

**Loma Linda University Medical Center**  
**Loma Linda, CA 92354**  
**PRIVILEGE FORM**

CLINICAL AREA: **UROLOGY**

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

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REQUEST	CATEGORY	MEMBERSHIP CATEGORY	ACTION		
			Approved	Conditions	Denied
	Provisional (Bylaws 4.3)	All initial appointees shall be placed in the Provisional Category for the duration of their initial appointment.			
	Administrative (Bylaws 4.7)	For practitioners who are members of the Medical Staff who have no clinical privileges, who are recommended for appointment or reappointment to the Administrative Staff by the Chief of the Clinical Service, the Credentials Committee, and the Medical Staff Executive Committee, and who must <b>MUST</b> meet the following:			
		1. Have been a member in good standing of the Active, Courtesy, or Provisional Staff for at least one (1) year.			
		2. Have completed proctoring for any clinical privileges previously requested.			
		3. Agree to refrain from participating in any activities within the Medical Center that require clinical privileges.			
		4. Provide significant service to the Medical Center and the Medical Staff in the form of academic activities, quality improvement activities, or administration.			
		5. Be recommended for appointment or reappointment			
		Failure to meet any of these qualifications will be adequate grounds to deny reappointment.			
	Affiliate (Bylaws 4.9)	Practitioners who <b>CANNOT</b> : 1. Vote or hold office in the Medical Staff or Service. 2. Be a member of any Medical Staff Committee. 3. Be Reappointed to the Affiliate Category.			
		Practitioners who <b>MUST</b> : 1. Have been a member in good standing of the Active, Courtesy or Consulting category during the immediate preceding appointment period. 2. Have completed, in a timely manner as described in the Bylaws, an application for reappointment. 3. Have been found to be qualified for reappointment, <b>other than the volume of clinical activity.</b>			
	Active (Bylaws 4.2)	Regularly care for patients in the Medical Center; have completed proctoring requirements and the Provisional period.			
	Courtesy (Bylaws 4.4)	Admit or otherwise provide care for not more than twelve (12) patients in the Medical Center during each year. Have completed proctoring and the Provisional period.			
	Consulting (Bylaws 4.5)	Render a clinical opinion within their competence. Shall not be eligible to admit patients or to assume continuing care of patients in the Medical Center. Not eligible to vote or hold office in the Medical Staff or Clinical Service			

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CATEGORY	QUALIFICATIONS
All	Current demonstrated competence and an adequate volume of current experience with acceptable results in the privileges requested for patients of all age groups, except as specifically excluded from practice.
Category 1	Current certification, or active participation in the examination process leading to certification in urology by the American Board of Urology or the American Osteopathic Board of Surgery to be achieved within five (5) years of completion of residency training; <b>or</b> Successful completion of an accredited ACGME/AOA residency program in urology and acceptable practice in the privileges requested for at least an additional three (3) years.
Category 2	As stated above for Category 2, <b>plus:</b>  Successful completion of an approved, recognized course when such exists, or acceptable supervised training in residency, fellowship, or other formal supervised training or clinical experience of sufficient breadth and length with acceptable results in the particular privileges requested.
Use of Laser	Completion of an accredited laser training program documenting laser care, physics and clinical indications for utilization of the specific laser; <b>or</b> Documentation from the chief of an accredited residency training program attesting to the training in specific laser therapy during residency; <b>and</b> Approval of the Laser Committee.
Sedation	<b>Moderate Sedation:</b> Successful completion of the PURPLE Book test, or equivalency, from Loma Linda University Medical Center - Quality Resource Management (LLUMC-QRM) <b>Deep Sedation:</b> Successful completion of the PRS Self-Study packet and test, or equivalence, from LLUMC-QRM.
Observation Requirements	As specified in the Urology Section rules and regulations.
Procedures Followed by an Asterisk (*)	Successful completion of an approved, recognized course where such exists, <b>or</b> Acceptable supervised training in residency, fellowships or other acceptable programs and demonstration of indications for the procedure/test/therapy; <b>and</b> Documentation of competence to obtain and retain clinical privileges as set forth in policies governing the exercise of the specific privileges.

