

# Clinical Prioritisation Criteria

## Urology CPC v1.05

### Summary

This document contains the draft Clinical Prioritisation Criteria (CPC) for Urology. It is a consultation document only. This is a drafting document and should be read in conjunction with the consultation overview.

The final format will be as indicated on the CPC website <https://cpc.health.qld.gov.au/> and embedded into your local HealthPathways site or HHS site i.e. 'Refer your patient' website <https://metrosouth.health.qld.gov.au/referrals> or [www.health.qld.gov.au/metronorth/refer](http://www.health.qld.gov.au/metronorth/refer).

For more information about the CPC development process and purpose, please see the accompanying CPC Consultation Overview.

### Table of contents

Summary.....	1
Table of contents .....	1
Urology inclusion for outpatient services.....	2
Urology exclusions for outpatient services .....	2
Referral and outpatient criteria .....	3
Urinary tract infection (UTI) – recurrent.....	3
Incontinence/bladder dysfunction (female) .....	4
Lower urinary tract symptoms (female).....	5
Lower urinary tract symptoms (male).....	7
Prostate – suspected cancer (including elevated PSA) .....	8
Testicular, epididymal, scrotal, penis or foreskin abnormalities.....	9
Renal mass (tumours/cysts).....	11
Haematuria.....	12
Urinary tract calculi.....	13
Other referrals to emergency not covered within these conditions .....	14
Out-of-scope for Urology interventions.....	15
Urgency category for intervention .....	15
Version control.....	16

## Urology inclusion for outpatient services

The following conditions are proposed to be considered under the Urology CPC.

**Please note this is not an exhaustive list of all conditions for outpatient services and does not exclude consideration for referral unless specifically stipulated in the CPC exclusions section.**

- Urinary tract infection (UTI) – recurrent
- Incontinence/bladder dysfunction including painful bladder syndromes (female)
- Lower urinary tract symptoms (female)
- Lower urinary tract symptoms (male)
- Prostate – suspected cancer (including elevated PSA)
- Testicular, epididymal, scrotal, penis or foreskin abnormalities
- Renal mass (tumours/cysts)
- Haematuria
- Urinary tract calculi

## Urology exclusions for outpatient services

Not all services are appropriate to be seen in the Queensland public health system. Exceptions can always be made where clinically indicated. It is proposed that the following are not routinely provided in a public Urology service

**The following are not routinely provided in a public Urology service.**

- Circumcision for cosmetic reasons
- Aesthetic surgery
- Sexually transmitted infections– refer sexual health clinic
- Genital ulcers and warts – refer sexual health clinic provided verrucous carcinoma is excluded
- Vasectomy and vasectomy reversal
- Ejaculatory disorders
- Catheter change/maintenance
- Proteinuria – refer nephrology
- Small epididymal cysts
- Asymptomatic simple renal cyst

