

**DEPARTMENT OF OBSTETRICS AND GYNECOLOGY**  
**HARTFORD HOSPITAL**  
**RULES AND REGULATIONS**

**ARTICLE I**

**Membership**

Membership in the Department of Obstetrics and Gynecology will be granted and maintained in accordance with the Medical Staff Bylaws of Hospital.

**ARTICLE II**

**Leadership**

1. The Department of Obstetrics and Gynecology shall have a Chief and an Associate Chief.
  
2. The Chief will be appointed (or so removed) as described in the Hospital Medical Staff Bylaws and will oversee or perform all duties as outlined therein. The Chief will be responsible to the Vice President, Medical Affairs for the functioning of his/her department.
  
3. The Associate Chief shall be appointed by the Chief after consultation with Hospital Administration. In the absence of the Chief, or in the event the Chief's inability or refusal to act, the Associate Chief shall perform the duties of the Chief, subject to approval of the Medical Executive Committee, and when so acting shall have all the powers of and be subject to all the restrictions upon the Chief. The Associate Chief shall perform such other duties as from time to time may be assigned by the Chief consistent with the Medical Staff Bylaws.
  
4. If any appointed leadership position of the Department becomes vacant, it shall be filled at the next meeting of the Department.

**ARTICLE III**

**Divisions and Sections**

1. The Department shall be organized into Divisions as established by the Chief from time to time after consultation with and approval of Hospital Administration. Each Division will have a Division Director who will report to the Chief. The Division Director will be appointed by the Chief after consultation with and approval of Hospital Administration with input from the Executive Committee.
2. Membership in a Division will be granted and maintained by application to and an appointment by the Chief of the Department with input from the Division Director consistent with Department policies and Hospital's Credentials policy.
3. Each Division will have delineations of privileges for procedures and other activities developed by the Department and consistent with the Hospital Credentials policy
4. The Department of Obstetrics and Gynecology shall be divided into the Sub-specialty Divisions as set forth in Attachment A.

## **ARTICLE IV**

### **Committees**

1. The Department shall have the standing committees outlined below. In addition, the Chief shall establish additional committees as needed, from time to time in accordance with the Medical Staff Bylaws.
2. **Executive Committee:** The Executive Committee of the Department shall consist of the Chief, the Associate Chief, Division Directors, the Residency Program Director and four (4) members who shall be selected from the private medical staff at the Annual Meeting of the Department from nominations made from the floor for a term of two (2) years, that is renewable. The Executive Committee shall serve as an advisory group to the Chief and shall be convened as requested by the Chief or any two (2) members of the Executive Committee.

3. **Quality/Peer Review Committee:** The Quality/Peer Review Committee of the Department shall consist of an Obstetric Quality/Peer Review Committee and a Gynecologic Quality/Peer Review Committee. The Obstetric Quality/Peer Review Committee will be overseen by an active staff member or members of the Department participating in the management of obstetrical patients and the Gynecologic Quality/Peer Review Committee will be overseen by an active staff member or members of the Department participating in the management of gynecologic patients. The Chairs of the Obstetric and the Gynecologic Quality/Peer Review Committees will appointed by the Chief for terms of two (2) years that are renewable, as well as ad- hoc members as required. The committees will be responsible for ongoing data collection, analysis and evaluation of untoward events related to obstetric and gynecologic care and developing corrective action plans to improve patient care.

4. The **Executive Committee** may serve as the **Quality/Peer Review Committee** in order to facilitate evaluation of QI data and propose and approve corrective action plans.

## ARTICLE V

### Meetings

1. The Chief shall schedule its Annual Meeting for the month of October. Notice will be sent or posted in designated location(s), two weeks in advance.

2. The Chief shall schedule regular Department Meetings, at least quarterly each year. The agenda of the regular Department Meetings shall be prepared by the Chief. Notice will be sent or posted in designated location(s) two weeks in advance.

3. Special meetings may be called at the discretion of the Chief or on the written request of ten (10) percent of active staff members of the Department or at least two voting members. Special meetings will have a minimum of 48 hours advance notice with date, time and place.

4. A quorum for the conduct of business at any Department meeting shall be those voting members present (but not less than two). Recommendations and actions shall be by consensus. If, in the discretion of the Chief, it is necessary to vote on an issue, that issue will be determined by a majority vote of those voting members present.

5. Minutes shall be taken at each Department and Committee meeting, and other meetings, as applicable, per the Hospital's Medical Staff bylaws. A record shall be made of those in attendance, recommendations made and votes per matter, and a summary of the actions that transpired. A summary of the recommendations and actions will be reported to the Medical Executive Committee.

