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**Diagnosis/symptom**

**Gastroesophageal Reflux**

**Referring provider's initial evaluation and management can include:**

Medical management to include:

- Postural therapy
- Frequent small thickened feedings
- H2 blockers
- Proton pump inhibitors

**Initiate referral when — failure of medical management as evidenced by:**

- Refractory symptoms
- Recurrent respiratory symptoms or infections
- Growth failure
- Esophagitis documented by endoscopy
- Hiatal hernia

**What can referring provider send?**

- Upper GI (if available)



**Diagnosis/symptom**

**Inguinal Hernia**

Bulge or mass in inguinal region or filling scrotum

May be intermittent by history

May be unilateral or bilateral

**Referring provider's initial evaluation and management can include:**

- Physical exam: attempt reduction if needed, r/o incarceration

**When to initiate referral:**

**Diagnosis of Inguinal Hernia**

- To ED for incarcerated, any age
- To surgery clinic for appointment within 1 wk age < 6 months
- To surgery clinic within 2-4 wks for children age > 6 months
- Page on-call surgeon for patients < 6 months who cannot be seen within 1 week

**Communicating Hydrocele**

- To surgery clinic for appointment within 1 wk age < 6 months
- To surgery clinic within 2-4 wks for children age > 6 months
- Page on-call surgeon for patients < 6 months who cannot be seen within 1 week

**Hydrocele Persistent Beyond Age 12 Months**

- To surgery clinic within 2-4 wks

**What can referring provider send?**

- Documentation of clinical history and exam
- Documentation of medications (steroids, caffeine, oxygen)

**Expectations:**

Operative repair of inguinal hernia, communicating hydrocele, persistent hydrocele beyond 12 months

Refer to surgery clinic within 4 weeks



**Diagnosis/symptom**

**Pectus Excavatum**

A depression of the sternum and anterior chest. Often asymptomatic but may have chest pain or reduced exercise tolerance.

May be present during infancy but operation is usually done in older children (school age kids or teens).

Surgical repair may be by the traditional open procedure (Ravitch repair) or by less invasive techniques (ex. Nuss repair).

**When to initiate referral:**

- Family desires information about diagnosis, natural history, and potential for surgery

**What can referring provider send?**

- Clinic notes. Other w/u will be initiated by the surgeon and usually includes a CT, pulmonary function tests and possibly an echocardiogram



**Diagnosis/symptom**

**Perirectal Abscess**

An abscess that originates from a crypt gland in the anal canal and presents externally on the skin just outside the anus. It may cause fever, irritability, erythema, induration, fluctuance and spontaneous drainage.

During infancy it is fairly common and usually idiopathic. In older children there is an increased risk of inflammatory bowel disease or an underlying systemic disease such as diabetes or leukemia.

**Referring provider's initial evaluation and management can include:**

- If fluctuant then incision and drainage and antibiotics (for both gram positive and negative organisms).
- If only induration and no fluctuance then antibiotics alone
- Cellulitis or fever consider intravenous antibiotics

**When to initiate referral:**

- Recurrent episodes
- Non-healing after initial drainage (indicating an anal fistula)

**What can referring provider send?**

- Clinic notes



**Diagnosis/symptom**

**Pilonidal Cyst/Abscess**

A cyst that often develops in the sacral region of the skin between the gluteal creases. The hair follicle becomes distended, obstructed and ruptures into the subcutaneous tissues forming a pilonidal cyst, which may become an abscess.

**Referring provider's initial evaluation and management can include:**

- Physical exam
- Possible incision and drainage, antibiotics (for gram negative and gram positive organisms), meticulous skin care (shaving and perineal hygiene).

**When to initiate referral:**

- Any time to discuss treatment options. Presence is cause for referral.

**What can referring provider send?**

- Clinic notes



**Diagnosis/symptom**

**Surgical  
Constipation**

**Referring provider's initial  
evaluation and management  
can include:**

- Exam to r/o anorectal malformation, such as anal stenosis, anterior or ectopic anus
- Trial of dietary management i.e. pear/prune juice, fiber
- Trial of stool softeners (mineral oil, docusate, milk of magnesia, Miralax)

**When to initiate referral:**

- Known or suspected anorectal malformation, past or present
- History of Hirschsprung's Disease
- Infants with history of delayed passage of meconium after birth, infrequent, difficult stooling (Purpose of referral: r/o Hirschsprung's)
- Significant rectal prolapse under PCP care for management of constipation
- Children with chronic constipation on a long-term bowel management program who are seeking surgical placement of an antegrade enema delivery site (cecostomy)
- Due to the nature of our surgical specialty practice we do not accept referrals for idiopathic constipation



<p><b>Diagnosis/symptom</b> <b>Umbilical Hernia</b> Bulge or mass in umbilicus</p>	<p><b>Referring provider's initial evaluation and management can include:</b></p> <ul style="list-style-type: none"> <li>• Physical exam: confirm diagnosis</li> <li>• Rule out incarceration (a non-reducible hernia)</li> </ul>	<p><b>When to initiate referral:</b></p> <p><b>To Surgery Clinic</b> for an appointment within 2-4 weeks</p> <ul style="list-style-type: none"> <li>• Persistent umbilical hernia in child age 4-5 yrs or older</li> <li>• Umbilical hernia in child with fascial defect size &gt; 2 cm, or with a large hernia sac</li> </ul> <p><b>To ED</b></p> <ul style="list-style-type: none"> <li>• Incarceration (extremely rare)</li> </ul>	<p><b>What can referring provider send?</b></p> <ul style="list-style-type: none"> <li>• Documentation of clinical history and exam</li> </ul>	<p><b>Expectations:</b></p> <ul style="list-style-type: none"> <li>• Elective, operative repair of umbilical hernia for most children older than 4-5 years of age or those with a large fascial defect (&gt; 2 cm)</li> </ul>
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**Clinic phone: 206-987-2794. To request a consult or referral, please call the Clinical Intake Nurses at 206-987-2080 or toll free at 866-987-2080. You may fax a New Appointment Request Form to 206-985-3121 or toll free at 866-985-3121. To speak with a Seattle Children's physician for an urgent phone consultation, call the Physician Operator at 206-987-7777 or toll free at 877-985-4637.**

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