

EDMONTON ZONE Urology REFERRAL QUICK REFERENCE

NON-URGENT ADVICE

A Urologist will provide advice to physicians for non-urgent questions

eReferral Advice Request

Log into Alberta Netcare (www.albertanetcare.ca/ereferral.htm) and electronically submit your questions and pertinent documents. You will receive a response within five calendar days.

If you do not have Alberta Netcare, but have a non-urgent question, contact:

Northern Alberta Urology Centre (NAUC) / Kaye Edmonton Clinic Alberta Health Services

7th Floor, Kaye Edmonton Clinic
11400 University Avenue
Edmonton, AB T6G 1Z1
Referrals Department - Telephones: 780-407-5800

NON-URGENT CONSULTATION

Patient **DOES NOT** need to be seen within four weeks

Refer patients to outpatient clinics

*Indicate a clear reason for referral and any confirmed diagnosis to assist in directing your referral.

Provide all required information and specific tests/investigations as per the Urology Referral Quick Reference.

EXCLUSIONS

- Recurrent Urinary Tract Infection in Females - Refer to Urinary Tract Clinical Pathway (attached).
- Complicated UTI (fever, hematuria), diabetic or immune compromised.

URGENT CONSULTATION

Patient **MAY NEED** to be seen within two - four weeks.

Call directly to the Northern Alberta Urology Centre, Referral & Triage Department - 780-407-5800

IMPORTANT NOTE: Contact NAUC Referral & Triage Department **BEFORE** submitting an eReferral request.

EMERGENCY CONSULTATION

Patient **NEEDS** to be seen immediately

Refer directly to the emergency department or call RAAPID North:

1-800-282-9911 and ask for the Urologist on-call.

Send to emergency for:

- Acute Scrotal Pain
- Testicular Torsion
- Acute Renal Colic
- Genitourinary Trauma
- Genitourinary Tract Foreign Body

Reason for Referral	Access Target	Process/Instructions	Essential Labs	Essential Imaging (attached or ordered)	Timing for Essential Investigations	Extra Information (if applicable)
Abnormal DRE - (new diagnosis)	< 4 weeks	Urgent referral to Urology Call NAUC Referral & Triage Dept.	U/A, urine culture, PSA x 2		< 3 months	
Adrenal Mass	< 4 weeks	Urgent referral to Urology Call NAUC Referral & Triage Dept.	Lytes, creatinine, random glucose, cortisol, 24 hour urine metanephrines	CT or MRI (abdomen)	< 3 months	
Balanitis		eReferral Advice Request Create using Urology Issue				
(BPH) Benign Prostatic Hyperplasia	< 3 months	eReferral Consult Request Create using BPH (Benign prostatic hyperplasia)	Lytes, creatinine, U/A, PSA if 50-70 yrs with 10 year life expectancy		< 6 months	Consult Request only accepted if documented failed trial of Tamsulosin (Flomax) and should include baseline IPSS form, post-treatment IPSS and voiding diary
Bladder Diverticulum		eReferral Advice Request Create using Urology Issue	Lytes, creatinine, U/A		< 6 months	Include list of trialed Alpha Blockers medications
Bladder Mass	< 2 weeks	Urgent referral to Urology Call NAUC Referral & Triage Dept.	Lytes, creatinine, U/A, urine cytology x 1		< 30 days	Ultrasound results showing the mass
Bladder Stone	< 3 months	eReferral Consult Request Create using Kidney Stone Chronic (non-obstructing)	U/A, urine culture	KUB X-Ray and renal colic CT or KUB and abdominal ultrasound	3 months	

