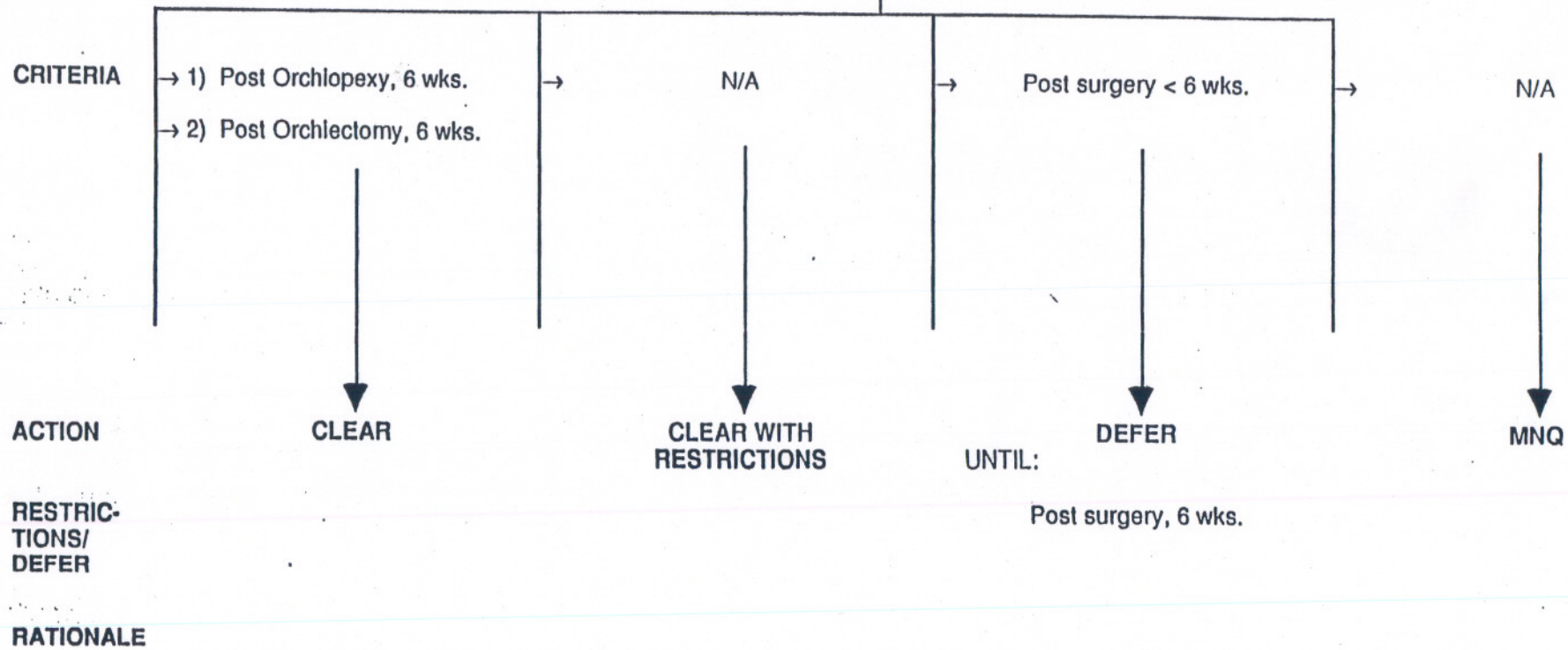


TESTICULAR TORSION (608.2), ORCHIOPEXY (62.5), ORCHIECTOMY (62.3)



**MEDICAL
INFORMATION
NEEDED:**

Generic information

UNDESCENDED TESTICLE (186.0)

CRITERIA	<ul style="list-style-type: none"> → 1) Resolved in Infancy, medically or with orchiopexy. → 2) Post-orchietomy, 6 wks. no CA. → 3) Resolved at puberty. 	→ N/A	→ Partially descended testicle	<ul style="list-style-type: none"> → 1) Discovered post-puberty. → 2) Post orchietomy < 6 wks. 	→ N/A
ACTION	CLEAR	CLEAR WITH RESTRICTIONS	MRB/ MED ADVISOR	DEFER	MNQ
RESTRIC-TIONS/DEFER				UNTIL: <ul style="list-style-type: none"> 1) Orchiectomy advised 2) Post orchietomy 6 wks., no malignancy. 	
RATIONALE	Undescended testicle discovered post-puberty is resolved surgically with orchietomy. Needs urological evaluation to R/O CA in the undescended testicle.				

