



# Newcastle upon Tyne, Gateshead and Northumbria Urology guidelines

(Minor revisions to assessment and referral of non-visible haematuria – May 2020)

## 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.

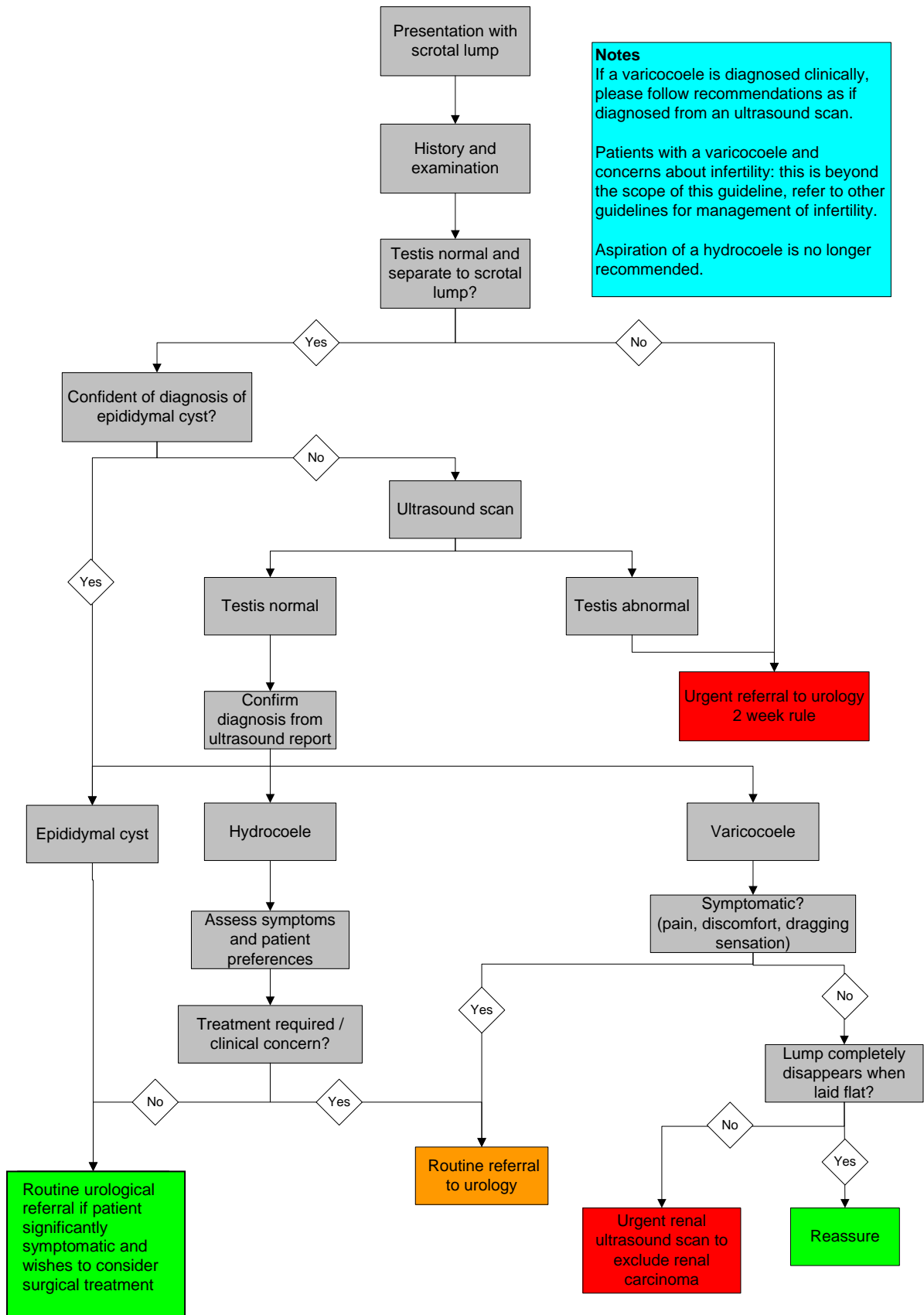
### ***Referrals***

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

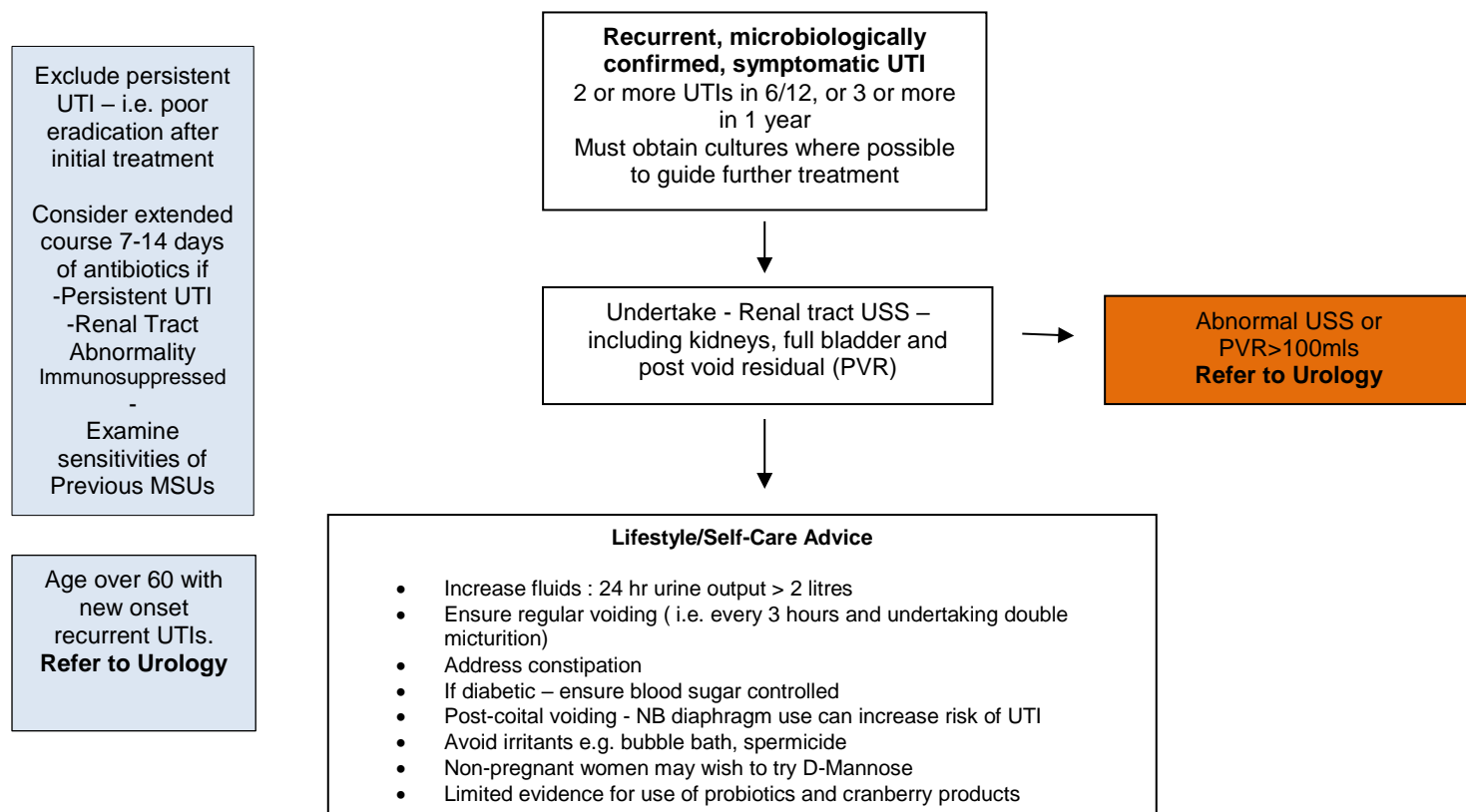
## Contents

Scrotal Lumps	3
Recurrent UTI's in non-pregnant females	4
UTI's in men	5
Renal Cysts	6
Symptoms suggesting urinary tract stones	7
Incidental finding of renal stones	8
Kidney stone patient metabolic assessment	9
LUTS in men	10
Drug flow chart for male patients with LUTS	11
Female LUTS guidelines	12
Assessment and referral of non-visible haematuria	13
Visible haematuria	14
Summary of urology referral for cystoscopy	15
Contributors	16

# Scrotal lumps



## Recurrent Urinary Tract Infections in Non-Pregnant Females



No improvement

Postmenopausal Women	Identifiable /trigger for UTI e.g. Intercourse	Trail of Daily Antibiotic Prophylaxis	Methanamine Hippurate	Self-Start Antibiotics
<p>Consider vaginal (not oral) oestrogen. Review at 6-12months</p> <p>Take account of severity and frequency of symptoms, risk of complications, benefits for other symptoms (vaginal dryness) possible adverse effects (breast tenderness and vaginal bleeding), unknown long-term endometrial safety and preferences for treatment.