

## UROLOGY

### DELINEATION OF PRIVILEGES

I, \_\_\_\_\_, hereby request privileges in the specialty of UROLOGY as indicated. I understand that privileges requested may differ from those approved. I further understand that this request does not preclude me from requesting additional privileges in the future.

Please indicate by a check in the requested column those privileges which are commensurate with your clinical ability, training and experience for which you are applying.

PRIVILEGES	FACILITY	
	Requested	A= Approved NA= Not Approved AP= Approved w/proctoring
• Evaluation and diagnosis of medical conditions to determine need for surgical intervention with regard to appropriate consultation when prudence and good medical care so require.		
• Circumcision		
• Cystourethroscopy		
• Cystourethroscopy with retrograde x-ray		
• Excision penile lesion		
• Hernia repair associated with cord or testicular surgery		
• Laser lithotripsy		
• Ureteroscopy diagnostic		
• Ureteroscopy with removal of stone & laser lithotripsy		
• Laser removal of superficial genital lesions		
• Laser prostatectomy PVP (photo vaporization prostate) or indigo		
• Removal residual kidney stones via existing nephrostomy tract with or without laser lithotripsy.		
• Transurethral microwave therapy		
• Electro hydraulic lithotripsy		
• Meatotomy		
• Laproscopic Variocele		
• Meatoplasty		
• Repair hypospadias		
• Cystolithotomy		
• Inguinal hernia repair when incidental to orchiopexy		
• Reconstructive surgery of urinary & genital tract		
• Repair & plastic operation on penis		
• Surgery of testicle, epididymis, vas deferens		
• Lithotripsy Procedure		
• Ultrasound Bx-Prostate		
• Cystotomy for exc bladder divert (s/p)		
• Cystourethroscopy with urethrotomy female		
• Cystourethroscopy rem f.b. or stents (s/p)		
• Cystourethroscopy with dilation of urethra		
• Cystourethroscopy with biopsy		
• Cystourethroscopy with removal of foreign body		
• Cystourethroscopy (separate procedure)		
• Cystourethroscopy with fulguration		
• Cystourethroscopy with urethrotomy male		
• Exc of penile plaque (Nesbitt procedure)		

# Presidio Surgery Center

A California Pacific Medical Center Affiliate

• Insertion of penile prosthesis		
• Transurethral resection bladder neck (s/p)		
• Transperineal needle localization		
• Operate & Interpret Fluoroscopy (certificate required)		
• Local Anesthesia		
• Topical Anesthesia		

Do you anticipate administering your own conscious sedation? \_\_\_Yes \_\_\_No

Your initials as used in Medical Records \_\_\_\_\_

Your signature as used in Medical Records \_\_\_\_\_

\_\_\_\_\_  
Physician

\_\_\_\_\_  
Date

<b>Approval:</b>	
Comments: _____	
_____	
_____	
_____	
_____ Specialty Rep/Medical Director	_____ Date

Revised: Approved GB 8/05; revised 1/10