



**NORTH OF TYNE AND GATESHEAD GUIDELINES
FOR MANAGEMENT OF COMMON UROLOGICAL
CONDITIONS IN ADULTS \geq 18 YEARS**

July 2013

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INTRODUCTION

This guidance is intended to inform management of common urological conditions in primary care and has been developed as a consensus between representatives from primary and secondary care with reference to national guidelines, including from NICE as appropriate. The guidelines are intended to guide clinical management, but every patient should be assessed and managed individually.

These guidelines are intended for all clinicians in primary care in the Newcastle, North Tyneside, Northumberland and Gateshead areas involved in managing patients with urological conditions. This is the first iteration of these guidelines and any gaps should be identified for inclusion when the guideline is reviewed.

How to use the guidelines

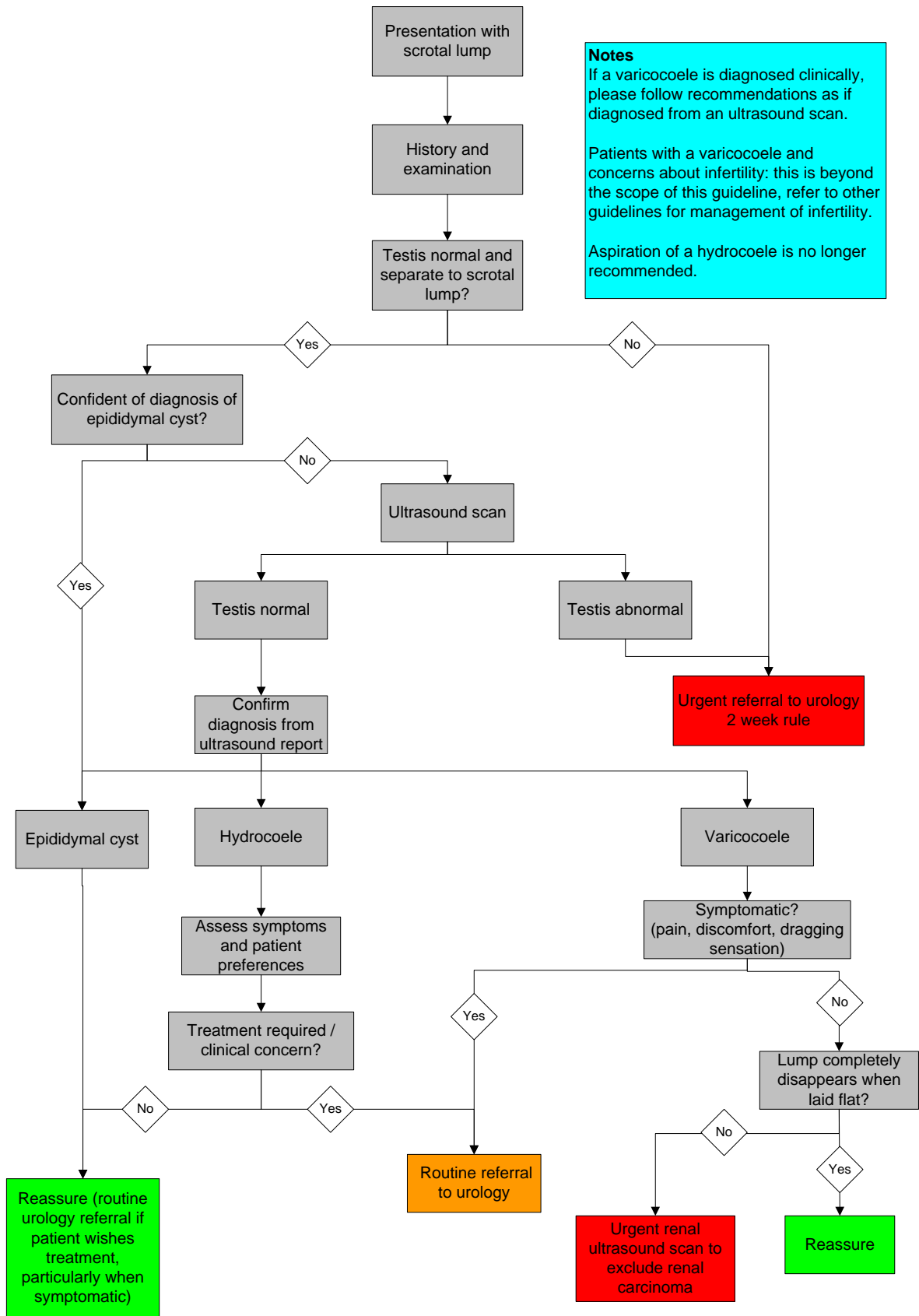
The guidelines are a set of flow charts covering a variety of urological conditions. Each of these can be printed and laminated for easy reference if preferred.

The BNF and the North of Tyne / Gateshead Formulary should be referred to as appropriate.

