

Managing Urology patients in Primary care - Practical steps for GPs on getting the most out of Advice and Guidance

1. Check the primary care urology pathways – We have urology pathways for the following common problems:
 - Erectile dysfunction
 - Foreskin problems
 - Haemospermia
 - Haematuria
 - Male LUTS
 - Penile Deformity
 - Prostatitis
 - PSA
 - Recurrent UTIs
 - Renal Colic
 - Scrotal Problems
 - Suspected Lower UTI (age >16)

If the patient is already known to a particular hospital or has had previous investigations there particularly for PSA related questions and results of scans submit your question to that hospital so that all the information is available to the consultant responding.

For infertility Advice & Guidance queries please select UCLH, e.g. patient with abnormal semen analysis

If scans have been done with InHealth please ensure full report is attached to the advice and guidance request.

A number of common GP queries not covered in the primary care pathways are addressed below .

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Incidental Ultrasound Findings on Abdominal/KUB Ultrasounds	
Simple renal cysts	These are common, 50% of 50 year olds will have one on imaging. They rarely cause pain and do not undergo malignant transformation with time. These will rarely result in deterioration of a patients' renal function. These patients do not need referral unless you are convinced that the cyst is the cause of patients' pain.
Complex renal cysts	Not all complex renal cysts on ultrasound will be a cancerous. However without further radiological imaging GPs should assume this a potential diagnosis and refer the patient via 2ww urology cancer referral form.
Angiomyolipoma	Benign finding consisting of blood vessels, smooth muscle and fat. If small, < 1 cm = NO follow up. If between 1-3cm = repeat annually, where clinically appropriate. If > 4cm OR if the patient is female of child bearing age refer to Urology
Mild hydronephrosis	Repeat ultrasound scan and arrange baseline renal function. Refer to secondary care if no change OR arrange a CT KUB non-contrast in primary care. CT will usually be normal, if so reassure. If abnormal, refer to urology.
Bilateral Hydronephrosis	Discuss with on call urology registrar
Findings on Testicular Ultrasound	
Epididymal Cysts	Common finding on scrotal ultrasound. If <2 cm this will rarely cause symptoms. Torsion of the cyst is extremely rare and do become infected. If >2cm and patient is symptomatic, refer patient to urology if they wish to have surgical intervention. Complications of surgery <ul style="list-style-type: none"> • Risk of chronic pain with surgery • Risk of affecting sperm transportation. Important in younger men no children as rarely would surgical intervention be offered.
Varicocele	Not all varicocele's cause symptoms. If not clinically palpable unlikely to be of significance. Not routinely operated on prophylactically for the sake of fertility. Do not do semen analysis on patients with a varicocele who do not have a partner Only refer if patient is experiencing pain OR documented infertility (do not routinely test.)
Hydrocoele	Benign finding. Important to ensure when a hydrocele is found that the testis is normal. If patient symptomatic to refer for treatment. Refer urgently to exclude a tumor IF; Man >40 has a varicocele, which appears suddenly and it remains tense when the patient is lying down OR the patient has a solitary right sided varicocele.

<p>Intra-testicular cysts</p>	<p>Providing it is said to be a simple cyst no further intervention. Advise patient on testicular self-examination. https://www.macmillan.org.uk/information-and-support/testicular-cancer/understanding-cancer/testicular-self-examination.html</p>										
<p>Testicular microlithiasis</p>	<p>Not a pathological finding. Consider referral to secondary care/repeat ultrasound at 6 months if risk factors for testicular cancer: family history testicular cancer, undescended testicle. Patient should be reassured and advised to continue to perform regular self-testicular examination https://www.macmillan.org.uk/information-and-support/testicular-cancer/understanding-cancer/testicular-self-examination.html</p>										
<p>PSA Testing</p>											
<p>Prostate cancer mainly affects men over 50, with the average age at diagnosis of 65-69 years old.</p>	<p>It is exceptionally rare in men under the age of 40. Patients with a first degree relative who was diagnosed with prostate cancer should have their PSA checked 10 years before that relative's diagnosis. https://www.baus.org.uk/_userfiles/pages/files/Patients/Leaflets/PSA%20advice.pdf</p>										
<p>PSA Questions</p>											
<p>The BPAS/London Cancer PSA ranges are different to those of NICE (not CKS). Although according to BPAS the PSA is normal, the patient has contacted me to discuss their results against NICE. Should I refer them to Urology?</p>	<p>No. The London Cancer guidelines are constantly assessed and updated from evidence available, trying to ensure that cancer is picked up in those who need it treated whilst at the same time trying not to put patients through unnecessary tests and worry. Hence there are published age specific PSA ranges on London cancer.</p> <table border="1" data-bbox="427 879 1010 1042"> <thead> <tr> <th colspan="2">BAUS PSA AGE-SPECIFIC THRESHOLDS</th> </tr> <tr> <th>AGE (years)</th> <th>PSA Value (ng/ml)</th> </tr> </thead> <tbody> <tr> <td>40-50</td> <td>>2.5</td> </tr> <tr> <td>50-69</td> <td>>3</td> </tr> <tr> <td>≥70</td> <td>>5</td> </tr> </tbody> </table>	BAUS PSA AGE-SPECIFIC THRESHOLDS		AGE (years)	PSA Value (ng/ml)	40-50	>2.5	50-69	>3	≥70	>5
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<p>The patient has urinary symptoms (e.g. frequency or nocturia), their PSA is borderline normal. DRE is normal. No red flags. Should I refer?</p>	<p>PSA should be repeated. https://myhealth.london.nhs.uk/wp-content/uploads/2019/04/Pan-London-Suspected-Cancer-Referral-Guide-Urology_0.pdf</p>										
<p>Patient to be referred back if symptomatic despite maximal dual therapy (Tamsulosin and finasteride) and understands next step is likely to be surgical.</p>	<p>If PSA elevated for age needs to be referred as a target, unless previously investigated and a higher PSA has been set as acceptable for this patient by secondary care. https://www.baus.org.uk/patients/conditions/10/raised_psa</p>										