</p>	<p>Consider Single-dose antibiotic prophylaxis</p> <p>Advise how to use, possible adverse effects of antibiotics, particularly diarrhoea and nausea and need to seek medical help if symptoms of UTI develop. Review efficacy at 3-6months.</p>	<p>Advise about risk of resistance with long-term antibiotics, possible adverse effects of long-term antibiotics and need to seek medical help if symptoms of an acute UTI develop. Review at 3 months and consider cessation of antibiotics. If decision made to continue antibiotics review every 6 month. There is no evidence to support rotation of different antibiotics.</p> <p><i>See 'North East and Cumbria Antimicrobial Prescribing Guideline for Primary Care' for further antibiotic treatment/advice</i></p>	<p>Approved on formulary as second line agent for prophylaxis in patients with recurrent UTI's who have failed long-term antibiotic prophylaxis, have contraindication to antibiotics or breakthrough infection with resistant organisms.</p>	<p>Consider in exceptional cases e.g. recurrent admission with pyelonephritis/sepsis</p>

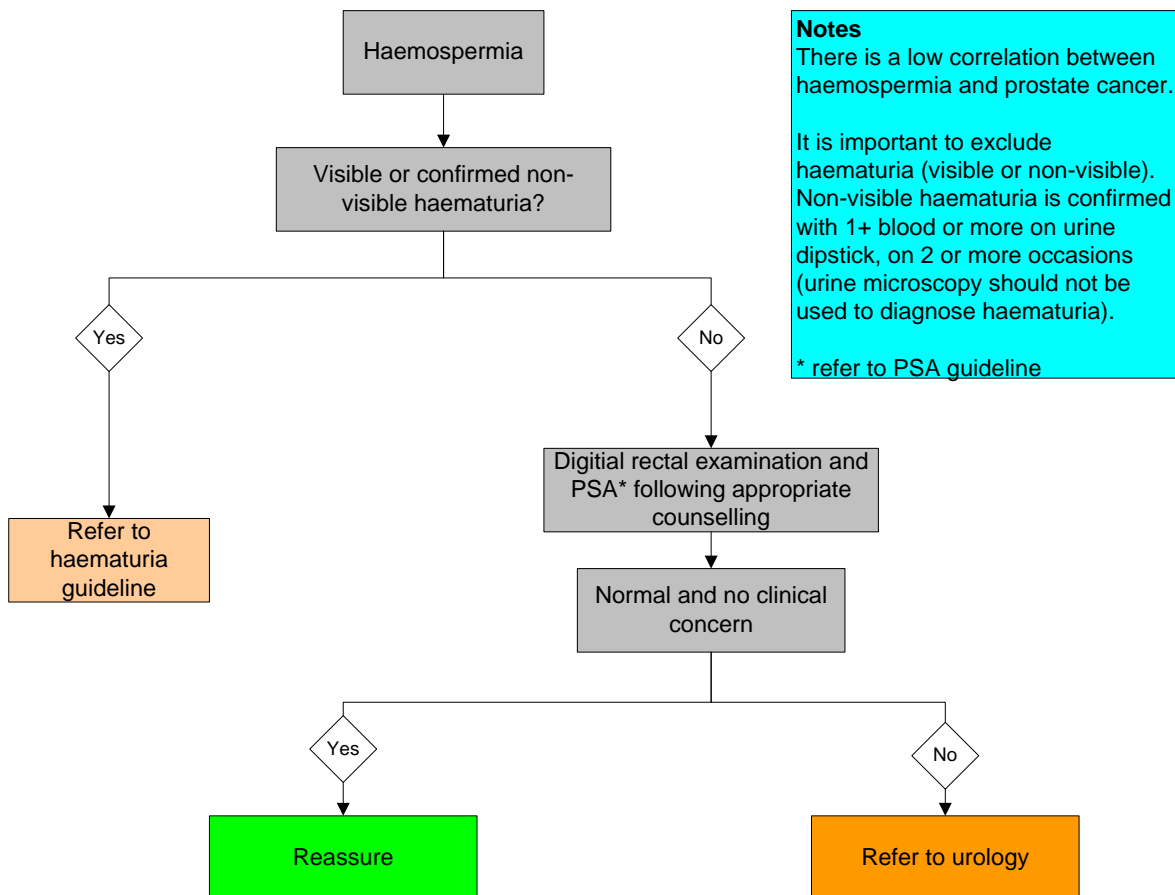
**Treatment failure – Refer to Urology**

