

Mountain States Health Alliance

Smyth County

NAME: _____

Privileges for: SCCH - Urology

	<u>Request</u>	<u>Granted</u>
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EDUCATION:

M.D. or D.O.

TRAINING:

Minimal formal training: Successful completion of an approved residency training program in Urology.

BOARD STATUS:

Must meet one of the following criteria and if board eligible must pass board within 5 years of becoming board eligible.

Board eligible in Urology

Board certified in Urology

EXPERIENCE / CURRENT COMPETENCE:

Demonstrate he or she has performed at least 50 urological procedures during the past 24 months.

CORE PRIVILEGES:

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Core privileges include being able to admit, work up, consult with and treat either surgical or medical patients presenting with illnesses or injuries of the genitourinary system.	_____	_____
Penis		
Dorsal slit circumcision		
Excision or biopsy of lesion		
Penectomy		
Construction of penis repair (injury)		
Insertion of penile prosthesis		
Surgery for Peyronie's disease (trunk, patch graft, excision)		
Urethra		
Biopsy of lesion		
Meatotomy (male or female)		
Repair of fistula		
Urethral diverticulectomy (male or female)		
Ureterolithotomy		
Urethral structure repair		
Repair of injured urethra		
Perineal urethrostomy		
Fulguration of urethral valves		
Contagion implant		
Prostate		
Biopsy (needle, open)		
Repair of rectourethral fistula		
Prostatectomy (transurethral, suprapubic, retropubic and simple, retropubic and radical, perineal and simple, perineal and radical)		
Incision and drainage of abscess		
Bladder		
Augmentation		
Insertion of artificial sphincter		
Insertion of penile prosthesis		
Cystostomy		
Cystotomy		
Transurethral resection of bladder tumor		
Cystectomy		
Creation of ileal conduit		
Ureterosigmoidostomy		
Vesicotomy		
Fistula repair		
Endoscopic relief of bladder neck obstruction		
Open repair of bladder neck obstruction		
Stress, female, abdominal approach		
Stress, female vaginal approach		
Cystolithotomy		
Ureteroscopy		
Pelvic/exenteration		
Bladder procedures		
Ureter		
Biopsy (endoscopic, open)		
Endoscopic ureterocelectomy		
Open ureterocelectomy with ureteral re-implant		
Stone basket manipulation		
Ureterolithotomy		
ureterolysis		
Repair of retrocaval fistula		
Ureterotomy for tumor		

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Ureterostomy
Ureteroenterostomy (any type)
Ureteral substitution
Continent urinary diversion

Kidney
Renal exploration
Repair of kidney (trauma)
Renal biopsy (open)
Incision and drainage of abscess
Nephrotomy
Pyelostomy
Pyelolithotomy
Closure of fistula
Nephrolithotomy
Excision of decortication of cyst
Repair of horseshoe kidney
Pyeloureteroplasty
Percutaneous procedures

Adrenal

Scrotal Content
Excision of skin lesion
Excision and drainage of abscess
Excision of lesion of spermatic cord
Hydrocelectomy
Inguinal orchiectomy
Epididymectomy
Ligation of spermatic veins (varicocele)
Reduction, torsion of testicle
Excision of lesion of testis
Orchiectomy (unilateral or bilateral)
Repair of testicular, scrotal injury
Testicular biopsy

Miscellaneous
Hernia repair
Exploratory laparotomy

Biopsy of retroperitoneal tumor

Dissection of
Radical retroperitoneal lymph node
Pelvic lymph node
Inguinal lymph node
Closure or evisceration
Secondary operation
Placement of interstitial radiation
Regional perfusion, chemotherapeutic
Thoracoabdominal surgical approach

Diagnostic Procedures
Cystoscopy and/or panendoscopy
Ureteral catheterization
Percutaneous nephrotomy
Nephrotomogram
Ileal loopogram
Cinepyeloureterogram
Retrograde urethrogram
Cystourethrogram

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Urodynamics		
Urethroscopy		
Laparoscopic surgery		
Laser		

Urodynamics
Endoscopy and transurethral surgery (includes laser procedures)
Incision, excision, repair endoscopy of urethra, hypospadias
Surgery of male genital system
Surgery of prostate
Surgery of female genital system

SUPPLEMENTAL PRIVILEGES:

Supplemental privileges listed below or others not identified, may be submitted for consideration at any time via the "Extension of Privilege Form" submitting relevant evidence of training and experience.

Laparoscopic urological procedures	_____	_____
Vaginoplasty	_____	_____
Vaginal reconstruction	_____	_____
Epispadias repair	_____	_____
Repair of bladder	_____	_____
Exstrophy	_____	_____
Contigen injection procedure	_____	_____
Procedural (conscious) sedation	_____	_____
Other - specify: _____	_____	_____

In addition in emergency situations, I may perform procedures dictated by the emergency even though they may not be herein specified.

I request that my clinical privileges of the medical staff of Smyth County Community Hospital includes the privilege to admit and assume full responsibility as the admitting physician for patients within the cope of my specialty training and qualifications.

Other: _____

Physicians Signature: _____ **Date:** _____

Recommendation of Department Chair

I have reviewed the requested privileges and supporting documentation as required for the above applicant and, based upon documentation of experience and demonstrated current competence, I recommend the same as requested unless otherwise stated.

Signed: _____
(Department Chair)

Date: _____

Approved:

Credentials Comittee: _____

Medical Exective Committee: _____

Community Board: _____

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Granted

Board of Directors:
