

METRO NORTH HOSPITAL AND HEALTH SERVICE

UROLOGY DEPARTMENTS

Adult Referral Evaluation and Management Guidelines

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EVALUATION AND MANAGEMENT GUIDELINES

For Emergency Referrals: Phone on call Urology Registrar via:

Royal Brisbane & Women's Hospital switch - (07) 3646 8111

The Prince Charles Hospital switch - (07) 3139 4000

Redcliffe Hospital switch – (07) 3883 7777

And send patient to the Department of Emergency Medicine (DEM) at their nearest hospital.

Category 1

- i. Appointment within thirty (30) days is desirable; AND
- ii. Condition has the potential to require more complex or emergent care if assessment is delayed; AND
- iii. Condition has the potential to have significant impact on quality of life if care is delayed beyond thirty (30) days.

Category 2

- i. Appointment within ninety (90) days is desirable; AND
- ii. Condition is unlikely to require more complex care if assessment is delayed; AND
- iii. Condition has the potential to have some impact on quality of life if care is delayed beyond ninety (90) days.

Category 3

- i. Appointment is not required within ninety (90) days; AND
- ii. Condition is unlikely to deteriorate quickly; AND
- iii. Condition is unlikely to require more complex care if assessment is delayed beyond 365 days.

The Urology Department provides a high standard of complex patient care. Our Outpatient waiting times are available on the <http://www.health.qld.gov.au/hospitalperformance> website.

All urgent cases must be discussed with the on call Urology Registrar. Contact through RBWH switch (07) 3646 8111, TPCH (07) 3139 4000 or Redcliffe (07) 3883 7777 to obtain appropriate prioritisation and treatment. Urgent cases accepted via phone must be accompanied with a written referral and a copy faxed immediately to the Central Patient Intake Unit: 1300 364 952.

When possible all non–metropolitan patients referred must include travel, accommodation, and escort arrangements. An inpatient bed may not be possible or relevant once the patient has been assessed by the Urology department.

Referrals containing insufficient information or that are illegible will be returned to the referral centre. This may result in delayed appointment/treatment for your patient.

UROLOGY DEPARTMENT CLINIC LOCATIONS

Royal Brisbane and Women's Hospital (RBWH)

Level 8, Ned Hanlon Building, RBWH

The Prince Charles Hospital (TPCH)

Specialist Clinics, Ground Floor, TPCH

Redcliffe Hospital

Level 1, Specialist Outpatient Department, Main Building, Redcliffe

IN-SCOPE FOR UROLOGY OUTPATIENT SERVICES

Please note this is not an exhaustive list of all conditions for Urology outpatient services and does not exclude consideration for referral unless specifically stipulated in the out-of-scope section.

- Haematuria
- Incontinence/bladder dysfunction (female) (Urology)
- Lower urinary tract symptoms (female)
- Lower urinary tract symptoms (male)
- Prostate – suspected cancer (including elevated PSA)
- Renal mass (tumours/cysts)
- Testicular, epididymal, scrotal, penis or foreskin abnormalities
- Urinary tract calculi
- Urinary tract infection (UTI) – recurrent

OUT-OF-SCOPE FOR UROLOGY OUTPATIENT SERVICES

Not all services are funded in the Queensland public health system. The following are not routinely provided in a public Urology service.

- Circumcision for cosmetic reasons
- Aesthetic surgery
- Sexually transmitted infections– refer Sexual Health Clinic
- Genital ulcers and warts – refer Sexual Health Clinic provided verrucous carcinoma is excluded
- Vasectomy and vasectomy reversal
- Ejaculatory disorders
- Catheter change/maintenance
- Proteinuria – refer Nephrology
- Small epididymal cysts
- Asymptomatic simple renal cyst

EMERGENCY

If any of the following are present or suspected arrange immediate transfer to the emergency department.

