

## CLINICAL PRIVILEGES – UROLOGIC SURGEON

**AUTHORITY:** Title 10, U.S.C. Chapter 55, Sections 1094 and 1102.

**PRINCIPAL PURPOSE:** To define the scope and limits of practice for individual providers. Privileges are based on evaluation of the individual's credentials and performance.

**ROUTINE USE:** Information on this form may be released to government boards or agencies, or to professional societies or organizations, if needed to license or monitor professional standards of health care providers. It may also be released to civilian medical institutions or organizations where the provider is applying for staff privileges during or after separating from the Air Force.

**DISCLOSURE IS VOLUNTARY:** However, failure to provide information may result in the limitation or termination of clinical privileges.

### INSTRUCTIONS

**APPLICANT:** In Part I, enter Code 1, 2, or 4 in each REQUESTED block for every privilege listed. This is to reflect current capability and should not consider any known facility limitations. Sign and date the form. Forward the form to your Clinical Supervisor. *(Make all entries in ink.)*

**CLINICAL SUPERVISOR:** In Part I, using the facility master privileges list, enter Code 1, 2, 3, or 4 in each VERIFIED block in answer to each requested privilege. In Part II, check appropriate block either to recommend approval, to recommend approval with modification, or to recommend disapproval. Sign and date the form. Forward the form to the Credentials Function. *(Make all entries in ink.)*

**CODES:**

1. Fully competent within defined scope of practice. *(Clinical oversight of some allied health providers is required as defined in AFI 44-119.)*
2. Supervision required. *(Unlicensed/uncertified or lacks current relevant clinical experience.)*
3. Not approved due to lack of facility support. *(Reference facility master privileges list.)*
4. Not requested/not approved due to lack of expertise or proficiency, or due to physical disability or limitation.

**CHANGES:** Any change to a verified/approved privileges list must be made in accordance with AFI 44-119.

NAME OF APPLICANT *(Last, First, Middle Initial)*

NAME OF MEDICAL FACILITY

### I. LIST OF CLINICAL PRIVILEGES – UROLOGIC SURGEON

Requested	Verified		Requested	Verified	
		<b>A. KIDNEY</b>			<b>B. URETER (continued)</b>
		1. Percutaneous nephrolithotomy			10. Replacement of ureter by enteric segment
		2. Drainage of perineal or renal abscess			11. Ureterorrhaphy
		3. Nephrostomy			12. Closure of ureterocutaneous fistula
		4. Nephrolithotomy and manipulation of renal calculi			13. Closure of ureterovisceral fistula
		5. Pyelolithotomy			14. Delegation of ureter
		6. Pyelostomy			15. Ureteroneocystostomy
		7. Renal biopsy by surgical exposure			16. Cutaneous ureterostomy or pyelostomy
		8. Nephrectomy by any approach including rib resection			17. Calycoureterostomy
		9. Renal decapsulation			18. Psoas hitch and bladder flap repair
		10. Excision or unroofing of cyst of kidney			<b>C. BLADDER</b>
		11. Pyeloureteroplasty			1. Aspiration by needle or trocar
		12. Closure of nephrocutaneous or pyelocutaneous fistula			2. Cystotomy
		13. Nephropexy			3. Cystostomy
		14. Closure of nephrovisceral fistula			4. Cystolithotomy
		15. Partial nephrectomy			5. Drainage of perivesical space
		16. Auto transplantation			6. Excision of urachal cyst or sinus
		17. Nephrectomy with vena cava thrombectomy			7. Cystotomy with cryo- or electrosurgery
		18. Living donor nephrectomy			8. Cystectomy, partial or complete
		19. Laparoscopic nephrectomy			9. Injection for cystography
		<b>B. URETER</b>			10. Bladder lavage or irrigation
		1. Ureterotomy			11. Cystometrogram
		2. Ureterolithotomy			12. Cystoplasty
		3. Ureterectomy			13. Cystourethroplasty
		4. Ureteroplasty			14. Anterior pelvic urethropexy
		5. Ureterolysis			15. Cystorrhaphy
		6. Ureteropyelostomy			16. Closure of vesicoenteric fistula
		7. Transureteroureterostomy			17. Closure of cystostomy
		8. Ureteroenteric conduit			18. Closure of vesicovaginal fistula, abdominal or vaginal approach
		9. Ureterosigmoidostomy			19. Enterocystoplasty
					20. Cutaneous vesicostomy
					21. Bladder diverticulectomy

