

**UPMC | University of Pittsburgh Medical Center**

**For Reference Only**

**PLASTIC 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 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:**

MERCY= UPMC Mercy

<b>Privilege</b>	<b>MERCY</b>
<b>Core privileges – General Plastic Surgery and Trauma</b>	<b>X</b>
<b>Core privileges – Hand Surgery</b>	<b>X</b>
<b>Harmar Outpatient Center – Core Privileges</b>	N/A
<b>Consultation Privileges</b>	<b>X</b>
<b>HEAD AND NECK</b>	
Elective Le Forte (I and II) osteotomies	<b>X</b>
Surgery for cleft lip and palate	<b>X</b>
Transcranial approach to craniofacial surgery	<b>X</b>
Correction of congenital facial anomalies	<b>X</b>
<b>HAND SURGERY</b>	
Digital/Upper Extremity replantation	<b>X</b>
<b>TRUNK AND EXTREMITIES</b>	
Thoracoplasty	<b>X</b>
Laser Suction lipectomy	<b>X</b>
Lower limb reconstruction/replantation	<b>X</b>
Arthroplasty with implant	<b>X</b>
<b>VASCULAR SYSTEM</b>	
Major arterial bypass with autogenous or synthetic graft as it applies to limb reconstruction or replantation	<b>X</b>
Operative angiography and angioplasty	<b>X</b>
<b>RECONSTRUCTIVE SURGERY</b>	

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<b>Privilege</b>	<b>MERCY</b>
Esophageal reconstruction	<b>X</b>
Free jejunal transfer after small bowel resection with anastomosis to harvest specimen	<b>X</b>
Genitourinary reconstruction, addendum to Jejunal free flap with assistance from general surgery for harvest	<b>X</b>
Free tissue transfer	<b>X</b>
<b>ONCOLOGIC PLASTIC SURGERY</b>	
Thyroidectomy, partial or complete in setting of head and neck cancer	N/A
Parathyroidectomy partial or complete in setting of head and neck cancer	N/A
Sentinel Node Biopsy	N/A
Upper extremity amputation	<b>X</b>
Lower extremity amputation	<b>X</b>
Lymphadenectomy	<b>X</b>
Tumor debulking	<b>X</b>
<b>GENDER REASSIGNMENT OPERATIONS*</b>	N/A
<b>MICROVASCULAR SURGERY</b>	<b>X</b>
<b>ANESTHESIA</b>	
Moderate Sedation	<b>X</b>
<b>LASER</b>	
Nd:YAG	<b>X</b>
CO2-Erbium YAG	<b>X</b>
Pulse Dye-585 nm	<b>X</b>
<b>FLUOROSCOPY (Certificate Required)</b>	<b>X</b>
<b>TELEMEDICINE</b>	<b>X</b>