University of Vermont Health

UVM Health UROLOGY Referrals/Consult

All referrals must include the most recent visit note and imaging reports. Be sure imaging done outside UVMH is sent to UVMMC Film Library with reports. Below we provide guidance on popular referrals.

URINARY RETENTION

>Patient has ACUTE urinary retention

If unable to place a catheter refer patient to walk-in / emergency room care.
If patient has received care from an Emergency Dept AND/OR patient has required Foley catheterization.

- URGENT referral for follow-up care.
- Instruct the patient that the catheter can safely remain in place awaiting consultation, which could take 1-2 weeks.
- Provide both a leg bag, overnight bag, securement device and catheter care instructions.
- Consider starting male patients with BPH on an alpha blocker such as tamsulosin if not contraindicated.

>Patient is suspected of having urinary retention based on symptoms

(i.e., recurrent urinary tract infections, flank pain, and/or hydronephrosis noted on imaging).

- ROUTINE referral. If bladder scan is not available to measure a post-void residual (PVR), order "US renal/bladder complete."

STONES

If a patient is experiencing fever, chills or uncontrollable pain, recommend referring the patient to emergency services, otherwise:

>Stone is obstructing (with hydronephrosis)

- URGENT referral. Be sure imaging is available for viewing in Epic.

>Stone is 3 mm or less

- Referral is not indicated. Stone will likely pass.

>Patient has history of stone production, WITH imaging evidence within the past 3 months

- ROUTINE referral. Be sure imaging is available for viewing in Epic.

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RECURRENT UTI

>Female

ROUTINE referral if patient has had MORE THAN 2 positive urine cultures over 6 months OR MORE THAN 3 positive urine cultures over 1 year; otherwise, referral is not indicated.

If the patient is post-menopausal: Be sure patient has had at least a 3 MONTH trial of vaginal estrogen prior to referring.

Required testing:

- Culture results
- US renal/bladder complete prior to the visit

>Male

ROUTINE referral if patient has had at least ONE positive urine culture documented in the medical record.

Required testing:

- Culture results
- US renal/bladder complete prior to the visit.

HEMATURIA

>Microhematuria

Defined as: RBCs are present on urine sediment analysis, not just a POCT dipped urine

ROUTINE referral

If urine culture is NEGATIVE, and one of the following:

- 3-10 RBC/HPF
  - In 2+ weeks, repeat urine sediment, and if RBCs are still present, refer.
  - Required test: "US renal/bladder complete" prior to the visit.

- 11-50 RBC/HPF
  - Required test: "US renal/bladder complete" prior to the visit.

- Greater than 50 RBC/HPF
  - Required test: CT urogram prior to the visit.

If urine culture is POSITIVE:

Repeat urine sediment analysis after UTI is treated. After repeat urinalysis is completed, refer if meets referral criteria.

>Gross hematuria

Review the following:

- Urine culture is NEGATIVE
  - URGENT referral.
  - Required tests: Order CT urogram AND urine cytology prior to the visit.

- Urine culture is POSITIVE, UTI has been treated, and gross hematuria is no longer present
  - Check U/A 1 month later and submit referral if patient meets criteria.

- Urine culture is POSITIVE, UTI has been treated, and gross hematuria is STILL present
  - URGENT referral.
  - Required tests: Repeat urine culture after UTI is treated. CT urogram and urine cytology prior to the visit.

RENAL CYST OR MASS

Review the following:

- Simple cyst or complex cyst with Bosniak 2F or lower; asymptomatic
  - Follow radiology recommendations; referral not indicated.

- Bosniak 3 or 4
  - URGENT referral. Be sure imaging is available in Epic.

- Less than 2 cm solid renal mass
  - ROUTINE referral. Be sure imaging is available in Epic.

- 2 cm or greater solid renal mass
  - URGENT referral. Be sure imaging is available in Epic.

TESTICULAR CONDITIONS

>Testicular mass

- **Solid testicular mass** confirmed on US scrotum
  - URGENT referral
- **Benign testicular mass** confirmed on US scrotum
  - Includes hydrocele, spermatocele, varicocele, epididymal cyst

- ♣ ROUTINE referral if symptoms such as pain. Referral is NOT required if asymptomatic.

>Hypogonadism

- ROUTINE referral if low testosterone level drawn before 10:00 AM, at least TWICE, 2 weeks apart.
- Required tests: Hematocrit and total PSA

>Testicular pain

- ROUTINE referral.
- Required test: Scrotal ultrasound.

>Isolated / incidental Only testicular microlithiasis

- Referral not indicated. Does not require treatment or surveillance.

>Epididymitis / Epididymo-orchitis

- ROUTINE referral if, AFTER antibiotic treatment, patient is having recurrent or other urinary complaints.
- Required tests: Scrotal US if testicular pain is present.

ELEVATED TOTAL PSA (age adjusted)

- Age 40-45 with TWO confirmed total PSA > 2.5 ng/mL at least ONE month apart, and digital rectal exam (DRE) is:
  - Normal or DRE was not done
    - ROUTINE referral. Please document DRE findings.
  - Abnormal
    - URGENT referral. Please document DRE findings.
- Age 50-59 with TWO confirmed total PSA > 3.5 ng/mL at least ONE month apart, and digital rectal exam (DRE) is:
  - Normal or DRE was not done
    - ROUTINE referral. Please document DRE findings.
  - Abnormal
    - URGENT referral. Please document DRE findings.
- Age 60-69 with TWO confirmed total PSA > 4.5 ng/mL at least ONE month apart, and digital rectal exam (DRE) is:
  - Normal or DRE was not done
    - ROUTINE referral. Please document DRE findings.
  - Abnormal
    - URGENT referral. Please document DRE findings.

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- Age 70+ with TWO confirmed total PSA > 6.5 ng/mL at least ONE month apart, and digital rectal exam (DRE) is:
    - Normal or DRE was not done
        - ROUTINE referral. Please document DRE findings.
    - Abnormal
        - URGENT referral. Please document DRE findings.
- Any age with TWO confirmed total PSA > 20 ng/mL at least ONE month apart
    - URGENT referral. Please document DRE findings.

ERECTILE DYSFUNCTION

ROUTINE referral if:

- Patient has failed a trial of phosphodiesterase inhibitors (eg, sildenafil), or PDE5 inhibitors are contraindicated for this patient
- Required test: TOTAL testosterone level drawn BEFORE 10:00 AM.

MALE INFERTILITY

ROUTINE referral if to UVMMC Urology only:

- Patient has had a complete semen analysis, and it is abnormal; do not refer unless semen analysis is completed. semen analysis request form.pdf
- Be sure to include semen analysis in the referral.

HEMATOSPERMIA

ROUTINE referral

Required tests prior to visit:

- Complete urinalysis with sediment
- Total PSA

VASECTOMY REVERSAL

Please note that insurance typically does not cover vasectomy reversal procedures. These procedures are “self-pay.” ROUTINE referral to UVMMC Urology only if the patient has been notified of this and would like a referral.