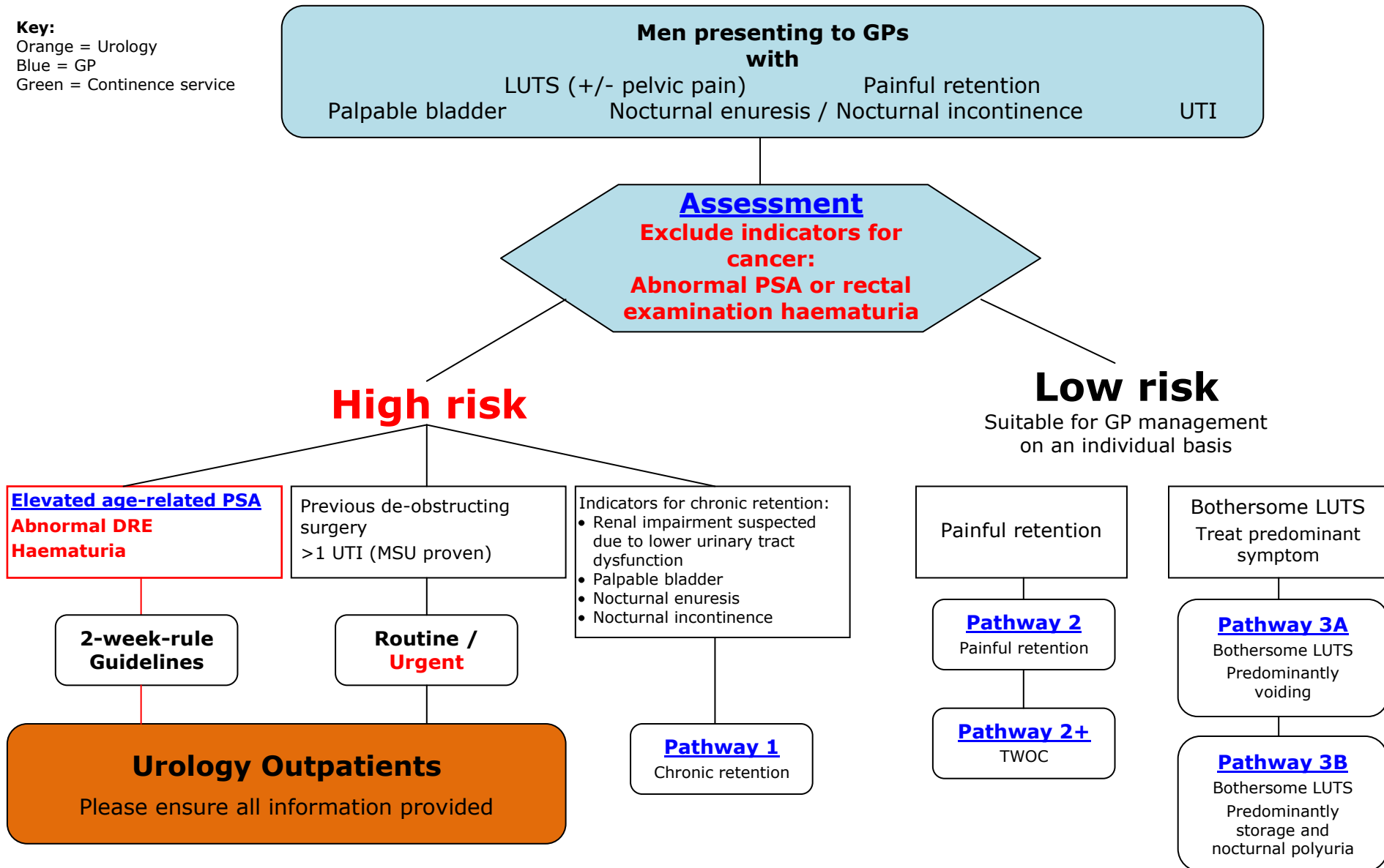


# Male Lower Urinary Tract Symptoms (LUTS) Pathway

Urology department

**Key:**  
 Orange = Urology  
 Blue = GP  
 Green = Continence service



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## Assessment

(prioritise the order according to presentation)

**Exclude indicators for cancer:  
Abnormal PSA or rectal examination Haematuria**

History of presentation including [IPSS / QoL](#) [Voiding diary \(input/output chart\)](#)

Medical history identify other medical conditions which can cause symptoms  
Medication including herbal and over-the-counter medicines  
Physical examination in specific abdomen, external genitalia and digital rectal examination

Blood Creatinine (definitely if there is clinical indication of obstructive renal failure)

