

Privileges for: **Obstetrics and Gynecology**

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)

This delineation of privileges applies to ST. ELIZABETH EDGEWOOD, FLORENCE, FT. THOMAS and/or GRANT COUNTY. Site-specific privileges are indicated. All other privileges may be performed at all sites.

Document Review: MEC Approval 8/27/2009; Rev. 7/25/2013, 12/19/2013, 2/27/2014; 1.23.2015; 3.26.2015, 8.25.2016  
Board approval 8/27/2009, Rev. 5/5/2014; 3.2.2015; 5.4.2015; 9.24.2015, 11.7.2016

DEPARTMENT APPROVAL

\_\_\_\_\_ Approved      \_\_\_\_\_ Disapproved

\_\_\_\_\_  
Department/Section Chair Signature

\_\_\_\_\_  
Date

**Special Note:** By applying for these privileges, applicant agrees to abide by all provisions of the Ethical and Religious Directives for Catholic Healthcare Services published by the U. S. Conference of Catholic Bishops, as those provisions may be amended from time to time. In the event there is a conflict between the Directives and these privileges, the Directives govern.

There are five categories of Obstetrics/Gynecology Physicians: Full Status Obstetrics/Gynecology Physicians; Maternal/Fetal Medicine Physicians; Gynecologic Oncologists; Female Pelvic Medicine and Reconstructive Surgery, and Reproductive Endocrinology and Infertility Physicians. The minimum requirements for all categories appear first. Additional requirements and the common core of privileges for each category follow. Specific procedures are last.

MINIMUM REQUIREMENTS FOR ALL CATEGORIES

Degree required: MD or DO

**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 obstetrics/gynecology 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

\_\_\_\_\_  
Admit patients and perform histories and physicals

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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).

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Request


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 Anesthesia Section Chair

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 Date
**CATEGORY I: Full Status Obstetrics/ Gynecology Physician****Minimum Requirements****Successful completion of ACGME or AOA approved residency training program in Obstetrics/Gynecology****Board certification per "Note" above**

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Evaluation, diagnosis, treatment, and consultation respecting female patients presenting in any condition or stage of pregnancy as well as injuries and disorders of the reproductive system, including deliveries (Cesarean section; vertex delivery; outlet forceps delivery; low forceps delivery; rotational forceps delivery; breech delivery; breech assisted delivery; breech extracted-total delivery), interpretation of FHR monitoring tests, artificial rupture of membranes; scalp electrode and IUPC placement; fetal scalp sampling; amnioinfusion; induction and augmentation of labor and management of prolonged labor; use of induction agents and oxytocin; management of multiple pregnancy; cerclage of cervix; circumcision of newborn; 1st trimester ultrasound; level I ultrasound in 2d and 3d trimester; repair of vaginal, perineal and cervical lacerations; amniocentesis for lung maturity; ultrasound-guided amniocentesis; repair of vaginal hematoma; repair of ruptured uterus; cesarean hysterectomy; manual placental removal; dilation and curettage; resuscitation of newborn; management of major medical and surgical complications of pregnancy; vacuum extraction; breech extracted-partial; and version and extraction. (EDGEWOOD ONLY PROVIDES LABOR AND DELIVERY SERVICES)

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Evaluation, diagnosis, treatment, and consultation respecting female patients presenting with illnesses, injuries and disorders of the gynecological or genitourinary system, including excision of perineal, vulvar, vaginal or cervical lesions or tumors; lysis of adhesions; myomectomy; perineorrhaphy; uterine suspension; Bartholin gland excision or marsupialization; removal of ectopic pregnancy; hymenotomy/hymenectomy; salpingoophorectomy; rectovaginal and vesicovaginal fistula repair; ovarian cystectomy; Burch vesicopexy; repair of cystocele, rectocele and/or enterocele; laparoscopic assisted vaginal hysterectomy; vaginal hysterectomy, with or without salpingoophorectomy; diagnostic and therapeutic dilation and curettage; abdominal hysterectomy, total or subtotal, with or without salpingoophorectomy; myomectomy; hydatidiform molar evacuation; amputation, biopsy or cauterization of cervix; salpingectomy, conization and/or LEEP; salpingostomy, oophorectomy; colposcopy; ovarian cystectomy; culdocentesis; ovarian wedge resection; colpotomy; pelvic abscess and/or hematoma drainage; diagnostic and therapeutic hysteroscopy; diagnostic laparoscopy; operative laparoscopy; hysterosalpingogram; ultrasounds; and endometrial ablation.

