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REFERRAL GUIDELINES: UROLOGY

Essential Referral Content

Demographic

- Date of birth
- Contact details (including mobile phone)
- Referring GP details
- Interpreter requirements
- Medicare number

Clinical

- Reason for referral
- Duration of symptoms
- Relevant pathology & imaging reports (Alfred or Sandringham Radiology preferred to facilitate accessing results)
- Past medical history

The Alfred Outpatient Referral Form is available to print and fax to the Outpatient Department on 9076 6938

Exclusion Criteria

The following conditions are not routinely seen at the Alfred:

- Patients who are being treated for the same condition at another Victorian public hospital
- Children under 18 years of age
- Vasectomy reversal
- Erectile dysfunction unrelated to previous surgery, trauma or radiation therapy
- Cosmetic surgery including circumcision, penile enhancements & penile implants
- Infertility Surgery

Please refer to The Department of Health Guidelines for Elective Surgery.

REFERRAL PROCESS: UROLOGY

STEP 1

You will be notified when your referral is received by outpatients.

Essential referral content will be checked and you may be contacted for further information if required.

STEP 2

The referral is triaged by the specialist unit according to clinical urgency.

This determines how long the patient will wait for an appointment.

STEP 3

Patients with **urgent** conditions are scheduled to be seen within 30 days. Patients with **routine** conditions are given the next available appointment according to clinical need.

Both the referrer and patient are notified.

Some clinics offer an MBS-billed service. **There is no out of pocket expense to the patient.** MBS-billed services require a current referral to a named specialist– please provide your patient with a **12 month referral addressed to the specialist of your choice.** Please note that your patient may be seen by another specialist in that clinic, in order to expedite their treatment.

Please note: The times to assessment may vary depending on size and staffing of the hospital department.

If you are concerned about the delay of the outpatient appointment or if there is any deterioration in the patient's condition, please contact the Urology Registrar on call on 9076 2000.

The Alfred gratefully acknowledges the assistance of the Canterbury and District Health Board in New Zealand in developing these guidelines.
They are intended as a guide only and have been developed in conjunction with the Heads of Unit of The Alfred.

Date Issued: March 2006
Last Reviewed: September 2018

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REFERRAL PRIORITY: UROLOGY

The clinical information provided in your referral will determine the triage category. The triage category will affect the timeframe in which the patient is offered an appointment.

IMMEDIATE **Direct to the Emergency & Trauma Centre**	URGENT **Appointment timeframe within 30 days**	ROUTINE **Appointment timeframe greater than 30 days depending on clinical need**
• Poorly controlled renal or ureteric colic • Acute painful urinary retention • Urinary tract trauma • Urinary tract septicaemia • Acute painful scrotum • Unexplained acute onset urinary incontinence with symptoms suggestive of possible neurological emergency	• Suspected testicular malignancy • Obstructed kidney • Continuous gross haematuria / Bladder malignancy • Renal carcinoma +/- masses • Rising PSA in male <72 years • Incidentally diagnosed hydronephrosis • New microscopic haematuria • Single episode of resolved macroscopic haematuria • Urinary retention with catheter in situ	• Lower urinary tract symptoms (LUTS) • Female incontinence • Epididymal cysts (diagnosis confirmed on testicular USS) • Intrarenal calculus (pain-free with no alteration in renal function) • Recurrent UTIs • Post treatment reviews
Phone the Urology Registrar on call on 9076 2000 and/or send to The Alfred Emergency & Trauma Centre.	Urgent cases must be discussed with the Urology Registrar on call to obtain appropriate prioritisation and a referral faxed to 9076 6938.	Fax referral to 9076 6938

If you are concerned about the delay of the outpatient appointment or if there is any deterioration in the patient's condition, please contact the Urology Registrar on call on 9076 2000.

