



Colon and Rectal Surgery Privileges Department of Surgery

Name: _____
(Please print)

- _____ Initial privileges (initial appointment)
- _____ Renewal of privileges (*reappointment, on 2 year specialty cycles*)
- _____ Modification of privileges (*request for any additional privileges beyond those previously granted*)

Basic Education: MD or DO

Minimal formal training: Applicants must be able to demonstrate completion of an ACGME or AOA accredited training program in general surgery, followed by completion of an accredited program in colon and rectal surgery and current certification or active participation in the examination process (with achievement of certification within 5 years of training completion leading to certification in colon and rectal surgery by the ABCRS or the AOBPR).

Required current experience: At least 50 colon and rectal surgery procedures, reflective of the scope of privileges requested, in the past 12 months; or successful completion of an ACGME or AOA accredited residency or clinical fellowship within the past 12 months. Maintenance of BLS is recommended.

Facility (Check ALL that are applicable to your request)				
Baroness*	Children's**	North	East	Bledsoe/Sequatchie

* Includes BEH Main Hospital, Miller Eye Center, Plaza Surgery and all Erlanger Ambulatory Clinics

**Includes Children's Hospital Inpatient, Children's Ambulatory clinics, Children's OR and Kennedy Children's Outpatient Center

Core Colon and Rectal Surgery Privileges:

Core privileges in colon and rectal surgery include the ability to admit, evaluate, diagnose, treat, and provide consultation to patients of **all ages** presenting with diseases, injuries, and disorders of the intestinal tract, colon, rectum, anal canal, and perianal areas by medical and surgical means, including intestinal disease involved with other organs and tissues (such as the liver, urinary, and reproductive systems). Physicians may provide care to patients in the intensive care setting in conformance with unit policies. Privileges also include the ability to assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff regulations regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedures list and such other procedures that are extensions of the same techniques and skills.

The core privileges in this specialty include the following procedures as well as procedures that are

extensions of the same techniques and skills:

- Performance of history and physical
- Appendectomy as related to colon and rectal surgery
- Excision of rectal lesion
- Incision, drainage, and debridement of perirectal abscess
- Incision/excision of pilonidal cyst
- IV access procedures, central venous catheter
- Repair of perforated viscus (gastric, small intestine, large intestine)

Anorectal procedures:

- Endorectal advancement flap
- Excisional hemorrhoidectomy (conventional, procedure for prolapse and hemorrhoids)
- Fistulotomy
- Internal sphincterotomy
- Sphincteroplasty

Abdominal procedures:

- Abdominoperineal resection
- Low anterior resection (straight anastomosis, with colon pouch or coloplasty)
- Proctocolectomy (with ileostomy, with ileoanal reservoir, stapled anastomosis, hand sewn, either ileal pouch-anal anastomosis [IPAA] or coloanal, with/without reservoir)
- Prolapse repair (abdominal, perineal)
- Segmental colectomy (includes ileocolic resection)
- Stomas (parastomal hernia, stenosis retraction prolapse, fistula)
- Total pelvic (rectal cancer, abdominal perineal resection, low anterior resection, coloanal, proctocolectomy, IPPA)
- Endoscopy/pelvic floor
- Flexible Sigmoidoscopy
- Colonoscopy (diagnostic, with polypectomy)
- Endorectal ultrasound/endoanal ultrasound
- Pelvic floor evaluation
- Proctoscopy/anoscopy
- Tumor ablation

Medical management and treatment:

Abdominal (carcinoma of the rectum, Crohn's disease, diverticular disease,

FAP/Gardner's syndrome, prolapse, ulcerative colitis, intra-abdominal trauma, including observation, paracentesis, lavage)

Anorectal (anal fissure, anal fistula, hemorrhoids, constipation, incontinence)

Special Non-Core Privileges in Colon and Rectal Surgery:

Non-core privileges are requested individually in addition to requesting the core. Each individual requesting non-core privileges must meet criteria as applicable to the applicant or reapplicant.

Non-core privileges for colon and rectal surgery include:

Procedure	Baroness	Children's	North	East	Bledsoe/Sequatchie
Endoscopic dissections					
Use of robotic-assisted system for oncologic procedures (gastric cancer, colon cancer and retromediastinal tumors)					
Administration of Moderate sedation and analgesia (see below for criteria).					

Request for Privilege Not Listed in Core or Special Non-Core *(please list the privilege and provide justification as well as any accompanying certifications or case logs)*

Special Procedures Privileges Criteria Moderate Sedation

CRITERIA – To administer Moderate Sedation

1. Basic education: MD, DO, DDS, or DMD
2. Successful completion of a post-graduate residency training program of at least three years' duration.
3. Trained in the professional standards and techniques to administer pharmacologic agents to predictably achieve either minimal or moderate sedation and monitor patients carefully in order to maintain them at either of these levels of sedation-either intentionally or unintentionally. Acceptable training may be the completion of a course offered by any local hospital or the local Medical Society. Documentation of completion is required.
4. Must be able to evaluate and document evaluation of the patient prior to performing minimal or moderate sedation.
5. Must be qualified to rescue patients from *deep* sedation and trained to manage a compromised airway and to provide adequate oxygenation and ventilation.
6. Current proof of ACLS, PALS, or ATLS
7. Able to demonstrate that he/she has administered minimal or moderate sedation or analgesia to at a minimum of five (5) patients during the past 12 months.

NOTE: Deep Sedation is limited to Anesthesia/CRNAs, Critical Care, and Emergency Medicine and full Anesthesia is limited to Anesthesiologists and CRNAs and is outlined in their delineation of privileges.

Department Chief Recommendation:

I have reviewed the requested clinical privileges and supportive documentation for the above named applicant.

_____ Recommended as Requested

_____ Recommended with Modifications (See comments below)

_____ Not Recommended (See comments below)

Chief Comments: _____

Provider Signature

Date

Chief Signature

Date

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