

**UPMC  
Delineation of Privileges Request  
Criteria Summary Sheet**

**Facility:** Magee Womens Hospital of UPMC

**Specialty:** OBSTETRICS AND GYNECOLOGY

<b>KNOWLEDGE</b>	Successful Completion of an ACGME/AOA, accredited program
<b>TRAINING</b>	The successful completion of an approved (ACGME/AOA) post graduate residency program in obstetrics and gynecology.
<b>CERTIFICATION</b>	Board Certified or Board Eligible by the American Board of Obstetrics and Gynecology, the American College of Midwives, or be active in the certification process. Equivalent training, as determined by the Chairman of the Department, and in consultation with the Credentials Committee, may satisfy this requirement.
<b>OTHER</b>	<p><b>Standards for Privileges in the Department of Obstetrics, Gynecology and Reproductive Sciences:</b></p> <ul style="list-style-type: none"> <li>▪ The following privileges require additional credentialing criteria (documentation of experience, or 5 cases under supervision): <ul style="list-style-type: none"> <li>▪ Amniocentesis 2<sup>nd</sup> Trimester</li> <li>▪ Termination of pregnancy during 2<sup>nd</sup> trimester by D&amp;E</li> <li>▪ IV Conscious Sedation</li> <li>▪ Laser Therapy: lower tract</li> <li>▪ Laser Therapy: Intra-abdominal</li> </ul> </li> <li>▪ The following privileges require advanced training (i.e. case list of 5 cases as principal surgeon and documentation of training) <ul style="list-style-type: none"> <li>▪ Cystoscopic urethral stent insertion</li> <li>▪ Essure procedure (Hysteroscopic)</li> <li>▪ Laparoscopic appendectomy</li> <li>▪ Laparoscopic bladder and ureter surgery</li> <li>▪ Laparoscopic bowel repair after surgery</li> <li>▪ Laparoscopic Burch</li> <li>▪ Laparoscopic excision of ovarian remnant</li> <li>▪ Laparoscopic gyn oncologic staging</li> <li>▪ Laparoscopic hysterectomy (total or supracervical)</li> <li>▪ Laparoscopic lysis of adhesion (extensive)</li> <li>▪ Laparoscopic para-aortic plus pelvic lymphadenectomy</li> <li>▪ Laparoscopic paravaginal defect repair</li> <li>▪ Laparoscopic presacral neurectomy</li> <li>▪ Laparoscopic repair of enterocele/rectocele</li> <li>▪ Laparoscopic sacral colpopexy</li> <li>▪ Laparoscopic treatment of Mullerian anomalies</li> </ul> </li> </ul>

- Laparoscopic uterosacral vaginal vault suspension
  - TVT= Tension-Free Vaginal Tape
  - TOT= Transobturator
  - Transvaginal support procedures using Mesh  
Introduced by transvaginal trocars
  - Uterine Artery Ligation
  - Interstim therapy for treatment of urologic disorders
- Complicated Gynecology- Section E, Requires subspecialty training in Gynecologic Oncology, Reproductive Endocrinology, Uro-Gynecology, and/or Ultrasound
  - Perinatology (Requires subspecialty training in Maternal-Fetal Medicine, Reproductive Genetics and/or Ultrasound)
  - Ultrasonography (Requires appropriate subspecialty training in Maternal-Fetal Medicine, Ultrasound, Reproductive Genetics, Reproductive Endocrinology or Urogynecology)
- Laser privileges require specialty training certification; must submit documentation of training/experience using lasers

### **DAVINCI SURGICAL ROBOTIC SYSTEM**

It is the intent of Magee-Womens Hospital of UPMC to deploy the DaVinci Surgical System for the management of basic laparoscopic and thoracoscopic cases in abdominal, thoracic and pelvic surgery. A physician requesting to use the DaVinci surgical platform for procedures must present appropriate documentation of training and qualifications in order to be credentialed for the use of the system.

Basic credentialing criteria:

1. The physician must be board certified or board eligible or equivalent training as determined by the Chief of the department and in consultation with the Credentials Committee within his/her specialty.
2. The physician must be credentialed and have proficiency in laparoscopic or thoracoscopic surgery. For complex procedures that do not have laparoscopic equivalency on the job training with proctoring must occur until competency level is achieved and this requires the determination of the proctor and the Chief of OB/GYN.
3. The physician must show evidence of attendance at a hands-

	<p>on training practicum in the use of the DaVinci Surgical Platform of at least eight (8) hours duration. The physician must have three (3) hours of personal time on the operating system during animate or cadaver models.</p> <ol style="list-style-type: none"><li data-bbox="477 380 1365 520">4. The physician must show evidence of three (3) proctored patient cases using the DaVinci Surgical Platform and the proctor must attest to the competency of the surgeon using the DaVinci Platform.</li><li data-bbox="477 562 1341 741">5. Maintenance of credentials and reappointments necessitate a minimum of 12 annual cases as operating surgeon after review of cases by the Surgical Services Committee and the Division Chiefs of OB/GYN verifying the satisfactory performance of the surgical cases.</li><li data-bbox="477 783 1370 1066">6. Fellows must be completing or have completed their training and be board eligible in his/her specialty. They must be credentialed in laparoscopic and/or thoracoscopic procedures and must have had adequate training and competency in the DaVinci System. If the resident performed robotic surgery in their residency, the program director must attest to the level of training and their competency in this procedure. The resident/fellow must be proctored in 3 cases.</li><li data-bbox="477 1108 1325 1182">7. For a surgeon to function as a proctor, he/she must have 20 robotic surgical procedures before he/she can be a proctor.</li></ol>
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