PSA – Give information, advice and time before offering  
- Consider age / life expectancy / UTI  
- [PSA patient information leaflet](#)

Urine Dipstick +/-

# Male Lower Urinary Tract Symptoms (LUTS) Pathway

Urology department

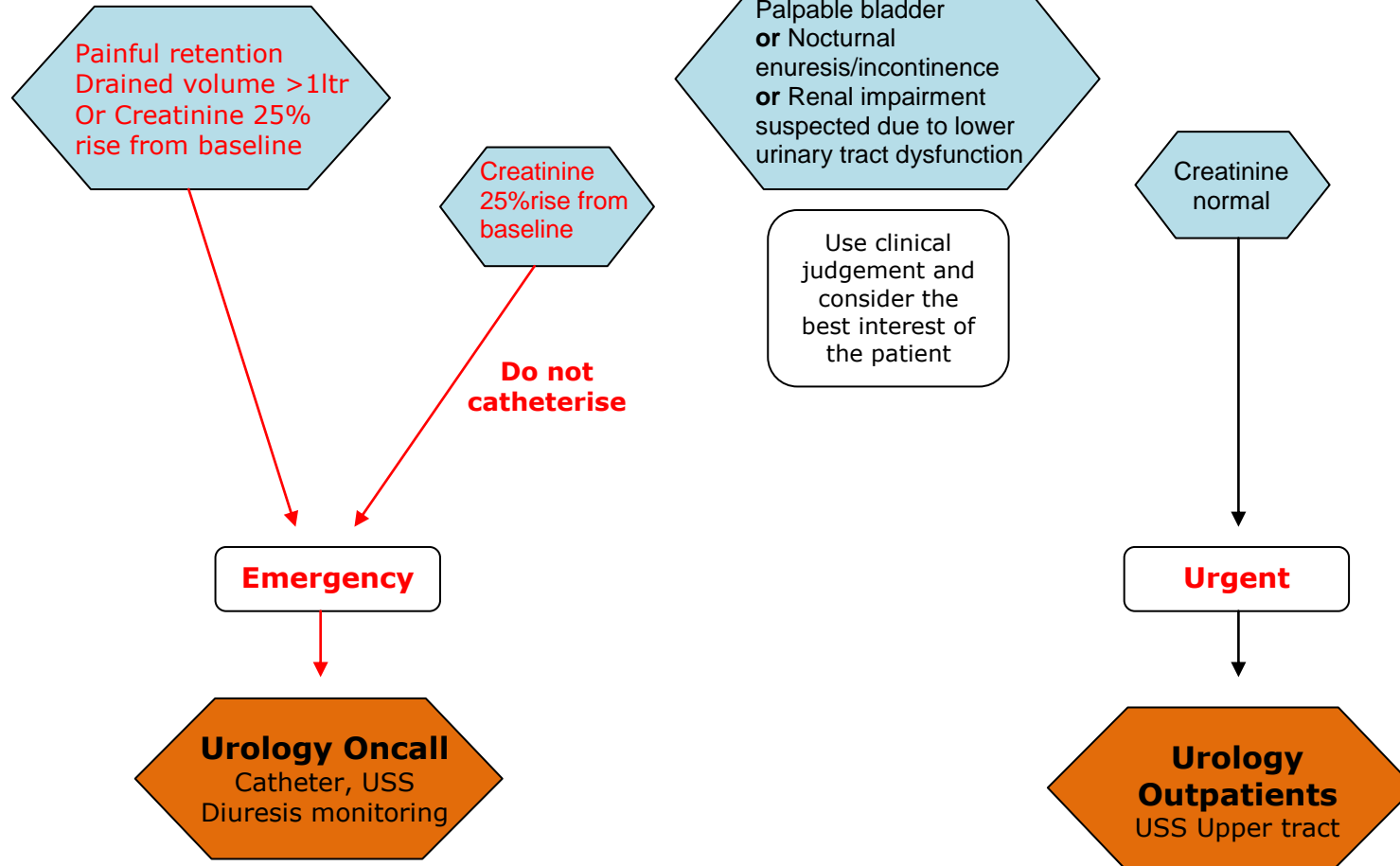
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## Pathway 1 Chronic retention

