

Please fax referrals to The Alfred Specialist Clinics on 9076 6938. [The Alfred Specialist Clinics Referral Form](#) is available to print and fax. Where appropriate and available, the referral may be directed to an alternative specialist clinic or service. Advice regarding referral for specific conditions to the Alfred Urology Service can be found [here](#).

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

Notification will be sent when the referral is received. The referral may be declined if it does not contain essential information required for triage, if the condition is not appropriate for referral to a public hospital, or is a condition not routinely seen at Alfred Health.

**Referral to Victorian public hospitals is not appropriate for:**

- Mild to moderate lower urinary tract symptoms that have not been treated
- Lower urinary tract symptoms that have responded to medical management
- Simple renal cysts
- Asymptomatic epididymal cyst not identified through ultrasound
- Patients who have not yet tried, or failed, conservative treatment for urinary incontinence
- Cosmetic surgery including circumcision, penile enhancements & penile implants (see Victorian DHHS [Aesthetic procedures and indications for surgery in Victorian public health services](#).)

**The following conditions are not routinely seen at Alfred Health:**

- 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
- Infertility Surgery

Please refer to the Department of Health and Human Services (DHHS) [Statewide Referral Criteria for Specialist Clinics](#) for further information when referring to Urology specialist clinics in public hospitals.

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 the patient with a 12-month referral addressed to the chosen specialist. Please note that the patient may be seen by another specialist in that clinic in order to expedite treatment.

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

**If there is a concern about the delay of the appointment, any deterioration in the patient's condition, or if an urgent specialist opinion is required, please contact the Urology Registrar on call on 9076 2000.**

<p><b>Demographic details:</b></p> <ul style="list-style-type: none"><li>• Date of birth</li><li>• Patient's contact details including mobile phone number</li><li>• Referring GP details</li><li>• If an interpreter is required</li><li>• Medicare number</li></ul>	<p><b>Clinical information:</b></p> <ul style="list-style-type: none"><li>• Reason for referral</li><li>• Duration of symptoms</li><li>• Relevant pathology and imaging reports (<a href="#">Alfred or Sandringham Radiology</a> preferred to facilitate access to results)</li><li>• Past medical history</li></ul>
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## Haematuria

DHHS [Statewide referral criteria](#) apply for this condition.

### Direct to the Emergency Department for:

- Severe urinary tract bleeding

### Criteria for referral to public hospital specialist clinic services:

- Any visible haematuria
- Persistent microscopic haematuria at least 2 episodes confirmed through midstream specimen of urine collected at least a week apart
- Microscopic or macroscopic haematuria in the absence of a urinary tract infection

### Information to be included in the referral.

Information that **must** be provided in the referral:

- Midstream urine microscopy culture sensitivities
- Creatinine and electrolytes
- Urinary tract ultrasound or CT intravenous pyelogram results

Provide if available:

- Urine cytology results

### Additional comments:

Please include the essential [demographic details and clinical information](#) in the referral.

Referrals for patients with haematuria with heavy proteinuria should be directed to the [Renal Medicine](#).

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

Please consult SEMPHN Pathways to assist assessment, management and referral guidance for this condition:

- [Haematuria in adults pathway](#)

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## Lower urinary tract symptoms

DHHS [Statewide referral criteria](#) apply for this condition.

### Direct to the Emergency Department for:

- Acute, painful urinary retention.

### Immediately contact the urology registrar to arrange an urgent urology assessment for:

- Chronic urinary retention with deteriorating renal function or hydronephrosis.

### Criteria for referral to public hospital specialist clinic services:

- Severe lower urinary tract symptoms.
- Men with complicated lower urinary tract symptoms:
  - bladder stones
  - elevated post-void residuals > 150mL
  - hydronephrosis
- Mild to moderate symptoms that have not responded to medical management.

### Information to be included in the referral

Information that **must** be provided in the referral:

- Midstream urine microscopy culture sensitivities
- Urea and electrolytes
- Urinary tract ultrasound or CT intravenous pyelogram results

Provide if available:

- Prostate-specific antigen (PSA) history
- [Bladder diary](#).

### Additional comments:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

### Referral to a public hospital is not appropriate for:

- Mild to moderate symptoms that have not been treated.
- Symptoms that have responded to medical management.

