Newcastle upon Tyne, Gateshead and Northumbria Urology guidelines

INTRODUCTION

This document is an update of the NORTH OF TYNE AND GATESHEAD GUIDELINES FOR MANAGEMENT OF COMMON UROLOGICAL CONDITIONS IN ADULTS IN PRIMARY CARE. Changes have been made to fit with current practice and align recommendations with NICE guidance and **North of Tyne/Gateshead guidelines for detection, management and referral of adults with kidney disease**

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. .

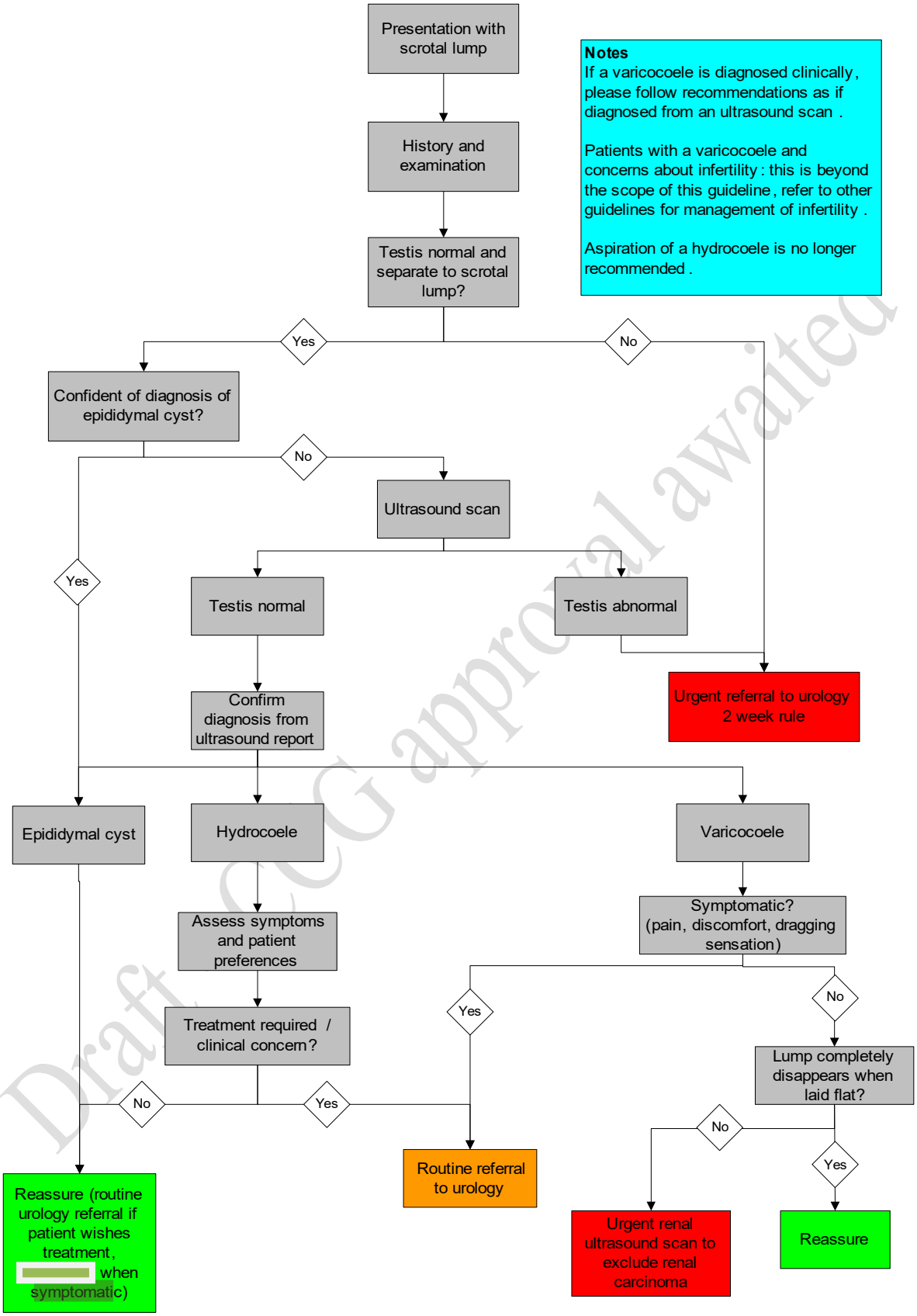
How to use the guidelines

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

Scrotal lumps

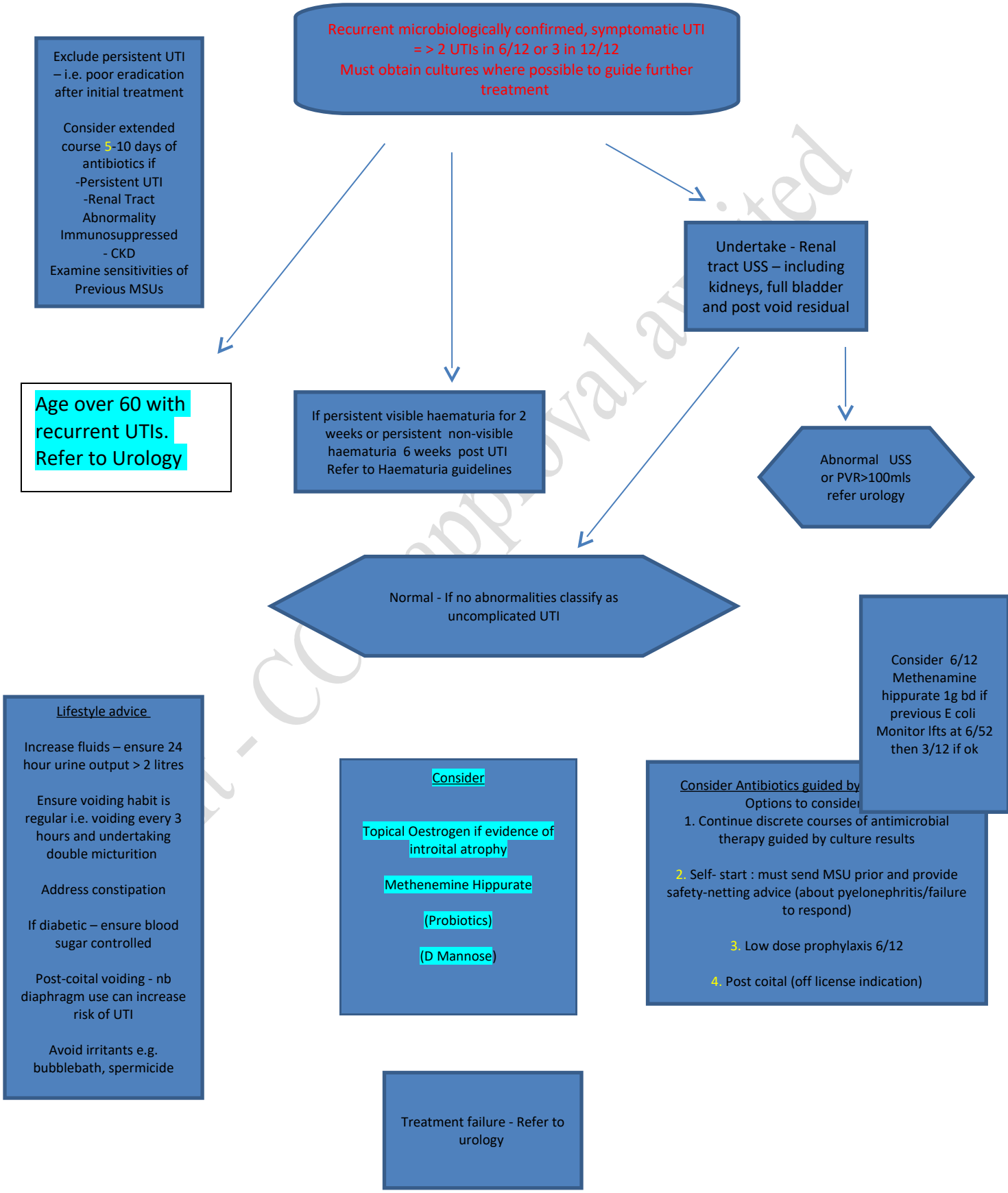


Notes
If a varicocoele is diagnosed clinically, please follow recommendations as if diagnosed from an ultrasound scan .

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 .

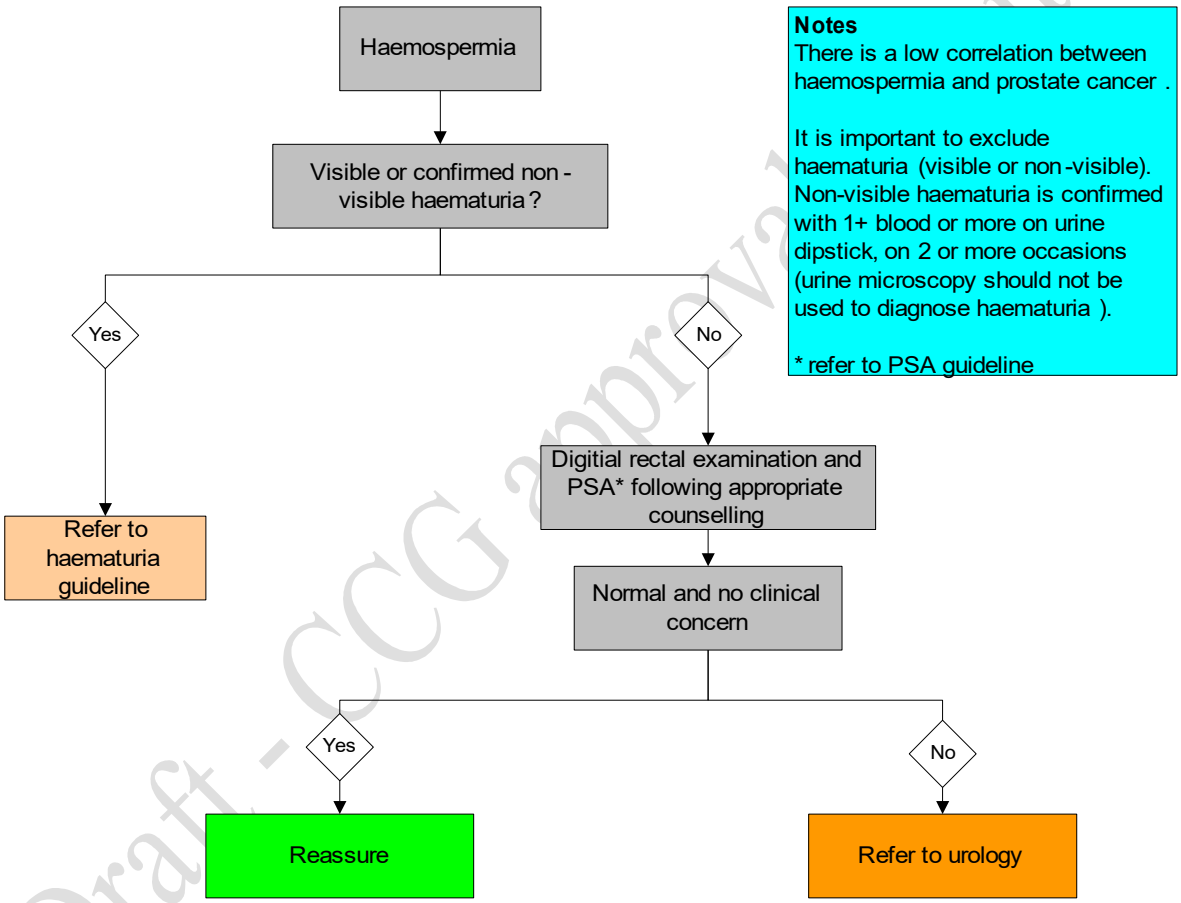
Recurrent Urinary Tract Infections in Non-Pregnant Females



