

Patient Presentation

Male with lower urinary tract symptoms

Red Flags

- Painless visible haematuria
- Persisted non-visible haematuria
- Recurrent culture positive UTIs
- Persistent pain in bladder/urethra
- Pelvic mass
- Urinary retention
- Nocturnal enuresis
- Previous urological cancer or pelvic radiotherapy
- Abnormal DRE or raised PSA
- Penile lesion or painful phimosis

If any red flag symptoms

Refer as Urgent or Urgent Suspected Cancer

Assessment

- Type of symptoms (storage, voiding or mixed LUTS)
- Incontinence

Examination

- Exclude palpable bladder
- External genital examination
- DRE

Tests

- U+Es and PSA
- Urine dip +/- MSU

Assessment tools

- International Prostate Symptom Score (IPSS)
- Bladder diary



Ref Help Guidelines
Male LUTS

Lifestyle Advice

- Drink enough to produce 1.5-2L urine per day
- Reduce caffeine and fizzy drinks
- Minimise fluid intake 2h before bed and during the night
- Avoid constipation
- Smoking cessation
- Weight loss if BMI >30

Predominantly Voiding LUTS

Hesitancy
Poor flow
Intermittent stream
Terminal dribble
Feeling of incomplete emptying

Treat with α -blocker
Tamsulosin 400mcg OD

If prostate enlarged or PSA >1.4 with normal DRE offer combination with α -blocker and 5- α -reductase inhibitor **Finasteride 5mg OD**

Review after 3 months to allow 5- α -reductase inhibitor to take effect

Predominantly Storage LUTS

Frequency
Urgency
Urge incontinence
Nocturia

Treat with anti-cholinergic
1st line **Tolterodine 2mg BD**
2nd line **Solifenacin 5-10mg OD**

If no improvement with anti-cholinergic or if high anticholinergic load offer β -3-adrenoceptor agonist **Mirabegron 50mg OD**

If no improvement consider adding in treatment for storage symptoms

If **bothersome** symptoms persist **Refer to Urology as Routine**

If symptoms are stable review 6 monthly. Consider withdrawal of anti-cholinergics in view of anti-cholinergic burden