[Recurrent UTI NICE guidance](#)

## UTIs in men

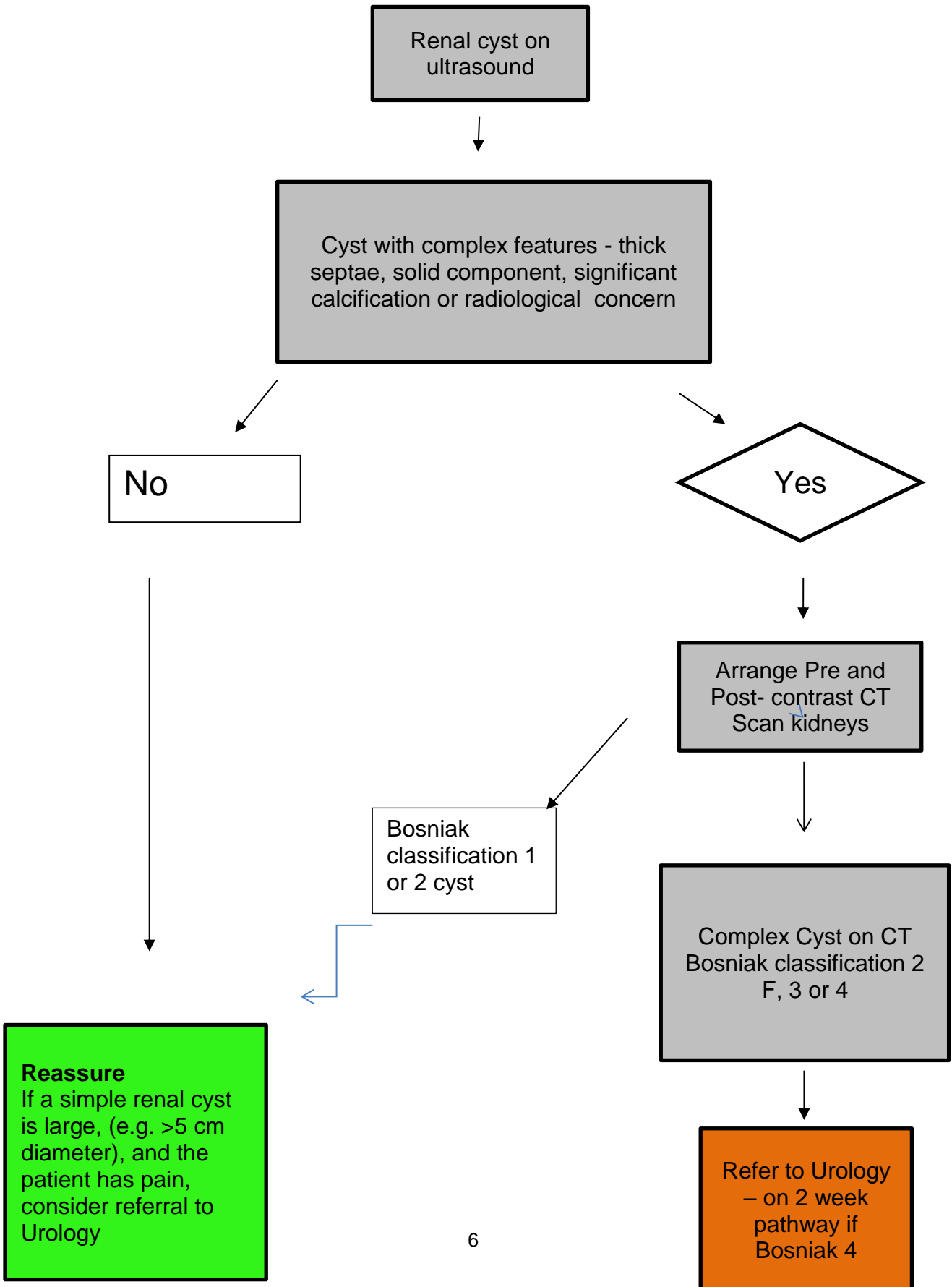
A proven UTI in a male should be investigated with an ultrasound of the urinary tract including ultrasound bladder and assessment of post micturition residual. Urological referral is appropriate if there is an abnormality of the urinary tract or if the post-micturition residual is greater than 100mls. If ultrasound is normal then urology referral may be indicated based on haematuria or cancer guidelines or if there is clinical concern.

