

# THE ALFRED REFERRAL GUIDELINES: UROLOGY

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## THE ALFRED REFERRAL GUIDELINES UROLOGY

### Referral priority guide

<b>Immediate</b> <ul style="list-style-type: none"> <li>Poorly controlled renal or ureteric colic</li> </ul>	Phone the Urology Registrar on call on 9076 2000 and/or send to The Alfred Emergency & Trauma Centre.
<b>Urgent</b> <ul style="list-style-type: none"> <li>Suspected testicular malignancy</li> <li>Obstructed kidney</li> <li>Continuous gross haematuria</li> </ul>	Urgent cases must be discussed with the Urology Registrar on call to obtain appropriate prioritisation and then a referral letter faxed to 9076 6938. Likely to receive an appointment within 1-2 weeks.
<b>Soon</b> <ul style="list-style-type: none"> <li>Renal carcinoma +/- masses</li> <li>Rising PSA in male &lt;72 years</li> <li>Incidentally diagnosed hydronephrosis</li> <li>New microscopic haematuria</li> <li>Single episode of resolved macroscopic haematuria</li> </ul>	Likely to receive an appointment within 2-6 weeks.
<b>Intermediate</b>	Likely to receive and appointment within 6-12 weeks.
<b>Non-urgent</b> <ul style="list-style-type: none"> <li>Lower urinary tract symptoms (LUTS)</li> <li>Female incontinence</li> <li>Epididymal cysts (diagnosis confirmed on testicular USS)</li> <li>Intrarenal calculus (pain-free with no alteration in renal function)</li> </ul>	Appointment may be delayed.
<b>Not seen</b>	Children under 16 years of age are not seen at the Alfred. The following services are not available at the Alfred: <ul style="list-style-type: none"> <li>Vasectomy reversal</li> <li>Erectile dysfunction unrelated to previous surgery or radiation therapy</li> <li>Cosmetic surgery</li> <li>Infertility Surgery</li> </ul>

**Please note:** The times to assessment may vary depending on size and staffing of the hospital department. If you are concerned about the delay of the outpatient appointment or if there is any deterioration in the patient's condition, please contact the Urology Registrar on call on 9076 2000.

### Referral forms

[Urology VSRF \(Victorian State Referral Form\)- Printable Word format](#)

[Urology VSRF- Medical Director format](#) – link to GPV website including instructions for downloading and installation

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# THE ALFRED REFERRAL GUIDELINES

## UROLOGY

### Haematuria

#### Macroscopic (gross) haematuria

Evaluation	Management	Referral Guidelines
<p><b>Key Points:</b></p> <ul style="list-style-type: none"> <li>▪ ? Complete (urine uniformly blood-stained)</li> <li>▪ ? Initial stream, ?end stream, ?clots</li> <li>▪ ? Pain/dysuria</li> <li>▪ Onset, duration, episodes</li> </ul> <p><b>Females:</b></p> <ul style="list-style-type: none"> <li>▪ Other gynaecological symptoms</li> <li>▪ PV findings</li> </ul> <p><b>Males:</b></p> <ul style="list-style-type: none"> <li>▪ Other urological symptoms</li> <li>▪ DRE</li> </ul> <p><b>Investigations:</b></p> <ul style="list-style-type: none"> <li>▪ MSU micro and culture</li> <li>▪ Urine cytology x3</li> <li>▪ Triphasic CT scan with excretory urogram</li> <li>▪ Electrolytes, Urea, Creatinine, GFR</li> <li>▪ FBE</li> </ul>	<p><b>Please note:</b> where possible, please refer for CT scanning at The Alfred or Sandringham Hospital Radiology, so that results are available to our consultant Urologists electronically.</p> <p><a href="#">The Alfred and Sandringham Hospital Radiology Request Form</a></p>	<p>Continuous gross haematuria refer as PRIORITY 1 - urgent. Otherwise – PRIORITY 2 – soon.</p> <p style="text-align: right;"><a href="#">Return to contents page</a></p>

#### Microscopic haematuria

Evaluation	Management	Referral Guidelines
<p>(defined as the presence of RBCs in at least two out of three episodes)</p> <p><b>Investigations:</b></p> <ul style="list-style-type: none"> <li>▪ MSU x 3</li> <li>▪ Urine cytology x 3</li> <li>▪ USS Urinary tract</li> </ul>	<p><b>Please note:</b> where possible, please refer for CT scanning at The Alfred or Sandringham Hospital Radiology, so that results are available to our consultant Urologists electronically.</p> <p><a href="#">The Alfred and Sandringham Hospital Radiology Request Form</a></p>	<p>Refer Urgently – PRIORITY 1</p> <p style="text-align: right;"><a href="#">Return to contents page</a></p>

