Delineation of Privileges
Department of Surgery/Section of Vascular Surgery

Name: _______________________________________________________________
Please print or type

CORE PRIVILEGES – VASCULAR SURGEON

Scope of Practice/Privileges

Vascular Surgery is a discipline of medicine and the surgical specialty that provides the operative
and nonoperative management (i.e., prevention, diagnosis, evaluation, treatment, critical care, and
rehabilitation) of diseases of the central and peripheral vascular system, including arteries, veins,
and lymphatics.

Privileges include the following representative list, but it is not intended to be all-encompassing, but rather
to reflect the categories/types of patient problems included in the description of privileges.

Privileges include admission, work up, diagnosis, and provision of treatment, including consultation of
patients who are admitted or in need of care to treat general medical problems.

The training and techniques of Vascular Surgery include specialized knowledge of and performance of
the following:

Aortic reconstruction (aneurysmectomy, bypass, thrombectomy)

Reconstruction of cerebral arteries (endarterectomy and bypass)

Reconstruction of mesenteric arteries (endarterectomy and bypass)

Reconstruction of renal arteries (endarterectomy and bypass)

Treatment of peripheral vascular disease of the arms (bypass, repair, thoracic outlet decompression)

Treatment of peripheral vascular disease of the legs (bypass, repair, endarterectomy)

Treatment of trauma or injury to arteries and veins

Venous reconstruction, vein stripping and ligation, surgical treatment of cutaneous ulcers

Amputation of extremities

Treatment of lymphedema

Diagnostic Angiography

Arterial and venous angioplasty/stent placement

Thrombolytic therapy/thrombectomy
Intravascular ultrasounds

Arterial embolization for aneurysms or per-procedure bleeding

Thoracic or abdominal aortic stent grafting

Cerebrovascular interventions, for example included are interventions on the great vessels such as innominate, subclavian, and common carotid artery. This is exclusive of intracerebral interventions. For extracranial carotid artery stenting, see Level II.

Management of complications of vascular operations (e.g., lysis of intraabdominal adhesions for bowel obstruction, colostomy for ischemic colon, etc.).

Interpretation of noninvasive tests and angiographic studies regarding arterial and venous diseases.

**Minimum Training and Experience**

M.D., D.O. or equivalent international medical degree, and for Level I & II:
Completion of an approved Vascular Surgery Residency Program.

**Current Faculty**

Certification by the American Board of Surgery in Vascular Surgery required. All faculty must be actively managing patients at least three months per year.

**New Faculty**

Successful completion of an approved residency training program in general surgery followed by an Accreditation Council for Graduate Medical Education (ACGME) - approved Fellowship training program in Vascular Surgery or a Vascular Surgery Integrated Residency.

For those joining the staff immediately after completion of Vascular Surgery Fellowship or Residency: A letter of reference from the director of the residency program at which the applicant trained documenting satisfactory completion of the program (including adequate case volume and demonstration of competency in patient care required by the American Board of Surgery prior to its qualifying examination); two additional supporting letters from faculty of the candidate’s residency program. Certification by the American Board in Vascular Surgery within three years of the initial appointment to this staff is required.

For those joining the staff after having initially practiced Vascular Surgery elsewhere: A letter of reference from the applicant’s most recent service chief documenting adequate clinical volume (a minimum of 50 major vascular surgical operations in the previous 12 months and competency in patient care and two additional supporting letters from vascular surgeons who have known the applicant for at least two years and are acquainted with the applicant’s current professional status, medical practice, and involvement in the field of vascular surgery. Certification by the American Board of Surgery in Vascular Surgery is required.

☐ Requested (Applicant)  ☐ Recommended approval (Service Chief/Chair)
CORE PRIVILEGES – OUTPATIENT VEIN SPECIALIST (not a vascular surgeon)

Scope of Practice/Privileges

Privileges include the following representative list, but it is not intended to be all-encompassing, but rather to reflect the categories/types of patient problems included in the description of privileges.

Privileges include work up, diagnosis, and provision of treatment, including consultation of patients, with venous problems. This includes patients with varicose and spider veins, the associated medical symptoms and cosmetic concerns, and other vein related medical conditions.

Minimum Training and Experience

M.D., D.O., or equivalent international medical degree. Successful completion of an ACGME approved residency training program in a surgical, medical, or radiological discipline, or an equivalent foreign program if approved by the Head of the Section of Vascular Surgery. ABMS Board certification is required within 3 years of initial appointment.

