Continence Care

Patient Referral Pathway for Lower Urinary Tract Dysfunction

Female patient

Urinalysis, examine for prolapse atrophic Vaginitis

Complicated

Urgently refer women with any of the following

- Microscopic heamaturia if aged 50 yrs and older
- Visible haematuria
- Recurrent or persisting UTI associated with haematuria if aged 40 yrs and older
- Suspected pelvic mass arising from urinary tract

Refer women with:

- Symptomatic prolapse visible at vaginal introitus
- Palpable bladder on bimanual or physical examination after voiding

Consider referring women with:

- Persisting bladder or urethral pain
- Clinically benign pelvic masses
- Associated faecal incontinence
- Suspected neurological disease
- Voiding difficulty
- Suspected urogenital fistulae
- Previous continence surgery
- Previous pelvic cancer surgery
- Previous pelvic radiation therapy

Refer to Consultant

Patient presents to GP with Lower Urinary Tract symptoms

Uncomplicated

Refer to District Nurse/HV

For all community based patients (including residential homes) for a comprehensive continence assessment where patients also present with cognitive symptoms and/or mobility/housebound issues

Refer to Continence Advisor

for patients requiring
specialist assessment and
active interventions e.g
flowmetry and bladder
scanning, PV exam to assess
pelvic floor tone, I-PSS
pelvic floor exercises, bladder
training, fluid advice

Where there are no cognitive/mobility or housebound issues present

Send referrals to:

The Continence Advisory Service Shropshire's Community Health NHS Trust Halesfield 6 Telford Shropshire, TF7 4BF Male patient

Urinalysis, digital rectal examination, PSA test

Complicated

- Pain
- Haematuria
- Recurrent or persistent UTI's
- Pelvic irradiation
- Radical pelvic surgery
- Suspected fistula
- Significant voiding dysfunction
- Raised PSA
- Abnormal DRE
- Previous prostate irradiation
- Pelvic mass (or suspicion of)
- Reduced fixed volume on frequency / volume chart
- Renal impairment which you suspect is caused by lower urinary tract dysfunction
- Suspected urological cancer

Refer to Consultant