

REFERRAL GUIDELINES

Urology & Urology Cancer Clinics

Head of Unit: Paul Gilmore

Referrals: Referral addressed to named head of unit is preferred.

E-referral using the GP Referral Template located within the Mastercare Referralnet system is preferred.

For faxed referrals: FAX **9788 1879**

Please Note: The referral should not be given to the patient to arrange an appointment. No appointments can be made over the phone. Once a referral has been received the patient is notified by mail of the date and time of their appointment.

Clinic overview:

This clinic is for Urology and Urology Cancer Outpatients. Below are referral guidelines including approximate wait times for patients to be seen.

Specific Clinic referral information :

- Clinical details and reason for referral
- Onset, characteristics and duration of symptoms
- Relevant medical history
- Results of all recent and relevant investigations
- Previous treatment
- Medications
- Allergies

<https://src.health.vic.gov.au/specialities>

Categories for Appointment

	Clinical Description	Timeframe for Appt
Emergency	<ul style="list-style-type: none"> • Poorly controlled renal or ureteric colic • Infected or obstructed kidney • Acute painful urinary retention • Urinary tract trauma • Urinary tract septicaemia • Acute painful scrotum • Neurological emergency with acute incontinence 	Immediate via Emergency Department & Trauma Centre

IMPORTANT:

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- Date of referral
- Speciality
- Referring practitioner name
- Provider Number
- Referrer's signature

Patient Demographic:

- Full name
- Date of birth
- Postal address
- Contact numbers
- Medicare Number
- Interpreter required

Clinical:

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- Duration of symptoms
- Management to date
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- **Results/investigations must be within the last 6 months**

Preferred:

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- Duration of referral (if different to standard referral validity)
- Next of kin

HEAD OF UNIT
Paul Gilmore

PROGRAM DIRECTOR
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	<ul style="list-style-type: none"> • Priapism • Paraphimosis 	
Category 1 Urgent	<ul style="list-style-type: none"> • Testicular cancer • Penile cancer • Bladder cancer • Renal cancer • Prostate cancer/ PSA >20 in men <75yrs*** • Obstructed kidney • Frank haematuria • Renal Mass >3cm • Renal or Ureteric calculus (symptomatic) • Urinary retention with catheter in situ • Urgent Histology review 	Within 30 days
Category 2 Routine	<ul style="list-style-type: none"> • Lower urinary track symptoms (LUTS) * • Renal Mass <3cm (seen within 90 day) • Microscopic haematuria • Hydronephrosis • Female incontinence ** • Intrarenal calculus (asymptomatic) • Recurrent UTI's • Rising PSA in male < 75 years *** • Phimosis • Epididymal cyst • Post treatment reviews <p>*Needs to have already had treatment with no response</p> <p>** After an assessment and management via their local continence service</p>	Greater than 30 days depending on clinical need

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*** separate specific guidance below has been issued for prostate cancer referrals.	
Eligibility Criteria	
Haematuria Clinic Macroscopic Haematuria	*Haematuria with proteinuria should be directed to Renal Service
Evaluation <ul style="list-style-type: none"> Complete (urine uniformly blood –stained) Initial stream, end stream, clots Pain/dysuria Onset, duration, precipitating factors Smoker Previous treatment prostate/bladder cancer Females <ul style="list-style-type: none"> Other gynaecological symptoms PV findings Males <ul style="list-style-type: none"> Other urological symptoms Digital prostate exam investigations MSU micro and culture Urine cytology x 3 Triphasic CT IVP scan with excretory urogram Electrolytes, Urea, Creatinine, GFR FBE, PSA 	Management <p>All patients with visible haematuria require a CT IVP scan and Cystoscopy to exclude malignancy urinary tract.</p> <p>Preference for all imaging referral to be done at Frankston Hospital</p>
Microscopic Haematuria Defined as the presence of RBCs in at least two out of three MSUs	
Evaluation Investigations <ul style="list-style-type: none"> MSU micro and culture x 3 Urine cytology x 3 Electrolytes, Urea and Creatinine USS Urinary tract * <p>*CTIVP if high risk: smoker, positive cytology or > 40 yrs old</p>	Management <ul style="list-style-type: none"> Lower risk for urinary tract malignancy than macroscopic haematuria Consider glomerulonephritis if isomorphic RBC / proteinuria / urinary casts on MSU present (nephrology referral) Flexible cystoscopy may be required Renal biopsy may be advised

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Prostate Cancer

We aim to see elevated PSA referrals within a 6-12 week timeframe as per Optimal Care Pathways guidance. See specific referral information below.

Please see statewide criteria link below:

<https://src.health.vic.gov.au/prostate-cancer-suspected-or-confirmed>

All patients require a referral from a Specialist or General Practitioner.