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Cystocele	< 6 months	eReferral Consult Request Submit using Cystocele	Lytes, creatinine, U/A, urine culture		< 3 months	
Elevated PSA (no previous cancer)	< 4 weeks	Urgent referral to Urology Call NAUC Referral & Triage Dept.	U/A, urine culture, PSA x 2		< 3 months	
Elevated PSA (previous cancer)	< 4 weeks	Urgent referral to Urology Call NAUC Referral & Triage Dept.	U/A, urine culture, PSA x 2		3 months	
Erectile Dysfunction	< 6 months	eReferral Consult Request Create using Erectile Dysfunction	CBC, lytes, creatinine, TSH, testosterone, fasting glucose, lipids, cholesterol, triglycerides		< 6 months	Consult Request if failed trial of PDE 5 inhibitors
Female Voiding Dysfunction	< 6 months	eReferral Consult Request Create using Female Voiding Dysfunction	U/A, urine culture		< 6 months	Patient to bring voiding diary to appointment
Hematospermia		eReferral Advice Request Create using Urology Issue				
Hematuria Gross	< 2 weeks	Urgent Referral to Urology Call NAUC Referral & Triage Dept.	CBC, lytes, creatinine, urine culture, urine cytology x1	Renal ultrasound or CT urogram	< 30 days	
Hematuria Microscopic (greater than 3 rbc/hpf)	< 3 months	eReferral Consult Request Create using Hematuria Microscopic (greater than 3 rbc/hpf)	Creatinine, U/A x 2, urine cytology x 1, urine culture	Renal ultrasound	< 6 months	- U/A must be uncontaminated; Dip is not sufficient.
Hydrocele	< 6 months	eReferral Consult Request Create using Hydrocele		Scrotal ultrasound	< 6 months	
Hydronephrosis	< 4 weeks	Urgent Referral to Urology Call NAUC Referral & Triage Dept.	Lytes, creatinine, U/A	Renal bladder ultrasound	3 months	
Hypospadias		eReferral Advice Request Create using Urology Issue				
Incontinence		eReferral Advice Request Submit using Urology Issue	U/A, urine culture		< 6 months	
Kidney Stone (acute/ureteric)	< 4 weeks	Urgent Referral to Urology Call NAUC Referral & Triage Dept.	Lytes, creatinine, U/A	KUB X-Ray and renal colic CT or KUB and abdominal ultrasound	2 weeks	
Kidney Stone Chronic (non-obstructing)	< 3 months	eReferral Consult Request Create using Kidney Stone Chronic (non-obstructing)	Lytes, creatinine, Ca, PTH, U/A	KUB X-Ray and renal colic CT or KUB and abdominal ultrasound	3 months	
Low Testosterone	< 3 months	eReferral Consult Request Create using Male Sexual Dysfunction	FSH, testosterone, LH, prolactin Semen analysis x 2 (Three months apart) at a Fertility Clinic		6 months	

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Lower Urinary Tract Symptoms (LUTS)	< 3 months	eReferral Consult Request Create using Lower Urinary Tract Symptoms (LUTS)	Lytes, creatinine, U/A, PSA if 50-70 yrs with 10 year life expectancy		< 6 months	Consult Request only accepted if documented failed trial of Tamsulosin (Flomax) and should include baseline IPSS form, post-treatment IPSS and voiding diary
Male Infertility	< 3 months	eReferral Consult Request Create using Male Infertility	FSH, testosterone, LH, prolactin, semen analysis x 2 (three months apart) at Fertility Clinic		< 6 months	
Male Sexual Dysfunction		eReferral Advice Request Create using Urology Issue	CBC, lytes, creatinine, TSH, testosterone, fasting glucose, lipids, cholesterol, triglycerides		< 6 months	
Pelvic Organ Prolapse	< 6 months	eReferral Consult Request Create using Pelvic Organ Prolapse	Lytes, creatinine, U/A, urine culture		< 3 months	
Penile Mass	< 2 weeks	Urgent Referral to Urology Call NAUC Referral & Triage Dept.				
Peyronies Disease	< 6 months	1. eReferral Advice Request if mild Create using Urology Issue 2. eReferral Consult Request Create using Peyronies Disease	Testosterone, fasting glucose, lipids, cholesterol, triglycerides		< 6 months	Patient to bring picture of erection to appointment
Phimosis	< 3 months	eReferral Consult Request Create using Phimosis				Patient to have trialed Kenacomb cream for two months
Renal Cyst		eReferral Advice Request Create using Urology Issue	Lytes, creatinine, U/A	Abdominal ultrasound and CT abdomen or MRI abdomen	< 3 months	
Renal Mass > 4 cm	< 2 weeks	Urgent Referral to Urology Call NAUC Referral & Triage Dept.	Lytes, creatinine, CBC, alk phos, ALT, total bilirubin, Ca, PO4, LDH, PT INR, U/A	Chest X-Ray and abdominal ultrasound or CT abdomen	< 3 months	
Renal Mass Solid < 4 cm	< 4 weeks	Urgent Referral to Urology Call NAUC Referral & Triage Dept.	Lytes, creatinine, CBC, alk phos, ALT, total bilirubin, Ca, PO4, LDH, PT INR, U/A	Chest X-Ray and CT abdomen	< 3 months	
Spermatocele		eReferral Advice Request Create using Urology Issue		Scrotal ultrasound	< 6 months	
Testicular Mass, Solid	< 1 week	Urgent Referral to Urology Call NAUC Referral & Triage Dept.	AFP, BHCG, LDH	Scrotal ultrasound	< 2 weeks	
Testicular Microlithiasis		eReferral Advice Request Create using Urology Issue		Scrotal ultrasound	< 6 months	
Testicular Pain Chronic (non - STD)		eReferral Advice Request Create using Urology Issue	U/A, urine culture	Scrotal ultrasound	< 6 months	

