Urology

**Referral Guidelines for Urology Outpatients**

**University Hospital Geelong**

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| **Haematuria** |
| **Evaluation** | **Investigations** | **Referral Guidelines** |
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| • Painful or painless• Initial terminal or total• Associated featuresL.U.T.S.* Fever or rash.
* Trauma
* Flank pain
* Irritative voiding symptoms

• Examination:* BP
* Abdo/loin mass
 | Confirm +ve dipstix with formal MSU**Minimum investigations prior to referral**• MSU inc RBC morphology• U+E’s/Cr/eGFR• Urine cytology (if smoker or >50yrs)• Coags (if on anticoag. Rx.)• US urinary tract, KUB | **Please ensure investigations completed****UROLOGY REFERRAL**• If haematuria (macro or micro) confirmed• For cystoscopy• Possibly further imaging – IVU or CT**NEPHROLOGY REFERRAL**• If HT, nephrotic, increasing Cr, proteinuriawith painless haematuria• organise – random urine protein/Cr ratio |
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| **LUTS in Men** |
| **Evaluation** | **Investigations** | **Referral Guidelines** |
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| * Assess severity of symptoms:
* Nocturia
* Weak steam
* Urgency
* Straining
* Terminal dribbling
* Hesitancy
* Intermittency
* Bladder emptying

How bothered is the patient?Phx – retention, stricture.• ExaminationBladder palpable?* Phimosis
* DRE – size,
* consistency features of Ca (hard/nodule
 | **Minimum investigations prior to referral**• MSU• U+E’s/Cr• US urinary tract – Inc. post voidresidual• PSA | **GP MANAGEMENT**• If mild/moderate symptoms – medical therapy• Options:1. Prazosin (Pressin) – initially 0.5mg bd inc. to 2.0mg bd over 3-4 weeks2. Tamsulosin (Flomaxtra) 400mcg/d no dose titration, less s/e’s but cost ~ $60 month (not on PBS but is DVA)3. Proscar 5mg/d – esp. for larger prostates and if prazosin fails, 6/12 for maximal effect but cost ~ $100 month (not on PBS but is DVA)**UROLOGY REFERRAL**• If severe symptoms• If failed medical therapy• Abnormal – DRE, PSA, US, MSU. IncCr. Haematuria or bladder stones |

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| **Renal Colic** |
| **Evaluation** | **Investigations** | **Referral Guidelines** |
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| * Consider Ddx.
* AAA
* Testicular pathology
* Pyelonephritis
* appendicitis
* Renal infarct

• Phx. stones | **Minimum investigations**• FBE• U+E’s/Cr• Ca++• Urate• MSU• KUB• CT (non-Contrast) willconfirm stone size andposition (CT) and likelihoodof passing:<4mm – 90% pass4-6mm – 50% pass>6mm - 10% pass**\*\* Imaging – in order to dx and treat both KUB & CT reqd. \*\*** | **GP MANAGEMENT**• Analgesia- Morphine initially- Indomethacin 100mg bd pr or 25mg tds orally- panadeine forte / tramadol for breakthrough• Advise pt - strain urine (send stone for analysis) and moderate fluid intake• Consider need for early / emd / urgent review – see below**URGENT / EMD / EARLY REVIEW**For possible removal, stenting, or drainage if:• Infection• Unrelieved pain or recurrent pain• Persisting n. and v.• Increasing Cr.• Single kidney• Stone unlikely to pass on basis of size**OUTPATIENT REVIEW**• Within 2-4 weeks of initial dx. If no indication for early review (veryunlikely that renal damage will occur in this time)**Patient must have had redo imaging within 24hrs of outpatient review and bring films to Outpatient appointment.**• KUB (only) - If stone easily seen on original KUB• CT – if stone not seen on original KUB but was seen on CT |

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| **Abnormal PSA Test** |
| **Evaluation** | **Investigations** | **Referral Guidelines** |
| Ensure patient understands therisks and benefits of screening• Routine yearly (screening) PSAtesting if 10yr life expectancyand:* 50 – 70 yrs
* 40 – 70yrs and +ve family hx.

• Consider/Exclude other causesraised PSA* UTI, prostatitis
* BPH
* Recent instrumentation
* DRE – any nodule/hard/size

• **>70yrs. – do PSA test only if in****excellent health for his age. (up****to 75yrs) or if symptoms of LUTS or metastatic Ca** | **Repeat PSA test in 4-6 weeks**o Instruct patient to avoid bikeriding, intercourse andejaculation for 48hrs beforesecond test• If the initial PSA 2 -10ug/L repeatPSA test including free total ratio. | **GP MANAGEMENT**• If second test in normal range and free total ratio is >25% - GP review for repeat test in 6 months• Then continue yearly PSA screening for increase – refer later if abnormal. PSA or if PSA velocity is >.75ug/L/yr**OUTPATIENT REVIEW**• All abnormal PSA tests (confirmed onsecond test) in a patient with a 10yr lifeexpectancy need specialist reviewo For consideration of biopsy• Abnormal DRE (hard, nodule) in a patient with a 10yr life expectancy need specialist review (regardless of PSA level)o For consideration of biopsy• Increased PSA velocity (>.75ug/L) in ptwith at least x2 PSA’s a year apart |