LEHIGH VALLEY HEALTH NETWORK

CLINICAL PRIVILEGES IN GENERAL SURGERY

Initial ☐ **Renewed** ☐

Name_____ **Effective from** ___/___/___ **to** ___/___/___

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

R	G	C	N	POPULATION
☐	☐	☐	☐	Pediatric: Birth - 25 Years (LVHN Surgery Center-Tilghman - 6 months - 1 Year and LVHN Children's Surgery Center - 6 months - 1 Year)
☐	☐	☐	☐	Adults: 13 - 65 Years
☐	☐	☐	☐	Geriatrics: Over 65 Years

R	G	C	N	NO CLINICAL PRIVILEGES
☐	☐	☐	☐	No Clinical Privileges

R	G	C	N	GENERAL PRIVILEGES
☐	☐	☐	☐	Admitting (includes inpatient, outpatient procedures, and observation) (1,2,3,5,6,7,8,10,11,13,19,20)
☐	☐	☐	☐	Consulting Privileges (1,2,3,5,6,7,8,10,11,13)
☐	☐	☐	☐	History and Physical (1,2,3,5,6,7,8,10,11,13)
☐	☐	☐	☐	Prescribing Privileges (1,2,3,5,6,7,8,10,11,13)
☐	☐	☐	☐	First Assistant at Surgery Only (1,2,3,5,6,7,8,10,11,13)

R	G	C	N	SOFT TISSUE
☐	☐	☐	☐	Above Knee Amputation (1,2,5,7,10,13,19,20)
☐	☐	☐	☐	Below Knee Amputation (1,2,5,7,10,13,19,20)
☐	☐	☐	☐	Excision of benign and malignant soft tissue tumors (1,2,3,7,8,10,13,19,20)
☐	☐	☐	☐	Excision of retroperitoneal tumors (1,2,7,10,13,19,20)
☐	☐	☐	☐	Excision, coccygeal pressure ulcer, with coccygectomy; with primary suture (1,2,5,6,7,8,10,13,19,20)
☐	☐	☐	☐	Muscle biopsy (1,2,3,5,6,7,8,10,13,19,20)

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R	G	C	N	SOFT TISSUE
☐	☐	☐	☐	Radial debridement necrotizing soft tissue infection (1,2,5,7,10,13,19,20)
☐	☐	☐	☐	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (1,2,3,5,6,7,8,9,10,13,19,20)
☐	☐	☐	☐	Split/full thickness autograft, trunk, arms, legs (1,2,3,5,7,8,9,10,13,19,20)
☐	☐	☐	☐	Sural nerve biopsy (1,2,3,5,6,7,8,9,10,13,19,20)
☐	☐	☐	☐	Temporal artery biopsy (1,2,3,5,6,7,8,9,10,13,19,20)
☐	☐	☐	☐	Treatment of superficial wound dehiscence, simple closure (1,2,3,5,6,7,8,9,10,13,19,20)
☐	☐	☐	☐	Wound debridement (1,2,3,5,6,7,8,9,10,13,19,20)

R	G	C	N	HERNIA
☐	☐	☐	☐	Laparoscopy, surgical; repair initial inguinal hernia (TEP) (TAPP) (1,2,3,7,8,9,10,13,19,20)
☐	☐	☐	☐	Laparoscopy, surgical; repair, incisional hernia (1,2,3,7,8,9,10,13,19,20)
☐	☐	☐	☐	Laparoscopy, surgical; repair, ventral, umbilical, spigelian or epigastric hernia (1,2,3,7,8,9,10,13,19,20)
☐	☐	☐	☐	Orchiectomy associated with hernia repair (1,2,3,7,8,9,10,13,,19,20)
☐	☐	☐	☐	Repair epigastric hernia (1,2,3,7,8,9,10,13,19,20)
☐	☐	☐	☐	Repair initial femoral hernia (1,2,3,7,8,9,10,13,19,20)
☐	☐	☐	☐	Repair initial incisional or ventral hernia (1,2,3,7,8,9,10,13,19,20)
☐	☐	☐	☐	Repair initial inguinal hernia, age 5 years or older (1,2,3,7,8,9,10,13,19,20)
☐	☐	☐	☐	Repair recurrent inguinal hernia (1,2,3,7,8,9,10,13,19,20)
☐	☐	☐	☐	Repair spigelian hernia (1,2,3,7,8,9,10,13,19,20)
☐	☐	☐	☐	Repair umbilical hernia, age 5 years or older (1,2,3,7,8,9,10,13,19,20)

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R	G	C	N	**APPENDIX**
☐	☐	☐	☐	Appendectomy (1,2,3,7,8,10,13,19,20)
☐	☐	☐	☐	Incision and drainage of appendiceal abscess (1,2,3,7,10,13,19,20)
☐	☐	☐	☐	Laparoscopy, surgical, appendectomy (1,2,3,7,8,10,13,19,20)

