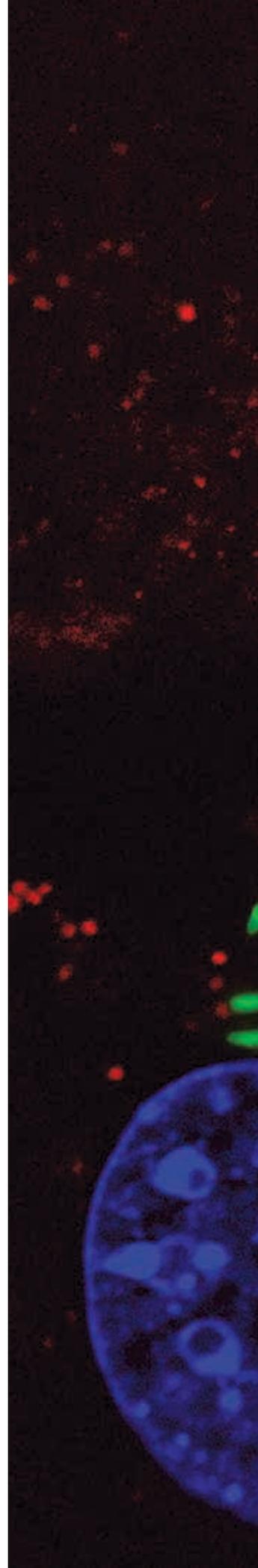
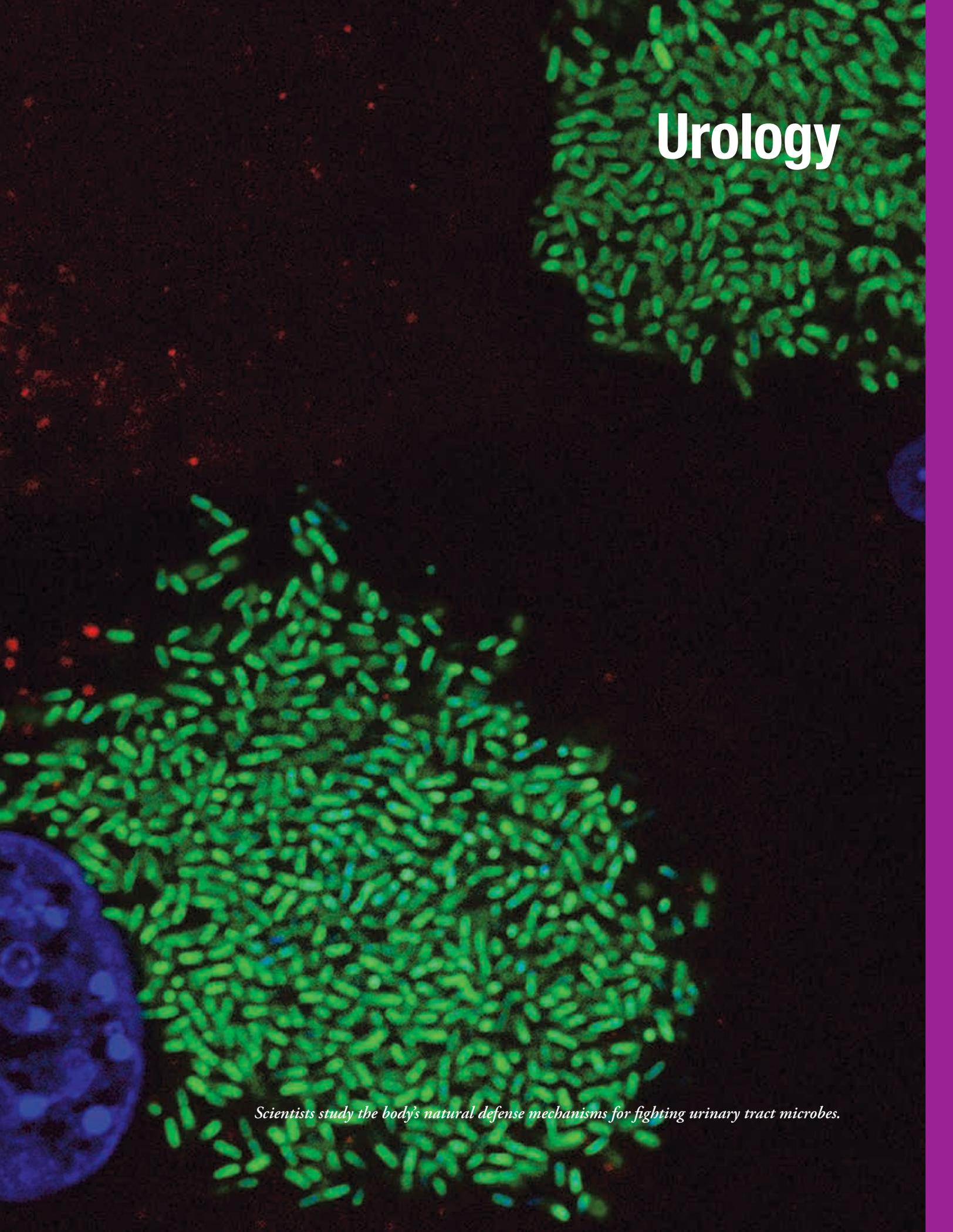


