

MEDSTAR GOOD SAMARITAN HOSPITAL

MEDSTAR UNION MEMORIAL HOSPITAL

**DELINEATION OF PRIVILEGES
GENERAL SURGERY**

Name (print or type): _____
Last
First
M.I.

CORE PRIVILEGES:	REQUESTED	RECOMMENDED	COMMENTS
Admitting/Consulting privileges for diagnoses generally regarded as part of the specialty of General Surgery			
Surgical Procedures in the following areas of primary responsibility: Alimentary Tract Abdomen and its Contents Breasts (including stereotactic biopsy) Skin, Soft Tissue, Amputations Head and Neck (thyroid, parathyroid, lymph node biopsy) Generalized Trauma Care of critically ill patients with surgical diagnoses including interventional monitoring access procedures Laparoscopic Surgery (Gallbladder, Appendix, inguinal hernia, colon) Surgical Oncologic Procedures			
NON CORE PRIVILEGES:			
Laparoscopic Foregut Procedures (stomach, hiatal hernia)			
Laparoscopic Advanced (bariatric, hepatobiliary duct, pancreas)			
Diagnostic GI endoscopy:			
Upper			
Lower			
Therapeutic GI Endoscopy:			
Upper			
Lower			
Advanced Pediatric Surgery *See Separate Delineation			
Moderate Sedation			
Fluoroscopy			
Total Parenteral Nutrition			
OTHER:			

BOARD CERTIFICATION: All surgeons must be board certified and obtain within 5 years of graduating residency.

 Applicant's Signature Date

Reviewer's Comments:

I certify that I have reviewed the applicant's application for initial appointment or reappointment and request for delineation of privileges, and that I recommend the approval of the delineations of privileges as specified above.

 Department Chief Signature Date