ADVANCED SURGICAL PRIVILEGES FORM / NEUROSURGERY

Applicant's Name: .....

License No. (If Any): ..... Date: D D M M Y Y Y Y

CATEGORY I: CSF DIVERSIONS

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Cranial endoscopic procedures, including 3rd ventriculostomy and others	☐		☐	☐	

CATEGORY II: NEURO-ONCOLOGY SURGERIES

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Cranial endoscopic resection procedures	☐		☐	☐	
2. Craniotomy for tumor resection (Supratentorial Convexity / parasagittal / falcine extra-axial lesion)	☐		☐	☐	
3. Stereotactic guided surgery for brain lesions including biopsy and micro craniotomy	☐		☐	☐	
4. Robot-assisted surgery for brain biopsy and resection	☐		☐	☐	
5. Insular / eloquent-area glioma resections with awake language / motor mapping	☐		☐	☐	
6. Cerebellar tumor resection	☐		☐	☐	
7. Fourth ventricle & brainstem-adjacent lesions resection	☐		☐	☐	

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CATEGORY III: CEREBROVASCULAR NEUROSURGERY

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Microsurgical aneurysm clipping	☐		☐	☐	
2. Parent-vessel occlusion/trapping ± bypass for complex/ fusiform aneurysms (e.g., STA–MCA, high-flow graft)	☐		☐	☐	
3. Brain AVM microsurgical resection	☐		☐	☐	
4. Dural AVF microsurgical disconnection/sinus skeletonization	☐		☐	☐	
5. Cavernous malformation excision	☐		☐	☐	
6. Moyamoya/steno-occlusive revascularization: direct (STA–MCA) and indirect (EDAS/EMS) bypass	☐		☐	☐	
7. Carotid endarterectomy (CEA)	☐		☐	☐	

CATEGORY IV: ENDOVASCULAR PROCEDURES

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Diagnostic cervico cerebral digital subtraction angiography (DSA)	☐		☐	☐	
2. Cerebral/cranial venography and venous manometry	☐		☐	☐	
3. Mechanical thrombectomy for acute ischemic stroke (stent-retriever or aspiration)	☐		☐	☐	
4. Intra-arterial thrombolysis	☐		☐	☐	
5. Carotid artery angioplasty and stenting (CAS)	☐		☐	☐	
6. Intracranial angioplasty and/or stenting for atherosclerotic stenosis	☐		☐	☐	
7. Aneurysm primary coiling	☐		☐	☐	
8. Balloon-assisted (remodeling) coiling	☐		☐	☐	
9. Stent-assisted coiling	☐		☐	☐	
10. Intrasaccular flow-disruption (e.g., WEB)	☐		☐	☐	

ADVANCED SURGICAL PRIVILEGES FORM / NEUROSURGERY

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
11. Flow-diverting stents	☐		☐	☐	
12. Parent artery occlusion/trapping	☐		☐	☐	
13. Balloon test occlusion	☐		☐	☐	
14. Intra-arterial vasodilator infusion for vasospasm	☐		☐	☐	
15. Balloon angioplasty for vasospasm	☐		☐	☐	
16. Brain AVM embolization (transarterial or transvenous; liquid embolics/coils/particles)	☐		☐	☐	
17. Dural arteriovenous fistula (dAVF) embolization (transarterial/transvenous)	☐		☐	☐	
18. Spinal AVF/AVM embolization	☐		☐	☐	
19. Middle meningeal artery embolization (MMAE) for chronic subdural hematoma	☐		☐	☐	
20. Pre-operative tumor embolization (e.g., meningioma, head & neck)	☐		☐	☐	
21. Epistaxis/craniofacial hemorrhage embolization	☐		☐	☐	
22. Cerebral venous sinus thrombosis endovascular therapy (catheter-directed thrombolysis/ thrombectomy, selected cases)	☐		☐	☐	
23. Venous sinus stenting for idiopathic intracranial hypertension (IIH)	☐		☐	☐	
24. Carotid/cerebrovascular blowout syndrome endovascular control (embolization or covered stent)	☐		☐	☐	

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CATEGORY V: SKULL BASE NEUROSURGERY

