

Innovations in Urology



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PEOPLE

Dr. Kaplan: A leader and pioneer in pediatric urology



George Kaplan, M.D., a luminary in the field of pediatric urology, has retired. A celebration was held in March to honor his illustrious career.

Dr. Kaplan was chief of urology, chief of surgery, chief of staff and a member of the board of trustees at Rady Children's Hospital-San Diego. Recently, he received a host of prestigious awards and honors, including the Pediatric Urology Medal from the American Academy of Pediatrics, the Stevenson Award from the Society of Government Urologic Surgeons, the MacLaggan Award from the Rotary Club, the Distinguished Member of the Western Section of the American Urological Association (WSAUA) and the Gold-Headed Cane Award from the American Urological Association (AUA), presented to a senior urologist for outstanding contributions to the profession.

Along with being a visiting professor at a number of institutions both in the United States and abroad, Dr. Kaplan served on the Examination Committee of the AUA and was a trustee of the American Board of Urology, serving as its delegate to the American Board of Medical Specialties. He was also the chair of the Pediatric Health Council of the American Foundation of Urologic Disease. He has been president of the local chapter of the American College of Surgeons, the Society for Pediatric Urology, The Section on Urology of the American Academy of Pediatrics and the San Diego Urologic Society, as well as an honorary member of the Southeastern Section of the AUA and the Society of Government Urologic Surgeons.

Dr. Kaplan authored more than 300 articles and textbook chapters and co-authored one textbook. He has served on the editorial boards of *The Journal of Urology*, *Urology* and *Family Urology*. He is a member of the AUA, WSAUA, International Society of Urology and American Association of Genitourinary Surgeons as well as a fellow of the American College of Surgeons and American Academy of Pediatrics.



PROGRAMS

2-B-Dry Program expanding to new location in Riverside County

The [2-B-Dry Program](#) will soon be offered at Rady Children's Hospital-San Diego's [new medical building](#) in Murrieta, Calif., in addition to serving patients at its current locations in San Diego and Oceanside.

Under the direction of [Leslie Hsieh, M.D.](#), the 2-B-Dry Program helps children learn healthy voiding habits, achieve greater continence and prevent urinary infections and other problems associated with incontinence. The team's urologists and nurse practitioners are experienced in determining if there is a physical cause for the wetting and work to prescribe a unique treatment plan tailored for each child.



The program is based on the latest research and treatment modalities and is proven to help many children achieve dryness. It is also effective in facilitating optimal surgical outcomes. Along with treating urinary incontinence, nocturnal enuresis and recurrent urinary tract infections, the program treats constipation.



RESEARCH

Incisional pain catheters to reduce postoperative narcotic usage

In an effort to reduce postoperative narcotic usage in pediatric patients, [Kelly Swords, M.D., M.P.H.](#), and a colleague conducted a pilot study using a catheter-assisted incisional infusion of local anesthetic (CAILA). An abstract describing this technique and evaluating its effects was presented at the May American Urological Association meeting.

The doctors performed a retrospective review of patients who underwent open urologic surgery utilizing a single flank incision from May 2016 to September 2017. Patients with additional and/or alternate incisions were excluded from this study. Those who had an intra-operatively placed 8 French feeding tube underneath the external oblique fascia were matched to patients without local anesthesia catheters. The tubes were accessed every six hours to infuse 3 cc of 1 percent lidocaine. All feeding tubes were removed prior to discharge. The two groups were compared with the primary outcome of total morphine equivalent dose (MED) by weight averaged over length of stay.



innovation
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A secondary outcome was a pain score assessment using the FLACC scale. Pain scores were divided in three groups: mild (0-3), moderate (4-7), and severe (8-10) in order to analyze the percent time a patient spent in each group for his or her admission. Outcomes were analyzed with descriptive statistics.

Eleven patients underwent 12 open urologic surgeries utilizing a single flank incision. Nine pyeloplasties and three nephrectomies were performed, and an anesthesia catheter was used for six surgeries.

The use of incisional pain catheters was found to significantly decrease the need for postoperative narcotics in open flank surgery (0.017 vs 0.36 MED/kg/day, $p=0.0037$) without increasing pain scores. There were no wound infections in the CAILLA group and one wound infection in the control group. Further studies are needed to validate these findings with greater patient numbers.

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<i>Characteristic</i>	<i>Catheter Group (n=6)</i>	<i>No Catheter Group (n=6)</i>	<i>p-value</i>
Number of patients	5	6	-
Number of surgeries	6	6	-
Female: Male	2:4	1:5	1.0
Mean Age (months)	11.3	13.8	0.53
Pathology	4 UPJO 2 nonfunctioning kidney	5 UPJO 1 nonfunctioning kidney	1.0
Left: Right	4:2	3:3	1.0
Weight (kg)	9.3	10.6	0.28
Anesthetic Block	4	2	0.57
Incision Length (cm)	3.33	3.75	0.4
Stent	2	5	0.24
Drain	2	4	0.57
Length of Stay (days)	1.33	1.5	0.69
30-day complication	2	1	1.0
Prior Surgery	3	2	1.0
Chronic opioid use	0	0	-
Pain Scores (FLACC)			
% 0-3 (mild)	83.6	84	0.94
% 4-7 (moderate)	14.2	11.5	0.57
% 8-10 (severe)	2.17	4.48	0.38
24hr MED by weight	0.017	0.417	0.0096
Total MED by weight	0.017	0.635	0.039
Total MED by weight over LOS	0.017	0.36	0.0037



INNOVATIONS

Division develops novel technique for epispadias repair

The Division of Urology has developed a novel technique for repairing epispadias, a rare congenital disorder of the penis occurring in about one in 120,000 newborn males. Unlike the more common hypospadias defect, the meatus is on the dorsal aspect of the penis rather than the ventral side.



Two common techniques are currently used to repair epispadias: Cantwell-Ransley repair, which involves penile reconstruction, and Mitchell repair, which requires complete penile disassembly. Both involve a significant amount of penile dissection and risk for neural injury. The Mitchell disassembly has the added concern for tissue necrosis.

Using the Barcat hypospadias repair as a model, the Division developed a new technique for epispadias that involves significantly less penile dissection. The urethral plate is dissected from the glans and tubularized. The glans is then incised, and the new urethra is placed in an anatomically correct position without the need for extensive penile body dissection.

The Division named this technique the Reverse Barcat. To date it has been used on four patients, with excellent outcomes.

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