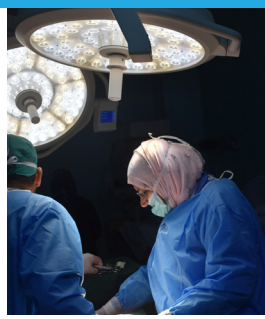
COASTAL HEALTHCARE

SERVICES & REFERRAL GUIDE



COASTAL HEALTHCARE

WE'D LOVE TO HEAR YOUR FEEDBACK

mycoastalhealthcare.com

About

This booklet provides referral information and contact details for services offered at Watsonville Community Hospital and Coastal Healthcare.

This referral guide was created in support of Watsonville Community Hospital's mission to provide high-quality, coordinated care to our community. By clarifying referral pathways and expectations, this guide helps ensure patients experience timely access, continuity of care, and a smoother journey through our health system.

How to use this guide

- Use this booklet as a quick reference for referral guidance, contacts, and next steps.
- Start with the service you're referring to and follow the checklist provided.
- If information is missing, use the listed contacts to clarify before sending the referral.
- This guide reflects current workflows and will be updated as processes evolve.

REVISED JUNE 2026

Services at-a-glance

COASTAL HEALTHCARE

- Bariatric Surgery
- Cardiology
- Gastroenterology
- Nephrology
- Orthopedic
- Primary Care
- Surgery
- Urology

WATSONVILLE COMMUNITY HOSPITAL

- Cardiac Catheterization
- Emergency Department
- Imaging Services
- Intensive Care Unit
- Laboratory
- Labor & Delivery
- Pediatrics
- Pharmacy
- Rehab
- Respiratory
- Surgery
- Wound Center

At Coastal Healthcare, we are committed to delivering compassionate, personalized care that puts patients at the center. We believe that the best outcomes happen through collaboration, working closely with primary care providers, specialists, and community partners to ensure every patient receives seamless, coordinated support.

Our team takes the time to listen, educate, and guide patients through their health journey. Whether it's prevention, diagnosis, or long-term management, we provide care that is rooted in expertise, compassion, and respect for each individual.

Providers

Robert Allen, MD
General, Bariatric, and Foregut Surgeon

Omid Bakhtar, DO
Nephrology

Luke C. Bi, MD
Gastroenterology

Peter N. Bretan, MD
Urology

Shannon Clasen, FNP-C
Primary Care

Jennifer Etcheson, MD
General Orthopedic, Hand and Upper Extremity Surgeon

Stanley Hwang, MD
Cardiology

Ryan S. Nolan, MD
General Surgery, Robotic GI, Abdominal, Bariatric

Rajeev Prasad, MD
Nephrology

Frank L. Ravago, MD, CMD
Primary Care, Internal Medicine

Referral instructions for all specialties

Our goal is to make referrals simple and consistent by providing one centralized set of instructions across all specialties. To support timely scheduling and continuity of care, please include the following with all referrals:

- Insurance authorization (if required)
- Supporting clinical documentation: Relevant chart notes, Imaging reports (X-ray, MRI, CT, ultrasound), Lab results
- Patient demographics and insurance information

CONTACT INFORMATION

FAX

- Primary Care: (831) 724-9566
- Surgery, Gastroenterology: (831) 288-0897
- Cardiology, Nephrology: (831) 768-6219
- Orthopedic, Urology: (831) 728-0410

HOURS OF OPERATION:
Monday-Friday, 8:30 am-12 pm and 1-5 pm

ESCALATION CONTACT:
Lupe Mendoza, Director of Clinic Operations
Lupe_Mendoza@watsonvillehospital.com | (831) 768-6292

Bariatric Surgery

Now accepting new patients with appointments often available same day or within a week.

CONTACT INFORMATION

65 Nielson Street, #125, Watsonville, CA 95076
(831) 768-6266 | FAX: (831) 288-0897

PROVIDERS

Robert Allen, MD

Dr. Allen joins us from Kaiser Permanente West Los Angeles, where he developed a strong reputation for delivering high-quality, patient-centered surgical care. He brings extensive experience, advanced training, and is board certified in general surgery, including a Foregut Surgery fellowship at Keck Medicine of USC, with additional specialization in robotic and bariatric surgery.

Originally from the East Coast, Dr. Allen is excited to transition to a community-based setting where he offers comprehensive care across the full spectrum of general surgery. His practice will emphasize bariatric surgery and both upper and lower endoscopy, including EGD and colonoscopy, allowing for streamlined, continuity-driven care from diagnosis through treatment.

Ryan S. Nolan, MD

Dr. Nolan is a board-certified general surgeon with fellowship training in advanced minimally invasive and robotic techniques. He is proficient with the DaVinci robot and other minimally invasive techniques to perform very complex surgeries, including hernia repairs, colorectal surgery, upper GI procedures, and bariatric surgery. He earned his medical degree from the Keck School of Medicine at the University of Southern California and completed his general surgery residency at Cooper University Hospital in Camden, N.J., along with a fellowship in advanced minimally invasive surgery at Alta Bates Summit Medical Center in Oakland.

SERVICES

Comprehensive, evidence-based surgical care for adults living with obesity and related medical conditions, with individualized treatment plans and long-term follow-up support.

Obesity is a chronic, relapsing medical disease influenced by a complex interaction of biological, genetic, and environmental factors. When obesity leads to serious health conditions or when non-surgical treatments have not been effective, bariatric surgery may be considered as part of a comprehensive treatment plan.

Bariatric surgery does far more than help patients lose weight. Studies show it can lower the risk of obesity-related cancers by about 32% and cut cancer-related deaths nearly in half. It also leads to major improvement or remission of type 2 diabetes and high blood pressure, eases sleep apnea, reflux, and fatty liver disease, and takes pressure off the joints to improve mobility and reduce pain. For the right patients, it offers lasting health benefits that diet and medication alone rarely achieve.

Surgical Options

- Sleeve Gastrectomy: Removes a portion of the stomach, creating a smaller, sleeve-shaped stomach that reduces food intake and may affect hunger hormones. Most procedures are performed using minimally invasive techniques.
- Gastric Bypass: Creates a small stomach pouch and reroutes a portion of the small intestine, limiting food intake and reducing calorie absorption. May be particularly beneficial for patients with severe reflux or type 2 diabetes.

The appropriate procedure is determined based on each patient's medical history, anatomy, existing health conditions, and treatment goals.

Surgery May Be Considered When:

- BMI is 40 or higher
- A BMI of 35 or higher qualifies when paired with an obesity-related comorbidity. Examples include:
  - » Type 2 diabetes and insulin resistance
  - » High blood pressure and cardiovascular disease
  - » Obstructive sleep apnea
  - » Non-alcoholic fatty liver disease
  - » Joint disease and mobility limitations
  - » Gastroesophageal reflux disease (GERD)
- Non-surgical weight management has not led to sustained improvement
- The patient is prepared to commit to lifelong dietary changes and medical follow-up

Conditions	Requested Work Up (IF AVAILABLE)	Urgency	When to Send to ER
Obesity (BMI 40+, or BMI 35+ with comorbidities)	CBC; CMP; B1; B6; B9; Homocysteine; B12; MMA; Vitamin A; Vitamin D; CRP; Ferritin; Iron; TIBC; Lipid Panel; PTH; TSH/fT4; A1c; INR; APTT; Zinc; Magnesium	Routine (>6 weeks)	N/A

Insurances approved prior to MBSAQIP Accreditation: Medicare, Medi-Cal, PPOs (BlueShield, Aetna, Cigna, UnitedHealthcare)

Note: For revisional bariatric surgery, refer to UCSF Bariatric Surgery Center or Natividad Bariatric Surgery.