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Expanded endonasal approaches (planum/tuberculum sellae, clivus, craniovertebral junction/odontoid)	☐		☐	☐	
2. Endonasal CSF-leak/encephalocele repair with vascularized nasoseptal (Hadad-Bassagasteguy) flap	☐		☐	☐	
3. Pterional/frontotemporal skull-base approaches	☐		☐	☐	
4. Cranio-orbito-zygomatic (COZ/"orbitozygomatic") approach	☐		☐	☐	
5. Anterior clinoidectomy and cavernous-sinus (parasellar) approaches	☐		☐	☐	
6. Anterior petrosal (Kawase) petrosectomy	☐		☐	☐	
7. Posterior/trans petrosal routes (retrolabyrinthine/ translabyrinthine) for petroclival/CPA lesions	☐		☐	☐	
8. Far-lateral/retrocondylar approach to foramen magnum & ventrolateral brainstem	☐		☐	☐	
9. Craniotomy for pineal gland lesion and tectal lesion	☐		☐	☐	
10. Posterior fossa microvascular decompression procedures	☐		☐	☐	
11. Transsphenoidal surgery for sellar/para/supra sellar lesions and repair of cerebrospinal fluid leak	☐		☐	☐	
12. Surgery for brainstem lesion	☐		☐	☐	
13. Reconstruction of skull base defect to treat CSF leak	☐		☐	☐	

ADVANCED SURGICAL PRIVILEGES FORM / NEUROSURGERY

CATEGORY VI: EPILEPSY PROCEDURES

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Lesionectomy/focal cortical resection (e.g., focal dysplasia, cavernoma)	☐		☐	☐	
2. Anterior temporal lobectomy/selective amygdalohippocampectomy	☐		☐	☐	
3. Laser interstitial thermal therapy (LITT) for mesial temporal or focal lesional epilepsy	☐		☐	☐	
4. Stereoelectroencephalography (SEEG) depth-electrode implantation; subdural grids/strips for mapping (Invasive EEG monitoring)	☐		☐	☐	
5. Corpus callosotomy	☐		☐	☐	
6. Hemispherectomy/hemispherotomy	☐		☐	☐	
7. Hypothalamic hamartoma disconnection/ablation	☐		☐	☐	

CATEGORY VII: FUNCTIONAL NEUROSURGERY

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Deep Brain Stimulation (DBS) – cranial lead implantation and IPG placement	☐		☐	☐	
2. DBS programming and troubleshooting (clinic)	☐		☐	☐	
3. Vagal Nerve Stimulation (VNS) implantation	☐		☐	☐	
4. MR-guided focused ultrasound (MRgFUS) thalamotomy (with radiology)	☐		☐	☐	
5. Responsive neurostimulation (RNS) for focal epilepsy	☐		☐	☐	
6. Spinal cord stimulation (SCS)	☐		☐	☐	
7. Dorsal root ganglion (DRG) stimulation	☐		☐	☐	
8. Peripheral nerve stimulation (PNS) implants	☐		☐	☐	

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Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
9. Intrathecal drug delivery system pumps (e.g., baclofen for spasticity; morphine for pain)	☐		☐	☐	
10. Trigeminal neuralgia procedures: microvascular decompression; percutaneous rhizotomy (RF/ glycerol/balloon); stereotactic radiosurgery	☐		☐	☐	
11. Stereotactic radiosurgery (SRS); planning/targeting (with radiation oncology/physics)	☐		☐	☐	

CATEGORY VIII: SPINE SURGERIES

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Laminectomy/laminotomy; discectomy/ microdiscectomy (cervical/thoracic/lumbar)	☐		☐	☐	
2. Anterior Odontoid screw	☐		☐	☐	
3. Anterior cervical discectomy corpectomy and instrument	☐		☐	☐	
4. Occipitocervical instrumentation	☐		☐	☐	
5. Posterior decompression and instrumentation of subaxial cervical spine	☐		☐	☐	
6. Thoracolumbar instrumentation & fusion: posterolateral fusion, pedicle-screw fixation	☐		☐	☐	
7. Interbody fusion techniques: TLIF/PLIF/ALIF/LLIF (MIS or open)	☐		☐	☐	
8. Corpectomy with anterior/posterior reconstruction (cervical/thoracolumbar)	☐		☐	☐	
9. Deformity correction (osteotomies, long-segment fixation)	☐		☐	☐	
10. Minimally invasive spine (tubular/endoscopic) decompression/fusion	☐		☐	☐	