R	G	C	N	**BREAST**
☐	☐	☐	☐	Biopsy of breast, open, incisional (1,2,3,7,8,9,10,13,19,20)
☐	☐	☐	☐	Biopsy of breast, percutaneous, needle core (1,2,3,7,8,10,13,,19,20)
☐	☐	☐	☐	Excision of breast lesion identified by preoperative placement of radiological marker (1,2,3,7,8,10,13,19,20)
☐	☐	☐	☐	Excision of cyst, fibroadenoma or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion (1,2,3,7,8,9,10,13,19,20)
☐	☐	☐	☐	Modified radical mastectomy (1,2,3,7,10,13,19,20)
☐	☐	☐	☐	Partial mastectomy (1,2,3,7,8,10,13,19,20)
☐	☐	☐	☐	Placement of mammosite catheter for accelerated partial breast irradiation* (1,2,3,10,13,19,20) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Port Placement (1,2,3,7,8,10,13,19,20)
☐	☐	☐	☐	Puncture aspiration of cyst of breast (1,2,3,7,8,9,10,13,19,20)
☐	☐	☐	☐	Sentinel node mapping and biopsy/dissection* (1,2,3,7,8,10,13,19,20) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Stereotactic core needle biopsy of breast* (1,2,7,8,10,13,19,20) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Total mastectomy (1,2,3,7,8,10,13,19,20)
☐	☐	☐	☐	Ultrasound guided core needle biopsy (1,2,3,7,8,10,13,19,20)
☐	☐	☐	☐	Ultrasound guided percutaneous breast interventional procedures* (1,2,7,8,10,13,19,20) (*Must satisfy certain credentialing criteria to be approved)

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R	G	C	N	ESOPHAGUS
☐	☐	☐	☐	Diverticulectomy of hypopharynx or esophagus with or without myotomy (1,2,7,10,13,19,20)
☐	☐	☐	☐	Esophagogastric fundoplasty (e.g., Nissen, Belsey IV, Hill procedure) (1,2,7,10,13,,19,20)
☐	☐	☐	☐	Esophagogastric fundoplasty, with fundic patch (Thal-Nissen procedure) (1,2,7,10,13,19,20)
☐	☐	☐	☐	Esophagomyotomy (Heller type) abdominal approach (1,2,7,10,13,19,20)
☐	☐	☐	☐	Gastrointestinal reconstruction for previous esophagectomy, for obstructing esophageal lesion or fistula or for previous esophageal exclusion; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation and anastomosis(es) (1,2,7,10,13,19,20)
☐	☐	☐	☐	Gastrointestinal reconstruction for previous esophagectomy, for obstructing esophageal lesion or fistula or for previous esophageal exclusion; with stomach, with or without pyloroplasty (1,2,7,10,13,19,20)
☐	☐	☐	☐	Laparoscopy, surgical, esophagogastric fundoplasty (e.g., Nissen, Toupet procedures) (1,2,7,10,13,,19,20)
☐	☐	☐	☐	Laparoscopy, surgical, esophagomyotomy (Heller type), with fundoplasty (1,2,7,10,13,19,20)
☐	☐	☐	☐	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed, with implantation of mesh (1,2,7,10,13,19,20)
☐	☐	☐	☐	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed, without implantation of mesh (1,2,7,10,13,19,20)
☐	☐	☐	☐	Ligation or stapling at gastroesophageal junction for pre-existing esophageal perforation (1,2,7,10,13,19,20)
☐	☐	☐	☐	Partial esophagectomy, 2/3 with thoractomy and separate abdominal incision, with or without proximal gastectomy (1,2,7,10,13,19,20)
☐	☐	☐	☐	Partial esophagectomy or abdominal approach (1,2,7,10,13,19,20)
☐	☐	☐	☐	Partial thoracoabdominal or abdominal approach (1,2,7,10,13,19,20)
☐	☐	☐	☐	Total or near total esophagectomy with thoracotomy (1,2,7,10,13,19,20)
☐	☐	☐	☐	Total or near total esophagectomy without thoracotomy (1,2,7,10,13,19,20)
☐	☐	☐	☐	Total or partial esophagectomy without reconstruction (1,2,7,10,13,19,20)

R	G	C	N	STOMACH
☐	☐	☐	☐	Excision, local; malignant tumor of stomach (1,2,7,10,13,19,20)

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R	G	C	N	STOMACH
☐	☐	☐	☐	Excision, local; ulcer or benign tumor of stomach (1,2,7,10,13,19,20)
☐	☐	☐	☐	Gastrectomy, partial, distal; with gastrojejunostomy (1,2,7,10,13,19,20)
☐	☐	☐	☐	Gastrectomy, partial, distal; with gastroduodenostomy (1,2,7,10,13,19,20)
☐	☐	☐	☐	Gastrectomy, partial, distal; with Roux-en-Y reconstruction (1,2,7,10,13,19,20)
☐	☐	☐	☐	Gastrectomy, total; with esophagoenterostomy (1,2,7,10,13,19,20)
☐	☐	☐	☐	Gastrectomy, total; with formation of intestinal pouch, any type (1,2,7,10,13,19,20)
☐	☐	☐	☐	Gastrectomy, total; with Roux-en-Y reconstruction (1,2,7,10,13,19,20)
☐	☐	☐	☐	Gastrojejunostomy (1,2,7,10,13,19,20)
☐	☐	☐	☐	Gastrorrhaphy, suture or perforated duodenal or gastric ulcer, wound or injury (1,2,5,7,10,13,19,20)
☐	☐	☐	☐	Gastrostomy, open (1,2,5,7,10,13,19,20)
☐	☐	☐	☐	Gastrotomy; with exploration or foreign body removal (1,2,5,7,10,13,19,20)
☐	☐	☐	☐	Laparoscopic gastrostomy (1,2,5,7,10,13,19,20)
☐	☐	☐	☐	Laparoscopic partial/total gastrectomy (1,2,7,10,13,19,20)
☐	☐	☐	☐	Laparoscopic pyloroplasty (1,2,7,10,13,19,20)
☐	☐	☐	☐	Laparoscopic truncal/highly selective vagotomy (1,2,7,10,13,19,20)
☐	☐	☐	☐	Pyloromyotomy, pyloroplasty (1,2,7,10,13,19,20)
☐	☐	☐	☐	Vagotomy including pyloroplasty, with or without gastroenterostomy (1,2,7,10,13,19,20)
☐	☐	☐	☐	Vagotomy when performed with partial distal gastrectomy (1,2,7,10,13,19,20)

