

BPH	Referral Guide: Page 1 of 1	Urology
Diagnosis/Definition: Gradually progressive obstruction of the urinary outflow due to prostatic hypertrophy that may eventually result in acute or chronic urinary retention.		
Initial Diagnosis and Management: Patients with obstructive and irritative voiding symptoms should complete the AUA scoring sheet. Contact GU to obtain copy. UA to rule out infection or to discover microhematuria. PSA and DRE to evaluate for prostate cancer. Serum creatinine.		
Ongoing Management and Objectives: AUA<8-watch. AUA>8-referral. If the AUA score is >8 the patient has a normal DRE, a PSA <4 and a normal serum creatinine-they are candidates for drug therapy. Alpha blockers are used for the relief of symptoms such as Flomax, Doxazosin, and Terazosin. The patient should be started on the lowest dose (1mg) and increased until symptoms improve or side effects occur. Flomax does not require titration.		
Indications for Specialty Care Referral:		
Test(s) to Prepare for Consult: PSA	Test(s) Consultant May Need To Do:	
Criteria for Return to Primary Care: Undergone definitive treatment. Given appropriate medications and they are satisfied with the results.		
Revision History: Created Revised		

Disclaimer: Adherence to these guidelines will not ensure successful treatment in every situation. Further, these guidelines should not be considered inclusive of all accepted methods of care or exclusive of other methods of care reasonably directed to obtaining the same results. The ultimate judgment regarding the appropriateness of any specific procedure, therapy, or referral must be made by the physician/provider in light of all circumstances presented by an individual patient.