UTIs in men

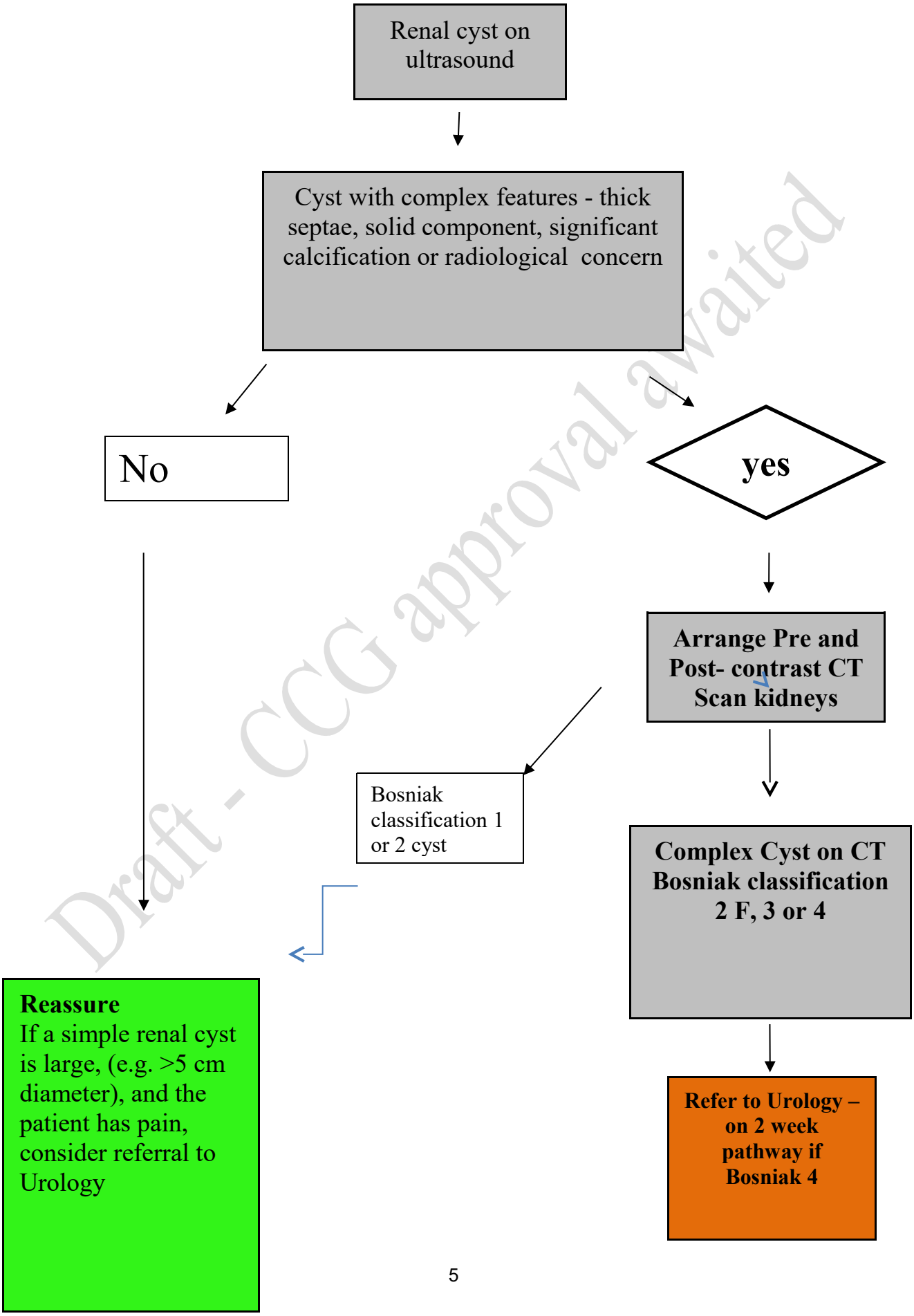
A proven UTI in a male should be investigated with an ultrasound of the urinary tract including ultrasound bladder and assessment of post micturition residual
If ultrasound is normal then urology referral may be indicated based on haematuria or cancer guidelines or if there is clinical concern