## Referral and outpatient criteria

Urinary tract infection (UTI) – recurrent	
<b>Referral to emergency</b>	
<p><b>If any of the following are present or suspected, refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.</b></p> <ul style="list-style-type: none"> <li>•</li> </ul>	
<b>Minimum referral criteria</b>	
<b>Category 1</b> (appointment within 30 calendar days)	<ul style="list-style-type: none"> <li>• Recurrent (women &gt; 3 per year, men &gt; 1 per year) or persistent UTI with abnormal urinary tract USS e.g. hydronephrosis, stones, scarring, soft tissue lesion</li> <li>• Recent history (3 months) of admission for severe urinary tract sepsis</li> </ul>
<b>Category 2</b> (appointment within 90 calendar days)	<ul style="list-style-type: none"> <li>• Recurrent (women &gt; 3 per year, men &gt; 1 per year) or persistent UTI and any of the following:               <ul style="list-style-type: none"> <li>– increased residuals &gt; 100ml and/or</li> <li>– upper urinary tract infections</li> </ul> </li> </ul>
<b>Category 3</b> (appointment within 365 calendar days)	<ul style="list-style-type: none"> <li>• Recurrent UTI (women &gt; 3 per year, men &gt; 1 per year)</li> </ul>
<b>1. Reason for request, indicate on the referral</b>	
<ul style="list-style-type: none"> <li>• To establish a diagnosis</li> <li>• For treatment or intervention not otherwise accessible to the patient</li> <li>• For advice regarding management</li> <li>• To engage in an ongoing shared care approach between primary and secondary care</li> <li>• Reassurance for GP/second opinion</li> <li>• Reassurance for the patient/family</li> <li>• For other reason (e.g. rapidly accelerating disease progression)</li> </ul>	
<b>2. Essential referral information, Referral will be returned without this</b>	
<ul style="list-style-type: none"> <li>• MSU M/C/S results</li> <li>• USS urinary tract results</li> </ul>	
<b>3. Additional referral information, Useful for processing the referral</b>	
<ul style="list-style-type: none"> <li>• ELFT results</li> <li>• STI screen results</li> </ul>	
<b>4. Request</b>	
<p>General referral information/Standard information (Appendix 2, Consultation overview)</p> <p>Notes</p> <ul style="list-style-type: none"> <li>• Please note that where appropriate and where available, the referral may be streamed to an associated public allied health and/or nursing service. Access to some specific services may include initial assessment and management by associated public allied health and/or nursing, which may either facilitate or negate the need to see the public medical specialist.</li> <li>• A change in patient circumstance (such as condition deteriorating or becoming pregnant) may affect the urgency categorisation and should be communicated as soon as possible.</li> <li>• Please indicate in the referral if the patient is unable to access mandatory tests or investigations as they incur a cost or are unavailable locally.</li> </ul>	
<b>5. Other useful information for referring practitioners, not an exhaustive list</b>	
<ul style="list-style-type: none"> <li>• Refer to HealthPathways or local guidelines</li> </ul> <p>Medical Management</p> <ul style="list-style-type: none"> <li>• MSU</li> <li>• STI screen if appropriate</li> </ul>	

- Antibiotics
- USS and post-void residual
- Consider urinary alkalisising agent ural/cranberry juice
- Consider alpha blockers if high residual volume with benign prostatic in men

#### Clinical resources (links)

#### Patient resources (links)

### Inform the patient

- Ensure they are aware of the request and the reason for being assessed.
- Instruct them to take all relevant radiology films and reports (including the imaging report) to appointments.
- To inform of any change in circumstance (e.g., getting worse or becoming pregnant) as this may affect the request for assessment.

## Incontinence/bladder dysfunction (female)

### Referral to emergency

**If any of the following are present or suspected, refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.**

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### Minimum referral criteria

<b>Category 1</b> (appointment within 30 calendar days)	<ul style="list-style-type: none"> <li>• Suspected malignant mass</li> <li>• Bladder outlet obstruction</li> <li>• Haematuria or sterile pyuria</li> <li>• Elevated post-void residuals (&gt; 300mls) and hydronephrosis on USS and/or altered renal function</li> <li>• Known or suspected neurogenic bladder</li> <li>• Suspected urogenital fistulae</li> </ul>
<b>Category 2</b> (appointment within 90 calendar days)	<ul style="list-style-type: none"> <li>• Incontinence requiring multiple (&gt; 2) pad changes per day</li> <li>• Nocturnal incontinence</li> <li>• Post-void residual &gt; 100ml</li> <li>• Associated faecal incontinence</li> <li>• Moderate to severe pelvic organ prolapse</li> </ul>
<b>Category 3</b> (appointment within 365 calendar days)	<ul style="list-style-type: none"> <li>• Incontinence requiring 1-2 pad changes per day and any of the following:             <ul style="list-style-type: none"> <li>– recurrent (&gt; 3 per year) or persistent UTI and/or</li> <li>– persisting bladder or urethral or perineal pain and/or</li> <li>– socially limiting (severe) and/or</li> <li>– failed physiotherapy/continence nurse management and/or</li> <li>– failed anti-cholinergic and beta3 adrenergic agonist therapy</li> </ul> </li> </ul>