MEDICAL INFORMATION NEEDED:

Generic Information

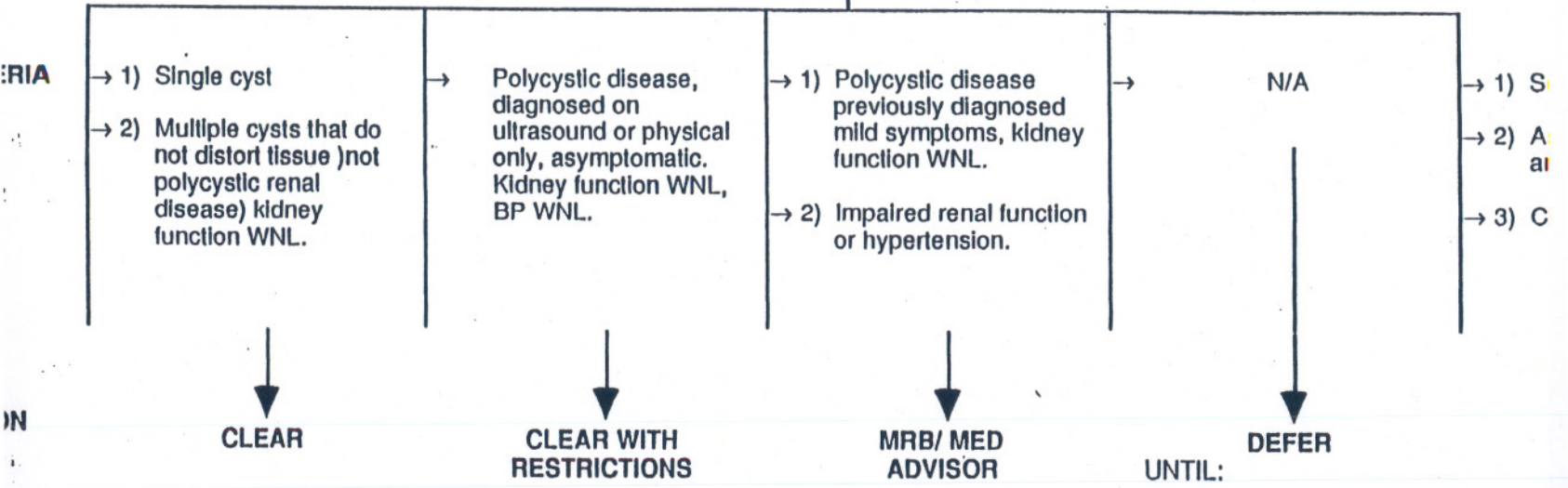
Urology evaluation, If not resolved.

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 horse-shoe kidney, kidney function WNC.	→ N/A	→ Unilateral nephrec-tomy or solitary kidney with abnormal kidney function.	→ 1) Adenocarcinoma of the kidney < 5 yrs. post treatment. → 2) Post nephrectomy benign cause < 6 mos.	→ N/A
ACTION	CLEAR	CLEAR WITH RESTRICTIONS	MRB/ MED ADVISOR	DEFER	MNQ
RESTRIC-TIONS/ DEFER				UNTIL: 1) Five yrs. post all treatment and CA free, kidney function WNL. 2) Period > 6 mos.	
RATIONALE	Localized tumors indicate a good prognosis. Can recur up to 20 yrs. later. A single kidney functioning normally can maintain normal body homeostasis.			Kidney function normal: BUN, creatinine normal or just above upper limit and creatinine clearance > 50 ml/hr.	
MEDICAL INFORMATION NEEDED:	Generic Information Urologist or Oncologist evaluation (If renal carcinoma). BUN/creatinine; creatinine clearance.				

