

**Memorial Medical Center**  
**CARDIOVASCULAR SURGICAL PROCEDURES**  
**CHECK PROCEDURES REQUESTED**

<b>Privileges Requested</b>	<b>Minimum formal training</b>	<b>Required previous experience</b>	<b>Reappointment criteria</b>
Cardiac pacing  <input type="checkbox"/>	Successful completion of an accredited residency or fellowship in cardiothoracic surgery.	Performance of at least 50 transvenous pacemaker insertions as primary operator, including procedures involving revisions of pacing systems; and during the past 18 months, evidence of at least 20 pacemaker insertions, including revisions or participation in at least 15 transvenous pacemaker insertions with an experienced operator (a surgeon or cardiologist who has performed the procedure a significant number of times).	
Carotid endarterectomy  <input type="checkbox"/>	Successful completion of an accredited residency or fellowship in vascular surgery, thoracic surgery, or cardiovascular surgery; and performance of at least 20 CEs during training or post-residency completion of at least 50 CEs during the past five years.	Performance of at least 40 CEs during the past three years, with an operative mortality rate of less than 2.5%.	
Coronary artery bypass graft  <input type="checkbox"/>	Successful completion of an accredited residency in thoracic surgery or cardiovascular surgery.	Successful completion of a minimum of 100 bypass procedures within the past 24 months, with at least 50 as primary operator.	

<p>Minimally invasive direct coronary artery bypass (MIDCAB)</p> <p><input type="checkbox"/></p>	<p>Successful completion of an accredited residency in thoracic surgery or cardiovascular surgery.</p>	<p>Successful completion of an approved training program in MIDCAB; and performance of at least 50 MIDCAB procedures, supervised by a proctor who is experienced in the appropriate MIDCAB techniques.</p>	<p>Performance of at least 50 MIDCAB procedures in the last 12 months.</p>
<p>Peripheral and visceral arteriography</p> <p><input type="checkbox"/></p>	<p>Successful completion of accredited residency or fellowship in vascular surgery. Training must have included three months of concentrated experience in the performance of diagnostic arteriography.</p>	<p>Performance of at least 50 peripheral and visceral arteriograms during the past three years.</p>	
<p>Peripheral vessel stent placement</p> <p><input type="checkbox"/></p>	<p>Successful completion of an accredited residency in vascular surgery; and at least 12 months of subsequent fellowship in vascular medicine that included training in diagnostic angiography, peripheral angioplasty, and stent placement procedures. <i>Note: If the residency or fellowship did not include a hands-on training program in diagnostic angiography and peripheral angioplasty that included stent placement, the applicant should be required to have completed such a program under the supervision of a qualified physician preceptor.</i></p>	<p>Performance during the last 12 months of: At least 100 diagnostic angiograms; At least 75 percutaneous transluminal angioplasties of the peripheral arteries; and at least 10 stent placements. <i>Note: For at least 50% of these procedures, the applicant must have been the primary operator.</i></p>	<p>Ongoing competence demonstrated by the facility's minimum requirement for diagnostic angiography privileges and percutaneous transluminal angioplasty privileges; and performance of at least 10 stent placements in the last 12 months.</p>

<p>Thoracoscopy</p> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 20px auto;"></div>	<p>Successful completion of an accredited thoracic residency.</p>	<p>Performance of at least five thoracoscopy or video-assisted thoracic surgery (VATS) procedures during residency or under the supervision of a qualified surgeon; and successful completion of a thoracoscopy course that conforms to the guidelines of the American Association for Thoracic Surgery/Society of Thoracic Surgeons, Joint Committee on Thoracoscopy and Video-Assisted Thoracic Surgery (optimal).</p>	
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Practitioner's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Practitioner's Printed Name \_\_\_\_\_

**APPROVED AS INDICATED:**

Department Chairman's Signature: \_\_\_\_\_ Date \_\_\_\_\_