Urology Referral Guidelines

Department of Health clinical urgency categories for specialist clinics
Urgent: A referral is urgent if the patient has a condition that has major functional impairment and/or moderate risk of permanent damage to an organ/bone/tissue/system if not seen within 30 days.
Semi Urgent: Referrals should be categorised as Semi Urgent where the patient has a condition that has the potential to deteriorate within 30-90 days.
Routine: Referrals should be categorised as routine if the patient's condition is unlikely to deteriorate quickly or have significant consequences for the person's health and quality of life if specialist assessment is delayed beyond one month.
Exclusions: Austin Health do not perform the following procedures commonly conducted by Urology Units: **Refer all erectile dysfunction to Austin's Men's Health Clinic** **Refer all female Bladder Prolapse, Pelvic Prolapse, Cystocele to Mercy or Women's Hospital**

Condition / Symptom	Criteria for Referral	Information to be included	Expected Triage Outcome	Austin Specific Guidance Notes
These guidelines have been set by DHHS: src.health.vic.gov.au				
Haematuria Direct to Emergency Department for: • **Severe urinary tract bleeding** Additional comments: **1.** Referrals for patients with haematuria with heavy proteinuria should be directed to a nephrology service.	1. Any visible haematuria 2. Persistent microscopic haematuria: at least 2 episodes confirmed through midstream specimen of urine collected at least a week apart. 3. Macroscopic haematuria in the absence of a urinary tract infection.	**Must be provided:** 1. Midstream urine microscopy culture sensitivities 2. Creatinine & Electrolytes (U&E) 3. Urinary Tract Ultrasound or CT Intravenous Pyelogram results (IVP) **Provide if available:** 1. Urine Cytology Results	**Urgent** - Macroscopic **Semi-urgent** - Microscopic	Instruct patient to bring films to the Specialist Clinic appointment
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Prostate Cancer (confirmed or suspected)	1. Prostate specific antigen (PSA) >10ng/ml	**Must be provided:** 1. Midstream urine microscopy culture sensitivities 2. Initial PSA result of concern	**Urgent** - Confirmed or Suspected **Semi-urgent**	Instruct patient to bring films to the Specialist Clinic appointment

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	2. Age 50 to 69 years with a repeat PSA test is: 5.5 ng/ml (regardless of the free-to-total ratio) 3. Between 3.0 ng/ml and 5.5 ng/ml, with a free-to total ratio <25% 4. Age 45 to 69 years with an increased risk of prostate cancer whose PSA is between 2.0 ng/ml and 3.0 ng/ml, with a free-to-total <25% 5. A significant PSA rise where the PSA has previously been low 6. Palpable abnormality in the prostate on digital rectal examination 7. Bone Pain	3. Repeat PSA result 1-3 months after the initial test **Provide if available:** 1. Urinary Tract ultrasound	- Elevated PSA	Elevated PSA definitions: 40-49: PSA >2.5, 50-59: PSA >3.5, 60-69: PSA >4.5, >70: PSA >6.5
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Recurrent, uncomplicated urinary tract infection	1. Women with 3 or more urinary tract infections in a year 2. Women with 2 or more urinary tract infections in 6 months 3. Men with 2 or more urinary tract infections in a year	**Must be provided:** 1. Midstream specimen of urine (MSU) 2. Urine microscopy culture sensitivities history (MSU-M/C/S) 3. Urinary Tract Ultrasound **Provide if available:** 1. Urea & electrolytes 2. Blood Glucose Test 3. Bladder Diary	**Routine** - UTI - Cystitis	Instruct patient to bring films to the Specialist Clinic appointment **GP to refer when** - Refractory to fluids, hygiene, ovestin, cranberry, D-mannose - Pyelonephritis - Elevated PVR - **Kidney stones** Bladder Diary found here
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Urinary Continence	1. Urge, stress, mixed or continued incontinence	**Must be provided:** 1. Midstream urine microscopy culture sensitivities 2. Urinary Tract Ultrasound	**Routine**	Instruct patient to bring films to the Specialist Clinic appointment

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Direct to Emergency Department for: • **Unexplained acute onset urinary incontinence** • **Symptoms suggest possible neurological emergency** Additional comments: • Referrals for incontinence due to a neurological disorder should be directed to a neurology service provided by the health service. • Referrals for patients with incontinence due to concurrent symptomatic pelvic organ prolapse stages 3 and 4 should be directed to a gynaecology service. • Referrals may be directed to a specialist continence clinic or continence service provided by the health service.		3. Urea & electrolytes **Provide if available:** 1. Bladder Diary		**GP to refer when** - Diagnosis, consult, or treatment required Bladder Diary found here
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Renal Mass	1. Solid or complex renal mass 2. Renal parenchymal mass 3. Angiomyolipoma 4. Mucosal collecting system lesion 5. Complex cystic lesion 6. Large symptomatic renal cyst	**Must be provided:** 1. Urea & Electrolytes (U&E) 2. Urinary Tract Ultrasound or CT Intravenous Pyelogram results (IVP) **Provide if available:**	**Urgent** - Kidney mass - Kidney cancer - "enhancing" renal cyst **Semi-urgent** - Renal cyst: complex	Instruct patient to bring films to the Specialist Clinic appointment

