UROLOGY (adult) GUIDELINES –TARANAKI DHB & PHO's

(for Primary Care Management & Referral) April 2012

PROBLEM	ACTION	IMPLEMENTATION	LIKELY PRIORITY
HAEMATURIA	(**See also renal medicine haematuria algorithm)**		***(US=ultrasound)***
Haematuria – painless macroscopic or persistent microscopic age>40 years *(> 10 x 10^6 RBC/litre documented on >2 occasions)*	**History** –freq/severity. PH urologic, trauma, Rx (anticoag), smoking **General exam** including DRE or PV **Investig**: MSU; urine cytology (older patients), FBC, creatinine, ?PSA*, **D.D:** UTI, chlamydia, bladder c/a, BPH, gynaecol.disease. . Order US (or IVU). KUB (plain abd) · Refer urologist	· **Order US** (or IVU) **& KUB** (plain abd**)** · **Refer urologist** (private or hospital OPD) for probable flexible cystoscopy. *(attach documented haematuria and other results)* *NB. For OPD referral, send both forms to OPD to allow aptmts to be coordinated. (need for further imaging will be decided by Urology)*	**Semiurgent** **Urgent** (if abnormal US or IVU, <u>or</u> continuing macroscopic haematuria)
Haematuria <40 yrs (no surgical cause) *See medical haematuria guideline*	IVU or US; 24 hr urine Ca/urate, microscopy for dysmorphic RBC, FH renal developmental disorder	Refer renal physician if abnormal invest or positive FH Annual review if negative	**Semiurgent**
Haematuria (all ages)with proteinuria, dysmorphic RBC, casts, hypertension	*See medical haematuria guideline* 24 hour urine protein US	Refer renal physician	**Semiurgent**
Haematuria <10 x 10^6RBC/l Symptomatic UTI's in young ♀	No action. ?review 3-6 months Treat UTI's if present	?Review 3-6 months	
Haematuria (microscopic) with negative investigations	Repeat MSU one year	Repeat cytology, US or IVU if abnormal	
RENAL COLIC or Painful Haematuria			
Pain severe/poorly controlled or persisting haematuria Febrile or septic	· Consider AAA, ectopic (preg test) etc · Analgesia/antiemetic (im/rectal – NSAID/tramadol). ? IV line · Test/save urine specimen.	· **Refer ED** medical officer (? discuss on-call urologist) *(ED will arrange KUB/CTU & appropriate referral)*	**Acute**
Pain resolved or recurrent attacks	· Gen. exam. Urine dipstick · Strain urine –analyse stone. MSU · KUB (plain XR) (if stone not passed). · CTU or IVU (ideally within 7 days) · S.creatinine, Ca/PO4/K/urate/oxalate	**Refer radiologist with full details** (+lab/radiology reports) for decision re appropriate imaging (eg CTU or IVU) **-Imaging negative**: no OPD referral (consider other diagnoses) **-Imaging positive:** Calculi (or tumour etc)**: refer urologist** Cystic disease: **refer renal physician**	**Semiurgent** **Semiurgent** **Semiurgent**
RECURRENT UTI's			
Male (documented symptomatic UTI's: >2/year, or >1 if >50 yrs)	· ?Urologic PH. General exam. ?DRE · Consider prostatitis/chlamydia · Appropriate antibiotic · ? renal tract US *PSA* not necessary*	· Order renal tract **US** + residual volumes (IVU not indicated) - Refer urologist [if U/S abnormal or patient >50]	**Semiurgent** **Semiurgent**
Female (documented recurrent UTI, >3/year)	· ?urologic PH. General exam ?PV · Consider chlamydia/vaginitis · Antibiotic low dose 6-12 weeks	GP management	
Female (complicated or no response a/biotic 6-12 wks)	Consider renal tract US	As for Male above Refer urologist if U/S abnormal	**Semiurgent**
LUTS ("PROSTATISM")			
Mild (eg IPS score <8 –see over) **Moderate** (eg IPSS 8-19)	· General/abd exam, DRE. Dipstick · MSU; PSA (see below*), s.creatinine. · Exclude prostatitis · ?Trial ά–blocker, ?finasteride, oxybutynin and regular review · Consider renal tract US & referral	· Order **renal tract US** (+ post micturition volume) · Refer urology (OPD or private) *(with result US if available)*	**Routine** or **Semiurgent** (eg.IPS >15, suspicious features)
Severe (eg IPSS > 19, chronic retention, elevated creatinine, cancer suspicion)	· Exam/investigation as above · Catheter if indicated · Renal tract US & refer urologist	Refer US and urologist as above	**Semiurgent** (or **urgent**)
SUSPECTED CA PROSTATE (PSA screening not recommended)			
Risk factors: Wt loss,	· DRE. ?IPS score (see over)	Refer urology (OPD or private)	**Semiurgent**

bone pain, haematuria, FH. of prostate CA, or previous. surgery **Prostate** DRE –craggy, nodules, asymmetry **PSA elevated**(see below***)**	· FBC/ESR U/E/creatinine, alk. phosphatase · PSA (see below*) · MSU · Consider referral to urologist for biopsy	*(consider not referring if debility, or patient not intending further intervention)*	
ABDOMINAL MASS			
Palpable abdominal mass	Abdominal US and refer	US and refer relevant specialty	**Semiurgent**

NB: All referrals require full clinical details and documented investigation results

* Note re Prostate specific antigen (PSA)

When considering PSA test, ensure patient is fully informed about consequences of elevated result, including need for further evaluation. A suitable leaflet is available from NZGG or health promotion unit.

In interpreting result, take into account age, other conditions, etc:

Consider age-related cut-off, i.e. >2.5: age 50 or below, >3.5: 51-60, >4.5 61-70 (these correspond to Medlab abnormal ranges). Repeat test to confirm. If confirmed, refer.

If has had recent UTI/prostatitis, PSA may be high and take time to settle. If does not do so, refer.

If PSA in acceptable range but prostate feels abnormal, refer.

	INTERNATIONAL PROSTATE SYMPTOM SCORE (I-PSS)					
	Not at all	Less than 1 time in 5	Less than ½ the time	About ½ the time	More than ½ the time	Almost always
1. Over the past month, how often have you had a sensation of not emptying your bladder completely after you finished urinating?	0	1	2	3	4	5
2. Over the past month, how often have you had to urinate again less than two hours after you finished urinating?	0	1	2	3	4	5
3. Over the past month, how often have you found you stopped and started again several times when you urinated?	0	1	2	3	4	5
4. Over the past month, how often have you found it difficult to postpone urination?	0	1	2	3	4	5
5. Over the past month, how often have you had a weak urination stream?	0	1	2	3	4	5
6. Over the past month, how often have you had to push or strain to begin urination?	0	1	2	3	4	5
7. Over the past month, how many times did you most typically get up to urinate from the time you went to bed at night until the time you got up in the morning?	None	1 time	2 times	3 times	4 times	5 or more
	0	1	2	3	4	5

Guideline developed by Taranaki DHB Guideline Development & Oversight Group (GDOG), with urologists Patrick Bary and Adrian Folwell , renal physician Dr Krishan Madham, and GP Liaison Keith Carey-Smith.

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