

Lower urinary tract symptoms in men overview

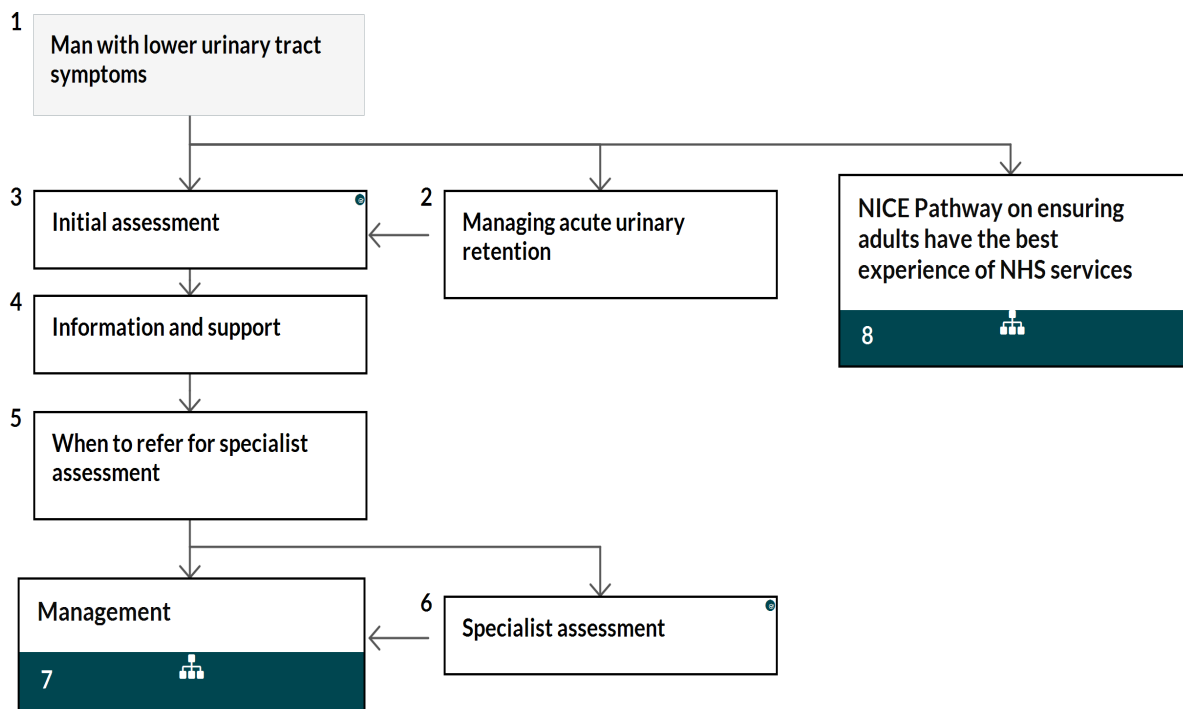
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

<http://pathways.nice.org.uk/pathways/lower-urinary-tract-symptoms-in-men>

NICE Pathway last updated: 03 September 2020

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



1 Man with lower urinary tract symptoms

No additional information

2 Managing acute urinary retention

Immediately catheterise men with acute retention.

Offer an alpha blocker to men for managing acute urinary retention before removal of the catheter.

NICE has published medtech innovation briefings on:

- [Urethrotech UCD for difficult or failed catheterisation](#)
- [S-Cath System for suprapubic catheterisation](#).

3 Initial assessment

At initial assessment, offer men with LUTS an assessment of their general medical history to identify possible causes of LUTS, and associated comorbidities. Review current medication, including herbal and over-the-counter medicines, to identify drugs that may be contributing to the problem.

At initial assessment, offer men with LUTS a physical examination guided by urological symptoms and other medical conditions, an examination of the abdomen and external genitalia, and a DRE.

At initial assessment, offer men with LUTS a urine dipstick test to detect blood, glucose, protein, leucocytes and nitrites.

At initial assessment, give reassurance, offer advice on lifestyle interventions (for example, fluid intake) and information on their condition to men whose LUTS are not bothersome or complicated. Offer review if symptoms change.

At initial assessment, offer men with LUTS information, advice and time to decide if they wish to have PSA testing if:

- their LUTS are suggestive of bladder outlet obstruction secondary to BPE **or**

- their prostate feels abnormal on DRE **or**
- they are concerned about prostate cancer.

At initial assessment, ask men with bothersome LUTS to complete a urinary frequency volume chart.

Offer men considering any treatment for LUTS an assessment of their baseline symptoms with a validated symptom score (for example, the IPSS) to allow assessment of subsequent symptom change.