Cardiology

SERVICES

- Evaluation and management of chest pain and ischemic heart disease
- Diagnosis and treatment of hypertension (high blood pressure)
- Assessment and management of arrhythmias and atrial fibrillation
- Coronary artery disease and atherosclerosis care
- Heart failure care and monitoring
- Hyperlipidemia (high cholesterol) management
- Evaluation of heart murmurs and valvular heart disease
- Assessment of peripheral vascular disease and peripheral edema
- Cardiac diagnostic testing including EKG/ECG, stress testing, and cardiac imaging
- Risk assessment for coronary artery disease and stroke
- Management of symptomatic cardiovascular conditions such as palpitations and syncope
- General cardiovascular disease evaluation and long-term follow-up care

CONTACT INFORMATION

65 Nielson Street, #102
Watsonville, CA 95076
(831) 768-6217
FAX: (831) 768-6219

PROVIDERS

Stanley Hwang, MD

Dr. Hwang is dual board certified by the American Board of Internal Medicine in internal medicine and cardiology. He has extensive experience in the fields of coronary artery disease, cardiac arrhythmias, and congestive heart failure. He earned his medical degree at the University of California, San Diego and completed his residency in internal medicine and fellowship in cardiology at UCLA Medical Center.

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Conditions	Requested Work Up (IF AVAILABLE)	Urgency	When to Send to ER
CORONARY / HEART DISEASE			
Coronary artery disease (CAD) / Atherosclerosis	EKG	Routine (<1 week)	Acute chest pain
Angina (stable and unstable)	EKG	Routine (<1 week)	Acute chest pain
History of heart attack (MI) management	EKG	Routine (<1 week)	Acute chest pain
Heart failure (systolic and diastolic)	EKG	Routine (<1 week)	Acute dyspnea, hemodynamic instability
Cardiomyopathy (dilated, hypertrophic, restrictive)	EKG	Routine (<1 week)	Acute dyspnea, syncope, hemodynamic instability
HEART RHYTHM / ELECTRICAL ISSUES			
Atrial fibrillation and other arrhythmias	EKG	Routine (<1 week)	Dizziness, hemodynamic instability
Supraventricular tachycardia (SVT)	EKG	Routine (<1 week)	Sustained tachycardia
Bradycardia / Heart block	EKG	Routine (<1 week)	Syncope
Premature atrial or ventricular contractions	EKG	Routine (<1 week)	Symptomatic or sustained arrhythmia
BLOOD PRESSURE / VASCULAR CONDITIONS			
Hypertension (high blood pressure)	None required	Routine (<1 week)	Headache with BP > 180/120, shortness of breath
Hypotension (low blood pressure)	None required	Routine (<1 week)	Dizziness, syncope, hemodynamic instability
Peripheral artery disease (PAD)	ABI if available	Routine (<1 week)	Acute limb ischemia (cold, pulseless extremity)
Aneurysms (aortic or peripheral, non-surgical mgmt)	CT/imaging if available	Routine (<1 week)	Sudden severe back/ abdominal pain (rupture)
VALVULAR HEART DISEASE			
Aortic stenosis / insufficiency	Echocardiogram if available	Routine (<1 week)	Syncope, acute severe dyspnea
Mitral valve prolapse / regurgitation	Echocardiogram if available	Routine (<1 week)	Acute severe dyspnea, hemodynamic instability
Tricuspid or pulmonary valve disease	Echocardiogram if available	Routine (<1 week)	Acute decompensation
LIPID / RISK FACTOR MANAGEMENT			
Hyperlipidemia (high cholesterol)	Lipid panel	Routine (<1 week)	N/A
Diabetes-related cardiac risk management	Lipid panel	Routine (<1 week)	N/A
Obesity-related cardiovascular risk management	Lipid panel	Routine (<1 week)	N/A

Conditions	Requested Work Up (IF AVAILABLE)	Urgency	When to Send to ER
GENERAL CARDIAC SYMPTOMS / MONITORING			
Shortness of breath (dyspnea) evaluation	EKG, BNP if available	Routine (<1 week)	Acute severe dyspnea, O2 sat <90%
Chest pain / palpitations workup	EKG	Routine (<1 week)	Acute chest pain
Syncope / fainting evaluation	EKG	Routine (<1 week)	Witnessed cardiac arrest, prolonged LOC
Edema / swelling related to heart disease	BNP, CMP if available	Routine (<1 week)	Acute pulmonary edema, respiratory distress
Pre-operative cardiac evaluation	EKG, CBC, CMP	Semi-urgent (2-6 weeks)	N/A
PREVENTIVE & SCREENING			
Cardiac risk assessment	Lipid panel, EKG	Routine (<1 week)	N/A
ECG interpretation and follow-up	EKG	Routine (<1 week)	N/A
Echocardiography and stress test evaluation	Prior imaging if available	Routine (<1 week)	N/A

Gastroenterology

SERVICES

- Comprehensive evaluation, diagnosis, and management of disorders affecting the esophagus, stomach, intestines, liver, biliary system, pancreas, and colon
- Preventive screening for gastrointestinal conditions
- Medical management of both acute and chronic GI disorders
- Coordination of endoscopic procedures when indicated
- Collaboration with primary care providers and specialists to support coordinated care
- Timely evaluation and appropriate escalation of treatment when needed
- Continuity of care across the full spectrum of digestive health needs
- Support for both routine screenings and complex gastrointestinal conditions
- Focus on improving access to care, early detection, and evidence-based treatment

CONTACT INFORMATION

65 Nielson Street, #125
Watsonville, CA 95076
(831) 768-6266
FAX: (831) 288-0897

PROVIDERS

Luke C. Bi, MD

Dr. Luke Bi is ABIM certified in Gastroenterology and Hepatology. He completed his undergraduate degree at University of California, Berkeley and obtained his medical education at the University of California Irvine College of Medicine. He completed his Internal Medicine Internship at Santa Clara Valley Medical Center and his residency at UCLA San Fernando Program. He completed his Gastroenterology and Hepatology Fellowship at UC Irvine College of Medicine.

