

GENITOURINARY

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

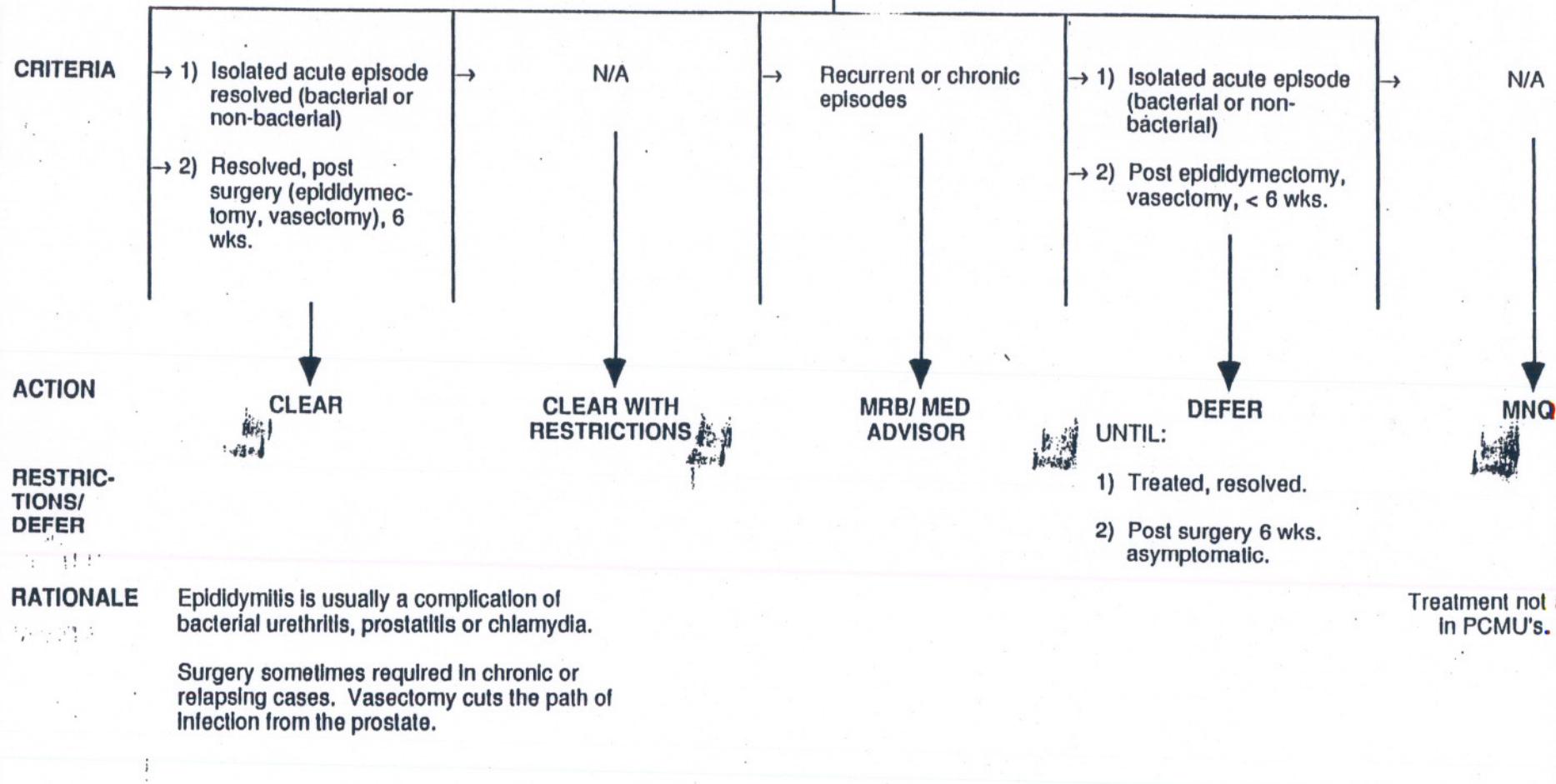
CRITERIA	ACTION	RESTRICTIONS/ DEFER			RATIONALE
			N/A	DEFER UNTIL:	
<ul style="list-style-type: none"> → 1) Orchectomy for trauma, torsion, benign tumor, recurrent hernia, varicocele, benign cyst, 6 wks. post-op. → 2) Seminoma or terato-carcinoma > 3 yrs. post. → 3) Other testicular cancers > 5 yrs. post. 	CLEAR			<ul style="list-style-type: none"> → 1) Orchectomy for benign cause, < 6 wks. post. → 2) Seminoma or terato-carcinoma < 3 yrs. post. → 3) Other testicular cancers < 5 yrs. post. 	<p>Resection with permanent catheter.</p> <p>Several different testicular cancers exist. Three year survival rates vary from > 80% in Seminomas to very low in Chorocarcinomas. Needs blood work and CXR q 6 mos. for 3 yrs. for F/U, then annually.</p>
	CLEAR WITH RESTRICTIONS			<ul style="list-style-type: none"> 1) Post surgery 6 wks. 2) Post all treatment 3 yrs. with Urologist or Oncologist clearance, stating no evidence of disease. 3) Same as above with 5 yrs. disease free. 	<p>F/U usually includes CXR, alpha-fetoprotein, and Beta HCG q year (tumor markers).</p> <p>1) At risk for Infection. 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

