

Monash Health Referral Guidelines

(Incorporating Statewide Referral Criteria)

UROLOGY

EXCLUSIONS

Services not offered
by Monash Health

- Erectile Dysfunction/Impotence
- Vasectomy
- Vasectomy reversal
- Circumcision – social or ritual

For information see:

[Male Circumcision in Victorian public hospitals](#)

- Cosmetic surgery
- Infertility surgery
- Paediatric cases
- Female stress incontinence – unless already failed conservative management with Continence Service (Kingston Centre)

CONDITIONS

[Haematuria](#)
[Lower Urinary Tract Symptoms](#)
[Prostate Cancer \(Suspected or Confirmed\)](#)
[Recurrent, uncomplicated urinary tract infection](#)

[Renal Mass](#)
[Renal Tract Stones or Renal Colic](#)
[Scrotal Abnormalities](#)
[Urinary Incontinence](#)

PRIORITY

All referrals received
are triaged by
Monash Health

clinicians
to determine
urgency of referral.

Head of unit:
Mr Scott Donnellan

Program Director
Mr Alan Saunder

Last updated:
01/11/2019

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For emergency cases please do any of the following:

- send the patient to the Emergency department OR
- Contact the on call registrar OR
- Phone 000 to arrange immediate transfer to ED

EMERGENCY

URGENT

The patient has a condition that has the potential to deteriorate quickly with significant consequences for health and quality of life if not managed promptly.

ROUTINE

The patient's condition is unlikely to deteriorate quickly or have significant consequences for the person's health and quality of life if the specialist assessment is delayed beyond one month

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REFERRAL

How to refer to
Monash Health

Mandatory referral content

Demographic:

Full name
Date of birth
Next of kin
Postal address
Contact number(s)
Email address
Medicare number
Referring GP details
including **provider number**
Usual GP (if different)
Interpreter requirements

Clinical:

Reason for referral
Duration of symptoms
Management to date and response to
treatment
Past medical history
Current medications and medication
history if relevant
Functional status
Psychosocial history
Dietary status
Family history
Diagnostics as per referral guidelines



[Click here](#) to download the outpatient referral form

CONTACT US

Medical practitioners

To discuss complex & urgent referrals
contact: the on-call Urology Registrar on
9594 6666

Submit a fax referral

Fax referral form to Specialist Consulting
Services: 9594 2273

General enquiries

Phone: 1300 342 273

Head of unit:
Mr Scott Donnellan

Program Director
Mr Alan Saunder

Last updated:
01/11/2019

UROLOGY

HAEMATURIA



WHEN TO REFER?

Criteria for Referral to Public Hospital Specialist Clinic Services

- Any visible haematuria
- Persistent microscopic haematuria: at least 2 episodes confirmed through midstream specimen of urine collected at least 4 weeks apart
- Microscopic or macroscopic haematuria in the absence of a urinary tract infection

Information to be included in the referral

Information that must be provided:

- Midstream urine microscopy culture sensitivities
- Creatinine and electrolytes
- CTIVP for all patients, CT KUB if CTIVP contra-indicated
- Urine cytology results

Additional comments

The [Summary and referral information](#) lists the information that should be included in a referral request.

Referrals for patients with haematuria with heavy proteinuria should be directed to a nephrology service.

Where appropriate and available the referral may be directed to an alternative specialist clinic or service.

Referral to a public hospital is not appropriate for

Not applicable

Emergency

Direct to an emergency department for:

- Severe urinary tract bleeding
- Bleeding with urinary retention

Urgent

Any persistent confirmed haematuria

[BACK](#)

UROLOGY

LOWER URINARY TRACT SYMPTOMS (LUTS)

WHEN TO REFER?

