

**If there is a concern about the delay of the appointment, or any deterioration in the patient's condition, please send an updated referral with additional information.**

**If the patient's care needs have become urgent, please call the unit registrar on call on 9076 2000.**

### **To refer your patient to Specialist Outpatient urology clinics**

Please send your referral to Alfred Specialist Clinics via **ConsultMed eReferral**. To log in or create a free [Consultmed account click here](#).

Alfred Health's preference is for all referrers to utilise eReferral; however, referrals can be sent via fax to (03) 9076 6938, or email to [op.referrals@alfred.org.au](mailto:op.referrals@alfred.org.au) whilst we transition our services to this secure platform.

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

Please note a 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.

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. Waiting times to scheduled appointments vary across clinics and are impacted by factors including clinic demand, capacity and staffing. You can view waiting times to scheduled appointments for urgent and routine referrals [here](#).

### **Fast Access Re-Entry (FARE) Pathway**

The Urology clinic is piloting a Fast Access Re-Entry (FARE) Pathway. The FARE Pathway is for patients who have recently been discharged from the Urology clinic and require further specialist treatment or follow up for the same presenting problem. Please indicate your patient has been previously discharged from this clinic by indicating the FARE option on the eReferral form.

**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 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 Department of Health [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 [Statewide Referral Criteria for Specialist Clinics](#) for further information when referring to Urology specialist clinics in public hospitals.

# Specialist Clinic Referral Guidelines

## UROLOGY

Please include in the referral:

<b>Demographic details:</b> <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>	<b>Clinical information:</b> <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><li>• Current medications.</li></ul>
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Some clinics offer private consultations in public rooms. If the patient chooses to be seen as a private patient, **please provide a referral to a named specialist** to comply with MBS billing requirements. There is no out-of-pocket cost to the patient. Please note the patient may be seen by another consultant in that clinic to expedite their care.

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.**

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### Haematuria

Department of Health [Statewide referral criteria](#) apply for this condition.

**Direct to the Emergency Department for:**

- Severe urinary tract bleeding

**Please call the Admitting Officer on 1800 ALFRED (1800 253 733)**

#### **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.

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### Lower urinary tract symptoms

Department of Health [Statewide referral criteria](#) apply for this condition.

**Direct to the Emergency Department for:**

- Acute, painful urinary retention.

**Please call the Admitting Officer on 1800 ALFRED (1800 253 733)**

**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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### Prostate cancer (suspected or confirmed)

Department of Health [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 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 with suspected or confirmed prostate cancer.

#### 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.

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### Recurrent, uncomplicated urinary tract infection

Department of Health [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.

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### Renal mass

Department of Health [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.

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### Renal tract stones or renal colic

Department of Health [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.

Please call the Admitting Officer on 1800 ALFRED (1800 253 733)

#### 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.

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### Male genitalia – scrotal abnormality

Department of Health [Statewide referral criteria](#) apply for this condition.

**Direct to the Emergency Department for:**

- Acute scrotal pain
- Torsion of the testes.

**Please call the Admitting Officer on 1800 ALFRED (1800 253 733)**

**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.

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

- Asymptomatic epididymal cyst identified through ultrasound.

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

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### Male genitalia – testicular abnormality

**Direct to the Emergency Department for:**

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

**Please call the Admitting Officer on 1800 ALFRED (1800 253 733)**

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

- Testis tumour

### Information to be included in the referral

- 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
- AFP,  $\beta$ HCG, LDH markers

### 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.

### Management:

- Testis tumour requires inguinal orchidectomy
- Androgen replacement for Klinefelter's syndrome
- Urgent scrotal exploration for torsion of testis

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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

#### Information to be included in the referral

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

#### Investigations:

- Testicular/scrotal USS
- 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

**Please call the Admitting Officer on 1800 ALFRED (1800 253 733)**

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

- Penile ulcer or carcinoma

### Information to be included in the referral

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

### 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.

### Management:

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

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

- Erectile dysfunction unrelated to previous surgery, trauma or radiation therapy
- Infertility Surgery

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### Urinary incontinence

Department of Health [Statewide referral criteria](#) apply for this condition.

**Direct to the Emergency Department for:**

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

**Please call the Admitting Officer on 1800 ALFRED (1800 253 733)**

#### **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.

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

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

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