

Pediatric Urology Guidelines for Central Scheduling

*Designed to reduce risk of infection, organ injury or loss, misdiagnosis of possible malignancy, mental anguish for patients and families, while providing optimal medical care and stewardship

SYSTEM DIAGNOSES

TESTIS/SCROTUM

Absent testis	Green
Epididymitis/Oorchitis	Yellow
Hydrocele	Light Blue
Hernia/Inguinal/ Umbilical	Light Blue
Retractile testis	Green
Undescended testis/UDT	Green
Spermatocele/Epididymal cyst	Light Blue
Testis/Scrotum Mass	Yellow
Varicocele	Light Blue
Testis pain/torsion	Red

BLADDER

Acute Cystitis/UTI	Light Blue
Neurogenic bladder/Spina Bifida- established	Light Blue
Urachus	Light Blue
Prune Belly Syndrome	Light Blue
Acute urinary retention	Red

URETHRA

Urethral prolapse	Yellow
Urethral stricture	Light Blue

PENIS

Ambiguous Genitalia/DSD	Light Blue
Balanitis/Penis Infection (severe inflammation)	Blue
Chordee/Curvature	Light Blue
Circumcision/Redundant foreskin	Light Blue
Epispadias	Light Blue
Hidden penis	Light Blue
Hypospadias/Megameatus	Light Blue
Meatal stenosis	Light Blue
Paraphimosis (acute)	Red
Paraphimosis (suspected history, reduced)	Blue
Penile bands/adhesions/cysts/smegma	Light Blue
Penile pain	Light Blue
Penile torsion	Light Blue
Phimosis	Light Blue
Priapism	Red

VOIDING ISSUES

Bedwetting/Nocturnal Enuresis	Light Blue
Bladder diverticula	Light Blue
Bladder exstrophy	Light Blue
Bladder mass/tumor	Blue
Blood in urine/Hematuria	Light Blue
Dysuria	Light Blue
Incontinence/Daytime Enuresis/Leaking	Light Blue
Hematuria - microscopic	Light Blue
Hematuria - gross	Blue
Frequency/Polyuria/Urgency	Light Blue
Ureterocele	Light Blue

KIDNEY ISSUES

Elevated creatinine /Renal failure	Blue
Cystic kidney disease/MCDK/cysts	Light Blue
Duplex collecting system	Light Blue
Ectopic kidney	Light Blue
Horseshoe kidney	Light Blue
Hydronephrosis/Pyelectasis	Light Blue
Hydroureter/Megaureter	Light Blue
Stones - Symptomatic-Pain	Blue
Stones - Asymptomatic-No pain	Light Blue
Prenatal/Antenatal Evaluation	Light Blue
Pyelonephritis/Kidney Infection/UTI	Light Blue
Reflux/Vesicoureteral Reflux	Light Blue
Renal thrombosis	Light Blue
Solitary kidney	Light Blue
UPJ Obstruction - symptomatic (films needed)	Blue
UPJ Obstruction - not symptomatic (films needed)	Light Blue
Kidney mass/Wilms	Yellow

FEMALE GENITALIA

Labial adhesions	Light Blue
Clitoral hypertrophy	Light Blue
Imperforate hymen	Light Blue
Vaginitis	Light Blue

COLOR CODE KEY

OFFICE APPOINTMENTS*

Red	ER Emergent - send to ER
Yellow	OFFICE Urgent (within 1 week)
Light Yellow	OFFICE Semi-Urgent (within 3 weeks)
Green	OFFICE Elective (deferred after 3 months) - need to track so we can schedule

TELEMEDICINE APPOINTMENTS*

Blue	TELEMEDICINE - urgent (within 24hrs)
Light Blue	TELEMEDICINE - semi-urgent (within 3 weeks)
Very Light Blue	TELEMEDICINE - non-urgent (can be after 3 weeks)

Pediatric Urology Surgery Scheduling Guidelines

Elective	Done in 1-2 months	Done within 1 week	Done Emergently
Scrotal cases (hydrocele, spermatocele, varicocele)	Pyeloplasty	Ureterscopy/stent (symptomatic stones)	Testis Torsion
Non-obstructing, non-infected stones with minimal pain	Ureterocele excision/puncture	Ureteral stent placement (obstructed, non-infected, asymptomatic)	Ureteral stent placement (obstructed, infected, symptomatic)
Circumcision/phalloplasty	Some cancers (malignant potential)	Orchiopexy (intermittent torsion)	Acute Urinary retention procedure-SPT, catheter, circumcision for phimosis, other
Urethroplasty	Hernia repair (discretion)	Valve ablation/vesicostomy	Blood clot evacuation
Ureteral surgery/reimplant	Stomal complication (chronic)	Stomal complication (acute)	Abscess of GU system
Orchiopexy	Stent removal	Nephrectomy for Wilms', other malignant cancers	Acute incarcerated hernia (existing patients)
Hypospadias/chordee		Hx of incarcerated hernia	Priapism
Continent reconstruction (bladder augment/BN sling/Mitrofanoff/MACE or Chait tube)		Renal transplant stent removal	
Scrotal surgery (bifid, transposition, cysts)			
Lap nephrectomy (benign)			
Urachal remnant excision			
Cystoscopy			
Hernia repair			

Pediatric Urology Postop Scheduling Guidelines

***Schedulers MUST check all operative notes for plan as these may be individualized and require imaging studies that should be coordinated with followup visits

SYSTEM-BASED PROCEDURES

SCROTUM/INGUINAL

Scrotal cases (hydrocele, spermatocele, cysts, cosmetic)	
Varicocelectomy	
Hernia repair	
Testis Torsion Orchiopexy	
Orchiopexy	
Orchiectomy (simple)	

PENIS/URETHRA

Circumcision/Phalloplasty/chordee alone/Div of bands	
Primary Urethroplasty	
Hypospadias + chordee	
Cyst excision (penile or meatal)	

Bladder/Kidney

Ureteral surgery/reimplant	
Lap nephrectomy (benign)	
Urachal remnant excision	
Pyeloplasty	
Ureterocele excision/puncture	
Stoma revision (open, catheter in place)	
Continent reconstruction (bladder augment/BN sling/ Mitrofanoff/MACE or Chait)	

Endoscopy

Cystoscopy	
Endoscopic Injection of Deflux	
Ureterscopy/stent (symptomatic stones)	
Cysto, ureteral stent placement (obstructed, non-infected, asymptomatic)	
Valve ablation/vesicostomy	
Blood clot evacuation from bladder	
Renal transplant stent removal	

Urgent/Emergent Procedures

Nephrectomy for Wilms', other malignant cancers	
Ureteral stent placement (obstructed, infected, symptomatic)	
Acute Urinary retention procedure- SPT, catheter, circumcision for phimosis	
Abscess Drainage	
Priapism clot evacuation	

COLOR CODE KEY

OFFICE APPOINTMENTS (if available)

	1-2 weeks
	2-4 weeks
	3-4 weeks

TELEMEDICINE APPOINTMENTS*

	1-2 weeks
	2-4 weeks
	4-6 weeks

	Followup may not be in office or TM - Can be to other service or PRN. MUST See OR note for plan
	Followup timing determined at time of surgery; check OR note