<ul style="list-style-type: none">• Acute/severe renal or ureteric colic• Acute renal or ureteric colic with obstruction and/or infection• Acute urinary retention• Urinary tract and genital trauma• Urinary tract sepsis or severe infection• Severe urinary tract bleeding	<ul style="list-style-type: none">• Autonomic dysreflexia• Foreign bodies• Priapism• Acute scrotal pain/ torsion of the testes• Severe genital infection e.g. Fournier's gangrene/epididymo-orchitis• Paraphimosis – unable to reduce
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METRO NORTH CENTRAL PATIENT INTAKE (CPI)

<https://www.health.qld.gov.au/metronorth/refer/>

GENERAL REFERRAL INFORMATION

<p>Patient's Demographic Details</p> <ul style="list-style-type: none"> • Full name (including aliases) • Date of birth • Residential and postal address • Telephone contact number/s – home, mobile and alternative • Medicare number (where eligible) • Name of the parent or caregiver (if appropriate) • Preferred language and interpreter requirements • Identifies as Aboriginal and/or Torres Strait Islander 	<p>Relevant Clinical Information about the Condition</p> <ul style="list-style-type: none"> • Presenting symptoms (evolution and duration) • Physical findings • Details of previous treatment (including systemic and topical medications prescribed) including the course and outcome of the treatment • Body mass index (BMI) • Details of any associated medical conditions which may affect the condition or its treatment (e.g. diabetes), noting these must be stable and controlled prior to referral • Current medications and dosages • Drug allergies • Alcohol, tobacco and other drugs use
<p>Referring Practitioner Details</p> <ul style="list-style-type: none"> • Full name • Full address • Contact details – telephone, fax, email • Provider number • Date of referral • Signature 	<p>Reason for Request</p> <ul style="list-style-type: none"> • To establish a diagnosis • For treatment or intervention • For advice and management • For specialist to take over management • Reassurance for GP/second opinion • For a specified test/investigation the GP can't order, or the patient can't afford or access • Reassurance for the patient/family • For other reason (e.g. rapidly accelerating disease progression) • Clinical judgement indicates a referral for specialist review is necessary
<p>Clinical Modifiers</p> <ul style="list-style-type: none"> • Impact on employment • Impact on education • Impact on home • Impact on activities of daily living • Impact on ability to care for others • Impact on personal frailty or safety • Identifies as Aboriginal and/or Torres Strait Islander 	<p>Other Relevant Information</p> <ul style="list-style-type: none"> • Willingness to have surgery (where surgery is a likely intervention) • Choice to be treated as a public or private patient • Compensable status (e.g. DVA, Work Cover, Motor Vehicle Insurance, etc.)

UROLOGY CONDITIONS

Haematuria

Minimum Referral Criteria

Category 1

(appointment within 30 days is desirable)

- Any haematuria in an individual aged >40 years.
- Haematuria in an individual aged < 40 years with abnormal cytology or urinary tract ultrasound that suggests malignancy:
 - renal parenchymal mass >4cm
 - bladder or collecting system mass
 - unexplained isolated hydronephrosis
- In the absence of urinary tract infection or other obvious benign cause, or persists despite maximum medical treatment i.e. antibiotics

Category 2

(appointment within 90 days is desirable)

- Haematuria in an individual <40 years with:
 - renal parenchyma mass <4cm
 - persistent (> 6 weeks) unexplained microcytic haematuria
- If decline in GFR or proteinuria, refer to Nephrologist

Category 3

(appointment within 365 days is desirable)

- No category 3 criteria

Essential Referral Information (Referral may be rejected without this)

- General referral information
- MSU M/C/S and urine cytology results
- ELFT FBC results
- USS urinary tract or CT IVP results

Additional Referral Information (Useful for processing the referral)

- Triple phase CT abdomen/pelvis and CXR in patients with a proven renal mass

Other Useful information for referring practitioners (Not an exhaustive list)

- MSU
- Urine cytology x 3
- ELFT FBC
- USS urinary tracts or CT IVP scan
- Triple phase CT abdomen/pelvis and CXR if renal mass confirmed on imaging