I. LIST OF CLINICAL PRIVILEGES – UROLOGIC SURGEON (Continued)					
Requested	Verified		Requested	Verified	
		<b>C. BLADDER (continued)</b>			<b>4. Vas deferens (continued)</b>
		22. Excision of ureterocele			b. Vasectomy
		23. Fascial sling vesico-urethropexy			c. Vasovasostomy
		24. Anterior pelvic exenteration			d. Repair of vas deferens
		25. Insertion of artificial urinary sphincter			e. Ligation of vas deferens, percutaneous
		26. Reconstruction for vesical exstrophy			5. Harvest of tunica vaginalis for plastic repairs
		27. Appendicovesicostomy (Mitrofanoff)			<b>G. SPERMATIC CORD</b>
		<b>D. ENDOSCOPIC PROCEDURES</b>			1. Excision of lesion with repair of inguinal hernia
		1. Diagnostic cystourethroscopy			2. Excision of varicocele and ligation of spermatic vein
		2. Ureteral catheterization			3. Lysis of cremasteric muscles
		3. Ejaculatory duct catheterization			<b>H. SEMINAL VESICLES</b>
		4. Internal urethrotomy			1. Vesiculotomy
		5. Calibration and/or dilatation of urethra			2. Vesiculectomy
		6. Resection of ureterocele			3. Excision of Mullerian duct cyst
		7. Removal of foreign body or calculus from bladder			<b>I. URETHRA</b>
		8. Removal of ureteral calculus			1. Catheterization
		9. Manipulation of ureteral calculus			2. Urethrotomy or urethrostomy
		10. Transurethral resection of bladder tumor			3. Meatotomy
		11. Transurethral resection of bladder neck			4. Meatoplasty
		12. Transurethral resection of prostate			5. Drainage of periurethral abscess
		13. Transurethral resection of urethral valves			6. Drainage of Skene's gland abscess or cyst
		14. Transurethral drainage of prostatic abscess			7. Biopsy
		15. Litholapaxy			8. Urethrectomy
		16. Transurethral laser of prostate, bladder, urethral lesions			9. Fulguration
		17. Transurethral incision of prostate			10. Diverticulectomy
		18. Cryoablation of prostate			11. Excision urethral tumor or caruncle
		19. Incision of urethral strictures			12. Repair of urethral prolapse
		20. Endoscopic incision of ureteropelvic junction			13. Urethroplasty
		21. Ureteral stenting			14. Operation for incontinence with or without prosthesis
		22. Injection of submucosal agents			15. Urethrorrhaphy
		23. Ureteroscopy			16. Closure of urethrostomy
		24. Establish percutaneous nephrostomy, retrograde or antegrade			17. Closure of urethro-vaginal, urethro-cutaneous, or urethro-rectal fistulas
		<b>E. EPIDIDYMIS</b>			18. Urethral dilation
		1. Incision and drainage			19. Perineal urethrostomy
		2. Biopsy, needle or incisional			20. Insterion urethral stent
		3. Excision of lesion of epididymis			<b>J. PENIS</b>
		4. Excision of spermatocele			1. Incision and drainage (I&D)
		5. Epididymectomy			2. Fulgeration or laser ablation of condylomata
		6. Epididymovasostomy			3. Biopsy
		7. Needle puncture of spermatocele			4. Excision of tumor
		<b>F. TUNICA VAGINALIS</b>			5. Amputation, partial or complete
		1. Puncture of hydrocele for drainage or instilling medication			6. Circumcision, clamp or surgical
		2. Excision of hydrocele with inguinal hernia repair			7. Injection procedure for Peyronie's disease
		3. Scrotum			8. Aspiration and irrigation of corpora for priapism
		a. Incision and drainage			9. Straightening of chordee
		b. Removal of foreign body			10. Plastic operation for epispadias
		c. Excision of lesion of scrotum			11. Insertion of penile prosthesis
		d. Resection of scrotum			12. Corpus cavernosa-corpora saphenous shunt
		e. Repair of scrotal injury			13. Corpus cavernosa-corpora spongiosum shunt
		f. Plastic revision of scrotum			14. Plastic repair of penis for injury
		4. Vas deferens			15. Incision of Peyronie's plaque and prosthesis insertion
		a. Vasotomy and cannulization, with or without incision for treatment, vasograms, seminal vesiculograms or epididymograms			16. Excision of Peyronie's plaque with grafting
					17. Hypospadias repair
					18. Repair of penoscrotal transposition

