

MEDSTAR UNION MEMORIAL HOSPITAL
 DELINEATION OF PRIVILEGES
 THORACIC 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 Thoracic Surgery			
Endoscopy:			
Bronchoscopy			
Esophagoscopy			
Chest Wall:			
With/without muscle flap			
With sternectomy			
Diaphragmatic:			
Transthoracic approach			
Transabdominal approach			
Esophageal:			
Antireflux procedures & hiatal hernia			
Lung & Pleural:			
Open approach			
Mediastinal:			
Mediastinoscopy			
Video assisted			
Open approach			
Pericardial:			
Transthoracic pericardial window			
Pericardiectomy			
Subxyphoid pericardial window			
Thorascopy			
Exploration for diagnosis and biopsy			
Drainage of empyema, decortication			
Lung wedge resection			
Ligation of thoracic duct			
Mediastinal mass biopsy/resection			
Lung cancer staging			
Pericardial window			
Cardiac:			
Closed			
Open: valves, CABG			
Congenital			
NON CORE PRIVILEGES:			
Endobronchial:			
NG-Yag			
CO2			
Argon			
Esophagogastrectomy: Transhiatal approach			
Esophagogastrectomy: thoraco-abdominal approach			
Pacemaker:			
Temporary insertion			
Permanent insertion			
Vascular:			
Thoracic vascular			
Thoracoscopy:			
Anatomic lung resection			
Esophagectomy			
Esophageal myotomy			
Anti reflux surgery			
OTHER:			

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

(Electronic) By typing my name below, I certify the above statements to be true and correct to the best of my knowledge, and that this information can be used for the purpose of processing my MedStar Union Memorial Hospital Delineation of Privilege Form. (Non-Electronic) If filling out the delineation by hand, please provide your original signature and date.

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