

Privileges for: Urology

Request

MEC Approval: August 27, 2009

Board Approval: September 14, 2009, Revised September 13, 2010

DEPARTMENT APPROVAL

Approved Disapproved

Department/Section Chair Signature Date

MINIMUM REQUIREMENTS

Degree required: MD or DO

Successful completion of ACGME or AOA approved residency training program in urology

Note: Members who first apply for membership after March 2, 2009 must be and remain (with a lapse of no longer than one year) board certified in urology, or become and remain (with a lapse of no longer than one year) board certified within six years of completion of their post-graduate medical training. Only those boards recognized by the American Board of Medical Specialties or the American Osteopathic Association are acceptable. This board certification requirement does not apply to applicants who on March 2, 2009 were members in good standing on the medical staff of the St. Luke Hospitals or St. Elizabeth Medical Center.

PRIVILEGES REQUESTED

Pursuant to Bylaws Section 6.1.4, practitioners may exercise the privileges requested and awarded below only at facilities where St. Elizabeth Healthcare offers those services.

I. Core Privileges: Core privileges in urology include the care, treatment or services listed immediately below. I specifically acknowledge that board certification alone does not necessarily qualify me to perform all core privileges or assure competence in all clinical areas. By signing this request, I believe that my specific training, experience and current competence qualifies me to perform each privilege that I have requested by checking in the spaces below. Please line through and initial any specific privileges within a checked privilege group that you are not requesting.

DESCRIPTION OF CORE PRIVILEGES

- Moderate Sedation (requires proof of (a) board certification in Anesthesiology, Cardiology, Intensive Care, Pulmonology or Emergency Medicine or (b) current ACLS Certification or (c) satisfactory completion of the ASA Moderate Sedation course).
Admit patients, perform histories and physicals and evaluate, diagnose, treat (surgically or medically), and provide consultation to patients of all ages presenting with medical and surgical disorders of the genitourinary system and the adrenal gland, which includes endoscopic, percutaneous, and open surgery of congenital and acquired conditions of the urinary and reproductive systems and their contiguous structures.
PENIS- Circumcision/dorsal slit, excision or biopsy of penile lesion, partial or total penectomy, repair penile injury, insertion of penile prostheses, surgery for Peyronie's disease (patch graft, plaque excision, Nesbitt tuck)
URETHRA- Biopsy/excision of urethral lesion, meatotomy, repair of fistula, urethral diverticulectomy, urethroplasty, hypospadias repair, repair of urethra injury, artificial sphincter placement, perineal urethrostomy, incision of urethral valves
PROSTATE- Needle biopsy, open prostatectomy (simple or radical), Incision and drainage of prostate abscess
BLADDER- Augmentation, cystostomy, cystectomy, Ileal conduit urinary diversion, cystocele repair, repair of bladder injury, excision of bladder fistula, bladder neck suspension (abdominal or vaginal), open cystolithotomy, neobladder formation
URETER- Ureteral excision, ureteral reimplantation, ureterolithotomy, ureteroenterostomy, transureterostomy, ureteral substitution
KIDNEY- Repair of renal injury, renal biopsy (open vs. needle), incision and drainage of renal abscess,pyelolithotomy/nephrolithotomy, excision of renal mass/partial nephrectomy, open pyeloplasty, nephrolithiasis, nephrectomy (radical vs. simple)
SCROTAL AND SCROTAL CONTENTS- Excision of scrotal lesion, incision and drainage of scrotal abscess, hydrocelectomy, orchiectomy (simple vs. radical), vasectomy, epididymidectomy, microscopic hematuria vasovasostomy/epididymovasostomy, reduction (torsion) of testicle, excision of lesion of the testis or spermatic cord, repair of testicular / scrotal injury, orchiopexy, testicular biopsy, insertion of testicular prosthesis
LYMPHATIC- Retroperitoneal lymph node dissection, pelvic lymph node dissection

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- \_\_\_\_\_ ENDOSCOPIC PROCEDURES-Cystoscopy/urethroscopy (flexible vs. rigid),ureteroscopy/pyeloscopy (flexible vs. rigid), percutaneous nephrolithotomy, placement of percutaneous nephrostomy tube,retrograde pyelogram, ureteral stone basket manipulation, endopyelotomy/endoureterotomy, placement of ureteral catheter stent, transurethral resection of bladder tumor, transurethral resection of prostate, direct vision internal urethrotomy, urethral dilation, ureteral dilation, lithotripsy (mechanical, laser, extracorporal & electrohydraulic, bladder neck incision, laser prostatectomy
- \_\_\_\_\_ ABDOMEN- Closure of evisceration, repair of incision or stomal hernia, exploratory laparotomy
- \_\_\_\_\_ Adrenal surgery
- \_\_\_\_\_ Rectocele repair
- \_\_\_\_\_ Laparoscopy

**II. Additional Privileges: In addition to the core privileges requested above, I am requesting the additional privileges below. In addition to meeting the minimum requirements for core privileges, applicants must meet all "Additional Requirements" listed for each privilege below and provide documentation (fellowship completion, training course certification, letter from program director or department chair at primary hospital, etc.) demonstrating appropriate education, training, ability and current competence. Credentialing bodies or persons may request additional documentation or information. By initialing the procedures below, I certify that I am competent to perform the procedures requested.**

**DESCRIPTION OF ADDITIONAL PRIVILEGES**

- \_\_\_\_\_ CO2  
**(ADDITIONAL REQUIREMENT: Proof of Competency)**
  - \_\_\_\_\_ KTP/YAG  
**(ADDITIONAL REQUIREMENT: Proof of Competency)**
  - \_\_\_\_\_ Holmium/YAG  
**(ADDITIONAL REQUIREMENT: Proof of Competency)**
  - \_\_\_\_\_ Evolve laser surgery
  - \_\_\_\_\_ Da Vinci robotic surgery for urology procedures  
**(ADDITIONAL REQUIREMENT: The following criteria must be met:**
- 1. Approval to perform surgical procedure at St. Elizabeth Healthcare.**
  - 2. Successful completion of an approved course on the da Vinci Surgical System.**

**OR**

**Completion of a formal residency training program, which included training on the da Vinci Surgical System. A letter of support from the program director, which includes verification of both training and competence in its use, is required.**

**PROCTORING**

**Proctoring for a minimum of two cases is required with the exception of the following:**

- 1. Physicians who have completed a formal residency training program, which included training on the da Vinci Surgical System, and who performed a minimum of two cases within the last year are not required to be proctored.**
- 2. Physicians who completed the da Vinci Surgical System course and who are privileged to utilize this surgical system at another institution are not required to be proctored as long as they have performed two cases within the last year. A letter of support from the department/section chair, which includes verification of competence in its use, is required.**

- \_\_\_\_\_ Pelvic support surgery involving more than cystocele/rectocele repair
- \_\_\_\_\_ Cryosurgery of urinary tract
- \_\_\_\_\_ Fluoroscopy

**(ADDITIONAL REQUIREMENT: Radiation Safety certification required. )**

**Applicants Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_