

Bridging Pediatric and Adult Urology in the Philippines: Why Transitional Care Must Be Built Now

Transitional urologic care—the purposeful, planned shift from pediatric-centered to adult-oriented services—is essential for adolescents with congenital or childhood-onset urologic disease (AAP, 2002). Its goal is uninterrupted, developmentally appropriate care that maximizes lifelong function and quality of life (AAP, 2002). Structured transition is not a hand-off of charts; it is a coordinated process with clear roles, shared decision-making, and preparation before, during, and after transfer, as emphasized by NICE Guideline (National Institute for Health and Care Excellence [NICE], 2016).

The need is most visible in conditions like neurogenic bladder (often spina bifida) and congenital anomalies. At their adolescent transition presentation, approximately 90% of spina bifida patients have active problems—urinary incontinence (52%), recurrent UTIs (34%)—and the majority require new investigations or interventions (97%); these figures reflect care gaps that accumulate when transition is ad hoc rather than systematic (Summers et al., 2014). Dedicated transitional clinics can change trajectories.

A multidisciplinary team (MDT) is the cornerstone—pediatric urologists, adult reconstructive/neuro-urology specialists, general urologists, family physicians, rehabilitation medicine, nursing, social work, and neurology/neurosurgery. Surveys of North American urology leaders underscore that neither pediatric nor adult services alone feel fully equipped; most believe specific training in congenitalism/transitional urology is warranted and that general urologists alone are seldom prepared (Roth et al., 2020). For spina bifida specifically, providers recommend standardized pathways, MDT clinics, and advanced training to

ensure continuity of adult care (Agrawal et al., 2019). In addressing this, a Bladder Reconstruction, Independence Development, Diversion for Urinary Empowerment (BRIDGE) Program is currently underway at SickKids, Toronto. The aim of this program includes MDT management of neurogenic and myogenic bladder patients from antenatal to transition (SickKids, 2025).

Risk stratification should guide triage and resource allocation. The AUA/SUFU guidelines for adult neurogenic lower urinary tract dysfunction (NLUTD) and CUA guidelines for Pediatric NLUTD recommend classifying patients as low, moderate, or high risk and aligning follow-up intensity and interventions accordingly (Ginsberg et al., 2021a, 2021b, Chua et al., 2023). Translating this to transition pathways:

- **Low-risk** survivors of uncomplicated childhood conditions may be followed primarily in the community by family physicians with periodic general urology review.
- **Moderate-risk** patients (e.g., stable posterior urethral valves, prior obstruction) should transition to general urology with protocolized surveillance and ready access to subspecialty advice.
- **High-risk** patients (e.g., neurogenic bladder, exstrophy, continent catheterizable channels, augmentations) require direct transfer to adult reconstructive/transitional urology within an MDT.

A recent scoping review highlights wide practice variation, persistent barriers (awareness, training, access), and the need for leadership and policy support to build MDT systems for urologic transition (Chua et al., 2023). In fact, this topic

was presented by the author during a plenary session at the 2019 Annual Convention of the Philippine Urological Association. That effort raised awareness, but measurable system-level impact still needs improvement. Encouragingly, the Philippine Children's Medical Center has begun pursuing collaboration with counterpart government adult tertiary institutions to support adolescents with complex urologic conditions—an important first step toward structured, scalable transition pathways. Aligning with national societies and the Department of Health can catalyze progress by issuing standards for timing, documentation, shared clinics, and referral networks; supporting pilot neurogenic bladder

transition clinics at tertiary centers; and developing short-course training that pairs pediatric and adult reconstructive competencies (NICE, 2016).

Ultimately, transitional urologic care is a shared responsibility. Pediatric and adult reconstructive urologists must buy in, primary care and patient advocates must be integrated, and systems must adopt risk-stratified pathways. Doing so protects kidneys, continence, fertility, and dignity—well beyond the 18th birthday (Summers et al., 2014; Chan et al., 2014; Ginsberg et al., 2021a, 2021b, Chua ME et al, 2023).

• Michael E. Chua, MD, FPUA •

References

- Agrawal S, Slocombe K, Wilson T, Kielb S & Wood HM. (). Urologic provider experiences in transitioning spina bifida patients from pediatric to adult care. *World J Urol* 2019; 37(4): 607–11. <https://doi.org/10.1007/s00345-019-02635-8>
- American Academy of Pediatrics (AAP), American Academy of Family Physicians & American College of Physicians–American Society of Internal Medicine. A consensus statement on health care transitions for young adults with special health care needs. *Pediatrics* 2002; 110(6 Pt 2): 1304–6.
- Chan R, Scovell J, Jeng Z, Rajanahally S, Boone T & Khavari R. The fate of transitional urology patients referred to a tertiary transitional care center. *Urology* 2014; 84(6): 1544–8. <https://doi.org/10.1016/j.urology.2014.08.022>
- Chua ME, Tse LN, Rickard M, Wang P, Silangcruz JM, Dos Santos J, Varghese A, Brownrigg N, Ming J, Lorenzo A & Bagli D. Provider's perspectives regarding transitional urologic care process: A scoping review. *Health Care Transition* 2023; 1: 100013. <https://doi.org/10.1016/j.hctj.2023.100013>
- Chua ME, Yadav P, Wang PZT, Mau EE, Keefe DT, De Los Reyes TJ, Lee L, Blais AS, Lorenzo AJ, Pediatric Urologists of Canada, Farhat WA & Tanaka ST. 2023 Canadian Urological Association/Pediatric Urologists of Canada Guideline: Pediatric patients with neurogenic lower urinary tract dysfunction Full-text version. *Canadian Urological Association journal = Journal de l'Association des urologues du Canada* 2023; 17(10): E338–E57. <https://doi.org/10.5489/cuaj.8390>
- Ginsberg DA, Boone TB, Cameron AP, Gousse A, Kaufman MR, Keays E, Kennelly MJ, Lemack GE, Rovner ES, Souter LH, Yang CC & Kraus SR. The AUA/SUFU guideline on adult neurogenic lower urinary tract dysfunction: Diagnosis and evaluation. *J Urol* 2021a; 206(5): 1097–105. <https://doi.org/10.1097/JU.0000000000002235>
- Ginsberg DA, Boone TB, Cameron AP, Gousse A, Kaufman MR, Keays E, Kennelly MJ, Lemack GE, Rovner ES, Souter LH, Yang CC & Kraus SR. The AUA/SUFU guideline on adult neurogenic lower urinary tract dysfunction: Treatment and follow-up. *J Urol* 2021b; 206(5): 1106–13. <https://doi.org/10.1097/JU.0000000000002239>
- National Institute for Health and Care Excellence. (2016). Transition from children's to adults' services for young people using health or social care services (NICE Guideline NG43). <https://www.nice.org.uk/guidance/ng43>
- Roth JD, Elliott S, Szymanski KM, Cain MP & Misseri R. The need for specialized training for adults with congenital urologic conditions: Differences in opinion among specialties. *Central Eur J Urol* 2020; 73(1): 62–7. <https://doi.org/10.5173/cej.2020.0038>
- SickKids. BRIDGE Program: <https://www.sickkids.ca/en/care-services/clinical-departments/urology/bridge-program/> (Accessed August 23, 2025)
- Summers SJ, Elliott S, McAdams S, Oottamasathien S, Brant WO, Presson AP, Fleck J, West J & Myers JB. Urologic problems in spina bifida patients transitioning to adult care. *Urology* 2014; 84(2): 440–4. <https://doi.org/10.1016/j.urology.2014.03.041>