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Conditions	Requested Work Up (IF AVAILABLE)	Urgency	When to Send to ER
ESOPHAGUS			
Gastroesophageal reflux disease (GERD)	None required	Routine (>6 weeks)	Acute dysphagia with inability to swallow
Barrett's esophagus	Previous endoscopy records	Routine (>6 weeks)	N/A
Esophagitis	None required	Routine (>6 weeks)	Severe odynophagia with inability to eat/drink
Esophageal strictures	Previous endoscopy records if available	Semi-urgent (2-6 weeks)	Complete dysphagia, inability to swallow
Dysphagia (difficulty swallowing)	Previous endoscopy records if available	Urgent (<2 weeks)	Complete dysphagia, aspiration, inability to swallow
STOMACH & DUODENUM			
Peptic ulcer disease	Old records	Urgent (<2 weeks)	Active GI bleeding, perforation
Gastritis	None required	Routine (>6 weeks)	Active GI bleeding
Functional dyspepsia	None required	Routine (>6 weeks)	N/A
H. pylori infection	H. pylori stool antigen or breath test	Routine (>6 weeks)	N/A
SMALL & LARGE INTESTINE			
Irritable bowel syndrome (IBS)	Old records	Routine (>6 weeks)	N/A
Inflammatory bowel disease (IBD) - Crohn's / UC	Old records, CBC, CRP	Routine (>6 weeks); Urgent if severe symptoms	Severe bleeding, fever, or severe abdominal pain
Celiac disease	Old records, tTG-IgA if not done	Routine (>6 weeks)	N/A
Diverticulosis	CT abdomen if pain present	Urgent (< 2 weeks) if abdominal pain	Fever or severe abdominal pain
Intestinal obstruction	Refer to General Surgery		
LIVER / BILIARY SYSTEM			
Hepatitis (viral, autoimmune, alcoholic, NASH)	Hepatitis panel, LFTs	Routine (>6 weeks)	Acute liver failure, encephalopathy, severe jaundice
Fatty liver disease (NAFLD / NASH)	Labs, US	Routine (>6 weeks)	N/A
Cirrhosis and portal hypertension	Labs, imaging, old records	Routine (>6 weeks)	Variceal bleeding, acute encephalopathy, ascites with fever
Gallstones / Cholelithiasis	Refer to General Surgery		

Conditions	Requested Work Up (IF AVAILABLE)	Urgency	When to Send to ER
Biliary obstruction / cholestasis	Imaging results and labs	Urgent (<2 weeks)	Fever, jaundice, hypotension (Charcot's triad/ Reynolds' pentad)
PANCREAS			
Pancreatitis (acute and chronic)	Lipase, amylase, CBC, CMP, imaging if available	Urgent (<2 weeks)	Severe abdominal pain, hemodynamic instability, acute presentation
Pancreatic cysts and masses	CT or MRI abdomen	Routine (>6 weeks)	N/A
COLON & RECTUM			
Colon polyps	Prior colonoscopy report if available	Routine (>6 weeks)	N/A
Colorectal cancer screening and follow-up	Age-appropriate screening order	Routine (>6 weeks)	N/A
Hemorrhoids	Clinical exam	Routine (>6 weeks) — refer to Surgery	Thrombosed external hemorrhoid with acute pain <72 hrs
Anal fissures and fistulas	Clinical exam	Routine (>6 weeks) — refer to Surgery	Anorectal abscess
Constipation and diarrhea (chronic or unexplained)	CBC, CMP, TSH, stool studies if indicated	Routine (>6 weeks)	Signs of obstruction, severe dehydration
GENERAL / PREVENTIVE GI			
Gastrointestinal bleeding (upper or lower)	CBC, CMP, coags, type & screen	Urgent (<2 weeks)	Active bleeding, hemodynamic instability
Malabsorption syndromes	CBC, CMP, B12, folate, iron studies, albumin	Routine (>6 weeks)	Severe malnutrition, hemodynamic instability
Abdominal pain of GI origin	CBC, CMP, lipase if indicated	Routine (>6 weeks)	Acute severe pain, signs of perforation or obstruction
Nausea, vomiting, and unexplained weight loss	CBC, CMP, TSH, CT abdomen if indicated	Urgent (<2 weeks)	Inability to maintain hydration, hemodynamic instability

Nephrology

CONTACT INFORMATION

65 Nielson Street, #102, Watsonville, CA 95076
(831) 768-6217 | FAX: (831) 768-6219

PROVIDERS

Omid Bakhtar, DO

Dr. Bakhtar is board certified by the American Board of Internal Medicine in nephrology. He specializes in kidney care, including the treatment of acute kidney injury (AKI), chronic kidney disease (CKD), end stage renal disease (ESRD), and kidney transplantation. He earned his medical degree at Michigan State University College of Osteopathic Medicine in East Lansing and completed his residency at Sinai-Grace Hospital, Wayne State University/Detroit Medical Center, and his fellowship at the University of Arizona Health Sciences Center.

Rajeev Prasad, MD

Dr. Prasad is board certified by the American Board of Internal Medicine in nephrology with experience in complex nephrology care. Dr. Prasad completed his undergraduate degree at Northwestern University and obtained his medical education at the Medical College of Wisconsin. He completed his Internal Medicine training and Nephrology specialization at the University of Illinois Chicago. He has served in leadership roles and as a medical director for several dialysis clinics and home dialysis programs.

SERVICES

All new consults are scheduled within one week.

For urgent clinical questions or curbside consultation, please contact the office directly.

Chronic Kidney Disease

- CKD stages 1–5
- Diabetic nephropathy
- Hypertensive nephropathy
- Proteinuria / Albuminuria

Acute Kidney Disorders

- Acute kidney injury (AKI)
- Acute tubular necrosis
- Glomerulonephritis (various types)

Electrolyte & Fluid Disorders

- Hyperkalemia / Hypokalemia
- Hyponatremia / Hypernatremia
- Acid-base disorders (metabolic acidosis / alkalosis)
- Fluid overload / Edema management

Hypertension & Cardiovascular Risk

- Resistant or secondary hypertension
- Hypertension related to kidney disease
- CKD and cardiovascular risk management

Kidney Stones / Urolithiasis

- Calcium stones
- Uric acid stones
- Cystine stones

Protein & Urinary Abnormalities

- Nephrotic syndrome
- Hematuria (blood in urine) evaluation
- Proteinuria evaluation

Dialysis & Transplant Care (Medical Management)

- Hemodialysis and peritoneal dialysis monitoring
- Pre- and post-kidney transplant management

Autoimmune & Systemic Kidney Diseases

- Lupus nephritis
- IgA nephropathy
- Vasculitis affecting the kidneys

Other Renal Conditions

- Polycystic kidney disease (PKD)
- Chronic kidney infections
- Acute or chronic tubular disorders

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Please include the most recent laboratory results and renal ultrasound (if available) with your referral.

