

General 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 general surgery, the applicant must meet the following qualifications:

- Documentation of the performance of at least 100 general surgical procedures during the past two years or demonstrated successful completion of a hospital-affiliated formalized residency or clinical fellowship in the past two years; **and**
- Current certification or eligibility to participate in the examination process leading to certification in general surgery by the American Board of Surgery, or the American Osteopathic Board of Surgery; **and**
- Successful completion of a postgraduate residency in general surgery accredited by the ACGME, AOA, or equivalent.

General Surgery Privileges: (Please indicate with a check mark the privileges requested)

- Privileges to 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 and except for those Special Procedure Privileges;
- To correct or treat various conditions, illnesses, and injuries of the alimentary tract, abdomen and its contents, breast, skin, soft tissue, head and neck, endocrine system;
- Minor extremity surgery;
- Insertion and management of: arterial catheters; chest tubes; central venous catheters;
- Amputations: above the knee; below knee; transmetatarsal; digits
- Appendectomy;
- Breast: Complete mastectomy with or without axillary lymph node dissection; excision of breast lesion; breast biopsy, incision and drainage of abscess, modified radical mastectomy, operation for gynecomastia, partial mastectomy with or without lymph node dissection, radical mastectomy, subcutaneous mastectomy

- Drainage of intra-abdominal abscess
- Enterostomy (feeding or decompression)
- Excision of fistula in ano/fistulotomy, rectal lesion
- Excision of restrosternal thyroid tumors
- Excision of thyroglossal duct cyst
- Ganglionectomy
- Gastric operations for cancer (radical, partial, or total gastrectomy)
- Gastric procedures for morbid obesity (open)
- Gastro duodenal surgery
- Gastrostomy (feeding or decompression)
- Hysterectomy as part of general surgical procedure
- Incision/drainage of pelvic abscess
- Incision/drainage/debridement: perirectal abscess
- Incision/excision of pilonidal cyst
- Intraoral surgery, local excision
- Laparoscopic appendectomy, cholecystectomy
- Liver biopsy (intro-operative)
- Management of burns (minor)
- Management of soft tissue tumors, inflammations, and infections of anorectal region
- Operations on gallbladder, biliary tract, bile ducts, hepatic ducts, excluding biliary tract reconstruction
- Parathyroidectomy
- Peritoneovenous drainage procedures for relief or ascites
- Radical regional lymph node dissections, excluding radical neck dissection, retroperitoneal, pelvic and inguinal
- Removal of ganglion (palm or wrist; flexor sheath)
- Repair of perforated viscus (gastric, small intestine, large intestine)
- Scalene node biopsy
- Skin grafts (partial thickness, simple)
- Splenectomy (therapeutic)
- Surgery of the abdominal wall, including management of all forms of hernias, including diaphragmatic hernias, inguinal hernias, and orchiectomy in association with hernia repair
- Tracheostomy
- Thyroidectomy

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
Advanced laparoscopic surgery	10 cases			
Gastric Bypass – Laparoscopic	6 cases			

Sentinel node biopsy for cancer	10 cases			
Lap-Band – Adjustable Gastric Banding System	6 cases			
Transoral Incisionless Fundoplication (TIF)	6 cases			
Intraoperative Ultra Sound	10 cases			

If the procedure that you are interested in is not included on this form, please provide a separate written request and appropriate documentation of training and experience.

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):
