

**WEST JEFFERSON SURGERY CENTER**  
**Marrero, Louisiana**  
**PRIVILEGES REQUEST FORM FOR UROLOGY**

**Minimum Threshold Criteria**

*To be eligible to use this form to request clinical privileges, the following minimum threshold criteria must be met.*

1. *Basic education:* M.D. or D.O.
  2. *Minimal formal training:* The applicant must demonstrate successful completion of an approved residency program in urology.
  3. *Required previous experience:* The applicant must demonstrate that he or she has performed at least 50 urological procedures during the past 24 months.
- 

**References:**

Three letters of reference must come from the residency director or chief of surgery, an anesthesiologist, and a urologist who have known the applicant at least two years and are acquainted with the applicant's professional status, medical practice, and involvement in the field of urology.

---

If you meet the above criteria, you may request privileges as specified below.

These privileges do not include any of the following special requests. For each special request, the applicant must meet minimum threshold criteria. Special requests for urology include:

- use of the surgical laser
- visual laser ablation of the prostate
- laparoscopic urological procedures

**Core Privileges**

Privileges include being able to admit, work up, consult with, and treat either surgical or medical patients presenting with illnesses or injuries of the genitourinary system.

Core privileges include, but are not limited to:

**PENIS**

- \* dorsal slit circumcision
- \* excision or biopsy of lesion
- \* penectomy
- \* construction of penis repair (injury)
- \* insertion of penile prosthesis
- \* surgery for Peyronie's disease (trunk, patch graft, excision)

**URETHRA**

- \* biopsy of lesion
- \* meatotomy (male or female)

- \* repair of fistula
- \* urethral diverticulectomy (male or female)
- \* ureterolithotomy
- \* urethral structure repair
- \* repair of injured urethra
- \* perineal urethrostomy
- \* fulguration of urethral values
- \* contagion implant

#### **PROSTATE**

- \* biopsy (needle, open)
- \* repair of rectourethral fistula
- \* prostatectomy (transurethral, suprapubic, retropubic and simple, retropubic and radical, perineal, and simple, perineal and radical)
- \* incision and drainage of abscess

#### **BLADDER**

- \* augmentation
- \* insertion of artificial sphincter
- \* insertion of penile prosthesis
- \* cystostomy
- \* cystotomy
- \* transurethral resection of bladder tumor
- \* cystectomy
- \* creation of ileal conduit
- \* ureterosigmoidostomy
- \* vesicotomy
- \* fistula repair
- \* endoscopic relief of bladder neck obstruction
- \* open repair of bladder neck obstruction
- \* stress, female, abdominal approach
- \* stress, female, vaginal approach
- \* cystolithotomy
- \* ureteroscopy
- \* pelvic/exenteration
- \* bladder procedures

#### **URETER**

- \* biopsy (endoscopic, open)
- \* endoscopic ureterocelelectomy
- \* open ureterocelelectomy with ureteral re-implant
- \* stone basket manipulation

- \* ureterolithotomy
- \* ureterolysis
- \* repair of retrocaval fistula
- \* ureterotomy for tumor
- \* ureterostomy
- \* ureteroenterostomy (any type)
- \* ureteral substitution
- \* continent urinary diversion

#### **KIDNEY**

- \* renal exploration
- \* repair of kidney (trauma)
- \* renal biopsy (open)
- \* incision and drainage of abscess
- \* nephrotomy
- \* pyelostomy
- \* pyelolithotomy
- \* closure of fistula
- \* nephrolithotomy
- \* excision of decortication of cyst
- \* repair of horseshoe kidney
- \* pyeloureteroplasty
- \* percutaneous procedures

#### **ADRENAL**

- \* exploration (unilateral or bilateral)
- \* excision of cyst
- \* adrenalectomy
- \* resection of pheochromocytoma

#### **SCROTAL CONTENT**

- \* excision of skin lesion
- \* excision and drainage of abscess
- \* excision of lesion of spermatic cord
- \* hydrocelectomy
- \* inguinal orchiectomy
- \* epididymectomy
- \* ligation of spermatic veins (varicocele)
- \* microscopic vasovasostomy
- \* microscopic epididymovasostomy
- \* reduction, torsion of testicle
- \* excision of lesion of testis
- \* orchiectomy (unilateral or bilateral)
- \* repair of testicular, scrotal injury
- \* orchidopexy
- \* testicular biopsy
- \* insertion of testis prosthesis

#### **MISCELLANEOUS**

- \* hernia repair
- \* exploratory laparotomy
- \* biopsy of retroperitoneal tumor

