

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

**Assessment**  
 EXCLUDE INDICATORS FOR CANCER:  
 ABNORMAL PSA OR RECTAL EXAMINATION  
 HAEMATURIA

**HIGH RISK**

**LOW RISK**  
 Suitable for GP management  
 on an individual basis

**Elevated age-related PSA**  
**Abnormal DRE**  
**Haematuria**

Previous de-obstructing surgery  
 >1 UTI (MSU proven)

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

Painful retention

Bothersome LUTS  
 Treat predominant symptom

**2-week-rule Guidelines**

**Routine / Urgent**

**Urology Outpatients**  
 Please ensure all info provided

**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](mailto:add-tr.UrologyPartnersCambs@nhs.net)

## Assessment

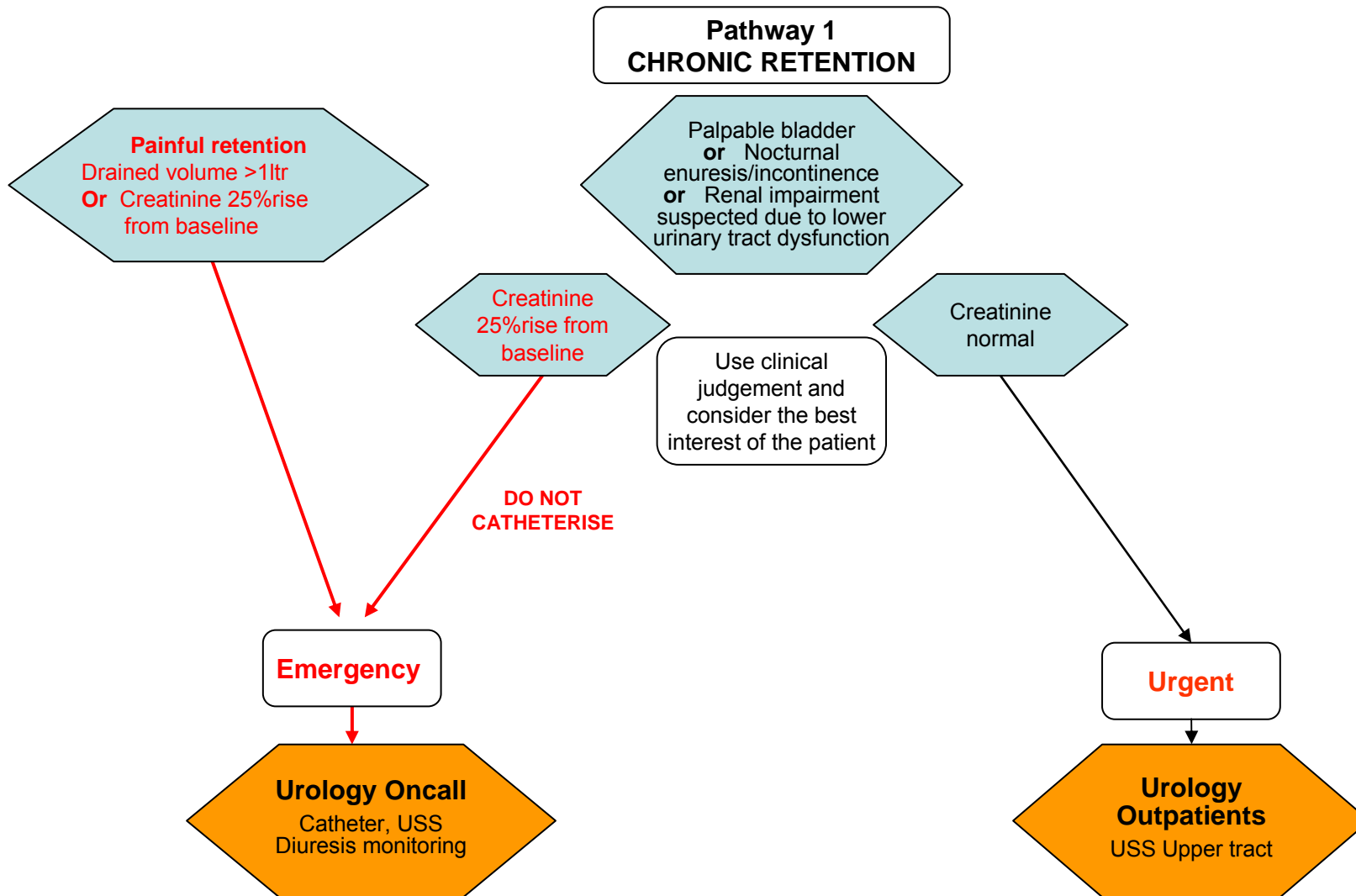
(prioritise the order according to presentation)