Suspected prostate cancer

Manage suspected prostate cancer in men with LUTS in line with [urological cancers in the NICE Pathway on suspected cancer recognition and referral](#), and [the NICE Pathway on prostate cancer](#).

Suspected renal impairment

At initial assessment, offer men with LUTS a serum creatinine test (plus eGFR calculation) only if you suspect renal impairment (for example, the man has a palpable bladder, nocturnal enuresis, recurrent urinary tract infections or a history of renal stones).

Do not routinely offer

Do not routinely offer cystoscopy to men with uncomplicated LUTS (that is, without evidence of bladder abnormality) at initial assessment.

Do not routinely offer imaging of the upper urinary tract to men with uncomplicated LUTS at initial assessment.

Do not routinely offer flow-rate measurement to men with LUTS at initial assessment.

Do not routinely offer a post void residual volume measurement to men with LUTS at initial assessment.

Quality standards

The following quality statements are relevant to this part of the interactive flowchart.

1. Initial assessment – physical examination

2. Initial assessment – urinary frequency and volume chart
3. Initial assessment – advice on lifestyle interventions

4 Information and support

Ensure that, if appropriate, men's carers are informed and involved in managing their LUTS and can give feedback on treatments.

Make sure men with LUTS have access to care that can help with:

- their emotional and physical conditions **and**
- relevant physical, emotional, psychological, sexual and social issues.

Provide men with storage LUTS (particularly incontinence) containment products at point of need, and advice about relevant support groups.

NICE has written [information for the public on lower urinary tract symptoms in men: management](#).

5 When to refer for specialist assessment

Refer men for specialist assessment if they have LUTS complicated by recurrent or persistent urinary tract infection, retention, renal impairment that is suspected to be caused by lower urinary tract dysfunction, or suspected urological cancer.

Refer for specialist assessment men with stress urinary incontinence.

Offer men referral for specialist assessment if they have bothersome LUTS that have not responded to conservative management or drug treatment.

See [the NICE Pathway on urinary tract infections in people aged 16 years and over](#).

6 Specialist assessment

Offer men with LUTS having specialist assessment an assessment of their general medical history to identify possible causes of LUTS, and associated comorbidities. Review current medication, including herbal and over-the-counter medicines to identify drugs that may be

contributing to the problem.

Offer men with LUTS having specialist assessment a physical examination guided by urological symptoms and other medical conditions, an examination of the abdomen and external genitalia, and a DRE.

At specialist assessment, ask men with LUTS to complete a urinary frequency volume chart.

At specialist assessment, offer men with LUTS information, advice and time to decide if they wish to have PSA testing if:

- their LUTS are suggestive of bladder outlet obstruction secondary to BPE **or**
- their prostate feels abnormal on DRE **or**
- they are concerned about prostate cancer.

Offer men with LUTS who are having specialist assessment a measurement of flow rate and post void residual volume.

Offer cystoscopy to men with LUTS having specialist assessment only when clinically indicated, for example if there is a history of any of the following:

- recurrent infection
- sterile pyuria
- haematuria
- profound symptoms
- pain.

Offer imaging of the upper urinary tract to men with LUTS having specialist assessment only when clinically indicated, for example if there is a history of any of the following:

- chronic retention
- haematuria
- recurrent infection
- sterile pyuria
- profound symptoms
- pain.

Consider offering multichannel cystometry to men with LUTS having specialist assessment if they are considering surgery.

Offer pad tests to men with LUTS having specialist assessment only if the degree of urinary incontinence needs to be measured.

NICE has published a [medtech innovation briefing on BladderScan BVI 9400 3D portable ultrasound scanner for measuring bladder volume](#).

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

7. Specialist assessment – flow rate and post-void residual volume

7 Management

[See Lower urinary tract symptoms in men / Managing lower urinary tract symptoms in men](#)

8 NICE Pathway on ensuring adults have the best experience of NHS services

[See Patient experience in adult NHS services](#)

Glossary

Acute retention

(a painful inability to pass urine and the presence of a distended, tender palpable bladder)

Bothersome LUTS

(symptoms that are worrying, troublesome or have an impact on quality of life from the patient's perspective)

BPE

benign prostate enlargement

DRE

digital rectal examination

eGFR

estimated glomerular filtration rate

LUTS

lower urinary tract symptoms

Initial assessment

(assessment in any setting by a healthcare professional without specific training in managing LUTS in men)

IPSS

International Prostate Symptom Score

PSA

prostate specific antigen

Specialist assessment

(assessment in any setting by a healthcare professional with specific training in managing lower urinary tract symptoms in men)

storage LUTS

(symptoms include daytime urinary frequency, nocturia, urgency and urinary incontinence)

Sources

Lower urinary tract symptoms in men: management (2010 updated 2015) NICE guideline CG97

Your responsibility

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.