

**UNIVERSITY OF MARYLAND MEDICAL CENTER MIDTOWN CAMPUS**

**Vascular Surgery**

**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)
<b>Category I Privileges</b>				
Admit, treat and consult on patients with diseases / disorders/ conditions requiring surgical intervention.				
ICU/CCU privileges for the admission, treatment and/or consultation of the surgical needs of the patient.				
Extended (> 48 hours) ventilator management				
<b>Arteries (including operative angiography)</b>				
Thoracic aorta				
Abdominal aorta				
Extremities				
Visceral				
Carotid and vertebral				
<b>Veins</b>				
Ablation / stripping				
Venous reconstruction				
<b>Miscellaneous</b>				
Hemodialysis access (fistula and graft)				
Portal systemic shunt				
Vascular access devices (central venous catheter, port catheter, tunnel catheter)				
IVC filter				
Transaxillary first rib resection				
Sympathectomy				
<b>Amputations</b>				
Digit(s)				

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		Recommended	Not Recommended	Conditions (provide explanation)
<b>Category 1 privileges continued</b>				
Amputations: Major part or all of extremity				
-Arm				
-Leg				
<b>Genitourinary</b>				
Uterus (contiguous with the performance of vascular procedures)				
Tubes- ovaries (contiguous with the performance of vascular procedures)				
Kidney (contiguous with the performance of vascular procedures)				
Ureter (contiguous with the performance of vascular procedures)				
Bladder (contiguous with the performance of vascular procedures)				
Testes, cords (contiguous with the performance of vascular procedures)				
<b>Fasciotomy</b>				
Leg				
Arm				
<b>Sympathetic nervous system</b>				
<b>Category II Privileges – Require successful completion of an approved recognized course when such exists, acceptable supervised residency &amp; fellowship or other acceptable advanced training</b>				
Noninvasive Vascular Test Interpretation: requires RPVI certification				
<b>Endovascular</b>				
Diagnostic:				
Contrast arteriography				
Contrast venography				
Intravascular ultrasound				

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Privilege / Operative Procedure	Applicant Check (√) if requested	Department Chief (Initial)		
		Recommended	Not Recommended	Conditions (provide explanation)
<b>Category II privileges continued</b>				
Therapeutic: Angioplasty / stent / atherectomy				
Extremity				
Renal / Visceral				
Carotid				
<b>Thrombolytic Therapy</b>				
<b>Endograft</b>				
Abdominal aortic				
Thoracic aortic				
Peripheral				
<b>Fluoroscopy- Criteria for Approval:</b> Evidence of current competency on initial application and completion of fluoroscopy review course every 2 years thereafter.				
<b>Moderate Sedation- Criteria for Approval:</b> must be competent in airway management				

**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; and I understand that in exercising any clinical privileges granted, I am constrained by all UMMC Midtown and medical staff policies and rules applicable generally and all applicable to the particular situation.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date