### EXCLUDE INDICATORS FOR CANCER: ABNORMAL PSA OR RECTAL EXAMINATION HAEMATURIA

History of presentation	including <a href="#">IPSS / QoL</a> <a href="#">Voiding diary</a>
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 - <a href="#">PSA patient information leaflet</a>
Urine	Dipstick +/- MSU

[Back to initial page](#)

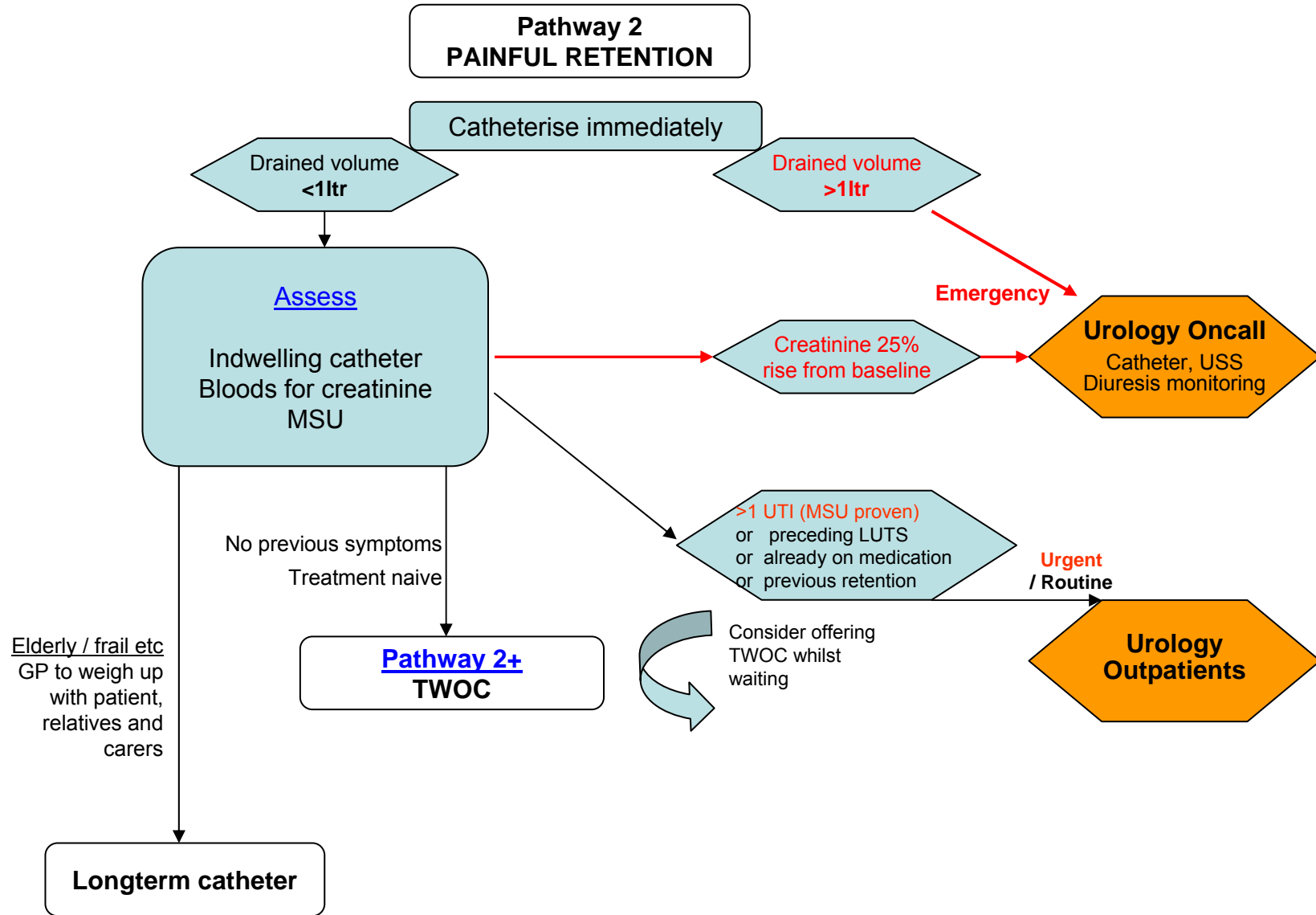
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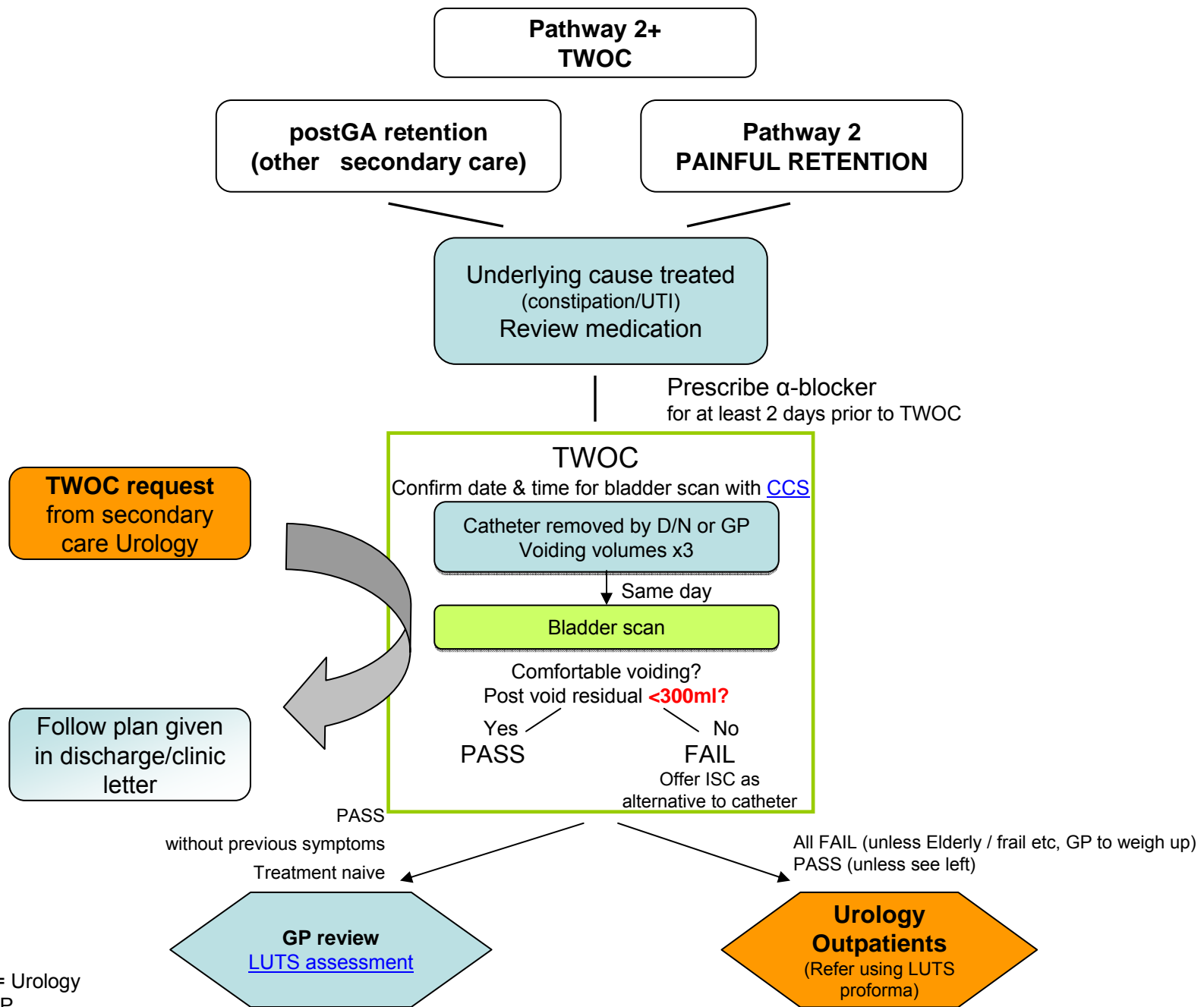
[Back to initial page](#)



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[Back to initial page](#)



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[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

PSA > 1.4 or prostate > golf ball

α-blocker

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-bl / 5ARI  
 Part-response, residual Storage symptoms

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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[Back to initial page](#)



## **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

[Back to initial page](#)