Referrals

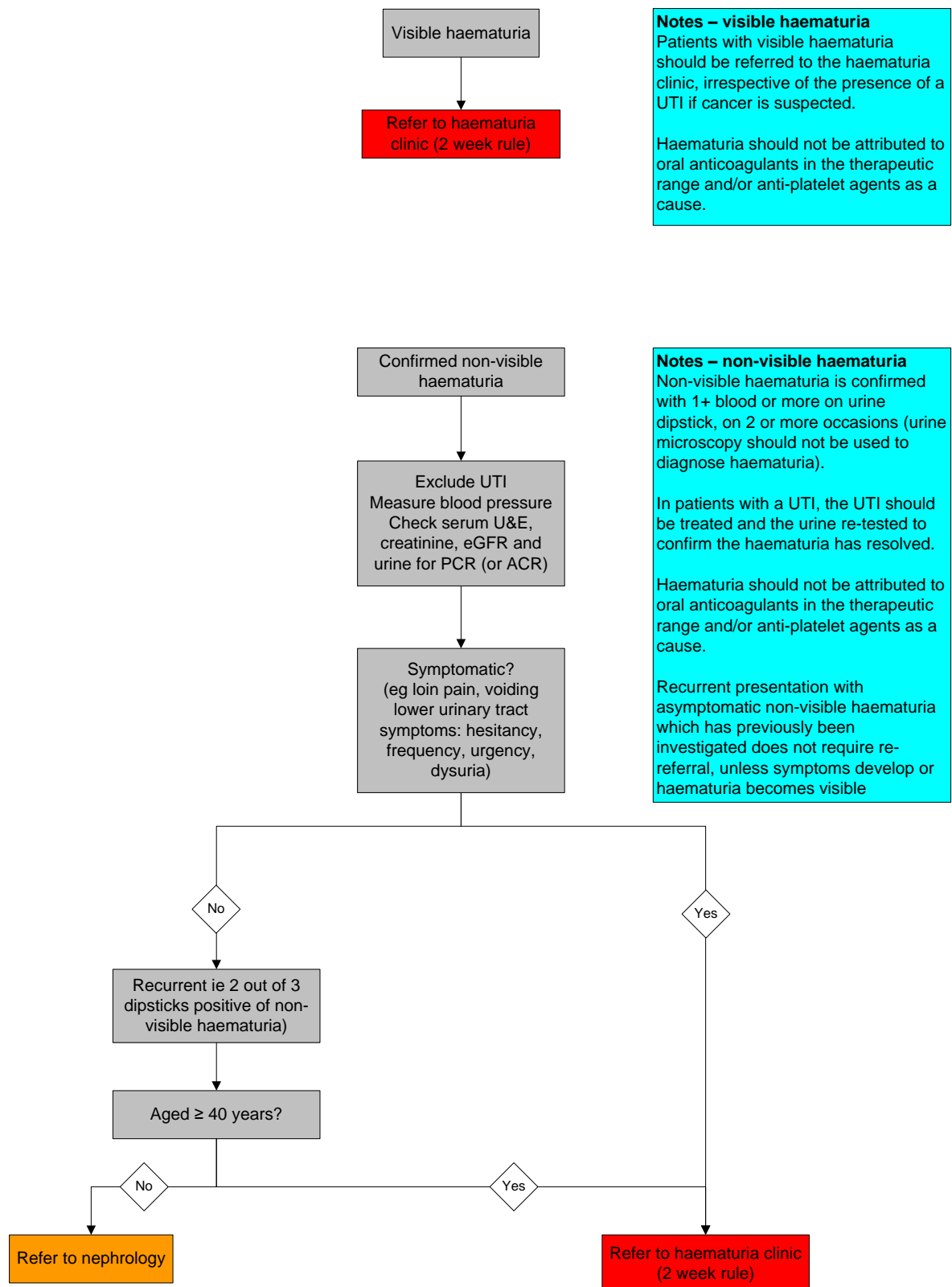
When referral to secondary care urology clinic is recommended in the guideline, referral for patients to be seen at a local outreach clinic may be preferred. It is anticipated that clinicians in localities where such clinics are available will be aware of them, but further information can be obtained from Newcastle Urology at the Freeman Hospital.

Scrotal lumps



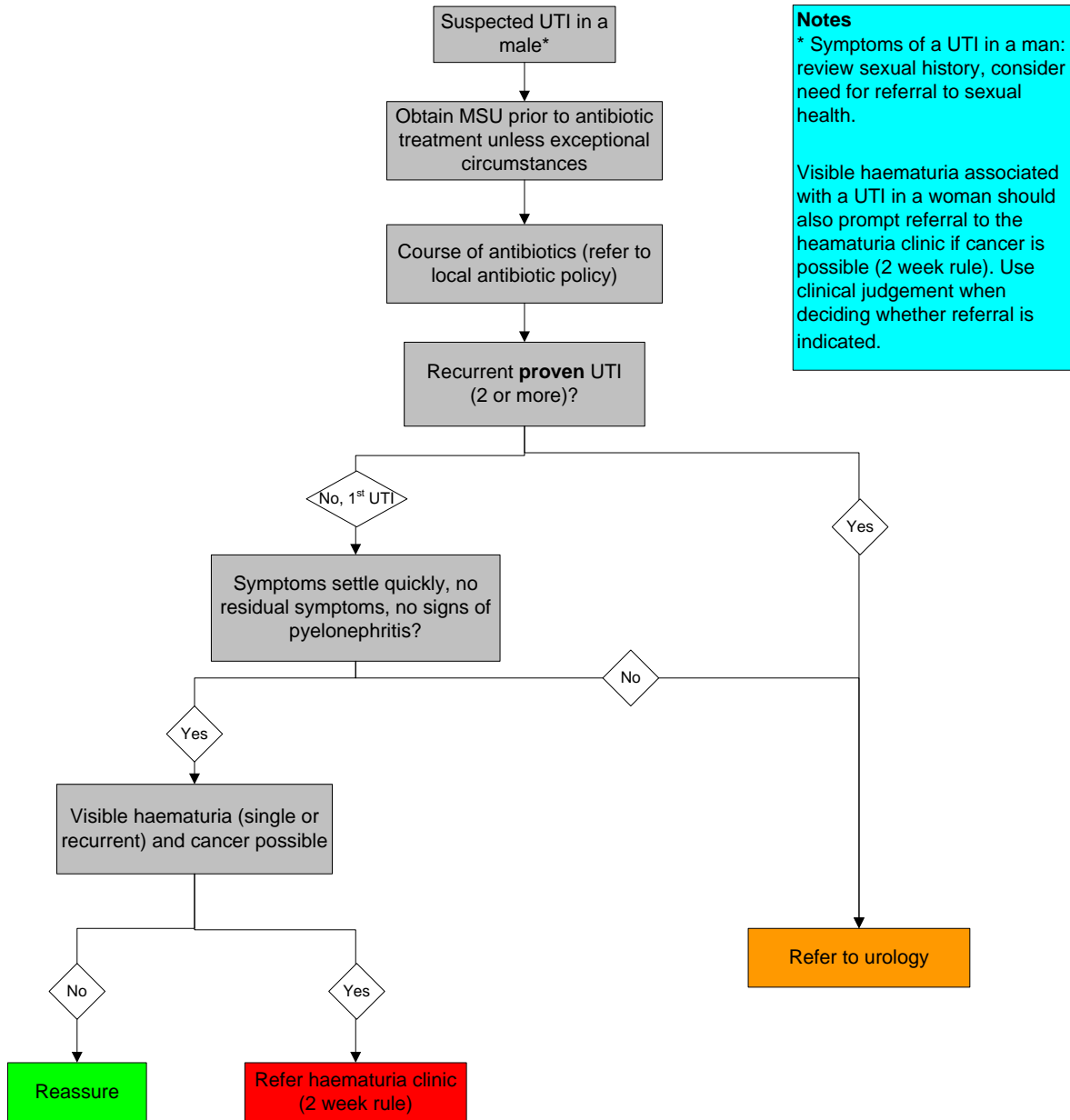
Notes
 If a varicocoele is diagnosed clinically, please follow recommendations as if diagnosed from an ultrasound scan.
 Patients with a varicocoele and concerns about infertility: this is beyond the scope of this guideline, refer to other guidelines for management of infertility.
 Aspiration of a hydrocoele is no longer recommended.

