

LAKWOOD REGIONAL MEDICAL CENTER
DEPARTMENT OF SURGERY
 Specialty of Urology

APPLICANT NAME _____

PLEASE
 READ
 BEFORE
 COMPLETING

Initial Applicants: (1) Physician shall have satisfied the criteria to be a candidate for the American Board of Urology or be Certified. (2) Completion of an approved residency in Urology.

Observations/Proctoring: 3 varied, major cases must be observed by an eligible observer. One of the 3 cases observed may be observed by the applicant's associate. Whenever possible, observers must be varied as well. This is a minimum requirement and based upon the review of the cases observed, additional observations may be required.

These requirements must be met in order to be eligible for the privileges being requested.

Renewal of Privileges: Kidney procedures: 3/year; Ureter procedures 1/year; Penis/urethra 3/yr; Ureteroscopy 7/year; Bladder 4/year; Prostate 5/year. Documentation from other facilities is acceptable.

CORE PROCEDURES: Those considered to be intrinsic to the discipline and are routinely included in any hospital-based post graduate program. Core procedures may be granted in accordance with the above criteria.

Core Procedures	Requested	Granted	Denied
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Applicant is asked to line through any procedures he/she will not be performing

Admitting Attending Assisting Perform History and Physical Kidney Exploration, Incision and drainage, biopsy; Nephrostomy – excision, partial, simple, radical; Nephrolithotomy; Pyelotomy; Pyelolithotomy; Plastic repair; Pyeloplasty; Ureter Exploration; Ureterotomy; Ureteroscopy; Ureterolysis; Excision lesion; Ureterectomy; Ureterolithotomy; Ureterostomy; Plastic repair, Ureteroplasty; Ureteroneocystostomy; Ureterocutaneostomy; Ureteroilealcutaneostomy; Penis and Urethra Circumcision; Amputation; Meatotomy; Dilatation; Diverticulectomy; Tumor excision; Pyronie's; Urethrostomy; Urethrolithotomy; Plastic Repair; Urethrotomy, External, Internal; Urethroscopy; Prosthesis – Inflatable, Rigid; Inflatable Sphincter Scrotum, Testes, Epididymus Exploration; Incision and Drainage; Reduction torsion excision; Hydrocelectomy; Variocoelectomy; Spermatocelectomy; Orchiectomy; Vasectomy; Inguinal Node dissection; Repair; Orchiopexy with hernia repair	Hernia Repair Age 2 to 12 years; Adult – Inguinal Vascular Removal of tumors Bladder Exploration; Incision and Drainage; Cystotomy; Cystostomy; Excision of lesion; Cystectomy – Segmental, Simple, Radical; Removal of tumor; Cystolithotomy; Diverticulectomy; Plastic Repair; Cystoplassty of bladder neck; Augmentation of cystoplasty; anterior urethrovesicoplasty; Marshall Marchetti Procedure; Repair of injury or TURB ESWL Lithotripsy Prostate Prostatectomy – Suprapubic, Retropubic, TUR, Incision and Drainage Biopsy – Open, Perineal, Transrectal, Needle; Repair of Injury; Abdominal Ileal conduit with incidental appendectomy; Retroperitoneal per-aortic lymph node dissection; Transabdominal adrenalectomy; Nephrectomy; Small & Large Bowel anastomosis as pertains to urological procedures; Pelvic Lymph Node Dissection; Hysterectomy in conjunction with anterior exeneration; Continent urinary diversion.
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SPECIAL PROCEDURES:	Requested	Granted	Denied
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Prostate Cryotherapy for Prostate Cryoablation Therapy
(requires certificate of training & 2 cases observed)

The following require documentation of additional training (fellowship)

Ureter: Hypospadias repair	_____	_____	_____
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Hernia Repair: Pediatric (under 2 yrs.)	_____	_____	_____
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InterStim / Sacral Nerve Stimulation for Urinary Control	_____	_____	_____
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- *Training:* Documentation of successful completion of a training course in InterStim Therapy.
- *Observation:* Concurrent observation of the first 2 InterStim stimulator test and/or implant procedures.

Name _____

Bladder: Repair of extrophy _____

Moderate Sedation
(Separate Credentialing Request Required) _____

The following require documentation of additional training:

Laser Surgery (Documentation of approved course or residency training)

CO2 _____
Yag _____

LAPAROSCOPIC SURGERY: Applicant must have the privileges to perform the "open" procedure for the laparoscopic procedure being requested. Documentation of training must include an accredited CME course in laparoscopic urology including at least 4 hours of hands-on experience in animal lab. For observations, please see policy on basic and advanced laparoscopic training.

Basic:

Pelvic Lymph Node Dissection _____
Internal spermatic vein ligation _____
Undescended testis (inspection/
Resection) _____
Drainage of lymphocele _____

Advanced:

Laparoscopic Nephrectomy _____
Laparoscopic retroperitoneal lymph
Node dissection _____
Laparoscopic ureterolysis _____
Laparoscopic Adrenalectomy _____
Laparoscopic Nephroureterectomy _____

Use of Fluoroscopy
(copy of current permit must be on file) _____

I have carefully reviewed this delineation sheet and declare myself competent in all the procedures requested above.

Signature of Applicant: _____ Date _____

APPROVALS	
DEPARTMENT CHAIR _____	DATE _____
MEDICAL EXECUTIVE COMMITTEE _____	DATE _____
GOVERNING BOARD _____	DATE _____

