

University of Maryland Medical Center - Shock Trauma Center
Delineation of Clinical Privileges
Section of Trauma and Acute Emergency Surgery

Type of Request: ____ Initial ____ Renewal

Name: _____ Date: _____

Privileges/Operative Procedures	Check if Privileges Requested	Physician in Chief Approval Initial if Yes Write Not Approved if No
INTEGUMENTARY/BREAST PROCEDURES		
Core Procedures: Exploration and repair of traumatic soft tissue injury, all sites Incision and drainage of abscess/cysts , Biopsy of skin and soft tissue lesions Debridement of skin and soft tissue Hidradenectomy Excision of Burns Split thickness skin graft Full thickness skin graft		
Breast: Biopsy breast lesion Breast: Mastectomy, all types Other unspecified integumentary/breast emergency procedures		
MUSCULOSKELETAL PROCEDURES		
Core Procedures: Exploration and repair of traumatic muscular/skeletal injury Amputations of upper and lower extremity (excluding those under "Advanced Procedures) Debridement of major soft tissue (including fascia, muscle, bone) Muscle flap for reconstruction Fasciotomy of upper and lower extremity/buttock Muscle biopsy Removal of ganglion cyst Other unspecified musculoskeletal emergency procedures		
ADVANCED Musculoskeletal Procedures <i>Additional approval from <u>Chief of Soft Tissue</u> based on prior experience, didactic activities and proctoring, proctored activities, or formal fellowship training.</i>		
Forequarter amputation		
Hip disarticulation		
Hemipelvectomy		
Girdle stone procedure		

Name: _____

Date: _____

Privileges/Operative Procedures	Check if Privileges Requested	Physician In Chief Approval
HEAD AND NECK PROCEDURES		
Core Procedures: Emergency neck exploration Tracheostomy, open Tracheostomy, percutaneous Cricothyroidotomy Thyroidectomy/parathyroidectomy for trauma Repair/resection of cervical tracheal injury Repair/resection of cervical esophageal injury Esophagostomy Pharyngostomy Biopsy of neck mass Biopsy of thyroid nodule/mass Other unspecified head and neck emergency procedures		
ADVANCED Head and Neck Procedures <i>Additional approval from <u>Chief of Acute Care Surgery</u> based on prior experience, didactic activities and proctoring , proctored activities, or formal fellowship training.</i>		
Thyroidectomy, elective		
Parathyroidectomy		
Excision thyroglossal duct cyst, elective		
Excision Zenker's diverticulum, elective		
Glossectomy, elective		
THORACIC PROCEDURES		
Core Procedures: Emergency sternotomy Emergency thoracotomy Tube thoracostomy Thoracentesis Bronchoscopy, flexible Pericardial window, diagnostic or therapeutic Repair of cardiac injury Emergency repair of tracheal/bronchial injury Emergency pulmonary resection Evacuation of hemothorax, open Evacuation of hemothorax, VATS Repair of diaphragm via thoracic approach, open Emergency repair of chest wall defects Emergency esophageal repair/resection Other unspecified thoracic emergency procedures		
ADVANCED Thoracic Procedures <i>Additional approval from <u>Chief of Trauma Thoracic Surgery</u> based on prior experience, didactic activities and proctoring , proctored activities, or formal fellowship training.</i>		
Bronchoscopy, rigid		
Esophagoscopy, rigid		
Mediastinoscopy		

Name: _____

Date: _____

ADVANCED Thoracic Procedures (continued)	Check if Privileges Requested	Physician In Chief Approval
Pulmonary resection, elective		
Decortication/pleurectomy, VATS		
Thoracotomy for empyema, open		
Decortication/pleurectomy, open		
VATS for empyema		
Repair/resection trachea/bronchus, elective		
Pulmonary resection, VATS		
Repair of diaphragm via thoracic approach, VATS		
Repair of chest wall defects/deformities, elective		
Chest wall stabilization, elective		
Thymectomy, elective		
Esophagectomy, with/without anastomosis, gastric or colonic replacement, elective		
ABDOMINAL PROCEDURES		
<p>Core Procedures Exploratory laparotomy Diagnostic Laparoscopy Therapeutic laparoscopy, not limited to evacuation of hemoperitoneum, drainage of abscess, placement of catheter, etc. Lysis of adhesions Drainage intra-abdominal abscess Peritoneal catheter placement Omentectomy Repair/reconstruction abdominal wall defects Incisional hernia repair, open Umbilical hernia repair, open Inguinal hernia repair, open Lumbar hernia repair, open Repair of diaphragm injury, open Repair of diaphragm injury, laparoscopic Repair of hiatal hernia/antireflux procedures, open Gastrostomy, feeding or decompressive Gastrectomy (wedge, partial, total) with anastomotic repair Pyloroplasty Pyloric exclusion Vagotomy, open Enterostomy, feeding or decompressive Small bowel resection, with anastomotic repair Colon resection, with anastomotic repair Rectal resection, with anastomotic repair, including low anterior resection and abdomino-preineal resection Excision of rectal lesion Repair/resection/patch for perforated/injured viscus Biopsy of intestinal lesion Creation of stoma (small or large bowel) Reversal of enterostomy/colostomy Repair/resection intestinal fistula Appendectomy, laparoscopic Anoscopy Perineal/perianal exam under anesthesia</p>		