Haematuria



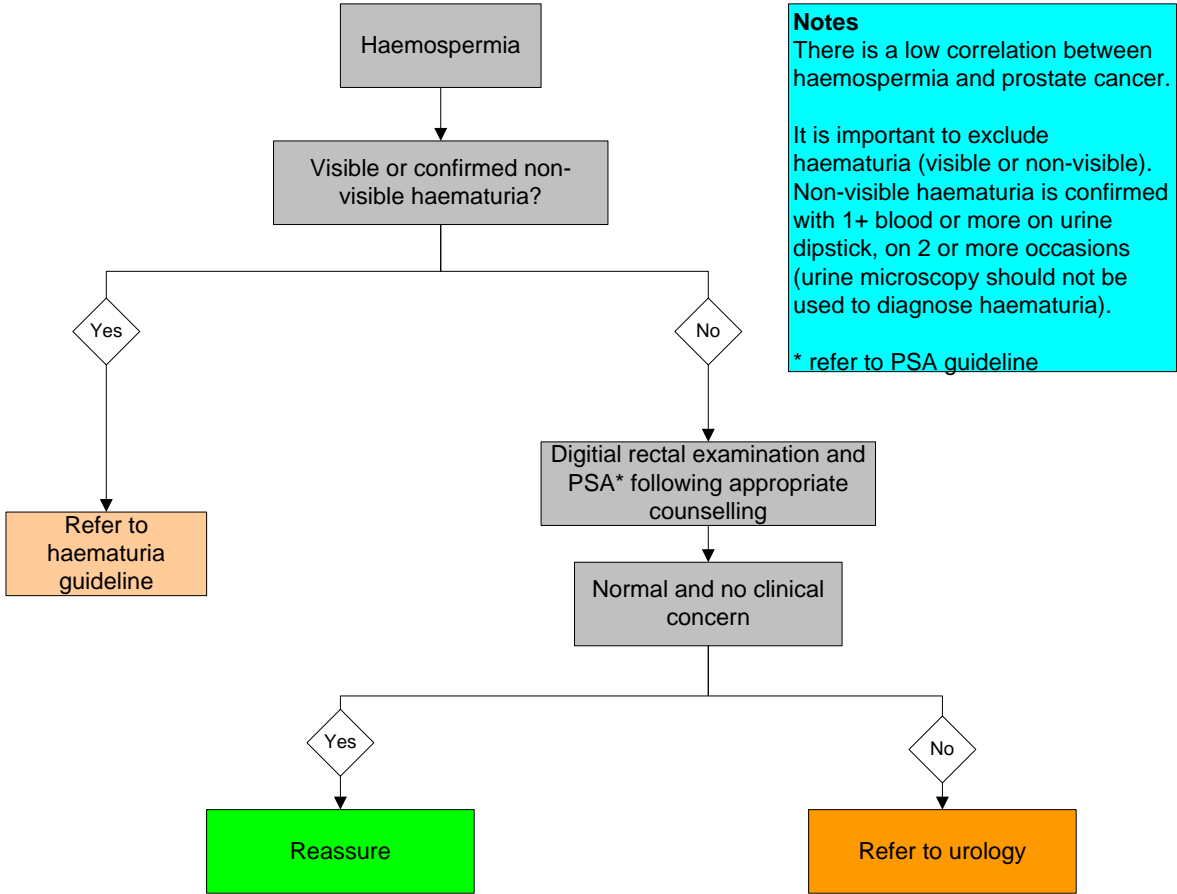
Note: The guideline group recognised that the Northern Cancer Network is developing guidelines for haematuria, and the outcome is pending. This pathway will be updated if there is a significant difference in the recommendations e.g. with respect to age cut offs for referral to urology or nephrology.

