



NEUROSURGERY

**Kettering Medical Center
Kettering Memorial Hospital/Sycamore Hospital**

Clinical Privileges Profile

- I. Name: _____,MD/DO, has made application for membership on the medical staff of Kettering Medical Center with privileges in Neurosurgery.
- II. Clinical privileges in Neurosurgery shall be defined as those standards, usual, and customary procedures appropriate to the diagnosis and treatment of any and all diseases encompassed by that specialty. Physicians must be Board eligible by having completed an appropriate residency or equivalent course of training in Neurosurgery. Once on staff, in order to maintain privileges, an individual must complete and pass the examinations within the prescribed time requirements of the board. All current members of the Surgery Clinical Service, as of February 18, 1986, are exempt from the requirements for board certification.
- III. Procedures not included in the description of general clinical privileges or special procedures indicated below in the physician clinical privileges profile may be performed in emergency situations even though not herein specified.
- IV. Physicians may request an extension or reduction of clinical privileges listed below at any time by submitting an "Application for Extension/Reduction of Privileges" to the clinical service chief and the Credentials Committee.
- V. Clinical Privileges Profile

<u>Requested</u>	<u>TYPE OF PRIVILEGES</u>	<u>Recommended</u>
	A. Neurodiagnostic Procedures	
_____	1. Lumbar puncture	_____
_____	2. Discography	_____
_____	3. Angiography	_____
_____	4. Cisternography	_____
_____	5. Pneumoencephalography	_____
_____	6. Ventriculography	_____
_____	7. C1-C2 puncture	_____
_____	8. Myelography	_____
_____	9. ICP Monitoring	_____
_____	10. CSF drainage - EVD or lumbar drain	_____
	B. Cranial Surgery	
_____	1. Scalp laceration	_____
_____	2. Elevation depressed skull fracture	_____
_____	3. Cranioplasty	_____
_____	4. Dural repair (incl. graft removal e.g. fascia lata)	_____
_____	5. Craniotomy/Craniectomy	_____

<u>Requested</u>	<u>TYPE OF PRIVILEGES</u>	<u>Recommended</u>
_____	6. Removal/evacuation	_____
_____	a. tumor	_____
_____	b. abscess	_____
_____	c. hematoma	_____
_____	7. Removal skull lesion	_____
_____	8. Vascular anomaly	_____
_____	9. Neoplasm	_____
_____	10. Aneurysm	_____
_____	11. Biopsy	_____
_____	C. Spinal Surgery	
_____	1. Decompressive	
_____	a. disc/bony degeneration	_____
_____	b. tumor	_____
_____	c. infection	_____
_____	d. vascular anomaly	_____
_____	2. Stabilization	
_____	a. fusion (removal of bony graft)	_____
_____	b. instrumentation	_____
_____	3. Tongs for traction	_____
_____	4. Application halo; bracing	_____
_____	5. Needle biopsy	_____
_____	D. Stereotactic Brain Surgery	_____
_____	E. Transsphenoidal Surgery	_____
_____	F. PAD for Disc	_____
_____	G. Chemonucleolysis for Disc	_____
_____	H. CSF Shunting Procedures	_____
_____	I. Cerebral Revascularization	
_____	1. Carotid endarterectomy, incl. Patch	_____
_____	graft removal vein graft	
_____	2. EC-IC Bypass	_____
_____	J. Burr Holes	
_____	1. Therapeutic	_____
_____	2. Diagnostic	_____
_____	K. Laser Surgery	_____

<u>Requested</u>	<u>TYPE OF PRIVILEGES</u>	<u>Recommended</u>
_____	L. Peripheral Nerve Surgery	_____
_____	1. Decompression	_____
_____	2. Neurolysis and grafting	_____
_____	3. Biopsy	_____
_____	4. Repair	_____
_____	M. Pain Procedures	_____
_____	1. Augmentative	_____
_____	2. Ablation	_____
_____	N. Laser Surgery	_____
_____	1. YAG	_____
_____	2. CO2	_____
_____	O. Endoscopy/Ventricular	_____
_____	P. Computer Assisted Surgery	_____
_____	1. Cervical-Spinal	_____
_____	Q. CNS Support Surgery	_____
_____	1. IV access - cutdown (included)	_____
_____	2. A-line placement	_____
_____	(percutaneous or cutdown)	_____
_____	3. Tracheostomy	_____
_____	4. Swan-Ganz placement	_____
_____	5. Chest tube insertion	_____
_____	6. Removal tissue for graft	_____
_____	7. CVP (including subclavian or jugular)	_____
_____	R. Fluoroscopy	_____
_____	S. Procedural Sedation	_____

Signature of Practitioner _____ Date _____

Signature of Clinical Service Chief **Rita Anderson, MD** _____ Date _____