Provincial Female Lower Urinary Tract Symptoms (FLUTS) Primary Care Clinical Pathway

Female Lower Urinary Tract Symptoms (FLUTS) is an overarching term for a variety of symptoms that can be classified into categories:

- **Storage symptoms:** frequency, nocturia, painful lower abdomen or bladder, incontinence
- **Voiding symptoms:** hesitancy, weak or intermittent stream, straining to urinate, burning or pain while voiding
- **Post-micturition symptoms:** dribble or leakage after voiding, feeling of incomplete bladder emptying

This pathway applies to people with female genitourinary tract, ≥18 years who present with any of the above bothersome symptoms.

1. History

- Symptom history: storage, voiding, post-micturition
- Medical history: Obesity, (peri)menopause, UTI's, pelvic floor dysfunction, constipation, smoking, diabetes, OSA, CHF, neurological disease, sexual function
- Family history: bladder or gynecological cancer
- Obstetrical/gynecological history: Prior pelvic surgery and/or radiation, childbirth(s), pregnancies
- Medication: anticholinergics, antihistamines, topical estrogen, diuretics, bronchodilators, antidepressants. SGLT-2 inhibitors, β-3 agonist
- Trauma: a history of mechanical or interpersonal trauma (e.g., sexual assault, intimate partner violence, psychological). These experiences may be associated with LUTS.

2. Assessment

- Assess symptom severity (consider using a questionnaire such as UDI-6, ICIQ-FLUTS)
- Physical Exam: abdomen (masses, full bladder); pelvis (atrophy, prolapse, masses, pelvic floor strength/tone); neurological (perineal sensation, lower limb strength, rectal tone)
- Full bladder cough stress test

3. Investigations

- Urinalysis +/- Urine Culture
- Serum Creatinine
- Renal & Bladder Ultrasound with PVR within last 6 months
- 3-day patient bladder diary

Note: PVR measurements <100cc are normal; PVR >200cc are likely to be abnormal

4. Red Flags

Obstructive renal failure and/or acute urinary retention	Send to ER +/- for catheterization. See referral guideline tab for details.
• Pelvic organ prolapse extending beyond the opening of vagina • Suspicion of fistula of female urinary tract • History of pelvic surgery or radiation • Elevated post void residual (>250cc) with bothersome symptoms • Neurologic diagnosis	Urology or Urogynecology referral - zone specific. See referral guideline tab for details.
Hematuria - gross or microhematuria	Follow Hematuria Evaluation Pathway
Mass found on exam or diagnostic imaging	Urology or Gynecology referral based on mass type. See referral guideline tab for details.

No red flags present

FLUTS encompasses several conditions, each requiring tailored management. Follow to page 2 of this algorithm for differentiation and management recommendations.

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The following information should be used to help diagnose and select appropriate management

a) Genitourinary syndrome of menopause
Declining estrogen causing symptoms like vaginal dryness, itching, painful sex (dyspareunia), and urinary issues (urgency, frequency, UTIs).

Management: follow Menopause and Perimenopause Pathway

b) Female Urinary Incontinence or Overactive Bladder
Sudden, strong urges to urinate, often multiple times a day and night, even when the bladder isn't full, sometimes leading to accidental urine leakage (urge incontinence)

Management: follow Female Urinary Incontinence Pathway

c) Urinary Tract Infection (UTI)
acute dysuria, urinary frequency, urgency, incontinence, gross hematuria, suprapubic pain or tenderness

Management:
For **Acute UTI**, follow Urinary Testing Guidelines as needed.
For treatment guidance, see Bugs & Drugs Urinary Tract

For **Recurrent UTI** (≥2 episodes in last 6 months or ≥3 in last 12 months), follow Prevention of Recurrent Lower UTI Pathway

d) Chronic Urinary Retention
Inability to fully empty bladder over time, often caused by a neurological problem, or bladder muscle dysfunction.
Symptoms can include weak or slow urine stream, difficulty starting urination, frequent or urgent need to urinate, & leakage.

Management:
- Address reversible causes:
  - Obstructive
  - Medication-induced retention
  - Functional causes (e.g. due to neurologic condition, pelvic floor dysfunction, diabetes)
- Medications:
  - Alpha-blockers
  - Avoid anticholinergics where possible
  - Consider vaginal estrogen. See Appendix B link above for details
- Education & monitoring:
  - Bladder diary

When to refer
Any of the following:
- Persistent high residuals (>250-300cc) despite conservative measures.
- Recurrent UTIs, hydronephrosis, or renal dysfunction.
- Suspected neurogenic bladder or complex obstruction requiring urodynamic evaluation.

See referral guideline tab for details.

e) Dysfunctional voiding or
Mix of sensory, storage, and/or voiding symptoms
Dysfunctional Voiding involves inconsistent coordination within the urinary tract between the bladder muscle and the urethra resulting in incomplete relaxation or overactivity of the pelvic floor muscles during voiding.
Symptoms: painful sex, frequency, incomplete emptying, lack of nocturnal symptoms, usually affects younger women.

Management:
- Treat most bothersome symptom first
- Lifestyle modifications:
  - Pelvic floor physio
  - Avoid constipation
  - Timed voiding & bladder training
- Education & biofeedback
- Medications:
  - Alpha blockers
  - Vaginal estrogen. See Appendix B link above for details
  - Trial of anticholinergics or beta agonists, if predominantly storage symptoms

When to refer
Any of the following:
- Persistent symptoms despite 3 months of conservative management.
- Recurrent UTIs, high post-void residual, or suspicion of upper tract involvement.
- Consider referral to Urology for urodynamic studies & multidisciplinary care.

See referral guideline tab for details.

f) Pelvic organ prolapse
Feeling of pressure or a bulge in the vagina. Sexual discomfort or pain during sex, frequency, incontinence, or difficulty emptying the bladder, constipation or difficulty with bowel movements.

Management:
- Lifestyle modifications:
- Weight management, smoking cessation
  - Pelvic floor physio
- Assess for pessary
- Education & support
- Medications:
  - Topical vaginal estrogen may help. See Appendix B link above for details

When to refer
Any of the following:
- Severe or complicated prolapse (e.g. extending beyond vagina, hydronephrosis, ureteral obstruction).
- Failure of conservative management.
- Patient preference for surgical correction.

See referral guideline tab for details.

6. If diagnosis remains unclear, consider Urology Advice.
See referral guideline tab for details.