



University of Michigan
Hospitals and Health Centers

UNIVERSITY OF MICHIGAN HOSPITALS AND HEALTH CENTERS

**Delineation of Privileges
Department of Urology**

Name: _____
Please Print or Type

LEVEL I CORE PRIVILEGES

Requested (Applicant) Recommended approval (Service Chief/Chair)

Scope of Practice/Privileges:

Urology is a discipline of medicine and the surgical specialty that provides the operative and nonoperative management (i.e., prevention, diagnosis, evaluation, treatment, critical care, and postoperative management) of the urinary and reproductive systems, including disease processes of the retroperitoneum and inguinal region.

Urologists routinely perform procedures that require the use of imaging technologies (e.g. ultrasound, fluoroscopy, and retrograde urethrogram). Fluoroscopy privileges require a separate application and reapplication process.

The Department of Radiology has approved the Urology faculty use of ultrasound technology for specific urologic procedures and imaging. The safe and effective use of this modality for these procedures is incorporated in the Urology Residency Training Program.

Privileges also include the following representative list. This is not intended to be all-encompassing, but rather to reflect the categories/types of patient problems included in the description of privileges.

- Admit, evaluate, diagnose, consult and provide pre- and postoperative treatment for patients of all ages with disorders of the genitourinary tract, including the adrenal gland.
- Adrenalectomy
- Anterior pelvic exenteration
- Appendectomy
- Appendicovesicostomy or other Mitrofanoff or Monti – type channel
- Artificial sphincter, insertion – revision – removal – replacement
- Augmentation cystoplasty
- AV fistula for dialysis

- Bladder cancer – diagnosis and treatment
- Bladder diverticulectomy
- Bladder neck dilation or incision
- Bladder neck reconstruction – Young Dees or other type
- Bladder procedures, including but not limited to: augmentation, fistula repair, lesion excision, instillation of therapeutic agents, rupture repair
- Bladder, psoas hitch
- Bladder stimulation by Interstim or other device
- Bowel resection/component of urologic procedure
- Chordee correction
- Circumcision, circumcision revision, preputial adhesion lysis
- Cloacal exstrophy or other cloacal reconstruction
- Colporrhaphy, anterior or posterior repair
- Congenital anomalies of genitourinary tract, including but not limited to: epispadias, hypospadias
- Continent urinary diversion or reservoir construction
- Cutaneous pyeloureterostomy
- Cutaneous vesicostomy, ileovesicostomy
- Cystectomy
- Cystolithotomy
- Cystoplasty
- Cystostomy, open or percutaneous
- Cystourethrogram
- Cystourethroscopy – with irrigation, removal of foreign bodies, injection therapy, biopsy, ureteral catheterization and pyelography
- Donor nephrectomy
- Dorsal preputial slit
- Endoscopic destruction of urethral valves
- Endoscopic, laparoscopic and robotic urological procedures
- Enterocystoplasty
- Enterotomy or enteroenterostomy
- Epididymal sperm extraction
- Epididymectomy
- Epididymis, biopsy of, excision of lesions
- Epididymovasostomy, microsurgical
- Epispadias reconstruction
- Erectile dysfunction, diagnose and treat
- Evisceration, closure of
- Exploration of retroperitoneum
- Exstrophy, surgical correction

