

urology

 dayton children's

# quarterly update

third quarter • 2021

## making care convenient: video visits



Video visits provide a convenient opportunity to ask questions and discuss your concerns about your child's health from the convenience of home. The Dayton Children's urology division offers video visits for both new and established patients. Christopher Brown, MD, associate chief of urology at Dayton Children's, is spearheading the division's efforts to offer telehealth to more patients.

According to Dr. Brown, "We can see pretty much any condition via video visit at this time. However, in some cases we may need to schedule a follow-up in-person, specifically if we need to do an in person physical examination."

While it's possible to schedule surgery, based on an initial video visits, some patients may need to do a follow-up visit, in person, in order to confirm that surgery is appropriate.

### how it works

Video visits are just like an office visit, only from the comfort of your home! Using video conferencing technology (similar to FaceTime or Google Meet) allows you to have an appointment from your mobile device or personal computer without the need to commute. Once the appointment is scheduled, you will receive a confirmation email with instructions about your upcoming video visit.

### prior to the video visit, patient families will need to:

- Download the MyKidsChart mobile app
- Download the Zoom mobile app
- eCheck-in (up to 7 days in advance)
- Find a quiet, private, well lit room with limited distractions, and with a good internet connection.

**If you need any assistance during the check-in process, call your help desk at 877-355-3155.**

### making care convenient: online scheduling

It's now easier than ever to make an appointment with a member of the Dayton Children's urology team. Online scheduling is available for in-person, new patient appointments only. However, established patients are able to schedule directly with their provider for follow-up care by logging into MyKidsChart.

And now, new patient families are able to schedule a video visit online, too! Visit [childrensdayton.org/patients-visitors/services/urology](https://childrensdayton.org/patients-visitors/services/urology) for the latest updates and to schedule an appointment today.

# Q&A: with Sara Conley: urology prenatal visits



For many children, their care with the Dayton Children's urology team begins before they are born. The Fetal to Newborn Center, a partnership between Dayton Children's and Premier Health, helps to facilitate prenatal consults prior to a baby's delivery. These consults help parents learn more about their child's condition and make decisions about their child's care plan after they are born. Sara Conley, nurse practitioner, with Dayton Children's urology division, helps to facilitate these consults with expecting moms.

## **What is the most common condition that is referred to urology by an MFM or OB-GYN?**

The most common condition that is seen on prenatal ultrasound that warrants a referral to urology is renal dilation. When the referral is received they provide us with measurements of the kidneys and the dilation. There are ranges in regards to dilation of the kidney that they monitor with each prenatal ultrasound.

## **What is the process like once a mom is referred to Dayton Children's urology?**

The pregnant mothers are usually referred to maternal fetal medicine by their primary obstetrician. When maternal fetal medicine does the ultrasound, if there are any abnormalities with kidneys, ureter or bladder they will tell the mother that a referral will be sent to Dayton Children's urology. When we receive the referral, we will call the mother to schedule either a telehealth or in person clinic appointment. During the appointment, we discuss the findings of the ultrasound, potential causes, and the importance of following up with the urology department after delivery. An appointment is made after the delivery date, using the mother's information. After the mother delivers, we ask her to call and switch the appointment to the baby's information and we order a renal ultrasound to be done the same day, so that we can review the images with the family and determine the plan of care.

## **What happens once the baby is born?**

Once the baby is born, we ask the mother to call us to let us know she delivered and provide the department with the baby's information. We then order the ultrasound to be done the same day as the appointment. We usually will see mom and baby a few weeks after the child is born. Most often the baby can be discharged from the newborn nursery just like any other child. Occasionally we will have mom and baby come in a few days after birth or have the child transferred to Dayton Children's if we are particularly concerned.

## **What is the most common urological condition that is discovered after a baby is born (if the condition is not found prenatally)?**

The most common urological issue after delivery is hydronephrosis, which is when urine collects in the kidney and causes it to be stretched or swollen. Oftentimes, the cause is unknown, but depending on the severity, the child may need testing to rule out kidney reflux or kidney obstruction. Through testing, we can determine if the kidneys are draining properly.



**Sara Conley, NP**  
nurse practitioner,  
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# spotlight on: urinary tract infections



We know talking about UTIs may seem like an awkward topic to discuss, but they are a common infection for kids. In fact, nearly 3% of toilet-flushing children develop a UTI each year. That's why we sat down with Christopher Brown, MD, pediatric urologist at Dayton Children's for a Q&A on the topic.



figure 1.

## What is a UTI?

Urinary tract infections, more commonly referred to as UTIs, are common infections during childhood, and may involve any part of the urinary tract from the kidneys to the urethra.<sup>1</sup> This occurs when bacteria enters the urinary tract and starts to flourish. UTIs typically show up as a simple bladder infection, but they can progress to severe infections that require hospitalization and potentially may lead to kidney damage. In the first year of life, boys are more likely to develop a UTI, whereas through the rest of childhood, UTIs are more frequently seen in girls.

## What are common symptoms of UTI?

In infants and other children that are not able to express themselves, the most common presentation of a UTI is a fever without an identifiable cause.

As children get older, they may have the following symptoms:

- pain or burning with urination
- blood in the urine
- increased urinary frequency or urgency
- lethargy, poor appetite
- new daytime or nighttime urinary accidents

## How is a UTI diagnosed?

To diagnose a UTI, a sample of urine is required. The sample is sent to the laboratory to determine if an infection is present by checking a urinalysis and urine culture. In toilet-trained children, this is obtained getting a clean-catch urine specimen. In children not yet toilet-trained, the specimen will typically be obtained by either placing a plastic bag over the urethra and catching the urine when they urinate or placing a catheter through the urethra into their bladder. While it is more invasive, placing a catheter will allow more accurate test results, as compared to a bagged specimen. Typically, the final test results are available within two days.

## How to prevent a UTI?

It is very important to keep children well hydrated and teach them good hygiene habits. If they hold their urine or stool for extended periods

of time, this could create an environment in which bacteria can flourish. Children should be encouraged to urinate every few hours, and have a daily, soft bowel movement. It's very important to avoid constipation in order to prevent UTIs.

## How are UTIs treated?

Once a UTI is confirmed, it must be treated with a course of antibiotics. For less severe infections, they are treated with up to one week of oral antibiotics. If the infection reaches the kidney or spreads through the body, children will need a longer course of antibiotics, and may require IV antibiotics or hospitalization. At times, it may be necessary to take a look at the kidneys and bladder. A kidney and bladder ultrasound is commonly used, and depending on the results or severity of the infection, additional or more invasive imaging tests may be needed.

## When should a child see a specialist?

In some cases, kids may benefit from seeing a specialist for UTIs. These situations include, but are not limited to, the following:

- When children are not responsive to initial antibiotic therapy
- Children with recurrent or severe UTIs
- If there are any abnormalities on imaging of the kidneys and bladder
- Children with congenital urinary tract anomalies
- Any infant that develops a febrile UTI
- Children with symptoms of UTIs (such as urgency, frequency or urinary accidents) without evidence of a UTI

## your Dayton Children's pediatric urology team



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