Assessment in Primary Care

**History**
- **Storage (Filling)**
  - frequency, urgency, nocturia
- **Voiding (Obstructive)**
  - poor stream, hesitancy, intermittency, incomplete emptying

**Examination** – abdomen (bladder), external genitalia, prostate, urinalysis

Offer PSA testing and consider Creatinine (if renal impairment suspected)

Camurology Frequency-Volume chart
Offer IPSS questionnaire

Red Flags
- Malignant prostate on DRE
- Elevated age-specific PSA
- Palpable bladder
- Nocturnal enuresis
- Haematuria
- Recurrent UTI
- Renal impairment secondary to lower urinary tract dysfunction
- Neurological disease

Offer IPSS questionnaire

Red Flags

Treatment in Primary Care

Give lifestyle advice to all

Mild/moderate symptoms
Conservative management

Storage/Filling symptoms
Consider bladder training for symptoms of overactive bladder
Offer temporary containment devices rather than indwelling catheter for urge incontinence

Post-micturition symptoms (terminal dribble)
Teach urethral milking technique

Moderate/severe symptoms
Drug treatment

Voiding/Obstructive symptoms
- Alpha-blocker (e.g. tamsulosin, doxazosin, alfuzosin)
- If prostate >30g or PSA>1.4ng/ml then try 5-alpha-reductase inhibitor (1st line finasteride 2nd line dutasteride)
- Consider anticholinergic medication if overactive bladder symptoms (e.g. frequency, urgency)
- Consider combination therapy (esp. if large prostate and high risk of progression)
- Consider late afternoon loop diuretic for nocturnal polyuria

Review medication 6 weekly until stable and then 6-12 monthly

Bothersome LUTS that fail to respond to conservative or drug treatment
Refer for specialist assessment*
*Only referrals made using the structured referral form will be accepted

Urgent or 2ww referral
(referral forms)

Useful links
- NICE Male LUTS Guideline CG97
- NICE Male LUTS Pathway
- Camurology LUTS
- Patient.co.uk Male LUTs
- CCPG CCG Formulary
- CKS Male LUTs