### 1. Reason for request, indicate on the referral

- To establish a diagnosis
- For treatment or intervention not otherwise accessible to the patient
- For advice regarding management
- To engage in an ongoing shared care approach between primary and secondary care
- Reassurance for GP/second opinion
- Reassurance for the patient/family
- For other reason (e.g. rapidly accelerating disease progression)

## 2. Essential referral information, Referral will be returned without this

- MSU M/C/S results
- USS urinary tract results

## 3. Additional referral information, Useful for processing the referral

- Documented episodes of incontinence – bladder chart/diary, time and volume chart
- ELFT results

## 4. Request

General referral information/Standard information (Appendix 2, Consultation overview)

Notes

- Please note that where appropriate and where available, the referral may be streamed to an associated public allied health and/or nursing service. Access to some specific services may include initial assessment and management by associated public allied health and/or nursing, which may either facilitate or negate the need to see the public medical specialist.
- A change in patient circumstance (such as condition deteriorating or becoming pregnant) may affect the urgency categorisation and should be communicated as soon as possible.
- Please indicate in the referral if the patient is unable to access mandatory tests or investigations as they incur a cost or are unavailable locally.

## 5. Other useful information for referring practitioners, not an exhaustive list

- Refer to HealthPathways or local guidelines

Medical Management

- Bladder chart/diary – time and volume chart
- MSU
- USS urinary tract and post-void residual
- Physiotherapy and/or continence nurse management e.g. pelvic floor muscle exercises and bladder training
- Consider anticholinergics if low residuals on bladder scan, no suspicion of a sinister cause, not hypersensitive to the drug, and no history of acute angle glaucoma

Clinical resources (links)

Patient resources (links)

## Inform the patient

- Ensure they are aware of the request and the reason for being assessed.
- Instruct them to take all relevant radiology films and reports (including the imaging report) to appointments.
- To inform of any change in circumstance (e.g., getting worse or becoming pregnant) as this may affect the request for assessment.

## Lower urinary tract symptoms (female)

### Referral to emergency

**If any of the following are present or suspected, refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.**

- Acute urinary retention
- Urinary tract and genital trauma
- Urinary tract sepsis or severe infection
- Severe urinary tract bleeding

### Minimum referral criteria

#### Category 1

(appointment within

- Abnormal USS suggestive of urinary tract tumour or suspicion of malignancy

30 calendar days)	<ul style="list-style-type: none"> <li>• Elevated post-void residuals (&gt; 300mls) and hydronephrosis on USS and/or altered renal function</li> <li>• Severe irritative symptoms</li> <li>• Haematuria and/or sterile pyuria</li> <li>• Acute urinary retention post IDC insertion</li> <li>• Known or suspected neurogenic bladder and/or neurological symptoms</li> <li>• Suspected urogenital fistulae</li> </ul>
<b>Category 2</b> (appointment within 90 calendar days)	<ul style="list-style-type: none"> <li>• USS suggestive of bladder outlet obstruction</li> <li>• Bladder stones</li> <li>• Elevated post-void residuals &gt; 100ml</li> <li>• Nocturnal incontinence</li> <li>• Suspected or proven urethral stricture and/or urethral diverticulum</li> <li>• Acute change in long-term catheter</li> <li>• Persistent or progressive symptoms despite maximal medical management</li> <li>• Moderate to severe pelvic organ prolapse</li> <li>• Previous incontinence/prolapse/pelvic surgery and/or pelvic radiation/ malignancy</li> </ul>
<b>Category 3</b> (appointment within 365 calendar days)	<ul style="list-style-type: none"> <li>• Recurrent UTI (&gt; 3 per year)</li> <li>• Persisting bladder or urethral or perineal pain</li> <li>• Socially limiting (severe)</li> <li>• Failed physiotherapy/continence nurse management</li> <li>• Failed anti-cholinergic and beta3 adrenergic agonist therapy</li> </ul>

