

SPECIALITY: **Urology**
 PROCEDURE(S): **Urology One Stop Consult: non-visible (microscopic) haematuria, UTI, flexible cystoscopy**
 ALOS: **Day case**

AVAILABLE AT: **Cirencester NHS Treatment Centre
 Devizes NHS Treatment Centre
 Emersons Green NHS Treatment Centre
 Shepton Mallet NHS Treatment Centre**

Please complete the referral form on page 73 or download a copy from our website at www.uk-sh.co.uk, sign it and fax it to us on the number indicated

INDICATIONS

Micro-haematuria

- True microscopic haematuria (dipstick+ve -1+ or more, not trace, whether haemolysed or not, unrelated to menstruation, UTI, colouring from drugs, dyes, foodstuffs)
 - Persistent microscopic haematuria (≥ 2 out of 3 occasions)
 - Symptomatic microscopic haematuria aged 18yrs or more
- or
- Non-symptomatic microscopic haematuria aged ≥ 40 yrs or more

UTI

- Recurrent UTI in females (≥ 3 episodes in the last 12 months or ≥ 2 episodes in the last 6 months) or to rule out risk factors for recurrent UTI
- UTI in men (single episode of febrile UTI/ other symptoms of upper tract UTI/pyelonephritis, failure to respond to treatment, presence of a complicating factor or ≥ 2 episodes of uncomplicated UTI)

PRIMARY CARE ASSESSMENT +/- DIAGNOSTICS

- Clinical assessment
- Haematuria with UTI excluded

EXCLUSION CRITERIA

- Please refer to the UKSH exclusion criteria detailed on pages 6/7
- Visible haematuria or suspected cancer

PREPARATION FOR SURGERY

- Eat and drink normally
- **Aspirin** and **warfarin** do not need to stop pre-operatively
- The patient receives a pre-admission telephone call no later than 7 days prior to admission to assess fitness for surgery and confirm specific pre-procedure instructions

FOLLOW-UP

- Follow-up call 24 hours post-discharge for all patients

DISCHARGE MEDICATION

- Medication (TTOs) will be prescribed as required

SPECIALITY: **Urology**
 PROCEDURE(S): **Circumcision, hydrocele, epididymal cyst and varicocele excision**

ALOS: **Day case**

AVAILABLE AT: **Cirencester NHS Treatment Centre
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INDICATIONS

- Large hydroceles or varicoceles causing persistent or recurrent scrotal discomfort
- Subfertility or infertility where varicoceles present
- Epididymal cysts that cause persistent or recurrent scrotal pain
- Phimosis causing painful intercourse or difficulty with micturition
- Recurrent UTIs or balanitis secondary to phimosis

PRIMARY CARE ASSESSMENT +/- DIAGNOSTICS

- Clinical assessment
- Hydrocele, varicocele or epididymal cyst confirmed with USS if possible
- Related symptoms persistent longer than 3 months
- Difficulty retracting foreskin
- Ballooning of foreskin on micturition or outflow obstruction symptoms +/- confirmed UTI

EXCLUSION CRITERIA

- Please refer to the UKSH exclusion criteria detailed on pages 6/7

PREPARATION FOR SURGERY

- No food 6 hours prior to the procedure
- Sips of water up to 2 hours prior to the procedure
- If the patient takes **aspirin** they should stop this 7 days pre-operatively
- If the patient takes **warfarin** they should stop 4 days pre-operatively and visit their GP practice the day before for INR check, the result of this is to be phoned to PACU. INR to be below 1.4 on day of surgery
- The patient receives a pre-admission telephone call no later than 7 days prior to admission to reassess fitness for surgery and reconfirm specific pre-operative instructions

FOLLOW-UP

- Follow-up call 24 hours post-discharge for all patients

DISCHARGE MEDICATION

- Medication (TTOs) will be prescribed as required