Urology Specialist Clinics at Western Health:

Western Health provides the following Specialist Clinics for patients who require assessment and management of Urology conditions. Patients will be triaged by Consultant Urologists into management pathways according to specific clinical requirements:

Access & Referral Priority Urology:

The clinical information provided in your referral will determine the triage category. The triage category will affect the timeframe in which the patient is offered an appointment.

URGENT **Appointment timeframe 30 days.**	ROUTINE **Appointment timeframe greater than 30 days, depending on clinical need.**
• Any new cancer diagnosis. • Prostate cancer • Haematuria • Incidental renal lesions • Kidney Stones (Ureteric)	• Benign prostatic hyperplasia • Incontinence • Recurrent UTI's • Kidney Stones (renal) • Erectile dysfunction • Lower Urinary Tract Symptoms • Penile Conditions • Scrotal Conditions – infective/non-infective • Vasectomy • Hydronephrosis • Pelvi-ureteric Junction Obstruction • Low Testosterone

Condition Specific Referral Guidelines:

Key information enables Western Health to triage patients to the correct category and provide treatment with fewer visits to outpatients, creating more capacity for care. If key information is missing, you may be asked to return the referral with the required information.

Condition	Key Information Points	Clinical Investigation
Prostate Cancer (confirmed or suspected) **Prostate-specific antigen (PSA) > 10 ng/mL** **Age 50 to 69 years with a repeat PSA test is:** * > 5.5 ng/mL (regardless of the free-to-total ratio) * between 3.0 ng/mL and 5.5ng/mL, with a free-to-total ratio < 25% **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% **A significant PSA rise where the PSA has previously been low**	• Haematuria • Previous TURP/prostate biopsy	**Essential:** • PSAs (Prostate Cancer (PC) – 2 x raised PSA's one to three months apart, including 1 x free to total PSA) • Urea, Electrolytes, and Creatinine • MSU • Ultrasound – prostate, kidney, and bladder
Benign Prostatic Hyperplasia	• Lower Urinary Tract symptoms, including duration and severity • Haematuria • Previous TURP/prostate biopsy	**Essential:** • PSAs (single PSA) • Urea, Electrolytes, and creatinine • MSU • Ultrasound – prostate, kidney, and bladder **Preferable:** • Bladder diary- see Appendix 1 • Completed prostate symptom score and quality of life score. - See Appendix 2

Condition:	Key Information Points:	Clinical Investigations:
Haematuria	• Complete (urine uniformly blood-stained) • Initial stream, end stream, clots • Pain/dysuria • Onset, duration, precipitating factors • Smoker • Previous treatment prostate/bladder cancer **Females:** • Other gynaecological symptoms • PV findings **Males:** • Other urological symptoms • Digital prostate exam	**Essential:** • Full Blood Count • MSU • Urea, Electrolytes, and creatinine • 3 x Urine Cytology (2nd void of the day for 3 consecutive days) • If > 35ys & eGFR > = 45 – CT IVP • If > 35yr & eGFR <45 – CT KUB • If < 35yr – USS Renal tract If any renal mass lesion on imaging then order Quad-Phase (4th Phase) CT kidneys
Incontinence	• Predominantly stress incontinence • Predominantly urge incontinence • Urge/stress incontinence • Does the patient require pads, number per day? • History of UTIs • Duration of symptoms • Obstetric history • Previous Gynaecological/ Urological surgery • PV findings • Document episodes of incontinence	**Essential:** • Full Blood Count • MSU • Urea, Electrolytes, and creatinine • Renal tract ultrasound with assessment of post void residual and in men assessment of prostate volume • PSA for men **Preferable:** • Bladder diary for 3 days – see Appendix 1
Recurrent UTI's	• Consider referral for males after one episode. • Any history of alpha blocker medication trial. • The number of UTI's in the last year, consider referral after three.	**Essential:** • Full Blood Count • MSU recent and ALL MSU results for past 12 months • Urea, Electrolytes, and creatinine • Renal tract ultrasound • PSA for men **Preferable:** • Bladder diary - see Appendix 1

Condition:	Key Information Points:	Clinical Investigations:
Lower Urinary Tract Symptoms	• Obstructive/ Irritative • Treatment history including information on medication trailed.	**Essential:** • Full Blood Count • MSU • Urea, Electrolytes, and creatinine • Renal tract ultrasound. • Bladder diary for 3 days Appendix 1 • In men Prostate symptom score and Quality of life score - Appendix 2 **Suggest additional test if microscopic or macroscopic haematuria or irritative symptoms in males:** • 3 x Urine Cytology (2nd void of the day for 3 consecutive days) CT IVP
Kidney Stones	• Past history of stones and stone surgery • Description of severity of pain. **Acute renal colic – right/left** • duration of symptoms	**Essential:** • Full Blood Count • MSU • Urea, Electrolytes, and creatinine • Calcium • Uric acid • CT KUB
Incidental Renal Lesions		**Essential:** • Full Blood Count • MSU • Urea, Electrolytes, and creatinine • Quad-Phase (4th phase) CT kidney with contrast.

