COLLEGE OF PHYSICIANS AND SURGEONS OF BRITISH COLUMBIA

NON-HOSPITAL MEDICAL AND SURGICAL FACILITIES ACCREDITATION PROGRAM

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Appropriate Procedures List

UROLOGY

Physician name: _____ CPSID: _____

Facility applying to: _____

Please indicate only the procedures you wish to perform at the above-mentioned facility.

- ☐ Biopsy
- ☐ Bladder fulguration with cystoscopy
- ☐ Circumcision
- ☐ Cystoscopy – rigid
- ☐ Cystoscopy – flexible
- ☐ Cystostomy
- ☐ Epididymovasostomy or reanastomosis of vas
- ☐ Excision – cyst, soft tissue mass
- ☐ Incision/drainage – abscess
- ☐ Orchidectomy – simple, inguinal
- ☐ Removal of foreign body – transurethral
- ☐ Spermatocele or hydrocele – excision
- ☐ Stricture of urethra
- ☐ Transurethral resection bladder neck
- ☐ Transuretheral resection bladder tumour
- ☐ Tension free vaginal tape (TVT)
- ☐ Ureteral stent – internal – insertion
- ☐ Ureteroscopy – ureteral calculus
- ☐ Varicocele resection
- ☐ Vasectomy
- ☐ Vasovasectomy
- ☐ Water vapour thermal therapy*

Fertility treatment (also see Obstetrics/Gynecology)

- ☐ Microsurgical epididymal sperm aspiration - MESA
- ☐ Percutaneous epididymal sperm aspiration - PESA
- ☐ Testicular sperm aspiration - TESA
- ☐ Testicular sperm extraction - TESE
- ☐ Microdissection testicular sperm extraction - Micro-TESE

Gender affirmation surgery

- ☐ Female to male implant - penile, testicular or both

*Facility must be accredited for the procedure.

I hereby certify that the procedures selected in this application are within the scope of my current practice.

Physician signature: _____ Date: _____

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