Lower Urinary Tract Symptoms in Men Pathway

NHS Camden Clinical Commissioning Group

LUTS: hesitancy, weak urine flow, dribbling, straining, frequency, urgency, nocturia, intermittency, incomplete emptying

Full history and examination
Review of current medication (diuretics?)
IPSS questionnaire
Check for palpable bladder

Urine dipstick and MSU to exclude UTI
Bloods: U&Es and glucose
Offer PSA where indicated – Give Counselling
Patient Information Leaflet PSA

DRE – prostate normal or enlarged without suspicious features

DRE suspicious
Visible haematuria
Persistent/Recurrent UTI with haematuria age >40
Non-visible haematuria age >40 (not trace)
PSA > Age related range or rising
Persistent sterile pyuria

Emergency Referral

Urgent non-2ww referral

2-week wait referral

As per clinical indication

LUTS in middle aged/older men may be due to bladder outflow obstruction due to BPH (very common) or bladder disease (functional organic).

Early prostate cancer does not cause outflow obstruction, symptoms usually due to coincidental BPH

Use clinical judgement to guide treatment where patients have milder symptoms and/ or do not fully fit one category.

Storage Symptoms
- Urinary frequency
- Urgency
- Dysuria
- Nocturia (give fluid intake advice)
- Other

Voiding Symptoms
- Poor Stream
- Hesitancy
- Terminal dribbling (teach urethral milking)
- Incomplete voiding
- Overflow incontinence (occurs in chronic retention)

If symptoms are mainly at night consider offering 40mg furosemide (taken 2-4pm) for trial of 4-6 weeks, and continue with 6-monthly review if helping.

If symptoms do not improve or are not mainly at night time:
- Offer an antimuscarinic
- Refer to local prescribing guidelines and offer patient a containment device

Camden preferred medication choices

Alpha blocker – 1st line doxazocin IR tablets or tamsulosin capsules, 2nd line alfuzosin MR tablets
5 alpha reductase inhibitor – 1st choice finasteride tablets, 2nd choice dutasteride capsules

IPSS ≤ 7 (mild) Symptoms **NOT** bothersome
Prostate <30g
No progression risk factors*
- Watchful Waiting
- Lifestyle advice
- Review any drug
- therapy
- Reassess annually
- Advise patient to
- return if symptoms deteriorate

IPSS ≤ 7 (mild) Symptoms bothersome
Prostate >30g
Progression risk factors*
Lifestyle advice
Consider 5-alpha reductase inhibitor
Prescribing advice

IPSS 8-19 (moderate)
Symptoms bothersome
Ask patient to complete urinary frequency volume chart

Prostate <30g
No progression risk factors*
Lifestyle advice
Alpha blocker
Prescribing advice
Consider adding anticholinergic if storage symptoms persist

Prostate <30g
Progression risk factors*
Lifestyle advice
Alpha blocker + 5-alpha reductase Inhibitor
Prescribing advice

IPSS=20 (severe)
Abnormal U&Es
Palpable bladder
UTI - unresponsive / recurrent
Acute or Chronic urinary retention
Renal impairment
Stress urinary incontinence

No improvement, treatment unsuccessful or symptoms deteriorate
Refer to Urology

PSA testing (NICE)
Men should be offered information, advice and time to decide if they wish to have PSA testing if:
- LUTS are suggestive of bladder outlet obstruction secondary to BPH
- their prostate feels abnormal
- they are concerned about prostate cancer (including FH prostate cancer or of black ethnic origin)

Patient Information Leaflet PSA

PSA test done at least
- 72 hours after ejaculation and
- 6 weeks post resolution of UTI symptoms
- Avoid vigorous exercise 48 hrs before test
- Wait a week after DRE
- If patient taking finasteride for >6 months, PSA levels should be doubled for comparison to normal ranges in those not taking finasteride

London Cancer PSA Age specific thresholds
Age PSA Value (ng/ml)
40-49>2.5
50-69>3
Over 70>5

Prostate Size
<30g, small, walnut size
>30g enlarged

***Risk factors for progression**
Older age, increased prostate size and symptom severity at presentation, PSA > 1.4ng/ml

Comments & enquiries relating to medication:
CCCG Medicines Management Team mmt.camdenccg@nhs.net
Refer to current BNF or SPC for full medicines information

Clinical Contact for this pathway for queries: Dr Sarah Morgan (sarah.morgan1@nhs.net)

NHS Camden Clinical Pathways Group & Medicines Management Committee Jan 2020
Review due Jan 2023