

UNIVERSITY OF MARYLAND MEDICAL CENTER MIDTOWN CAMPUS

Neurosurgery

Delineation of Privilege Form

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Name: _____

Date: _____

Privilege / Operative Procedure	Applicant Check (√) if requested	Department Chief (Initial)		
		Recommended	Not Recommended	Conditions (provide explanation)
Category I Privileges				
Admit, treat and / or consult on diseases / disorders / conditions affecting the central nervous system of the body.				
ICU/CCU privileges for the admission, treatment and/or consultation of the neurosurgical needs of the patient.				
Administration of nerve blocks with regional or local anesthesia				
Diagnostic procedures such as myelography, with air, oil or other contrast medium, pneumoencephalography, ventriculography, rhombencephalography, discography				
Lumbar puncture, cisternal puncture ventricular tap, subdural tap				
Management of congenital anomalies, such as encephalocele, meningocele, myelomeningocele				
Ventricular shunt operation for hydrocephalus, revision of shunt operation, ventriculocisternostomy				
Posterior fossa- microvascular decompression procedures				
Cordotomy, rhizotomy and dorsal column stimulators for the relief of pain				
Lumbar subarachnoid-peritoneal shunt				
Surgery for intervertebral disc disease and surgery on the sympathetic nervous system				
Intracranial microvascular reconstructive surgery				
Stereotaxic surgery				
Neurostimulators for motor or sensory dysfunction				
Radio frequency ablation				
Percutaneous cerebral angiography				
Craniotomy, Craniectomy for:				
Trauma, hematoma, abscess, tumor, biopsy				
Arteriovenous malformations				

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Aneurysm: anterior circulation				
Aneurysm: posterior circulation				
Resection of seizure focus				
Acoustic and trigeminal neurons				
Microvascular decompression for trigeminal neuralgia and hemifacial spasm				
Pituitary gland surgery				
Cranial nerve surgery				
Intracranial vascular surgery				
Transsphenoidal Surgery for:				
Pituitary, parasellar and sellar tumors				
Hypophysectomy				
Stereotactic Surgery for:				
Biopsy and aspiration				
Placement of afterloading tubes for interstitial radiation				
Lesion generation for movement disorders and chronic pain				
Spinal Cord and Spine Surgery for:				
Tumors of the spinal cord				
Arteriovenous malformations				
Arnold- Chiari				
Syringomyelia				
Spinal cord lesion for treatment of pain and spasticity				
Spinal cord stimulations				
Indwelling catheters and pumps				
Vertebroplasty				

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Khyphoplasty				
Lumbar peritoneal shunts				
Cervical Spine Surgery for:				
Application of cranial tongs or halo apparatus				
Closed reduction of cervical fractures by traction				
Laminectomies, laminotomies, foraminotomies				
Cervical disc surgery: posterior and anterior				
Anterior surgery of the cervical spine				
Cervical disc arthroplasty				
Cervical spine instrumentation				
Lumbar / Thoracic Spine Surgery for:				
Laminectomies, laminotomies, foraminotomies				
Lumbar disc				
Anterior approaches to the spine (with general surgery)				
Posterior lumbar interbody infusions				
Lumbar disc arthroplasty				
Lumbar spinal instrumentation				
Peripheral Nerve Surgery for:				
Decompression, external and internal neurolysis, transposition				
Repair				
Nerve grafts				
Nerve stimulators				
Surgery of peripheral cranial nerves				
Tumor resection and repair				

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		Recommended	Not Recommended	Conditions (provide explanation)
Miscellaneous Procedures				
Brain endoscopy				
Ventricular shunting				
Devices for measurement of ICP and / or CFS drainage				
CFS reservoirs				
Cranioplasty				
Cranial facial surgery (with plastic surgery)				
Treatment of trigeminal neuralgia: radio frequency lesions; injection of glycerol or other agents; blocks of peripheral branches				
Use of laser for tumor resection or lesion generation				
Category II Privileges – Require successful completion of an approved recognized course when such exists, acceptable supervised residency & fellowship or other acceptable advanced training				
Vascular reconstructive procedures, specifically carotid endarterectomy				
Intradiscal injection of enzymes				
Brachial plexus exploration				
Chenonucleolysis				
Fluoroscopy- Criteria for Approval: Evidence of current competency on initial application and completion of fluoroscopy review course every 2 years thereafter.				

Acknowledgment of Practitioner:

I have requested only those specific privileges for which, by education, training, current experience and demonstrated performance, I am qualified to perform and for which I wish to exercise at UMMC Midtown Campus. I understand that in exercising any clinical privileges granted, I am constrained by all UMMC Midtown Campus medical staff policies and rules applicable generally and all applicable to the particular situation.

Applicant's Signature

Date