

Department of Surgery_2

CAT 1 Basic Privileges

A General Surgery

Criteria:

Initial Appointment: Successful completion of an Accreditation Council on Graduate Medical Education (ACGME) or verifiable equivalent non-U.S. training program in General Surgery that fulfills all eligibility requirements for General Surgery board certification by the ABS or an acceptable equivalent specialty board in a foreign country; and incorporates structured experience in laparoscopic surgery.

Proctoring: Five (5) observed operative cases and/or 15 retrospective reviews of operative cases

Reappointment: Demonstrated current competence and documentation (as reviewed by the Chair/Chief) of successful treatment to a minimum of 20 patients for the past 24 months based on results of quality assessment-improvement activities and outcomes.

Preoperative, operative and post-operative care of patients with conditions of the abdomen, alimentary tract and skin and soft tissue.

Abdomen

General

- Insertion/removal peritoneal dialysis catheter
- diagnostic minimally invasive surgery
- open exploratory laparotomy
- open drainage abdominal abscess

Hernia

- open/minimally invasive repair of inguinal & femoral hernia
- open/minimally invasive repair of ventral hernia

Biliary

- open/minimally invasive cholecystectomy with or without cholangiography
- open common bile duct exploration
- choledochoscopy
- choledochoenteric anastomosis

Liver

- open/minimally invasive liver biopsy
- drainage liver abscess

Spleen

- open/minimally invasive splenectomy
- partial splenectomy/splenorrhaphy

Pancreas

- distal pancreatectomy
- open pancreatic debridement for necrosis
- drainage pancreatic pseudocyst

Alimentary Tract

Stomach

- percutaneous endoscopic gastrostomy
- open gastrostomy
- partial/total gastrectomy
- repair duodenal perforation
- truncal vagotomy & drainage
- Small intestine
- open/minimally invasive small bowel resection
- open/minimally invasive adhesiolysis
- ileostomy, ileostomy closure
- open/minimally invasive feeding jejunostomy
- superior mesenteric artery embolectomy/thrombectomy
- Large intestine
- open/minimally invasive appendectomy
- open/minimally invasive partial colectomy
- colostomy, colostomy closure

Skin & Soft Tissue

- excisional & incisional biopsy of skin/soft tissue lesions
- incision, drainage, debridement for soft tissue infections

B Complex General Surgery (note: will concurrently have with Category 1, A. – General Surgery)

Criteria:

Initial Appointment: Successful completion of an Accreditation Council on Graduate Medical Education (ACGME) or verifiable equivalent non-U.S. training program in General Surgery that fulfills all eligibility requirements for General Surgery board certification by the ABS or an acceptable equivalent specialty board in a foreign country; and incorporates structured experience in laparoscopic surgery; and completion of clinical fellowship in HPB, oncologic, melanoma, bariatric, laparoscopic, liver transplant (ASTS) surgery or equivalent training, skill and ability.

Proctoring: Five (5) observed operative cases and/or 15 retrospective reviews of operative cases

Reappointment: Demonstrated current competence and documentation (as reviewed by the Chair/Chief) of successful treatment to a minimum of 20 patients for the past 24 months based on results of quality assessment-improvement activities and outcomes.

Preoperative, operative and post-operative care of patients with complex benign or malignant conditions of the abdomen, alimentary tract, skin and soft tissue; and bariatric procedures.

Abdomen

General

- Open/minimally invasive retroperitoneal lymph node dissection

Hernia

- component separation abdominal wall reconstruction

Biliary

- open/minimally invasive common bile duct exploration

- operation for gallbladder cancer
- operation for bile duct cancer
- excision choledochal cyst
- transduodenal sphincteroplasty
- repair acute common bile duct injury
- fuse bile ducts and bowel

Liver

- open/minimally invasive segmentectomy/lobectomy
- intraoperative ultrasound of liver
- portal systemic shunt
- fuse liver ducts and bowel

Pancreas

- open/minimally invasive/endoscopic pancreatic debridement for necrosis
- pancreaticoduodenectomy
- total pancreatectomy
- ampullary resection for tumor
- longitudinal pancreaticojejunostomy
- intraoperative pancreatic ultrasound

