

**LAC+USC MEDICAL CENTER & HEALTHCARE NETWORK ATTENDING STAFF ASSOCIATION
DELINEATION OF PRIVILEGES FOR THE DEPARTMENT OF UROLOGY**

NAME OF APPLICANT _____ **SIGNATURE** _____ **DATE** _____

Initial Appointment and/or Additional Privileges

Reappointment

Applicant: Check off only those privileges expected to be performed at the site where you will be working. Note that privileges granted may only be exercised at the site(s) and setting(s) recommended by the Department Chair/Chief/Designee. Shaded areas indicate that the privilege is not applicable for that particular entity.

Department Chair/Chief/Designee: Initial the Recommended column for approved privileges. If applicable, check off the "Not Recommended" boxes. Documentation of all privileges must be provided for all privileges on the last page of this form.

REQUESTED				DESCRIPTION OF PRIVILEGE	RECOMMENDED	NOT RECOMMENDED	
M	E	H	R			Competency	Other
				Core Privileges in Urology: includes performing a history and physical, interpreting laboratory studies, interpreting and performing diagnostic studies and treatment plans for the following ages:			
				Neonates and Infants from 0 to 2 years of age			
				Children from 3 to 13 years of age			
				Adolescents and Adults 14 years of age and older			
				RENAL SURGERY			
				1. Lithotripsy			
				2. Ureterorenoscopy			
				3. Nephrectomy:			

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M	E	H	R			Competency	Other
				• Simple Nephrectomy			
				• Radical Nephrectomy			
				• Partial Nephrectomy			
				• Nephroureterectomy			
				4. Nephrolithotomy			
				5. Pyelolithotomy:			
				• Simple			
				• Extended			
				6. Nephrostomy			
				7. Open incision and drainage of renal/perirenal abscess			
				8. Percutaneous renal biopsy			
				9. Percutaneous Nephrolithotomy (PCNL)			
				10. Reno-vascular surgery			
				URETERAL SURGERY			
				11. Ureterectomy			

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M	E	H	R			Competency	Other
				12. Ureterolithotomy			
				13. Ureterotomy			
				14. Ureterostomy			
				15. Ureteroraphy			
				16. Reimplant of ureters			
				17. Ureterocele repair			
				18. Ureteral anastomosis			
				19. Transuretero-ureterostomy			
				URINARY DIVERSION			
				20. Ureterostomy:			
				• In-situ			
				• Cutaneous			
				21. Urinary Diversion Ureterostomy, cutaneous			
				22. Uretero-ileal cutaneous diversion			
				23. Uretero-ileal vesical diversion			

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M	E	H	R			Competency	Other
				24. Continent urinary diversion			
				PROSTATE AND SEMINAL VESICLE			
				25. Transurethral resection of prostate			
				26. Transurethral vaporization of prostate (including use of laser)			
				27. Seminovesculectomy			
				28. Prostatectomy:			
				• Simple			
				• Radical			
				VESICAL SURGERY			
				29. Cutaneous vesicostomy			
				30. Cystostomy			
				31. Vesicolithotomy			
				32. Transurethral vesical surgery			
				33. Cystolitholapexy			
				34. Cystectomy			

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REQUESTED				DESCRIPTION OF PRIVILEGE	RECOMMENDED	NOT RECOMMENDED			
M	E	H	R			Competency	Other		
				• Partial					
				• Radical					
				35. Ileocystoplasty					
				36. Ileocecocystoplasty					
				37. Repair of vesical fistula:					
				• Vaginal					
				• Uterine					
				• Enteric					
				38. Surgery for incontinence					
				• Male					
				• Female					
				URETHRAL SURGERY					
				39. Urethrotomy					
				40. Urethrolithotomy					
				41. Internal urethrotomy					

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				42. Transurethral surgery			
				43. Urethral anastomosis			
				44. Urethroplasties			
				45. Urethrectomy			
				• Partial			
				• Total			
				46. Hypospadias repair			
				47. Resection of vulva			
				48. Repair of fistula			
				RETROPERITONEAL SURGERY & LYMPHADENECTOMY			
				49. Retroperitoneal lymphadenectomy:			
				• Pelvic lymphadenectomy			
				• Preaortic lymphadenectomy			
				• Removal of tumors			
				• Exploration			