Conditions	Requested Work Up (IF AVAILABLE)	Urgency	When to Send to ER
CHRONIC KIDNEY DISEASE			
CKD Stages 1-5	BMP/CMP, CBC, UA, eGFR trend, renal US	Routine (>6 weeks)	Severe hyperkalemia (K>6.5), anuria, hypertensive emergency
Diabetic nephropathy	BMP, HbA1c, urine albumin-to-creatinine ratio (UACR)	Routine (>6 weeks)	Severe hyperkalemia, AKI with anuria
Hypertensive nephropathy	BMP, UA, CBC, renal US	Routine (>6 weeks)	Hypertensive emergency with end-organ damage
Proteinuria / Albuminuria	24-hr urine protein or UACR, UA, BMP	Routine (>6 weeks)	Nephrotic crisis, severe edema with respiratory distress
ACUTE KIDNEY DISORDERS			
Acute kidney injury (AKI)	BMP, CBC, UA with microscopy, renal US	Urgent (<2 weeks)	Anuria, K>6.5, pulmonary edema, altered mental status
Acute tubular necrosis	BMP, UA with microscopy, FENa	Urgent (<2 weeks)	Anuria, hemodynamic instability
Glomerulonephritis	BMP, CBC, UA with microscopy, complement, ANA, ANCA, anti-GBM	Urgent (<2 weeks)	Rapidly worsening renal function, pulmonary hemorrhage
ELECTROLYTE & FLUID DISORDERS			
Hyperkalemia / Hypokalemia	BMP, EKG (if K>6.0 or symptomatic)	Urgent (<2 weeks) if K>6.0; Routine otherwise	K>6.5 with EKG changes, symptomatic arrhythmia
Hyponatremia / Hypernatremia	BMP, serum osmolality, urine Na/osmolality	Urgent (<2 weeks) if Na<125 or symptomatic	Altered mental status, seizure
Acid-base disorders (metabolic acidosis/alkalosis)	ABG or VBG, BMP, lactate if acidotic	Urgent (<2 weeks) if severe	pH<7.2, bicarbonate<12
Fluid overload / Edema management	BMP, BNP, chest X-ray	Routine (>6 weeks)	Acute pulmonary edema, respiratory distress
HYPERTENSION & CARDIOVASCULAR RISK			
Resistant or secondary hypertension	BMP, CBC, UA, renal US, aldosterone/renin ratio	Routine (>6 weeks)	BP>180/120 with end-organ damage (hypertensive emergency)

Conditions	Requested Work Up (IF AVAILABLE)	Urgency	When to Send to ER
CKD-related hypertension	BMP, UA, renal US	Routine (>6 weeks)	Hypertensive emergency
CKD and cardiovascular risk management	Lipid panel, HbA1c, BMP	Routine (>6 weeks)	Acute coronary syndrome, hemodynamic instability
KIDNEY STONES / UROLITHIASIS			
Calcium stones	BMP, UA, 24-hr urine, renal US or CT KUB	Routine (>6 weeks)	Obstruction with infection (fever + stone), intractable pain, anuria
Uric acid stones	BMP, uric acid level, UA, imaging	Routine (>6 weeks)	Obstruction with infection, intractable pain
Cystine stones	UA (cystine crystals), 24-hr urine, imaging	Routine (>6 weeks)	Obstruction with infection, intractable pain
PROTEIN & URINARY ABNORMALITIES			
Nephrotic syndrome	BMP, CBC, UA, 24-hr urine protein, lipid panel, albumin	Urgent (<2 weeks)	Severe edema with respiratory distress, acute renal failure
Hematuria evaluation	UA with microscopy, urine cytology, BMP, renal US	Urgent (<2 weeks) if gross hematuria	Gross hematuria with clot retention or hemodynamic instability
Proteinuria evaluation	UACR or 24-hr urine protein, BMP, UA	Routine (>6 weeks)	Nephrotic crisis, severe edema
DIALYSIS & TRANSPLANT CARE			
Hemodialysis / Peritoneal dialysis monitoring	BMP, CBC, iron studies, PTH, phosphorus	Per nephrologist schedule	Access failure, severe electrolyte imbalance, peritonitis (PD patients)
Pre-/post-kidney transplant management	BMP, CBC, tacrolimus/cyclosporine levels per protocol	Per transplant team	Acute rejection symptoms, severe infection, graft dysfunction
AUTOIMMUNE & SYSTEMIC KIDNEY DISEASES			
Lupus nephritis	BMP, UA, CBC, ANA, anti-dsDNA, complement (C3/C4), UACR	Urgent (<2 weeks)	Rapidly declining GFR, severe proteinuria
IgA nephropathy	BMP, UA with microscopy, UACR, serum IgA	Routine (>6 weeks)	Rapidly progressive renal failure
Vasculitis affecting the kidneys	BMP, UA, ANCA, CBC, ESR/CRP	Urgent (<2 weeks)	Rapidly progressive renal failure, pulmonary hemorrhage

Conditions	Requested Work Up (IF AVAILABLE)	Urgency	When to Send to ER
OTHER RENAL CONDITIONS			
Polycystic kidney disease (PKD)	BMP, renal US or MRI, UA	Routine (>6 weeks)	Ruptured cyst with severe pain or hemorrhage
Chronic kidney infections	UA with culture, BMP, renal US	Routine (>6 weeks)	Urosepsis, high fever, hemodynamic instability
Acute or chronic tubular disorders	BMP, UA with microscopy, FENa, urine electrolytes	Urgent (<2 weeks) if acute; Routine if chronic	Anuria, severe electrolyte disturbance

Orthopedic

SERVICES

Dr. Etcheson is now accepting new patients, with appointments available within a week and priority scheduling for acute injuries. For urgent clinical questions or curbside consultation, please contact the office directly.

General Orthopedics (Whole Body & Major Joints)

- Osteoarthritis (knees, hips, shoulders, and other joints)
- Rheumatoid arthritis and other inflammatory arthritides
- Acute and chronic fractures
- Sprains and strains (ligament and muscle injuries)
- Joint dislocations
- Back pain, degenerative disc disease, and herniated discs
- Bone tumors (benign and malignant)
- Osteoporosis-related fractures
- Sports-related injuries (ACL tears, meniscal injuries, etc.)

Upper Extremity (Shoulder, Elbow, Arm)

- Rotator cuff tears and tendinopathy
- Shoulder impingement and bursitis
- Adhesive capsulitis (frozen shoulder)
- Elbow tendinitis (lateral and medial epicondylitis)
- Elbow bursitis
- Fractures of the humerus, radius, and ulna
- Nerve compression syndromes (cubital tunnel syndrome, radial nerve entrapment)
- Arthritis of the shoulder, elbow, and wrist

Hand & Wrist

- Carpal tunnel syndrome
- Trigger finger (stenosing tenosynovitis)
- De Quervain's tenosynovitis
- Arthritis of the hand and fingers (including thumb CMC arthritis)
- Fractures of the hand and wrist (distal radius, metacarpals, phalanges)
- Ganglion cysts
- Dupuytren's contracture
- Flexor and extensor tendon injuries
- Peripheral nerve injuries (median, ulnar, radial nerves)

CONTACT INFORMATION

1820 Main Street
Watsonville, CA 95076
(831) 728-4227
FAX: (831) 728-0410

PROVIDERS

Jennifer Etcheson, MD

Dr. Etcheson is a fellowship-trained orthopedic surgeon treating a wide range of musculoskeletal conditions, with specialized expertise in hand, wrist, and upper extremity care. She completed her residency at SUNY Downstate Health Sciences University and an advanced fellowship in Hand and Upper Extremity Surgery at the Cleveland Clinic.

Her areas of focus include fracture care, nerve compression (carpal and cubital tunnel syndrome), sports and overuse injuries, joint replacement, and complex upper extremity conditions including nerve and tendon injuries, ligament reconstruction, boutonniere deformity, and total elbow arthroplasty. She is passionate about community-based medicine and is excited to bring her expertise to the Watsonville and Santa Cruz areas.