Incontinence/Bladder Dysfunction (female) (Urology)

Minimum Referral Criteria

Category 1

(appointment within 30 days is desirable)

- Suspected malignant mass
- Bladder outlet obstruction
- Haematuria or sterile pyuria
- Elevated post-void residuals (> 300mls) and hydronephrosis on USS and/or altered renal function
- Known or suspected neurogenic bladder
- Suspected urogenital fistulae

Category 2

(appointment within 90 days is desirable)

- Incontinence requiring multiple (> 2) pad changes per day
- Nocturnal incontinence
- Post-void residual > 100ml
- Associated faecal incontinence
- Moderate to severe pelvic organ prolapse

Category 3

(appointment within 365 days is desirable)

- Incontinence requiring 1-2 pad changes per day and any of the following:
 - recurrent (> 3 per year) or persistent UTI
 - persisting bladder or urethral or perineal pain
 - socially limiting (severe)
 - failed physiotherapy/continence nurse management
 - failed anti-cholinergic and beta3 adrenergic agonist therapy

Essential Referral Information (Referral may be rejected without this)

- General referral information
- MSU M/C/S results
- USS urinary tract results

Additional Referral Information (Useful for processing the referral)

- Documented episodes of incontinence – bladder chart/diary, time and volume chart
- ELFT results

Other Useful information for referring practitioners (Not an exhaustive list)

- Bladder chart/diary – time and volume chart
- MSU
- USS urinary tract and post-void residual
- Physiotherapy and/or continence nurse management e.g. pelvic floor muscle exercises and bladder training
- Consider anticholinergics if low residuals on bladder scan, no suspicion of a sinister cause, not hypersensitive to the drug, and no history of acute angle glaucoma

Lower Urinary Tract Symptoms (female)

Minimum Referral Criteria

Category 1

(appointment within 30 days is desirable)

- Abnormal USS suggestive of urinary tract tumour or suspicion of malignancy
- Elevated post-void residuals (> 300mls) and hydronephrosis on USS and/or altered renal function
- Severe irritative symptoms
- Haematuria and/or sterile pyuria
- Acute urinary retention post IDC insertion
- Known or suspected neurogenic bladder and/or neurological symptoms
- Suspected urogenital fistulae

Category 2

(appointment within 90 days is desirable)

- USS suggestive of bladder outlet obstruction
- Bladder stones
- Elevated post-void residuals > 100ml
- Nocturnal incontinence
- Suspected or proven urethral stricture and/or urethral diverticulum
- Acute change in long-term catheter
- Persistent or progressive symptoms despite maximal medical management
- Moderate to severe pelvic organ prolapse
- Previous incontinence/prolapse/pelvic surgery and/or pelvic radiation/ malignancy

Category 3

(appointment within 365 days is desirable)

- Recurrent UTI (> 3 per year)
- Persisting bladder or urethral or perineal pain
- Socially limiting (severe)
- Failed physiotherapy/continence nurse management
- Failed anti-cholinergic and beta3 adrenergic agonist therapy

Essential Referral Information (Referral may be rejected without this)

- General referral information
- MSU M/C/S results
- USS urinary tract results

Additional Referral Information (Useful for processing the referral)

- History of previous incontinence/prolapse/pelvic surgery and/or pelvic radiation/malignancy
- Bladder diary – time and volume chart
- ELFT results

Other Useful information for referring practitioners (Not an exhaustive list)

- Bladder chart/diary – time and volume chart
- MSU
- Physiotherapy and/or continence nurse management e.g. pelvic floor muscle exercises and bladder training
- Consider USS urinary tract and post-void residual measurement
- Consider anticholinergics: if low residuals on bladder scan, no suspicion of a sinister cause, not hypersensitive to the drug, and no history of acute angle glaucoma

Lower Urinary Tract Symptoms (male)

Minimum Referral Criteria

Category 1

(appointment within 30 days is desirable)