Name: _____

Date: _____

Abdominal Core Procedures – continued	Check if Privileges Requested	Physician In Chief Approval
Excision of hemorrhoids Excision of fistula-in-ano Excision of pilonidal cyst Anal sphincterotomy Incision and drainage of perirectal/perineal abscess Cholecystomy, open Cholecystectomy, laparoscopic Common duct exploration, open Choledochoenterostomy Sphincterotomy/sphincteroplasty, transduodenal Hepatorrhaphy Hepatectomy Liver biopsy Splenorrhaphy Splenectomy Pancreatectmy, with and without enterostomy Pancreatico-duodenectomy, with and without enterostomy Pancreatic debridement, open Pancreatico-enterostomy/gastrostomy Adrenalectomy, open		
GENITO-URINARY SYSTEM		
Core Privileges Nephrectomy Renorrhaphy Ureteral resection/repair Ureteral reimplantation Repair of bladder Cystotomy/Cystectomy Placement of supra-pubic tube Emergency urethral resection/repair		
MALE GENITO-URINARY SYSTEM		
Core Privileges Emergency orchiectomy Emergency scrotal exploration Circumcision Meatotomy		
FEMALE GENITO-URINARY SYSTEM		
Core Privileges Hysterectomy Oophorectomy Salpyngectomy Cesearan section for trauma		
ENDOSCOPY		
Core Privileges Percutaneous gastrostomy Diagnostic esophago-gastro-duodenoscopy Diagnostic sigmoidoscopy, rigid Diagnostic sigmoidoscopy, flexible Diagnostic colonoscopy		
Other unspecified abdominal emergency procedures		

Name: _____

Date: _____

ADVANCED Abdominal Procedures <i>Additional approval from <u>Chief of Trauma or Acute Care Surgery</u> based on prior experience, didactic activities and proctoring , proctored activities, or formal fellowship training.</i>	Check if Privileges Requested	Physician In Chief Approval
Vagotomy, laparoscopic		
Common duct exploration, laparoscopic		
Repair of hiatal hernia/surgery for reflux, laparoscopic		
Adrenalectomy, laparoscopic		
Splenectomy, laparoscopic		
Pancreatic debridement, laparoscopic		
Incisional hernia repair, laparoscopic		
Umbilical hernia repair, laparoscopic		
Inguinal hernia repair, laparoscopic		
Diaphragm pacer implantation		
VARD		
Portal decompression procedures/Porto systemic shunts		
Therapeutic esophago-gastro-duodenoscopy		
Therapeutic sigmoidoscopy		
Therapeutic colonoscopy		
VASCULAR PROCEDURES		
Core Procedures Emergency vascular control of hemorrhage Emergency arterial ligation, repair and/or bypass, all sites Emergency venous ligation, repair and/or bypass, all sites Angiography Venography Percutaneous central venous line placement Venous cutdown for vascular access Placement of tunneled or implanted venous access devices Vein ligation and stripping Other unspecified vascular emergency procedures		
Advanced Vascular Procedures <i>Additional approval from <u>Chief of Trauma Surgery</u> based on prior experience, didactic activities and proctoring , proctored activities, or formal fellowship training.</i>		
Placement of inferior vena caval filter		
Removal of inferior vena caval filter		
Placement of REBOA-successful completion of BEST Course required		
Cannulation for VV ECMO		
Cannulation for VA ECMO		
Cannulation for vascular exclusion therapy		
Elective arterial ligation, repair and/or bypass, all sites		
Endovascular therapy for injury		

Name: _____

Date: _____

Applicant's Signature, REQUIRED for all

Date

Chief of Trauma, REQUIRED for all

Date

Physician in Chief, Program in Trauma, REQUIRED for all

Date

Chief of Acute Care Surgery, if advanced procedures requested

Date

Chief of Trauma Thoracic Surgery, if advanced procedures requested

Date

Chief of Soft Tissue Surgery, if advanced procedures requested

Date

Applicant's Confirming Signature
(Do Not Sign Until All Other Signatures Are Acquired)

Date