

# Red Flag symptoms in Urology



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# Hematuria

Visible/ NVH/  
(haemospermia treated the same way)

## History

- Painless
- Painful (check urine dipstick / MSU and treat)
- Clots
- FH of malignancy
- Smoker/ non smoker
- Work exposure



# Hematuria: **REFER VIA 2 WEEK WAIT PATHWAY**

1. Any episode of frank hematuria. (25% will have malignancy)
2. Any single episode of symptomatic NVH (associated with LUTS/SP pain) in the absence of UTI or transient causes such as menstruation, exercise induced (5% will have malignancy)
3. Persistent asymptomatic hematuria (5% will have malignancy)

We will investigate with:

- >45years – CT IVU, flexible cystoscopy, MSU, Cytology
- <45 years – USS KUB, flexible cystoscopy, MSU, cytology

# Renal Cancer

- A significant number are detected incidentally on USS/CT done for other causes or during haematuria screen
- Hematuria alone common
- Look for systemic symptoms – pain, weight loss and loss of appetite
  
- Flank pain
- Hematuria
- Flank Mass
  - Classic triad only present in 10%

# Prostate cancer

Signs to look out for

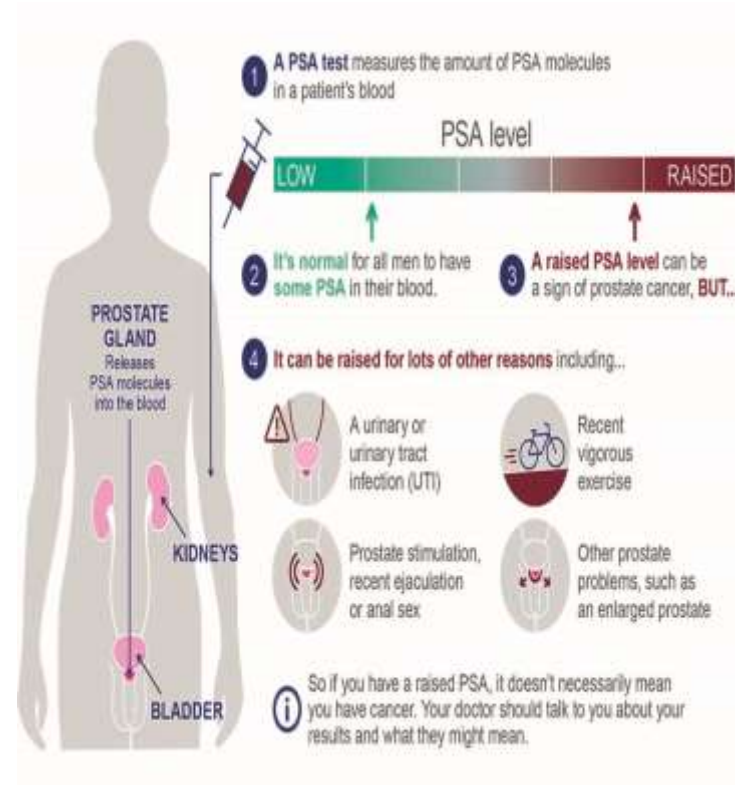
- Rapidly worsening symptoms obstructive symptoms
- Systemic symptoms
  - Weight loss
  - Poor appetite
  - Bony pain

<b>Voiding (obstructive symptoms)</b>	Hesitancy Poor stream Intermittent flow Incomplete emptying (with associated frequency) Postvoid dribbling Overflow incontinence
<b>Storage symptoms</b>	Frequency Nocturia Urgency Urgency incontinence
<b>Complex symptoms</b>	Haematuria Recurrent UTI Acute or chronic urinary retention Urinary incontinence

# What to do : REFER VIA A 2 WEEK WAIT PATH

- If they have rapidly worsening LUTS
- If they have an abnormal age related PSA (MSU-ve)
- If they have an abnormal DRE (even if PSA normal)

Age range	Normal PSA range (ng/mL)
All ages	<4.0
40–49	<2.5
50–59	<3.5
60–69	<4.5
>70	<6.5



# Digital Rectal Exam (DRE)

Abnormal enlargement of the prostate gland (normally about the size of a walnut)

- Nodules
- Lobar asymmetry
- Induration of lobes
- Obliteration of median sulcus
- Hard consistency (one or both lobes)
- Is it fixed to pelvic side wall? T4 disease
  
- Is it tender/boggy – think about acute prostatitis

# Testicular Cancer: REFER VIA 2 WEEK WAIT

1. Testicular enlargement/mass inseparable from testes

Rule out

- Epididymal cysts
- Hydrocele
- Spermatocele
- Epididymo-orchitis
- hernia

2. Can be painful or painless

3. Direct access USS may be available





# Penile Cancer: REFER VIA 2 WEEK WAIT PATHWAY

- Penile mass or ulcerated lesion (rule out STI)
- Persistent lesion after STI treated
- Relevant history of phimosis, HPV infections, smoking
- Refer for urgent examination and biopsy via 2 week wait
- NB dermatological conditions
  - Lichen sclerosis



# Non-Malignant red flag symptoms in Urology

- Loin or Loin to groin pain
- Fever or rigors
- Nausea and vomiting
- Dysuria and worsening LUTS
- Altered mental state or new onset confusion

Suspect sepsis

Refer to urology, send to A/E



Thank you

Any questions?



**Ramsay**  
Health Care