

Privileges for: Urology

Request

PROSTATE- Needle biopsy, open prostatectomy (simple or radical), Incision and drainage of prostate abscess. 55801, 55810, 55812, 55815, 55821, 55831, 55840, 55842, 55845, 55866.

BLADDER- Augmentation, cystostomy, cystectomy, Ileal conduit or other bowel urinary diversion, cystocele repair, repair of bladder injury, excision of bladder fistula, bladder neck suspension (abdominal or vaginal), open cystolithotomy, neobladder formation, continent urinary reservoir, bladder injections. 51040, 51700

URETER- Ureteral excision, ureteral reimplantation, ureterolithotomy, ureteroenterostomy, transureterostomy, ureteral substitution, ureteral repair, ureteroureterostomy - 50610, 50620, 50630, 50945, 50800, 50830, 51060

KIDNEY- Repair of renal injury, renal biopsy (open vs. needle), incision and drainage of renal abscess, pyelolithotomy/nephrolithotomy, excision of renal mass/partial nephrectomy, open pyeloplasty, nephrolithiasis, nephrectomy (radical vs. simple); excision of renal cyst - 50060, 50065, 50070, 50075, 50220, 50225, 50230, 50234, 50236, 50240, 50400, 50405, 50551

SCROTAL AND SCROTAL CONTENTS- Excision of scrotal lesion, incision and drainage of scrotal abscess, hydrocelectomy, orchiectomy (simple vs. radical), vasectomy, epididymidectomy, microscopic hematuria vasovasostomy/epididymovasostomy, reduction (torsion) of testicle, excision of lesion of the testis or spermatic cord, repair of testicular / scrotal injury, orchiopexy, testicular biopsy, insertion of testicular prosthesis - 49491, 49492, 49495, 49496, 49500, 49501, 52630, 54520, 54522, 54530, 54535, 54640, 54690

LYMPHATIC- Retroperitoneal lymph node dissection, pelvic lymph node dissection - 38570, 38571, 38580

ENDOSCOPIC PROCEDURES-Cystoscopy/urethroscopy (flexible vs. rigid), ureteroscopy/pyeloscopy (flexible vs. rigid), percutaneous nephrolithotomy, placement of percutaneous nephrostomy tube, retrograde pyelogram, ureteral stone basket manipulation, endopyelotomy/endoureterotomy, placement of ureteral catheter stent, transurethral resection of bladder tumor, transurethral resection of prostate, direct vision internal urethrotomy, urethral dilation, ureteral dilation, lithotripsy (mechanical, laser, bladder neck incision), laser prostatectomy, prostate ablation surgeries, enucleation and morcellation

ABDOMEN- Closure of evisceration, repair of incision or stomal hernia, exploratory laparotomy

Adrenal surgery - 60540, 60545, 60650

Rectocele repair

Laparoscopy

Fluoroscopy (ADDITIONAL REQUIREMENT: Radiation Safety certification required.)

II. Additional Privileges: In addition to the core privileges requested above, I am requesting the additional privileges below. In addition to meeting the minimum requirements for core privileges, applicants must meet all "Additional Requirements" listed for each privilege below and provide documentation (fellowship completion, training course certification, letter from program director or department chair at primary hospital, etc.) demonstrating appropriate education, training, ability and current competence. Credentialing bodies or persons may request additional documentation or information. By initialing the procedures below, I certify that I am competent to perform the procedures requested.

DESCRIPTION OF ADDITIONAL PRIVILEGES

CO2 (ADDITIONAL REQUIREMENT: Proof of Competency)

KTP/YAG (ADDITIONAL REQUIREMENT: Proof of Competency)

Holmium/YAG (ADDITIONAL REQUIREMENT: Proof of Competency)

Extracorporeal shock wave lithotripsy (ESWL)

LAPAROSCOPY

Pelvic support surgery involving more than cystocele/rectocele repair - with or without mesh - requires proof of competency.

Cryosurgery of urinary tract - requires proof of competency

Robotic surgery for BASIC urology procedures - (EDGEWOOD, FLORENCE, FT. THOMAS) pyeloplasty, nephrectomy, radical prostatectomy, pelvic lymphadenectomy, Nephroureterectomy - (5 proctored cases - see training details below)

Robotic surgery for ADVANCED urology procedures - (EDGEWOOD, FLORENCE, FT. THOMAS) radical cystoprostatectomy, sacrocolpopexy, partial nephrectomy, adrenalectomy, pheochromocytomas - (8 proctored cases - see training details below)

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The applicable criteria will be applied based on training and/or experience.

Applicants without Documented Robotic Experience

1. Applicant must be board eligible or board certified within the specialty requested.
2. Applicant, regardless of specialty, must have full videoscopic or open privileges for each procedure to be performed with robotic assistance.
3. Documentation of completion of a formal training program in robotic surgery specific to the subspecialty. The program length should be a minimum of two days, providing both didactic and hands-on animal or cadaver laboratory training with the curriculum specifically tailored for each specialty and application. The clinical chief will determine the adequacy of the formal training.
4. Proctored for a minimum of 5 basic robotic cases. If advanced robotic privileges are requested, then 3 additional cases must be proctored, of which all must be advanced robotic cases. Proctoring Form completed with observed competency. Selected proctor must be approved by the Robotics Committee Chairman. A minimum of 20 cases within the scope of practice are required to qualify as a proctor.
5. Completion of basic robotics surgical customer training online course.
6. Completion of robotic surgical simulation training program or documentation of at least 10 lab session practicing knot tying and suturing for at least 30 minutes.

Applicants with Current Unrestricted Robotic Clinical Privileges from another Hospital

1. Applicant must be board eligible or board certified within the specialty requested.
2. Must be granted privileges to perform the intended robotic procedure by another technique.
3. Case log of procedures being requested with a minimum within the past year. (15 for Gyn; 7 for all other specialties)
4. Letter of support from the previous department director
5. Previous completion of basic robotics surgical customer training online course.

Applicants that received Residency Training in Robotics

1. Applicant must be board eligible within the requested specialty.
2. Must be granted privileges to perform the intended robotic procedure by another technique.
3. Case log of procedures being requested must show distinction between primary/assisting surgeon. A minimum of 20 cases is preferred.
4. Letter of support from residency/fellowship training program director.
5. Proctored for a minimum of 5 basic robotic cases. If advanced robotic privileges are requested, then 3 additional cases must be proctored, of which all must be advanced robotic cases.

NOTE: The appropriateness of using the robot for particular cases is subject to review by the Robotic Surgery Committee Director and the respective Department Clinical Chief. Select procedures may require approval by the Robotic Surgery Committee prior to scheduling of the procedure.

New applicants - The above requirements will be effective for all new applicants after January 1, 2014. Applicants currently in training will credential under the previous privileging guidelines. Surgeons currently credentialed are grandfathered under the previous privileging criteria. Reappointment credentials will apply to all beginning January 2015.

Reappointment for all Applicants: Applicants must have a documented case log with a minimum of 7 cases within the last year and 15 cases within the last 2 years. Surgeons failing to meet this requirement in the 1 year period preceding reappointment may have such privileges renewed for no more than a 1 year period. Failure to meet the minimum case volume for two consecutive years shall result in a loss of eligibility, which can then be restored only through completion of additional training and/or proctored cases sufficient to demonstrate current proficiency. The reappointment criteria will be effective for all reappointments beginning January 1, 2015.

Applicants Signature: _____ **Date:** _____