



Vascular 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: Successful completion of an ACGME accredited fellowship in vascular surgery via one of the four pathways approved by the ACGME or an AOA accredited fellowship in vascular surgery and current subspecialty certification or board eligibility (with achievement within 5 years of training completion) leading to subspecialty certification in vascular surgery by the ABS or the AOBS.

Required current experience: At least 50 vascular surgery procedures in open and major endovascular procedures, reflective of the scope of privileges requested, within the past 12 months, the majority being of a reconstructive nature, excluding cardiac surgery, or successful completion of an ACGME or AOA accredited residency or clinical fellowship within the past 12 months. Maintenance of BLS certification recommended.

Table with 5 columns: 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 Vascular Surgery Privileges:

Core privileges for vascular surgery include the ability to admit, evaluate, diagnose, and treat inpatients and outpatients of all ages. To provide history and physical exam, consultation, and treatment to patients of all ages with diseases/disorders of the arterial, venous, and lymphatic circulatory systems, excluding the intracranial vessels or the heart. Physicians may provide care to patients in the intensive care setting in conformance with unit policies. They may also 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 following procedures list and such other procedures that are extensions of the same techniques and skills:

Amputations of an upper or lower extremity

Central venous access catheters and ports

Cervical, thoracic, or lumbar sympathectomy

Diagnostic angiography/arteriography (excluding intracardiac and intracranial)

Diagnostic biopsy or other diagnostic procedures on blood vessels

Diagnostic venography (excluding intracardiac and intracranial)

Endovascular procedures, including:

Repair (e.g., stent, stent graft, and embolization) of aneurysms of the thoracic aorta, thoracoabdominal aorta, abdominal aorta, iliac artery, visceral/renal arteries, aortic arch branch vessels, and the carotid and vertebral arteries

Reconstruction and repair (e.g., angioplasty, stent, stent graft, and embolization) of the thoracic aorta, thoracoabdominal aorta, abdominal aorta, iliac artery, visceral/renal arteries, aortic arch branch vessels, and the carotid and vertebral arteries

Peripheral vascular interventions: balloon angioplasty, stent placement, atherectomy, intra-arterial and intravenous thrombolytic therapy, and embolization/ablation including trans-arterial chemoembolization (excludes carotid, intracardiac, and intracranial intervention)

Hemodialysis access procedures

Open vascular procedures, including:

Repair of aneurysms of the thoracic aorta, thoracoabdominal aorta, abdominal aorta, iliac artery, visceral/renal arteries, aortic arch branch vessels, carotid and vertebral arteries, and peripheral arteries

Reconstruction and repair of the thoracic aorta, thoracoabdominal aorta, abdominal aorta, iliac artery, visceral/renal arteries, aortic arch branch vessels, carotid and vertebral arteries, peripheral arteries, central veins, and peripheral veins (e.g., endarterectomy, thrombectomy, embolectomy, bypass grafting, prosthetic graft, autologous vein, in situ vein, and extra-anatomic bypass)

Peripheral vascular interventions: balloon angioplasty, stent placement, atherectomy, intra-arterial and intravenous thrombolytic therapy, and embolization/ablation including trans-arterial chemoembolization (excludes carotid, intracardiac, and intracranial intervention)

Placement of inferior vena cava filter

Sclerotherapy

Temporal artery biopsy

Thoracic outlet decompression procedures, including rib resection

Vein ligation and stripping

Vascular laboratory

Interpretation of noninvasive cerebrovascular studies

Interpretation of noninvasive arterial studies of the extremities

Interpretation of noninvasive venous studies

Interpretation of noninvasive studies of visceral and intra-abdominal vessels

Transcranial Doppler

Special Non-Core Privileges in Vascular Surgery:

If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the criteria governing the exercise of the privilege requested, including training, required previous experience, and maintenance of clinical competence. Non-core privileges include:

Procedure	Baroness	Children's	North	East	Bledsoe/Sequatchie
Use of laser					
Transcranial Doppler ultrasonography					
Endovascular repair of thoracic aortic aneurysms and abdominal aortic aneurysms					
Performance of carotid duplex					
Carotid stenting					
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