

key points

SELECTED BY

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Male lower urinary tract symptoms (LUTS) are common and increase in prevalence with age. Up to 90% of men aged 50 to 80 may suffer from troublesome LUTS. Men may attend expressing direct concern about micturition, describing one or more LUTS and the related impact on their quality of life. Frequently men may present for other medical or urological reasons such as concern regarding their risk of having prostate cancer or erectile dysfunction but on taking a history bothersome LUTS are identified. Men may present late in the community with urinary retention: the inability to pass urine.

A thorough urological history is essential to inform management. It is important to determine whether men have storage or voiding LUTS or both. In addition to evaluation of the LUTS, key aspects of the history, which must be covered are: lifestyle including details about diet, type of drinks consumed (e.g. caffeinated, alcohol or soft drinks) and frequency or volume of fluid intake; past urological history including trauma, history of UTI, previous urological surgery; past medical history including heart failure, diabetes mellitus/insipidus, renal disease; neurological conditions including cerebrovascular disease, spinal cord injury; obstructive sleep apnoea; drug history including OTC products, diuretics, antidepressants and previous/current medication to treat LUTS. All patients must have a systematic comprehensive examination including genitalia and a digital rectal examination.

Investigations performed in primary care should be guided by the history and examination findings, taking into account the impact of the LUTS on the individual's quality of life. Current NICE guidelines recommend the following to be performed at initial assessment: frequency volume chart (FVC); urine dipstick to detect blood, glucose, protein, leucocytes and nitrites; and prostate specific antigen.

Men should be referred for urological review if they have: bothersome LUTS which have not responded to conservative management or medical therapy; LUTS in association with recurrent or persistent UTIs; urinary retention; renal impairment suspected to be secondary to lower urinary tract dysfunction; or suspected urological malignancy. All patients not meeting criteria for immediate referral to urology can be managed initially in primary care. Based on history, examination and investigation findings an individualised management plan should be formulated. Basic lifestyle advice should be given regarding reduction or avoidance of caffeinated products and alcohol. The FVC should guide advice regarding fluid intake management and all medications should be reviewed.

Men with moderate or severe LUTS may benefit from medical management to improve their symptoms. Although TURP is the gold standard, well conducted clinical trials have demonstrated that other treatments may achieve similar results with less morbidity. HoLEP has achieved excellent results in centres that specialise in the procedure.