## **Article VI**

### **Credentialing, Privileges and Special Privileges**

1. Individuals will be granted appointment or reappointment to the Hospital Medical Staff according to the Hospital Credentials Policy. Areas of subspecialty expertise requiring additional training, as well as other credentialing decisions or clinical matters relevant to the members of the Department, will be determined by the Chief, subject to Hospital's Medical Staff Bylaws and Credentials policy. Special privileges will be approved by the Chief, as set forth by the subspecialty requirements outlined in Attachment B. Privileges for new procedures or procedures that cross specialty lines will be developed and granted as per the Credentials policy.

2. The Chief or designee shall keep a roster of all members of the Department and make periodic reviews of their qualifications.

## **ARTICLE VII**

### **On-Call Policies**

1. The Chief, or as delegated to his/her Division Chiefs, shall be responsible for establishing the on-call schedule consistent with requirements established by Hospital Administration for the Department members.
2. All practitioners in the Department must provide 24-hour coverage for their patients observed/admitted in the hospital for both Obstetrics and Gynecology either within their practice or by arrangement with another practice.

## **ARTICLE VIII**

### **Amendments**

These Rules and Regulations may be amended by the Chief with the approval of the Executive Committee and the Medical Executive Committee. Notice of these changes will be sent to all members of the Department within a reasonable period of time.

**ATTACHMENT A - Sub-Specialty Divisions**

**Hartford Hospital**

**Department of Obstetrics and Gynecology**

- 1. Gynecologic Oncology Division**
- 2. Maternal Fetal Medicine Division**
- 3. Reproductive Endocrinology Division**
- 4. Urogynecology Division**

**ATTACHMENT B-Special Privileges**  
**Hartford Hospital**  
**Department of Obstetrics and Gynecology**

**QUALIFICATIONS FOR OBSTETRICS**

***Initial Applicants: To be eligible to apply for privileges in obstetrics, the initial applicant must meet the following criteria:***

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) **or** American Osteopathic Association (AOA) accredited residency in obstetrics and gynecology.

**AND**

Current certification or active participation in the examination process (with achievement of certification within 5 years of completion of residency) leading to certification in obstetrics and gynecology by the American Board of Obstetrics and Gynecology **or** the American Osteopathic Board of Obstetrics and Gynecology.

**AND**

**Required Current Experience:** At least 25 deliveries (to include at least 5 cesareans) in the past 12 months, reflective of the scope of privileges requested, in the past 12 months **or** successful completion of an ACGME **or** AOA accredited residency **or** clinical fellowship within the past 12 months.

***Reappointment (Renewal of Privilege) Requirements: To be eligible to renew privileges in obstetrics, the reapplicant must meet the following criteria:***

Current demonstrated competence and an adequate volume of experience reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Maintenance of board certification is required. Lifetime board certification also meets this requirement. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

**CORE PRIVILEGES – OBSTETRICS**

Requested      Y   N

Admit, evaluate, diagnose, treat and provide consultation to female patients, and/or provide medical and surgical care of the female reproductive system and associated disorders, including major medical diseases that are complicating factors in pregnancy. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

## QUALIFICATIONS FOR GYNECOLOGY

*Initial Applicants: To be eligible to apply for privileges in gynecology, the initial applicant must meet the following criteria:*

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) **or** American Osteopathic Association (AOA) accredited residency in obstetrics and gynecology.

**AND**

Current certification or active participation in the examination process (with achievement of certification within 5 years of completion of residency) leading to certification in obstetrics and gynecology by the American Board of Obstetrics and Gynecology **or** the American Osteopathic Board of Obstetrics and Gynecology.

**AND**

**Required Current Experience:** The performance of at least 25 gynecological surgical procedures (to include at least 5 laparoscopies or laparotomies), reflective of the scope of privileges requested in the past 12 months **or** successful completion of an ACGME **or** AOA accredited residency **or** clinical fellowship within the past 12 months.

*Reappointment (Renewal of Privilege) Requirements: To be eligible to renew privileges in obstetrics and gynecology, the reapplicant must meet the following criteria:*

Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Maintenance of board certification is required. Lifetime board certification also meets this requirement. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

## CORE PRIVILEGES – GYNECOLOGY

Requested:    Y   N

Admit, evaluate, diagnose, treat and provide consultation, pre-, intra- and post-operative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the mammary glands. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.