Criteria for Referral to Public Hospital Specialist Clinic Services

- Severe lower urinary tract symptoms
- Men with complicated lower urinary tract symptoms:
 - bladder stones
 - elevated post-void residuals >150mL
 - hydronephrosis
 - renal dysfunction
- Mild to moderate symptoms that have not responded to medical management

Information to be included in the referral

Information that must be provided:

- Midstream urine microscopy culture sensitivities
- Urea and electrolytes
- Urinary tract ultrasound or CT intravenous pyelogram results

Provide if available:

- Prostate-specific antigen (PSA) history
- Bladder diary

Additional comments

The [Summary and referral information](#) lists the information that should be included in a referral request.

Where appropriate and available the referral may be directed to an alternative specialist clinic or service.

Referral to a public hospital is not appropriate for

- Mild to moderate symptoms that have not been treated
- Symptoms that have responded to medical management

Emergency

Direct to an emergency department for:

- Acute, painful urinary retention

Immediately contact the urology registrar to arrange an urgent urology assessment for:

- Chronic urinary retention with deteriorating renal function or hydronephrosis
- Overflow urinary incontinence
- Potential bladder tumour on imaging

Routine

- Botherome LUTS not responding to trial of medical therapy

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UROLOGY

PROSTATE CANCER (SUSPECTED OR CONFIRMED)

WHEN TO REFER?

Criteria for Referral to Public Hospital Specialist Clinic Services

- Prostate-specific antigen (PSA) > 10ng/mL
- Age 50 to 69 years with a repeat PSA test is:
 - 5.5 ng/mL (regardless of the with a free-to-total ratio)
 - Between 3.0 ng/mL and 5.5 ng/mL, with a free-to-total ratio <25%
- Age 45 to 69 years with an increased risk of prostate cancer whose PSA is between 2.0 ng/mL and 3.0 ng/mL, with a free-to-total < 25%
- A significant PSA rise where the PSA has previously been low
- Palpable abnormality in the prostate on digital rectal examination
- Bone pain

Information to be included in the referral

Information that must be provided:

- Initial PSA result of concern
- Repeated PSA result 1-3 months after this initial test
- Midstream urine microscopy culture sensitivities

Provide if available:

- Urinary tract ultrasound

Additional comments

The [Summary and referral information](#) lists the information that should be included in a referral request.

Where appropriate and available the referral may be directed to an alternative specialist clinic or service.

[Referral to a public hospital is not appropriate for](#)

Not applicable

Emergency

Elevated PSA in association with:

- New onset neurological signs of potential spinal cord compression
- New onset renal dysfunction

Urgent

Elevated PSA for age, confirmed with repeat test

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UROLOGY

RECURRENT, UNCOMPLICATED URINARY TRACT INFECTION

WHEN TO REFER?

Criteria for Referral to Public Hospital Specialist Clinic Services

- Women with 3 or more urinary tract infections in a year
- Women with 2 or more urinary tract infections in 6 months
- Men with 2 or more urinary tract infections in a year

Information to be included in the referral

Information that must be provided:

- Midstream specimen of urine
- Urine microscopy culture sensitivities history
- Urinary tract ultrasound

Provide if available:

- Urea and electrolytes
- Blood glucose test
- Bladder diary

Additional comments

The [Summary and referral information](#) lists the information that should be included in a referral request.

Where appropriate and available the referral may be directed to an alternative specialist clinic or service.

[Referral to a public hospital is not appropriate for](#)
Not applicable

Emergency

Evidence of septicaemia likely to require IV antibiotics

Urgent

Evidence of tumour on imaging

Routine

Most UTIs, after initial work up and treatment

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UROLOGY

RENAL MASS



WHEN TO REFER?

Criteria for Referral to Public Hospital Specialist Clinic Services

- Solid or complex renal mass
- Renal parenchymal mass
- Angiomyolipoma
- Mucosal collecting system lesion
- Complex cystic lesion
- Large symptomatic renal cyst

Information to be included in the referral

Information that must be provided:

- Urea and electrolytes
- Urinary tract ultrasound or CT intravenous pyelogram results

Provide if available:

- Urine cytology results
- Full blood examination

Additional comments

The [Summary and referral information](#) lists the information that should be included in a referral request.

