
REFERRAL FOR URINARY INCONTINENCE IN WOMEN TO A SPECIALIST IN UROLOGY AND/OR GYNAECOLOGY

It is important to rule out urinary tract infection before any referral is made.

Indications for referral include:

A. EMERGENCY REFERRAL TO A SPECIALIST

- Women with urinary incontinence and who have **any** of the following:
 - Unexplained microscopic haematuria if aged 50 years and older.
 - Unexplained visible haematuria.
 - Recurrent or persisting UTI associated with haematuria if aged 40 years and older.
- Suspected malignant pelvic tumour.

B. ROUTINE REFERRAL TO A SPECIALIST

- Persisting bladder or urethral pain.
- Clinically benign pelvic tumours.
- Faecal incontinence.
- Suspected neurological disease.
- Symptoms of voiding difficulty.
- Suspected urogenital fistula.
- Previous surgical treatment of incontinence.
- Previous surgical treatment of pelvic cancer.
- Previous pelvic radiation therapy.
- If a woman does not wish to try a different drug treatment for over-active bladder – after failure or discontinuation of the initial drug therapy due to side effects - but would like to consider a different treatment.
- If drug treatment for over-active bladder is not successful.

Source:

NICE (April 2019). Urinary incontinence - The management of urinary incontinence in women.