



**Delineation of Privileges
Department of Surgery
UROLOGY**

Name: _____

MINIMUM QUALIFICATIONS FOR PRIVILEGES:		
<ul style="list-style-type: none"> Practitioners must be duly licensed to practice in the State of Florida and hold a valid DEA certificate. Successful completion of an ACGME or AOA-accredited residency/fellowship in urology. Current certification or active participation in the examination process leading to certification in Urology by the American Board of Urology or the American Osteopathic Board of Surgery. 		
CATEGORY I: CORE PRIVILEGES		
Core Privileges <i>include (continued):</i>	Requested	Approved
Admission, diagnosis and therapy, writing orders / progress notes, request and provide consultation, for urological patients.		
<u>Penis</u>		
<ol style="list-style-type: none"> 1. Circumcision/dorsal slit 2. Excision or biopsy of penile lesion 3. Partial or total penectomy 4. Repair penile injury 5. Insertion of penile prostheses 6. Surgery for Peyronie's disease (patch graft, plaque excision, Nesbitt tuck) 		
<u>Urethra</u>		
<ol style="list-style-type: none"> 1. Biopsy/excision of urethral lesion 2. Meatotomy 3. Repair of fistula 4. Urethral diverticulectomy 5. Urethroplasty 6. Hypospadias repair 7. Repair of urethra injury 8. Artificial sphincter placement 9. Perineal urethrostomy 10. Incision of urethral valves 		
<u>Prostate</u>		
<ol style="list-style-type: none"> 1. Needle biopsy 2. Open prostatectomy (simple or radical) 3. Incision and drainage of prostate abscess 		
<u>Bladder</u>		
<ol style="list-style-type: none"> 1. Augmentation 2. Cystostomy 3. Cystectomy 4. Ileal conduit urinary diversion 5. Cystocele repair 6. Repair of bladder injury 7. Excision of bladder fistula 8. Bladder neck suspension (abdominal or vaginal) 9. Open cystolithotomy 10. Neobladder formation 		

Name: _____

Core Privileges <i>include (continued):</i>	Requested	Approved
<u>Ureter</u>		
<ol style="list-style-type: none"> 1. Ureteral excision 2. Ureteral reimplantation 3. Ureterolithotomy 4. Ureterolysis 5. Ureteroenterostomy 6. Transureterostomy 7. Ureteral substitution 		
<u>Kidney</u>		
<ol style="list-style-type: none"> 1. Repair of renal injury 2. Renal biopsy (open vs. needle) 3. Incision and drainage of renal abscess 4. Pyelolithotomy/nephrolithotomy 5. Excision of renal mass/partial nephrectomy 6. Open pyeloplasty 7. Nephrolithiasis (radical vs. simple) 		
<u>Adrenal</u>		
<ol style="list-style-type: none"> 1. Adrenalectomy 2. Excision of adrenal lesion 		
<u>Scrotum and scrotal contents</u>		
<ol style="list-style-type: none"> 1. Excision of scrotal lesion 2. Incision and drainage of scrotal abscess 3. Hydrocelectomy 4. Orchiectomy (simple vs. radical) 5. Vasectomy 6. Epididymidectomy 7. Microscopic hematuria vasovasostomy/epididymovasostomy 8. Reduction (torsion) of testicle 9. Excision of lesion of the testis or spermatic cord 10. Repair of testicular / scrotal injury 11. Orchiopexy 12. Testicular biopsy 13. Insertion of testicular prosthesis 		
<u>Lymphatic</u>		
<ol style="list-style-type: none"> 1. Retroperitoneal lymph node dissection 2. Pelvic lymph node dissection 3. Biopsy of retroperitoneal tumor 4. Inguinal lymph node dissection (deep vs. superficial) 5. Marsupialization of lymphocele 		
<u>Abdomen</u>		
<ol style="list-style-type: none"> 1. Closure of evisceration 2. Repair of incision or stomal hernia 3. Exploratory laparotomy 		

Name: _____

	Requested	Approved
Core Privileges <i>include (continued):</i>		

Endoscopic Procedures

1. Cystoscopy/urethroscopy (flexible vs. rigid)
2. Ureteroscopy/pyeloscopy (flexible vs. rigid)
3. Percutaneous nephrolithotomy
4. Placement of percutaneous nephrostomy tube
5. Retrograde pyelogram
6. Ureteral stone basket manipulation
7. Endopyelotomy/endoureterotomy
8. Placement of ureteral catheter stent
9. Transurethral resection of bladder tumor
10. Transurethral resection of prostate
11. Direct vision internal urethrotomy
12. Urethral dilation
13. Ureteral dilation
14. Lithotripsy (mechanical, laser, extracorporeal & electrohydraulic)
15. Bladder neck incision
16. Laser prostatectomy

CATEGORY II: SPECIAL PROCEDURES

Special privileges which require additional documentation of training/proficiency and must be attached to this request.	Requested	Approved
1. Urethra Periurethral collagen injection		
2. Prostate Prostate brachytherapy		
3. Endoscopic privileges Transurethral microwave thermotherapy of the prostate		
4. Laparoscopy Privileges Urologic laparoscopy Prostatectomy		
5. Prostate Cryotherapy		
6.		

CATEGORY III: LASER PRIVILEGES

1. CO2 Laser		
2. Argon Laser		
3. Holmium laser		
4.		

I hereby certify that I possess the training, skill, experience, and current competency for the clinical privileges I have requested and pledge to practice within the limitations and scope of these privileges. Category II and III privileges cannot be requested or approved without requesting and approving Category I Core privileges.

Physician Signature

Date

APPROVAL:

Chief of Surgery

Date