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Assist in GYN surgeries (when provider does not have Labor & Delivery responsibilities)

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Vaginal vault suspension; uterine suspension (advanced procedures need additional proof of training)

**CATEGORY II: Maternal/Fetal Medicine Physician****Minimum Requirements****Successful completion of ACGME or AOA approved residency training program in Obstetrics/Gynecology with an approved fellowship in maternal/fetal medicine****Board certification in maternal/fetal medicine see "Note" above**

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Maternal/Fetal Medicine privileges include all Category I privileges, plus the ability to admit, evaluate, diagnose, treat, and provide consultation to adolescent and adult female patients with medical and surgical complications of pregnancy (e.g., maternal cardiac, pulmonary, metabolic, and connective tissue disorders, as well as fetal malformations, conditions, or disease). The MFM specialist may provide care to patients in the intensive care setting in conformance with unit policies. Core privileges also include the ability to assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. Core procedures include Chorionic villus sampling; Diagnostic laparoscopy; Fetoscopy/embryoscopy; Genetic amniocentesis; In utero fetal shunt placement; In utero fetal transfusion; Interoperative support to obstetrician as requested, including operative first assist; Laparoscopic enterolysis; Obstetrical ultrasound, including Doppler studies; and Percutaneous umbilical blood sampling. (EDGEWOOD ONLY PROVIDES LABOR AND DELIVERY SERVICES)

**CATEGORY III: Gynecologic Oncologist****Minimum Requirements****Successful completion of ACGME or AOA approved residency training program in obstetrics/gynecology with an approved fellowship in gynecologic oncology****Board certification in Gynecologic Oncology see "Note" above**

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**Request**

Gynecologic Oncologist privileges include all Category I privileges, plus the evaluation, screening and diagnosis of cancers of the female reproductive system; Selection of the appropriate treatment to recommend to patients, based on the nuances of the specific disease; Performance of surgical treatment including radical pelvic procedures; Management of gastrointestinal, urologic, and vascular problems caused by gynecologic cancer or its treatment; Planning and implementation of outpatient and inpatient chemotherapy treatment; Placement of radioactive delivery systems; Management of radiation complications such as genitourinary and intestinal fistulae and ureteral and intestinal obstructions; Provision of post-treatment surveillance, panniculectomy, lymphadenectomy, dissection for vulvar cancer, and ureteral stent placement and biopsy only.

Sentinel node biopsy (requires 5 proctored cases or 5 documented cases during fellowship)

**CATEGORY IV: Reproductive Endocrinology and Infertility Physician****Minimum Requirements**

**Successful completion of ACGME or AOA approved residency training program in obstetrics/gynecology with an approved fellowship in reproductive infertility**

**Board certification in Reproductive Endocrinology and Infertility see "Note" above**

Reproductive Endocrinology and Infertility privileges include all Category I privileges, plus admit, evaluate, diagnose, treat, and provide inpatient or outpatient consultation to adolescent and adult patients with fertility problems. The REI specialist may provide care to patients in the intensive care setting in conformance with unit policies and may assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. Core procedures in REI include Cannulation of fallopian tubes under fluoroscopy; Infertility and endocrine evaluation including ovulation induction, diagnosis and treatment of hirsutism, amenorrhea, hyperprolactinemia; Microsurgical tubal reanastomosis and tubouterine implantation; Operative and diagnostic hysteroscopy including myomectomy, polypectomy, lysis of adhesions, septoplasty and tubal cannulation.