R	G	C	N	SMALL BOWEL
☐	☐	☐	☐	Closure of enteroenteric or enterocolic fistula (1,2,7,10,13,19,20)

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R	G	C	N	SMALL BOWEL
☐	☐	☐	☐	Closure of enterotomy, large or small intestine (1,2,5,7,10,13,19,20)
☐	☐	☐	☐	Closure of enterovesical fistula; without intestinal or bladder resection (1,2,7,10,13,19,20)
☐	☐	☐	☐	Closure of intestinal cutaneous fistula (1,2,7,10,13,19,20)
☐	☐	☐	☐	Continent ileostomy (1,2,7,10,13,19,20)
☐	☐	☐	☐	Enterolysis (1,2,7,8,10,13,19,20)
☐	☐	☐	☐	Excision of lesion of mesentery (1,2,7,10,13,19,20)
☐	☐	☐	☐	Excision of Meckel's diverticulum (1,2,7,10,13,19,20)
☐	☐	☐	☐	Ileostomy or jejunostomy, non-tube (1,2,5,7,10,13,19,20)
☐	☐	☐	☐	Intestinal stricturoplasty with or without dilation, for intestinal obstruction (1,2,7,10,13,19,20)
☐	☐	☐	☐	Laparoscopy, surgical, enterolysis (1,2,5,7,8,10)
☐	☐	☐	☐	Laparoscopy, surgical; enterectomy, resection of small intestine, resection and anastomosis (1,2,5,7,10,13,,19,20)
☐	☐	☐	☐	Laparoscopy, surgical; jejunostomy (1,2,5,7,10,13,19,20)
☐	☐	☐	☐	Placement of tube jejunostomy (1,2,5,7,10,13,19,20)
☐	☐	☐	☐	Reduction of volvulus, intussusception, internal hernia by laparotomy (1,2,5,7,10,13,19,20)
☐	☐	☐	☐	Suture of small intestine for perforated ulcer, diverticulum, wound, injury or rupture, perforation (1,2,5,7,10,13,19,20)

R	G	C	N	COLON
☐	☐	☐	☐	Colectomy, partial; with coloproctostomy (1,2,5,7,10,13,19,20)
☐	☐	☐	☐	Colectomy, partial; with end colostomy and closure of distal segment (1,2,5,7,10,13,19,20)
☐	☐	☐	☐	Colectomy, partial; with removal of terminal ileum with ileocolostomy (1,2,5,7,10,13,19,20)
☐	☐	☐	☐	Colectomy, partial; with resection, with colostomy or ileostomy and creation of mucofistula (1,2,5,7,10,13,19,20)

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R	G	C	N	COLON
☐	☐	☐	☐	Colectomy, total, abdominal, with proctectomy, with ileostomy (1,2,5,7,10,13,19,20)
☐	☐	☐	☐	Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, creaton of ileal reservoir (S or J), includes loop ileostomy and rectal mucosectomy (1,2,7,10,13,19,20)
☐	☐	☐	☐	Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, includes loop ileostomy, and rectal mucosectomy (1,2,7,10,13,19,20)
☐	☐	☐	☐	Colectomy, total, abdominal, without proctectomy; with continent ileostomy (1,2,7,10,13,19,20)
☐	☐	☐	☐	Colectomy, total, abdominal, without proctectomy; with ileostomy or ileoproctostomy (1,2,7,10,13,19,20)
☐	☐	☐	☐	Laparoscopy, surgical; closure of enterostomy, large or small intestine, with resection and anastomosis (1,2,5,7,10,13,19,20)
☐	☐	☐	☐	Laparoscopy, surgical; colectomy, partial with anastomosis (1,2,5,7,10,13,19,20)
☐	☐	☐	☐	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy, with colostomy (1,2,7,10,13,19,20)
☐	☐	☐	☐	Laparoscopy, surgical; colectomy, partial, with end colostomy and closure of distal segment (1,2,7,10,13,19,20)
☐	☐	☐	☐	Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy (1,2,7,10,13,19,20)
☐	☐	☐	☐	Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileoanal anastomosis, creation of ileal reservoir (S or J), with loop ileostomy, includes rectal mucosectomy (1,2,7,10,13,19,20)
☐	☐	☐	☐	Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileostomy (1,2,7,10,13,19,20)
☐	☐	☐	☐	Laparoscopy, surgical; colectomy, total, abdominal, without proctectomy, with ileostomy or ileoproctostomy (1,2,7,10,13,19,20)
☐	☐	☐	☐	Laparoscopy, surgical; colostomy or skin level cecostomy (1,2,7,10,13,19,20)
☐	☐	☐	☐	Placement, enterostomy or cecostomy, tube open (1,2,5,7,10,13,19,20)
☐	☐	☐	☐	Repair of large intestine for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); without colostomy (1,2,5,7,10,13,19,20)
☐	☐	☐	☐	Revision of colostomy; with repair of paracolostomy hernia (1,2,7,10,13,19,20)

