



Service: Urology

Care Venue: GGH HSC SBH VGH | BRC SAH SGH

Case Details <small>*all fields are mandatory in Novari ATC</small>	Patient Name*: _____		DOB: MM/DD/YYYY																			
	PHIN*: _____																					
Diagnosis Category*																						
<table style="width: 100%; border: none;"> <tr> <td style="border: none;"><input type="checkbox"/> [C] Known Cancer</td> <td style="border: none;"><input type="checkbox"/> INFERTILITY</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> [C] Suspected Cancer</td> <td style="border: none;"><input type="checkbox"/> NEUROGENIC VOIDING DYSFUNCTION</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> BENIGN DISORDERS OF THE GENITALIA</td> <td style="border: none;"><input type="checkbox"/> OTHER UROLOGIC DIAGNOSES</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> BENIGN PROSTATIC HYPERPLASIA</td> <td style="border: none;"><input type="checkbox"/> RENAL TRANSPLANTATION - RENAL FAILURE</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> BENIGN TUMORS OF GU SYSTEM</td> <td style="border: none;"><input type="checkbox"/> URETERAL OBSTRUCTION</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> CONGENITAL ABNORMALITIES</td> <td style="border: none;"><input type="checkbox"/> URINARY INCONTINENCE</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> ERECTILE DYSFUNCTION</td> <td style="border: none;"><input type="checkbox"/> URINARY RETENTION</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> FAMILY PLANNING</td> <td style="border: none;"><input type="checkbox"/> UROLITHIASIS</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> GU TRAUMA</td> <td></td> </tr> </table>					<input type="checkbox"/> [C] Known Cancer	<input type="checkbox"/> INFERTILITY	<input type="checkbox"/> [C] Suspected Cancer	<input type="checkbox"/> NEUROGENIC VOIDING DYSFUNCTION	<input type="checkbox"/> BENIGN DISORDERS OF THE GENITALIA	<input type="checkbox"/> OTHER UROLOGIC DIAGNOSES	<input type="checkbox"/> BENIGN PROSTATIC HYPERPLASIA	<input type="checkbox"/> RENAL TRANSPLANTATION - RENAL FAILURE	<input type="checkbox"/> BENIGN TUMORS OF GU SYSTEM	<input type="checkbox"/> URETERAL OBSTRUCTION	<input type="checkbox"/> CONGENITAL ABNORMALITIES	<input type="checkbox"/> URINARY INCONTINENCE	<input type="checkbox"/> ERECTILE DYSFUNCTION	<input type="checkbox"/> URINARY RETENTION	<input type="checkbox"/> FAMILY PLANNING	<input type="checkbox"/> UROLITHIASIS	<input type="checkbox"/> GU TRAUMA	
<input type="checkbox"/> [C] Known Cancer	<input type="checkbox"/> INFERTILITY																					
<input type="checkbox"/> [C] Suspected Cancer	<input type="checkbox"/> NEUROGENIC VOIDING DYSFUNCTION																					
<input type="checkbox"/> BENIGN DISORDERS OF THE GENITALIA	<input type="checkbox"/> OTHER UROLOGIC DIAGNOSES																					
<input type="checkbox"/> BENIGN PROSTATIC HYPERPLASIA	<input type="checkbox"/> RENAL TRANSPLANTATION - RENAL FAILURE																					
<input type="checkbox"/> BENIGN TUMORS OF GU SYSTEM	<input type="checkbox"/> URETERAL OBSTRUCTION																					
<input type="checkbox"/> CONGENITAL ABNORMALITIES	<input type="checkbox"/> URINARY INCONTINENCE																					
<input type="checkbox"/> ERECTILE DYSFUNCTION	<input type="checkbox"/> URINARY RETENTION																					
<input type="checkbox"/> FAMILY PLANNING	<input type="checkbox"/> UROLITHIASIS																					
<input type="checkbox"/> GU TRAUMA																						
If Cancer*: <input type="checkbox"/> Diagnostic <input type="checkbox"/> Treatment <input type="checkbox"/> Reconstruction <input type="checkbox"/> Prophylactic <input type="checkbox"/> Staging <input type="checkbox"/> Surveillance <input type="checkbox"/> Palliative																						
Please refer to the Case Priority Criteria to complete this section																						
Wait 2 Priority*: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		Diagnosis Description: _____																				
Consented Procedure*: _____				Est. Procedure Time*: <small>Default value provided by system when available</small> _____ mins																		
Procedure Notes: _____																						
DTT*: MM/DD/YYYY	Laterality*: <small>(if applicable)</small> <input type="checkbox"/> Left <input type="checkbox"/> Right	Anesthetic*: <small>Regional sites only</small> <small>Anesthetist required</small> <input type="checkbox"/> Yes <input type="checkbox"/> No	Attend Short*: <small>Patient is available on short notice as a last-minute case replacement.</small> <input type="checkbox"/> Yes <input type="checkbox"/> No	Admission Type*: <input type="checkbox"/> Day Surgery <input type="checkbox"/> Inpatient <input type="checkbox"/> Same Day Admit <input type="checkbox"/> Short Stay	Post Procedural Destination*: <small>Day Surgery</small> <input type="checkbox"/> ICU <input type="checkbox"/> Unit LOS: _____ days																	
Special Instructions: _____																						