Urinary tract infection

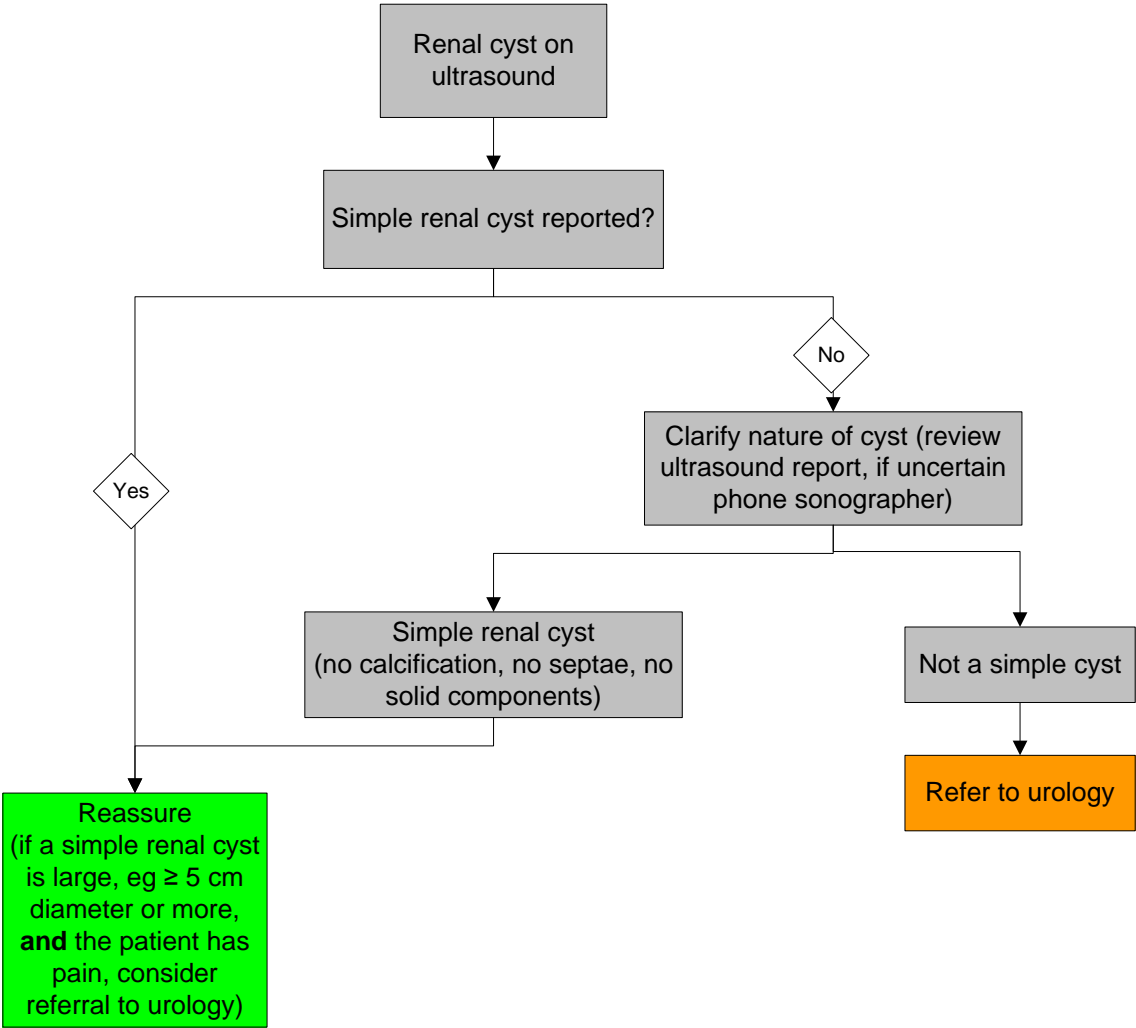


Notes
 * Symptoms of a UTI in a man: review sexual history, consider need for referral to sexual health.
 Visible haematuria associated with a UTI in a woman should also prompt referral to the haematuria clinic if cancer is possible (2 week rule). Use clinical judgement when deciding whether referral is indicated.

