

## **GENITOURINARY**

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## CANCER OF THE TESTICLE (186), ORCHIECTOMY (62.3)

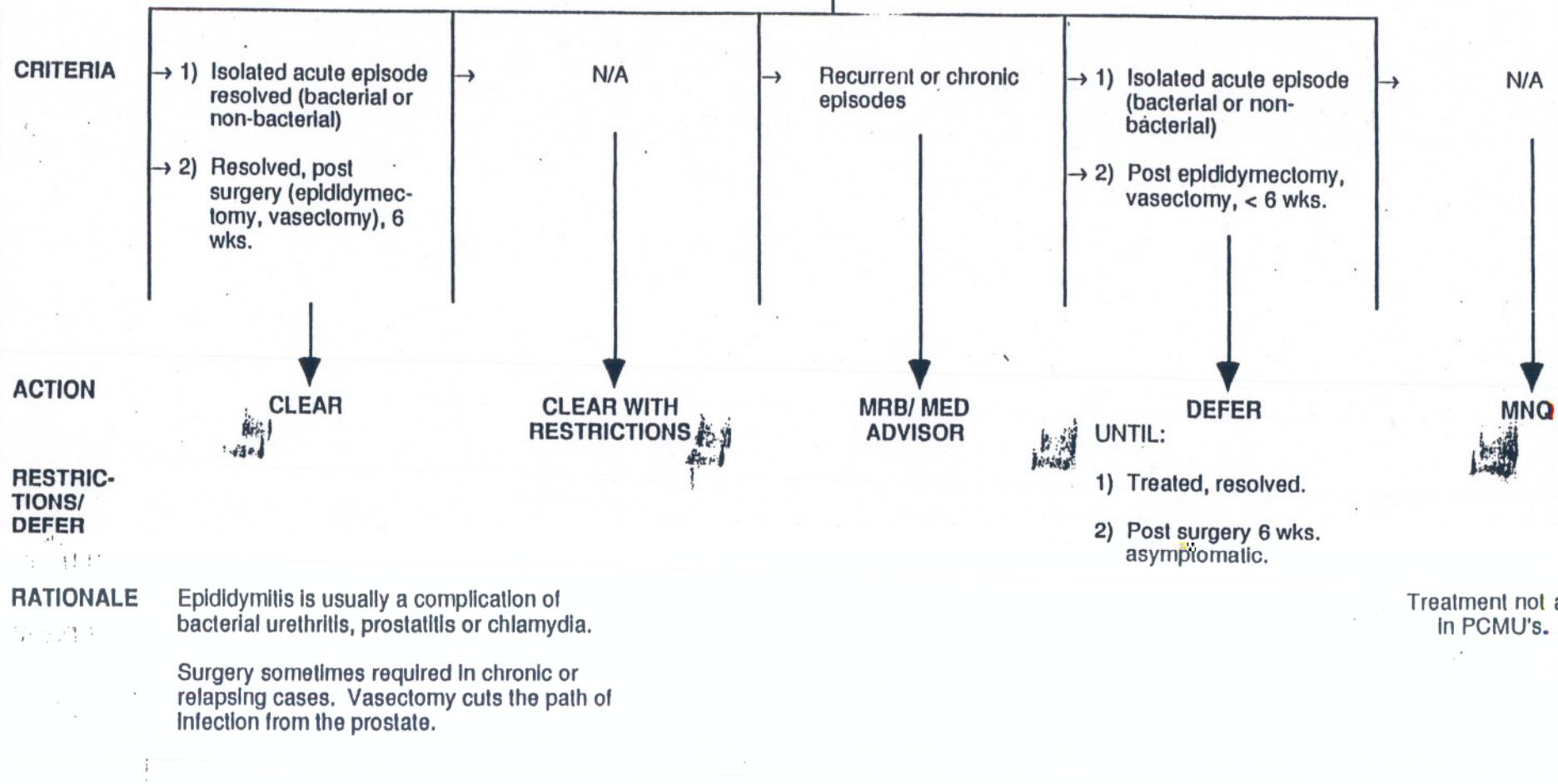
CRITERIA	ACTION	RESTRICTIONS / DEFER			RATIONALE
<ul style="list-style-type: none"> <li>→ 1) Orchectomy for trauma, torsion, benign tumor, recurrent hernia, varicocele, benign cyst, 6 wks. post-op.</li> <li>→ 2) Seminoma or teratocarcinoma &gt; 3 yrs. post.</li> <li>→ 3) Other testicular cancers &gt; 5 yrs. post.</li> </ul>	CLEAR		N/A	<ul style="list-style-type: none"> <li>→ 1) Orchectomy for benign cause, &lt; 6 wks. post.</li> <li>→ 2) Seminoma or teratocarcinoma &lt; 3 yrs. post.</li> <li>→ 3) Other testicular cancers &lt; 5 yrs. post.</li> </ul>	Resection with permanent catheter.
				DEFER UNTIL:	<p>1) Post surgery 6 wks.</p> <p>2) Post all treatment 3 yrs. with Urologist or Oncologist clearance, stating no evidence of disease.</p> <p>3) Same as above with 5 yrs. disease free.</p>
					<p>F/U usually includes CXR, alpha-fetoprotein, and Beta HCG q year (tumor markers).</p> <p>1) At risk for infection.</p> <p>2) Functioning as PCV impaired.</p>