ADVANCED SURGICAL PRIVILEGES FORM / NEUROSURGERY

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
11. Spinal tumor surgery: intramedullary resection; intradural extramedullary tumor resection; metastatic decompression/stabilization	☐		☐	☐	
12. Tethered cord release; dysraphism/diastematomyelia surgery	☐		☐	☐	
13. Cordotomy, rhizotomy dorsal root entry zone lesionectomy for the relief of pain / spasticity	☐		☐	☐	

CATEGORY IX: INTERVENTIONAL SPINE & PAIN (IMAGE-GUIDED)

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Epidural steroid injections (ESI): caudal, interlaminar, transforaminal (lumbar/cervical/thoracic)	☐		☐	☐	
2. Facet joint interventions: diagnostic medial branch blocks (MBB) and radiofrequency ablation (RFA)	☐		☐	☐	
3. Sacroiliac (SI) joint injections; SI lateral branch RFA	☐		☐	☐	
4. Selective nerve root blocks; transforaminal therapeutic injections	☐		☐	☐	
5. Sympathetic blocks (stellate, lumbar)	☐		☐	☐	
6. Percutaneous vertebroplasty / balloon kyphoplasty	☐		☐	☐	
7. CT/Fluoroscopy-guided spine biopsy	☐		☐	☐	
8. Percutaneous nucleoplasty for disc disease	☐		☐	☐	

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CATEGORY X: PERIPHERAL NERVE PROCEDURES

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Peripheral nerve repair/grafting; neuroma management	☐		☐	☐	
2. Brachial plexus exploration and reconstruction	☐		☐	☐	
3. Excision of nerve sheath tumors (schwannoma, neurofibroma) with functional preservation	☐		☐	☐	
4. Nerve blocks	☐		☐	☐	
5. Nerve biopsy	☐		☐	☐	
6. Muscle biopsy	☐		☐	☐	

CATEGORY XI: PEDIATRIC NEUROSURGERY

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Surgery for craniosynostosis	☐		☐	☐	
2. Management of congenital anomalies, such as encephalocele, meningocele, myelomeningocele	☐		☐	☐	
3. Pediatric neuro-oncology resections	☐		☐	☐	
4. Pediatric hydrocephalus (EVD/ETV/shunts)	☐		☐	☐	
5. Pediatric neuro-endoscopy					
a. Third ventriculostomy	☐		☐	☐	
b. Choroid plexus cauterization	☐		☐	☐	
c. Lavage for neonatal/post-hemorrhagic IVH/PHH	☐		☐	☐	
d. Fenestration of intracranial arachnoid cysts	☐		☐	☐	
e. Foraminoplasty (foramen of Monro)	☐		☐	☐	

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Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
f. Aqueductoplasty and fenestration of loculated/compartmentalized hydrocephalus (multiloculated ventricles)	☐		☐	☐	
6. Surgery for Chiari malformation	☐		☐	☐	

ADDITIONAL PRIVILEGE (NOT INCLUDED ABOVE)

Privileges	For applicant use		For committee use				
	Request	Signature	Recommended			Not Recommended	Reason for rejection (if any)
			Facility type				
			Hospital	Day care	Clinic under LA		

Note:
You must submit along with this application all necessary document(s) to support your request.

Applicant's signature ..... Date: DD MM YYYY

ADVANCED SURGICAL PRIVILEGES FORM / NEUROSURGERY

FOR COMMITTEE USE ONLY

Committee Decision:

Evaluation type:

- By Interview ☐ virtual / personal
- By documents only ☐
- Or both ☐

Other comments:

.....

We have reviewed the requested clinical privileges and supporting documentation for the above-named applicant, and We have made the above-noted recommendation(s).

Clinical privileging committee members:

.....
Name, Signature & Stamp

Date: D D M M Y Y Y Y

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Name, Signature & Stamp

Date: D D M M Y Y Y Y

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Name, Signature & Stamp

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