

UPMC | University of Pittsburgh Medical Center

For Reference Only

UROLOGY 2013

Summary of Services and Availability (by location)

Each location has sufficient space, equipment, staffing and financial resources in place or available in sufficient time as required to support each requested privilege. On an ongoing basis, the organization consistently determines the resources necessary for each requested privilege related to the facility's scope of service.

Please review the following **Summary of Services and Availability by Location** prior to making your selections. If a facility is specifically identified below as NOT having a privilege/service available, you will NOT be considered for that privilege at that individual facility. Any request made that is identified as not available at an individual site will be considered Not Applicable for that site(s), and will be identified as such on your final approved Delineation of Privileges form.

Key

“x” means Privilege is Available at that location.

“C” means contractual arrangement restricts granting this privilege.

“N/A” means Privilege Not Available at that location.

Facility Codes:

EAST=UPMC East

| Privilege | EAST |
|---|-------------|
| Core privileges | X |
| Consultation privileges | X |
| SURGERY OF THE KIDNEY, ADRENAL, URETER, AND BLADDER | |
| Biopsy, all techniques | X |
| Nephrotomy/pyelotomy/ureterotomy/ cystotomy for stent placement, stone extraction, drainage abscess, biopsy, fulgeration, insertion of radioactive material | X |
| Percutaneous nephroscopy, and other percutaneous catheter techniques | X |
| Nephrectomy, partial or complete | X |
| With uretrectomy, bladder cuff | X |
| Radical nephrectomy | N/A |
| With vena caval thrombectomy | N/A |
| Adrenalectomy | N/A |
| Surgery of the ureteropelvic junction, pyeloplasty | N/A |
| Ureterolysis, ureteroplasty, ureterectomy | N/A |
| Cystectomy, partial/complete, repair bladder injury, cystoplasty | N/A |
| Repair vesico-vaginal, vesico-ureterine, vesico-enteric fistula | X |
| Ureteroneocystostomy, ureteroureterostomy, uretero-intestinal diversion, all types | N/A |
| Pelvic exenteration | N/A |
| Renal vascular surgery | N/A |
| Percutaneous Sacral Neuromodulation | N/A |
| Hysterectomy, salpingo-oophorectomy, | N/A |

| Privilege | EAST |
|--|------|
| appendectomy and inguinal hernia repair in conjunction with radical or partial cystectomy and augmentation cytoplasty | |
| SURGERY OF THE PROSTATE | |
| Transrectal ultrasound-guided and other biopsy techniques | X |
| Open prostatectomy, perineal /suprapubic | X |
| Radical prostatectomy | X |
| Transperineal brachytherapy | X |
| SURGERY OF THE URETHRA | |
| Meatotomy | X |
| Biopsy, excision including diverticulum, fulguration of tumor | N/A |
| Urethrectomy, urethroplasty | N/A |
| Manipulations (filiforms and followers, sounds, dilators, etc) | X |
| SURGERY OF THE PENIS | |
| Biopsy, all | X |
| Circumcision | X |
| Penectomy, partial/total | X |
| Inguinal lymph node dissection | X |
| Plastic procedures | X |
| Insertion, repair, removal of penile prosthesis | X |
| Priapism surgery | N/A |
| Repair hypospadias, all | N/A |
| SURGERY OF THE SCROTUM AND CONTENTS | |
| Testicular biopsy | X |
| Orchiopexy | X |
| Orchiectomy (all), epididymectomy | X |
| Vasectomy, vasovasostomy | X |
| Hydrocelectomy, spermatocelectomy, varicocelectomy | X |
| Scrotoplasty | X |
| SURGERY FOR URINARY INCONTINENCE | |
| Sling operation insertion/ removal of prosthetic for incontinence | X |
| Anterior vesicourethropexy/urethropexy (Marshall, Marketti, Krantz, Burch, needle suspension) or Abdomino-vaginal vesicle neck suspension (Stamey, Raz, modified Peyera) | N/A |
| Urethrolysis | X |
| Implantation, repair, removal of artificial urinary sphincter and periurethral injection | X |
| ENDOSCOPY | |

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| Privilege | EAST |
|--|------|
| Cystoscopy, urethroscopy, through nephrostomy | X |
| LAPAROSCOPY | |
| Adrenalectomy | N/A |
| Nephrectomy, partial or radical; pyeloplasty | N/A |
| Prostatectomy | N/A |
| Ureteroneocystostomy | N/A |
| Urinary incontinence procedures | N/A |
| TRANSURETHRAL SURGERY OF THE KIDNEY, URETER, BLADDER, PROSTATE, URETHRA | X |
| CRYOSURGERY | N/A |
| INTRAOPERATIVE ULTRASOUND | X |
| ANESTHESIA | |
| Moderate sedation | X |
| LASER | |
| Nd:YAG | N/A |
| CO2 | N/A |
| KTP:YAG (including Greenlight) | X |
| Argon | N/A |
| Pulse-Dye- 504 nm | N/A |
| Ho:YAG | X |
| Diode (Indigo)- 832nm | N/A |
| FLUOROSCOPY (Certificate Required) | X |
| ROBOTICS (Certificate Required) | N/A |
| TELEMEDICINE | N/A |

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