
REFERRAL FOR BENIGN PROSTATIC HYPERTROPHY TO A SPECIALIST IN UROLOGY

Management of BPH symptoms/prostatism can be done in primary care. PSA examination can also be done in primary care.

Referral is warranted if personal doctor cannot exclude prostate cancer on rectal examination or in the cases where an initial administration of an alpha blocker has failed to control symptoms after 3 months and would like further help or uncomfortable to prescribe 5a reductase inhibitors (see below).

Indications for referral include:

A. IMMEDIATE REFERRAL TO A&E

- Development of acute urinary retention.
- Evidence of acute renal failure.

B. EMERGENCY REFERRAL TO A SPECIALIST

- They have visible haematuria.
- There is a suspicion of prostate cancer based on the finding of a nodular or firm prostate following palpation, and/or a raised PSA or increased PSA velocity. More specifically:
 - Men ≥ 40 years of age with past medical history **and** findings during Digital Rectal Examination (DRE) **and** $PSA \geq 1$ ng/ml.
 - Men 50-69 years of age, no findings during DRE **and**:
 - $PSA > 10$ ng/ml or
 - $PSA 2.6-10$ ng/ml and Free/Total PSA $< 10\%$
 - $PSA \leq 2.5$ ng/ml and PSA velocity > 35 ng/ml

Note: No further evaluation is required in men ≥ 70 years of age and $PSA < 3$ ng/ml as well as men ≥ 75 years of age.

- They have persistent dysuria resistant to treatment with antibiotics.
- They develop chronic urinary retention with overflow incontinence.
- They have a recurrent urinary tract infection.
- They develop unexplained microscopic haematuria.
- The diagnosis is uncertain.

C. ROUTINE REFERRAL TO A SPECIALIST

- They are unresponsive to, or intolerant of, drug therapies.
- Symptoms (reduced flow, nocturia, night-time incontinence etc) have failed to respond to treatment in primary care and are severe enough to affect quality of life. This is best assessed by the patient using a symptom scoring system such as WHO's International Prostate Symptom Score (IPSS)
- They have evidence of chronic renal failure

Source:

1. NICE (June 2005). Suspected cancer: recognition and referral
 2. Prescribers' Journal (1999), 39 (1), 9-15.
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3. NICE (June 2015). Referral Guidelines for Suspected Cancer <https://www.gesy.org.cy/el-gr/announcementdef/prostate-cancer-pre-check-0.pdf>