

Case Log Information: Urology Review Committee for Urology

The Review Committee has defined index categories required for resident education in urology. The Review Committee uses Case Logs to assess individual resident experience, as well as the breadth and depth of a program’s procedural training. This document provides information about the index categories, the minimum number of cases residents are required to perform, and properly logging procedural experiences.

Residents are expected to log all procedures. Most procedures count toward at least one index category. All logged procedures are included in the total procedure count.

A list of urology tracked procedures can be found in the [Accreditation Data System](#) (ADS) > Case Log Tab > Download/Reports > Tracked Codes Report. The column “Idx Cat” indicates if a procedure counts toward one or more index categories.

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Email Review Committee Executive Director Laura Huth, MBA (lhuth@acgme.org) with questions.

Index Categories and Minimum Procedure Numbers

Category	Minimum
General Urology	250
Scrotal/inguinal surgery	60
Transurethral resection	100
Transrectal ultrasound (TRUS)/prostate biopsy	25
Fusion*	0
Urodynamic studies (UDS)	10
Endourology/Stone Disease	150
Percutaneous renal procedure	10
Ureteroscopy	90
Reconstructive Surgery**	170
Continenence procedures	30
Continenence-Bladder	10
Continenence-Urethra	15
Continenence-Urethra-Sling	5
Continenence-Urethra-Sphincter	3
Genital reconstruction	45
Genital reconstruction-Penis	25
Genital reconstruction-Vagina	10
Ureteral reconstruction	15
Urethral reconstruction	15
Urinary diversion	10
Oncology	130
Pelvic	50
Pelvic-bladder	10
Pelvic-prostate	30
Retroperitoneal	50
Retroperitoneal-kidney	40
Pediatric-Minor	30
Endoscopy	5
Hydrocele/hernia	10
Orchiopexy	10
Pediatric-Major	15
Hypospadias	5
Ureter	5
Robotic	80

*Residents will have the option of logging magnetic resonance imaging (MRI) fusion as part of a prostate biopsy. Fusion biopsy numbers will be tracked, but there is not a set minimum.

**The minimum subcategories for reconstructive surgery were revised in January 2024 and are in effect for 2024 graduates. Beginning with the 2025 graduates, failure to achieve a reconstructive surgery minimum will be subject to citation.

Notes

- Minimum numbers represent what the Review Committee believes to be an acceptable minimal experience.
- Surgeon, Assistant, and Teaching Assistant roles are included in the minimum counts.
- Procedures that are given credit in an index **sub**category are also given credit in the corresponding index category. For example, pelvic-bladder procedures are mapped to three minimum categories: Pelvic-bladder; Pelvic; and Oncology.
- Minimum numbers are not a final target number and achievement does not signify competence.
- Program directors must ensure that residents continue to report their procedures in the Case Log System after minimums are achieved.
- Achievement of the minimum procedural requirements does not supplant the requirement that the summative evaluation verify a resident has demonstrated sufficient competence to enter practice without direct supervision.
- Programs are considered compliant with urology procedural requirements if all graduating residents in a program achieve the minimum number in each category.

Surgeon, Assistant, and Teaching Assistant Roles

Resident participation in a surgical procedure will be credited as an index case whether the resident functions as **Surgeon, Assistant, or Teaching Assistant**.

To be recorded as **Surgeon**, a resident must perform 50 percent or more of the procedure, including a significant number of the critical steps. When two residents each complete one side of a bilateral procedure (e.g., orchidopexy, ureteral reimplant, nephrectomy), each resident may record the case as Surgeon.

To be recorded as **Assistant** surgeon, a resident must perform some, but less than 50 percent of the procedure and/or not the key portion(s) of the procedure. Only one resident can claim credit as Assistant on a given procedure.

To be recorded as **Teaching Assistant**, the chief or senior resident directs and oversees major portions of the procedure being performed by a more junior resident surgeon, under the guidance of a supervising faculty member.

It is expected that over the course of the program, residents will develop the skills necessary to perform progressively greater proportions of cases. Involvement in pre-operative assessment and post-operative management of patients are important elements of resident participation.

Logging Robotic Procedures

Residents indicate a procedure was performed robotically by checking the “Robotic” checkbox under the CPT code description in the Case Log System. Only procedures that can be performed robotically have this option. When this box is checked, credit is given toward the robotic minimum category. Credit is given regardless of the role chosen (Assistant, Surgeon, or Teaching Assistant).

In robotic cases, the resident typically fulfills one of two operative roles: console Surgeon or bedside Assistant.

To be recorded as **Surgeon**, a resident must act as console surgeon for some portion of the case. Because robotic cases require a unique set of skills gained through stepwise learning, residents are not expected to complete the majority of critical steps of a given robotic case to qualify as Surgeon. It is expected that over the course of the educational program, residents will develop the skills necessary to perform progressively greater proportions of robotic cases. For a situation in which two residents each complete some portion of the case at the console, only one resident may log the case as Surgeon.

To be recorded as **Assistant**, a resident must serve as the bedside assistant. A resident may also log a case as Assistant if two residents each complete some portion of a case at the console, but the other resident has a more significant role and will claim credit as Surgeon.

Examples for Correct Logging of Robotic Surgery Cases

Example A: A resident (1) assists in placement of robotic ports for a robotic-assisted laparoscopic prostatectomy. She then serves as the bedside Assistant while the attending surgeon operates at the console for the entire case. She helps to remove the specimen and close port sites at the end of the case.

