

**BRYAN MEDICAL CENTER  
DELINEATION OF CLINICAL PRIVILEGES**

**VASCULAR SURGERY**

**Qualifications:** Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in general surgery followed by successful completion of an ACGME or AOA accredited fellowship in vascular surgery.

AND/OR

Current subspecialty certification or active participation in the examination process (with achievement of certification within 7 years) leading to subspecialty certification or special/added qualifications in vascular surgery by the American Board of Surgery or the American Osteopathic Board of Surgery.

**VASCULAR SURGERY CORE PRIVILEGES**

**Requested:** Admit, 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 or the heart. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with Medical Staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extension of the same techniques and skills.

**VASCULAR SURGERY CORE PROCEDURE LIST**

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.

**To the applicant:** If wish to exclude any procedures, please strike through those procedures that you do not wish to request, initial, and date.

1. Amputations, upper extremity, lower extremity
2. Aneurysm repair, abdominal aorta and peripheral vessels emergent and elective
3. Angioplasty/ stents of all peripheral vessels (excluding coronaries)
4. Bypass grafting all vessels excluding coronary and intracranial vessels
5. Central venous access catheters and ports
6. Cervical, thoracic or lumbar sympathectomy
7. Diagnostic biopsy or other diagnostic procedures on blood vessels
8. Embolectomy or thrombectomy for all vessels excluding coronary and intra cranial vessels
9. Endarterectomy for all vessels excluding coronary
10. Extra cranial carotid surgery, including carotid endarterectomy and vertebral artery surgery
11. Hemodialysis access procedures
12. Intraoperative angiography/stenting
13. Intraoperative angioplasty, balloon dilatation
14. Other major open peripheral vascular arterial and venous reconstructions
15. Perform history and physical exam
16. Placement and/or removal of inferior vena cava (IVC) filter
17. Reconstruction, resection, repair of major vessels with anastomosis or replacement (excluding cardiopulmonary, intracranial)

18. Sclerotherapy
19. Temporal artery biopsy
20. Thoracic outlet decompression procedures including rib resection
21. Vein ligation and stripping, vein ablation, microphlebectomies
22. Venous reconstruction

#### Endovascular Surgery

1. Percutaneous Diagnostic Angiograms – Peripheral, Renal and Cerebral
2. Angioplasty
3. Stents (excluding carotid)
4. Venograms
5. Lytic Therapy
6. Atherectomy
7. Percutaneous Pulmonary Embolism Treatment

### **SPECIAL NONCORE PRIVILEGES**

If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required previous experience and for maintenance of clinical competence

### **MODERATE SEDATION**

Moderate sedation (by any route), with or without analgesia, which in the manner used, may be reasonably expected to result in the loss of protective reflexes. Loss of protective reflexes is an inability to handle secretions without aspiration or to maintain a patient airway independently.

**Criteria:** Successful completion of post-test is required both on the initial request and at reappointment.

- Requested: Adult Moderate Sedation (>16 years of age)**
- Requested: Pediatric Moderate Sedation (equal to or less than 16 years of age)**

### **USE OF LASER**

**Criteria:** Successful completion of an approved residency in a specialty or subspecialty that included training in laser principles. If residency or fellowship was completed prior to 1990, documentation of training/experience is required.

- Requested**

## INTERPRETATION OF DIAGNOSTIC VASCULAR LAB PROCEDURES

**Criteria: Applicants must have completed a residency or fellowship training program dedicated to the comprehensive management of vascular disease and experience by meeting one or more of the following:**

1. Physician Credential for Vascular Interpretation
  - a. Registered Physician in Vascular Interpretation (RPVI)
  - b. Certification form the American Society of Neuroimaging (ASN)  
Comment: ASN certification is accepted for physician who interpret extracranial and intracranial examinations only.
  