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M	E	H	R			Competency	Other
				• Incision and drainage of retroperitoneal abscess			
				• Inguinal lymphadenectomy			
				ADRENAL SURGERY			
				50. Adrenal exploration			
				51. Adrenalectomy			
				PENIS			
				52. Penectomy:			
				• Simple			
				• Radical			
				53. Meatotomy			
				54. Biopsy			
				55. Circumcision			
				56. Incision and drainage of penile abscess			
				57. Excision of tumors			
				58. Hypospadias			

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M	E	H	R			Competency	Other
				59. Repair of chordee			
				60. Repair of curvature			
				61. Surgery for lengthening			
				62. Surgery for impotence			
				• Silastic rod implant			
				• Inflatable implant			
				63. Vascular shunts for priapism			
				SCROTUM AND TESTICLES			
				64. Orchiectomy			
				• Simple			
				• Radical			
				• Partial			

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				65. Orchidopexy			
				66. Scrotal exploration			
				67. Scrotectomy			
				68. Surgery of the cord			
				69. Epididymectomy (Epididymal Surgery)			
				• Partial			
				• Total			
				70. Vasectomy			
				71. Reversal of vasectomy			
				72. Insertion of prosthesis			
				73. Biopsy			
				74. Hernia Repair			
				CYSTOSCOPY			
				75. Cystoscopy			
				76. Cystoscopy with clot evacuation			

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				77. Cystoscopy with ureteral catheterization			
				78. Cystoscopy with bladder biopsy			
				79. Cystoscopy with ureteral stent placement			
				80. Cystoscopy with removal of foreign body or stent			
				81. Laser surgery			
				82. Extracorporeal shock wave lithotripsy (ESWL)			
				83. Laparoscopy			
				• Adrenalectomy			
				• Pyeloplasty			
				• Simple Nephrectomy			
				• Radical Nephrectomy			
				• Partial Nephrectomy			
				PROCEDURES REQUIRING DOCUMENTATION OF ADDITIONAL TRAINING			

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				84. MODERATE/DEEP SEDATION PRIVILEGES – Must have fulfilled the required elements for Moderate/Deep Sedation and successfully passed the Moderate/Deep Sedation Competency examination.			
				85. DECLARATION OF BRAIN DEATH PRIVILEGES			

PRIVILEGES NOT INCLUDED ON THIS FORM: A request to perform any procedure or treatment not included on this form must be submitted to the Attending Staff Office and will be forwarded to the appropriate review committee to determine the need for development of specific criteria, personnel & equipment requirements.

TEMPORARY CLINICAL PRIVILEGES: In the case of an emergency, any individual who has been granted clinical privileges is permitted to do everything possible within the scope of license, to save a patient’s life or to save a patient from serious harm, regardless of staff status or privileges granted as per the LAC+USC Attending Staff Association Bylaws.

ACKNOWLEDGMENT OF PRACTITIONER:

I hereby certify that I have no physical or mental impairment which would interfere with my practice, and I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform, and that I wish to exercise in each group of procedures requested. I understand that in making this request I am bound by the LAC+USC Bylaws and/or policies of the hospital and medical staff.

APPLICANT’S SIGNATURE

DATE

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Department Chair/Chief/Designee:

If there are any recommendations of privileges that need to be modified or have conditions added, indicate here:

Privilege#: _____

Condition/Modification/Explanation: _____

If privileges are NOT recommended based on COMPETENCY, provide explanation:

Privilege#: _____

Explanation for NOT recommending based on
COMPETENCY: _____

If supplemental documentation provided, check here:

I have reviewed the requested clinical privileges and the supporting documentation for the above-named applicant and recommend requested privileges as noted above.

SIGNATURE OF THE DEPARTMENT CHAIR/CHIEF/DESIGNEE

DATE

APPROVED BY CREDENTIALS & PRIVILEGES COMMITTEE ON:

APPROVED BY EXECUTIVE COMMITTEE ON:

APPROVED BY GOVERNING BODY ON:

PERIOD ENDING:

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