

Name of the Applicant: _____

Urology	Number of Procedures Performed	Privileges Applied by Applicant	Privileges Granted by CUHKMC
(A) Core Privileges			
1. Minor procedure of the genital area			
2. Hernia repair for groin area			
3. Cystoscopy			
4. Cystoscopy and retrograde pyelogram/catheterization/ stent insertion			
5. Penile surgery, including circumcision			
6. Scrotal surgery, include vasectomy and operation on the testis			
7. Transrectal ultrasound guided prostate biopsy			
8. Transperineal ultrasound/MRI guided prostate biopsy			
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.)			
10. Ureteroscopy, diagnostic or therapeutic under X-ray control including ureteroscopic lithotripsy (URSL)			
11. Percutaneous Nephrolithotomy, PCNL, PCN			
12. Simple open bladder operation for stones, partial cystectomy, diverticulectomy etc.			
13. Peritoneal dialysis catheter insertion			
14. Sling procedure for urinary incontinence			
15. Extracorporeal Shock Wave Lithotripsy (ESWL) for urinary stones			
(B) Special Privileges			
16. Vascular Access surgery, AV fistula or AV graft			
17. Open major renal surgery of the kidney, such as total nephrectomy			
18. Open major ureteric surgery, such as ureterolithotomy, ureteric reconstruction			
19. Open Pelvic lymphadenectomy			
20. Open radical cystectomy/ anterior exenteration and urinary diversion/ reconstruction			
21. Partial penectomy +/- skin grafting			
22. Total penectomy +/- groin lymph node dissection			
23. Retroperitoneal lymph node dissection open/ laparoscopic			
24. Complex urethroplasty procedure of the posterior urethra or urethroplasty involving free graft transfer			
25. Laparoscopic total nephrectomy/ nephro ureterectomy			
26. Laparoscopic partial nephrectomy			
27. Laparoscopic radical cystectomy and urinary diversion			
28. Robotic assisted procedures: console surgeon			
Please provide the following information: (a) Robotic system in which you currently certified: Da Vinci Sentire Surgical System (C1000) of Cornerstone Robotics Others (please specify): _____			
(b) Training Certificate (please attach) (c) Logbook for robotic procedures (please attach)			
29. Robotic assisted procedures: bed side surgeon			
Please provide the following information: (a) Robotic system in which you currently certified: Da Vinci Sentire Surgical System (C1000) of Cornerstone Robotics Others (please specify): _____			
(b) Training Certificate (please attach) (c) Logbook for robotic procedures (please attach)			
30. Kidney Transplant			
31. Anterior urethral surgery, anastomotic urethroplasty			
32. Focal therapy for prostate cancer - Transrectal HIFU			
33. Focal therapy for prostate cancer - Transperineal cryotherapy			
34. Rezum (minimally invasive transurethral water vapour therapy) for BPH			
35. UroLift for BPH			
36. Optilume® Drug Coated Balloon (DCB)			
37. iTIND for BPH			
38. Surgical sperm retrieval procedure			
(C) Others (Please specify) _____ _____			

Signature of Applicant

Date (dd/mm/yyyy)

(Form version: 20251112)

For Official Use only

Approved by:

Signature: _____ Date: _____

Name & Title: _____