

**LEHIGH VALLEY HEALTH NETWORK**  
**CLINICAL PRIVILEGES IN COLON AND RECTAL SURGERY**

Initial  Renewed   
 Effective from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Name \_\_\_\_\_

**R = Requested G = Recommended As Requested C = Recommended with Conditions N = Not Recommended**

**R G C N POPULATION**

- |                          |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pediatric: Birth - 25 Years (Fairgrounds Surgical Center, LVHN Surgery Center-Tilghman - 6 months - 1 Year and LVHN Children's Surgery Center - 6 months - 1 Year) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Adults: 13 - 65 Years  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Geriatrics: Over 65 Years  |

**R G C N GENERAL PRIVILEGES**

- |                          |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Admitting (includes inpatient, outpatient procedures, and observation) (1,2,3,4,5,6,7,8) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | History and Physical (1,2,3,4,5,6,7,8)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Prescribing Privileges (1,2,3,4,5,6,7,8)   |

**R G C N ABDOMINAL SURGERY**

- |                          |                          |                          |                          |   |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Abdominoperineal resection (1,2,7)                              |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Appendectomy (1,2,3,4,7,8)                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Appendectomy - laparoscopic (1,2,3,4,7,8)                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cholecystectomy (1,2,3,4,7)                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cholecystectomy - laparoscopic (1,2,3,4,7)                      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Closure of wound or dehiscence (1,2,3,4,7)                      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Colostomy (1,2,3,4,7)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Colostomy - laparoscopic (1,2,3,4,7)                            |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Colostomy closure with resection and anastomosis (1,2,7)        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Colostomy revision (1,2,3,4,7)                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Colostomy revision with repair of parastomal hernia (1,2,3,4,7) |

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**R   G   C   N   ABDOMINAL SURGERY**

R	G	C	N	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Colotomy with or without polypectomy (1,2,3,4,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cystectomy (1,2,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cystotomy (1,2,3,4,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diagnostic laparoscopy (1,2,3,4,7,8)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drainage of intra-abdominal abscess (1,2,3,4,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Enteroenterostomy (1,2,3,4,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excision of abdominal wall tumor (1,2,3,4,7,8)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excision of Meckel's diverticulum (1,2,3,4,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excision or destruction of intra-abdominal or retroperitoneal tumors, cysts or endometriomas (1,2,7,8)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exploratory laparotomy (1,2,3,4,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gastrojejunostomy (1,2,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gastrostomy tube (1,2,3,4,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatic resection (1,2,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ileostomy (1,2,3,4,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ileostomy - laparoscopic (1,2,3,4,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ileostomy closure with resection and anastomosis (1,2,3,4,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ileostomy revision (1,2,3,4,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Incisional hernia repair with or without mesh (1,2,3,4,7,8)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insertion of hepatic arterial catheter (1,2,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intraoperative irrigation of colon (1,2,7)

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**R G C N ABDOMINAL SURGERY**

R	G	C	N	ABDOMINAL SURGERY
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intraoperative ultrasound (1,2,3,4,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jejunostomy tube (1,2,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lateral segmentectomy (1,2,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Liver biopsy (1,2,3,4,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lobectomy (1,2,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Low anterior resection (1,2,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Low anterior resection - laparoscopic (1,2,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Low anterior resection with colonic J-pouch reconstruction with colo-anal anastomosis (1,2,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lysis of adhesions (1,2,3,4,7,8)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lysis of adhesions - laparoscopic (1,2,3,4,7,8)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Metastasectomy (1,2,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oophorectomy, single or bilateral (1,2,3,4,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Partial colectomy with anastomosis (1,2,3,4,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Partial colectomy with anastomosis - laparoscopic (1,2,3,4,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Partial colectomy with colostomy (1,2,3,4,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Partial proctectomy with anastomosis, either abdominal or trans-sacral (1,2,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Partial proctectomy, trans-sacral, Kraske procedure (1,2,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Partial vaginectomy (1,2,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proctectomy with rectal mucosectomy and creation of ileoanal pouch with loop ileostomy (1,2,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proctocolectomy with creation of ileoanal pouch - laparoscopic (1,2,7)