Resident	CPT Code	Procedure	Role	Index Credit?
1	55866	Laparoscopic/Robotic Radical Prostatectomy	Assistant	Yes

The resident did not complete any steps on the console, so she should log the role of Assistant for the case. She must check the “Robotic” checkbox to receive index case credit toward the minimum requirement for robotic.

Example B: A junior resident (1) assists in placement of robotic ports for a robotic-assisted laparoscopic prostatectomy. He then serves as the bedside Assistant for the case. The senior resident (2) dissects the seminal vesicles, divides the endopelvic fascia, and completes a portion of the anastomotic sutures, and the attending surgeon completes the majority of the case.

Resident	CPT Code	Procedure	Role	Index Credit?
1	55866	Laparoscopic/Robotic Radical Prostatectomy	Assistant	Yes
2	55866	Laparoscopic/Robotic Radical Prostatectomy	Surgeon	Yes

Resident 1 did not complete any steps on the console, so he should log the role of Assistant for the case. Resident 2 operated on the console for a portion of the case and may log the case as Surgeon even though he did not complete the majority of the case. Both residents must check the “Robotic” checkbox to receive index case credit toward the minimum requirement for robotic.

Example C: A junior resident (1) assists in placement of robotic ports for a robotic-assisted laparoscopic prostatectomy. He scrubs out to complete the seminal vesicle dissection at the console, then returns to his role as bedside Assistant. The chief resident (2) then completes a number of steps at the console, under the supervision of the attending surgeon.

Resident	CPT Code	Procedure	Role	Index Credit?
1	55866	Laparoscopic/Robotic Radical Prostatectomy	Assistant	Yes
2	55866	Laparoscopic/Robotic Radical Prostatectomy	Surgeon	Yes

Although both residents operated on the console for a portion of the case, only one resident can log the case as Surgeon. Since Resident 2 completed more of the case at the console, Resident 1 should log the case as Assistant, and Resident 2 should log the case as Surgeon. Both residents must check the “Robotic” checkbox to receive index case credit toward the minimum requirement for robotic.

Logging Ultrasound Procedures

Ultrasound cases include commonly performed procedures like transrectal ultrasound (TRUS) and less common procedures such as renal, pelvic, scrotal, and penile ultrasound cases. While TRUS for prostate biopsy remains an index case with a minimum number required (25), there is no minimum number of cases required for other ultrasound procedures.

Residents should use the CPT codes below when logging ultrasound procedures.

Procedure	CPT Code
Scrotal	76870
Renal	
Retroperitoneal, limited (kidney only)	76775
Retroperitoneal, complete (both kidney and bladder)	76770
Transplant kidney ultrasound	76776
US guidance, intra-operative (e.g., during partial nephrectomy)	76998
US guidance, parenchymal ablation (e.g., ablation of renal mass)	76940
Pelvic	
Residual urine measurement	51798
Limited (bladder or prostate/SVs)	76857
Complete (bladder and prostate/SVs; in females, must note uterus, adnexa, and endometrium)	76856
Prostate	
Transrectal ultrasound (TRUS)	76872
TRUS-guidance for needle placement (TRUS-biopsy)	76942
Prostate volume study for brachytherapy	76873
Prostate cryotherapy (includes US guidance and monitoring)	55873
Penile	
Duplex, complete	93980
Duplex, limited or follow-up	93981
Abdominal	
Abdominal; complete	76700
Abdominal; limited (e.g., single organ, quadrant, follow-up)	76705

Procedures Mapped to Two or More Minimum Categories

The Review Committee has identified procedures that provide a meaningful educational experience in more than one index category. These procedures are automatically mapped in the Case Log System to two or more index categories when minimum numbers are calculated. Note that the counting of procedures in more than one index category occurs **only** in the Urology Minimum Report and not in other Case Log reports.

There are four situations in which procedures are automatically mapped to more than one index category:

- Procedures that are given credit in an index **sub**category are also given credit in the corresponding index category. For example, pelvic-bladder procedures are mapped to three minimum categories: Pelvic-bladder; Pelvic; and Oncology.
- Procedures that are performed robotically are given credit in the urological procedure index category(ies) *and* in the robotic index category when the “Robotic” checkbox is checked.
- Pediatric procedures that include reconstruction are mapped to both pediatric and reconstructive surgery minimum categories. For example, a hypospadias repair gives credit toward the minimums for hypospadias, pediatric-major, urethral reconstruction, and reconstructive surgery. The Tracked Codes Report identifies which pediatric CPT codes give credit toward both a pediatric and reconstructive surgery minimums (ADS > Case Log Tab > Download/Reports > Tracked Codes Report > Area=Pediatrics > Idx Cat column).
- Specific pelvic-bladder oncology procedures that include reconstruction are mapped to both oncology and reconstructive surgery minimum categories. The procedures are:

Procedure	CPT Code
Cystectomy, complete, with ureterosigmoidostomy	51580
Cystectomy, complete, with ureterosigmoidostomy	51580
Cystectomy, complete, with ureterosigmoidostomy, with bilateral pelvic lymphadenectomy	51585
Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis	51590
Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis, with bilateral pelvic lymphadenectomy	51595
Cystectomy with continent diversion	51596
Pelvic exenteration	51597