#### **DISSECTION OF**

- \* radical retroperitoneal lymph node

- \* pelvic lymph node
- \* inguinal lymph node
- \* closure or evisceration
- \* secondary operation
- \* placement of interstitial radiation
- \* regional perfusion, chemotherapeutic
- \* thoracoabdominal surgical approach

**DIAGNOSTIC PROCEDURES**

- \* cystoscopy and/or panendoscopy
- \* ureteral catheterization
- \* percutaneous nephrotomy
- \* nephrotomogram
- \* ileal loopogram
- \* cinepyeloureterogram
- \* retrograde urethrogram
- \* urodynamics
- \* urethroscopy
- \* bladder ultrasound

**SPECIAL PEDIATRIC UROLOGICAL PROCEDURES**

- \* operations for hypospadias (correction of penilechordee; first, second, third stage; repair of urethrocutaneous fistula repair of penoplasty)
- \* release of imperforate hymen
- \* release of labial fusion

**MISCELLANEOUS PEDIATRIC**

- \* reconstructive surgery of upper and lower urinary tract

---

*I understand that in making this request I am bound by West Jefferson Surgery Center's applicable bylaws and policies. I hereby stipulate that I meet the threshold criteria for each request.*

\_\_\_\_\_  
Physician's signature

\_\_\_\_\_  
Typed or printed name

\_\_\_\_\_  
Date

Approved: 3/97

**In general, core privileges consist of those areas listed above. The medical staff may modify or limit the privileges granted.**

WEST JEFFERSON SURGERY CENTER  
MARRERO, LOUISIANA

**GENERAL PRIVILEGES FOR PHYSICIAN APPOINTEES**

All physician appointees of the Medical Staff are automatically granted privileges to:

1. Admit patients;
  2. Perform histories and physicals;
  3. Order diagnostic and therapeutic services;
  4. Make referrals and request consultations;
  5. Provide consultations within the scope of his or her privileges;
  6. Use all skills normally learned during medical school or residency; and
  7. Render any care in a life-threatening emergency.
- 

Exceptions

- Emergency physicians may not admit or write orders for care in the special care units. These activities must be performed by physicians with such privileges.
- Pathologists may not admit on an inpatient basis or provide emergency room coverage.
- See the special conditions for dentists and podiatrists section in the general policy for delineation of clinical privileges.

WEST JEFFERSON SURGERY CENTER

MARRERO, LOUISIANA

**PRIVILEGES DELINEATION OVERVIEW**

The following are the primary goals of West Jefferson Surgery Center's privilege delineation process.

1. Assure maximum objectivity in the granting of clinical privileges
2. Avoid, where possible, the use of long laundry lists of diagnoses that require constant updating and redrafting. These lists are, in many disciplines, difficult to monitor and are not generally thought to be realistic.
3. Grant privileges commensurate with education, residency, training, and experience.
4. Ensure, to the extent possible, that patients are cared for by individuals who possess the highest degree of competency.

WEST JEFFERSON SURGERY CENTER  
MARRERO, LOUISIANA

**INSTRUCTIONS FOR THE APPLICANT REGARDING THE COMPLETION OF THE PRIVILEGES  
REQUEST FORMS**

*West Jefferson Surgery Center's Medical Staff is divided into departments. Requests for privileges are reviewed by the applicable Department Chair. You must use the privileges request forms to document your requests and to provide additional information for the Center to use.*

---

Please note the following when completing our privileges request forms:

1. Most Medical Staff appointees are automatically granted general privileges (See *General Privileges for Physician Appointees*). You must, however, specify any additional privileges you desire by completing the appropriate forms.

*Note: This privileges delineation packet does not include every possible situation, diagnosis, or surgical procedure.*

2. You are expected to practice within the bounds of your training and competence, and you should not attempt to treat those complicated cases for which there are individuals on this staff with higher levels of skill or training.
3. Newly developed or experimental treatment modalities not included herein must be cleared by the appropriate department chair prior to their performance.
4. Please become familiar with the capabilities and limitations of this facility, and do not attempt to treat conditions that require specialty care in other practice settings.
5. Ordinarily, applicants are given privileges request forms that correspond to their specialty or area of interest. If you desire privileges in more than one clinical field, such as medicine, pediatrics, and surgery, and do not find the forms necessary to document your request, please request assistance from the Credentials Coordinator or Administrative representative.
6. When questions require information concerning the number of times you have performed a procedure, you may generalize (e.g., 10-20, greater than 20).

*Note: The Center seeks general, not specific information, unless your overall volume is low. You are not expected to have performed every type of procedure.*