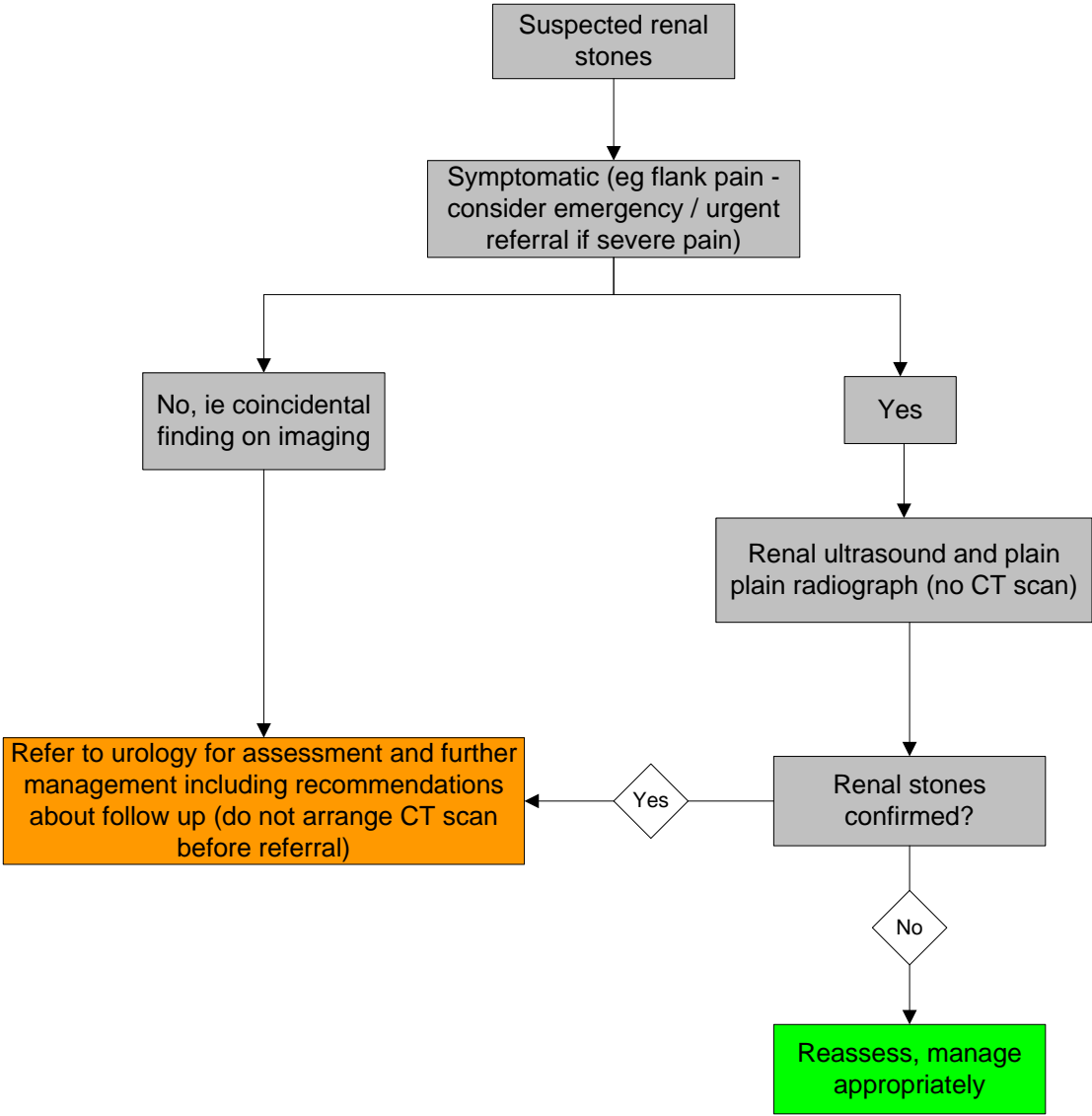
Haemospermia



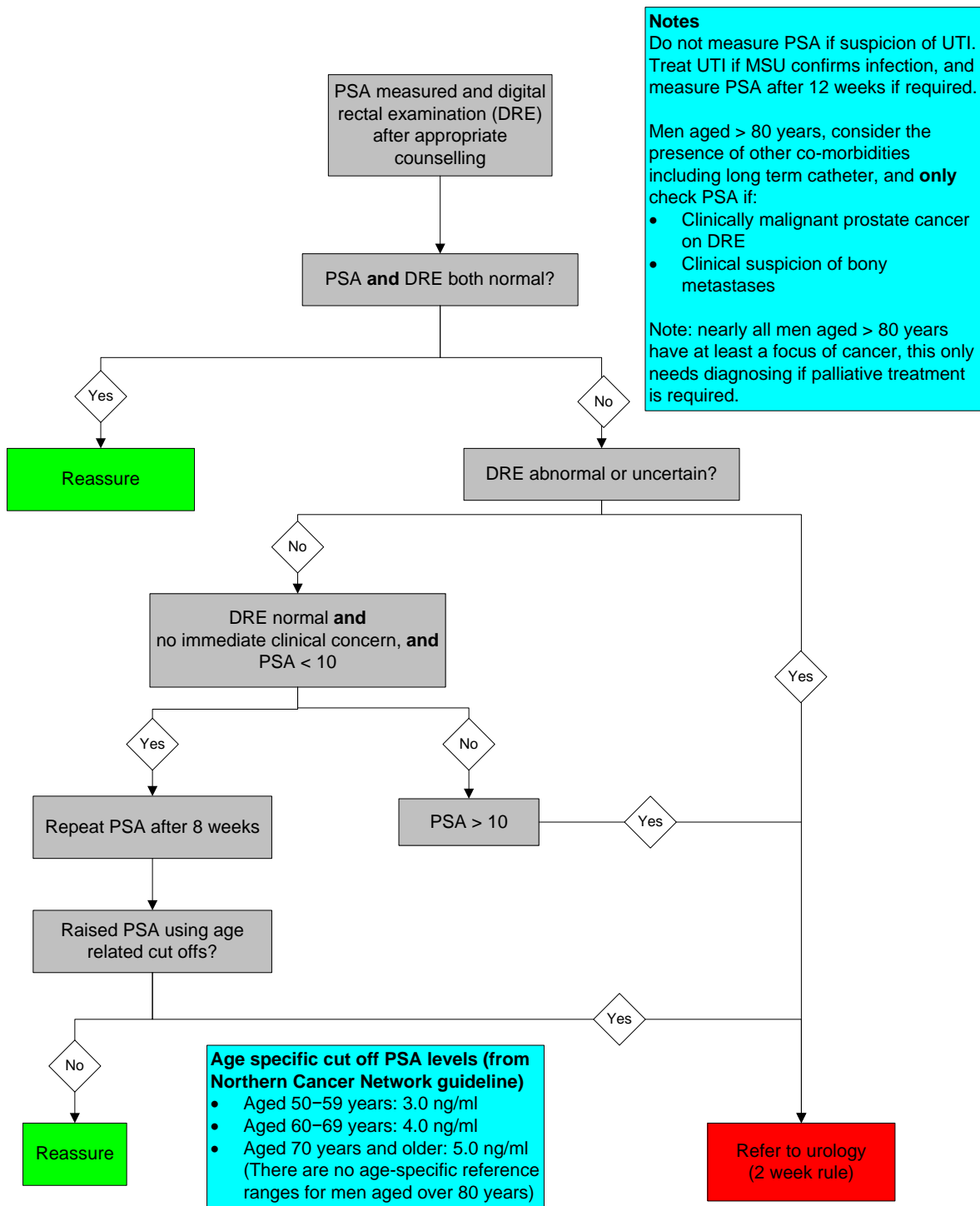
Renal cyst on ultrasound



Suspected renal stones

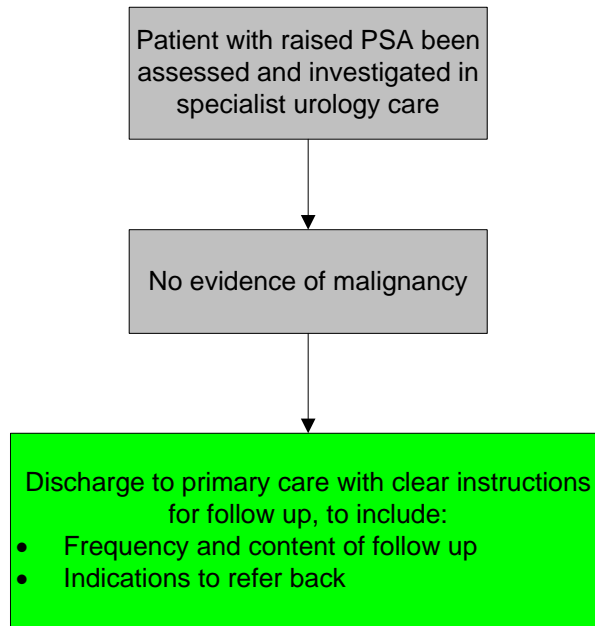


Management of PSA