### 1. Reason for request, indicate on the referral

- To establish a diagnosis
- For treatment or intervention not otherwise accessible to the patient
- For advice regarding management
- To engage in an ongoing shared care approach between primary and secondary care
- Reassurance for GP/second opinion
- Reassurance for the patient/family
- For other reason (e.g. rapidly accelerating disease progression)

### 2. Essential referral information, Referral will be returned without this

- MSU M/C/S results
- USS urinary tract results
- Smoking history

### 3. Additional referral information, Useful for processing the referral

- History of previous incontinence/prolapse/pelvic surgery and/or pelvic radiation/ malignancy
- Bladder diary – time and volume chart
- ELFT results

### 4. Other useful information for referring practitioners, not an exhaustive list

- Refer to HealthPathways or local guidelines

#### Medical Management

- Bladder chart/diary – time and volume chart
- MSU
- Physiotherapy and/or continence nurse management e.g. pelvic floor muscle exercises and bladder training
- Consider USS urinary tract and post-void residual measurement

- Consider anticholinergics: if low residuals on bladder scan, no suspicion of a sinister cause, not hypersensitive to the drug, and no history of acute angle glaucoma

#### Clinical resources (links)

#### Patient resources (links)

## Lower urinary tract symptoms (male)

### Referral to emergency

If any of the following are present or suspected, refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

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### Minimum referral criteria

**Category 1**  
(appointment within 30 calendar days)

- Abnormal USS suggestive of urinary tract tumour
- Elevated post-void residuals and hydronephrosis on USS and/or altered renal function
- Severe irritative symptoms and any of the following:
  - haematuria
  - suspicion of malignancy
- Acute urinary retention post IDC insertion
- New elevated PSA > 10ng/ml

**Category 2**  
(appointment within 90 calendar days)

- USS suggestive of bladder outlet obstruction
- Bladder stones
- Recurrent UTI (> 1 per year)
- Elevated post-void residuals > 200ml
- Suspected or proven urethral stricture
- Acute change in long-term catheter
- Persistent or progressive symptoms despite maximal medical management
- Incontinence
- Elevated PSA < 10ng/ml
- Suspected or symptomatic benign prostatic hypertrophy or prostatomegaly

**Category 3**  
(appointment within 365 calendar days)

- No category 3 criteria

### 1. Reason for request, indicate on the referral

- To establish a diagnosis
- For treatment or intervention not otherwise accessible to the patient
- For advice regarding management
- To engage in an ongoing shared care approach between primary and secondary care
- Reassurance for GP/second opinion
- Reassurance for the patient/family
- For other reason (e.g. rapidly accelerating disease progression)

### 2. Essential referral information, Referral will be returned without this

- MSU M/C/S results
- USS urinary tract results
- Smoking history

### 3. Additional referral information, Useful for processing the referral

- PSA history
- Family history of prostate cancer
- ELFT results
- Bladder chart and the international prostate symptom score sheet

### 4. Other useful information for referring practitioners, not an exhaustive list

- Refer to HealthPathways or local guidelines

#### Medical Management

- MSU
- ELFT
- PSA if >40 years old
- USS urinary tract
- Trial of alpha blockers if appropriate
- Bladder chart and the international prostate symptom score sheet

#### Clinical resources (links)

#### Patient resources (links)

## Prostate – suspected cancer (including elevated PSA)

### Referral to emergency

If any of the following are present or suspected, refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

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### Minimum referral criteria