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**R G C N ABDOMINAL SURGERY**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rectopexy - laparoscopic (1,2,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rectopexy for prolapse (1,2,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rectopexy with sigmoid resection (1,2,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Right colon resection (1,2,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Salpingo-oophorectomy, single or bilateral (1,2,3,4,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Small bowel resection (1,2,3,4,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Small bowel resection - laparoscopic (1,2,3,4,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Splenectomy and/or splenorrhaphy (1,2,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Suture of colon for perforation, ulcer, wound or injury (1,2,3,4,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Suture of small bowel for wound (injury/enterotomy) (1,2,3,4,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Takedown of splenic flexure (1,2,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Total abdominal colectomy - laparoscopic (1,2,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Total abdominal hysterectomy with or without bilateral salpingo-oophorectomy (1,2,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Total abdominal hysterectomy with partial vaginectomy with or without bilateral salpingo-oophorectomy (1,2,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Total colectomy with ileorectal anastomosis or ileostomy without proctectomy (1,2,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Total proctocolectomy with creation of ileoanal pouch with rectal mucosectomy (1,2,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Total proctocolectomy with ileoanal pouch and loop ileostomy (1,2,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Total proctocolectomy with ileostomy (1,2,7)

**R G C N ANORECTAL SURGERY**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Altmeier procedure (excision of rectal prolapse with anastomosis, perineal) (1,2,7)
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anoplasty for stricture (1,2,3,4,7,8)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Biopsy of anorectal wall (1,2,3,4,7,8)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Botox injection for rectal pain (1,2,3,4,7,8)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Coccygectomy (1,2,3,7,8)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Delorme procedure (1,2,3,4,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Destruction of rectal tumor, transanal, any method (1,2,3,4,7,8)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dilatation of rectal stricture with balloon (1,2,4,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Endorectal ultrasound* (1,2,3,4,7) (*Must satisfy certain credentialing criteria to be approved)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excision of hidradenitis (1,2,3,4,7,8)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excision of pilonidal cyst or sinus (1,2,3,4,7,8)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excision of presacral or sacrococcygeal cyst/tumor (1,2,3,4,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fibrin glue treatment of fistula (1,2,3,4,7,8)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fissurectomy with or without internal sphincterotomy (1,2,3,4,7,8)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fistulectomy/fistulotomy, with or without insertion of Seton (1,2,3,4,7,8)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fulguration of anal condyloma (1,2,3,4,7,8)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hemorrhoidectomy, external, complete (1,2,3,4,7,8)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hemorrhoidectomy, internal and external (1,2,3,4,7,8)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Incision and drainage of deep supralelevator or retrorectal abscess (1,2,3,4,7,8)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Incision and drainage of intramural, intramuscular, or submucosal abscess, transanal (1,2,3,4,7,8)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Incision and drainage of ischiorectal and/or perirectal abscess (1,2,3,4,7,8)

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**R G C N ANORECTAL SURGERY**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Internal sphincterotomy, separate procedure (1,2,3,4,7,8)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Park posterior anal repair (1,2,3,4,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perianal biopsy (1,2,3,4,7,8)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Procedure for prolapse and hemorrhoids (PPH) (1,2,3,4,7,8)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proctoplasty for mucosal prolapse (1,2,3,4,7,8)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rectal mucosal advancement flap (1,2,3,4,7,8)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rectocele repair (1,2,3,4,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Removal of Seton (1,2,3,4,7,8)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Repair of anorectal fistula with plug (1,2,3,4,7,8)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rubber band ligation of hemorrhoids (1,2,3,4,7,8)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sphincteroplasty for incontinence or prolapse (1,2,3,4,7,8)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transanal endoscopic microsurgery* (1,2,7) (*Must satisfy certain credentialing criteria to be approved)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transanal excision of rectal tumor (1,2,3,4,7,8)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transrectal drainage of pelvic abscess (1,2,3,4,7,8)

