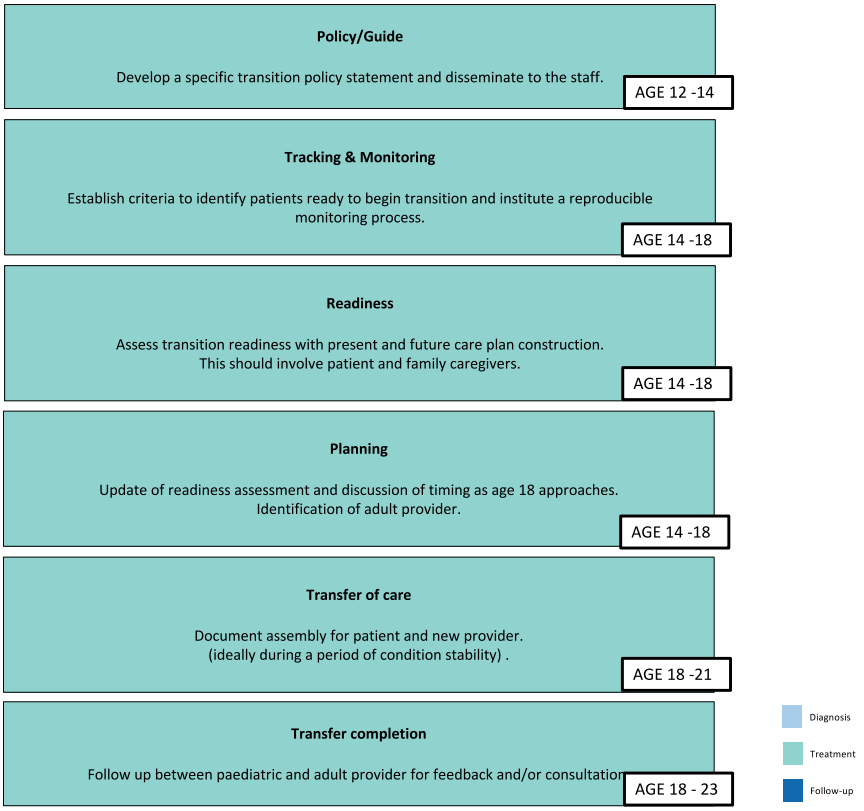
Figure 14: Six core elements to support transition care across specialities
(adapted from https://www.gottransition.org/six-core-elements)



Assessment of readiness may be formalised using readiness assessment questionnaires completed by both the child and caregivers to provide insight into their ability to cope with the transfer process and, therefore, represents a way of determining when the right time is for them to meet adult focused health-care providers [1478]. Adaptation of the six core elements to urology transition allows for the creation of a checklist of active and resolved issues, operative reports, and elements for conditions surveillance (i.e., surveillance imaging studies, blood work) and an updated inventory of renal function, continence status, fertility/sexual function, bowel function, and psychosocial status [1478, 1483].

*3.25.4 **Specific genitourinary conditions***

3.25.4.1 Neurogenic Bladder

Renal and bladder function are closely linked in children, and those presenting at an adult urological clinic may have evidence of dysfunction or deterioration (without or without reconstruction) which increases the risk of renal damage. There is a wide range of aetiologies for bladder dysfunction in childhood ranging from bladder outlet obstruction, smooth muscle/sphincter dysfunction, abnormal bladder function, and spinal cord/ brain abnormalities. These dysfunctions may also be acquired and include recurrent UTIs, stones, trauma, chemotherapy and/or radiotherapy, and iatrogenic interventions. The most common cause for neurogenic bladders in adolescent and transitional clinics is spinal dysraphism, of which myelomeningocoele is the most likely to cause bladder and bowel dysfunction [1484]. With advances in neonatal and paediatric care, 50-94% of infants born with spina bifida are now estimated to survive into adulthood [1485]. This means that adult urologists are increasingly encountering such patients and are tasked with managing the urological manifestations of this condition and/or its treatments, with healthcare providers requiring more than a basic knowledge of neurogenic bladder management. Specific urological issues at transition require surveillance and management of renal function, urinary incontinence, urinary tract infections, bowel function, sexual function, urolithiasis, and complications from urinary tract reconstruction [1486]. The risk of bladder cancer following augmentation in children appears to be very low; however, the data from a systematic review analysing this data was only able to include two studies with more than five years follow-up. Therefore, long-term oncological outcomes remain uncertain [1487].

Several studies have demonstrated ongoing, underlying issues at presentation to adult urological clinics in this cohort. A joint study from Utah and Minnesota demonstrated that 77% patients were performing intermittent catheterisation, with 84.6% having an identified urological problem, the most common of which was bothersome