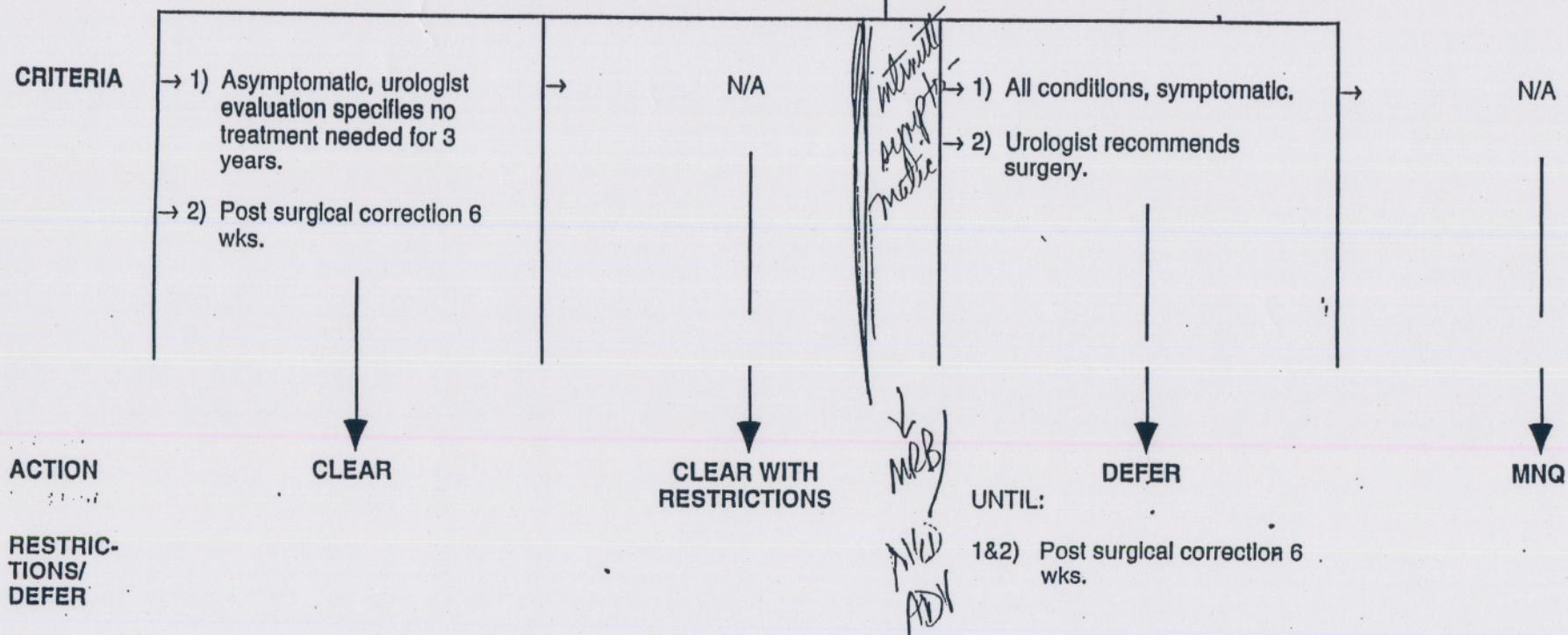
Urologist evaluation if chronic or recurrent, including severity of symptoms.