Alimentary Tract

Esophagus

- total esophagectomy
- esophagogastrectomy
- cricopharyngeal myotomy with excision Zenker's diverticulum
- open/minimally invasive Heller myotomy
- open/minimally invasive antireflux procedure
- open/minimally invasive repair of paresophageal hernia
- repair/resection of perforated esophagus

Stomach

- open/minimally invasive gastric resection
- proximal gastric vagotomy
- revisional procedures for postgastrectomy syndromes

Skin & Soft Tissue (Melanoma, Sarcoma)

- regional lymphadenectomy
- sentinel lymphatic node dissection
- heated limb perfusion
- limb amputation

Bariatric Surgery

- open/minimally invasive gastric bypass
- open/minimally invasive sleeve gastrectomy
- lap band
- duodenal switch
- revision

C Colorectal Surgery

In addition to having proficiency in the field of general surgery, colon and rectal surgeons have acquired particular skills and knowledge with regard to the medical and surgical management of diseases of the intestinal tract, colon and rectum, anal canal and perianal area.

Criteria:

Initial Appointment: Successful completion of an Accreditation Council on Graduate Medical Education (ACGME) or verifiable equivalent non-U.S. training program in General Surgery that fulfills all eligibility requirements for General Surgery board certification by the ABS or an acceptable equivalent specialty board in a foreign country; and incorporates structured experience in laparoscopic surgery, and Current Board Certification Eligibility and/or enrolled in the certification process leading to certification in Colon and Rectal Surgery by the relevant ABS or acceptable international equivalent specialty board in Colon and Rectal Surgery.

Proctoring: Five (5) observed operative cases and/or 15 retrospective reviews of operative cases

Reappointment: Demonstrated current competence and documentation (as reviewed by the Chair/Chief) of successful treatment to a minimum of 20 patients for the past 24 months based on results of quality assessment-improvement activities and outcomes.

Preoperative, operative and post-operative care of patients with complex benign or malignant conditions of the intestinal tract, rectum, anal canal, perianal area and contiguous organs and tissues secondarily involved.

Anorectal

- Excisional hemorrhoidectomy (total) – conventional, PPH
- Fistulotomy
- Endorectal advancement flap
- Sphincteroplasty
- Internal sphincterotomy
- Transanal excision (total)
- Transanal endoscopic microsurgery
- Ligation of intersphincteric fistula tract

Abdominal

- Strictureplasty
- Segmental colectomy (include ileocolic resection)
- Laparoscopic resections
- Lower anterior resection (total)- straight anastomosis, with colon pouch or coloplasty (stapled/ hand sewn)
- Abdominoperineal resection
- Transanal excision (total)
- Proctocolectomy -with ileostomy, with ileoanal reservoir, stapled anastomosis, hand sewn

Cont'd

- Prolapse repair (total) –abdominal, perineal
- Stomas- stoma complications (parastomal hernia, stenosis retraction prolapse, fistula)
- Total pelvic exenteration
- Sacral nerve stimulation for fetal incontinence

Diagnostic Procedures

- Sigmoidoscopy
- Colonoscopy
- EURS/EAUS
- Pelvic Floor evaluation

D Endocrine Surgery

In addition to having proficiency in the field of general surgery, endocrine surgeons have acquired particular skills and knowledge with regard to the medical and surgical management of diseases of the endocrine system.

Criteria:

Initial Appointment: Successful completion of an Accreditation Council on Graduate Medical Education (ACGME) or verifiable equivalent non-U.S. training program in General Surgery that fulfills all eligibility requirements for General Surgery board certification by the ABS or an acceptable equivalent specialty board in a foreign country; and incorporates structured experience in laparoscopic surgery, and completion of American Association of Endocrine Surgeons clinical fellowship or equivalent training, skill and ability.

Proctoring: Five (5) observed operative cases and/or 15 retrospective reviews of operative cases

Reappointment: Demonstrated current competence and documentation (as reviewed by the Chair/Chief) of successful treatment to a minimum of 20 patients for the past 24 months based on results of quality assessment-improvement activities and outcomes.

Preoperative, operative and post-operative care of patients with complex benign or malignant conditions of the thyroid, parathyroid, adrenal glands and neuroendocrine tumors.

