

**SAN GORGONIO MEMORIAL HOSPITAL  
PRIVILEGE DELINEATION LIST  
UROLOGY**

NAME OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

YEAR OF BOARD CERTIFICATION/RECERTIFICATION \_\_\_\_\_

PRIVILEGES CATEGORY	QUALIFICATIONS/CRITERIA
<b>CATEGORY I</b>	<b>USUAL AND CUSTOMARY PRIVILEGES</b> (Procedures considered included in minimal formal training.)
	<p>QUALIFICATIONS:</p> <ol style="list-style-type: none"> <li>1. Successful completion of an accredited Urology residency training program, AND,</li> <li>2. Board qualified/certified by the American Board of Urology with specific training and recent experience in privileges requested, OR, (in lieu of Board Certification)</li> <li>3. Demonstrate comparable competency to perform the privileges requested based on proctoring reports, reference letters, activity/operative reports or other documentation acceptable to the Surgical Service, AND have been practicing in Urology for the past 5 years.</li> <li>4. Privileges will be proctored per Surgical Service Rules and Regulations.</li> </ol>
<b>MODERATE SEDATION</b>	<b>I.V. MEDICATIONS FOR SPECIAL PROCEDURES</b> (All medications with potential loss of protective reflexes regardless of route of administration)
	<p>QUALIFICATIONS:</p> <p>Physicians with Urology privileges, by virtue of their specialty training are qualified for Moderate Sedation privileges as requested below, but must continue to demonstrate current competency as outlined in the Medical Staff Rules and Regulations.</p>

	R	# Done 24 mos	D	P/O	G	CATEGORY 1 - USUAL AND CUSTOMARY PRIVELEGES
						<b>CORE PRIVILEGES:</b> For the initial evaluation and management of patients of all ages for admission, work-up, pre and post-operative care, and ordering and prescribing medications per DEA certificate
						<b>ENDOSCOPY:</b>
1.						Urethroscopy
2.						Cystoscopy
3.						Ureteroscopy
4.						Nephroscopy
						<b>RENAL:</b>
5.						Flank exploration, nephrectomy and/or partial
6.						Removal of stones
7.						Reconstruction
8.						Trauma repair
9.						Pyelotomy, Pyelolithotomy, Pyeloplasty
10.						Retroperitoneal lymph node dissection
11.						Nephroureterectomy
12.						Ureterostomy, ureteroplasty, urethrotomy, ureteroureterostomy
13.						Ureterectomy
14.						Ureteral reimplantation
15.						Ureterotomy, ureterolithotomy

Legend: [R]=Requested [# Done 24 mos.] = Procedures done in the last 24 months [D] = Deferred/Denied [P/O] =Granted with Proctoring/Observation [G] = Granted

	R	# Done 24 mos	D	P/O	G	<b>CATEGORY 1 - USUAL AND CUSTOMARY PRIVELEGES</b>
16.						Adrenal exploration, adrenalectomy
17.						Nephrolithotomy
						<b>BLADDER:</b>
18.						Cystectomy and/or urinary diversion/replacement
19.						Cystotomy
20.						Bladder suspension
21.						Anterior vesicourethropexy
22.						Radical cystectomy
23.						Urethrostomy, urethral, bladder catheterization
24.						Suprapubic, bladder aspiration
25.						Cystolithotomy, cystolitholapaxy
26.						TUR bladder tumor, ureteral stone manipulation
27.						Cystocele-rectocele repair
						<b>PROSTATE:</b>
28.						Open, radical and/or suprapubic prostatectomy
29.						TURP
30.						Prostatic needle biopsy
						<b>SCROTUM &amp; PENIS:</b>
31.						Epididymectomy
32.						Orchiectomy simple or radical
33.						Urethral trauma strictures, urethrotomy
34.						Circumcision and meatotomy
35.						Hydrocelelectomy, spermatocelectomy and/or varicocelectomy
36.						Vasotomy, vasectomy
37.						Penile prosthesis surgery
38.						Vasovasostomy
39.						Orchidopexy
40.						Herniorraphy
41.						Penectomy, simple and radical
42.						Plastic operation on penis for hypospadias
						<b>OTHER:</b>
43.						Vaginal Reconstruction
44.						Abscess, incision and drainage
45.						Lymph node, biopsy or excision
46.						Lymphadenectomy, pelvic
47.						Lymphadenectomy, inguinal
						<b>MODERATE SEDATION (Must take sedation test)</b>
						<b>Use of Fluoroscopy (Must have certificate)</b>

STAFF CATEGORY REQUESTED:  ACTIVE  COURTESY  CONSULTING

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME OF APPLICANT: \_\_\_\_\_

**APPROVALS:**

**Applicant may perform privileges and procedures as indicated:** [  ]

**Exceptions/Limitations:** \_\_\_\_\_

I have reviewed the applicant's health status and can attest that there are no health problems that exists that could affect his or her ability to perform the privileges requested.

\_\_\_\_\_  
Surgical Services Committee Chairman

\_\_\_\_\_  
Date

\_\_\_\_\_  
Credentials Committee Chairman

\_\_\_\_\_  
Date

\_\_\_\_\_  
Medical Executive Committee Chairman

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chairman, Board of Directors

\_\_\_\_\_  
Date