I. LIST OF CLINICAL PRIVILEGES – UROLOGIC SURGEON (Continued)					
Requested	Verified		Requested	Verified	
		<b>J. PENIS (continued)</b>			<b>N. LYMPHATIC SYSTEM (continued)</b>
		19. Clitoroplasty and vaginoplasty			2. Pelvic lymphadenectomy
		20. Correction of venous leak			3. Inguinal lymphadenectomy, deep and superficial
		21. Penile arterial revascularization			<b>O. VAGINA</b>
		<b>K. TESTIS</b>			1. Cystocele repair
		1. Biopsy, needle or incisional			2. Rectocele repair
		2. Excision of lesion testis			3. Enterocele repair
		3. Orchiectomy, scrotal or inguinal			<b>P. REGIONAL ANESTHETICS</b>
		4. Reduction of torsion of testis, surgical			1. Nerve block, percutaneous
		5. Orchiopexy, any type w/ inguinal hernia repair			a. Intercostal
		6. Insertion of testicular prosthesis			b. Ilioinguinal
		7. Repair of injury to testis			c. Pudendal
		8. Testis incision and drainage (I&D)			d. Sacral
		9. Laparoscopic orchiopexy			2. Neurectomy
		<b>L. PROSTATE</b>			a. Ilioinguinal
		1. Biopsy, needle or incisional			b. Pudendal
		2. Prostatotomy			<b>Q. ADDITIONAL PRIVILEGES</b>
		3. Prostatectomy, partial or total			1. Laparoscopic approach to pelvic or retroperitoneal organs
		a. Perineal			2. Extracorporeal shock wave lithotripsy (ESWL)
		b. Retropubic			3. Endoscopic lithotripsy via electrohydrolic lithotripsy (EHL), ultrasonic applications or laser applications
		c. Suprapubic			4. Excision of retroperitoneal masses
		4. Interstitial brachytherapy			<b>R. OTHER (Specify)</b>
		<b>M. ADRENAL</b>			1.
		1. Adrenalectomy, partial or complete			2.
		2. Retroperitoneal exploration and removal of tumor or drainage of abscess			3.
		3. Laparoscopic adrenalectomy			4.
		<b>N. LYMPHATIC SYSTEM</b>			
		1. Retroperitoneal lymphadenectomy			

SIGNATURE OF APPLICANT	DATE
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II. CLINICAL SUPERVISOR'S RECOMMENDATION		
<input type="checkbox"/> RECOMMEND APPROVAL	<input type="checkbox"/> RECOMMEND APPROVAL WITH MODIFICATION <i>(Specify below)</i>	<input type="checkbox"/> RECOMMEND DISAPPROVAL <i>(Specify below)</i>
SIGNATURE OF CLINICAL SUPERVISOR (Include typed, printed, or stamped signature block)	DATE	