MEDICAL INFORMATION NEEDED:

Generic Information

Specific Information: Urology evaluation or Oncology evaluation, stating no evidence of disease, and required F/U.

**EPIDIDYMITIS (604.90), EPIDIDYMECTOMY (63.4)**



**MEDICAL INFORMATION NEEDED:**

Generic Information

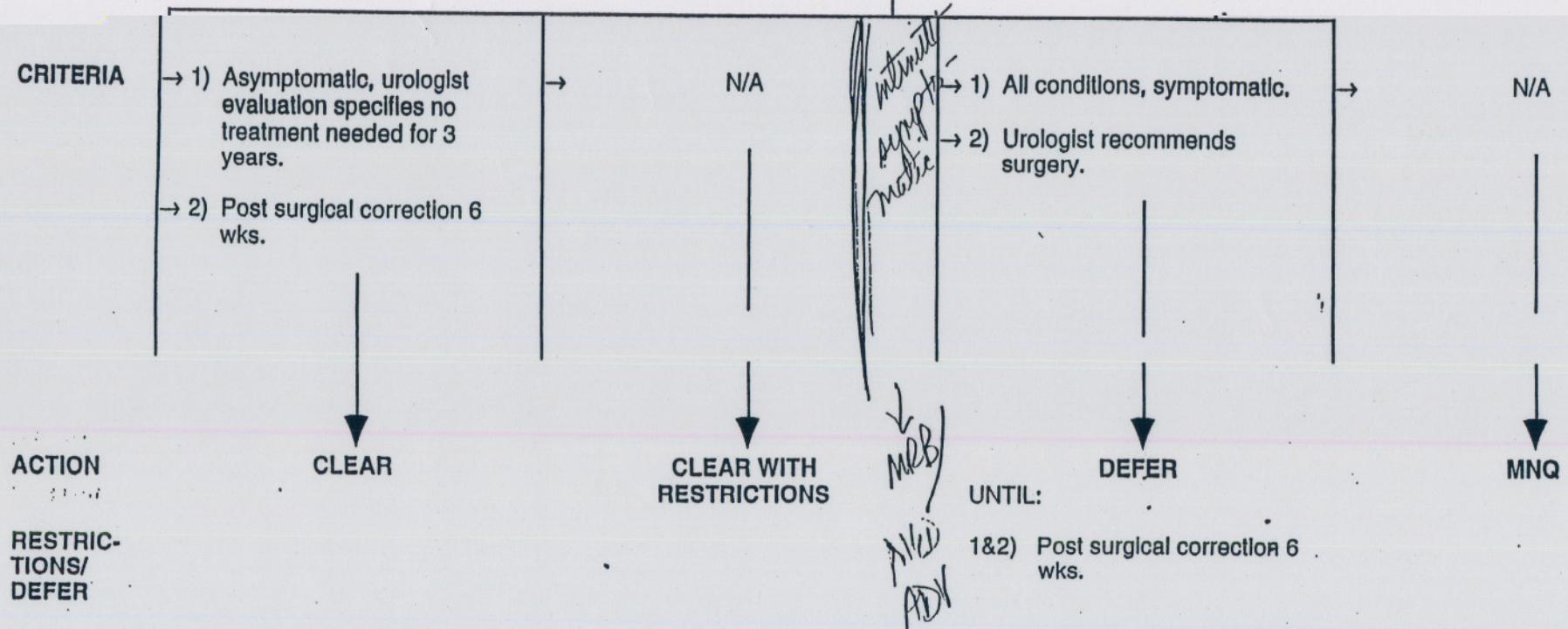
Urologist evaluation if chronic or recurrent, including severity of symptoms.

