

Patient entry to pathway

Self referral

GP appointment

**GP Responsibilities
(all tests to be considered)**

- Urinalysis / MSU
- Blood tests: PSA / renal / glucose
- Digital rectal examination
- Physical examination
- Bi-manual VE
- Provision of essential patient information
- IPSS (International Prostate Symptom Score)

Initiate drug therapy ONLY after conservative therapy delivered by intermediate service

Referral from HCP with completed pro forma and medical history

**Integrated Intermediate Service Responsibilities
Conservative Management**

- Full history and assessment (bladder and bowel)
- ICIQ or IPSS questionnaire
- Bladder/voiding diary
- Diagnostic investigations to include:
 - Uroflow studies
 - Pre and post void bladder scan (incomplete voiding/residual volumes)
 - Digital rectal examination
- Pelvic floor examination
- Muscle stimulation
- Refer for renal/pelvic ultrasound if indicated
- EMG feedback if required
- Catheterisation and self catheterisation
- Pelvic floor exercises/bladder training
- Exercise and lifestyle advice
- Refer self referrers back to GP where appropriate
- Recommend drug therapy to GP via letter with management plan

The service can receive patients with neurological conditions suffering from LUTS

Referral from Intermediate Service

Are any of the following present?

- Hæmaturia – refer to 1-stop hæmaturia clinic
- Pelvic mass
- Suspicion of prostate cancer

IMMEDIATE REFERRAL
Under 2-week wait

- Abnormal renal function \pm palpable bladder
- Severe or total prolapse
- Atrophy
- Persistent bladder or urethral pain
- Complex urological / gynaecological history
- Associated faecal incontinence

PRIORITY REFERRAL

Secondary Care Responsibilities

- Receive 'red-flag' referrals
- Specialist Opinion
- Surgical intervention
- Prostate biopsies
- Cystoscopy
- Urinary retention
- Refractory OAB symptoms
- Recurrent UTIs
- Urodynamic studies in outpatient setting, at same time as specialist consultation

**Integrated Intermediate LUTS Service
- Providers and Aims -**

Patients can be referred to the Intermediate Service via choose and book or a paper pro forma which can be faxed or posted to the service

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The integrated intermediate service has been designed to ensure that patients are treated in accordance with the NICE guidelines (CG40 and CG97), refocusing treatment pathways on conservative treatments followed by medical interventions when required.

The service aims to improve the quality and responsiveness of care, and ensure that all patients are seen by the appropriate clinician, in a timeframe suitable to the patients clinical, emotional and social needs, in-line with the quality of life and personal treatment goals.

**Additional Patient Support and
Advice**

The following organisations are recognised as being useful sources of information for patients suffering from LUTS and associated conditions:

- The Bladder and Bowel Foundation – www.bladderandbowelfoundation.org t: 0845 345 0165
- The Association of Continence Advice – www.aca.uk.com t: 0207 820 8113
- Cystitis and Overactive Bladder Foundation – www.cobfoundation.org t: 0121 702 0820
- Prostate Cancer UK – www.prostatecanceruk.org t: 0800 074 8383