

UNIVERSITY OF MARYLAND MEDICAL CENTER MIDTOWN CAMPUS

Urology

Delineation of Privilege Form

Page 1 of 4

Name: _____

Date: _____

Privilege / Operative Procedure	Applicant Check (√) if requested	Department Chief (Initial)		
		Recommended	Not Recommended	Conditions (provide explanation)
Category I Privileges				
Admit, treat and consult on patients with diseases / disorders/ conditions affecting the genitourinary and reproductive organs				
Consult on patients with diseases / disorders/ conditions affecting the genitourinary and reproductive organs				
ICU/CCU privileges for the admission, treatment and/or consultation of the surgical needs of the patient.				
RENAL				
Surgery on the kidney, including total or partial nephrectomy for malignant or benign disease via transperitoneal, flank or transthoracic approach				
Surgery on the proximal 1/3 ureter and renal pelvis; inclusive of stone removal and constructive surgery				
ADRENAL AND RETROPERITONEAL				
Surgery on the adrenal gland				
Exploration retroperitoneum				
Excision of retroperitoneal cyst or tumor				
Retroperitoneal lymphadenectomy				
URETER				
Ureterotomy; inclusive of calculus removal				
Ureterectomy; partial or incomplete				
Reconstructive operation of ureter (ureterolysis, anastomosis, T.U.U., reimplantation)				
Cutaneous ureterostomy				
BLADDER				
Cystectomy; total / radical with urinary diversion				
Cystectomy, partial				
Cystolithotomy				
Suprapubic cystostomy				
Reconstructive operation of bladder				
Female Incontinence Surgery				

UNIVERSITY OF MARYLAND MEDICAL CENTER MIDTOWN CAMPUS

Urology

Delineation of Privilege Form

Privilege / Operative Procedure	Applicant Check (✓) if requested	Department Chief (Initial)		
		Recommended	Not Recommended	Conditions (provide explanation)
Creation of neobladder				
Bladder diverticulectomy				
Bladder suspension procedure				
PROSTATE				
Simple open prostatectomy				
Radical retropubic / perineal prostatectomy				
PENIS / URETHRA				
Circumcision				
Meatotomy				
Excision Peyronie's plaque and grafting				
Partial and / or complete penile amputation				
Reconstructive surgery on male external genitalia				
Excision urethral diverticulum				
Reconstructive surgery for urethral stricture, urethral fistula				
Complete urethrectomy				
Insertion penile implant				
Male sphincter prosthesis				
Female sphincter prosthesis				
SCROTUM, TESTICLE, EPIDIDYMIS				
Excision hydrocele, spermatocele				
Excision epidermal cyst, partial / complete epididymectomy				
Incision and drainage epididymal / scrotal abscess				
Partial or hemiscrotectomy				
Simple orchiectomy, testicular biopsy				
Inguinal orchiectomy				
Reduction testicular torsion / orchiopexy				
Pediatric hydrocele and hernia repair				
Vasectomy				

UNIVERSITY OF MARYLAND MEDICAL CENTER MIDTOWN CAMPUS

Urology

Delineation of Privilege Form

Privilege / Operative Procedure	Applicant Check (✓) if requested	Department Chief (Initial)		
		Recommended	Not Recommended	Conditions (provide explanation)
Category I privileges continued				
Vasovasotomy				
Epididymovasostomy				
OTHER OPEN UROLOGICAL PROCEDURES				
Inguinal herniorrhaphy as related to urological procedure				
Laparotomy; diagnostic or exploratory purposes for urologic-related condition				
Anterior pelvic exenteration				
Appendectomy as component of urologic procedure				
Lymphadenectomy, inguinal / pelvic as component of urologic procedure				
Lymph node biopsy as component of urologic procedure				
ENDOSCOPIC UROLOGICAL SURGERY				
Diagnostic cystourethroscopy				
Therapeutic cystourethroscopy				
Therapeutic ureterorenoscopy (biopsy, fulguration)				
Cysto-lithotripsy, litholapaxy				
Percutaneous nephrostolithotomy				
Percutaneous nephrostomy tube insertion				
Transrectal ultrasound of the prostate and prostate biopsy				
Transurethral resection, prostate, bladder neck, bladder tumor				
Trocar and / or Lowsley type cystostomy				
Category II Privileges – Require successful completion of an approved recognized course when such exists, acceptable supervised residency & fellowship or other acceptable advanced training				
Brachytherapy				

UNIVERSITY OF MARYLAND MEDICAL CENTER MIDTOWN CAMPUS

Urology

Delineation of Privilege Form

Privilege / Operative Procedure	Applicant Check (✓) if requested	Department Chief (Initial)		
		Recommended	Not Recommended	Conditions (provide explanation)
Category II privileges continued				
Laparoscopic radical prostatectomy				
Laparoscopic nephrectomy				
Use of Laser: CO2				
Use of Laser: NdYag				
Use of Laser: Argon				
Fluoroscopy- Criteria for Approval: Evidence of current competency on initial application and completion of fluoroscopy review course every 2 years thereafter				

Acknowledgment of Practitioner:

I have requested only those specific privileges for which, by education, training, current experience and demonstrated performance, I am qualified to perform and for which I wish to exercise at UMMC Midtown Campus. I understand that in exercising any clinical privileges granted, I am constrained by all UMMC Midtown Campus medical staff policies and rules applicable generally and all applicable to the particular situation.

Applicant's Signature

Date