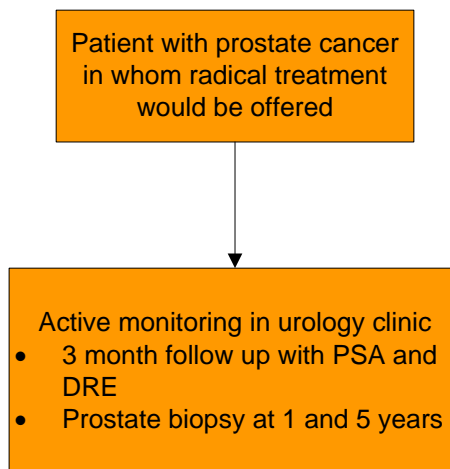


Follow up of patients

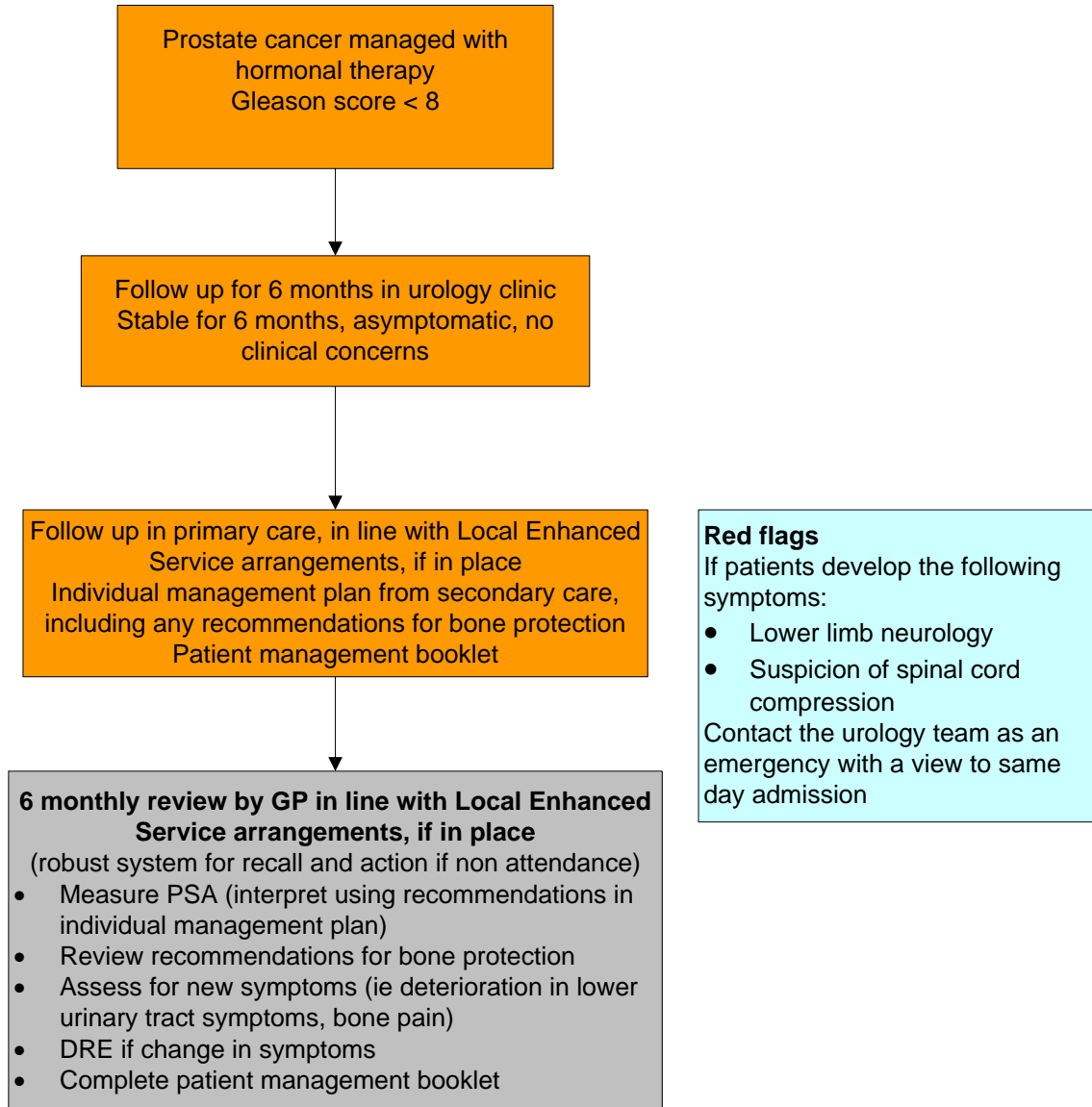
Raised PSA without cancer



Prostate cancer not currently on treatment, in whom radical treatment would be offered



