ADVANCED SURGICAL PRIVILEGES FORM / UROLOGY

Applicant's Name: .....

License No. (If Any): ..... Date: D D M M Y Y Y Y

CATEGORY I: OPEN SURGERY

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
A. Adrenals					
1. Adrenalectomy	☐		☐	☐	

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
B. Kidney					
1. Donor nephrectomy	☐		☐	☐	
2. Surgery for congenital anomalies of Kidneys	☐		☐	☐	
3. Renal auto-transplantation	☐		☐	☐	
4. Renal transplantation	☐		☐	☐	
5. Reno-vascular surgery	☐		☐	☐	
6. Radical nephrectomy	☐		☐	☐	
7. Radical nephrectomy with excision of vena cava thrombus	☐		☐	☐	
8. Radical nephroureterectomy	☐		☐	☐	
9. Nephron-sparing surgery	☐		☐	☐	
10. Pyeloplasty	☐		☐	☐	

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Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
C. Ureter					
1. Transuretero-ureterostomy	☐		☐	☐	
2. Replacement of ureter using a segment of ileum	☐		☐	☐	
3. Bladder flap procedures	☐		☐	☐	
4. Surgery for congenital anomalies of ureter	☐		☐	☐	
5. Ureterocalycostomy	☐		☐	☐	

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
D. Bladder					
1. Repair of vesicovaginal fistula	☐		☐	☐	
2. Partial and simple cystectomy	☐		☐	☐	
3. Bladder neck reconstruction	☐		☐	☐	
4. Augmentation cystoplasty	☐		☐	☐	
5. Radical cystectomy	☐		☐	☐	
6. Congenital anomalies of bladder	☐		☐	☐	
7. Diverticulectomy	☐		☐	☐	

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
E. Urinary Diversion					
1. Ileal conduit diversion	☐		☐	☐	
2. Orthotopic neobladder	☐		☐	☐	
3. Continent cutaneous diversion	☐		☐	☐	
4. Cutaneous ureterostomy	☐		☐	☐	

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Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
F. Pelvic and Retroperitoneum					
1. Retroperitoneal lymphadenectomy	☐		☐	☐	
2. Retroperitoneal lesion excision	☐		☐	☐	
3. Pelvic lymph node dissection	☐		☐	☐	
4. Pelvic exenteration	☐		☐	☐	

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
G. Prostate					
1. Radical retropubic prostatectomy	☐		☐	☐	
2. Radical perineal prostatectomy	☐		☐	☐	
3. Simple retropubic prostatectomy	☐		☐	☐	
4. Transvesical prostatectomy	☐		☐	☐	

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
H. Urethra					
1. Anterior urethroplasty	☐		☐	☐	
2. Posterior urethroplasty	☐		☐	☐	
3. Urethrectomy	☐		☐	☐	
4. Repair of urethral fistula	☐		☐	☐	
5. Female urethral diverticulectomy	☐		☐	☐	
6. Implementation of artificial genitourinary sphincter	☐		☐	☐	

ADVANCED SURGICAL PRIVILEGES FORM / UROLOGY

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
I. 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	☐		☐	☐	

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
J. Testicle and Scrotum					
1. MESA, PESA, TESE	☐		☐	☐	

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
K. Miscellaneous					
1. Seminal vesiculectomy	☐		☐	☐	
2. Vaso-vasostomy & vasoepididymostomy	☐		☐	☐	

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CATEGORY II: FEMALE UROLOGY

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
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	☐		☐	☐	

CATEGORY III: LAPAROSCOPIC SURGERY

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Laparoscopic adrenalectomy	☐		☐	☐	
2. Laparoscopic nephrectomy	☐		☐	☐	
3. Laparoscopic partial nephrectomy	☐		☐	☐	
4. Laparoscopic pyeloplasty	☐		☐	☐	
5. Laparoscopic pyelolithotomy	☐		☐	☐	
6. Laparoscopic donor nephrectomy	☐		☐	☐	
7. Laparoscopic renal cyst excision	☐		☐	☐	
8. Laparoscopic ureterolithotomy	☐		☐	☐	
9. Laparoscopic nephroureterectomy	☐		☐	☐	
10. Laparoscopic retroperitoneal lymph node dissection	☐		☐	☐	
11. Laparoscopic pelvic lymph node dissection	☐		☐	☐	
12. Laparoscopic radical prostatectomy	☐		☐	☐	
13. Laparoscopic exploration of undescended testis	☐		☐	☐	

ADVANCED SURGICAL PRIVILEGES FORM / UROLOGY

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
14. Laparoscopic varicocelectomy	☐		☐	☐	
15. Laparoscopic surgery for stress incontinence	☐		☐	☐	

CATEGORY IV: ROBOTIC SURGERY

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
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	☐		☐	☐	

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CATEGORY V: ENDOSCOPIC PROCEDURE

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Minimal invasive prostate surgery					
a. Ureterorenoscopy	☐		☐	☐	
b. Endopyelotomy	☐		☐	☐	
c. Laser Enucleation	☐		☐	☐	
d. Rezum Procedure	☐		☐	☐	
e. UroLift	☐		☐	☐	
f. Prosthetic stent	☐		☐	☐	

CATEGORY VI: SPECIAL UROLOGIC PROCEDURES

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Prostate biopsies (US-Guided)	☐		☐	☐	

ADDITIONAL PRIVILEGE (NOT INCLUDED ABOVE)

Privileges	For applicant use		For committee use				
	Request	Signature	Recommended			Not Recommended	Reason for rejection (if any)
			Facility type				
			Hospital	Day care	Clinic under LA		

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

Applicant's signature ..... Date: D D M M Y Y Y Y

ADVANCED SURGICAL PRIVILEGES FORM / UROLOGY

FOR COMMITTEE USE ONLY

Committee Decision:

Evaluation type:

- By Interview ☐ virtual / personal
- By documents only ☐
- Or both ☐

Other comments:

.....

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

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Name, Signature & Stamp

Date: DD MM YYYY

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