

DELINEATION OF PRIVILEGES  
 PRACTICE AREA: **NEUROLOGICAL SURGERY**

To request these clinical privileges, the following threshold criteria must be met:

1. Licensed by the State of Iowa as M.D. or D.O., **AND**
- 2a. Board Certification by the American Board of Neurological Surgery or the American Osteopathic Board of Surgery in Neurological Surgery, **OR**
- 2b. Successful completion of an ACGME or AOA accredited residency program in neurological surgery **WITH** board certification in 5 years or less of residency completion. **AND**
3. Maintain admitting neurological surgery privileges at one of the UnityPoint Health-Des Moines Hospitals, one of the Mercy Health-Des Moines Hospitals, VA Central Iowa Health Care System or Broadlawns Medical Center. Surgeons with VA privileges only will be limited to schedule adult patients only at the center.

**NEUROLOGICAL SURGERY PRIVILEGES - I am requesting neurological surgery privileges for:**

Requested	Granted	
<input type="checkbox"/>	<input type="checkbox"/>	Correct or treat various conditions, diseases, disorders, and injuries of the central and peripheral nervous system, including their supporting structures and vascular supply.
<input type="checkbox"/>	<input type="checkbox"/>	Pain management inclusive of: nerve blocks; epidural injections; facet joint injections; discography; neurolysis; cryotherapy
<input type="checkbox"/>	<input type="checkbox"/>	Percutaneous Discectomy
<input type="checkbox"/>	<input type="checkbox"/>	Spinal Cord Stimulator Trials
<input type="checkbox"/>	<input type="checkbox"/>	Implementation of permanent Dorsal Column Stimulator and Pulse Generator
<input type="checkbox"/>	<input type="checkbox"/>	Radiofrequency Denervation
<input type="checkbox"/>	<input type="checkbox"/>	Muscle and tendon repair
<input type="checkbox"/>	<input type="checkbox"/>	Debridement / Excision / Exploration / Biopsy of bony masses/ cyst / Nerve / tumor
<input type="checkbox"/>	<input type="checkbox"/>	Laminectomy
<input type="checkbox"/>	<input type="checkbox"/>	Laminotomy
<input type="checkbox"/>	<input type="checkbox"/>	Bone Grafting
<input type="checkbox"/>	<input type="checkbox"/>	Nerve Repair / Release / Revision
<input type="checkbox"/>	<input type="checkbox"/>	Peripheral nerve release
<input type="checkbox"/>	<input type="checkbox"/>	Spinal Fusion
<input type="checkbox"/>	<input type="checkbox"/>	anterior spinal instrumentation
<input type="checkbox"/>	<input type="checkbox"/>	posterior spinal instrumentation
<input type="checkbox"/>	<input type="checkbox"/>	Operation, interpretation and reporting of X-ray and C-arm imaging
<input type="checkbox"/>	<input type="checkbox"/>	Administration of local anesthesia
<input type="checkbox"/>	<input type="checkbox"/>	Administration of minimal sedation
<input type="checkbox"/>	<input type="checkbox"/>	Admission to overnight care services
<input type="checkbox"/>	<input type="checkbox"/>	Supervision of Allied Health Practitioner/Residents/Students

To admit patients, perform histories and physicals, order diagnostic tests, request consultations, provide consultations within the scope of your privileges, use all skills normally learned during medical school and residency and render any care in a life-threatening emergency or as requested by the Clinical Administration should there be a physician crisis in the facility.

You are expected to practice within the bounds of your training and competence and should not attempt to treat cases, which are not in your scope of practice. Newly developed treatment modalities are not included in this request and must be cleared by the Medical Executive Committee and Governing Board before their performance. Please become familiar with the capabilities and limitations of this facility.

I understand that in making this request I am bound by the applicable bylaws and/or policies of Lakeview Surgery Center and hereby stipulate that I meet the threshold criteria for this request. I also certify that I have knowledge to operate all the equipment necessary to carry out requested procedures.

Pain management procedures are not covered under neurological privileges; a pain management privilege form should be requested.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Name Printed

---

**Privileges:**  
**Granted** \_\_\_\_\_ **Deferred** \_\_\_\_\_

\_\_\_\_\_  
**MEC Signature** **Date**

**Granted** \_\_\_\_\_ **Deferred** \_\_\_\_\_

\_\_\_\_\_  
**GB Signature** **Date**

**Modifications:** \_\_\_\_\_