

VISIBLE HAEMATURIA

Referral Triaged – (supported by Consultants)

PRIMARY D&T SERVICE

SPECIALIST SERVICE

Renal ultrasound (by ultrasonographer)

Renal ultrasound (by ultrasonographer)

Patient sees Urology Dr/ Specialist Nurse

Patient sees Urology Dr/ Specialist Nurse

Flexi-cystoscopy (by specialist dr/ nurse)

Flexi-cystoscopy (by specialist dr/ nurse)

Refer to GP with Management Plan

CT Urogram (with radiology report)

CT Urogram (with radiology report)

Refer to GP with Management Plan

Urology Consultant review of CT Urogram

Urology Consultant review of CT Urogram

Refer to GP with Management Plan

If results normal, write to patient

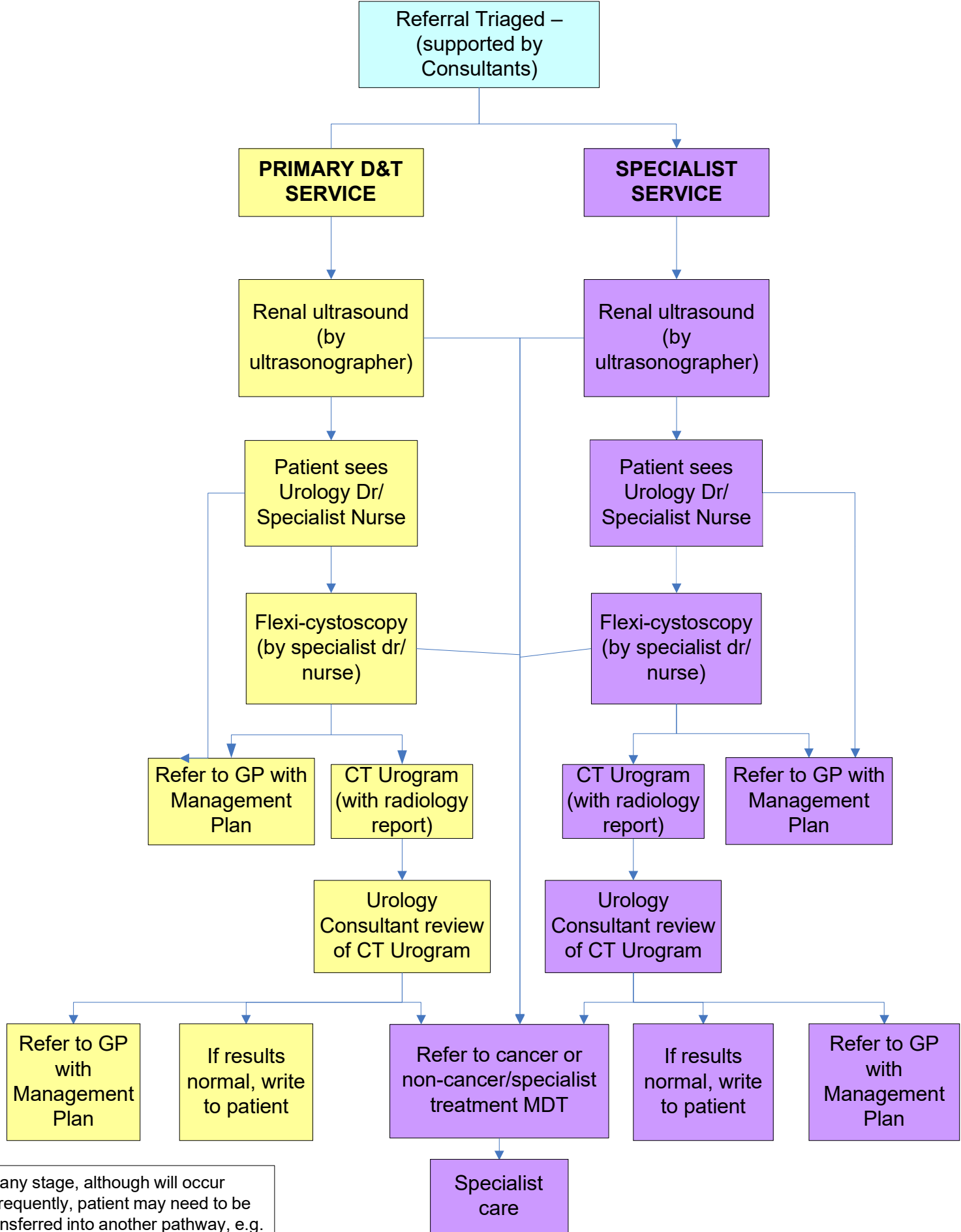
Refer to cancer or non-cancer/specialist treatment MDT