Where appropriate and available the referral may be directed to an alternative specialist clinic or service.

Referral to a public hospital is not appropriate for

- Simple renal cysts

Emergency

Known renal mass with new onset of severe pain or bleeding

Urgent

Any newly diagnosed renal mass other than cysts clearly reported as simple (Bosniac grade 1) on imaging

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UROLOGY

RENAL TRACT STONES OR RENAL COLIC

WHEN TO REFER?

Criteria for Referral to Public Hospital Specialist Clinic Services

- Proven calculi in ureter
- Symptomatic renal calculi
- Asymptomatic renal calculi > 5mm

Information to be included in the referral

Information that must be provided:

- Midstream urine microscopy culture sensitivities
- Urea and electrolytes
- Urinary tract ultrasound or CT intravenous pyelogram results

Provide if available:

- If the person has passed a previous stone, and this has been examined, include details of calculi
- Previous imaging of kidney, ureters and urinary bladder
- Full blood examination
- Serum calcium and urate

Additional comments

The [Summary and referral information](#) lists the information that should be included in a referral request.

Where appropriate and available the referral may be directed to an alternative specialist clinic or service.

[Referral to a public hospital is not appropriate for](#)

Not applicable

Emergency

Direct to an emergency department for:

- Acute or severe renal or ureteric colic
- Proven ureteric stone in people with a single kidney or kidney transplant
- Infected or obstructed kidney

Urgent

Stones with pain or evidence of infection

Routine

Asymptomatic stones with no evidence of obstruction

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UROLOGY

SCROTAL ABNORMALITIES

▶ WHEN TO REFER?

Criteria for Referral to Public Hospital Specialist Clinic Services

- Painful swollen testis or epididymis
- Symptomatic hydrocele
- Symptomatic varicocele
- Intermittent testicular pain suggestive of intermittent testicular torsion
- Chronic or recurrent scrotal pain

Information to be included in the referral

Information that must be provided:

- Scrotal ultrasound

Provide if available:

- Midstream urine microscopy culture sensitivities

Additional comments

The [Summary and referral information](#) lists the information that should be included in a referral request.

Where appropriate and available the referral may be directed to an alternative specialist clinic or service.

Referral to a public hospital is not appropriate for

- Asymptomatic epididymal cyst identified through ultrasound

Emergency

Direct to an emergency department for:

- Acute scrotal pain
- Torsion of the testes

Immediately contact the urology registrar to arrange an urgent urology assessment for:

- Suspected or confirmed testicular tumour

Routine

- Scrotal lumps shown to be likely benign pathology outside the testicle on U/S

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UROLOGY

URINARY INCONTINENCE

Criteria for Referral to Public Hospital Specialist Clinic Services

- Urge, stress, mixed or continued incontinence

Information to be included in the referral

Information that must be provided:

- Midstream urine microscopy culture sensitivities
- Urinary tract ultrasound
- Urea and electrolytes

Provide if available:

- Bladder diary

Additional comments

The [Summary and referral information](#) lists the information that should be included in a referral request.

Referrals for incontinence due to a neurological disorder should be directed to a neurology service provided by the health service.

Referrals for patients with incontinence due to concurrent symptomatic pelvic organ prolapse stages 3 and 4 should be directed to a gynaecology service.

Referrals may be directed to a specialist continence clinic or continence service provided by the health service.

Where appropriate and available the referral may be directed to an alternative specialist clinic or service.

Referral to a public hospital is not appropriate for

- Patients who have not yet tried, and failed, conservative treatment



WHEN TO REFER?

Emergency

Direct to an emergency department for:

- Unexplained acute onset urinary incontinence
- Symptoms suggest possible neurological emergency
- Urinary retention
- New onset renal dysfunction

Urgent

Severe incontinence

Routine

Mild/moderate incontinence that has failed pelvic floor exercises

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