

Pediatric Urology

The Urology Practice at Children's Hospital Central California provides specialized care to infants, children and adolescents with genital and urological problems. In addition to pediatric urologists, the practice is staffed with dietitians, social workers and nurses. A urologist is on call 24 hours a day for emergencies.

24 Hour Physician Access Center

(866) 353-5437

Outpatient Referral

Referral forms online at: www.childrenscentralcal.org/services/medicaloffice/refer

FAX: (559) 353-8888

Urology Office Numbers

Main Number: (559) 353-6195

FAX: (559) 353-6196

Medical Staff:

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Location:

Children's Main Campus

Medical Office Building, Suite 214

9300 Valley Children's Place, Madera, CA 93636

Additional Locations:

Modesto **Modesto Pediatric Subspecialty Center**
1524 McHenry Avenue, Suite 570, Modesto, CA 95350
call (209) 572-3880 for Appointments

Merced **Merced Pediatric Subspecialty Center**
1190 Olivewood Drive, Suite A, Merced, CA 95348
call (209) 726-0199 for Appointments

Visalia **Kaweah Delta Outpatient Specialty Clinics - Pediatric Urology**
403 W. Main Street, Visalia, CA 93291-6263
call (559) 624-2823 for Appointments



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Pediatric Urology Consultant Reference Guide

A pediatric urologist has completed a residency in urology, is certified by the American Board of Urologic Surgery and boarded in the sub-specialty of Pediatric Urology, and has completed additional training in a pediatric urology fellowship. In select situations, a urologist may have gained a lifetime of pediatric experience but started practice before such fellowships were available. For purposes of developing these guidelines, the following group definitions are used: infant (0–1 year), child (2–12 years), and adolescent (13–18 years).

- **Undescended testicles and elective congenital hydrocele/hernia** are optimally corrected in infancy or early childhood; the operation should be performed by a pediatric urologist.
- **Hypospadias:** chordee, buried penis, COMPLEX congenital urologic conditions: epispadias, prune belly syndrome, urachal remnants are usually repaired in infancy or early childhood; the operation should be performed by a pediatric urologist.
- **Complex congenital urologic problems** (eg, duplex systems, ureterocele, bladder exstrophy, moderate or severe vesicoureteral reflux, posterior urethral valves) should preferably be managed by a pediatric urologist.
- **Solid malignancies: childhood solid/cystic benign or malignant tumors of the bladder/prostate, kidney, testicles** should be treated from the outset by a pediatric urologist in conjunction with a pediatric medical cancer specialist.
- **Intersex (ambiguous genitalia)** conditions should be co-managed from the outset by the primary care pediatrician and a pediatric urologist. The management team should include a pediatric endocrinologist and a psychologist in consultation with the primary care pediatrician and pediatric urologist.
- **Cystoscopic procedures** in infants and children preferably should be performed by a pediatric urologist.
- A pediatric urology consultation should be considered when a child has prolonged, severe daytime voiding difficulty.
- A pediatric urologist should be involved in the care of children with **spinal cord disorders** (eg, spinal cord injuries, myelomeningocele).
- Infants or children with **major urologic injuries** should be stabilized at the nearest medical center and then transported to a pediatric trauma center.
- Infants or children with **testicular torsion** should be evaluated at the nearest medical center and operated on promptly.

When a urinary tract abnormality has been identified prenatally, a pediatric urologist or surgeon should be consulted as a member of the fetal treatment team.