CYSTIC DISEASE OF THE KIDNEYS: SINGLE OR MULTIPLE CYSTS, ACQUIRED (593.2), POLYCYSTIC DISEASE



GENERIC INFORMATION:

RESTRICTIONS: No motorcycles.

GENERIC INFORMATION: 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.

ADDITIONAL INFORMATION:

Generic information

Nephrologist if polycystic kidney disease.

BUN, creatinine; creatinine clearance.

GLOMERULONEPHRITIS, ACUTE (580), CHRONIC (582)

CRITERIA	→ Acute Glomerulonephritis, resolved, kidney function WNL. Two yrs. post episode.	→ N/A	→ Acute incident < 2 yrs. post, kidney function WNL.	→ 1) Chronic, progressive → 2) History, of chronic or acute with impaired renal function.
ACTION	↓ CLEAR	↓ CLEAR WITH RESTRICTIONS	↓ DEFER	↓ MNQ
RESTRICTIONS/DEFER			UNTIL: Resolved, kidney function WNL for 2 yrs.	
RATIONALE	<p>Spontaneous remission is rare, but does occur. While some patients do recover normal renal function, they usually have some histologic changes.</p> <p>Acute glomerulonephritis due to Streptococcal causes resolves in 90% of cases.</p>			<p>Chronic usually progresses.</p> <p>Treatment not available in PCMU's. PCV at great risk for severe exacerbation and/or kidney failure.</p>

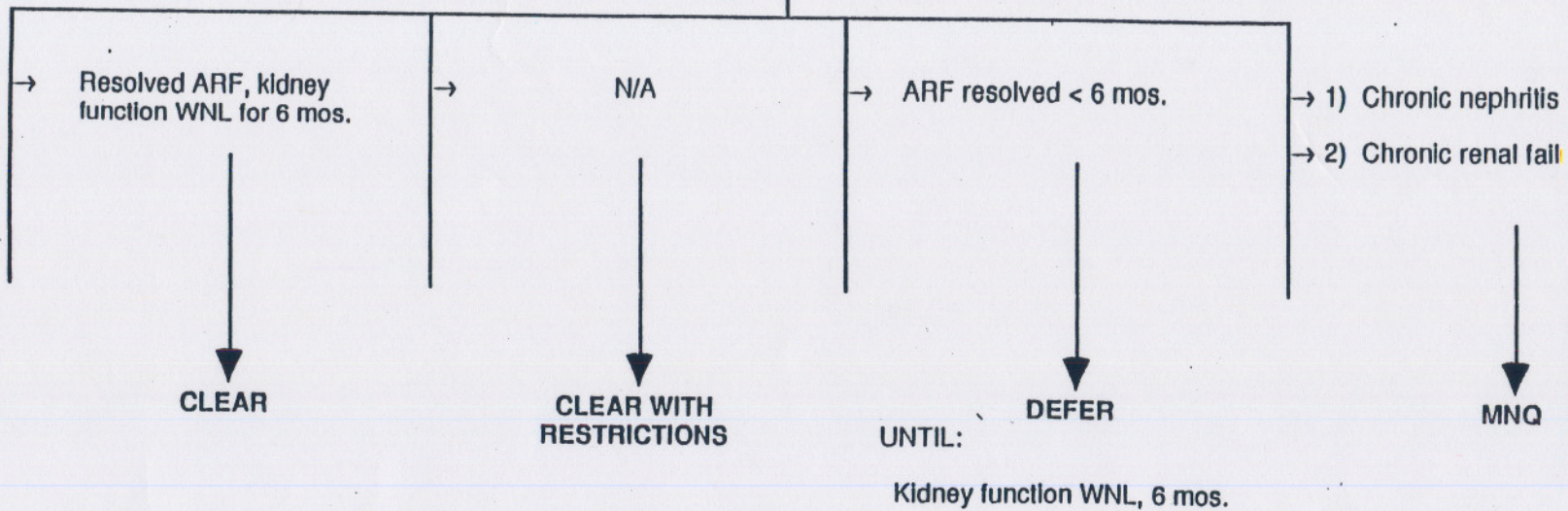
MEDICAL INFORMATION NEEDED:

Generic Information

Microscopic U/A

BUN, creatinine, creatinine clearance.