#### Female incontinence

Evaluation	Management	Referral Guidelines
<p><b>Key Points:</b></p> <ul style="list-style-type: none"> <li>▪ Predominantly stress incontinence</li> <li>▪ Predominantly urge incontinence</li> <li>▪ Urge/stress incontinence</li> <li>▪ Does the patient require pads, number per day?</li> <li>▪ History of UTIs</li> <li>▪ Duration of symptoms</li> <li>▪ Obstetric history</li> <li>▪ Previous gynaecological/ urological surgery</li> <li>▪ PV findings</li> <li>▪ <a href="#">Bladder Chart Measure</a></li> <li>▪ MSU</li> <li>▪ USS Urinary tract</li> <li>▪ U&amp;Es</li> </ul>	<p>Conservative management by a trained physiotherapist or continence specialist</p> <ul style="list-style-type: none"> <li>▪ Pelvic floor exercises</li> <li>▪ Bladder drills</li> </ul> <p><b>Please note:</b> where possible, please refer for CT scanning at The Alfred or Sandringham Hospital Radiology, so that results are available to our consultant Urologists electronically.</p> <p><a href="#">The Alfred and Sandringham Hospital Radiology Request Form</a></p>	<p>Refer for The Alfred Specialist Consulting Clinic assessment –PRIORITY 2 non urgent</p> <p style="text-align: right;"><a href="#">Return to contents page</a></p>

#### Urinary tract infections

##### Single episode in males or recurrent episodes in females

Evaluation	Management	Referral Guidelines
<ul style="list-style-type: none"> <li>▪ Previous abnormal MSU x 1 in males; MSU x 3 in females</li> <li>▪ USS urinary tract</li> </ul>	<p><b>Please note:</b> where possible, please refer for CT scanning at The Alfred or Sandringham Hospital Radiology, so that results are available to our consultant Urologists electronically.</p> <p><a href="#">The Alfred and Sandringham Hospital Radiology Request Form</a></p>	<p>Review soon– PRIORITY 2</p> <p style="text-align: right;"><a href="#">Return to contents page</a></p>

# THE ALFRED REFERRAL GUIDELINES UROLOGY

## Stones

Evaluation	Management	Referral Guidelines
<p><b>Key Points:</b></p> <ul style="list-style-type: none"> <li>▪ Past history of stones and stone surgery</li> <li>▪ Pain score:                             <ul style="list-style-type: none"> <li>- Severe, poorly controlled</li> <li>- Moderate controlled</li> <li>- Minimal well controlled</li> <li>- Asymptomatic</li> </ul> </li> <li>▪ Analgesia requirement</li> <li>▪ Acute renal colic – right/left                             <ul style="list-style-type: none"> <li>- Duration of symptoms</li> </ul> </li> <li>▪ Known urinary tract calculus                             <ul style="list-style-type: none"> <li>- Size of stone</li> <li>- Location</li> <li>- How diagnosed</li> </ul> </li> </ul> <p><b>Investigations:</b></p> <ul style="list-style-type: none"> <li>▪ MSU (microscopy and culture)</li> <li>▪ Serum Ca<sup>++</sup>, uric acid and phosphate for recurrent stone makers</li> </ul> <p>Either:</p> <ul style="list-style-type: none"> <li>▪ XR renal tract</li> <li>▪ CT Kidneys/ureters/bladder (non-contrast)</li> <li>▪ U&amp;Es</li> </ul>	<p><b>Please note:</b> where possible, please refer for CT scanning at The Alfred or Sandringham Hospital Radiology, so that results are available to our consultant Urologists electronically. <a href="#">The Alfred and Sandringham Hospital Radiology Request Form</a></p>	<ul style="list-style-type: none"> <li>▪ Poorly controlled renal/ureteric colic, refer urgently for The Alfred Specialist Consulting Clinic assessment – PRIORITY 1. This is usually via The Alfred Emergency &amp; Trauma Centre department.</li> <li>▪ Otherwise PRIORITY 2 – soon.</li> <li>▪ Obstructed kidney- refer urgently - PRIORITY 1.</li> </ul> <p style="text-align: right;"><a href="#">Return to contents page</a></p>

