TESTICULAR TORSION (608.2), ORCHIOPEXY (62.5), ORCHIECTOMY (62.3)

CRITERIA

1) Post Orchiopexy, 6 wks.
2) Post Orchietomy, 6 wks.

N/A

Post surgery < 6 wks.

N/A

ACTION

CLEAR

CLEAR WITH RESTRICTIONS

DEFER

MEDICAL INFORMATION NEEDED:

Generic Information

RATIONALE

Post surgery, 6 wks.

GENITOURINARY

5/4/93
UNDESCENDED TESTICLE (186.0)

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

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

RESTRICTIONS/ DEFER
- Until:
  - 1) Orchietomy 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.

Genito-urinary

GU-8

5/4/93
CARCINOMA OF THE KIDNEY (189), NEPHRECTOMY (55.5), SOLITARY KIDNEY (753.3), HORSESHOE KIDNEY (753.3)

CRITERIA

→ 1) Adenocarcinoma of the kidney > 5 yrs. post treatment, kidney function normal.

→ 2) Post nephrectomy, partial resection, for benign cause, post obstruction > 6 mos. kidney function normal.

→ 3) Asymptomatic horseshoe kidney, kidney function WNC.

ACTION

CLEAR

CLEAR WITH RESTRICTIONS

MRB/MED ADVISOR

DEFER

UNTIL:

1) Five yrs. post all treatment and CA free, kidney function WNL.

2) Period > 6 mos.

RATIONAL

Localized tumors indicate a good prognosis.
Can recur up to 20 yrs. later.

A single kidney functioning normally can maintain normal body homeostasis.

MEDICAL INFORMATION NEEDED:

Generic Information
Urologist or Oncologist evaluation (If renal carcinoma).
BUN/creatinine; creatinine clearance.

5/4/93
### Cystic 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>→</th>
<th>Polycystic disease, diagnosed on ultrasound or physical only, asymptomatic. Kidney function WNL, BP WNL.</th>
<th>→</th>
<th>1) Polycystic disease previously diagnosed mild symptoms, kidney function WNL.</th>
<th>→</th>
<th>N/A</th>
<th>→</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>→</td>
<td>CLEAR WITH RESTRICTIONS</td>
<td>→</td>
<td>MRB/MED ADVISOR</td>
<td>→</td>
<td>UNTIL:</td>
<td>→</td>
<td>DEFER</td>
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<tr>
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<td>No motorcycles.</td>
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</table>

#### 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.

#### Generic Information

- Nephrologist if polycystic kidney disease.
- BUN, creatinine; creatinine clearance.
**CRITERIA**
- Acute Glomerulonephritis, resolved, kidney function WNL. Two yrs. post episode.

**ACTION**
- CLEAR
- CLEAR WITH RESTRICTIONS
- DEFER

**RESTRICTIONS/DEFER**
- Resolved, kidney function WNL for 2 yrs.

**RATIONALE**
- 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.

**MEDICAL INFORMATION NEEDED:**
- Generic information
- Microscopic U/A
- BUN, creatinine, creatinine clearance.

**GLOMERULONEPHRITIS, ACUTE (580), CHRONIC (582)**

- Acute Incident < 2 yrs. post, kidney function WNL.
- 1) Chronic, progressive
- 2) History, of chronic or acute with impaired renal function.
NEPHRITIS (583), RENAL FAILURE: ACUTE (ARF) (584), & CHRONIC (585)

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

CLEAR WITH RESTRICTIONS → DEFER MNO

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 NEEDED:

Generic Information
Nephrologist if continued impaired renal functions
BUN, creatinine, creatinine clearance.

GU-13

5/4/93
CRITERIA

ACTION

CLEAR

CLEAR WITH RESTRICTIONS

DEFER

UNTIL:

MNQ

RATIONALE

MEDICAL INFORMATION NEEDED:

Generic Information

Genito-urinary
Nephrolithiasis (592.0), Ureterolithiasis (592.1)

1) Resolved > 1 yr., surgically or stone passed, single episode or single stone.

2) Uric acid stones, one or more episodes, no recurrence since starting Allopurinol or Bicarbonate.

3) Calcium calculi single or multiple episodes) due to hypercalcuria, no recurrent while on thiazide diuretic > 1 year.

4) Multiple episodes, no recurrence > 10 yrs, no hematuria or pyuria.

<table>
<thead>
<tr>
<th>CLEAR</th>
<th>CLEAR WITH RESTRICTIONS</th>
<th>DEFER</th>
<th>MNQ</th>
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</thead>
</table>

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

- 1) Most calculi in USA are calcium. Thiazine 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 purine diet (animal protein) and Allopurinol or Na Bicarb.

Generic Information

ON

If multiple episodes > 10 yrs ago: and microscopic urinalysis and KUB to rule our current renal stone.

Gu-15

10/4/93