<b>Category 1</b> (appointment within 30 calendar days)	<ul style="list-style-type: none"> <li>• PSA &gt; 10ng/ml</li> <li>• Radiological imaging indicative of ureteric obstruction</li> <li>• Palpable or suspicious nodule</li> </ul>
<b>Category 2</b> (appointment within 90 calendar days)	<ul style="list-style-type: none"> <li>• Increasing/elevated age-related PSA on 2 or more interval specimens or &gt;0.7ng/ml/year in men aged &lt;70 years</li> </ul>
<b>Category 3</b> (appointment within 365 calendar days)	<ul style="list-style-type: none"> <li>• No category 3 criteria</li> </ul>

### 1. Reason for request, indicate on the referral

- To establish a diagnosis
- For treatment or intervention not otherwise accessible to the patient
- For advice regarding management
- To engage in an ongoing shared care approach between primary and secondary care
- Reassurance for GP/second opinion
- Reassurance for the patient/family
- For other reason (e.g. rapidly accelerating disease progression)

### 2. Essential referral information, Referral will be returned without this

- PSA ELFT FBC results
- MSU M/C/S results



- USS urinary tract results

### 3. Additional referral information, Useful for processing the referral

- Optional f:t PSA ratio history (if available)
- Family history of prostate cancer
- Bladder chart and the international prostate symptom score sheet

### 4. Other useful information for referring practitioners, not an exhaustive list

- Refer to HealthPathways or local guidelines

#### Medical Management

- Repeat PSA in 4-6 weeks if elevated
- ELFT FBC
- MSU
- Bladder chart and the international prostate symptom score
- USS urinary tract

#### Clinical resources (links)

Link: International prostate symptom score sheet

#### Patient resources (links)

## Testicular, epididymal, scrotal, penis or foreskin abnormalities

### Referral to emergency

**If any of the following are present or suspected, refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.**

- Acute scrotal pain/ torsion of the testes
- Severe genital infection e.g. Fournier's gangrene/epididymo-orchitis
- Paraphimosis – unable to reduce
- Priapism

### Minimum referral criteria

<b>Category 1</b> (appointment within 30 calendar days)	<ul style="list-style-type: none"> <li>• Painless, solid, testicular mass</li> <li>• Scrotal pain or swelling suspicious of testicular cancer</li> <li>• Suspected penile cancer or tumour</li> <li>• Metastatic germ cell tumors require both Urology and Oncology input. For optimum care, should be seen within 2 weeks</li> </ul>
<b>Category 2</b> (appointment within 90 calendar days)	<ul style="list-style-type: none"> <li>• Intermittent testicular pain suggestive of intermittent testicular torsion</li> <li>• Painful swollen testis/epididymis provided testicular cancer has been excluded</li> <li>• Haematospermia</li> <li>• Foreskin phimosis with voiding symptoms/ threatened paraphimosis</li> <li>• Penile discharge or lesions or balanitis (excluding genital warts)</li> </ul>
<b>Category 3</b> (appointment within 365 calendar days)	<ul style="list-style-type: none"> <li>• Scrotal pain or swelling and any of the following:             <ul style="list-style-type: none"> <li>– hydrocele/varicocele</li> <li>– painful or large epididymal cyst</li> </ul> </li> <li>• Foreskin phimosis, provided no obstructed voiding</li> <li>• Erectile dysfunction not responding to maximal medical management</li> <li>• Peyronie's disease causing functional impairment or pain</li> </ul>