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		1. Full blood examination (FBE) 2. Urine cytology results	**Routine** - Renal cyst: simple - Renal cyst: benign	
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Renal Tract Stones OR Renal Colic Direct to Emergency Department for: • **Acute or severe renal or ureteric colic** • **Proven ureteric stone in people with a single kidney or kidney transplant** • **Infected or obstructed kidney**	1. Proven calculi in ureter 2. Symptomatic renal calculi 3. Asymptomatic renal calculi >5mm Referral not appropriate for: • Simple renal cysts	**Must be provided:** 1. Midstream urine microscopy culture sensitivities 2. Urea & Electrolytes (U&E) 3. Urinary Tract Ultrasound or CT Intravenous Pyelogram results (IVP) **Provide if available:** 1. If the person has passed a previous stone and this has been examined, include details of calculi 2. Previous imaging of kidney, ureters and urinary bladder 3. Full blood examination (FBE) 4. Serum calcium, urate	**Urgent** - Ureteral calculi - Ureteral stone - Obstructing stone **Semi-urgent** - Small (<1cm) renal stones without Obstruction - Medullary Sponge Kidney - Staghorn Calculus - Renal calculus: Large >1cm	Instruct patient to bring films to the Specialist Clinic appointment
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Lower Urinary Tract Symptoms Direct to Emergency Department for: • **Acute, painful urinary retention** Immediately contact the Urology registrar to arrange an urgent	1. Severe lower urinary tract symptoms 2. Men with complicated lower urinary tract symptoms: • elevated post void residuals >150ml, • bladder stones • Hydronephrosis 3. Mild to moderate symptoms that have not responded to medical management	**Must be provided:** 1. Midstream urine microscopy culture sensitivities 2. Urea & Electrolytes (U&E) 3. Urinary Tract Ultrasound or CT Intravenous Pyelogram results (IVP) **Provide if available:** 1. Prostate Specific Antigen history (PSA) in Men 2. Bladder Diary	**Urgent** - Hydronephrosis - UPJ obstruction - Ureteral obstruction - Ureteral Reflux **Semi-urgent** - Bladder Stones - Urinary retention (male or female) **Routine**	Instruct patient to bring films to the Specialist Clinic appointment Bladder Diary found here

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Urology assessment for: • **Chronic urinary retention with deteriorating renal function or hydronephrosis**	Referral not appropriate for: • Mild to moderate symptoms that have not been treated • Symptoms that have responded to medical management.		- BPH without urinary retention - Renal cyst: benign	
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Scrotal Abnormalities Direct to Emergency Department for: • **Acute scrotal pain** • **Torsion of the testes** Immediately contact the Urology registrar to arrange an urgent Urology assessment for: • **Suspected or confirmed testicular tumour**	1. Painful swollen testis or epididymis 2. Symptomatic hydrocele 3. Symptomatic varicocele 4. Intermittent testicular pain suggestive of intermittent testicular torsion 5. Chronic or recurrent scrotal pain Referral not appropriate for: • Asymptomatic epididymal cyst identified through ultrasound.	**Must be provided:** 1. Scrotal ultrasound **Provide if available:** 1. Midstream urine microscopy culture sensitivities	**Urgent** - Testicular mass - Testicular tumour - Testicular lesion - Retroperitoneal mass due to testis cancer **Semi-urgent** - Undescended Testis **Routine** - Testicular Pain - Orchitis - Epididymo-orchitis - Epididymitis - Hydrocele - Spermatocele - Epididymal cyst	Instruct patient to bring films to the Specialist Clinic appointment **GP to refer to the Children's Hospital for Undescended Testis:** - if patient is less than 18 years old

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Adrenal Nodule **Adrenal Cancer**		**Clinical history & examination** **Diagnostics:** 1. CT A/P with adrenal washout 2. Serum cortisol, aldosterone, testosterone 3. Serum metanephrine, Ormetanephrine	**Urgent**	Instruct patient to bring films to the Specialist Clinic appointment
Bladder mass **Bladder cancer**		**Clinical history & examination** **Diagnostics:** 1. CT IVP 2. Bloods- FBE, U&E, LFT 3. MSU- M/C/S	**Urgent**	Instruct patient to bring films to the Specialist Clinic appointment
Bladder Diverticulum **Bladder Trabeculation**		**Clinical history & examination** **Diagnostics:** 1. MSU 2. PSA if male 3. Ultrasound Kidney/bladder	**Semi-Urgent**	Instruct patient to bring films to the Specialist Clinic appointment **GP to refer when:** **-** Symptomatic or incomplete emptying
Paraphimosis **Balanitis** **Circumcision**		**Clinical history & examination**	**Routine**	Instruct patient to bring films to the Specialist Clinic appointment **GP to refer:** **-** If refractory to anti-fungal steroid creams - If treatment required

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Peyronie's disease **Penile Curvature** **Penile Chordee**		**Clinical history & examination**	**Routine**	Instruct patient to bring films to the Specialist Clinic appointment
Prostatitis **Urethritis** **Dysuria** **Penile Pain** **Hematospermia**		**Clinical history & examination** **Diagnostics:** 1. Negative MSU- M/C/S 2. G/C urine NAT (STD panel) 3. Urea-plasma/mycoplasma NAT	**Routine**	Instruct patient to bring films to the Specialist Clinic appointment **GP to refer:** **-** If refractory to doxycycline or Cipro x 4 weeks
Spinal Cord Injury		**Clinical history & examination** **Diagnostics:** 1. Renal U/S	**Semi-Urgent**	Instruct patient to bring films to the Specialist Clinic appointment **GP to refer:** **-** Neurogenic bladder is possible or suspected
Vasectomy			**Routine**	Patient must be at least 21 years of age or older