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Undescended Testicle with Negative BHCG and AFP		eReferral Advice Request Create using Urology Issue				
Urachal Cyst		eReferral Advice Request Create using Urology Issue		Abdominal ultrasound	< 3 months	
Urethral Strictures	< 3 months	eReferral Consult Request Create using Lower Urinary Tract Symptoms (LUTS)	Lytes, creatinine, U/A, PSA if 50-70 yrs with 10 year life expectancy		< 6 months	
Urinary Retention Acute (with indwelling catheter)	< 2 weeks	Urgent Referral to Urology Call NAUC Referral & Triage Dept.	Lytes, creatinine, U/A, urine culture		< 2 weeks	
Urinary Tract Infection (UTI)	< 3 months	1. Refer to UTI Pathway (attached) 2. If you need more information, create an eReferral Advice Request using Urology Issue	Lytes, creatinine, U/A, urine culture	Renal bladder ultrasound	< 3 months	Copy of medications list used for treatment
Urothelial Carcinoma or Mass	< 2 weeks	Urgent Referral to Urology Call NAUC Referral & Triage Dept.	Lytes, creatinine, U/A, urine cytology x1		< 30 days	Ultrasound results showing the mass
Varicocele		eReferral Advice Request Create using Urology Issue		Scrotal ultrasound	< 6 months	
Vasectomy	< 6 months	eReferral Consult Request Create using Vasectomy				
Vasectomy Reversal	< 6 months	eReferral Consult Request Create using Vasectomy Reversal				

Additional reference

Patient Information Brochures from the Canadian Urology Association: <https://www.cua.org/en/patient>

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RECURRENT URINARY TRACT INFECTIONS IN FEMALES

Definition

- Three or more UTIs over the course of 12 months

Uncomplicated UTIs occur in a healthy host in the absence of structural or functional abnormalities of the urinary tract

- Complicated UTI

- » Anatomic Abnormalities: cystocele, diverticulum, fistula, indwelling catheter, vesicoureteral reflux
- » Voiding Dysfunction: neurologic disease, high PVR, incontinence
- » Urinary Tract Obstruction: ureteropelvic junction obstruction
- » Other: diabetes mellitus, pregnancy, urolithiasis, immune compromised

Investigation

- Thorough history and physical

Most females with uncomplicated recurrent urinary tract infections do not require investigation

- Who to investigate

- » Previous urinary tract surgery or trauma
- » Gross hematuria after resolution of infection
- » Urea splitting organism such as Proteus
- » Prior abdomino pelvic malignancy
- » Pneumaturia, fecaluria or history of diverticulitis
- » Repeated pyelonephritis

Who to Refer to Urology

Most females with recurrent uncomplicated UTI do not need referral

- Refer to Urology when:
 - » risk factors for complicated UTI are present
 - » breakthrough infections despite antibiotics
- Prior to referral: have a urine culture while symptomatic and 2 weeks after sensitivity adjusted treatment

Management

Non-antibiotic Options

- Conservative Measures
 - » Empty bladder after intercourse
 - » Avoid spermicides
 - » Avoid tub bath and bath oils
 - » Stable bowel routine/wipe front to back
- Vaginal Estrogen
 - » Consider in postmenopausal women

Antibiotic Options

- Continuous Antibiotics for 3-6 months
 - » Trimethoprim/sulfamethoxazole (TMP/SMX) 80/400 mg daily or thrice weekly
 - » Trimethoprim 100 mg po daily
 - » Cephalexin 125 – 250 mg po daily
 - » Nitrofurantoin 50 – 100 mg po daily
 - » Norfloxacin 200 mg daily
- Postcoital (within 2 hours of coitus) if UTI occurrence related to coitus
 - » TMP/SMX 80/400 mg po
 - » Ciprofloxacin 125 mg
 - » Cephalexin 250 mg
 - » Nitrofurantoin 50 or 100 mg
 - » Norfloxacin 200 mg
- Self-Start Antibiotics
 - » Self treat with 3 days of antibiotics as soon as symptoms start. Expect resolution of symptoms within 48 hours