Condition:	Key Information Points:	Clinical Investigations:
Erectile Dysfunction	• History of condition • Relevant treatment history and outcomes	**Essential:** • BGL • Fasting lipids • Electrolytes • Urea and creatinine • Testosterone,Follicle stimulating hormone (FSH), Luteinizing hormone (LH)
Penile Conditions	• Please provide a comprehensive history of the condition. • Previous treatment and outcomes.	• If suspected Peyronie's consider penile doppler ultrasound prior to referral.
Low Testosterone	• Please provide a comprehensive history of the condition. • Previous treatment and outcomes	• Full Blood Count. • Urea, Electrolytes, and creatinine. • PSA. • Serum Testosterone. • Liver Function Test. • Luteinizing Hormone (LH) • Prolactin Levels.
Non-acute Scrotal Conditions	• Please provide a comprehensive history of the condition. • Previous treatment and outcomes. • Infective or non – infective.	**Infective:** • Full Blood Count • Urea, Electrolytes, and creatinine. • MSU • Ultrasound Renal tract and Scrotum • Sexually transmitted diseases test if appropriate. **Non – infective:** • Ultrasound Scrotum
Testicular Mass	• Please provide a comprehensive history of the condition. • Previous treatment and outcomes.	• Full Blood Count • Urea, Electrolytes, and creatinine • .Alpha fetoprotein(AFP) • Beta Human Chorionic Gonadotrophin (bHCG) • Lactate dehydrogenase (LDH) • MSU • Ultrasound Scrotum

Appendix 1 – Bladder diary - attached
Appendix 2 – Prostate symptom score - attached

Continence Foundation of Australia

Your bladder diary

To help understand how to treat or better manage your bladder control, a health professional may ask you to keep a bladder diary.

A bladder diary is a record you keep of when and how much urine (wee) you passed or leaked during the day and overnight. When you record this information over a few days, you may start seeing patterns.

These patterns may help work out what is causing the problem or how to better manage it. For example, you may only be having problems during certain parts of the day or night, or after certain drinks.

Your doctor, nurse continence specialist or pelvic health physiotherapist will use this information as part of your continence assessment.

How do I fill in a diary?

- Record information for at least three days in a row.
- Choose carefully which part of the week you record. For example, patterns during the weekends may be different to your weekdays.
- Follow the example given at the top of the diary to help you fill it out correctly.
- Write in the diary when you wake up at the start of each day and when you go to bed.
- **Drinks/fluid intake (how much drinks/fluid you have)**
  - Record the type of fluids you drink and how much.
  - Include foods that are mainly liquid, such as soups, jellies and custards.
  - To help you measure, fill your favourite tea/coffee cup or glass. Once full, pour the drink or fluid into a measuring jug to give you an idea of the amount that cup or glass holds in millilitres (ml). Now continue to use the same type of cup and glass to know the measurement.
- **How much urine passed**
  - Measure and record how much urine you passed in the toilet. Use a large plastic container and place it directly into the toilet bowl to catch your urine. Then tip the urine into a measuring jug to measure the amount.
  - Once you have recorded how much urine you passed, tip the urine back into the toilet bowl to flush.
- **What happened at the time of the leak?**
  - Describe where you were and what you were doing at the time you leaked urine. For example did you:
    - leak when you coughed, or while lifting a heavy object or exercising?
    - leak when you arrived home, put the key in the door and had to rush to the toilet?
    - leaked as you stood up from getting out of bed?
    - not realise you leaked at the time?

What is a continence assessment?

In a continence assessment, your health professional will ask you a few questions, do a physical check and may ask for more tests to be done.

Based on the results of your assessment, they will then prepare a plan for you to help treat or better manage your bowel issue. The plan can include:

- changes to your diet or fluid intake
- pelvic floor muscle exercises
- changes to your medications.

Other fact sheets

- Good bladder habits for everyone
- Healthy diet and bowels
- Pelvic floor muscle exercises for men
- Pelvic floor muscle exercises for women
- Continence products

More information and advice

The Continence Foundation of Australia is the national peak body for continence prevention, management, education, awareness, information and advocacy
Website **continence.org.au**

The National Public Toilet Map shows the location of public and private toilet facilities across Australia
Website **toiletmap.gov.au**

Call the National Continence Helpline on 1800 33 00 66 (free call)

Speak with a nurse continence specialist for free and confidential advice on resources, details for local continence services, products and financial assistance.