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Genito-urinary

GU-2

HYDROCELE (603.9), SPERMATOCELE (608.1), VARICOCELE (456.4)



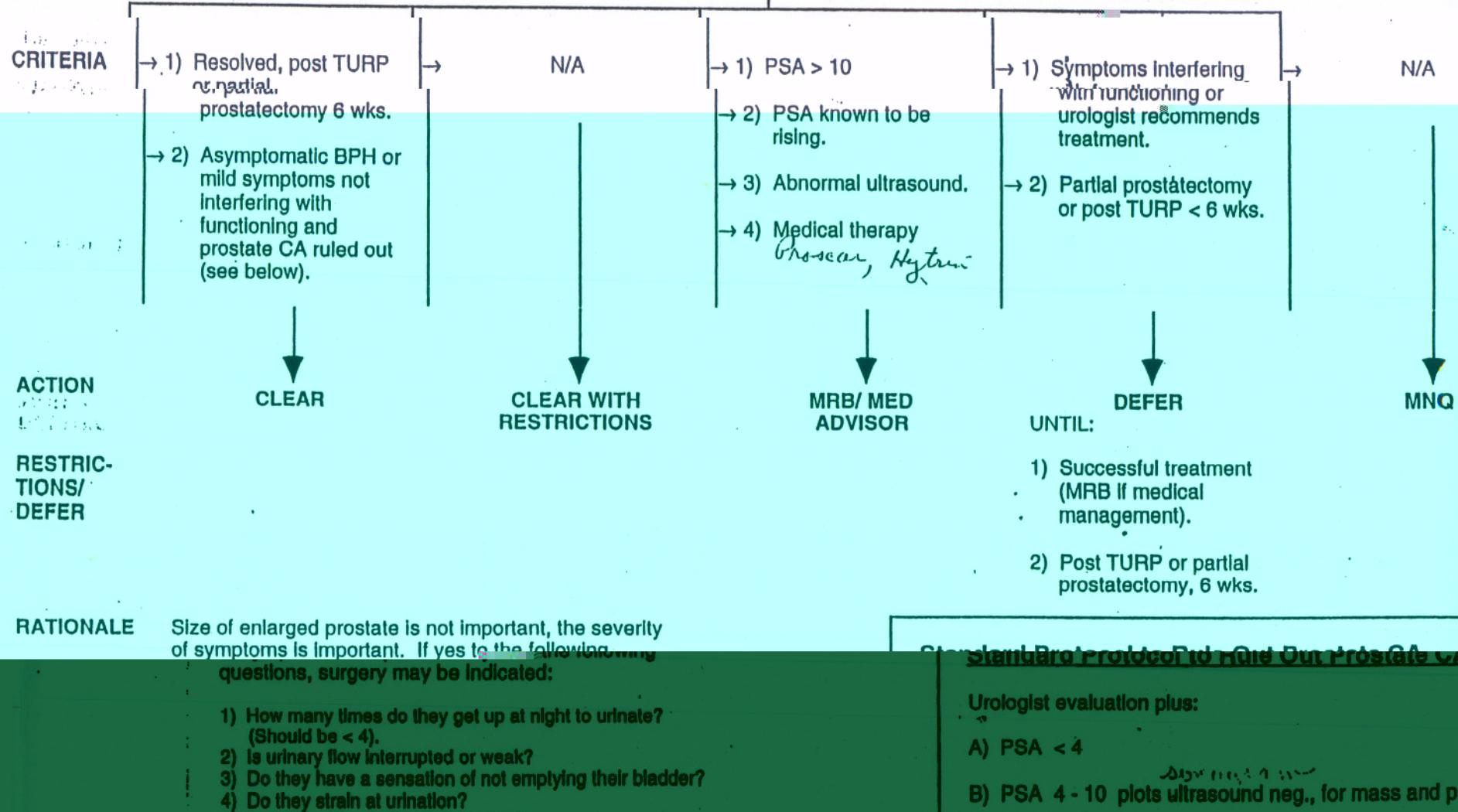
**RATIONALE** Hydrocele and spermatocele are common benign conditions posing no risk, if asymptomatic.

