UI - Criteria for hospital referral

Hertfordshire and West Essex Integrated Care System

Refer women with urinary incontinence and has any of the urogynaecological reasons to hospital outpatients at this stage

Refer to an appropriate specialist (urologist, urogynaecologist, or nephrologist), using clinical judgement to determine urgency, if <u>there is:</u>

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- Palpable bladder on abdominal or bimanual examination after voiding.
- History of chronic urinary retention.
- Voiding difficulty.
- Persistent bladder or urethral pain (refer urgently if cancer is suspected).
- A pelvic mass that is confirmed clinically benign.
- Suspected neurological disease.
- A history of previous incontinence surgery, pelvic cancer surgery, or previous radiation therapy.
- Recurrent or persistent unexplained urinary tract infection in people aged 60 years and over, consider non-urgent referral for bladder cancer.
- Suspected urogenital fistulae.
- Associated with faecal incontinence (if it is not due to constipation and after ruling out red flags).

No reasons to refer to the hospital at this stage

See pathway
UI – Assessment of women

Advise on self-help measure whilst waiting to be seen
Lifestyle Interventions:
http://www.nhs.uk/Conditions/

Female incontinence:
https://www.womens-health-concern.org/

Refer urgently (within 2 weeks) using a suspected cancer pathway referral for bladder cancer *<u>if the woman:</u>*

- **Aged 45 years and over with unexplained visible haematuria without urinary tract infection, Or Visible haematuria that is persistent or recurrent after successful treatment of urinary tract infection.**
- **Aged 60 and over with unexplained non-visible haematuria and dysuria or a raised white cell count on a blood test.**

Reference: NICE CKS

Back to pathway

For patients who presented with Urinary Incontinence that associated with faecal incontinence:

- If there is suspicion of cauda equina syndrome or acute stroke, please arrange emergency referral to an appropriate secondary care physician.
- If a person has features suggestive of multiple sclerosis, refer promptly to a consultant neurologist.