



Urology KHDO
Delineation of Privileges

Applicant's Name:

Instructions:

1. Click the **Request** checkbox to request a group of privileges.
2. Uncheck any privileges you do not want to request in that group.
3. Check off any special privileges you want to request.
4. Sign/Date form and Submit with required documentation.
5. Applicant 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 doubts related to qualification of requested privileges.

NOTE:

Privileges granted may only be exercised at the site(s) and setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.

This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

Required Qualifications

Membership

I request the following clinical privileges, and I am aware that a denial of privileges relating to a practitioner's professional competence or professional conduct will result in the hospital submitting a report to the National Practitioner Data Bank.

Primary Privileges Urology

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request</i>	Department/Section Chair	Credentials Committee Chair
	Endoscopic Procedures (Including: Biopsy/Resection/Treatment)		
	Cystoscopy/Urethroscopy		
	Endoscopic Cystostomy		
	Endoscopic Surgeries of Bladder/Urethra		
	Endoscopic Suspension of Bladder/Urethra		
	Nephroscopy/Pyeloscopy		
	Transurethral Bladder Tumor Resections		
	Transurethral Prostate Resections/ Incision		
	Ureteral Catheterization (Insertion/ Replacement of Ureteral Stent)		
	Ureteroscopy		
	Lymphatic System		
	Inguinal Lymphadenectomy		
	Pelvic Lymphadenectomy		
	Retroperitoneal Lymphadenectomy		
	Hernia		
	Excision of Patent Processus Vaginalis		
	Herniorrhaphy		
	Inguinal/Umbilical Herniorrhaphy		
	Pediatric Inguinal/Umbilical Herniorrhaphy		
	Kidney		
	Autonomous Renal Transplantation		
	Biopsy/ Excision/ Destruction of Renal Lesion or Tissue		
	Heminephrectomy		
	Nephrolithotomy		
	Nephroureterectomy		
	Nephroureterectomy for Renal Transplant		
	Open Nephrostomy		
	Pediatric Pyeloplasty		
	Pyelolithotomy		
	Pyeloplasty - Correction of Ureteropelvic Junction		
	Repair/Anastomosis/Bypass/Dilation of Renal Artery/Vein		
	Retroperitoneum		
	Biopsy/ Excision of Adrenal Glands/Lesions		
	Operations for Primary/Metastatic Retroperitoneal Tumors		
	Ureter		
	Anastomosis or Bypass of Ureter		
	Cutaneous Ureteroileostomy		
	Endoscopy of Ileal Conduit		
	Ileal Ureter and Renal Autotransplantation		
	Injection Therapy for Vesicoureteral Reflux		

	Operations on Ureteroceles		
	Psoas Hitch, Boari Flap, and Transureteroureterostomy		
	Pyeloplasty, Ureterocalycostomy		
	Surgery for Dilated Ureter		
	Transurethral Removal of Obstruction from Ureter and Renal Pelvis		
	Ureteral Meatotomy		
	Ureterectomy		
	Ureterolithotomy		
	Ureterolysis		
	Ureteroneocystostomy		
	Urinary Bladder		
	Augmentation Cystoplasty		
	Bladder Neck Dilation		
	Bladder Suspensory Procedures for Incontinence		
	Cutaneous Vesicotomy		
	Cystoscopy (and Biopsy)		
	Cystostomy		
	Cystourethroplasty and Plastic Repair of Bladder Neck		
	Endoscopic Suspension of Bladder Neck		
	Injection Therapy for Incontinence		
	Insertion/ Removal of Artificial Sphincter		
	Partial Cystectomy		
	Pubovaginal/Vesical Sling Procedures		
	Radical Cystectomy		
	Repair of Fistula		
	Sphincterotomy		
	Suprapubic Cystotomy		
	Transurethral Clearance of Bladder		
	Transurethral Excision or Destruction of Bladder Tissue (Tumor)		
	Urethra		
	Biopsy/Excision/Destruction of Lesion or Tissue of Urethra		
	Dilation		
	Meatoplasty		
	Operations for Hypospadias		
	Release of Urethral Stricture		
	Urethrectomy		
	Urethral Meatotomy		
	Prostate & Seminal Vesicles		
	Prostate Biopsy (Needle or Open)		
	Prostatic Brachytherapy		
	Prostatic Cryosurgery		
	Radical Prostatectomy		
	Seminal Vesiculectomy		
	Suprapubic Prostatectomy		
	Transurethral Balloon Dilation of the Prostatic Urethra		
	Transurethral Incision/Excision of Prostate Tissue		
	Ultrasound Guided (Needle) Prostate Biopsy		
	Scrotum & Testis		
	Aspiration		

