

## **REFERRALS TO UROLOGISTS AT THE ALBERTA UROLOGY INSTITUTE**

### **PLEASE NOTE**

This is a general list of the most frequently requested referrals and the corresponding investigations required by urology; if the possible urological concern is not listed, there might not be a need for investigations. However, each urologist's office reserves the right to ask for additional investigations prior to accepting any referral (*Section 6(12)(f), Health Professions Act*).

We do ask that if you are booking a urology referral, that at a minimum you have completed the following investigations prior to phoning with your referral (*Section 6 (10) Health Professions Act*). As we do request that all referrals are to be made over the phone (verbal), we do require that the investigations (as listed below and those additional investigations as requested over the phone) be forwarded to the urology office as the referral process is initiated (*Section 6 (8) Health Professions Act*).

Not all urologists will see all urological concerns and individual offices may require additional testing. Please review the AUI website for more information for each urologist.

### **General Patient Information Required**

- Patient name
- Alberta health care number
- Address, City, Province, Postal Code
- Primary phone
- Alternate phone
- Date of birth
- Female or Male
- Referral Physician

Referral letter should include medication list

\*All results must be within 30 days

### **Investigations Required Prior to Booking Referral for Specific Diagnosis**

Hematuria (Microscopic or/ Gross)

- Urine Culture
- Urinalysis
- Urine Cytology
- Creatinine
- Renal ultrasound

LUTS/BPH/Urinary retention

- Bladder ultrasound with post void residual results
- PSA in males
- Urine Culture
- Creatinine

#### Solid Renal Mass on Ultrasound

Chest x-ray – posteroanterior and lateral  
Lab work including CBC, electrolytes, creatinine, ALT, bilirubin total, ALP (alkaline phosphatase), LDH, calcium, PO4, PT INR, uric acid  
CT abdomen/pelvis (with contrast if normal renal function)

#### Cystic Mass on Ultrasound

If a simple cyst or bosniak I cyst no referral is needed  
If a complex cyst electrolytes, creatinine, uric acid

#### Recurrent/Known Stones

Serum creatinine  
Urinalysis

If the patient has a history of stones composed of calcium which have been visible in the past on plain x-ray then referral with a KUB plus or minus a renal ultrasound is sufficient  
If the patient has a history of uric acid stones then they should have a renal colic CT prior to referral

#### New Stones

Serum creatinine  
Urinalysis  
Renal colic CT scan

The office may request a KUB to be done at the time of the appointment if the patient is out of town and shockwave lithotripsy is being contemplated as a treatment option. Alternatively, if the patient does not live near a CT scan it would be acceptable to have a combination of a renal ultrasound and KUB documenting the stone.

Referrals with only an ultrasound documenting the stone may be refused until the CT scan or accompanying KUB can be arranged.

#### UTI's

Three previous urine culture and sensitivities  
Urinalysis  
Renal Bladder Ultrasound  
PSA in males (over age of 45); avoid in setting of acute cystitis  
Medication list, including list of antibiotics previously used

#### Scrotal Issues/Complaints (hydrocele, varicocele, spermatocele, etc.)

Scrotal Ultrasound Results  
***Solid masses requires a physician to physician call***

Urinary Incontinence

- Voiding Diary - patient to bring to appointment
- PSA in males
- Post-void residual if obstructive symptoms present
- Urinalysis
- Serum creatinine if obstructive symptoms present
- Medication list, including list of anticholinergics previously used

Elevated PSA

- Require elevated PSA result and additional PSA to validate the elevated value
- Urinalysis

Erectile Dysfunction

- If and what medication has been tried

An urologist office will respond verbally or in writing to a request for a non-urgent consultation from a referring physician within thirty (30) business days of receipt of a complete request (*Section 6 (13) Health Professions Act*).

If an urologist is being requested solely for the purpose of providing a third party with information (for example, an insurance company), then the referring physician must, at the time of the request for consultation, clearly identify that the consultation is requested for this purpose (*Section 6 (11) Health Professions Act*).

We do ask that all referring physicians interact with patients and families, visitors, employees, physicians, volunteers, health care providers and any others with courtesy, honesty, respect, and dignity as per the CPSA Code of Conduct (Respect for Others (a)).