

**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.

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

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

**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