For more information, you can also visit:

continence.org.au
toiletmap.gov.au
health.gov.au/bladder-bowel

This fact sheet is intended as a general overview only and is not a substitute for professional assessment and care.

Bladder Diary

*Fill in this diary for **three or more days in a row.***

Name:

Day and time		Drinks/fluid intake		Urine (wee)				Pads or clothing	What happened at the time of the leak?	Bowel movement
Day	Time	Type of drink or fluid	Amount of drink/ fluid (ml)	Amount of urine passed (ml)	How urgent was your need to pass urine (wee)? 1 = no urge to 3 = normal urge to 5 = strong urge	Did you leak or wet yourself? (Yes or No)	How much did you leak? (Spot, small, medium, large)	Did you change your pad or clothing? (Yes or No)	Where you were and what you were doing at the time you leaked urine	Did you pass a bowel motion (poo)?
Examples: Monday 3 March	*7.00am*			*250ml*	*5*	*Yes*	*Medium*	*Yes - my underwear and pyjama pants*	*I woke up and got out of bed.*	*No*
Monday 3 March	*8.00am*	*Coffee*	*200ml*							

International Prostate Symptom Score (I-PSS)

HEALTHY MALE
ANDROLOGY AUSTRALIA

Patient name: _____ DOB: / / Date completed:: / /

In the past month	*Not at all*	*Less than 1 in 5 times*	*Less than half the time*	*About half the time*	*More than half the time*	*Almost always*	*Your score*
Incomplete Emptying How often have you had the sensation of not emptying your bladder?	0	1	2	3	4	5	
Frequency How often have you had to urinate less than every two hours?	0	1	2	3	4	5	
Intermittency How often have you found you stopped and started again several times when you urinated?	0	1	2	3	4	5	
Urgency How often have you found it difficult to postpone urination?	0	1	2	3	4	5	
Weak stream How often have you had a weak urinary stream?	0	1	2	3	4	5	
Straining How often have you had to strain to start urination?	0	1	2	3	4	5	
	Not at all	*1 time*	*2 times*	*3 times*	*4 times*	*5 times*	
Nocturia How many times do you typically get up at night to urinate?	0	1	2	3	4	5	
						Total I-PSS Score	

Score: 1 - 7 Mild | 8-19 Moderate | 20-35 Severe

Quality of life due to urinary symptoms	*Delighted*	*Pleased*	*Mostly satisfied*	*Mixed*	*Mostly dissatisfied*	*Unhappy*	*Terrible*
If you were to spend the rest of your life with your urinary condition just the way it is now, how would you feel about that?	0	1	2	3	4	5	6

About the I-PSS

The International Prostate Symptom Score (I-PSS) is based on the answers to seven questions concerning urinary symptoms and one question concerning quality of life. Each question concerning urinary symptoms allows the patient to choose one out of six answers indicating increasing severity of the particular symptom. The answers are assigned points from 0 to 5. The total score can therefore range from 0 to 35 (asymptomatic to very symptomatic).

The questions refer to the following urinary symptoms:

1 **Incomplete emptying**
2 **Frequency**
3 **Intermittency**
4 **Urgency**
5 **Weak stream**
6 **Straining**
7 **Nocturia**

Question eight refers to the patient's perceived quality of life.

The first seven questions of the I-PSS are identical to the questions appearing on the American Urological Association (AUA) Symptom Index which currently categorises symptoms as follows:

Mild (symptom score less than or equal to 7)

Moderate (symptom score range 8-19)

Severe (symptom score range 20-35)

The International Scientific Committee (SCI), under the patronage of the World Health Organisation (WHO) and the International Union Against Cancer (UICC), recommends the use of only a single question to assess the quality of life. The answers to this question range from "delighted" to "terrible" or 0 to 6. Although this single question may or may not capture the global impact of benign prostatic hyperplasia (BPH) symptoms or quality of life, it may serve as a valuable starting point for a doctor-patient conversation.

The SCI has agreed to use the symptom index for BPH, which has been developed by the AUA Measurement Committee, as the official worldwide symptoms assessment tool for patients suffering from prostatism.

The SCI recommends that physicians consider the following components for a basic diagnostic workup: history; physical exam; appropriate labs, such as U/A, creatine, etc.; and DRE or other evaluation to rule out prostate cancer.

Reference: Barry MJ, et al. The American Urological Association symptom index for benign prostatic hyperplasia. The Measurement Committee of the American Urological Association. J Urol 1992; 148: 1549-1557.

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This I-PSS has been endorsed by The Fertility Society of Australia

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