

University of Utah Hospitals and Clinics
Vascular Surgery
DELINEATION OF PRIVILEGES
PRIVILEGES REQUEST FORM

PRIVILEGES

Please check all that apply to your scope of practice.

I. General Privileges

Outpatient

Inpatient

II. Specific Privileges

1. NECK

Repair of aneurysm

Repair of blood vessel

Perform endarterectomy/embolectomy/thrombectomy

Perform bypass with vein/other than vein

Excise infected bypass graft

2. THORAX

Repair of aneurysm

Perform endarterectomy

Repair blood vessel other than for fistula

Perform bypass graft with vein/other than vein

Excise infected graft

Repair blood vessel with or without vein

3. ABDOMINAL

Repair of aneurysm

Perform endarterectomy/thrombectomy/embolectomy

Repair blood vessel

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Perform bypass graft with vein/other than vein

Excise infected graft

Perform venous reconstruction

Repair blood vessel with or without vein

4. EXTRMTY

Repair of aneurysm

Perform endarterectomy/thrombectomy/embolectomy

Perform venous reconstruction

Repair AV fistula

Repair blood vessels other than for fistula

Perform bypass graft with vein/other than vein

Excise infected graft

Perform venous injection or sclerosis

Perform open perforator Ligation (Linton)

Perform venous ligation/division

Repair blood vessel with or without vein

Perform endoscopic perforator ligation

Apply Unnaboot

Excise venous stasis/diabetic ulcer with or without skin graft

5. MISCELLANEOUS

Perform sympathectomy

Perform amputation/leg/foot/arm/digits

Perform 1st rib resection

Perform scalenectomy

Perform brachial plexus neurolysis

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___ Perform fasciotomy - extremity

___ Perform portal decompression procedures (shunt, devascularization, etc.)

6. DIAGNOSTIC ANGIOGRAPHY/VENOGRAPHY/ANGIOPLASTY (attach evidence of training for these procedures to this form)

___ Cerebovascular angiography/venography

___ Extremities angiography/venography

___ Abdomen angiography/venography

___ Thorax angiography/venography

___ Balloon angioplasty

___ Stent and/or endovascular repair

___ Atherectomy

___ OTHER _____

SIGNATURES AND RECOMMENDATIONS

Applicant Signature DATE

Department Head DATE

Chair, Medical Board DATE

Chair, Go vernal Body DATE