R	G	C	N	ANORECTAL
☐	☐	☐	☐	Anorectal examination under anesthesia (1,2,3,5,6,7,8,9,10,13,19,20)

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R	G	C	N	ANORECTAL
☐	☐	☐	☐	Closure of rectovesical fistula (1,2,3,7,9,10,13,19,20)
☐	☐	☐	☐	Destruction of rectal tumor, transanal approach (1,2,3,7,8,10,13,19,20)
☐	☐	☐	☐	Excision of rectal tumor by proctotomy, transsacral or transcoccygeal approach (1,2,3,7,10,13,19,20)
☐	☐	☐	☐	Excision of rectal tumor; transanal approach, not including muscularis propria (TEM)* (1,2,7,10,13,19,20) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Hemorrhoidectomy, internal and external (1,2,3,7,8,10,13,19,20)
☐	☐	☐	☐	Incision and drainage of deep supralevator, pelvirectal or retrorectal abscess (1,2,3,5,6,7,8,9,10,13,19,20)
☐	☐	☐	☐	Incision and drainage of intramural, intramuscular or submucosal abscess, transanal, under anesthesia (1,2,3,5,6,7,8,9,10,13,19,20)
☐	☐	☐	☐	Incision and drainage of ischiorectal and/or perirectal abscess (1,2,3,5,6,7,8,9,10,13,19,20)
☐	☐	☐	☐	Incision and drainage of ischiorectal or intramural abscess, with fistulectomy or fistulotomy, submuscular with or without placement of seton (1,2,3,5,6,7,8,9,10,13,19,20)
☐	☐	☐	☐	Incision and drainage of submucosal abscess, rectum (1,2,3,5,6,7,8,910,13,19,20)
☐	☐	☐	☐	Incision of thrombosed hemorrhoid, external (1,2,3,5,6,7,8,9,10,13,19,20)
☐	☐	☐	☐	Laparoscopy, surgical; proctectomy, complete combined abdominoperineal, with colostomy (1,2,7,10,13,19,20)
☐	☐	☐	☐	Laparoscopy, surgical; proctopexy (1,2,7,10,13,19,20)
☐	☐	☐	☐	Pelvic exenteration for colorectal malignancy, with proctectomy with removal of bladder and ureteral transplantations, and/or hysterectomy or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s) (1,2,7,10)
☐	☐	☐	☐	Pilonidal cystectomy (1,2,3,5,6,7,8,9,10,13,19,20)
☐	☐	☐	☐	Proctectomy, combined abdominoperineal pull-through procedure with creation of colonic reservoir with diverting enterostomy when performed (1,2,7,10,13,19,20)
☐	☐	☐	☐	Proctectomy, combined abdominoperineal, pull-through procedure (1,2,7,10,13,19,20)
☐	☐	☐	☐	Proctectomy; complete, combined abdominoperineal, with colostomy (1,2,7,10,13,19,20)
☐	☐	☐	☐	Proctectomy; partial resection of rectum, transabdominal approach (1,2,7,10,13,19,20)
☐	☐	☐	☐	Proctectomy; partial with rectal mucosectomy, ileoanal anastomosis, creation of ileal reservoir with or without loop ileostomy (1,2,7,10,13,19,20)

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R	G	C	N	ANORECTAL
☐	☐	☐	☐	Proctosigmoidoscopy, rigid; diagnostic (1,2,7,8,10,13,19,20)
☐	☐	☐	☐	Rectal ultrasound* (1,2,7,8,10,13,19,20) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Sigmoidoscopy, flexible; diagnostic (1,2,5,6,7,8,9,10,13,19,20)
☐	☐	☐	☐	Surgical treatment of anal fistula, subcutaneous (1,2,3,5,6,7,8,9,10,13,19,20)
☐	☐	☐	☐	Transrectal drainage of pelvic abscess (1,2,5,7,8,10,13,19,20)

R	G	C	N	LIVER
☐	☐	☐	☐	Biopsy of liver, wedge (1,2,3,7,10,13,19,20)
☐	☐	☐	☐	Hepatectomy, resection of liver, partial lobectomy (1,2,7,10,13,19,20)
☐	☐	☐	☐	Laparoscopic liver resection (1,2,7,10,13,19,20)
☐	☐	☐	☐	Laparoscopy, surgical, ablation of liver tumors; radiofrequency* (1,2,7,10,13,19,20) (*Must satisfy criteria for Radiofrequency Ablation of Neoplasms)

