

John C. Lincoln North Mountain Hospital
Department of Surgery
NEUROSURGERY
Delineation of Privileges

Name: _____

OF THE FOLLOWING, INDICATE PARTICULAR PRIVILEGES REQUESTED: Privileges granted herein permit the surgeon to treat patients without limitation, for all inpatient and outpatient areas, intensive care units, Emergency Department, nursing floors.

COGNITIVE
ADMIT patients with problems related to neurosurgery; provide consultation for problems related to neurosurgery; order diagnostic tests and procedures for problems related to neurosurgery; and treat patients with neurosurgical problems

PROCEDURES
Craniotomy for intra-cranial lesions
All procedures of spinal cord and spine
All congenital defects
All procedures of cranial nerves, peripheral nerves, and autonomic nervous system
Trans-sphenoidal approach to sella

SPECIAL PROCEDURES Documentation of training/expertise is required. – Refer to attached criteria.
All carotid, vertebral, and extracranial anastomosis vascular procedures.
Lasers: <input type="checkbox"/> Argon <input type="checkbox"/> CO ₂ <input type="checkbox"/> YAG <input type="checkbox"/> KTP <input type="checkbox"/> Holmium
Image -guided stereotaxis
Cranial Surgery – Observation may be required
Spinal Surgery – Observation may be required
Pain Pump Management
Epidural Stimulators
Deep Brain Stimulation
Kyphoplasty
PROCEDURAL SEDATION *** (SEE CRITERIA ON WEBSITE) A drug induced minimally depressed level of consciousness that retains a patient's ability to maintain a patent airway independently and continuously.

I have reviewed the above list and have checked the procedures to which I am limiting my practice; and having been training accordingly, I am requesting permission to do these procedures. 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.

SIGNATURE OF REQUESTING PHYSICIAN	DATE

APPROVED BY:	
Signature of Department Chairman or Vice Chairman	Date

Date: _____
Medical Executive Committee

Date: _____
Board of Directors

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CRITERIA FOR GRANTING NEUROSURGERY SURGERY PRIVILEGES

1. All new applicants for privileges as members in the Department of Surgery shall be reviewed with respect to the performance of their clinical abilities.
2. All new applicants for general and trauma surgery privileges shall be considered only if they are certified or an active candidate as recognized by the American Board of Neurosurgery, the American Osteopathic Board, or the Royal College of Surgeons (Canada).
3. Staff members within the Department of Surgery requesting an increase in, or wider scope of surgical privileges, must do so in writing to the Committee stating and including documentation of additional training or experience which shall justify such privileges as required by established criteria.

OBSERVATION REQUIREMENTS

1. The practice of concurrent observation of newly appointed members of the Department of Surgery has been eliminated.
2. Observation/retrospective review may be required if determined necessary for new procedures under development.
3. The Department of Surgery reserves the right to require concurrent observation or retrospective review if circumstances warrant such action.

CRITERIA FOR SPECIAL PROCEDURES

- All Carotid, Vertebral, and Extracranial Anastomosis Vascular Procedures
 - Laser Procedures
 - Pain Pump Management
 - Epidural Stimulators
 - Deep Brain Stimulation
1. Documentation of adequate training in residency for the privileges being requested; or
 2. Documentation of course with content consistent with the privileges being requested; or
 3. Documentation of training/expertise acceptable to the Department of Surgery.

IMAGE GUIDED STEREOTAXIS

Cranial Surgery

1. For neurosurgeons granted and utilizing image-guided stereotaxis for cranial surgery at another facility:
 - a. Must have privileges to perform cranial surgery at NM;
 - b. Evidence of 20 cranial surgery cases at another facility using image guided technology;
OR who had their training in residency or fellowship;
And
 - c. Completion of orientation to Brainlab equipment at NM.
 - d. Observation not required.
2. All others:
 - a. Must have privileges to perform cranial surgery at NM
 - b. Completion of orientation to Brainlab equipment at NM
And
 - c. Observation of 5 cranial cases at NM using image-guided technology is required for those who successfully completed a Brainlab or other image-guided technology workshop (minimum 8 hours), and have had no other experience with stereotaxis.
 - d. Approved observers: Gianni Vishteh, MD and Jonathan Hott, MD

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Criteria for Granting Privileges – Neurosurgery

Spinal Surgery

1. For neurosurgeons granted and utilizing image-guided stereotaxis for spinal surgery at another facility:
 - a. Must have privileges to perform spinal surgery at NM;
 - b. Evidence of 20 spinal surgery cases at another facility using image guided technology;
OR
Who had their training in residency or fellowship;
And
 - c. Completion of orientation to Brainlab equipment at NM.
 - d. Observation not required.

2. All others:
 - a. Must have privileges to perform spinal surgery at NM
 - b. Completion of orientation to Brainlab equipment at NM;
And
 - c. Observation of 5 spinal cases at NM using image-guided technology is required for those who successfully completed a Brainlab or other image-guided technology workshop (minimum 8 hours), and have had no other experience with stereotaxis.
 - d. Approved observers: Gianni Vishteh, MD and Jonathan Hott, MD

BALLOON KYPHOPLASTY

New applicants shall show successful completion of an ACGME/AOA-accredited residency program in neurosurgery during which the applicant can provide documentation of **10 (Ten)** Kyphoplasties done during residency **OR** during neurosurgery spine fellowship.