- Abnormal USS suggestive of urinary tract tumour
- Elevated post-void residuals and hydronephrosis on USS and/or altered renal function
- Severe irritative symptoms and any of the following:
 - haematuria
 - suspicion of malignancy
- Acute urinary retention post IDC insertion
- New elevated PSA > 10ng/ml

Category 2

(appointment within 90 days is desirable)

- USS suggestive of bladder outlet obstruction
- Bladder stones
- Recurrent UTI (> 1 per year)
- Elevated post-void residuals > 200ml
- Suspected or proven urethral stricture
- Acute change in long-term catheter
- Persistent or progressive symptoms despite maximal medical management
- Incontinence
- Elevated PSA < 10ng/ml
- Suspected or symptomatic benign prostatic hypertrophy or prostatomegaly

Category 3

(appointment within 365 days is desirable)

- No category 3 criteria

Essential Referral Information (Referral may be rejected without this)

- General referral information
- MSU M/C/S results
- USS urinary tract results

Additional Referral Information (Useful for processing the referral)

- PSA history
- Family history of prostate cancer
- ELFT results
- Bladder chart and the International Prostate Symptom Score sheet (IPSS)

Other Useful information for referring practitioners (Not an exhaustive list)

Medical Management

- MSU
- ELFT
- PSA if >40 years old
- USS urinary tract
- Trial of alpha blockers if appropriate
- Bladder chart and the International Prostate Symptom Score sheet (IPSS)

Prostate – suspected cancer (including elevated PSA)

Minimum Referral Criteria

Category 1

(appointment within 30 days is desirable)

- PSA > 10ng/ml
- Radiological imaging indicative of ureteric obstruction
- Palpable or suspicious nodule

Category 2

(appointment within 90 days is desirable)

- Increasing/elevated age-related PSA on 2 or more interval specimens or >0.7ng/ml/year in men aged <70 years

Category 3

(appointment within 365 days is desirable)

- No category 3 criteria

Essential Referral Information (Referral may be rejected without this)

- General referral information
- PSA ELFT FBC results
- MSU M/C/S results
- USS urinary tract results

Additional Referral Information (Useful for processing the referral)

- Free: total PSA history
- Family history of prostate cancer
- Bladder chart and the International Prostate Symptom Score sheet (IPSS)

Other Useful information for referring practitioners (Not an exhaustive list)

- Repeat PSA in 4-6 weeks if elevated
- ELFT FBC
- MSU
- Bladder chart and the international prostate symptom score
- USS urinary tract

Renal Mass (tumours/cysts)

Minimum Referral Criteria

Category 1

(appointment within 30 days is desirable)

- Imaging showing any of the following:
 - solid renal mass > 4 cm
 - mucosal/collecting system lesion
 - complex cystic lesion > 4cm in size

Category 2

(appointment within 90 days is desirable)

- Imaging showing any of the following:
 - solid or complex cystic renal mass <4 cm without evidence of metastatic disease
 - angiomyolipoma > 4cm
 - angiomyolipoma < 4cm in a woman of child bearing age
 - PUJ obstruction
 - large symptomatic simple renal cyst

Category 3

(appointment within 365 days is desirable)

- Imaging showing angiomyolipoma < 4cm

Essential Referral Information (Referral may be rejected without this)

- General referral information
- ELFT FBC results
- USS urinary tract or CT IVP results

Additional Referral Information (Useful for processing the referral)

- Urine cytology
- Tc99m-MAG3 renography

Other Useful information for referring practitioners (Not an exhaustive list)

- USS and/or CT IVP
- Consider Tc99m-MAG3 renography if PUJ obstruction suspected

Testicular, Epididymal, Scrotal, Penis or Foreskin Abnormalities

Minimum Referral Criteria

Category 1

(appointment within 30 days is desirable)

