UW Medicine
VALLEY
MEDICAL CENTER

Urology Pearls for Primary Care Providers

Suggested Initial Management Steps for Common Urologic Conditions

Lower urinary tract symptoms	1. Consider tamsulosin trial. Can increase to 0.8mg if no improvement. 2. If patients have hypotension on tamsulosin, consider switching to uroxatral or silodosin (3% risk of hypotension compared to 11% with tamsulosin)
Urinary retention	1. Consider obtaining a pelvic u/s to evaluate PVR 2. If PVR<200 then consider trial of tamsulosin, timed voiding (urinate every 2 hours while awake) 3. If PVR >400 then place urology referral
Overactive bladder (frequency/urgency)	1. Check RBUS if male, to get a PVR 2. Decrease bladder irritants – caffeine, artificial sweeteners, alcohol
Nocturia (waking up multiple times at night to urinate)	1. Decrease fluids for 2 – 3 hours before bedtime, elevate legs if there is edema, consider trial of meds for LUTS or OAB
Low testosterone	1. Testosterone lab should be drawn between 8 – 10AM fasting. Pt is considered to have low T if level is <300 on 2 occasions.
Recurrent UTI	1. Make sure these are culture proven. Considered recurrent if >2-3 in 12 months 2. Minimize constipation, increase fluid intake to at least 2 liters/day 3. No baths 4. If pt is peri/post menopausal or on OCPs, consider estrace cream (1g daily x 2 weeks, then twice weekly) 5. Get RBUS and refer to urology if there are anatomic abnormalities (retention, obstructing or large stones) 6. If pt has had recurrent e coli and has been only treated with nitrofurantoin, treat with 2 weeks of tissue-penetrating antibiotic like Bactrim
Kidney stones	1. Please make sure patient has a recent CT. If kidney stones are non obstructing, non-urgent referral 2. If pt has an obstructing stone, urgent referral 3. If bilateral obstructing stone or concurrent infection with obstructing stone, send to ER 4. If stone are small and in the ureter, chance of passage is high. Consider trial of tamsulosin to assist
Testicular pain	1. Obtain scrotal ultrasound 2. Rule out musculoskeletal source, consider PT referral 3. Trial of scheduled NSAID x 2 weeks, supportive underwear, sitz baths
Microscopic hematuria	1. Obtain UA micro to confirm presence of blood. If no blood on micro UA, then no urology referral needed 2. Obtain RBUS or CT IVP, cytology to evaluate urgency of referral
Gross hematuria	1. If ucx negative, please obtain urine cytology and CT IVP to assist with evaluating urgency of referral

For a consult with a urologist, please initiate a telephone encounter. For a stat referral call the urology office for a doc-to-doc consult: VMC Urology backline clinic extension: 125.0540.