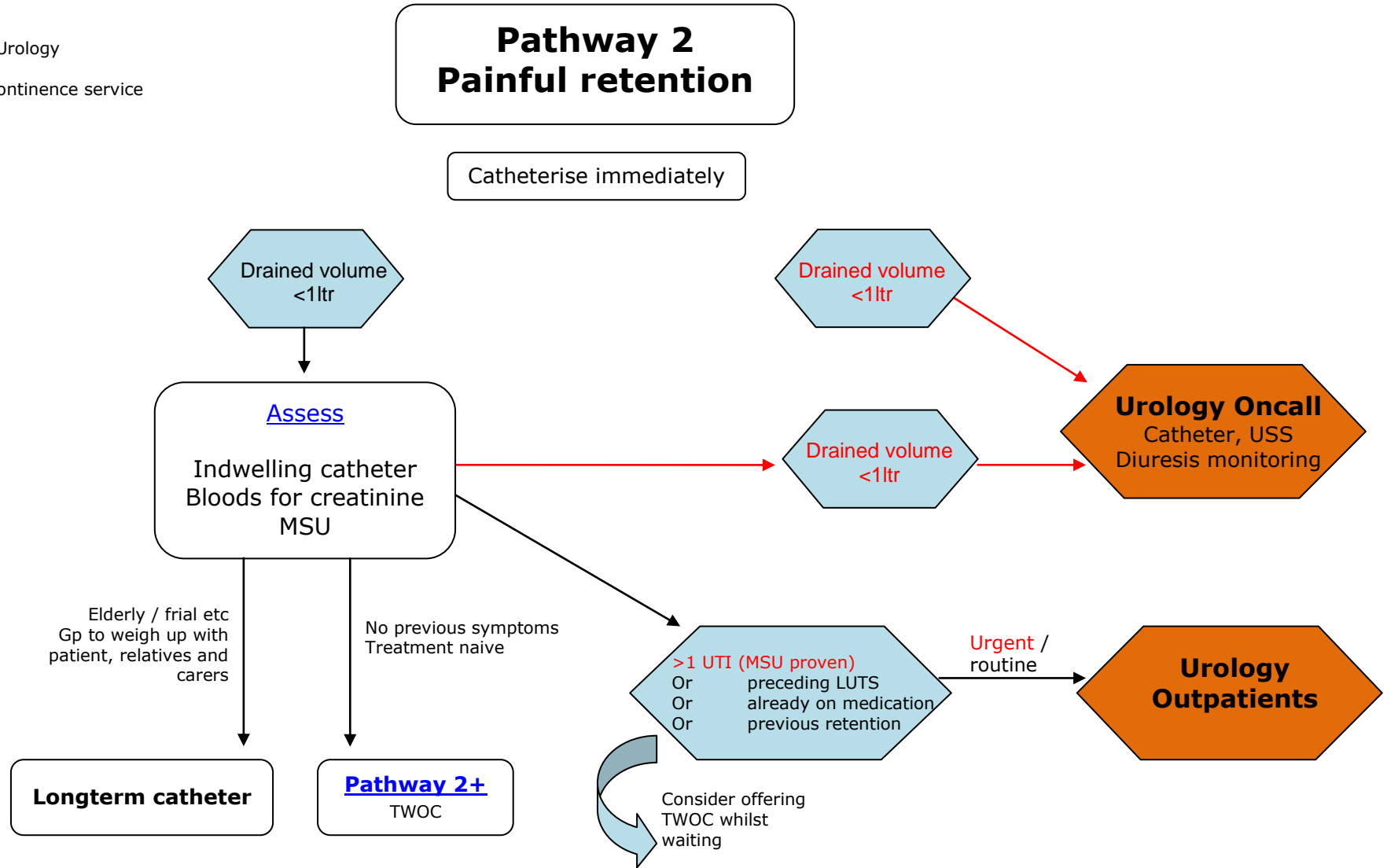


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# Male Lower Urinary Tract Symptoms (LUTS) Pathway

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# Male Lower Urinary Tract Symptoms (LUTS) Pathway

