

## 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.

<b>URGENT</b> Appointment timeframe 30 days.	<b>ROUTINE</b> Appointment timeframe greater than 30 days, depending on clinical need.
<ul style="list-style-type: none"><li>• Any new cancer diagnosis.</li><li>• Prostate cancer</li><li>• Haematuria</li><li>• Incidental renal lesions</li><li>• Kidney Stones (Ureteric)</li></ul>	<ul style="list-style-type: none"><li>• Benign prostatic hyperplasia</li><li>• Incontinence</li><li>• Recurrent UTI's</li><li>• Kidney Stones (renal)</li><li>• Erectile dysfunction</li><li>• Lower Urinary Tract Symptoms</li><li>• Penile Conditions</li><li>• Scrotal Conditions – infective/non-infective</li><li>• Vasectomy</li><li>• Hydronephrosis</li><li>• Pelvi-ureteric Junction Obstruction</li><li>• Low Testosterone</li></ul>

## 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:
<b>Prostate Cancer</b>	<ul style="list-style-type: none"> <li>• Haematuria.</li> <li>• Previous TURP/prostate biopsy</li> </ul>	<b>Essential:</b> <ul style="list-style-type: none"> <li>• PSAs (Prostate Cancer (PC) – 2 x raised PSA's one to three months apart)</li> <li>• Urea, Electrolytes, and Creatinine</li> <li>• MSU</li> <li>• Ultrasound – prostate, kidney, and bladder</li> </ul>
<b>Benign Prostatic Hyperplasia</b>	<ul style="list-style-type: none"> <li>• Lower Urinary Tract symptoms, including duration and severity.</li> <li>• Haematuria.</li> <li>• Previous TURP/prostate biopsy</li> </ul> <p><b>Please Consider:</b> Completed prostate symptom score and quality of life score.</p>	<b>Essential:</b> <ul style="list-style-type: none"> <li>• PSAs (single PSA)</li> <li>• Urea, Electrolytes, and creatinine</li> <li>• MSU</li> <li>• Ultrasound – prostate, kidney, and bladder</li> </ul>
<b>Recurrent UTI's</b>	<ul style="list-style-type: none"> <li>• Consider referral for males after one episode.</li> <li>• Any history of alpha blocker medication trial.</li> <li>• The number of UTI's in the last year, consider referral after three.</li> </ul>	<b>Essential:</b> <ul style="list-style-type: none"> <li>• Full Blood Count</li> <li>• MSU</li> <li>• Urea, Electrolytes, and creatinine</li> <li>• Renal tract ultrasound</li> <li>• PSA for men</li> </ul>
<b>Haematuria</b>	<ul style="list-style-type: none"> <li>• Complete (urine uniformly blood-stained)</li> <li>• Initial stream, end stream, clots</li> <li>• Pain/dysuria</li> <li>• Onset, duration, precipitating factors</li> <li>• Smoker</li> <li>• Previous treatment prostate/bladder cancer</li> </ul> <p><b>Females:</b></p> <ul style="list-style-type: none"> <li>• Other gynaecological symptoms</li> <li>• PV findings</li> </ul> <p><b>Males:</b></p> <ul style="list-style-type: none"> <li>• Other urological symptoms</li> <li>• Digital prostate exam</li> </ul>	<b>Essential:</b> <ul style="list-style-type: none"> <li>• Full Blood Count</li> <li>• MSU</li> <li>• Urea, Electrolytes, and creatinine</li> <li>• 3 x Urine Cytology (2nd void of the day for 3 consecutive days)</li> <li>• If &gt; 35ys &amp; eGFR &gt; = 45 – CT IVP</li> <li>• If &gt; 35yr &amp; eGFR &lt;45 – CT KUB</li> <li>• If &lt; 35yr – USS Renal tract</li> <li>• If any renal mass lesion on imaging then order Quad-Phase (4th Phase) CT kidneys</li> </ul>