Prostate cancer managed with hormonal therapy



Patients should only be discharged for follow up in primary care when an appropriate LES, or similar arrangements, are in place.

Curative treatment for prostate cancer

Curative treatment for prostate cancer
Follow up in urology clinic for at least 2 years

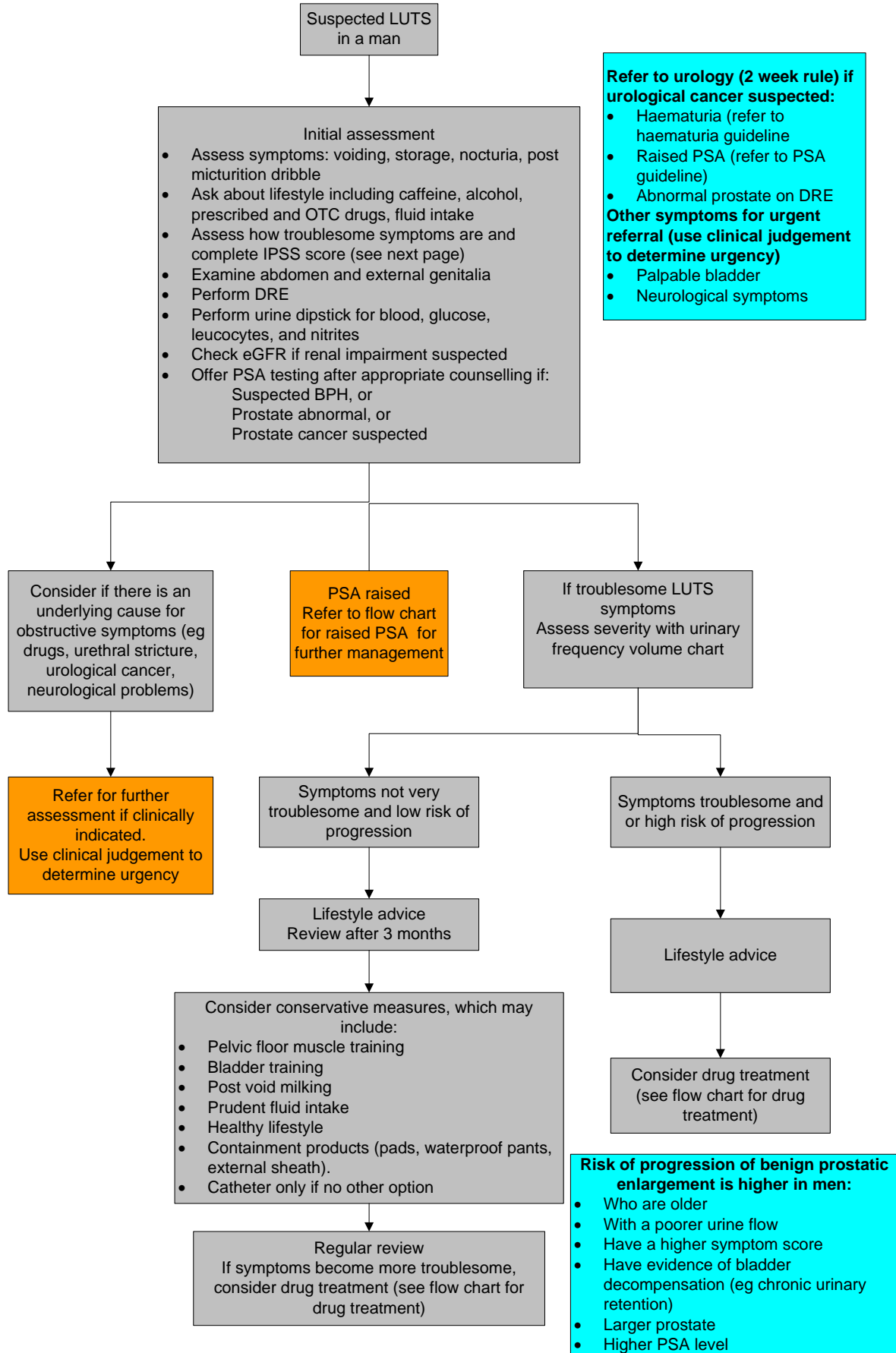
- Monitor highly sensitive PSA
- Assess for new symptoms
- Consider discharge to primary care after 2 years with individual management plan, unless on-going follow up in secondary care clinically indicated



Annual review in primary care
(robust system for recall and action if non attendance)

- Measure PSA (interpret using recommendations in individual management plan)
- Assess for new symptoms
- Use guidance in individual management plan for indications for re-referral to secondary care

