

**TEXAS SPINE & JOINT HOSPITAL  
VASCULAR SURGERY CLINICAL PRIVILEGES**

**NAME:** \_\_\_\_\_

- Initial appointment**
- Reappointment**

**All new applicants must meet the following requirements as approved by the governing body.**

**Applicant:** Check off the “Requested” box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

**To be eligible to apply for core privileges in vascular surgery, the initial applicant must meet the following criteria:**

**Successful completion of an ACGME or AOA accredited residency in general surgery followed by successful completion of ACGME, or AOA accredited fellowship in vascular surgery.**

**Required previous experience:** Applicants for initial appointment must be able to demonstrate the performance of at least 50 vascular surgery procedures, reflective of the scope of privileges requested, during the last 12 months or demonstrate successful completion of residency or fellowship within the past 12 months.

**Reappointment requirements:** To be eligible to renew core privileges in vascular surgery, the applicant must meet the following maintenance of privilege criteria:

**Current demonstrated competence and an adequate volume of experience in vascular surgery 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 ability to perform privileges requested is required of all applicants for renewal of privileges.**

**VASCULAR SURGERY PRIVILEGES**

**Requested :** Evaluate, diagnose, provide consultation, and treat patients of all ages with diseases/disorders of the arterial, venous, and lymphatic circulatory systems, excluding the intracranial vessels of the heart. Access, stabilize, and determine disposition of patients with emergent conditions within the specialty of vascular disease.

**This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.**

<b>REQUESTED</b>	<b>PRIVILEGE</b>	<b>APPROVED</b>	<b>DENIED</b>
	<b>Amputations, upper extremity, lower extremity</b>		
	<b>Angioplasty, femoral, iliac</b>		
	<b>Carotid endarterectomy</b>		
	<b>Central venous access catheters and ports</b>		
	<b>Embolectomy or thrombectomy for all vessels excluding coronary and intra cranial vessels</b>		
	<b>Extra cranial carotid and vertebral artery surgery</b>		
	<b>Intraoperative angiography</b>		
	<b>Intraoperative angioplasty, balloon dilatation</b>		
	<b>Temporal artery biopsy</b>		
	<b>Venous reconstruction</b>		
	<b>Laparoscopy, diagnostic, appendectomy, cholecystectomy, lysis of adhesions, mobilization and catheter positioning</b>		
	<b>LE arterial bypass/arterial repair</b>		
	<b>Spine Access Surgery</b>		

**ACKNOWLEDGEMENT OF PRACTITIONER**

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date