Haematospermia

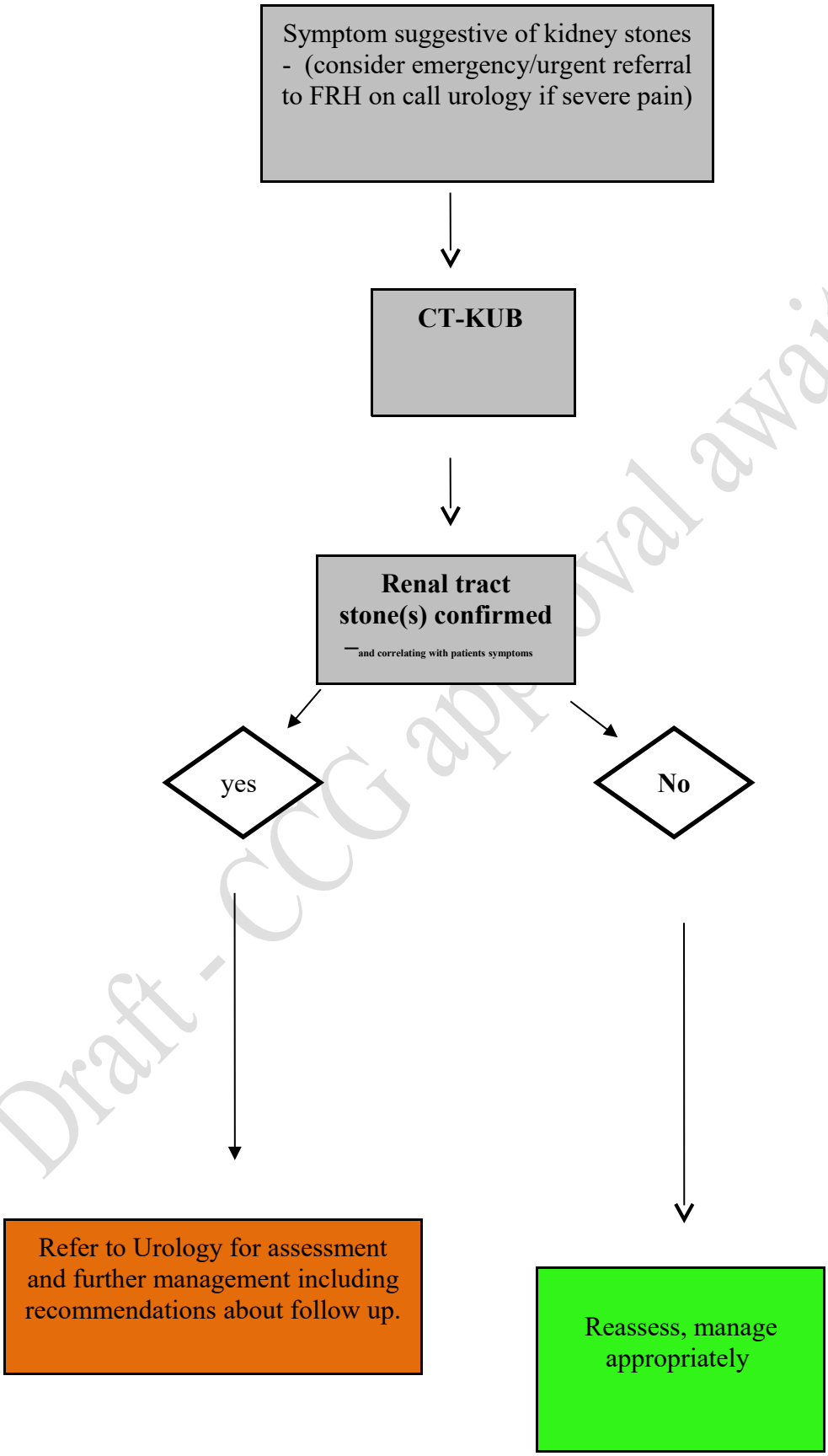


Please note we are aware that these guidelines do not align with NICE guideline but feel there is clinical consensus with above approach
If haematospermia is recurrent or persistent – consider referral to urology

