

Privileges for: **Neurosurgery**

Request

ST. ELIZABETH - EDGEWOOD
ST. ELIZABETH - FLORENCE
ST. ELIZABETH - FT. THOMAS
ST. ELIZABETH - GRANT CO. (Surgical & other invasive procedures requiring general anesthetic are not offered)

MEC Approval: August 27, 2009; Rev. November 15, 2012, February 27, 2014

Board Approval: September 14, 2009; Rev. January 7, 2013, May 5, 2014

DEPARTMENT APPROVAL

_____ Approved _____ Disapproved

Department/Section Chair Signature Date

MINIMUM REQUIREMENTS

Degree required: MD or DO

Successful completion of an ACGME or AOA accredited residency in neurosurgery.

Note: For Practitioners (excluding AHPs) who apply for membership after March 2, 2009 be and remain (with a lapse of no longer than one year) board certified in their principal practice specialty, or become and remain (with a lapse of no longer than one year) board certified within six years of completion of their post-graduate medical training. Only those boards recognized by the American Board of Medical Specialties or the American Osteopathic Association are acceptable. This board certification requirement does not apply to applicants who on March 2, 2009 were members in good standing on the medical staff of the St. Luke Hospitals or St. Elizabeth Medical Center.

PRIVILEGES REQUESTED

Pursuant to Bylaws Section 6.1.4, practitioners may exercise the privileges requested and awarded below only at facilities where St. Elizabeth Healthcare offers those services.

I. Core Privileges: Core privileges in neurosurgery include the care, treatment or services listed immediately below. I specifically acknowledge that board certification alone does not necessarily qualify me to perform all core privileges or assure competence in all clinical areas. By signing this request, I believe that my specific training, experience and current competence qualifies me to perform each privilege that I have requested by checking in the spaces below. Please line through and initial any specific privileges within a checked privilege group that you are not requesting.

DESCRIPTION OF CORE PRIVILEGES

Moderate Sedation (requires proof of (a) board certification in Anesthesiology, Cardiology, Critical Care, Pulmonology or Emergency Medicine or (b) current ACLS Certification or (c) satisfactory completion of the ASA Moderate Sedation course

Anesthesia Section Chair Date

Admit patients; perform histories and physicals; evaluate, diagnose, consult and provide nonoperative and pre-, intra-, and postoperative care to patients of all ages presenting with injuries or disorders of the central, peripheral, and autonomic nervous system, including their supporting structures and vascular supply; the evaluation and treatment of pathological processes that modify function or activity of the nervous system, including the hypophysis; and the operative and nonoperative management of pain. These privileges include the care of patients with disorders of the nervous system (e.g., the brain, meninges, skull, and their blood supply, including the extracranial carotid and vertebral arteries); disorders of the pituitary gland; disorders of the spinal cord, meninges, and vertebral column; and disorders of the cranial and spinal nerves throughout their distribution.

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Procedures include: ablative surgery for epilepsy; all types of craniotomies, craniectomies, and reconstructive procedures (including microscopic) on the skull, including surgery on the brain, meninges, pituitary gland, and cranial nerves, and including surgery for cranial trauma and intra-cranial vascular lesions; angiography; cordotomy, rhizotomy, and dorsal column stimulators for the relief of pain; endoscopic minimally invasive surgery; epidural steroid injections for pain; insertion of subarachnoid or epidural catheter with reservoir or pump for drug infusion or cerebrospinal fluid (CSF) withdrawal; laminectomies, laminotomies, and fixation and reconstructive procedures of the spine and its contents, including instrumentation; lumbar puncture, cisternal puncture, ventricular tap, and subdural tap; lumbar subarachnoid-peritoneal shunt; management of congenital anomalies (e.g. encephalocele, meningocele, and myelomeningocele); muscle biopsy; myelography; nerve biopsy; nerve blocks; ordering of diagnostic studies and procedures related to neurological problems or disorders; peripheral nerve procedures on the peripheral nerves; posterior fossa microvascular decompression procedures; radiofrequency ablation; selective blocks for pain medicine and stellate ganglion blocks; shunts: ventriculoperitoneal, ventriculoatrial, ventriculopleural, subdural peritoneal, lumbar subarachnoid/peritoneal (or other cavity); spinal cord surgery for decompression of spinal cord or spinal canal, for intramedullary lesion, intradural extramedullary lesion, rhizotomy, cordotomy, dorsal root entry zone lesion, and tethered spinal cord or other congenital anomalies (e.g. diastematomyelia); stereotaxic surgery; surgery for intervertebral disc disease; surgery on the sympathetic nervous system; transsphenoidal procedures for lesions of the sellar or par-sellar region and fluid leak or fracture; ultrasonic surgery procedures; ventricular shunt operation for hydrocephalus, revision of shunt operation, and ventriculocisternostomy; ventriculography

Thoracic lumbar vertebroplasty

Thoracic lumbar kyphoplasty

Limited Neurosurgical Interventions:

Epidural steroid injection

Medial branch nerve blocks

Radial frequency ablation for peripheral nerves

Spinal cord stimulator trials (inserting temporary probes)

Joint injections

II. Additional Privileges: In addition to the core privileges requested above, I am requesting the additional privileges below. In addition to meeting the minimum requirements for core privileges, applicants must provide documentation (fellowship completion, training course certification, letter from program director or department chair at primary hospital, etc.) demonstrating appropriate education, training, ability and current competence. Credentialing bodies or persons may request additional documentation or information. By signing this request, I believe that my specific training, experience and current competence qualifies me to perform each privilege that I have requested by checking in the spaces below.

DESCRIPTION OF ADDITIONAL PRIVILEGES

CO2

(ADDITIONAL REQUIREMENT: Proof of Competency)

Percutaneous vertebroplasty

Balloon kyphoplasty

Deep brain stimulation

Mechanical retriever

Endoscopic laser foraminoplasty

Transcranial Doppler ultrasonography

Percutaneous lumbar discectomy

Coil occlusion of aneurysms

Artificial disc replacement

Stereotactic radiosurgery

Carotid endarterectomy

Carotid stenting

Midas Rex

Fluoroscopy

(ADDITIONAL REQUIREMENT: Radiation Safety certification required.)

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I agree that the use of my electronic signature below indicates my intent to sign this document as if it were my original handwritten signature.

Applicants Signature: _____ Date: _____