## Lower urinary tract symptoms (male)

Evaluation	Management	Referral Guidelines
<p><b>Key Points:</b></p> <ul style="list-style-type: none"> <li>▪ Completed symptom score (see NHC Urology CPAC)</li> <li>▪ Completed quality of life score (see NHC Urology CPAC)</li> <li>▪ Previous lower urinary tract surgery</li> <li>▪ Has the patient required catheterisation?</li> <li>▪ Is he catheterised?</li> <li>▪ Haematuria?</li> <li>▪ Documented previous UTIs</li> <li>▪ Constipation</li> </ul> <p><b>Physical Examination:</b></p> <ul style="list-style-type: none"> <li>▪ Palpable/percussible bladder?</li> <li>▪ DRE - asymmetry, hardness, nodules, induration</li> </ul> <p><b>Investigations:</b></p> <ul style="list-style-type: none"> <li>▪ MSU micro and culture</li> <li>▪ USS Urinary tract</li> <li>▪ PSA</li> <li>▪ U&amp;Es</li> <li>▪ <a href="#">Bladder Chart Measure</a></li> <li>▪ <a href="#">International Prostate Symptom Score</a></li> </ul>	<p>Trial of alpha adrenergic blockers</p> <p><b>Please note:</b> where possible, please refer for CT scanning at The Alfred or Sandringham Hospital Radiology, so that results are available to our consultant Urologists electronically. <a href="#">The Alfred and Sandringham Hospital Radiology Request Form</a></p>	<p>Refer for assessment soon – PRIORITY 2 after trial of alpha-adrenergic blockers.</p> <p>If catheterised, refer urgently – need to know if suitable for surgery</p> <p style="text-align: right;"><a href="#">Return to contents page</a></p>

# THE ALFRED REFERRAL GUIDELINES UROLOGY

## Suspected cancer of the prostate (including elevated PSA)

Evaluation	Management	Referral Guidelines
<p><b>Key Points:</b></p> <ul style="list-style-type: none"> <li>▪ Family history of Ca prostate</li> <li>▪ Completed symptom score</li> <li>▪ Completed quality of life score</li> <li>▪ Weight loss</li> <li>▪ Bony pain</li> <li>▪ Haematuria</li> <li>▪ Previous bladder/prostate surgery</li> </ul> <p><b>Physical Examination:</b></p> <ul style="list-style-type: none"> <li>▪ Palpable/percussible bladder?</li> <li>▪ DRE – asymmetry, hardness, nodules, induration</li> </ul> <p><b>Investigations:</b></p> <ul style="list-style-type: none"> <li>▪ PSA on 2 or more interval specimens</li> <li>▪ FBE + ESR</li> <li>▪ U&amp;E's</li> <li>▪ MSU</li> </ul>		<p>Refer for The Alfred Specialist Consulting Clinic assessment</p> <p style="text-align: right;"><a href="#">Return to contents page</a></p>

## Male genitalia

### Testicular abnormality

Evaluation	Management	Referral Guidelines
<p><b>Key Points:</b></p> <ul style="list-style-type: none"> <li>▪ Right, left, bilateral</li> <li>▪ Body of testis</li> </ul> <p><b>Investigations:</b></p> <ul style="list-style-type: none"> <li>▪ Testicular/scrotal USS</li> </ul>	<p><b>Please note:</b> where possible, please refer for CT scanning at The Alfred or Sandringham Hospital Radiology, so that results are available to our consultant Urologists electronically.</p> <p><a href="#">The Alfred and Sandringham Hospital Radiology Request Form</a></p>	<p>Intra-testicular mass, refer urgently – PRIORITY 1, phone Urology Registrar on call on 9076 2000.</p> <p style="text-align: right;"><a href="#">Return to contents page</a></p>

### Epididymal abnormality

Evaluation	Management	Referral Guidelines
<ul style="list-style-type: none"> <li>▪ Right, left, bilateral</li> <li>▪ Cord or vas including varicocele</li> <li>▪ Epididymal</li> <li>▪ Hydrocoele</li> <li>▪ Epididymal cyst</li> </ul> <p><b>Investigations:</b></p> <ul style="list-style-type: none"> <li>▪ Testicular/scrotal USS</li> </ul>	<p><b>Please note:</b> where possible, please refer for CT scanning at The Alfred or Sandringham Hospital Radiology, so that results are available to our consultant Urologists electronically.</p> <p><a href="#">The Alfred and Sandringham Hospital Radiology Request Form</a></p>	<p>Refer for The Alfred Specialist Consulting Clinic assessment – PRIORITY 3 If pain, refer soon – PRIORITY 2</p> <p style="text-align: right;"><a href="#">Return to contents page</a></p>

### Scrotal abnormality

Evaluation	Management	Referral Guidelines
		<p>Refer for assessment – PRIORITY 3</p> <p style="text-align: right;"><a href="#">Return to contents page</a></p>

### Penis deformity

Evaluation	Management	Referral Guidelines
<ul style="list-style-type: none"> <li>▪ Foreskin</li> <li>▪ Glans</li> <li>▪ Shaft</li> <li>▪ Functional</li> </ul>		<p>Unless functional, refer for The Alfred Specialist Consulting Clinic assessment – PRIORITY 3</p> <p style="text-align: right;"><a href="#">Return to contents page</a></p>