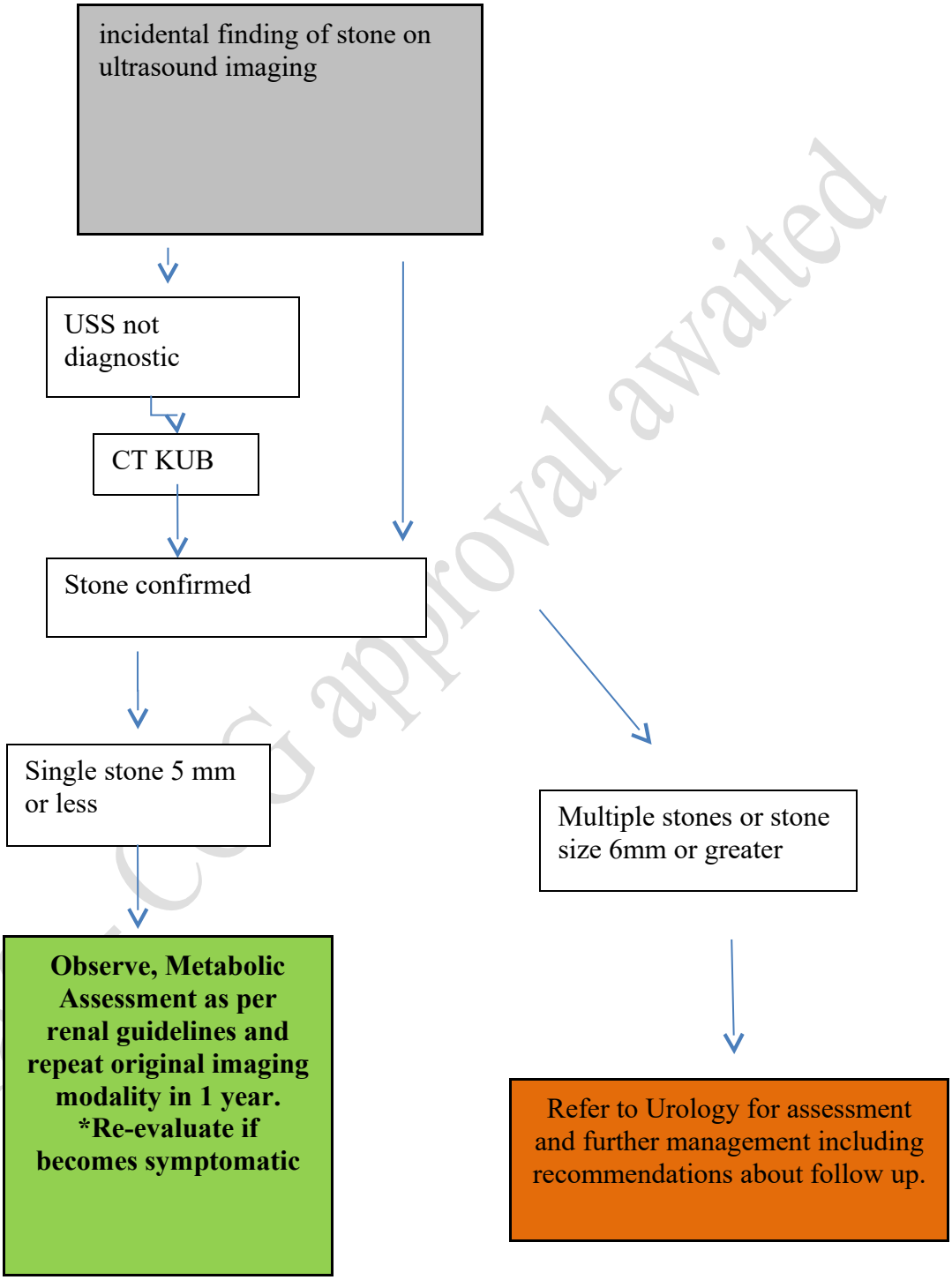
Renal cysts



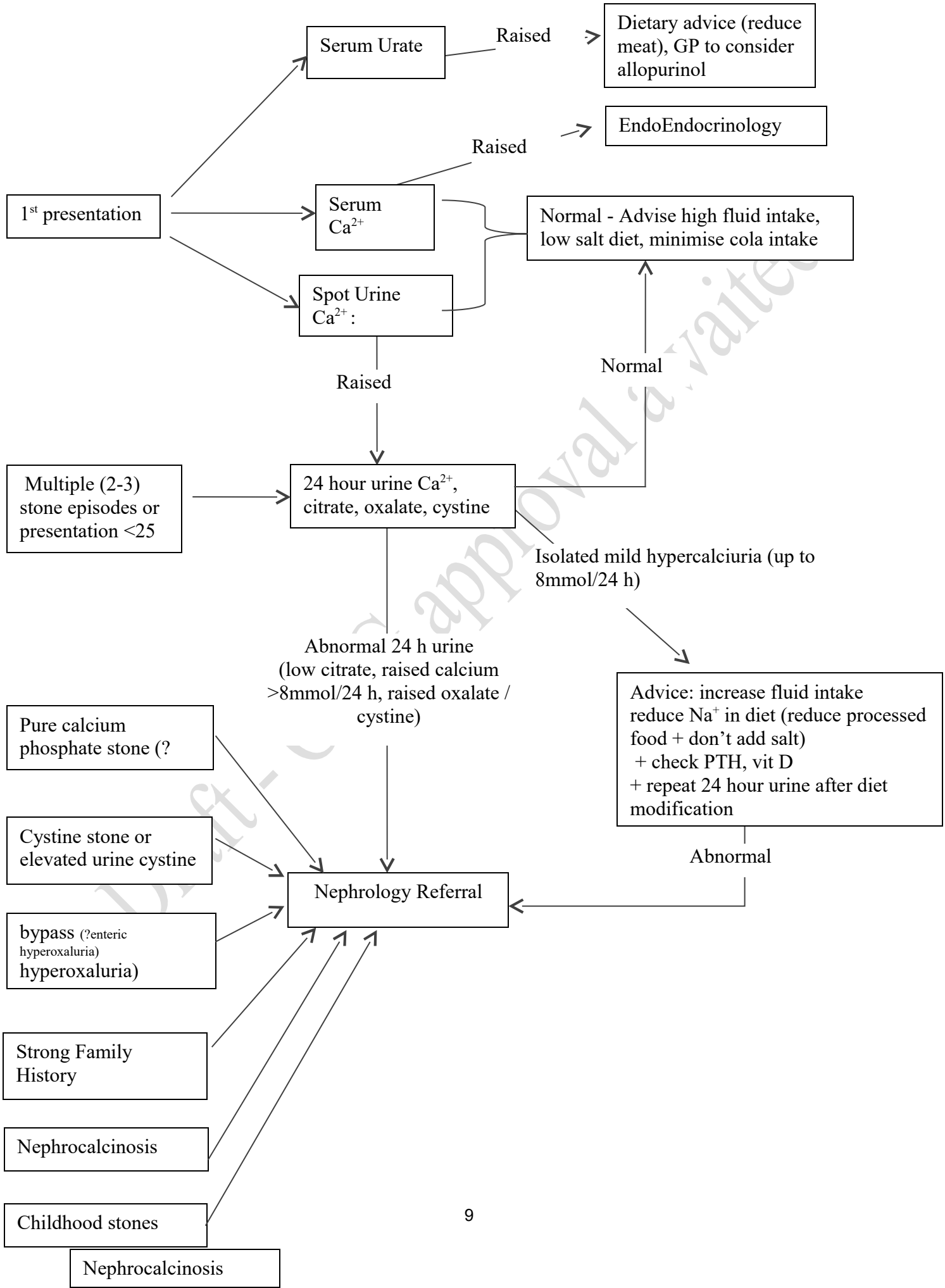
Symptoms suggesting urinary tract stones



