

**MAYAGUEZ MEDICAL CENTER
HOSPITAL DR. RAMON E. BETANCES
UROLOGY**

**DELINEATION OF PRIVILEGE MEDICAL PROCEDURE
NAME:**

	Requested	Not Requested	Recommended	Not Recommended
URETRA				
Operations on urethra and penis				
Repair of hypospadias				
Repair of epispadias				
Penis Amputation				
Partial				
Radical				
Other female Surgery				
Plastic repair of penis and external genitalia				
Circumcision				
Urethrotomy				
External				
Internal				
Plastic for sericulture of urethra				
Diverticulectomy				
Repair of urethra-vaginal fistula				
PROSTATE				
Suprapubic prostatectomy				
Retro pubic prostatectomy				
a. Simple				
b. Radical				
Transurethral prostatectomy				
Perinea prostatectomy				
a. Simple				
b. Radical				
BLADDER				
Cystostomy				
a. Drainage				
b. Removal of stone				
c. Treatment of bladder tumor				
d. for repair of rupture				
Cystectomy				
Partial				
Complete with bowel conduct				
Transurethral, removal of bladder tumor				
And other transurethral bladder surgery				
Diverticulectomy				
Repair of exstrophy of bladder				
Repair of vesico-vaginal and				

	Requested	Not Requested	Recommended	Not Recommended
Uretero-vaginal fistula				
Vesicourethral suspension				
URETER				
Repair of ureterocele				
Ureterotomy for stone				
Ureteral repair				
Ureteroneocystostomy				
Ureter pelvic				
Ureterotomy and other ureteral surgery				
Cutaneous				
Intestinal				
Others (specify)				
KIDNEY				
Nephrectomy				
a. Thoracoabdominal				
b. Lumbar				
c. Trasperitoneal				
Partial Nephrectomy				
Operation for horseshoe Kidney				
Nephroscopy-Diagnostic and Therapeutic with				
Dilatation of Nephrostomy				
Nephrostomy				
Nephrolithotomy (open or percutaneous)				
Removal of cyst kidney				
Pyelotomy				
SCROTAL CONTENTS				
Spermatic cord surgery				
Vasectomy an vasovasostomy				
Varicocelectomy				
Hydorcelectomy				
Spermatocoelectomy				
Orchiectomy				
Other Testicular surgery				
Epididymectomy				
Orchiopexy				
DIAGNOSTIC PROCEDURES				
a. Cystoscopy, Diagnostic				
b. Pyelogram, retrograde				
c. Pyelogram, intravenous				
d. Cystograms				
e. Aortography				
f. Retroperitoneal Pneumography				
g. Ureteroscopy (with or without lithotripsy)				

	Requested	Not Requested	Recommended	Not Recommended
OTHER (specify)				
Anterior Exanteration				
Inginofemoral, pelvic and retroperitoneal lymphadenectomy				
ESWL				
ADRENAL				
Adrenalectomy				
Others:				

APPLICANT'S SIGNATURE

DATE

/ / **Recommended**

/ / **Not Recommended**

DEPARTMENT DIRECTOR

DATE