Thyroid (partial or total thyroidectomy)

- Retrosternal goiter / multinodular goiter
- Thyroid lobectomy
- Total / near-total thyroidectomy
- Compartment Oriented lymph node dissections of the neck
- Reoperative / completion thyroidectomy
- Parathyroid (parathyroidectomy)
- Finding the inferior, superior and ectopic parathyroid glands
- Reoperative parathyroidectomy
- Image directed/ unilateral/ four gland exploration
- Subtotal/ total parathyroidectomy with autotransplantation
- Cryopreservation

Adrenal (open/lap adrenalectomy)

- The left adrenal gland (anterior, laparoscopic and posterior)
- The right adrenal gland (anterior, laparoscopic and posterior)
- Retroperitoneal lymph node dissection
- En bloc retroperitoneal dissection for malignancy

Neuroendocrine Tumors

- Resection/ enucleation of NET in the pancreas

Cont'd

- NET associated with MEN I syndrome (Thompson Procedure)
- GI NET disease including bowel resection and mesenteric nodal dissection

Diagnostic Procedures

- Laryngoscopy
- Head and neck ultrasound
- Intraoperative nerve monitoring
- Fine needle aspiration
- Sternotomy
- Tracheotomy

E Breast Surgery

In addition to having proficiency in the field of general surgery, breast surgeons have acquired particular skills and knowledge with regard to the medical and surgical management of diseases of the breast.

Criteria:

Initial Appointment: Successful completion of an Accreditation Council on Graduate Medical Education (ACGME) or verifiable equivalent non-U.S. training program in General Surgery that fulfills all eligibility requirements for General Surgery board certification by the ABS or an acceptable equivalent specialty board in a foreign country; and incorporates structured experience in laparoscopic surgery, and Completion of Society of Surgical Oncology breast clinical fellowship or equivalent training, skill and ability.

Proctoring: Five (5) observed operative cases and/or 15 retrospective reviews of operative cases

Reappointment: Demonstrated current competence and documentation (as reviewed by the Chair/Chief) of successful treatment to a minimum of 20 patients for the past 24 months based on results of quality assessment-improvement activities and outcomes.

Preoperative, operative and post-operative care of patients with complex benign or malignant conditions of the breast

- Breast biopsy (with or without needle localization)
- Wire localization biopsy
- Stereotactic breast biopsy
- Breast biopsy with sonographic guidance
- Biopsy/removal lymph nodes
- Sentinel lymph node biopsy
- Duct excision
- Excision/Removal breast lesion
- Nipple exploration
- Aspiration of breast cyst
- Lumpectomy
- Simple (complete/partial) mastectomy
- Modified radical mastectomy with or without skin sparing
- Drainage/debridement of lesion
- Chest wall resection
- Axillary lymph node dissection
- Sentinel lymph node mapping
- Radiosurgery of breast lesions
- Simple reconstruction

F Abdominal Transplant

In addition to having proficiency in the field of general surgery, abdominal

transplant surgeons have acquired particular skills and knowledge with regard to the medical and surgical management of end-stage organ diseases amenable to transplantation.

Criteria:

Initial Appointment: Successful completion of an Accreditation Council on Graduate Medical Education (ACGME) or verifiable equivalent non-U.S. training program in General Surgery that fulfills all eligibility requirements for General Surgery board certification by the ABS or an acceptable equivalent specialty board in a foreign country; and incorporates structured experience in laparoscopic surgery, and Completion of American Society of Transplant Surgeons clinical fellowship or equivalent training, skill and ability.

Proctoring: Five (5) observed operative cases and/or 15 retrospective reviews of operative cases

Reappointment: Demonstrated current competence and documentation (as reviewed by the Chair/Chief) of successful treatment to a minimum of 20 patients for the past 24 months based on results of quality assessment-improvement activities and outcomes.

En bloc abdominal organ retrieval

Live donor nephrectomy (open/laparoscopic)

Transplant nephrectomy

Cadaveric kidney transplantation

Live donor kidney transplantation

Pancreas transplantation (allograft)

Live donor hepatectomy

Cadaveric liver transplantation

Live donor liver transplantation

Intestinal transplantation

Ureteral revision/ stent

Lymphocele drainage

Vascular reconstruction/revision

Liver/kidney biopsy

AV fistula

G Cardiothoracic Surgery

Criteria:

Initial Appointment: Successful completion of an Accreditation Council on Graduate Medical Education (ACGME) or verifiable equivalent non-U.S. training program in Thoracic Surgery that fulfills all eligibility requirements for board certification by the ABS or an acceptable equivalent specialty board in a foreign country; and incorporates structured experience in laparoscopic surgery; and current Board Certification eligibility and/or enrolled in the certification process

leading to certification in Thoracic Surgery by the relevant ABS or acceptable international equivalent specialty board in Thoracic Surgery.