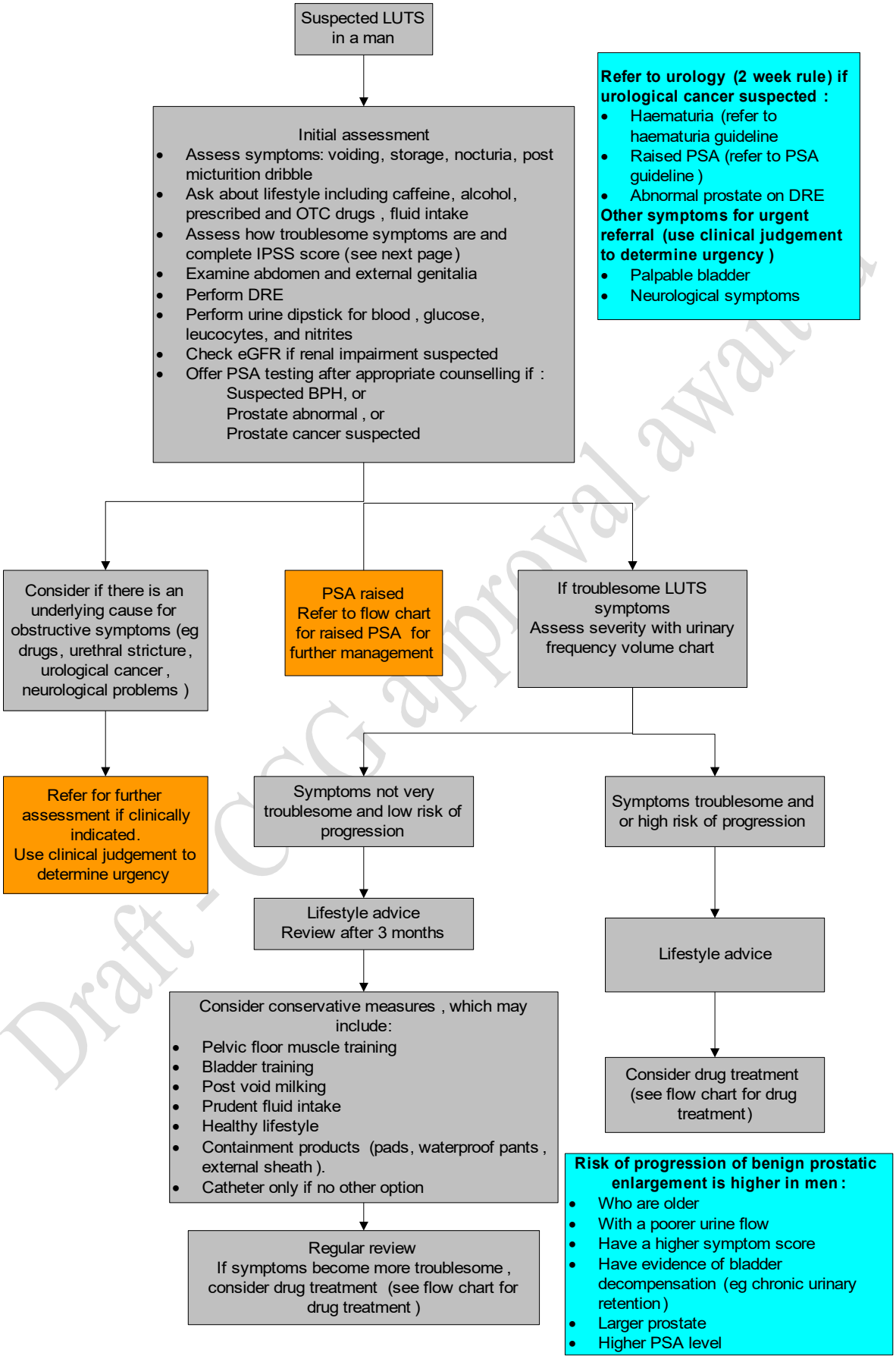
Incidental finding of renal stones



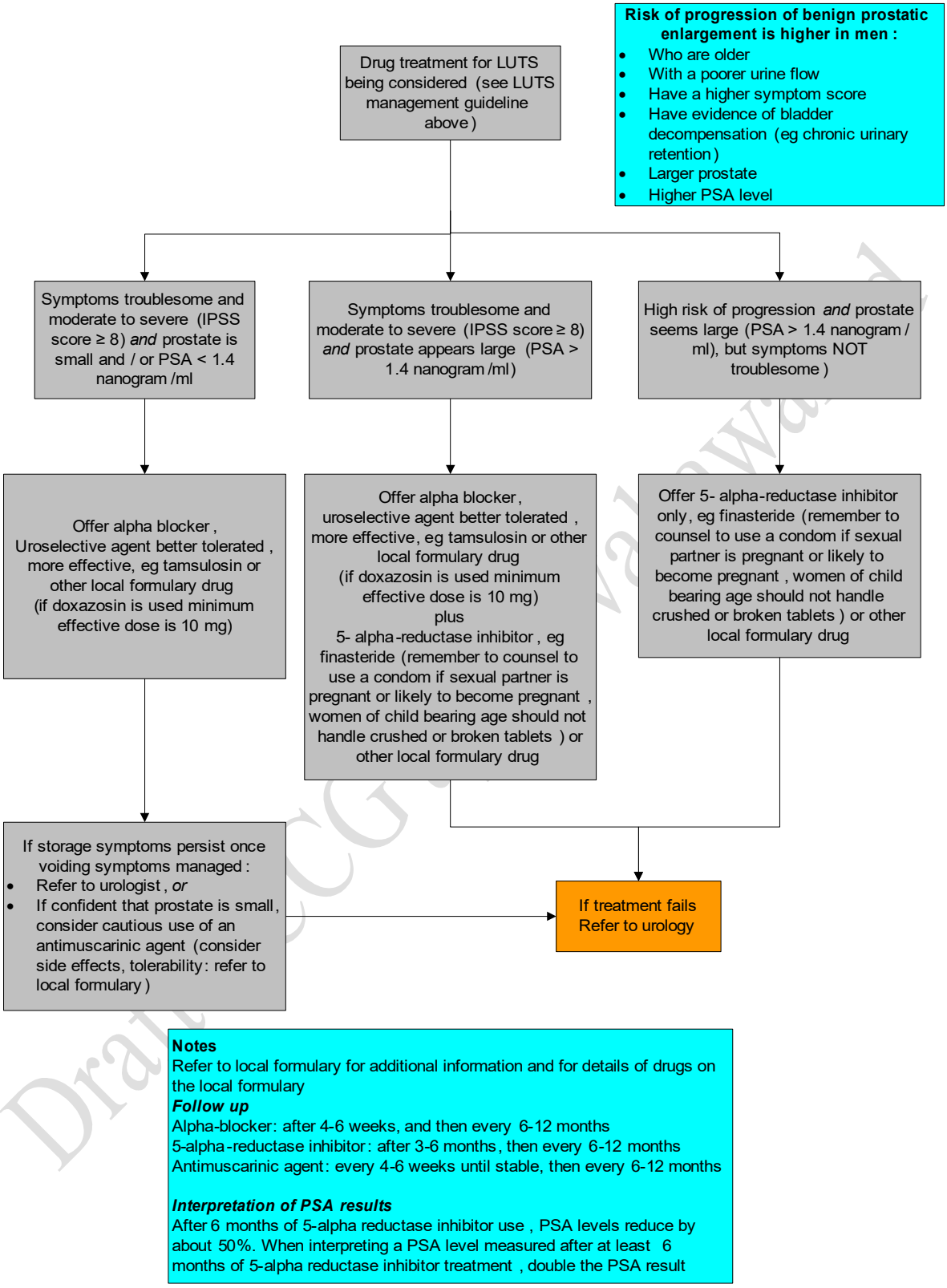
Kidney Stone Patient Metabolic Assessment