R	G	C	N	BILIARY TRACT
☐	☐	☐	☐	Biliary endoscopy, intraoperative (1,2,7,10,13,19,20)
☐	☐	☐	☐	Cholecystectomy (1,2,3,5,7,10,13,19,20)
☐	☐	☐	☐	Cholecystectomy with exploration of common bile duct (1,2,3,5,7,10,13,19,20)
☐	☐	☐	☐	Cholecystoenterostomy (1,2,3,5,7,10,13,19,20)
☐	☐	☐	☐	Choledochoenterostomy (1,2,3,5,7,10,13,19,20)
☐	☐	☐	☐	Choledochotomy or choledochostomy with exploration, drainage, or removal of calculus, with or without cholecystostomy, without transduodenal sphincterotomy or sphincteroplasty (1,2,5,7,10,13,19,20)
☐	☐	☐	☐	Excision of bile duct tumor with or without primary repair of bile duct, extrahepatic (1,2,7,10,13,19,20)
☐	☐	☐	☐	Excision of choledochal cyst (1,2,7,10,13,19,20)

LEHIGH VALLEY HEALTH NETWORK

CLINICAL PRIVILEGES IN GENERAL SURGERY

Initial ☐ **Renewed** ☐

Name_____ **Effective from** ___/___/___ **to** ___/___/___

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

R	G	C	N	**BILIARY TRACT**
☐	☐	☐	☐	Laparoscopy, common bile duct exploration* (1,2,3,5,7,10,13,19,20) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Laparoscopy, surgical; cholecystectomy* (1,2,3,5,7,10,13,19,20) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Laparoscopy, surgical; cholecystoenterostomy (1,2,5,7,10,13,19,20)
☐	☐	☐	☐	Transduodenal sphincterotomy or sphincteroplasty with or without transduodenal extraction of calculus (1,2,5,7,10,13,19,20)

R	G	C	N	**PANCREAS**
☐	☐	☐	☐	Excision of ampulla of Vater (1,2,7,10,13,19,20)
☐	☐	☐	☐	Excision of lesion of pancreas (1,2,7,10,13,19,20)
☐	☐	☐	☐	Exploratory laparotomy, exploratory celiotomy with or without biopsy (1,2,7,10,13,19,20)
☐	☐	☐	☐	Internal anastomosis of pancreatic cyst to gastrointestinal tract, direct (1,2,7,10,13,19,20)
☐	☐	☐	☐	Laparoscopic excision of pancreatic mass(es) (1,2,7,10,13,19,20)
☐	☐	☐	☐	Laparoscopic partial/total pancreatectomy (1,2,7,10,13,19,20)
☐	☐	☐	☐	Pancreatectomy, distal subtotal, with or without splenectomy; with pancreaticojejunostomy (1,2,7,10,13,19,20)
☐	☐	☐	☐	Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy with pancreaticojejunostomy (1,2,7,10,13,19,20)
☐	☐	☐	☐	Pancreatectomy, total (1,2,7,10,13,19,20)
☐	☐	☐	☐	Pancreaticojejunostomy, side-to-side anastomosis (1,2,7,10,13,19,20)
☐	☐	☐	☐	Resection or debridement of pancreas and peripancreatic tissue for acute necrotizing pancreatitis (1,2,7,10,13,19,20)

R	G	C	N	**NECK/THYROID/PARATHYROID/ADRENAL**
☐	☐	☐	☐	Adrenalectomy, partial or complete (1,2,7,10,13,19,20)
☐	☐	☐	☐	Biopsy thyroid, percutaneous core needle (1,2,3,7,8,10,13,19,20)

LEHIGH VALLEY HEALTH NETWORK

CLINICAL PRIVILEGES IN GENERAL SURGERY

Initial ☐ **Renewed** ☐

Name_____ **Effective from** ___/___/___ **to** ___/___/___

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

R	G	C	N	NECK/THYROID/PARATHYROID/ADRENAL
☐	☐	☐	☐	Excision brachial cleft cyst (1,2,3,7,10,13,19,20)
☐	☐	☐	☐	Excision cystic hygroma (1,2,7,10,13,19,20)
☐	☐	☐	☐	Excision of thyroglossal duct cyst or sinus (1,2,3,7,8,10,13,19,20)
☐	☐	☐	☐	Incision and drainage of thyroglossal duct cyst, infected (1,2,3,7,8,10,13,19,20)
☐	☐	☐	☐	Laparoscopy, surgical with adrenalectomy, partial or complete (1,2,7,10,13,19,20)
☐	☐	☐	☐	Modified neck dissection - unilateral/bilateral (1,2,3,7,10,13,19,20)
☐	☐	☐	☐	Parathyroidectomy or exploration of parathyroid (MIRP) (1,2,3,7,10,13,19,20)
☐	☐	☐	☐	Radical neck dissection - unilateral/bilateral (1,2,7,10,13,19,20)
☐	☐	☐	☐	Sialoadenectomy, partial/complete (1,2,7,8,10,13,19,20)
☐	☐	☐	☐	Thymectomy (1,2,7,10,13,19,20)
☐	☐	☐	☐	Thyroidectomy, total or complete (1,2,3,4,7,10,13,19,20)
☐	☐	☐	☐	Tracheostomy (1,2,3,7,10,13,19,20)