If results normal, write to patient

Refer to GP with Management Plan

Specialist care

At any stage, although will occur infrequently, patient may need to be transferred into another pathway, e.g. where cancer is found



NON-VISIBLE HAEMATURIA

Referral Triaged –
(supported by Consultants)

PRIMARY D&T SERVICE

SPECIALIST SERVICE

Renal ultrasound
(by ultrasonographer)

Renal ultrasound
(by ultrasonographer)

Patient sees
Urology Dr/
Specialist Nurse

Pathway triggers for further diagnostics =
abnormalities and risk factors (smoker/
occupational exposure to carcinogens)

Patient sees
Urology Dr/
Specialist Nurse

Case by case decision

Flexi-cystoscopy
(by specialist dr/
nurse)

Flexi-cystoscopy
(by specialist dr/
nurse)

Refer to GP with
Management
Plan

*MRI scan,
*Repeat flexi-cystoscopy

Refer to GP with
Management
Plan

Urology
Consultant review
of investigation
results

Refer to GP with
Management
Plan

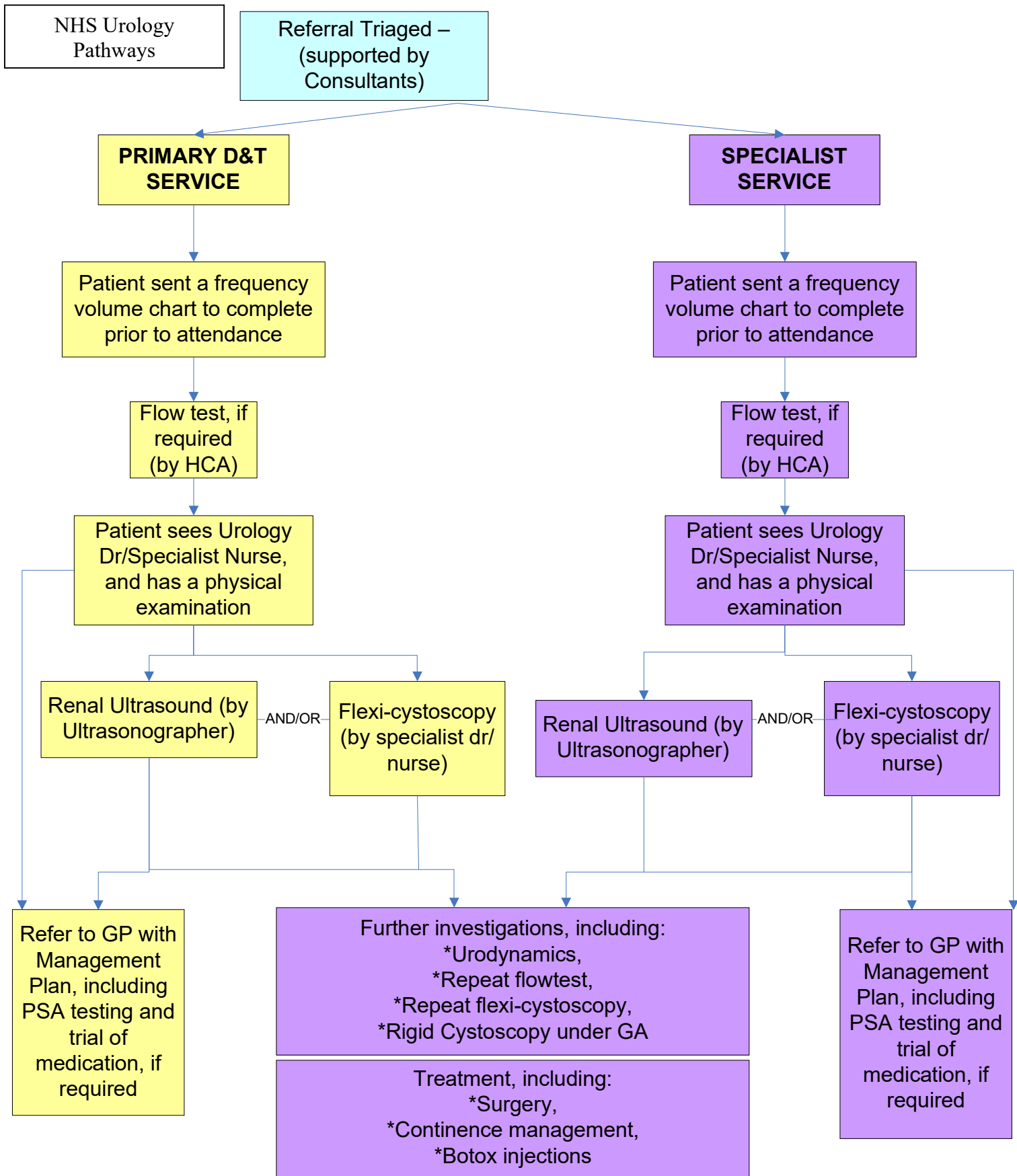
If results normal,
write to patient

Refer to MDT

Specialist care -
surgery/treatment

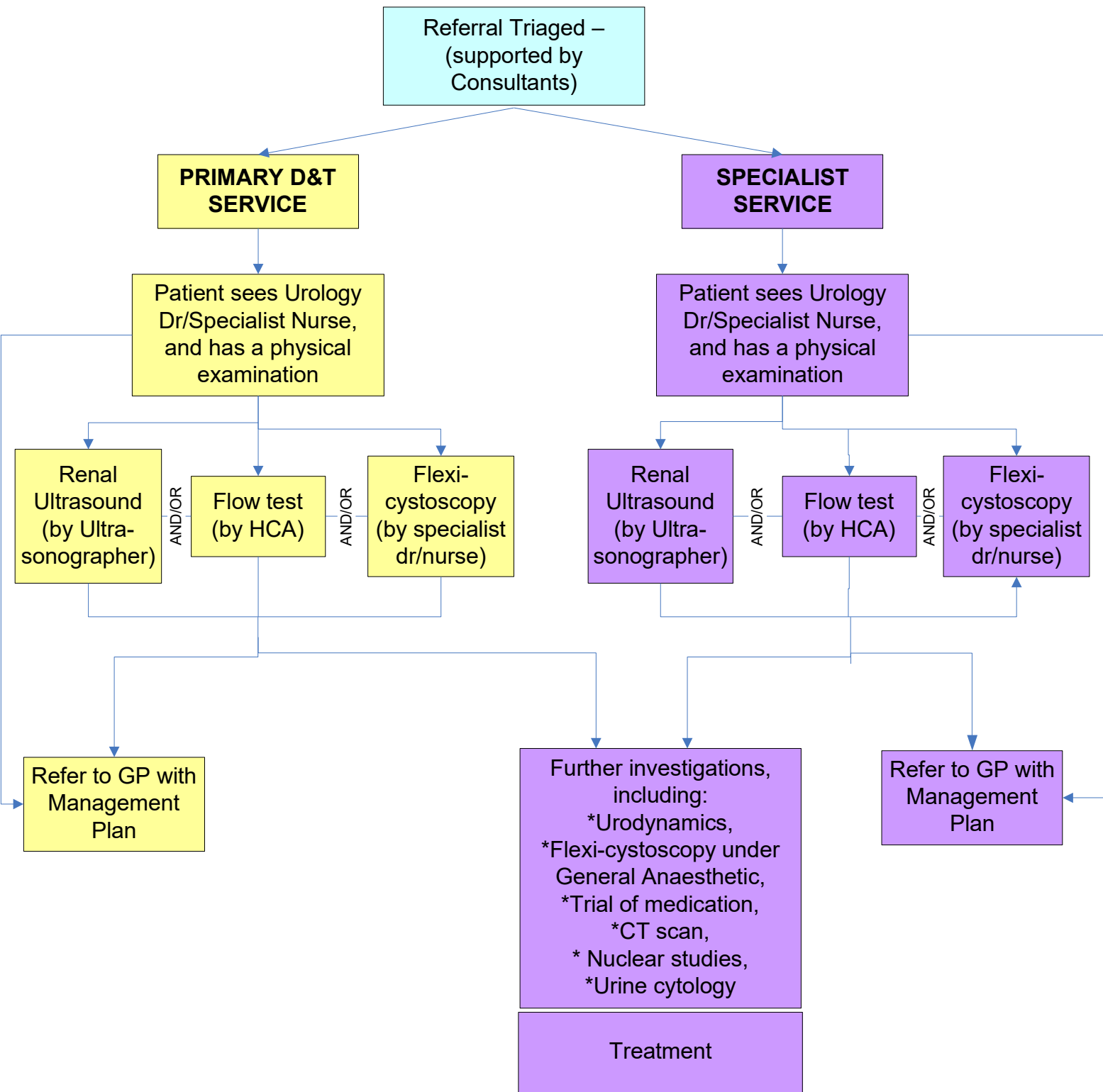
At any stage, although infrequently,
patient may need to be transferred
into another pathway e.g. where
cancer is found or there is protein in
the patients' urine