Proctoring: Five (5) observed operative cases and/or 15 retrospective reviews of operative cases

Reappointment: Demonstrated current competence and documentation (as reviewed by the Chair/Chief) of successful treatment to a minimum of 20 patients for the past 24 months based on results of quality assessment-improvement activities and outcomes.

Basic Cardiac: Preoperative, operative and post-operative care of patients involving diseases, disorders and injuries of the arterial, venous and lymphatic circulatory systems, and heart and intracranial vessels.

- Acquired valvular heart disease (mitral valve, aortic valve, tricuspid valve replacement/ repair
- Myocardial revascularization
- Re-do sternotomy
- Interventional procedures (intra-aortic balloon pump, intravascular ultrasound, angiography, transvenous pacemaker insertion, image-guided intervention over a wire, percutaneous tracheostomy, tracheal/esophageal stent placement, pleural drainage catheter insertion, ultrasound-guided pigtail catheter placement for pleural drainage, radiofrequency ablation)
- Conduit dissection and preparation (open or endoscopic saphenous/radial vein harvest and preparation)
- Aortic procedures (ascending aorta/aortic root replacement, descending aortic replacement, aortic dissection, aortic trauma, endografts)
- Arrhythmia surgery (left atrial or biatrial maze, pulmonary vein isolation, right-sided maze, isthmus ablation)
- Cardiopulmonary bypass set-up and pump run
- Circulatory assist (IAMP, ECMO)

Thoracic endovascular aortic/aneurysm repair (TEVAR)

Diagnostic and therapeutic procedures:

- Pericardiocentesis
- Endobronchial biopsy
- Esophagoscopy
- EUS
- Mediastinoscopy
- Insertion/removal IABP
- Sternal wire removal

Basic Thoracic: Preoperative, operative and post-operative care of patients involving diseases, disorders and injuries of the thoracic cavity and related structures, including the chest wall.

Lung

- Major anatomic resections (segmentectomy, lobectomy, pneumonectomy)
- VATS/robotic anatomic resections
- Open or VATS lung biopsy/wedge resection

Pleura

- Major (decortication, pleurectomy decortication, extrapleural pneumonectomy, tumor resection)
- Minor (biopsy, pleurectomy, VATS sympathectomy, VATS Bleb resection, VATS pleurodesis)

Chest Wall and Diaphragm

- Chest wall resection, pectus repair, diaphragm resection of plication, repair of Morgagni, Bochdalek, traumatic hernia

Mediastinum

- Tumor/cyste/mass resection via open, VATS, or robotic technique

Tracheobronchial-airway

- Tracheal-bronchial resection/ reconstruction, laryngotracheal resection/reconstruction, airway anastomosis

Esophagus

- Esophagectomy (open/ minimally invasive)
- Benign esophagus-major repair of perforation, drain performance, diverticulectomy, myotomy, hiatal hernia repair

Circulatory assist (IAMP, ECMO)**Diagnostic & therapeutic procedures**

- Bronchoscopy
- Mediastinal Assessment
- Mediastinoscopy
- EB:US/FNA
- Chamberlain or mediastinal node dissection

Cardiopulmonary (heart-lung) Transplantation

Preoperative, operative and post-operative care of patients with end stage cardiac and pulmonary disease requiring surgical replacement of the heart and lungs.

Criteria: Completion of ASTS clinical fellowship heart-lung transplantation, ABTS cardio-pulmonary transplant fellowship, or equivalent training, skill and ability.

Transplantation of the heart , adult**Transplantation of the heart, pediatric****Transplantation of the lung, adult****Transplantation of the lung, pediatric****En bloc thoracic retrieval****Congenital Cardiac Surgery**

Preoperative, operative and post-operative care of patients with heart defects that may be present at birth and can occasionally go undiagnosed into adulthood.

Criteria:

Completion of ABTS congenital cardiac surgery fellowship or equivalent training, skill and ability.

