Lower Urinary Track Systems (LUTS) in men guidance

NHS Hampshire and Isle of Wight

This document is designed to aid the clinical decision making for GPs seeing patients presenting with LUTS in the Primary Care Setting. Clinical examination will aid the decision as to the appropriate health care support.

The decision making pathway is not a substitute, for the exercise of professional/clinical judgement

Initial assessment

Initial assessment refers to assessment carried out in any setting by a healthcare professional without specific training in managing LUTS in men. This could include a general practitioner or nurse.

Initial assessment should include an assessment of their general medical history to identify possible. causes of LUTS, and associated comorbidities.

Pre-Requisites for entry to LUTS pathway

Review current medication (including herbal and over-the-counter medicines) to identify drugs that may be contributing to the problem.

Advice and Guidance is readily accessible if GPs are uncertain that a referral to secondary care is required

Initial Assessment

- History (including risk factors)
- Physical examination abdomen, external genitalia, digital rectal exam.
- Frequency volume chart completed for 3 days FV chart
- Urine dipstick test to detect blood, glucose, protein, leucocytes and nitrites.
- Consider PSA if risk factors for this exist.
- Serum creatinine test only if you suspect renal impairment (for example, the man has a palpable bladder and or nocturnal enuresis)

Medical Management

- Give reassurance,
- Offer lifestyle advice interventions (for example, fluid intake) and information on their condition to men who have uncomplicated LUTS. BAUS- Male LUTS
- Consider offering men considering any treatment for LUTS an assessment of their baseline symptoms with a validated symptom score to allow assessment of subsequent symptom change. I-PSS

Drug treatment.

Offer drug treatment only with bothersome LUTS –when conservative management options have been unsuccessful or are not appropriate.

Drug Treatment of men with:

- Moderate to severe LUTS-Alpha blocker e.g. tamsulosin(warn patient of retrograde ejaculation and possible postural hypotension).
- OAB symptoms (frequency, urgency, urge, enuresis/incontinence) Offer medical therapy e.g. solifenacin 5-10mg OD or mirabegron 50mg OD
- **Symptoms of storage systems after Alpha blocker treatment** - Consider offering an anticholinergic or mirabegron.
- **Nocturnal Polyuria**-Consider offering a late afternoon loop diuretic Repetition as seen below also
- **Moderate to severe LUTS and prostates estimated to be larger than 30 g or a PSA level greater than 1.4 ng/ml-** Consider offering a combination of an alpha blocker and a 5-alpha reductase inhibitor e.g. finasteride 5mg OD *.
- **Nocturnal Polyuria**-Consider offering a late afternoon loop diuretic
- **Nocturnal polyuria, if other medical causes have been excluded and they have not benefited from other treatment-** Consider offering oral Desmopressin 50mcg in 18-65 year olds, Noqdirna 50mcg over 65yrs. Measure serum sodium 3 days after the first dose. If serum sodium is reduced to below the normal range, stop desmopressin treatment.

*** combination medication may cause erectile dysfunction / libido changes I younger men.**

Failed drug treatment

Urology A&G

Urology Consultant Triage

Problem unclear, GP advised to provide further supporting information

Urology convert A&G to outpatient appointment.

Medical treatment/ follow-up care by Urology Dept.

Advice given to GP, with no further referral felt needed under Urology

Advice

Process

Start/End

Decision

There is no indication at initial assessment in men with uncomplicated LUTS for:

- Routine referral for cystoscopy
- Imaging of the upper urinary tract
- Flow-rate measurement
- Post void residual volume measurement

Pathway co-design: - HIOW provider Urologist/HIOW ICB GP Clinical Leads. Published: March'24 Review Due March 25
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