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



Drug flow chart for drug treatment in male patients with Lower urinary tract symptoms

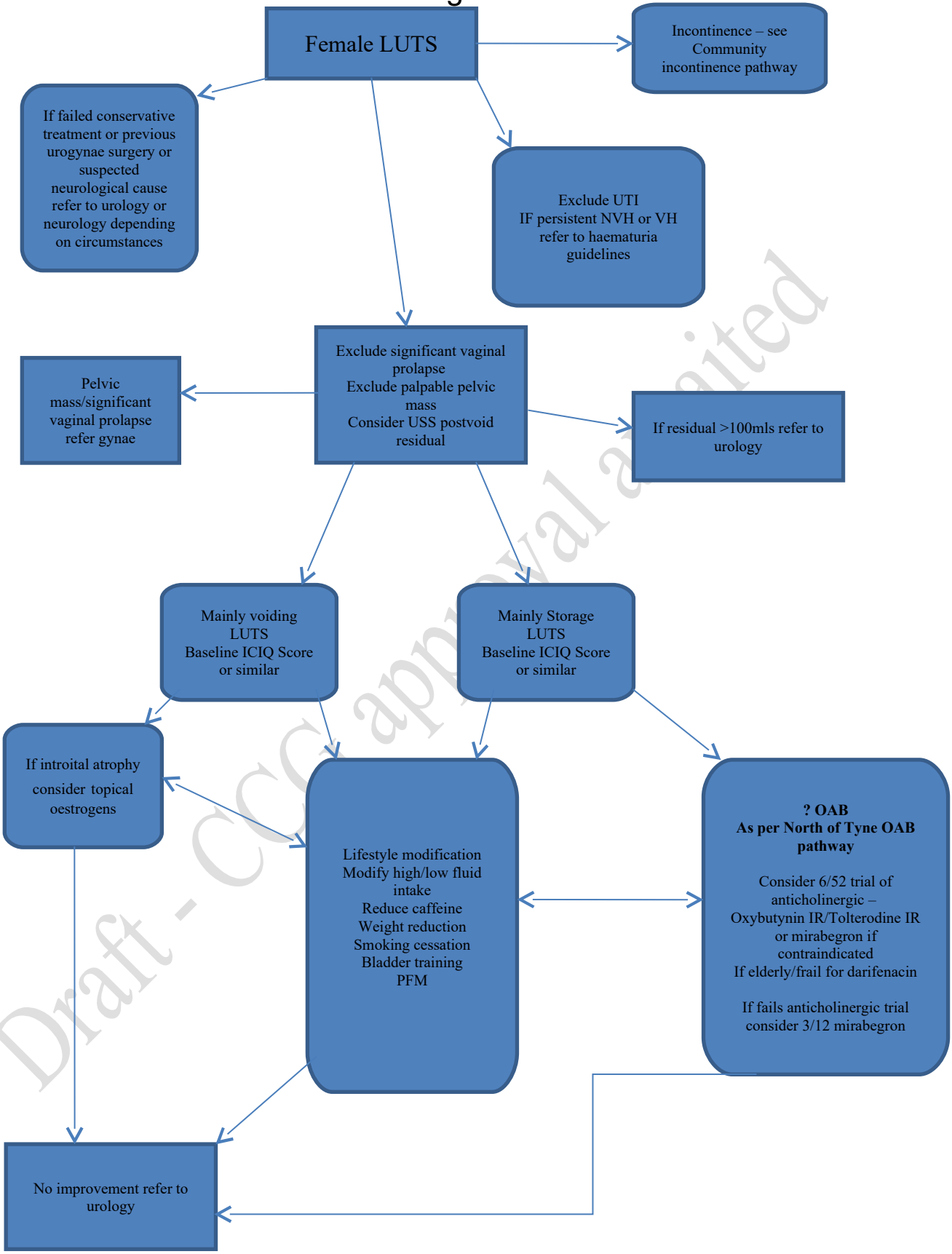


Notes
Refer to local formulary for additional information and for details of drugs on the local formulary