## Haematospermia

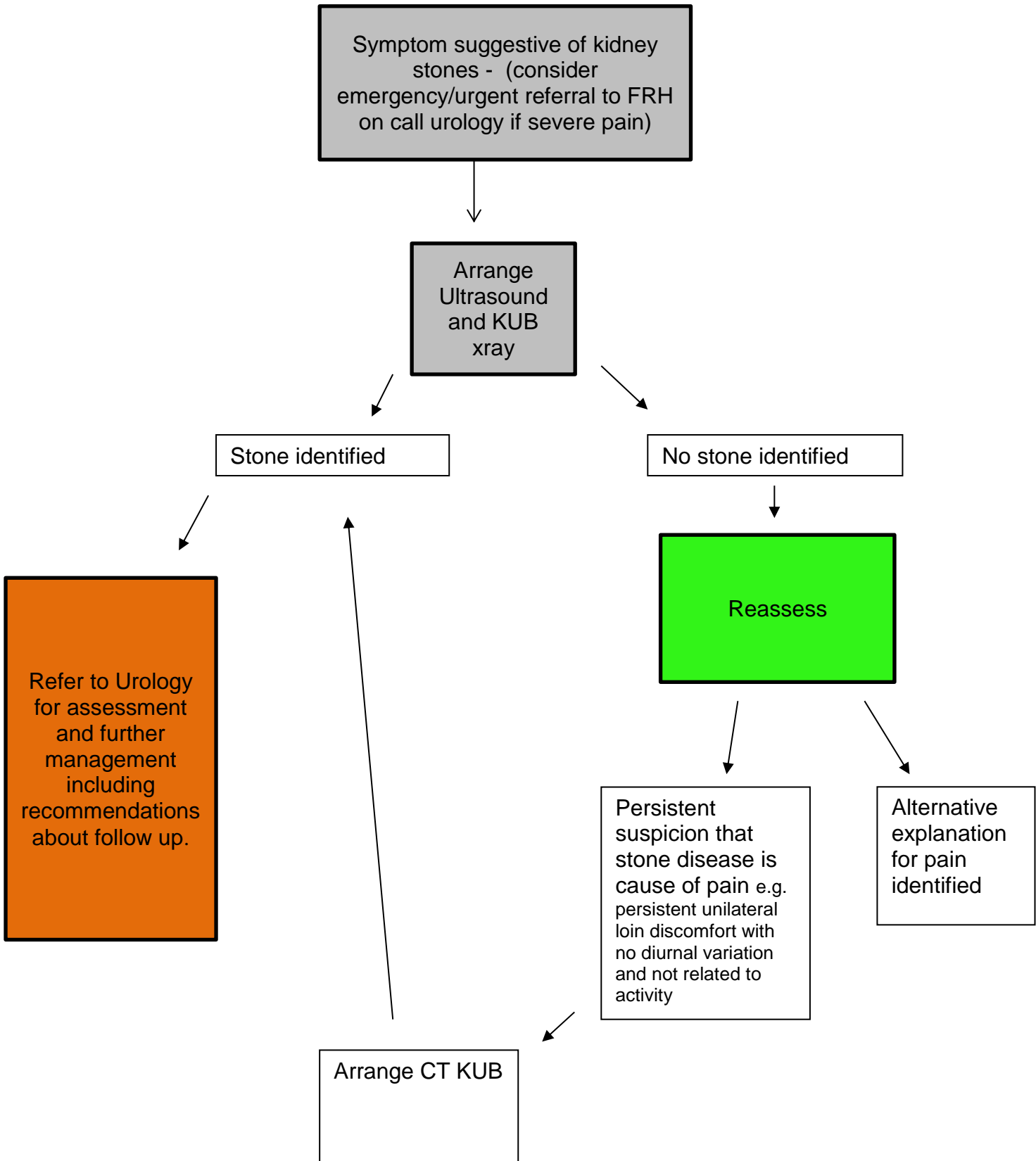


Please note we are aware that these guidelines do not align with NICE guideline but there is clinical consensus with above approach  
 If haematospermia is recurrent or persistent – consider referral to urology

