Urology and General Practice

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Urological Emergencies

When to send to A&E?
Testicular Torsion

- Acute scrotal pain
- 4-6 hour window
- Main peak 12-18 years of age
Testicular Torsion

- Differential Diagnoses
  - Epididymo-orchitis
  - Torsion of testicular appendage
  - Trauma
Fournier’s Gangrene
Acute Urinary Retention

- Catheterisation in Emergency Department
- Admission is not always required

- Renal function
- Residual volume/diuresis
- Haematuria
- Co-morbidities
Acute Urinary Retention

- Trial without catheter
  - As in-patient
  - Lancaster Suite

- LASER PROSTATECTOMY or TURP

- Long term catheter in the unfit
Thulium Laser Prostatectomy
Renal Colic

- Sudden onset severe loin → groin pain
- Nausea and vomiting
- Haematuria
- Need to exclude other causes
  - Leaking aortic aneurysm, bowel perforation, ruptured ectopic, twisted ovarian cyst
Renal Colic

- Management
  - Conservative (medical expulsive therapy)
    - α-blockers
  - Decompression of obstructed, infected system
    - JJ Stent/Nephrostomy
  - Definitive management
    - Small stones may pass spontaneously
    - ESWL
    - Ureteroscopy
    - Percutaneous approach
Renal Colic
Haematuria
Haematuria Pathway

- Frank (visible) haematuria
- Microscopic/Dipstick (non-visible) haematuria
Haematuria – Emergency Management

- Frank haematuria
  - Urinary (‘clot’) retention
  - Profuse bleeding, clots
  - Severe pain
Haematuria – Emergency Management

- Bladder irrigation
  - 3-way catheter

Further investigations
- May be completed as OP when haematuria settles
Haematuria – USC 2 Week Referral

- Visible haematuria

- Microscopic haematuria in patients ≥ 50 years
Haematuria Pathway

- Haematuria Clinic – Flexible Cystoscopy
Haematuria Pathway
Haematuria Pathway

- Haematuria Clinic – Renal Tract Ultrasound

![Renal Tract Ultrasound Image]
Haematuria Pathway
Haematuria Pathway
ONE-STOP HAEMATURIA CLINIC
Established 1993
Held every TUESDAY

Date: ____________________________

GP: ______________________________

Re: ____________________________

DoB: ____________________________

Hospital No: ______________________

Thank you for referring your patient to the ONE-STOP HAEMATURIA CLINIC.

Relevant physical examination was carried out and the significant findings were:

☐ Abdominal examination
☐ External Meatus
☐ Vaginal examination

☐ Prostate
☐ Normal
☐ BPH
☐ Hard ?Malignant

The findings on renal ultrasound were:

Right kidney: ______________________

Left kidney: ________________________

The findings on flexible cystoscopy were:

☐ Normal
☐ Bladder tumour

☐ Cystitis
☐ Enlarged prostate with bleeding

PLAN:

☐ For Admission
☐ Outpatient follow-up
☐ Refer to

Mr B Ujam FRCS
Associate Specialist to Mr G Das
Is it Cancer?

- Frank haematuria
  - 20-25%

- Microscopic/Dipstick haematuria
  - 5-10%

Referrals to Urology

What tests to do before referral?
Lower Urinary Tract Symptoms

- History/Examination
  - DRE

- Urine dipstick/MSU

- Bloods
  - Renal function, PSA, Glucose

- Trial of medical therapy
  - $\alpha$-blocker, 5$\alpha$-reductase inhibitor
Raised Age-Specific PSA

- Urgent Suspected Cancer referral

- Consider false positives
  - UTI/Prostatitis
  - Urinary retention
  - Sexual activity
  - Cycling

- Consider risk factors
  - Age
  - Family history
  - Afro-Caribbean descent
Raised PSA

- History/Examination
  - DRE

- Urine dipstick/MSU

- Other bloods
  - FBC, Renal function
Raised PSA

- Urological management may depend upon:
  - Extent of disease
  - Co-morbidities
  - Age
  - Patient choice
Questions?