

ELLIOT HOSPITAL

CRITERIA FOR AORTIC STENT GRAFT

Basic Training:

The applicant must be a M.D. or D.O. The physician is either board certified or admissible in the primary area of his or her specialty pertaining to the practice of Endovascular Procedures (*i.e.* American Board of Radiology **OR** American Board of General Surgery).

Endovascular Prerequisites:

The primary operator (of the stent graft deployment) must have privileges in Endovascular-Stent Regions I and II. The physician who performs vascular access must have Vascular Surgery privileges.

Minimum Requirements:

(A) Residency/Fellowship Training or Previous Experience:

The applicant can meet credentialing requirement if he or she has performed a minimum of ten stent graft cases as primary operator within the past three years. Attestation from the training program director or department chair is required. The first three cases will need to be proctored by a qualified physician with expertise in this procedure.

(B) Alternative Training:

Those applicants, who do not fall in the above category, are required to attend industry sponsored accredited course(s) to prepare them to:

- Have good knowledge of the pathophysiology and natural history of aortic aneurysm.
- Be able to determine the appropriate selection criteria for this alternative procedure and recognize contraindications.
- Have clear understanding of the limitations and possible complications of this technique.

The course must also provide adequate hands-on practice and preceptorship experience. At a minimum, the first three cases as a primary operator (of the stent graft deployment) will need to be proctored by a qualified physician with expertise in this procedure. Additional proctoring, beyond the initial three cases, will be required if deemed to be warranted by the proctor.

General Conditions:

PROVISIONAL STATUS: All qualified applicants will be granted provisional status initially. Full privilege status as primary operator will be granted only after satisfactory performance of at least three proctored cases and satisfactory review of ten subsequent non-proctored cases on technical success, unexpected events, complications, and outcome.

Approved by: BOT: 05/17/05; BOT: 09/18/07; BOT: 09/21/10; *3/16/17; *9/19/19

**Italicized date above indicates review only (no changes)*