

## Understanding NICE guidance

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Information for people who use NHS services

### Lower urinary tract symptoms in men

*NICE 'clinical guidelines' advise the NHS on caring for people with specific conditions or diseases and the treatments they should receive.*

This booklet is about the care and treatment of men who have symptoms that affect the lower urinary tract (the lower part of the urinary system – the bladder, prostate gland and urethra), in the NHS in England and Wales. It explains guidance (advice) from NICE (the National Institute for Health and Clinical Excellence). It is written for men who have lower urinary tract symptoms but it may also be useful for their families or carers or for anyone with an interest in the condition.

The booklet is to help you understand the care and treatment options that should be available in the NHS. It does not describe urinary symptoms or the tests or treatments in detail. A member of your healthcare team should discuss these with you. There are examples of questions you could ask throughout this booklet to help you with this. You can get more information from the organisations listed on page 12.

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The advice in the NICE guideline covers men with symptoms affecting the lower urinary system (the bladder, prostate gland and urethra). It does not cover men younger than 18 years, or women.

## Your care

In the NHS, patients and healthcare professionals have rights and responsibilities as set out in the NHS Constitution ([www.dh.gov.uk/en/Healthcare/NHSConstitution/index.htm](http://www.dh.gov.uk/en/Healthcare/NHSConstitution/index.htm)).

All NICE guidance is written to reflect these. You have the right to be involved in discussions and make informed decisions about your treatment and care with your healthcare team. Your choices are important and healthcare professionals should support these wherever possible. You should be treated with dignity and respect.

To help you make decisions, healthcare professionals should explain lower urinary tract symptoms and the possible treatments for them. They should cover possible benefits and risks related to your personal circumstances. You should be given relevant information that is suitable for you and reflects any religious, ethnic, or cultural needs you have. It should also take into account any physical or learning disability, sight or hearing problem or language difficulties. You should have access to an interpreter or advocate (someone who helps you put your views across) if needed.

Your family and carers should be given their own information and support. If you agree, they should also have the chance to be involved in decisions about your care.

You should be able to discuss or review your care as your treatment progresses, or your circumstances change. This may include changing your mind about your treatment or care. If you have made an 'advance directive' (have already given instructions) about any treatments that you do not wish to have, your healthcare professionals have a legal obligation to take this into account.

All treatment and care should be given with your informed consent. If, during the course of your illness, you are not able to make decisions about your care, your healthcare professionals have a duty to talk to your family or carers unless you have specifically asked them not to. Healthcare professionals should follow the Department of Health's advice on consent ([www.dh.gov.uk/consent](http://www.dh.gov.uk/consent)) and the code of practice for the Mental Capacity Act. Information about the Act and consent issues is available from [www.publicguardian.gov.uk](http://www.publicguardian.gov.uk). In Wales healthcare professionals should follow advice on consent from the Welsh Assembly Government ([www.wales.nhs.uk/consent](http://www.wales.nhs.uk/consent)).

## Urinary symptoms in men

The lower urinary tract consists of the bladder, prostate gland and urethra (the tube that carries urine from the bladder to the end of the penis). This leaflet refers to problems affecting this part of the body as urinary symptoms, but your doctor might refer to them as LUTS (lower urinary tract symptoms). Urinary symptoms are common. About 3 in 10 men aged 50 or older have them – but they can also affect younger men.

There are many different symptoms, which fall into two broad categories: voiding and storage.

### Voiding symptoms

Voiding symptoms are to do with passing urine. A common cause of voiding symptoms is a large prostate gland. The prostate gland lies just below the bladder and around the urethra. In many men, the prostate gets larger as they get older. Doctors might refer to this as 'benign prostatic hyperplasia', or BPH for short. A large prostate can press on the urethra causing symptoms such as having a weak stream, finding it difficult to start urinating (called hesitancy), straining to urinate, and the urine stream starting and stopping.

