

## Urology Protocol Jonathan Greenland / Christine Campling

**Microscopic haematuria**:- only refer to Urologist if

- No UTI on MSU and
- Microscopic haematuria present on post-treatment MSU in more than 1 specimen – over 50 send 2WW , under 50 send routine. Before referral do BP U+E urine dipstick and if BP raised ac ratio. If tests indicate renal disease likely, send to renal physician.

**Frank Haematuria** :- only refer to Urologist and use 2ww if

- Painless, or
- Painful with MSU neg for infection, or
- Painful with MSU + for infection and persistent / recurrent frank haematuria.

**Loin Pain** :- only refer to urologist if

- Acute renal pain and abnormal result from CTKUB
- Chronic renal pain-Do US scan and urinalysis. If microscopic haematuria follow that pathway but if not reassure. If scan suggests renal stone do CTKUB and if abnormal refer.

**LUTS Male**:- only refer if IPPS score > 21

- State in referral results of PSAg , DRE, U+E, urinalysis and abdominal examination.

**LUTS female**:- only refer

- if map of medicine pathway has been followed and all suggested primary care investigations and pathways implemented.

**UTI men**:- only refer if more than 1 UTI

- A single uncomplicated UTI with no background symptoms which settles down completely does not need to be referred.

**UTI female**:- only refer if

- Recurrent haemorrhagic cystitis
- More than 4 episodes of UTI which has been proven on urinalysis in a 12 month period. Below this number then treat each episode with antibiotic.

**Scrotal swellings**:- only refer to urologist if

- Definite testicular lump. NB check for transillumination to exclude hydrocoele and use 2ww .
- If hydrocoele or epididymal swelling check patient wants a surgical intervention. Do US scan if not confident of nature of swelling.
- Admit urgently an acutely swollen painful testis with no signs of infection. If epididymo-orchitis treat with antibiotics and only refer if not gradually settling. Do an US scan if unsure.

**Catheter problems**:- Only refer if

- Catheter cannot be passed by district nurse or blocking more than monthly.

**Renal stones**:- only refer if

- CT scan confirms stone present. Small stones may pass spontaneously and can often be managed in the community.

**Non retractile foreskins in children up to age 8**:- only refer if

- Have applied betnovate cream 0.1% for 1 month maximum. If the foreskin retracts with treatment, continue a few days then stop.

**Recurrent balanitis** :- only refer if

- more than 3 episodes

**Foreskin problems in adults**:- refer all that cannot be resolved in primary care.

**Haemospermia**:- only refer if

- under 50 a single episode
- Recurrent, or painful or associated haematuria or UTI

**NB:** Over 50 do PSAg , DRE , urinalysis , abdominal examination, and if all normal and a single episode ( haemospermia on a number of occasions followed by clear sperm would constitute a single episode ) reassure.

**Hydronephrosis/Mass lesion** refer

**Single benign kidney cysts** :- Do not refer

**Prostatitis** :- only refer if you have tried 6 weeks of a quinolone antibiotic.

**Raised PSAg** :- follow referral pathway but those returned to primary care for monitoring should only be re-referred if they have met the criteria which the specialist suggested in his discharge letter