2. Formal Training – Completion of a residency or fellowship that includes appropriate didactic and clinical vascular testing facility experience as an integral part of the program. For those testing areas in which training is provided, the physician must have recent experience within the past 3 years in interpreting the following minimum number of diagnostic studies under supervision:
  - a. Extracranial cerebrovascular – 100 cases
  - b. Intracranial cerebrovascular – 100 cases
  - c. Peripheral arterial physiologic – 100 cases
  - d. Peripheral arterial duplex – 100 cases
  - e. Venous duplex ultrasound – 100 cases
  - f. Visceral vascular duplex ultrasound – 75 cases
  
3. Informal Training – The informal training pathway allows for qualification of interpreting physicians through a combination of Continuing Medical Education (CME) and supervised practical and supervised interpretive experience.
  - a. A minimum of 40 hours of relevant Category 1 CME credits must be acquired within the 3 year period prior to the initial application
    - 20 hours must be courses specially designed to provide knowledge of the techniques, limitations, accuracies and methods of interpretations of noninvasive vascular examinations the physician will interpret
    - 20 hours may be dedicated to appropriate clinical topics relevant to vascular testing
    - Eight of the 40 hours must be specific to each testing area the physician will interpret
  - b. The physician must acquire a minimum of 8 hours supervised practical experience for each testing area to be interpreted; observing or participating in testing procedures in a facility accredited for vascular testing.  
Comment: Experience must be documented with a letter from the Medical Director of the facility where the experience was obtained
  - c. The physician must acquire experience in the interpretation of examinations while under the supervision of a physician who has already met the IAC Vascular Testing Standard. Experience must be acquired in each of the testing areas in which the physician will be providing interpretations for the following minimum number of studies:
    - Extracranial cerebrovascular – 100 cases
    - Intracranial cerebrovascular – 100 cases
    - Peripheral arterial physiologic – 100 cases
    - Peripheral arterial duplex – 100 cases

- Venous duplex ultrasound – 100 cases
- Visceral vascular duplex ultrasound – 75 cases

Comment: Interpretive experience must be documented with a letter from the supervising physician of the facility where the experience was obtained indicating the dates of participation and the number of cases in each testing area.

4. Establish Practice – Training and experience will be considered adequate for a physician who has:
  - a. Met the medical staff credentialing qualifications
  - b. Has worked in a vascular facility for at least the past 3 years
  - c. Has interpreted at least the following number of diagnostic cases over the past 3 years in each of the areas that he/she will be interpreting
    - Extracranial cerebrovascular – 300 cases
    - Intracranial cerebrovascular – 300 cases
    - Peripheral arterial physiologic – 300 cases
    - Peripheral arterial duplex – 300 cases
    - Venous duplex ultrasound – 300 cases
    - Visceral vascular duplex ultrasound – 225 cases

Reappointment Criteria: Requires satisfactory compliance with the Quality Improvement Plan of the Vascular Laboratory. The Medical Staff member must show evidence of maintaining current knowledge by participation in CME courses that are relevant to vascular testing. To be relevant, the course content must address the principles, instrumentation, techniques or interpretation of noninvasive vascular testing. A minimum of 15 hours of CME is required every 3 years of which at least 10 hours are category I.

- Requested: Extracranial cerebrovascular
- Requested: Intracranial cerebrovascular
- Requested: Peripheral arterial physiologic
- Requested: Peripheral arterial duplex
- Requested: Venous Duplex Ultrasound
- Requested: Visceral Vascular Duplex Ultrasound

<b>ENDOASCULAR REPAIR OF THORACIC AORTIC ANEURYSMS (TAA) AND ABDOMINAL AORTIC ANEURYSMS (AAA)</b>
---

**Criteria:** Successful completion of an ACGME or AOA – accredited postgraduate training program in vascular surgery that includes a minimum of 10 TAA procedures and a minimum of 20 AAA procedures OR

Demonstrated current competence and longitudinal experience with patients with aortic diseases (an adequate number of patients in the past 2 years), documentation of experience in adequate volume of endovascular repairs of TAA (minimum 10) and AAA (minimum 20) procedures with acceptable results.

- REQUEST: Endovascular repair of thoracic aortic aneurysms (TAA)
- REQUEST: Abdominal aortic aneurysms (AAA)

**TransCarotid Artery Revascularization (TCAR)**

**Criteria:** Documentation of training and competency is required.

**Requested: TransCarotid Artery Revascularization (TCAR)**

**Transfemoral Stenting**

**Criteria:**

- Documented performance of 20 diagnostic cerebral angiograms, 10 of which must be done as primary operator.
- Documentation of 15 carotid stenting procedures with 8 as the primary operator.

**Requested: Transfemoral Stenting**

**ACKNOWLEDGEMENT OF PRACTITIONER**

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and that I wish to exercise at Bryan Medical Center, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_