

**BAYLOR SCOTT & WHITE TEXAS SPINE & JOINT HOSPITAL  
AND  
BAYLOR SCOTT & WHITE TEXAS SPINE & JOINT HOSPITAL OUTPATIENT SURGERY CENTER**

**PLASTIC SURGERY CLINICAL PRIVILEGES**

NAME: \_\_\_\_\_

- Initial appointment**
- Reappointment**

All new applicants must meet the following requirements as approved by the governing body.

**QUALIFICATIONS FOR PLASTIC SURGERY**

---

To be eligible to apply for core privileges in plastic surgery, the initial application must meet the following criteria:

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in plastic surgery.

***Required previous experience:*** Applicants for initial appointment must be able to demonstrate the performance of at least 100 plastic surgical procedures, reflective of the scope of privileges requested, during the past 12 months or demonstrate successful completion of residency or fellowship within the past 12 months.

***Reappointment requirements:*** To be eligible to renew core privileges in plastic surgery, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience in plastic surgery procedures (100 plastic and reconstructive surgery procedures) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

**PLASTIC SURGERY CORE PRIVILEGES**

---

- Requested**
- Admit, evaluate, diagnose, provide consultation to patients of all ages presenting with congenital or acquired defects of the body's musculoskeletal system, craniomaxillofacial structure, hand, extremities, breast, trunk, external genitalia and soft tissues, including aesthetic management.
- Access, 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 extensions of the same techniques and skills.

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

1. Body contouring procedures including brachioplasty, abdominoplasty, medial thigh lift, lateral thigh-buttock lift with or without auto-augmentation and lower body lift
2. Facial plastic surgery including surgery on the forehead, eyelids, cheeks, nose, external ears, lips, chin, and neck for reconstructive and aesthetic purposes
3. Free tissue transfer utilizing microvascular anastomoses
4. Hair transplantation including punch, strip or flap
5. Hand surgery including carpal tunnel release and amputation of digits
6. Liposuction or lipo-injection procedure for contour improvement or restoration of the head and neck, trunk and extremities (including ultrasonic assisted liposuction techniques)
7. Major head and neck radical cancer surgery and reconstruction
8. Management of all forms of facial or maxillofacial trauma including fractures
9. Management of frontal sinus fractures
10. Management of patients with burns, including plastic reconstructive procedures on the head and neck, trunk and extremities
11. Microvascular re-plantation
12. Perform history and physical exam
13. Plastic procedures of external and internal male or female genitalia (excluding gender dysphoria or hypospadias)
14. Plastic procedures of the breasts, including breast biopsy, mastopexy, augmentation mammoplasty, reduction mammoplasty, correction of gynecomastia, mastectomy and post-mastectomy breast reconstructions
15. Plastic reconstruction of all forms of congenital and acquired soft tissue anomalies, including those requiring the use of skin grafts, tissue re-arrangement, muscle and/or skin flaps or tissue fillers
16. Plastic reconstruction of soft tissue disfigurement or scarring for cosmetic or functional reasons
17. Removal of benign and malignant tumors of the skin and soft tissues
18. Resection of intra oral tumors including oral cavity, tongue and palate
19. Skin resurfacing procedure including chemical peels and dermabrasion
20. Surgery of congenital anomalies, including revision of cleft lip and cleft palate

#### **SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)**

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

#### **USE OF LASER**

***Criteria:*** Successful completion of an approved residency in plastic surgery that included training in laser principles or completion of an approved eight to ten-hour minimum CME course that included training in laser principles and a minimum of six hours observation and hands-on experience with lasers. Practitioner agrees to limit practice to only the specific laser types for which they are provided documentation of training and experience.

***Required previous experience:*** Demonstrated current competence and evidence of the performance of at least 5 laser treatments in the past 24 hours.

***Maintenance of privilege:*** Laser privileges must be reviewed with each renewal of clinical privileges. A physician must document that a minimum of 5 laser treatments have been performed over the past 24 months in order to maintain active privileges for laser use.

***Source:*** American Society for Laser Medicine and Surgery. 4/2/06

---

**ADMINISTRATION OF SEDATION AND ANALGESIA**

---

**Requested:** Initial Adult Moderate Sedation

- Provide the medical record number and dates of service of ten (10) patients who have received sedation/analgesia within the past two years under your direction
- Requires completion of Sedation Self-Study Packet
- Current ACLS or ATLS certification

**Requested:** Continue Adult Moderate Sedation Privileges

- Current ACLS or ATLS certification

**Requested:** Initial Pediatric Moderate Sedation

- Provide the medical record number, age (15 and under) and dates of services of ten (10) patients who have received sedation/analgesia within the past two years under your direction
- Requires completion of Sedation Self-Study Packet
- Current ACLS or ATLS certification

**Requested:** Continue Pediatric Moderate Sedation

- Current PALS certification

---

**ACKNOWLEDGEMENT OF PRACTITIONER**

---

I have requested only these privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and that I wish to exercise at the Hospital, and I understand that:

- 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.
- 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.

**Signature:** \_\_\_\_\_

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