



Overview of Urology Clinical Services

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Urology Services

Our Team Includes:

- 3 Urologists (MDs) – adult urology
- 2 Urologists (MDs) – pediatric urology (consultants)
- 2 Urology Physician Assistants (PAs)

We deliver patient care via:

- In-person clinic visits at ANMC
- In-person field clinic visits
 - Kotzebue
 - Nome
 - Bethel
 - Dillingham
 - Ketchikan
 - SEARHC Sitka
 - SEARHC Juneau
- Electronic consultations (AFHCAN)

Urology Services

We provide an array of surgical services for patients of all ages including:

- Benign & malignant conditions affecting the urinary system
- Benign & malignant conditions affecting the male reproductive system
- Urologists perform surgery on the kidneys, ureters, bladder, urethra in males & females
- Urologists perform surgery on the penis, testes, epididymes, prostate in males

** Benign & malignant conditions affecting the female reproductive system, as well as female urinary incontinence and pelvic organ prolapse, are managed by Women's Health / Obstetrics & Gynecology **

Urology Services

We evaluate & provide surgical management of urologic conditions for pediatric patients including:

- Benign conditions affecting the urinary system in girls & boys
 - Urinary tract infections
 - Reflux of urine
 - Urinary symptoms & difficulty urinating
 - Incontinence (leakage of urine) and Enuresis (bedwetting)
 - Urinary stones (calculi)
- Benign conditions affecting the reproductive system
 - Ambiguous genitalia
 - In males: Hypospadias
 Undescended testicle(s)
 Varicocele & Hydrocele
 Phimosis (foreskin problems)
 - In females: Genitourinary issues / labial adhesions
- Malignant conditions affecting the urinary system in girls & boys (cancer of the kidneys, ureters, bladder, urethra) and the male reproductive system (cancer of the prostate, penis, testes)

Urology Services

We evaluate & provide surgical management of urologic conditions for adult patients including:

- Benign conditions affecting the urinary system in females & males
 - Urinary symptoms & difficulty urinating
 - Urinary retention
 - Urinary tract infections (complicated)
 - Hematuria (blood in the urine)
 - Urinary stones (calculi)
- Malignant conditions affecting the urinary system in females & males
 - Cancer of the kidneys, ureters, bladder, urethra
- Benign conditions affecting the male reproductive system
 - Erectile dysfunction
 - Incontinence
 - Varicocele, Hydrocele, Spermatocele
 - Phimosis & Paraphimosis (foreskin problems)
 - Enlarged prostate / BPH
 - Vasectomy
- Malignant & potentially malignant conditions affecting the male reproductive system
 - Cancer of the prostate, penis, testes
 - Elevated PSA

Clinic Visits

For optimal patient visits, the following clinical workup is recommended before the referral/visit:

- Complete patient records related to the referral including **current & pertinent** provider clinic notes, inpatient hospital admission H&P and discharge summaries, complete up-to-date list of medications and allergies, complete medical and surgical histories, labs, radiology reports, etc. should be sent to Urology via AFHCAN
- All pertinent radiologic studies from outside ANMC must be sent via telerad or e-mix to ANMC so the x-ray images can be uploaded to the ANMC PACS system for the Urology providers to review
- Please advise all patients that they must bring all of their medications in their labeled medication bottles & containers to their clinic visit

Hematuria

- Must have documentation of microscopic hematuria on at least one microscopic urinalysis (dipstick urinalyses do not count!) or gross hematuria
- 1-2 red blood cells per high powered field (1-2 RBC/HPF) on a microscopic urinalysis are normal and do not warrant a hematuria evaluation
- Red blood cells on a microscopic urinalysis from a female during her menstrual period are normal and do not warrant a hematuria evaluation
- Red blood cells on a microscopic urinalysis in the setting of white blood cells, bacteria, epithelial cells, etc. are likely a sign of infection or contamination and do not warrant a hematuria evaluation unless microscopic hematuria persists after treating the urinary infection

Hematuria

For optimal patient care, the following clinical workup is recommended before the referral:

