**Urology Referral Form** Date:

**GP Details**

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| **Referred By:** |  | |  | **Practice name and phone number / practice stamp** |
| **Usual GP:** | **Dr** | |  | **Tel:** |
| **Email Address:** |  | |  |
| **Practitioner’s Number:** | |  |  |

**Patient Details**

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| **NHS Number:** |  | | **Address:** |  | | |
| **Hospital Ref:** |  | |  |
| **Surname:** |  | |  |
| **First Name:** |  | |  |
| **Date Of Birth:** |  | | **Phone /**  **Email:** |  | | |
| **Preferred Site (please choose with ‘X’):** | | **RLH** | | | **NUH** | **WXH** |

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|  |  | Mark ‘**X**’ | Page |
| **Referral Problem – choose from this list**  Control-click the referral reason from this list to be taken to the appropriate page of the referral form  **You only need to fill in one page of this form (the one that matches to the referral pathway chosen on the right)**  *Management/investigation advice is included on each page*  Relevant results should auto-populate, we request a short case summary in the “Clinical Details” section including the clinical problem/question  **Andrology** includes Erectile Dysfunction, Male Infertility and Penoscrotal Abnormalities  Please ensure that the referral is mapped to the matching pathway on e-RS (where available)  **Note this form is not for 2 week wait referrals** | [Lower Urinary Tract Symptoms](#AAAALUTSBookmark) |  | 2 |
|  | [Urinary Tract Infection](#AAAAUTIBookmark) |  | 3 |
|  | [Stones](#AAAAStonesBookmark) |  | 4 |
|  | [Andrology](#AAAAAndroEDBookmark) |  | 5 |
|  | [Paediatrics](#AAAAPaediatricsBookmark) |  | 6 |
|  | [Non-Categorised](#AAAAOtherBookmark) General Urology |  | 7 |

Leaflets are available at [www.bartshealth.nhs.uk/urology](http://www.bartshealth.nhs.uk/urology) to help your patient understand the next steps in the referral pathway

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| Lower Urinary Tract Symptoms |
| **This pathway is suitable for patients with:** LUTS (storage and voiding), incontinence  **Management to consider prior to referral:**   * *For patients with prostates*: α-blocker (e.g. tamsulosin, alfuzosin), 5α-reductase inhibitor (5-ARI e.g. finasteride – amber on formulary). Note that α-blocker and 5-ARI can be combined * *Frequency/urgency:* Bladder retraining, weight loss, caffeine reduction, anticholinergics (e.g. solifenacin, tolterodine), beta3 agonist (such as mirabegron, second line, needs blood pressure check) * *Stress incontinence:* Pelvic floor exercises, treat constipation, stop smoking * Review current medications (including OTC/herbal) * **Consider whether community continence services might be beneficial instead (referral information available at** [www.bartshealth.nhs.uk/urology](http://www.bartshealth.nhs.uk/urology)**)**   **Further prescribing/medicines information is** [available at the end of this document](file:///C:\Users\hmy223\AppData\Local\Temp\EMISWebDocs11544\Urology%20Clinic%20Outpatient%20Referral%20TNW%20CEG%20(RP)%20v3.rtf#AAAAPrescribingInformation)  We may request investigations before patients have been seen to reduce waiting times  We may also send symptom questionnaires for patient to return to us |
| **Relevant investigations and results:**  PSA result (for patients with prostates, within 6 months):  Date of last MSU:  Result of last MSU:  eGFR:  *Suggested investigations:* ultrasound scan of the urinary tract. For patients with prostates: consider prostate examination (DRE), IPSS Questionnaire, Voiding Diary |
| **Clinical Details (please give a brief history):** |

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| Urinary Tract Infection |
| **This pathway is typically suitable for:** patients with recurrent urinary tract infections  **Management to consider prior to referral:**   * *Women with recurrent UTI:* discuss hygiene measures and hydration. Consider treatments: self-start antibiotics, post-coital antibiotics (if appropriate), low-dose antibiotic prophylaxis (e.g. 6 months), topical vaginal oestrogen   **Further prescribing/medicines information is** [available at the end of this document](file:///C:\Users\hmy223\AppData\Local\Temp\EMISWebDocs4032\Urology%20Clinic%20Outpatient%20Referral%20TNW%20CEG%20(RP)%20v3.rtf#AAAAPrescribingInformation)  Please inform the patient that we may request investigations before we have seen them so that they do not have to wait so long. These may include scans, blood tests and flow rate measurements.  We may also send symptom questionnaires which should be returned according to the instructions they will receive either by text or post. |
| **Relevant investigations and results:**  Last MSU (if available):  *Investigations to consider:* ultrasound scan of the urinary tract |
| **Clinical Details (please give a brief history):** |

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| Stones |
| **This pathway is suitable for:** patients with current kidney/ureter/bladder stone disease (based on imaging). In addition, patients with unexplained hydronephrosis and other ureteric problems can be referred to this pathway. Patients with acute severe pain should be referred to the emergency department  **Management to consider prior to referral:**   * *For a first, single renal stone <5mm (on CT) in an asymptomatic, otherwise healthy patient with two normally functioning kidneys:* the patient may choose conservative management in the community with an annual ultrasound to ensure the size is not increasing * *Advise to ensure adequate fluid intake and consider providing the BAUS Stone Diet leaflet (use this search term to find the leaflet online)* * Consider analgesia, although for acute renal colic the patient should be reviewed urgently in the emergency department   **If the patient has multiple stones, bilateral stones or the stone is ≥5mm, OR if the patient is symptomatic with pain or recurrent UTIs: please refer**  Please inform the patient that we may request investigations before we have seen them so that they do not have to wait so long. These may include scans and blood tests. |
| **Required investigations and results (within last 3 months, please complete):**   * Serum calcium: * Serum urate: * eGFR: * Imaging type showing stone (mark with ‘X’):  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **CT** |  | **X-ray** |  | **Ultrasound** |  |   *Suggested investigations:* If you are able to request CTKUB in your area this is extremely helpful (not required if the patient has had a CTKUB in the last 3 years) |
| **Clinical Details (please give a brief history, you can also copy in the scan result here if available):** |