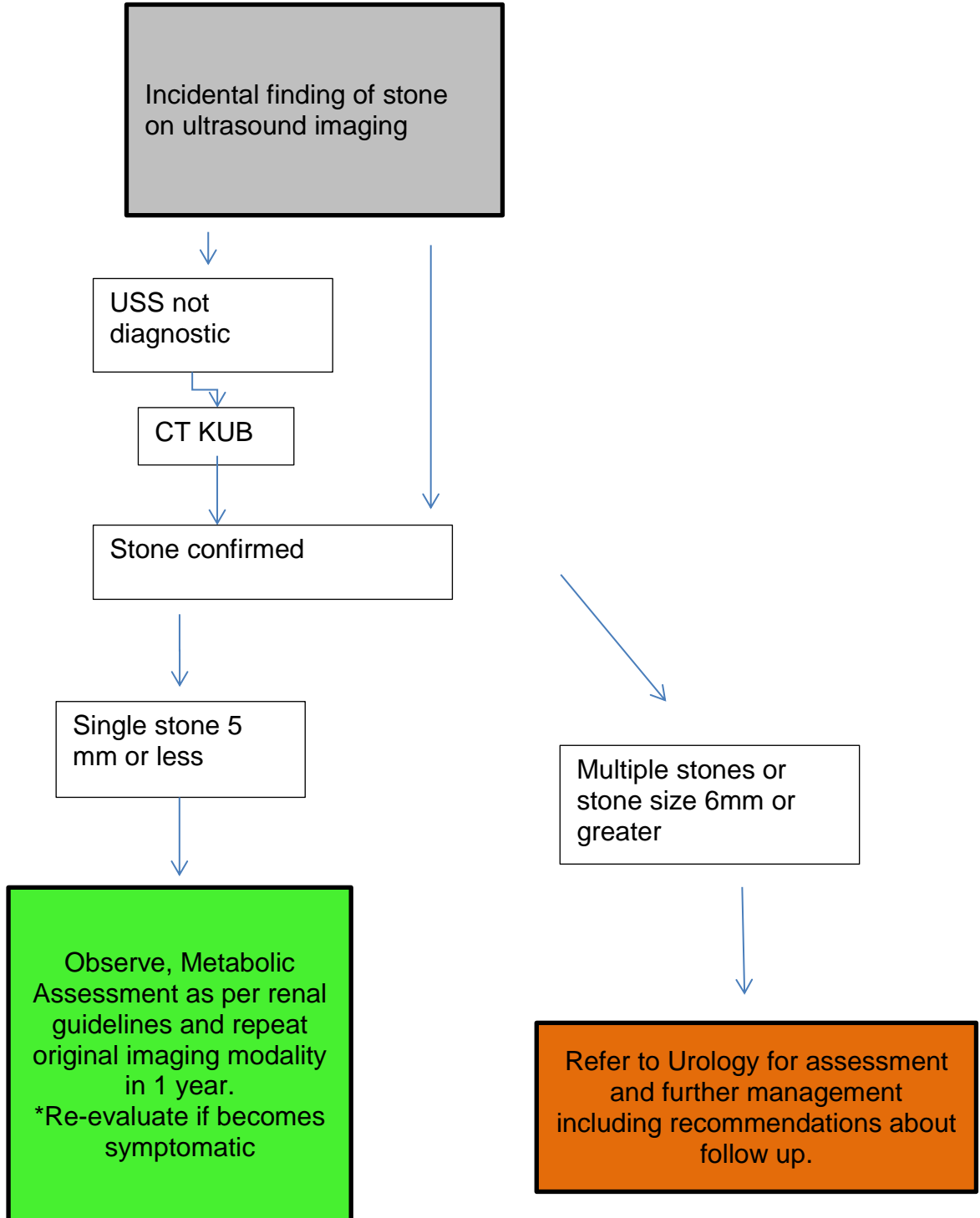
# Renal cysts



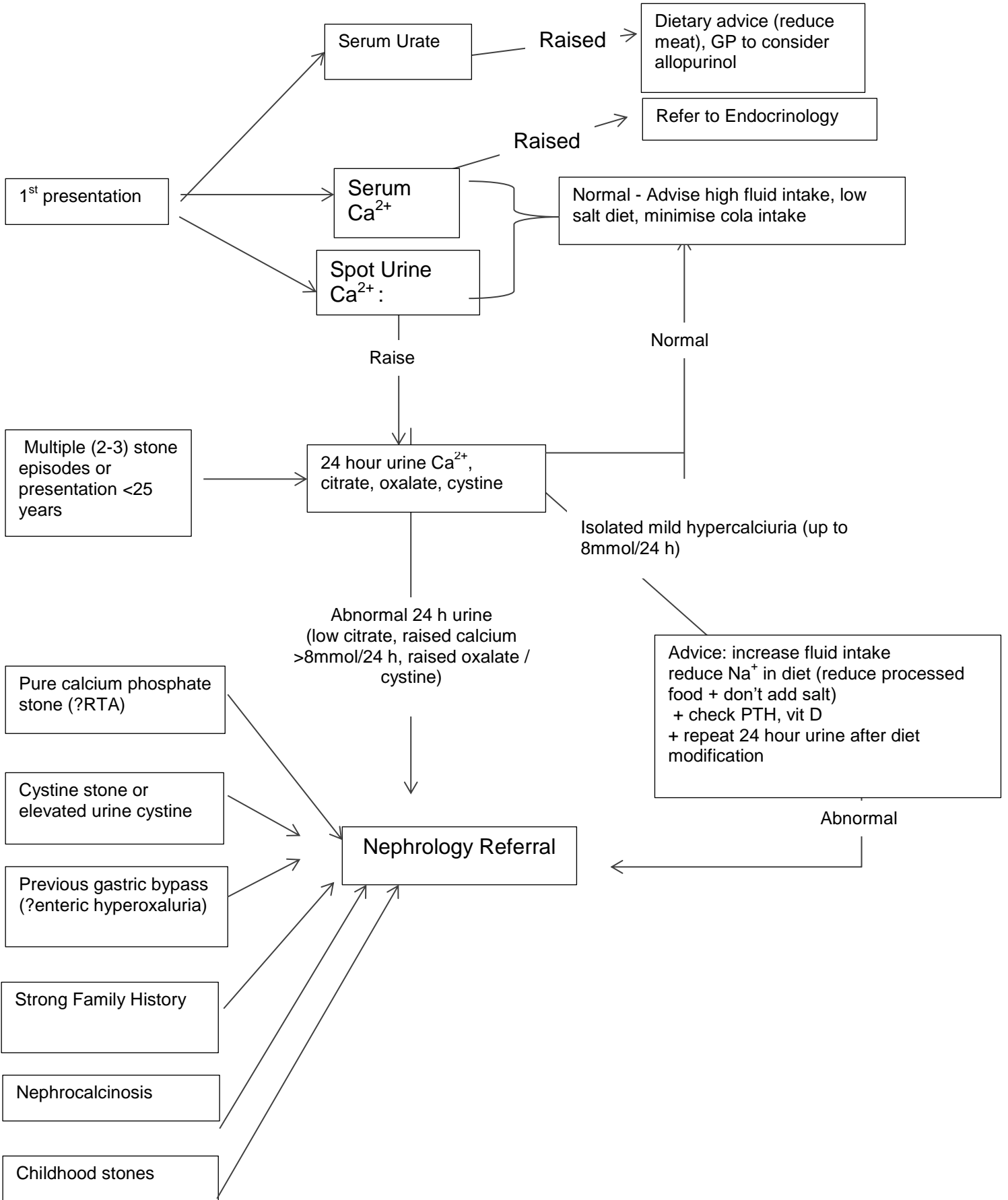
# Symptoms suggesting urinary tract stones



