

Department of Surgery/CVT Section

Intraoperative Microwave Ablation for Atrial Arrhythmias

PURPOSE

The purpose of these criteria is to assure that physicians performing Intraoperative Microwave Ablation for Atrial Arrhythmias are qualified. A minimum level of training and/or experience must be documented before privileges are granted.

DEFINITION

Intraoperative Microwave Ablation is defined as the process of utilizing microwave energy that can be applied to the endocardial or epicardial surfaces of the heart delivered from a microwave source that is approved by the FDA. The procedure will be performed in the surgical suite.

QUALIFICATION

Physicians applying for Intraoperative Microwave Ablation for Atrial Arrhythmias privileges should have knowledge of the surgical anatomy, indications and contraindications for Intraoperative Microwave Ablation of Atrial Arrhythmias, risks versus benefits, and be able to recognize complications.

Physicians:

- Must be members of the professional staff of Ingham Regional Medical Center and a member of the Cardiovascular Discipline; and
- Must have privileges to perform cardiac surgery as set forth by the Department of Surgery, Cardiovascular Thoracic Discipline Credentialing Policy; and
- Must have completed a cardiovascular surgery residency that included performance of Intraoperative Microwave Ablation for Atrial Arrhythmias, or
- Must have completed a course that provides instruction on the performance of Intraoperative Microwave Ablation for Atrial Arrhythmias and will furnish a valid certificate of completion of such a course; and
- Will perform a minimum of three (3) Intraoperative Microwave Ablation for Atrial Arrhythmias accompanied by another surgeon with privileges to perform Intraoperative Microwave Ablation for Atrial Arrhythmias.

Physicians will assist the staff of the Surgery Department in understanding the procedure and assure that the staff is appropriately instructed so as to successfully and safely provide the service to patients.

The physician will submit a request to the Department of Surgery for privileges accompanied by documentation and, if approved, the Department will forward the request to the Credentials Committee for review and recommendations.

Approved: Credentials Committee 4/11/02; Department of Surgery 5/13/02