Men presenting to GPs with LUTS (+/- pelvic pain) Painful retention Palpable bladder Nocturnal enuresis / Nocturnal incontinence UTI

Assessment

EXCLUDE INDICATORS FOR CANCER: ABNORMAL PSA OR RECTAL EXAMINATION HAEMATURIA

HIGH RISK

Elevated age-related PSA
Abnormal DRE
Haematuria

2-week-rule Guidelines

Urology Outpatients
Please ensure all info provided

Indicators for chronic retention:
- Renal impairment suspected due to lower urinary tract dysfunction
- Palpable bladder
- Nocturnal enuresis
- Nocturnal incontinence

LOW RISK

Suitable for GP management on an individual basis

Pathway 1
Chronic retention

Pathway 2
Painful retention

Pathway 2+
TWOC

Pathway 3A
Bothersome LUTS Predominantly Voiding

Pathway 3B
Bothersome LUTS Predominantly Storage & nocturnal polyuria

Orange = Urology
Blue = GP
Green = Continence service

Please forward any feedback on this pathway to add-tr.UrologyPartnersCambs@nhs.net
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
- 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 +/- MSU

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Pathway 1
CHRONIC RETENTION

- Palpable bladder
  or
- Nocturnal enuresis/incontinence
  or
- Renal impairment suspected due to lower urinary tract dysfunction

Creatinine
25% rise from baseline

Creatinine normal

Use clinical judgement and consider the best interest of the patient

DO NOT CATHETERISE

Emergency

Painful retention
- Drained volume >1ltr
  or
- Creatinine 25% rise from baseline

Urology Oncall
Catheter, USS
Diuresis monitoring

Urgent

Urology Outpatients
USS Upper tract

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Pathway 2
PAINFUL RETENTION

Catheterise immediately

Drained volume <1ltr

Assess
Indwelling catheter
Bloods for creatinine
MSU

Drained volume >1ltr

Creatinine 25% rise from baseline

>1 UTI (MSU proven)
or preceding LUTS
or already on medication
or previous retention

Elderly / frail etc
GP to weigh up with patient, relatives and carers

No previous symptoms
Treatment naive

Pathway 2+
TWOC

Consider offering TWOC whilst waiting

Pathway 2+
TWOC

Longterm catheter

Urology Oncall
Catheter, USS
Diuresis monitoring

Urology Outpatients

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Underlying cause treated (constipation/UTI) Review medication Yes No PASS FAIL

Offer ISC as alternative to catheter PASS

without previous symptoms Treatment naive

TWOC postGA retention (other secondary care)

Pathway 2 PAINFUL RETENTION

Underlying cause treated (constipation/UTI) Review medication

Prescribe α-blocker for at least 2 days prior to TWOC

TWOC request from secondary care Urology

Follow plan given in discharge/clinic letter

TWOC
Confirm date & time for bladder scan with CCS
Catheter removed by D/N or GP Voiding volumes x3
Bladder scan Comfortable voiding? Post void residual <300ml?
Yes PASS No FAIL Offer ISC as alternative to catheter

PASS (unless see left)

All FAIL (unless Elderly / frail etc, GP to weigh up)

GP review LUTS assessment

Urology Outpatients (Refer using LUTS proforma)

Orange = Urology Blue = GP Green = Continence service

Back to initial page
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

Persistence

PSA < 1.4 and prostate < golf ball

α-blocker

Re-assess at 8/52 with IPSS
Part-response, residual Storage symptoms
Improvement

Consider discharge

PSA > 1.4 or prostate > golf ball

α-blockers & 5-ARI

6/12

Pathway 3B
Storage LUTS
Frequency - urgency - nocturia

Keep on α-bl / 5ARI

Part-response, residual Storage symptoms

Persistence

Urology Outpatients
Ensure all info provided
(Refer using LUTS proforma)

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]).

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Back to initial page
Pathway 3 B
BORHERSOME LUTS - Predominantly STORAGE
FREQUENCY - URGENCY - NOCTURIA

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

Improvement
= improved IPSS/QoL
+ patient happy

Lifestyle advice
Patient Info: Male LUTS

Re-assess at 2/52 with IPSS/QoL

Persistence
from Pathway 3A persisting STORAGE LUTS

COMMUNITY CONTINENCE SERVICE
(refer using proforma)
Word, EMIS PCS, SystmOne, Vision

Post Void Residual (PVR)
Lifestyle Advice & Bladder re-training

PVR >300ml
Pathway 1 CHRONIC RETENTION

Anticholinergic
Try at least 2 or 3 over 6-8/52 PCT Formulary

Post Void Residual Arranged by CCS at 2/52

Urology Outpatients
Ensure all info provided
(Refer using LUTS proforma)

Consider discharge
6/12 Improvement

Predominant Nocturia / nocturnal polyuria
1/3 of 24hr urine output during sleep phase
Nocturnal polyuria patient information leaflet
Exclude other medical causes
Try afternoon loop diuretic

Back to initial page

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### Causes for Nocturnal Polyuria symptoms:

**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