As urologists we deal with very personal and sensitive issues. Our goal is not only to help a child with a specific problem at one point in time but also to make sure that child will grow up to be a well-adjusted, healthy and happy adult. Thus the child's, and family's, emotional well-being, is vital to achieving a good outcome.

– *Rama Jayanthi, MD*  
*Chief, Urology*



# Urology

A fluorescence microscopy image showing a large cluster of green, rod-shaped bacteria. In the bottom left corner, there is a large, circular, blue-stained structure, likely a cell or a larger microorganism. The background is dark, with some faint red spots scattered throughout.

*Scientists study the body's natural defense mechanisms for fighting urinary tract microbes.*

## UROLOGY



### Normal Ultrasound May Preclude the Need for Voiding Cystourethrogram in Boys Following First Urinary Tract Infection

When young boys first contract a urinary tract infection (UTI), a renal and bladder ultrasonogram and a voiding cystourethrogram (VCUG) are often performed to check for abnormalities that can lead to infection and kidney damage. In a study of 77 boys under the age of 10 at Nationwide Children's Hospital, however, clinicians discovered that the VCUG—a fluoroscopic test that emits radiation—may not offer an additional diagnostic benefit in children with normal ultrasound results.

The study, published in *Urology*, was led by Venkata R. Jayanthi, MD, chief of Urology. "Standard protocol for diagnosing these boys had been to begin with an ultrasound and then follow-up with a VCUG study, regardless of the ultrasound results," says Dr. Jayanthi. "But our study demonstrated that, when a high-quality ultrasound does not detect any kidney or urethral abnormalities, the value of a VCUG appears to be limited."

Fifty-eight percent of the boys had normal results on both tests, and 21 percent had abnormal results on both. None of the participants had a urethral abnormality diagnosed from a VCUG after a normal ultrasound, and only six had vesicoureteral reflux (a condition that is often benign) diagnosed by VCUG after a normal ultrasound. Ten boys had conditions identified on ultrasound alone.

"Our results suggest that omitting the VCUG in young boys with a normal ultrasound after their first urinary tract infection is unlikely to cause us to miss an important diagnosis," says Dr. Jayanthi. "Avoiding potential morbidities from the VCUG and relying on normal ultrasounds may even enable us to offer more appropriate care for such a common condition."

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Berry CS, Vander Brink BA, Koff SA, Alpert SA, Jayanthi VR. Is VCUG Still Indicated Following the First Episode of Urinary Tract Infection in Boys? *Urology*. 2012 Dec, 80(6):1351-5. PMID: 23206783.



Santhi, M.D.  
Urology

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## UROLOGY

Ranked by *U.S. News & World Report* among the top 11 programs in the country, the Section of Urology at Nationwide Children's Hospital provides comprehensive diagnostic and therapeutic services for a wide range of urological disorders in children of all ages, including teenagers and young adults. Advanced services include reconstructive surgery of the urinary tract, genitalia, and urinary sphincter as well as consultations for urinary tract abnormalities detected in utero.

