



**Department of Surgery  
NEUROSURGERY**  
Delineation of Privileges

**Please Print Name** \_\_\_\_\_

**QUALIFICATIONS:** Licensed physician (DO or MD) as defined in the Surgery Department Rules and Regulations with appropriate specialty training.

**Of the following, indicate particular privileges requested:** Privileges granted herein permit the physician to treat patients without limitation, for all inpatient and outpatient areas, intensive care units, and Emergency Department.

**(REQ=Requested) - (APP=Approved)**

REQ	APP	Privilege Requested:
		Admit patients with neurosurgery related problems; provide consultation for neurosurgery related problems; order diagnostic tests and procedures related to neurosurgery problems; and treat patients with neurosurgery problems.

**CORE PROCEDURAL PRIVILEGES:** All neurosurgeons are eligible to apply for the following core procedures. A letter from the residency program director confirming training/experience in procedures requested for all new applicants who have recently (within the past 5 years) completed training. Applicants should provide a copy of procedural case logs from their training program. Applicants out of training over 5 years must provide documentation of training and recent experience.

REQ	APP	Privilege Requested:
		Craniotomy for intra-cranial lesions
		All procedures for spinal cord and spine
		All congenital neurological defects
		All procedures of cranial nerves, peripheral nerves and autonomic nervous system

**SPECIAL PROCEDURES:** Documentation of training/expertise must be submitted when requesting the following. Neurosurgeons with appropriate specialty training/experience are eligible to apply for the following special procedures, provided that specific criteria are met (when applicable).

*REQ	APP	PRIVILEGE REQUESTED
		All carotid, vertebral, and extracranial intracranial anastomosis vascular procedures
		Laser: <input type="checkbox"/> Argon <input type="checkbox"/> CO <sub>2</sub> <input type="checkbox"/> KTP <input type="checkbox"/> YAG <input type="checkbox"/> Holmium
		VNS (Vagus Nerve Stimulation)
		Conscious Sedation

I have reviewed the list of procedures and have checked the ones to which I am limiting my practice; and having been trained accordingly, I am requesting permission to perform these procedures. By my signature below, I certify that my malpractice insurance will cover, to the dollar limits required by the Medical Staff Bylaws, my exercise of the above requested privileges.

<b>Applicant's Signature:</b>	<b>Date:</b>
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**DEPARTMENTAL REPORT AND RECOMMENDATION:** Upon review of all the credentialing information available with particular focus on education/training, experience, current competence and ability to perform the specific privileges requested, I recommend the applicant as capable of carrying out duties and is competent to perform each of the specific privileges as designated above.

<b>Signature: Surgery Department Chairman/Vice Chairman</b>	<b>Date:</b>
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Date: \_\_\_\_\_  
          Credentials approval

Date: \_\_\_\_\_  
          Medical Executive approval

Date: \_\_\_\_\_  
          Board of Directors approval

**NEUROSURGERY**  
Criteria for Granting Privileges

**VNS (VAGUS NERVE STIMULATION)**

A physician requesting VNS privileges will be a licensed MD or DO surgeon with ENT, cardiac, vascular privileges or a neurosurgeon.

The criteria for patients is as follows:

1. VNS is indicated for use as an adjunctive therapy in reducing the frequency of seizures in adults and adolescents over 12 years of age with partial onset seizures which are refractory to antiepileptic medications.
2. All patients admitted for surgery must have a neurologist on the case to monitor the vagus nerve stimulator, settings and patient progress.
3. Consent must be specific to the procedure and include documentation that the risks and benefits were discussed with the patient.
4. The first ten cases performed will be reviewed for documentation of any side effects from the neurologist following the patient.

**LASER PRIVILEGES**

Current proficiency and knowledge of laser procedures:

- a. Laser surgery course with content consistent with the privileges being requested; or
- b. Letter from a residency director documentation of a training course for the privileges being requested; or
- c. Letter of explanation which requests that these privileges be granted without the above requirements being met.

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