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Referral Guideline Contents

Haematuria:

MACROSCOPIC (VISIBLE) HAEMATURIA

Evaluation	Management	Referral Guidelines
Key Points: • Complete (urine uniformly blood-stained) • Initial stream, end stream, clots • Pain/dysuria • Onset, duration, precipitating factors • Smoker • Previous treatment prostate/bladder cancer **Females:** • Other gynaecological symptoms • PV findings **Males:** • Other urological symptoms • Digital prostate exam **Investigations:** • MSU micro and culture • Urine cytology x3 • Triphasic CT IVP scan with excretory urogram • Electrolytes, Urea, Creatinine, GFR • FBE, PSA	All patients with visible haematuria require a CT IVP scan and Cystoscopy to exclude malignancy urinary tract. The Alfred and Sandringham Hospital Radiology Request Form	Refer - urgent

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Haematuria:

MICROSCOPIC HAEMATURIA

Evaluation	Management	Referral Guidelines
Defined as the presence of RBCs in at least two out of three episodes Investigations: • MSU x 3 • Urine cytology x 3 • USS Urinary tract The Alfred and Sandringham Hospital Radiology Request Form	• Lower risk for urinary tract malignancy than macroscopic haematuria • Consider glomerulonephritis if isomorphic RBC/proteinuria/urinary casts on MSU present • Flexible cystoscopy may be required • Renal biopsy may be advised	Refer urgently if urine cytology is positive for malignancy or if USS suggestive of tumour. Otherwise refer - routine

FEMALE INCONTINENCE

Evaluation	Management	Referral Guidelines
Key Points: • Predominantly stress incontinence • Predominantly urge incontinence • Urge/stress incontinence • Does the patient require pads, number per day? • History of UTIs • Duration of symptoms • Obstetric history • Previous gynaecological/ urological surgery • PV findings • Document episodes of incontinence – Bladder chart • MSU • USS Urinary tract • U&Es The Alfred and Sandringham Hospital Radiology Request Form	• Conservative management by a continence physiotherapist or continence nurse • Pelvic floor (Kegel) exercises • Bladder drills • Videourodynamics testing may be required for more complex cases and those requiring surgery Management options include: • Medication/Botox injection for overactive detrusor function • Colposuspension for vaginal prolapse • Reconstruction or urethral sling	Refer - routine

URINARY TRACT INFECTIONS (Single episode in males or recurrent episodes in females)

Evaluation	Management	Referral Guidelines
• Previous abnormal MSU x 1 in males; MSU x 3 in females • USS urinary tract The Alfred and Sandringham Hospital Radiology Request Form	May require more detailed imaging and cystoscopy.	Refer - urgent

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STONES

Evaluation	Management	Referral Guidelines
Key Points: • Past history of stones and stone surgery • Pain score: – Severe: poorly controlled – Moderate: adequately controlled – Minimal: well controlled – Asymptomatic • Analgesia required • Acute renal colic – right/left – duration of symptoms • Known urinary tract calculus – size of stone – location – how was it diagnosed? **Investigations:** • MSU (microscopy and culture) • Serum Ca^{++}, uric acid and phosphate for recurrent stone makers • CT KUB (kidneys/ureters/bladder) (non-contrast) • U&Es, Creatinine, GFR	Ureteric stones: • <5mm have 50% probability of passing without surgical intervention, facilitated by treatment with Tamsulosin and NSAIDs • Larger stones/ureteric obstruction/ associated with infection - require surgical intervention. May require insertion of ureteric stent or percutaneous nephrostomy prior to definitive stone treatment. • Definitive stone treatment options include video pyeloscopy/lastertripsy, ESWL, or PCNL The Alfred and Sandringham Hospital Radiology Request Form	• Poorly controlled renal/ureteric colic/infection, refer urgently for assessment – contact the Urology Registrar on call and sent to The Alfred Emergency & Trauma Centre. • Obstructed kidney and others, refer - urgent

LOWER URINARY TRACT SYMPTOMS (MALE)

