



**Neurosurgery KHDO**  
Delineation of Privileges

**Applicant's Name:**

**Instructions:**

1. Click the **Request** checkbox to request a group of privileges.
2. Uncheck any privileges you do not want to request in that group.
3. Check off any special privileges you want to request.
4. Sign/Date form and Submit with required documentation.
5. Applicant have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving doubts related to qualification of requested privileges.

**NOTE:**

Privileges granted may only be exercised at the site(s) and setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.

This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

**Required Qualifications**

**Membership**

I request the following clinical privileges, and I am aware that a denial of privileges relating to a practitioner's professional competence or professional conduct will result in the hospital submitting a report to the National Practitioner Data Bank.

## Primary Privileges Neurosurgery

Request	<i><b>Request all privileges listed below.</b></i> <i>Uncheck any privileges that you do not want to request</i>	Department/Section Chair	Credentials Committee Chair
	<b>General Procedures</b>		
	Admit and attend with clinical co-management from an internist with appropriate clinical privileges at the Hospital.		
	Anastomosis/ grafting peripheral nerve		
	Anterior approach to spine (thoracic, lumbar)		
	Consult at Hospital as requested		
	Decompression/ neurolysis peripheral nerve		
	Endarterectomy of carotid artery		
	Estra-cranial intra-cranial arterial anastomosis		
	Harvesting bone graft fibular strut		
	Harvesting bone graft iliac crest		
	Intraoperative catheter arterial embolization/balloon placement		
	Placement of halo immobilization brace		
	Placement of vessel clamp (i.e., Selverstone)		
	Posterior-lateral approach to spine		
	Posterior lumbar interbody fusions		
	Posterior spinal fusion		
	Repair of CSF leak		
	Repair of myelomeningocele		
	Repair/ graft/ decompression brachial plexus		
	RF lesion/glycerol injection trigeminal nerve		
	Stimulation of peripheral nerve		
	Sympathectomy		
	Trans-oral approach to cranio-vertebral junction		
	Trans-pedicular approach to spine		
	Trans-sphenoidal/septal approach to pituitary/clivus		
	<b>Craniotomy/craniectomy for treatment/purpose of</b>		
	Abscess		
	Aneurysm		
	Arterial-venous malformation		
	Bone lesion/ trauma		
	Brain stem tractotomy		
	CFS leak		
	Cranial reconstruction (including cranioplasty)		
	Congenital malformation (i.e., encephalocele)		
	Craniosynostosis		
	Decompression cervical medullary junction (i.e., Chiari malformation)		
	Decompression cranial nerves (i.e., V, VII)		
	Fenestration of cyst		
	Hematoma		
	Lobotomy or tract section for seizure		

	Orbital pathology (via orbital roof)		
	Placement of monitoring/stimulation electrodes		
	Tumor		
	<b>CT/ stereotaxis for purpose of</b>		
	Brain biopsy		
	Brain stem tractomy		
	Dummy catheters (brachytherapy)		
	Electrode placement		
	Focused beam radiation creating a lesion		
	<b>Burr hole or twist drill placement for</b>		
	Biopsy of brain lesion		
	CSF shunt (internalized)		
	Drainage of hematoma		
	Ventriculostomy		
	Ventricular reservoir (i.e., Ommaya)		
	<b>Spinal laminectomy/laminotomy for treatment purpose of</b>		
	Abscess		
	AVMs		
	Cordotomy		
	Herniated discs		
	Infusion pump placement		
	Lateral recess stenosis		
	Myelotomy		
	Rhizotomy		
	Spinal stenosis		
	Stimulator placement		
	Syrinx		
	Tethered cord		
	Tumors		
	<b>Anterior cervical approach for treatment/purpose of</b>		
	Anterior cervical plating		
	Cervical disc disease		
	Corpectomy		
	Grafting		
	<b>Placement of spinal instrumentation and spinal reconstruction. Both anterior and posterior approaches with fusions</b>		
	Cervical		
	Lumbar		
	Thoracic		
	<b>Puncture/injection for</b>		
	Angiography		
	Arthroscopic discectomy		
	Aspiration disc material		
	Aspiration syrxinx		
	C1-C2 puncture		
	Cisternography		
	CSF, diagnostic		
	Disc instillation of chemonucleolysis		

	Discography		
	ICP monitoring		
	Laser surgery		
	Myelography		
	Placement subarachnoid drain		
	Subarachnoid instillation of neurolytic substances		
	Ventricular CSF, diagnostic		

**Acknowledgment of Applicant**

I have requested only those privileges for which by education, training, current experience, and demonstrated competency I am entitled to perform and that I wish to exercise at Kettering Health Dayton/Kettering Health Washington Township 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 situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

\_\_\_\_\_  
Practitioner's Signature

\_\_\_\_\_  
Date

**Clinical Service Chair Recommendation - Privileges**

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

	Recommend all requested privileges
	Do not recommend any of the requested privileges
	Recommend privileges with the following conditions/modifications/deletions (listed below)

Privilege	Condition/Modification/Deletion/Explanation

Clinical Service Chair Recommendation - Additional Comments

\_\_\_\_\_  
Chair, Department/Section

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chair, Credentials Committee

\_\_\_\_\_  
Date