

11.15.2024

For Referring Providers:

Dr. Barrett, our urologist, will be transitioning to a part-time schedule. To continue providing focused, high-quality care, we have refined our services to a specific set of urologic conditions.

We're pleased that Natalia Hidden, FNP-C, will continue to see patients full-time, ensuring continuity and accessible care for our patients and community. For questions or referral information, please contact our office at 541-274-8910.

Sky Lakes urology will see patients that are already established with another urologist on a case-to-case basis.

All referrals must have note attached directly to referral.

Urology diagnoses we provide:

- 1. Elevated PSA with a current PSA within the last 6 months
- 2. Gross hematuria

3. Microscopic hematuria: Must have 2 MICROSCOPICALLY positive urine samples in the absence of UTI. Dipstick urinalyses do not count.

4. Urinary retention: Foley catheter or documented elevated PVR/bladder scan

5. History of prostate cancer: UNTREATED (no prior treatment). Others will get referred to cancer treatment center (such as recurrent prostate cancer after treatment)

6. History of bladder cancer: Need records sent with referral

7. Kidney stones: Must be a staghorn calculus or ureteral stone. Do not accept referral for non-obstructing stones or "history of stones"

8. Neurogenic bladder. Send previous urodynamics/urology records available. MUST document why concern/specific symptoms of neurogenic bladder. Sky Lakes urology cannot perform urodynamics. If referral is for urodynamic studies and will need sent to other practice.

9. Overactive bladder: With documentation of trial and failure of at least 1 medication previously



10. BPH with LUTS (urinary symptoms including urgency, frequency, straining, weak stream, nocturia, etc.). Must have documentation of which specific symptoms and documentation of trial and failure of at least 1 medication (selective alpha-blocker) previously

11. Erectile dysfunction: Must have documentation of trial/failure of at least 2 PDE 5 medications

12. Urinary tract infection "must have evidence of staghorn renal calculus/bladder calculus or gross anatomic abnormality on imaging.

13. Hydronephrosis: Must have cross sectional imaging confirming diagnosis (bladder ultrasound does not count)

14. Bladder wall thickening: Send documentation of imaging noting bladder wall thickening such as abnormal CT, MRI, ultrasound of bladder

15. Testicular mass/cyst/hydrocele. Must have completed scrotal ultrasound accompanying referral (do not accept referral for epididymal cyst, varicocele)

16. Urethral stricture: Accept unless they have symptoms of acute urinary retention

17. Spermatic cord mass-confirmed by ultrasound

18. Balanitis with documented trial of Lotrisone and NORMAL A1c

19. Renal mass confirmed by cross-sectional imaging (less than 3 cm) renal mass is larger than 3 cm need to be sent directly to larger facility

20. Bladder stone-confirmed by ultrasound/CT

21. Phimosis-with documented treatment and response to Lotrisone



Sky Lakes Urology will NOT accept referrals for:

- 1. Any "unspecified" diagnosis
- 2. Enlarged prostate
- 3. Hematospermia
- 4. Acute epididymoorchitis
- 5. Epididymal cyst
- 6. Varicocele
- 7. Low testosterone
- 8. Low sperm count
- 9. Peyronie's disease
- 10. Hydrocele
- 11. Interstitial cystitis
- 12. Urethral discharge
- 13. Penile discharge
- 14. Chronic prostatitis
- 15. Simple kidney cyst
- 16. Epididymal congestion pain
- 17. Foreign body in bladder (NOT a bladder stone)
- 18. Colovesical fistula
- 19. Need for circumcision
- 20. Fournier's gangrene
- 21. UPJ obstruction
- 22. Pain with ejaculation
- 23. Paraphimosis
- 24. Abnormal sperm
- 25. Azoospermia
- 26. Nodular scrotum/scrotal nodule
- 27. No stents placed at other facilities
- 28.Contusion to kidney
- 29. Contusion to scrotum
- 30. Injury to penile urethra
- 31. AML/benign lipomatous lesion to kidney
- 32.AKI
- 33. Pelvic organ prolapse
- 34. Male fertility