- Female sphincter prosthesis
- Flexible Sigmoidoscopy
- Fluid/electrolyte problems, treat
- Gastrocystoplasty
- Gender reassignment reconstruction
- Heminephroureterectomy
- Hernia repair (herniorrhaphy) – inguinal, umbilical, incisional, ventral
- Hydrocelectomy
- Hypospadias repair
- Ileal loopogram
- Ileal or other intestinal conduit
- Ileal ureter
- Ilioinguinal (inguinofemoral) lymphadenectomy for penile cancer
- Imperforate hymen, incision
- Incontinence stress, abdominal, perineal or vaginal correction
- Incontinence, evaluate/treat
- Infertility, diagnose and treatment
- Kidney procedures for trauma, congenital anomaly, stone, infection, malignancy or other conditions
- Labial fusion, incision
- Laparoscopic procedures, diagnostic and urologic therapeutic
- Ligation of internal spermatic veins
- Lymph node biopsy, including: inguinal, pelvic
- Lymphadenectomy, including but not limited to: iliac, ilioinguinal, inguinal, pelvic, retroperitoneal
- Male sphincter prosthesis
- Meatoplasty, meatotomy
- Mitrofanoff, Monti, or other catheterizable channel
- Neobladder construction
- Nephrectomy, open or laparoscopic
- Nephrolithotomy, including but not limited to: percutaneous, simple, staghorn
- Nephrostomy
- Nerve block injections
- Orchidopexy
- Orchiectomy
- Pelvic exenteration
- Penile amputation, partial or complete
- Penile biopsy
- Penile injury repair
- Penile prosthesis, insertion – removal – revision
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- Penile revascularization
- Penoplasty
- Penoscrotal transposition correction
- Percutaneous ablation of renal cysts or masses
- Percutaneous nephrolithotripsy, nephroscopy, nephrostomy, nephrotomy, pyelostolithotomy
- Perineal urethropexy
- Perineal urethrostomy
- Peritoneal dialysis catheter placement, revision, removal
- Periurethral abscess, incise and drain
- Periurethral injection of materials for incontinence
- Peyronie's disease, reconstruction
- Pheochromocytoma, resection of
- Prostate, biopsy, including: needle, open, punch, single, transrectal, transperineal
- Prostatectomy, including but not limited to: perineal radical, perineal simple, retropubic radical, retropubic simple, suprapubic, transurethral
- Prostatic abscess, drainage and incision
- Pyelolithotomy
- Pyelogram/ureterogram: antegrade or retrograde
- Pyeloplasty (pyeloureteroplasty), open, laparoscopic, robotic assisted
- Pyelotomy
- Reconstructive procedures of upper/lower urinary tract
- Rectourethral, rectovesical, fistula repair
- Reduction, torsion of testicle
- Renal biopsy, open, needle
- Renal cancer diagnose and treat
- Renal cyst, unroofing, excision, drainage
- Renal endoscopy through nephrostomy/pyelostomy
- Renal exploration
- Renal failure, acute/chronic, diagnose and treat
- Renal or perirenal abscess, drainage/incision
- Renal transplantation
- Retrograde urethrogram
- Retroperitoneal abscess, drainage/incision
- Retroperitoneal tumor or cyst: excision or biopsy
- Retroperitoneum, exploration of; treatment of retroperitoneal fibrosis with ureteral obstruction
- Scrotal injury, repair of
- Scrotal wall abscess, drainage

- Scrotoplasty: complicated, simple
- Scrotum: excision partial or complete, exploration, remove foreign body, resection
- Shunt, corpus cavernosum to corpus spongiosum (percutaneous/open)
- Sigmoid conduit
- Sigmoidoscopy
- Sling procedures for urinary incontinence
- Spermatic cord, excise: hydrocele, lesion, unilateral
- Spermatic veins: excision or ligation of varicocele
- Spermatocele, excision
- Stone basket manipulation
- Stress incontinence, female, abdominal or vaginal
- Symphysiotomy (horseshoe kidney)
- Testis biopsy
- Testis injury, repair of
- Testis lesion, excision
- Testis prosthesis, insertion, removal
- Testis sperm extraction
- Testis torsion, appendix testis torsion – diagnose and treat
- Thoracoabdominal surgical approach
- Transureteroureterostomy
- Transurethral/percutaneous drainage of urinary obstruction including dilation, incision of stricture, and placement of catheters
- Transurethral or perineal injection of materials (e.g. implant for incontinence or reflux, Botox for bladder/sphincter dysfunction)
- Transurethral resection of bladder tumor, prostate, urethral valves
- Transvaginal ureterolithotomy
- Transvesical ureterolithotomy
- Ultrasonography – perineal, rectal, abdominal, scrotal, retroperitoneal, intraoperative organ interrogation
- Urachal cyst, excision
- Uremia treatment
- Ureteral, biopsy, catheterization, reimplantation, stent insertion
- Ureteral substitution (e.g. ileal ureter)
- Ureterectomy
- Uretero-calyceal anastomosis (uretercalicostomy)
- Ureterocele excision or reconstruction
- Ureterolithotomy