# Western Health Specialist Clinics Access & Referral Guidelines

Condition:	Key Information Points:	Clinical Investigations:
<b>Incontinence</b>	<ul style="list-style-type: none"> <li>• Predominantly stress incontinence</li> <li>• Predominantly urge incontinence</li> <li>• Urge/stress incontinence</li> <li>• Does the patient require pads, number per day?</li> <li>• History of UTIs</li> <li>• Duration of symptoms</li> <li>• Obstetric history</li> <li>• Previous Gynaecological/ Urological surgery</li> <li>• PV findings</li> <li>• Document episodes of incontinence</li> </ul>	<b>Essential:</b> <ul style="list-style-type: none"> <li>• Full Blood Count</li> <li>• MSU</li> <li>• Urea, Electrolytes, and creatinine</li> <li>• Renal tract ultrasound (include prostate for men) PSA for men</li> </ul>
<b>Erectile Dysfunction</b>	<ul style="list-style-type: none"> <li>• History of condition</li> <li>• Relevant treatment history</li> </ul>	<b>Essential:</b> <ul style="list-style-type: none"> <li>• BGL</li> <li>• Fasting lipids</li> <li>• Electrolytes</li> <li>• Urea and creatinine</li> <li>• Testosterone</li> </ul>
<b>Kidney Stones</b>	<ul style="list-style-type: none"> <li>• Consider referral for males after one episode</li> <li>• Past history of stones and stone surgery</li> <li>• Description of severity of pain.</li> </ul> <b>Acute renal colic – right/left</b> <ul style="list-style-type: none"> <li>• duration of symptoms</li> </ul>	<b>Essential:</b> <ul style="list-style-type: none"> <li>• Full Blood Count</li> <li>• MSU</li> <li>• Urea, Electrolytes, and creatinine</li> <li>• Calcium</li> <li>• Uric acid</li> <li>• CT KUB</li> </ul>
<b>Incidental Renal Lesions</b>		<b>Essential:</b> <ul style="list-style-type: none"> <li>• Full Blood Count</li> <li>• MSU</li> <li>• Urea, Electrolytes, and creatinine</li> <li>• Quad-Phase (4th phase) CT kidney with contrast.</li> </ul>

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<b>Lower Urinary Tract Symptoms</b>	<ul style="list-style-type: none"> <li>• Obstructive/ Irritative</li> <li>• Treatment history including information on medication trailed.</li> </ul>	<p><b>Essential:</b></p> <ul style="list-style-type: none"> <li>• Full Blood Count.</li> <li>• MSU.</li> <li>• Urea, Electrolytes, and creatinine.</li> <li>• Renal tract ultrasound.</li> </ul> <p><b>Suggest additional test if microscopic or macroscopic haematuria or irritative symptoms in males:</b></p> <ul style="list-style-type: none"> <li>• 3 x Urine Cytology (2nd void of the day for 3 consecutive days).</li> </ul>
<b>Penile Conditions</b>	<ul style="list-style-type: none"> <li>• Please provide a comprehensive history of the condition.</li> <li>• Previous treatment and outcomes.</li> </ul>	<ul style="list-style-type: none"> <li>• If suspected Peyronie’s consider penile doppler ultrasound prior to referral.</li> </ul>
<b>Low Testosterone</b>	<ul style="list-style-type: none"> <li>• Please provide a comprehensive history of the condition.</li> <li>• Previous treatment and outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• Full Blood Count.</li> <li>• Urea, Electrolytes, and creatinine.</li> <li>• PSA.</li> <li>• Serum Testosterone.</li> <li>• Liver Function Test.</li> <li>• Luteinizing Hormone.</li> <li>• Prolactin Levels.</li> </ul>
<b>Non-acute Scrotal Conditions</b>	<ul style="list-style-type: none"> <li>• Please provide a comprehensive history of the condition.</li> <li>• Previous treatment and outcomes.</li> <li>• Infective or non – infective.</li> </ul>	<p><b>Infective:</b></p> <ul style="list-style-type: none"> <li>• Full Blood Count</li> <li>• Urea, Electrolytes, and creatinine.</li> <li>• MSU</li> <li>• Ultrasound Renal tract and Scrotum</li> <li>• Sexually transmitted diseases test if appropriate.</li> </ul> <p><b>Non – infective:</b></p> <ul style="list-style-type: none"> <li>• Ultrasound Scrotum</li> </ul>
<b>Testicular Mass</b>	<ul style="list-style-type: none"> <li>• Please provide a comprehensive history of the condition.</li> <li>• Previous treatment and outcomes.</li> </ul>	<ul style="list-style-type: none"> <li>• Full Blood Count</li> <li>• Urea, Electrolytes, and creatinine.</li> <li>• MSU</li> <li>• Ultrasound Scrotum</li> </ul>