

Plastic 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 plastic surgery, the applicant must meet the following qualifications:

- Demonstration of the performance of at least 100 plastic surgery procedures in the past two years, or 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 plastic and/or reconstructive surgery by the American Board of Plastic Surgery or the American Osteopathic Board of Surgery; **And**
- Successful completion of an ACGME- or AOA-accredited residency in plastic and reconstructive surgery.

Please indicate with a check mark the Groups requested.

_____ **Group 1: Breast Privileges (Please indicate with a check mark the privileges requested)**

- Privileges to admit, evaluate, diagnose, and perform surgical procedures related to the breast, for male and female patients of all ages—except as specifically excluded from practice and except for those special procedure privileges listed below.
- Tissue expander reconstruction;
- Implants;
- TRAM flaps;
- Latissimus dorsi muscle flap;
- Breast augmentation;
- Breast reduction;
- Breast lift (Mastopexy);
- Saline implants;

- Silicone gel implant/silicone gel protocol;
- Breast biopsies;
- Secondary breast revision, including periprosthetic capsulectomy.

_____ **Group 2. Aesthetic/Cosmetic privileges (Please indicate with a check mark the privileges requested)**

- Privileges to admit, evaluate, diagnose, and perform surgical procedures related to the head, neck, trunk, and extremities for patients of all ages—except as specifically excluded from practice and except for those special procedure privileges listed below.
- Aesthetic/Cosmetic surgery of the head, neck, trunk and extremities
 - Face/neck lift;
 - Eyelid surgery;
 - Ear surgery;
 - Trunk abdominoplasty;
 - Breast augmentation;
 - Brow lift (with or without endoscopic assistance)
 - Injections for contour restorations, scar revision, and aging skin.
 - Liposuction – head, neck, trunk and extremity (with or without ultrasonic assistance):
 - Facial cosmetic surgery;
 - Brow lift;
 - Cheek lift;
- Nasal surgery including septum, turbinates, and nasal fractures (Chronic and Acute)
- Ear surgery;
- Trunk abdominoplasty;
- Trunk lift;
- Lifts to the extremities;
- Chemical Peel;
- Laser resurfacing;
- Breast augmentation;
- Injection procedures for contour restorations, scar revision and aging skin including, but not limited to:
 - Fat injections, Botox injections, Collagen injections and Restylane.

_____ **Group 3. Hand/Lower Extremity Surgery Privileges (Please indicate with a check mark the privileges requested)**

- Privileges to admit, evaluate, diagnose, and perform surgical procedures related to the hand and lower extremities for patients of all ages—except as specifically excluded from practice and except for those special procedure privileges listed below.
- Release of soft tissue scar and revision;
- Tendon repair;
- Nerve grafting;
- Tunnel releases;
- Bone fixation of hand fractures distal to the carpal row;
- Cancer excision/reconstruction.

_____ Group 4. Skin Lesions/Trauma Privileges/General Reconstruction (Please indicate with a check mark the privileges requested)

- Privileges to admit, evaluate, diagnose, and perform surgical procedures for patients of all ages—except as specifically excluded from practice and except for those special procedure privileges listed below.
- Treatment of tumors of the skin and intra-oral cavity;
- Treatment and closure of traumatic r other wounds with primary closure, grafts, and flaps;
- Burn care for patients with minimum burns.
- Decubitus ulcers: Debridement/reconstruction with flaps, grafts
- Release of soft tissue scar and revision
- Cancer excision/reconstruction.
- Maxillofacial fractures and frontal sinus fractures reconstruction with plates and /or bone grafting

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
Microvascular tissue transfer free flaps with microvascular privileges:				
• Breast reconstruction with microvascular free flaps	6 cases			
• Extremity, trunk, head and neck reconstruction with microvascular free flaps	6 cases			
Extremity surgery, specialty hand surgery, bone fixation, carpal row and proximal including, but not limited to: scaphoid reconstruction, carpal bone reconstruction, radius and ulnar reconstruction with fixation devices.	6 cases			
Congenital anomalies:				
• Cleft lip and palate primary and secondary reconstruction	6 cases			
• Reconstruction congenital deformities of the hands, including, but not limited to syndactyly, polydactyly	6 cases			
Maxillofacial soft tissue and bone trauma:				
• Pediatric craniofacial reconstruction	6 cases			
• Facial nerve reconstruction including harvesting of nerve grafts	6 cases			
• Parotid tumor, benign and malignant, excision and reconstruction	6 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):