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Genito-urinary

GU-2

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



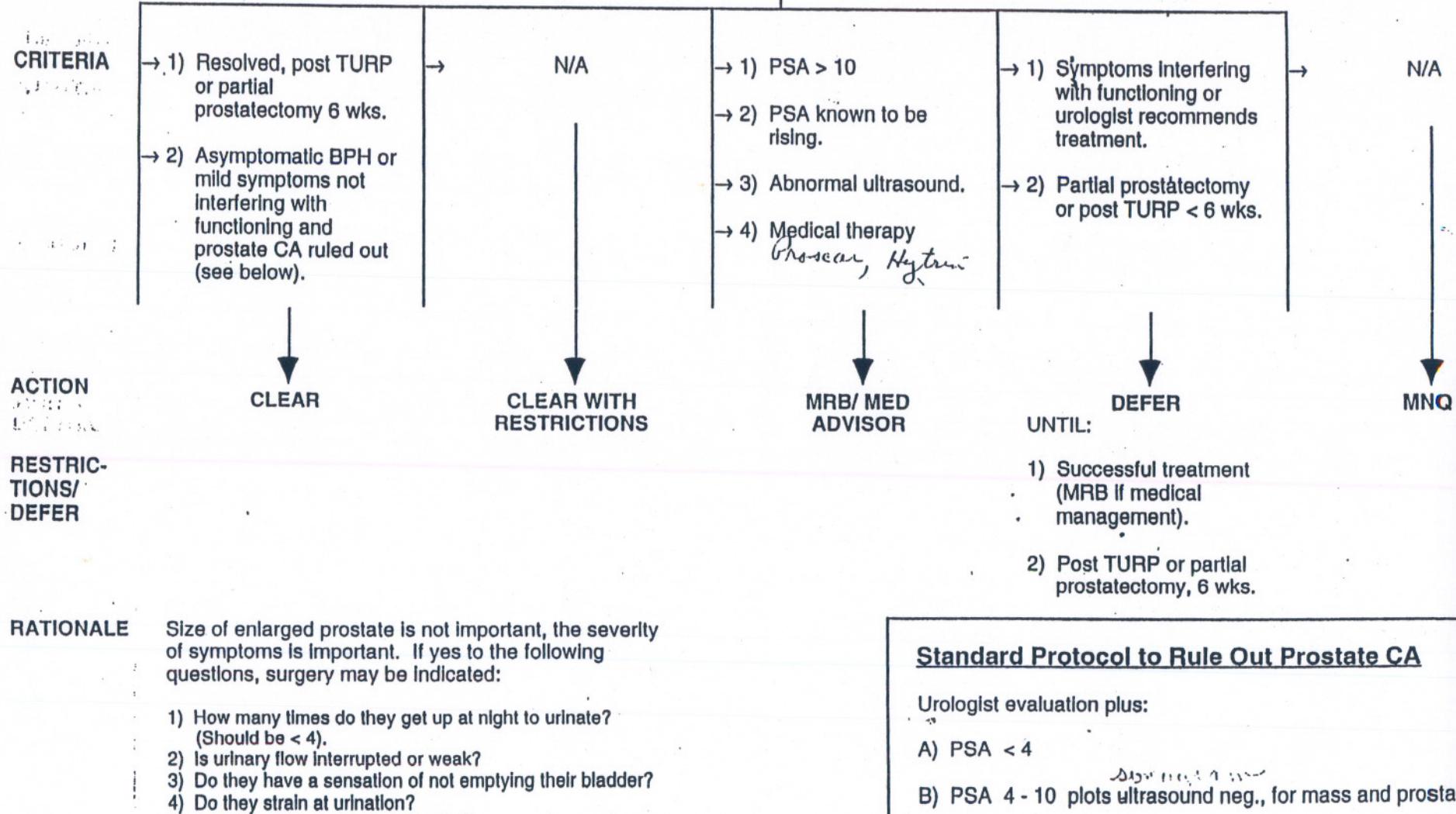
RATIONALE Hydrocele and spermatocele are common benign conditions posing no risk, if asymptomatic.

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 plots ultrasound neg., for mass and prostate ratio.

c) > 10 quadrant B

5/4/93

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	CLEAR	CLEAR WITH RESTRICTIONS	MRB/ MED ADVISOR	DEFER UNTIL: Resolved with treatment.	MNQ
RESTRICTIONS/ DEFER		Internist/Urologist for F/U as needed.			
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 Urology evaluation, if chronic or recurrent. Severity of symptoms, F/U needed.				

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

MEDICAL INFORMATION NEEDED:

Generic information