NEPHRITIS (583), RENAL FAILURE: ACUTE (ARF) (584), & CHRONIC (585)



ALE

- 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.

ATION

Generic Information

Renal function (BUN, creatinine, creatinine clearance)

Microscope U/A

inary

GU-12

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.	→ N/A	→ Resolved hydronephrosis with continued impaired renal function.	→ 1) Ureteral obstruction no hydronephrosis resolved < 6 wks. kidney function normal. → 2) Post surgery for hydronephrosis < 1 yr, kidney function WNL.	→ 1) Renal failure → 2) Cause non-resolvable
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.

5/4/93

CRITERIA

→ 1)

→ 1)

→ 1)

→ 1)

ACTION

**RESTRICTIONS/
DEFER**

CLEAR

**CLEAR WITH
RESTRICTIONS**

UNTIL:

DEFER

MNQ

RATIONALE

**MEDICAL
INFORMATION
NEEDED:**

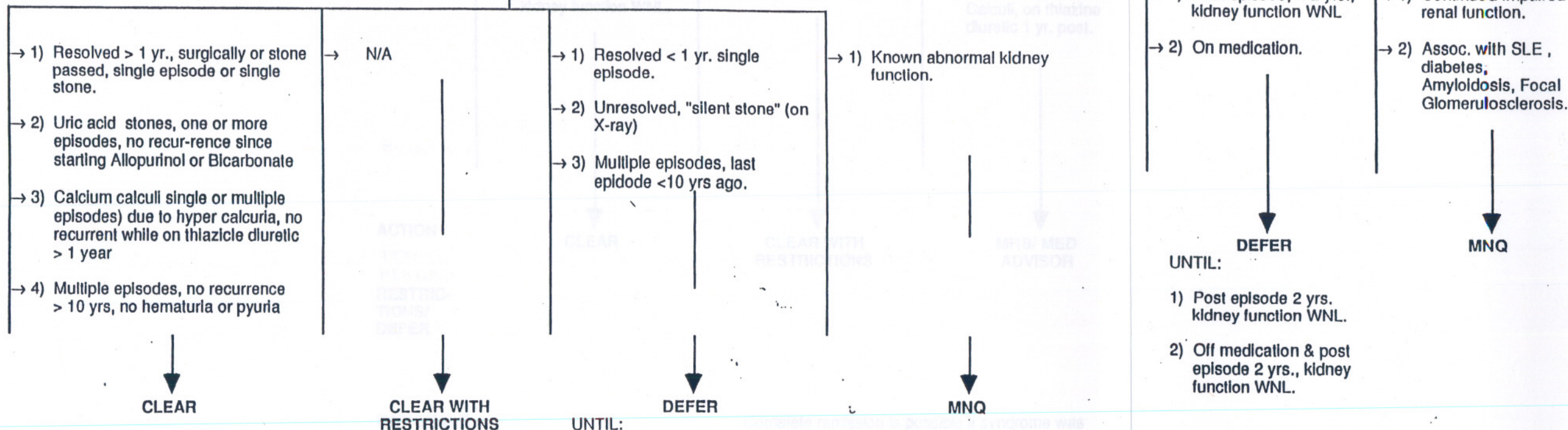
Generic Information

5/4/93

Genito-urinary

GU-14

NEPHROLITHIASIS (592.0), URETEROLITHIASIS (592.1)



UNTIL:

- 1) Resolved 1 yr.
- 2) Treated surgically, passed or shock wave lithotripsy done, 1 yr. post.

3) >10 yrs symptom free

- 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 purine diet (animal protein) and Allopurinol or Na Bicarb.

Treatment not available in PCMU's.

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

Generic Information

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

10/4/93

GU-15

5/4/93