## QUALIFICATIONS FOR GYNECOLOGIC ONCOLOGY

***Initial Applicants: To be eligible to apply for privileges in gynecologic oncology, the initial applicant must meet the following criteria:***

Successful completion of an American Board of Obstetrics and Gynecology (ABOG) **or** American Osteopathic Association (AOA) approved fellowship in gynecologic oncology.

**AND**

Current subspecialty certification **or** active participation in the examination process (with achievement of certification within 5 years of completion of fellowship) leading to subspecialty certification in gynecologic oncology by the American Board of

Obstetrics and Gynecology **or** a Certificate of Special Qualifications by the American Osteopathic Board of Obstetrics and Gynecology.

**AND**

**Required Current Experience:** At least 12 gynecologic oncology procedures, reflective of the scope of privileges requested in the past 12 months **or** successful completion of an ACGME **or** AOA accredited fellowship within the past 12 months.

***Reappointment (Renewal of Privilege) Requirements: To be eligible to renew privileges in gynecologic oncology, the reapplicant must meet the following criteria:***

Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Maintenance of board certification is required. Lifetime board certification also meets this requirement. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

### CORE PRIVILEGES- GYNECOLOGIC ONCOLOGY

Requested:    Y N

Admit, evaluate, diagnose, treat, provide consultation and surgical and therapeutic treatment to female patients, with gynecologic cancer and complications resulting there from, including carcinomas of the cervix, ovary and fallopian tubes, uterus, vulva, and vagina and the performance of procedures on the bowel, urethra, bladder, and ureter, as indicated. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

## **QUALIFICATIONS FOR MATERNAL FETAL MEDICINE**

***Initial Applicants: To be eligible to apply for privileges in maternal-fetal medicine, the initial applicant must meet the following criteria:***

Successful completion of an American Board of Obstetrics and Gynecology (ABOG) **or** American Osteopathic Association (AOA) approved fellowship in maternal and fetal medicine.

**AND**

Current subspecialty certification **or** active participation in the examination process (with achievement of certification within 5 years of completion of fellowship) leading to subspecialty certification in maternal-fetal medicine by the American Board of

Obstetrics and Gynecology or a Certificate of Special Qualifications by the American Osteopathic Board of Obstetrics and Gynecology.

**AND**

**Required Current Experience:** Provision of care to at least 25 patients, reflective of the scope of privileges requested, in the past 12 months or successful completion of an ACGME or AOA accredited fellowship within the past 12 months.

***Reappointment (Renewal of Privilege) Requirements: To be eligible to renew privileges in maternal-fetal medicine, the reapplicant must meet the following criteria:***

Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Maintenance of board certification is required. Lifetime board certification also meets this requirement. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

### **CORE PRIVILEGES- MATERNAL FETAL MEDICINE**

Requested: Y N

Admit, evaluate, diagnose, treat and provide consultation to adolescent and adult female patients with medical and surgical complications of pregnancy such as maternal cardiac, pulmonary, metabolic, connective tissue disorders, and fetal malformations, conditions, or disease. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

## QUALIFICATIONS FOR REPRODUCTIVE ENDOCRINOLOGY

***Initial Applicants: To be eligible to apply for privileges in reproductive endocrinology, the initial applicant must meet the following criteria:***

Successful completion of an American Board of Obstetrics and Gynecology (ABOG) or American Osteopathic Association (AOA) approved fellowship in reproductive endocrinology.

**AND**

Current subspecialty certification or active participation in the examination process (with achievement of certification within 5 years of completion of fellowship) leading to subspecialty certification in reproductive endocrinology by the American Board of Obstetrics and Gynecology or a Certificate of Special Qualifications in reproductive endocrinology from the American Osteopathic Board of Obstetrics and Gynecology.

**AND**

**Required Current Experience:** At least 25 reproductive endocrinology procedures, reflective of the scope of privileges requested, in the past 12 months or successful completion of an ACGME or AOA accredited fellowship within the past 12 months.

***Reappointment (Renewal of Privilege) Requirements: To be eligible to renew privileges in reproductive endocrinology, the reapplicant must meet the following criteria:***

Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Maintenance of board certification is required. Lifetime board certification also meets this requirement. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

### **CORE PRIVILEGES - REPRODUCTIVE ENDOCRINOLOGY**

Requested:    Y   N

Admit, evaluate, diagnose, treat and provide inpatient or outpatient consultation to adolescent and adult patients with problems of fertility. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

## QUALIFICATIONS FOR UROGYNECOLOGY

***Initial Applicants: To be eligible to apply for privileges in urogynecology, the initial applicant must meet the following criteria:***

Successful completion of an ACGME approved fellowship in female pelvic medicine and reconstructive surgery

**AND**

Current subspecialty certification or active participation in the examination process (with achievement of certification within 5 years of completion of fellowship) leading to subspecialty certification in female pelvic medicine and reconstructive surgery by the American Board of Obstetrics and Gynecology

**AND**

**Required Current Experience:** At least 25 urogynecology procedures, reflective of the scope of privileges requested, in the past 12 months or successful completion of an ACGME accredited fellowship within the past 12 months.