☐ Requested (Applicant) ☐ Recommended approval (Service Chief/Chair)

LEVEL II

Scope of Practice/Privileges

Extracranial carotid stenting

FPPE: The first 5 carotid stenting procedures will be proctored by a physician with carotid stenting privileges.

Renewal Criteria: Minimum of 50 interventional procedures per year of which 25 must be therapeutic interventions.

Minimum Training and Experience

For Extracranial Carotid Stenting:

100 - Diagnostic and/or therapeutic vascular procedures as primary operator and 25 diagnostic and therapeutic carotid artery stenting procedures including cerebral angiography as primary operator.

☐ Requested (Applicant) ☐ Recommended approval (Service Chief/Chair)

LEVEL III

Scope of Practice/Privileges

Performing botulism toxin injections for the treatment of facial rhytides.

Injection of Botulin

Minimum Training and Experience

Core privileges as either a vascular surgeon or vein specialist
For those adding Botox injection to their clinical privileges:

Must complete the following didactic and hands-on training sessions:

a) Didactic: comprehensive hands-on aesthetic instructional course detailing the latest cosmetic applications and techniques utilized by expert injectors of Botulinum Toxin Type A Botox® Cosmetic (onabotulinumtoxinA), Dysport® (abobotulinumtoxinA), and Xeomin® (IncobotulinumtoxinA) as well as preparation and usage of each product. Course content/objectives must consist of: principles and practices for achieving optimal results for facial shaping as well as wrinkle/crease reduction and facial rejuvenation; Step-by-step instruction for successful and safe treatment of appropriate sites of the upper face is provided; detailed instruction in conducting an effective consultation, medical record documentation and risk management; Discussion about how to most effectively combine Botulinum Toxin Type A (Botulinum Toxin Type A Cosmetic or Dysport®) with other non-surgical modalities for total rejuvenation is provided; Discussion on the implementation of best practices in injection technique for ongoing follow-up

b) Supervised instruction in at least three procedures; independently perform the procedures three times under the direct observation of the physician or a privileged PA assigned by the physician(s) from Plastic Surgery Section or from the Department of Otolaryngology - Head and Neck Surgery.

For those renewing Botox injection to their clinical privileges:

Must complete the following training sessions:

a) For renewal, participation in three or more procedures during the previous 12 month period with documentation and favorable outcomes and minimal complications (monitoring of the FPPE for providers with this privilege to be completed in concert with Plastic Surgery Section physicians currently assigned with this privilege).

At the time of reprivileging, the Section Head of Vascular Surgery will review all Departmental peer review and quality assurance activities for the previous privileging period and determine that such peer evaluation of performance has been satisfactorily met for re-privileging.

☐ Requested (Applicant)  ☐ Recommended approval (Service Chief/Chair)

Scope of Practice/Privileges

Interpretation of noninvasive physiologic Doppler and other ultrasonographic tests regarding arterial and venous diseases.

Minimum Training and Experience

1. Current and new faculty
   Core privileges as either a vascular surgeon or vein specialist

   A) For those joining the staff immediately after completion of an ACGME approved residency training program in a surgical, medical, or radiological discipline, or an equivalent foreign program if approved by the Head of the Section of Vascular Surgery: A letter of reference from the director of the program at which the applicant trained, documenting satisfactory completion of the program (including adequate case volume and demonstration of competency in reading non-invasive tests).

   B) For those joining the staff after having initially practiced one of the above disciplines elsewhere: A letter of reference from the applicant’s most recent service chief documenting adequate case volume and demonstration of competency.
C) Physicians who have completed residencies in either a surgical or medical discipline, but who do not meet the requirements outlined in sections A) or B) (above) will work with a vascular surgeon approved by the section head. Their training will include:

1. Didactic instruction supplied by the vascular surgeon on venous anatomy, the interpretation of noninvasive testing for arterial and venous disease. This training will include the joint interpretation of interim studies.

2. Minimum requirements will include 100 cases from the following categories (with a minimum of 20 cases from each category):
   a) physiologic tests (doppler studies)
   b) peripheral venous doppler ultrasonography
   c) arterial duplex ultrasonography, including cerebral artery and visceral (renal and mesenteric) artery duplex ultrasonography
   d) Venous duplex ultrasonography

For those renewing their clinical privileges: The same number of studies to be read as in the initial privileging are required over the prior two-year period: 100 cases from the following categories:
   a) physiologic tests (doppler studies)
   b) peripheral venous doppler ultrasonography
   c) arterial duplex ultrasonography, including cerebral artery and visceral (renal and mesenteric) artery duplex ultrasonography
   d) Venous duplex ultrasonography

☐ Requested (Applicant)  ☐ Recommended approval (Service Chief/Chair)

Scope of Practice/Privileges
Performance of Endovenous Laser therapy or vascular diseases.