LOWER URINARY TRACT SYMPTOMS (MEN AND WOMEN) AND RECURRENT URINARY TRACT INFECTIONS IN MEN



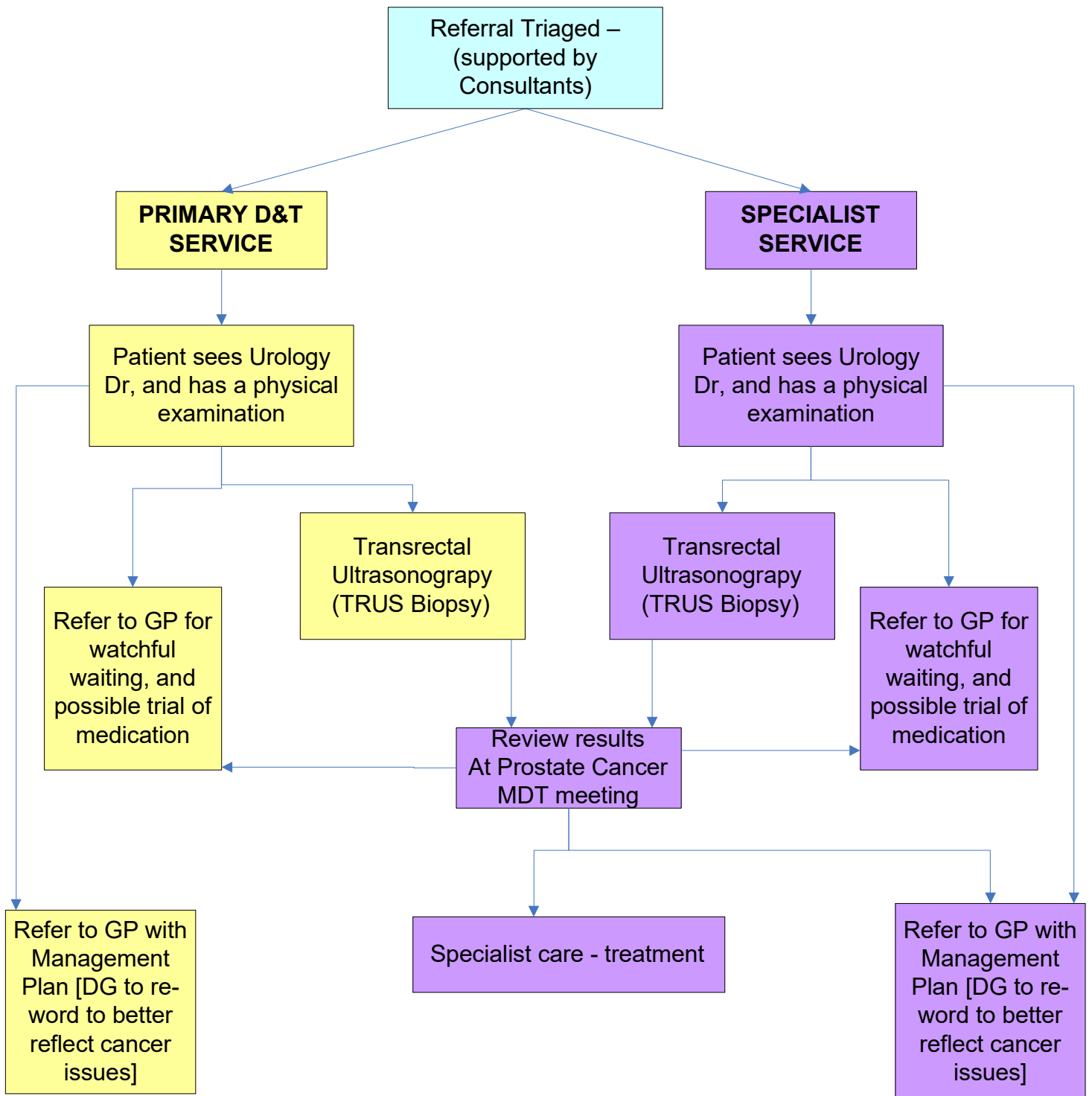
At any stage, although will occur infrequently, patient may need to be transferred into another pathway, e.g. where cancer is found or where Urodynamics is required

RECURRENT URINARY TRACT INFECTIONS IN WOMEN



At any stage, although will occur infrequently, patient may need to be transferred into another pathway, e.g. where cancer is found

**RAISED PROSTATE-SPECIFIC ANTIGEN
(PSA) AND ABNORMAL DRE**



At any stage, although will occur infrequently, patient may need to be transferred into another pathway, e.g. where cancer is found

**SCROTAL/TESTICULAR
LUMPS/PAIN**

Referral Triaged –
(supported by
Consultants)

**PRIMARY D&T
SERVICE**

Testes Ultrasound, if
required (by
Ultrasonographer)

Patient sees Urology
Dr, and has a physical
examination

Refer to GP with
Management
Plan

Specialist care - surgery/
treatment accessed through
acute hospital Testes Cancer
Clinic, including MDT Review
and tumour marker blood test

