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.	Benign prostatic hyperplasia
•	Prostate cancer	• Incontinence
•	Haematuria	Recurrent UTI's
•	Incidental renal lesions	Kidney Stones (renal)
•	Kidney Stones (Ureteric)	Erectile dysfunction
		Lower Urinary Tract Symptoms
		Penile Conditions
		Scrotal Conditions – infective/non-infective
		 Vasectomy
		Hydronephrosis
		Pelvi-ureteric Junction Obstruction
		Low Testosterone



Date: October 2018 Review Date: November 2030

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 Investigations:
Prostate Cancer	Haematuria.	Essential:
	Previous TURP/prostate biopsy	PSAs (Prostate Cancer (PC) – 2 x
		raised PSA's one to three months apart)
		Urea, Electrolytes, and Creatinine
		• MSU
		Ultrasound – prostate, kidney, and
		bladder
Benign Prostatic	Lower Urinary Tract symptoms,	Essential:
Hyperplasia	including duration and severity.	PSAs (single PSA)
	Haematuria.	Urea, Electrolytes, and creatinine
	Previous TURP/prostate biopsy	MSU
	Please Consider:	Ultrasound – prostate, kidney, and
	Completed prostate symptom score and	bladder
	quality of life score.	
Recurrent UTI's	Consider referral for males after one	Essential:
	episode.	Full Blood Count
	Any history of alpha blocker	MSU
	medication trial.	Urea, Electrolytes, and creatinine
	The number of UTI's in the last	Renal tract ultrasound
	year, consider referral after three.	PSA for men
Haematuria	Complete (urine uniformly blood-	Essential:
	stained)	Full Blood Count
	Initial stream, end stream, clots	• MSU
	Pain/dysuria	Urea, Electrolytes, and creatinine
	Onset, duration, precipitating factors	3 x Urine Cytology (2nd void of the day
	• Smoker	for 3 consecutive days)
	Previous treatment prostate/bladder	• If > 35ys & eGFR > = 45 - CT IVP
	cancer	• If > 35yr & eGFR <45 – CT KUB
	Females:	If < 35yr – USS Renal tract
	Other gynaecological symptoms	If any renal mass lesion on imaging then
	PV findings	order Quad-Phase (4th Phase) CT
	Males:	kidneys
	Other urological symptoms	
	Digital prostate exam	



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Condition:	Key Information Points:	Clinical Investigations:
Incontinence	Predominantly stress incontinence	Essential:
	Predominantly urge incontinence	Full Blood Count
	Urge/stress incontinence	MSU
	Does the patient require pads,	Urea, Electrolytes, and creatinine
	number per day?	Renal tract ultrasound (include prostate
	History of UTIs	for men) PSA for men
	Duration of symptoms	
	Obstetric history	
	Previous Gynaecological/ Urological	
	surgery	
	PV findings	
	Document episodes of incontinence	
Erectile Dysfunction	History of condition	Essential:
	Relevant treatment history	• BGL
		Fasting lipids
		Electrolytes
		Urea and creatinine
		Testosterone
Kidney Stones	Consider referral for males after one	Essential:
	episodePast history of stones and stone	Full Blood Count
	surgery	• MSU
	Description of severity of pain.	Urea, Electrolytes, and creatinine
	Acute renal colic – right/left	Calcium
	duration of symptoms	Uric acid
		CT KUB
Incidental Renal		Essential:
Lesions		Full Blood Count
		• MSU
		Urea, Electrolytes, and creatinine
		Quad-Phase (4th phase) CT kidney with
		contrast.



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Dobstructive/Irritative Treatment history including information on medication trailed. Full Blood Count. MSU. Urea, Electrolytes, and creatinine. Renal tract ultrasound. 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).	Condition:	Key Information Points:	Clinical Investigations:
information on medication trailed. MSU.	Lower Urinary Tract	Obstructive/ Irritative	Essential:
Urea, Electrolytes, and creatinine.	Symptoms	Treatment history including	Full Blood Count.
Renal tract ultrasound. Suggest additional test if microscopic or macroscopic haematuria or irritative symptoms in males:		information on medication trailed.	MSU.
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). Penile Conditions - Please provide a comprehensive history of the condition Previous treatment and outcomes. Low Testosterone - Please provide a comprehensive history of the condition Previous treatment and outcomes - Prolactin Levels. Non-acute - Please provide a comprehensive history of the condition Previous treatment and outcomes Infective: - Urea, Electrolytes, and creatinine Prolactin Levels. Infective: - Full Blood Count - Urea, Electrolytes, and creatinine Full Blood Count - Urea, Electrolytes, and creatinine MSU - Ultrasound Renal tract and Scrotum - Sexually transmitted diseases test if appropriate. Non - infective: - Ultrasound Scrotum - Sexually transmitted diseases test if appropriate. Non - infective: - Ultrasound Scrotum - Full Blood Count - Urea, Electrolytes, and creatinine Full Blood Count - Urea, Electrolytes, and creatinine.			Urea, Electrolytes, and creatinine.
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