	<ul style="list-style-type: none"> <li>• Chronic testicular pain</li> <li>• Other foreskin abnormalities (frenulum breve, scarring and tearing)</li> </ul>
<b>1. Reason for request, indicate on the referral</b>	
<ul style="list-style-type: none"> <li>• To establish a diagnosis</li> <li>• For treatment or intervention not otherwise accessible to the patient</li> <li>• For advice regarding management</li> <li>• To engage in an ongoing shared care approach between primary and secondary care</li> <li>• Reassurance for GP/second opinion</li> <li>• Reassurance for the patient/family</li> <li>• For other reason (e.g. rapidly accelerating disease progression)</li> </ul>	
<b>2. Essential referral information, Referral will be returned without this</b>	
<ul style="list-style-type: none"> <li>• MSU M/C/S results</li> <li>• USS scrotum/testes results</li> </ul>	
<b>3. Additional referral information, Useful for processing the referral</b>	
<ul style="list-style-type: none"> <li>• Urine PCR and/or swabs results</li> <li>• Urine cytology results</li> </ul>	
<b>4. Other useful information for referring practitioners, not an exhaustive list</b>	
<ul style="list-style-type: none"> <li>• Refer to HealthPathways or local guidelines</li> </ul> <p>Medical management</p> <ul style="list-style-type: none"> <li>• Trial of steroid cream for phimosis</li> <li>• MSU</li> <li>• Urine PCR and/or swabs for chlamydia and gonorrhoea for suspected epididymo-orchitis</li> <li>• Urine cytology if indicated</li> <li>• USS scrotum/testes</li> <li>• If suspected or confirmed STI refer sexual health clinic</li> </ul> <p>For erectile dysfunction:</p> <ul style="list-style-type: none"> <li>• Lifestyle changes</li> <li>• PDE5 inhibitors</li> <li>• Co morbidity management (e.g. diabetes, heart disease)</li> <li>• HRT</li> <li>• Psychology</li> <li>• External devices</li> </ul>	
<b>Clinical resources (links)</b>	<b>Patient resources (links)</b>
<p>Please insert any other information that may be of use to referring clinicians. These will be considered and incorporated into HealthPathways specialty pathways by the clinical writers.</p>	

## Renal mass (tumours/cysts)

### Referral to emergency

If any of the following are present or suspected, refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

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### Minimum referral criteria

<b>Category 1</b> (appointment within 30 calendar days)	<ul style="list-style-type: none"> <li>• Imaging showing any of the following:                         <ul style="list-style-type: none"> <li>– solid renal mass &gt; 4 cm</li> <li>– mucosal/collecting system lesion</li> <li>– complex cystic lesion &gt; 4cm in size</li> </ul> </li> </ul>
<b>Category 2</b> (appointment within 90 calendar days)	<ul style="list-style-type: none"> <li>• Imaging showing any of the following:                         <ul style="list-style-type: none"> <li>– solid or complex cystic renal mass &lt;4 cm without evidence of metastatic disease</li> <li>– angiomyolipoma &gt; 4cm</li> <li>– angiomyolipoma &lt; 4cm in a woman of child bearing age</li> <li>– PUJ obstruction</li> <li>– large symptomatic simple renal cyst</li> </ul> </li> </ul>
<b>Category 3</b> (appointment within 365 calendar days)	<ul style="list-style-type: none"> <li>• Imaging showing angiomyolipoma &lt; 4cm</li> </ul>

### 1. Reason for request, indicate on the referral

- To establish a diagnosis
- For treatment or intervention not otherwise accessible to the patient
- For advice regarding management
- To engage in an ongoing shared care approach between primary and secondary care
- Reassurance for GP/second opinion
- Reassurance for the patient/family
- For other reason (e.g. rapidly accelerating disease progression)

### 2. Essential referral information, Referral will be returned without this

- ELFT FBC results
- USS urinary tract or CT IVP results

### 3. Additional referral information, Useful for processing the referral

- Urine cytology
- Tc99m-MAG3 renography

### 4. Other useful information for referring practitioners, not an exhaustive list

- Refer to HealthPathways or local guidelines

#### Medical Management

- USS and/or CT IVP
- Consider Tc99m-MAG3 renography if PUJ obstruction suspected

#### Clinical resources (links)

#### Patient resources (links)

Please insert any other information that may be of use to referring clinicians. These will be considered and incorporated into HealthPathways specialty pathways by the clinical writers.