**SPECIALIST
SERVICE**

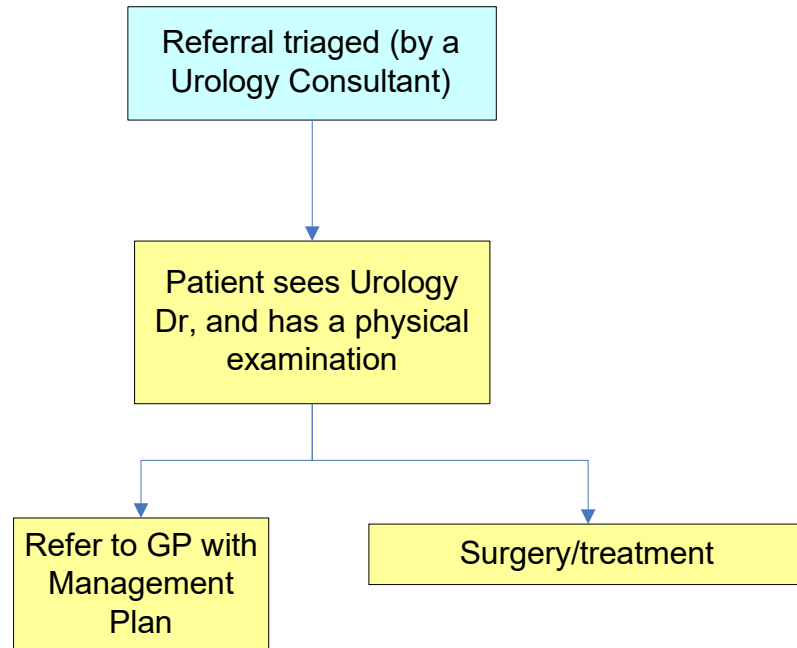
Testes Ultrasound, if
required (by
Ultrasonographer)

Patient sees Urology
Dr, and has a physical
examination

Refer to GP with
Management
Plan

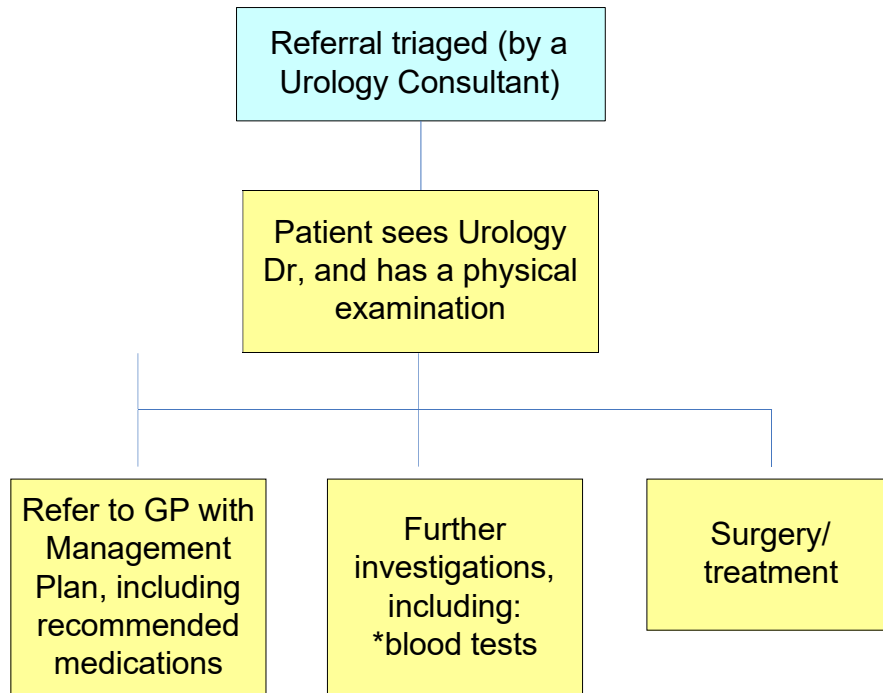
At any stage, although will occur infrequently, patient may need to be transferred into another pathway, e.g. where cancer is found

EXTERNAL GENITALIA
(mainly foreskin problems and
peyronies disease)



