

Colon/Rectal Surgery

Name: _____

MEDICAL STAFF CATEGORY REQUESTED:

- Active – Active staff members shall provide service to a minimum of 48 patients in their two year appointment period; shall participate in the quality/performance management activities; and shall also provide on-call coverage for medical emergencies.*
- Courtesy - Courtesy staff members shall provide service to a minimum of 6 patients in their two year appointment period; shall be members of the active or associate staff of another hospital in which their regular participation in quality/performance management activities is documented and their performance is evaluated.*
- Consulting – Consulting staff does not have a minimum patient requirement; shall consist of members who meet the general qualifications set forth in the Bylaws; will provide limited services; and are required to practice with another fully privileged member of the medical staff.*

Qualifications:

To be eligible for privileges in Colon/Rectal Surgery, the applicant must meet the following qualifications:

- Successful completion of an approved residency program in general surgery accredited by the ACGME, AOA, or equivalent and successful completion of a residency / Fellowship in colorectal surgery ; **and**
- Current certification or eligibility to participate in the examination process leading to certification in colon and rectal surgery by the American Board of Colon and Rectal Surgery; **and**
- Acceptable practice in the privileges requested.

Colon/Rectal Surgery Privileges (Please indicate with a check mark the privileges requested)

- Admit; evaluate; diagnose; consult; provide pre-, intra-, and postoperative surgical care;
- Perform surgical procedures for patients of all ages-except where specifically excluded from practice.
- Biliary tract surgery, including liver biopsy, with colon resection only
- Colon surgery for benign or malignant disease
- Laparotomy for diagnostic or exploratory purposes or for management of intra-abdominal abscess
- Regional lymphadenectomy
- Small bowel surgery for benign or malignant disease
- Gastroduodenal bypass procedures for inflammatory bowel disease or polyps
- Anorectal plastic procedures
- Anoscopy
- Excision or repair of fistulas/fissures (anal, rectovaginal, rectovesical)
- Incision and drainage of abscess
- Management of soft-tissue tumors, inflammation and infection of anorectal region including pilonidal cyst
- Proctosigmoidoscopy, with biopsy or polypectomy
- Repair of rectocele and cystocele
- Repair or excision of prolapse and rectal incontinence
- Abdominoperineal resection
- Sphincterotomy

Special procedures privileges (Please indicate with a check mark the privileges requested)

To be eligible to apply for a special procedure privilege listed below, the applicant must demonstrate successful completion of an approved and recognized course or acceptable supervised training in residency, fellowship, or other acceptable experience; and provide documentation of competence in performing that procedure within the last 2 years, consistent with the criteria set forth here.

Procedure	Criteria	Requested	Recommended	Not Recommended
Colonoscopy and colonoscopic surgery including polypectomy, biopsy and control of hemorrhage, tattoo	6 cases			
Laparoscopic bowel and colon surgery; appendectomy	6 cases			
Diagnostic Sigmoidoscopy, fiberoptic with biopsy	6 cases			
Sigmoidoscopy, fiberoptic with polypectomy	6 cases			
Moderate Sedation*	ACLS			

*** Moderate Sedation:**

Promoting a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patient airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

Acknowledgement of practitioner:

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform, and that I wish to exercise at **Harris Methodist Southlake**, and

I understand that:

- (a) In exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- (b) Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Signed: _____

Date: _____

Credentials Committee Recommendations: ____ Recommend ____ Deny

I have reviewed the requested clinical privileges and supportive documentation for the above named applicant and recommend action on the privileges as noted above.

Signed: _____

Date: _____

Recommended/Not recommended with the following modification(s) and reason(s):