The mission of the Section of Urology is to provide the highest quality clinical pediatric urological care in the safest and most child-friendly environment. The section includes members who are full-time pediatric urologists, hold faculty appointments in the Department of Urology at The Ohio State University College of Medicine, and are committed to medical and surgical education and research.

### STAFF PHYSICIANS AND FACULTY



**V. Rama Jayanthi, MD**  
Chief  
*Clinical Associate Professor of Surgery*  
*Department of Urology*

**FULL-TIME NCH FACULTY**  
Seth A. Alpert, MD  
*Clinical Assistant Professor of Urology*  
Daniel B. Herz, MD  
*Director, Robotics Program*

**COMMUNITY-BASED FACULTY**  
Roy R. Brown, Jr., MD  
George T. Ho, MD  
Adam C. Weiser, MD  
Michael A. Wodarczyk, MD

The full-time pediatric urology faculty has achieved national and international recognition for their innovations in minimally invasive surgical techniques, and in the diagnosis and management of infants and children with fetal and newborn hydronephrosis, neurogenic and nonneurogenic alterations of bladder function, dual bladder and bowel dysfunction, and complex urogenital ambiguities and abnormalities. The pediatric urologists maintain ongoing collaborative clinical and research activities with perinatologists and high-risk obstetricians; members of the Columbus Fetal Medicine Collaborative; the departments of nephrology, gastroenterology, radiology, endocrinology and

metabolism, and genetics at Nationwide Children's; and nephrologists and surgeons at The Ohio State University School of Veterinary Medicine.

In addition to providing all facets of comprehensive ambulatory and inpatient medical and surgical pediatric urological services at Nationwide Children's, the section additionally supports a urodynamic center, a biofeedback program, and multiple offsite ambulatory clinics throughout Ohio.

The members of the section are committed to supporting a two-year Accreditation Council for Graduate Medical Education accredited fellowship in pediatric urology, in which fellows spend one year in basic science research in the Center for Molecular and Human Genetics or the Center for Microbial Pathogenesis at Nationwide Children's. Close collaboration between clinicians and scientists has led to significant translational research themes that have achieved recognition and beneficially impacted the management of infants and children with hydronephrosis, UTI, and pyelonephritis. Faculty in the Section of Urology are part of the NURAG (Nephrology-Urology Research Affinity Group), a consortium consisting of urologists, nephrologists, microbiologists, and developmental biologists. The mission of the group is to enhance academic productivity by cross-departmental scientific collaboration.

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## PUBLICATIONS

Berry CS, Vander Brink BA, Koff SA, **Alpert SA, Jayanthi VR**. "Is VCUG still indicated following the first episode of urinary tract infection in boys?" *Urology*. 2012;Dec;80(6):1351-1355.

Crowley HM, Mohamed A, Baker P, **Jayanthi VR**, Ranalli M, Aldrink JH. "Atypical smooth muscle tumor of the vagina--A pediatric case report and review of the literature." *Journal of Pediatric Surgery*. 2013; May;48(5):1118-1122.

Schloss B, **Jayanthi VR**, Bhalla T, Tobias JD. "Caudal epidural blockade in adolescents." *Saudi Journal of Anaesthesiology*. 2013;Jan;7(1):57-60.

## FAST FACTS

July 2012 – June 2013

Total Discharges: 269

    Inpatient Discharges: 197

    Observation and Outpatient-in-a-Bed Discharges: 72

Total Patient Days\*: 394

    Average Length of Stay\*: 2.0

    Average Daily Census\*: 1.1

Total Surgical Procedures: 1,654

Inpatient Consults: 289

Total Clinic Visits: 8,533

    Dublin Urology Clinic Visits: 732

    Ironton Urology Clinic Visits: 412

    Mansfield Urology Clinic Visits: 295

    Urology Clinic Visits: 6,525

    Westerville Urology Clinic Visits: 569

Urodynamics: 994

*\*Excludes Observation and Outpatient-in-a-Bed Cases.*