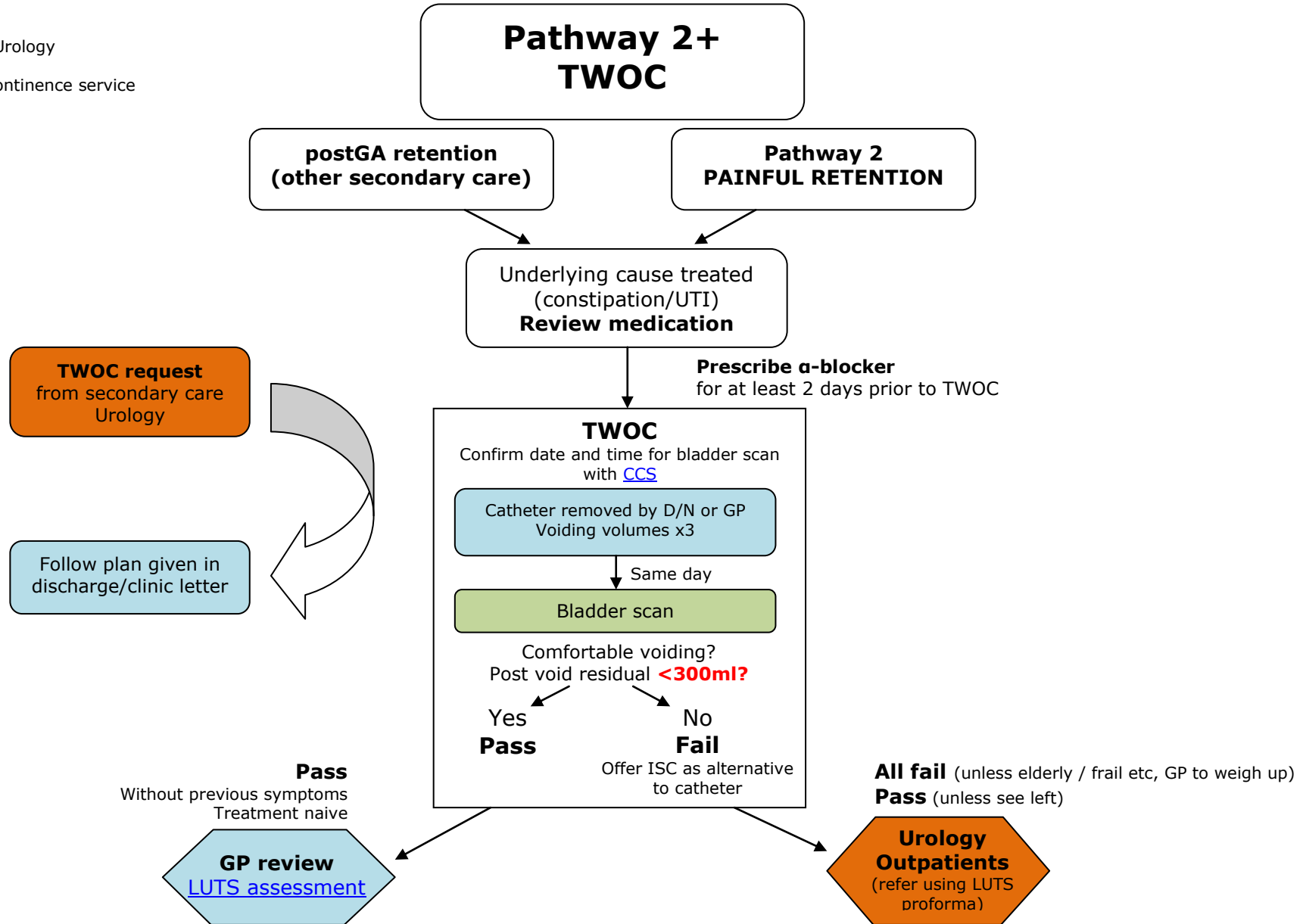
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# Male Lower Urinary Tract Symptoms (LUTS) Pathway

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**Bothersome**  
 = patient feels impact of symptoms justifies the side-effects of treatment

**Improvement**  
 = improved [IPSS/QoL](#) + patient happy

## Pathway 3A Bothersome LUTS - Predominantly voiding (also known as obstructive symptoms)

Lifestyle advice  
[Patient info: Male LUTS](#)

Re-assess at 6/52

Improvement → **Discharge**

PSA >1.4 or prostate > golf ball

α-blocker

PSA >1.4 or prostate > golf ball

α-blockers & 5-ARI

Please use the [PCT formulary](#) to choose an appropriate α-blocker, 5-ARI or combinations. Consider 5ARI take effect only after ~3-4 months and that PSA measurements after 6 months of 5-ARI will be 50% less than the initial value. (available 5ARI: finasteride, dutasteride, also available as fixed dose combination with tamsulosin [Combodart]).

