

**Harris Methodist Southlake  
Center for Diagnostics and Surgery**

**Core Privileges in Neurological Surgery**

**Name:** \_\_\_\_\_

Please indicate with a check mark the privileges requested.

**Qualifications**

To be eligible for core privileges in neurological surgery, the applicant must meet the following qualifications:

- Documentation of the performance of 100 neurosurgical procedures during the past two years, or successful completion of a hospital-affiliated formalized residency or clinical fellowship in the past two years;

**and**

- Current certification or active participation in the examination process leading to certification in neurological surgery by the American Board of Neurological Surgery or the American Osteopathic Board of Surgery;

**and**

- Successful completion of an ACGME- or AOA-accredited residency in general surgery, followed by an accredited residency or fellowship in neurological surgery.

       **Privileges included in the core**

Privileges to admit; evaluate; diagnose; provide pre-, intra-, and postoperative neurosurgical treatment to patients of all ages—except where specifically excluded from practice—presenting with illnesses, injuries, and disorders of the central and peripheral nervous system, including their supporting structures and vascular supply; provide consultation; and order diagnostic studies and procedures related to the neurological problem; except for those special procedure privileges listed below.

- Diagnostic procedures such as myelography, with contrast medium; discography;
- Laminectomies, laminotomies, and fixation and reconstructive procedures of the spine and its contents
- Lumbar puncture, cisternal puncture
- Anterior cervical discectomy with or without fusion at single or multiple levels
- Posterior cervical laminectomy and/or discectomy
- Transthoracic removal of thoracic disc
- Resection of vertebral body with graft and fusion for infection, cervical, thoracic, lumbar
- Peripheral nerve procedures, including compressive, transposition, grafting and reconstructive procedures
- Sympathectomies of cervical, cervicothoracic, thoracolumbar and lumbar;
- Nerve biopsies;
- External neurolysis of peripheral nerves
- Endoscopic neurolysis of peripheral nerves

- Excision of peripheral nerve tumors
- Injection of anesthetic agents into peripheral and paravertebral nerves
- Destruction of neurolytic agents of branches of the trigeminal and paravertebral facet joint nerves
- Surgery for intervertebral disc disease, and surgery on the sympathetic nervous system
- Spinal instrumentation of cervical, thoracic, lumbar region including pedicle screws
- Operate X-ray equipment
- Read own x-rays, note findings in operative report

### Special procedures privileges

To be eligible to apply for a special procedure privilege listed below, the applicant must demonstrate successful completion of an approved and recognized course or acceptable supervised training in residency, fellowship, or other acceptable experience; and provide documentation of competence in performing that procedure within the last 2 years, consistent with the criteria set forth here.

Procedure	Criteria Requested	Recommended	Not Recommended
Cordotomy, Rhizotomy, placement of dorsal column stimulator	6 cases		
Minimally invasive endoscopic/tubular retractor microdiscectomy:	6 cases		
Cervical			
Lumbar	6 cases		
Lumbar percutaneous spinal instrumentation	6 cases		
Thoracoscopy for discectomy	6 cases		
Vertebroplasty	5 cases		

**\*\*If the procedure that you are interested in is not included on this form, please provide a separate written request and appropriate documentation of training and experience.**

### 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 **Harris Methodist Southlake**, 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 the clinical privileges granted to me is waived in an emergency situation and in such a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Signed: \_\_\_\_\_

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

**Credentials Committee Recommendations:** \_\_\_\_\_ **Recommend**      \_\_\_\_\_ **Deny**

I have reviewed the requested clinical privileges and supportive documentation for the above named applicant and recommend action on the privileges as noted above.

Signed: \_\_\_\_\_

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

**Recommended/Not recommended with the following modification(s) and reason(s):**

\_\_\_\_\_  
\_\_\_\_\_