

The primary Austin Health Urology Clinic operates weekly but additional clinics operate for Oncology Urology Surgery, pre-admission, continence and nursing care. The Unit holds weekly multidisciplinary meetings to discuss and plan the treatment of its patients.

Department of Health clinical urgency categories for specialist clinics				
Urgent: A referral is urgent if the patient has a condition that has major functional impairment and/or moderate risk of permanent damage to an organ/bone/tissue/system if not seen within 30 days.				
Semi Urgent: Referrals should be categorised as Semi Urgent where the patient has a condition that has the potential to deteriorate within 30-90 days.				
Routine: Referrals should be categorised as routine if the patient's condition is unlikely to deteriorate quickly or have significant consequences for the person's health and quality of life if specialist assessment is delayed beyond one month.				
Exclusions: Austin Health do not perform the following procedures commonly conducted by Urology Units: Vasectomy, Reversal of Vasectomy, Penile prosthesis – must have approval from Urological Prosthesis Specialist. Refer all erectile dysfunction to Austin's Men's Health Clinic				
Condition / Symptom	GP Management	Investigations	Expected Triage Outcome	Expected number Specialist Appointments
Simple renal cyst Benign renal cyst	When to refer: <ul style="list-style-type: none"> - Pain - Obstruction - "Complex" features reported by radiologist (see complex renal cyst) 	Prior to referral Clinical history and examination Diagnostics: 1. CT IVP Instruct patient to bring films to the Specialist Clinic appointment.	Routine: next available	As required
Complex renal cyst	When to refer: <ul style="list-style-type: none"> - Enlargement/ growth - CT enhancement - "Complex" features reported by radiologist (see complex cyst) 	Prior to referral Clinical history and examination Diagnostics: 1. CT renal triple phase Instruct patient to bring films to the Specialist Clinic appointment.	Semi-Urgent: <90 days	As required
Bladder mass Bladder cancer	When to refer: <ul style="list-style-type: none"> - Diagnosis, consult, or treatment required 	Prior to referral Clinical history and examination Diagnostics: 1. CT IVP 2. Bloods- FBE, U&E, LFT 3. MSU- M/C/S	Urgent: ONJCC 1-2 weeks	As required

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		Instruct patient to bring films to the Specialist Clinic appointment		

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Penile mass Penile cancer Penile lesion concerning for cancer	When to refer: - always	Prior to referral Clinical history and examination Diagnostics: CT Pelvis with PO/IV contrast Instruct patient to bring films to the Specialist Clinic appointment.	Urgent: ONJCC <30 days	As required
Macroscopic haematuria Gross haematuria	When to refer: - haematuria unrelated to UTI	Prior to referral Clinical history and examination Diagnostics: 1. Triple phase CT IVP 2. FBE, U&E, PSA in men 3. MSU- M/C/S Instruct patient to bring films to the Specialist Clinic appointment.	Urgent: <30 days	As required

Condition / Symptom	GP Management	Investigations	Expected triage outcome	Expected number Specialist Clinic appointments
Microscopic haematuria-	When to refer: - If no prior workup	Prior to referral Clinical history and examination Diagnostics: 1. Renal US 2. MSU- M/C/S 3. PSA if male Instruct patient to bring films to the Specialist Clinic appointment.	Semi- Urgent: <90 days	As required
Testicular mass Testicular tumour Testicular lesion Retroperitoneal mass due to testis cancer	When to refer: - Diagnosis, consult, or treatment required	Prior to referral Clinical history and examination Diagnostics: 1. Scrotal US 2. Serum: aFP, BhCG, LDH Instruct patient to bring films to the Specialist Clinic appointment.	Urgent: ONJCC 1-2 weeks	As required
Kidney cancer Kidney Mass 'Enhancing' Renal cyst	When to refer: - Diagnosis, consult, or treatment required	Prior to referral Clinical history and examination Diagnostics: 1. CT IVP or CT A/P 2. CXR 3. FBE, U&E, LFTs, Ca++ 4. MSU- M/C/S Instruct patient to bring films to the Specialist Clinic appointment.	Urgent: ONJCC 2 weeks	As required

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Adrenal Nodule Adrenal Cancer	When to refer: - Diagnosis, consult, or treatment required	Prior to referral Clinical history and examination Diagnostics: 1. CT A/P with adrenal washout 2. Serum cortisol, aldosterone, testosterone 3. Serum metanephrine, ormetanephrine Instruct patient to bring films to the Specialist Clinic appointment.	Urgent: ONJCC <30 days	As required
BPH without urinary retention	When to refer: -Urgency -Slow stream -Nocturia >2 -Enlarged prostate -Urine frequency -Refractory to alpha-blockers	Prior to referral Clinical history and examination Diagnostics: 1. Renal US with PVR 2. MSU- M/C/S 3. U&E, PSA, Glucose Instruct patient to bring films to the Specialist Clinic appointment.	Routine:	If surgery required, up to 7 Post op reviews When stable discharge back to GP.
Urinary retention (male or female):	When to refer: Urinary retention: - PVR > 200 - failed TOV - UTI - Bladder calculi	Prior to referral Clinical history and examination Diagnostics: 1. Renal US with PVR 2. CSU-M/C/S 3. U&E, FBE, PSA	Semi-Urgent:	As required