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## Lower urinary tract symptoms (continued)

Please consult SEMPHN Pathways to assist assessment, management and referral guidance for this condition:

- [Acute urinary retention pathway](#)
- [Benign Prostatic Hyperplasia pathway](#)
- [Catheter management pathway](#)
- [Catheter removal \(trial or void\) or change pathway](#)
- [Male urethral catheterisation pathway](#)

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## Prostate cancer (suspected or confirmed)

DHHS [Statewide referral criteria](#) apply for this condition.

### Criteria for referral to public hospital specialist clinic services:

- Prostate-specific antigen (PSA) > 10 ng/mL.
- Age 50 to 69 years with a repeat PSA test is:
  - 5.5 ng/mL (regardless of the with a free-to-total ratio)
  - between 3.0 ng/mL and 5.5ng/mL, with a free-to-total ratio < 25%.
- Age 45 to 69 years with an increased risk of prostate cancer whose PSA is between 2.0 ng/mL and 3.0 ng/mL, with a free-to-total < 25%
- A significant PSA rise where the PSA has previously been low
- Palpable abnormality in the prostate on digital rectal examination
- Bone pain.

### Information to be included in the referral

Information that **must** be provided:

- Initial PSA result of concern
- Repeated PSA result 1-3 months after this initial test
- Midstream urine microscopy culture sensitivities.

Provide if available:

- Urinary tract ultrasound.

### Additional comments:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

Please consult SEMPHN Pathways to assist assessment, management and referral guidance for this condition:

- [Prostate cancer management pathway](#)
- [Prostate cancer screening pathway](#)

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## Recurrent, uncomplicated urinary tract infection

DHHS [Statewide referral criteria](#) apply for this condition.

### Criteria for referral to public hospital specialist clinic services:

- Women with 3 or more urinary tract infections in a year
- Women with 2 or more urinary tract infections in 6 months
- Men with 2 or more urinary tract infections in a year.

### Information to be included in the referral

Information that **must** be provided:

- Midstream specimen of urine
- Urine microscopy culture sensitivities history
- Urinary tract ultrasound.

Provide if available:

- Urea and electrolytes
- Blood glucose test
- [Bladder diary](#).

### Additional comments:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

Please consult SEMP HN Pathways to assist assessment, management and referral guidance for this condition:

- [Recurrent UTIs in Women pathway](#)

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## Renal mass

DHHS [Statewide referral criteria](#) apply for this condition.

### Criteria for referral to public hospital specialist clinic services:

- Solid or complex renal mass
- Renal parenchymal mass
- Angiomyolipoma
- Mucosal collecting system lesion
- Complex cystic lesion
- Large symptomatic renal cyst.

### Information to be included in the referral

Information that **must** be provided:

- Urea and electrolytes
- Urinary tract ultrasound or CT intravenous pyelogram results.

Provide if available:

- Urine cytology results
- Full blood examination.

### Additional comments:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

Please consult SEMPHN Pathways to assist assessment, management and referral guidance for this condition:

- [Incidental renal lesion pathway](#)

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## Renal tract stones or renal colic

DHHS [Statewide referral criteria](#) apply for this condition.

### Direct to the Emergency Department for:

- Acute or severe renal or ureteric colic
- Proven ureteric stone in people with a single kidney or kidney transplant
- Infected or obstructed kidney.

### Criteria for referral to public hospital specialist clinic services:

- Proven calculi in ureter
- Symptomatic renal calculi
- Asymptomatic renal calculi > 5mm.

### Information to be included in the referral

Information that **must** be provided:

- Midstream urine microscopy culture sensitivities
- Urea and electrolytes
- Urinary tract ultrasound or CT intravenous pyelogram results

Provide if available:

- If the person has passed a previous stone, and this has been examined, include details of calculi
- Previous imaging of kidney, ureters and urinary bladder
- Full blood examination
- Serum calcium and urate.

### Additional comments:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

Please consult SEMPLIN Pathways to assist assessment, management and referral guidance for this condition:

- [Renal colic pathways](#)

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## Male Genitalia – Scrotal abnormality

DHHS [Statewide referral criteria](#) apply for this condition.

### Direct to the Emergency Department for:

- Acute scrotal pain
- Torsion of the testes.