- Scrotal pain or swelling and any of the following:
 - painful swollen testis/epididymis
 - painless, solid, testicular mass
 - swelling suspicious of testicular cancer
- Suspected penile cancer or tumour
- Metastatic germ cell tumours

Category 2

(appointment within 90 days is desirable)

- Scrotal pain or swelling and any of the following:
 - hydrocele/varicocele
 - painful or large epididymal cyst
- Intermittent testicular pain suggestive of intermittent testicular torsion
- Haematospermia
- Foreskin phimosis
- Penile discharge or lesions or balanitis (excluding genital warts)

Category 3

(appointment within 365 days is desirable)

- Erectile dysfunction not responding to maximal medical management
- Peyronie's disease causing functional impairment or pain
- Chronic testicular pain

Essential Referral Information (Referral may be rejected without this)

- General referral information
- MSU M/C/S results
- USS scrotum/testes results

Additional Referral Information (Useful for processing the referral)

- Urine PCR and/or swabs results
- Urine cytology results

Other Useful information for referring practitioners (Not an exhaustive list)

Metastatic germ cell tumours require both Urology and Oncology input. For optimum care, should be seen within 2 weeks

Medical management

- Trial of steroid cream for phimosis
- MSU
- Urine PCR and/or swabs for chlamydia and gonorrhoea for suspected epididymo-orchitis
- Urine cytology if indicated
- USS scrotum/testes
- If suspected or confirmed STI refer Sexual Health Clinic

For erectile dysfunction

- Lifestyle changes
- PDE5 inhibitors
- Co morbidity management (e.g. diabetes, heart disease)

- HRT
- Psychology
- External devices

Urinary Tract Calculi

Minimum Referral Criteria

Category 1

(appointment within 30 days is desirable)

- Proven calculi in ureter and any of the following:
 - decreased renal function and/or increasing pain
 - high-risk patients e.g. patients with single kidney/renal transplant

Category 2

(appointment within 90 days is desirable)

- Proven calculi in kidney and any of the following:
 - resolved symptoms
 - recurrent symptoms
- All staghorn stones

Category 3

(appointment within 365 days is desirable)

- No category 3 criteria

Essential Referral Information (Referral may be rejected without this)

- General referral information
- MSU M/C/S results
- ELFT FBC results
- Non-contrast CT KUB results (preferred) or USS urinary tract results

Additional Referral Information (Useful for processing the referral)

- If patient has passed previous stone and this has been examined, include details of calculi
- XR KUB results
- Serum calcium and urate results

Other Useful information for referring practitioners (Not an exhaustive list)

Medical management

- Analgesia:
 - NSAIDs
 - consider an alpha blocker e.g. Tamsulosin 400 micrograms
- MSU
- ELFT FBC, serum calcium and urate
- Non contrast CT KUB and XR KUB
- Stone prevention advice

Urinary Tract Infection (UTI) – Recurrent

Minimum Referral Criteria

Category 1

(appointment within 30 days is desirable)

- Recurrent (women > 3 per year, men > 1 per year) or persistent UTI with abnormal urinary tract USS e.g. hydronephrosis, stones, scarring, soft tissue lesion
- Recent history (3 months) of admission for severe urinary tract sepsis

Category 2

(appointment within 90 days is desirable)

- Recurrent (women > 3 per year, men > 1 per year) or persistent UTI and any of the following:
 - increased residuals > 100ml
 - upper urinary tract infections

Category 3

(appointment within 365 days is desirable)

- Recurrent UTI (women > 3 per year, men > 1 per year)

Essential Referral Information (Referral may be rejected without this)

- General referral information
- MSU M/C/S results
- USS urinary tract results

Additional Referral Information (Useful for processing the referral)

- ELFT results
- STI screen results

Other Useful information for referring practitioners (Not an exhaustive list)

- MSU
- STI screen if appropriate
- Antibiotics
- USS and post-void residual
- Consider urinary alkalisating agent Ural/cranberry juice
- Consider alpha blockers if high residual volume with benign prostaticism in men