Evaluation	Management	Referral Guidelines
Key Points: • Completed prostate symptom score and quality of life score • Previous lower urinary tract medication/surgery • Has the patient required catheterisation? • Is the patient in retention? • Haematuria/UTI • Erectile dysfunction **Physical Examination:** • Palpable/percussible bladder • DRE - smooth prostate/BPH or abnormal - possible prostate cancer? **Investigations:** • MSU (micro and culture) • USS Urinary tract • PSA • U&Es • Bladder chart and prostate symptom score and quality of life score	• Trial of alpha adrenergic blockers eg Tamsulosin or Prazosin for LUTS • Trial of Duodart (Tamsulosin with Finasteride) for BPH • Trial of Tadalafil for BPH with erectile dysfunction Surgical options: • TURP • TUR bladder neck • Open prostatectomy The Alfred and Sandringham Hospital Radiology Request Form	Urgent referral for assessment after trial of alpha-adrenergic blockers. If catheterised, refer urgently – need to know if suitable for surgery.

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SUSPECTED CANCER OF THE PROSTATE (Including elevated PSA)

Evaluation	Management	Referral Guidelines
Key Points: • Family history of Ca prostate • Completed prostate symptom score and quality of life score • Bone pain • Haematuria • Previous TURP/prostate biopsy **Physical Examination:** • DRE – asymmetry, hardness, nodules, induration **Investigations:** • PSA on 2 or more interval specimens • PSA with free/total % • FBE + CRP • U& E's, creatinine and GFR • MSU	• Patients over 75 years of age should not undergo routine PSA screening. • Men at risk of prostate cancer require prostate biopsy • Consider multiparametric MRI scan of prostate before biopsy • Assess for suspicious prostate lesions • Options of transrectal or transperineal prostate biopsy The Alfred and Sandringham Hospital Radiology Request Form	Refer - urgent

Male Genitalia:

TESTICULAR ABNORMALITY

Evaluation	Management	Referral Guidelines
Key Points: • Acute, painful swollen tesis • Palpable testicular mass • Previous vasectomy/scrotal surgery • Previous undescended testis (UDT) • Small testes bilaterally—Klinefelter's syndrome **Investigations:** • Testicular/scrotal USS • XY karyotype • Testosterone level	• Testis tumour requires inguinal orchidectomy after pre-operative AFP, βHCG, LDH markers • Androgen replacement for Klinefelter's syndrome • Urgent orchidectopexy for torsion of testis The Alfred and Sandringham Hospital Radiology Request Form	Acute painful swollen testis, refer IMMEDIATELY - phone Urology Registrar on call on 9076 2000 and send to The Alfred Emergency and Trauma Centre. Testis tumour and others, refer - urgent

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EPIDIDYMAL ABNORMALITY

Evaluation	Management	Referral Guidelines
• Post vasectomy pain • Varicocele • Epididymal cyst • Hydrocoele • Epididymitis **Investigations:** • Testicular/scrotal USS • Scrotal USS for post vasectomy pain, varicocele, epidiymal cyst and hydrocele • MSU/urine PCR for epidymitis The Alfred and Sandringham Hospital Radiology Request Form		If severe pain, refer - urgent Others refer - routine

SCROTAL ABNORMALITY

Evaluation	Management	Referral Guidelines
• Fournier's gangrene of the scrotum • Others The Alfred and Sandringham Hospital Radiology Request Form	Urgent debridement/antibiotics/ hyperbaric oxygen	Refer IMMEDIATELY - phone Urology registrar on call and send to The Alfred Emergency and Trauma Centre. Other abnormalities, refer - routine

PENIS/FORESKIN ABNORMALITY

Evaluation	Management	Referral Guidelines
• Foreskin—phimosis/paraphimosis • Glans penis ulcer/balanitis • Shaft ulcer/tumour • Functional - Peyronie's curvature • Priapism	• Penile biopsy • Circumcision • Penectomy • Penis reconstruction for Peyronie's	• Priapism - refer immediately to The Alfred Emergency & Trauma Centre • Penile ulcer or carcinoma refer - urgent • Other conditions refer - routine