- Replacement, Pulmonary Valve
- Repair Heart Septum Defect
- Repair Single Ventricle
- Repair Of Heart Chambers
- Major Vessel Shunt
- Repair Heart Septum Defects
- Repair Single Ventricle
- Valvuloplasty, Tricuspid
- Repair Heart Septum Defect
- Repair Of Heart Defects

- Remove Aorta Constriction
- Revise Major Vessel
- Revision, Subvalvular Tissue
- Repair Heart-Vein Defect(S)
- Repair Anomaly W/Conduit
- Repair Of Sternum Separation
- Revision Of Heart Chamber
- Revise Major Vessel
- Repair Great Vessels Defect
- Repair Septal Defect
- Replacement Of Mitral Valve
- Revise Ventricle Muscle
- Repair Of Heart Defects
- Ascending Aortic Graft
- Valvuloplasty, Tricuspid

H Vascular and Endovascular Surgery

Criteria:

Initial Appointment: Successful completion of an Accreditation Council on Graduate Medical Education (ACGME) or verifiable equivalent non-U.S. training program in Vascular and Endovascular Surgery that fulfills all eligibility requirements for board certification by the ABS or an acceptable equivalent specialty board in a foreign country; and incorporates structured experience in endovascular surgery; and current Board Certification eligibility and/or enrolled in the certification process leading to certification in Vascular and Endovascular Surgery by the relevant ABS or acceptable international equivalent specialty board in Vascular and Endovascular Surgery.

Proctoring: Five (5) observed operative cases and/or 15 retrospective reviews of operative cases

Reappointment: Demonstrated current competence and documentation (as reviewed by the Chair/Chief) of successful treatment to a minimum of 20 patients for the past 24 months based on results of quality assessment-improvement activities and outcomes.

Preoperative, operative and post-operative care of patients involving diseases of the arterial, venous, and lymphatic circulatory systems, exclusive of those circulatory vessels intrinsic to the heart and intracranial vessels

Aneurysm repair

infrarenal aorto-iliac, suprarenal AAA, thoracic aortic aneurysm, thoracoabdominal aortic aneurysm, femoral aneurysm, popliteal aneurysm, repair other aneurysms

Cerebrovascular

carotid endarterectomy, excise carotid body tumor, vertebral artery operation, direct repair aortic arch branches, cervical bypass, repair or bypass aortic arch branches

Periph obstructive

aorto-iliac/femoral bypass, femoral endarterectomy, other endarterectomy, femoral-popliteal bypass, infrapopliteal bypass, revise lower extremity bypass, embolectomy/thrombectomy artery/ graft thrombectomy, other major peripheral

Abdominal obstructive

visceral artery endarterectomy/- bypass, renal endarterectomy bypass, other abdominal vascular repair

Upper extremity

arm bypass, endarterectomy, repair, thoracic outlet decompression, other upper extremity

Extra-anatomic

axillo-femoral bypass, axillo-popliteal-tibial bypass, femoral femoral by-pass, other extra anatomic

Cont'd

Venous

portal systemic shunt, operation for varicose veins, sclerotherapy, periph vein, embolectomy/thrombectomy, major venous reconstruction, repair a-v malformation, other venous operation

Other

Sympathectomy, lymphatic procedure, explore artery, explore post-op bleed, major vascular ligations, excise infected graft peripheral excise infected graft abdomen-thorax, repair graft-enteric fistula, psuedoaneurysm injection, exploratory laparotomy, exploratory thoracotomy, median sternotomy, nephrectomy

Vascular access

a-v fistula, a-v graft, percutaneous – other access, revision, A-V access

Amputations

Digit, transmetatarsal, below/above knee, upper extremity, hip disarticulation

Trauma

repair thoracic vessels, neck vessels, abdominal vessels, peripheral vessels fasciotomy

Diagnostic

Angiography

Basic endovascular diagnostic privileges

- Diagnostic angiography, venography
- Percutaneous access
- Ultrasound-guided percutaneous access
- Aortic and/or iliac aneurysm repair

Basic endovascular therapeutic privileges

- Percutaneous transluminal angioplasty
- Insertion of stents and stent-grafts
- Catheter-directed thrombolysis
- Mechanical thrombectomy
- Transcatheter coil placement
- Insertion of indwelling vascular catheters/filters
- Insertion of vascular closure device
- Transcatheter particulate embolization, only as adjunct to another peripheral procedure

Cerebrovascular interventions

- Arch & arch branch angiography
- Selective arch branch angiography
- Percutaneous transluminal angioplasty
- Embolic protection device use
- Insertion of stents and stent-grafts

I Plastic and Reconstructive Surgery

Functional and aesthetic management of congenital acquired and traumatic defects of the face, neck, body, and extremities.