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

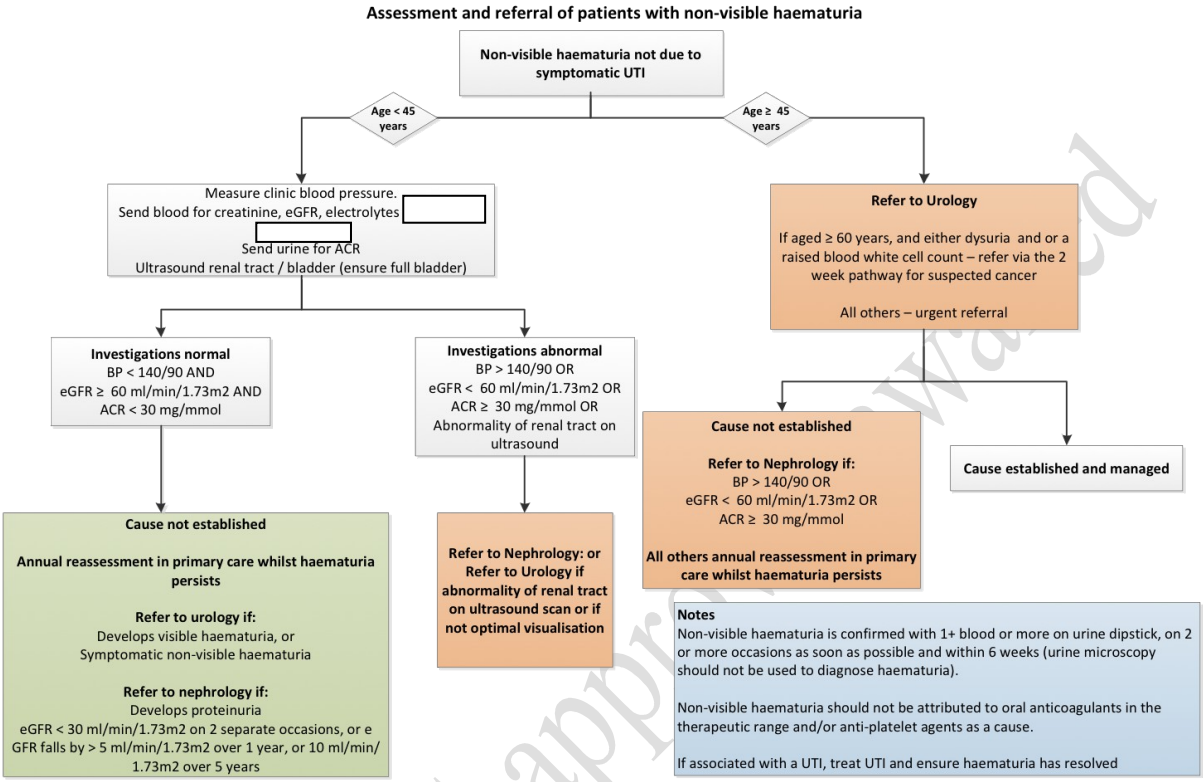
Interpretation of PSA results
After 6 months of 5-alpha reductase inhibitor use, PSA levels reduce by about 50%. When interpreting a PSA level measured after at least 6 months of 5-alpha reductase inhibitor treatment, double the PSA result

Female LUTS guidelines



Assessment and referral of non-visible haematuria

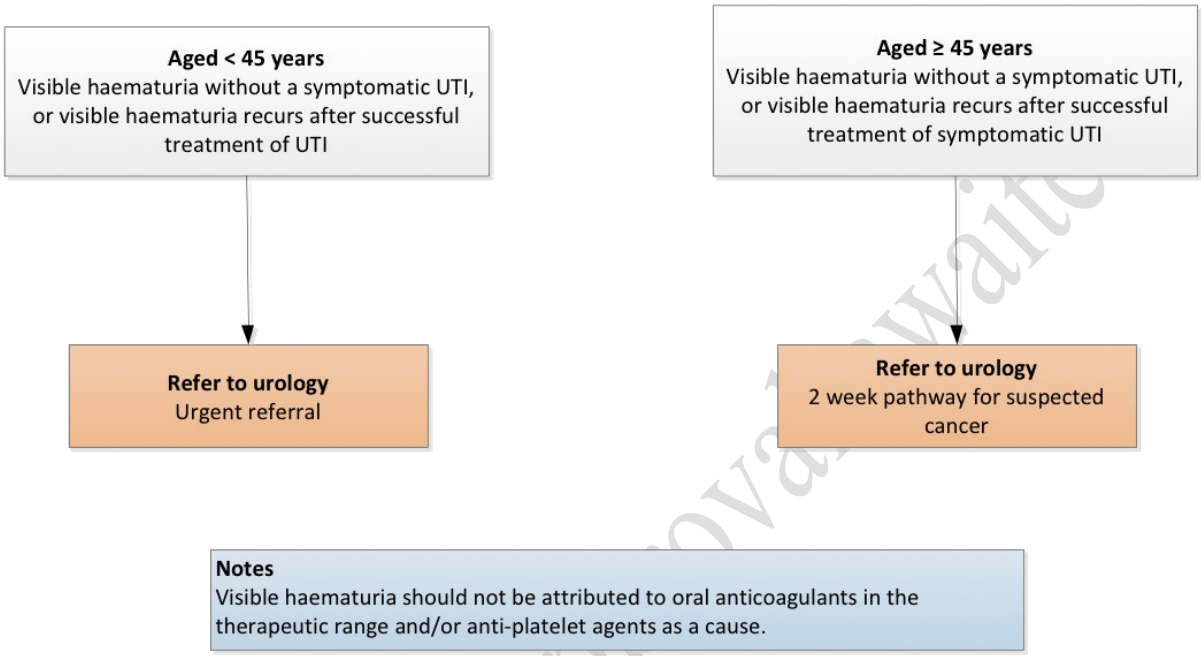
– taken from North of Tyne/Gateshead guidelines for detection, management and referral of adults with kidney disease



Visible haematuria

taken from North of Tyne/Gateshead guidelines for detection, management and referral of adults with kidney disease

Assessment and referral of patients with visible haematuria



Notes
Visible haematuria should not be attributed to oral anticoagulants in the therapeutic range and/or anti-platelet agents as a cause.

Summary of urology referral for cystoscopy

Visible haematuria (no UTI) > 45 years – 2 week cancer pathway
Visible haematuria (no UTI) < 45 years – urgent referral
Non- visible haematuria (no UTI) age > 60 with dysuria or raised wcc – 2 week cancer pathway
Non- visible haematuria (no UTI) age > 45 – urgent referral

Visible haematuria associated with UTI, persisting for > 2 weeks – urgent referral
Non visible haematuria associated with UTI, persisting for > 6 weeks, age > 45 – urgent referral
Recurrent UTIs (with or without haematuria) over the age of 60 – urgent referral

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