香港中文大學醫院
CUHK
Medical Centre

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 penetomy +/- 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, anastomostic urethroplasty		☐	☐
32.	Focal therapy for prostate cancer - Transrectal HIFU		☐	☐
33.	Focal therapy for prostate cancer - Transperineal cryotherapy		☐	☐
34.	Focal therapy for prostate cancer - Irreversible electroporation (IRE)		☐	☐
35.	Rezum (minimally invasive transurethral water vapour therapy) for BPH		☐	☐
36.	UroLift for BPH		☐	☐
37.	Optilume® Drug Coated Balloon (DCB)		☐	☐
38.	iTIND for BPH		☐	☐
39.	Surgical sperm retrieval procedure		☐	☐
(C)	**Others** (Please specify) _____ _____		☐ ☐	☐ ☐

_____ _____

Signature of Applicant **Date (dd/mm/yyyy)**

(Form version: 20260312)

For Official Use only

Approved by:

Signature: _____ Date: _____

Name & Title: _____