

# Establishment of a Dedicated Paediatric-to-Adult Transition Clinic for Adolescent Urology Patients: A Single-Centre, Ten-year Experience

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## What is it?

Transition urology is a **fairly recent** urological discipline.

Transition urology is the term that has been popularly used to describe the transfer of care of patients with congenital urological conditions from the care of a paediatric urologist to that of an adult urology specialist. Other terms have been proposed to describe this process or discipline, including adolescent urology, as an interim period of care. Irrespective of the name, the process entails a shift in many avenues of the care received and provided. Essentially, paediatric urologists provide a team-based, parent-driven healthcare service to the young patient, often after major reconstructive surgery. As these patients grow older, the transfer to care under an adult urologist shifts to a patient-driven approach, and outcomes assessed and targeted reach over to include more than just immediate health concerns for the patient, with a primary aim towards granting them independence

## Why is it important?

In the past, children with congenital conditions of the genitourinary tract were almost exclusively managed by paediatric clinicians.

With advances in medicine and a better understanding of the management of many congenital conditions, **life expectancy has dramatically improved.**

## Who is it for?

Patients with **complex congenital urological and genitourinary conditions** can now be expected to live well into adulthood; with these children becoming adult patients with chronic and complex needs.

## Who leads it?

There is **no consensus** to date on whom is best suited for this task, given its complexity and different dynamics to other adult urological specialties, but what is agreed is the need for a smooth transitioning process where a paediatric urology patient becomes under the care of an adult urology specialist, **ideally one specialized in functional and reconstructive urology with experience in pediatric urological reconstruction.**

## What does it entail?

The term transition does not only describe this handover in care providers, but also the dynamic changes that are involved on a **personal** and **social** level to the patient, as well as **medical** services and **institutional** dynamics involved

## Our Experience

We report on our experience with establishing a **formal transition urology handover process and clinic (UTC)** between The Royal Children's Hospital and The Royal Melbourne Hospital in Victoria, Australia

## Why a UTC?



## How does it work?



## Our results

### 110 patients

between 2013 and 2023

Transition rate **90.2%**  
(122 referred, 110 assessed)

Median age of UTC first visit **19.0** years (IQR 18.6-19.9)

### Leading Diagnoses

- Spina bifida (42.6%)
- Posterior Urethral Valve (9%)
- Exstrophy (6.6%)
- Dysfunctional Voiding - Non-neurogenic (4.9%)
- Disorders of sexual differentiation, genital abnormalities – inc. hypo, epispadias (4.1%)
- Vesicoureteral Reflux (4.1%)
- Sacral agenesis (2.5%)
- Neurogenic bladder, other (13.9%)

### Management Summary

- **29** bladder augmentations
- **7** renal replacement therapy and subsequent transplantation
- **1** urinary diversion
- **24** emergency urological presentations

### Outcomes

- **97.3% (n=107)** remain in UTC care