Hertfordshire and West Essex Integrated Care System

LUTS Pathway

Male patient presents with LUTS

Assessment in primary care

History (Click for more info)

Examination (Click for more info)

Investigations (Click for more info)

Any red flag signs/symptoms? (Click for more info)

- Malignant prostate on DRE
- Elevated age specific PSA
- Palpable bladder +/-acute decline in renal function
- Nocturnal enuresis
- Haematuria
- Persistent/recurrent UTI
- Renal impairment secondary to lower urinary tract dysfunction
- Neurological disease

Urgent or 2WW referral
See Urology Cancer - Suspected (excluding Prostate)

Request U+Es if no recorded eGFR in past 3 months

Treatment in primary care

Give lifestyle advice to all:

- Smoker?
- Alcohol consumption
- Physical exercise
- Mental wellbeing
- Discuss fluid intake including limiting caffeine, artificial sweeteners and fizzy drinks
- Avoid constipation/treat if present

Mild-moderate symptoms

IPSS = 0 - 19

Conservative management

Storage/ filling symptoms:

- Consider bladder training for symptoms of overactive bladder
- Offer temporary containment products if needed
- Continence service referral or advice: 01612144591 (Bladder & Bowel UK) or contact district nurses

Post-micturition symptoms (terminal dribble): (Click for more info)

Teach urethral milking technique

Offer temporary containment products if needed

Stress incontinence caused by prostatectomy

Trial pelvic floor training for at least 3 months

If not caused by prostatectomy, refer for specialist assessment

Moderate-severe symptoms

IPSS = 8 -35

Drug treatment

Voiding/obstructive symptoms

- Trail an α-blocker e.g. tamsulosin, doxazosin, alfuzosin
- If ongoing **storage** symptoms despite α-blocker, consider combining with antimuscarinic.
- If prostate >30g or PSA >1.4ng/ml then try 5-α-reductase inhibitor (1st line: finasteride).

Storage symptoms/ overactive ladder

1st line = Solifenacin 5 to 10mg once daily

2nd line = one of the following:

- Tolterodine 2mg twice daily if alternative ACh choice is needed
- Trospium 20mg twice daily
- Mirabegron 25mg to 50mg once daily (25mg dose in renal
- and liver impairment)
- Oxybutynin patch if nil by mouth.

3rd line = Pick a different choice from 2nd line choices group above

***Sourced from** 'Management of adult urinary incontinence for primary care clinicians'*

Nocturnal polyuria

- Consider late afternoon loop diuretic (off-label)
- Consider oral desmopressin (check Na 3 days after first dose and stop if low)

Review medication 6 weekly until stable and then 6-12 monthly +/-IPSS score

Bothersome LUTS that fail to respond to conservative or drug treatment

Refer for specialist assessment

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History

Storage (filing)
- Frequency
- Urgency
- Nocturia

Voiding (obstructive)
- Poor stream
- Hesitancy
- Weak flow
- Dribbling
- Straining
- Intermittency
- Incomplete emptying

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Examination

Bladder Palpitation
Consider DRE
External Genitalia

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Investigations

Urinalysis

Offer PSA testing PSA Testing

Consider creatinine (if renal impairment suspected)

Frequency volume chart

Offer IPSS IPSS

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Requirements for PSA test

Patients should NOT have:
-An active urinary infection or within previous 6 weeks
-Ejaculated in previous 48 hours
-Exercised vigorously, for example cycling, withing the previous 48 hours
-Had a urological intervention such as prostate biopsy in the previous 6 weeks.

Note PSA results should be doubled for interpretation if patient on 5-alpha reductase inhibitor (finasteride / dutasteride)
Note some studies have shown that DRE may raise PSA level. Ideally recommend the patient attends blood test after an interval of 3 days.

Obtain informed consent
Before offering PSA testing, provide appropriate information and advice to allow the patient to make an informed choice about testing.
The aim of PSA testing is to detect localised prostate cancer when treatment can be offered that may cure cancer or extend life.

Further information for clinicians:
Assessment | Diagnosis | Prostate cancer | CKS | NICE
Information for patients:
Prostate cancer -Should I have a PSA test? -NHS (www.nhs.uk)
PSA test | Prostate Cancer UK
Guidance on PSA testing for men aged 80 years and above:
PSA Testing for men aged 80 years and above -EBI (aomrc.org.uk)

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Age-specific reference range

Age-specific reference ranges for PSA:	
Age	Raised PSA level (ng/ml)
40-49 years	≥2.5 ng/ml
50-69 years	≥3.0 ng/ml
70-75 years	≥4.0 ng.ml
76-79 years	≥5.0 ng/ml
≥80 years	≥10 ng/ml

Patients on Finesteride or dutesteride must have their PSAs doubled before comparing against age-specific references as the drug falsely lowers their true PSA by 50% after 6 months of treatment; e.g. A PSA of 3.4 from a 75 year old on finesteride is NOT normal as it is really 6.8

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INTERNATIONAL PROSTATE SYMPTOM SCORE (I-PSS)

Patient Name: Date:	Not At All	Less Than 1 Time In 5	Less Than Half The Time	About Half The Time	More Than Half The Time	Almost Always	YOUR SCORE
1. Incomplete Emptying Over the past month, how often have you had a sensation of not emptying your bladder completely after you finish urinating?	0	1	2	3	4	5	
2. Frequency Over the past month, how often have you had to urinate again less than two hours after you have finished urinating?	0	1	2	3	4	5	
3. Intermittency Over the past month, how often have you found you stopped and started again several times when you urinated?	0	1	2	3	4	5	
4. Urgency Over the past month, how often have you found it difficult to postpone urination?	0	1	2	3	4	5	
5. Weak Stream Over the last month, how often have you had a weak urinary stream?	0	1	2	3	4	5	
6. Straining Over the past month, how often have you had to push or strain to begin urination?	0	1	2	3	4	5	
	None	**Once**	**Twice**	**3 times**	**4 times**	**5 or more**	**YOUR SCORE**
7. Nocturia Over the past month how many times did you most typically get up each night to urinate from the time you went to bed until the time you got up in the morning?	0	1	2	3	4	5	
Total I-PSS Score							

Quality of Life due to Urinary Symptoms	Delighted	Pleased	Mostly satisfied	Mixed	Mostly unhappy	Unhappy	Terrible
If you were to spend the rest of your life with your urinary condition just the way it is now, how would you feel about that?	0	1	2	3	4	5	6

The I-PSS is based on the answers to seven questions concerning urinary symptoms. Each question is assigned points from 0 to 5 indicating increasing severity of the particular symptom. The total score can therefore range from 0 to 35 (asymptomatic to very symptomatic).

Although there are presently no standard recommendations into grading patients with mild, moderate or severe symptoms, patients can be tentatively classified as follows: **0 - 7 = mildly symptomatic; 8 - 19 = moderately symptomatic; 20 - 35 = severely symptomatic.**

The International Consensus Committee (ICC) recommends the use of only a single question to assess the patient's quality of life. The answers to this question range from "delighted" to "terrible" or 0 to 6. Although this single question may or may not capture the global impact of BPH symptoms on quality of life, it may serve as a valuable starting point for doctor-patient conversation.

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Advise the man that he can reduce the post-micturition dribbling by 'milking' his urethra after urinating.

- To do this, the man should press his fingers behind the scrotum and push upwards and forward to expel the pooled urine.
- Urethral milking eliminates post-micturition dribble when the muscles surrounding the urethra do not completely drain it of urine.
- East Sussex NHS Healthcare NHS Trust has a patient information leaflet on Post micturition dribble - Men.

Reference: NICE CKS