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 features  L.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, proteinuria  with 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.  • Examination  Bladder 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 void  residual  • 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 weeks  2. 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. Inc  Cr. 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) will  confirm stone size and  position (CT) and likelihood  of passing:  <4mm – 90% pass  4-6mm – 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 (very  unlikely 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 the  risks and benefits of screening  • Routine yearly (screening) PSA  testing if 10yr life expectancy  and:   * 50 – 70 yrs * 40 – 70yrs and +ve family hx.   • Consider/Exclude other causes  raised 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 bike  riding, intercourse and  ejaculation for 48hrs before  second test  • If the initial PSA 2 -10ug/L repeat  PSA 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 on  second test) in a patient with a 10yr life  expectancy need specialist review  o 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 pt  with at least x2 PSA’s a year apart |