Provincial Male LUTS Primary Care Pathway

Applies to patients ≥18 years old with male genitourinary tract who present with any of the following bothersome symptoms:

- **Voiding symptoms** (hesitancy, weak stream, intermittency)
- **Post micturition symptoms** (incomplete emptying and dribbling)
- **Storage symptoms** (frequency, nocturia, urgency and incontinence)

1. History

- Medical history (diabetes, OSA, underlying neurological disease, smoking, CHF)
- Family history (bladder cancer, prostate cancer)
- Prior surgery (urologic or pelvic related)
- Current medications (anticholinergics, antihistamines, diuretics, bronchodilators, and anti-depressants)

2. Assessment

- Assess severity using IPSS
- Examine external genitalia
- Digital Rectal Exam (DRE) **if indicated**

3. Investigations

- Urinalysis
- GFR and Creatinine
- Renal and bladder ultrasound **if appropriate**
- PSA **if indicated**

4. Red Flags

- UTI → Follow UTI Pathway
- Hematuria → Follow Hematuria Evaluation Pathway
- Obstructive renal failure and/or Acute urinary retention (full bladder, significant acute kidney injury, bilateral hydronephrosis) → Catheterize and send to ER
- DRE suspicious for CA
- Elevated PSA
- Anatomical abnormality

(see referral guidance tab)

Yes → **7. Urology Referral.** See referral guideline tab for details

No

5. Management

Offer Lifestyle and behavioral modifications to all patients:

- Use voiding diary
- Limit caffeine, alcohol, carbonated drinks, and smoking

5. Management: treat based on severity and type of symptoms

Post- Void Dribbling

- Teach urethral milking
- Consider pelvic floor physio

Nocturia

- Fluid management
- Timed voiding/ bladder training
- Consider other etiologies
- Medication options: desmopressin, antimuscarinics, and diuretics

Mild Symptoms IPSS ≤7

- Conservative management recommended
- Consider pharmacological options as outlined in moderate symptoms

If no improvement, or symptoms become worse

6. If no improvement, consider **Urology Advice.** See referral guideline tab for details

Moderate Symptoms IPSS 8-19

Storage Symptoms

Trial for 4-8 weeks
- Antimuscarinics **or**
- Beta 3 Agonists

If no improvement

Trial for 4-8 weeks
- Antimuscarinics + α-blockers

Voiding Symptoms

Trial for 4-8 weeks:
- α-blockers
  5-α reductase inhibitors (if prostate enlargement, may require 6 month tx to see effect)
- PDE5 inhibitor-tadalafil
- Combination therapy if mixed symptoms:
  - Alpha-blocker + antimuscarinics **or** beta-3 agonist

If no improvement

Severe Symptoms IPSS ≥20

Start and refer
- α-blockers ±
- B3 agonist