### Storage symptoms

Storage symptoms are to do with storing urine in the bladder. For example, needing to urinate urgently and/or frequently, needing to get up frequently in the night to urinate (called nocturia), or leaking urine when you don't mean to (called incontinence). One type is urgency incontinence, when you feel a sudden need to urinate and then can't stop some urine leaking out before you get to the toilet. This is often caused by the bladder muscle contracting before the bladder is full (called overactive bladder syndrome). If urine leaks when you strain – for example when you cough or sneeze or lift a heavy object – this is called stress incontinence. This can be a side effect of an operation on the prostate gland. The commonest form of leakage is when a small amount of urine dribbles into the underpants after urinating.

## Seeing a healthcare professional

When you first see your GP or nurse about your symptoms, he or she should ask you some questions about your general health, your symptoms and any medication you may be taking, including any herbal supplements. They should offer to test your urine, for example to test for glucose or blood. Your healthcare professional should offer you a physical examination, including a digital rectal examination. This involves feeling inside your rectum with their finger to check if your prostate gland is normal. They should also ask you to fill in a chart called a bladder diary, in which you record how often and how much you urinate.

You may be offered other tests at this stage. Your healthcare professional may give you information and advice about a blood test that measures the level of a protein called prostate specific antigen (or PSA for short). There are several possible explanations for raised PSA levels, one of which is prostate cancer, but this is rare. You can take your time to decide if you would like to have this test.

If you would prefer to try to deal with your symptoms without treatment, or they do not bother you, your healthcare professional should advise you on day-to-day steps you can take to help improve them (see 'Treating urinary symptoms' on page 7). You should be able to see your healthcare professional regularly to discuss how this is going.

If your symptoms do bother you and you would like treatment, there are several options. Before you start any treatment, you should be asked to fill in a questionnaire about your symptoms. This helps your healthcare professional to offer you the most appropriate treatments, and creates a record of how you were before treatment, so they can see how well treatments work.

*The organisations listed on page 12 may be able to give you more information on PSA testing. NICE has produced a separate guideline on prostate cancer (see [www.nice.org.uk/CG58](http://www.nice.org.uk/CG58))*

## Seeing a specialist

Your healthcare professional may refer you to a specialist if you have any of the following:

- urinary symptoms that bother you and the treatments on pages 7 to 9 do not help
- a urinary infection that does not go away or comes back regularly
- urinary retention (not being able to empty the bladder fully – see page 9)
- kidney problems
- stress incontinence (see page 4).

You should also see a specialist if your healthcare professional is concerned that your symptoms could be caused by cancer, although for most men cancer is not the cause of the symptoms.

If you see a specialist, they should ask you about your general health and your symptoms. They might offer to repeat the tests you had before you came to the specialist to check if your condition has changed.

To help to find out what might be causing your symptoms and decide how best to manage them, you should be offered additional tests to measure how fast your urine flows, and how much urine is left in the bladder after you have urinated. You may also be offered other tests, depending on your symptoms or the treatment you and your healthcare professional are considering.

### Questions you might like to ask about tests

- Can you tell me more about the tests you have offered me?
- Will I have to go into hospital, and if so for how long?
- What will happen during the tests?
- How will the tests help?

## Treating urinary symptoms

Urinary symptoms can often be improved using self-help methods or products that help to manage the symptoms. If these don't help enough or aren't suitable, there are drugs that may be able to ease the symptoms. In some circumstances, surgery may be an option.

Depending on the type of symptoms you have, you may be able to manage them yourself. Your healthcare professional should explain what you can do to improve your symptoms – for example, by using a technique called urethral milking. This empties the urethra, which helps prevent drops of urine leaking after you finish urinating. You can improve symptoms of an overactive bladder (see page 4) by bladder training (which involves increasing the time between wanting to urinate and actually urinating), and changing how much or when you drink fluids.

If you have storage symptoms such as incontinence, your healthcare professional should offer you a range of products that help to manage these symptoms by, for example, absorbing urine in a pad or collecting it in a small bag that can be emptied when it is convenient for you. This would depend on your circumstances and what you prefer. Your healthcare professional should offer you these products until you have discussed and made a plan for how to manage your symptoms. They should not generally be a long-term solution, unless other treatments don't help.

If you have stress incontinence (see page 4) caused by an operation to remove all or part of the prostate, your healthcare professional should offer to teach you exercises to train and strengthen your pelvic floor muscles (the muscles that support your bladder). The exercises can take a while to have an effect, so you should try them for at least 3 months before moving on to other options.

