

Pediatric Urology Consultant Reference Guide

NOTE: Bring copies of ultrasound and any other images on CD to DCH Urology visit. If child is toilet-trained, renal bladder ultrasound should include before and after bladder voiding images.

	Disease State	Suggested Work-up & Initial Mgmt.	When to refer
Penis	Phimosis	Betamethasone cream 0.05 or 0.1% BID to gently stretched opening of the foreskin.	Persistent symptomatic phimosis.
	Paraphimosis		Emergent referral
	Chordee		Upon diagnosis
	Post-Circ. adhesion	Betamethasone cream 0.05 or 0.1% BID to gently stretched opening of the foreskin.	No response to medical treatment
	Ambiguous genitalia	Upon diagnosis	Upon diagnosis
	Micropenis	Endocrinology referral	After endocrine evaluation
	Circumcision	Avoid circumcision if has buried, concealed, penis. Penoscrotal fusion/webbed penis, penile torsion, micropenis, hypospadias, epispadias, chordee.	
Testis/ Scrotum	Undescended testis		Refer
	Testis mass	Scrotal US w/Doppler. Tumor Markers (HCG, AFT, LDH, Testosterone)	Upon diagnosis
	Testicular Pain (Testis torsion, torsion of testicular appendages, and Epididymitis)		Rush, emergent if acute onset
	Varicoceles	Scrotal US. Observe if testes same size and patient asymptomatic.	Testicle size discrepancy, pain, right isolated varicocele
	Hydrocele (communicated or located)	Scrotal/inguinal US if mass or testis not palpable.	3-6 mo. If asymptomatic. At diagnosis if symptomatic.
Female Genitalia	Labia Adhesion	Generally does not require treatment unless UTI/severe rash. Premarin cream 0.625 mg/g directly on the fused line qhs x 6 weeks.	Not responding to medical Rx. H/O UTI or recurrent severe rash.
General	Febrile UTI-boy/girl any age	UA, Urine culture and sensitivity, Renal US, VCUG.	After imaging studies
	Primary Nocturnal Enuresis	Enuresis alarm, DDAVP, reassurance	No Response to initial Rx, > 6 yr. old
	Urinary Incontinence, Frequency/Urgency +/- UTI	UA, Urine culture, +/- RUS, +/- VCUG, Timed Voiding, Bowel Management, Prophylactic Antibiotics for recurrent UTI, treatment of any constipation.	After the age of 5 yrs. old. If imaging studies abnormal or no response to initial therapy.
	Spina Bifida/Neurogenic bladder of any cause	UA, Urine culture, Renal/Bladder Ultrasound, VCUG, Chem 7/Basic Metabolic Panel	Upon diagnosis
	Urinary stones	Renal/bladder US, KUB, UA, urine culture	Upon diagnosis
	Microscopic Hematuria	Persistent on 3 UA on 3 different occasions	To Nephrology if proteinuria, Urology for other abnormal tests.
	Gross Hematuria	UA, Ucx, random urinary calcium and creatinine (NI<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 2 wks. Chem 7/Basic Metabolic Panel	Prenatal counseling for parents. Baby post-birth after studies.
	Hydronephrosis		Any abnormality
	Multicystic Renal Dysplasia		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	Upon diagnosis
	Ureterocele		Upon diagnosis
	Ectopic Ureter		Upon diagnosis
	Megaureter		Upon diagnosis
	Renal/Ureteral Duplication		Upon diagnosis
Bladder	Neurogenic Bladder	RUS, VCUG	If imaging studies abnormal or no response to initial therapy.
	Posterior Urethral Valves		Upon diagnosis (urgent)
	Hypospadias		Early Parental Counseling. At 3 mo. to plan for surgery.
	Meatal Stenosis		Upon diagnosis