



## General Comments Regarding Urology Referrals: updated JUNE 2023

Our Urology clinic is trying to provide care for patients island-wide, and as a result we are trying to be efficient with our clinic visits. Routine referrals may not be seen for 6 months or more. Primary care providers may call our urologists to discuss a patient if there is a request for assistance to manage urologic concerns without formal consultation.

All referrals require a Completed referral sheet, demographics page, current medication list and most recent progress notes reflecting the need for referral

Please send previous urology records if seen by another provider

All STAT requests require a peer-to-peer conversation

## Diagnosis-Specific Recommendations for Commonly-Referred Conditions

### **Renal Stones: send referral**

- Send Imaging: Spiral CT KUB OR CT Abd/Pelvis OR Retroperitoneal US

### **Renal Mass: send referral**

- Send imaging performed in last 6 months

### **Hematuria (>3RBC/HPF)**

- Perform renal ultrasound
- Perform risk stratification\* for risk of bladder cancer; refer if moderate or high risk
  - If risk is mod or high, send referral, perform CT Abd/Pelvis with/without contrast

### **Bladder Cancer – confirmed disease: send referral**

- Send pathology confirmation of disease
- Send prior treatment/surgical reports
- Perform CT Abd/Pelvis with/without contrast if not done within 2 years

### **Bladder Mass: send referral**

- Send imaging completed in the last 6 months

### **Nocturia/Overactive Bladder (female)**

- Perform UA, verify neg microscopy/no infection
- Rx Behavioral tx (timing of fluid intake, pelvic floor muscle training, etc)
- Trial antimuscarinic (ie oxybutynin) and/or B3 adrenoceptor agonist (ie Mirabegron)
- If postmenopausal, consider topical estrogen

### **Urinary Incontinence: Female**

- Trial Antimuscarinic (ie oxybutynin)
- Consider referral to Gynecology or Urogyn

### **Male LUTS/BPH symptoms**

- Document IPSS\*
- Verify normal PSA
- Trial alpha-adrenergic blocker at max tolerated dose for 4-12 weeks
- Refer to urology if IPSS is >15 and QOL score 3 or higher at max doses of alpha-blocker

### **Elevated PSA: use age-adjusted PSA**

- 40-49: PSA > 2.5
- 50 to 59: > 3.5
- 60-60: > 4.0
- 70 – 79: > 6.5
- Remember to double the PSA if on finasteride or dutasteride for one year or longer
- Repeat PSA test if possible condition that falsely elevates PSA: UTI, prostatitis, Foley cath, etc. )

### **PSA labs completed within 3 months**

### **Prostate Cancer – confirmed disease: send referral**

- Send with pathology confirmation of disease
- Prior treatment/surgical reports
- All PSA results from past 2 years

### **Testicular Mass: send referral and contact Urologist on call for expedited appointment.**

- Send with testicular US; Serum AFP, HCG, and LDH