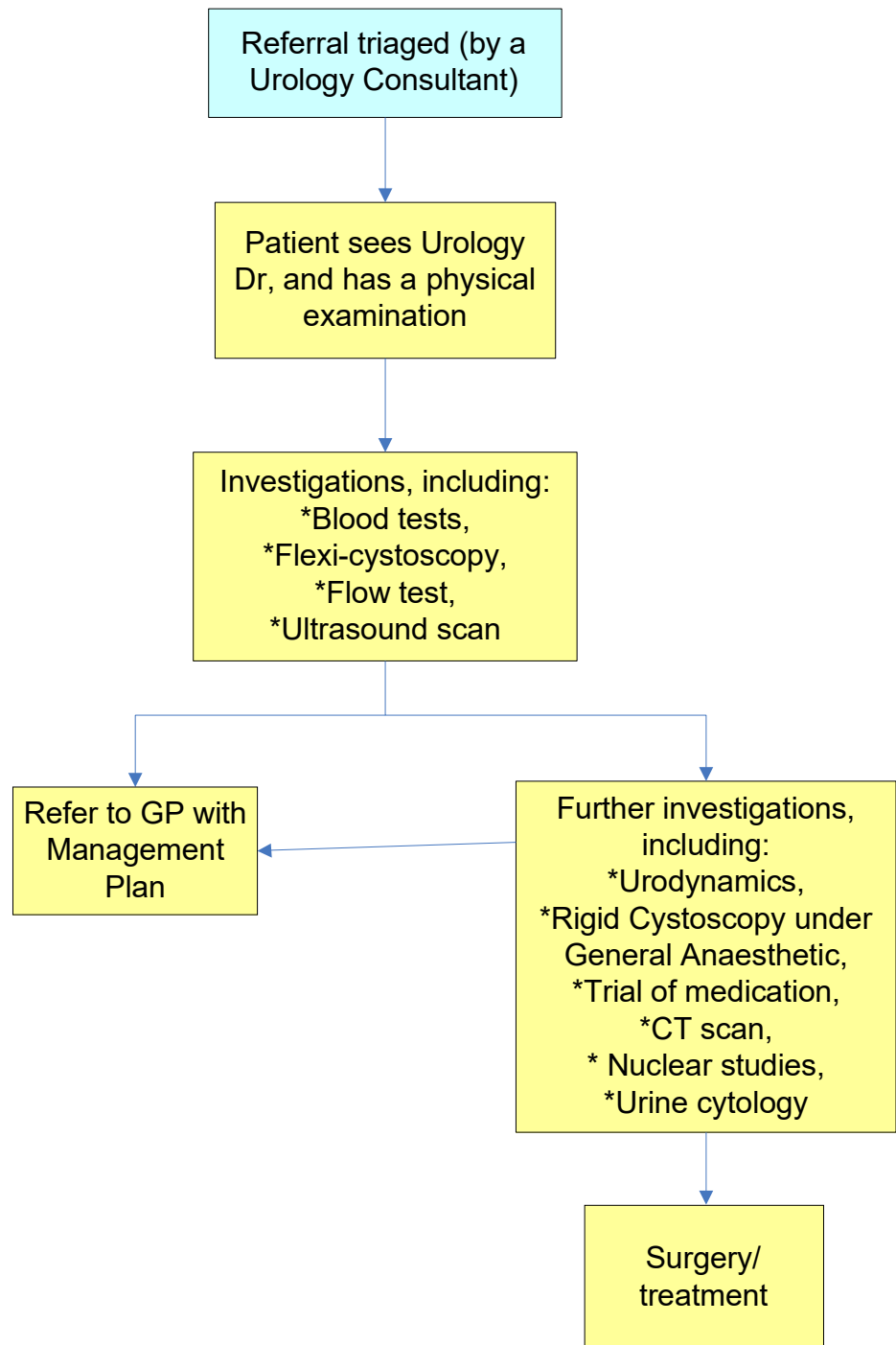
At any stage, although will occur infrequently, patient may need to be transferred into another pathway, e.g. where cancer is found

ERECTILE DYSFUNCTION



At any stage, although will occur infrequently, patient may need to be transferred into another pathway, e.g. where cancer is found

**MULTIPLE PROBLEMS/OTHER
PRESENTATIONS**



At any stage, although will occur infrequently, patient may need to be transferred into another pathway, e.g. where cancer is found