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Conditions	Requested Work Up (IF AVAILABLE)	Urgency	When to Send to ER
GENERAL ORTHOPEDICS (WHOLE BODY & MAJOR JOINTS)			
Osteoarthritis (knees, hips, shoulders)	X-ray of affected joint (weight-bearing if knee)	Routine (>6 weeks)	N/A
Rheumatoid / Inflammatory arthritis	X-ray, RF, anti-CCP, ESR/CRP, CBC	Routine (>6 weeks)	N/A
Fractures / Broken bones	X-ray; CT if complex or intra-articular	Urgent (within 1 week)	Open fracture, neurovascular compromise, displaced joint fracture
Sprains and strains	X-ray to rule out fracture	Routine (>6 weeks)	Suspected fracture, neurovascular compromise
Joint dislocations	X-ray	Emergent	All acute dislocations for reduction
Osteoporosis-related fractures	X-ray, DEXA scan, calcium, vitamin D, PTH	Routine (>6 weeks)	Hip fracture
Sports injuries (ACL tears, meniscal injuries)	X-ray to rule out fracture; MRI of affected joint	Urgent (within 1 week)	Locked knee, hemarthrosis with neurovascular compromise
Tibial Shaft Fracture	X-ray; CT if complex	Urgent (within 1 week)	Open fracture, neurovascular compromise
Ankle Fracture	X-ray (AP, lateral, mortise views)	Urgent (within 1 week)	Open fracture, neurovascular compromise
UPPER EXTREMITY (SHOULDER, ELBOW, ARM)			
Rotator cuff tears / Tendinopathy	X-ray shoulder; MRI if full-thickness tear suspected	Routine (>6 weeks)	N/A
Shoulder impingement / Bursitis	X-ray shoulder	Routine (>6 weeks)	N/A
AC Joint Separation	X-ray shoulder (AP, axillary, Zanca views)	Urgent (within 1 week)	Neurovascular compromise
Adhesive capsulitis (frozen shoulder)	X-ray shoulder	Routine (>6 weeks)	N/A
Elbow tendinitis (lateral/medial epicondylitis)	X-ray elbow	Routine (>6 weeks)	N/A
Elbow bursitis	X-ray elbow; consider aspiration if infected	Routine (>6 weeks)	Signs of septic bursitis (fever, erythema, warmth)
Fractures of humerus, radius, ulna	X-ray; CT if intra-articular or complex	Urgent (within 1 week); Same-day if displaced	Open fracture, neurovascular compromise

Conditions	Requested Work Up (IF AVAILABLE)	Urgency	When to Send to ER
Nerve compression (cubital tunnel, radial nerve entrapment)	EMG / nerve conduction study	Urgent (within 1 week)	Acute complete nerve palsy
Arthritis of shoulder, elbow, wrist	X-ray of affected joint	Routine (>6 weeks)	N/A
Olecranon Bursitis	X-ray elbow; consider aspiration if infected	Routine (>6 weeks)	Signs of septic bursitis (fever, erythema, warmth)
Elbow Dislocation (reduced, stable)	X-ray elbow (post-reduction)	Urgent (within 1 week)	Unstable or open dislocation
Olecranon Fracture	X-ray elbow	Urgent (within 1 week)	Open fracture, neurovascular compromise
Radial Head Fracture Follow-up	X-ray elbow	Urgent (within 1 week)	Open fracture, neurovascular compromise
Tennis Elbow / Golfer's Elbow (Lateral/Medial Epicondylitis)	X-ray elbow; clinical exam	Routine (>6 weeks)	N/A
HAND & WRIST			
Carpal tunnel syndrome	EMG / nerve conduction study	Routine (>6 weeks)	Acute thenar atrophy or complete motor loss
Trigger finger (stenosing tenosynovitis)	Clinical diagnosis; X-ray if fracture suspected	Routine (>6 weeks)	N/A
De Quervain's tenosynovitis	Clinical diagnosis; X-ray to rule out fracture	Routine (>6 weeks)	N/A
Arthritis of hand and fingers (incl. thumb CMC)	X-ray of hand/thumb	Routine (>6 weeks)	N/A
Fractures of hand/wrist (distal radius, metacarpals, phalanges)	X-ray; CT if intra-articular	Urgent (within 1 week), same day if displaced	Open fracture, neurovascular compromise
Ganglion cysts	Clinical diagnosis; US or MRI if unclear	Routine (>6 weeks)	N/A
Dupuytren's contracture	Clinical diagnosis	Routine (>6 weeks)	N/A
Tendon injuries (flexor and extensor tendon lacerations)	X-ray to rule out fracture; clinical exam	Urgent (within 1 week)	Complete tendon laceration → ER or same-day surgery referral
Nerve injuries (median, ulnar, radial nerve)	EMG / nerve conduction study; X-ray	Urgent (within 1 week)	Acute traumatic nerve injury with complete motor loss
Mallet Finger	X-ray finger (lateral view)	Urgent (within 1 week)	Open injury or tendon avulsion with bony fragment

Conditions	Requested Work Up (IF AVAILABLE)	Urgency	When to Send to ER
Boutonniere Injury / Central Slip Injury	X-ray finger; clinical exam	Urgent (within 1 week)	Open injury
Chronic Finger Stiffness After Injury	Clinical exam; X-ray if indicated	Routine (>6 weeks)	N/A
Collateral Ligament Injury (PIP/MCP Sprain)	X-ray to rule out fracture; clinical exam	Urgent (within 1 week)	Complete instability with neurovascular compromise
Wrist Sprain (Persistent Pain After Fall)	X-ray wrist; MRI if ligament tear suspected	Routine (>6 weeks)	Acute neurovascular compromise
TFCC Tear / Ulnar-Sided Wrist Pain	X-ray wrist; MRI wrist if indicated	Routine (>6 weeks)	N/A
Scaphoid Fracture / Suspected Occult Fracture	X-ray wrist; MRI if X-ray negative but high suspicion	Urgent (within 1 week)	Open fracture, neurovascular compromise
ECU Tendinitis or Instability	Clinical exam; X-ray or US if indicated	Routine (>6 weeks)	N/A
Wrist Arthritis (SLAC/SNAC/OA/RA)	X-ray wrist; labs if inflammatory (RF, anti-CCP, ESR/CRP)	Routine (>6 weeks)	N/A

Primary Care

Now accepting new patients with appointments often available same day or within a week.

CONTACT INFORMATION

99 Airport Boulevard, Freedom, CA 95019
(831) 724-7521 | FAX: (831) 724-9566

PROVIDERS

Frank L. Ravago, MD, CMD

Dr. Ravago is a board-certified Internal Medicine and Primary Care physician who has been serving our community for over 30 years. Dr. Ravago has acquired deep knowledge in Cardiology, Nephrology, Neurology, Rheumatology, and Endocrinology to provide a more comprehensive level of care that focuses on the whole individual. He is also an Intensivist and can support patients with critical conditions. Dr. Ravago has served as Chairman of Medicine, Physician advisor, Board of Director and Board of Trustees at Watsonville Community Hospital and earned his medical degree from Far Eastern University, Institute of Medicine.

Shannon Clasen, FNP-C

Shannon Nicol Clasen is a board-certified Family Nurse Practitioner with over 13 years of experience delivering compassionate, patient-centered primary care in both rural and underserved communities. Raised in Santa Cruz County, she earned her undergraduate and graduate nursing degrees from Loyola University New Orleans. Returning home to provide comprehensive care to the community she knows and loves is deeply meaningful to her.

SERVICES

For urgent clinical questions or curbside consultation, please contact the office directly.

