



**Urology Privileges
Department of Surgery**

Name: _____
(Please print)

- _____ Initial privileges (initial appointment)
- _____ Renewal of privileges (*reappointment, on 2 year specialty cycles*)
- _____ Modification of privileges (*request for any additional privileges beyond those previously granted*)

Basic Education: MD or DO

Minimal formal training: To be eligible to apply for privileges in urology, the applicant must demonstrate successful completion of an ACGME or AOA accredited residency in urology and current certification or active participation in the examination process (with achievement of certification within 5 years of training completion leading to certification in urology by the ABU or in urological surgery by the AOBS).

Required current experience: At least 50 urological procedures, reflective of the scope of privileges requested, during the past 12 months or successful completion of an ACGME or AOA accredited residency or clinical fellowship within the past 12 months.

Required: Current proof of Basic Life Support (BLS) training.

Facility (Check ALL that are applicable to your request)				
Baroness*	Children's**	North	East	Bledsoe/Sequatchie

* Includes BEH Main Hospital, Miller Eye Center, Plaza Surgery and all Erlanger Ambulatory Clinics

**Includes Children's Hospital Inpatient, Children's Ambulatory clinics, Children's OR and Kennedy Children's Outpatient Center

Core Urology Privileges:

Core privileges for urology include the ability to admit, evaluate, diagnose, and treat inpatients and outpatients, and provide consultation to patients of **all ages** presenting with medical and surgical disorders of the genitourinary system and the adrenal glands, including endoscopic, percutaneous, and open surgery of congenital and acquired conditions of the urinary and reproductive systems and their contiguous structures. Physicians may provide care to patients in the intensive care setting in conformance with unit policies, and are able to assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff regulations regarding emergency and consultative call services. The core privileges in this specialty include the following procedures list and such other procedures that are extensions of the same techniques and skills.

General urology

- A. Performance of history and physical exam
- B. Anterior pelvic exenteration
- C. Appendectomy as a component of a urologic procedure
- D. Bowel resection as a component of a urologic procedure
- E. Closure evisceration
- F. Continent reservoirs
- G. Enterostomy as a component of a urologic procedure
- H. Inguinal herniorrhaphy not requiring mesh placement as related to a urologic operation
- I. Intestinal conduit
- J. Management of congenital anomalies of the genitourinary tract (presenting in adults), including epispadias and hypospadias
- K. Microscopic surgery (epididymovasostomy and vasovasostomy)
- L. Open stone surgery on kidney, ureter, and bladder
- M. Percutaneous aspiration or tube insertion
- N. Performance and evaluation of urodynamic studies
- O. Surgery of the lymphatic system, including lymph node dissection (inguinal, retroperitoneal, or pelvic), excision of retroperitoneal cyst or tumor, and exploration of retroperitoneum
- P. Surgery of the testicle, scrotum, epididymis, and vas deferens, including biopsy; excision and reduction of testicular torsion; orchiopexy; orchiectomy; epididymectomy; vasectomy; vasovasostomy; and repair of injury
- Q. Surgery upon the adrenal gland, including adrenalectomy and excision of adrenal lesion
- R. Surgery upon the kidney, including total or partial nephrectomy, including radical transthoracic approach; renal surgery through established nephrostomy or pyelostomy; and open renal biopsy
- S. Surgery upon the penis, including circumcision; penis repair for benign or malignant disease; grafting, excision, or biopsy of penile lesion; and insertion, repair, and removal of penile prosthesis
- T. Surgery of the ureter and renal pelvis, including uterolysis, insertion/removal of ureteral stent, and ureterocele repair (open or endoscopic)
- U. Surgery of the urethra, including treatment of urethral valves (open and endoscopic), urethral fistula repair (all forms, including grafting), urethral suspension procedures (including grafting, all material types), visual urethrotomy, sphincter prosthesis, and periurethral injections (e.g., collagen)
- V. Surgery of the urinary bladder for benign or malignant disease (including partial and complete resection), diverticulectomy and reconstruction, bladder instillation treatments, cystolithotomy, total or simple cystectomy, creation of neobladders, and repair of bladder injury and bladder neck suspension

- W. Surgery of the prostate, including transrectal ultrasound-guided and other biopsy techniques, all forms of prostate ablation, and all forms of prostatectomy
- X. Ventral/flank herniorrhaphy not requiring mesh placement as related to urologic operation

