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GENERAL SURGERY 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 <u>NOT</u> having a privilege/service available, you will <u>NOT</u> be considered for that privilege at that individual facility. Any request made that is identified as <u>not available</u> 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:

MERCYSSSC= UPMC Mercy South Side Surgery Center

| Privilege | MERCYSSSC |
|--|-----------|
| Core privileges | X |
| Consultation privileges | N/A |
| HEAD AND NECK | |
| Tracheostomy | N/A |
| ENDOCRINE | |
| Parathyroidectomy (including reimplantation and PTH monitoring) and thyroidectomy (including laryngeal nerve monitoring) | N/A |
| Excision thyroglossal duct cyst | N/A |
| Adrenalectomy, including partial | |
| Open | N/A |
| Laparoscopic | N/A |
| Retroperitoneal | N/A |
| Lap-assisted | N/A |
| THORAX | |
| Resection/reconstruction of chest wall | N/A |
| Thoracotomy, anterior approach to the spine | N/A |
| BREAST | |
| Excisional and incisional breast biopsy | X |
| Operations on the nipple | X |
| Mastectomy (segmental including node dissections, total, modified radical, subcutaneous) | X |
| Localization and retrieval of radioactive seeds | N/A |
| SLN injection | N/A |
| ABDOMEN AND PELVIS | |
| Groin hernia repair | |
| Open | X |
| Laparoscopic* | X |
| Ventral hernia repair | |
| Open | N/A |

For Reference Only

GENERAL SURGERY 2013

Page 2 of 5

| Privilege | MERCYSSSC |
|---|--------------|
| Laparoscopic* | N/A |
| Umbilical hernia repair | - 0 |
| Open | X |
| Laparoscopic* | X |
| Peritoneal/retroperitoneal dissection (e.g. for exposure of | N/A |
| the spine or lymphadenectomy) | |
| Exploratory laparotomy/laparoscopy | N/A |
| Diaphragmatic Herniorrhaphy | N/A |
| ALIMENTARY TRACT | • |
| Esophagectomy | N/A |
| Nissen fundoplication | |
| Open | N/A |
| Laparoscopic | N/A |
| Gastrectomy, gastroenterostomy, gastrostomy | - 0 |
| Open | N/A |
| Laparoscopic* | N/A |
| Vagotomy except highly selective | N/A |
| Highly selective vagotomy | - 0 |
| Open | N/A |
| Laparoscopic* | N/A |
| Cholecystectomy (all techniques), cholecystostomy, | N/A |
| common bile duct exploration | |
| Appendectomy | |
| Open | N/A |
| Laparoscopic | N/A |
| Incision, excision, resection of intestine, including | N/A |
| placement of enterostomy | |
| Hemorrhoidectomy, Stapled hemorrhoidectomy, | N/A |
| sphincterotomy, fistulotomy and other techniques | |
| Transanal excision/fulguration of anorectal | N/A |
| mass | N 7/4 |
| Repair enterocele/rectocele* | N/A |
| Reconstructive perineal procedures (sphincteroplasty, | N/A |
| repair vesico-vaginal-enteric fistula)* | |
| Colectomy (all)/colostomy | |
| Open | N/A |
| Laparoscopic* | N/A |
| Transanal | |
| TEMIS | N/A |
| TEMS | N/A |
| Splenectomy | |
| Open | N/A |
| Laparoscopic* | N/A |
| Abdominoperineal resection | |
| | N/A |
| Open | |
| Open Laparoscopically assisted* | N/A |
| Open | |

