DELINEATION OF PRIVILEGES
PRACTICE AREA: **GENERAL 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 Surgery or the American Osteopathic Board of Surgery, **OR**
2b. Successful completion of an ACGME or AOA accredited residency program in general surgery **WITH** board certification in 5 years or less of residency completion. **AND**
3. Maintain admitting general surgery privileges at one of the UnityPoint Health-Des Moines Hospitals, one of the Mercy Health Network-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.

GENERAL SURGERY PRIVILEGES - I am requesting general surgery privileges for:

Requested	Granted	
❒	❒	Correct or treat various conditions, diseases, disorders, & injuries of the alimentary tract, abdomen & thorax, extremities, breast, skin & soft tissue, head & neck, vascular & endocrine systems
❒	❒	Laparoscopy / endoscopic procedures of the GI tract – inclusive of Herniorrhaphy, appendectomy, cholecystectomy, adrenalectomy, Nissen Fundoplication
❒	❒	Laparoscopic or Open Repair of Gynecological / Urological anatomy
❒	❒	Exploration / Debridement / Repair /Excision / Biopsy / Aspiration of soft tissue, skin or nodes
❒	❒	Drainage of abscess / cyst / hematoma
❒	❒	Anorectal surgery
❒	❒	Hernia Repairs
❒	❒	Vascular access procedures
❒	❒	Blood vessel biopsy / repair
❒	❒	Mastectomy / Lumpectomy
❒	❒	Thyroidectomy
❒	❒	Removal of foreign bodies, skin and soft tissue
❒	❒	Operation, interpretation and reporting of X-ray and C-arm imaging
❒	❒	Administration of local anesthesia
❒	❒	Administration of minimal sedation
❒	❒	Admission to overnight care services
☐	☐	Supervision of Allied Health Practitioner/Residents/Students

SPECIAL PROCEDURES/TECHNIQUES

To be eligible to apply for a special procedure listed below, you must meet the above threshold criteria and you **must also** demonstrate successful completion of an approved, recognized course, or acceptable supervised training in residency, fellowship or other acceptable experience and provide documentation of competence in performing that procedure.

Requested	Granted	
❒	❒	Laser – CO2
❒	❒	InterStim Therapy

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.

_____ _____
Date Applicant's Signature

_____
Applicant's Name Printed

Privileges:
Granted _____ Deferred _____ _____
MEC Signature **Date**

Granted _____ Deferred _____ _____
GB Signature **Date**

Modifications: _____