

# KENDALL POINTE SURGERY CENTER

## Delineation of Privileges Urology

Physician Name: \_\_\_\_\_

Date: \_\_\_\_\_

	Privileges	Denied	Granted	With Consultation
	Biopsy			
	Bladder			
	Penis			
	Prostate, closed			
	Testes			
	Urethra			
	Corpora Caverosa saphenous vein shunt			
	Penis fistullization			
	Circumcision			
	Closure			
	Cystostomy			
	Nephrocutaneous/Pyelocutaneous fistula			
	Vesicouterine fistula			
	Cystostomy w/fulguration			
	Cryosurgical destruction			
	Insertion ureteral catheter or stent			
	Cystometrogram			
	Cystoscopy			
	Retrograde pyelography			
	Transurethral			
	Cystouretroscopy, retrograde, x-ray only			
	w/insertion of urethral guide wire			
	Cystourethrogram, retrograde			
	Dilatation			
	Bladder neck			
	Urethral			
	Dorsal Slit prepuce			
	Drainage, scrotal wall abscess			
	Electromyogram, urethral sphincter			
	Epididymectomy			
	Excision			
	Caruncle, urethra			
	Lesion			
	Bulbourethral gland			
	Penis			
	Perineum, male			
	Scrotum			
	Spermatic cord			
	Testes			
	Urethra			
	Exploration, testes			
	Fistulectomy, urethra			
	Fulguration			
	Tumor bladder			
	Urethra			
	Herniorrhaphy, Pediatric			

Urology

Name: \_\_\_\_\_

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	Privileges	Denied	Granted	With Consultation
	Hydrocelectomy			
	spermatic cord			
	Implantation testicular prosthesis			
	Insertion			
	Catheter, bladder, indwelling			
	Testicular prosthesis			
	Lithotripsy			
	Bladder			
	Kidney			
	Urethral			
	Lysis of adhesions, penile			
	Meatotomy, ureter/urethra			
	Neruomodulation			
	Ochiectomy			
	Orchiectomy			
	Orchiopexy			
	Other operation, vas deferens			
	Reduction, testicular torsion			
	Removal			
	Bladder stones w/incision			
	Stent, urethral			
	Perineal prosthesis, introduced for incontinence			
	Repair, penis			
	Replacement, indwelling catheter, uretherostomy tube			
	Scrotal exploration			
	UPP, urethral pressure profile studies			
	Urethrectomy, total			
	Transurethral Restriction of Bladder Tumor			
	Urethrogram			
	Urethrorrhaphy			
	Urethrotomy			
	Varicocelectomy			
	Vasectomy			
	Reversal			
	Vesiculectomy			
	Vesiculotomy			
	X-ray Interpretation			
	Other:			
	Use of Laser for urology surgery			

I am competent based on my education, training and experience to perform the procedures checked above. My signature on this application represents a request for privileges for the clinical procedures described above.

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Medical Director, Kendall Pointe Surgery Center, LLC

\_\_\_\_\_  
Date:

Urology

Name: \_\_\_\_\_