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<p><b>Robotic Surgical Platform</b></p>	<p><b>Education and Training:</b> The physician must have completed an approved residency program in surgery or surgical specialty in an ACGME approved program. Certification or demonstrated equivalent competence by the certifying agency of the surgical specialty. Eligibility and current active privileges to perform the laparoscopic or thoracoscopic surgery for the procedure being performed on the Robotic Surgical Platform are required. Active participation in the ongoing performance improvement program.</p> <p><b>AND</b> Must show evidence of training by attendance at a hands-on training practicum in the use of the Robotic Surgical Platform of at least eight (8) hours duration with experience in a laboratory setting, which includes a minimum of three (3) hours of personal time on the system during animate or cadaver models.</p> <p><b>OR</b> Previous practical experience via an accredited fellowship or residency program with documented clinical experience in a minimum of 10 computer-assisted procedures in that program. With that experience, the Chief of the appropriate Surgical Department/Division may, at his/her discretion recommend waiving further requirements after proctoring one surgical case of the applicant using the Robotic Surgical Platform.</p> <p><b>Proctoring:</b> Successful completion of a minimum of <u>five (5) proctored cases. The first two (2) procedures must be proctored by an approved and qualified proctor who meets the above qualifications, the other three (3) cases may be proctored by an LLUMC physician that has completed proctoring on the use of the Robotic Surgical Platform (same specialty not required).</u> Need for additional proctoring, if any, to be determined by the Service Chief.</p>
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MARK IF REQUESTED	CODE	PRIVILEGE	ACTION		
			Approved	Conditions	Denied
<b>GENERAL</b>					
	U00300	Admit, treat, consult on diseases/disorders/conditions affecting the genitourinary and reproductive organs			
		Supervision of Residents and Students			
		Supervision of Allied Health Professionals under the following circumstances: AHP is granted practice privileges by the Medical Staff AHP operates under standardized procedures Other circumstances as recommended by the IDP Committee and approved by the Medical Staff			
		Supervise Radiologic Technologists and operate Fluoroscopy Equipment. <u>Fluoroscopy Supervisor and Operator Permit required</u> (attach current copy).			
	U00301	Consult on diseases/disorders/conditions affecting the genitourinary and reproductive organs			
	U00311	Special Care Unit privileges restricted to care of the specialty needs of the patient (see specific unit supplement)			
<b>CATEGORY 1</b>					
	U12090	Surgery upon the kidney, including total or partial nephrectomy, for malignant or benign disease, including radical transthoracic nephrectomy and excluding any Category 2 procedure			
	U12100	Surgery upon the ureter and renal pelvis, excluding reconstructive procedures and any other Category 2 procedure			
	U12110	Surgery upon the urinary bladder for benign or malignant disease, including partial resection and removal of stones and foreign bodies but excluding any Category 2 procedures			
	U12080	Adrenal gland surgery			
	U12780	Transurethral surgery, including resection of prostate and bladder tumors			
	U12790	Transvesical ureterolithotomy			
	U03010	Cystolithotomy			
	U05857	Insertion of totally indwelling ureteral stent			
	U03020	Cystoscopy			
	U00530	All forms of prostatectomy, including biopsy			
	U12040	Surgery of the testicle, scrotum, epididymis and vas deferens, including biopsy, excision and reduction of testicular torsion, orchiopexy			
	U12070	Penile Surgery			
	U02870	Creation of AV fistula for dialysis*			
	U13131	Visual urethrotomy			