## Pathway 3B Storage LUTS Frequency - Urgency - Nocturia

Keep on α-blockers / 5-ARI

Re-assess at 8/52 with [IPSS](#)

6/12  
 Improvement → **Consider discharge**

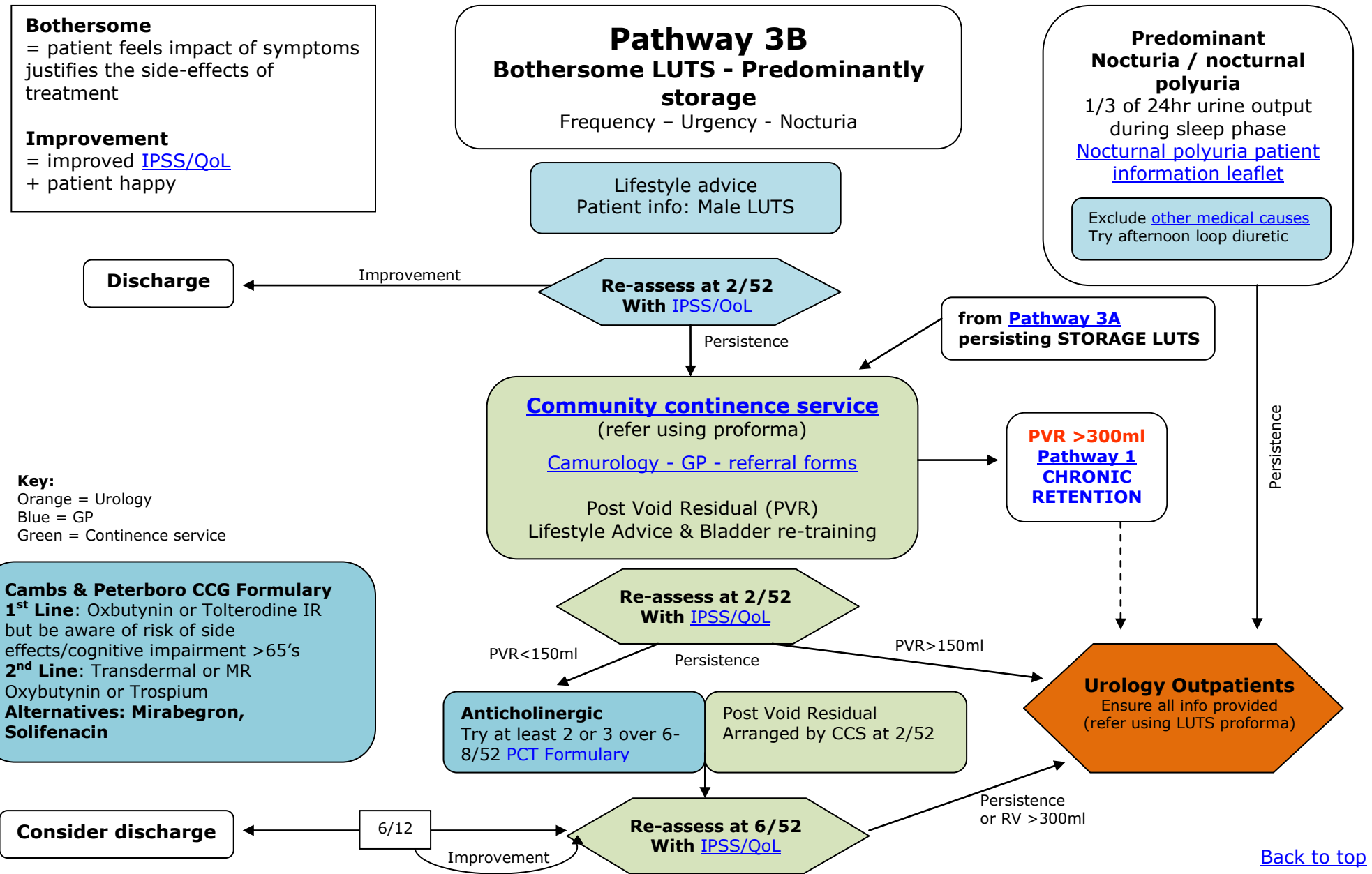
Persistence

**Urology Outpatients**  
 Ensure all info provided (refer using LUTS proforma)

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# Male Lower Urinary Tract Symptoms (LUTS) Pathway

Urology department



## Male Lower Urinary Tract Symptoms (LUTS) Pathway

Urology department

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### Causes for Nocturnal Polyuria symptoms:

[Nocturnal polyuria patient information leaflet](#)

**Medical conditions** Obstructive sleep apnoe

Chronic heart failure, Dependent oedema, Chronic venous stasis

Diabetes mellitus

Diabetes insipidus, Adrenal insufficiency, Hypercalcaemia

Liver failure

Polyuric renal failure, Pyelonephritis

Sickle cell anaemia.

**Medications** Calcium channel blockers

Diuretics

Selective serotonin reuptake inhibitor (SSRI) antidepressants

Approval:	Mr Nimish Shah - Clinical Director in Urology – November 2014 (minor change made January 2015)		
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