Pediatric Urology

The Urology practice at Valley Children's provides specialized care for 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.

Access Center
24/7 access for referring physicians
(866) 353-KIDS (5437)

Outpatient Referral
Referral forms online at valleychildrens.org/refer
FAX: (559) 353-8888

Urology Office Numbers
Main: (559) 353-6195
FAX: (559) 353-6196

Medical Staff

Devonna M. Kaji, MD, FAAP
Medical Director

Andrew Marks, MD
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Esequiel Rodriguez, Jr., MD

Location

Valley 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

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
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
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
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
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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Disease State	Suggested Work-up and Initial Management	When to Refer
Penis		
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 reductior 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 treatme
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

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Disease State	Suggested Work-up and Initial Management	When to Refer
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

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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Valley Children's contracts with the following health plans for hospital and physician services.*

If you have questions, please call us at **(559) 353-7238** to speak with a contracting representative.

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

*Plans may be subject to change.