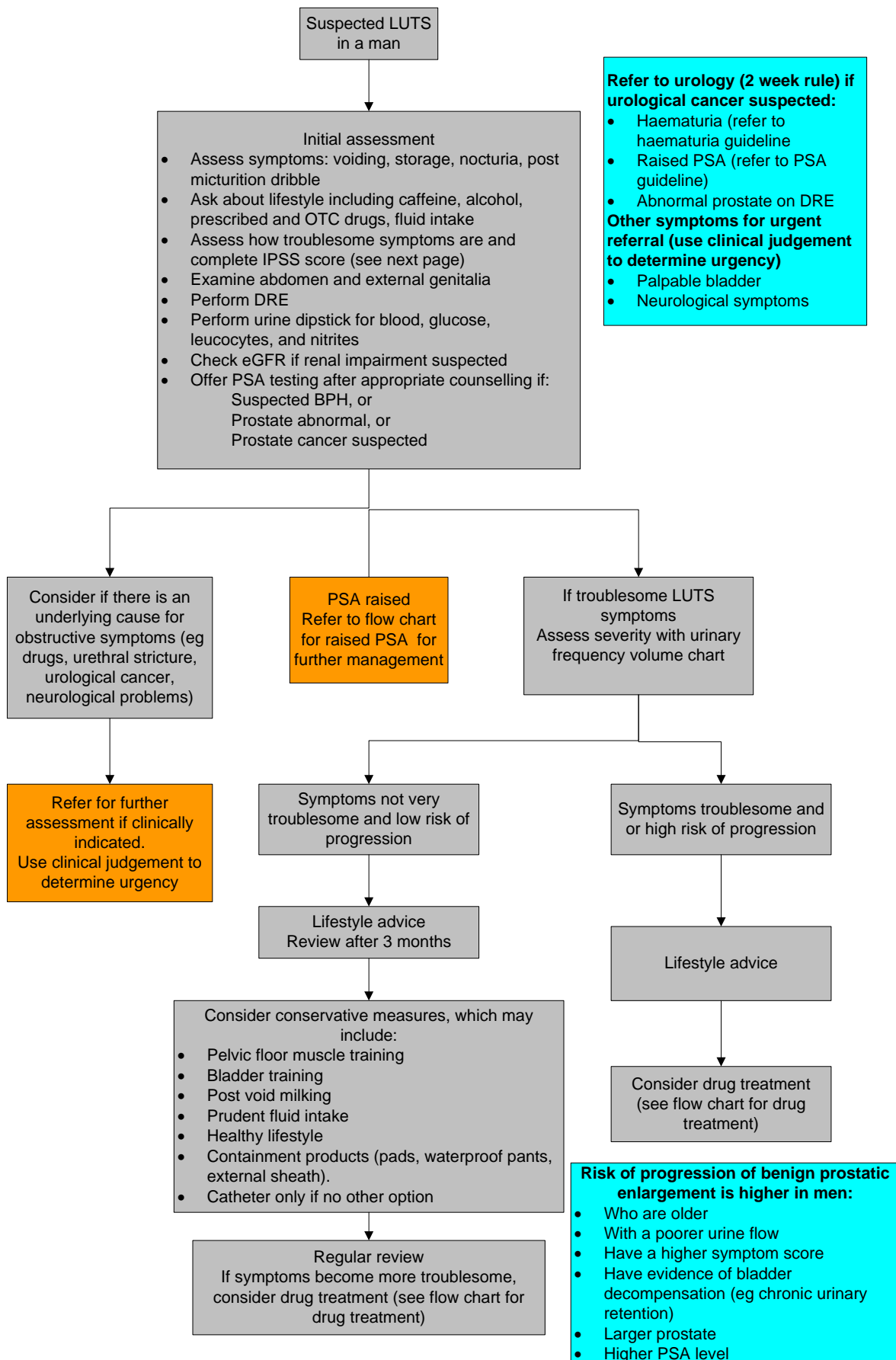
# Incidental finding of renal stones



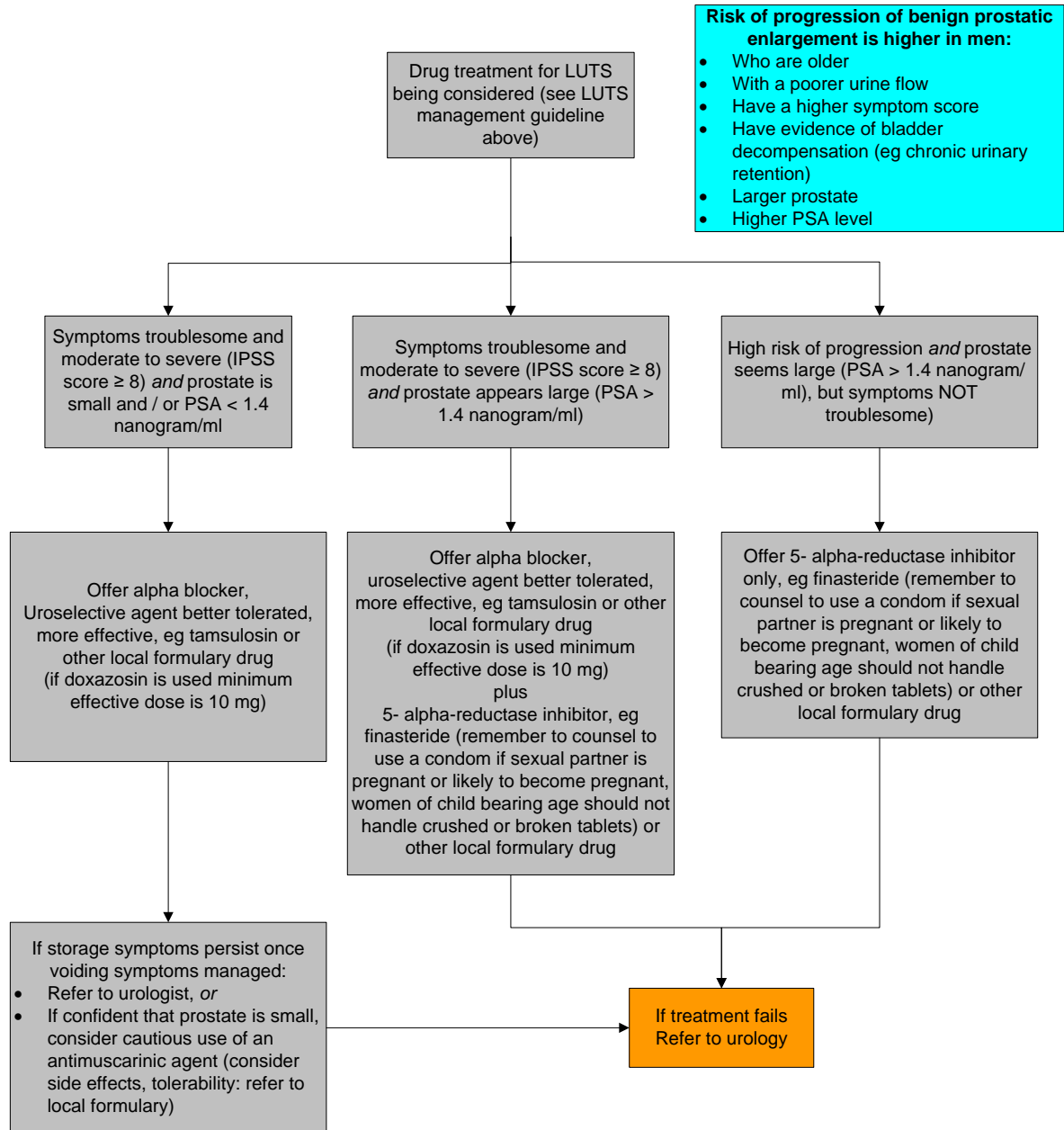
### Kidney Stone Patient Metabolic Assessment