**CATEGORY V: Female Pelvic Medicine and Reconstructive Surgery (FPMS or Urogynecology)****Minimum Requirements**

**Successful completion of ACGME or AOA approved residency training program in obstetrics/gynecology with an approved 3 year fellowship in Female Pelvic Medicine and Reconstructive Surgery (FPMS or Uro-gynecology)**

**Board certification in see "Note" above**

Proximal Level I Pelvic Support Surgery (i.e. colpopexy or hysteropexy) involving the vaginal vault and/or uterus/cervix: uterosacral ligament suspension; sacrospinous ligament fixation; iliococcygeal suspension; sacrocolpopexy open or laparoscopic/robotic with mesh augmentation; hysteropexy with or without mesh augmentation; cervicopexy with or without mesh augmentation. (requires proof of competency)

Distal Level II/III Pelvic Support Surgery involving anterior prolapse repair (aka cystocele repair; urethrocele; paravaginal repair) or posterior prolapse repair (aka rectocele or perineocele repair) - with or without graft augmentation (i.e. polypropylene mesh, cadaveric or biologic materials) (requires proof of competency)

Culdoplasty (i.e. Halban's or Moskowitz approach) and/or enterocele repair (i.e. McCall's, modified McCall's)

Stress Incontinence Surgery: obturator type urethral sling; retropubic type urethral sling; urethropexy (i.e. Burch, paravaginal repair) open or laparoscopic/robotic; intravesical bulking agents; pubovaginal sling with graft (i.e. mesh, cadaveric or biological); bladder neck suspension

Intravesical Botox Injections via cystoscopy

Pelvic Floor Injections with or without Botox

InterStim Sacral Nerve Stimulation Implant (requires fluoroscopy) - requires submission of certificates and/or documentation of specific training and competency from Program Director

Repair of vesicovaginal fistula with or without flap advancement (i.e. fat, martius, vaginal Latzko, omental), via vaginal or open or laparoscopic/robotic approach

Repair of urethrovaginal fistula with or without flap advancement (i.e. fat, martius, vaginal Latzko, omental), via vaginal or open or laparoscopic/robotic approach

Repair of rectovaginal fistula or fistula-in-ano/rectoanal fistula with or without flap advancement (i.e. fat, martius, vaginal Latzko, omental), via vaginal or open or laparoscopic/robotic approach

Repair of anal sphincter (i.e. sphincteroplasty; repair of obstetric anal sphincter injury)

Labioplasty (i.e. labial surgery and/or labial reduction)

Clitoral surgery (i.e. reversal of Female Genital Mutilation {FGM} procedure; excision of clitoral mass)

Vaginoplasty (i.e. McEndoe procedure; repair or vaginal stenosis or vaginal agenesis)

Vaginal Closure Surgery (i.e. LeFort Colpocleisis, Colpectomy)

Vaginal ablation (i.e. Mona Lisa laser, ThermiVa radiofrequency) - proof of competency required

Excision/removal of graft material (i.e. mesh, cadaveric or biologic) or suture via vaginal or open/abdominal or cystoscopic or laparoscopic/robotic approach

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- \_\_\_\_\_ Urethral diverticulectomy and/or excision of urethral cyst (i.e. cyst, polyp, caruncle, mass, or lesion)
- \_\_\_\_\_ Vaginal cyst drainage and/or excision (i.e. Gartner's Duct Cyst, Bartholin's Gland Cyst, Skene's Gland Cyst, Anterior or Posterior Wall Cyst)
- \_\_\_\_\_ Cystotomy and repair, via vaginal approach or open/abdominal or laparoscopic/robotic
- \_\_\_\_\_ Urethrotomy and repair, via vaginal approach or open/abdominal or laparoscopic/robotic
- \_\_\_\_\_ Endoscopic Procedures - Cystoscopy/urethroscopy (flexible or rigid), operative or diagnostic, with or without urethral dilation; mechanical, laser, bladder neck incision; transurethral surgery for urethrotomy and repair; direct vision internal urethrotomy;; direct vision internal cystotomy and repair
- \_\_\_\_\_ Placement of suprapubic catheter
- \_\_\_\_\_ Transurethral or transvesical stenting of a ureter with or without removal of stent

