Testicular Torsion (608.2), Orchiopexy (62.5), Orchiectomy (62.3)

Criteria:
1) Post Orchiopexy, 6 wks.
2) Post Orchiectomy, 6 wks.

Action:
- Clear
- Clear with restrictions
- N/A
- Post surgery < 6 wks.
- N/A
- DEFER
- MNQ

Rationale:
Post surgery < 6 wks. N/A

Medical Information Needed:
Generic Information

Genito-urinary

GU-7

5/4/93
### UNDESCENDED TESTICLE (186.0)

**CRITERIA**
- 1) Resolved in Infancy, medically or with orchiopexy.
- 2) Post-orchiectomy, 6 wks. no CA.
- 3) Resolved at puberty.

**ACTION**
- CLEAR
- CLEAR WITH RESTRICTIONS
- MRB/MED ADVISOR
- DEFER
- MNQ

**RESTRICTIONS/DEFER**
- 1) Orchiectomy advised
- 2) Post orchiectomy 6 wks., no malignancy.

**RATIONALE**
Undescended testicle discovered post-puberty is resolved surgically with orchiectomy. Needs urological evaluation to R/O CA in the undescended testicle.

**MEDICAL INFORMATION NEEDED:**
- Generic Information
- Urology evaluation, if not resolved.

**5/4/93**

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*Genito-urinary*
**Polycystic Disease of the Kidneys: Single or Multiple Cysts, Acquired (593.2), Polycystic Disease**

<table>
<thead>
<tr>
<th>RIA</th>
<th>→ 1) Single cyst</th>
<th>→ Polycystic disease, diagnosed on ultrasound or physical only, asymptomatic. Kidney function WNL, BP WNL.</th>
<th>→ 1) Polycystic disease previously diagnosed mild symptoms, kidney function WNL.</th>
<th>→ N/A</th>
<th>→ 1) Single cyst</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>→ 2) Multiple cysts that do not distort tissue (not polycystic renal disease) kidney function WNL.</td>
<td>Clear</td>
<td>Clear with restrictions</td>
<td>MRB/ MED advisor</td>
<td>Until:</td>
</tr>
</tbody>
</table>

---

**CLEAN**

No motorcycles.

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**Inferna**

Polycystic kidney disease: Inherited progressive kidney disorder with many bilateral cysts that cause enlargement of the kidneys, but reduce, by compression, the functioning renal tissue. Often asymptomatic for decades, however. Symptoms include lumbar pain, hematuria, colic recurrent infections. Usually do not become symptomatic until 45 - 50 yrs. old.

---

**Parenteral**

Generic information

Nephrologist if polycystic kidney disease.

BUN, creatinine; creatinine clearance.
### GLomerulonephritis, Acute (580), Chronic (582)

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Action</th>
<th>Restriction/Defer</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Glomerulonephritis, resolved, kidney function WNL, Two yrs. post episode.</td>
<td>CLEAR.</td>
<td>CLEAR WITH RESTRICTIONS</td>
<td>Spontaneous remission is rare, but does occur. While some patients do recover normal renal function, they usually have some histologic changes. Acute glomerulonephritis due to Streptococcal causes resolves in 90% of cases.</td>
</tr>
<tr>
<td>Acute Incident &lt; 2 yrs. post, kidney function WNL.</td>
<td>DEFER</td>
<td></td>
<td>Chronic usually progresses. Treatment not available in PCMU's. PCV at great risk for severe exacerbation and/or kidney failure.</td>
</tr>
<tr>
<td>1) Chronic, progressive</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) History, of chronic or acute with impaired renal function.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Medical Information Needed:**
- Generic Information
- Microscopic U/A
- BUN, creatinine, creatinine clearance.
NEPHRITIS (583), RENAL FAILURE: ACUTE (ARF) (584), & CHRONIC (585)

- Resolved ARF, kidney function WNL for 6 mos. → CLEAR
- ARF resolved < 6 mos. → N/A
- 1) Chronic nephritis
- 2) Chronic renal failure

CLEAR WITH RESTRICTIONS UNTIL:

- Kidney function WNL, 6 mos.