Treatment not available in  
PCMU's.

**MEDICAL  
INFORMATION  
NEEDED:**

#### **Urologist evaluation and follow-up plan**

## BENIGN PROSTATIC HYPERPLASIA (BPH) (600), TURP (60.2), PARTIAL PROSTATECTOMY (60)



### Standard Protocol to Rule Out Prostate CA

Urologist evaluation plus:

A) PSA < 4

B) PSA 4 - 10 plus ultrasound neg., for mass and prostate ratio.

C) > 10 quadrant Rx

**MEDICAL INFORMATION NEEDED:**

Generic information  
Urology evaluation, if BPH including need for surgery.  
Prostate sonogram if PSA > 4.

Genito-ur

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## PROSTATITIS, ACUTE (601.0), CHRONIC (601.1)

CRITERIA	→ Isolated acute bacterial or non-bacterial resolved for 3 mos.; prostate fluid culture neg.	→ N/A	→ Recurrent or chronic episodes	→ Isolated acute bacterial or non-bacterial.	→ N/A
ACTION	<b>CLEAR</b>	<b>CLEAR WITH RESTRICTIONS</b>	<b>MRB/ MED ADVISOR</b>	<b>DEFER</b>	<b>MNQ</b>
RESTRICTIONS/ DEFER		Internist/Urologist for F/U as needed.		Resolved with treatment.	
RATIONALE		Chronic bacterial prostatitis difficult to eradicate. Usual medications are Bactrim or nitrofurantoin at low doses. Works well to prevent recurrences without side effects.		Chronic non-bacterial prostatitis freq. responds well to tetracycline. It is sometimes related to stress.	Symptoms interfere with PCV's ability to function. No treatment known.

**MEDICAL INFORMATION NEEDED:**

Generic information

Urologic evaluation if, chronic or recurrent....

Severity of symptoms, F/U needed.

5/4/93

# CARCINOMA OF THE PROSTATE ( ) RADICAL PROSTATECTOMY (60.5)

CRITERIA	Period > 5 yrs. post treatment, no recurrence, PSA normal.	N/A	Carcinoma < 5 yrs. post treatment.	N/A
ACTION	<b>CLEAR</b>	<b>CLEAR WITH RESTRICTIONS</b>	<b>DEFER</b>	<b>MNQ</b>
RESTRICTIONS/DEFER			UNTIL: Post all treatment 5 yrs. no recurrence.	
RATIONALE	Ten year cure rates of localized prostatic cancer approach 65% with radical prostatectomy or radiation therapy.  Patients with prostate cancer are followed for 10 - 15 yrs.	State A Found on incidental surgery for BPH.  Stage B Localized to Prostate.  Stage C Spread to nearby tissues.  Stage D Spread to pelvic lymph nodes and bones or distant parts of body	Prostate Specific Antigen (PSA) is elevated in prostate cancer. Should return to normal (< 4) after effective treatment.	

MEDICAL INFORMATION NEEDED:

Generic information