**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.**

**The below listed privileges may be part of the core privileges for certain OB/GYN subspecialties.**

**DESCRIPTION OF ADDITIONAL PRIVILEGES**

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**(ADDITIONAL PRIVILEGES: Proof of Competency)**

\_\_\_\_\_ KTP/YAG

**(ADDITIONAL PRIVILEGES: Proof of Competency)**

- \_\_\_\_\_ Laser surgery of the vulva, vagina, cervix
- \_\_\_\_\_ Laparoscopy or Laparoscopic laser surgery
- \_\_\_\_\_ Retropubic slings (non-operative cystoscopy required)
- \_\_\_\_\_ Obturator slings (non-operative cystoscopy required)
- \_\_\_\_\_ Non-operative cystoscopy
- \_\_\_\_\_ Operative cystoscopy (GYN Oncology & Uro-Gyn only) - (5 proctored cases required)
- \_\_\_\_\_ Breast biopsy
- \_\_\_\_\_ Panniculectomy
- \_\_\_\_\_ Incidental appendectomy
- \_\_\_\_\_ Pre-sacral neurectomy
  
- \_\_\_\_\_ Repair of anal sphincter (i.e. sphincteroplasty; repair of obstetric anal sphincter injury)
- \_\_\_\_\_ Labioplasty (i.e. labial surgery and/or labial reduction)
- \_\_\_\_\_ Clitoral surgery (i.e. reversal of Female Genital Mutilation {FGM} procedure; excision of clitoral mass)
- \_\_\_\_\_ Vaginoplasty (i.e. McEnder procedure; repair or vaginal stenosis or vaginal agenesis)
- \_\_\_\_\_ Vaginal Closure Surgery (i.e. LeFort Colpocleisis, Colpectomy)
- \_\_\_\_\_ Vaginal ablation (i.e. Mona Lisa laser, ThermoVaradiofrequency) - proof of competency required
- \_\_\_\_\_ Vaginal cyst drainage and/or excision (i.e. Gartner's Duct Cyst, Bartholin's Gland Cyst, Skene's Gland Cyst, Anterior or Posterior Wall Cyst)
- \_\_\_\_\_ Cystotomy and repair, via vaginal approach or open/abdominal or laparoscopic/robotic
- \_\_\_\_\_ Placement of suprapubic catheter

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Sacrocolpopexy for Pelvic Organ Prolapse (Robotic/Open/Laparoscopic) - The applicant shall document ONE OF THE FOLLOWING:

1. Successful completion of a fellowship in Female Pelvic Medicine and Reconstructive Surgery; with evidence of at least 10 sacrocolpopexy procedures in fellowship; OR
2. Successful completion of training to perform this procedure during obstetrics and gynecology residency, with a case list documenting at least ten sacrocolpopexy procedures during the training period; AND be proctored for at least 5 procedures or as many as deemed sufficient; OR
3. Evidence of experience with the procedure (privileges at an outside institution) to include a case list documenting at least ten sacrocolpopexy procedures during the past 2 years AND be proctored for at least 5 procedures or as many as deemed sufficient by the proctor; OR
4. Post-residency training including;
  - a. Documentation of at least 2 consecutive 6-hour days of didactic cadaver-based pelvic reconstruction training, approved by AUGS or SGS; AND
  - b. Documentation of at least 2 consecutive 6-hour days of didactic cadaver-based training in sacrocolpopexy, approved by AUGS or SGS; AND
  - c. Completion of five (5) \*supervised sacrocolpopexy procedures by an SEH privileged Member who has reviewed the cases in advance for patient selection, AND at least five (5) \*\*proctored cases following completion of the two courses, and the supervised procedures, to develop and demonstrate proficiency.