***Reappointment (Renewal of Privilege) Requirements: To be eligible to renew privileges in urogynecology, the reapplicant must meet the following criteria:***

Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Maintenance of board certification is required. Lifetime board certification also meets this requirement. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

### **CORE PRIVILEGES - UROGYNECOLOGY**

Requested:    Y   N

Admit, evaluate, diagnose, treat and provide inpatient or outpatient consultation to adult patients with problems of urinary incontinence and pelvic prolapse. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

# **GENERAL CORE PROCEDURE LIST**

## **Obstetrics**

1. Perform history and physical exam
2. Amnioinfusion
3. Amniocentesis
4. Amniotomy
5. Application of internal fetal and uterine monitors
6. Augmentation and induction of labor
7. Cesarean delivery/cesarean hysterectomy
8. Cerclage
9. Cervical biopsy or conization of cervix in pregnancy
10. Circumcision of newborn
11. External cephalic version
12. Hypogastric artery ligation
13. Immediate care of the newborn including resuscitation and intubation
14. Interpretation of fetal monitoring
15. Management of high risk pregnancy inclusive of such conditions as pre-eclampsia, post-datism, third trimester bleeding, intrauterine growth restriction, premature rupture of membranes, premature labor, and placental abnormalities.
16. Management of patients with/without medical, surgical or obstetrical complications for normal labor including hypertensive disorders of pregnancy, threatened abortion, normal puerperal patient, normal antepartum and postpartum care, postpartum complications, fetal demise.
17. Manual removal of placenta, uterine curettage
18. Normal spontaneous vaginal delivery
19. Obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques
20. Operative vaginal delivery, including use of forceps or vacuum extractor
21. Perform breech and multifetal deliveries
22. Pudendal and paracervical blocks
23. Repair of 4th degree laceration or cervical and vaginal lacerations
24. Treatment of medical and surgical complications of pregnancy
25. Vaginal birth after cesarean

## **Gynecology**

1. Adnexal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy
2. Aspiration of breast masses
3. Cervical biopsy including conization
4. Colpocleisis
5. Colposcopy
6. Cystoscopy as part of gynecological procedure
7. Diagnostic and therapeutic D & C
8. Diagnostic and operative laparoscopy
9. Diagnostic and corrective procedures of vagina or external genitalia
10. Native tissue repair of rectocele, enterocele, cystocele, or pelvic prolapse

11. Endometrial ablation
12. Laparotomy
13. Hysterectomy:
  - abdominal
  - supracervical
  - vaginal
  - laparoscopic
14. Hysterosalpingography
15. Hysteroscopy
16. I & D of pelvic abscess
17. Incidental appendectomy
18. Metroplasty
19. Myomectomy
20. Operation for treatment of early stage carcinoma of the vulva, vagina, endometrium, ovary or cervix
21. Operation for treatment of urinary stress incontinence; vaginal approach, retropubic urethral suspension
22. Operation for uterine bleeding (abnormal and dysfunctional)
23. Operations for sterilization (tubal ligation, transcervical sterilization)
24. Operative management of pelvic pain
25. Perform history and physical exam
26. Trachelectomy
27. Uterosacral vaginal vault fixation
28. Uterovaginal, vesicovaginal, rectovaginal, and other fistula repair
29. Vulvar biopsy
30. Vulvectomy, simple

## **SUB-SPECIALTY CORE PROCEDURE LIST**

### **Gynecologic Oncology**

1. Perform history and physical exam
2. Lymphadenectomies (inguinal, femoral, pelvic, para-aortic)
3. Microsurgery
4. Myocutaneous flaps, skin grafting
5. Para aortic and pelvic lymph node dissection
6. Pelvic exenteration (anterior, posterior, total)
7. Hysterectomy (vaginal, abdominal, radical, laparoscopic assisted)
8. Vaginectomy (simple, radical)
9. Vulvectomy (skinning, simple, partial, radical)
10. Insertion of intracavity radiation application
11. Salpingo-oophorectomies
12. Omenectomies
13. Surgery of the gastrointestinal tract and upper abdomen to include: placements of feeding jejunostomy/gastrostomy; resections and reanastomosis of small bowel, bypass procedures of small bowel, mucous fistula formations of small bowel, ileostomies, repair of fistulas, resection and reanastomosis of large bowel (including low anterior resection and reanastomosis); bypass

