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.

Lower Urinary Track Systems (LUTS) in men guidance

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Description automatically generated

**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**

**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](https://protect.checkpoint.com/v2/___https://www.baus.org.uk/_userfiles/pages/files/Patients/Leaflets/Male%20LUTS.pdf___.bXQtcHJvZC1jcC1ldXcyLTE6dW5pdmVyc2l0eWhvc3BpdGFsc291dGhhbXB0b246YzpvOjRhNWVjNWNkZWEwMzlkNGE1NWJiZTc5Zjg2NTc4Zjg0OjY6MTMyNjowNDQ1M2FhYjExZmVlYWVkNTFiMzkyOWZkYTgxOTEyNDIzNzJkYjg3YTVlZDQ1NjUyNDJmNGM2MDI3NDlkNjY5OnA6Rg)
* 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](https://protect.checkpoint.com/v2/___https://www.baus.org.uk/_userfiles/pages/files/Patients/Leaflets/IPSS.pdf___.bXQtcHJvZC1jcC1ldXcyLTE6dW5pdmVyc2l0eWhvc3BpdGFsc291dGhhbXB0b246YzpvOjRhNWVjNWNkZWEwMzlkNGE1NWJiZTc5Zjg2NTc4Zjg0OjY6OTQ3ZDoxMTZkYmNmMWUxOTc5ZWQwNmMzMzVlZWJhMjZmNDNhMjIyOTA4YTdjNTJlMDI3NjM2YjkzNDg1MWNjYWE1YzA0OnA6Rg)

**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.**

**Drug treatment.**

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

**Initial Assessment**

* History (including risk factors)
* Physical examination abdomen, external genitalia, digital rectal exam.
* Frequency volume chart completed for 3 days [FV chart](https://protect.checkpoint.com/v2/___https://www.baus.org.uk/_userfiles/pages/files/Patients/Leaflets/Input%20output%20chart.pdf___.bXQtcHJvZC1jcC1ldXcyLTE6dW5pdmVyc2l0eWhvc3BpdGFsc291dGhhbXB0b246YzpvOjRhNWVjNWNkZWEwMzlkNGE1NWJiZTc5Zjg2NTc4Zjg0OjY6OGIzMjpjMTQ1Mzk0MjZmMzEwMjFjN2IzZDVlZGM0Y2Y4YzM5ZjRkYTg2MzhjZDI2NGMzMjAwZGJkYjU2NjFmNmY3YTRhOnA6Rg)
* 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)

Start/End

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

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

Urology convert A&G to outpatient appointment.

Problem unclear, GP advised to provide further supporting information

**Urology Consultant Triage**

**Medical treatment/**

**follow-up care by Urology Dept.**

Decision

Process

Advice

**Urology A&G**

**Failed drug treatment**

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

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