Criteria:

Initial Appointment: Successful completion of an Accreditation Council on Graduate Medical Education (ACGME) or verifiable equivalent non-U.S. training program in Plastic and Reconstructive Surgery that fulfills all eligibility requirements for board certification by the ABS or an acceptable equivalent specialty board in a foreign country.

Proctoring: Five (5) observed operative cases and/or 15 retrospective reviews of operative cases

Reappointment: Demonstrated current competence and documentation (as reviewed by the Chair/Chief) of successful treatment to a minimum of 20 patients for the past 24 months based on results of quality assessment-improvement activities and outcomes.

Preoperative, operative and post-operative care of patients congenital and acquired defects of the body's soft tissue.

- Aesthetic (cosmetic) surgery of the head & neck, trunk & extremities
- Burn reconstruction
- Cranio-maxillofacial trauma, including fractures
- Gender reassignment surgery
- Head & neck surgery, including neoplasms of the head, neck and oropharynx
- Microsurgical techniques applicable to plastic surgery
- Surgery of benign & malignant lesions of the skin & soft tissue
- Plastic surgery of the breast
- Plastic surgery of the hand/upper extremities
- Plastic surgery of the lower extremities
- Plastic surgery of the trunk and genitalia
- Reconstruction by tissue transfer, including flaps & grafts

Complex Craniofacial Surgery: Preoperative, operative and post-operative care of both pediatric and adult patients with complex congenital and acquired craniomaxillofacial abnormalities.

Criteria: Completion of craniofacial clinical fellowship or equivalent training, skill and ability.

- Cleft lip, cleft palate
- Craniomaxillofacial defects-major craniofacial reconstruction, mandible, maxilla
- LeFort III
- Hypertelorism
- Craniosynostosis
- Resection of arteriovenous malformation

Complex Hand Surgery: Preoperative, operative and post-operative care of both pediatric and adult patients with post-traumatic reconstruction, congenital anomalies and reconstruction of arthritic hand, wrist and elbow, microsurgical reconstruction for limb salvage of malignant tumors, and pediatric hand reconstruction.

Criteria: Completion of hand and microsurgery clinical fellowship or equivalent training, skill and ability.

- Reconstruction hand deformities
- Open treatment of wrist fractures
- Tendon transfers, tendon grafts
- Arthroplasty with implant
- Wrist arthroscopy
- Carpal tunnel release
- Nerve decompressions
- Replantation of fingers and/or hand
- Bone grafts hands/fingers

J Pediatric Surgery

In addition to having proficiency in the field of general surgery, pediatric surgeons have acquired particular skills and knowledge with regard to the medical and surgical management of congenital and acquired abnormalities and diseases in the neonatal and pediatric age groups.

Criteria:

Initial Appointment: Successful completion of an Accreditation Council on Graduate Medical Education (ACGME) or verifiable equivalent non-U.S. training program in General Surgery that fulfills all eligibility requirements for General Surgery board certification by the ABS or an acceptable equivalent specialty board in a foreign country; and incorporates structured experience in laparoscopic surgery; and current Board Certification eligibility and/or enrolled in the certification process leading to certification in Pediatric Surgery by the relevant ABS or acceptable international equivalent specialty board in Pediatric Surgery.

Proctoring: Five (5) observed operative cases and/or 15 retrospective reviews of operative cases

Reappointment: Demonstrated current competence and documentation (as reviewed by the Chair/Chief) of successful treatment to a minimum of 20 patients for the past 24 months based on results of quality assessment-improvement activities and outcomes.

Preoperative, operative and post-operative care of patients (neonatal and pediatric age groups, as well as older children) with developmental, inflammatory, neoplastic or traumatic congenital and acquired abnormalities and diseases.