**MAINTENANCE OF PRIVILEGES:**

Ongoing caseload of fifteen (15) total procedures per 2 years and annual CME in Female Pelvic Medicine and Reconstructive Surgery

\*Supervisor/Preceptor - SEH Surgeon privileged in this procedure who scrubs in and may assist

\*\*Proctor - one with expertise in this procedure who does not scrub in but observes and may offer suggestions

Fluoroscopy (ADDITIONAL REQUIREMENT: Radiation Safety certification required.)

Robotic surgery for BASIC gynecological surgical procedures (EDGEWOOD, FT. THOMAS, FLORENCE) - Adnexal surgery, hysterectomy for uterus up to 16 week clinical size; myomectomies for fibroids > 8 cm on imaging studies - (5 proctored cases-see training details below)

Robotic surgery for ADVANCED gynecological surgical procedures (EDGEWOOD, FT. THOMAS, FLORENCE) - hysterectomy for uterus > 16 week clinical size; myomectomies for fibroids > 8 cm on imaging studies or clinically > 10 cm; fertility surgery and oncology surgery - (8 proctored cases - see training details below)

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See criteria below and note which procedures are defined as "Basic" and "Advanced". The applicable criteria will be applied based on training and/or experience.

**Applicants without Documented Robotic Experience:**

1. Applicant must be board eligible or board certified within the specialty requested.
2. Applicant, regardless of specialty, must have full videoscopic or open privileges for each procedure to be performed with robotic assistance.
3. Documentation of completion of a formal training program in robotic surgery specific to the subspecialty. The program length should be a minimum of two days, providing both didactic and hands-on animal or cadaver laboratory training with the curriculum specifically tailored for each specialty and application. The clinical chief will determine the adequacy of the formal training.
4. Proctored for a minimum of 5 basic robotic cases. If advanced robotic privileges are requested, then 3 additional cases must be proctored, of which all must be advanced robotic cases. Proctoring Form completed with observed competency. Selected proctor must be approved by the Robotics Committee Chairman. A minimum of 20 cases within the scope of practice are required to qualify as a proctor.
5. Completion of basic robotics surgical customer training online course.
6. Completion of robotic surgical simulation training program or documentation of at least 10 lab session practicing knot tying and suturing for at least 30 minutes.

**Applicants with Current Unrestricted Robotic Clinical Privileges from another Hospital:**

1. Applicant must be board eligible or board certified within the specialty requested.
2. Must be granted privileges to perform the intended robotic procedure by another technique.
3. Case log of procedures being requested with a minimum within the past year. ( 15 for Gyn; 7 for all other specialties)
4. Letter of support from the previous department director
5. Previous completion of basic surgical customer training online course.

**Applicants that received Residency Training in Robotics:**

1. Applicant must be board eligible within the requested specialty.
2. Must be granted privileges to perform the intended robotic procedure by another technique.
3. Case log of procedures being requested must show distinction between Primary/Assisting Surgeon. A minimum of 20 cases is preferred
4. Letter of support from residency/fellowship training program director.
5. Proctored for a minimum of 5 basic robotic cases. If advanced robotic privileges are requested, then 3 additional cases must be proctored, of which all must be advanced robotic cases.

**NOTE:** The appropriateness of using the robot for particular cases is subject to review by the Robotic Surgery Committee Director and the respective Department Clinical Chief. Select procedures may require approval by the Robotic Surgery Committee prior to scheduling of the procedure.

**New applicants -** The above requirements will be effective for all new applicants after January 1, 2014. Applicants currently in training will credential under the previous privileging guidelines. Surgeons currently credentialed are grandfathered under the previous privileging criteria. Reappointment credentials will apply to all beginning January 2015.

**Reappointment for all Applicants:** Applicants must have a documented case log with a minimum of 7 cases within the last year and 15 cases within the last 2 years. Surgeons failing to meet this requirement in the 1 year period preceding reappointment may have such privileges renewed for no more than a 1 year period. Failure to meet the minimum case volume for two consecutive years shall result in a loss of eligibility, which can then be restored only through completion of additional training and/or proctored cases sufficient to demonstrate current proficiency. The reappointment criteria will be effective for all reappointments beginning January 1, 2015.

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.

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Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_