References: *Pediatrics*, 2002 Jul; 110 (1Pt 1): 187-91

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	Disease State	Suggested Work-up and Initial Management	When to Refer
General			
	Febrile UTI - boy/girl any age	Ucx, UA, Chem 7/Basic Metabolic Panel, RUS: Renal/Bladder Ultrasound and VCUG on first episode. Prophylactic antibiotics	After Imaging Studies
	Primary Nocturnal Enuresis	Enuresis Alarm, DDAVP, Reassurance	No Response to initial Rx, >6 yr. old
	Diurnal Urinary Incontinence +/- UTI	Ucx, UA, +/- RUS, +/- VCUG, Timed Voiding, Bowel Management, Prophylactic Antibiotics for recurrent UTI	If imaging studies abnormal or no response to initial therapy
	Spina Bifida/Neurogenic Bladder of any cause	RUS: Renal/Bladder Ultrasound, VCUG, Chem 7/Basic Metabolic Panel	Upon diagnosis
	Urinary Stones	CT A/P w/o contrast, KUB, UA, Ucx	Upon diagnosis
	Microscopic Hematuria	UA, Ucx, random urinary calcium and creatinine (NL<0.18), +/- RUS: Renal/Bladder Ultrasound	To Nephrology if proteinuria, Urology for other abnormal tests
Kidney			
	Prenatal Hydronephrosis	RUS: Renal/Bladder Ultrasound, VCUG at Birth. Repeat Rus in 2wks (MAG-3 renal scan with Lasix at 1 month). Chem 7/Basic Metabolic Panel	Prenatal counseling for parents. Baby post-birth after studies
	Hydronephrosis	RUS: Renal/Bladder Ultrasound, VCUG, Ucx, UA, Chem 7/Basic Metabolic Panel	Any abnormality
	Multicystic Renal Dysplasia	RUS: Renal/Bladder Ultrasound, VCUG, Ucx, UA, Chem 7/Basic Metabolic Panel	Prenatal counseling for parents. Baby post-birth after studies
	Kidney Tumor	CT A/P w/ AND W/o IV Contrast	Immediately after confirmation
Ureter			
	Vesicoureteral Reflux	RUS: Renal/Bladder Ultrasound, VCUG, Ucx, UA, Chem 7/Basic Metabolic Panel	Upon diagnosis
	Ureterocele	RUS: Renal/Bladder Ultrasound, VCUG, Ucx, UA, Chem 7/Basic Metabolic Panel	Upon diagnosis
	Ectopic Ureter	RUS: Renal/Bladder Ultrasound, VCUG, Ucx, UA, Chem 7/Basic Metabolic Panel	Upon diagnosis
	Megaureter	RUS: Renal/Bladder Ultrasound, VCUG, Ucx, UA, Chem 7/Basic Metabolic Panel	Upon diagnosis
	Renal/Ureteral Duplication	RUS: Renal/Bladder Ultrasound/IVP and VCUG	Upon diagnosis
Bladder			
	Frequency/Urgency w/o UTI	UA, Ucx. Timed Voiding, Bowel Management	UTI, Sx. 2 mo, severe Sx
	Posterior Urethral Valves	RUS: Renal/Bladder Ultrasound, VCUG, Ucx, UA, Chem 7/Basic Metabolic Panel	Upon diagnosis (Urgent)
	Hypospadias	RUS: Renal/Bladder Ultrasound if opening is at or more proximal than penoscrotal junction. Endocrine workup if at least one testis is undescended	Early Parental Counseling. At 6 mo. to plan for surgery
	Meatal Stenosis	Observe Urine Stream, will deviate laterally or upward/thin stream	Upon diagnosis
	Urethrocutaneous Fistula	Observe Urine Stream	Upon diagnosis

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Penis	Disease State	Suggested Work-up and Initial Management	When to Refer
	Phimosis	Betamethasone cream 0.05 or 0.1% BID to gently stretched opening of the foreskin	Persistent symptomatic phimosis
	Paraphimosis	Circumferential compression to reduce edema, then pull foreskin forward while pushing in glans simultaneously	At occurrence or post reduction for possible circ
	Chordee	Check for hypospadias	Upon diagnosis
	Post-Circumcision Adhesion	Betamethasone 0.05% cream BID on gently stretched foreskin x 6-8 weeks. Push back on fat pad	No response to medical treatment
	Ambiguous Genitalia	Karyotype, endocrine w/u	Upon diagnosis
	Micropenis	Endocrine workup. Avoid Circumcision	After endocrine evaluation

When not to do newborn circumcision

Buried, concealed, inconspicuous penis. Penoscrotal fusion/webbed penis, penile torsion, micropenis, hypospadias, epispadias, chordee

Testis/Scrotum

Undescended Testis	Imaging studies generally not necessary unless both testes are not palpable	Early Parental Counseling. At 6 mo. to plan for surgery
Testis Mass	Scrotal US w/Doppler. Tumor Markers (HCG, AFP, LDH, Testosterone)	At diagnosis or suspicion
Testis Torsion	ER referral for immediate scrotal US w/ Doppler. Pain Control	At Presentation (Emergent)
Torsion of testicular appendages (confirmed on US, testicular blood flow normal or increased)	Ibuprofen, 10mg/kg QIDx 2wks. Scrotal elevation. +/- ice packs. Light activity	Persistent swelling or recurrent pain
Epididymorchitis (+ UA or Ucx)	Scrotal US, RUS: Renal/Bladder Ultrasound, VCUG	After studies
Varicoceles	Scrotal US. Observe if testes same size and pt asymptomatic	Testis size asymmetry, pain, visible or large varicoceles
Hydrocele (communicated or located)	Scrotal/inguinal US if mass or testis not palpable. Treat constipation/asthma if present	6 mo. if asymptomatic. At diagnosis if symptomatic

Female Genitalia

Labia Fusion	Generally does not require treatment unless UTI/severe rash. Premarin cream 0.625 mg/g directly on the fused line ghs x 6 weeks	Not responding to medical Rx. H/O UTI or recurrent severe rash
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Note: If child is toilet-trained, renal bladder ultrasound should include before and after bladder voiding images.

