



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	
Epididymitis/Orchitis	
Hydrocele	
Hernia/Inguinal/Umbilical	
Retractile testis	
Undescended testis/UDT	
Spermatocele/Epididymal cyst	
Testis/Scrotum Mass	
Varicocele	
Testis pain/torsion	

BLADDER

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

URETHRA

Urethral prolapse	
Urethral stricture	

PENIS

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

VOIDING ISSUES

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

KIDNEY ISSUES

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

FEMALE GENITALIA

Labial adhesions	
Clitoral hypertrophy	
Imperforate hymen	
Vaginitis	

COLOR CODE KEY

OFFICE APPOINTMENTS*

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

TELEMEDICINE APPOINTMENTS*

	TELEMEDICINE - urgent (within 24hrs)
	TELEMEDICINE - semi-urgent (within 3 weeks)
	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
Orchidopexy	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 Orchidopexy	
Orchidopexy	
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	
Ureteroscopy/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