Endourology/stone disease

- A. Extracorporeal Shockwave Lithotripsy

Endoscopic surgery

- A. Cystoscopy
- B. Laparoscopic surgery for disease of the urinary tract
- C. Laparotomy for diagnostic or exploratory purposes (urologic-related conditions)
- D. Percutaneous nephrolithotripsy
- E. Transurethral surgery, including resection of prostate and bladder tumors
- F. Transvesical ureterolithotomy
- G. Ureteroscopy, including treatment of all benign and malignant processes
- H. Urethroscopy, including treatment of all benign and malignant processes

Reconstructive surgery

- A. Plastic and reconstructive procedures on the ureter, bladder, urethra, genitalia, and kidney
- B. Reconstructive procedures on external male genitalia requiring prosthetic implants or foreign materials
- C. Other plastic and reconstructive procedures on external genitalia
- D. Obtain buccal graft / skin graft

Pediatric Urology

Core privileges for pediatric urology include the ability to admit, evaluate, diagnose, and treat inpatients and outpatients, and provide consultation to patients from birth to 18 years old presenting with medical and surgical disorders of the genitourinary system and the adrenal glands. This includes endoscopic, percutaneous, and open surgery of congenital and acquired conditions of the urinary and reproductive systems and their contiguous structures. Physicians may provide care to patients in the intensive care setting in conformance with unit policies, and are able to assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff regulations regarding emergency and consultative call services. The core privileges in this specialty include the following procedures list and such other procedures that are extensions of the same techniques and skills.

Basic Education: MD or DO

Minimal formal training: To be eligible to apply for privileges in pediatric urology, the applicant must demonstrate successful completion of an ACGME or AOA accredited residency in urology or surgery and current certification or active participation in the examination process (with achievement of certification within 5 years of training completion leading to certification in urology by the ABU or in urological surgery by the AOBS). Board Certification in pediatric urology is required within 5 years of acquiring board certification in General Urology.

A fellowship in pediatric urology of a minimum of 1 year in the US or other country in which pediatric urology fellowships are accredited. If candidate predates fellowship requirements, then a membership in the American Academy of Pediatrics section of urology is acceptable or proof that their practice is 75% pediatric urology.

Required current experience: At least 50 urological procedures, reflective of the scope of privileges requested, during the past 12 months or successful completion of an ACGME or AOA accredited residency or clinical fellowship within the past 12 months.

Required: Current proof of Basic Life Support (BLS) training.

Facility (Check ALL that are applicable to your request)				
Baroness*	Children's**	North	East	Bledsoe/Sequatchie

* Includes BEH Main Hospital, Miller Eye Center, Plaza Surgery and all Erlanger Ambulatory Clinics

**Includes Children's Hospital Inpatient, Children's Ambulatory clinics, Children's OR and Kennedy Children's Outpatient Center

General pediatric urology

- A. Appendectomy as a component of a urologic procedure
- B. Bowel resection as a component of a urologic procedure
- C. Closure of evisceration of bowel or omentum
- D. closure of bladder exstrophy

- E. Continent reservoirs
- F. Enterostomy as a component of a urologic procedure
- G. Pediatric herniorrhaphy and hydrocelectomy
- H. Intestinal conduit
- I. Laparotomy for diagnostic or exploratory purposes (urologic-related conditions)
- J. Management of congenital anomalies of the genitalia tract, including epispadias and hypospadias, clitoromegaly, vaginal anomalies
- K. Obtain buccal graft / skin graft
- L. Open stone surgery on kidney, ureter, and bladder
- M. Performance and evaluation of urodynamic studies
- N. Performance of history and physical exam
- O. Surgery of the lymphatic system, including lymph node dissection (inguinal, retroperitoneal, or pelvic), excision of retroperitoneal cyst or tumor, and exploration of retroperitoneum
- P. Surgery of the prostate, including transrectal ultrasound-guided and other biopsy techniques,
- Q. Surgery of the testicle, scrotum, epididymis, and vas deferens, including biopsy; excision and reduction of testicular torsion; orchiopexy; orchiectomy; epididymectomy; vasectomy; and repair of injury
- R. Surgery of the ureter and renal pelvis, including ureterolysis, insertion/removal of ureteral stent, and ureterocele repair (open or endoscopic), ureteral reimplantation, tapering of the ureters, pyeloplasty, ureterocalycostomy and uretero-ureterostomy
- S. Surgery of the urethra, including treatment of urethral valves (open and endoscopic), urethral fistula repair (all forms, including grafting), urethral suspension procedures (including grafting, all material types), visual urethrotomy, sphincter prosthesis, and periurethral injections (e.g., Deflux or silicone microparticles)
- T. Surgery of the urinary bladder for benign or malignant disease (including partial and complete resection), diverticulectomy and reconstruction, bladder instillation treatments, cystolithotomy, total or simple cystectomy, creation of neobladders, and repair of bladder injury and bladder neck suspension
- U. Surgery upon the adrenal gland, including adrenalectomy and excision of adrenal lesion
- V. Surgery upon the kidney, including total or partial nephrectomy, including radical transthoracic approach; renal surgery through established nephrostomy or pyelostomy; and open renal biopsy
- W. Surgery upon the penis, including circumcision; penis repair for benign or malignant disease; grafting, excision, or biopsy of penile lesion, chordee correction, hypospadias and epispadias repair
- X. Ventral/flank herniorrhaphy not requiring mesh as related to urologic operation

