

Assessment in primary care

HISTORY

- Frequency/nocturia/urgency/dysuria/stress
- Pad use/impact on daily life/social incapacity
- Faecal incontinence/neurological symptoms
- Medication
- Previous pelvic surgery or radiotherapy
- Obstetric history

EXAMINATION

- Abdominal examination:
- Bladder palpable/pelvic mass
- Vaginal examination: stress incontinence/prolapse

INVESTIGATION

- Urinalysis
- MSU

RED FLAG FINDINGS

Aged 45 and over with:

- Unexplained visible haematuria with UTI **or**
- Visible haematuria that persists or recurs after successful treatment of UTI

Aged 60 and over and have:

- Unexplained non-visible haematuria and either dysuria or a raised WCC

PATIENT PRESENTS

- Persisting bladder/urethral pain.
- Voiding difficulty.
- Previous continence surgery, pelvic radiotherapy or cancer surgery.
- Suspected urogenital fistula.

PATIENT PRESENTS

Symptomatic Prolapse

RED FLAG FINDING

Pelvic mass arising from urinary tract

RED FLAG FINDING

Palpable bladder

ADVISE:

- Bladder diary for 3 days
- Reduce caffeine intake
- Normalise fluids (1-1.5 litres/day)
- Weight loss if BMI>30
- Smoking cessation
- Treat constipation

Refer 2 week wait

Refer urology

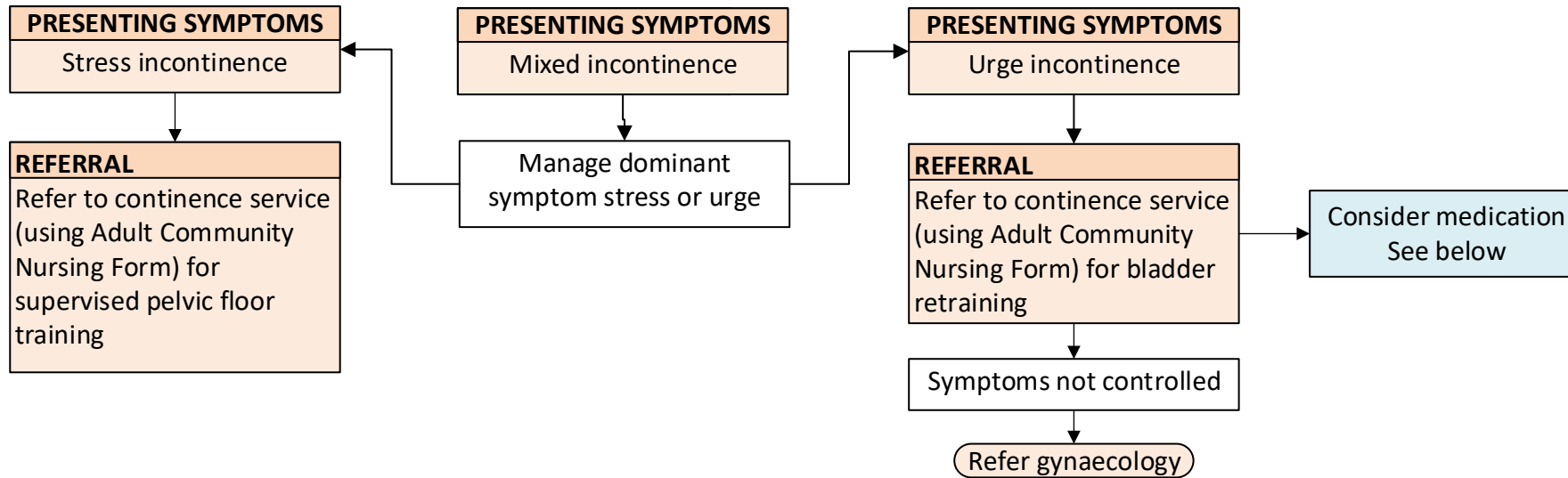
Refer gynaecology

Refer 2 week wait

Refer A&E

Patient information below

NICE Guidelines



TREATMENT

For patients UNDER 75 years:

1st line: Oxybutynin IR 5 mgs bd/tds

2nd line: Tolterodine IR 2 mgs bd

If 1st and 2nd line antimuscarinics not tolerated or ineffective after 1 month trial of each: Mirabegron 50 mgs od (25 mgs if cautions see BNF)

For patients OVER 75 years:

1st line: Tolterodine IR 2 mgs bd

If 1st and 2nd line antimuscarinics not tolerated or ineffective after 1 month trial of each: Mirabegron 50 mgs od (25 mgs if cautions see BNF).

Intravaginal oestrogens in post menopausal women with vaginal atrophy

PATIENT INFORMATION

[Click](#) for patient information from NHS Choices

[Click](#) for patient information from Patient.info