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



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

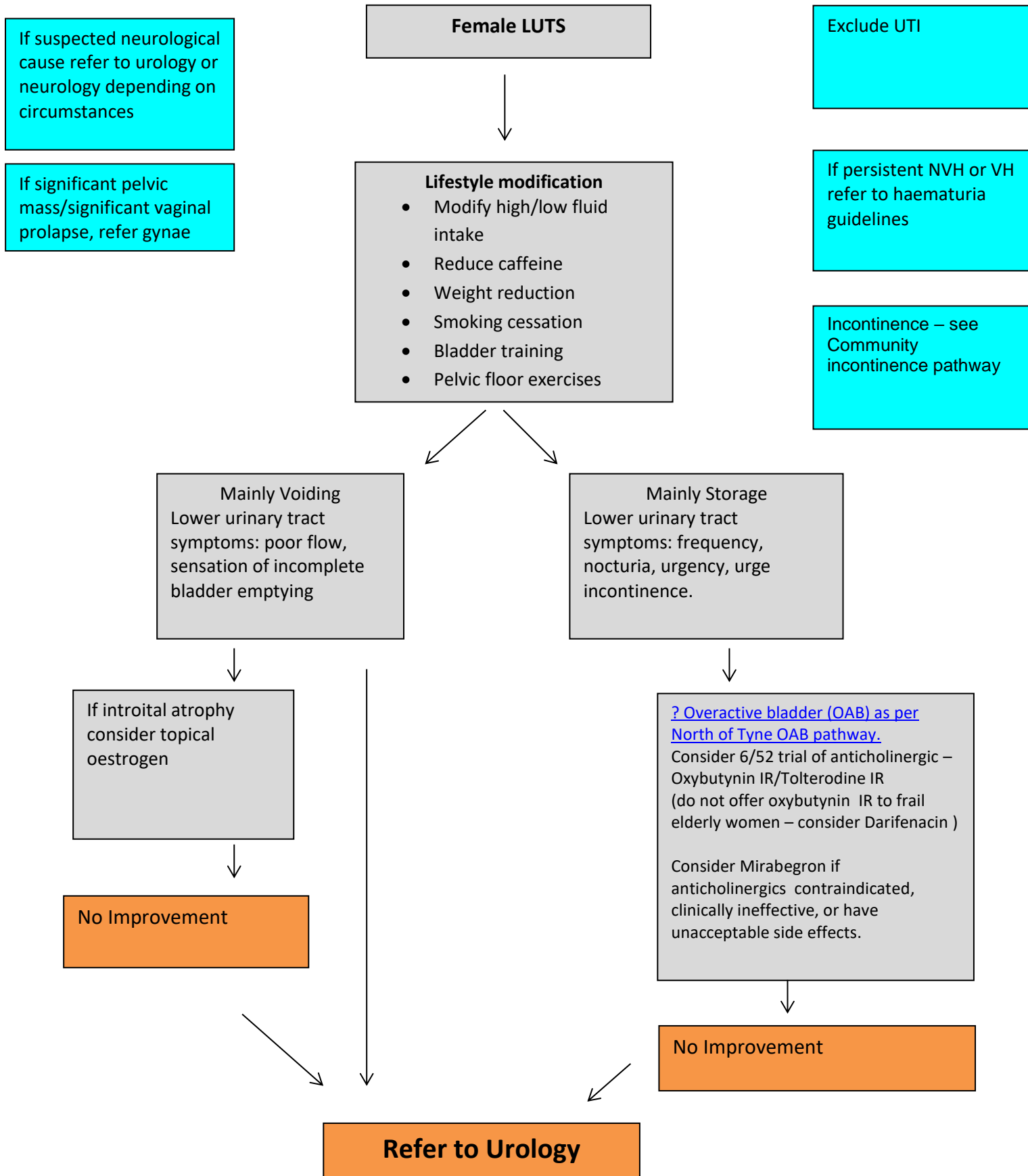


**Notes**  
 Refer to local formulary for additional information and for details of drugs on the local formulary

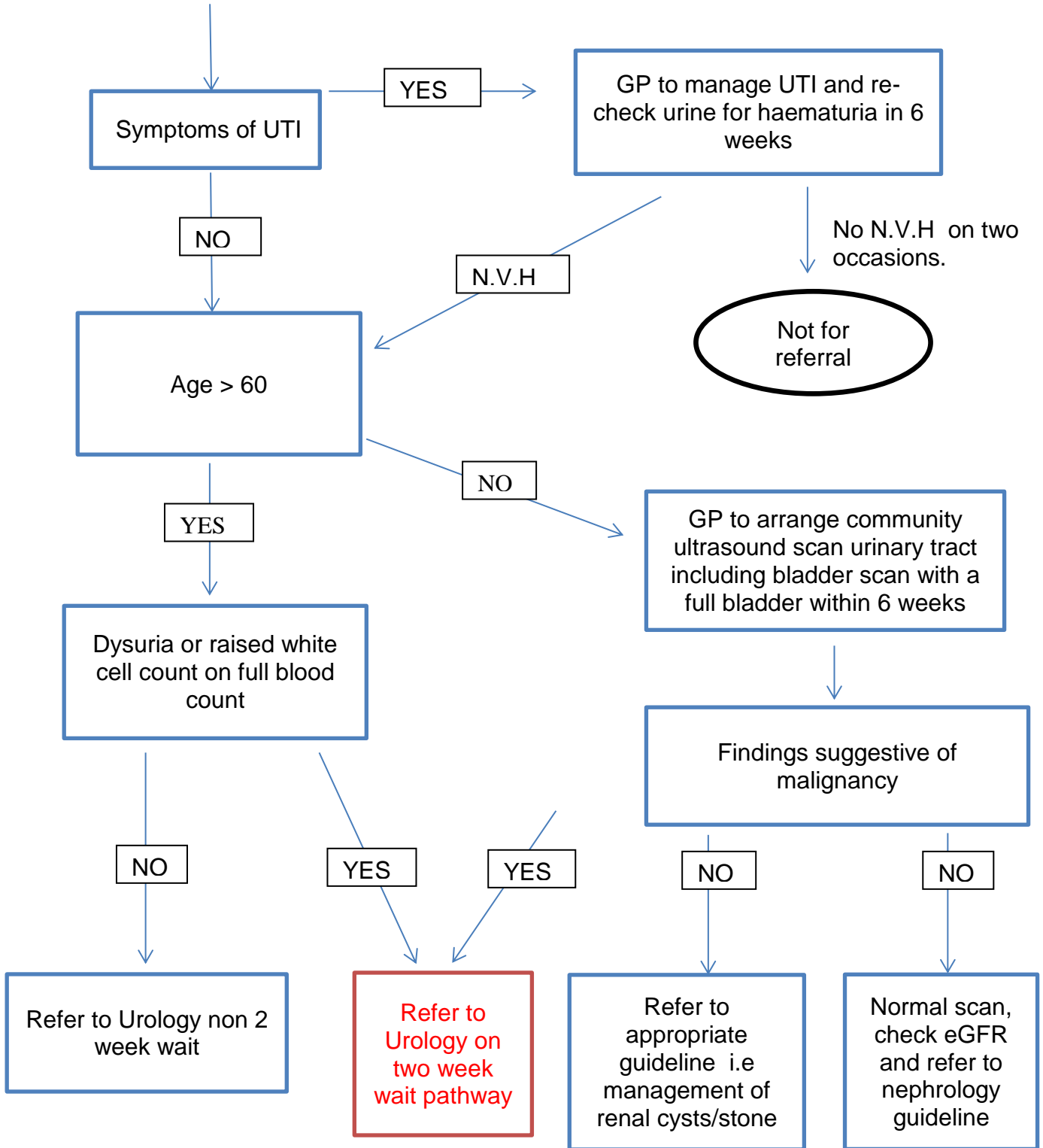
**Follow up**  
 Alpha-blocker: after 4-6 weeks, and then every 6-12 months  
 5-alpha-reductase inhibitor: after 3-6 months, then every 6-12 months  
