

UPMC | University of Pittsburgh Medical Center

For Reference Only

VASCULAR 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:

EAST= UPMC East

| Privilege | EAST |
|------------------------------------------------------------------------------------------|-------------|
| Core privileges | X |
| Consultation privileges | X |
| CEREBROVASCULAR | |
| Carotid revascularization | X |
| Vertebral revascularization | N/A |
| Extra Anatomic Cerebrovascular Bypass | N/A |
| Median Sternotomy for Vascular Reconstruction of Great Vessels | N/A |
| Innominate Bypass | N/A |
| THORACIC OUTLET | |
| Rib Resection | X |
| Neurolysis | X |
| Venous and or Arterial Reconstruction | N/A |
| THORACIC AORTIC REPAIR | |
| Thoracotomy for Vascular Reconstruction | X |
| Open Repair of Thoracic and Thoracoabdominal Aneurysm | N/A |
| Direct repair of ruptured aneurysm of innominate, subclavian artery by thoracic incision | |
| Thromboendarterectomy, subclavian, innominate, by thoracic incision | |
| Left Heart Bypass (Bio Medicus) | N/A |
| ABDOMINAL AORTA | |
| Mesenteric Arterial Reconstruction | N/A |
| Splenectomy | X |

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| Privilege | EAST |
|---------------------------------------------------------------------------------------------------|-------------|
| Abdominal/Iliac reconstruction | |
| Reconstruction of vena cava | N/A |
| Embolectomy/Thrombectomy of renal, celiac, mesentery, or aortoiliac artery, by abdominal incision | |
| Thromboendarterectomy of mesenteric, celiac, or renal artery | |
| Bypass graft | |
| EXTREMITY ARTERIAL | |
| Lower extremity reconstruction | |
| Upper extremity reconstruction | |
| DIALYSIS | |
| Placement of permanent percutaneous dialysis access | |
| Placement of dialysis catheter | |
| Distal Vascularization and Interval Ligation (Dril) | N/A |
| Hero Catheter Placement | N/A |
| Open Fistula/Graft Revision | X |
| VENOUS | |
| Open Venous treatment of varicosities | |
| Percutaneous venous ablation | |
| Open Venous Thromboembolectomy | N/A |
| Venous Bypass (including saphenous venous crossover bypass) | N/A |
| Ligation of internal jugular vein | |
| TRAUMA | |
| Repair of Arterial or Venous Injury | N/A |
| Bypass for Trauma Related Arterial or Venous Injury | N/A |
| Open Repair of Pseudoaneurysm | N/A |
| Open Repair of Traumatic AV Fistula | N/A |
| Thrombin Injection of Pseudoaneurysm | N/A |
| MISCELLANEOUS | |
| Sympathectomy | N/A |
| Fasciotomy Lower Extremity | X |
| Amputation of Lower Extremity | X |
| Wound Debridement | X |
| Sartorius Muscle Flap | N/A |
| Vac Wound Dressing Placement | X |
| Angioscopy | N/A |
| Temporal Artery Biopsy | X |
| Lymph Node Biopsy | X |
| Ventral Hernia Repair | X |
| Placement of Peritoneal Dialysis Catheter | X |
| Ultrasound Guidance of Percutaneous Procedures | X |

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| Privilege | EAST |
|-------------------------------------------|----------|
| Profundoplasty | |
| ANESTHESIA | |
| Moderate Sedation | X |
| LASER | |
| Pulse Dye- 632 nm | N/A |
| Nd:YAG | N/A |
| CO2 | N/A |
| KTP:YAG | N/A |
| FLUOROSCOPY (Certificate Required) | X |
| TELEMEDICINE | |

PART B - INTERVENTIONAL VASCULAR PROCEDURES

| Privilege | EAST |
|------------------------------------------|----------|
| Peripheral Diagnostic Angiography | X |
| Peripheral Interventions | |
| Aortoiliac & Brachiocephalic Vessels | X |
| Renal & Abdominal Visceral Vessels | X |
| Infra-inguinal Vessels | X |
| Abdominal Aorta Interventions | X |
| Thoracic Aorta Interventions | X |
| Intracerebral Interventions | X |
| Carotid Arteriography | X |
| Carotid Interventions | X |

Revised: 1/14/14