Fort Hamilton Hospital
Specialty: Surgery – Oral/Maxillofacial Surgery
Delineation of Privileges

Required Qualifications

**Education/Training/Experience**
Must have successfully completed a Commission on Dental Accreditation-accredited residency in oral and maxillofacial surgery that includes training for procedures of the soft and hard tissues as well as history and physicals.

**Certification**
The applicant physician must possess current board certification by the specialty board most commonly applicable to his or her specialty, or become board certified as such within six years of completing his or her residency program or receiving medical staff membership or clinical privileges.

**Required previous experience**
The oral and maxillofacial surgeon (OMS), who is a recent graduate (within two years), of an oral and maxillofacial surgery residency must be able to demonstrate that he or she has successfully performed major oral and maxillofacial surgery on a minimum of 75 patients during the OMS residency, no more than five of whom required dentoalveolar surgery. The categories of major surgery include trauma, pathology, orthognathic, reconstructive, and esthetic. For a major surgical case to be counted toward meeting this requirement, the OMS must have been the operating surgeon or have been supervised by a credentialed OMS. The OMS, who has completed oral and maxillofacial surgery training in excess of two years before application for initial privileges, must be able to document successful performance of at least three cases in the past 12 months in each of the major surgery categories for which privileges are requested. For procedures that overlap with other specialties, the minimum number of procedures required for privileges must be the same for all specialties.

**Reappointment requirements**
To be eligible to renew core privileges in oral and maxillofacial surgery, the applicant must meet the following maintenance of privilege criteria:
Current demonstrated competence and an adequate volume of experience (three cases in each of the major surgery categories—trauma, pathology, orthognathic, reconstructive, and esthetic) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.
**CORE PRIVILEGES IN ORAL/MAXILLOFACIAL SURGERY**

Core Privileges include Admit, evaluate, diagnose, treat, and provide consultation to patients with pathology, injuries, and disorders of both the functional and aesthetic aspects of the hard and soft tissues of the head, mouth, teeth, gums, jaws, and neck, perform surgical procedures and post-operative management. Assess, stabilize, and determine disposition of patients with emergent conditions. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

**Request all privileges listed below.**  
*Uncheck any privileges that you do not want to request.*

<table>
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<tr>
<th>Privilege Description</th>
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<td>Admit and manage patients in non-critical care and unmonitored settings</td>
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<td>Perform History and Physical Examinations</td>
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<td>Consultation privileges in Oral/Maxillofacial Surgery</td>
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<td>Dentoalveolar surgery, including management of odontogenic infections; erupted, unerupted, and impacted teeth, including third molar extractions and defects and deformities of the dentoalveolar complex</td>
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<td>Trauma surgery, including fractured and luxated teeth; alveolar process injuries; mandibular angle, body, ramus, and symphysis injuries; mandibular condyle injuries and dislocation; maxillary, zygomatic, orbital, and nasal bone injuries; naso-orbital-ethmoid complex injuries; frontal bone and frontal sinus injuries; auricle and scalp injuries; oral/perioral, perinasal, and facial soft-tissue injuries; airway obstruction; cricothyroidotomies; and tracheostomies</td>
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<td>Pathology: diagnosis and management of pathological conditions, such as cyst of bone, benign and malignant bone tumors; osteomyelitis; osteoradionecrosis; metabolic and dystrophic bone diseases; soft-tissue cysts; benign and malignant soft-tissue tumors; vascular malformations of soft tissue and bone; mucosal diseases; salivary gland diseases, infections, local or systemic. Surgical procedures include but are not limited to maxillary sinus procedures, cystectomy of bone and soft tissue, sialolthotomy, sialoadenectomy, management of head and neck infections; and trigeminal nerve surgery</td>
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<td>Reconstructive surgery, including harvesting of bone and soft-tissue grafts and the insertion of implants. Sites for harvesting may include, but are not limited to the calvaria, rib, ilium, fibula, tibia, mucosa, and skin. Reconstructive procedures include but are not limited to vestibuloplasties, augmentation procedures, TMJ reconstruction, management of continuity defects, insertion of implants, facial cleft repair, and other reconstructive surgery of the oral and maxillofacial region.</td>
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<td>Orthognathic surgery, including the surgical correction of functional and aesthetic orofacial and craniofacial deformities of the mandible, maxilla, zygoma, and other facial bones. Surgical procedures include, but are not limited to ramus and body procedures, subapical segmental osteotomies, LeFort I, II, and III procedures, and craniofacial operations.</td>
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<td>Temporomandibular joint surgery, including treatment of masticatory muscle disorders, internal derangements; degenerative joint disease; rheumatoid, infectious, and gouty arthritis; mandibular dislocation (recurrent or persistent); ankylosis and restricted jaw motion; and condylar hyperplasia or hypoplasia</td>
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<td>Cleft and craniofacial surgery, including correction of primary cleft lip and palate, velopharyngeal incompetence, residual cleft lip or nasal deformities (secondary), maxillary alveolar cleft, residual maxillofacial skeletal deformities (secondary), craniofacial deformities (intracranial approach), orbital and naso-orbital deformities. (initial appointees must show additional operative experience of 5 procedures)*</td>
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**SPECIAL PRIVILEGES – Oral/Maxillofacial Surgery**

The below special privileges are not routinely part of the post-graduate training program. Additional proof of training and/or experience may be necessary to request the privilege and is noted within the privilege block. If documentation is required, please submit all required elements with your application/reapplication.

**Fluoroscopy**  
All practitioners requesting fluoroscopically-guided procedures at this hospital are required to take a competency assessment examination prior to being granted these privileges. Practitioners may submit documentation of competency from another hospital for consideration by the Radiology Department Chairman. Please contact the Medical Staff Office.

**Mild/Moderate Sedation**  
Moderate Sedation (Requires written examination – please contact Medical Staff Office) Current ACLS certification is also required.
Laser
Successful completion of an approved residency in a specialty or subspecialty that included training in laser principles or provide documentation appropriate to the specific laser to be utilized. Practitioner agrees to limit practice to only the specific laser types for which they have been provided documentation of training and experience.

Facial Cosmetic Surgery
Including but is not limited to rhinoplasty, blepharoplasty, rhytidectomy, genioplasty, lipectomy, dermabrasion, otoplasty, scar revision, and correction of maxillofacial contour deformities.

Initial Request
Documentation of current competence and evidence of performance of the procedure within the past 24 months.

Maintenance of the privilege
Documentation of current competence and an adequate volume of experience with acceptable results reflective of the privileges requested within the past 24 months.

Acknowledgement of Applicant
I hereby request the clinical privileges in the Department of Surgery as indicated. I understand that such privileges include rendering of all associated diagnostic and supportive measures necessary in performance of the privileges I have requested, and in treating associated diseases with adequate consultation when indicated.

I recognize that in emergency situations where immediate life-saving action is necessary, any member of the medical staff is authorized to perform such life-saving treatment as may be required.

I further understand that any and all privileges granted me in the Department of Surgery shall be commensurate with my documented training and demonstrated competence, judgment and capabilities. The Credentials and Executive Committees of the medical staff and the Board of Trustees of the hospital reserve the right to grant or limit my privileges in accord with my continuing performance in rendering patient care.

Practitioner’s Signature ________________ (Date) ________________

Print Name __________________________