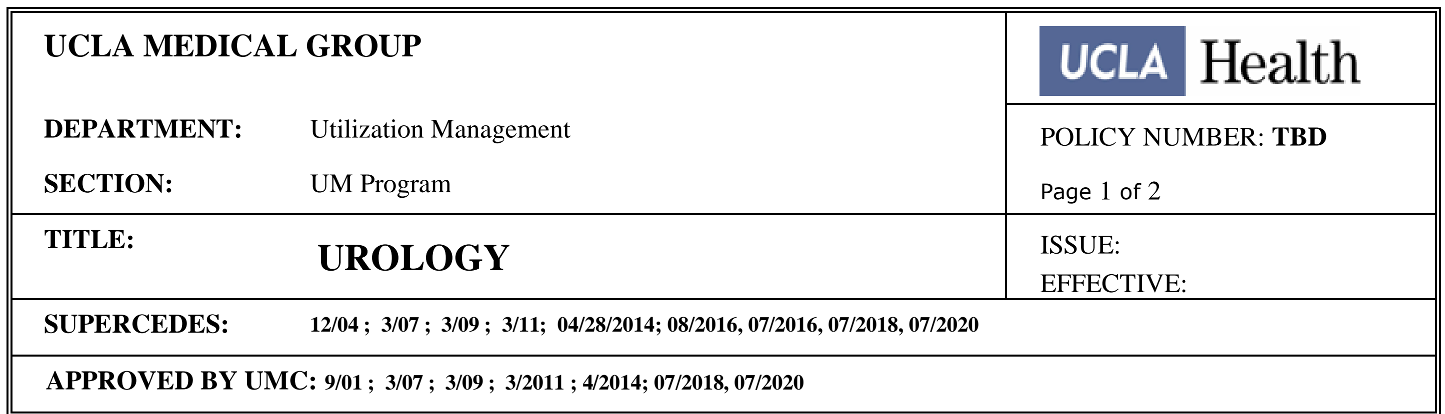

UCLA MEDICAL GROUP		UCLA Health
DEPARTMENT:	Utilization Management	POLICY NUMBER: **TBD**
SECTION:	UM Program	Page 1 of 2
TITLE:	**UROLOGY**	ISSUE: EFFECTIVE:
SUPERCEDES:	12/04 ; 3/07 ; 3/09 ; 3/11; 04/28/2014; 08/2016, 07/2016, 07/2018, 07/2020	
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Primary Care Physician Responsibility

For the following common diagnoses, the Primary Care Physician should perform the history and physical and initiate treatment. **Only** if the diagnosis is unclear or if the patient does not respond to treatment as expected, should a referral be submitted for an initial consultation with the Urologist. After the Urologist has evaluated and diagnosed the patient, he/she will determine the need to continue treatment under his/her care or refer the patient back to the PCP to continue the recommended treatment plan. This guideline relates to some common conditions, but there may be other urologic conditions that PCPs can and should treat.

Benign Prostatic Hyperplasia (BPH)

Recommended Treatment:

- Microscopic urinalysis to rule out urinary tract infection and hematuria and serum creatinine to assess renal function.
- Try conservative measures, such as eliminating caffeine and alcohol and limiting evening fluid intake.
- Try the maximally tolerated dose of alpha-blocker for an adequate time (6 weeks).

Indications for Referral:

- Patient must be bothered by his symptoms enough that he wishes further evaluation and possible surgery.
- Smokers or those with a long smoking history with persistent irritative voiding symptoms (urgency, frequency) in the absence of UTI should be referred for cystoscopy to rule out bladder cancer.
- Patients with microscopic hematuria or other unexplained urology symptoms should be referred for cystoscopy.

PSA

Screening PSA for diagnosis

- Order PSA test to screen for prostate cancer only if patient has a life expectancy of 10 or more years, after a shared decision making discussion, or if otherwise clinically indicated based on physical exam or history (i.e., a diagnostic aid as opposed to a screening test).

Indications for Referral:

- Refer to Urology for elevated PSA (use age-specific definitions for abnormal) with a PSA velocity of more than 0.75 ng/ml/year. (determined with three data points measured at least 6 months apart, use online velocity calculator at: http://www.usrf.org/questionnaires/PSA_Velocity.html

Note: The "free PSA" test is not indicated in primary care management of elevated PSA unless suggested by a consulting Urologist.
Do not use "free PSA" for screening purposes.

Gross Hematuria

Recommended Evaluation:

- Urine C& S to rule out infection.prior to any workup
- Obtain serum creatinine
- Order CT urogram prior to referral to Urology

Indications for Referral:

- Unexplained hematuria. Referral should include request for cystoscopy to rule out cancer

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Microhematuria

Recommended Evaluation:

- Document microhematuria with microscopic (not dipstick) assessment of urinary sediment from a freshly voided, clean catch,
- midstream specimen. ’Refer to the laboratory reference for norms. Referral is indicated after microhematuria in 1 properly collected speciment
- Prior to Urology referral, obtain upper tract imaging with ultrasound, CT or MR, urine culture (urine cytology optional).

Indications for Referral (referral should include cystoscopy to rule out bladder cancer):

- Any unexplained hematuria
- A primary renal disease is unlikely (e.g no significant proteinuria)
- Smoking History
- Occupational exposure to chemicals or dyes
- Previous history of gross hematuria
- Persistent irritative voiding symptoms (frequency and urgency) in the absence of UTI.

Detrusor Instability (Urge Incontinence)

Recommended Treatment:

- Restrict fluid, coffee, tea, alcohol
- Bladder re-training
- Oxybutynin, Imipramin, tolterodine

Inadequate Sphincter (Stress Incontinence)

Recommended Treatment:

- Restrict fluid, coffee, tea, alcohol
- Kegel exercises
- Topical estrogens for atrophic vaginitis

Indications for Referral:

- For evaluation of symptoms if unimproved with above treatment.

Chronic Prostatitis/Chronic Pelvic Pain Syndrome

Recommended Treatment:

- PCP should refer to Pain Management or acupuncture
- In the absence of positive urine culture, do not treat with antibiotics.
- Referral to Urology to rule out other conditions.as indicated

Hydroceles, Spermatoceles

Recommended Evaluation and Treatment

- Order ultrasound if testicular cancer suspected.
- Referral for diagnostic uncertainty or for symptom burden that would indicate a need forsurgical repair.

Male Sexual Dysfunction

Recommended Evaluation and Treatment:

- Screen for reversible cause (e.g. medication), psychological disturbance, or endocrine abnormalities.
- Sildenafil (Viagra or similar agent) trial if indicated. Sildenifil should be taken on an empty stomach.
- Referral if patient fails a trial of Sildenafil (or similar agent) and is interested in additional treatments.

These Guidelines are based upon the recommendations of The American Urological Association.

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