For Reference Only

GENERAL SURGERY 2013

Page 3 of 5

| Privilege | MERCYSSSC |
|---|------------|
| Open | N/A |
| Laparoscopic | N/A |
| Pancreas resections/debridement | |
| Open | N/A |
| Laparoscopic | N/A |
| Pancreatectomy | N/A |
| GENITOURINARY TRACT | |
| (In conjunction with other procedures) | |
| Insertion cystostomy tube | N/A N/A |
| Partial cystectomy, bladder repair | N/A N/A |
| Nephrectomy | N/A N/A |
| Hysterectomy | N/A N/A |
| Salpingooophorectomy | IN/A |
| SKIN/SOFT TISSUE/BONE | |
| Regional lymph node dissections, | |
| partial/complete including sentinel node techniques | \$7 |
| Cervical | X |
| Axillary | X |
| Mediastinal | |
| Periaortic | |
| Pelvic | A |
| Sentinel Node Biopsy | X |
| Skin grafting, partial and full thickness | |
| Fasciotomy | |
| Amputations Biopsy peripheral nerve | |
| TRAUMA | Α |
| Pericardial window/pericardiocentesis | N/A |
| Lung lobectomy | N/A N/A |
| Pneumonectomy | N/A N/A |
| Procedures on Esophagus | N/A N/A |
| Teletrauma | N/A |
| ENDOSCOPY | |
| Esophagogastroduodenoscopy/biopsy | X |
| Esophageal stent placement | N/A |
| Percutaneous endoscopic gastrostomy | X |
| Laryngoscopy | X |
| Bronchoscopy/biopsy | X |
| Anoscopy/Proctoscopy | X |
| Sigmoidoscopy/Colonoscopy/Biopsy/ | X |
| Polypectomy/Stents | |
| BURN SURGERY | N/A |
| INTRAOPERATIVE ULTRASOUND | X |
| ULTRASOUND | |
| Focused Abdominal Sonogram for Trauma (FAST) | N/A |
| VIDEOMAPPING | <u> </u> |
| Videoassisted parathyroidectomy/thyroidectomy | N/A |
| Videoassisted neuroendocrine tumor resection | N/A |

For Reference Only

GENERAL SURGERY 2013

Page 4 of 5

| Privilege | MERCYSSSC |
|---|-----------|
| Intraoperative Nuclear Mapping (Gamma Probe) | X |
| TELEMEDICINE | |
| ROBOTICS (Certificate Required) | X |
| FLUOROSCOPY (Certificate Required) | X |
| LASER | |
| Nd:YAG | X |
| CO2 | X |
| KTP:YAG | X |
| Argon | |
| Excimer- 308 nm | X |
| Diode- 532 nm | X |
| Diode- 630 nm | X |
| Diode- 810 nm | X |
| Diode (Indigo)- 832 nm | X |
| Ho:YAG | X |
| ANESTHESIA | |
| Moderate Sedation | X |
| CRITICAL CARE | 28 |
| | N/A |
| Medical supervision of intensive care unit patients, | IN/A |
| emergency transport, critical illness, and multi-system organ failure | |
| Arterial catheter insertion | N/A |
| Central venous and percutaneous dialysis catheter | N/A N/A |
| insertion | 11/1 |
| Pulmonary artery catheter insertion | N/A |
| Pericardiocentesis | N/A |
| Interpretation and management of hemodynamic data | N/A |
| Initiation and management of vasoactive and/or anti- | X |
| arrhythmic drug infusions | |
| Debrillation/cardioversion | X |
| Transthoracic echocardiography (limited) | N/A |
| Airway management of the non-intubated patient | X |
| Endotracheal intubation (oral, nasal) | X |
| Cricothyrotomy | N/A |
| Percutaneous tracheostomy | N/A |
| Bronchoscopy | N/A |
| Thoracentesis | N/A |
| Thoracostomy tube insertion/ management | N/A |
| Mechanical ventilation – initiation and management | N/A |
| Renal replacement therapy management | N/A |
| Nutritional management of the ICU patient | N/A |
| Lumbar puncture | N/A |
| Intercostal nerve block | N/A |
| Cardiopulmonary resuscitation | X |
| Abdominal paracentesis | N/A |
| Diagnostic ultrasonography | N/A |
| Fluoroscopy | N/A |
| Administration of intermittent and continuous sedation, | N/A |
| analgesia, and intravenous anesthetics for management of | |

For Reference Only

GENERAL SURGERY 2013

Privilege
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critically ill patients, as well as for moderate and deep sedation
Image: Comparison of the second s

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Page 5 of 5