Preventive Care & Health Screenings

- Annual physical exams
- Contraceptive counseling, prescribing, and monitoring
- Pre-operative medical clearance
- Well-woman exams (including breast exams and Pap smears)
- Cancer screenings
- In-office diabetes and cholesterol screening (biometrics)
- HPV and STD screening
- Flu vaccinations
- Smoking cessation support

Care for Chronic Conditions

- Allergies
- ADD/ADHD management
- COPD and asthma
- Depression and anxiety
- Diabetes mellitus
- Gastrointestinal disorders
- Cardiovascular disease and systemic hypertensive disorders
- Hypercholesterolemia
- Endocrine disorders
- Obesity management and treatment
- Dementia and central nervous system (CNS) disorders
- Chronic kidney disease
- Anemia and arthritis

REFERRAL & TRIAGE GUIDE | FAX: (831) 724-9566

Primary Care accepts direct referrals and new patient appointments.

Conditions	Requested Work Up (IF AVAILABLE)	Urgency	When to Send to ER
PREVENTIVE CARE & HEALTH SCREENINGS			
Annual physical exam	CBC, CMP, lipid panel, HbA1c, TSH (age-appropriate)	Routine (>6 weeks)	N/A
Cancer screenings (colonoscopy, mammography, PSA, Pap smear)	Per USPSTF guidelines; labs or imaging as indicated	Routine (>6 weeks)	N/A
Well-woman exam (breast exam, Pap smear)	Pap smear, pelvic exam, STI screening as indicated	Routine (>6 weeks)	N/A
Diabetes and cholesterol screening (biometrics)	Fasting glucose or HbA1c; lipid panel	Routine (>6 weeks)	N/A
HPV and STD screening	Per CDC guidelines; urine/swab cultures as needed	Routine (>6 weeks)	N/A
Pre-operative medical clearance	CBC, CMP, EKG (if >45 or cardiac hx), coags if indicated	Semi-urgent (2-6 weeks)	N/A
Smoking cessation support	Clinical assessment; NRT or pharmacotherapy as appropriate	Routine (>6 weeks)	N/A
Flu vaccinations	None required	Routine (>6 weeks)	N/A
Contraceptive counseling, prescribing, and monitoring	BP check; STI screening if indicated; pelvic exam for IUD	Routine (>6 weeks)	N/A
CARE FOR CHRONIC CONDITIONS			
Diabetes mellitus	HbA1c, fasting glucose, CBC, BMP, UACR, lipid panel, foot exam	Routine (>6 weeks)	DKA (glucose>300, ketosis, AMS), severe hypoglycemia
Cardiovascular disease / Systemic hypertension	EKG, CBC, BMP, lipid panel; echo if indicated	Routine (>6 weeks)	Hypertensive emergency (BP>180/120 with symptoms), ACS
Hypercholesterolemia	Fasting lipid panel, LFTs if on statins	Routine (>6 weeks)	N/A
COPD and asthma	PFTs (spirometry), chest X-ray, O2 saturation	Routine (>6 weeks); Urgent if acute exacerbation	Severe dyspnea, O2 sat <90%, acute exacerbation not responding to bronchodilators
Depression and anxiety	PHQ-9, GAD-7, TSH to rule out thyroid cause	Routine (>6 weeks)	Active suicidal ideation with plan or intent
ADD/ADHD management	Clinical assessment tools (Vanderbilt, Conners); rule out other causes	Routine (>6 weeks)	N/A

Conditions	Requested Work Up (IF AVAILABLE)	Urgency	When to Send to ER
Obesity management	BMI, CBC, CMP, lipid panel, HbA1c, TSH; consider bariatric referral if BMI>40	Routine (>6 weeks)	N/A
Gastrointestinal disorders	Based on presentation; refer to GI if chronic or unexplained	Routine (>6 weeks)	GI bleed, severe abdominal pain, signs of obstruction
Chronic kidney disease	BMP, CBC, UA, eGFR, UACR; refer to nephrology if CKD Stage 3+	Routine (>6 weeks)	AKI, severe hyperkalemia
Endocrine disorders (thyroid, adrenal)	TSH, free T4, T3; morning cortisol if adrenal concern	Routine (>6 weeks)	Thyroid storm, adrenal crisis
Dementia / CNS disorders	MMSE or MoCA, TSH, B12, CBC, CMP, brain imaging if indicated	Routine (>6 weeks)	Acute delirium, sudden behavioral change
Anemia	CBC with differential, reticulocyte count, iron studies, B12, folate	Semi-urgent (2–6 weeks) if symptomatic	Hgb<7 with symptoms, hemodynamic instability
Arthritis (OA and RA)	X-ray of affected joint; RF, anti-CCP, ESR/CRP if inflammatory	Routine (>6 weeks)	N/A
Allergies	Clinical assessment; skin testing or RAST if needed	Routine (>6 weeks)	Anaphylaxis

Surgery

Now accepting new patients with appointments often available same day or within a week.

CONTACT INFORMATION

65 Nielson Street, #125, Watsonville, CA 95076
(831) 768-6266 | FAX: (831) 288-0897

PROVIDERS

Robert Allen, MD

Dr. Allen joins us from Kaiser Permanente West Los Angeles, where he developed a strong reputation for delivering high-quality, patient-centered surgical care. He brings extensive experience, advanced training, and is board certified in general surgery, including a Foregut Surgery fellowship at Keck Medicine of USC, with additional specialization in robotic and bariatric surgery.

Originally from the East Coast, Dr. Allen is excited to transition to a community-based setting where he offers comprehensive care across the full spectrum of general surgery. His practice will emphasize bariatric surgery and both upper and lower endoscopy, including EGD and colonoscopy, allowing for streamlined, continuity-driven care from diagnosis through treatment.

Ryan S. Nolan, MD

Dr. Nolan is a board-certified general surgeon with fellowship training in advanced minimally invasive and robotic techniques. He is proficient with the DaVinci robot and other minimally invasive techniques to perform very complex surgeries, including hernia repairs, colorectal surgery, upper GI procedures, and bariatric surgery. He earned his medical degree from the Keck School of Medicine at the University of Southern California and completed his general surgery residency at Cooper University Hospital in Camden, N.J., along with a fellowship in advanced minimally invasive surgery at Alta Bates Summit Medical Center in Oakland.

SERVICES

For urgent clinical questions or curbside consultation, please contact the office directly.

