

UPMC | University of Pittsburgh Medical Center

For Reference Only

OBSTETRICS/GYNECOLOGY 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
Inpatient Hospitals- Obstetric Core Privileges	N/A
Inpatient Hospitals- Gynecology Core Privileges	X
Harmar Outpatient Center- Core Privileges	N/A
Mercy South Side Surgery Center- Core Privileges	N/A
Monroeville Outpatient Center- Core Privileges	N/A
Presbyterian South Surgery Center- Core Privileges	N/A
Consultation Privileges	N/A
OBSTETRICAL SPECIALTY	
Amniocentesis 2nd Trimester	N/A
Chorionic Villus Sampling	N/A
Fetoscopy and Fetal Operative Interventions	N/A
Interpretation of traditional cytogenetics testing	N/A
Interpretation of molecular cytogenetics testing	N/A
Intra-uterine Transfusion	N/A
Mid-forcep delivery	N/A
Termination of pregnancy during 2nd trimester by D&E	N/A
Triplet or Greater Pregnancies, management	N/A
Triplet or Greater Pregnancies, delivery of	N/A
Tubal sterilization	N/A
Umbilical cord blood sampling	N/A
GYNECOLOGICAL SPECIALTY	
Acessa radiofrequency ablation	N/A
Anastomosis of small or large bowel	N/A
Anastomosis of ureters to urinary tract or bowel	N/A
Antineoplastic chemotherapy	N/A
Brachytherapy	N/A
Construction of artificial vagina	N/A
Cystoscopic ureteral stent insertion	N/A
Cystoscopy	X
Cystectomy (urinary bladder)	N/A

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Privilege	EAST
Cystotomy (urinary bladder)	X
Enterotomy	N/A
Ileostomy	N/A
Inguinal node biopsy	X
Inguinal node dissection	N/A
IP port insertion/removal	N/A
IV port insertion/revision	N/A
Liver biopsy	N/A
Peripheral node biopsies	N/A
Omentectomy	N/A
Panniculectomy	N/A
Para-aortic node biopsy and dissection	N/A
Pelvic exenteration with or without urinary and/or bowel diversions	N/A
Pelvic lymphadenectomy	N/A
Pelvic node biopsy and dissection	N/A
Pelvic reconstruction	N/A
Proctosigmoidoscopy, with or without biopsy	N/A
Radical hysterectomy with pelvic node dissection	N/A
Radical vulvectomy	N/A
Rectovaginal fistula, closure of	X
Resection of bowel	N/A
Sentinel node inguinal, pelvic node and para-aortic node biopsy	X
Splenectomy	N/A
Transvaginal support procedures using mesh introduced by transvaginal trocars	X
Tubal reanastomosis with microsurgical techniques	N/A
Vesico-vaginal fistula, closure of	X
Advanced Minimally Invasive Procedures	
Laparoscopic appendectomy	N/A
Laparoscopic bladder and ureter surgery	N/A
Laparoscopic bowel repair after injury	N/A
Laparoscopic Burch	N/A
Laparoscopic cancer staging	N/A
Laparoscopic paravaginal defect repair	N/A
Laparoscopic para-aortic plus pelvic lymphadenectomy	N/A
Laparoscopic presacral neurectomy	X
Laparoscopic repair of enterocele/rectocele	N/A
Laparoscopic sacral colpopexy	N/A
Laparoscopic uterosacral vaginal vault suspension	N/A
Total laparoscopic hysterectomy	X
Robotic surgical techniques	N/A
Management of Diseases of the Breast	
Axillary dissection	N/A
Excisional biopsy	N/A
Mastectomy-total	N/A
Excision of lesion/biopsy	N/A
Mastectomy-modified-radical	N/A
Retrieval of radioactive seeds	N/A

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Privilege	EAST
Sentinel node biopsy axilla	N/A
SLN injection	N/A
Fluoroscopic procedures (Certificate Required)	N/A
Moderate sedation	N/A
Use of intra-abdominal lasers	
Nd:YAG	N/A
CO2	X
KTP:YAG	X
Argon	N/A
Diode (Indigo)	N/A
Ho:YAG	N/A
TELEMEDICINE	X
ULTRASOUND PRIVILEGES	
Evaluation of pregnant uterus and contents in 1 st , 2 nd , and 3 rd trimesters including dynamic testing; i.e. Biophysical Profiles, Doppler Evaluation of fetal and maternal circulations, 3D Ultrasound, 4D Ultrasound	N/A
Evaluation of pelvic and abdominal structures in women, including Doppler velocimetry of ovarian, uterine and pelvic masses	N/A
Gynecologic procedure requiring ultrasound guidance	X
Ultrasound guided needle biopsy	N/A
Ultrasound guided drainage of cysts and abscesses and needle biopsy	N/A
Ultrasound guidance for intrauterine fetal procedures, i.e. amniocentesis	N/A
Sonohysterography	N/A
Ultrasound for ovulation tracking	N/A
Endoanal Ultrasound	N/A

Revised: 8/14/14