- Repair of birth defects
- Trauma surgery
- Diagnosis and surgical care of tumors
- Endoscopic procedures (bronchoscopy, esophagogastroduodenoscopy, colonoscopy, cystoscopy, laparoscopy and thoracoscopy)
- Surgical procedures in these areas of primary responsibility:
- Alimentary tract
- Abdomen and contents

- Breasts, skin and soft tissue
- Head and neck
- Vascular system (excluding intracranial vessels and heart)
- Thoracic (including chest wall and intrathoracic)
- Endocrine system (including thyroid, parathyroid, adrenal and endocrine pancreas)
- Extremity surgery
- Comprehensive management of trauma including musculoskeletal, hand and head injuries
- Care of critically ill children with underlying surgical conditions

Fetal surgery: Preoperative, operative and post-operative care of patients undergoing surgical techniques used to treat birth defects in fetuses who are still in the pregnant uterus.

- Open fetal surgery
 - Hysterotomy for repair of fetal myelomeningocele (spina bifida)
 - Hysterotomy for resection of Sacrococcygeal Teratoma
 - Hysterotomy and Fetal Thoracotomy for Fetal Lung Tumors
 - Hysterotomy for resection of Cervical Teratoma
- Fetoscopic surgery
 - Fetoscopic Balloon Tracheal Occlusion for Congenital Diaphragmatic Hernia
 - Fetoscopic laser ablation of intertwined vessels in the treatment of Twin-Twin Transfusion Syndrome
 - Fetoscopic Bladder Cystoscopy for Urinary Obstruction
 - Fetal Balloon Valvuloplasty
 - Fetoscopic lysis of Amniotic Bands
- Fetal image-guided surgery
 - Transcutaneous Radiofrequency Ablation of an Anomalous Twin/or for TRAP (Twin Reversed Arterial Perfusion)
 - Fetal fluid drainage (vesicocentesis, thoracocentesis, paracentesis)
 - Fetal shunt placement, including ultrasound guidance
- Exit procedure
- EXIT Procedure (Ex-Utero Intrapartum Treatment) with fetal airway obstruction

K Critical Care

In addition to having proficiency in the field of general surgery, critical care surgeons have acquired particular skills and knowledge with regard to the care of patients with acute, life-threatening or potentially life-threatening surgical conditions.

Criteria:

Initial Appointment: Successful completion of an Accreditation Council on Graduate Medical Education (ACGME) or verifiable equivalent non-U.S. training program in General Surgery that fulfills all eligibility requirements for General Surgery board certification by the ABS or an acceptable equivalent specialty board in a foreign country; and incorporates structured experience in laparoscopic surgery; and current Board Certification eligibility and/or enrolled in the certification process leading to certification in Surgical Critical Care by the relevant ABS or acceptable international equivalent specialty board in Surgical Critical Care.

Proctoring: Five (5) observed operative cases and/or 15 retrospective reviews of operative cases

Reappointment: Demonstrated current competence and documentation (as reviewed by the Chair/Chief) of successful treatment to a minimum of 20 patients for the past 24 months based on results of quality assessment-improvement activities and outcomes.

Critical care of patients hospitalized in Intensive Care Units including (but not limited to) comprehensive management of mechanical ventilation, nutrition, cardiovascular support, diagnosis and management of infections, management of shock, critical care of burn patients, critical care of neurologic and neurosurgical patients.

Special procedures

Endotracheal intubation, airway management; patient controlled analgesia and epidural analgesia; measurement of compartment pressures; cardiac pacing, defibrillation and cardioversion

- Endotracheal intubation, airway management; patient controlled analgesia and epidural analgesia; measurement of compartment pressures; cardiac pacing, defibrillation and cardioversion

CAT 2 Diagnostic and Monitoring Procedures

Arterial line

Central venous catheter (module required)

Chest tube

Thoracentesis

Paracentesis

CAT 3 Special Privileges

- 1) Laser surgery (safety training module required)**
- 2) Minimally invasive/Laparoscopic/Videoscopic surgery (certification of training required if ACGME General Surgery completed prior to 1990)**
- 3) Robotic surgery: Si (certification of training required)**
 - a) Xi Surgical System: Certification of training required prior to granting of privilege**
- 4) Moderate sedation (module required)**
- 5) Endoscopy**
- 6) Fluoroscopy (Certification from CA Radiologic Health Branch required)**
- 7) Proctoscopy**
- 8) Ventricular Assist Devices (VAD) Implants**

To apply for privileges in VAD implantation, the applicant must meet the following criteria:

1. Be a current member in good standing or meet all requirements for appointment to the UCSFMC Medical Staff.

2. Be board certified by the American Board of Thoracic Surgery or its foreign equivalent. Board certification must be maintained for continuing VAD implant privileges.
3. Manage at least 5 ventricular assist device implanted patients a year.
4. Meets the following criteria, with documentation maintained in the physician's medical staff credentials file:

The applicant will have performed at UCSFMC as primary surgeon 10 or more long-term ventricular assist device implantation procedures with satisfactory outcomes in the past two years and at least three in the last year;

OR

Have performed 10 or more long-term VAD implants as primary surgeon with satisfactory outcomes in the past two years at another center prior to joining UCSFMC staff.

