

Far West Local Health District

Broken Hill Urology Services

Referral framework description

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| **All referrals will be assessed by a visiting Urology Physician at their next scheduled visit. Please contact the urologist directly for urgent reviews.**  **During normal working hours, our Urology Physician is happy to discuss any referrals.** | **Send referral to…**  **Broken Hill Outpatient Service**  [FWLHD-OutpatientServices@health.nsw.gov.au](mailto:FWLHD-OutpatientServices@health.nsw.gov.au)  **Fax referral** to 08 8087 3689 |

**Name of clinical Department**

* Urology Outpatients Clinic

**Indications for specialist referral**

* Elevated PSA

**Referral information required**

* Name and patient demographic
* Diagnosis
* History and Physical Examination
* Pertinent Past illness, surgery and FH of Malignancy
* Pertinent investigation results
* Medication List and allergies

**Investigations required**

* Two elevated PSA testing with the second test at least 4 weeks after a two-week course of antibiotics (trimethoprim or ciproxin)
* MSU
* Renal tract US with prostate volume and post void residual volume.

**Initial management**

* Two-week course of antibiotics (trimethoprim or ciproxin) after the first elevated PSA test.

 **‘Red Flag’ items**

* N/A

**How to access care in the event of a ‘red flag’**

* N/A

**Please fax referral to**

BHBH Outpatients Clinic 08 8087 3689

**Other Information**