R	G	C	N	SPLEEN/LYMPHATICS
☐	☐	☐	☐	Axillary lymphadectomy (1,2,3,7,8,9,10,12)
☐	☐	☐	☐	Biopsy or excision of lymph node(s) (1,2,3,4,7,8,10,12)
☐	☐	☐	☐	Cervical lymphadenectomy, complete (1,2,3,7,10)
☐	☐	☐	☐	Cervical lymphadenectomy, modified radical neck dissection (1,2,3,7,10,13,19,20)
☐	☐	☐	☐	Excision of cystic hygroma, axillary or cervical (1,2,3,7,10,13,19,20)
☐	☐	☐	☐	Inguinal lymphadenectomy (1,2,3,7,8,10,13,19,20)
☐	☐	☐	☐	Injection procedure for identification of sentinel node (1,2,7,8,10,13,19,20)

LEHIGH VALLEY HEALTH NETWORK

CLINICAL PRIVILEGES IN GENERAL SURGERY

Initial ☐ **Renewed** ☐

Name_____ **Effective from** ___/___/___ **to** ___/___/___

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

R	G	C	N	SPLEEN/LYMPHATICS
☐	☐	☐	☐	Laparoscopy, surgical splenectomy (1,2,5,7,10,13,19,20)
☐	☐	☐	☐	Laparoscopy, surgical with retroperitoneal lymph node biopsy/lymphadenectomy (1,2,7,10,13,19,20)
☐	☐	☐	☐	Pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes (1,2,7,10,13,19,20)
☐	☐	☐	☐	Repair of ruptured spleen (1,2,5,7,10,13,19,20)
☐	☐	☐	☐	Retroperitoneal transabdominal lymphadenectomy, extensive, including pelvic, aortic and renal nodes (1,2,7,10,13,19,20)
☐	☐	☐	☐	Sentinel lymph node mapping and biopsy/dissection* (1,2,3,4,7,10,13,19,20) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Splenectomy (1,2,5,7,10,13,19,20)
☐	☐	☐	☐	Suture and/or ligation of thoracic duct (1,2,5,7,10,13,19,20)

R	G	C	N	DIAPHRAGM
☐	☐	☐	☐	Laparoscopic repair of diaphragmatic hernia (1,2,5,7,10,13,19,20)
☐	☐	☐	☐	LINX Reflux Management System* (1,2,3) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Repair, diaphragmatic hernia (1,2,7,10,13,19,20)
☐	☐	☐	☐	Repair, laceration of diaphragm (1,2,5,7,10,13,19,20)
☐	☐	☐	☐	Repair, paraesophageal hiatal hernia (1,2,7,10,13,19,20)
☐	☐	☐	☐	Resection, diaphragm with simple repair (1,2,7,10,13,19,20)

R	G	C	N	ABDOMEN/GENERAL
☐	☐	☐	☐	Diagnostic laparoscopy with or without biopsy (1,2,3,,5,7,8,9,10,13,19,20)
☐	☐	☐	☐	Exploratory laparotomy, exploratory celiotomy with or without biopsy (1,2,5,7,8,10,13,19,20)
☐	☐	☐	☐	Insertion of intraperitoneal cannula or catheter for drainage or dialysis, temporary (1,2,5,7,10,13,19,20)

LEHIGH VALLEY HEALTH NETWORK

CLINICAL PRIVILEGES IN GENERAL SURGERY

Initial ☐ **Renewed** ☐

Name_____ **Effective from** ___/___/___ **to** ___/___/___

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

R	G	C	N	ABDOMEN/GENERAL
☐	☐	☐	☐	Insertion of intraperitoneal cannula or catheter with subcutaneous reservoir, permanent (1,2,5,7,10,13,19,20)
☐	☐	☐	☐	Omental flap, extra-abdominal (1,2,7,10,13,19,20)
☐	☐	☐	☐	Single incision laparoscopic surgery (SILS)* (1,2,7,10,13,19,20) (*Must satisfy certain credentialing criteria to be approved)

R	G	C	N	THORACIC
☐	☐	☐	☐	Pericardiectomy for tumor and pneumectomy (1,2,7,10,13,19,20)
☐	☐	☐	☐	Rib resection (1,2,5,7,10,13,19,20)
☐	☐	☐	☐	Thoracentesis, puncture of pleural cavity for aspiration (1,2,5,6,7,10,13,19,20)
☐	☐	☐	☐	Thoracoplasty (1,2,7,10,13,19,20)
☐	☐	☐	☐	Thoracotomy for oncologic resection (1,2,7,10,13,19,20)
☐	☐	☐	☐	Tube thoracostomy, includes water seal (1,2,5,6,7,10,13,19,20)

R	G	C	N	VASCULAR SYSTEM
☐	☐	☐	☐	Arterial catheterization or cannulation for sampling, monitoring or transfusion (1,2,5,6,7,10,13,19,20)
☐	☐	☐	☐	Carpal Tunnel Release (1,2,3,7,8,9,10,13,19,20)
☐	☐	☐	☐	Contrast injection for radiologic evaluation of existing central venous access device, including fluoroscopy, image documentation and report (1,2,7,8,9,10,13,19,20)
☐	☐	☐	☐	Insertion of cannula for hemodialysis, other purpose (1,2,3,7,8,9,10,13,19,20)
☐	☐	☐	☐	Insertion of peritoneovenous shunt (1,2,7,10,13,19,20)
☐	☐	☐	☐	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port (age 5 years or older) (1,2,3,5,6,7,8,9,10,13,19,20)
☐	☐	☐	☐	Insertion of tunneled centrally inserted central venous catheter (1,2,3,5,6,7,8,9,10,13,19,20)
☐	☐	☐	☐	Ligation of varicose veins (1,2,7,8,9,10,13,19,20)

