

**WEST JEFFERSON MEDICAL 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.
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**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.

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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 ureterocelectomy
- \* open ureterocelectomy 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

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

Physician's signature

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Typed or printed name

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Date

Approved: 3/97

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