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Urinary incontinence (male or female)	When to refer: <ul style="list-style-type: none"> - Diagnosis, consult, or treatment required 	Prior to referral Clinical history and examination Diagnostics: 1. Renal US with PVR 2. MSU- M/C/S Instruct patient to bring films to the Specialist Clinic appointment	Routine:	As required
UTI Recurrent UTI Cystitis	When to refer: <ul style="list-style-type: none"> - > 3 UTI/ year - Refractory to fluids, hygiene, ovestin, cranberry, D-mannose - Pyelonephritis - Elevated PVR - Kidney stones 	Prior to referral Clinical history and examination Diagnostics: 1. Renal US with PVR 2. MSU- M/C/S Instruct patient to bring films to the Specialist Clinic appointment	Routine:	As required
Ureteral calculi Ureteral stone Obstructing stone	When to refer: <ul style="list-style-type: none"> - If unpassed after 4 weeks - If Solitary kidney - If Recurrent stones - If Hydronephrosis exists at follow-up 	Prior to referral Clinical history and examination Diagnostics: 1. CT KUB Instruct patient to bring films to the Specialist Clinic appointment	Urgent:	As required

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Small (<1cm) renal stones without obstruction	When to refer: <ul style="list-style-type: none"> - If treatment desired - If no prior work-up - If symptomatic 	Prior to referral Clinical history and examination Diagnostics: 1. CT KUB 2. Serum Calcium, PTH, Urate 3. MSU- M/C/S Instruct patient to bring films to the Specialist Clinic appointment	Routine:	If Surgery Required 2 Post op reviews If stable Discharge back to GP.
Staghorn Calculus Large renal calculus >1cm	When to refer: <ul style="list-style-type: none"> - always 	Prior to referral: Clinical history and examination Diagnostics: 1. CT kub 2. MSU- M/c/s 3. Serum Calcium, PTH, Urate Instruct patient to bring films to the Specialist Clinic appointment	Semi-Urgent:	If Surgery Required 2 Post op reviews If stable Discharge back to GP.
Bladder Stone	When to refer: <ul style="list-style-type: none"> - always 	Prior to referral Clinical history and examination Diagnostics: 1. Renal US with PVR 2. CSU-M/C/S 3. PSA	Semi-urgent	As required

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Hydronephrosis UPJ obstruction Ureteral obstruction Ureteral Reflux	When to refer: - If diagnosis or treatment required	Prior to referral: Clinical history and examination Diagnostics: 1. CT IVP 2. MSU- M/C/S 3. U&E Instruct patient to bring films to the Specialist Clinic appointment	Urgent:	As required
Testis pain Orchitis Epididymo-orchitis Epididymitis	When to refer: - If refractory to doxycycline 2/52 and conservative measures	Prior to referral: Clinical history and examination Diagnostics: 1. testicular US 2. MSU- M/C/S 3. G/C urine Nat Instruct patient to bring films to the Specialist Clinic appointment	Semi-urgent:	As required
Hydrocele Spermatocele Epididymal cyst	When to refer: - If treatment required	Prior to referral: Clinical history and examination Diagnostics: 1. Scrotal US	Routine:	As required

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Prostatitis Urethritis Dysuria Penile Pain Hemospermia	When to refer: <ul style="list-style-type: none"> - If refractory to doxycycline or Cipro x 4 weeks 	Prior to referral: Clinical history and examination Diagnostics: 1. Negative MSU- M/C/S 2. G/C urine NAT 3. urea-plasma/mycoplasma NAT	Routine:	As required
Peyronie's disease Penile Curvature Penile Chordee	When to refer: <ul style="list-style-type: none"> - If treatment required 	Prior to referral: Clinical history and examination	Routine	As required
Paraphimosis Balanitis Circumcision	When to refer: <ul style="list-style-type: none"> - If refractory to anti-fungal steroid creams - If treatment required 	Prior to referral: Clinical history and examination	Routine	As required
Spinal Cord Injury	When to refer: <ul style="list-style-type: none"> - Neurogenic bladder is possible or suspected 	Prior to referral: Clinical history and examination Diagnostics: Renal U/S Instruct patient to bring films to the Specialist Clinic appointment	Routine:	As required