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CLINICAL PRIVILEGES IN GENERAL SURGERY

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R	G	C	N	VASCULAR SYSTEM
☐	☐	☐	☐	Venous anastomosis, open; portocaval (1,2,7,10,13,19,20)
☐	☐	☐	☐	Venous anastomosis, open; renoportal (1,2,7,10,13,19,20)

R	G	C	N	ENDOSCOPY
☐	☐	☐	☐	Bronchoscopy* (1,2,5,7,9,10,13,19,20) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Colonoscopic placement of expandable stents* (1,2,7,10,13,19,20) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Colonoscopy, flexible, proximal to splenic flexure; with control of bleeding* (1,2,5,7,9,10,13,19,20) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Colonoscopy, flexible, proximal to splenic flexures; diagnostic* (1,2,7,9,10,13,19,20) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Colonoscopy, flexible, proximal to splenic flexures; with biopsy or polypectomy* (1,2,7,9,10,13,19,20) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Esophagogastroduodenoscopy (EGD)* (1,2,5,7,8,9,10,13,19,20) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Esophagoscopy, rigid or flexible* (1,2,7,9,10,13,19,20) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Fecal Microbiota Transplant (1,2,3,7,8)
☐	☐	☐	☐	Transoral Incisionless Fundoplication* (1,2,3,7,8,10,13,19,20) (Must satisfy certain cedentialing criteria to be approved)
☐	☐	☐	☐	Upper gastrointestinal endoscopic laser ablation of tumors* (1,2,7,10,13,19,20) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Upper gastrointestinal endoscopic placement of expandable stents* (1,2,7,10,13,19,20) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Upper gastrointestinal endoscopy including esophagus, stomach and either duodenum and/or jejunum as appropriate; with balloon or fixed dilation of espohagus or gastrojejunal anastomosis* (1,2,7,9,10,13,19,20) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Upper gastrointestinal endoscopy including esophagus, stomach and either duodenum and/or jejunum as appropriate; with insertion of guide wire followed by dilation of esophagus over guide wire* (1,2,7,9,10,13,19,20) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Upper gastrointestinal endoscopy including esophagus, stomach and either the duodenum and/or jejunum as appropriate with dilation of gastric outlet for obstruction* (1,2,7,9,10,13,19,20) (*Must satisfy certain credentialing criteria to be approved)

LEHIGH VALLEY HEALTH NETWORK

CLINICAL PRIVILEGES IN GENERAL SURGERY

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R	G	C	N	**ENDOSCOPY**
☐	☐	☐	☐	Upper gastrointestinal endoscopy including esophagus, stomach and either the duodenum and/or jejunum as appropriate with directed placement of percutaneous gastrostomy tube/jejunostomy tube* (1,2,5,7,9,10,13,19,20) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Upper gastrointestinal endoscopy including esophagus, stomach and either the duodenum and/or jejunum as appropriate; with removal of tumor(s), polyp(s) or other lesion(s) by hot biopsy forceps, bipolar cautery or snare technique* (1,2,7,9,10,13,19,20) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with ablation of tumor(s), polyp(s) or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique* (1,2,7,9,10,13,19,20) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with control of bleeding, any method* (1,2,5,7,9,10,13,19,20) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia for treatment of gastroesophageal reflux disease* (1,2,7,9,10,13,19,20) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Upper gastrointestinal endoscopy with endoscopic revision of gastrojejunal anastomosis* (1,2,7,10,13,19,20) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Upper gastrointestinal wireless camera endoscopy* (1,2,7,8,10,13,19,20) (*Must satisfy certain credentialing criteria to be approved)

R	G	C	N	**BARIATRIC SURGERY**
☐	☐	☐	☐	Endoscopic restrictive bariatric procedures* (1,2,7,10,13,19,20) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy to limit absorption* (1,2,7,10,13,19,20) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Laparoscopic revision of bariatric procedure* (1,2,7,10,13,19,20) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Laparoscopy, surgical, gastric restrictive procedure, longitudinal gastrectomy (sleeve gastrectomy)* (1,2,7,10,13,19,20) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device* (1,2,7,10,13,19,20) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy* (1,2,7,10,13,19,20) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption* (1,2,7,10,13,19,20) (*Must satisfy certain credentialing criteria to be approved)

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R	G	C	N	**BARIATRIC SURGERY**
☐	☐	☐	☐	Placement of intragastric balloon* (1,2,7,10,13,19,20) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Repositioning of gastric restrictive device* (1,2,7,10,13,19,20) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Revision, open, of gastric restrictive procedure for morbid obesity* (1,2,7,10,13,19,20) (*Must satisfy certain credentialing criteria to be approved)

R	G	C	N	**PEDIATRIC SURGERY**
☐	☐	☐	☐	Circumcision of male infants (1,2,7,8,9,10,13,19,20)
☐	☐	☐	☐	Endoscopy privileges for pediatric surgeons* (1,2,9,10,13,19,20) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Hernia repair, pediatric (1,2,7,8,9,10,13,19,20)
☐	☐	☐	☐	Peripheral venous cutdown (1,2,7,8,10,13,19,20)
☐	☐	☐	☐	Umbilical artery catheterization (1,2,7,10,13,19,20)
☐	☐	☐	☐	Vein catheterization (1,2,7,8,10,13,19,20)