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			Approved	Conditions	Denied
<b>CATEGORY 1, continued</b>					
	U08790	Urethral suspension procedures			
	U06520	Laparotomy for diagnostic or exploratory purposes (urologic related conditions)			
	U04400	Exploration of retroperitoneum			
	U04290	Excision of retroperitoneal cyst or tumor			
	U01540	Bowel resection as component of urologic procedure			
	U03980	Enterostomy as component of urologic procedure			
	U00890	Appendectomy as component of urologic procedure			
	U06800	Pelvic, inguinal and lymph node biopsy			
	U12424	Testicular biopsy			
	U02310	Circumcision			
	U10671	Open renal stone surgery, e.g., pyelolithotomy			
	U131105	Ureterosigmoidoscopy			
	U05310	Incidental appendectomy			
	U02420	Periurethral collagen injections*			
	U12650	Total or simple cystectomy			
	U05210	Ileal or intestinal conduit			
	U06820	Lymph node dissection – inguinal, retroperitoneal, or iliac			
	U09290	Pelvic exenteration			
	U08820	Operation for ureterocele			
	U03922	Renal endoscopy through established nephrostomy or pyelostomy			
	U09350	Percutaneous nephrolithotripsy			
	U10080	Plastic and reconstructive procedures on ureter, bladder and urethra			
	U13120	Ureter-calyceal anastomosis			
	U13110	Ureteral substitution			
	U13115	Ureteroscopy			
	U07250	Management of congenital anomalies of the genitourinary tract, including epispadias and hypospadias			
	U10810	Reconstructive procedures on external male genitalia requiring prosthetic implants or foreign materials			
	U09060	Other plastic and reconstructive procedures on external male genitalia			

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MARK IF REQUESTED	CODE	PRIVILEGE	ACTION		
			Approved	Condition	Denied
<b>CATEGORY 1, continued</b>					
	U06950	Male sphincter prosthesis			
	U01460	Bladder instillation of anticarcinogenic agent			
	U08730	Operation for Peyronie's disease, including grafting			
	U04350	Excision of urethral valves			
	U08830	Operation for urethral fistula			
	U03850	Endoscopic destruction of urethral valves, child			
	U13130	Urethroscopy			
<b>MICROSCOPIC SURGERY</b>					
	U08030	Epididymovasostomy			
	U08060	Vasovasotomy			
	U02625	Continent reservoirs			
	U02875	Creation of neobladders			
<b>CATEGORY 2</b>					
	U09370	Percutaneous renal biopsy			
	U09250	Pediatric renal surgery*			
	U04540	Female sphincter prosthesis			
	U01470	Bladder pacemaker			
	U02710	Renovascular surgery procedures			
	U04440	Extracorporeal shock wave lithotripsy*			
	U09900	Peritoneal dialysis*			
	U11060	Renal vascular repair, resection, anastomosis, graft*			
	U11600	Sigmoidoscopy, fiberoptic with biopsy*			
	U11610	Sigmoidoscopy, fiberoptic with polypectomy*			
	U11063	Renal transplantation*			
	U06480	Laparoscopic surgery, rologic or for diseases of the urinary tract*			
	U03350	Inguinal herniorrhaphy			
	U13430	Ventral/flank herniorrhaphy			
<b>SPECIAL PROCEDURE</b>					
		<b>Perform Robotic Assisted Surgery Using the Robotic Surgical Platform*</b> <b>(Attach Required Certificate of Training)</b> <b>See Requirements for qualifications and proctoring above</b>			

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MARK IF REQUESTED	CODE	PRIVILEGE	ACTION		
			Approved	Condition	Denied
<b>USE OF LASER</b>					
<i>Use limited to approved applications for the specific laser indicated. List and check "Yes" in the Requested column for each specific type of laser for which privileges are requested.</i>					
	U13181	CO <sub>2</sub>			
	U13182	NdYAG			
	U13183	KTP			
	U13184	Argon			
<b>SEDATION</b>					
	U99998	Moderate sedation			
	U99999	Deep sedation			

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**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 Loma Linda University Medical Center, Inc.; **and**

I understand that:

- (a) In exercising any clinical privileges granted, I am constrained by any hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- (b) Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws.

Signed: \_\_\_\_\_

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

**Conditions/Modifications:**

The requested clinical privileges have been approved by the Board of Trustees with the following conditions, modifications and the explanation for same.

Code	Privilege	Condition/Modification
<b>Code</b>	<b>Explanation:</b>	

\_\_\_\_\_  
 Chief of Section

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Chief of Service

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Credentials Committee

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Medical Executive Committee

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Approved By Governing Body

\_\_\_\_\_  
 Date