

MIDLAND MEMORIAL HOSPITAL

Delineation of Privileges

FEMALE PELVIC MEDICINE AND RECONSTRUCTIVE SURGERY (UROGYNECOLOGY)



Your home for healthcare

Physician Name: _____

Female Pelvic Medicine and Reconstructive Surgery Core Privileges

Qualifications

Minimum threshold criteria for requesting core privileges in obstetrics and gynecology:

- Basic education: MD or DO
- Successful completion of an ACGME- or AOA-accredited residency in OB/GYN.
- Successful completion of an ABOG, ACGME or AOA approved fellowship in female pelvic medicine and reconstructive surgery.

AND

- Current subspecialty certification or board eligible (with achievement of certification within 5 years) leading to subspecialty certification in female pelvic medicine and reconstructive surgery by the ABOG. (**Members of the Staff, prior to the adoption of Bylaws 10/2007, are considered grandfathered in for privileges, but cannot achieve board certification as of 2014.*)

Required current experience:

- Applicants must be able to demonstrate that they have performed at least 50 female pelvic medicine and reconstructive surgical procedures, reflective of the scope of privileges requested, in the past 12-months, or successful completion of an ACGME or AOA accredited FPMRS fellowship within the past 12-months.

References for New Applicants

- If the applicant is recently trained, a letter of reference should come from the director of the applicant's training program. Alternatively, a letter of reference may come from the applicable department chair and/or clinical service chief at the facility where the applicant most recently practiced.

Renewal of privileges

Reappointment should be based on unbiased, objective results of care according to the organization's existing quality improvement measures. Current demonstrated competence and adequate volume of experience in 50 procedures with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

Please check requested privileges.

Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	
<p>Core Privileges: Core privileges include the ability to admit, evaluate, diagnose, treat, and provide consultation and the pre-intra-, and postoperative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the genitourinary system. Includes diagnosis and management of genitourinary and rectovaginal fistulae, urethral diverticula, injuries to the genitourinary tract, congenital anomalies, infectious and noninfectious irritative conditions of the lower urinary tract and pelvic floor, and the management of genitourinary complications of spinal cord injuries. May provide care to patients in the intensive care setting in conformity with unit policies. Assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.</p> <p>These core privileges in this specialty include the procedures on the procedures list and such other procedures that are extensions of the same techniques and skills.</p>			<p>Core procedures include but are not limited to:</p> <ul style="list-style-type: none"> • Performance of history and physical exam • Anal incontinence procedures <ul style="list-style-type: none"> • Sphincteroplasty • Muscle transposition • Retrorectal repair • Dynamic (stimulated muscle transposition) • Continence procedures for stress urinary incontinence <ul style="list-style-type: none"> • Periurethral bulk injections (e.g., polytef, Macroplastique, fat) • Long-needle procedures (e.g., Pereyra, Raz, Stamey, Gittes, Muzsnai) • Vaginal urethropexy (e.g., bladder neck plication, vaginal paravaginal defect repair) • Retropubic urethropexy (e.g., Marshall-Marchetti-Krantz, Burch, and paravaginal defect repair) • Sling procedures (e.g., synthetic midurethral sling placement, fascia lata, rectus fascia, heterologous materials, vaginal wall including harvest of autologous graft) • Continence procedures for overflow incontinence due to anatomic obstruction following continence surgery <ul style="list-style-type: none"> • Cutting of one or more suspending sutures • Retropubic urethrolisis with or without repeat bladder neck suspension

			<ul style="list-style-type: none"> • Revision, removal, or release of a suburethral sling • Other surgical procedures for treating urinary incontinence • Placement of an artificial urinary sphincter • Continent vesicotomy or suprapubic diversion • Augmentation cystoplasty, suprapubic diversion, sacral nerve stimulator implantation, and bladder denervation • Urethral closure and suprapubic cystotomy • Pelvic floor dysfunction and genital prolapse procedures • Abdominal (closure or repair of enterocele, transabdominal sacrocolpopexy, paravaginal repair) • Vaginal (transvaginal hysterectomy with or without colporrhaphy, anterior and posterior colporrhaphy and perineorrhaphy, paravaginal repair, Manchester operation, enterocele repair, vagina vault suspension, colpocleisis, retrorectal levator plasty and postanal repair) • Performance and interpretation of diagnostic tests for urinary incontinence and lower urinary tract dysfunction, fecal incontinence, and pelvic organ prolapse 	
Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Criteria	
Refer-and-follow privileges			Privileges include performing outpatient preadmission history and physical, ordering noninvasive outpatient diagnostic tests and services, visiting patients in the hospital, reviewing medical records, consulting with the attending physician, and observing diagnostic or surgical procedures with the approval of the attending physician or surgeon.	
Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Procedure	Criteria
Non-Core Privileges Non-core privileges are requested individually in addition to requesting the core. Each individual requesting non-core privileges must meet the specific threshold criteria as applicable to the applicant.			<input type="checkbox"/> Robotic-assisted system for gynecologic procedures including hysterectomy Salpingo-oophorectomy, and Microsurgical fallopian tube reanastomosis	Please contact the medical staff office to obtain the criteria for this procedure.
			<input type="checkbox"/> Preceptor Robotic-assisted system for gynecologic procedures including hysterectomy Salpingo-oophorectomy, and Microsurgical fallopian tube reanastomosis	Please contact the medical staff office to obtain the criteria for this procedure.
			<input type="checkbox"/> Transcervical sterilization	New Applicant: Successful completion of an ACGME or AOA accredited postgraduate training program in OB/GYN and successful completion of a training course in the transcervical sterilization system. <ul style="list-style-type: none"> • Demonstrated current competence and evidence of at least five (5) transcervical sterilization procedures in the past 12-months, or completion of training in the past 12-months. Renewal of privileges: Demonstrated current competence and evidence of: <ul style="list-style-type: none"> • At least ten (10) transcervical sterilization procedures in the past 24-months based on results of ongoing professional practice evaluation and outcomes. • Continuing education related to transcervical sterilization is required.
			<input type="checkbox"/> Moderate Sedation	Meet the criteria set forth by the Rules and Regulations for Anesthesia Services and complete "Requirements for Moderate Sedation Privileges" form.

Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Procedure Criteria
<input type="checkbox"/> Bladder neck closures <input type="checkbox"/> Burch suspensions <input type="checkbox"/> Cadaveric fascia graft augmentation during anterior or posterior colporrhaphies <input type="checkbox"/> Chromopertubation (laparoscopically or robotically) <input type="checkbox"/> Colpocleises (LeFort of complete with colectomy) <input type="checkbox"/> Connective tissue release under anesthesia (perineal scars, incisional releases, and scar excisions) <input type="checkbox"/> Cystorrhaphy <input type="checkbox"/> Cystoscopic biopsy with fulguration <input type="checkbox"/> Cystoscopic fulguration of lesions <input type="checkbox"/> Cystoscopic hydrodistention <input type="checkbox"/> Cystoscopic intradetrusor injections of onabotulinum toxin A <input type="checkbox"/> Cystoscopic retrograde pyleography and interpretation <input type="checkbox"/> Cystoscopic stent removal <input type="checkbox"/> Cystoscopic ureteral stent <input type="checkbox"/> Cystoscopies <input type="checkbox"/> Cystoscopies ureteral stent placement <input type="checkbox"/> Endoanal ultrasounds <input type="checkbox"/> Enterolysis (abdominally, laparoscopically, or *robotically) <input type="checkbox"/> Excision of Bartholin's gland cyst or abscess <input type="checkbox"/> Excision of Skene's gland cysts <input type="checkbox"/> Excision of urethral caruncles <input type="checkbox"/> Excisions of endometriosis <input type="checkbox"/> Excisions of mesh <input type="checkbox"/> Genital warts excisions <input type="checkbox"/> Hysterosalpingography <input type="checkbox"/> Incision and drainage of the vulva, perineum or vagina <input type="checkbox"/> Labial lysis of adhesions <input type="checkbox"/> Labiaplasties <input type="checkbox"/> Laparoscopic lysis of adhesions <input type="checkbox"/> Laser removal of genital warts <input type="checkbox"/> Levatorplasties <input type="checkbox"/> Martius fat pad flap placement <input type="checkbox"/> McCall's culdoplasties <input type="checkbox"/> Myomectomies (abdominally, laparoscopically or *robotically) <input type="checkbox"/> Pelvic floor injections of on abotulinum toxin A			<p><u>New Applicant:</u> Successful completion of an ACGME or AOA accredited fellowship in female pelvic medicine and reconstructive surgery. Must have a signed letter from the fellowship director for each procedure selected.</p> <p><u>Reappointment:</u> Demonstrated current competence and evidence of:</p> <ul style="list-style-type: none"> • At least ten (10) procedures for each selected procedure in the past 24-months based on results of ongoing professional practice evaluation and outcomes. • Continuing education related to the selected procedures selected. <p>*All robotically performed procedures must also have Robotic-assisted privileges.</p>

<ul style="list-style-type: none"> <input type="checkbox"/> Rectovaginal fistula repair <input type="checkbox"/> Revisions of sacrocolpopexies (*robotically or laparoscopically or transabdominally) <input type="checkbox"/> Sacrohysteropexies (abdominally, laparoscopically, or *robotically) <input type="checkbox"/> Sacroneuromodulations <input type="checkbox"/> Sacrospinous ligament fixations <input type="checkbox"/> Sling lysis and urethrolysis with or without repeat bladder midurethral sling <input type="checkbox"/> Suprapubic Cystostomy with placement of a suprapubic tube and exchanges <input type="checkbox"/> Transvaginal ultrasounds <input type="checkbox"/> Transversus abdominis plane blocks <input type="checkbox"/> Umbilical herniorrhaphies <input type="checkbox"/> Ureterolysis <input type="checkbox"/> Urethral biopsies <input type="checkbox"/> Urethral diverticulectomy <input type="checkbox"/> Urethral polypectomy <input type="checkbox"/> Urethroplasty with or without augmentation of grafts <input type="checkbox"/> Uterosacral ligament suspensions (vaginally, transabdominally, laparoscopically, or *robotically-assisted) <input type="checkbox"/> Vaginal cuff revisions <input type="checkbox"/> Vaginal excisions of mesh <input type="checkbox"/> Vaginoscopy <input type="checkbox"/> Vesicovaginal and urethrovaginal fistula repair <input type="checkbox"/> Vulvar biopsies <input type="checkbox"/> Wound revision 	
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To the applicant: If you wish to exclude any privileges, please strike through the privileges that you do not wish to request and then initial.

I understand that by making this request, I am bound by the applicable bylaws or policies of the hospital, and hereby stipulate that I meet the minimum threshold criteria for this request. I have requested **only** those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at Midland Memorial Hospital. I also acknowledge that my professional malpractice insurance extends to all privileges I have requested and I understand that:

(a) In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.

(b) Applicants have the burden of producing information deemed adequate by Midland Memorial Hospital for a proper evaluation of current competence, other qualifications and for resolving any doubts.

(c) I will request consultation if a patient needs service beyond my expertise.

Physician's Signature/Printed Name

Date

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- Recommend all requested privileges
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege Condition/modification/explanation

Notes:

Department Chair/Chief Signature

Date