- Ureterolysis
- Ureteroneocystostomy, bilateral, unilateral; with bladder flap or Psoas hitch
- Ureteroscopy with: biopsy, calculus removal, fulguration, stricture incision
- Ureterosigmoidostomy
- Ureterotomy
- Ureteroureterostomy
- Urethral biopsy
- Urethral diverticulectomy
- Urethral fistula repair
- Urethral injury, repair of
- Urethral prolapse, excision
- Urethral reconstruction (urethroplasty) such as for stricture, injury, malignancy, duplication or other congenital anomalies
- Urethral suspension procedures
- Urethral valves, incision, resection
- Urethrectomy
- Urethro-rectal fistula closure
- Urethro-vaginal fistula closure
- Urethrocutaneous fistula repair
- Urethromeatoplasty
- Urethroscopy
- Urethrostomy, including: external, internal, perineal
- Urethrotomy, visual
- Urinary undiversion
- Urodynamics – simple, complex, video, fluoroscopic
- Urologic oncology – diagnosis and treatment
- Vaginal urethropexy, pubovaginal sling
- Vasectomy, unilateral/bilateral
- Vasotomy for vasogram plus biopsy
- Vasovasostomy, microsurgical
- Vesical neck plasty
- Vesicostomy
- Vesicovaginal fistula repair, abdominal or vaginal
- Voiding dysfunction, diagnosis and therapy

Minimum Training and Experience: M.D. or D.O. degree.

Current Faculty

Successful completion of the Accreditation Council for Graduate Medical Education (ACGME) approved residency training program in Urology and Board Certification. Attendance at University of Michigan Medical Center Annual Radiation Safety Program. All faculty must actively manage patients at least three months per year to maintain clinical privileges.

New Faculty

(a) For those joining the staff immediately after completion of Urology residency: A letter of reference from the director of the residency program at which the applicant trained, documenting satisfactory completion of the program (including adequate case volume and demonstration of competency in patient care required by the American Board of Urology prior to its certifying examination); two additional supporting letters from Urology faculty of the candidate's residency program.

Certification by the American Board of Urology within four years of the initial appointment of this staff member will be expected.

(b) For those joining the staff after having practiced Urology elsewhere: A letter of reference from the applicant's most recent service chief documenting adequate clinical volume (a minimum of 50 major urologic surgical operations in the previous 12 months) and competency in patient care and two additional supporting letters from other urologists who have known the applicant for at least two years and are acquainted with the applicant's current professional status, medical practice, and involvement in the field of urology.

Certification by the American Board of Urology is required.

Pediatric Urology – Subspecialty certification in pediatric urology was first offered by the ABMS in 2008. It is the intention of the American Board of Urology that basic certification in urology should offer sufficient justification for certification in most pediatric urologic practice, but that subspecialty certification conveys the highest level of authority for complex pediatric urologic problems and for pediatric urologic education.

COURTESY PHYSICIANS ONLY

Limited to cystoscopy, stone manipulation, urodynamics, double J stent insertion, etc, in anticipation of immediate extracorporeal shock wave lithotripsy (ESWL).

Requested (Applicant) **Recommended approval (Service Chief/Chair)**

LEVEL II

Scope of Practice/Privileges

EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY (ESWL)

Requested (Applicant) **Recommended approval (Service Chief/Chair)**

Minimum Training and Experience

Documented satisfactory completion of preceptorship or letter from previous service chief attesting to ESWL competence. All faculty are required to perform a minimum of five cases per year to maintain privilege.

SPECIAL PRIVILEGES

A separate application is required to APPLY or REAPPLY for the following Special Privileges:

- ▶ **FLUOROSCOPY**
- ▶ **LASER**
- ▶ **ROBOTIC SURGICAL PLATFORM**
- ▶ **SEDATION PRIVILEGES FOR A NON-ANESTHESIOLOGIST**

PLEASE go to URL: www.med.umich.edu/i/oca for instructions, or contact your Clinical Department Representative.

TO BE COMPLETED BY APPLICANT:

I meet the previously stated minimum criteria and request that my application be considered for the privileges as outlined above. I authorize and release from liability, any hospital, licensing board, certification board, individual or institution who in good faith and without malice, provides necessary information for the verification of my professional credentials for membership to the Medical Staff of The University of Michigan Health System.

Applicant Signature: _____ Date: _____

DEPARTMENT ACTION:

Approval:

_____ As Requested _____ As Modified
(please explain)

I have reviewed and/or discussed the privileges requested and find them to be commensurate with his/her training and experience, and recommend that his/her application proceed.

Justification for approval is based on careful review of the applicant's education, postgraduate clinical training, demonstrated clinical proficiency and Board Certification or qualifications to sit for the Boards.

Department Chair: _____ Date: _____ Service Chief: _____ Date: _____

CREDENTIALS COMMITTEE ACTION:

_____ Approval as Requested _____ Not Approved (please explain) _____

Credentials Committee Member: _____ Date: _____

EXECUTIVE COMMITTEE ON CLINICAL AFFAIRS ACTION:

_____ Approval as Requested _____ Not Approved (please explain) _____

Executive Committee On Clinical Affairs - Member: _____ Date: _____