

UROLOGY TOP TIPS FOR MEN

LUTS: (lower urinary tract symptoms “prostatism”)

- Urinalysis negative => OK to treat
- Rectal Examination
- PSA test optional to help assess prostate size or if abnormal DRE

Obstructive Symptoms:

- Poor stream
- Hesitancy and straining
- Incomplete emptying

RX: Small prostate (PSA <1.4) Alpha Blocker (Tamsulosin Capsules) 6 - 8 weeks
Large prostate (PSA >1.4) alpha blocker and
5-Alpha Reductase Inhibitor (Finasteride) 6 months

Bladder Dysfunction:

- Urgency
- Frequency
- Nocturia

RX: Lifestyle advice: Reduce caffeine and alcohol etc. 6 weeks
Anticholinergics; (1st choice Tolterodine or 2nd choice Trospium) 6 weeks
If 1st choice fails try a 2nd 6 weeks

Mixed Picture:

RX: Obstructive symptoms first 6 weeks
Add Anticholinergic (1st choice Tolterodine or 2nd choice Trospium) if no better

NON VISIBLE HEAMATURIA: (Persistent = 2 out of 3 + dipstick, no UTI) Dipstick trace blood can be ignored.

- Symptomatic (pain, frequency, urgency) Refer urgently
- Asymptomatic, (No pain, frequency, urgency) >40 and persistent– REFER
- Asymptomatic, <40 and persistent. Normal kidney function (eGFR >60, no proteinuria) – No action
- Asymptomatic, <40 and persistent. Abnormal kidney function (eGFR <60, proteinuria) – Refer to Nephrology

REFER IF:

- VISIBLE HAEMATURIA (**whether UTI positive or negative**) 2ww
- DRE abnormal (hard, irregular or palpable nodule)
- 1st & 2nd treatment failure
- PSA High (age adjusted)

PSA

- DO NOT DO for routine screening for prostate cancer (Asymptomatic men with a normal feeling prostate)
- Indications:
 - Irregular prostate on DRE
 - Help to manage choice LUTS RX (see above regarding size of prostate)
 - Patient choice after counselling (biopsy associated with morbidity)
 - FH of prostate cancer <55 then OK to screen from age 50
 - Monitoring stable prostate ca with specific guidance from RFT

See full NICE Guidance <http://www.nice.org.uk/CG97>

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