Referral Guidelines

Diagnosis and Treatment of Common Urologic Disorders

Undescended Testicle
A careful physical examination is needed to determine if the testicle is present in the scrotum or inguinal canal. If the testicles are not present, no further investigations are needed, except referral to a Pediatric Urologist.

Is the testicle retractile?
• If it can be brought into the scrotum
• If the family regularly sees it in the scrotum
• Then watch and review by exam in six months
• If in doubt, refer to urology

Is the testicle undescended?
Refer to urology after the child is at least five months of age and before 1 year of age

Phimosis
(It is normal not to be able to retract the foreskin for the first five years)

Medical indications for circumcision:
• Phimosis with a scarred foreskin
• Balanitis or posthitis—an infection under the foreskin that may involve the shaft of the penis. One such infection is not uncommon but recurrent infections are treated with circumcision
• Paraphimosis—retraction of the foreskin behind the glans penis that then becomes edematous and will not pull forward. This is rare in children before puberty if the parents simply leave the foreskin alone as recommended by the American Academy of Pediatrics
• Recurrent urinary tract infection in boys or in those with high risk of urinary tract infection such as in posterior urethral valves

If the foreskin is healthy but tight, then either gentle retraction by the parents or a six week course of 0.05% Betamethasone cream and gentle retraction usually helps.

Urinary Tract Infection in Young Children
Was the infection reliably diagnosed with a catheter specimen or clean catch depending on the age of the child.
If yes;
• Under age two order a renal ultrasound
• Over age two order a renal ultrasound

If images are abnormal or this is a repeat UTI refer to urology
On all patients:
• Encourage fluids
• Encourage voiding every 2-3 hours
• Treat any constipation
• May try lactobacillus and cranberry juice
• Refer to family handout on Children’s Colorado website about reducing risk of UTI

Prenatal Hydronephrosis/Postnatal Management:

Unilateral Hydronephrosis
• Perform renal ultrasound between day 3-10 of life
• If mild, grades 1-2 repeat, RUS at 3 months of age
• If moderate, grade 3, repeat RUS at three months and refer to Pediatric Urology
• If severe, grade 4, refer to Pediatric Urology

Bilateral Hydronephrosis or Hydronephrosis in Unilateral Kidney
• Perform renal ultrasound on day 1-2 of life
• Do VCUG
• If no obstruction in urethra follow guidelines for unilateral hydro above
• If obstructed urethra refer to urology immediately

Urgent or emergent urological problems should be referred to an Emergency Department or considered for hospitalization.
Urology Program Overview

The pediatric urology program at Children's Hospital Colorado provides expert diagnosis, testing, medical consultation and surgical resolution for the full range of pediatric urological conditions. Diagnostic testing is performed in conjunction with the Department of Radiology at Children's Hospital Colorado. Extensive use of noninvasive and minimally invasive diagnostic testing and surgical interventions, including laparoscopy (a robot assisted surgery), minimizes a child's discomfort and results in smaller scars. Collaboration among experts in pediatric surgery, orthopedics, neonatology, oncology, nephrology, genetics, neurosurgery, endocrinology, rehabilitation and adolescent gynecology allows us to care for complex, multi-system disorders.

Want to provide information to your patients and families?
Tell them to visit childrenscolorado.org/Urinary

Contact the Urology Department

The urology department welcomes consultations and can be reached through OneCall at 720-777-3999 or toll free at 888-525-4871.

For more information or to schedule an appointment, please call 720-777-3926.

For a non-urgent consult by email, contact the urology team at urology.urology@childrenscolorado.org

NOTE: Urologic services are not available in the Kidney Center. Urology at Children's Hospital Colorado in the Center for Children's Surgery should be contacted regarding disorders of the urinary tract per se such as hydronephrosis (concern for vesicoureteral reflux and/or urinary tract obstruction) and chronic urinary tract infection and/or dysfunctional voiding.