

REFERRAL INFORMATION

Where relevant please ensure that you include PSA, eGFR, USS etc. PLEASE DO eGFR AND Serum Creatinine on referral. Patients with recurrent or persistent unexplained UTI where bladder cancer is suspected require a non-urgent referral to urology according to the new NICE guidelines for suspected cancer 2015 i.e. do not use this form. If you are concerned about using the non-urgent route you should liaise with your local specialist.

<p>Prostate Cancer Ensure that all available PSA values are included in this referral</p>	<p>Consider the impact of referring patients with significant co-morbidity and the very frail elderly as referral may not be appropriate. If in doubt consult your local specialist</p> <ul style="list-style-type: none"> • Hard irregular prostate on DRE i.e. suspicion of malignancy • Raised age-related PSA UTI having been excluded <p>(If PSA raised in context of UTI repeat PSA after 6 weeks to see if it is truly raised and that further investigations are actually needed/necessary).</p> <p><i>Age related cut-off measurements for PSA: 40-49 years >2.5ng/L; 50-59 years >3.5ng/L; 60-69 years >4.5ng/L; 70-79 years >0-6.5ng/L</i></p>	<p>2WW Urology (NOT Penile/Visible Haematuria) - Arrowe Park Hospital RBL</p> <p>2WW Urology (NOT Penile/Visible Haematuria) - Clatterbridge Hospital RBL</p>
<p>Haematuria</p>	<p>For haematuria in men ensure prostate cancer has been excluded as a cause via DRE and PSA and include the findings. This will help ensure the patient is referred to the right cancer pathway and avoid delays.</p>	
<p>Bladder & Renal Cancers</p>	<p>(45 and above) Unexplained visible haematuria and no UTI Visible haematuria that persists or recurs after successful treatment of UTI</p>	<p>2WW VISIBLE HAEMATURIA (ONLY) ASSESSMENT SERVICE - Arrowe Park Hospital RBL</p>
<p>BLADDER</p>	<p>(60+ and above) Unexplained non-visible haematuria plus either</p> <ul style="list-style-type: none"> o dysuria or o raised WCC on blood test 	<p>2WW Urology (NOT Penile/Visible Haematuria) - Arrowe Park Hospital RBL</p> <p>2WW Urology (NOT Penile/Visible Haematuria) - Clatterbridge Hospital RBL</p>
<p>TESTICULAR</p>	<p>Non painful enlargement or change in shape or texture of testis. Suspected testicular cancer on USS (report attached)</p>	<p>2WW Urology (NOT Penile/Visible Haematuria) - Arrowe Park Hospital RBL</p> <p>2WW Urology (NOT Penile/Visible Haematuria) - Clatterbridge Hospital RBL</p>
<p>PENILE</p>	<p>Penile mass or ulcerated lesion where STD is thought to be unlikely or excluded as cause. A penile mass or ulcerated lesion persisting after treatment of STD Unexplained or persistent symptoms affecting foreskin or glans</p>	<p>2WW Urology Penile - Clatterbridge Hospital RBL</p>

Due to recent changes in Urology Guideline please include Serum Creatinine and eGFR tests with referral. These are needed in case CT or MRI is required.