Common Pediatric Urology Conditions and ICD 9 Codes

752.7	Ambiguous Genitalia	753.6	Posterior Urethral Valves: Obstruction of Bladder Outlet
607.1	Balanitis	590.8	Pyelonephritis
753.8	Bladder Anomaly (diverticulum, duplication, prolapse)	753.0	Renal Agenesis & Dysgenesis
594.1	Bladder Stone	589.9	Renal Atrophy or Dysplasia
752.63	Chordee of Penis	866.0	Renal Trauma, Closed
595.81	Chronic Cystitis	752.52	Retractile Testis
751.8	Cloacal Exstrophy	959.14	Scrotal/Penile Trauma
753.29	Congenital Hydronephrosis	608.3	Testicular Atrophy
753.1	Cystic Kidney Disease	608.2	Testicular Torsion
788.1	Dysuria	608.4	Torsion of Appendix Testis
753.23	Ectopic Ureterocele	752.51	Undescended Testis
788.36	Enuresis	592.1	Ureteral Stone
604.9	Epididymitis	593.4	Ureteric Obstruction
752.62	Epispadias	753.23	Ureterocele
599.7	Hematuria	753.21	Ureteropelvic Junction Obstruction
752.65	Hidden Penis	753.22	Ureterovesical Junction Obstruction/Hydroureter
603.0	Hydrocele-Encysted	599.1	Urethrocutaneous Fistula
603.8	Hydrocele, Communicating	788.4	Urinary Frequency
591	Hydronephrosis	788.3	Urinary Incontinence
752.61	Hypospadias	788.2	Urinary Retention
550.9	Inguinal Hernia	599.0	Urinary Tract Infection
592.0	Kidney Stone	456.4	Varicocele
752.49	Labial Fusion	593.7	Vesicoureteral Reflux
598	Meatal Stenosis	753.3	Other Kidney Anomalies (duplication, fusion, ectopia)
752.64	Micropenis	753.4	Other Ureteral Anomalies (duplication, ectopic, absent)
596.54	Neurogenic Bladder	752.69	Other Penile Anomalies (webbing, torsion, duplication)
599.6	Obstructive Uropathy	752.89	Other Anomalies of Scrotum and Testis
605	Phimosis/Paraphimosis	753.8	Other Urethral Anomalies (diverticulum, duplication, prolapse)

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Insurance Plans*

Aetna EPO/HMO/PPO

AllCare IPA

Bakersfield Family Medical Center/ Heritage Physician Network

Blue Cross HMO/ Prudent Buyer PPO/ Healthy Families EPO

Blue Cross Medi-Cal/ Healthy Families HMO

Blue Shield HMO/ PPO/ Healthy Families

Capp Care (Beachstreet)

Catholic Healthcare West-Bakersfield

CCS – California Children's Services

Central California Alliance for Health

Central Valley Medical Group CVMG

Choice Care

Cigna/ Greatwest

Delano Regional Medical Group

EHS IPA (Blue Cross Managed Medi-Cal Patients/Healthy Families)

Emmanuel Employee Benefit Plan

First Health/ CCN

Foundation HealthCare Administrators/ California Foundation for Medical Care

GemCare IPA/ Managed Care Systems

Health Net HMO/ PPO/ Healthy Families/ Healthy Kids

Health Net Medi-Cal / CalViva

Health Plan San Joaquin Medi-Cal/ Healthy Families

Hill Physician Medical Group

Interplan

Kaiser HMO/ Healthy Families/ Medi-Cal

Kern Health Systems Medi-Cal/ Healthy Families

Key /Mosaic Medical Group IPA

LaSalle IPA (Blue Cross Managed Medi-Cal)

Medicare

MediCal – California State

MedCore Medical Group

Multiplan/ PHCS

Sante IPA

Sutter Gould Medical Foundation

Sutter Hospital System (Modesto Memorial, Memorial Los Banos, Sutter Tracy)

TriWest (Formally TRICARE/CHAMPUS)

United HealthCare /PacifiCare

Universal Care

* Contracted Status subject to change. If you have questions or to verify coverage please call 559.353.8800/888.824.5439