	Biopsy/ Excision and Destruction of Lesion		
	Biopsy/ Excision/Destruction of Lesion or Tumor		
	Epididymectomy		
	Excision of Hydrocele		
	Excision of Spermatoceles		
	Excision of Varicocele & Hydrocele of Spermatic Cord		
	Fulguration of Lesion of Scrotum		
	Insertion/ Removal of Testicular Prosthesis		
	Operations for Testicular Torsion		
	Orchiectomy		
	Orchiopexy		
	Repair of Scrotum and Tunica Vaginalis		
	Spermatocelectomy		
	Vasectomy		
	Vasovasostomy		
	Vasography		
	Penis		
	Biopsy/Excision/Destruction of Lesion or Tumor		
	Circumcision		
	Operations for Penile Deformity & Peyronie's Disease		
	Operations for Priapism		
	Penectomy		
	Penile Augmentation		
	Penile Inflatable Prosthesis (Insertion & Removal)		
	Penile Malleable Prosthesis (Insertion & Removal)		
	Penile Vascular Reconstructive Surgery for Impotence		
	Vagina		
	Colporrhaphy		
	Biopsy/Excision or Destruction of Lesion		
	Repair of Cystocele & Rectocele		
	Percutaneous Renal Surgery		
	Endopyelotomy & Percutaneous Treatment of Renal Pelvic Tumors		
	Percutaneous Nephrostomy		
	Percutaneous Operations for Renal Calculi		
	Urodynamics		
	Cystometrogram - Simple & Complex		
	Urethral Pressure Profile		
	Uroflowmetry		
	Videourodynamics		
	Diagnostic Procedures		
	Cystogram (Voiding & Static)		
	Intravenous Pyelogram		
	Retrograde Ureteral Pyelogram		
	Urethrogram (Voiding & Static)		
	Laparoscopic Surgery		
	Laparoscopic Urological Surgery		
	Percutaneous Surgery		

	Endopyelotomy & Percutaneous Treatment of Renal Pelvic Tumors or Obstructions		
	Percutaneous Nephrostomy		
	Percutaneous Operations for Renal Calculi		
	Urinary Diversions		
	Ileal & Colon Conduit Urinary Diversions		
	Orthotopic Bladder Replacement		
	Surgery for Urinary Reservoir		
	Ureterosigmoidostomy		
	Laser Procedures		
	Bladder Lithotripsy		
	Fulguration/Excision/Treatment of Scrotal, Penile, Urethral, Bladder, Ureteral & Renal (Tumors or Lesions)		
	Phototherapy		
	Prostatectomy		
	Renal Lithotripsy		
	Ureteral Lithotripsy		
	Miscellaneous Procedures		
	Central Venous Line Placement		
	Enterolysis		
	Intravenous Chemotherapy		
	Intravesical Chemotherapy		
	Peritoneal Dialysis & Catheter Insertion		
	Splenectomy associated with Enbloc Tumor Resection		
	Other Privileges		
	Buccal graft urethral reconstruction		
	Hysterectomy		
	Mitrafanoff procedure		
	Mobilization of ureter		
	Oophorectomy		
	Salpingectomy		

Fluoroscopy

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request</i>	Department/Section Chair	Credentials Committee Chair
	Fluoroscopy		

Acknowledgment of Applicant

I have requested only those privileges for which by education, training, current experience, and demonstrated competency I am entitled to perform and that I wish to exercise at Kettering Health Dayton/Kettering Health Washington Township and I understand that:

A. In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.

B. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Practitioner's Signature

Date

Clinical Service Chair Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

<input type="checkbox"/>	Recommend all requested privileges
<input type="checkbox"/>	Do not recommend any of the requested privileges
<input type="checkbox"/>	Recommend privileges with the following conditions/modifications/deletions (listed below)

Privilege	Condition/Modification/Deletion/Explanation

Clinical Service Chair Recommendation - Additional Comments

Chair, Department/Section

Date

Chair, Credentials Committee

Date