Case Priority Criteria

Priority / Target Days	Diagnosis Description	
1 (28 days)	<input type="checkbox"/> BLADDER FOREIGN BODY <input type="checkbox"/> BLADDER NECK CONTRACTURE LOWER URINARY TRACT SYMPTOMS <input type="checkbox"/> ERODED MESH INFECTED OR EXPOSED <input type="checkbox"/> FLUID COLLECTION ABSCESS HEMATOMA OR LYMPHOCELE <input type="checkbox"/> HEMATURIA GROSS <input type="checkbox"/> HYDRONEPHROSIS WITH RENAL IMPAIRMENT <input type="checkbox"/> PELVIC ORGAN PROLAPSE STAGE 4 LEADING TO OBSTRUCTION OF THE URETER OR BLADDER <input type="checkbox"/> PHIMOSIS WITH URINARY OBSTRUCTION	<input type="checkbox"/> RENAL STONE ANY SIZE SYMPTOMATIC <input type="checkbox"/> URETERIC OBSTRUCTION NON-STONE <input type="checkbox"/> URETERIC STENT REMOVAL FOR ACUTE SYMPTOMS <input type="checkbox"/> URETERIC STONE <input type="checkbox"/> URETHRAL STRICTURE WITH CATHETER OR SUPRAPUBIC TUBE <input type="checkbox"/> URINARY RETENTION ACUTE CATHETER DEPENDENT OR BENIGN PROSTATIC HYPERPLASIA WITH CATHETER <input type="checkbox"/> VOIDING DYSFUNCTION AFTER INCONTINENCE SURGERY ACUTE POST OPERATIVE
	<input type="checkbox"/> Urgent; does not require emergency slate	
2 (60 days)	<input type="checkbox"/> BLADDER STONE SYMPTOMATIC <input type="checkbox"/> ERODED MESH OTHER <input type="checkbox"/> FISTULA VESICO VAGINAL NON-URGENT <input type="checkbox"/> HEMATURIA MICRO	<input type="checkbox"/> HYDRONEPHROSIS WITHOUT RENAL IMPAIRMENT <input type="checkbox"/> PELVIC ORGAN PROLAPSE OF ANY STAGE EXPERIENCING GENITAL TRACT ULCERATION <input type="checkbox"/> PELVIC ORGAN PROLAPSE STAGE 4 WITHOUT URINARY TRACT OBSTRUCTION <input type="checkbox"/> URETEROPELVIC JUNCTION OBSTRUCTION SYMPTOMATIC OR STENTED
	<input type="checkbox"/> Constant, frequent or severe pain/symptoms (biological, psychological) <input type="checkbox"/> Significantly impacts ability to perform usual activities <input type="checkbox"/> High probability of disease progression with morbidity that might affect function or life expectancy <input type="checkbox"/> Recurring unscheduled visits i.e. ED/primary care physician/surgeon	
3 (90 days)	<input type="checkbox"/> BLADDER PAIN SYNDROME <input type="checkbox"/> BLADDER STONE ASYMPTOMATIC <input type="checkbox"/> CYSTITIS RECURRENT <input type="checkbox"/> FUNCTIONAL ADENOMA <input type="checkbox"/> HYDROCELE OR SPERMATOCELE OR VARICOCELE SYMPTOMATIC <input type="checkbox"/> INFERTILITY (MALE OR FEMALE) WITH AGE OF FEMALE PARTNER 35 YEARS OF AGE OR GREATER <input type="checkbox"/> PELVIC ORGAN PROLAPSE STAGE 3 OR LESS WITH NO ADVERSE EVENTS <input type="checkbox"/> PHIMOSIS PATHOLOGICAL <input type="checkbox"/> REFRACTORY OVERACTIVE BLADDER FAILED MEDICAL TREATMENT <input type="checkbox"/> RENAL FAILURE NON FUNCTIONING BENIGN ETIOLOGY <input type="checkbox"/> RENAL STONE TOTAL BURDEN ASYMPTOMATIC <input type="checkbox"/> TESTICULAR TORSION INTERMITTENT	<input type="checkbox"/> URACHAL CYST OR REMNANT <input type="checkbox"/> URETERIC STENT PLANNED REMOVAL OR EXCHANGE DUE TO PREVIOUS CANCER SURGERY <input type="checkbox"/> URETERIC STENT PLANNED REMOVAL OR EXCHANGE FOR CHRONIC SYMPTOMS <input type="checkbox"/> URETEROPELVIC JUNCTION OBSTRUCTION ASYMPTOMATIC <input type="checkbox"/> URETHRAL DIVERTICULUM <input type="checkbox"/> URETHRAL MASS OR LESION BENIGN OR CARUNCLE <input type="checkbox"/> URETHRAL STRICTURE <input type="checkbox"/> URINARY DIVERSION BENIGN <input type="checkbox"/> URINARY INCONTINENCE <input type="checkbox"/> VOIDING DYSFUNCTION AFTER INCONTINENCE SURGERY GREATER THAN 6 MONTHS POST OPERATIVE <input type="checkbox"/> VOIDING DYSFUNCTION IDIOPATHIC OR NEUROGENIC <input type="checkbox"/> WOUND COMPLICATION CHRONIC