1) Acute Nephritis = ARF (acute renal failure) most commonly due to drug hypersensitivity, affecting tubules, interstitial tissue. Renal function usually returns when offending agent is removed.

2) Chronic Nephritis: Chronic kidney disorders causing changes in the tubulo-interstitial area, such as pyelonephritis, Gout, analgesic abuse, or can be idiopathic.

Generic Information

- Renal function (BUN, creatinine, creatinine clearance)
- Microscope U/A
HYDRONEPHROSIS (591)

CRITERIA

1) Transient hydronephrosis, resolved (pregnancy, stone, etc)

2) Ureteral obstruction resolved > 6 wks., no hydronephrosis, kidney function normal.

3) Post surgery, for hydronephrosis > 1 yr., renal function WNL, cause resolved.

ACTION

CLEAR

CLEAR WITH RESTRICTIONS

MRB/ MED ADVISOR

DEFER

MNQ

RESTRICTIONS/DEFER

1) Post surgery, 1 yr. or post episode 1 yr.

RATIONALE

Hydronephrosis: Dilatation of the renal pelvis

Primary Hydronephrosis: Without ureteral dilatation, results from obstruction at uretero-pelvic junction, prognosis is better than secondary hydronephrosis.

Secondary Hydronephrosis: Results from obstruction distal to renal pelvis or from urinary reflux, i.e., tumors, stones, ureterocele.

MEDICAL INFORMATION

Generic Information

Nephrologist if continued impaired renal functions

BUN, creatinine, creatinine clearance.

GU-13

5/4/93
CRITERIA

ACTION

CLEAR

CLEAR WITH RESTRICTIONS

UNTIL:

DEFER

MNQ

RATIONALE

MEDICAL INFORMATION

Generic Information

RENEED:

Genito-urinary

GU-14

5/4/93
**Nephrolithiasis (592.0), Ureterolithiasis (592.1)**

<table>
<thead>
<tr>
<th>Resolution Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Resolved &gt; 1 yr. surgically or stone passed, single episode or single stone.</td>
<td>N/A</td>
</tr>
<tr>
<td>2) Uric acid stones, one or more episodes, no recurrence, starting Allopurinol or Bicarbonate</td>
<td>1) Known abnormal kidney function.</td>
</tr>
<tr>
<td>3) Calcium calculi single or multiple episodes due to hypercalciuria, no recurrent while on thiazide diuretic &gt; 1 year</td>
<td>2) Unresolved, &quot;silent stone&quot; (on X-ray)</td>
</tr>
<tr>
<td>4) Multiple episodes, no recurrence &gt; 10 yrs, no hematuria or pyuria</td>
<td>3) Multiple episodes, last episode &lt;10 yrs ago.</td>
</tr>
</tbody>
</table>

- **CLEAR**
- **CLEAR WITH RESTRICTIONS**
- **DEFER**
- **MNQ**

**Urinary calculi are very common.**
- Found in 1% of all autopsies.
- 10% repeat incidence.

1) Most calculi in USA are calcium. Thiazide diuretics decrease stone production, but effectiveness diminishes with time. Increase fluid intake, avoid dark sodas (high oxalate content).
2) Uric acid stones can be controlled by low protein diet (animal protein) and Allopurinol or Na Bicarb.

**Treatment not available In PCMU's.**

**MNQ**

- 1) Post episode < 2 yrs, kidney function WNL.
- 2) On medication.
- 1) Continuous Impaired renal function.
- 2) Assoc. with SLE, diabetes, Amyloidosis, Focal Glomerulosclerosis.

**UNTIL:**
- 1) Post episode 2 yrs, kidney function WNL.
- 2) Off medication & post episode 2 yrs, kidney function WNL.

**Generco Information**
- If multiple episodes > 10 yrs ago: and microscopic urinalysis and KUB to rule current renal stone.

**Gu-15**