### Immediately contact the urology registrar to arrange an urgent urology assessment for:

- Suspected or confirmed testicular tumour.

### Criteria for referral to public hospital specialist clinic services:

- Painful swollen testis or epididymis
- Symptomatic hydrocele
- Symptomatic varicocele
- Intermittent testicular pain suggestive of intermittent testicular torsion
- Chronic or recurrent scrotal pain.

### Information to be included in the referral

Information that **must** be provided:

- Scrotal ultrasound.

Provide if available:

- Midstream urine microscopy culture sensitivities.

### Additional comments:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

Please consult SEMPHN Pathways to assist assessment, management and referral guidance for this condition:

- [Painful scrotum pathway](#)
- [Painless scrotum lumps in adults pathway](#)

### Referral to a public hospital is not appropriate for:

- Asymptomatic epididymal cyst identified through ultrasound.

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## Male genitalia – testicular abnormality

### Direct to the Emergency Department for:

- Torsion of the testis (acute, painful, swollen testis)

### Immediately contact the urology registrar on 9076 2000 to arrange an urgent urology assessment for:

- Testis tumour

## Evaluation

### Key Points:

- Acute, painful swollen testis
- 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

### Management:

- Testis tumour requires inguinal orchidectomy after pre-operative AFP,  $\beta$ HCG, LDH markers
- Androgen replacement for Klinefelter’s syndrome
- Urgent orchidopexy for torsion of testis

### Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

Please consult SEMPHN Pathways to assist assessment, management and referral guidance for this condition:

- [Painful scrotum pathway](#)
- [Painless scrotum lumps in adults pathway](#)

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## Male genitalia – epididymal abnormality

**Immediately contact the urology registrar on 9076 2000 to arrange an urgent urology assessment:**

- If pain is severe

### Evaluation

#### Key Points:

- Post vasectomy pain
- Varicocele
- Epididymal cyst
- Hydrocoele
- Epididymitis

#### Investigations:

- Testicular/scrotal USS
- Scrotal USS for post vasectomy pain, varicocele, epididymal cyst and hydrocele
- MSU/urine PCR for epididymitis

#### Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

#### Referral to a public hospital is not appropriate for:

Asymptomatic epididymal cyst identified through ultrasound.

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## Male genitalia – penis abnormality

### Direct to the Emergency Department for:

- Priapism

### Immediately contact the urology registrar on 9076 2000 to arrange an urgent urology assessment for:

- Penile ulcer or carcinoma

## Evaluation

### Key Points:

- Foreskin—phimosis/paraphimosis
- Glans penis ulcer/balanitis
- Shaft ulcer/tumour
- Functional - Peyronie's curvature
- Priapism

### Management:

- Penile biopsy
- Circumcision
- Penectomy
- Penis reconstruction for Peyronie's

### Additional information:

Please include the essential demographic details and clinical information in the referral. Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

Please consult SEMPHN Pathways to assist assessment, management and referral guidance for this condition:

- [Erectile dysfunction pathway](#)

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## Urinary incontinence

DHHS [Statewide referral criteria](#) apply for this condition.

### Direct to the Emergency Department for:

- Unexplained acute onset urinary incontinence
- Symptoms suggest possible neurological emergency.

### Criteria for referral to public hospital specialist clinic services:

- Urge, stress, mixed or continued incontinence.

### Information to be included in the referral

Information that **must** be provided:

- Midstream urine microscopy culture sensitivities
- Urinary tract ultrasound
- Urea and electrolytes.

Provide if available:

- [Bladder diary](#).

### Additional comments:

Please include the essential [demographic details and clinical information](#) in the referral.

Referrals for incontinence due to a neurological disorder should be directed to [The Alfred Neurology Service](#).

Referrals for patients with incontinence due to concurrent symptomatic pelvic organ prolapse stages 3 and 4 should be directed to a gynaecology service.

Referrals may be directed to the [Continence Service](#).

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

Please consult SEMPHN Pathways to assist assessment, management and referral guidance for this condition:

- [Urinary incontinence \(Men\) pathway](#)
- [Urinary incontinence \(Women\) pathway](#)

### Referral to a public hospital is not appropriate for:

- Patients who have not yet tried, and failed, conservative treatment

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