Lower urinary tract symptoms (LUTS) in men: assessment and management



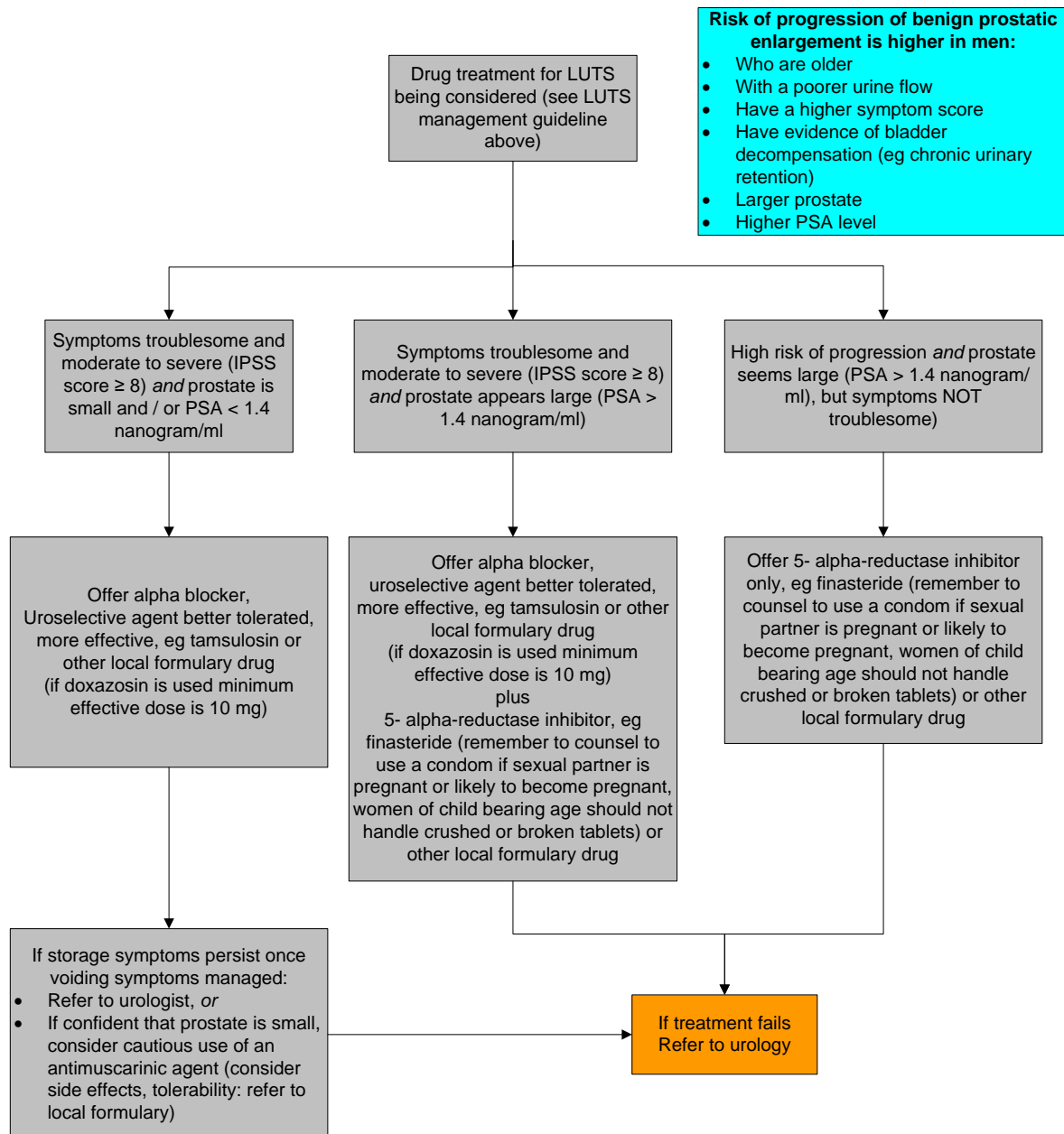
International Prostate Symptom Score (IPSS)

Name:

Date:

	Not at all	Less than 1 time in	Less than half the time	About half the time	More than half the time	Almost Always	Your score
Incomplete Emptying Over the past month, how often have you had a sensation of not emptying your bladder completely after you finish urinating?	0	1	2	3	4	5	
Frequency Over the past month, how often have you had to urinate again less than 2 hours after you finished urinating?	0	1	2	3	4	5	
Intermittency Over the past month, how often have you found you stopped and started again several times when you urinated?	0	1	2	3	4	5	
Urgency Over the last month, how difficult have you found it to postpone urination?	0	1	2	3	4	5	
Weak stream Over the past month, how often have you had a weak urinary stream?	0	1	2	3	4	5	
Straining Over the past month, how often have you had to push or strain to begin urination?	0	1	2	3	4	5	
	None	1 time	2 times	3 times	4 times	5 times or more	Your score
Nocturia Over the past month, how many times did you most typically get up to urinate from the time you went to bed until the time you got up in the morning?	0	1	2	3	4	5	
Total IPSS Score							
Bothersomeness Quality of life due to urinary symptoms	Delighted	Pleased	Mostly satisfied	Mixed – about equally satisfied and dissatisfied	Mostly dissatisfied	Unhappy	Terrible
If you were to spend the rest of you life with your urinary condition the way it is now, how would you feel about that?	0	1	2	3	4	5	6

Drug flow in patients with LUTS being considered for drug treatment



Notes
Refer to local formulary for additional information and for details of drugs on the local formulary

Follow up
Alpha-blocker: after 4-6 weeks, and then every 6-12 months
5-alpha-reductase inhibitor: after 3-6 months, then every 6-12 months
Antimuscarinic agent: every 4-6 weeks until stable, then every 6-12 months

Interpretation of PSA results
After 6 months of 5-alpha reductase inhibitor use, PSA levels reduce by about 50%. When interpreting a PSA level measured after at least 6 months of 5-alpha reductase inhibitor treatment, double the PSA result

APPENDIX

Membership of the guideline development group

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Date of guideline and review date

July 2013, review July 2016