

Name of the Applicant: _____

Urology	Privileges Applied by Applicant	Privileges Granted by CUHKMC
(A) Core Privileges		
1. Minor procedure of the genital area	<input type="checkbox"/>	<input type="checkbox"/>
2. Hernia repair for groin area	<input type="checkbox"/>	<input type="checkbox"/>
3. Cystoscopy	<input type="checkbox"/>	<input type="checkbox"/>
4. Cystoscopy and retrograde pyelogram/catheterization/ stent insertion	<input type="checkbox"/>	<input type="checkbox"/>
5. Penile surgery, including circumcision and partial penectomy +/- skin grafting	<input type="checkbox"/>	<input type="checkbox"/>
6. Scrotal surgery, include vasectomy and operation on the testis	<input type="checkbox"/>	<input type="checkbox"/>
7. Transrectal ultrasound guided prostate biopsy	<input type="checkbox"/>	<input type="checkbox"/>
8. Transperineal ultrasound/MRI guided prostate biopsy	<input type="checkbox"/>	<input type="checkbox"/>
9. Biopsies – bladder, genitalia, lymph node, prostate, urethra transurethral surgery for the prostate and the bladder (including TURBT, TURP, TUIP using monopolar or bipolar resection, laser prostatectomy etc.)	<input type="checkbox"/>	<input type="checkbox"/>
10. Ureteroscopy, diagnostic or therapeutic under X-ray control	<input type="checkbox"/>	<input type="checkbox"/>
11. Percutaneous Nephrolithotomy, PCNL, PCN	<input type="checkbox"/>	<input type="checkbox"/>
12. Simple open bladder operation for stones, partial cystectomy, diverticulectomy etc.	<input type="checkbox"/>	<input type="checkbox"/>
13. Peritoneal dialysis catheter insertion	<input type="checkbox"/>	<input type="checkbox"/>
14. Sling procedure for urinary incontinence	<input type="checkbox"/>	<input type="checkbox"/>
15. Extracorporeal Shock Wave Lithotripsy (ESWL) for urinary stones	<input type="checkbox"/>	<input type="checkbox"/>
(B) Special Privileges		
16. Vascular Access surgery, AV fistula or AV graft	<input type="checkbox"/>	<input type="checkbox"/>
17. Open major renal surgery of the kidney, such as total nephrectomy	<input type="checkbox"/>	<input type="checkbox"/>
18. Open major ureteric surgery, such as ureterolithotomy, ureteric reconstruction	<input type="checkbox"/>	<input type="checkbox"/>
19. Open Pelvic lymphadenectomy	<input type="checkbox"/>	<input type="checkbox"/>
20. Open radical cystectomy/ anterior exenteration and urinary diversion/ reconstruction	<input type="checkbox"/>	<input type="checkbox"/>
21. Total penectomy +/- groin lymph node dissection	<input type="checkbox"/>	<input type="checkbox"/>
22. Retroperitoneal lymph node dissection open/ laparoscopic	<input type="checkbox"/>	<input type="checkbox"/>
23. Complex urethroplasty procedure of the posterior urethra or urethroplasty involving free graft transfer	<input type="checkbox"/>	<input type="checkbox"/>
24. Laparoscopic total nephrectomy/ nephro ureterectomy	<input type="checkbox"/>	<input type="checkbox"/>
25. Laparoscopic partial nephrectomy	<input type="checkbox"/>	<input type="checkbox"/>
26. Laparoscopic radical cystectomy and urinary diversion	<input type="checkbox"/>	<input type="checkbox"/>
27. Robotic assisted procedures: console surgeon	<input type="checkbox"/>	<input type="checkbox"/>
28. Robotic assisted procedures: bed side surgeon	<input type="checkbox"/>	<input type="checkbox"/>
29. Kidney Transplant	<input type="checkbox"/>	<input type="checkbox"/>
30. Anterior urethral surgery, anastomotic urethroplasty	<input type="checkbox"/>	<input type="checkbox"/>
31. Focal therapy for prostate cancer - Transrectal HIFU	<input type="checkbox"/>	<input type="checkbox"/>
32. Focal therapy for prostate cancer - Transperineal cryotherapy	<input type="checkbox"/>	<input type="checkbox"/>
33. Rezum (minimally invasive transurethral water vapour therapy) for BPH	<input type="checkbox"/>	<input type="checkbox"/>
34. UroLift for BPH	<input type="checkbox"/>	<input type="checkbox"/>
35. Optilume® Drug Coated Balloon (DCB)	<input type="checkbox"/>	<input type="checkbox"/>
36. iTIND for BPH	<input type="checkbox"/>	<input type="checkbox"/>
(C) Others (Please specify)		
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

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Approved by:

Signature: _____ Date: _____

Name & Title: _____