



Surgical Privileges Form: Urology

Clinical privilege request

(Advanced Privileges/for Specialty Only)

Applicant's Name:

Scope of Practice:

License No. (If Any):

Facility:

Date:

Instructions

For applicant:

1. Please note that you should sign next to each requested privilege.
2. Please use this sign (v) for the requested privilege.
3. Please leave any procedures you do not want to apply for blank and do not use (X) sign.
4. Please do not write additional privilege out of your scope of practice, as it will not be accepted.
5. Please do not write anything in the "for committee Use "section.
6. For additional privilege, do not choose the already granted privilege.
7. Please attach the previous approval of surgical privilege when you apply for additional privilege.
8. Please note that you can apply for Appeal within one month of the date of Issuance of the Privilege.
9. You can only apply Once for Appeal per a single Privilege Application.

For committee:

1. Please note that the final decision must be signed by minimum 2 committee members.
2. Please use this sign (v) for recommended and not-recommended privilege.
3. Please note that granting privileges under supervision is not permitted. Please do not write "under supervision" note next to any privilege.
4. Please specify the reasons for rejection (if applicable); for example (require experience, logbook is insufficient, need additional courses, etc.)



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1. OPEN SURGERY

Adrenals

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

Kidney

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
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					
11. Nephron-sparing surgery					



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Ureter

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

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



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Urinary Diversion

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

Pelvic and Retroperitoneum

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Retroperitoneal lymphadenectomy					
2. Retroperitoneal tumor Excision					
3. Pelvic lymph node dissection					
4. Pelvic exenteration					



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Prostate

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Radical retropubic prostatectomy					
2. Radical perineal prostatectomy					

Urethra

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



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Penis

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Hypospadias surgery					
2. Procedures for penile curvatures					
3. Procedures for pyronie`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 phallo-plast					
9. Replacement of penile prosthesis					

Testicle and scrotum

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



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Miscellaneous

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Microscopic Varicocelectomy					
2. Varicocelectomy					
3. Inguinal hernia repair with varicocelectomy					
4. Seminal vesiculectomy					
5. Vaso-vasostomy & vasoepididymostomy					

2. 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					



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3. LAPAROSCOPIC SURGERY

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



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4. 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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5. ENDOSCOPIC PROCEDURES

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Minimal invasive prostate surgery					

6. SPECIAL UROLOGIC PROCEDURES

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

7. Additional Privileges (not included above)

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



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Committee Decision:

Evaluation type:

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

Other comments:

.....

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