SPA PCP Treatment & Referral Guidelines
Urology
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I. **Acute Scrotal Pain**
   A) Diagnosis  
      a) epididymitis vs. testicular torsion  
      b) urinalysis  
      c) doppler ultrasound  
   B) Indication for Referral  
      a) if torsion suspected  

II. **Benign Prostatic Hypertrophy**
   A) Diagnosis  
      a) obstructive urinary symptoms  
      b) U/A, PSA, creatinine, AUA BPH score  
      c) no imaging needed  
   B) Treatment  
      a) a blocker (check PSA first)  
      b) Proscar drops PSA 50%.  
   C) Indications for Referral  
      a) obstructive symptoms not controlled with oral medicine  
      b) persistent hematuria  
      c) recurrent urinary tract infection  
      d) acute or chronic urinary retention  
      e) suspicious prostate nodule on DRE  
      f) elevated creatinine with hydronephrosis  

III. **Erectile Dysfunction**
   A) Diagnosis  
      a) medications account for 25% of cases  
      b) organic causes  
      c) CBC, U/A, glucose, lipids, serum testosterone  
      d) no imaging needed  
   B) Treatment  
      a) change in medication  
      b) testosterone if hypogonadism  
      c) Viagra (only works if testosterone is normal)  
   C) Indications for Referral  
      a) if no easily correctable cause found and Viagra was ineffective  
      b) counseling for psychological issues  

IV. **Prostate Cancer**
A) Diagnosis
   a) asymptomatic
   b) DRE on annual basis for men over 40 who are at increased risk of CA prostate (family history and African-American males). All men to be examined yearly after 50.

B) Medicare pays for PSA screen now
   a) P.S.A. – free PSA (if PSA between 4.0 – 10.0)
      1) if > 25%: low likelihood of Prostate CA
      2) if < 10%: high likelihood of Prostate CA
   b) Recommendation of both American Urological Association (do PSA on all men over 50) & American College of Physicians (discuss with all men over 50, pros / cons of doing the test)
   c) If patient has prostate CA, DRE can increase PSA levels

C) Treatment
   a) if suspicion of CA Prostate, patient should be referred to urology

D) Indications for referral
   a) suspicious nodule on DRE
   b) elevated PSA (taking into account patient’s age)

<table>
<thead>
<tr>
<th>Age</th>
<th>PSA should be</th>
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<tbody>
<tr>
<td>40-50</td>
<td>2</td>
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<tr>
<td>50-60</td>
<td>3</td>
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<tr>
<td>60-70</td>
<td>4</td>
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   c) 30% of patients with Prostate CA have normal PSA
   d) If patient >80, do only DRE;
      1) if normal DRE: no PSA
      2) if abnormal DRE: check PSA

V. **Prostatitis**
A) Diagnosis
   a) main causes: residual urine, urethral strictures
   b) systemic symptoms-- (if fever +, treat for 6 weeks)
   c) urinary symptoms
   d) U/A and C/S
   e) no imaging needed

B) Treatment
   a) antibiotic therapy

C) Referral
   a) recurrent episodes not controlled with oral medicine
b) persistent hematuria  
c) suspicious prostate nodule  

VI. Pyelonephritis  
A) Diagnosis  
  a) systemic symptoms  
  b) urinary symptoms  
  c) U/A and C/S  
  d) if complicated, needs I.V.P.  

B) Treatment  
  a) antibiotics  
  b) if systemic symptoms treat 10 days with regular high dose and 1 more month with Macrodantin in females and Bactrim in males.  

C) Referral  
  a) obstruction or vesico ureteral reflux  

VII. Renal Colic  
A) Diagnosis  
  a) flank pain  
  b) U/A and C/S  
  c) BUN, creat all the time prior to I.V.P.  
  d) non-contrast CT (NOT ultrasound) and KUB (to see the stone if radiopaque).  

B) Treatment  
  a) pain meds, fluids  

C) Referral  
  a) concomitant infection and obstruction is an absolute emergency  
  b) persistent high-grade obstruction  
  c) referral for non-obstructive stones >5 mm in kidney  

VIII. Scrotal Mass  
A) Diagnosis  
  a) testicular mass vs. hydrocele vs. spermatocele vs. varicocele  
  b) ultrasound needed if suspicious testicular mass  

B) Treatment  
  a) scrotal support  

C) Referral  
  a) if symptomatic, hydrocele, spermatocele, varicocele  
  b) testicular mass  

IX. Urinary Incontinence
A) Diagnosis
   a) stress vs. urgency vs. overflow incontinence
   b) U/A and C/S ALWAYS check residual urine

B) Treatment
   a) anticholinergics in urge incontinence (avoid in men)

C) Referral
   a) to R/O neurogenic bladder
   b) for surgical correction if anatomical cause is found

X. Urinary Tract Infection – Female/Male
A) Diagnosis
   a) urinary symptoms
   b) U/A and C/S
   c) imaging if complicated infections

B) Treatment
   a) antibiotics

C) Referral
   a) persistent hematuria
   b) unsatisfactory response to treatment

XI. Hematuria
A) Microhematuria
   a) refer if persisting >3-4 RBC/HPF
   b) IVP if persisting
   c) Do not need to do cytology if urine is normal.

B) Gross hematuria
   a) refer

C) Hematospermia
   a) Treat with antibiotics for 10 days – if recurrence then refers.
      (Proscar--prescribed by an urologist)
APPROVAL:

[Signature]

SPA Medical Director

Urology Department Chair

April 26, 2005

Date

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SMG Division Chiefs

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