We will aim to get patients seen within the above timeframes; however, due to limited new patient referral places in Outpatients the wait times may be significantly longer. If your patient's condition is significantly deteriorating and they have not been seen please contact the Outpatients Clinic to try to expedite the appointment.

Specific Prostate Cancer Referral Information:

Prostate Cancer

- Clinical details and reason for referral
- Relevant medical history
- Family history of Ca prostate (paternal)
- Completed prostate symptom score and quality of life score
- Bone pain
- Haematuria
- Previous TURP/prostate biopsy
- Allergies
- Results of all recent and relevant investigations
- Symptomatic history
- Treatment instituted so far
- Medications
- DRE – asymmetry, hardness, nodules, specimens

Investigations:

- PSA on 2 or more interval specimens
- PSA with free/total % (if included in second PSA test, then the PSA test becomes MBS rebatable)
- FBE & CRP
- U & E's, creatinine and GFR
- MSU

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Patients over 75 years of age should not undergo routine PSA screening

For specialists referring men in for biopsy:

Men should be suitable for consideration of radical treatment in the event of finding significant prostate cancer and be less than 75 yr old and of a high performance status.

Men older than 75 yr and men less than 75 yr but with significant co-morbidities are extremely unlikely to benefit from radical prostate cancer treatment within their life expectancy and will not be offered a prostate biopsy.

For specialists referring for prostate biopsy:

Consider multiparametric MRI scan of prostate before biopsy when under 70yr (see MBS MRI guideline)

For MBS items 63541 and 63542 the patient must be suspected of having prostate cancer based on:

- A digital rectal examination (DRE) which is suspicious for prostate cancer; or
- In a person aged less than 70 years, at least two prostate specific antigen (PSA) tests performed within an interval of 1-3 months are greater than 3.0ng/ml, and the free/total PSA ratio is less than 25% or the repeat PSA exceeds 5.5ng/ml; or
- In a person aged less than 70 years, whose risk of developing prostate cancer based on family history is at least double the average risk, at least two PSA tests performed within an interval of 1-3 months are greater than 2.0ng/ml, and the free/total PSA ratio is less than 25%; or
- In a person aged 70 years or older, at least two PSA test performed within an interval of 1-3 months are greater than 5.5ng/ml and the free/total PSA ratio is less than 25%.

Exclusions

- Patients who are being treated for the same condition at another Victorian public hospital
- Children under 17 years of age
- Cosmetic surgery including circumcision, penile enhancements & penile implants

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Lower Urinary Tract Symptoms	Mild to moderate symptoms that have not been treated Note: We do see symptoms that have not responded to medical treatment
Renal Mass	Simple renal cysts (Bosniak 1 on CT with no suspicious elements)
Scrotal abnormalities	<ul style="list-style-type: none"> Asymptomatic epididymal cyst identified through ultrasound acute scrotal pain (go to emergency) painful swollen testis or epididymis (emergency) Asymptomatic hydrocele Asymptomatic varicocele Chronic or recurrent scrotal pain: if USS and MSU are normal consider physiotherapy review +/- psych (blood in urine will be considered for cystoscopy)
Urinary Incontinence	Referral to Continence service for: <ul style="list-style-type: none"> Patients who have not yet tried and failed conservative treatment Accept internal referral from Continence Service for haematuria – Registrar to book cystoscopy Female incontinence not managed previously by a local continence service
Vasectomy & Infertility	<ul style="list-style-type: none"> Vasectomy and Vasectomy reversal Erectile dysfunction including peyronies disease Infertility
Pain	<ul style="list-style-type: none"> LUTS with no identified cause Pelvic pain syndrome (pain on bladder filling, penile pain, groin pain, scrotal pain)

Alternative referral options

- New referrals may also be made directly to the rooms of Urology Surgeons affiliated with Frankston Hospital (see Specialist Directory) who can then place the patient directly on the public surgical waiting list at Frankston Hospital if surgery is required.
- Refer to Private Services
- Urogynaecology clinic: Mornington Centre

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This is a multidisciplinary service. All patients will be triaged and referred to one or more providers that may include; continence clinical nurse consultant, physiotherapist, gynaecologist, urologist, geriatrician. This is not a suitable service for abnormal urogenital bleeding, suspected malignancy, faecal incontinence or rectal prolapse.

Clinic information

Clinics are held:

Monday (AM) Outpatient Department – Area 1

Wednesday (AM) Outpatients Department – Area 3

Thursday (PM) Outpatients Department – Area 3

Frankston and Integrated Health Centre

Hastings Road, Frankston

Phone: 9784 2600

Fax: 9788 1879

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