- Microscopic hematuria is defined as 3 or more red blood cells (RBC) per high powered field (HPF) on a properly collected urine specimen in the absence of an obvious benign cause. A positive urine dipstick does not define hematuria and evaluation should be based solely on findings from microscopic examination of the urine and not on a urine dipstick. A positive dipstick reading merits microscopic examination to confirm or refute the diagnosis of microscopic hematuria.
- The assessment of the microscopic hematuria patient should include a careful history, physical examination, and laboratory examination to rule out benign causes of microscopic hematuria such as infection, menstruation, vigorous exercise, medical renal disease, viral illness, catheterization, trauma, or recent urological procedures.
- Once benign causes have been ruled out, the presence of microhematuria should prompt a urologic evaluation.
- The presence of gross hematuria (visible with the naked eye) should prompt a urologic evaluation.
- Please see the link to the guidelines for hematuria (last slide of this presentation)

Urinary Stones

For optimal patient care, the following clinical workup is recommended before the referral:

- KUB, renal ultrasound and/or CT scan must document a urinary stone
- All pertinent radiologic studies from outside ANMC must be sent via telerad or e-mix to ANMC so the x-rays can be uploaded to the ANMC PACS system for the Urology providers to review

Elevated PSA

- Guideline Statement 1: recommends against PSA screening in men under age 40 years. In this age group there is a low prevalence of clinically detectable prostate cancer, no evidence demonstrating benefit of screening and likely the same harms of screening as in other age groups.
- Guideline Statement 2: does not recommend routine screening in men between ages 40 to 54 years at average risk. For men younger than age 55 years at higher risk (e.g. positive family history or African American race), decisions regarding prostate cancer screening should be individualized.
- Guideline Statement 3: for men ages 55 to 69 years, the decision to undergo PSA screening involves weighing the benefits of preventing prostate cancer mortality in 1 man for every 1,000 men screened over a decade against the known potential harms associated with screening and treatment. For this reason, shared decision-making is strongly recommended for men age 55 to 69 years that are considering PSA screening, and proceeding based on a man's values and preferences. The greatest benefit of screening appears to be in men ages 55 to 69 years.
- Guideline Statement 4: to reduce the harms of screening, a routine screening interval of two years or more may be preferred over annual screening in those men who have participated in shared decision-making and decided on screening. As compared to annual screening, it is expected that screening intervals of two years preserve the majority of the benefits and reduce over diagnosis and false positives. Additionally, intervals for rescreening can be individualized by a baseline PSA level.
- Guideline Statement 5: does not recommend routine PSA screening in men age 70+ years or any man with less than a 10 to 15 year life expectancy. Some men age 70+ years who are in excellent health may benefit from prostate cancer screening.

Elevated PSA

For optimal patient care, the following clinical workup is recommended before the referral:

- All PSA blood tests must be sent for review to be able to review the PSA trend over time
- Elevated PSA in the setting of urinary infection, urinary retention, urinary catheterization, recent urologic surgery, recent urologic trauma, etc. are likely to be falsely elevated and may not warrant further evaluation if the PSA level returns to normal after the acute event
- Please see the link for the guidelines for PSA screening (last slide of this presentation)

Field Clinics

Patients may be seen in the Urology Specialty Clinics as a new patient referral or in follow-up as an established patient.

However, very few specialized urologic testing procedures (ex. cystoscopy) are performed in certain field clinics. Therefore the Urology providers and case management staff will determine which patients are best seen at ANMC or in the field clinics.

Urology does not do surgical procedures while in the field clinics or at the regional hospitals.

Kotzebue

Nome

Bethel

Dillingham

Ketchikan

SEARHC Sitka

SEARHC Juneau

Electronic Consultations using AFHCAN

In Urology, very few patients are good candidates for telemedicine consultation using AFHCAN. Certain patients with urologic conditions where secure transmission of clinical photo media is critical to their triage and evaluation may be evaluated using AFHCAN.

Resources/Links

For optimal patient care, the following web links with frequently updated clinical Urology guidelines are highly recommended :

- American Urological Association (AUA) Guidelines and Best Practice Statements

<http://www.auanet.org/education/clinical-practice-guidelines.cfm>

<http://www.auanet.org/education/best-practice-statements.cfm>