



**Surgical Privileges Form:
Urology**

Clinical Privileges Request

Applicant's Name:

Scope of Practice: License

No. (If Any):

Facility:

Date:

Place of Work:

Privileges	Requested (To be completed by the applicant)	Recommended (For committee use)		Not Recommended (For committee use)
		Under Supervision	Independent	

1. OPEN SURGERY

Adrenals

Adrenalectomy				
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Kidney

1. Donor nephrectomy				
2. Nephrolithotomy				
3. Pyelolithotomy				
4. Surgery for congenital anomalies of Kidneys				
5. Renal auto-transplantation				
6. Renal transplantation				
7. Reno-vascular surgery				
8. Radical nephrectomy				
9. Radical nephrectomy with excision of vena cava thrombus				
10. Radical nephroureterectomy				

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11. Nephron-sparing surgery				
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Ureter

1. Ureterolysis				
2. Transuretero-ureterostomy				
3. Replacement of ureter using a segment of ileum				
4. Bladder flap procedures				
5. Surgery for congenital anomalies of ureter				

Bladder

1. Vesicolithotomy				
2. Repair of vesicovaginal fistula				
3. partial and simple cystectomy				
4. Bladder neck reconstruction				
5. Augmentation cystoplasty				
6. Radical cystectomy				
7. Congenital anomalies of bladder				

Urinary Diversion

1. Cutaneous cystostomy				
2. Ileal conduit diversion				
3. Orthotopic neobladder				
4. Continent cutaneous diversion				
5. Cutaneous ureterostomy				

Pelvic and Retroperitoneum

1. Retroperitoneal lymphadenectomy				
2. Retroperitoneal tumor Excision				
3. Pelvic lymph node dissection				
4. Pelvic exenteration				

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Prostate

1. Radical retropubic prostatectomy				
2. Radical perineal prostatectomy				

Urethra

1. Anterior urethroplasty				
2. Posterior urethroplasty				
3. Urethrectomy				
4. Repair of urethral fistula				
5. Female urethral Diverticulectomy				
6. Implementation of artificial genitourinary sphincter				

Penis

1. Hypospadias surgery				
2. Procedures for penile curvatures				
3. Procedures for Peyronie's disease				
4. Implantation of penile prosthesis				
5. Bypass procedures for priapism				
6. Microvascular arterial bypass for treatment of erectile dysfunction				
7. Partial or total Penectomy (with inguinal lymphadenectomy)				
8. Penile augmentation and phalloplasty				
9. Replacement of penile prosthesis				

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Testicle and scrotum

1. MESA,PESA,TESE				
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Miscellaneous

1. Microscopic Varicocelectomy				
2. Varicocelectomy				
3. Inguinal hernia repair with varicocelectomy				
4. Seminal vesiculectomy				
5. Vaso-vasostomy & vasoepididymostomy				

2. FEMALE UROLOGY

1. Periurethral injection in the treatment of incontinence				
2. Suspension procedures for incontinence(i.e. Burch)				
3. Paravaginal facial repair for incontinence				
4. Sling procedures for stress incontinence				
5. Repair of cystocele, rectocele, vaginal prolapse				
6. Implantation of artificial urinary sphincter for incontinence in female				

3. LAPAROSCOPIC SURGERY

1. Lap. Adrenalectomy				
2. Lap. Nephrectomy				
3. Lap. Partial nephrectomy				
4. Lap. Pyeloplasty				
5. Lap. Pyelolithotomy				
6. Lap. Donor nephrectomy				
7. Lap. Renal cyst excision				
8. Lap. Ureterolithotomy				
9. Lap. Nephroureterectomy				

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10. Lap. Retroperitoneal lymph node dissection				
11. Lap. Pelvic lymph node dissection				
12. Lap. Radical prostatectomy				
13. Lap. Exploration of undescended testis				
14. Lap. Varicocelectomy				
15. Lap. Surgery for stress incontinence				

4. ROBOTIC SURGERY

1. Robotic Adrenalectomy				
2. Robotic Nephrectomy				
3. Robotic Partial nephrectomy				
4. Robotic Pyeloplasty				
5. Robotic Pyelolithotomy				
6. Robotic Donor nephrectomy				
7. Robotic Renal cyst excision				
8. Robotic Ureterolithotomy				
9. Robotic Nephroureterectomy				
10. Robotic Retroperitoneal lymph node dissection				
11. Robotic Radical prostatectomy				
12. Robotic Exploration for undescended testis				
13. Robotic Varicocelectomy				
14. Robotic Surgery for stress incontinence				

5. ENDOSCOPIC PROCEDURES

1. Minimal invasive prostate surgery				
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6. SPECIAL UROLOGIC PROCEDURES

1. Urodynamic study				
2. Prostate biopsies (US-Guided)				

Additional Privileges (not included above)

1.				
2.				
3.				
4.				
5.				
6.				

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Notes:

- If additional privilege(s) are desired, please indicate this in the space provided above.
- You must submit along with this application all necessary document(s) to support your request. Documentation is incomplete, your request will not be accepted.

By signing below, I acknowledge that I have read, understand, and agree to abide by QCHP standards for privileging. I have requested only those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and wish to exercise, and I understand that:

a In exercising any clinical privileges granted, I am constrained by QCHP's policies and rules applicable generally and any applicable to the particular situation.

b Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the recognized policies and rules.

.....
Applicant's signature (Stamp if any)

.....
Date

.....
1. Medical Director (of the facility the applicant will perform surgeries in) Stamp & Signature

.....
Date

Name of Applicant: -----



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For Committee use only

Evaluation Committee Chairman:

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and I have made the above-noted recommendation(s).

.....
Chairperson's Stamp & signature

.....
Date

Other Committee Members:

.....

.....

1) Name

Date

.....

.....

2) Name

Date

Name of Applicant: -----



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