- procedures of the large bowel; mucous fistula formations of large bowel; colostomies; splenectomies; liver biopsies
14. Surgery of the urinary tract: (Bladder) cystectomy (partial, total); repairs of vesicovaginal fistulas (primary, secondary); cystotomy; (ureter): ureteroneocystostomies with and without bladder flaps or psoas fixation; end to end ureteral reanastomoses; transuretero-ureterostomies; small bowel interpositions; cutaneous ureterostomies; repairs of intraoperative injuries to the ureter; and conduits developed from the ileum, colon
  15. I & D of abdominal or perineal abscess
  16. Reconstruction procedures: development of neovagina (split thickness skin grafts, pedicle grafts, myocutaneous grafts); development of new pelvic floor (omental pedicle grafts, transposition of muscle grafts)
  17. Evaluation procedures (cystoscopies, laparoscopies, colposcopies and loop excisions, sigmoidoscopies, breast mass fine needle aspirations, needle biopsies)
  18. Manage operative and postoperative complications

### **Maternal-Fetal Medicine**

1. Perform history and physical exam
2. Amnioreduction
3. Chorionic villi sampling
4. Diagnostic laparoscopy
5. External cephalic version
6. Fetal assessment: (antepartum) non stress test, contraction stress test, biophysical profile, vibroacoustic stimulation test, Doppler velocimetry; (intrapartum) fetal heart rate monitoring, scalp stimulation
7. Genetic amniocentesis
8. Intrauterine fetal therapy (thoracentesis, paracentesis, administration of medications, placement of thoracic shunt, placement of urinary catheter)
9. In utero fetal transfusion
10. Intraoperative support to obstetrician as requested including operative first assist
11. Ultrasound examination to include: 1st, 2nd, 3rd trimester targeted anatomic fetal evaluation, cardiac evaluation including color Doppler, Doppler velocimetry (fetal umbilical artery, fetal middle cerebral artery, maternal uterine artery), cervical and placental evaluation, 3D and 4D ultrasound
12. Percutaneous umbilical blood sampling (PUBS)
13. Cervical cerclage
14. Cephalocentesis
15. Complicated cesarean delivery
16. Cesarean hysterectomy
17. Medical and surgical control of hemorrhage
18. Episiotomy and vaginal laceration repair
19. Induction of labor
20. Manual removal of placenta
21. Neonatal resuscitation
22. Operative vaginal deliveries
23. Sterilization procedures
24. Breech delivery (spontaneous, assisted, application of forceps to after coming head)
25. Delivery of multiple gestations
26. Version of second twin

## **Reproductive Endocrinology**

1. Perform history and physical exam
2. Fertility restoration including: laparoscopy and laparotomy techniques used to reverse sterilization
3. Diagnostic and therapeutic techniques including: hysterosalpingography, sonohysterography, tubal canalization and endoscopy (laparoscopy and hysteroscopy)
4. Infertility surgery including all techniques used for: reconstruction of uterine anomalies, myomectomies, resection of uterine synechiae, tuboplasty, resection of pelvic adhesions, ovarian cystectomies, staging and treating endometriosis, including pre and postoperative medical adjunctive therapy
5. Surgical treatment of developmental disorders, including all techniques used for neovaginal construction (dilation and surgical methods), correction of imperforate hymen, removal of vaginal and uterine septae, correction of mullerian abnormalities
6. Surgical treatment of ambiguous genitalia including construction of unambiguous function female external genitalia and vagina (e.g. vaginoplasty, clitoral reduction, exteriorization of the vagina and feminizing genitoplasty; techniques for prophylactic gonadectomy)

## **Urogynecology**

1. Perform history and physical exam
2. Cystoscopy
3. Cystoscopy with biopsy
4. Cystoscopy with ureteral catheterization
5. Cystoscopy with hydrodistension
6. Cystoscopy with collagen or other implant
7. Repair of bladder injury
8. Repair of ureteral injury
9. Repair of bladder fistula
10. Repair of urethral fistula
11. Repair of rectovaginal fistula
12. Operation for treatment of urinary stress incontinence; vaginal approach, retropubic urethral suspension
13. Urinary diversion
14. Needle suspension
15. Urethral Sling
16. Implantation of neuromodulators
17. Use of grafts for pelvic surgery

## **SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)**

### **Robotics**

### **Laser**

### **Fluoroscopy**

### **Moderate Sedation**

### **Foley Catheter**