUIREMENT: 50 procedures, 25 as primary operator)

Endovascular Interventions; Carotid - 00.40, 00.41, 00.42, 00.43, 00.44, 00.45, 00.46, 00.47, 00.48, 00.61, 00.62, 00.63, 39.72, 39.75, 39.76, 39.77 / 37215, 37216, 37217, 37218, 37195, 0075T, 0076T

(ADDITIONAL REQUIREMENT: 50 endovascular peripheral interventions (see above), plus 10 involving carotid artery)

Endovascular stent graft aneurysm repair (EVAR) - 34800-34825, 34841-34848, 34900

(ADDITIONAL REQUIREMENT: Five endovascular stent graft procedures via

- a. Prior practice at the Hospital
- b. Under supervision of a privileged endovascular stent graft surgeon
- c. An approved training program
- d. Practice at another acute care hospital)

Endovascular stent graft aneurysm repair (TEVAR) - 33880-33886

(ADDITIONAL REQUIREMENT: Five endovascular stent graft procedures via

- a. prior practice at the hospital
- b. under supervision of a privileged endovascular stent graft surgeon
- c. an approved training program
- d. practice at another acute care hospital)

Fluoroscopy

(ADDITIONAL REQUIREMENT: Radiation Safety certification required.)

CO2 Laser

(ADDITIONAL PRIVILEGES: Proof of Competency)

I agree that the use of my electronic signature below indicates my intent to sign this document as if it were my original handwritten signature.

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Applicants Signature: _____ Date: _____