 Antimuscarinic agent: every 4-6 weeks until stable, then every 6-12 months

**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



## Non Visible Haematuria – NVH

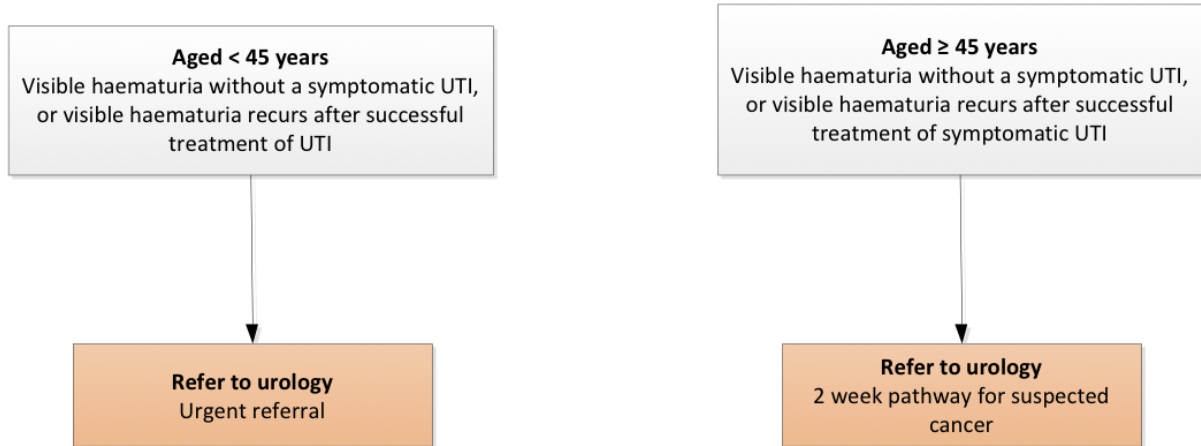


Recent or persistent UTI's over age of 60 -> refer to UTI clinic.

# 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 > 60 – urology 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 – referral to urology

## Membership of the guideline development group

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