

# Follow-up Clinical Protocol: Urology

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## 1. Purpose and Scope

- This protocol is a general description of patients who are agreed to be suitable for discharge or patient initiated follow-up (PIFU). It has been produced as a template to aid trusts in their implementation of standardising discharges and implementing PIFU and is designed to complement local guidance and professional judgement.
- This protocol should be considered alongside existing trust policies and processes such as Standard Operating Procedures (SOPs) and other PIFU documentation

## 2. Discharge Criteria

The following criteria should be used to assist the clinician in deciding whether to discharge a patient. This is at the discretion of the clinician but in most instances, the following patients should not be routinely followed-up.

Any decision regarding discharge or follow-up needs to be communicated to the patient and/or carer and the patients GP. Trust level policies should be considered and can provide guidance on the wording of patient and GP communications.

Pathway/Condition	Discharge if the patient meets the below criteria
Circumcision /foreskin	Non BXO/ Meatus normal
Hydrocoeles Infant post-surgery	No complications
Megaprepuce repair	After one year follow up
Foreskin lesion excision	If histology unremarkable
Nocturnal Enuresis	Symptoms improving
MCDK	MCDK decreasing in size less than 4 cm
VUR	No UTIs and no renal scarring
Hydronephrosis 10-22 mm AP	Stable, no symptoms, no UTIs
Simple Renal cyst	Simple
Epididymal cyst	Simple

### 3. PIFU Criteria

If a patient is not suitable for discharge, clinicians should consider if they are suitable for PIFU. ***PIFU is not to be used where patients would otherwise have been discharged***

Shared decision making is key to this process. Patients need to understand PIFU and how to access the service if needed. Clinicians need to ensure that patients understand how to manage their medication and cope with flare ups.

Any decision regarding discharge or follow up needs to be communicated to the patient and/or their carer and the patients GP. When using PIFU both the patient and GP need to be aware of the PIFU timeframe and subsequent review or discharge.

Trust level policies should be considered and can provide guidance on the wording of patient and GP communications.

The following criteria should be used to assist the clinician in deciding whether to consider PIFU:

Pathway/ Condition	Suitable for PIFU if	PIFU timescale	Triggers for apt	Apt type
Hypospadias Distal post-surgery	Distal repair intact	3 yrs.	Fistula, Stream issues,	F2F
Foreskin repair	Plus or minus meatoplasty	1 yr		F2F
Preputioplasty		1 yr.	Painful erections, Phimosis	F2F
Circumcision	Not BXO	18/12	Meatal stenosis	F2F
Phimosis	Parental concern	1 yr.	Parental concern	F2F
Undescended Testes post repair	Single stage/no issues	1 yr	Concern re position	F2F

Varicocele	Unchanged after two years	Until 18 years	Pain, testicular size change, enlargement of varicocele	F2F
Post Testicular torsion	Size stable	Until 18 years	Re prosthesis	F2F
Post Prosthesis insertion		Until 18 years	Dislodgement, rupture, pain	F2F
Hydrocoeles	Less than 3 yrs old and not encysted	Until 5 years	Increase in size	F2F
Retractile Testis	Testes in base of scrotum	2 years	Parental concern	F2F
Inguinal Hernia	If incarcerated initially	18 months	Pain, swelling, testicular size, position	F2F
Renal Calculi	Stone free	2 years	Pain, recurrence	F2F
Post Pyeloplasty surgery	Stable after 9-12 months	2 years	Pain, swelling, UTI	telephone
Urogynaecology Adolescent				
Hymenal Abnormalities post-surgery	Post surgery	2 years	Pain, Issues with vagina/ tampons	F2F
Menorrhagia	Treated/controlled	2 years	Recurrence	Telephone/F2F
Dysmenorrhea	Treated/controlled	2 years	Recurrence	Telephone /F2F
Menstrual Issues (other)	Treated/controlled	2 years	Recurrence	Telephone/F2F
PIFU exclusion criteria				
This protocol is for benign conditions only.				
Ideal waiting time between initial patient request and PIFU appointment				
1-6 weeks (max waiting time of 6 weeks)				
Equality considerations that may necessitate amendments to the protocol				

- Ensuring that the decision for the patient to be moved/discharged onto a PIFU pathway is a shared decision between patient and/or their carer and the clinician
- Ensure that patient and/or their carer understand where and how to access the service when they need to
- Ensure that the patient and/or their carer can understand the relevant patient leaflets and information provided

#### 4. Follow-up Frequency

Pathway/Condition	Follow-up frequency	Apt type
Posterior Urethral Valves	12-24 months	F2F/telephone
Spina Bifida	12 months	F2F/telephone
Bladder Exstrophy	12 months	F2F