**UNIVERSITY OF MARYLAND MEDICAL CENTER**
**Division of General Surgery**
**Department of Surgery**
**Delineation of Privileges**

**Applicants for membership in the Department of Surgery of the University of Maryland Medical Center may request admission to the active staff or courtesy staff.**

**Please indicate the staff category to which you wish to apply:** *(refer to Medical Staff Bylaws for qualifications)*

**_____ Active _____ Courtesy**

**Name: _____ Date: _____**

**Please comment only in the areas which you wish to apply for privileges**

| **Operative Procedures** | **Check if Requested** | **Chair Approved**<br>**Initial If Yes**<br>**Write Not Approved If No** |
|---|---|---|
| **Head and Neck** | | |
| Resection of Neoplasms (Lip, Tongue, Floor of the Mouth, etc.) | | |
| Parotidectomy | | |
| Radical Neck Dissection | | |
| Tracheostomy | | |
| **Breast** | | |
| Minor Procedure (Biopsy, I & D) | | |
| Quadrantectomy | | |
| Mastectomy | | |
| Axillary Dissection | | |
| Plastic Reconstruction | | |
| **Esophagus** | | |
| Anti-reflux Procedures (Transabdominal) | | |
| **Stomach** | | |
| Gastrostomy | | |
| Gastric Resection (for Malignancy) | | |
| Peptic Ulcer Procedure (V&P, V&A, HSV) | | |
| Thoraco-Abdominal Approach to Upper Abdominal Viscera | | |
| **Small Intestine** | | |
| Enterolysis | | |
| Enterectomy | | |
| Enterostomy | | |
| **Large Intestine** | | |
| Appendectomy | | |
| Colostomy | | |
| Colectomy | | |
| Combined Procedures (APR, low ant. with EEA, ASR, Endorectal Pull Through) | | |
| Pelvic Exenteration | | |
| **Ano-Rectum** | | |
| Operation for Benign Disease (Abscess, Fissure, Hemorrhoids, etc.) | | |
| Operation for Malignancy | | |

Name: _____ Date: _____

| Operative Procedures | Check if Requested | Chair Approved<br>Initial If Yes<br>Write Not Approved If No |
|---|---|---|
| **Liver** | | |
| Biopsy | | |
| Resection (Lobectomy, extended Lobectomy) | | |
| Drainage of Abscess | | |
| Perfusion Pump Insertion | | |
| **Biliary Tract** | | |
| Cholecystostomy | | |
| Cholecystectomy | | |
| Common Bile Duct Exploration | | |
| Choledochoscopy | | |
| Common Bile Duct Drainage Procedure (Sphincteroplasty, | | |
| Biliary Reconstruction (Including Procedures for Sclerosing Cholangitis and | | |
| **Pancreas** | | |
| Operative Management of Abscess | | |
| Drainage of Pseudocyst | | |
| Distal Pancreatectomy and Pancreaticojejunostomy | | |
| Total Pancreatectomy and Whipple | | |
| **Spleen** | | |
| Splenectomy | | |
| Splenorraphy | | |
| **Hernia** | | |
| Abdominal Herniorraphy, Primary (Umbilical, Groin) | | |
| Abdominal Herniorraphy, Recurrent (Incisional, Recurrent Groin) | | |
| **Vascular** | | |
| Carotid Subclavian Bypass | | |
| Carotid Endarterectomy | | |
| Arch and Thoracic Aortic Reconstruction | | |
| Suprarenal Abdominal Aortic Reconstruction | | |
| Infrarenal Aortic Reconstruction | | |
| Visceral Arterial Reconstruction | | |
| Extraanatomic Bypass (ax-fem., fem.-fem., obturator) | | |
| Infrainguinal Reconstruction Profundaplasty, Femoral-popliteal bypass, | | |
| Operations on the Autonomic Nervous System | | |
| Hemodialysis Access Procedures | | |
| Embolectomy | | |
| Portal-Systemic Shunt | | |
| Vein Stripping | | |
| Venous Reconstruction for Insufficiency | | |
| Insertion Long-Term Central Venous Catheter | | |
| Thoracotomy/Abdominal Exposure | | |
| **Trunk and Extremity** | | |
| Minor Amputation | | |
| Major Amputation | | |
| Fasciotomy | | |
| Resection of Soft Tissue Sarcoma or Melanoma | | |
| Forequarter Amputation Hemi-Pelvectomy | | |

