Urology Clinic Referral Guidelines

NB: The Urology Clinic holds a fortnightly multidisciplinary cancer meeting at Box Hill Hospital to discuss and plan the treatment of patients with urological cancers. Further information about this meeting can be found [here](#).

### Department of Health clinical urgency categories for specialist clinics

**Urgent** – A referral is urgent if the patient has a condition that has the potential to deteriorate quickly with significant consequences for health and quality of life if not managed promptly. Use when a clinician determines that the patient should be seen in a Specialists (Outpatient) Clinic within 30 days of the receipt of referral.

**Routine** – Use when a clinician determines that the patient does not need to be seen in a Specialist (Outpatient) Clinic within 30 days of the receipt of the referral.

### Standard Urology Investigations required prior to referral

- **Abnormal PSA** – PSA, MSU, U&E/Creatinine, FBE, LFT
- **LUTS** – PSA, MSU, U&E/Creatinine, Renal Tract Ultrasound (including PVR)
- **Male Genitalia** – testicular/scrotal U/S
- **Renal Colic (Stones)** – MSU, U&E/Creatinine/Calcium/Phosphate/Uric Acid, FBE, X-ray KUB, ultrasound KUB
- **Haematuria** – MSU, Urine Cytology x 3, FBE, U&E, PSA, Renal tract U/S
- **Urinary Incontinence** – MSU, Renal tract U/S, U&E, voiding diary
- **Urinary Tract Infections** – U&E, Creatinine, MSU, Renal tract U/S, Fasting BG

### Condition / Symptom | Investigations | Appointment information
--- | --- | ---
Abnormal PSA/Suspected Prostate Cancer | • MSU  
• U&Es/Creatinine  
• LFTs  
• PSA  
• FBE | **Routine**  
For consideration of biopsy:  
• Abnormal direct rectal examination (hard, nodule) in a patient with a 10 year life expectancy need specialist review (regardless of PSA level)  
• Increased PSA velocity (>0.75 μg/L/yr)in patient with at least x2 PSA’s)  
**One year apart/6 months apart for people under 50 years of age**
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<tr>
<th>Condition / Symptom</th>
<th>Investigations</th>
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<tbody>
<tr>
<td><strong>Lower Urinary Tract Symptoms:</strong></td>
<td>• U&amp;Es/creatinine&lt;br&gt;• PSA&lt;br&gt;• MSU&lt;br&gt;• renal tract ultrasound including post void residual&lt;br&gt;• Completion of a voiding diary. This is useful in patients with symptoms of urgency and frequency and a useful tool in assisting capacity of the bladder</td>
<td><strong>Emergency</strong>&lt;br&gt;• Urinary retention&lt;br&gt;&lt;br&gt;For Emergency Department enquiries and referrals contact: Angliss Hospital (03 9759 1904), Box Hill Hospital (03 9895 3195), Maroondah Hospital (03 9871 3562)&lt;br&gt;&lt;br&gt;<strong>Urgent</strong>&lt;br&gt;• If severe symptoms, and:&lt;br&gt;   • Haematuria&lt;br&gt;   • bladder stones&lt;br&gt;   • Indwelling catheterization&lt;br&gt;&lt;br&gt;<strong>Routine</strong>&lt;br&gt;• Abnormal:&lt;br&gt;   • digital rectal examination&lt;br&gt;   • PSA&lt;br&gt;   • renal US&lt;br&gt;   • MSU&lt;br&gt;   • increasing creatinine&lt;br&gt;&lt;br&gt;• Failed medical therapy:&lt;br&gt;   • Assuming urological malignancy excluded and no haematuria, and normal renal/bladder US and normal PSA, refer for troublesome LUTS after 2 months of trial medical therapy</td>
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<td>Patient presentation in men</td>
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<td><strong>Male Genitalia</strong></td>
<td>• Testicular/scrotal US</td>
<td><strong>Emergency</strong>&lt;br&gt;• Severe pain/torsion&lt;br&gt;&lt;br&gt;For Emergency Department enquiries and referrals contact: Angliss Hospital (03 9759 1904), Box Hill Hospital (03 9895 3195), Maroondah Hospital (03 9871 3562)&lt;br&gt;&lt;br&gt;<strong>Urgent</strong>&lt;br&gt;• Intra testicular mass confirmed on ultrasound&lt;br&gt;&lt;br&gt;Contact Urology Registrar on <strong>0457 563 172</strong> to discuss early appointment</td>
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| Stones (Renal Colic) | - U&Es/ Creatinine/ Calcium/ Phosphate/ Uric Acid  
- FBE  
- MSU  
- KUB plain x-ray  
- CT kidney, ureters, bladder (non-contrast) will confirm stone size and position and likelihood of passing:  
  - <4mm – 90% pass  
  - 4–6 mm – 50% pass  
  - >6mm – 10% pass  
In order to diagnose and treat both KUB and CT are required | Routine  
- Hydrocoele  
- Epididymal cysts (confirmed on testicular US)  
- Varicosities  

Emergency  
For possible removal, stenting or drainage if:  
- Infection  
- unrelieved pain or recurrent pain  
- persisting nausea and vomiting  
- increasing creatinine  
- single kidney  
- stone unlikely to pass on basis of size  
For Emergency Department enquiries and referrals contact:  
Angliss Hospital (03 9759 1904), Box Hill Hospital (03 9895 3195), Maroondah Hospital (03 9871 3562)  

Urgent  
- Ureteric stone >=6mm  
  Contact Urology Registrar on pager 3621 if concerned  

Routine  
- Ureteric stone <=5mm |
| Haematuria | - MSU  
- urine cytology x 3 (patient requested to collect urine 2nd void of the day on 3 separate days/3 separate pots)  
- FBE  
- PSA  
- UE & creatinine  
- kidney bladder US | Urgent  
- Mass on US and macroscopic haematuria  
- Positive urine cytology  
- Requires rigid cystoscopy  

Routine  
- Microscopic haematuria, requires flexible cystoscopy |
| Urinary Incontinence | - MSU  
- Renal/bladder US  
- U&Es  
- voiding diary | Emergency  
- Urinary retention  
For Emergency Department enquiries and referrals contact:  
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| Urinary Tract Infections       | U&Es/ Creatinine/ Calcium/ Phosphate/ Uric Acid                              | **Routine**  
  ● Urge incontinence  
  ● Post surgery  
  ● Stress incontinence (refer to Gynaecologist/Regional continence service)  
  ● Other medical causes |
| (recurrent)                     | MSU, MC&S  
  ● Renal tract US  
  ● KUB  
  ● fasting blood glucose  
  ● Repeat MSU 2 days after antibiotic therapy completed |                                                                                          |