Abdominal Wall (Hernias)

- Inguinal, Femoral Hernia
- Ventral, Umbilical, Incisional, Parastomal, Epigastric Hernia

Bariatric/Metabolic Surgery

- Obesity

Gallbladder/Gallstones

- Gallbladder Pain
- Choledocholithiasis
- Gallbladder Polyp

Foregut

- GERD (Medically Refractory)
- Barrett's Esophagitis
- Hiatal Hernia or Paraesophageal Hernia
- Achalasia
- Gastric Outlet Obstruction

Colorectal

- Hemorrhoids
- Anal Fissure
- Anorectal Abscess
- Skin Tags (Cosmetic Removal)
- Diverticulitis
- Colorectal Cancer (above pelvic inlet, >8 cm from anal verge)

Solid Organ

- Adrenal Mass (Aldosteronoma, Pheochromocytoma, etc.)
- Spleen Cyst (>5 cm, parasitic, symptomatic)
- Liver Cyst (>5 cm, parasitic, symptomatic)
- Liver Biopsy

Dialysis

- Peritoneal Dialysis
- Tunneled HD Catheter Placement

Small Bowel

- Chronic/Serial Small Bowel Obstruction

Soft Tissue

- Lipoma/Cyst
- BCC/SCC
- Pilonidal Disease
- Hidradenitis Suppurativa
- Pressure Ulcer

REFERRAL & TRIAGE GUIDE | FAX: (831) 288-0897

Conditions	Requested Work Up (IF POSSIBLE)	Urgency	When to Send to ER
ABDOMINAL WALL (HERNIAS)			
Inguinal/Femoral Hernia	Physical Exam describing reducibility. NO Imaging needed if palpable. Only order Ultrasound if diagnosis is unclear.	Routine (>6 weeks)	Non-reducible, extreme pain, vomiting (Incarcerated).
Ventral/Umbilical/ Incisional Hernia/ Parastomal/ Epigastric Hernia	CT Abdomen/Pelvis (if previous repairs or >4 cm defect). Note: If BMI >45, please initiate weight loss counseling concurrently.	Routine (>6 weeks)	Skin changes (erythema), signs of obstruction.
BARIATRIC/METABOLIC SURGERY			
Obesity	CBC; CMP; B1; B6; B9; Homocysteine; B12; MMA; Vitamin A; Vitamin D; CRP; Ferritin; Iron; TIBC; Lipid Panel; PTH; TSH/fT4; A1c; INR; APTT; Zinc; Magnesium	Routine (>6 weeks)	N/A
Insurances approved prior to MBSAQIP Accreditation: Medicare, Medi-Cal, PPOs (BlueShield, Aetna, Cigna, UnitedHealthcare)			
GALLBLADDER/GALLSTONES			
Gallbladder (Pain)	RUQ Ultrasound (stones/sludge present). LFTs (Alk Phos/T Bili/Direct Bili) within 30 days.	Routine (>6 weeks)	Fever > 101.5 WBC > 14k Murphy's Sign (+)
Choledocholithiasis	Send to ER with GI procedural coverage if symptoms or elevated LFTs	Send to ER if seen on US	Always
Gallbladder (Polyp)	US (see referral guide for algorithm)	Routine (>6 weeks)	N/A (Routine)
FOREGUT			
GERD (Medically refractory)	Video Esophagram	Routine (>6 weeks)	N/A
Barrett's Esophagitis	Video Esophagram	Semi-urgent (2-6 weeks)	N/A
Hiatal Hernia or Paraesophageal Hernia	Video Esophagram	Routine (>6 weeks)	Gastric volvulus (severe chest pain/ retching), bleeding, gastric outlet obstruction (PO intolerance)
Achalasia	Manometry (outside referral) + EGD with GS	Routine (>6 weeks)	PO intolerance
Gastric Outlet Obstruction (ex: large ulcer)	EGD with GS or GI	Semi-urgent (2-6 weeks)	PO intolerance, bleeding

Conditions	Requested Work Up (IF POSSIBLE)	Urgency	When to Send to ER
COLORECTAL			
Hemorrhoids	See referral pathway	Routine (>6 weeks)	Thrombosed external hemorrhoids (acute pain <72hrs) ➔ Send to ER for excisional hemorrhoidectomy (not I&D)
Anal fissure	See referral pathway	Routine (>6 weeks)	
Anorectal Abscess	N/A	Send to ED	
Skin tags (cosmetic removal requested)	N/A	Routine (>6 weeks)	
Diverticulitis	CT AP with IV contrast confirming diagnosis. Colonoscopy report (if available). Order colonoscopy >6 weeks after attack if no prior or out of date.	Routine (>6 weeks)	Free air, abscess >3cm, or sepsis
Colorectal Cancer (above pelvic inlet/> 8 cm from anal verge)	CT CAP with IV contrast, CBC, CMP, CEA, Consider MRI abd/pelvis if unclear whether above or below pelvic inlet, No PET needed	Urgent (<2 weeks)	Obstruction, bleeding, perforation
SOLID ORGAN			
Adrenal Mass (Aldosteronoma, Pheochromocytoma, etc.)	Adrenal panel including appropriate urine studies, CT AP triple phase adrenal, bilateral adrenal venous sampling (with interventional radiologist)	Routine (>6 weeks)	K < 3.0, Hypertensive crisis
Spleen (ex: Cyst > 5 cm/parasitic/ symptomatic)	CT AP with IV -> if concern for parasitic cyst consider Echinococcus IgG ELISA +- confirmatory Western blot	Routine (>6 weeks)	
Liver Cyst (> 5 cm/parasitic/ symptomatic)	CT AP with IV -> if concern for parasitic cyst consider Echinococcus IgG ELISA +- confirmatory Western blot	Routine (>6 weeks)	
Liver Biopsy	Coags, parasitic work up if for indeterminate cyst	Routine (>6 weeks)	
DIALYSIS			
Peritoneal Dialysis	Per nephrologist	Routine (>6 weeks)	N/A
Tunneled HD Catheter Placement	Nephrology consult first. Order CBC, CMP, Coags if not within last month.	Routine (>6 weeks)	

Conditions	Requested Work Up (IF POSSIBLE)	Urgency	When to Send to ER
SMALL BOWEL			
Chronic/serial small bowel obstruction	CBC, CMP, Coags	Routine (>6 weeks)	Not tolerating PO, severe abdominal pain, fevers/chills, WBC > 14
Inflammatory Bowel Disease (Crohn, UC)	Refer to GI for triage	Routine (>6 weeks)	
SOFT TISSUE			
Lipoma / Cyst	Only refer if symptomatic, growing or hx of infection at the spot	Routine (>6 weeks)	N/A
BCC/SCC	Biopsy Result. Face/neck or > 2 cm refer to plastic surgery	Urgent (<2 weeks)	Urgent (Mark referral "Cancer").
Pilonidal Disease	N/A	Routine (>6 weeks)	
Hidradenitis Suppurativa	Failure of medical therapy up to and including immunologic (ex: Infliximab)	Routine (>6 weeks)	Fevers/chills/ WBC > 14 with associated with > 3 cm abscess at area of HS
Pressure Ulcer	PT/OT to teach and eval of ability to offload in 3 months, palliative consult if at end of life (most likely)	Routine (>6 weeks)	Fevers/chills/ WBC >14 with with associated abscess at area of Pressure Ulcer

TO BE REFERRED TO ANOTHER GROUP

Condition	Requested Workup Ordered with Referral	Urgency
Esophageal Cancer	Stanford Health Care — Thoracic Surgery / Esophageal Cancer Surgery	Urgent (<2 weeks)
Thyroid Nodule/cancer	Stanford Health Care — Endocrine Surgery	Routine (>6 weeks) for nodule, Urgent (<2 weeks) for cancer
Multinodular goiter or Graves with compressive symptoms	Stanford Health Care — Endocrine Surgery	Routine (>6 weeks)
Primary Hyperparathyroidism	Stanford Health Care — Endocrine Surgery	Routine (>6 weeks)
Secondary or Tertiary Hyperparathyroidism in advanced CKD	Stanford Health Care — Endocrine Surgery	Routine (>6 weeks)