## Haematuria

### Referral to emergency

If any of the following are present or suspected, refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

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### Minimum referral criteria

<b>Category 1</b> (appointment within 30 calendar days)	<ul style="list-style-type: none"> <li>• Any haematuria in an individual aged &gt;40 years.</li> <li>• Haematuria in an individual aged &lt; 40 year with abnormal cytology or urinary tract ultrasound that suggests malignancy:             <ul style="list-style-type: none"> <li>– renal parenchymal mass &gt;4cm</li> <li>– bladder or collecting system mass</li> <li>– unexplained isolated hydronephrosis</li> </ul> </li> <li>• In the absence of urinary tract infection or other obvious benign cause, or persists despite maximum medical treatment i.e. antibiotics</li> </ul>
<b>Category 2</b> (appointment within 90 calendar days)	<ul style="list-style-type: none"> <li>• Haematuria in an individual &lt;40 years with:             <ul style="list-style-type: none"> <li>– renal parenchyma mass &lt;4cm</li> <li>– persistent (&gt; 6 weeks) unexplained microcytic haematuria</li> </ul> </li> <li>• If decline in GFR or proteinuria, refer to Nephrologist</li> </ul>
<b>Category 3</b> (appointment within 365 calendar days)	<ul style="list-style-type: none"> <li>• No category 3 criteria</li> </ul>

### 1. Reason for request, indicate on the referral

- To establish a diagnosis
- For treatment or intervention not otherwise accessible to the patient
- For advice regarding management
- To engage in an ongoing shared care approach between primary and secondary care
- Reassurance for GP/second opinion
- Reassurance for the patient/family
- For other reason (e.g. rapidly accelerating disease progression)

### 2. Essential referral information, Referral will be returned without this

- MSU M/C/S and urine cytology results
- ELFT FBC results
- USS urinary tract or CT IVP results
- Smoking history

### 3. Additional referral information, Useful for processing the referral

- Triple phase CT abdomen/pelvis and CXR in patients with a proven renal mass

### 4. Other useful information for referring practitioners, not an exhaustive list

- Refer to HealthPathways or local guidelines

#### Medical Management

- MSU
- Urine cytology x 3
- ELFT FBC
- USS urinary tracts or CT IVP scan
- Triple phase CT abdomen/pelvis and CXR if renal mass confirmed on imaging

**Clinical resources (links)****Patient resources (links)**

Please insert any other information that may be of use to referring clinicians. These will be considered and incorporated into HealthPathways specialty pathways by the clinical writers.

## Urinary tract calculi

### Referral to emergency

**If any of the following are present or suspected, refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.**

- Acute/severe renal or ureteric colic
- Acute renal or ureteric colic with obstruction and/or infection

### Minimum referral criteria

<b>Category 1</b> (appointment within 30 calendar days)	<ul style="list-style-type: none"> <li>• Proven calculi in ureter and any of the following:               <ul style="list-style-type: none"> <li>– decreased renal function and/or increasing pain and/or</li> <li>– high-risk patients e.g. patients with single kidney/renal transplant</li> </ul> </li> </ul>
<b>Category 2</b> (appointment within 90 calendar days)	<ul style="list-style-type: none"> <li>• Proven calculi in kidney and any of the following:               <ul style="list-style-type: none"> <li>– resolved symptoms</li> <li>– recurrent symptoms</li> </ul> </li> <li>• All staghorn stones</li> </ul>
<b>Category 3</b> (appointment within 365 calendar days)	<ul style="list-style-type: none"> <li>• No category 3 criteria</li> </ul>

### 1. Reason for request, indicate on the referral

- To establish a diagnosis
- For treatment or intervention not otherwise accessible to the patient
- For advice regarding management
- To engage in an ongoing shared care approach between primary and secondary care
- Reassurance for GP/second opinion
- Reassurance for the patient/family
- For other reason (e.g. rapidly accelerating disease progression)

### 2. Essential referral information, Referral will be returned without this

- MSU M/C/S results
- ELFT FBC results
- Non-contrast CT KUB results (preferred) or USS urinary tract results