Endourology/stone disease

- A. Extracorporeal shockwave lithotripsy
- B. Percutaneous aspiration or tube insertion into the kidney (antegrade or retrograde)

Endoscopic surgery

- A. Cystoscopy
- B. Percutaneous nephrolithotripsy
- C. Transurethral surgery, including resection of prostate and bladder tumors
- D. Transvesical ureterolithotomy
- E. Ureteroscopy, including treatment of all benign and malignant processes
- F. Urethroscopy, including treatment of all benign and malignant processes

Laparoscopic surgery for diseases of the genitourinary tract

- A. Nephrectomy
- B. Pyeloplasty
- C. Diverticulectomy
- D. Reimplant of the ureters
- E. Ureterolysis
- F. Excision of urachal diverticula, cysts
- G. Excision of Mullerian remnants
- H. Ovarian cystectomy
- I. Oophorectomy
- J. Orchidopexy
- K. varicocelectomy

Special Non-Core Privileges in Urology:

If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the criteria governing the exercise of the privilege requested, including training, required previous experience, and maintenance of clinical competence.

Noncore privileges include:

<i>Procedure</i>	<i>Baroness</i>	<i>Children's</i>	<i>North</i>	<i>East</i>	<i>Bledsoe/Sequatchie</i>
Use of laser					
Radioactive seed implantation for prostate cancer (in collaboration with a radiation oncologist)					
Sacral nerve stimulation for urinary control					
Transurethral microwave thermotherapy for benign prostatic hyperplasia					

Use of robotic-assisted systems for urological procedures (prostatectomy, cystectomy, pyeloplasty, nephrectomy, pelvic lymph node dissection, ureteral reimplantation and resection of bladder neoplasm)					
Administration of Moderate sedation and analgesia (see below for criteria).					
Hysterectomy: Total or subtotal, transvaginal and robotic assisted for pediatric urology conditions.					

Request for Privilege Not Listed in Core or Special Non-Core *(please list the privilege and provide justification as well as any accompanying certifications or case logs)*

Special Procedures Privileges Criteria - Moderate Sedation

CRITERIA – To administer Moderate Sedation

- A. Basic education: MD, DO, DDS, or DMD
- B. Successful completion of a post-graduate residency training program of at least three years’ duration.
- C. Trained in the professional standards and techniques to administer pharmacologic agents to predictably achieve either minimal or moderate sedation and monitor patients carefully in order to maintain them at either of these levels of sedation—either intentionally or unintentionally. Acceptable training may be the completion of a course offered by any local hospital or the local Medical Society. Documentation of completion is required.
- D. Must be able to evaluate and document evaluation of the patient prior to performing minimal or moderate sedation.
- E. Must be qualified to rescue patients from *deep* sedation and trained to manage a compromised airway and to provide adequate oxygenation and ventilation.
- F. Current proof of ACLS, PALS, or ATLS
- G. Able to demonstrate that he/she has administered minimal or moderate sedation or analgesia to at a minimum of five (5) patients during the past 12 months.

NOTE: Deep Sedation is limited to Anesthesia/CRNAs, Critical Care, and Emergency Medicine and full Anesthesia is limited to Anesthesiologists and CRNAs and is outlined in their delineation of privileges.

Department Chief Recommendation:

I have reviewed the requested clinical privileges and supportive documentation for the above named applicant.

Recommended as Requested

Recommended with Modifications (See comments below)

Not Recommended (See comments below)

Chief Comments: _____

Provider Signature

Date

Chief Signature

Date

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