

UPMC | University of Pittsburgh Medical Center

For Reference Only

NEUROSURGERY 2013

Summary of Services and Availability (by location)

Each location has sufficient space, equipment, staffing and financial resources in place or available in sufficient time as required to support each requested privilege. On an ongoing basis, the organization consistently determines the resources necessary for each requested privilege related to the facility's scope of service.

Please review the following **Summary of Services and Availability by Location** prior to making your selections. If a facility is specifically identified below as **NOT** having a privilege/service available, you will **NOT** be considered for that privilege at that individual facility. Any request made that is identified as **not available** at an individual site will be considered Not Applicable for that site(s), and will be identified as such on your final approved Delineation of Privileges form.

“x” means Privilege is Available at that location.

“C” means contractual arrangement restricts granting this privilege.

“N/A” means Privilege Not Available at that location.

Facility Codes:

EAST= UPMC East

Privilege	EAST
Core privileges – General Neurosurgery	X
Core privileges – Neurophysiology	N/A
Consultation privileges	X
Radiologic	
Fluoroscopy* (Certificate Required)	X
CRANIAL PROCEDURES	
twist drill, burr hole or trephination (abscess, hematoma, cyst, biopsy, implantation of ICP device or reservoir, subdural/ventricular/cisternal injection or aspiration)	N/A
decompression (pseudotumor, slit ventricles, orbital lesions, cyst fenestration, abscess drainage)	N/A
trauma (EDH, SDH, intracerebral hematoma, skull fracture, penetrating injuries, foreign body removal, CSF leak, rhinorrhea/otorrhea)	N/A
tumors (including EEA approach and neuroendoscopy*)	N/A
vascular (aneurysm, AVM/fistula, carotid endarterectomy , EC-IC bypass)	N/A
stereotaxis* (localization, biopsy, lesion creation, brachytherapy)	N/A
congenital (synostosis, encephalocele, Chiari craniomegalic skull)	N/A
shunts (initial/revision/replacement; cranial & spinal – any terminus)	N/A
functional (movement disorders – DBS*, epilepsy, cranial nerve MVD, percutaneous gasserian ganglion/medullary tract lesion, intracranial neurostimulators)	N/A
miscellaneous (exploration, choroid plexus excision, cranioplasty, calvarial graft harvest, subcutaneous placement/retrieval, prosthetic plate placement/removal)	N/A
Radiosurgery	N/A

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Privilege	EAST
SPINAL PROCEDURES	
fracture (open/closed, includes manipulation, skeletal traction, bracing, odontoid graft)	X
degenerative (discectomy, corpectomy, laminectomy, w/wo instrumented fusion, including artificial disc, cages, screws, spacers, pelvic fixation - removal/reinsertion)	X
deformity (osteotomy/kyphectomy, including arthrodesis w/wo cast)	X
intraspinal lesions (vascular, tumor, other non-neoplastic, including cyst, dysraphism, syrinx, CSF leak, bony lesion, rhizotomy)	X
functional (intrathecal pump, stimulator, myelotomy, cordotomy, stereotaxis* including lesion creation, biopsy, radiosurgery)	X
percutaneous* (kyphoplasty, biopsy, IDET, injection, annuloplasty, epidural patch, LP)	X
peripheral/autonomic nerves (diagnostic/therapeutic blocks, neurolytics, neurectomy, neuroplasty, neuroorrhaphy, neurolysis, TNS, excision, radiofrequency lesions)	X
LASER*	
Nd:YAG	N/A
CO2	N/A
ANESTHESIA	
Moderate sedation	X
TELEMEDICINE	N/A

* Evidence of Additional Training Required

PART B - INTERVENTIONAL VASCULAR PROCEDURES

Privilege	EAST
Peripheral Diagnostic Angiography	N/A
Peripheral Interventions	N/A
Aortoiliac & Brachiocephalic Vessels	N/A
Renal & Abdominal Visceral Vessels	N/A
Infra-inguinal Vessels	N/A
Abdominal Aorta Interventions	N/A
Thoracic Aorta Interventions	N/A
Intracerebral Interventions	N/A
Carotid Arteriography	N/A
Carotid Interventions	N/A