

**UPMC | University of Pittsburgh Medical Center**

**For Reference Only**

**OBSTETRICS/GYNECOLOGY 2012**

**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:**

MERCYSSSC= UPMC Mercy South Side Surgery Center

| <b>Privilege</b>                                          | <b>MERCYSSSC</b> |
|-----------------------------------------------------------|------------------|
| <b>Inpatient Hospitals- Obstetric Core Privileges</b>     | N/A              |
| <b>Inpatient Hospitals- Gynecology Core Privileges</b>    | N/A              |
| <b>Harmar Outpatient Center- Core Privileges</b>          | N/A              |
| <b>Mercy South Side Surgery Center- Core Privileges</b>   | X                |
| <b>Monroeville Outpatient Center- Core Privileges</b>     | N/A              |
| <b>Presbyterian South Surgery Center- Core Privileges</b> | N/A              |
| <b>Consultation Privileges</b>                            | N/A              |
| <b>OBSTETRICAL SPECIALTY</b>                              |                  |
| Amniocentesis 2nd Trimester                               | N/A              |
| Chorionic Villus Sampling                                 | N/A              |
| Cystoscopic urethral stent insertion                      | N/A              |
| Fetoscopy and Fetal Operative Interventions               | 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              |
| Umbilical cord blood sampling                             | N/A              |
| <b>GYNECOLOGICAL SPECIALTY: ONCOLOGY</b>                  |                  |
| Anastomosis of Small or Large Bowel                       | N/A              |
| Anastomosis of Ureters to Urinary Tract of Bowel          | N/A              |
| Antineoplastic chemotherapy                               | N/A              |
| Brachytherapy                                             | N/A              |
| Construction of artificial vagina                         | N/A              |
| Cystoscopic urethral stent insertion                      | X                |
| Cystectomy (urinary bladder)                              | X                |
| Cystotomy (urinary bladder)                               | X                |
| Enterotomy                                                | X                |
| Ileostomy                                                 | N/A              |

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| Privilege                                                           | MERCYSSC |
|---------------------------------------------------------------------|----------|
| Inguinal Node Biopsy                                                | X        |
| Inguinal Node Dissection                                            | N/A      |
| Peripheral Node Biopsies                                            | X        |
| <b>Management of Diseases of the Breast</b>                         |          |
| Aspiration of Breast Cyst                                           | X        |
| Excision of Lesion/Biopsy                                           | X        |
| Axillary Dissection                                                 | N/A      |
| Biopsy                                                              | N/A      |
| Mastectomy-Total                                                    | N/A      |
| Mastectomy-Modified-Radical                                         | N/A      |
| Retrieval of radioactive seeds                                      | N/A      |
| Sentinel node biopsy axilla                                         | X        |
| SLN injection                                                       | N/A      |
| Nephrostomy                                                         | N/A      |
| Omentectomy                                                         | N/A      |
| Panniculectomy                                                      | N/A      |
| Para-aortic Node Biopsy and Dissection                              | N/A      |
| Pelvis exenteration with or without urinary and/or bowel diversions | N/A      |
| Pelvic Reconstruction                                               | N/A      |
| Pelvic Lymphadenectomy                                              | N/A      |
| Proctosigmoidoscopy, with or without biopsy                         | X        |
| Radical Hysterectomy with pelvic node dissection                    | N/A      |
| Radical Vulvectomy                                                  | N/A      |
| Rectovaginal fistula, closure of                                    | X        |
| Resection of Bowel                                                  | N/A      |
| Sentinel node biopsy inguinal                                       | N/A      |
| Splenectomy                                                         | N/A      |
| Vesico-vaginal fistula, closure of                                  | N/A      |
| <b>Minimally Invasive Procedures</b>                                |          |
| Laparoscopic bladder and ureter surgery                             | X        |
| Laparoscopic appendectomy                                           | N/A      |
| Laparoscopic Bowel Repair after Injury                              | N/A      |
| Laparoscopic gynecologic Oncology Staging                           | N/A      |
| Laparoscopic Paravaginal Defect Repair                              | N/A      |
| Laparoscopic Repair of Enterocele/Rectocele                         | N/A      |
| Laparoscopic Para-Aortic plus Pelvic Lymphadenectomy                | N/A      |
| <b>GYNECOLOGICAL SPECIALTY</b>                                      |          |
| Construction of artificial vagina                                   | N/A      |
| Cystoscopic urethral stent insertion                                | X        |
| Cystotomy (urinary bladder)                                         | X        |
| Enterocele repair                                                   | N/A      |
| <b>Management of Diseases of the Breast</b>                         |          |
| Aspiration of Breast Cyst                                           | X        |
| Excision of Breast Lesion/Biopsy                                    | X        |
| Pelvic Reconstruction                                               | N/A      |
| Presacral Neurectomy                                                | N/A      |
| Proctosigmoidoscopy with or without biopsy                          | X        |

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| Privilege                                                                                                                                                                                                                                                  | MERCYSSC |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| Rectovaginal fistula, closure of                                                                                                                                                                                                                           | X        |
| Vesico-vaginal fistula, closure of                                                                                                                                                                                                                         | N/A      |
| Termination of second trimester pregnancy                                                                                                                                                                                                                  | N/A      |
| Transvaginal support procedures using Mesh introduced by transvaginal trocars                                                                                                                                                                              | X        |
| Tubal reanastomosis with microsurgical techniques                                                                                                                                                                                                          | X        |
| <b>Minimally Invasive Procedures</b>                                                                                                                                                                                                                       |          |
| Laparoscopic bladder and ureter surgery                                                                                                                                                                                                                    | X        |
| Laparoscopic Burch                                                                                                                                                                                                                                         | N/A      |
| Laparoscopic Presacral Neurectomy                                                                                                                                                                                                                          | N/A      |
| Laparoscopic Sacral Colpopexy                                                                                                                                                                                                                              | N/A      |
| Laparoscopic Uterosacral Vaginal Vault Suspension                                                                                                                                                                                                          | N/A      |
| Laparoscopic appendectomy                                                                                                                                                                                                                                  | N/A      |
| Laparoscopic Bowel Repair after Injury                                                                                                                                                                                                                     | N/A      |
| Laparoscopic Paravaginal Defect Repair                                                                                                                                                                                                                     | N/A      |
| Laparoscopic Repair of Enterocele/Rectocele                                                                                                                                                                                                                | N/A      |
| Robotic surgical techniques                                                                                                                                                                                                                                | N/A      |
| <b>Fluoroscopic procedures (Certificate Required)</b>                                                                                                                                                                                                      | X        |
| Moderate sedation                                                                                                                                                                                                                                          | X        |
| <b>Use of intra-abdominal lasers</b>                                                                                                                                                                                                                       |          |
| Nd:YAG                                                                                                                                                                                                                                                     | N/A      |
| CO2                                                                                                                                                                                                                                                        | X        |
| KTP:YAG                                                                                                                                                                                                                                                    | N/A      |
| Argon                                                                                                                                                                                                                                                      | N/A      |
| Diode (Indigo)                                                                                                                                                                                                                                             | N/A      |
| Ho:YAG                                                                                                                                                                                                                                                     | N/A      |
| <b>TELEMEDICINE</b>                                                                                                                                                                                                                                        | N/A      |
| <b>ULTRASOUND PRIVILEGES</b>                                                                                                                                                                                                                               |          |
| Evaluation of pregnant uterus and contents in 1 <sup>st</sup> , 2 <sup>nd</sup> , and 3 <sup>rd</sup> 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                                                                                                                                                                                                        | N/A      |
| 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      |