OR

Co-surgeon for 10 cases with a physician privileged at UCSFMC for VAD implantation

9) Adult Structural Cardiac Intervention (non-TAVR) including PFO/ASD/VSD/PDA device closures) occlusion of collaterals, transcatheter pulmonic/mitral and tricuspid valve replacement/repair (including Mitraclip)

Initial Criteria required: Fluoroscopy license - all users of the Hybrid

OR

cardiac catheter lab must have a current license in fluoroscopy when performing PFO/ASD/VSD/PDA device closures plus occlusion of collaterals, transcatheter pulmonic/mitral and tricuspid valve replacement/repair (including Mitraclip)

AND

Successful completion of 100 documented cases as the primary operator in the past 3 years

OR

Successful completion of structural interventional cardiac training program (Required post-credentialing proctoring - First 10 procedures directly overseen and documented.)

Maintenance Criteria required: Minimum of 25 average successfully completed cases documented per year as the primary operator

10) Transcatheter Aortic Valve Replacement (TAVR)- Description: All TAVR cases are to be performed in the presence of a fluoroscopy licensed attending physician.

Initial Criteria required: Either 50 successfully completed documented cases as the primary operator within the past 2 years, OR completion of a structural interventional program training with a minimum of 1 year which procedures include TAVR, where the trainee has been an operator in a minimum of 100 cases, (TAVR + Device Closure Procedures).

Maintenance Criteria required: Minimum of 25 average successfully completed cases documented per year as the primary operator for TAVR case

CAT 4 Limited Privileges: Non surgical management

Criteria: UCSF medical staff privileges in primary specialty

Kidney transplant surgery (adult), non surgical management

Kidney transplant surgery (pediatric), non surgical management

Liver transplant surgery (adult), non surgical management

Liver transplant surgery (pediatric), non surgical management**General surgery, non surgical management****Pediatric surgery, non surgical management****Cardiothoracic surgery, non surgical management****Plastic surgery, non surgical management****Vascular surgery, non surgical management****Limited Vascular Surgery Privileges**

Vascular surgery, Venous Insufficiency Procedures (vein ablation, ligation, stripping, venoplasty, phlebectomy, sclerotherapy, and venous-related wound debridement)

Initial and Reappointment Criteria:

- A. Verified training in vascular surgery training program and/or board certification; or
- B. Practicing surgeon with 20 vein cases in the past 24 months.

Assisting Surgeon

Criteria: Requires level of training, skill and ability generally associated with persons who are Diplomats of the American Board of Surgery, American Board of Plastic Surgery, or American Board of Thoracic Surgery. The Attending must certify that Assisting Surgeon is qualified to assist with the privilege being requested.

General Surgery**Abdominal Transplant****Endocrine Surgery****Breast Surgery****Cardiac Surgery****Thoracic Surgery****Heart-Lung Transplant****Congenital Cardiac Surgery****Vascular Surgery****Endovascular Surgery****Plastic & Reconstructive Surgery****Pediatric Surgery****Fetal Surgery****ADM Admitting Services**

SA Adult Surgery

SP Pediatric Surgery

CS Cardiothoracic Surgery

PS Plastic Surgery

VS Vascular Surgery

TP Kidney Transplant

LT Liver Transplant

PRINT NAME - APPLICANT

SIGNATURE

DATE

PRINT NAME - PROCTOR / SUPERVISING PHYSICIAN SIGNATURE - SUPERVISING PHYSICIAN DATE

PRINT NAME - DEPARTMENT CHIEF SIGNATURE - DEPARTMENT CHIEF DATE

PRINT NAME - DEPARTMENT CHAIR SIGNATURE - DEPARTMENT CHAIR DATE