

Name: _____

Louisiana Medical Center and Heart Hospital
Surgery Department
Plastic Surgery

Core Privileges Request Form

To be eligible to request clinical privileges for *plastic surgery*, a practitioner must meet the following minimum threshold criteria:

Education: *MD or DO*

Minimal formal training: *Successful completion of an approved residency training program in plastic surgery.*

Required previous experience: *The successful applicant must be able to demonstrate that he or she has performed at least 100 plastic surgery procedures during the last 12 months or demonstrated successful participation in a hospital-affiliated formalized residency or special clinical fellowship during which at least 100 cases were performed or assisted by the applicant.*

Having reviewed the requirements for each set of privileges, I would request the privileges on the following page(s):

Place a check mark in the appropriate box for each set of privileges. Please cross out any procedures that you will not be performing at this facility. All privileges will have a focused period of monitoring and if any privileges requested are not performed in this facility within the first 12 months, those privileges will not be renewed.

If you perform privileges which are not listed, please write them in, send in documentation that you have been trained on the procedure as well as how many you of the procedures have been done and where they were performed at.

Privileges include admission, consultation, work-Up, history and physical examinations and the performance of surgical procedures for patients presenting with both congenital and acquired defects of the body's soft tissue including the functional and esthetic management.

- Treatment of skin neoplasms, diseases, and trauma
 - Benign and malignant lesions of the skin and soft tissue
 - Reconstructive grafts and flaps
 - Scar revisions
 - Laser therapy for vascular lesions
- Surgery of the breast
 - Breast reconstruction
 - Breast reduction
 - Breast Augmentation
 - Breast biopsy
 - Congenital anomalies
 - Mastectomy (subcutaneous and simple)
- Treatment of facial diseases and injuries, including maxillofacial structures
 - Facial fractures, including the mandible
 - Nose deformity
 - Ear deformity
 - Jaw deformity
 - Eyelid deformity
 - Cleft lip and palate deformity
 - Craniofacial surgery
 - Skull base surgery
 - Facial deformity and wound treatment
 - Tumors of the head and neck
- Surgery of the hand and extremities
 - Hand wounds
 - Tendon injuries
 - Fractures of the hand and wrist
 - Carpal tunnel syndrome (endoscopic and open)
 - Dupuytren's contracture
 - Surgery for rheumatoid arthritis
 - Congenital anomalies
 - Tumors of the bones and soft tissues
- Reconstructive microsurgery
 - Microvascular flaps and grafts/free tissue transfer
 - Reimplantation and revascularization of the upper and lower extremities and digits
 - Reconstruction of peripheral nerve injury
- Reconstruction of congenital and acquired defects of the trunk and genitalia
 - Vaginal reconstruction
 - Repair of penis deformities
 - Gender reassignment
 - Chest and abdominal wall reconstruction
- Complex wound healing and burn treatment
 - Initial burn management
 - Acute and reconstructive burn treatment
- Cosmetic surgery
 - Body contouring
 - Facial contouring

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Additional Plastic Privileges (must provide proof of training/documentation:

- | | |
|--|--|
| <input type="checkbox"/> moderate sedation | <input type="checkbox"/> laser surgery |
| <input type="checkbox"/> management of ventilators | <input type="checkbox"/> microsurgery |
| <input type="checkbox"/> liposuction | |

I attest by signature that I have met the minimum criteria of procedures/diagnoses management within my clinical practice for the procedures requested above, and I agree to provide documentation of said procedures/diagnoses management if requested.

Applicant Signature

Date

The Department Chairperson accepts this applicant's attestation that he/she meets the minimum criteria for privileges requested.





___ Yes ___ No

Department Chair Signature

Date

Dear Physician:

Every physician seeking appointment/reappointment/advancement to Louisiana Heart Hospital & Medical Center is required to obtain annually 20 hours of AMA PRA Category 1 credit unless exempted. Physicians falling within any of the following categories are exempt from the 20 hour AMA PRA Category 1 requirement.

-  Initially licensed less than 1 year on the basis of examination;
-  Engaged in military service longer than one year's duration outside of Louisiana;
-  Certified or recertified within the past year by a member board of the American Board of Medical Specialties;
-  Currently in a residency training or fellowship.

Please submit copies of your CMEs that you have completed for the past two years.

Thank you,

Medical Staff Coordinator,
Louisiana Medical Center and Heart Hospital