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| Andrology | |
| **Andrology includes erectile dysfunction, male factor infertility and penoscrotal abnormalities. Prior to referral, please consider the following investigations and management:**  **For Erectile Dysfunction:**   * If there are no contraindications, please trial a first-line PDE-5 inhibitor (e.g. sildenafil) prior to referral. If this fails, consider switching to a different PDE5i (e.g. tadalafil). Ideally, patients should try two separate PDE5is, maximum tolerated dosage, 8 separate doses each   **For Penoscrotal Abnormalities**: (e.g. phimosis, cysts, hydrocele, varicocele, penile curvature):   * *For suspected Peyronie’s disease:* It can be helpful for us to see photographs of the erect penis to measure the degree of curvature – please ask the patient to bring these to their first appointment unless they are uncomfortable doing so. This article provides a guide: <https://wchh.onlinelibrary.wiley.com/doi/10.1002/tre.766> * *For scrotal swellings:* Please ensure that the patient has had an ultrasound scrotum   **For Infertility:**   * **Patients should have a semen analysis.** If results are normal, please refer to a fertility unit for Assisted Reproductive Technology. If mild abnormality then repeat semen analysis in 3 months. If initial analysis is grossly abnormal or repeat analysis shows persistent mild abnormality then please refer to us. | |
| **Required investigations (please complete):** | |
| ***For Erectile Dysfunction:*** | |
| Testosterone: |  |
| HbA1c: |  |
| Cholesterol: |  |
| ***For Male Infertility:*** |  |
| Testosterone |  |
| FSH: |  |
| LH: |  |
| Prolactin: |  |
| **Clinical Details (please give a brief history, include semen analysis or ultrasound result here if appropriate):** | |

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| Paediatrics |
| **This pathway is suitable for:** Children with common urological problems such as:   * Undescended testes (patient should be seen by specialist paediatric urologist by 6 months of age - <https://cks.nice.org.uk/topics/undescended-testes/>) * Penoscrotal abnormalities including hydrocele, hypospadias, phimosis, balanitis * Phimosis does not need to be referred unless there is any evidence of pathological phimosis or complications arising from phimosis * Urinary tract infections – for children with abnormal imaging or other urological abnormalities (more information at <https://www.nice.org.uk/guidance/cg54>). Recurrent UTI without these findings can be referred to General Paediatrics clinic   Children with nocturnal enuresis and incontinence can be referred to the Community Continence Specialist team using the Children’s Single Point of Access (SPA) form  Further information on children’s continence management is available at [www.eric.org.uk](http://www.eric.org.uk/)  More information for patients and referrers regarding circumcision may be available on local GP intranets, such as Clarity in Tower Hamlets. Please note that we are not commissioned to accept referrals for cultural circumcision.  Please inform the patient and/or parent/guardian(s) that we may request investigations before we have seen them so that they do not have to wait so long. |
| **Required investigations and results (within last 3 months): None**  *Suggested investigations:* Consider MSU in patients with recurrent urinary tract infections |
| **Clinical Details (please give a brief history):** |

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| Non-Categorised General Urology |
| **This pathway is suitable for patients who do not fit into one of the other categories**  Please do not use this as a default, your referral will be returned for revision if it clearly belongs in another pathway  Please inform the patient that we may request investigations before we have seen them so that they do not have to wait so long. |
| **Relevant investigations (free text, please complete if appropriate):** |
| **Clinical Details (please give a brief history):** |

**Other clinical Details – Auto-populated from Referrer’s system:**

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| **Include relevant consultations if helpful:**  **Consultations** |

**Medication**

**Allergies**

**Problems**

Yours Sincerely,

**Current User**

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| Prescribing Information |
| **Additional detail prescribing information is detailed below, as advised by the Tower Hamlets, Newham and Waltham Forest (TNW) Medicines Optimisation Board**  **For patients with lower urinary tract symptoms:**   * NICE Clinical Knowledge Summary recommends reviewing all current medications, including herbal and over-the-counter medicines to identify medications that may contribute to the problem * **Mirabegron**: recommended as an option for treating the symptoms of overactive bladder only for people in whom antimuscarinic drugs are contraindicated or clinically ineffective, or have unacceptable side effects * For men with an IPSS score >8 can consider prescribing a combination of alpha blocker and antimuscarinic, (e.g. Vesomni, combination of solifenacin and tamsulosin) * For older patients or those with frailty, do not offer oxybutynin due to the risk of impairment of daily functioning, chronic confusion, or acute delirium   **Antibiotic prescribing for urinary tract infections:**   * Please refer to your local formulary for current antimicrobial advice as these may change regularly and differ between regions * The Waltham Forest GP portal currently hosts a link to the NEL (North East London) antimicrobial guide, available at:   <https://teamnet.clarity.co.uk/Library/ViewItem/fbd02ba6-d9a2-4f44-9d49-ac6700ebcda7> |