**R G C N ENDOSCOPY PROCEDURES**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anoscopy (1,2,3,4,7,8)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Colonoscopy* (1,2,3,4,7,8) (*Must satisfy certain credentialing criteria to be approved)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Colonoscopy with ablation of tumor* (1,2,3,4) (*Must satisfy certain credentialing criteria to be approved)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Colonoscopy with ablation of tumor or polyp* (1,2,3,4) (*Must satisfy certain credentialing criteria to be approved)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Colonoscopy with biopsy* (1,2,3,4,7,8) (*Must satisfy certain credentialing criteria to be approved)

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**R G C N ENDOSCOPY PROCEDURES**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Colonoscopy with snare polypectomy* (1,2,3,4,7,8) (*Must satisfy certain credentialing criteria to be approved)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Colonoscopy with stent placement* (1,2,3,4) (*Must satisfy certain credentialing criteria to be approved)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fecal Microbiota Transplant (1,2,3,4,7,8)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flexible sigmoidoscopy (1,2,3,4,7,8)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flexible sigmoidoscopy with biopsy (1,2,3,4,7,8)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flexible sigmoidoscopy with dilatation (1,2,3,4,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flexible sigmoidoscopy with snare polypectomy (1,2,3,4,7,8)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flexible sigmoidoscopy with stent placement (1,2,3,4)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ileoscopy (1,2,3,4,7,8)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pouchoscopy (1,2,3,4,7,8)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rigid sigmoidoscopy (1,2,3,4,7,8)

**R G C N OTHER**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	daVinci STM Robotic System-Assisted Multi-Port Laparoscopic Procedure* (1,2) (*Must satisfy certain credentialing criteria to be approved)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	daVinci STM Robotic System-Assisted Single-Site Laparoscopic Procedure* (1,2) (*Must satisfy certain credentialing criteria to be approved)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fluoroscopy privileges* (1,2,3,4,5,6,7,8) (Additional requirements as necessary as per the Medical Physicist/Radiation Safety Officer) (*Must satisfy certain credentialing criteria to be approved)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insertion of central venous catheter/Mediport (1,2,3,4,7,8)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Moderate Sedation - Adult* (13 years or older)*** (1,2,3,4,5,6,7,8) (*Must satisfy certain credentialing criteria to be approved)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sacral Nerve Stimulation/Implantation of InterStim Generator (1,2,3,4,7)

# LEHIGH VALLEY HEALTH NETWORK

CEDAR CREST & I-78 PO BOX 689

ALLENTOWN, PA 18105-1556

## CLINICAL PRIVILEGES IN COLON AND RECTAL SURGERY

Name \_\_\_\_\_

### Privileges by Location:

- 1 – LVH-Cedar Crest
- 2 – LVH-Muhlenberg (includes the Behavioral Health Center and Cancer Center)
- 3 – LVH-17th & Chew (includes TSU)
- 4 – Fairgrounds Surgical Center
- 5 – LVH-Tilghman
- 6 – LVHN Surgery Center-Tilghman
- 7 – LVH-Hazleton
- 8 – Health and Wellness Center at Hazleton
- 9 - LVHN Children's Surgery Center
- 10 - LVH-Schuylkill East Norwegian
- 11 - LVH-Schuylkill South Jackson
- 12 - LVH-Schuylkill Surgery Center



**LEHIGH VALLEY HEALTH NETWORK**  
**CLINICAL AREA COLON AND RECTAL SURGERY**

Name \_\_\_\_\_

**Acknowledgement of Practitioner**

I hereby request the privileges noted.

Practitioner Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*\*\*Recommendations\*\*\***

I have reviewed the request for clinical privileges and supporting documentation and

**Recommend As Requested**       **Recommend with Exceptions**       **Do Not Recommend**  
the privileges requested above.

**EXCEPTIONS**

Exception to Privilege:	Conditions/Modifications

Explanation:

**SUPERVISING PHYSICIAN (AHPs ONLY)**

Title	Signature	Date ____/____/____
Title	Signature	Date ____/____/____
Title	Signature	Date ____/____/____
Title	Signature	Date ____/____/____
Title	Signature	Date ____/____/____