*Some treatments may not be suitable for you, depending on your exact circumstances. If you have questions about specific treatments and options covered in this booklet, please talk to a member of your healthcare team.*

### Questions you might like to ask about managing urinary symptoms

- What can I do to improve my symptoms?
- What kinds of products are available to help with incontinence?

*If you think that your care does not match what is described in this booklet, please talk to a member of your healthcare team in the first instance.*

## Medication

If the methods described so far don't help to manage your urinary symptoms or aren't suitable for you, your healthcare professional may offer you medication. This may include the drugs described in the table below (or combinations of these) depending on your symptoms, any other conditions you have and any other medication you are taking.

What drug might my doctor offer?	How does this work?
Alpha blocker	By relaxing the muscle in the prostate gland and at the base of the bladder, making it easier to pass urine.
Anticholinergic	By relaxing the bladder muscle if it is overactive.
5-alpha reductase inhibitor	By shrinking the prostate gland if it is enlarged.
Diuretic*	By speeding up urine production. If taken during the day, it reduces the amount of urine produced overnight.
Desmopressin*	By slowing down urine production so less urine is produced at night.

\* These drugs have not been 'licensed' (approved) specifically for treating urinary symptoms in the UK, so your healthcare professional should make sure you understand the risks and benefits before agreeing to treatment.

If you take any of these drugs, your healthcare professional should ask you to go for regular check-ups to check how well they are working and find out if they are causing any unwanted effects.

Your healthcare professional should not offer you homeopathy, herbal treatments or acupuncture (a type of complementary therapy using needles) to treat urinary symptoms. This is because there is not enough reliable evidence about how well they work or how safe they are. Herbal treatments may also cause side effects or interact with other drugs.

### Questions you might like to ask about medication

- Why have you offered me this type of medication?
- How will it help my symptoms?
- Are there any possible side effects?
- How often do I need to come for check-ups?
- What are my options if this medication doesn't work?

## Catheters

If the methods described so far do not manage your symptoms well enough, your healthcare professional may offer you a catheter. A catheter is a soft tube that carries urine to the outside of the body from the bladder. It can pass through your urethra, or through a small hole made in the abdomen above your pubic bone. For some men, it can be passed through the urethra just when you need to empty the bladder. This is something that you or a carer can learn to do. It can be more convenient and you may prefer it to having a permanent catheter. However, some men may need a catheter in place permanently. Your healthcare professional should discuss this with you, and explain the benefits and risks.

## Treating urinary retention

Urinary retention is when someone regularly cannot empty their bladder completely (chronic retention) or cannot empty their bladder at all when it is full (acute retention).

If you have acute retention, you should be given a catheter (see above) straight away to drain the urine from your bladder. Before the catheter is removed, you should be offered a drug called an alpha blocker. This relaxes the muscle around the prostate gland and the base of the bladder so that it is easier to pass urine when the catheter is removed. It should also help to prevent the retention happening again.

Chronic retention can make urine back up into the kidneys, which can cause damage. So if you have chronic retention, your healthcare professional should offer you some tests to check how well your kidneys are working, and may offer you a catheter or possibly surgery.

*If you have talked to your healthcare team, and you think that a treatment is suitable for you but it is not available, you can contact your local patient advice and liaison service ('PALS').*

## Surgery

Most men with urinary symptoms do not need to have surgery, but it may be an option for some men if other treatments have not worked. There are several types of surgery that may be appropriate. If your healthcare professional thinks surgery may help you, they should tell you about alternatives, and explain the benefits, risks, limitations and long-term effects of any operations they are offering.

The procedures that you may be offered are described in the tables below.