### 3. Additional referral information, Useful for processing the referral

- If patient has passed previous stone and this has been examined, include details of calculi
- XR KUB results
- Serum calcium and urate results

### 4. Other useful information for referring practitioners, not an exhaustive list

- Refer to HealthPathways or local guidelines

#### Medical management

- Analgesia:
  - NSAIDs

– consider an alpha blocker e.g. Tamsulosin 400 micrograms

- MSU
- ELFT FBC, serum calcium and urate
- Non-contrast CT KUB and XR KUB
- Stone prevention advice

**Clinical resources (links)**

**Patient resources (links)**

Please insert any other information that may be of use to referring clinicians. These will be considered and incorporated into HealthPathways specialty pathways by the clinical writers.

## Other referrals to emergency not covered within these conditions

### Referral to emergency

**If any of the following are present or suspected, refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.**

- Autonomic dysreflexia
- Foreign bodies

## Intervention criteria

### Out-of-scope for Urology interventions

Not all services are funded in the Queensland public health system. Exceptions can always be made where clinically indicated. It is proposed that the following are not routinely provided in a public Urology service:

- Circumcision for cosmetic reasons
- Aesthetic surgery
- Sexually transmitted infections– refer sexual health clinic
- Genital ulcers and warts – refer sexual health clinic provided verrucous carcinoma is excluded
- Vasectomy and vasectomy reversal
- Ejaculatory disorders
- Catheter change/maintenance
- Proteinuria – refer nephrology
- Small epididymal cysts
- Asymptomatic simple renal cyst

### Urgency category for intervention

Intervention	Minimum criteria	Urgency
	• Bladder neck incision	3
	• Circumcision (for reason other than cosmetic	3
	• Cystectomy	1
	• Cystoscopy	3
	• Epididymal cyst – removal of	3
	• Hydrocele – repair of	3
	• Hypospadias – repair of	3
	• Lithotripsy	2
	• Meatoplasty	3
	• Nephrectomy	2
	• Orchidectomy	1
	• Orchidopexy	3
	• Prostatectomy (transurethral/open)	2
	• Prostate biopsy	1
	• Pyeloplasty	2
	• Retrograde pyelogram	2
	• Stone's urinary tract – removal of	1
	• Uretero-pelvic junction – correction of	2
	• Ureters re-implantation	3
	• Ureteric stent – insertion of	1
	• Urethra – dilation of	2

## Version control

Version	Date	Author	Nature of amendment
v0.1-0.2	April - May 2015	Jason Paterdis, Nicole Mitchell and Kelly Reeves	CAG consultation
v0.3	03/07/2015	Jason Paterdis, Nicole Mitchell and Kelly Reeves	Out for stage 1 consultation
v0.4-v0.7		Jason Paterdis, Nicole Mitchell and Kelly Reeves	Amendments following stage 1 consultation and desktop audit
v0.8	23/04/2016	Jason Paterdis, Nicole Mitchell and Kelly Reeves	Transfer into 'phase 2' consultation template and editorial review
V1.0	26/05/2016	Jason Paterdis, Nicole Mitchell and Kelly Reeves	Final endorsed CPC
V1.1	04/05/2017	CPC Team (Liz Travers)	Feedback and new iterations
V1.2	5/6/2017	Jason Paterdis and CPC Team (Liz Travers)	Feedback and iterations following consultation with Clinical lead Dr Paterdis.
V1.3	1/8/17	CPC Team (Liz Travers)	Rebranding and incorporating amendments from feedback received 1/7/2016-30/6/2017
V1.4	26/6/2018	CPC Team (Liz Travers)	Preparing for CPC review and feedback incorporated to date
V1.05	28/8/2018	Clinical Lead, Jason Paterdis, Feedback form CAG and CPC Team (Liz Travers)	Incorporate feedback amendments, new branding, readiness for broader consultation.