

**TEXAS SPINE & JOINT HOSPITAL AND OUTPATIENT SURGERY SERVICES
UROLOGY CLINICAL PRIVILEGES**

NAME: _____

- Initial appointment
- Reappointment

All new applicants must meet the following requirements as approved by the governing body.

Applicant: Check off the “Requested” box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

To be eligible to apply for core privileges in urology the initial applicant must meet the following criteria: Successful completion of an ACGME or AOA accredited residency in urology.

Required previous experience: Applicants for initial appointment must be able to demonstrate the performance of at least 50 urological procedures, reflective of the scope of privileges requested, during the last 12 months or demonstrate successful completion of an ACGME or AOA accredited residency or clinical fellowship within the past 12 months.

Reappointment requirements: To be eligible to renew core privileges in urology, the applicant must meet the following Maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience in urological procedures with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

UROLOGY SURGERY CORE PRIVILEGES

Requested Admit, evaluate, diagnose, treat and provide consultation to patients of all ages presenting with medical and surgical disorders of the genitourinary system and the adrenal gland and including endoscopic, percutaneous, and open surgery of congenital and acquired conditions of the urinary and reproductive systems and their contiguous structures. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

REQUESTED	PRIVILEGE	APPROVED	DENIED
	Endoscopic/Urinary Bladder or urethra		
	Uteteroscopy with Accociate Procedures		
	Ureteroscopy, stone manipulation by ureteroscope		
	Uretal biopsy, by Ureteroscope		
	Ureterorenoscopy		
	RENAL SURGERY		
	Removal of renal stones		
	URETHRAL SURGERY		
	Ureterolysis		
	Plastic operations of Ureter or Ureterovesical Junction		
	Removal of Ureteral Stone		
	BLADDER SURGERY		
	Repair of cystocele & other assoc. pelvic floor defects		
	Suprapubic cystotomy		
	Cystolithotomy		
	Incision and drainage of perivesical space		
	Excision of bladder tumor		
	URETHRAL SURGERY		
	Urethral dilation		
	Internal Urethrotomy, optical		
	Urethra Meatotomy		
	Incision and drainage of peri-urethral abscess		
	Excision of urethral carbuncle		
	Excision of urethral diverticulum		
	URETHRAL SURGERY CONTINUED		
	Urethroplasty		
	Vesico-urethral suspension by any method		
	PROSTATIC SURGERY		
	Biopsy of Prostate		
	Drainage of Prostatic Abscess		
	SURGERY OF PENIS		
	Partial or complete amputation and assoc. inguinal node dissection		
	Removal of skin lesions		
	Circumcision		
	Dorsal slit		
	Plastic operations of penis		
	Operations for Priapism		

REQUESTED	PRIVILEGE	APPROVED	DENIED
	SURGERY OF SCROTUM AND CONTENTS		
	Excision of scrotal lesions		
	Testis biopsy		
	Removal of testis		
	Reduction of torsion of testis		
	Orchiopexy		
	Repair of trauma		
	Incision and drainage of abscess		
	Repair of Hydrocele		
	Vasectomy		
	Repair of varicocele		
	Repair of Spermatocele		
	Vasovasostomy		
	LASER PROCEDURES		
	Bladder tumor		
	External and internal condyloma of the Genitalia		
	Laser Lithotripsy		
	OTHER		
	EWSL		
	Laparoscopy		
	Intraoperative interpretation of radiographs		

ACKNOWLEDGEMENT OF PRACTITIONER

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform.

Signature

Date