R	G	C	N	**SURGICAL ONCOLOGY**
☐	☐	☐	☐	Abdominal hysterectomy (1,2,3,7,13,19,20) (with approval of Chair of Obstetrics and Gynecology)
☐	☐	☐	☐	Cystotomy (1,2,7,10,13,19,20) (with approval of Chief of Urology)
☐	☐	☐	☐	Heated Intraperitoneal Chemotherapy (HIPEC)* (1,2) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Isolated limb infusion* (1,2) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Laryngectomy (1,2,7,10,13,19,20) (with approval of Chief of Otolaryngology-Head & Neck Surgery)
☐	☐	☐	☐	Oophorectomy (1,2,3,7,10,13,19,20) (with approval of Chair of Obstetrics and Gynecology)
☐	☐	☐	☐	Salpingectomy (1,2,3,7,10,13,19,20) (with approval of Chair of Obstetrics and Gynecology)
☐	☐	☐	☐	Vulvectomy (1,2,7,10,13,19,20) (with approval of Chair of Obstetrics and Gynecology)

LEHIGH VALLEY HEALTH NETWORK

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R	G	C	N	TRANSPLANTATION SURGERY
☐	☐	☐	☐	Arteriovenous (AV) fistula - creation, revision, ligation (1,2,3,7,10,13,19,20)
☐	☐	☐	☐	Arteriovenous (AV) graft - insertion, revision, removal (1,2,7,10,13,19,20)
☐	☐	☐	☐	Excision saphenous or other vein for vascular graft (1,2,7,10,13,19,20)
☐	☐	☐	☐	Insertion, revision and removal of peritoneal catheter and treatment of complications (1,2,3,7,8,10,13,19,20)
☐	☐	☐	☐	Nephrectomy - bilateral (1,2,7,10,13,19,20)
☐	☐	☐	☐	Nephrectomy - unilateral (1,2,7,10,13,19,20)
☐	☐	☐	☐	Nephrectomy - laparoscopic (1,2,7,10,13,19,20)
☐	☐	☐	☐	Transplant nephrectomy (1,2,7)
☐	☐	☐	☐	Pancreas transplantation and related procedures (1,2)
☐	☐	☐	☐	Renal biopsy - open (1,2,7,10)
☐	☐	☐	☐	Renal biopsy - percutaneous (1,2,7,10,13,19,20)
☐	☐	☐	☐	Renal transplant, auto transplant (1,2)
☐	☐	☐	☐	Renal transplant from deceased donor (1,2)
☐	☐	☐	☐	Renal transplant from living donor (1,2)
☐	☐	☐	☐	Transplantation related procedures - vascular reconstruction and urinary reconstruction (1,2)
☐	☐	☐	☐	Ultrasound guided transplant biopsy (1,2)
☐	☐	☐	☐	Venous access including ports, tunneled and temporary venous catheters (venous catheterization) (1,2,3,7,8,10,13,19,20)

R	G	C	N	OTHER
☐	☐	☐	☐	daVinci STM Robotic System-Assisted Multi-Port Laparoscopic Procedure* (1,2,10,13,19,20) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	daVinci STM Robotic System-Assisted Single-Site Laparoscopic Procedure* (1,2,10,13,19,20) (*Must satisfy certain credentialing criteria to be approved)

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R	G	C	N	OTHER
☐	☐	☐	☐	Fluoroscopy privileges* (1,2,3,5,6,7,8,10,13,19,20) (Additional requirements as necessary as per the Medical Physicist/Radiation Safety Officer) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Implanted Loop Recorder** (1,2,7,10,13,19,20) (**Applicant must satisfy certain credentialing criteria to be approved for this privilege.)
☐	☐	☐	☐	Laser* (1,2,7,10,13,19,20) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Moderate Sedation - Pediatric (birth - 25 years)*** (1,2,3,5,6,7,8,10,13,19,20) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Moderate Sedation - Adult* (13 years or older)*** (1,2,3,5,6,7,8,10,13,19,20) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Placement of peripherally inserted central catheter (PICC) line (20)
☐	☐	☐	☐	Radiofrequency Ablation of Neoplasms* (1,2,10,13,19,20) (*Must satisfy certain credentialing criteria to be approved)

LEHIGH VALLEY HEALTH NETWORK

CEDAR CREST & I-78 PO BOX 689

ALLENTOWN, PA 18105-1556

CLINICAL PRIVILEGES IN GENERAL 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)
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
13 - LVH-Hecktown Oaks
14 - LVH-Coordinated Health - Allentown
15 - LVH-Coordinated Health - Bethlehem
16 - LVHN Ambulatory Surgery Center of Lopatcong, Inc
17 - LVHN East Stroudsburg Ambulatory Surgery Center
18 - LVH-Pocono
19 - LVH-Carbon
20 - LVH-Dickson City

LEHIGH VALLEY HEALTH NETWORK

CLINICAL AREA GENERAL 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:

_____	_____	_____/_____/_____
Title	Signature	Date
_____	_____	_____/_____/_____
Title	Signature	Date
_____	_____	_____/_____/_____
Title	Signature	Date
_____	_____	_____/_____/_____
Title	Signature	Date
_____	_____	_____/_____/_____
Title	Signature	Date