### Surgery for voiding symptoms

What is the operation called?	What is it?	Who is it suitable for?
TURP, TUVP, HoLEP and TUIP	Removing part of the prostate gland, generally using a tube that passes through the urethra	Men who have an enlarged prostate. The most suitable procedure partly depends on the size of the prostate gland
Open prostatectomy	Removing the prostate gland	Men who have an enlarged prostate, over a certain size

### Surgery for storage symptoms

What is the operation called?	What is it?	Who is it suitable for?
Cystoplasty	Increasing the size of the bladder by sewing a piece of tissue from the intestine into the bladder wall	Men whose bladder muscle contracts before the bladder fills <sup>a</sup>
Botulinum toxin	Injections of botulinum toxin into the walls of the bladder <sup>b</sup>	Men whose bladder muscle contracts before the bladder fills <sup>a</sup>
Implanted sacral nerve root stimulation	A small electrical device that is implanted under the skin and sends bursts of electrical signals to the bladder and urine system for better control	Men whose bladder muscle contracts before the bladder fills
Urinary diversion	Linking the tubes that connect the kidneys to the bladder (the ureters) directly to the outside of the body, so the urine can be collected without flowing into the bladder	Men whose symptoms cannot be managed by self-management and medication, and who cannot have, or do not want, cystoplasty or sacral nerve root stimulation
Artificial sphincter	An adjustable inflatable cuff fits around the urethra, close to the join with the bladder, and stops urine leaking involuntarily	Men with stress incontinence

<sup>a</sup> If you have this procedure you need to be able and willing to insert a catheter yourself because it can lead to problems fully emptying the bladder.

<sup>b</sup> Botulinum toxin has not been 'licensed' (approved) for this use in the UK, so your healthcare professional should make sure you understand the procedure and its risks and benefits.

There are some surgical options that your healthcare professional should not offer you, or should only offer as part of a clinical trial (research). This is because there is not enough evidence about how well they work compared with existing effective techniques. For further details, please refer to the NICE version of the guideline, which is available on the NICE website ([www.nice.org.uk/CG97](http://www.nice.org.uk/CG97)).

### Questions you might like to ask about surgery

- Why do you think I need to have an operation?
- Please tell me about the procedures that might be suitable.
- Are there any alternatives to surgery?
- What are the benefits, limitations and risks of this operation?

### Talking to healthcare professionals

Your healthcare professionals should make sure your emotional as well as physical needs are looked after, including any sexual, psychological and social problems you may be having. They should give you details of local support groups and make sure any products you need, such as absorbent pads, are available from a convenient place. If you have a carer, he or she should be told about and involved in your treatment, if you want them to be.

## More information

The organisations below can provide more information and support for men with urinary symptoms. NICE is not responsible for the quality or accuracy of any information or advice provided by these organisations.

- The Bladder and Bowel Foundation, 0845 345 0165  
[www.bladderandbowelfoundation.org](http://www.bladderandbowelfoundation.org)
- The Prostate Cancer Charity, 0800 074 8383  
[www.prostate-cancer.org.uk](http://www.prostate-cancer.org.uk)
- Spinal Injuries Association, 0800 980 0501  
[www.spinal.co.uk](http://www.spinal.co.uk)

NHS Choices ([www.nhs.uk](http://www.nhs.uk)) may be a good place to find out more. Your local patient advice and liaison service (usually known as 'PALS') may be able to give you more information and support. You should also contact PALS if you are unhappy with the treatment you are offered, but you should talk about your care with a member of your healthcare team first. If your local PALS is not able to help you, they should refer you to your local independent complaints advocacy service. If you live in Wales you should speak to NHS Direct Wales for information on who to contact.

## About NICE

NICE produces guidance (advice) for the NHS about preventing, diagnosing and treating medical conditions. The guidance is written by independent experts including healthcare professionals and people representing patients and carers. They consider the evidence on the condition and treatments, the views of patients and carers and the experiences of doctors, nurses and other healthcare professionals. Staff working in the NHS are expected to follow this guidance.

*To find out more about NICE, its work and how it reaches decisions, see [www.nice.org.uk/aboutguidance](http://www.nice.org.uk/aboutguidance)*

*This booklet and other versions of the guideline aimed at healthcare professionals are available at [www.nice.org.uk/CG97](http://www.nice.org.uk/CG97)*

*You can order printed copies of this booklet from NICE publications (phone 0845 003 7783 or email [publications@nice.org.uk](mailto:publications@nice.org.uk) and quote reference N2142). The NICE website has a screen reader service called Browsealoud, which allows you to listen to our guidance. Click on the Browsealoud logo on the NICE website to use this service.*

*We encourage NHS and voluntary organisations to use text from this booklet in their own information about lower urinary tract symptoms in men.*