



# Clinical Practice Snapshot

## Posterior urethral valves

**FINAL VERSION, 211120**

1. 1<sup>st</sup> surgical procedure performed to resect the valves:
  - a. Date:  [Date, dd/mm/yy format; at/after DoB]
  - b. Procedure:  
 Cold knife     Hot knife    [Radio button, one selection]  
 Other     Unknown
2. 2<sup>nd</sup> surgical procedure performed to check for and, if applicable, resect valve remnants:
  - a. Was there a control cystoscopy performed within the first six months:  
 Yes     No     Unknown    [Radio button, one selection]  
*(if yes, answer question 2b and c)*
  - b. Date first control cystoscopy:  [Date, dd/mm/yy format; at/after Date of 1<sup>st</sup> Surgery]
  - c. Was there a re-excision performed during the first control cystoscopy:  
 yes     no    [Radio button, one selection]
  - d. Additional interventions: [Tick-box, multiple selection]
    - reresection    Date  [Date, dd/mm/yy format; at/after DoB]
    - vesicostomy    Date  [Date, dd/mm/yy format; at/after DoB]
    - open ureterostomies    Date  [Date, dd/mm/yy format; at/after DoB]
    - anti reflux surgery    Date  [Date, dd/mm/yy format; at/after DoB]
    - nephrectomy    Date  [Date, dd/mm/yy format; at/after DoB]
    - CIC    Date  [Date, dd/mm/yy format; at/after DoB]
    - catheterisable stoma    Date  [Date, dd/mm/yy format; at/after DoB]
    - bladder augment    Date  [Date, dd/mm/yy format; at/after DoB]
    - transplantation    Date  [Date, dd/mm/yy format; at/after DoB]
    - other *(if other, answer question 2e)*    Date  [Date, dd/mm/yy format; at/after DoB]
    - no additional interventions
  - e. Specification other additional intervention:  [String]
3. Renal function renography MAG-3 / DMSA:
  - a. Performed:  
 yes, MAG-3     yes, DMSA     no     unknown    [Radio button, one selection]  
*(if yes, answer questions 3b, c, and d)*
  - b. Date first function renography:  [Date, dd/mm/yy format; at/after DoB]
  - c. Left function during first renography (in %):  [Numeric (Integer)]
  - d. Right function during first renography (in %):  [Autocomplete with Numeric (Integer)=100-Left]

4. Micturition cystourethrography (MCG) vesico-ureteric reflux (VUR):
- a. Performed:  
 yes     no     unknown    [Radio button, one selection]  
*(if yes, answer questions 4b, c and d)*
  - b. Date first MCG VUR:  
    [Date, dd/mm/yy format; at/after DoB]
  - c. VUR present left during first MCG VUR:  
 yes     no     unknown    [Radio button, one selection]
  - d. VUR present right during first MCG VUR:  
 yes     no     unknown    [Radio button, one selection]
5. Lowest creatinine:
- a. Creatinine measurements performed:  
*(if patient is on dialysis or transplantation: Were creatinine measurements performed prior to the start of dialysis or transplantation?)*  
 yes     no     unknown    [Radio button, one selection]  
*(if yes, answer questions 5b and c)*
  - b. Date lowest creatinine was measured:  
    [Date, dd/mm/yy format; at/after DoB]
  - c. Lowest creatinine value ( $\mu\text{mol/l}$ ):  
    [Numeric (Integer)]
6. Last follow up date:  
    [Date, dd/mm/yy format; at/after DoB]



European  
Reference  
Networks

[https://ec.europa.eu/health/ern\\_en](https://ec.europa.eu/health/ern_en)



European  
Reference  
Network  
for rare or low prevalence  
complex diseases

Network  
Urogenital Diseases  
(ERN eUROGEN)

<http://eurogen-ern.eu/>

Co-funded by the European Union

