



## Surgical Privileges Form: Urology (Core Privileges)

## Clinical Privileges Request

Applicant's Name: ..... Scope of Practice: .....

License No. (If Any): ..... Facility: .....

Date: .....

### Category I: General Procedures

Privileges	Requested (To be completed by the applicant)	Recommended (For committee use)		Not Recommended (For committee use)
		Under Supervision	Independent	
<b>Kidney</b>				
1- Simple nephrectomy				
2- Surgery for renal cysts and abscesses				
3- Pyeloplasty				
4- Management of renal injuries				
5- Nephrostomy & renal biopsy (Open)				
6- Nephropexy				
<b>Ureter</b>				
1- Ureterolithotomy				
2- Excision of ureteric segment and end to end anastomosis				
3- Ureteric reimplantation				



4- Ureterocalycostomy				
5- Extended psoas hitch				
<b>Bladder</b>				
1- Repair of traumatic bladder injuries				
2- Diverticulectomy				
<b>Prostate</b>				
1- Simple retropubic prostatectomy				
2- Transvesical prostatectomy				
<b>Penis</b>				
1- Circumcision				
2- Meatotomy				
3- Meatoplasty				
<b>Testicle and scrotum</b>				
1- Testicular biopsy				
2- Operations for hydrocele				
3- Orchidopexy				
4- Radical orchidectomy				
5- Orchidectomy				
6- Epididymectomy				
7- Excision of spermatocele				
8- Excision of epididymal cyst				
9- Vasectomy				
10- Surgery for scrotal skin infection				



## Category II: Endoscopic Procedures

Privileges	Requested (To be completed by the applicant)	Recommended (For committee use)		Not Recommended (For committee use)
		Under Supervision	Independent	
1. Urethroscopy				
2. Urethral dilatation				
3. Optical urethrotomy				
4. Cystoscopy				
5. Bladder biopsy				
6. TUR-BT				
7. TUR-P				
8. Ureterorenoscopy				
9. Ureterotomy				
10. Endopyelotomy				
11. Percutaneous nephrolithotomy				
12. Use of laser in endoscopic procedures				

## Category II: Special Urologic Procedures

Privileges	Requested (To be completed by the applicant)	Recommended (For committee use)		Not Recommended (For committee use)
		Under Supervision	Independent	
1- Percutaneous suprapubic catheter insertion				
2- ESWL				
3- Insertion of nephrostomy tubes				
4- Ultrasound of the urinary tract				

**Note:** You must submit along with this application all necessary document(s) to support your request. If 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:

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



**QCHP**  
المجلس القطري للتخصصات الصحية  
Qatar Council for Healthcare Practitioners  
التسجيل والترخيص  
Registration & Licensing



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

.....  
Date

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

.....  
Date

### **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