

PACIFIC HOSPITAL OF LONG BEACH
DELINEATION OF PRIVILEGES
Department of Surgery/Anesthesia
Neurosurgery

Name of Applicant: _____

Board Certification: _____ Year of Certification: _____

Subspecialty: _____ Year of Certification: _____

QUALIFICATIONS/CRITERIA	
Category I	<i>Usual and Customary Privileges</i>
	<ol style="list-style-type: none"> 1. Complete an ACGME or AOA accredited residency in Neurosurgery. 2. Board certification or qualification for certification by the American Board of Neurosurgery or AOA equivalent 3. Demonstrated competence in Category I privileges.
Category II	<i>Advanced Privileges - Procedures performed requiring special expertise and/or requiring documented special training and/or certification when it exists</i>
	<ol style="list-style-type: none"> 1. Board certification or in process of certification by the American Board of Neurosurgery; 2. Requires documentation of ability to perform the procedure(s) as outlined below: <ul style="list-style-type: none"> • Documentation of residency training and experience in the advanced procedure <li style="text-align: center;">OR • Additional fellowship training and certification by a training director with experience and demonstrated competence in the procedure requested. 3. Asterisked (*) procedures are high-risk, problem-prone which require specific training requirements.

Name: _____

Instructions: Please place a check mark in the REQUESTED column corresponding to the privileges requested.

Pacific Hospital of Long Beach			
<i>Neurosurgery privilege form</i>			
Requested	Usual and Customary Privileges	Granted	Assist only
	<i>General</i>		
	Admitting		
	Consulting		
	Fluoroscopy (must submit a current X-ray Supervisor License)		
	History and Physical		
	Category II		
	Anterior Approach to Cervical Spine for		
	Anterior approach to thoracic or lumbar spine (excluding thoracotomy or Laparotomy)		
	Anterior fusion of vertebrae		
	Costotransversectomy		
	Discectomy		
	Posterior fusion of vertebrae		
	Transpedicular approach to vertebra, disc space, or spinal canal		
	Vertebrectomy		
	Burr Holes		
	Burr hole for biopsy of lesion		
	Burr hole for drainage of intracranial collection, cyst abscess		
	Burr hole or twist drill hole for implanting catheter, reservoir, or hematoma, or other lesion		
	Placement of intracranial pressure monitoring device		
	Craniectomy/Craniotomy		
	Biopsy, drainage, or excision of intracranial lesion or abscess (Chiari) or encephalocele		
	Craniotomy for aneurysm		
	Craniotomy for brain tumor		
	Craniotomy for cyst		
	Craniotomy for excision for foreign body		
	Craniotomy for head trauma		
	Craniotomy for lobotomy including cingulectomy		
	Craniotomy for microvascular decompression		
	Craniotomy for repair of congenital		

Name: _____

Pacific Hospital of Long Beach			
<i>Neurosurgery privilege form</i>			
Requested	Usual and Customary Privileges	Granted	Assist only
	malformation (including Arnold)		
	Craniotomy for seizure disorder		
	Craniotomy for skull fractures		
	Craniotomy for vascular malformation		
	Craniotomy with orbital decompression or repair of orbital roof		
	Craniotomy with sinus exenteration and/or repair		
	Evacuation of intracranial hematoma		
	Intergumentary System		
	Biopsy or Lesion		
	Creation and transfer for tissue flap		
	Excision of lesion		
	Incision and drainage of abscess or hematoma		
	Repair of laceration		
	Musculoskeletal System		
	Biopsy (muscle, bone fascia, fat or nerve)		
	Incision and drainage of abscess of hematoma		
	Peripheral Nerves		
	Avulsion of nerve or nerve for pain		
	Biopsy of nerve		
	Decompression of entrapment syndrome		
	Excision of lesion or tumor nerve		
	Exploration of nerve		
	Injection of nerve or gangolin block		
	Repair of nerve injury by suture or graft		
	Puncture of Injection, Drainage, or Aspiration		
	Intracranial percutaneous puncture through burr hold or other opening		
	Lumbar puncture		
	Puncture of shunt tubing or reservoirs		
	Subdural tap		
	Shunts		
	Insertion of ventriculoperitoneal shunt		
	Insertion of ventriculoatrial shunt		
	Insertion of ventriculopleural shunt		
	Insertion of subdural peritoneal shunt		
	Insertion of other shunt within the central nervous system		
	Insertion of other shunt within the central nervous system		

Name: _____

Pacific Hospital of Long Beach*Neurosurgery privilege form*

Requested	Usual and Customary Privileges	Granted	Assist only
	Insertion of lumbar drain		
	Insertion of lumbar subarachnoid/peritoneal (or other cavity) shunt		
	Insertion of subarachnoid or epidural catheter with reservoir or pump for drug infusion or CSF withdrawal		
	Skull		
	Biopsy of lesion		
	Cranioplasty		
	Excision of lesion		
	Surgery for craniosynostosis		
	Surgery for repair of base of skull fracture with/with out spinal fluid leak		
	Surgery for repair of skull fracture		
	Surgery of Spinal Cord		
	Decompression of spinal cord or spinal canal		
	Intramedullary lesion		
	Rhizotomy		
	Cardotomy		
	Dorsal root entry zone lesion		
	Repair of myelomeningocele		
	Tethered spinal cord or other congenital anomalies (diastematomyelia)		
	Surgery of Spine		
	Application of halo ring and jacket		
	Application of skeletal tongs for closed reduction		
	Herniated disc		
	Open reduction and fixation of spine fractures		
	Spondylolisthesis		
	Surgery for repair or spinal fluid leak		
	Tumors of the spine, extradural or intravertebral		
	Assist in Spine Surgery		
	Therapeutic Radiology		
	Craniotomy or laminectomy for implantation of interstitial radioactive implants		
	Transsphenoidal Approach		
	Transsphenoidal approach to the sphenoid sinus for biopsy or excision		
	Transsphenoidal approach to the sphenoid sinus for biopsy or excision		

Name: _____

Pacific Hospital of Long Beach <i>Neurosurgery privilege form</i>			
Requested	Usual and Customary Privileges	Granted	Assist only
	Transsphenoidal biopsy or resection of intrasellar lesion		
	Vascular System		
	*Thromboendarterectomy of carotid or vertebral circulation		
	Category III		
	Laser Surgery		
	*Certification in Midas Rex		
	Peripheral Nerves		
	*Sympathectomy		
	Surgery of Spine		
	*Excision of vascular malformation of the spinal cord or spinal canal		
	**Percutaneous fusion		
	*Percutaneous stimulation of destruction of spinal cord		
	*Trigeminal Neuralgia		
	Avulsion of peripheral branch(es) of trigeminal nerve		
	Injection of gangolin		
	Percutaneous radiofrequency lesion		

Signature of Applicant

Date

APPROVALS:

Exceptions/limitations: _____

Chief of Surgery/Anesthesia

Date

Credentials Committee approval on: _____

Medical Executive Committee approved on: _____

Board of Directors approved on: _____

Name: _____