NOTE: Applicant must maintain laser privileges as per separate application and reapplication process.

Minimum Training and Experience
Current and new faculty
Core privileges as either a vascular surgeon or vein specialist

Physicians with prior training in vascular surgery: Must have knowledge and competence in venous reconstruction, vein stripping and ligation, and surgical treatment of cutaneous ulcers (as listed in the Scope of Practice-Privileges, Level 1) and letter from the applicant’s most recent service chief or program director documenting adequate case volume & demonstration of competency.

Physicians without specialized training in vascular surgery will work with a vascular surgeon approved by the Section Head. Their training will include
1. Didactic instruction supplied by the vascular surgeon regarding venous anatomy and pathophysiology
2. Treatment of at least 15 patients with endovenous laser therapy under the supervision of a qualified vascular surgeon.

All physicians performing laser procedures must meet the UM institutional requirements for laser privileging which includes a sufficient number of observed supervised cases by a laser-privileged
designees or the Department Laser Safety Officer or Departmental laser-privileged designee to verify that the applicant is competent.

**For those renewing their clinical privileges:**
Documentation by the service chief of satisfactory performance of patient care during the preceding year will be required. At the time of re-privileging, the Section Head of Vascular Surgery will review all Departmental peer review and quality assurance activities for the previous privileging period and determine that such peer evaluation of performance has been satisfactorily met for re-privileging.

☐ Requested (Applicant) ☐ Recommended approval (Service Chief/Chair)

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**Scope of Practice/Privileges**
Sclerotherapy and treatment of cutaneous ulcers.

**Minimum Training and Experience**

**Current and new faculty:**
Core privileges as either a vascular surgeon or vein specialist

For those joining the staff after having initially practiced sclerotherapy of cutaneous ulcers elsewhere: A letter of reference from the applicant’s most recent service chief documenting adequate case volume & demonstration of competency.

Physicians without specialized training this area will work with a vascular surgeon approved by the Section Head. Their training will include:

1. Didactic instruction supplied by the vascular surgeon regarding venous anatomy, pathophysiology, noninvasive testing, sclerotherapy, and basics of wound care.

2. Treatment of at least 15 patients with sclerotherapy under the supervision of a qualified vascular surgeon.

**For those renewing their clinical privileges:**
Documentation by the service chief of satisfactory performance of patient care during the preceding year will be required, including 15 sclerotherapy procedures in the past two years. At the time of re-privileging, the Section Head of Vascular Surgery will review all Departmental peer review and quality assurance activities for the previous privileging period and determine that such peer evaluation of performance has been satisfactorily met for re-privileging.

☐ Requested (Applicant) ☐ Recommended approval (Service Chief/Chair)
SPECIAL PRIVILEGES

A separate application is required to APPLY or REAPPLY for the following Special Privileges:

- CHEMOTHERAPY
- FLUOROSCOPY
- HYPERBARIC OXYGEN THERAPY
- LASER
- ROBOTIC SURGICAL PLATFORM
- SEDATION PRIVILEGES FOR A NON-ANESTHESIOLOGIST

PLEASE go to the appropriate Module in MLEARNING or the MSS website.

TO BE COMPLETED BY APPLICANT:

I meet the previously stated criteria and request that my application be considered for the privileges as outlined above. I authorize and release from liability, any hospital, licensing board, certification board, individual or institution who in good faith and without malice, provides necessary information for the verification of my professional credentials for membership to the Medical Staff of The University of Michigan Health System.

Applicant Signature _________________________________   Date ________

DEPARTMENT ACTION

Approval:  _____ As Requested  ______As Modified

Explain any modifications:

____________________________________________________________________________________

___________________________________________________________________________

I have reviewed and/or discussed the privileges requested and find them to be commensurate with his/her training and experience, and recommend that his/her application proceed.

Justification for approval is based on careful review of the applicant’s education, postgraduate clinical training, demonstrated clinical proficiency and Board Certification or qualifications to sit for the Boards.

Department Chair: ____________________________________________    Date: _______
Service Chief: _______________________________________________     Date: _______

CREDENTIALS COMMITTEE ACTION

Approval:     _____ As Requested   _____ As Modified

Explanation for any modification:
_____________________________________________________________________________
_____________________________________________________________________________

EXECUTIVE COMMITTEE ON CLINICAL AFFAIRS ACTION

Approval:     _____ As Requested   _____ As Modified.

Explanation for any modification:
_____________________________________________________________________________
_____________________________________________________________________________