

2WR Urology

(2017 incorporating 2015 NICE guidance)



Blackpool Clinical Commissioning Group
Fylde and Wyre Clinical Commissioning Group
Blackpool Teaching Hospitals NHS Foundation Trust

Please complete all relevant sections of the form before submitting via e-RS.

Hospital Use Only

Appointment Date:

Time:

Confirmed:

Date received:

Nice Referral Guidance: Hold CTRL + [Click Here](#)

Patient Details

Name	Title Given Name Surname	DOB	Date of Birth	Gender:	Gender
NHS No:	NHS Number	Hosp No:	Hospital Number		
Address	Home Address House Name/Flat Number Home Address Number and Street, Home Address Village, Home Address Town. Home Address Postcode.				
Email	Inform patient that the hospital appointments team may contact them by email				
Tel.	Patient Home Telephone	Patient Mobile Telephone		UK Resident	Yes <input type="checkbox"/> No <input type="checkbox"/>
Interpreter Req'd:	Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, which Language		Date of Ref	Free Text Prompt

GP Details

Address: Organisation Name,
Organisation House Name/Flat Number,
Organisation Number and Street,
Organisation Town, Organisation County.

Tel: Organisation Telephone Number

Please check that the patient's address and daytime contact number are up to date. If any of the details have changed please add here:

Has the patient been informed that their symptoms require urgent investigation to exclude cancer? Yes

Has the patient been given a 2 week referral information leaflet explaining the risk of cancer? Yes

Please detail any dates within the next 2 weeks that the patient would be unable to attend an urgent appointment:

Mandatory Blood investigations to be carried out at time of referral or within the previous 4 weeks
Biochemical profile (to cover renal function and eGFR) and full blood count Yes

Mandatory Urine investigations to be carried out at time of referral

- Urine Dipstick – Bloods, Nitrates and Leucocytes – **Negative**
- If positive, carry out microscopy, culture and sensitivity (**positive culture to be treated prior to referral**)

Yes

Fast Track Referral Criteria of Urological Cancer

Prostate Cancer

Guidance recommends:

- If the PSA is marginally above the age specific range and the prostate feels benign then repeat the test after 2 to 4 weeks and only refer if still elevated
- If prostate feels abnormal refer immediately.
- To delay PSA testing until 1 month after a urinary tract infection or urinary retention unless the prostate feels frankly malignant.
- Not to routinely test PSA in men over 80 unless they have symptoms or signs suggestive of progressive / metastatic disease or they have a life expectancy of >10 years

Elevated Age Specific PSA Levels

Age	Level
40-49	>2.5
50-59	>3.5
60-69	>4.5
70-79	>6.5

<p>Either:</p> <ul style="list-style-type: none"> Prostate feels malignant or abnormal on digital rectal examination (DRE), or Prostate specific antigen (PSA) levels are above the age-specific reference range 	<p>Yes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p>
<p>Male >40 and <80 provide information about PSA and if agreed, include PSA estimation</p> <ul style="list-style-type: none"> Latest PSA:ng/ml Date: (Mandatory) Previous PSA:ng/ml Date: (Mandatory) <p>Local Guidance: Two PSA levels at least a month apart are required for referral if PSA is less than 20ug/l.</p> <p>Note: For men over 80 only do a PSA if they are likely to need palliative treatment Consider alternative contributing factors that may influence an individual's PSA ranges</p>	
<p>Patient informed first appointment will be for a prostate biopsy</p>	<p>Yes <input type="checkbox"/></p>
<p>Patient takes anticoagulants or antiplatelet therapy?</p> <p>Type: _____ Dose _____</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Bladder and Renal Cancer Pathway – please tick one of the following</p>	
<p>Local guidance recommends sending an MSSU for culture. If positive and this explains the haematuria, treat with antibiotics before considering a referral. If the test is negative and the haematuria remains unexplained please refer.</p> <p>Consider <u>non-urgent</u> referral in people aged 60 and over with recurrent or persistent unexplained urinary tract infection.</p>	
<p>Refer people aged 45 and over and have:</p> <p>Unexplained visible haematuria without urinary tract infection</p>	<p>Yes <input type="checkbox"/></p>
<p>Visible haematuria that persists or recurs after successful treatment of urinary tract infection</p>	<p>Yes <input type="checkbox"/></p>
<p>Refer people aged 60 and over and have:</p> <p>Unexplained non visible haematuria and either dysuria or a raised white cell count on a blood test. (complete GP Ultrasound Imaging Request Form for 2 week direct access ultrasound scan) (Mandatory)</p>	<p>Yes <input type="checkbox"/></p>
<p>Refer people with abnormal imaging suggestive of bladder or renal cancer irrespective of age</p>	<p>Yes <input type="checkbox"/></p>
<p>Testicular Cancer – please tick both</p>	
<p>Non-painful enlargement or change in shape or texture of the testis or unexplained or persistent testicular symptoms. If so, request ultrasound scan.</p>	<p>Yes <input type="checkbox"/></p>
<p>I confirm that I have completed and submitted a GP Ultrasound Imaging Request Form for 2 week direct access ultrasound scan (Mandatory)</p>	<p>Yes <input type="checkbox"/></p>
<p>Penile Cancer – please tick one of the following</p>	
<p>A penile mass or ulcerated lesion, where a sexually transmitted infection <u>has been excluded as a cause</u></p>	<p>Yes <input type="checkbox"/></p>
<p>A persistent penile lesion after treatment for a sexually transmitted infection has been completed</p>	<p>Yes <input type="checkbox"/></p>
<p>Any unexplained or persistent symptoms affecting the foreskin or glans</p>	<p>Yes <input type="checkbox"/></p>