	<input type="checkbox"/> Mild or occasional pain/symptoms (biological, psychological) <input type="checkbox"/> Minimally or moderately impacts ability to perform usual activities <input type="checkbox"/> Low probability of disease progression that might affect function or life expectancy <input type="checkbox"/> Minimal unscheduled visits to ED/primary care physician/surgeon	
4 (182 days)	<input type="checkbox"/> ANOGENITAL CONDYLOMATA OR OTHER BENIGN LESIONS <input type="checkbox"/> CIRCUMCISION NON-MEDICAL <input type="checkbox"/> GENDER REAFFIRMING SURGERY (GRS) ORCHIECTOMY WITH POSSIBLE SCROTECTOMY <input type="checkbox"/> GENDER REAFFIRMING SURGERY (GRS) PHALLOPLASTY OR METOIDIOPLASTY <input type="checkbox"/> HYDROCELE OR SPERMATOCELE OR VARICOCELE ASYMPTOMATIC <input type="checkbox"/> INFERTILITY (MALE OR FEMALE) WITH AGE OF FEMALE PARTNER LESS THAN 35 YEARS OF AGE <input type="checkbox"/> NEUROGENIC BLADDER <input type="checkbox"/> PENILE DEFORMITY	<input type="checkbox"/> PHIMOSIS <input type="checkbox"/> REFRACTORY OVERACTIVE BLADDER REPEAT PROCEDURE <input type="checkbox"/> SEXUAL OR EJACULATORY DYSFUNCTION <input type="checkbox"/> SURGICAL STERILIZATION <input type="checkbox"/> TESTICLE UNDESCENDED OR MISSING <input type="checkbox"/> URETHRAL EPISPADIAS OR HYPOSPADIAS <input type="checkbox"/> URINARY RETENTION REFRACTORY OR CHRONIC WITHOUT CATHETER <input type="checkbox"/> VAGINAL CYST
	<input type="checkbox"/> Elective indication for surgery <input type="checkbox"/> Mild occasional pain symptoms (biological, psychological) <input type="checkbox"/> Minimal impacts ability to perform usual activities <input type="checkbox"/> Minimal risk of morbidity incurred in waiting	
Oncology		
1 (14 days)	<input type="checkbox"/> RENAL MASS WITH IVC THROMBUS <input type="checkbox"/> TESTICULAR MASS WITH METASTASIS OR AGE 30 AND UNDER	
	<input type="checkbox"/> Urgent; does not require emergency slate <input type="checkbox"/> Diagnostic Surgical Oncology Cases	
2 (28 days)	<input type="checkbox"/> ADRENAL MASS GREATER THAN OR EQUAL TO 3 CM <input type="checkbox"/> BLADDER CANCER NON-INVASIVE (EXAMPLE TURBT) <input type="checkbox"/> BLADDER CANCER POST SURGERY FOLLOW UP <input type="checkbox"/> BLADDER CANCER REQUIRING INVASIVE TREATMENT (EXAMPLE RADICAL CYSTECTOMY) <input type="checkbox"/> LYMPHADENOPATHY INGUINAL <input type="checkbox"/> LYMPHADENOPATHY RETROPERITONEAL <input type="checkbox"/> PENILE CANCER <input type="checkbox"/> PROSTATE CANCER HIGH RISK	<input type="checkbox"/> RENAL MASS EQUAL TO OR GREATER THAN 4 CM <input type="checkbox"/> RENAL MASS LESS THAN 4 CM CENTRAL LESIONS <input type="checkbox"/> RENAL TRANSITIONAL CELL CARCINOMA <input type="checkbox"/> TESTICULAR MASS NO METASTASIS <input type="checkbox"/> URETERIC MASS TUMOUR <input type="checkbox"/> URETHRAL MASS <input type="checkbox"/> VULVA OR PERINEUM LESION, CANCER SUSPECTED
	<input type="checkbox"/> Patients diagnosed with highly aggressive malignancies	

<p>3 (42 days)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> PROSTATE CANCER INTERMEDIATE RISK <input type="checkbox"/> All patients with known or suspected highly invasive cancer <input type="checkbox"/> Cancer is not highly aggressive or indolent
<p>4 (84 days)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> ADRENAL MASS LESS THAN 3 CM <input type="checkbox"/> PROSTATE CANCER LOW RISK <input type="checkbox"/> RENAL MASS LESS THAN 4 CM PERIPHERAL LESIONS <input type="checkbox"/> URETERIC STENT PLANNED REMOVAL OR EXCHANGE DUE TO PREVIOUS CANCER SURGERY <hr/> <ul style="list-style-type: none"> <input type="checkbox"/> Patients diagnosed or suspected to have indolent malignancies