Name: _____ Date: _____

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|---|---|---|
| **Endocrine** | | |
| Thyroidectomy (Lobe, Subtotal, Total) | | |
| Parathyroidectomy (Adenoma, Subtotal) | | |
| Adrenalectomy | | |
| **Endoscopy (Separate Endoscopy Privilege Form Required)** | | |
| Bronchoscopy and Laryngoscopy | | |
| Upper GI Endoscopy | | |
| Rigid and Flexible Proctosigmoidoscopy | | |
| Colonoscopy | | |
| Conscious IV Sedation | | |
| **ERCP** | | |
| Peritoneoscopy | | |
| Mediastinoscopy | | |
| Endoscopic Gastrostomy | | |
| Percutaneous Endoscopic Gastrostomy | | |
| **Trauma, Emergency Surgery, Critical Care** | | |
| Arterial Catheterization | | |
| Central Venous Catheterization | | |
| Pulmonary Artery Catheterization | | |
| Tube Thoracostomy | | |
| Peritoneal Lavage | | |
| Placement Double, Triple Lumen Catheters | | |
| Trauma and Emergency Surgery | | |
| -Neck Exploration | | |
| -Chest Exploration | | |
| -Abdominal Exploration | | |
| -Vascular Reconstruction | | |
| **Transplantation** | | |
| Donor Nephrectomy | | |
| Renal Transplantation | | |
| Donor Pancreatectomy | | |
| Pancreas Transplantation | | |
| Donor Hepatectomy | | |
| Liver Transplantation | | |
| **Miscellaneous** | | |
| Split Thickness Skin Graft | | |
| Full Thickness Skin Graft | | |
| Staging Laparotomy for Malignancy | | |
| Resection Retroperitoneal Tumor | | |
| Skin/Muscle Biopsy | | |
| **Genitourinary** | | |
| Partial Cystecomy | | |
| Ureterolysis | | |
| Ureteral Resection and Anastomosis | | |
| Nephrectomy | | |
| **Gynecology** | | |
| Salpingo-oophorectomy | | |
| Hysterecotmy | | |
| Drainage of Tubovarian Abscess | | |

Name: _____ Date: _____

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|---|---|---|
| **Videoscopic Assisted Procedures** | | |
| Thoracoscopy | | |
| Transthoracic Truncal Vagotomy | | |
| Laparoscopic/Cholecystectomy | | |
| Laparoscopic Nissen Fundoplication | | |
| Laparoscopic Assisted Colostomy Closure | | |
| Laparoscopic Colectomy | | |
| Laparoscopic Small Bowel Resection | | |
| Laparoscopic Appendectomy | | |
| Laparoscopic Vagotomy | | |
| Laparoscopic Splenectomy | | |
| Laparoscopic Nephrectomy | | |
| Laparoscopic Staging of Malignancy (including Liver Biopsy) | | |
| Laparoscopic Common Bile Duct Exploration | | |
| Exploratory Laparoscopy | | |
| Laparoscopic Herniorraphy | | |
| Elective Bariatric Surgery | | |
| Open Roux-en-Y gastric bypass | | |
| Open biliopancreatic diversion with duodenal switch | | |
| Laparoscopic adjustable gastric banding | | |
| Laparoscopic Roux-en-Y gastric bypass | | |
| Laparoscopic biliopancreatic diversion with duodenal switch | | |
| Unlisted bariatric procedures | | |
| **Other Procedures Not Listed** | | |
| **Moderate (Conscious) Sedation** - Criteria for Approval:<br>1. Proof of Current BCLS certification (please attach);<br>2. Completion of age-appropriate basic airway management in-service by the UMMC Department of Anesthesia (and every two years thereafter for reappointment).<br>*(Physicians board certified in Anesthesiology, Critical Care Medicine, Emergency Medicine, Neonatology, or Oral & Maxillofacial Surgery* ***are not required to fulfill criteria)*** | | |

**Certified: American Board of Surgery** Yes ___ No ___ Certificate# _____ Date _____
**Other Boards (Specify)** Yes ___ No ___ Certificate# _____ Date _____
Yes ___ No ___ Certificate# _____ Date _____
**Fellow, American College of Surgeons** Yes ___ No ___

**I wish to apply for privileges in the following category(ies): Please circle below**
I. General Surgery II. Transplant Surgery III. Vascular Surgery

_____ _____
**Applicant's Signature** **Date**

_____ _____
**Division Head's Signature** **Date**

_____ _____
**Department Head's Signature** **Date**

_____ _____
**Applicant's Confirming Signature** **Date**