Condition	Requested Workup Ordered with Referral	Urgency
Breast Mass/Nipple Discharge	Stanford Health Care — Breast Cancer Program (Palo Alto / South Bay)	Semi-Urgent (2-6 weeks)
Complex Ventral/Incisional Hernia (>8 cm, hx of prior VHR with abdominal wall reconstruction)	UCSF Center for Hernia Repair & Abdominal Wall Reconstruction	Routine (>6 weeks)
Note: Complex is > 8 cm or a patient who had a prior ventral hernia repair with abdominal wall reconstruction ("components separation", "transversus abdominis release", "eTEP")		
Gastroparesis	Stanford Neurogastroenterology and Motility Disorders Program	Routine (>6 weeks)
Gastric Cancer	Stanford Health Care — Complex GI / Surgical Oncology	Urgent (<2 weeks)
Revisional Bariatric Surgery	UCSF Bariatric Surgery Center or Natividad Bariatric Surgery	Routine (>6 weeks)
Hilar Cholangiocarcinoma	Stanford Health Care — HPB Surgery Program	Urgent (<2 weeks)
Duodenal Mass	Stanford Health Care — Complex GI / Surgical Oncology	Urgent (<2 weeks)
Pancreas Mass	Stanford Health Care — HPB Surgery Program	Urgent (<2 weeks)
Liver Resections (does not include liver biopsy)	Stanford Health Care — HPB Surgery Program	Urgent (<2 weeks)
Fecal Incontinence	UCSF Center for Colorectal Surgery	Routine (>6 weeks)
Rectal Cancer (below pelvic inlet)	UCSF Center for Colorectal Surgery	Urgent (<2 weeks)
Rectal Prolapse	UCSF Center for Colorectal Surgery	Routine (>6 weeks)
Sarcoma	Stanford Health Care — Sarcoma Program / Musculoskeletal Tumor Clinic	Urgent (<2 weeks)
Melanoma	UCSF Center for Melanoma and Skin Cancer Program	Urgent (<2 weeks)

Urology

SERVICES

Kidney & Upper Urinary Tract

- Kidney stones (nephrolithiasis)
- Hydronephrosis
- Recurrent or complicated urinary tract infections (UTIs)
- Hematuria (microscopic or gross blood in urine)
- Urologic evaluation in chronic kidney disease

Bladder & Lower Urinary Tract

- Overactive bladder
- Urinary incontinence (male and female)
- Interstitial cystitis / Painful bladder syndrome
- Pelvic organ prolapse (cystocele)

Prostate & Male Reproductive Health

- Benign prostatic hyperplasia (BPH) / Enlarged prostate
- Prostate cancer evaluation and management
- Erectile dysfunction
- Male infertility evaluation
- Testicular masses and tumors
- Testicular torsion and acute scrotal injury

Pediatric Urology

- Undescended testes (cryptorchidism)
- Vesicoureteral reflux (VUR)
- Bedwetting (enuresis)
- Hypospadias repair

Additional Urologic Conditions

- Urethral strictures
- Scrotal pain or swelling
- Postoperative follow-up for urologic procedures

CONTACT INFORMATION

1820 Main Street
Watsonville, CA 95076
(831) 728-4227
FAX: (831) 728-0410

PROVIDERS

Peter N. Bretan, MD

Dr. Bretan is a board-certified urologist and kidney transplant surgeon. He treats various conditions, including kidney, bladder, testicular and urethral/penile cancer, BPH, erectile dysfunction, male infertility, kidney stones, and pediatric urology. Dr. Bretan earned his medical degree at the University of California, San Francisco, where he completed residencies in general surgery and urology, and a fellowship in radiology. He also completed a fellowship at The Cleveland Clinic Foundation in transplantation and renovascular surgery.

Conditions	Requested Work Up (IF AVAILABLE)	Urgency	When to Send to ER
KIDNEY & UPPER URINARY TRACT			
Kidney stones (nephrolithiasis)	UA, BMP, CT KUB (non-contrast); stone analysis if available	Routine (>6 weeks) if asymptomatic; Urgent (<2 weeks) if recurring	Obstruction with infection (fever + stone), intractable pain, anuria, solitary kidney
Hydronephrosis	Renal US, BMP, UA; CT if cause unclear	Semi-urgent (2-6 weeks)	Bilateral obstruction, high-grade obstruction with infection
Recurrent or complicated UTIs	UA with culture and sensitivity, renal US	Semi-urgent (2-6 weeks)	Urosepsis, high fever, hemodynamic instability
Hematuria (microscopic or gross)	UA with microscopy, urine cytology, BMP, renal US; CT urogram if gross hematuria	Urgent (<2 weeks) if gross hematuria	Gross hematuria with clot retention, hemodynamic instability
Urologic evaluation in CKD	BMP, UA, renal US; coordinate with nephrology	Routine (>6 weeks)	AKI, obstructive uropathy causing acute renal failure
BLADDER & LOWER URINARY TRACT			
Overactive bladder	Clinical Notes	Routine (>6 weeks)	N/A
Urinary incontinence (male and female)	Clinical Notes	Routine (>6 weeks)	N/A
Pelvic organ prolapse (cystocele)	Clinical Notes	Routine (>6 weeks)	N/A
PROSTATE & MALE REPRODUCTIVE HEALTH			
Benign prostatic hyperplasia (BPH)	PSA, clinical notes	Routine (>6 weeks)	Acute urinary retention (Foley catheter placement)
Prostate cancer evaluation and management	PSA	Urgent (<2 weeks) if PSA markedly elevated or abnormal DRE	N/A
Erectile dysfunction	AM testosterone, CBC, CMP, lipid panel, HbA1c, TSH	Routine (>6 weeks)	Priapism (>4 hours)
Male infertility evaluation	Semen analysis, FSH, LH, testosterone, prolactin	Routine (>6 weeks)	N/A
Testicular masses and tumors	Scrotal US, AFP, beta-HCG, LDH	Urgent (<2 weeks)	N/A
Testicular torsion / Acute scrotal injury	Doppler US (only if diagnosis is unclear)	Emergent	Suspected torsion immediately (time-sensitive)
Circumcision	Clinical notes	Routine (>6 weeks)	N/A
Phimosis	Clinical notes	Urgent (<2 weeks)	If paraphimosis is present, severe pain, unable to urinate

Conditions	Requested Work Up (IF AVAILABLE)	Urgency	When to Send to ER
PEDIATRIC UROLOGY			
Undescended testes age 5 and over only (cryptorchidism)	Clinical exam; US if non-palpable	Semi-urgent (2-6 weeks)	N/A
Vesicoureteral reflux (VUR)	Voiding cystourethrogram (VCUG), renal US, UA	Semi-urgent (2-6 weeks)	Febrile UTI in child – urgent evaluation
Bedwetting (enuresis)	Clinical notes	Routine (>6 weeks)	N/A
Hypospadias repair	Clinical exam; refer to pediatric urology if complex	Routine (>6 weeks)	N/A
Circumcision, 5 and over	Clinical notes	Routine (>6 weeks)	N/A
ADDITIONAL UROLOGIC CONDITIONS			
Urethral strictures	Clinical notes	Semi-urgent (2-6 weeks)	Complete urinary obstruction, inability to void
Scrotal pain or swelling	Doppler US, UA, STI testing if indicated	Urgent (<2 weeks) if acute	Suspected torsion, necrotizing fasciitis